

MEETING:	Cabinet
DATE:	Wednesday 26 July 2023
TIME:	10.00 am
VENUE:	Council Chamber, Barnsley Town Hall
PUBLIC WEB LINK:	https://barnsley.public-i.tv/core/portal/webcasts

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 12 July 2023 (Cab.26.7.2023/3)
(Pages 3 - 6)

Items for Noting

4. Decisions of Cabinet Spokespersons (Cab.26.7.2023/4)

Petitions

5. Petitions received under Standing Order 44 (Cab.26.7.2023/5)

Items for Decision/Recommendation to Council

Children's Spokesperson

6. Annual Report of the Corporate Parenting Panel 2022/23 (Cab.26.7.2023/6)
(Pages 7 - 22)

Core Services Spokesperson

7. Annual Customer Complaints and Compliments Report 2022-23
(Cab.26.7.2023/7) (Pages 23 - 52)
8. Health and Safety Report 2022-23 (Cab.26.7.2023/8) (Pages 53 - 78)

Regeneration and Culture and Public Health and Communities Spokespersons

9. Local Authority Housing Fund (LAHF) Round 2 (Cab.26.7.2023/9)
(Pages 79 - 102)

Regeneration and Culture Spokesperson

10. Approval to Procure Utilities Contract (Water and Wastewater and Associated Services) (Cab.26.7.2023/10) (Pages 103 - 110)
11. UK Shared Prosperity Fund (UKSPF) and South Yorkshire Mayoral Combined Authority (SYMCA) - Business Support Projects (Cab.26.7.2023/11)
(Pages 111 - 130)

To: Chair and Members of Cabinet:-

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

Cabinet Support Members:

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

Chair of Overview and Scrutiny Committee

Chair of Audit Committee

Sarah Norman, Chief Executive

Wendy Popplewell, Executive Director Core Services

Carly Speechley, Executive Director Children's Services

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

Matt O'Neill, Executive Director Growth and Sustainability

Julia Burrows, Executive Director Public Health and Communities

Neil Copley, Director of Finance (S151 Officer)

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

Michael Potter, Service Director Business Improvement, HR and Communications

Katie Rogers, Head of Communications and Marketing

Anna Marshall, Scrutiny Officer

Corporate Communications and Marketing

Please contact Sukdave Ghuman by email governance@barnsley.gov.uk

Tuesday 18 July 2023



MEETING:	Cabinet
DATE:	Wednesday 12 July 2023
TIME:	10.00 am
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

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

Members in Attendance: Councillors Bellamy, Bowser, Moyes, Osborne, Peace and Sheard

47. Declaration of pecuniary and non-pecuniary interests

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

48. Leader - Call-in of Cabinet decisions

The Leader reported that no decisions from the previous meeting held on 28 June 2023 had been called in.

49. Minutes of the previous meeting held on 28 June 2023 (Cab.12.7.2023/3)

The minutes of the meeting held on 28 June 2023 were taken as read and signed by the Chair as a correct record.

50. Decisions of Cabinet Spokespersons (Cab.12.7.2023/4)

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

51. Petitions received under Standing Order 44 (Cab.12.7.2023/5)

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

52. Appointment of Deputy Returning Officer and Deputy Electoral Registration Officer (Cab.12.7.2023/6)

RECOMMENDATION TO FULL COUNCIL ON 27 JULY 2023

RESOLVED that Cabinet:-

1. Endorses the appointment of Wendy Popplewell as Deputy Electoral Registration Officer and Deputy Returning Officer to operate with the full powers of the Returning Officer and Electoral Registration Officer if they are unable to discharge them themselves. This will apply at all elections, referenda, and other polls in the Barnsley Metropolitan Borough Council area; and

2. Agrees that the report be submitted for approval at the meeting of Full Council on 27 July 2023.

53. Submission to Local Government Boundary Commission on the future size of the Council (Cab.12.7.2023/7)

RECOMMENDATION TO FULL COUNCIL ON 27 JULY 2023

RESOLVED that Cabinet recommend to Council that the draft submission contained in Appendix 1 be approved for submission to the Local Government Boundary Commission for England.

54. Statement of Licensing Policy Review Consultation 2022/23 (Cab.12.7.2023/8)

RECOMMENDATION TO FULL COUNCIL ON 27 JULY 2023

RESOLVED that Cabinet recommends to Full Council that the Statement of Licensing Policy appended to the report (Appendix 1) be published in accordance with the statutory requirements and adopted by the Council.

55. Preparedness for CQC Assurance - Adult Social Care (Cab.12.7.2023/9)

RESOLVED that Cabinet:-

1. Notes the contents of the report and self-assessment (Appendix B); and
2. Supports the funding of additional capacity within Adult Social Care to respond to/address issues arising from the Multi-Agency Risk Assessment Conferences; and
3. Supports the commissioning of a third-party organisation to undertake a public conversation to shape the strategic priorities for Adult Social Care.

56. Reprourement of Local Healthwatch and Complaints Advocacy Services (Cab.12.7.2023/10)

RESOLVED that Cabinet:-

1. Approves the budget from Healthier Communities (BU8) for up to five years (3+1+1) for two statutory services; and
2. Authorises officers within the Council to approach the market to inform the procurement of local Healthwatch and the Health Complaints Advocacy Service from 1st April 2024; and
3. Authorises the Executive Director of Public Health & Communities to have delegated authority to award the contract for the local Healthwatch and Complaints Advocacy provider following a competitive process.

57. Planned Regulation Changes for the Social Housing Sector Implications for the Local Authority and ALMO and review of the existing Clienting Assurance Framework (Cab.12.7.2023/11)

RECOMMENDATION TO FULL COUNCIL ON 27 JULY 2023

RESOLVED that Cabinet:-

1. Reviews the update provided in relation to social housing reform and the implications that these proposed changes have for the Council and the assurance that it needs from the arms-length management organisation (ALMO) in terms of its management and maintenance of the Council's Housing Stock under the Services Agreement 2021-2031; and
2. Endorses the proposed Governance Structure to comply with duties under the Fire Safety and Building Safety Bills, and the appointment of the Accountable Person within the Council. Delegates responsibility to the Fire and Asbestos Compliance Officer to register the Council's high-rise buildings and prepare and submit building safety cases, as required; and
3. Supports opportunities to enhance the current Assurance Framework and the draft Action Plan which includes an independent review of current governance arrangements by Campbell Tickell.

.....
Chair

This page is intentionally left blank

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR (CHILDREN'S SERVICES)

TITLE: ANNUAL REPORT OF THE CORPORATE PARENTING PANEL (2022/2023)

REPORT TO:	CABINET
Date of Meeting	26th JULY 2023
Cabinet Member Portfolio	CHILDREN'S SERVICES
Key Decision	No
Public or Private	Public

Purpose of report

To present, for Cabinet's consideration, the latest Annual Report of the Corporate Parenting Panel which sets out the progress made in supporting children in care to achieve the best range of outcomes, together with ensuring young people leaving care make a successful transition into adulthood and independence, during this period (*Please see Appendix*).

Council Plan priority

The terms of reference of the Corporate Parenting Panel, together with the role of elected members as corporate parent to children in care, as well as young people leaving care, support the following Council priorities:

- **Healthy Barnsley – By ensuring this group of children and young people are protected from harm and are enabled to live independently and maintain their wellbeing, thereby reducing inequality in both health and income**
- **Learning Barnsley – Children and young people are enabled to achieve the best range of outcomes through improved educational achievement.**

Recommendations

That Cabinet notes the progress and achievements made by the Panel in supporting children in care, together with young people leaving care, in accordance with our statutory responsibilities, during this period.

1.0 INTRODUCTION

- 1.1 Both the Children Act (2004) and the Children (Leaving Care) Act (2000) continue to place a statutory duty upon the Council to protect children from suffering significant harm and to provide continued financial and transitional support for care leavers aged up to 25.
- 1.2 More recently, Part 1 of the Children and Social Work Act (2017) and the publication of subsequent statutory guidance, requires the Council to give due regard to act in the best interests of and to secure the best outcomes for looked after children and care leavers.

2.0 PROPOSAL

- 2.1 It is proposed that Cabinet consider the Corporate Parenting Panel's latest annual report, firstly, through noting how the Panel demonstrates its continuing compliance with the responsibilities indicated in Paragraphs 1.1 and 1.2 of this report and the added value which it brings to the experience of children and young people both in and leaving care, particularly in helping them stay safe and healthy; improve their aspirations and prospects as well as enjoy enriching lives in accordance with the Council's 'Pledge' to children in care and the Local 'Offer' to young people leaving care in the Borough.
- 2.2 Secondly, Sections 2.0 and 3.0 of the enclosed Annual Report outline the role and responsibilities, firstly of the Panel itself and, secondly, of elected members as a corporate parent. Moreover, Section 8 of the Annual Report indicates the progress and achievements made by the Corporate Parenting Panel towards improving the range of outcomes for children in care and care leavers during 2022/23, including on the following:
- Safeguarding and protection.
 - Health and wellbeing.
 - Achieving their potential through education.
 - Permanence, quality of placements and placement stability.
 - Promoting engagement, participation and inclusion.
 - Ensuring an effective transition to adulthood and independence

In addition, Section 9, together with the Annex to the Annual Report outlines the Panel's priorities looking forward into 2023/24: The role of the Corporate Parenting Panel has ensured that all children in need of care in any part of Barnsley, together with those from other areas who are placed in the Borough, receive the help and support which they require in order to stay safe and healthy, gain a good education and to lead rewarding lives.

- 2.3 As Cabinet will be aware, improving and enriching the lives of these groups of vulnerable young people is important for 'levelling-up' opportunity in our Borough, closing the gap in inequality particularly in health and educational attainment as well as improving social mobility and life chances.

3.1 IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

3.2 There are no direct financial implications arising through consideration of the Panel's latest Annual Report for 2022/23.

3.3 As highlighted in the report, increased investment was approved by the Council to improve and strengthen Barnsley's children's services. The investment has underpinned the implementation of an ambitious development plan to improve quality of practice, service delivery and outcomes for vulnerable children in care and care leavers for whom the Council is the corporate parent. A total of £3.5M was invested in 2022/23, with a further £6.8M investment planned for 2023/24, which includes additional resources in care leavers financial offer and advocacy support.

3.3 Legal

3.4 The Corporate Parenting Panel continues to comply with the statutory responsibilities indicated in Paragraphs 1.1 and 1.2 of this report. During 2023/24 the Panel will consider the Government's proposals concerning the role of a corporate parent which have recently been the subject of consultation as part of the broader reform of children's social care. Cabinet will be kept informed of the emerging implications of these reforms, including upon the terms of reference of the Panel.

3.5 There are no other legal implications emerging through consideration of this report.

3.8 Equality

3.9 Assessments for children in need of help or protection in the Borough include provision for meeting any specific needs as part of promoting equality. In addition, one of the specific proposals being considered as part of the recent central government consultation on children's social care reform is whether to recommend that young people who experience and then leave care to live independent lives, should be designated as having a protected characteristic under Equality legislation.

3.10 Sustainability

3.11 There are no implications for sustainability in the Borough emerging through this report

3.12 Employee

3.13 There are no direct employee implications emerging through consideration of the Panel's latest Annual Report

3.14 Communications

- 3.15 The Annual Report will be published and promoted through the Council's Web site and to make stakeholders aware of the importance of the Panel's work together with the value it adds to supporting vulnerable children and young people in the Borough.

4.0 CONSULTATION

- 4.1 The Annual Report has been drafted with the valuable help and input of children in care and care leavers, including representatives from the Barnsley Care4Us Council. The Council's Senior Management Team has also been consulted and has endorsed the annual report.

5.0 ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The exclusive purpose of this report is to present the latest annual report of the Corporate Parenting Panel and its continued compliance with the statutory responsibilities indicated in Paragraphs 1.1 and 1.2 earlier.

6.0 REASONS FOR RECOMMENDATIONS

- 6.1 Please see Paragraphs 1.1, 1.2 and 3.4 of this report. The annual report of the Corporate Parenting Panel and the Panel's forward programme, provide Cabinet with an insight into the challenges faced by these vulnerable groups of young people and how the Council, through its unwavering commitment continues to invest resources in enabling looked after children and young people leaving care are supported to experience inclusive enriching lives

7.0 GLOSSARY

- 7.1 None, applicable.

8.0 LIST OF APPENDICES

- 8.1 Appendix: Annual Report of the Corporate Parenting Panel (2022/23)
Annex to Appendix: Corporate Parenting Panel Work Programme (2023/24)

9.0 BACKGROUND PAPERS

- 9.1 If you would like to inspect background papers for this report, please email governance@barnsley.gov.uk so that appropriate arrangements can be made

10. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date <i>Joshua Amahwe (05/07/2023)</i>
Legal consultation & sign off	Legal Services officer consulted and date <i>M P Farrell (Team Leader, Social Care Team)</i> <i>7th July 2023</i>

Report Author: Matthew Boud

Designation: Service Director (Children's Social Care and Safeguarding)

This page is intentionally left blank

Barnsley Corporate Parenting Panel

Annual Report: 2022-2023

1.0 Context

1.1 This report sets out an annual update on the Corporate Parenting arrangements in Barnsley, with progress and outcomes for Children in Care and Care Leavers for the period 1 April 2022 to 31 March 2023. It reminds Members of key legislation and guidance and highlights local performance and continued service improvement, setting out the priorities for the coming year.

2.0 Proposals and Reasons: Corporate Parenting – Our Responsibilities Legal Framework

2.1 At the heart of our service delivery to our children, young people and care leavers is our commitment to the seven principles of corporate parenting as set out in Section 1 of the Children and Social Work Act (2017) and the statutory guidance: *Applying corporate parenting principles to looked after children and care leavers* (2018).

- to act in the best interests, and promote the physical and mental health and well-being, of those children and young people
- to encourage those children and young people to express their views, wishes and feelings
- to take into account the views, wishes and feelings of those children and young people
- to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners
- to promote high aspirations, and seek to secure the best outcomes, for those children and young people
- for those children and young people to be safe, and for stability in their home lives, relationships and education or work

2.4 The Children and Social Work Act (2017) introduced new provisions for care leavers being to provide Personal Advisers (PA's) up to the age of 25 and for councils to publish a Local Offer for this cohort of young people leaving care. The Local Offer was reviewed in full in January 2023 and a significantly improved offer was launched which has been well received by our Care Leavers in terms of benefits and the workforce.

<https://www.barnsley.gov.uk/media/24571/barnsleys-local-offer-for-care-leavers.pdf>

2.5 Associated statutory guidance also introduced in the Children and Social Work Act (2017), focuses on supporting the education of children in care and previously looked-after children including Adoption, Child Arrangements Orders and Special Guardianship. Other key duties for professionals involved with children in care states that, '*Social workers, virtual school heads, Independent Reviewing Officers, school admission officers, and Special Educational Needs and Disability (SEND) departments should work together to ensure that, except in an emergency, appropriate education provision for a child is arranged at the same time as a care placement*'. In Barnsley, any consideration of a placement or change in placement for children in care is considered alongside the Virtual School and SEND professionals.

3.0 Corporate Parenting – The Role and Responsibility of Councillors

3.1 Effective corporate parenting requires knowledge and awareness of the needs of children and young people in care and the services they receive. This is a shared responsibility by the Council as a whole. The role of the corporate parent is therefore:

- a) To receive and consider accurate and timely management information reports on the numbers, characteristics and needs of children in care and care leavers.
- b) To receive and consider reports demonstrating how effectively Barnsley is serving its children in care population through the provision of services and targeted initiatives.
- c) To receive briefings on new national and local initiatives designed to improve children and young people's life chances.
- d) To gain knowledge of services based on direct involvement and opportunities to meet and gain the views of stakeholders, especially listening to the views of children and young people in care and members of the Care 4 Us Council.
- e) To monitor and review progress on the new Children in Care and Care Leavers Strategy 2022-25 and the 'expectations' to children in care and care leavers in terms of placement sufficiency and quality.
- f) To ensure that decisive action and challenge is taken to address any shortcomings in the services provided to children and young people

4.0 The Barnsley Expectation to Children and Young People in Care

4.1 What all children and young people in our care can expect from us:

- We'll look after children in care in a safe and caring home.
- We'll promote, support and respect their identity.
- We'll ensure all children in care receive a good education.
- We'll support children in care to be healthy.
- We'll prepare children in care for the future; and
- We'll involve children in care in decision making and making it happen

5.0 Corporate Parenting in Barnsley

5.1 Children in Care are those children and young people aged 0 -18 years who cannot safely remain with their birth family and are cared for by the local authority. The local authority has continuing responsibilities for young people up until they are 25 years of age who have been in care for a period of at least 13 weeks (or periods amounting to 13 weeks) after their 14th birthday. This includes all unaccompanied asylum-seeking children (UASC) and children with multiple disabilities.

5.2 The Corporate Parenting Panel is responsible for children in care, children at the edge of care and children and young people who have left care.

5.3 Members of the Corporate Parenting Panel in their roles must act as 'pushy parents' and continually question, '*would this be good enough for my child*'.

6.0 Corporate Parenting Panel Overview and Membership

6.1 The Corporate Parenting Panel is chaired by the Cabinet Spokesperson for Children's Services.

6.2 The Panel meet every two months and the strong commitment to children and young people is reflected in the consistent attendance by the full range of Members, which include:

- Elected Members appointed by Barnsley MBC

- Executive Director, Children’s Services, Barnsley MBC
- Service Director, Children’s Social Care & Safeguarding, Barnsley MBC
- Virtual Head Teacher for Children in Care, Barnsley MBC
- Head of Safeguarding and Quality Assurance, Barnsley MBC
- Safeguarding Nurse for Children in Care, Barnsley MBC
- Designated Nurse Safeguarding Children / LAC, South Yorkshire Integrated Care Board and Designated Doctor, Barnsley Hospital NHS Foundation Trust
- Head of Service, Children in Care Services, Barnsley MBC
- Service Managers for Children in Care and Care Leavers Teams, Residential Children’s Homes and Independent Reviewing Officer, Barnsley MBC
- Principal Social Worker Barnsley MBC
- Service Manager – Child and Adolescent Mental Health Services
- Senior Representative from Barnsley College

We have also now introduced twice per year two children/ young persons led panels. The first one was in October 2022 and was led by members of the Care 4 Us Council. In May 2023 the panel was led by children and their foster carers from one of BMBC’s Mockingbird Fostering Constellations which was a great success.

7.0 Corporate Parenting Work Programme in 2023/24

7.1 **Please see the Annex** at the end of this report

8.0 Progress and Outcomes for Children in Care & Care Leavers in 2022-23

8.1 We know that Barnsley has stable communities, with well-established extended family networks that frequently support vulnerable children within the family. This factor has an impact on both the numbers of children with protection plans and the numbers of children in our care, which we continually scrutinise. Over the course of 2022/23 our numbers of children in care have significantly increased and were recorded as 410 as at 31st March 2023, a 15.8% increase in the year.

8.2 Children in care and care leavers need strong, stable relationships with their allocated workers who knows them well and sees them regularly, some over and above regulatory/practice requirements. Whilst there has been a permanent Head of Service for the Children in Care, Care Leaver and Provider Service portfolio since May 2022, there has been some continued instability in the service due to change of personnel at Senior and Team Management levels alongside turnover of Social Workers due to sickness absence and some Social Workers employed on an agency basis. This has resulted in some children and young people experiencing more frequent changes of social worker that we would like, impacting upon the quality of relationships and progress of timely care planning.

8.3 Following a review of the workforce, spans of control for managers and caseloads, two additional permanent Team Managers posts have been created resulting in there now being two permanent teams in the structure for Children in Care and two Care Leavers (Future Directions). Two of the teams have permanent Team Managers and a third experienced permanent Team Manager for Future Directions is due to commence in post in July 2023. In addition, we have also increased our number of Personal Advisors for Care Leavers on a permanent basis resulting in all Care Leavers now been allocated a Personal Advisor much earlier (16 years and 3 months) to ensure additional support is in place during preparation for adulthood. We have also had success in recruiting six new permanent Social Workers for the Children in Care Teams, enabling us to gradually reduce our reliance on agency social workers.

- 8.4 As part of the improvement plan for Children and Young People's service there are identified strategic and operational actions and priorities within the Development Plan for Children in Care and Care Leavers. Progress is tracked on a monthly basis through the Development Board. Service Improvement Plans (SIPS) are also in the process of being finalised and detail and track operational priorities in terms of improving the quality of service delivery. This includes tracking the recommendations from the Ofsted Inspection of BMBC's Care Leaving Service (Future Directions) following the focused visit in January 2023.
- 8.5 In November 2022 a multi-agency 'Operational Group' was formed to deliver the Children in Care and Care Leavers Strategy 2022-2025. The Operational Group works collectively on the strategy within the four workstream areas of **health, education, participation, and sufficiency** and reports into the Corporate Parenting Panel on a 6 monthly basis. An action plan has been devised for each workstream to deliver on the strategy and progress is reviewed each meeting in terms associated impact measures, data and outcomes. The following areas have been identified as a key focus within the delivery plan of the operational group thus far:

Participation

- Drove forward the children's participation 'Bright Spot's' survey's 'Your Life Your Care and Your Life Beyond Care' which concluded on 31st March 2023 with a 56% response rate by our Care Leavers and 55% response rate from Children in Care. Full survey results will be available by the end of July 2023.
- Launch of holistic Leaving Care and Youth Justice delivery hub – Commerce House – unfortunately the launch has been delayed until August 2023 due to health and safety.
- Improving participation in the Care 4 Us Council membership.

Health

- Linking in with health groups and opportunities in communities with external providers (sports, leisure, participation, education) for children in care and care leavers.
- Revised the SDQ process to ensure that this is a meaningful measure regarding the wellbeing of children in care and a multi-agency response to any difficulties is identified and a response provided at the earliest opportunity.
- Introduced a monthly Emotional Wellbeing Intervention Meeting that discusses and determines early intervention for children in care and their carers from existing and external resources of differing expertise such as CAMHS, Substance Misuse, Virtual School, and Social Care.
- Training – secured bespoke training alongside our partnership organisations that will assist workers to implement low level emotional wellbeing techniques with CYP and support departments such as foster carers and key workers.
- Deliver Healthy Child Programme and complete Review Health Assessments up to age 18
- Reviewed and revised the health offer to Care Leavers – to include health passports, emotional support, CAMHS Pilot until 25 years, support for young parents.

Education

- Virtual School post-16 and care leavers focus on EET
- Changed the PEP system - the all-in-one system will allow the Virtual School and social workers to engage directly with school data and monitor at risk pupils collaboratively.
- Introduced motivational assessments for children and young people to support well-being.

In addition, going forward the group will consider the implementation plans for the Stable Homes, Built on Love strategy identified a part of the Social Work Reforms 2023 for children in care and care leavers.

8.6 A revised Sufficiency Strategy (2022-2025) has also been produced and was presented to Cabinet last month. The purpose of the Sufficiency Strategy is to set out the Council's vision for, and approach to, providing sufficient, safe, secure and appropriate placements for children in care and young people over the next 3 years. A Sufficiency Strategy Implementation Group co-chaired by the Head of Service for Children in Care and Head of Service for Children's Commissioning, commenced in May 2023 to focus on the following workstreams within the strategy.

Workstream
Review of all high cost placements (External Placements).
Planning for Permanency Initiative
Review of Health Funding contributions (Continuing Health Care, S117 Funding, Special Educational Needs contributions – increase revenue to Barnsley MBC
Expanding Barnsley's own provision – Specialist Residential / New Children's Home, Care Leaver provision and pace bed
Market Development - Block booking with external providers
Full review of the Fostering Service, recruitment and retention
Development of Preventative Early Intervention Services - Edge of Care Services and Family Group Conferencing
Commissioning Approach - Contract Management and Quality Assurance
16+ Offer and specification - Developing offer with new 16+ homeless provider from October 2023

8.7 The numbers of children in care in Barnsley has continued to rise during 2022/23 from 350 as at 1st April 2022 at 350 to 410 as at 31st March 2023. The year on year rise in relation to children in care numbers brings with it challenges in identifying suitable care arrangements. Whilst every effort is given to identify wider family and friends as carers, demand remains for placements predominantly for older children and sibling groups. An audit of the last 20 children and young people who entered care is scheduled to take place in the next three months to review decision making and practice.

8.8 In terms of other data, that is limited this year due to our performance data being reconfigured into Business Intelligence reports following the launch on a new electronic social care system, Mosaic, in November 2022. Performance clinics continue to be held on a fortnightly basis to track key performance indicators available to social care and the manual trackers that have been devised in the interim

8.9 There are strong collaborative relationships across the service with BMBC's new Virtual School Head who was appointed in November 2022. During 2022/23 there was a significant focus and improvement in our school attendance for Children in Care and also ensuring that all children and young people have an appropriate education offer. Attendance and behaviour are tracked on a day to day basis via welfare cloud and any issues are immediately addressed by the Virtual School Head and Advocates in conjunction with the child's Social Worker. The Virtual School Head and Advocates work collaboratively with schools to ensure the educational needs of children in care are being met within school and bespoke plans are in place where

required. Overall attendance of children in care up to the 31st of March 2023 was 91.68%. Primary age attendance was, 96.7% and secondary age 87.8%.

- 8.10 The Virtual School has implemented a new Personal Education Plan (PEP) system which is an electronic based PEP, utilising the Welfare Cloud system. This is a significantly positive move away from the previous dated system. The new PEP allows for much more flexible working for social workers who can complete their element of the PEP when suitable to their workload and visits to young people. This will allow social workers to conduct PEPs when with the young person 1:1 away from school. The new system has been designed to be less onerous on social workers and designated teachers whilst still gleaning appropriate data and information.
- 8.11 The Virtual School has introduced the Motional assessment, monitoring and intervention tool for social workers and schools. This system allows for social and emotional profiles to be quickly created providing professionals with an in depth review of our young people, their mental health needs and how best to work with and support them. All schools in Barnsley now have the Motional package of support and are utilising it to support all looked after children and those with a social worker.
- 8.12 A monthly Education, Training and Employment Panel, made up of representatives from social care and employment and skills, continues to meet to ensure care leavers get the targeted information, advice, guidance and support they need to participate and progress in education, employment and training. This is a valued panel and offers further reassurance on our support to care leavers. Our overall ETE performance figures for care leavers reduced to 62.3% during 22/23, resulting in the target of 68% not being achieved. The target has continued to be set at 68% for the forthcoming year with a renewed focus on the 19-21 care leaver co-hort.
- 8.13 The Planning for Permanency initiative has been launched in May 2023 which forms part of one of the workstreams within the Sufficiency Strategy (2022-2025). There are two broad strands to the **Planning for Permanency** initiative needing to be successfully implemented; improve practice through offering an intensive support service to enable children and young people to remain living successfully with their family and improve practice to ensure that the right children are in care at the right time and right place.

Improve practice to support children and young people to remain living successfully with their family

Currently there is focused DFE funded work being undertaken with North Yorkshire County Council to enable Barnsley to further develop their early intervention services to support offer intensive support services for children, young people and their families to address what is not working well and remain living together successfully. This includes the development of a specific Edge of Care Team / service and also a Family Group Conference (FGC) team.

Family Group Conferencing is an evidence-based model designed to support families to find solutions to problems that are putting children at risk. The family group conference is facilitated to enable family members to plan and make decisions to keep the child or children safe. The team will focus on working on families who have a Child in Need plan, particularly if risks are escalating, families with a Child Protection Plan, families who are already in a Public Law Outline process and with Children in Care where there may be an opportunity for a child or young person to return home.

The Edge of Care Team will be a multi-disciplinary team made up of practitioners who have complementary skills and experience developed through working with adults with complex

needs as well as with families. The team will take a systemic approach that is able to help and challenge families to change to the extent that they are able to stay together or reunite.

Improve practice to continuously review permanency plans for children to ensure that the right children are in care at the right time and right place

Barnsley's current practice in terms of continuously reviewing permanency plans and ensuring that the right children are in care at the right time and right place is underdeveloped. Barnsley needs to move to a position whereby Local Authority care (Long Term Fostering, Residential Care) should not be seen as an indefinite final care plan of a child's care arrangements until they are 18 years old. Assessments needs to be regularly refreshed and consideration given at each Children in Care review if alternatives to Local Authority care are available to the child and would be in their best interests. This could include reunification to birth parents or extended family, Special Guardianship to Foster Carers or Connected Carers or adoption.

To formally develop this practice within Barnsley the 'Planning for Permanency' initiative has been developed. A tracker of all Barnsley's children in care has been developed to achieve a baseline cohort and six workstreams have been identified. Progress has begun to be tracked through an additional performance meeting to ensure that children and young people identified in the baseline cohort are receiving the right package of care to meet their needs.

As a result of the scoping exercise undertaken approximately 259 Children in Care have been identified as being appropriate for consideration for a move to more appropriate care arrangements / change in legal status in at least one of the identified work-streams. Workstreams include:

- Discharge of Care Order for children living at home on Placement with Parents Regs (PwP) or 38(6)
- Children on the Adoption Pathway
- Supporting Children in Care to Permanence.
- Regulations 24 / Connected Persons placements
- Reunification of Looked After Children aged 14-16 years old
- Children and Young People subject to Section 20 of the Children Act 1989.

8.16 As part of the transformation review, a full review of the Fostering Service is currently being undertaken by the Interim Fostering Service Manager and finance colleagues to include a review of the financial remuneration to foster carers as well as the general support offer, with a view to focusing on how Barnsley MBC can improve recruitment and retention of foster carers. This report will be available in July 2023. Positively, whilst the number of fostering / SGO assessments for children who have been placed with connected family carers increased over 2022/23, the number of mainstream foster carers approved for Barnsley MBC throughout the year was only 11 fostering households. Coupled with the number of fostering households who resigned, this resulted in a net figure overall. The fostering service has recruited an additional interim Team Manager who commenced in June 2023 to specifically focus on strengthening recruitment processes in Barnsley. In addition, there has been an interim Fostering Panel Advisor in post since January 2023 who is delivering upon a service improvement plan to strengthen the quality of assessments and reports which are presented to the fostering panel and improve the panel's quality and function.

8.17 Barnsley MBC continues to be part of One Adoption South Yorkshire (Regional Adoption Agency - RAA) to deliver adoption services for children collectively across the four South Yorkshire Authorities. The number of children in Barnsley who were adopted in 2022/23 has

significantly reduced compared to the number in the previous year 2021/22. Further analysis will be provided within the Adoption Annual report. Some of these children were placed within the RAA. As at 31st March 2023 a small cohort of children were placed for adoption and a further small cohort who were matched to prospective adopters pending their transition. A small number were also placed with Early Permanence Foster Carers who could go on to adopt the child in the future should their care plan be one of adoption.

- 8.18 Barnsley continues to have two Residential Children's Homes, both of these homes now have permanent Registered Managers who are now line managed by an Interim Residential Service Manager. The post has been approved on a permanent basis to go out to advert. Newsome Avenue which provides short break care for children with disabilities was last inspected in September 2021 and maintained *Good* in all areas. There is now a continuous improvement plan in place at Newsome Avenue where practice continues to be challenged and taken forward by the team and Registered Manager, led by the Service Manager to include a full review of the waiting list and how short break stays at Newsome are allocated through the Short Breaks Panel. Barnsley MBC's mainstream children's home has been on 'pause' since September 2022 following an Ofsted Inspection under the Social Care Common Inspection Framework which resulted in an *Inadequate* judgement. All actions have now been addressed and following some structural work being undertaken on the home there is a plan for Spring Lane to re-open in October 2023 as a three bedded home. A continuous improvement plan is in place which has included a full training and development plan for the staff team.

9.0 Priorities for the Corporate Parenting Panel for 2023 - 2024

- Effectively oversee and manage workstreams linked to the Placement Sufficiency Strategy (2022- 2025) outlined above.
- Continue to collectively drive forward the actions within the Children in Care and Care Leavers Operational Group linked to Health, Education and participation, to include actions following the evaluation of the Bright Spots Survey data.
- Monitor progress of the Planning for Permanency Initiative.
- Track and strengthen placement stability through meaningful SDQ measures and the Therapeutic Offer Group.
- Focus on recruitment and retention of Foster Carers for Barnsley through a reviewed offer.
- Monitor progress of young people in our residential homes through Regulation 44 reports
- Track adoption timeliness and provide support to our Regional Adoption Agency
- Continue to track and monitor school attendance within school and reduce the number of children and young people who are not in employment, education or training.
- Track and strengthen the numbers of Care Leavers engaged in Employment, Education and Training
- Improve transitional planning for Disabled Children in Care and Care Experienced Young People into Adulthood

Lisa Vaux
Head of Service – Children in Care
June 2023

CORPORATE PARENTING PANEL - Work Programme 2023

Report Title	Date of Meeting
3.1 Virtual School Update – Thomas Oates 3.2 Reg 44 Updates – Sue Hatton 3.3 Care4Us 6 monthly Update – Emma Baines 3.4 Health of CiC 6 monthly update – Gemma Conway 4.0 Care Leavers Local Offer – Lisa Vaux 5.0 The Christmas Dinner Project Report 2022 – Beth Goodliffe/Angela Fawcett 6.0 Bright Spots Survey – Lisa Vaux	Monday Jan 30th
3.1 Virtual School Update – Thomas Oates 3.2 Reg 44 Updates – Sue Hatton 4.0 Q3 Placement and Performance Report – Lisa Vaux 5.0 Q3 CAMHS – Laura McClure 6.0 Q3 Youth Justice and CiC Update – Phil Drabble 7.0 Placement Sufficiency Strategy – Lisa Vaux Takeover day?	Monday 27 th March
YP LED	Monday 22 nd May
3.1 Virtual School Update – Thomas Oates 3.2 Reg 44 Updates – Sue Hatton 3.3 Care4Us 6 Monthly Update – Emma Baines 3.4 Health of Children in Care 6 Monthly Update – Gemma Conway 4.0 Q4 Placement and Performance Report – Lisa Vaux 5.0 Q4 CAMHS Report – Laura McClure 6.0 Q4 Youth Justice and CiC Update – Phil Drabble 7.0 The Corporate Parenting Panel Annual Report – Carly/Service Director	Mon 17 th July

CORPORATE PARENTING PANEL - Work Programme 2023

<p>8.0 Annual Report of the RAA – Steph Evans 9.0 Annual Report of the Fostering Service – Catherine Boaler</p>	
<p>3.1 Virtual School Update and Exam Results – Thomas Oates 3.2 Reg 44 Updates -Sue Hatton 4.0 Q1 Placement and performance - Lisa Vaux 5.0 Q1 CAMHS – Laura McClure 6.0 Q1 Youth Justice and CiC – Phil Drabble</p>	<p align="center">Mon 11th Sept</p>
<p align="center">YP LED</p>	<p align="center">Mon 30th Oct</p>
<p>3.1 Virtual School Update – Thomas Oates 3.2 Reg 44 Updates – Sue Hatton 4.0 Q2 Placement and Performance – Lisa Vaux 5.0 Q2 CAMHS -Laura McClure 6.0 Q2 Youth Justice and CiC – Phil Drabble</p>	<p align="center">Mon 11th Dec</p>

PLEASE NOTE – The above does not include exception reports

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR – CORE SERVICES

TITLE: BARNSELY COUNCIL ANNUAL CUSTOMER COMPLAINTS AND COMPLIMENTS REPORT – APRIL 2022 TO MARCH 2023

REPORT TO:	CABINET
Date of Meeting	26th July 2023
Cabinet Member Portfolio	Core Services
Key Decision	No
Public or Private	Public

<p>Purpose of report</p> <p>To present the Council’s annual customer complaints and compliments report for 2022/23 for compliments and complaints handled under the Council’s management of customer feedback procedures.</p> <p>Council Plan priority</p> <p>The Council priority this report relates to is Enabling Barnsley.</p> <p>Recommendations</p> <p>That Cabinet: -</p> <ol style="list-style-type: none"> 1. Note and discuss the information contained in this report as required under the complaint’s legislation.
--

1. Introduction

- 1.1 Compliments and complaints are important ways in which people can let us know about their experiences. The number of compliments and complaints we receive is a good indicator of how accessible our procedures are rather than a specific indicator of how well or not a service is performing. It’s the outcome of the investigations which tells us if things are working well or not.
- 1.2 Our aim is to make sure compliments and complaints are recorded, acknowledged, and appropriately responded to.
- 1.3 The information in the annual report was correct at the time of creation. There may be some variation in future reported data due to updates.

- 1.4 Compliments are when people have let us know that they've had a positive experience with our services. This feedback is a key part of our continuous improvement. We share all compliments with the service they relate to.
- 1.5 Complaints are when people's experience with our services falls below what they expect, and they wish to complain about this. This information is valuable as it provides an opportunity for us to reflect on practice, identify where things may have gone wrong, what can be done to learn from this and offer compensation where required.
- 1.6 We follow our complaints procedures with the aim of:
- clearly identifying a complaint
 - investigating thoroughly and fairly in partnership with the person and service
 - reaching a swift resolution
 - reflecting upon any learning and identifying service improvements.
- 1.7 We also receive contacts where people are not specifically complaining about our actions but wish to offer suggestions, ideas or advice, or make requests for services. We refer to these as non-complaints. All non-complaints are acknowledged, and people are advised why their contact is not being handled as a complaint and which service their contact has been shared with.
- 1.8 Our procedures are written as part of our statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and the Children Act 1989 Representations Procedure (England) Regulations 2006.

2. Proposal

- 2.1 Highlights from the report to note are:
- 2.2 A total number of 452 customer compliments have been received by the Council. 2022-23 also saw an increase in the total number of compliments received from the figure reported in the previous year (414).
- 2.3 406 customer complaints have been registered during 2022-23 with 16 of these being discontinued or withdrawn. This is a decrease on the previous year's complaint total of 712. Furthermore, this year has seen a continuation in how most complaints are being resolved (390) with most complaints being resolved through early resolution, 259 and 147 requiring formal investigation.
- 2.4 Comparison tables of this year's performance against the previous years on complaint numbers, outcomes, and compliments can be seen in appendix 2.
- 2.5 There is a continuing trend which shows it is the customer who is impacted by the service that is making the complaint, and most complaints were made directly to the Customer Resolution Team (82%). In 2022-23, there has been a decrease in customers making their complaint online (67% from 70%). Work continues to encourage our customers to access our online services.

- 2.6 96% of complaints met their corporate and/or statutory timescale for completion at all stages in the process.
- 2.7 The outcomes from complaints showed 131 cases being upheld (there was fault), 136 partially upheld (there was fault in part), 110 not upheld (there was no fault), 6 inconclusive and 7 pending completion.
- 2.8 In 2022-23, 24 complaints progressed onto the review stage, of which:
- 1 was in Core Services
 - 6 were in Regeneration and Culture
 - 1 was in Environment and Transport
 - 1 was in Adult Social Care
 - 7 were in Education, Early Start and Prevention
 - 5 were in Children's Social Care and Safeguarding
 - 3 were in Communities
- 2.9 There were also 4 complaints which progressed onto the statutory second stage of the Children's Social Care Procedures and 7 to the third and final stage of the process. The 7 stage 3 complaints related to complaints that were received during 2021-22.
- 2.10 The total number of complaints progressing to the next stage of the procedures is a decrease on the number reported for 2021-22 (31).
- 2.11 Our records indicate that we have received 45 contacts from the Ombudsman offices in 2022-23. 25 were from the Local Government and Social Care Ombudsman (LGSCO). It is positive to report that there has been a decrease in the number escalating to the Local Government and Social Care Ombudsman from the previous year's position of 33. 20 were from the Housing Ombudsman Service.
- 2.12 5 of the LGSCO contacts required them to undertake a formal investigation.
- 2.13 The LGSCO annual review letter is expected to be received by the council on the 19 July 2022. This letter provides details of annual performance statistics on the decisions made by them for the council for the year ending 31 March 2023.
- 2.14 As evidenced in the percentages reported, a significant amount of work has been undertaken to improve or maintain performance and in doing so, firmly embedding the importance of complaints. During 2021-22 we highlighted that additional work would be undertaken to continue to improve service delivery and we are pleased to report the Customer Resolution Team are:
- Continuing to proactively work with all services in maintaining high performance levels and striving to meet statutory/corporate complaint requirements and timescales
 - Impressing the importance of delivering a robust and effective complaints service; one that prides itself in resolving dispute matters swiftly and ensuring the needs of our customers is of paramount importance

- Reinforcing this message with attendance at Directorate Management Team and other management meetings to discuss the nature of complaints received, explore where gaps may exist and working collaboratively to get this right next time
- Undertaking targeted work with services where complaints trends and themes are emerging to understand where change needs to happen
- Ensuring the allocation of each complaint through the performance management system
- Taking customer complaints as an opportunity to learn and forge change in the delivery of our services. Reinforcing the application of our values that will enhance service delivery and the customer experience going forwards
- Learning more from what our customers are telling us and striving harder to get underneath what has gone wrong. Challenge the status-quo to make changes and improvements to how we deliver our services
- Continuing to adopt a 'critical friend' approach with services to support learning from complaints through embedding this in systems and processes
- Introduced a POD training course on an introduction to complaints for all staff members and promoted this with service as a tool to support staff members' awareness of how the council manages complaints.
- Completion of a draft policy for how unreasonable and persistent customer behaviour will be managed across the Council, not directly attached to a person who is making a complaint.

2.15 During 2023-24, we plan to continue to build on the above as well as undertake the following:

- Continue discussions with services who are receiving the highest number of upheld complaints to review how they can use the information to learn and improve service delivery.
- Following work in 2022-23 in reviewing our online customer complaint and compliment form we will continue to work towards the implementation of these improvements, including creating a child friendly online form for children and young people to complete.
- Review present system for the management of complaints and compliments with a view to implementing identified changes which will improve service delivery.
- Continue to use information identified from complaints and provided by the Local Government and Social Care Ombudsman to improve and develop our processes and procedures in the management of complaints.
- Continue the delivery of in-person complaints and compliments training to services.
- Review and embed into good complaint management the newly issued Local Government and Social Care Ombudsman guidance on remedies in the resolution of complaints.

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

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

As part of the complaints process a number of formal resolution methods may have financial costs associated with them such as external investigations, reviews and appointment of mediators and financial settlement (where appropriate). The cost of these dispute resolution options is aligned directly to the business unit budget the complaint relates to.

As a resolution to a complaint, it is important that consideration is given when the Council is required to make improvements and how it can remedy the customer for any impact or injustice caused. This may also on occasions have (limited) financial implications, again the cost of any remedy should be done so in consultation with Legal Services and is aligned directly to the business unit budget the complaint relates to.

The effective resolution of complaints can lead to service improvements and complainant satisfaction.

3.2 Legal

The annual report is written as part of our statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and the Children Act 1989 Representations Procedure (England) Regulations 2006.

3.3 Equality

A full Equality Impact Assessment is not applicable as this is a performance report produced as part of regulations.

The Customer Resolution Team have worked in consultation with the Equality Service during 2022-23 with regards to capturing customer accessibility data in relation to the Council's complaints process. We're pleased to report that equality data commenced being requested from customers who were making a complaint during quarter 4 of 2022-23. Unfortunately, we have only received a low return rate of this information so far to be able to undertake any analysis. However, this data will continue to be collected throughout 2023-24.

3.4 Sustainability

A decision-making wheel has not been completed as this is a performance report produced as part of regulations.

3.5 Employee

All staff should be aware of the complaint's procedures covering their area of work to enable advice to be given to service users of the options available to them.

Staff resources are needed to complete investigations following receipt of a complaint. On rare occasions other procedures such as management investigations may be required following a complaint investigation.

It is recognised that there are a number of complaints each year where the complexity of the complaint can create a high volume of work and commitment for the services they relate to. The reasons for this, whilst individual to the circumstances of the complaint, are often related to dispute resolution, service delivery and procedural requirements (some of which are statutory). It is important to recognise the impact that complex complaints can have upon the workforce in respect of workload and wellbeing. To help mitigate this the Customer Resolution Team provides support to services in the handling of complaints, offers provisions such as training, and welcomes staff feedback on our procedures and processes.

3.6 Communications

The report will be made available on the Council's website upon Cabinet approval.

4. CONSULTATION

This report has been discussed at:

- Business Intelligence, Human Resources and Communications Business Unit Management Meeting – 15 June 2023
- Core DMT – 27 June 2023
- SMT – 4 July 2023

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Not applicable.

6. REASONS FOR RECOMMENDATIONS

6.1 Not applicable.

7. GLOSSARY

LGSCO – Local Government and Social Care Ombudsman
HOS – Housing Ombudsman Service

8. LIST OF APPENDICES

Appendix A: Barnsley Council Annual Customer Complaints and Compliment Report – 1st April 2022 to 31st March 2023

Appendix B: Comparable performance table on complaint numbers and outcomes

9. BACKGROUND PAPERS

- a) Management of Customer Feedback Procedure
- b) Management of Children's Social Care Customer Feedback Procedure

If you would like to inspect background papers for this report, please email

governance@barnsley.gov.uk so that appropriate arrangements can be made

10. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date Neil Copley, Director of Finance – 11 July 2023
Legal consultation & sign off	Legal Services officer consulted: Sukdave Ghuman Service Director for Law and Governance - 13 July 2023

Report Author: Claire Dobby
Post: Customer Resolution Manager
Date: May 2023

PERFORMANCE REVIEW TABLE - COMPLAINTS

Directorate	Business Unit	Complaints Total			Complaint Outcomes	
		Total number of complaints reported in 2021-22	Total number of complaints reported in 2022-23	Increase/decrease	Total number of complaints upheld (full or in part) 2021-22	Total number of complaints upheld (full or in part) 2022-23
Core	Finance	59	54	Decrease	29	34
	Business Intelligence, Human Resources and Communications	4	1	Decrease	1	1
	Customer Information and Digital Services	8	14	Increase	2	9
	Legal Services and Governance	5	4	Decrease	3	3
	Total	76	73	Decrease	35	47
Growth and Sustainability	Regeneration and Culture	63	34	Decrease	29	16
	Environment and Transport	339	149	Decrease	224	114
	Total	402	183	Decrease	253	130
Place Health and ASC	Adult Social Care	49	27	Decrease	25	17
	Total	49	27	Decrease	32	17
Children's Services	Education, Early Start and Prevention	40	21	Decrease	17	12
	Children's Social Care and Safeguarding	116	65	Decrease	47	38
	Total	156	86	Decrease	64	50
Public Health and Communities	Public Health (0-19)	1	2	Increase	0	1
	Regulation Services	5	1	Decrease	0	1
	Communities	23	34	Increase	7	21
	Total	29	37	Increase	7	23
Total	All	712	406	Overall Decrease	391	267

PERFORMANCE REVIEW TABLE - COMPLIMENTS

Directorate	Business Unit	Compliments Total		
		Total number of compliments reported in 2021-22	Total number of compliments reported in 2022-23	Increase/decrease
Core	Finance	14	8	Decrease
	Business Intelligence, Human Resources and Communications	27	14	Decrease
	Customer Information and Digital Services	9	8	Decrease
	Legal Services and Governance	5	9	Increase
	Total	55	39	Decrease
Growth and Sustainability	Regeneration and Culture	33	45	Increase
	Environment and Transport	174	176	Increase
	Total	207	221	Increase
Place Health and ASC	Adult Social Care	37	82	Increase
	Total	37	82	Increase
Children's Services	Education, Early Start and Prevention	9	15	Increase
	Children's Social Care and Safeguarding	13	8	Decrease
	Total	22	23	Increase
Public Health and Communities	Public Health (0-19)	60	44	Decrease
	Regulation Services	3	6	Increase
	Communities	30	37	Increase
	Total	93	87	Decrease
Total	All	414	425	Increase

This page is intentionally left blank

Annual customer complaints and compliments report 2022 - 2023



Barnsley – the place
of possibilities.



BARNSLEY
Metropolitan Borough Council

Introduction

We've achieved so many great things this year, it's our aim to make sure that we respond to and manage rising customer expectations and demands, but also recognise the opportunities this presents. To achieve this, we need to listen to what people are telling us, manage their expectations and continuously improve our services.

Our annual complaints and compliments report provides information on what our customers have told us about their experiences and expectations of the services they have received during 2022-23. It looks at the complaints and compliments that have been recorded by the council during the period 1 April 2022 to 31 March 2023, including those complaints received about Adult and Children Social Care services.

Not all customer concerns are dealt with as a complaint. Where a customer has contacted the service directly and their concerns are resolved, there is often no requirement to escalate this further through the complaint's procedure. However, they should always be informed of their right to make a complaint and of how to do this.

Customer complaints and compliments are important, and it's our aim to make sure that people feel able to provide us with this information and know how to do this. We aim to respond fairly, in partnership with people and reach a swift resolution where putting it right is at the heart of what we always consider. The Customer Resolution Team are responsible for the management, facilitation and collation of all customer complaints and compliments received for the council.

The council has two complaints procedures for managing complaints, one for Children's Social Care which has 3 stages and one for all other council services, including Adults Social Care, complaints which has 2 stages. For further information on either of these procedures please visit our website at <https://www.barnsley.gov.uk/have-your-say/complaints-and-compliments/>

Berneslai Homes manage the complaints and compliments received from housing tenants on behalf of the council. Information about the process, the numbers received, and how they have been handled can be found at <https://www.berneslaihomes.co.uk/contact-us/give-a-compliment-comment-or-complaint/>. The council keeps oversight of any housing complaints which may escalate to the Housing Ombudsman Service and the outcome of their enquiries or investigation.

Directorates

The complaints and compliments we receive from our customers are registered against the five main directorates of the council (as they were during 2022-23).

- **Core**
- **Growth and Sustainability**
- **Children's Services**
- **Place Health and Adults Social Care**
- **Public Health and Communities**

If you need help understanding this document please contact: The Customer Resolution Team, customerresolutionteam@barnsley.gov.uk

Key areas to note during 2022-23

- 96% of complaints have been resolved within statutory timescales.
- This year we're pleased to report that there has been an increase in compliments received compared to last year by 38. The number of compliments received also exceeds the number of complaints received. We know from speaking with services that we do receive lots of positive feedback, which could be compliments we could be recording.
- During 2022-23, we worked with services to promote the sharing of compliments so that these can be acknowledged and registered. We'll carry this on during 2023-24 so we can continue to learn and improve as well as understand what is working well.
- We've seen a decrease in the number of complaints we've received by a total of 305 complaints. There are many possible reasons for this such as using learning from previous complaints to make positive changes to our services. It's important that we continue to monitor the number of complaints we're receiving as this is an important indicator to tell us that people know how to make complaints to the council.
- Following a review of process, we've seen a reduction in the number of customers discontinuing with their concerns either by withdrawing their complaint or no longer wishing to engage with the process, with only 16 contacts not being continued with. It is disappointing that some of our customers do not continue with their complaints or withdraw them, and this may be for a variety of reasons not always known to us.
- 100% of customer complaints received were acknowledged within a 5 working day timescale, with 100% of Adults Social Care complaints being acknowledged within the statutory 3 working days.
- The number of complaints which are progressing to the next stage in our procedures has also decreased, albeit we've received a higher number of Stage 3 complaints in 2022-23 (however, these relate to complaints that we received during the previous year).
- The number of complaints received from the Local Government and Social Care Ombudsman has decreased by 8 which is positive to report.
- We've also seen an overall increase in the number of complaints that are escalating to the Ombudsman office. This is mainly related to complaints that are escalating to the Housing Ombudsman and are managed by Berneslai Homes. More information about Berneslai Homes' complaints can be found [here](#).

Glossary of terms

To help you with some of the terms we use in this report please see below a brief explanation for some of the keywords.

- **Complaint:** this is where someone has told us that they're unhappy about something we may have done, the services we're delivering or how we've delivered the services.
- **Compliment:** this is where someone has told us that they're happy and satisfied with something we may have done, the services we're delivering or how we've delivered the services.
- **Early resolution:** we want to resolve complaints as quickly as we can and some complaints don't always need an in-depth investigation. We try to resolve these types of complaints within 2 to 5 working days.
- **Formal investigation:** sometimes we may need to take an in-depth investigation into a complaint and require a bit more time to resolve the complaint. We've two procedures for managing complaints one for Children's Social Care which has 3 stages and one for all other council services, including Adults Social Care, complaints which has 2 stages. For further information on either of these procedures please visit our internet page at <https://www.barnsley.gov.uk/have-your-say/complaints-and-compliments/>

- **Timescales:**

Timescale	Children's Social Care Complaints (CSC)	All other Council Services (Corporate inc Adult Social Care)
Early Resolution	2 working days	2 to 5 working days
Formal Investigation - Stage 1	10 working days	25 to 60 working days
Formal Investigation/Review - Stage 2	25 to 65 working days	10 to 30 working days
CSC Review Panel – Stage 3	50 working days	-

- **Discontinued/withdrawn complaints:** these are complaints we've received but unfortunately, the person does not engage with us, the process or they have decided to withdraw their complaint. A complaint which is resolved should not be classed as withdrawn. We still share these complaints with the relevant service for their awareness, but no formal response is issued.
- **The Local Government and Social Care Ombudsman:** will consider complaints about councils and adult care providers. People can complain to them if they remain unhappy after having their complaint considered by us through our complaint procedure. For more information on what they do please visit their website at <https://www.lgo.org.uk/>

Learning from feedback

Learning from our investigations is important to us. During the investigations we undertake we look at what may have gone wrong, why and what we can do to improve the services we provide. These are a few examples of the learning identified for each Directorate from the complaint investigations and the improvements we're working towards achieving.

Core Services

- Areas our employees would benefit from further training.
- The review of identified new processes relating to Finance and Governance.
- Updating documentation to support our employees with good complaints management.

Growth and Sustainability

- Updating web information on the council's approach to defect repairs.
- Working with our employees on right-first-time collections.
- Consideration to be given to the assessment of priority for customer contacts in Highway Services.

Children's Services

- How we are communicating with our families and the timeliness of this.
- The timeliness of issuing Educational Health Care Plans to our families.
- Review of our Local Offer webpage in respect of parent and carer assessments.

Place Health and Adult Social Care

- Letters to be reviewed for clarity, conciseness, ease to understand and full representation of the information required.
- Reminder to be issued to our staff members on timeliness of issuing invoices, advice on splitting payments and employing personal assistants.
- Improvements to be made with checks to ensure that financial assessment include only current valid disregards.

Public Health and Communities

- Review of information provided on the pin on a map system and how these jobs are closed down.

Council overview - complaints and compliments

Compliments

Growth and sustainability	221
Public Health and Communities	87
Place Health and Adult Social Care	82
Core Services	39
Children's Services	23

Complaints

Growth and sustainability	183
Children's Services	86
Core Services	73
Public Health and Communities	37
Place Health and Adult Social Care	27

Complaints

406 complaints

(decrease on previous year)

27 complaints were statutory
Adult social care complaints

52 complaints were statutory
Children's Social Care complaints

327 complaints were corporate
complaints

24 complaints progressed to the
next stage of the procedure

7 Children's Social Care
complaints were considered at
Stage 3

259- early resolutions

147 - formal investigations

16 - discontinued or withdrawn

131 - Upheld

136 - Partially upheld

110 - Not upheld

6 - Inconclusive

7 - Pending

25 Local Government and Social
Care Ombudsman contacts

96% of complaints responded to
within timescales

82% complaints made directly by
the customer

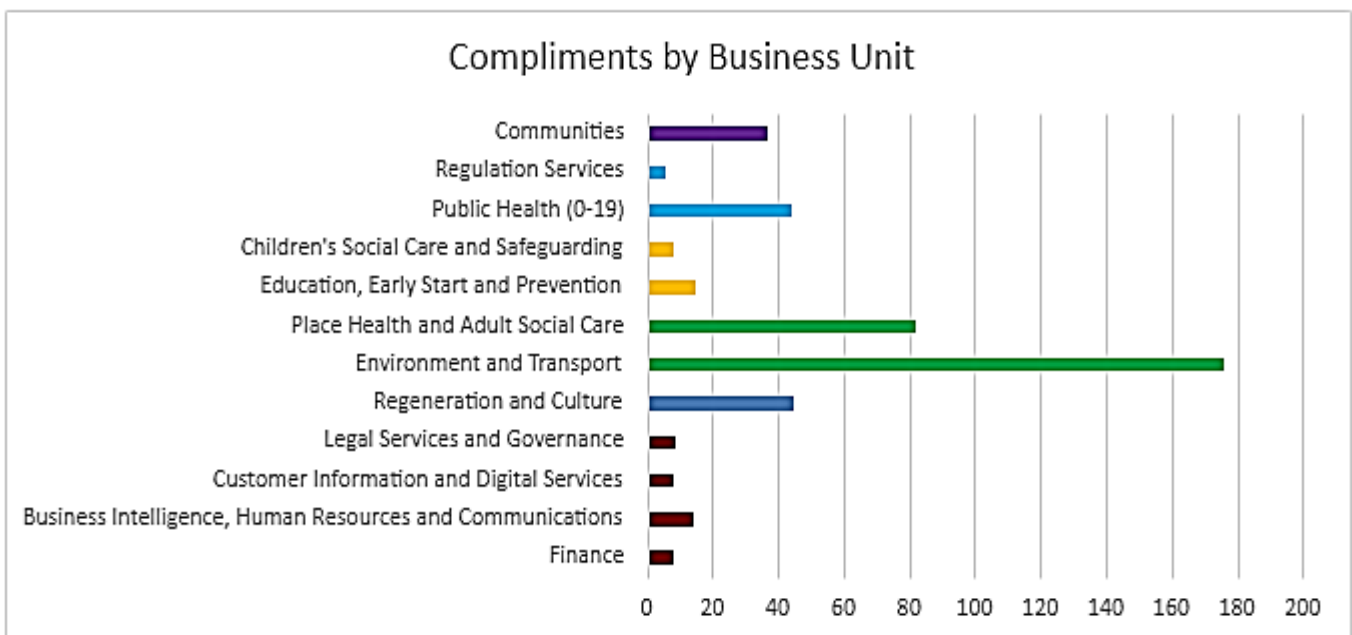
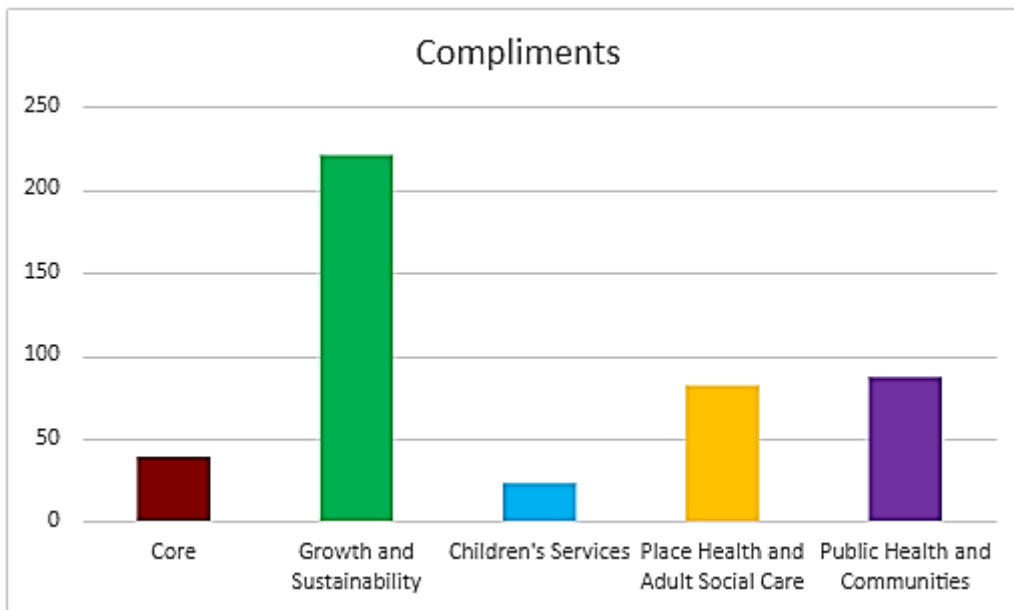
67% complaints made online.

Main trend: unhappy with how we
deliver our services (processes and
procedures)

Closer look at our compliments and complaints data

1. Number of compliments

There has been an increase in the number of compliments we've recorded this year, 452 compared to last year, 414. The Growth and Sustainability directorate received the highest number of compliments with 49% of the total compliments being received in this directorate alone (221). Most of the compliments we received related to our organisational value of 'We're proud'.



2. Number of complaints and resolution method

We received 406 complaints during 2022-23. 16 of these were discontinued by people either withdrawing their complaint or no longer wishing to engage with the process, leaving 390 complaints which received a resolution.

It's positive that the changes we've made to our process for dealing with discontinued complaints is working. We're seeing a significant reduction in the number of complaints which are being recorded as discontinued.

There has been a decrease in the number of complaints we received this year compared to last year's figure (711), even when compared with the number of discontinued complaints been discounted from the total number (501). Most complaints were resolved through early resolution this year, which is positive to note, with less complaints requiring formal investigation.

16 complaints were discontinued during 2022-23 either through people withdrawing their complaint or through not engaging with the complaints process further. These covered complaints about our employees, how we delivered our services and how we communicated with people. Following changes made in 2022-23, we've seen a significant reduction in the number of complaints being recorded as discontinued.

Directorate	Early resolution	Formal investigation	Total complaints
Core	61	12	73
Growth and Sustainability	141	42	183
Children's Services	32	22	54
Place Health and Adult Social Care	5	54	59
Public Health and Communities	20	17	37
Total	259	147	406



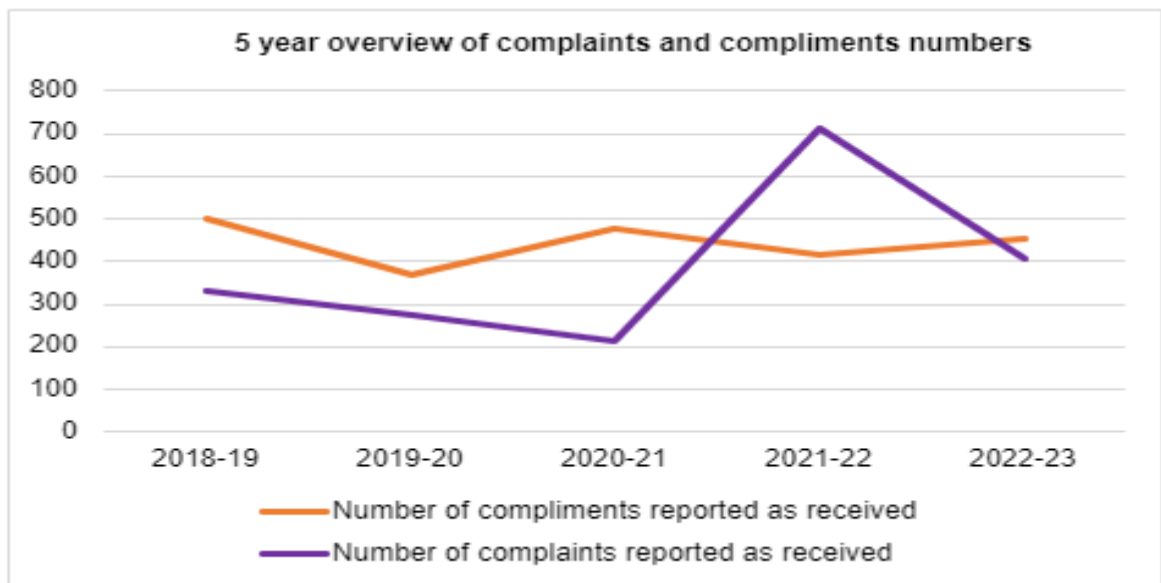
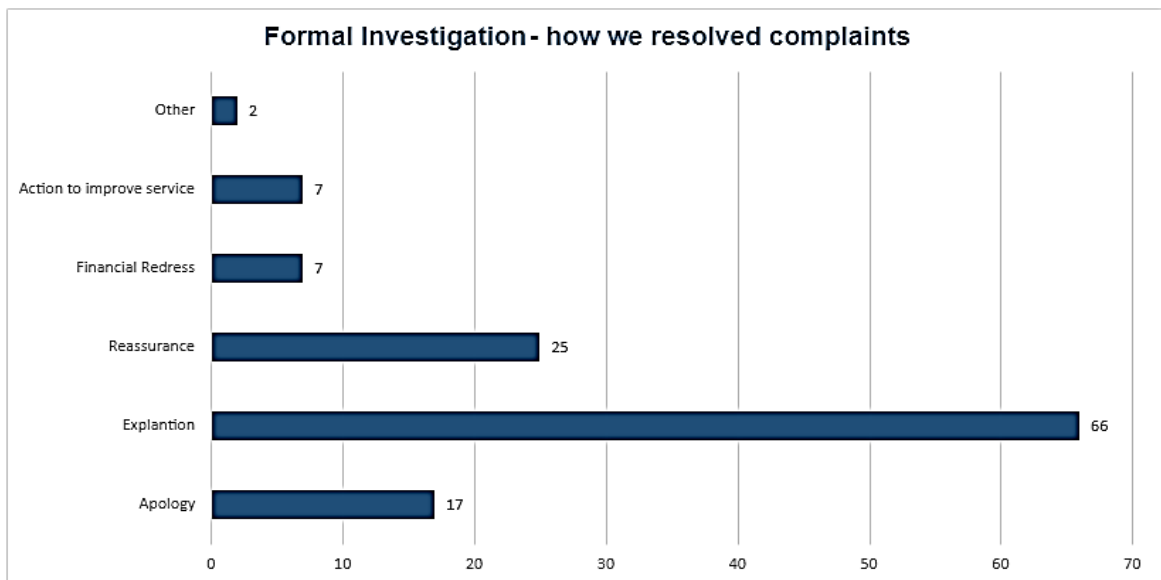
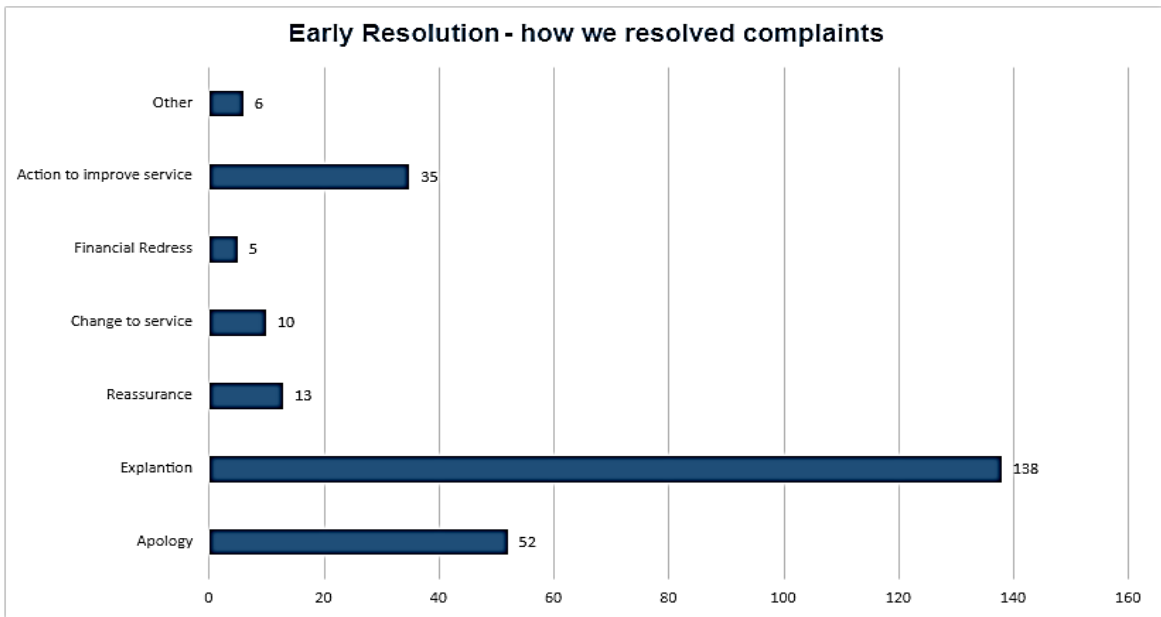
4 Children's Social Care complaints moved onto a stage 2 investigation of which 1 case was partially upheld and 1 case was not upheld. 2 cases were still ongoing at the time we produced this report.



7 Children's Social Care complaints (received in the previous year) progressed to stage 3 and 1 was upheld and 6 were partially upheld.



20 Corporate complaints moved to the review stage of the process and 1 was upheld, 4 were partially upheld, 14 were not upheld and 1 was still ongoing.

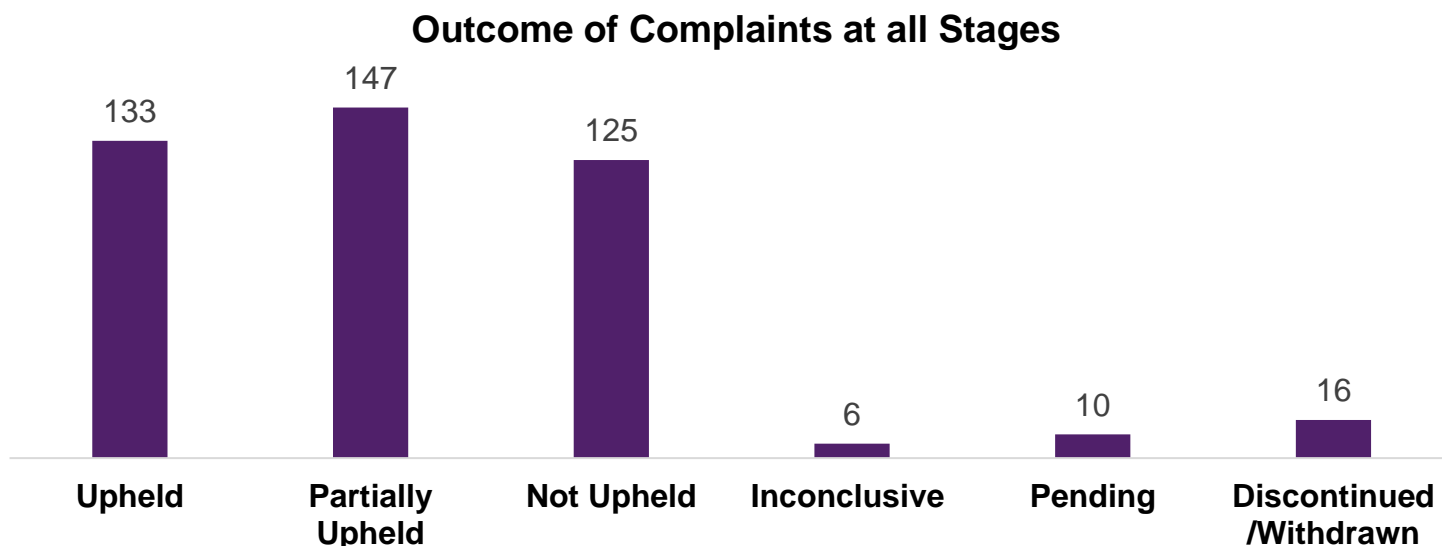


3. Type of complaint

Most of our complaints were about how we deliver our services (our processes and procedures) and how we're communicating with people. It's important that we know this information so we can look at ways we can improve in these areas where we agree that our services have fallen below the expectations of what people should be receiving.



We've either upheld or partially upheld most of the complaints we've received, agreeing that we need to improve and learn from what people are telling us. We've provided an explanation to them as a resolution to their complaint to explain what went wrong and what we'll do to address this.



Upheld: we agree with your complaint.

Partially upheld: we agree with some of your complaint.

Not upheld: we haven't found any evidence to support your complaint.

Inconclusive: we don't have enough evidence either way.

Pending: complaint still under investigation

4. Timescales

We resolved **96%** of all our complaints within timescales for all stages, and **98%** for those complaints considered at early resolution. With **96%** at formal investigation. This is unfortunately a slight decrease in performance upon last year's figure of **97%**.

We'll continue to work to improve meeting the timescales as this is both important to us and the people who use our services. Sometimes due to availability and the complexity of some complaints timescales are exceeded. We always aim to keep people informed when there will be a delay with their complaint investigation.

Early Resolutions	Outcomes				Total	Timescales		Total
	Upheld	Partially upheld	Not upheld	Inconclusive		Timescale met	Timescale not met	
Finance	15	14	16	1	46	46	0	46
Customer Information and Digital Services	3	6	4	0	13	13	0	13
Legal and Governance	2	0	0	0	2	2	0	2
Regeneration and Culture	5	8	6	0	19	19	0	19
Environment and Transport	61	39	22	0	122	121	1	122
Place Health and ASC	2	1	2	0	5	4	1	5
Children's Social Care	6	15	9	2	32	30	2	32
Public Health	0	1	0	0	1	1	0	1
Communities	9	5	5	0	19	19	0	19
Total	103	89	64	3	259	255	4	259

Formal Investigations	Outcomes				Total	Timescales		Total
	Upheld	Partially upheld	Not upheld	Inconclusive		Timescale met	Timescale not met	
Finance	3	2	1	0	6	6	0	6
Business Intelligence, HR and Comms	1	0	0	0	1	1	0	1
Legal and Governance	1	0	1	0	2	2	0	2
Regeneration and Culture	2	1	9	1	13	13	0	13
Environment and Transport	4	10	5	1	20	20	0	20
Place Health and ASC	6	8	5	0	19	17	2	19
Children's Social Care	6	11	12	0	29	28	1	29
Education, Early Start and Prevention	2	10	7	0	19	18	1	19
Public Health	0	0	0	1	1	1	0	1
Communities	3	4	6	0	13	12	1	13
Regulation	0	1	0	0	1	1	0	1
Total	28	47	46	3	124	119	5	124

*16 contacts discontinued/withdrawn and 7 pending a response



There were 24 complaints which continued onto Stage 2 of the Complaints Procedures. Of these 21 met the agreed/statutory timescale and 3 were pending at the time of reporting.



There were 7 children's social care complaints, from the previous year, that progressed onto Stage 3 in 2022-23. Unfortunately, none of these met the statutory timescale to arrange the panel within due to the availability of all attendees.

5. Ombudsman

We've had 25 contacts (20 enquiries and 5 investigations) from the Local Government and Social Care Ombudsman compared to last year's total of 36. Our annual review letter is expected to be received in July 2023, where it should outline our performance in the areas of:

- Complaints upheld
- Compliance with recommendations
- Satisfactory remedy provided

We've also included Berneslai Homes data in the table below.

Business Unit	Number of enquiries	Outcome status
Legal Services	1	Outside jurisdiction
Regeneration and Culture	6	2 outside LGSCO jurisdiction, 1 not enough evidence of fault, 1 LA to pursue, 1 no further action, and 1 out of time
Environment and Transport	3	2 not enough evidence of fault and 1 outside LGSCO jurisdiction
Adult Social Care	1	LA to pursue through complaints
Education, Early Start and Prevention	2	1 outside LGSCO jurisdiction & 1 not enough evidence of fault
Children's Social Care and Safeguarding	6	1 not enough evidence of fault, 1 discontinued investigation, 1 outside LGSCO jurisdiction, 1 no further action, and 2 pending
Communities	1	Out of jurisdiction
Berneslai Homes	10	Did not progress to investigation

Business Unit	Number of Investigations	Outcome Status	Remedy
Regeneration and Culture	1	Pending	
Adults Social Care	1	Fault with injustice	Apology, financial redress (£300). Learning for service/provider
Education, Early Start and Prevention	1	Pending	
Children's Social Care and Safeguarding	2	1 no fault and no injustice and 1 no fault but injustice caused	Apology and financial redress (£300)
Berneslai Homes	10	1 withdrawn, 1 reasonable redress, 7 no maladministration, 2 out of jurisdiction and 4 pending*	

6. Who, how, where?

82% of complaints were made by the person who was affected by the service. **18%** were made by someone who was representing or advocating for the person receiving the service. This could be a family member, an advocate, or someone who the person has agreed for them to act on their behalf.

An independent advocacy service is available for Children's and Adult Social care complainants through Dial Barnsley.

How the complaint was made	Number of complaints
Online	272
Email	59
In person	1
Telephone	50
Post	24
Via Advocate	0

Where the complaints are being received	Number of complaints
Into the Customer Resolution team	305
Into services	31
Council website	30
Contact Centre	19
Senior Management	10
Other	11

- The number of complaints made online has decreased from 70% to 67%
- We've had 15% more complaints being made via email than by telephone.
- Complaints received by telephone have slightly increased from 10% to 12%
- Slight increase in complaints being made by post, with 4% being made this way.
- The number of complaints received directly into the Customer Resolution Team has increased from 59% to 75%.

Focus on Core

Compliments

39 compliments
(55 previous year)

Highest business unit: Business Intelligence, Human Resources and Communications - 14

The experience has been a rewarding one and that the Customer Resolution Team have good customer service standards.

A really helpful, kind lady answered the phone, listened to my complications, and sorted out my problem, with understanding. We need more people in the workplace like that lady. Thank you for the perfect customer service. Much appreciated

Complaints

73 complaints
(slight decrease on previous year)

61 - early resolutions
12 - formal investigations
3 - discontinued or withdrawn

70% complaints made online.

89% complaints made directly by the customer.

1 Local Government and Social Care Ombudsman contact

Main trend: unhappy with how we deliver our services (processes and procedures)

Upheld - 25
Partially upheld - 22
Not upheld - 22
Inconclusive - 1

Most complaints were resolved through an explanation

100% of complaints responded to within timescales

1 complaint progressed. Partially upheld.

Someone told us that they were unhappy that we continued to get their personal details incorrect in our correspondence with them in relation to council tax. They were also unhappy that we had failed to take an additional amount owed, as we had instructed we would take, as part of an already agreed Direct Debit. Failure to do this had caused arrears which had had additional implications.

The council tax team responded to this complaint as an early resolution. They updated the personal details as well as making the necessary arrangements for the additional amount owed to be taken as instructed. The service tried to contact them to discuss their concerns and followed up the action taken with an email advising them to come back to the service if they required any more information.

Focus on Growth and Sustainability

Compliments

221 compliments
(207 previous year)

I think you are excellent at doing your job and you clearly enjoy doing it. This is very evident in the way that you consistently carry out your duties and deliver on promised information.

Highest business unit: Environment and Transport - 149

We used the pet crematorium service at Cannon Hall and were treated with kindness and respect through what is a difficult time. I can't praise [staff member] enough for the way they looked after our pet, they made a difficult time feel a little easier. I would highly recommend the service. Thank you

Complaints

183 complaints
(decrease on previous year)

80% complaints made online.

10 Local Government and Social Care Ombudsman contacts

141 - early resolutions

42 - formal investigations

5 - discontinued or withdrawn

97% complaints made directly by the customer.

Main trend: unhappy with how we deliver our services (processes and procedures)

Upheld - 72
Partially upheld - 58
Not upheld - 42
Inconclusive - 2

Most complaints were resolved through an explanation

99% of complaints responded to within timescales

7 complaints progressed to next stage. 1 was upheld and 6 were not upheld

Someone told us they were unhappy that we had failed to complete a waste collection for a whole street. Despite reporting this, it happened again resulting in two missed collections.

The waste management service investigated this complaint as a formal investigation. An apology was given for the service they had received falling short of what the council expects. It was identified there were a number of issues which had impacted upon the collections relating to a miscommunication within the service, a vehicle breakdown, and a road closure at the time. The service acknowledged the issues connected to the collections and implemented additional controls, a site visit, as well as advising on where updates on service disruptions can be found on the council's website.

Focus on Children's Services

Compliments

23 compliments
(22 previous year)

I really appreciate everything you've done to help us, there aren't many people out there that care about doing their job, so I'm really glad we got to work with you because you're amazing.

Highest business unit: Education, Early Start and Prevention Services - 15

We cannot thank the adoption team enough for the help they gave us. Especially [staff member]. They went above and beyond in informing us and helping us when they could. They were just a phone call away when we needed to ask any questions and really put us at ease throughout the process. Thank you

Complaints

86 complaints
(decrease on previous year)

11 Local Government and Social Care Ombudsman contacts

50% complaints made directly by the customer (3 were made by children and young people)

32 - early resolutions

54- formal investigations

4 - discontinued or withdrawn

42% complaints made online.

Main trend: unhappy with how we deliver our services (processes and procedures)

Upheld - 14
Partially upheld - 36
Not upheld - 28
Pending- 2

Most complaints were resolved through an explanation

89% of complaints responded to within timescales

12 progressed to stage 2 .

7 progressed to stage 3.

A customer told us that they were unhappy that Children's Services had failed to respond to them in the agreed timeframe as well as failing to address the discrepancies they had raised in relation to a plan.

Children's Service investigated this complaint as a formal investigation.

The investigation identified that while a timeframe for response had been agreed, it had also been explained that unfortunately due to the nature of the role of social workers there may be a possibility that this is not always possible to adhered to. The investigation considered the discrepancies raised in relation to the plan but did not uphold this point.

Focus on Place Health and Adult Social Care

Compliments

82 compliments (37 previous year) **Highest business unit:** Adult Social Care

Reaching out to say thank you for the input you have with xx and their transition from child to adult's social care. You have set the ball rolling and sorted out everything which put my mind at ease. You are a fabulous social worker and Barnsley is very blessed to have you. Thank you once again.

A customer told us that they had lost their emergency call pendant and within 30 minutes the responders arrived at their home with a new one. They said that the responders were lovely and like a breath of fresh air, they were laughing and joking with them. They said the laughter with them was better than any medicine. They described them as amazing, and they wanted to thank them for making their day. They said thank you all for the fantastic service.

Complaints

27 complaints

(decrease on previous year)

2 Local Government and Social Care Ombudsman contacts

48% complaints made directly by the customer

5 - early resolutions

22 - formal investigations

2 - discontinued or withdrawn

44% complaints made online.

Main trend: unhappy with how we communicated and consulted with them

Upheld - 8

Partially upheld - 9

Not upheld - 7

Most complaints were resolved through an explanation

87% of complaints responded to within timescales

1 complaint progressed to next stage. It was not upheld.

A complaint was received by a family member on behalf of the person in receipt of the service. They explained that they were unhappy with the fairer charging assessment decision in relation to the consideration of Disability Related Expenditure. They felt the Council had failed to follow the core principles within the assessment.

Adults Social Care responded to this complaint as a formal investigation.

Following the investigation, the council did not uphold the complaint however, the findings did show there were things which needed to be addressed. **Page 48** this reason agreed to complete an up-to-date social care and financial assessment in line with the Care Act 2014.

Focus on Public Health and Communities

Compliments

87 compliments (63 previous year)

Highest business unit:

Public Health service - 44

What an amazing health visitor! This person is kind, professional, friendly, open and goes absolutely above and beyond. They are supportive beyond belief and they gave me the confidence as a parent with their honesty and encouragement.

Thank you so very much indeed, for your patience and help. I'm sending a compliment to Barnsley Council about our interaction, when life's so hard and difficult, people like you help without any issues to make things a bit easier, it makes all the difference

Complaints

37 complaints

(increase on previous year)

20 - early resolutions

17 - formal investigations

2 - discontinued or withdrawn

1 Local Government and Social Care Ombudsman contacts

73% complaints made online.

95% complaints made directly by the customer

Main trend: unhappy with how we deliver our services (processes and procedures)

Upheld - 12
Partially upheld - 11
Not upheld - 11
Inconclusive - 1

Most complaints were resolved through an explanation

97% of complaints responded to within timescales

3 complaints progressed to next stage. 1 was partially upheld and 2 were not upheld.

Someone told us that they were unhappy that we did not open a library at the time we had stated it would be open. They felt this did not demonstrate good customer services and caused an inconvenience to the customer.

The Communities Service responded to this complaint as an early resolution.

The investigation identified that due to unforeseen circumstances the library was unable to be opened that day and the processes in place to manage this type of situation was not fully operated on the day in question. An apology was issued and reassured the processes had been reviewed to ensure this would not happen again.

Performance review table

Directorate	Business Unit	Complaints Total			Complaint Outcomes	
		Total number of complaints reported in 2021-22	Total number of complaints reported in 2022-23	Increase/decrease	Total number of complaints upheld (full or in part) 2021-22	Total number of complaints upheld (full or in part) 2022-23
Core	Finance	59	54	Decrease	29	34
	Business Intelligence, Human Resources and Communications	4	1	Decrease	1	1
	Customer Information and Digital Services	8	14	Increase	2	9
	Legal and Governance	5	4	Decrease	3	3
	Total	76	73	Decrease	35	47
Growth and Sustainability	Regeneration and Culture	63	34	Decrease	29	16
	Environment and Transport	339	149	Decrease	224	114
	Total	402	183	Decrease	253	130
Place Health and ASC	Place Health Adult Social Care	49	27	Decrease	25	17
	Total	49	27	Decrease	32	17
Children's Services	Education, Early Start and Prevention	40	21	Decrease	17	12
	Children's Social Care and Safeguarding	116	65	Decrease	47	38
	Total	156	86	Decrease	64	50
Public Health and Communities	Public Health (0-19)	1	2	Increase	0	1
	Regulation Services	5	1	Decrease	0	1
	Communities	23	34	Increase	7	21
	Total	29	37	Increase	7	23
Total	All	712	406	Overall Decrease	391	267

PERFORMANCE REVIEW TABLE - COMPLIMENTS

Directorate	Business Unit	Compliments Total		
		Total number of compliments reported in 2021-22	Total number of compliments reported in 2022-23	Increase/decrease
Core	Finance	14	8	Decrease
	Business Intelligence, Human Resources and Communications	27	14	Decrease
	Customer Information and Digital Services	9	8	Decrease
	Legal Services and Governance	5	9	Increase
	Total	55	39	Decrease
Growth and Sustainability	Regeneration and Culture	33	45	Increase
	Environment and Transport	174	176	Increase
	Total	207	221	Increase
Place Health and ASC	Adult Social Care	37	82	Increase
	Total	37	82	Increase
Children's Services	Education, Early Start and Prevention	9	15	Increase
	Children's Social Care and Safeguarding	13	8	Decrease
	Total	22	23	Increase
Public Health and Communities	Public Health (0-19)	60	44	Decrease
	Regulation Services	3	6	Increase
	Communities	30	37	Increase
	Total	93	87	Decrease
Total	All	414	425	Increase

This page is intentionally left blank

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES

TITLE: Health and Safety Report 2022/2023

REPORT TO:	CABINET
Date of Meeting	26th July 2023
Cabinet Member Portfolio	Core Services
Key Decision	No
Public or Private	Public

Purpose of report

To provide an overview of the Council’s health and safety performance and outline an action plan for improvement in 2023/2024

Council Plan priority

Enabling Barnsley

Recommendations

That Cabinet:-

1. Note the findings of the report
2. Endorse the action plan and targets for 2023/2024

1. INTRODUCTION

1.1 From April 2022 to March 2023, we’ve seen some improvements in our health and safety performance and also identified some areas where we’ve more to do. We’ve seen some positive indicators in 2022/2023 which are shown below (with comparative data for 2021/2022 shown in brackets):

- All of audits show a satisfactory level of compliance with our governance arrangements for health and safety.
- The RIDDOR reportable accident performance when compared to national statistics remains favorable (around 45% lower than national rates at 1.8 incidents per 1,000 employees in the Council compared to 3.2 incidents

per 1,000 employees nationally).

- A decrease in the total number of employer’s liability claims to 7 (9) with 4 (7) related to accidents and 3 (2) to work-related ill-health.
- A decrease in days lost due to violence and aggression to four (16).
- An improvement in compliance with requirements to develop risk assessments to 73% (64%).

1.2 Some negative indicators are also seen with these viewed in the context of comparison to 2021/2022:

- An increase in reported accidents to 74 (63) albeit remaining below pre-pandemic levels and mirroring increases in reportable accidents nationally).
- An increase in days lost due to accidents to 524 (302) albeit again remaining below pre-pandemic levels.
- An increase in RIDDOR recordable/reportable accidents to 13 (10) with 8 (5) over seven days injuries, 4 (4) over three-day injuries and 1 (1) specified ‘major’ injuries.
- An increase in reported incidents of violence and aggression to 123 (86) albeit again remaining below pre-pandemic levels.
- An under-reporting of near-miss accidents and presumed lower-level (and potentially all) incidents of violence and aggression.

1.3 We’ve outlined a number of opportunities for improvements along with proposals to address them:

Priority identified in 2022/2023	Action required in 2023/2024
1. Improvements in accident, violence and aggression and near miss reporting.	Implementation of an online incident reporting platform supported by a repeat of campaigns run in 2022/2023 on incident reporting.
2. Linked to year two of the service health and safety audit programme, Business Units to review and implement our occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.	The audit programme will continue in 2023/2024 and Business Units need to continue to review and implement the occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety. Those services already audited need to work through their audit action plan and maintain the management arrangements they have in place.

<p>3. Whilst improvements have been made in 2022/2023 the need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available.</p>	<p>Ongoing need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available.</p> <p>Whilst a welcome improvement has been seen in 2022/2023, the fundamental issue remains in a minority of incidents employees having accidents where the manager cannot confirm that a risk assessment for the activity was in place. This requires services to implement the arrangements put in place for risk assessment.</p>
---	--

1.4 Despite these negatives, reflecting our overall performance in this area, we haven't experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue.

We're proud to have achieved the Royal Society for the Prevention of Accidents (RoSPA) Order of Distinction for Occupational Safety and Health and the British Safety Council International Safety Award.



This year reiterates the need for a greater reliance on Business Units to fulfil aspects of the overall health and safety function and ensure that good health and safety practice is refreshed and embedded and evidenced within services.

2. PROPOSAL

2.1 That Cabinet note the health and safety performance outlined in the report and endorse the action plan and targets for 2023/2024. This supports the Corporate Health and Safety Policy, the statutory requirement for the management of health and safety and internal governance arrangements.

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

There are no direct financial implications arising from the report. Indeed, improvements in health and safety management will support limiting the financial costs of accidents and incidents. Health and safety management is fundamentally concerned with managing risk and the minimisation of harm through injury and ill-health and loss.

3.2 Legal

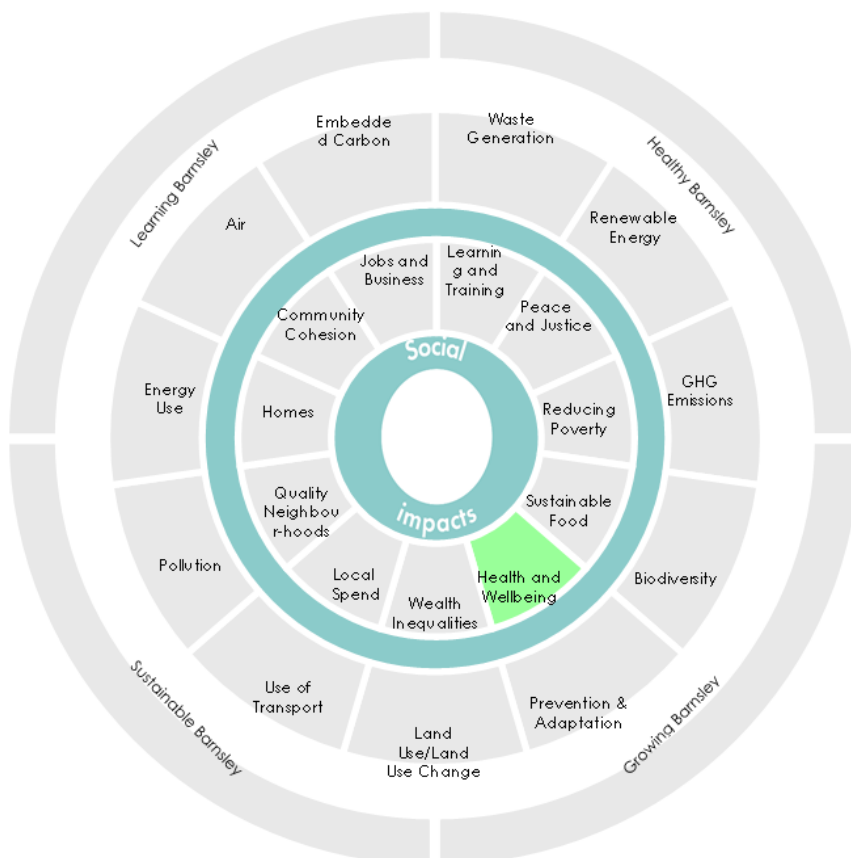
The report supports the Council's health and safety management arrangements and compliance with legislative duties under the Health and Safety at Work etc. Act 1974 and associated legislation.

3.3 Equality

An Equality Impact Assessment is not required due to factual nature of the report.

3.4 Sustainability

Positive health and safety management have the effect of minimising risks to employees therefore reducing potential impacts on their overall health and impacts on health services.



3.5 Employees

The report supports the Council's health and safety management arrangements and efforts to minimise risks to employees and prevent injury, ill health or other losses to employees and maintain employee welfare.

3.6 Communications

There are no foreseen implications of these proposals. Support will be sought from Communications and Marketing in promulgating the action plan and targets to managers and employees.

4. CONSULTATION

The Council's Business Improvement, HR and Communications Management Team and Senior Management Team have been consulted on the Health and Safety Report 2022/2023 and support the content and recommendations within.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Due to the nature of this report, alternative approaches are not considered.

6. REASONS FOR RECOMMENDATIONS

6.1 The report supports the Corporate Health and Safety Policy, the statutory requirement for the management of health and safety and internal governance arrangements.

7. GLOSSARY

Not applicable

8. LIST OF APPENDICES

Appendix 1: Health and Safety Report 2022/2023

9. BACKGROUND PAPERS

Health and Safety Report 2022/2023

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

10. REPORT SIGN OFF

Financial consultation and sign off	Senior Financial Services officer consulted and date Colette Tyrell 12th July 2023
Legal consultation and sign off	Legal Services officer consulted and date Sajeda Khalifa 28th June 2023

Report Author: Simon Dobby
Post: Head of Corporate Health, Safety and Emergency Resilience
Date: 20th June 2023

Health and Safety Report 2022-2023



Barnsley – the place
of possibilities.



Executive Summary

From April 2022 to March 2023, we've seen some improvements in our health and safety performance and also identified some areas where we've more to do. We've seen some positive indicators in 2022/2023 which are shown below (with comparative data for 2021/2022 shown in brackets):

- All of audits show a satisfactory level of compliance with our governance arrangements for health and safety.
- The RIDDOR reportable accident performance when compared to national statistics remains favourable (around 45% lower than national rates at 1.8 incidents per 1,000 employees in the Council compared to 3.2 incidents per 1,000 employees nationally).
- A decrease in the total number of employer's liability claims to 7 (9) with 4 (7) related to accidents and 3 (2) to work-related ill-health.
- An decrease in days lost due to violence and aggression to four (16).
- An improvement in compliance with requirements to develop risk assessments to 73% (64%).

Some negative indicators are also seen with these viewed in the context of comparison to 2021/2022:

- An increase in reported accidents to 74 (63) albeit remaining below pre-pandemic levels and mirroring increases in reportable accidents nationally.
- An increase in days lost due to accidents to 524 (302) albeit again remaining below pre-pandemic levels.
- An increase in RIDDOR recordable/reportable accidents to 13 (10) with 8 (5) over seven days injuries, 4 (4) over three-day injuries and 1 (1) specified 'major' injuries.
- An increase in reported incidents of violence and aggression to 123 (86) albeit again remaining below pre-pandemic levels.
- An under-reporting of near-miss accidents and presumed lower-level (and potentially all) incidents of violence and aggression.

We've outlined a number of opportunities for improvements along with proposals to address them:

Priority identified in 2022/2023	Action required in 2023/2024
1. Improvements in accident, violence and aggression and near miss reporting.	Implementation of an online incident reporting platform supported by a repeat of campaigns run in 2022/2023 on incident reporting.
2. Linked to year two of the service health and safety audit programme, Business Units to review and implement our occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.	The audit programme will continue in 2023/2024 and Business Units need to continue to review and implement the occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety. Those services already audited need to work through their audit action plan and maintain the management arrangements they have in place.
3. Whilst improvements have been made in 2022/2023 the need for Business Units to	Ongoing need for Business Units to ensure that all required risk assessments are completed, and risk

<p>ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available.</p>	<p>controls implemented and monitored following the guidance and templates available.</p> <p>Whilst a welcome improvement has been seen in 2022/2023, the fundamental issue remains of in a minority of incidents employees having accidents where the manager cannot confirm that a risk assessment for the activity was in place. This requires services to implement the arrangements put in place for risk assessment.</p>
---	--

Despite these negatives, reflecting our overall performance in this area, we haven't experienced any formal enforcement action by the Health and Safety Executive or South Yorkshire Fire and Rescue.

We're proud to have achieved the Royal Society for the Prevention of Accidents (RoSPA) Order of Distinction for Occupational Safety and Health and the British Safety Council International Safety Award.



This year reiterates the need for a greater reliance on Business Units to fulfil aspects of the overall health and safety function and ensure that good health and safety practice is refreshed and embedded and evidenced within services.

Contents

Executive summary	2
Contents and list of figures	4
1. Introduction	5
2. Health and safety priorities 2022/2023	5
3. Health and safety performance	
3.1 Accidents and incidents	6
3.1.1 Accidents to employees	6
3.1.2 Specified injury analysis	9
3.1.3 Accidents to non-employees	9
3.1.4 Aggression and violence to employees	9
3.2 Work-related ill-health	11
3.3 Risk assessment	12
3.4 Enforcement	14
3.5 Health and safety audits	14
3.6 Employers' liability claims	16
4. Health and safety performance assessment	
4.1 Review of health and safety performance	16
4.2 Health and safety priorities for 2023/2024	18

List of figures

1. Reported accidents by Directorate	8
2. Causes of accidents, part of body injured and type of injury	8
3. Incidents of violence and aggression by Directorate	9
4. Types of incidents of violence and aggression	10
5. Part of body injured in incidents of violence and aggression	11
6. Type of injury in incidents of violence and aggression	11
7. Absences attributed to mental/emotional wellbeing and musculoskeletal related ill health	11
8. Risk assessment analysis - responses provided to the question "had a risk assessment been carried out for the activity undertaken prior to the accident?" and the question "has a risk assessment been reviewed/developed for the activity undertaken after the accident?"	13
9. Results of health and safety audits and commonly recurring opportunities for improvement	15
10. Employers' Liability Claims 2018/2019 to 2022/2023	16
11. Analysis of ongoing employers' liability claims by alleged cause	16
12. Progress against priorities/targets/identified opportunities for improvement	16

1. Introduction

Performance management is integral to good business practice. The aim of this annual Health and Safety Report is to assist in the continuous improvement of our health and safety.

We'd like to thank the Financial Services for their assistance and contribution to this Report and to employees for their continued efforts, assistance and contribution to our health and safety record.

There are legal, moral, and business reasons for managing health and safety in a suitable and sufficient manner. The overall health and safety function involves all employees. United Kingdom health and safety legislation requires organisations to ensure the health, safety, and welfare of their employees and others who may be affected by their work activities. The general duties are contained within the Health and Safety at Work etc Act 1974. The Management of Health and Safety at Work Regulations 1999 reinforce the general duties contained within the 1974 Act. As their name suggests these Regulations relate directly to the management of health and safety and require that various measures be taken. The Regulations detail requirements for arrangements to be in place to manage operations about health and safety. The Health and Safety Executive develop and issue 'Approved Codes of Practice' that detail how organisations can comply with their corresponding Regulations.

By its nature work cannot be entirely hazard free. However, it can be managed to minimise risks and the effects on employees. Therefore, we need robust management systems to ensure that we manage health and safety in an appropriate and proportionate manner.

We have a fully documented health and safety management system that also encompasses emergency resilience, which is based on the international standard ISO 45001 Occupational Health and Safety Management (and its predecessor UK national standard BS 18001) along with standards produced by the Health and Safety Executive.

2. Health and safety priorities 2022/2023

To focus health and safety efforts, performance targets were set for 2022/2023 based on performance in 2021/2022. The Corporate Health and Safety Policy includes the targets that:

1. All Business Units and/or Services will implement the Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with an increased good rating of 90%.
2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.
3. To increase the number of reported 'near misses'.
4. To increase the number of reported lower-level incidents of violence and aggression.

3. Health and safety performance¹

Given the unusual nature of 2020/2021 and 2021/2022 comparison of data for 2022/2023 to previous health and safety performance may not be fully reflective of our current performance or an indication of future performance once operations return to a new normal. This performance variation from that expected based on previous years caveats the performance data in this report.

¹ Performance data excludes Berneslai Homes and academy/trust schools.

3.1. Accidents and incidents

Accident and incident data provide 'reactive' information on our health and safety performance. In addition, the collation, and as necessary subsequent reporting, of accident data is a requirement of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (in addition to the general requirements of the Social Security (Claims and Payments) Regulations 1979). In this report accidents are defined as 'separate, identifiable, unintended incidents, which cause physical injury (accident) or could have caused injury (near miss)'.

3.1.1 Accidents to employees

Figure 1 below details the number of accidents by Directorate, indicates the reporting rate of accidents and compares the incident rate to national data published by the Health and Safety Executive (HSE). Figure 2 then categorises the accidents by cause, injury and part of body injured.

Reported accidents increased by 17% but remain below pre-pandemic levels. Assurance from Business Units indicates that fewer accidents/incidents are occurring. Given the changes in work methods and greater emphasis on health and safety from spring 2020, work methods are likely to be improved. Several key points arise from the information in Figure 1 (see data with superscript references):

- (1) Days lost in 2022/2023 show an increase on 2021/2022 with three accidents each accounting for over 50 days of absence (slips and trips, manual handling and hit by moving object) and two accidents each accounting for over 120 days of absence (manual handling).
- (2) National incident rate figures for the total number of accidents are unavailable due to the HSE only compiling figures for accidents reportable to the enforcing authority under the RIDDOR legislation. The HSE's extrapolated incident rate is calculated by "scaling up" the HSE's annually published estimated figure for the reporting of accidents. The latest available national data is for 2021/2022 and the HSE acknowledge that non-fatal injury data "is subject to significant under-reporting". Therefore, current national "levels of reporting for employees is estimated to be at around a half"². To allow comparison with data in which due to robust absence management policies the assumed level of over seven-day accident reporting is 100%, the HSE figure (160 per 100,000 employees) is adjusted to per 1,000 employees and doubled.
- (3) Whilst the over seven-day incident and specified major injury rate are below the HSE national figures and this would be expected to continue in future years, some fluctuation in accident numbers and rates should be expected. Whilst we employ people and continue to directly provide a full range of services, there will be accidents and ill health and therefore a natural plateauing of performance should be expected.
- (4) In addition, for every one RIDDOR accident a further 189 near-miss accidents would be expected. Application of this indicates that for the 13 RIDDOR reportable/recordable accidents reported in 2022/2023, 2,457 no injury 'near misses' accidents would *statistically* be expected (which although a high number equates to around 0.5 for each employee per year). However, only four (with a further 13 reported locally at Smithies Lane Depot) such accidents were reported in 2022/2023 indicating a continued significant under-reporting of such incidents (albeit an increase on the nine reported in 2021/2022). Services are encouraged to report these incidents and the need for this continuing to be included in the health and safety training provided by the Health, Safety and Emergency Resilience Service). Therefore, an extremely valuable source of intelligence is being lost as analysis of the causes of near miss accidents would better inform risk control measures that would in turn lead to accident prevention. This highlights the need for reiteration of the need to report accidents/incidents rather than injuries – i.e. report all incidents which occur rather than solely those where an injury occurred.

² Source <https://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf?pdf=riddor-background-quality-report>, page 12, accessed 11/05/2023) and <https://www.hse.gov.uk/statistics/tables/ridhist.xlsx>, RIDHIST, table 3, accessed 11/05/2023

The processes are in place to report such incidents and the need for their reporting is included in the baseline health and safety training provided by the Health, Safety and Emergency Resilience Service. Therefore, all departments are again actively requested at every opportunity to restate the need to report near miss accidents.

- (5) The reporting rate of accidents in 2022/2023 shows a declining in confidence in the level of accident reporting however, the results of service health and safety audits indicate that services have appropriate systems in place to report accidents. Whilst if it was 100% it would be unreliable to assume that all accidents are reported, this is an indication of the reporting of the vast majority incidents so that action can be taken to prevent recurrence.

The causes of accidents and the injuries sustained detailed in Figure 2 again stress the need for a “*back to basics*” approach to accident and incident prevention by the regular inspection of workplaces for hazards and risks and application of the risk control hierarchy – basic risk assessment and control. When considering the control measures required the ‘hierarchy of control’ must be considered by asking:

1. Can the work activity realising the hazards and risks be **eliminated**?
2. Have the hazards and risks been **reduced**?
3. Has exposure to the hazards and risks been **controlled**?
4. Have appropriate **safe systems of work** been implemented, including safe working procedures and appropriate information, instruction, and training?
5. Has appropriate **personal protective equipment** been issued?

Directorate	Reported accidents (received by the Health, Safety and Emergency Resilience Service)	Lost time accidents (i.e. those which resulted in an employee recording absence from work)	RIDDOR 'recordable' over three-day accidents	RIDDOR 'reportable' over seven-day accidents	RIDDOR 'reportable' specified injury accidents	First aid accidents (those which resulted in an employee seeking first aid)	Medical treatment accidents (those which resulted in an employee attending hospital or their GP)	Days lost due to accidents
Public Health and Communities	3	0	0	0	0	1	0	0
Place Health and Adult Social Care	6	1	0	1	0	2	1	9
Growth and Sustainability	33	11	2	5	1	6	13	320
Children Services	5	1	0	1	0	2	1	52
Core	4	2	2	0	0	0	3	12
Primary Schools	22	1	0	1	0	7	7	131
Secondary Schools	1	0	0	0	0	0	0	0
Total	74	16	4	8	1	18	25	524
Incident rate per 1,000 employees*	16.4	3.6	0.9	1.8	0.2	4.0	5.6	
			HSE published RIDDOR incident rate ⁽²⁾⁽³⁾	3.2	1.2			
Accident reporting rate	74		13			91		81.3%
	Minor accidents (total – RIDDOR recordable/reportable)		Number of individual accidents which were RIDDOR recordable and/or reportable (i.e. excluding the duplications where a recordable accident was in addition reportable)			Expected number of minor accidents (where for every one RIDDOR recordable/reportable accident, seven minor injury accidents would be expected) ⁽⁴⁾		Estimated accident reporting rate ⁽⁵⁾ (reported minor accidents v. expected minor accidents)
2021/2022	63	12	5	4	1	13	13	302
			10					

Figure 1: reported accidents by Directorate (with where applicable incident rates per 1,000 employees in parentheses)

$$* \text{ Incident Rate} = \frac{\text{Total Number of Accidents}}{\text{Number of Persons Employed}^3} \times \text{Unit Number of Employees (1,000)}$$

Main cause of accident	Number of accidents	Part of body	Number of accidents	Type of injury	Number of accidents
Slipped, tripped, or fell on the same level	19	Upper limb	29	Cut/laceration	17
Hit by a moving, flying or falling object	16	Lower limb	19	Sprain/strain	17
Injured while handling, lifting, or carrying	13	Back/trunk	11	Bump/bruising	13
Hit by something fixed/stationary	6	Head	5	No injury/near miss	6
Road Traffic Collision	5	No injury/near miss	4	Break/fracture	5
Injured by animal	5	Face	3	Burns	5
Tools/Machinery	5	Eyes	3	Other	5
Needlestick	3			Bite	3
Hazardous Substance	1			Foreign body	2
Fell from height	1			Dislocation	1
Total	74	Total	74	Total	74

Figure 2: causes of accidents, part of body injured and type of injury

³ Using a total headcount of 4,500 (corporate and maintained schools)

3.1.2 Specified injury analysis

One specified injury to an employee was recorded due to an accidents. In this case an employee was injured by a falling section of timber when undertaking arboricultural work.

The recording of specified injuries is based upon the outcome of an accident/incident rather than the root cause. Therefore an element of providence is involved in the occurrence of a specified injury. For example, the same slip or trip may result in a range of outcomes and therefore focussing solely on the outcome rather than the cause of the accident misses what should be the crux of the matter, robust risk management with a view to preventing injury, ill health or loss.

3.1.3 Accidents to non-employees

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 additionally require reports to be made in relation to ‘persons not at work’: accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Accidents are only reportable if they happen ‘out of or in connection with work’. The fact that there is an accident at work premises does not mean that the accident is work-related – the work activity itself must contribute to the accident. In 2022/2023 four accidents were reported all relating to primary schools.

3.1.4 Aggression and violence to employees

Violent incidents are defined as:

- Any intentional acts that cause apprehension, fear, psychological or physical injury to an employee arising out of or in connection with their authorised duties.
- The deliberate damage to the property or belongings of an employee that is attributable to the carrying out of work duties.

The violent incident categories are: physical violence, aggression, verbal, sexual or racial abuse, and intentional damage to property. Figure 3 below details the number of incidents of violence and aggression by Directorate. Figures 4, 5 and 6 then categorises the accidents by type of incident, part of body injured and injury.

Directorate	Reported incidents of violence and aggression	Days lost due to incidents of violence and aggression
Place Health and Adult Social Care	8	0
Public Health and Communities	32	0
Children Services	8	0
Growth and Sustainability	27	0
Core	5	0
Primary Schools	43	4
Secondary Schools	0	0
Total	123	4
<i>2021/2022</i>	<i>86</i>	<i>16</i>

Figure 3: incidents of violence and aggression by Directorate

Several key points arise from the information in Figure 3:

- (1) An increase in the reported number of violent incidents in 2022/2023, with reported violent incidents increasing by a total of 37 from 2021/2022.
- (2) An decrease in days lost due to incidents of violence and aggression of 12 days.
- (3) There is a higher incidence of ‘violent’ incidents within Public Health and Communities, Growth and Sustainability and Schools. This disparity reflects the nature of the work carried out and encountering challenging clients. This reiterates the need for an assessment to be carried out on clients when receiving any service ranging from social care to compulsory education to ascertain their requirements from *both* the client’s and employee’s perspective. There is a need for ensuring that the resources available for clients are appropriate to their needs, whilst also ensuring that the safety of employees, who are entrusted with the provision of services for these clients, is not compromised.

Again, key points arise from the information in Figures 4, 5 and 6:

- (1) Aggression and physical violence account for 81% with verbal abuse accounting for 12%.
Our firm ‘zero tolerance’ policy towards violence and aggression to staff has been used effectively in holding perpetrators to account. However, this policy needs to be reiterated to clients, customers, service users etc. by front-line services and incidents reported so that valuable information can be utilised in the risk assessment process.
- (2) It is likely that incidents of verbal abuse outweigh more serious incidents involving aggression or physical violence therefore indicating an under-reporting of such incidents and a potential incorrect tolerance of such behaviour by employees.
- (3) 49% of incidents resulted in no physical injury/impact on the employee albeit any potential non-physical impact is more difficult to quantify.
- (4) An decrease in days lost due to incidents of violence and aggression increasing from 16 to 4.
- (5) One incident involved aggression with a weapon.

Directorate	Aggression (1)	Physical violence ⁽¹⁾	Verbal Abuse ⁽²⁾	Behavioural difficulties	Harassment (including sexual and racial)	Total
Place Health and Adult Social Care	4	1	3	0	0	8
Public Health and Communities	17	2	9	0	4	32
Children Services	5	2	0	1	0	8
Growth and Sustainability	10 ⁽⁵⁾	15	1	1	0	27
Core	3	0	2	0	0	5
Primary Schools	12	29	0	2	0	43
Secondary Schools	0	0	0	0	0	0
Total/Overall	51	49	15	4	4	123

Figure 4: types of incidents of violence and aggression

Part of body	Number of incidents
No Injury	55
Upper Limb	29
Head/Face	22
Lower Limb	11
Back/Trunk	6
Total	123

Figure 5: part of body injured in incidents of violence and aggression

Type of injury	Number of incidents
No physical injury	60
Bruise	22
Distress	16
Bite	13
Cut/Graze	8
Sprain / Strain	3
Dislocation	1
Total	123

Figure 6: type of injury in incidents of violence and aggression

3.2 Work-related ill-health

For several years data relating to work-related ill-health have been included in Health and Safety Reports. Sickness absence data is comprehensively reported via the Performance Management Framework and as data may vary depending on the date it was extracted from databases, where data is shown in different reports there may therefore be inconsistencies between published data. Therefore, detailed information relating to sickness absence will now only be included in Performance Management reports. However, broad-brush data is shown below in Figure 7 taken from the Council’s absence management dashboard⁴.

As with accidents and incidents, it is accepted that the collation of work-related ill-health statistics can assist in improving health and safety within an organisation. We record the reported reasons for employee absences. Of the categories of absence reported it is considered that those concerning musculoskeletal illness and mental/emotional wellbeing issues are most likely to potentially be associated with some aspect of work – that is not to state that these illnesses are caused or indeed exacerbated by work but acknowledging that work may either directly or indirectly be associated with the illnesses, which indeed may be wholly attributable to factors outside work. However, regardless of the root cause the issue manifests itself at work and still leads to absence.

Year	Full-time equivalent absence days attributed to mental/emotional wellbeing related ill health	Full-time equivalent absence days attributed to musculoskeletal related ill health	Total absence days
2022/2023	13,393	2,958	16,351

Figure 7: absences attributed to mental/emotional wellbeing and musculoskeletal related ill health in 2022/2023 – data relates to Council Directorates only and excludes maintained schools

⁴ Accessed 10/05/2023

3.3 Risk assessment

Risk assessment is a specific legal requirement of health and safety legislation and the basic building-block of the fundamental health and safety principle of the implementation of a safe system of work. The purpose of the risk assessment is to identify reasonable control measures to mitigate reasonably foreseeable risks. The internal accident recording form (HS2(E) Report of an accident to an employee) includes details of the risk assessments that relate to the work activities being undertaken at the time of the accident. The form asks managers and supervisors “had a risk assessment been carried out for the activity undertaken prior to the accident?” with a simple ‘yes/no’ response being given (the form additionally prompts managers to consider any wider risk assessments that were applicable such as workplace inspections, safe systems of work, care plans etc.). Subsequently the form asks, “has a risk assessment been reviewed/developed for the activity undertaken after the accident?” The response to these questions is logged by the Health, Safety and Emergency Resilience Service and is integral to its accident/incident recording and monitoring function, i.e. was there a risk assessment before the accident and after the accident was this reviewed or as necessary developed?

The information provided by managers and supervisors on the HS2(E) form has been collated below in Figure 8 which highlights:

- (1) A risk assessment had been undertaken for the work activity being carried out prior to the accident in 73% of incidents reported (80% corporately (increase from 64%) and 57% in schools (decrease from 60%)), an increase on the 63% reported in 2021/2022.
- (2) In 49% (an improvement on 85% in 2021/2022) of accidents the risk assessment was not initially reviewed which indicates a lack of ‘learning from the experience’. It is only by reviewing and, as necessary, revision of the risk assessment that action can be taken to prevent the recurrence of the incident.

Whilst an improved picture on 2021/2022, the reasons for managers/supervisors providing a negative response to questioning regarding the existence of risk assessments remain the same as those reported in past reports:

1. Managers/supervisors do not understand the importance of full and accurate completion of the accident form (the form becomes a disclosable document in the event of enforcement action or civil proceedings).
2. Time pressures mean that managers/supervisors do not check the existence of the risk assessments or know they exist.
3. The documents do not exist (however, evidence identified as part of the audit would not support this, see section 3.6).

The consequences of not carrying out risk assessments may include prosecution/enforcement action due to breach of statutory duty; an increased risk of injury/ill health to employees and others who may be affected by activities; increased losses; and decreased ability to defend any civil actions. Arrangements are in place to undertake a risk assessment and in view of this Business Units are requested to review their need for and application of risk assessment to ensure that the risks of all tasks undertaken by employees have been considered and reasonable precautions taken.

Directorate	Pre-accident Risk Assessment				Post-accident Risk Assessment			
	Number of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Number of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Percentage of accidents where a risk assessment was not indicated as being completed for the activity prior to the accident	Number of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Number of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident	Percentage of accidents where, following the accident, a risk assessment was not completed/ reviewed for the activity being undertaken prior to the accident
Place, Health and Adult Social Care	6	100%	0	0%	5	83%	1	17%
Public Health and Communities	2	67%	1	33%	2	67%	1	33%
Children Services	5	100%	0	0%	4	80%	1	20%
Growth and Sustainability	25	76%	8	24%	19	58%	14	42%
Core	3	75%	1	25%	2	50%	2	50%
Corporate subtotal	41	80%	10	20%	32	63%	19	37%
Primary Schools	13	59%	9	41%	6	27%	16	72%
Secondary Schools	0	0%	1	100%	0	0%	1	100%
Schools subtotal	13	57%	10	43%	6	26%	17	74%
Total/Overall	54	73%	20	27%	38	51%	36	49%
<i>2021/2022</i>	<i>37</i>	<i>63%</i>	<i>22</i>	<i>37%</i>	<i>9</i>	<i>15%</i>	<i>50</i>	<i>85%</i>

Figure 8: risk assessment analysis - responses provided to the question “had a risk assessment been carried out for the activity undertaken prior to the accident?” and the question “has a risk assessment been reviewed/developed for the activity undertaken after the accident?”

3.4 Enforcement

We haven't been issued with any formal notices or been the subject of any prosecutions from any of the enforcing authorities, namely the Health and Safety Executive (HSE, including notice of contravention), the Environment Agency or South Yorkshire Fire and Rescue Service. Any and all incidents could potentially result in some form of investigation and Business Units should always remain prepared to support any investigation as necessary.

3.5 Health and safety audits

Audit data provides 'active' information on the health and safety performance. During 2022/2023 the Health, Safety and Emergency Resilience Service has restarted a programme of health and safety audits. All audits carried are scored against a set criteria. The scores achieving each category are:

- Grade A – good – 90% or above: The Business Unit and/or Service or school have/has achieved a satisfactory standard in managing health and safety with only a few improvements required (i.e. very few or no gaps/weaknesses/non-conformances exist, and controls are effective).
- Grade B – improving – 70 – 89%: The Business Unit and/or Service or school is not achieving an acceptable level of managing health and safety with many improvements required (i.e. some minor gaps/weaknesses/non-conformances exist but generally strengths outweigh weaknesses and controls are generally effective).
- Grade C – less than satisfactory – below 70%: The Business Unit and/or Service or school have/has very serious weaknesses/non-conformances in the management of health and safety with significant improvements to be made within six months.

Figure 9 below shows the results of audits undertaken in 2022/2023 and the frequent opportunities for improvement identified.

Standard achieved	Corporate		Schools		Overall	
	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard	Number of audits achieving the standard	Percentage of audits achieving the standard
Good	26	100%	17	100%	43	100%
Improving	0	0%	0	0%	0	0%
Less than satisfactory	0	0%	0	0%	0	0%
Total	26	100%	17	100%	43	0%
Common opportunities for improvement	1. Employees undertaking emergency resilience awareness training on POD		1. Obtaining appropriate hazardous substances (COSHH) assessments			
	2. Actions plans to be developed to address opportunities for improvement from audits and compliance monitoring		2. All employees working with hazardous substances need to be provided with suitable information, instruction and training			
	3. Developing and undertaking a compliance monitoring programme		3. Having an up-to-date inventory of hazardous substances			
			4. Annual testing of gas installations/appliances			
			5. Developing and undertaking a programme of health and safety monitoring			

Figure 9: results of health and safety audits and commonly recurring opportunities for improvement

3.5 Employers' liability claims (information provided by Finance)

A total of seven employers' liability claims, which represents a decrease of two claims from the nine received in 2021/2022. Figure 10 shows the annual number of claims received over the last five years.

Year	Number of accident claims	Number of disease claims	Total claims
2018/2019	13	5	18
2019/2020	8	5	14
2020/2021	6	4	10
2021/2022	7	2	9
2022/2023	4	3	7

Figure 10: Employers' Liability Claims 2018/2019 to 2022/2023

Of the seven claims reported during 2022/2023, four have resulted from accidents in the workplace with the remaining being industrial disease claims. The total estimated cost of the reported in year claims was £87,997. This represents an overall decrease of £48,160 over costs established in 2021/2022 (£136,157). Inclusive of the 2022/2023 movements, we currently have 22 ongoing employers' liability claims with total estimated reserves of £389,323. Of the outstanding claims, 12 have resulted from accidents and 10 from industrial diseases. Figure 11 shows a breakdown of these claims by alleged cause/type.

Alleged cause of claim	Number of claims
Accident	12
Noise induced hearing loss	9
Hand/arm vibration syndrome and/or vibration white finger	1

Figure 11: Analysis of ongoing employers' liability claims by alleged cause

4. Health and safety performance assessment

4.1 Review of health and safety performance

Based on the information outlined above in section three, Figure 12 below considers the health and safety performance in 2022/2023 in comparison to the priorities/opportunities for improvement identified in 2021/2022.

Priority/opportunity for improvement from 2021/2022	Progress in 2022/2023	Action required in 2023/2024
1. Need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available.	Within Council services 80% of accidents reported in the period had a risk assessment. This is an improvement on the 64% reported in 2021/2022 but there is still some way to go in 2023/2024. The service audits undertaken in the period do not indicate that risk assessments are not available.	Ongoing need for Business Units to ensure that all required risk assessments are completed, and risk controls implemented and monitored following the guidance and templates available. Whilst a welcome improvement has been seen in 2022/2023, the fundamental issue remains of in a minority of incidents employees having accidents

		<p>where the manager cannot confirm that a risk assessment for the activity was in place. This requires services to implement the arrangements put in place for risk assessment.</p>
<p>2. Specific campaigns to be developed and implemented to reiterate the reporting of all accidents (in particular near misses and lower-level violence and aggression) and incidents in order to restate the need for employees to report all incidents and for managers to encourage and respond positively to reports received. Options for moving reporting to an 'online' system will also be explored to provide employees with an app-based reporting choice.</p>	<p>Campaigns have been developed and implemented in conjunction with Communications and Marketing:</p> <ul style="list-style-type: none"> ● Employees <ul style="list-style-type: none"> ○ Reporting violence and aggression ○ Reporting near misses - includes a short video ● Managers <ul style="list-style-type: none"> ○ Undertaking risk assessments ○ Ensuring that services have suitable and proportionate health and safety arrangements in place <p>Despite this near miss reporting remains low and lower than would be expected. Whilst the number of instances of verbal abuse has increased this would anecdotally still remain below the levels which are experienced by employees. The level of physical violence reported has remained at a similar level but there has been an increase in reported aggression.</p> <p>An online incident reporting process has been developed in winter 2022 that will be phased in from spring 2023 - employees will be able to report concerns or accidents directly online.</p>	<p>These campaigns will be repeated in 2023/2024 to coincide with the launch of the online reporting platform.</p>

<p>3. Business Units to review and implement our occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.</p> <p>After largely being paused in 2020/2021 and 2021/2022 due to a focus on the pandemic the health and safety audit programme recommencing in 2022/2023.</p>	<p>The service audit programme recommenced in summer 2022 with a two-year programme with increased pass rating with a view to continuous improvement. During the period 46% of the programme was completed.</p> <p>Services have been supported at the pre-audit stage given the aim of the programme is to raise standards and give assurance. All audits have been satisfactory - there have been actions arising from these for services and each service audited has a prioritised action plan for improvement</p>	<p>The audit programme will continue in 2023/2024 and Business Units need to continue to review and implement the occupational health and safety management system within services to ensure that they have suitable, sufficient, and proportionate arrangements to operationally manage health and safety.</p> <p>Those services already audited need to work through their audit action plan and maintain the management arrangements they have in place.</p>
---	--	---

Figure 12: progress against priorities/targets/identified opportunities for improvement

Whilst the above is intentionally critical with a view to continuous improvement, we’ve progressively improved and/or maintained its health and safety performance over many years. In recognition of this, we’ve again been awarded the Royal Society for the Prevention of Accidents (RoSPA) [now second highest with the introduction of the Patron’s Award] achievement award for occupational health and safety – the Order of Distinction 2023. In addition, we’ve again been awarded an International Safety Award, by the British Safety Council for 2023. Whilst this report highlights a number of opportunities for improvement these peer-reviewed awards reflect our commitment to good standards of health and safety management and the efforts made by Business Units and services in this area.



4.2 Health and safety priorities for 2023/2024

Based on the above the health and safety priorities/targets for 2022/2023 will remain:

1. All Business Units and/or Services will implement the Council’s Occupational Health and Safety Management System to a standard that would meet the Health, Safety and Emergency Resilience Service’s “Good” rating upon audit, with an increased good rating of 90%.
2. Each Business Unit and/or Service (as appropriate) will produce all required risk assessments.
3. To increase the number of reported ‘near misses’

4. To increase the number of reported lower-level incidents of violence and aggression

Health and safety priorities may also be reflective of legislative changes in 2022/2023. Health and safety legislation is issued in April and October of each year. In line with the Government's drive to reduce the 'burden' on organisations of legislation (including health and safety) minimal health and safety legislation has been issued in 2022/2023.

This page is intentionally left blank

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: Executive Director of Growth & Sustainability

TITLE: Local Authority Housing Fund (LAHF) Round 2

REPORT TO:	Cabinet
Date of Meeting	26th July 2023
Cabinet Member Portfolio	Regeneration and Culture Public Health and Communities
Key Decision	Yes
Public or Private	Public

Purpose of report

This report seeks approval to accept funding under the Local Authority Housing Fund (LAHF) Round 2 and to enter into a Memorandum of Understanding (MOU) with the Department for Levelling Up, Housing and Communities (DLUHC) in line with the grant terms and conditions.

Council Plan priority

This report addresses the following Barnsley 2030 priorities:

- *Growing Barnsley:* People have a wide choice of quality, affordable and sustainable housing

Recommendations

That Cabinet: -

1. Approves the acceptance of £1,040,000 grant funding awarded as part of Local Authority Housing Fund Round 2 allocations.
2. Notes the key terms and conditions attached to the grant as detailed in Appendix B, the match funding requirements for the Council and the risks associated in programme delivery.
3. Delegates authority to the Service Director Legal and Governance and Director of Finance to negotiate, conclude and execute the Memorandum of Understanding (MOU) with DLUHC to enable the drawdown of grant. It is currently understood that this will need to be in advance of 14th August 2023.

1. INTRODUCTION

- 1.1 The Local Authority Housing Fund (LAHF) is a capital fund that supports local authorities in England to obtain housing for those who are unable to find settled accommodation on resettlement schemes. Round 1 provided £500M of funding for local authorities to obtain accommodation for families with housing needs who have arrived in the UK via Ukrainian and Afghan resettlement and relocation schemes. **Barnsley was not included in Round 1.**
- 1.2 Round 2 provides a further £250M of funding: the majority of which will be used to house those on Afghan citizen resettlement schemes currently in bridging accommodation, and the rest used to ease wider homelessness pressures. Barnsley is included in Round 2 and has been offered a grant of £1.040M to increase our social housing supply by 13 units, 12 units for rental and one unit for temporary accommodation.
- 1.3 The LAHF is aimed at providing a lasting affordable housing asset for the future. The funding will reduce the impact of recent arrivals on existing housing pressures and in the longer term will provide a new and permanent supply of accommodation for local communities, increasing the number of homes in the wider social and affordable housing system.
- 1.4 Alongside LAHF Round 2, the Government is providing an addition £35M funding to enable councils to provide increased support for Afghan Resettlement and Assistance Policy/Afghan Citizen Resettlement Scheme (ARAP/ACRS) households to move from hotels into settled accommodation as well as considerable new flexibilities within existing funding. Additional funding will also be made available to councils who accept homelessness duties from ARAP/ACRS households because of the bridging hotel closure plan.
- 1.5 All five bridging hotels in Yorkshire & Humber (there are none in Barnsley) have been served with a 12 week notice to close. This displaces an estimated 562 individuals and families. The notices are due to expire in August 2023. This will place massive pressure on the private rental sector and potentially the Council's homeless services. The LAHF is thus aimed at reducing pressure on the housing market by increasing supply.
- 1.6 **Barnsley's offer comprises, a grant allocation of £1,040,000 which is split:**
 - £780,000 capital funding – to contribute to acquisition or build costs. This equates to £60,000 per unit which is Barnsley's calculated allocation based on 40% of the median average house price within our borough.
 - £260,000 revenue funding – to contribute to repair and maintenance costs. This equates to £20,000 per unit.
 - To draw down the full allocation, the Council must match the capital grant. This means a 60% contribution is required and equates to an average of £90,000 per unit - £1,170,000 in match.
 - There is thus an average of £150,000 capital available per unit and £20,000 to ensure that the property meets decency standards for relet.
 - The Council does not need to match the revenue element of the grant and must use the money to increase the provision of affordable accommodation by 13

units. 12 of these units will remain affordable homes in perpetuity and 1 unit will be used as additional temporary accommodation.

- The additional homes can be acquired, built or existing stock that is currently unavailable for residential let.

- 1.7 The EOI was completed and submitted on 5th July 2023: the MOU confirming the funding offer was received from DLUHC on Monday 10th July 2023. The MOU must be signed and returned by 14th August 2023.
- 1.8 In responding to DLUHC, the Council has been very clear in identifying the risks associated with the anticipated delivery timescales for this project and the level of match funding required from the Council to support the programme.

2. PROPOSAL

- 2.1 It is recommended that Cabinet accepts the grant funding; entering into a MOU with DLUHC, as required. In accepting the grant, the Council will receive a capital contribution of up to £780,000 to support the delivery of additional affordable homes via direct build, acquisition, or refurbishment. This will increase the provision of affordable homes in the borough, longer term, and mitigate against the additional housing pressures which Barnsley may experience when the local bridging hotels close.

3. IMPLICATIONS OF THE DECISION

3.1 Financial Implications

- 3.1.1 Consultations have taken place with representatives of the Director of Finance (S151 Officer).
- 3.1.2 This report seeks Cabinet approval for the acceptance of £1.040M grant funding from the Local Authority Housing Fund: Round 2, administered by the Department for Levelling Up, Housing and Communities (DLUHC).
- 3.1.3 The grant funding will be matched with HRA resources to enable the acquisition of 13 properties to be held as stock within the HRA.
- 3.1.4 The grant funding allocation has been calculated by government based on a median house price of £0.150M. The estimated match funding requirement from the HRA on this basis will be £1.170M. Total scheme costs are estimated at £2.210M as detailed in the table below.

LAHF Round 2	2023/24
	£M
Property Acquisitions	1.950
HRA Decency Standard Refurbishments	0.260
Total Expenditure	2.210
LAHF Grant - Acquisitions	0.780
LAHF Grant - Decency Upgrades	0.260
HRA Resources	1.170
Total Funding	2.210

3.1.5 Cabinet to note any increase in property prices above £0.150M will not be eligible for additional grant and be required to be funded 100% by the HRA.

3.1.6 The financial implications of these proposals are summarised in the attached Appendix A.

3.2 Legal

3.2.1 The Council will be required to sign a Memorandum of Understanding (MOU) with DLUHC to drawdown the grant funding and must ensure that we adhere to the terms and conditions of the funding, which is set out in Appendix B. The grant funding requires the Council to provide a bi-monthly return to DLUHC from October 2023 and have completed the project by 29th March 2024.

3.2.2 The specific legal implications arising from the recommendations in this report are that the Council will be required to enter into a non-legally binding Memorandum of Understanding (MOU) with the Government as a pre-cursor to being able to access the funding. The wording of the MOU is expressed to be non-negotiable by Government, however, there is nothing unduly onerous within it.

3.2.3 The LAHF is intended to mitigate against pressures on local authority homelessness and social housing resources which arise from the eligible cohort (as defined at section 3.2 of the Prospectus) as sponsorship/family placements/bridging accommodation arrangements come to an end by increasing the provision of affordable housing available to local authorities to support those in the cohort who are homeless, at risk of homelessness, or in bridging accommodation.

3.2.4 As per the Prospectus issued by DLUHC this scheme is focused on Afghans who had been supporting British operations in Afghanistan and the funding is primarily to resettle them, especially those who are currently residing in the bridging accommodation/hotels. Paragraph 2.4 of the MOU says that DLUHC has accepted the Council's plan whereby it would purchase 12 units for rent (+1 temporary accommodation unit) for the Afghan Resettlement Scheme and pay 60% of the purchase price. That may add an asset to the existing housing stock of the Council in the long run. Paragraph 4.4. of the draft MOU presents scope for a change request should there not be any or enough demand for the

acquired properties by eligible Afghans. This could allow the council to use these properties for any other purpose relating to its housing needs.

3.3 Risks

3.3.1 There are significant risks in delivering this project due to the short delivery timeframe, the availability of suitable stock (linked to location and size), the extent of grant made available for both capital and revenue spend (these levels may be insufficient) and the availability of match funding from council resources which are stretched and may not cover the cost of match required to acquire/renovate all 13 properties. The identification of suitable units also takes time - as does negotiation, conveyancing, and the delivery of remedial works. To ensure that the council can deliver these units, it is essential that we develop a project group which will map out a clear delivery route and timeframe for all key milestones on the critical path as properties are identified. **There is no guarantee at this time that we will be able to deliver all 13 properties by 29th March 2024, and this has been communicated to DLUHC.**

3.3.2 However, there are also risks in not accepting the funding which could result in additional demands on our services with no support made available from Government. This funding is aimed to increase affordable provision across the board and will ultimately benefit Barnsley residents. Should there not be demand for this accommodation from those involved in the ARAP/ACRS schemes, the Council will be able to make the additional units available for general let in perpetuity.

3.4 Equality

3.4.1 In preparing this report, due consideration has been given to the councils' statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010. As this report is partly for information and partly to accept DLUHC grants there are no direct equality implications at this stage. If agreed, and once we move to the delivery phase, a full Equality Impact Assessment will be undertaken.

3.4.2 DLUHC confirm the LAHF scheme is aimed at increasing the affordable housing supply over the long term. Therefore, no one group is negatively affected by the project.

3.5 Sustainability

3.5.1 The sustainability decision-making wheel has been used to assess this project and the overall impacts are positive, particularly around reducing carbon emissions (acquiring new homes and renovating existing stock currently not in use), reducing poverty, and improving health and well-being of our residents.

3.5.2 Embedded carbon in the construction of new homes and the supply chain are highlighted as areas of negative impact. However, work is on-going with the

procurement team to address how we can build a more sustainable supply chain going forwards. All council build homes are built to the Barnsley Low Carbon Standard and void works in properties will include retrofit measures; making homes more energy efficient.

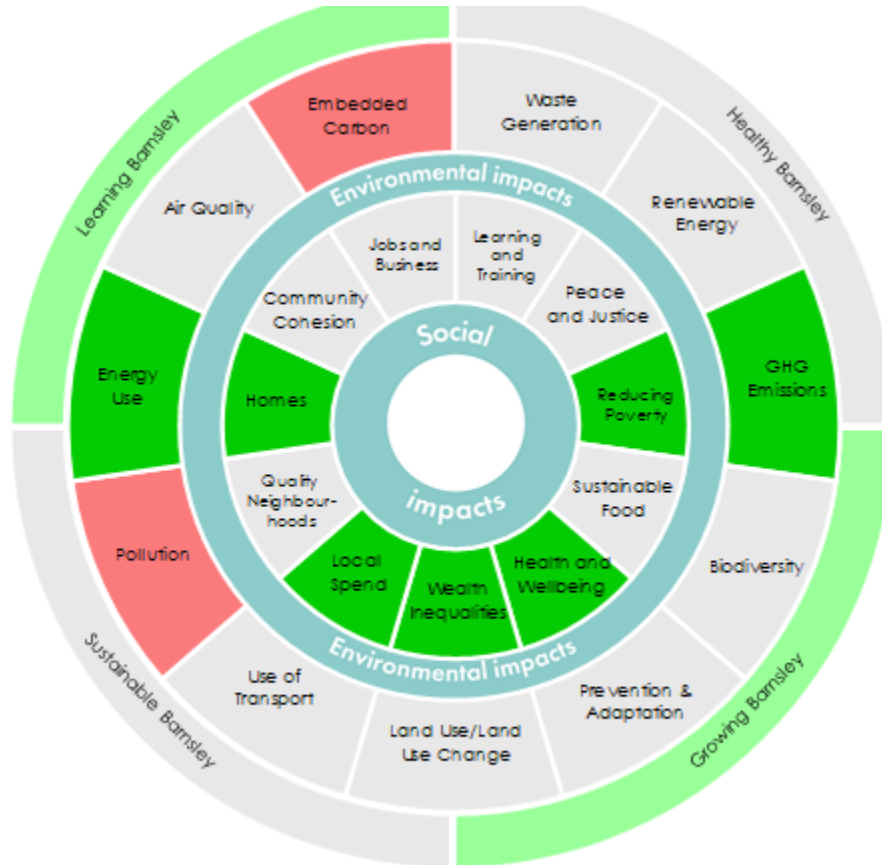


Figure 1: Sustainability Decision-Making Wheel

3.6 Employee

3.6.1 There are no direct employee implications relating to the acceptance of grant, although there is no funding within the grant to cover project management. As such, this will need to be managed across the Strategic Housing and Safer Barnsley Teams involved in delivering the project and will impact on resourcing and progress on other schemes.

3.6.2 Resource from Legal will be required to review the final version of the Grant Agreement/MOU, once available.

3.7 Communications

3.7.1 There will need to be robust management of the communication around this scheme to ensure that Members and residents of Barnsley are clear of the funding opportunity in increasing the provision of affordable housing in our borough. Communication is particularly important given the implementation of the Council's new Lettings Policy in December 2023 and the current

consultation with existing waiting list applicants.

- 3.7.2 Strategic Housing and the Strategic Migration, Asylum and Refugee Officer will work closely with Communication colleagues and Berneslai Homes Neighbourhood Teams to identify and sensitively manage any community tensions.

4. CONSULTATION

- 4.1 Consultations have taken place with the Council's Senior Management Team, Portfolio Leads and Berneslai Homes.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 **The Council does not accept the funding allocated** - This is not recommended given that support is being provided to increase affordable housing provision in our borough to manage/mitigate against the potential for a significant increase in demand for our housing services given the closure of local bridging hotels. We have been advised that most neighbouring authorities will also be accepting the grant.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The funding will provide a 40% (plus £20k per unit revenue) match to enable the Council to acquire/build or bring back into use 12 permanent properties and 1 unit of temporary accommodation.
- 6.2 Although the match funding requirement is 60%, there is still a £80,000 per unit contribution from Government.

7. LIST OF APPENDICES

Appendix A: Financial Implications

Appendix B: Sample MOU document

Appendix C: Link to LAHF Round 2 Prospectus -

<https://www.gov.uk/government/publications/local-authority-housing-fund-round-2/local-authority-housing-fund-round-2-prospectus-and-guidance#funding-formula-and-process>

8. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date <i>See Appendix A</i> Ashley Gray 13/07/23
--	---

Legal consultation & sign off	Legal Services officer consulted and date Irfan Sheikh 12/07/2023
--	--

Report Author: Sarah Cartwright in partnership with Paul Brannan/
Christine Staniforth
Post: HOS Strategic Housing
Date: 13/07/23

Report of the Executive Director for PlaceFINANCIAL IMPLICATIONSLocal Authority Housing Fund (LAHF) Round 2

	<u>2023/24</u>	<u>2024/25</u>	<u>2025/26</u>	<u>TOTAL</u>
	<u>£M</u>	<u>£M</u>	<u>£M</u>	<u>£M</u>
Expenditure:				
Property Acquisitions	1.950			1.950
HRA Decency Standard Refurbishments	0.260			0.260
Total Expenditure	2.210	-	-	2.210
Resources:				
LAHF Grant - Acquisitions	0.780			0.780
LAHF Grant - Decency Upgrades	0.260			0.260
HRA Resources	1.170			1.170
Total Resources	2.210	-	-	2.210

Agreed by:



On behalf of the Service Director-
Finance, Section 151 Officer

This page is intentionally left blank

MEMORANDUM OF UNDERSTANDING

Between

Department for Levelling Up, Housing and Communities

-and-

Barnsley Metropolitan Borough Council

1. Purpose

- 1.1. This Memorandum of Understanding ('MOU') sets out the agreed working relationship between the Department for Levelling Up, Housing and Communities ('DLUHC') and Barnsley Metropolitan Borough Council ('the Council') regarding the administration and delivery of the Local Authority Housing Fund - second funding round ('LAHF R2').
- 1.2. This MOU will be for the period Q1-Q4 2023/24. It will be reviewed and updated only where either of the signatories deem it necessary, in which case it will require joint agreement. Further detail on changing the MOU is set out in Paragraph 5.4.
- 1.3. This MOU is not intended to create legal or binding obligations. It describes the understanding between both parties for the use of funding specified in Section 3 of this agreement.

2. Background

- 2.1. LAHF R2 was launched on 07 June 2023. The details of the fund were shared on that date with the Council in the document 'Local Authority Housing Fund - second funding round Prospectus and Guidance' ('the Prospectus').
- 2.2. LAHF R2 is a £250m capital grant fund to:
 - provide sustainable housing for those on Afghan resettlement schemes (ARAP/ACRS) who currently reside or formerly resided in bridging accommodation
 - ease wider homelessness pressures.
- 2.3. The objectives of LAHF R2 are to:
 - Provide sustainable housing to those on Afghan resettlement schemes at risk of homelessness so that they can build new lives in the UK, find employment and integrate into communities.

- Reduce local housing pressures beyond those on Afghan resettlement schemes by providing better quality temporary accommodation to families owed homelessness duties by LAs.
 - Reduce emergency, temporary and bridging accommodation costs.
 - Reduce impacts on the existing housing and homelessness systems and those waiting for social housing.
- 2.4. DLUHC has accepted the Council’s plan to provide 13 homes (‘the delivery target’) under LAHF R2, and DLUHC will provide a grant of £1,040,000 (‘the total allocation’). The Council agrees the following targets to deliver at least:
- 12 properties for households that meet the resettlement scheme element eligibility criteria outlined in section 3.2 of the Prospectus;
 - 1 properties to be allocated to households that meet the TA element eligibility criteria outlined in section 3.2 of the Prospectus.
- 2.5. This MOU covers the funding commitments from DLUHC and the delivery, financial expenditure, agreed milestones, reporting and evaluation, and communications between the Parties. It also sets out the steps DLUHC could take in the event of underperformance if required.

3. Purpose of the Funding

- 3.1. LAHF R2 funding has been provided specifically for spending on LAHF R2 priorities and the Council agrees to spend LAHF R2 funding on activity set out in this MOU as agreed by DLUHC or subsequently agreed by DLUHC as per Paragraph 4.4.
- 3.2. DLUHC will part fund the cost of the Council obtaining properties for use by households that meet the eligibility criteria. The Council will use its best endeavours to meet the delivery target and to achieve value for money. DLUHC’s contributory share of funding (‘the average grant rate per unit’) should not exceed the maximum described below but the grant per unit for individual properties can be higher.
- 3.3. The maximum average grant rate per unit (for the portfolio of all properties, not individual purchases) is calculated as 40% of the costs of acquisition or refurbishment that the council charges to its capital budget plus £20,000 per property. Eligible costs funded by the 40% and the £20,000 per property could include the purchase price, stamp duty, surveying, legal and other fees, refurbishments, energy efficiency measures, decoration, furnishings, or otherwise preparing the property for rent and potentially irrecoverable VAT incurred on these items. The Council should ensure it complies with the Code of Practice for Local Authority Accounting.

- 3.4. The Council can determine how it uses the £20,000 per property and can choose how much of the grant is to be spent on each individual property.
- 3.5. The Council or its delivery partner(s) will fund the outstanding share for each property.
- 3.6. The funding will be provided by DLUHC in two tranches. The 'Tranche 1 allocation' is 30% of the total allocation. The 'Tranche 2 allocation' is 70% of the total allocation. Both are set out in Table 1.

Table 1 – Funding allocation

	Tranche 1 allocation	Tranche 2 allocation	Total allocation
Total funding	£312,000	£728,000	£1,040,000

4. Delivery Profile

- 4.1. Delivery of the fund will be measured on the basis of exchange of contracts, or equivalent milestone where exchange of contract will not occur, and the number of resettlement scheme households housed. Any variations to this, and necessary changes to the MOU, will need to be agreed by the parties and an amendment to this MOU made.
- 4.2. Funding outlined in Table 1 above is provided to deliver the delivery target. The Council agrees to make best endeavours to meet the delivery target by 29 March 2024.
- 4.3. This MOU is for the full term of the total allocation unless signatories agree to change as per Paragraph 4.4. A further Grant Determination Letter (GDL) will be provided following confirmation of each tranche payment.
- 4.4. DLUHC and the Council both have the right to request a change to the MOU. With regards to changing the target number of units, the Council may ask for either a higher or lower target. Any proposed change will impact the amount of funding received (as set out in the Prospectus) unless the Council is seeking to deliver more units for the same amount of money. Requests will be considered based on the progress of the reallocations process as outlined in Section 5.1 of the Prospectus and confirmed in writing.

5. Financial Arrangements

- 5.1. The agreed funds will be issued to the Council as grant payments under section 31 of the Local Government Act 2003. The Council may pass on the funding to a third party (e.g. Registered Providers) as appropriate to deliver the delivery target, complying with the Subsidy Control Act 2022.
- 5.2. Table 2 sets out the timetable for payments to be made to the Council. Payment for Tranche 1 allocation will be made in July 2023 or August 2023. The Tranche 2 allocation will be paid once the Council has demonstrated that at least 60% of the Tranche 1 allocation has been committed ('the spend requirement') via a Section 151 officer Statement of Grant Usage. This will be paid in line with timings outlined in Table 2.
- 5.3. Should the Council not meet the spend requirement for Tranche 2 payments by the dates set out in Table 2 below, DLUHC will consider putting in place further payment dates.
- 5.4. The Council may wish to return unspent monies to the Department.

Table 2 – Payments timetable

Payment milestone	Requirements for payment milestone	Payment by
Tranche 1 payment (30% of total allocation)	EITHER Signing of this MOU by 14 July 2023	Last working day of July 2023
	OR Signing of this MOU by 14 August 2023	Last working day of August 2023
Tranche 2 payment (70% of total allocation)	EITHER Submission of Statement of Grant Usage (demonstrating 60% of the first tranche has been committed) by 9 October 2023 Relevant monitoring information as outlined in section 8 submitted by 9 October 2023	Last working day of October 2023
	OR Submission of Statement of Grant Usage (demonstrating 60% of the first tranche has been committed) by 24 November 2023 Relevant monitoring information as outlined in section 8 submitted by 24 November 2023	Mid-December 2023

6. Charging Affordable Rents for LAHF funded homes

- 6.1. The LAHF Prospectus specified “It is up to local authorities to determine the precise rent level and tenure of homes in line with the fund objectives. This could include...Affordable Rent.”
- 6.2. The Rent Standard <https://www.gov.uk/government/publications/rent-standard/rent-standard-april-2023-accessible-version> provides that Affordable Rents may be charged only in limited circumstances.
- 6.3. This MOU records the agreement between the Secretary of State and the Council that relevant accommodation, provided by the Council or a partner Registered Provider pursuant to LAHF grant funding, is permitted to be let at an Affordable Rent, and that accordingly that an Affordable Rent may be charged for such accommodation in accordance with paragraph 3.8b of the Rent Standard - April 2023.
- 6.4. In Paragraph 6.3, “relevant accommodation” means accommodation:
 - in the Council area;
 - which is being used to further the LAHF objectives set out at paragraph 2.3 of the MOU;
 - which has never been let at a social rent; and
 - where the accommodation is provided by a partner Registered Provider, for which the Council has agreed that the partner Registered Provider may charge affordable rent.

7. Roles and Responsibilities

DLUHC Responsibilities

- 7.1. DLUHC is responsible for setting national housing policy, providing grant(s) to the Council and monitoring the delivery of homes.

Council Responsibilities (fund delivery)

- 7.2. The Council will make housing investment decisions, review existing housing policies and products, maximise leverage of this public sector investment and ensure that funds provide value for money and are deliverable within the timescale of the fund. The Council may work in partnership with private Registered Providers, local authority housing companies or other bodies to deliver homes. The Council will also report on the fund by providing Management Information (MI) as set out in **Annex A** of this MOU and will work with DLUHC to ensure they have the capability to deliver the fund and provide MI within the set timescales.

7.3. The Council is expected to have the necessary governance and assurance arrangements in place and that all legal and other statutory obligations and consents will be adhered to, which may include, but not solely:

- **subsidy control**, at all levels e.g. the funding the Council allocates to project deliverers and subsidies that project deliverers provide to third parties.
- **equalities duties**, the Council must ensure that all LAHF funded activity is delivered in accordance with its obligations under the public sector equality duty (PSED)
- **procurement**, the Council must ensure that the allocation of funding to project deliverers that constitutes a procurement is managed in compliance with the public contract regulations
- **fraud**, the Council must ensure that robust arrangements are in place to manage fraud risk, including ensuring that project deliverers have robust fraud risk management process and paying particular attention to projects that involve the payment of grants to beneficiaries e.g. businesses.

7.4. The Council's Section 151 Officer is expected to ensure that these legal duties and all other relevant duties are considered and that delivery of LAHF investment is carried out with propriety, regularity and value for money.

Council Responsibilities (Affordable Rents – where required by LAs)

7.5. The Council should note (and remind partner Registered Providers) that conversion of social rent properties to affordable rent is not permitted pursuant to paragraph 3.15 of the Rent Standard other than in the circumstances set out in chapter 2 of the Rent Policy Statement.

7.6. Where the Council has agreed that a partner Registered Provider may charge affordable rent, the Council will confirm to the Registered Provider that the Registered Provider may charge affordable rent in accordance with Paragraph 6.3 of this MOU.

7.7. The Council will require partner Registered Providers to provide details to the Council of any accommodation provided pursuant to LAHF grant funding for which Affordable Rent is charged.

7.8. The Council will maintain a register of any accommodation provided pursuant to LAHF grant funding for which it or a partner Registered Provider is charging Affordable Rent. This register should be available for inspection upon request by either DLUHC or the Regulator for Social

Housing. The fields of information required in register are specified in **Annex C**.

8. Monitoring Arrangements and Accountability

- 8.1. The Council will put in place appropriate governance and oversight arrangements to ensure that delivery of housing is on track and that plans remain ambitious and provide value for money.

Reporting Arrangements

- 8.2. The Council has agreed to provide reporting information to DLUHC on fund allocations and delivery. The Council will be asked to provide a mix of quantitative and qualitative summary updates to DLUHC; a full list of MI can be found in **Annex A**.
- 8.3. The first report will be due in October 2023 and then every two months thereafter, until the Council's programme has completed. The schedule for monitoring reports is outlined in **Annex B**.
- 8.4. Spend outturn and forecast should be signed off by the Section 151 officer or deputy Section 151 officer.
- 8.5. A Statement of Grant Usage Section 151 officer or deputy Section 151 officer should be submitted when at least 60% of the Tranche 1 allocation has been committed
- 8.6. The Council also agrees to work with the department to provide any reasonable additional MI as and when requested by the DLUHC Senior Reporting Officer (SRO). DLUHC will provide an appropriate amount of time to return any additional MI requests.
- 8.7. The Council agrees to work collaboratively with any requests from DLUHC to support any retrospective assessment or evaluation as to the impact or value for money of LAHF. As a minimum, the Council is expected to monitor spend, outputs and outcomes against agreed indicators and keep this information for at least 5 years.

9. Governance & Assurance

- 9.1. The Council is expected to ensure that all legal and other statutory obligations and consents will be adhered to, which may include, but not solely, state aid / subsidy control, equalities duties, procurement, health and safety, and fraud prevention. The Council has prerogative to establish internal governance and assurance arrangements as they see fit to achieve this.

- 9.2. The Council will ensure data can be shared for the prevention and detection of fraud by including the following clause in all agreements with companies or external entities in relation to LAHF – including, but not limited to, property contracts, professional services contracts, construction contracts and lease agreements:

“Data may be shared with other enforcement agencies for the prevention and detection of crime.”

Signed for and on behalf of DLUHC

Signature:

Name:

Position:

Date:

**Signed for and on behalf of Barnsley
Metropolitan Borough Council**

Signature:

Name:

Position:

Date:

Annex A – Reporting and Monitoring Arrangements

Scope and Purpose

1. This annex sets out the agreed reporting and monitoring arrangements for LAHF, including the expected frequency and content of the regular reports that the Council will provide to DLUHC.

DLUHC Role

2. DLUHC will support the running of the fund and maintain a national picture of delivery by putting in place a proportionate monitoring and governance framework. This will include a fund governance board(s) attended by the DLUHC Senior Reporting Officer (SRO) and other relevant stakeholders. Wherever possible DLUHC will avoid duplication of requests towards the Council.

Council Role

3. Day-to-day project monitoring and delivery responsibilities will be delegated to the Council. The Council will submit reports to DLUHC in accordance with the agreed timescales and frequency set out in the MoU. The Council will also work with DLUHC to provide any reasonable additional MI required as and when requested by the DLUHC Senior Reporting Officer. DLUHC will provide an appropriate amount of time to return any additional MI requests.

Management Information (MI)

4. The list of MI is split between operational data – required for monitoring the ongoing fund delivery (Table 3) and evaluation data (Table 4) required to assess the strategy-level success of the fund and inform future policy development. Tables 4 and 5 present the required routine MI and is subject to change, with agreement by DLUHC and the Council. For MI purposes, “committed spend” is considered funding which has been allocated to a property where there has been an exchange of contracts or equivalent milestone where exchange of contract will not occur.

Table 3 – Monitoring Data

Item	Frequency
Number of properties where contracts exchanged, including: <ul style="list-style-type: none"> • bedroom size • whether located in another borough area • who will own the dwellings • how properties obtained 	Every 2 months
Number of properties occupied/ ready to let, including bedroom size	Every 2 months
Number of resettlement scheme households housed	Every 2 months
Number of pending resettlement scheme properties pre-matched to current/ former bridging hotel households	Every 2 months
Total expenditure (incl grant and other funding)	Every 2 months
Total committed spend (incl grant and other funding)	Every 2 months
DLUHC grant used	Every 2 months
Overall assessment (RAG rated) of whether delivery is on track as determined by the responsible Council officer	Every 2 months

Table 4 – Evaluation Data

Item	Frequency
How properties have been sourced (e.g. through stock acquisition or another delivery route)	In April 2024 and thereafter upon request to aid with evaluation of the fund
How the Council has funded its contributory share	
Breakdown of resettlement scheme households housed by previous housing situation, e.g. in bridging hotel, in LA emergency accommodation/temporary accommodation	
Tenancy duration	
Rent levels	
Number of properties obtained outside the local authority's area, if applicable, and where these are located.	

- In addition, to enable the assessment of relative value for money and to assist with future spending reviews, we may occasionally ask for additional information including details of how the fund is delivered and housing market conditions. This will provide important data to support future policy developments and will also support engagement with HM Treasury. This information will be provided to agreed timeframes when requested by DLUHC.
- Should the Council wish to amend and/or not collect any of these proposed data points, they should submit a proposal to DLUHC for agreement.

Frequency of Reporting

- The Council will be asked to provide reports every two months. The schedule for monitoring reports is outlined in Annex B.

Data Consistency

8. DLUHC and the Council have a shared commitment to ensure that, for clarity and transparency purposes, consistent methods of recording outputs are maintained. It is expected that the provided reporting will be robust, accurate and quality assured to a high standard. As such minimal revisions would be expected – although, where these are required, DLUHC should be advised as soon as practical.

Use of Material Provided

9. DLUHC will use the provided material to monitor delivery nationally.

Annex B – Monitoring Milestones

1. The Council is requested to submit the monitoring information summarised in **Annex A** via a Microsoft Form every two months by 5pm on the dates outlined below. DLUHC will provide the link to the form directly to the Council well in advance of each touchpoint date.
2. In order to demonstrate that the spend requirement has been met to enable a Year 2 payment, the Council will also need to submit a Section 151 Officer Statement of Grant Usage to LAHF@levellingup.gov.uk *in addition to* submitting the form by 5pm on the dates outlined below.
3. The Section 151 Officer Statement of Grant Usage only needs to be submitted when the Council wishes to demonstrate the spend requirement has been met, and also at the end of the programme. It does not need to be submitted at every monitoring touchpoint.
4. The Microsoft Form needs to be submitted at every monitoring touchpoint. DLUHC will provide full guidance for submitting the form directly well in advance of each touchpoint date.

Table 5 – Monitoring Touchpoint Dates

Monitoring touchpoint	Microsoft Form to be submitted by 5pm on the following dates	Section 151 Officer Statement of Grant Usage required?
Touchpoint 1	9 October 2023	Yes, if LA wishes to enable Tranche 2 payment in October 2023
Touchpoint 2*	24 November 2023	Yes, if LA wishes to enable Tranche 2 payment in December 2023
Touchpoint 3	8 February 2023	N/A
Touchpoint 4	8 April 2023	N/A
Evaluation	April 2024 onwards	N/A

*this touchpoint has been brought forward slightly earlier than the 2-month mark to account for the holiday period in December

Annex C – Register of LAHF accommodation for which an Affordable Rent is charged

This annex sets out the agreed information which will be contained in the Council's Register of LAHF accommodation for which an Affordable Rent is charged.

This register should be available for inspection upon request by either DLUHC or the Regulator for Social Housing.

Property address			
Completion date			
Name of Registered Provider			
Registration Code			

(Note: The Council is not required to submit this information as part of regular delivery monitoring submissions.)

This page is intentionally left blank

BARNSELEY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR GROWTHY & SUSTAINABILITY

TITLE: Approval to Procure Utilities Contract (Water & Wastewater and Associated Services)

REPORT TO:	CABINET
Date of Meeting	26/07/2023
Cabinet Member Portfolio	Regeneration and Culture
Key Decision	No
Public or Private	Public

Purpose of report

The Council has an ongoing and inevitable requirement for the supply of water and wastewater. Expenditure for the total portfolio (which includes BMBC, Berneslai Homes and direct billed schools) is in the region of £700,000 (ex VAT) each financial year. BMBC is accountable for approx. 70% of this total with BH and direct billed schools accounting for the remaining 30% as they procure through our contact but are responsible for their own budgets. This report seeks Cabinet approval to procure a utility contract through the use of a Public Buying Organisation (PBO), Crown Commercial Services (CCS) framework agreement for the provision of water and wastewater and associated services.

Council Plan priority

Enabling Barnsley

Recommendations

- 1. That Cabinet approve the intention to procure the Council’s water and wastewater and associated services using the Crown Commercial Services (CCS) framework agreement.**

1. INTRODUCTION

- 1.1 The Council has an ongoing and inevitable requirement for the supply of water and wastewater. Expenditure for the total portfolio (including Berneslai Homes and direct billed schools) is in the region of £700,000 (ex VAT) each financial year, with BMBC being accountable for approx. 70% of this total.

- 1.2 The size of the expenditure means that the Council must demonstrate an OJEU compliant competition process when identifying a supplier and awarding a contract to comply with the Public Contract Regulations.
- 1.3 The Council also procures water and wastewater and associated services on behalf of Berneslai Homes, local authority-maintained schools, some academies, voluntary aided schools and other third parties. Together they make up the remaining 30% of the total portfolio.
- 1.4 The Council has also switched to the CCS framework agreement to contract its electricity supplies from April 2023 to help minimise the value of what is inevitable expenditure and support more accurate forecasting.

2. PROPOSAL

- 2.1 CCS provides a compliant route to market for the provision of water and wastewater and associated services through their framework agreements.
- 2.2 Using the CCS route to market the Council is able to combine our requirements with those of other member organisations so that we go to market with a larger overall contract value and are able to use our combined value commitment to leverage best value. According to CCS, on average customers achieved a 4% reduction against the average retail margin using the existing framework.
- 2.3 CCS conduct a competition on behalf of all organisations signed up to participate to identify a preferred supplier.
- 2.4 The CCS tender process also evaluates the quality of the supplier's tender submission, and they can provide expertise in this evaluation process.
- 2.5 The quality of the service we receive from suppliers is especially important. An excellent quality provider allows us to manage our energy and water contracts more efficiently.
- 2.6 The Framework Agreement then offers a standard form of contract for the Council to execute with the appointed provider to ensure robust terms and conditions linked to industry standards and requirements.
- 2.7 The use of the CCS framework agreement, as well as ensuring compliance, provides assurance of value for money in the following ways:
 - Economy of Scale: going to market for a larger volume gives us access to the lowest possible rates.
 - Competition: CCS conduct a tender process on our behalf.

- Accurate Management Information: consumption and billing data are supplied to your request, including self-service online.

2.8 There is no charge to the Council for the use of the Framework Agreements.

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

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

Expenditure for the Council in relation to water, wastewater and associated services is substantial and therefore costs are managed through a formal multi-year contract which allows continued visibility to assist with accurate forecasting in this area of inevitable spend.

If the Council remain with the current water provider, Business Stream, this will result in the move to default rates as the current framework expired on 31st March 2023. This will see the Council incurring an additional predicted spend of approx. £44,000 for financial year 2023/24 or circa 6% increase.

It is likely that the process, if approved, will be completed by the end of September 2023 so there is only likely to be an additional charge of c£22,000 in year across the contract with the revised framework then hopefully providing a reduced fixed figure over the length of the revised agreement. Any additional costs for 23/24 are expected to be contained within existing agreed allocated resources.

Efficient procurement of water, wastewater and associated services is just part of the solution. With contracts in place the Council also need to carefully manage the usage of water in our buildings and operations to ensure any expenditure is necessary and unavoidable.

There is a risk that not implementing a new water contract could result in the Council operating without the protection of a formal agreement with a supplier and being subject to out of contract rates which are typically much higher than contract rates.

There is a risk that continuing to purchase our utilities via existing contracts which have not been re-procured via competition could introduce a risk of challenge from other suppliers in the market.

There is a risk that continuation with our existing suppliers without competition could result in uncontrolled price changes being enforced on the Council which could result in increased costs and uncertainty and inability to forecast.

3.2 Legal

Compliance with Public Contract Regulations (PCR) 2015 is required for the

purposes of procuring the provision of water supply by the Council and the Council is compliant with the law in using a CCS established procuring solution. The terms and conditions of the applicable contract and schedules have been checked by the legal team, and the council is able to proceed.

The securing of water supply is essential for the Council and the other named beneficiaries and the Council relies on the general power of competence under s1(1) Localism Act 2011 and, the Council's duty to secure best value under s3(1) Local Government Act 1999.

There are no other legal implications of this report.

3.3 Equality

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

3.4 Sustainability



The Council will not know details of the water provider until the tender has been completed as this is being procured via CCSs framework. However, CCS is enabling greener supply chain by supporting suppliers to meet new government regulations and publish their carbon reduction plans in line with Cabinet office guidance (Procurement Policy Note (PPN) 06/21 – Taking account of Carbon Reduction Plans in the procurement of major government contracts.

There is a mandatory requirement for all water utility companies to provide climate adaptation plans and a legal reporting requirement to report on Environmental, Social and Governance standards on an annual basis and these requirements are over and above what is required of the Council. The

following text applies to all water framework providers:

Greenhouse gas emissions - All UK water companies have made a joint commitment to reach carbon net zero by 2030 and this supports the Councils zero 40 and zero 45 objectives.

Waste generation and pollution control - nothing is wasted from the water treatment process including the by-products. The contract will have a high positive impact on waste generation and all companies follow the mantra of reduce, reuse and recycle – some companies are capturing waste to convert it to renewable energy and others processing grit to convert to materials such as concrete blocks whilst others are recycling sewage into electricity, fertilizer and clean water.

Renewable energy – All water companies are investing in renewable energy; examples of some of the measures deployed include replacing grid gas with biomethane, deploying 120 MW of solar by 2030, electricity to come from on-site renewables through to the creation of energy from sewage, solar, crops, water, wind and food waste.

Biodiversity Strategies and action plans are in place to improve air quality and utilise natural solutions for carbon sequestration – all invest in activities such as tree planting, peatland restoration and river enhancements and all have created strategic partnerships to deliver biodiversity improvement across regions.

Transport – A low positive impact will had on the use of transport; water companies have committed to ensuring that all of their vans and cars are electric and for tankers and large vehicles to be zero emissions.

In terms of socioeconomics water companies actively invest in education and skills of their workforce and support customers to reduce, reuse and recycle water – many provide free items to customers to help them do this.

Information can be used to promote the preservation of water through the 2040 and 2045 programmes of work and through our contracts with tenants and other third parties such as schools and health and social care alliances etc. to influence positive behaviour changes and preserve and protect our precious resources.

Companies have all made a commitment to ensure that safe, clean water is always available thus having a positive impact on access to sustainable food, health and wellbeing. The framework provider will ensure as far as possible by law that local businesses, particularly small medium enterprises can benefit. Anyone that is employed from the borough will be guaranteed fair, ethical and human rights and employment standard conditions are met. Opportunities for volunteering through nature-based recovery schemes and apprenticeships will be made available.

Future plans need to be considered to incorporate water into the working groups that we have in place which engage with BMBC and third parties to collaborate in the reduction of our energy usage.

3.5 Employee

None

3.6 Communications

The Council also procure on behalf of Berneslai Homes; local authority-maintained schools, and a number of academies and voluntary aided schools and third parties.

It is necessary whenever contracts need to be renewed to communicate details to all parties procuring through the Council's corporate portfolio, so they are aware of the appointed suppliers, the expected costs and the contract duration.

4. CONSULTATION

A list of stakeholders consulted during the preparation of this report includes:

- Core Services – Procurement
- Core Services – Finance
- Berneslai Homes
- Regeneration & Culture – Sustainability & Climate Change

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The Council could conduct its own tender process to identify a supplier for each utility. However, this option would require considerable officer resource, time, and cost to facilitate this process and we would not be able to leverage the value of the commitment of other authority spend making the contract less attractive to suppliers. Also, the utilities markets are very complex and the Council does not have the internal expertise and experience in contracting directly for these.

6. REASONS FOR RECOMMENDATIONS

- 6.1 To provide assurance of value for money in the supply of water and wastewater.
- 6.2 To ensure a compliant route to market for the provision of water and wastewater and associated services is achieved.
- 6.3 To ensure more robust reporting functionality in order to support the councils ambitious Net Zero plans through Zero40 & Zero45 initiatives

7. GLOSSARY

Non-Applicable

8. LIST OF APPENDICES

Non-Applicable

9. BACKGROUND PAPERS

None

10. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date <i>Ashley Gray</i> 18/05/2023
Legal consultation & sign off	Legal Services officer consulted and date <i>Sukdave S. Ghuman</i> 26/05/2023

Report Author: Angela Jackson
Post: Energy & Water Data Officer
Date: 18.05.2023

This page is intentionally left blank

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR GROWTH AND SUSTAINABILITY

**TITLE: UK Shared Prosperity Funding (UKSPF) & South Yorkshire
Mayoral Combined Authority (SYMCA) – Business Support
Projects**

REPORT TO:	CABINET
Date of Meeting	26/07/2023
Cabinet Member Portfolio	Regeneration and Culture
Key Decision	Yes
Public or Private	Public

Purpose of report

The Council seeks to ensure better access to business support for Barnsley’s Small and Medium Sized Enterprises (SMEs) at all stages of development through a range of integrated UKSPF and SYMCA funded projects that will ensure Barnsley is the place for entrepreneurship, for establishing thriving start-ups and growing businesses.

Approval is sought to enter into funding agreements with SYMCA and the South Yorkshire Local Authorities to implement a programme of initiatives that will facilitate access to finance and support for SMEs in a bid to boost innovation, productivity and employment opportunities for all.

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 and supporting businesses to start up, grow and invest in the borough.

Recommendations

1. Approval is given for the Executive Director – Growth & Sustainability to authorise the UKSPF Business Support projects submitted by SYMCA on

behalf of the South Yorkshire Local Authorities to the Department Levelling Up Homes & Community (DLUHC). The projects include,

- a) Business Productivity Grants
- b) Launchpad – Business Start Up Programme
- c) Low Carbon – Barnsley Net Zero
- d) Rural Business Support Grants

2. Approval is given for the Executive Director – Growth & Sustainability in consultation with the Executive Director of Core Services to accept a contract from SYMCA to receive UKSPF to deliver business support projects listed in recommendation 1.
3. Approval is given for The Council to act as the South Yorkshire Programme lead for the Business Productivity Grant and Launchpad Projects.
4. Approval is given for the Executive Director – Growth & Sustainability in consultation with the Executive Director of Core Services to contract with the Business Productivity and Launchpad project partners, including, City of Doncaster Council, Rotherham Metropolitan Borough Council and Sheffield City Council
5. Approval is given for the Executive Director – Growth & Sustainability in consultation with the Executive Director of Core Services to accept a contract from Sheffield City Council (Project Lead), to deliver a UKSPF Low Carbon project in collaboration with Barnsley Business Innovation Centre (BBIC)
6. Approval is given for the Executive Director – Growth & Sustainability in consultation with the Executive Director of Core Services to accept a contract from SYMCA to deliver the SYMCA TECHSY programme.
7. Approval is given for the Executive Director – Growth & Sustainability to explore options with SYMCA for Barnsley to lead and access funds to deliver a South Yorkshire Acceleration programme.
8. Cabinet agrees that approval is given for the Director of Finance to amend revenue budgets in accordance with the financial implications embedded within the report.
9. Cabinet agrees that approval is given for the Executive Director – Growth & Sustainability in consultation with the Executive Director of Core Services to

restructure and recruit additional resources to the Enterprising Barnsley team to provide a fit-for-purpose delivery structure to deliver UKSPF and SYMCA business support projects.

1. Introduction

- 1.1 The South Yorkshire LEP commissioned an Independent Economic Review (IER) which highlighted the stark nature of the region's economic challenges. The report notes that South Yorkshire needs to transform the inherent structural and fundamental weaknesses in the local economy. These can be seen to directly link to South Yorkshire's industrial legacy and the area's on-going transition from an economic base dominated by primary industries to a competitive 21st century, high value manufacturing, knowledge and service led, economy.
- 1.2 The projects will support the objectives of Barnsley's 2030 and SYMCA's economic strategy which seeks to build on the regional economic strengths to increase the region's productivity. To enable economic growth across South Yorkshire, SYMCA is targeting investment and support at entrepreneurs and businesses with the potential to grow and create high value jobs, the projects will be vehicles to deliver those aspirations.
- 1.3 Funding for the Business Support projects will primarily be sourced from UKSPF, 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 aim of the fund is to level up opportunity and prosperity and overcoming deep-seated geographical inequalities. It also aspires 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.

2. Justification

- 2.1 The proposed projects (listed in Recommendation 1 & 6) provide a 'golden thread' from the Council's 2030 strategy and the economic challenges faced by the borough which include the need to create more and better jobs but also to raise the productivity levels of our indigenous business base.
- 2.2 The benefits of productivity gains have not been felt by the majority of residents. In the last decade growth in the borough has predominantly been in low-wage and lower productivity sectors (such as public administration, health/care,

education, and logistics) and occupations (such as administration, trades and service occupations).

2.3 Productivity is a strong determinant of quality of life and wellbeing. The lack of progress on this indicator confirms that a stronger role for innovation and creativity in economic growth is needed. It also promotes a focus on the quality of growth to transform our economic trajectory, achieve an inclusive economy with opportunities for all and improve the wellbeing of our people.

2.4 Through the Barnsley Jobs and Business plan the main focus was on creating jobs and generating GVA (Gross Value Added – a measure of the value of the goods and services produced in an area) which was the right diagnosis for the time. However, the world has moved on and Barnsley's economic growth must also address social inequalities and realise the area's potential; it is not purely about the quantity of jobs but the quality of jobs. Job growth on its own will not deliver an inclusive economy and improve the health and wellbeing of the local population.

3. Proposal

3.1 This suite of **UKSPF projects** aims to provide a step change and give everyone an opportunity to benefit from prosperity. This will be achieved through the interventions listed below.

(a) Supporting local SMEs to become more productive.

- i. The *Business Productivity* grant project will address the productivity gap and will support SMEs by providing access to grant support that will directly help them to increase productivity.
- ii. The *Launchpad Project* will address the start-up deficit which impacts the health of the aggregate economy. New and young businesses play a critical role in maintaining market competition; encouraging 'creative destruction' and typically drive productivity gains.
- iii. The *Barnsley Rural & Visitor Economy (capital) Grant Project* will support those rural areas that often face specific challenges, specifically lower productivity rates. The Rural Fund supports the aims of the government's Levelling Up White Paper and Future Farming Programme. It will provide small grants for capital projects

that will help to improve productivity and strengthen the rural economy and rural communities.

(b) Supporting local Small and Medium-sized Enterprises (SMEs) to decarbonise.

- i. The *Barnsley Net Zero / Low Carbon Grant* project will be a collaboration between the Council, BBIC and Sheffield City Council. The project will offer free and intensive support, designed exclusively for businesses based in the Barnsley area, which have high-impact potential for contributing to the net zero carbon emission targets. Support will include in-person and peer-to-peer advice, this will be underpinned with a grant offer for businesses to invest in products that will help reduce their carbon footprint.

3.2 This suite of **SYMCA funded projects** aims to provide additional resources to the South Yorkshire Local Authorities to help boost innovation amongst the regional business base. In turn this will improve productivity, reduce costs, increase competitiveness and help forge new partnerships and relationships.

(c) Supporting South Yorkshire businesses to innovate.

- i. The Council will work in collaboration with SYMCA to embed a regional *Tech SY* team within the Enterprising Barnsley service. The scope of work is to move the region forward to a clear shared vision for the tech and digital ecosystem (including infrastructure and digital inclusion) and a programme of collaborative work, to co-create the plans and activity to achieve change at scale. Whilst the team will be embedded within the Council it will be a regional team and will work collegiately with all of the South Yorkshire Local Authorities, SYMCA, Universities and the private sector to develop and implement jointly agreed interventions that benefit the whole region.
- ii. SYMCA will ring fence a central fund for the Council which will pay for *Business Specialists*. Specialist advisors are an essential resource and have helped to support our local businesses specifically in innovation, retail and strategic development. The additional resource will help us expand the Barnsley Manufacturing

and Logistics Improvement group, support our important retailers and help growing Barnsley businesses reach their potential.

- iii. The Council's Enterprising Barnsley team will engage with SYMCA and its partners to deliver *Acceleration* support in the borough which will complement the Council's aspiration to encourage local businesses to innovate and create more and better jobs in the borough.

4. Consideration of Alternative Proposals

4.1 The 'Do Nothing' approach would mean the borough's economy will continue to lag behind both the regional and UK average and would drastically hinder the Council's aspiration of delivery the 2030 strategic objectives.

This would mean that 12 members of staff contracts would come to an end as there would no longer be funding available, which would also include potential exit costs dependant on staff length of service. Consequently, local businesses would have to apply for support via ad-hoc regional and national schemes whilst the emphasis should be on creating a local, well-balanced business support offer and an established finance infrastructure.

4.2 An alternative model with reduced investment was considered but the project costs have been carefully constructed to ensure that the private sector investment and UKSPF/SYMCA contributions are maximised to cover streamlined project management costs and ensure as much funding as possible is directed towards businesses.

4.3 Reducing the geographical scope of the projects was considered but this approach was rejected by the SYMCA UKSPF Strategic Group as it was requested that business support products be delivered across the whole of South Yorkshire and not in one particular borough. This approach will create economies of scale and help to reduce project management costs for partners.

5. Implications of the Decision

5.1 The business support projects will benefit local businesses through providing support to decarbonise, innovate, increase business competitiveness, increase business productivity, develop new products and services and enter new markets through the adoption of new technologies.

5.2 The projects aim to inspire local growth and community prosperity by creating ‘more and better jobs’ in the local economy to connect local people with these opportunities.

5.3 The projects will aim to facilitate a new social contract with businesses to balance increased productivity with benefits to local communities, which in turn support the growth of local employers. This will be delivered in collaboration with the Employment and Skills team to ensure those businesses receiving grant support via the projects work in collaboration with the Council to deliver it’s Inclusive Economy aspirations.

5.4 Such strategic relationships between places and local employers should deliver higher standards for residents in the shape of “good jobs”, higher wages and stronger local skills supply chain.

5.5 Through exploring models for new interventions this will raise productivity levels not just in traditional ‘high technology’ sectors, but also in areas of the foundational economy such as health and social care.

6. Financial Implications

6.1 Consultation on the Financial Implications included in this report have taken place with representatives of the Service Director - Finance (Section 151 Officer.)

6.2 Approval is sought to accept the £2.722m (revenue) UKSPF - to be utilised for the purposes detailed in Section (3.1(a)i-iii) of this report and summarised in the table below:

Shared Prosperity (revenue) Fund: Overview of Proposed BMBC Spend 2023
2025

Proposed UKSPF Revenue Spend	2023 - 2025		Total £m
	2023/24 £m	2024/25 £m	
Launchpad	0.425	0.564	0.989
Business Productivity	0.614	1.103	1.717
Low Carbon	0.435	0.946	1.381
Total	1.474	2.613	4.087

6.3 The funding required to support those projects is being provided from the following key sources.

- (a) UKSPF £2.772m Contribution
- (b) Private Sector £1.032m Contribution
- (c) BMBC £0.283m Contribution

6.4 The £0.283m in revenue ‘match funding’ required from the Council to support project delivery will be provided via a combination of existing staffing budgets from within the Enterprising Barnsley Team, from grant allocations received specifically for the purposes of covering off Management/Administration and Project Delivery costs - BMBC taking lead responsibility for the Management/Administration of the UKSPF ‘Business Productivity’ and ‘Launchpad’ projects (£0.043m) and existing ear marked resources (£0.240m.)

6.5 Approval is sought to accept UKSPF Capital allocations which consists of £0.400m (Rural) and £0.242 (Business Support) UKSPF - to be utilised for the purposes detailed in Section (3.1(b)i) of this report and summarised in the table below:

Shared Prosperity (capital) Fund: Overview of Proposed BMBC Spend 2023
2025

Proposed UKSPF Capital Spend	2023 - 2025		Total
	2023/24 £m	2024/25 £m	
Rural & Visitor Economy Grant Project	0.478	0.878	1.356
Total	0.478	0.878	1.356

6.6 The funding required to support this project is being provided from the following key sources.

- (a) UKSPF £0.642m Contribution
- (b) Private Sector £0.642m Contribution
- (c) BMBC Contributions £0.072m contribution.

To deliver the £0.642m of Capital Grant BMBC will contribute £0.072m for programme management costs. This will be funded through the existing

Enterprising Barnsley 'base budget' and no additional resources will be requested.

6.7 Approval is sought to accept £0.850m in SYMCA - funding to be utilised for the purposes detailed in Section (3.2(c)i) of this report and summarized in the table below:

SYMCA Fund: Overview of Proposed BMBC Spend 2023/25

Proposed SYMCA Revenue Spend	2023 - 2025			Total £m
	2023 £m	2024 £m	2025 £m	
TECHSY	0.243	0.486	0.121	0.850
Total	0.243	0.486	0.121	0.850

6.8 The funding required to support this project is being provided from the following key source.

(a) SYMCA £0.850m

6.9 Total approval is sought to accept the £3.414m UKSPF and £0.850m SYMCA allocations summarised in the table below:

Shared Prosperity/SYMCA Fund: Overview of Proposed BMBC Spend 2023 2026

Proposed UKSPF Revenue Spend	2023 - 2026			Total £m
	2023/24 £m	2024/25 £m	2025/26 £m	
Launchpad	0.425	0.564		0.989
Business Productivity	0.614	1.103		1.717
Low Carbon	0.435	0.946		1.381
Rural & Visitor Economy Grant Project	0.478	0.878		1,356
TECHSY	0.243	0.486	0.121	0.850
Total	2.195	3.977	0.121	6.293

6.10 The total funding required to support those projects are being provided from the following key sources.

- (a) UKSPF £3.414m Contribution
- (b) SYMCA £0.850m Contribution
- (c) Private Sector £1.673m Contribution
- (d) BMBC £0.356 Contribution

6.11 It is important to note that there is no requirement for any new financial contribution from the Council to progress the recommendations outlined in this report.

6.12 BMBC Finance Officers will continue to work closely with the Enterprising Barnsley Programme Management Team to ensure spend remains within the available funding allocation and is compliance with funder eligibility requirements.

6.13 Appendix A provides a full breakdown of the financial implications of the various projects arising from the recommendations in this report.

7. Legal Implications

7.1 A funding confirmation letter has been received from SYMCA awarding UKSPF, as soon as the Council receives the formal funding agreement this will be submitted to BMBC Legal Services legal for comment, no issues have been raised.

7.2 The Council have a 'tried and tested' contract arrangement in place for delivering regional business support projects with the South Yorkshire Local Authority partners.

7.3 As Lead Authority protections are being sought via legally binding contract arrangements to ensure project partners are held to delivery of their responsibilities in terms of the delivery of outputs targets, financial profiles and any consequent liabilities (e.g. funding clawback) arising from their non-delivery of those targets. The Council already have similar contracts in place for an existing pan-SCR business support programme (ERDF- Launchpad) therefore the Council will look to use this arrangement as a methodology to enter into contractual relationships with the partner authorities.

8. Employee implications

- 8.1 To be able to deliver such a complex portfolio of projects it is important that a fit for purpose structure is in place to ensure that the Council has the right resources, skills and experience to deliver a suite of compliant projects. The proposed restructure not only maximises existing staff time, resources and expertise but is cost effective and will mean the teams can 'hit the ground running'.
- 8.2 The current (116150) Programme Manager post will have oversight of the UKSPF projects and will be responsible for compliance, delivery, budgeting and will have direct line management responsibility for 7 Project Officers. To reflect the increase in geographic scope, budget responsibility and complexity of projects the existing Programme Manager post will be amended and re-submitted for evaluation.
- 8.3 As agreed in Cab.22.3.2023/15, the projects will maximise the existing Enterprising Barnsley and wider Council staff resources. Therefore staff who are working on ERDF will transfer over to UKSPF / SYMCA funded projects. Those staff who are on Fixed Term contracts that currently end between the 30th June – 30th September 2023 will have their contracts extended to coincide with the completion of the UKSPF programme on the 31st March 2025.
- 8.4 Individual employee implications for each project can be found in Appendices B

9. Equality

- 9.1 Equality Impact Assessments have previously been completed for the ERDF projects but will be refreshed when the final iteration of the delivery plan has been completed in collaboration with the other South Yorkshire Local Authorities and SYMCA.

10. Sustainability

- 10.1 Decision-making wheel completed for the overall UKSPF programme:



10.2 The Council is facilitating and enabling the Borough’s transition to zero carbon by 2045. The ‘Zero45’ strategy has 5 broad themes, one of which is Resource Efficiency. The Centre for Industrial Energy, Materials and Products recognise that the UK economy is suffering from low productivity compared to many of its European neighbours and more efficient resource use would make businesses more productive and lower their costs, delivering a significant boost to the UK’s competitiveness.

10.3 The Barnsley Net Zero project will meet the decarbonisation challenge ‘head on’ and will work with Barnsley businesses to lower their carbon emissions and help the borough meet the aims and aspirations of the ‘Zero45’.

10.4 The previous ERDF Low Carbon grant project supported 14 businesses in Barnsley and helped save 147 TC02e. By amalgamating the ERDF Low Carbon grant programme, with the award-winning Barnsley Net Zero project, the aim is to support at least 48 businesses in the borough to reduce their carbon emissions.

11. Communications

11.1 The projects will have to promote and publicise the activities and impact of the UKSPF

Programme according to the UK Government’s published branding which is yet to be finalised. Joint promotion between the Council and its project partners will ensure that timely and accurate information will be provided through appropriate

press releases via local press, social media/website updates, local member briefings and engagement with key stakeholders.

12. Risk

12.1 The risk to the Council is hitting the annual output targets which will trigger the release of 2024/25 UKSPF. The risk has been mitigated by implementing the following actions,

- a) Through extending existing successful ERDF projects the Council and its partners already have a pipeline of businesses who can benefit from the programmes.
- b) The Local Authorities have agreed with SYMCA that the financial risk of not accessing 2024/25 funding will be underwritten via SYMCA Gainshare funding.

12.2 Other risks highlighted are listed below

Risks Description	Owner	Probability	Impact	Mitigation
Lack of clarity in the business base regarding the project offer.	Delivery team overseen by Project Steering Group	Low	Medium	All partners and delivery staff will be briefed on the focus of the projects, and the project teams of BMBC, SY LA's and SYMCA will develop protocols for reviewing the respective portfolios of clients to ensure a cross referral model.
Delivering outputs: Regional businesses do not engage, leading to under achievement.	Delivery team overseen by Project Steering Group	Low	High	Successful engagement and project delivery are therefore dependent on identifying, primarily through 1:1 contact and networks, those companies with capacity and capability to engage with transformative digital innovations. This will be achieved through pro-

				active engagement by the delivery team, and ensuring, partners are briefed in order to identify new prospects.
Regional business support agencies do not engage, leading to lack of coordination and integration	Project Steering Group	Low	Low	The project steering groups will include members of the Local Authorities and the Growth Hub to ensure the co-ordination and integration of project delivery and cross referral.
The partners do not have the capacity or expertise to meet client need.	Project Steering Group	Low	Medium	The partners will have access to SYMCA funded Business Advisors that will ensure there is enough expertise in the region to meet client need.
Delays to project milestones.	Project Steering Group	Low	Med	The intended project management team are experienced in successfully delivering business support projects and are confident the milestones are realistic and deliverable.
Client satisfaction	Project Steering Group	Low	Low	Clients will be invited to complete a customer feedback questionnaire on completion of an engagement. Project review meetings will monitor engagement, progress and client feedback.

Annual Funding	Project Steering Group	Low	High	<p>Government will release funding to SYMCA on an annual basis dependent on delivery.</p> <p>The risk has been mitigated through the delivery of existing ERDF projects and SYMCA underwriting 2024/25 spend with Gainshare funding.</p>
----------------	------------------------	-----	------	--

13. Consultation

13.1 SYMCA led on a series of UKSPF and business support consultation events that 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.

13.2 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.

13.3 Internal to the Council consultation has taken place with representatives from BMBC Finance and Human Resources (including the Unions). Initial consultation has taken place with the representatives from the Executive Director of Core Services regarding the legal implications of contracting with external partners but further discussing will be required as soon as the final funding agreements are issued by SYMCA.

14. Glossary

BBIC – Barnsley Business Innovation Centre

DLUCH – Department for Levelling Up, Housing and Communities

IER – Independent Economic Review

GVA - Gross Value Added

SMEs – Small Medium Sized Enterprises

SYMCA – South Yorkshire Mayoral Combined Authority

UKSPF – UK Shared Prosperity Fund

15. LIST OF APPENDICES

15.1 Appendix A: Financial Implications

16. BACKGROUND PAPERS

16.1 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 so that appropriate arrangements can be made

10. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date <i>Appendix A attached.</i>
Legal consultation & sign off	Legal Services officer consulted and date Mike Bentley, Consultant and Locum Solicitor 11 th July 2023 <i>Legal Report attached</i>

Report Author: Martin Beasley

Post: Group Leader Enterprising Barnsley

Date: May 2023

MSB - 260723 Cabinet Report UKSPF SYMCA Business support - 11th July 2023

Legal Report

Documents have been provided for review in connection with the United Kingdom Shared Prosperity Fund and initial draft agreements have been received for the Launchpad - UKSPF 12 - and for the Business Productivity Project – UKSPF 13. From an examination of that for Launchpad here are the main features that entering to the grant agreement with SYMCA will entail and that will place duties and obligations upon BMBC. Note that no similar examination of the grant agreement for the Business Productivity Project has been undertaken but from an initial examination it appears to be based upon the very same template and so are identical to each other apart from the varying essential details such as scheme name, dates and grant amounts.

Assessment:

Items marked thus * are particularly noteworthy.

Date shown as 1st April 2023.

Grant only to meet Eligible Costs subject to the Special Conditions and for no other purpose.

Only Qualifying Expenditure from the Commencement Date to the Completion Date and any paid *before or *after is ineligible for Grant purposes.

Notification in advance of third party funding is necessary with the amount and purpose; payment is conditional upon advance provision of match funding letters being provided.

No duplicate funding shall be applied for nor accepted in any respect; no exceeding any threshold set out in the Subsidy Act; limit of 15% overheads for staff costs.

Prompt written notice* as soon as BMBC aware it will not claim the Maximum Amount of Grant.

BMBC must warrant and confirm that if there is any shortfall in the match funding anticipated or if there is a cost overrun BMBC shall procure alternative funding or provide the funding itself* to ensure that the Project Outputs and Project Outcomes are achieved by the Completion Date.

Wording not particularly clear in 3.2(b) but it seems that there is potential for BMBC to have to pay out grant monies first* and then claim reimbursement from SYMCA later.

In year 2024/2025 receipt of grant monies by BMBC shall be dependent, indeed contingent, upon SYMCA itself* receiving the relevant monies from central government.

Clawback - nothing unusual about clawback in favour of central government. However here the clawback can be *100% if BMBC underperforms or does not complete the project irrespective of the actual trigger amount.

Key dates appear and 5 of those dates have already passed or are imminently about to do so.

All parties must comply with the subsidy control regime.

Like SYMCA BMBC is itself an intermediate conduit for the grant monies to be used for the ultimate recipients. It is therefore essential that agreements between BMBC and those recipients repeat the same impositions as are included in the grant agreement between SYMCA and BMBC.

Commentary

It is confirmed that these grant agreements issued by the South Yorkshire Mayoral Combined Authority have been examined and the result of the consultation for legal review is that these follow the usual formula for grant agreements relating to central government funds which percolate down to the ultimate recipients via local government.

Certain key features need to be taken into account and both Members and Officers progressing the UKSPF schemes need to be particularly aware of the provisions listed.

Anna Smith has raised the clawback provisions with SYMCA and the response given to her is that the SYMCA will seek to resolve any issues that may arise; nonetheless the clawback provisions remain.

APPENDIX A
Report of the Executive Director of Growth & Sustainability

FINANCIAL IMPLICATIONS

Economic Development - UKSPF/SYMCA Business Support


i) Capital Expenditure	<u>2023/24</u> £m	<u>2024/25</u> £m	<u>2025/26</u> £m	<u>Total</u> £m
Staffing	0.030	0.042		0.072
Grants	0.448	0.836	0	1.284
	0.478	0.878	0	1.356
To be Financed from:				
UKSPF Business Support	0.064	0.178	0	0.242
UKSPF Rural	0.160	0.240	0	0.400
Private sector contribution	0.224	0.418	0	0.642
BMBC Contribution	0.030	0.042	0	0.072
	0.478	0.878	0	1.356
	0	0	0	0

ii) Revenue Effects	<u>2023/24</u> £m	<u>2024/25</u> £m	<u>2025/26</u> £m	<u>Total</u> £m
Business Productivity 2	3.012	6.301	0	9.313
Launchpad 3	1.208	1.664		2.872
Low Carbon	0.435	0.946		1.381
Regional Tech SY Team	0.243	0.486	0.121	0.850
	4.898	9.397	0.121	14.416
To be Financed from:				
Business Productivity 2 UKSPF	1.694	3.505		5.199
Business Productivity 2 Private Sector contributions	1.217	2.763		3.980
Business Productivity 2 Sheffield contribution	0.033	0.033		0.066
Business Productivity 2 BMBC contribution	0.068			0.068
Launchpad 3 UKSPF	0.990	1.561		2.551
Launchpad 3 Sheffield contribution	0.077	0.103		0.180
Launchpad 3 BMBC Contribution	0.141			0.141
Low Carbon UKSPF	0.261	0.564		0.825
Low Carbon Private Sector Contribution	0.129	0.352		0.481
Low Carbon BMBC Contribution	0.045	0.030		0.075
SYMCA	0.243	0.486	0.121	0.850
	4.898	9.397	0.121	14.416
	0	0	0	0

Impact on Medium Term Financial Strategy

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

	2023/24 £m	2024/25 £m	2025/26 £m	FYE £m
MTFS	0.000	6.258	7.648	13.906
Effect of this report	0	0	0	0.000
Revised Medium Term Financial Strategy	0	6.258	7.648	13.906

Agreed by:.....On behalf of the Director of Finance and Section 151 Officer