

Public Document Pack

MEETING:	Cabinet
DATE:	Wednesday 20 March 2024
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 6 March 2024 (Cab.20.3.2024/3)
(Pages 3 - 8)

Items for Noting

4. Decisions of Cabinet Spokespersons (Cab.20.3.2024/4)

Petitions

5. Petitions received under Standing Order 44 (Cab.20.3.2024/5)

Items for Decision/Recommendation to Council

Overview and Scrutiny Reports

6. Overview and Scrutiny Task and Finish Group Report on the Adult Health and Care Workforce in Barnsley (Cab.20.3.2024/6) (Pages 9 - 22)
7. Overview and Scrutiny Committee Task and Finish Group Report on Commercial Contract Management at Barnsley Council (Cab.20.3.2024/7) (Pages 23 - 36)
8. Overview and Scrutiny Committee Task and Finish Group Report on Vaping in Barnsley (Cab.20.3.2024/8) (Pages 37 - 48)

Children's Spokesperson

9. Revised Terms of Reference for the Corporate Parenting Panel
(Cab.20.3.2024/9) (Pages 49 - 60)
RECOMMENDATION TO FULL COUNCIL ON 28 MARCH 2024
10. School Term Times and Holiday Dates for Community and Voluntary Controlled Schools 2025-26 (Cab.20.3.2024/10) (Pages 61 - 74)

Core Services Spokesperson

11. Implementation of the 2024/25 Pay Policy Statement (Cab.20.3.2024/11)
(Pages 75 - 92)
RECOMMENDATION TO FULL COUNCIL ON 28 MARCH 2024

12. Gender Pay Gap Report 2023 (Cab.20.3.2024/12) (Pages 93 - 108)

Place Health and Adult Social Care Spokesperson

13. Local Account for Adult Social Care Services 2022-23 (Cab.20.3.2024/13)
(Pages 109 - 164)

Public Health and Communities Spokesperson

14. Commissioning of Adult Weight Management Service (Cab.20.3.2024/14)
(Pages 165 - 184)

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

Anna Hartley, Executive Director Public Health and Communities

Neil Copley, Director of Finance (S151 Officer)

Sukdave Ghuman, Service Director Law and Governance Services (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 12 March 2024



MEETING:	Cabinet
DATE:	Wednesday 6 March 2024
TIME:	10.00 am
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

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

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

204. Declaration of pecuniary and non-pecuniary interests

Councillor Cain declared a non-pecuniary interest as a Board Member at Goldthorpe Town Deal Board in respect of Minute Number 214.

Councillor Cave declared a non-pecuniary interest as a Trustee at Barnsley Youth Zone in respect of the agenda as a whole.

Councillor Newing declared a non-pecuniary interest due to undertaking work for the NHS in respect of the agenda as a whole.

Councillor Osborne declared a non-pecuniary interest as a Board Member at Berneslai Homes in respect of Minute Number 212.

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

205. Call-in of Cabinet decisions

The Deputy Leader reported that no decisions from the previous meeting held on 21 February 2024 had been called in.

206. Minutes of the previous meeting held on 21 February 2024 (Cab.6.3.2024/3)

The minutes of the meeting held on 21 February 2024 were taken as read and signed by the Chair as a correct record.

207. Decisions of Cabinet Spokespersons (Cab.6.3.2024/4)

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

208. Petitions received under Standing Order 44 (Cab.6.3.2024/5)

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

209. Annual Review of the Sufficiency of Childcare Places in the Borough (Cab.6.3.2024/6)

RESOLVED that Cabinet notes the outcomes of the annual review of the sufficiency of early years provision in the Borough and endorses the actions to be taken to maintain resilience within the sector which supports the sustainability of provision as indicated in Section 4 of the report.

210. Quarter 3 (2023/24) Corporate Performance Report (Cab.6.3.2024/7)

RESOLVED that Cabinet:-

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

211. Corporate Finance Performance Quarter 3 2023/24 (Cab.6.3.2024/8)

RESOLVED that Cabinet:-

1. Note the £20.7M projected cost pressure on the Council's 2023/24 General Fund budget, a slight improvement of £0.5M since Quarter 2; and
2. Note the significant ongoing cost pressures within Children's Social Care and the plans the Executive Director of Children's Services in conjunction with the Director of Finance are undertaking to mitigate these pressures; and
3. Agree to receive further updates from Executive Directors on the delivery of their service reviews/efficiencies and future spending plans, ensuring that these are managed within agreed resource envelopes; and
4. Note the requirement to utilise reserves as agreed in Quarter 2; and
5. Note the current forecast pressure of £1.0M on the Housing Revenue Account, an increase of £0.2M since Q2; and
6. Endorse the accounting write-off of historic bad debts totalling £0.512M as detailed in the report [NB: all debts remain liable for collection]; and
7. Note the forecast position on the Capital Programme (paragraph 3); and
8. Note scheme slippage totalling £19.1M; and
9. Note scheme rephasing totalling £1.4M; and
10. Endorse new schemes to be released into the programme totalling £2.2M in line with the agreed 2023/24 Capital Programme; and
11. Note the key messages from the Council's Q3 Treasury Management activities (paragraph 4).

212. HRA Decent Homes Capital Investment Report 2024/25 (Cab.6.3.2024/9)

RESOLVED that Cabinet:-

1. Approves the HRA 2024/25 Barnsley Homes Standard Programme; and
2. Approves the HRA 2024/25 Supplementary Investment Programme; and
3. Approves the HRA 2024/25 Other Investments.

213. Exclusion of Public and Press

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

<u>Item Number</u>	<u>Type of Information Likely to be Disclosed</u>
214	Paragraph 3
215	Paragraph 3

214. Goldthorpe Housing Project Design and Delivery (Goldthorpe Towns Fund: Project D) (Cab.6.3.2024/11)

RESOLVED that Cabinet:-

1. Approves the final red line boundary/intervention area of the Goldthorpe Housing Project along with confirmation of the final properties for acquisition and demolition as detailed in Appendix 1; and
2. Approves the RIBA Stage 3 Goldthorpe Housing Project Site Plan (Appendix 2) and the Greenspace Plan (Appendix 3) as outlined in Section 2 of the report (subject to minor amendments during the planning process); and
3. Approves the commencement of work necessary to fully deliver the Goldthorpe Housing Project as outlined in Section 2 of the report, noting that the cost of the scheme will be contained within the funding envelope described in Recommendation 5; and
4. Approves the proposed budget virements included in the Project Adjustment Request (PAR) submitted to DLUHC for evaluation in December 2023 - noting that subject to Cabinet approval DLUHC has confirmed approval of the PAR (subject to formal paperwork).

Noting: Approval of the virements in the PAR would address not only the existing funding shortfall for the Goldthorpe Housing Project but would also support the overall deliverability of the Goldthorpe Towns Fund Programme (Section 2.14).

For the purposes of expediency and completeness each of the virements in the PAR are submitted to Cabinet for approval via this report (Section 2.14).

5. Approves the acceptance and draw down of the funding package described in Section 3, and any other match funding that becomes available, to provide the resources necessary to support delivery of the Goldthorpe Housing Project; and
6. Delegates approval of any amendments to the details contained within the full business case, along with the approval of any other full business cases (including the acceptance of any additional match funding) to the council's Section 151 Officer in consultation with Executive Director of Growth and Sustainability, the Towns Deal Board and council's Capital Oversight Board; and
7. Delegates authority to the Executive Director of Core Services, in consultation with the Service Director for Regeneration and Culture to seek tenders for any aspect of the delivery of the project for works and professional services up to the completion of the final delivery stage; and
8. Gives approval to proceed with procurement and award of all contracts required to deliver the scheme, subject to the satisfactory outcome of 'bid appraisal' and 'due diligence' processes provided that affordability within the secured funding envelope is demonstrated; and
9. Delegates final scheme approval and responsibility for the appointment of suitably qualified contractors, to the Executive Director of Growth and Sustainability, following consultation with the Director of Finance; and
10. Approves the extension of the current Grade 6 Project Officer role for an additional 1-year fixed term contract; and
11. Delegates authority to the Executive Director of Growth and Sustainability to approve the preparation and submission of any necessary statutory procedures and applications for permission (including planning permission) required to complete the project; and
12. Delegates authority to the Executive Director of Core Services to negotiate, conclude and execute on behalf of the council any document or agreement required to give effect to the delegations contained in the report; and
13. Delegates authority to the Group Leader Estates to enter into negotiations and to acquire any interests in land not in the ownership of the local authority necessary to deliver the Goldthorpe Housing Project and now identified in the red line boundary. This includes agreeing any Home Loss and Basic Loss, disturbance and other heads of compensation to which occupiers would be entitled if they were displaced from their properties in consequence of the exercise of compulsory purchase powers; and
14. Delegates authority to Head of Strategic Housing to enter into grant funding agreements with private property owners to manage appointed contractors on their behalf.

215. Milefield Primary - Re-roofing Works (Cab.6.3.2024/12)

RESOLVED that Cabinet:-

- 1. Approves the additional funding required to deliver the reroofing scheme at Milefield Primary; and
- 2. The financial implications arising from the report be included in the capital programme and released in accordance with the Financial Regulations Code of Practice C5.2(a).

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Chair

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BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES

TITLE: OVERVIEW AND SCRUTINY COMMITTEE ADULT HEALTH AND CARE WORKFORCE TASK AND FINISH GROUP (TFG)

REPORT TO:	CABINET
Date of Meeting	20th March 2024
Cabinet Member Portfolio	N/A
Key Decision	No
Public or Private	Public

Purpose of report

To report to Cabinet the findings of the Overview and Scrutiny (OSC) from the investigations undertaken on its behalf by the Adult Health and Care Workforce Task and Finish Group (TFG).

Council Plan priority

- Healthy Barnsley
- Growing Barnsley
- Learning Barnsley

Recommendations

- 1. Learning from the Children’s Services Academy at Barnsley College should be shared with the Health and Care Workforce Group with a view to exploring the potential for greater collaboration.**
- 2. Reassert with contracted providers that all mandatory training is funded and carried out during working hours.**
- 3. Develop a programme to ensure parity of esteem, and promote the wide variety of job roles, across the whole of health and care.**
- 4. Consider using the apprenticeship levy to boost the number of apprenticeship placements across health and care, including the independent sector.**
- 5. To review how the services provided by Barnsley Carers Service is communicated to Barnsley’s unpaid carer workforce.**

6. Consider a programme of support for those aged over 30 to break down barriers to enter the health and care workforce.

7. Promote the Prince's Trust Programme through partnership working and events, including, but not limited to, Area Councils, Ward Alliances, town centre events, Family Hubs, Youth Zone and any other opportunities that may arise throughout the year.

1. INTRODUCTION AND BACKGROUND

- 1.1 There are many challenges impacting upon the Adult Health and Care Workforce. There is a national and local shortage of people applying for university courses for both social work and nursing, there is an increasingly ageing workforce, and the impact of Covid has seen many employed within the sector either retire or move to agency work, resulting in a loss of skills. In addition, services are being impacted by an increasingly ageing population and the number of people requiring support continues to rise across the board with many cases becoming more complex by the time they present to services.
- 1.2 These challenges led members of the Overview and Scrutiny Committee to identify the Adult Health and Care Workforce as an area to explore during 2023/24 and the committee agreed that it would be added to the work programme as a Task and Finish Group to allow for a more in-depth investigation.
- 1.3 Over the course of the investigation, the group met with Barnsley Council officers from Place Health and Adult Social Care, and from Employability and Skills; officers from Barnsley Hospital and the Integrated Care Partnership; and partners from Skills for Care. The group would like to take this opportunity to give thanks to all witnesses who provided information to support their investigation.
- 1.4 The members of the TFG who undertook this investigation are as follows:-

Cllrs John Clarke (TFG Lead Member), Ruth Booker, Roy Bowser, Brenda Eastwood, Jeff Ennis, Steve Hunt, Margaret Sheard, and Trevor Smith.
- 1.5 To enhance the expertise and diversity amongst the group, Chloe Bannister from Healthwatch Barnsley was co-opted for the duration of the investigation and the group would like to give particular thanks to Chloe for her invaluable contribution.
- 1.6 As a result of the investigations, the group have highlighted a number of recommendations in support of further improvement, the rationale for which is outlined in section 7.

2. SCOPE OF THE INVESTIGATION

2.1 The NHS Long Term Workforce Plan was introduced in 2023 and sets out the strategic direction for the long term, as well as concrete and pragmatic actions to be taken locally, regionally, and nationally in the short to medium term to address current workforce challenges. Those actions fall into three core priority areas:

- Train – significantly increase education and training, as well as apprenticeships and alternative routes to professional roles, to deliver more staff, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
- Retain – ensuring that more staff are retained by better supporting people throughout their careers, boosting the flexibilities offered to staff to work in ways that suit them and work for patients, and continuing to improve culture and leadership.
- Reform – improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

2.2 These priorities are reflected in the South Yorkshire Integrated Care Board's ambitions in their Joint Forward Plan.

2.3 Given the wide-ranging nature and complexity of the workforce across health and care, and the absence of a national workforce strategy for Adult Social Care in England (Scotland have a National Health and Social Care Workforce Strategy), the group agreed to direct the focus of their investigations based on these three core priorities, looking at how they are being addressed locally across the adult health and care sector - namely Adult Social Care, the Independent Care Sector (Domiciliary Care and Residential Homes), and Healthcare Providers – as well as specific support provided by the Council's Employability and Skills team.

2.4 By conducting the investigation, members aimed to achieve the following outcomes:-

- To understand the challenges associated with recruitment and retention across the Adult Health and Care Workforce and how these are being tackled so that there is the right number of people, with the right skills in place to be able to deliver the kind of care people need across the borough
- To be assured that there is a robust programme of Continuous Professional Development (CPD) in place across all organisations so that

staff have the right skills, knowledge and support to deliver safe, high quality, and consistent care to the residents of Barnsley and that working conditions are favourable and competitive with other employment sectors, including opportunities for career progression.

- To understand what is being done to take advantage of new ways of working to provide the care patients need more effectively and efficiently and to support the wellbeing of employees
- To be able to inform and support place-based plans to recruit and retain a high-quality adult health and care workforce

- 2.5 The TFG undertook a number of 'check and challenge' sessions with officers and partners regarding the work being carried out, and the current and future plans and challenges associated with the subject. This involved asking questions of them regarding their work and the services available locally.
- 2.6 To support their investigations, the group conducted their own research into the topic to understand the challenges, plans, and training and education offers available, including looking at the benefits of the recently established Children's Services Academy at Barnsley College.
- 2.7 They also attended the 'We Care Into the Future' careers event at the Metrodome. The event was designed to help secondary school and college students find out more about the range of jobs and volunteering opportunities across the sector; training and education offered by local colleges and universities; and the different employment schemes available, including apprenticeships.



FINDINGS FROM THE INVESTIGATION

Adult Social Care

- 3.1 Staff within adult social care, except for social workers, are predominantly made up of people between the ages of 50 and 65 and according to the Local Government Association (LGA), this section of the workforce is likely to retire within the next five years. Social Workers tend to be younger, with a sizeable

proportion being Newly Qualified Social Workers (NQSW) or those who haven't gained sufficient experience to become advanced practitioners. Unfortunately, there is a trend for NQSWs to complete their first year of practice and then move to agency work, primarily for pay, making it difficult to succession plan.

- 3.2 At the time the information was presented to the group, a number of Social Worker and Assistant Social Worker posts were vacant. This impacts upon caseload levels and wellbeing for existing staff, with the additional potential to impact upon the quality of service for residents. Much work has been done to enhance the culture as well as the wellbeing and benefits offer for staff, and the vision for adult social care is for 'staff to feel part of an organisation which values, promotes and enables strength-based principles by not only investing in training but putting these principles in practice'. Benefits of working in adult social care include the training and development offer, celebration events, and the supportive environment for staff to ensure that caseloads are appropriately apportioned based on experience. It is hoped that this will go some way to retaining staff and ensuring that Barnsley is an employer of choice.
- 3.3 According to the Local Government Association (LGA) website, in 2021 Community Care found that the main benefit that social workers seek when looking for a job is flexible working. Adult Social Care use the tools developed by the LGA to help build on flexible working for social workers to support work/life balance. Schemes offered include flexitime, part-time working, hybrid working, and compressed hours. A framework has been developed to support the ongoing development of excellent practice by providing a clear set of expectations applied with a consistent approach, and a tool has been purchased so that they can reflect on practice to supplement the new supervision policy that has been introduced. To support social workers to have meaningful conversations with their clients, processes have been streamlined and new ways of working are being developed in conjunction with front-line staff.
- 3.4 Recruitment for social worker (registered) posts garner much less interest than other posts and it is thought that non-registered staff see it as an opportunity to gain experience within the role with a view to progressing to social worker status. However, given that it takes three years for a person to complete an apprenticeship, there are practical implications that require thought and development with the resources to support this process, such as the need to cover caseloads whilst they are on placement (200 days over the three years), and the need for sufficient Practice Educators to support students during this time.
- 3.5 Leaders are collaborating with universities on curriculum development and are forming a peer group to look at diversity and inclusion. They are part of the ADASS, regional, and national workforce development groups to share learning, development, and best practice.

Independent Sector (Domiciliary Care and Residential Homes)

- 3.6 There are 44 older people and 27 specialist residential/nursing homes, and 49

home care providers registered with the Care Quality Commission (CQC) operating in Barnsley. There are also 200 direct payment recipients employing their own carers.

- 3.7 Of those, 42 of the 44 older people homes are contracted with the council and all 27 specialist homes have 'spot' contracts. 25 home care providers have contracts with an additional 29 providers registered outside of Barnsley. Holding a contract with the local authority comes with a range of benefits for the provider and the people they employ, including the expectation that they pay an additional £1 per hour above the national living wage to all their employees.
- 3.8 At the time the information was presented to the group, the latest available data showed that there were 5,100 filled posts in the independent sector, with 4,100 of those involved in direct care. The vacancy rate for 2022/23 was 7.1% (375 posts) which was a decrease when compared to 2021/22 (9.2%). Employee turnover rate seems relatively high at approximately 32% but is comparable with regional and national averages. Workers tend to move between organisations, with approximately 70% of recruitment coming from within adult social care, and this can impact upon consistency of care for service users.
- 3.9 The average length of experience is 5.2 years and 58% are working full-time hours. Less than a quarter (14%) of the workforce are on zero-hour contracts and these are often preferred by those who want flexible working to address childcare needs. The average age of the workforce is 44, only 10% of the workforce are under the age of 25, and more needs to be done to attract a younger workforce. Given the age profile, approximately 1,700 posts will be reaching retirement age in the next 10 years. Most providers have a rolling programme of recruitment, based on customer demand, and many new employees are attracted via word of mouth in local communities.
- 3.10 Skills for Care estimates show that 51% of the direct care providing workforce in Barnsley hold a relevant adult social care qualification. Approximately 48% have engaged with the Care Certificate which is a basic entry level qualification. This qualification is covered locally through college, independent providers and Skills for Care who endorse learning providers. Compared to other local authorities in South Yorkshire, this is the lowest for basic entry level qualifications, but Barnsley pay rates are higher and has the highest rate of relevant qualifications.
- 3.11 Employees have reported that there is a lack of good quality training. The South-West Yorkshire Partnership Foundation Trust (SWYPFT) have a comprehensive training offer, as does the local authority, but the number of providers taking up the offer from the Council has decreased resulting in training being sought from private providers that is not always fit for purpose, thus impacting upon quality. Skills for Care offer lots of opportunities to access good quality training providers. In the coming year, work will be done to develop an Adult Social Care Career Pathway and an Adult Social Care Workforce Strategy.

- 3.12 Many employers offer benefits for employees, including three meals a day; they operate an open-door policy; and some offer flexible working to support work-life balance. However, there are limited opportunities for career progression and some workers have reported having to complete mandatory training outside of working hours which is unpaid.
- 3.13 Organisational culture varies across the sector and is usually dependent upon leadership and management, but it is generally caring, supportive, stressful, and extremely busy. There is a lot of pressure on carers as people are now being discharged from hospital quicker and have support needs. Although the Government are looking at the fair cost of care, including pay, care workers have said that this is not the only factor to consider, and they would like flexible working and equal recognition with NHS workers who were celebrated and praised for their work during the pandemic whilst care workers felt forgotten and undervalued. As a result, the Proud to Care website has been developed to raise the profile of care work and promote vacancies within the care sector.

NHS Providers/Integrated Care

- 3.14 There are approximately 3,700 people employed by Barnsley Hospital NHS Foundation Trust (BHNFT), supported by 100 volunteers. There are 2,500 people employed by SWYPFT within the community and mental health service and 750 employees in general practice, including approximately 150 General Practitioners (GPs), 80 nurses and 123 other roles involving direct care.
- 3.15 Within the NHS there is increasing demand for some professional roles which has led to a shortage of qualified professionals entering the workforce such as Occupational Therapy, Bio-Medical Science, Speech and Language Therapy (SALT), mental health support, and nursing for those with learning disabilities.
- 3.16 One quarter of the workforce is over the age of 55, again with many expected to retire within the next five years, and there has been a drop in young people applying for courses in health. In September 2023, there were 7,600 fewer applicants than the previous year for nursing positions at university. Recruitment has been hindered by the lack of positive stories in the media, and challenges around Covid and strike action, meaning that NHS leaders have a job to do to improve reputational risk. There is now more competition from other sectors, and although there are favourable terms and conditions, pay is just above the national living wage for entry level roles and given the Cost-of-Living Crisis, young people are making short term financial decisions. Although this is a particular concern for social care, it is also becoming an issue for the NHS. Despite this, Barnsley Hospital is within the top 10% of hospitals nationally when it comes to staff feeling valued.
- 3.17 All Integrated Care Boards within the region are reporting overspends on pay budgets. Although the NHS Long Term Workforce Plan has been published, partners are still waiting to see the details of how the ambitions will be achieved and funded. It is expected that there will be funding for training, but not employment, which means that even though 'earn while you learn'

schemes such as apprenticeships are attractive, there is a risk that there will be no long-term job security attached to the posts. Whilst the Integrated Care Board are keen to focus on challenges at a system level with 'one workforce', the Long-Term Workforce Plan is NHS focussed and will not address challenges within social care or community care.

- 3.18 The International Nurse Recruitment scheme at the hospital has been very successful. Within 18 months, 90 skilled nurses have been recruited from overseas. The challenges around this are addressing the cultural differences and integrating those nurses into the wider community. The hospital's strong and personalised pastoral care enabled recruits to form strong bonds and rely on each other for support during Covid. It is reported that new overseas recruits feel valued, respected, and part of the organisational family.
- 3.19 DFN Project Search is a transition to work programme committed to transforming the lives of young adults with a learning disability and autism or both. In the first cohort, nine young people aged 17 to 24 gained vital work-based learning opportunities and experience in several different roles at Barnsley Hospital. The second cohort of the Project Search internship programme started in September 2023.
- 3.20 There are approximately 27,00 unpaid carers in Barnsley, and they underpin the health and care workforce. Whilst fulfilling their caring roles, they are building valuable, transferrable skills and more needs to be done to engage with this section of the community. With that in mind, the Proud to Care hub is looking at carers who may have employability, training, or education support needs to help them access vacancies within health and care settings.
- 3.21 To retain and support employees, SWYPFT has a comprehensive staff health and wellbeing offer which is to be integrated into the performance and development review (PDR) programme and they talk about health and wellbeing at all points with employees. A comparable programme is in operation at the hospital.



- 3.22 Whilst partners are trying to plan a workforce based on what they know now - that the population is getting older, the number of people being treated will grow, and requirements will be more complex - it was acknowledged that it is

difficult to plan for the future because the use of artificial intelligence for diagnostics, particularly cancer diagnostics, is going to progress, and it is not yet known how this will impact on service delivery.

- 3.23 As a health and care partnership, work is underway with the other places in South Yorkshire, supported by the Integrated Care Board, to share good practice across the wider region, looking for opportunities to collaborate and learn from good practice nationally.
- 3.24 Work is also underway with colleagues in South Yorkshire, through the Proud to Care hub, to develop a programme, exploring volunteering as a route into education, training, careers, and personal development.

Employability and Skills Team (Prince's Trust Sponsorship Programme)

- 3.25 The Prince's Trust Programme is designed to support young people into employment in the health and care sector. The program is open to anyone aged between 18 and 30, and offers training, support with applications and interviews, and pastoral support throughout the programme and the first three months in employment. Many young people have found success through the Prince's Trust, securing jobs, and furthering their education. It welcomes those who are unemployed and people who want to change careers and the offer is tailored to the individual's needs, providing support to break down barriers that prevent them from progressing with their careers, including homelessness, poor mental health, low level skills, autism, poverty, and support for those who have a challenging early start in life.
- 3.26 Of those that have engaged with the programme, 98% have gone into employment or education. Of those that have gone into employment (50 people), 27% are within the NHS, 22% within the Council and 51% within the care sector. 44 (88%) people have stayed in the job for at least three months which compares favourably with the national target of 75%. Often people leave the independent care sector to move to the NHS as there are more opportunities for career progression.



- 3.27 Officers are working with colleagues in the NHS to simplify the application process and this needs to progress to promote an inclusive workforce. Those who are neurodivergent find interviews difficult and so they are working together to look at job trials instead, with approximately 8-12 interns each year introduced to the health service. Crossroads Care has an effective training offer for school leavers who are not old enough to engage with the programme, and a funded Proud to Care course is available through Barnsley

Adult Skills and Community Learning.

- 3.28 Recruiting within domiciliary care is challenging because carers need their own transport. Of the 200 people seen by the programme in the last year, only five had their own car.
- 3.29 The greatest challenge for the programme is reaching more young people. Partnership working currently takes place with the Department of Work and Pensions (DWP), the NHS, Barnsley Youth Hub, and Barnsley College. Information is on the Council's website and the communications and marketing team do lots of work. However, it is thought that there is a general lack of understanding within the community about what the Prince's Trust does, and what the programme entails, and this needs to be more widely promoted.

4. IMPLICATIONS OF THE DECISION

4.1 Financial and Risk

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

4.2 Legal

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

4.3 Equality

There are no specific implications associated with this report. However, in responding to the recommendations in this report, any implications would need to be fully assessed by the appropriate services responding. It should be noted that throughout the TFG's involvement in this work, it has become apparent that there is much work already being done across the sector and with partners to attract, develop, and support a diverse and inclusive workforce and identify ways to break down barriers to employment.

4.4 Sustainability

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

4.5 Employee

There are no direct employee implications associated with this report.

However, in responding to the recommendations in this report, any implications would need to be fully assessed by the appropriate services responding. It should be noted that by conducting the investigation, it has become clear that much work is being done to recruit, train and retain a health and care workforce that is fit for the future and members are confident that leaders are putting plans in place to address the challenges faced by the sector.

4.6 Communications

There are no direct implications associated with this report. However, in responding to the recommendations in the report, any implications would need to be fully assessed by the appropriate services responding. It should be noted that the Proud to Care hub and website will be instrumental in progressing the work, raising the profile, and promoting opportunities within the care sector. From the investigation it is evident that benefits would be realised from partnership working across Council departments to promote the work done through the Prince's Trust programme.

5. CONSULTATION

- 5.1 Consultations have taken place with the Adult Health and Care Workforce TFG members; OSC members; the Council's Cabinet members; council officers from Place Health and Adult Social Care, and Employability and Skills; partners from the Integrated Care Board, Barnsley Hospital, and Skills for Care; and the Council's Senior Management Team.

6. ALTERNATIVE OPTIONS CONSIDERED

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

7. REASONS FOR RECOMMENDATIONS

- 7.1 The investigation has revealed core themes across the sector. It seems that the key to boosting the workforce is 'growing your own'; developing effective succession plans to prevent a future workforce crisis; ensuring there are developed career pathways for progression; and that employees feel valued, thrive, and want to belong. To ensure a workforce that is fit for the future and the needs of residents are effectively met, work is currently underway to develop a workforce plan for Barnsley. Given that similar challenges exist across the whole of the sector, it is hoped that this will be all encompassing so that a more joined up approach to recruitment can be taken across adult health and care. It is also hoped that, by taking part in the task and finish group's investigation, officers will have had the opportunity to reflect on practice and future need, and this will inform the plan.
- 7.2 In addition to local work, it is clear to the group that change needs to be led at a national level. Members are pleased to see that the Government has recently set out plans to develop the domestic care workforce, outlining plans to improve the career prospects of the domestic care workforce through training, qualifications, and a clearer, care career path.

7.3 The investigation undertaken by the TFG, as well as the recommendations made, are in support of building a workforce that is fit for the future. Whilst recognising there is lots of evidence of good practice and plans in place to tackle the challenges, the TFG have made the recommendations to support continual improvement with a view to achieving local priorities and improving outcomes for the residents of Barnsley. In support of this, members would like to make the following recommendations: -

7.4 **Recommendation 1 – Learning from the Children’s Services Academy at Barnsley College should be shared with the Health and Care Workforce Group with a view to exploring the potential for greater collaboration.**

To help grow the workforce of the future across the whole of health and care, particularly given the foreseeable challenges linked to an ageing workforce, and to support system-wide development of health and care in Barnsley.

7.5 **Recommendation 2 - Reassert with contracted providers that all mandatory training is funded and carried out during working hours.**

To remove any expectation that exists for employees to carry out mandatory training in their own time, ensuring that they feel valued and motivated to learn, thereby improving quality and consistency for the residents of Barnsley.

7.6 **Recommendation 3 - Develop a programme to ensure parity of esteem, and promote the wide variety of job roles, across the whole of health and care.**

To change perceptions within the community about the work done in the independent care sector and to raise the profile of care givers to ensure everyone feels equally valued for their contribution. Suggestions include a celebration event (hosted by the mayor), a local rewards scheme for those in the independent sector (similar to Blue Light cards), and long-service awards. Members would also like to see work being done to raise awareness of the wide range of job roles available within the health service with a strong focus on promoting and supporting a diverse and inclusive workforce.

7.7 **Recommendation 4 - Consider using the apprenticeship levy to boost the number of apprenticeship placements across health and care, including the independent sector.**

To support the ‘grow your own’ approach being taken, and to help people ‘earn while they learn’, supporting partners and local businesses to increase the number of health and care apprenticeship placements available. However, care must be taken to ensure that there are pathways to successful careers beyond the placements.

7.8 **Recommendation 5 - To review how the services provided by Barnsley Carers Service is communicated to Barnsley’s unpaid carer workforce.**

Although not specifically within the scope of the investigation, the unpaid carer workforce largely supports the health and care sector by diverting pressure away from care services. Unfortunately, many carers that members encounter are unaware of the support available to them and the people they care for, and members would like to see a review of how this information is communicated and shared across the borough.

7.9 Recommendation 6 - Consider a programme of support for those aged over 30 to break down barriers to enter the health and care workforce.

It appears that the Prince's Trust programme has been successful in helping young people tackle barriers that may prevent them from accessing work in the health and care sector. However, this scheme only supports those aged 18-30 and members feel that this could be replicated to tap into a large pool of people over the age of 30 who have naturally developed the necessary skills and abilities required to be successful in this sector.

7.10 Recommendation 7 - Promote the Prince's Trust Programme through partnership working and events, including, but not limited to, Area Councils, Ward Alliances, town centre events, Family Hubs, Youth Zone, and any other opportunities that may arise throughout the year.

The programme has been successful so far, and this would help to extend reach and increase take-up of the programme so that more young people can access the support they need to remove any barriers they may encounter which prevent them from entering the health and care workforce.

8. GLOSSARY

ADASS	Association of Directors of Adult Social Services
BHNFT	Barnsley Hospital NHS Foundation Trust
CPD	Continuous Professional Development
CQC	Care Quality Commission
DWP	Department for Work and Pensions
GPs	General Practitioners
LGA	Local Government Association
NQSW	Newly Qualified Social Worker
OSC	Overview and Scrutiny Committee
PDR	Performance Development Review
SALT	Speech and Language Therapy
SWYPFT	South-West Yorkshire Partnership Foundation Trust
TFG	Task and Finish Group

9. BACKGROUND PAPERS

The Kings Fund – The NHS Long Term Workforce Plan Explained:-
https://www.kingsfund.org.uk/insight-and-analysis/long-reads/nhs-long-term-workforce-plan-explained?qclid=EAlalQobChMIoKmqkJGohAMVOUBBAh35xgykEAAYASAAEgLEfPD_BwE

Proud to Care Website:-
<https://www.barnsley.gov.uk/services/jobs/proud-to-care-working-in-care-in-barnsley/>

Barnsley Council Website – Get Started | Care With Employability Support for People Under 30:-
<https://www.barnsley.gov.uk/services/training-and-development/skills-and-employability/education-employment-and-training-for-young-people/get-started-in-care/>

Skills for Care Website:-
<https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Skills-for-Care-support-in-your-area/Skills-for-Care-support-in-your-area.aspx>

LGA website – Flexible Working in Social Care:-
<https://www.local.gov.uk/pch/flexiblesocialcare>

Barnsley College Children’s Services Academy:-
<https://www.barnsley.ac.uk/college-partners-with-barnsley-council-to-launch-childrens-services-academy/>

DFN Project Search Website:-
<https://www.dfnprojectsearch.org/>

Barnsley College Website – ‘We Care Into the Future’ Article:-
<https://www.barnsley.ac.uk/health-and-social-care-students-visit-an-eye-opening-career-event/>

House of Commons Library – Adult Social Care Workforce in England Research Briefing:-
<https://researchbriefings.files.parliament.uk/documents/CBP-9615/CBP-9615.pdf>

Gov.UK – Government Sets Out Plans to Develop the Domestic Care Workforce Press Release:-
<https://www.gov.uk/government/news/government-sets-out-plans-to-develop-the-domestic-care-workforce> - GOV.UK
(www.gov.uk)

10. REPORT SIGN OFF

Financial consultation and sign off	Senior Financial Services officer consulted and date <i>Colette Tyrell</i> 20/02/2024
Legal consultation and sign off	Legal Services officer consulted and date <i>Sukdave Ghuman</i> 19.02.2024

Report Author: Jane Murphy
Post: Scrutiny Officer
Date: 21 February 2024

BARNSELY METROPOLITAN BOROUGH COUNCIL (BMBC)

REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES

TITLE: OVERVIEW AND SCRUTINY COMMITTEE (OSC) TASK AND FINISH GROUP (TFG) REPORT ON COMMERCIAL CONTRACT MANAGEMENT AT BMBC

REPORT TO:	CABINET
Date of Meeting	20th March 2024
Cabinet Member Portfolio	N/A
Key Decision	No
Public or Private	Public

Purpose of report

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

Council Plan priority

Enabling Barnsley

Recommendations

That Cabinet supports the following:

- 1. Hold an All Member Information Briefing (AMIB) to provide an overview of project and contract management**
- 2. The TFG write to the Department for Levelling-up, Housing and Communities (DLUHC) to request the government continue, and go further with efforts to reduce competitive bidding for funding and increase flexibility in terms of timescales and funding profiles**
- 3. The OSC is increasingly engaged in providing pre-decision critical-friend challenge of commercial ventures**
- 4. Work is expanded with Go4Growth and other organisations which support local businesses in bidding for public sector opportunities and growing their capacity and capability**

- 5. Executive Directors (EDs) and Cabinet Members for the Core and Growth & Sustainability Directorates undertake an annual 'lessons learned' meeting with Contract/Project Management Officers**
- 6. Mandatory training is undertaken by those involved in contracting and/or procurement across the Council**
- 7. New contract management procedures are tested on all 3 types of contracts, utilising a subset of Gold, Silver and Bronze tiered contracts**
- 8. Ongoing dip-sampling of Gold, Silver and Bronze contracts is undertaken to ensure consistency and best practice is evident as appropriate**
- 9. The OSC consider a further TFG into Commissioning activity at the Council with a focus on Adults and Children's Services**

1. INTRODUCTION

- 1.1 As part of its work programme the OSC agreed to undertake a TFG investigation into commercial contract management at the Council, including the associated procurement processes, project management and contract management. Members wanted to better understand the work involved, the policies, procedures and processes in place, as well as the challenges faced, so they could provide 'critical friend' challenge and oversight of this work to ensure it is robust.
- 1.2 The unprecedented challenges to local government finances are widely reported in the media across the country. Barnsley Council is no exception to this and continues to operate in a challenging financial climate. There are high levels of demand for services and limited national government funding. Given this position, Members are keen to ensure that the Council is operating efficiently and ensures value for money at every opportunity, whilst also maintaining appropriate checks and balances.
- 1.3 The purpose of this TFG was not to focus on individual projects or contracts, but to look at the principles and processes in place, albeit, on occasion, it was helpful to consider real-life examples, to bring the processes to life. The TFG took the opportunity to hear the views of a number of different key representatives and provide challenge to the work being undertaken. As a result of the investigation, the group have highlighted a number of recommendations in support of further improvement, the rationale for which is outlined in section 6 of this report.
- 1.4 The members of the TFG who undertook this investigation are as follows: Cllrs Robert Barnard (TFG Lead Member), Dickie Denton, Jeff Ennis, Pauline McCarthy, Martin Morrell and Martin O'Donoghue.

2. SCOPE OF THE INVESTIGATION & SUBSEQUENT FINDINGS

What the Task & Finish Group Looked At

- 2.1 Initially the TFG met to consider the scope of the investigation. This included TFG Members outlining their key concerns around contract management, procurement processes, risk considerations, maximising opportunities to get value for money,

including by combining resources with other councils, as well as accessibility of contracts to local providers of all sizes. The officers present from the Council's Finance Directorate and Economic Development Service agreed to design a series of meetings which would outline how the Council alongside partners undertake the various elements to this work, including arranging a site-visit to see contract management in practice.

2.2 Following this, the TFG undertook a number of 'check and challenge' sessions with officers and partners regarding the work being carried out, future plans and key challenges. This involved asking questions of them regarding their work, their involvement, and the impact of this on the borough and its residents. This included:

- Meeting with the Council's Director of Finance, Head of Strategic Procurement & Contract Management, Strategic Contract & Governance Manager, Head of Operational Finance & Schools Catering, Major Projects Group Leader and Regeneration Projects Group Leader to provide an overview of the various stages of project development at the Council as well as consider the Council's Commercial and Best Value Strategy.
- Meeting with the Council's Cabinet Member for Core Services, Head of Economic Development, Major Projects Group Leader and Regeneration Projects Group Leader alongside Finance colleagues to look at project management in practice based on 'The Seam'.
- Meeting with Council Finance colleagues as well as the Executive Director for Core Services and the Cabinet Member for Core Services to consider current contract management arrangements at the Council as well as future proposals including value for money and procurement rule reforms.
- Undertaking a site visit to Outwood Academy Shafton to see contract management in practice regarding facilities management arrangements as a result of the Building Schools for the Future (BSF) Private Finance Initiative (PFI) programme.
- Finally, meeting with officers from the Council's Finance Directorate and Economic Development Service to discuss the TFG Members' findings and recommendations.

What the Task and Finish Group Found

2.3 In being given an overview of project development, the TFG were reassured that officers were using industry best standards in terms of project development and management. Officers were acutely aware of the financial climate the Council is operating in and the importance of sourcing external grant funding for the majority of projects. A key part of this, and to evidence to those the Council is seeking funding from, the Better Business Cases Five Case Model is utilised as shown below:

Better Business Cases™ Five Case Model

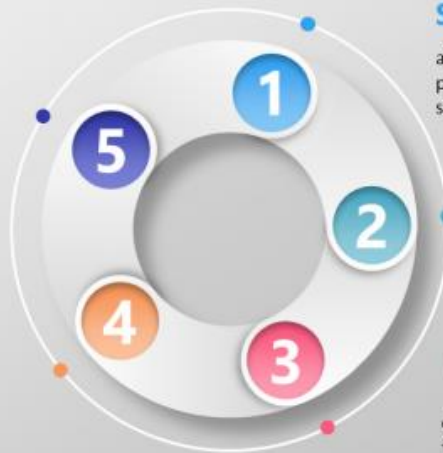


Management Case

ensure that best practices are identified and deployed for the management of programmes, projects, change, risks & benefits

Financial case

ensure that funding is in place and sources of funding are liquid, available and informed. It is imperative to assess a Public Sector Comparator during financial appraisals if private equity is to be used



Strategic Case

align with overarching programmes, policies & strategies

Economic Case

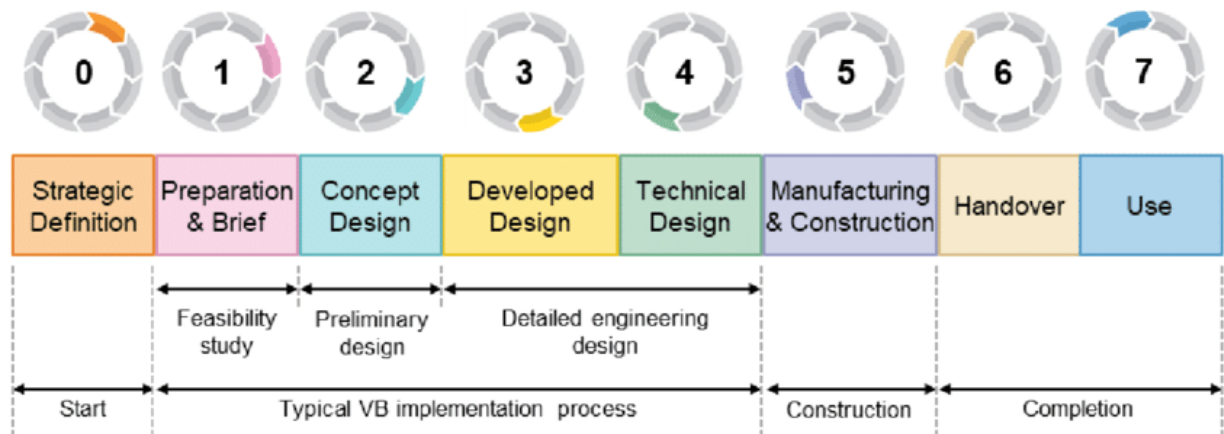
identify business needs, spending objectives, critical success factors & justify value for money

Commercial Case

ensure long term benefits for the commissioning entity and attractiveness for the suppliers

- 2.4 By utilising this model, it ensures compliance with HM Treasury's Green Book and allows officers to look at various considerations when a large-scale project is under development. This is to ensure that proposals align with the Council's and funder's strategic objectives: that a cost/benefit analysis is undertaken on the investment, revenue implications, benefits for the Borough, including the Return on Investment (ROI) and that detailed work is done to consider the financial sustainability of a project and to make sure that appropriate funding is in place. Alongside this, work is undertaken to look at the risks and issues for the short and long term, so that an impact assessment is undertaken to ensure that the project is deliverable, such as considering if there is appropriate officer resource.
- 2.5 TFG Members were advised that once the funding is secured/agreed via the Green Book process, for large scale design and build projects, officers utilise the best practice industry standard Royal institute of British Architects (RIBA) Plan of Work. This plan of work is undertaken alongside the Better Business Cases stages, so that investigative work is undertaken to provide appropriate assurances as relevant. Each stage of the process can take several months depending on the project being considered, as well as external factors which may influence each stage. Officers emphasised to the TFG the importance of the work done in the early planning stages to avoid unexpected costs and challenges as the project gets underway.

Royal Institute of British Architects (RIBA) Plan of Work 2020



- 2.6 Despite best intentions, officers highlighted that usually, due to the way central government funding schemes often operate, they are given short notice of available funding, which requires Councils to go through a competitive bidding exercise, that also comes with strings attached in terms of tight timescales for delivery. This means that rather than working methodically through all the stages of the planning processes, officers are tied to starting part way through the process with a potential funding pot and have to work backwards in terms of making sure projects fit the brief and required outputs of both the Council and funders. This limits the time and opportunity to undertake due diligence on projects and undertake investigatory works to minimise risks later in the process. TFG Members welcomed the overview of the complexities of project management and a better understanding of why projects may have challenges with regards to timescales and budgets. Members appreciated the officer frustration in terms of short-notice pockets of funding with constraints attached and were keen to provide support to lobby central government to change these practices.
- 2.7 The second part of the first session provided the TFG with an overview of the Council's Commercial and Best Value Strategy and insight into its key elements. This included the four key themes when it was launched in 2017/18 as there was a drive for Councils to become more financially self-sufficient. The key elements of the strategy included: developing a commercial culture; ensuring Value for Money (VfM) in all the Council does; undertaking work to ensure robust procurement and contract management processes; and maximising income generation. During a refresh of the strategy in 2021, reflecting on the covid pandemic and the impact this was having across all sectors, a new focus of 'ensuring effective commercial governance arrangements' was added to the strategy. This in particular reflected challenges being seen in local government and a number of Councils failing due to poor financial management and a lack of effective governance. The TFG welcomed this and were keen to ensure that the Overview and Scrutiny Committee alongside the Audit and Governance Committee are able to play a critical role in this.
- 2.8 To implement the Commercial and Best Value Strategy, the TFG learned of several pieces of work undertaken, including efficiency reviews. Focusing on the procurement and contract elements of the strategy, a lot of work has been done on market shaping. This helps to ensure that the Council is clearly articulating projects in the pipeline and its requirements so that providers can prepare appropriately; with an intention to

ensure more accurate tenders and increasing competition to drive down costs. Tender documents have been standardised and are published via an e-tendering system to minimise administrative time required for both the Council and suppliers and to comply with procurement legislation. Work has also been undertaken to promote the system to ensure suppliers are registered to be alerted to opportunities, all of which the TFG welcomed.

- 2.9 TFG members were particularly interested in how social value elements were being embedded into contracts and challenged officers on provision to support local organisations to apply for contracts. Officers advised that they work with a company called 'Go4Growth' which was originally established in Barnsley and now works across the country. This organisation helps microbusinesses, small/medium enterprises (SMEs), voluntary organisations, community groups and social enterprises (VCSEs) access public sector contracts by providing them with free specialist advice and guidance with how to meet procurement and contract requirements. The TFG particularly welcomed knowledge of this organisation which they hope will increase spend within local communities as local suppliers are contracted to deliver services. Alongside this, officers also advised the group of social value elements required as part of contract delivery. This includes for example where on large-scale projects, contractors are required to evidence use of local suppliers and sub-contractors. This may be via using local building merchants or sub-contracting works to local traders such as electricians and plumbers, as well as providing placements for local apprentices.
- 2.10 The TFG noted the extent of systems being online and using standardised documentation and questioned officers regarding the future use of Artificial Intelligence (AI) and its potential to streamline processes even further in future. Officers responded that this was a live discussion with regional colleagues, particularly as the government is wanting to improve transparency and information on how the public sector procure and manage contracts. The aspiration is to have one platform where providers fill in minimum standard requirements so that this is completed for all potential contracts. Officers highlighted that Go4Growth already have an accreditation on this and therefore the Council is already working with them to try and create such automated efficiencies.
- 2.11 The next meeting of the group looked at project management in practice in detail based on 'The Seam'. This town centre location is earmarked as a prime development site for economic purposes. However, various plans for its use have been developed and required adaptation over several years due to varying factors. During this time, a number of proposals for its use have been drawn up based on the requirements at the time including the conditions of proposed funding streams. Over the years, the project has been subject to economic downturn, organisations involved being abolished, design work being developed at speed due to funding constraints without having time for full consultation on proposals to minimise risk, Brexit, a global pandemic, following which people's habits have changed, market rates and inflation have gone up, which has lowered the appetite for developers interested in the scheme.
- 2.12 By going through 'The Seam' in detail, the TFG gained a valuable insight into the challenge of large projects and had opportunity to question officers on the lessons learnt. With this scheme being so challenging, officers advised that time had been taken at various stages to learn from what had worked well and areas that required changes and further resource in future. Due to challenges in officer capacity, although

there is the intention to carry out a 'lessons learned' after every project, it is not always something that is prioritised, but had been a valuable exercise as part of 'The Seam', which the TFG noted. Officers highlighted that for large schemes there is good governance in place in terms of officers with various expertise meeting regularly via a main board and sub-groups to ensure that various aspects to a project are being addressed. Officers also highlighted that given the challenging funding environment they operate in, they acknowledged they ought to develop a pipeline of projects which have been sufficiently developed in terms of ground works and risk assessments so that when business cases are submitted, they are based on comprehensive preparatory work.

- 2.13 The following meeting of the group took a detailed look at the Council's Procurement and Contract Management arrangements. Officers gave the group an overview of the current context in terms of both the national and local picture, including the government tightening up on Councils' contracting arrangements in light of a number of them issuing Section 114 notices, which in essence declares a local authority as bankrupt. Members were reassured that the Council had undergone both internal and external reviews of its procurement and contract management practices which highlighted areas for improvement which it is acting upon.
- 2.14 A fundamental aspect to all this work and a key concern for the TFG, is for the Council to ensure VfM in all its activities. The Cabinet Officer defines VfM as 'securing the best mix of quality and effectiveness for the least outlay over the period of use of the goods/services bought. It is not about minimising up-front costs but based on the four Es:
- economy – minimising the cost of resources for an activity ('doing things at a low price')
 - efficiency – performing tasks with reasonable effort ('doing things the right way')
 - effectiveness – the extent to which objectives are met ('doing the right things').
 - equity - this reflects the extent to which services are available to, and reach, the people they are intended for, and whether the benefits from the services are distributed fairly'.
- The TFG were supportive of officers in implementing this standard definition across all key Council documents and to ensure that the principles are embedded when work is undertaken.
- 2.15 Officers gave the TFG an overview of the procurement rules reforms following the Government's Procurement Act 2023, which come into force in Autumn 2024. One of the most significant changes is rather than procurement focusing on the 'Most Economically Advantageous Tender (MEAT), the focus on 'Economic' has now been removed. Public sector bodies are now being asked to look at what is the added value of contracts, such as social value, including economic and environmental considerations. Officers will need to determine how for example contracts can support sustainability in terms of using less fuel/energy and how local jobs and spend can be generated. The TFG welcome this focus, whilst acknowledging that such considerations are already in place in many cases across Council contracting. The group are however mindful that such considerations may be more challenging to those who only undertake procurement activity on an ad-hoc basis, compared with those for whom this is their profession. Therefore the group are keen to ensure that appropriate support and guidance is available to officers across the Council in order to maximise the social value of all contracts.

- 2.16 The TFG challenged officers on learning from best practice and were reassured by the various ways officers sought to do this. This included considering benchmarking information, actively engaging with the market to understand current rates and inform procurement processes, considering additional benefits from contracts and identifying appropriate performance measures. This was done by also working with colleagues across the region, which had recently included participating in a 'mixed basket' procurement with other Councils to obtain better VfM.
- 2.17 As part of the upcoming changes in public procurement, officers outlined the key roles and responsibilities of officers involved in procurement and contract management across the Council, and the various levels at which they are required to operate. For example 'Senior Responsible Officers' (SROs) will be EDs and Service Directors (SDs), who will have primary responsibility for ensuring contracts meet their objectives. The TFG were keen to ensure that appropriate training is provided to those involved in contract management and procurement across the organisation. They were eager to ensure that there is consistency in this work and questioned officers regarding this as they have particular concern for those who undertake contract/procurement activity on a more ad-hoc basis, especially with the new requirements in terms of documentation. The group welcomed knowledge of plans to develop a contract management network so that officers can share good practice and expertise in this field across the Council. The group were also keen for Elected Members to receive relevant training so they can add value at various stages of these processes, whether this be providing challenge on strategic committees or as part of their involvement in contracted services via Area Councils.
- 2.18 Another element of the procurement reforms is to ensure contracts are managed throughout their lifecycle. As part of the contract management toolkit, Contract Tiering has been implemented. Guidance has been provided by the Cabinet Office which officers have adapted to suit the Council, which helps to determine how critical a contract is and the approach which needs to be taken in terms of documentation and managing the contract. Contracts are tiered as either Gold, Silver or Bronze which is based on a number of factors such as the financial value, social value, risk and complexity. Therefore, just because a contract is low value, does not necessarily mean that it will be classed as bronze, as its failure may be critical to the operation of the Council. For Gold contracts, tighter controls and more stringent governance arrangements will be in place. The TFG welcomed plans to test out the new procedures on Gold contracts; however, suggested that it may be beneficial to test a subset of all 3 types of contract. The group were assured that good governance and officer expertise would be in place for Gold and Silver rated contracts but were keen to ensure ongoing dip sampling to provide assurance that VfM and best practice was being embedded across all contracts.
- 2.19 The penultimate meeting of the TFG involved a site visit to Outwood Academy Shafton to see contract management being undertaken in practice. This involved a detailed look at the BSF programme including the partnership structure made up of multiple complex relationships including the Council, the school, Barnsley Local Education Partnership (LEP) and Amey (facilities management provider), amongst others. The group were given an overview of the roles and responsibilities of various agencies and the governance that had been in place to manage the contract over several years. The session provided the TFG opportunity to explore how this contract was managed and see evidence of the good practice in place.

2.20 The TFG were impressed by what they saw on the site visit, and were assured by the tight governance in place, robust audit trails, good relationships amongst contract managers and the contractors, which on this particular occasion have been able to develop over time, which has facilitated issues being resolved which might otherwise have proved challenging. Lessons were learnt when a previous contractor had gone into administration and improvements to various systems were made. The TFG acknowledged that this set-up is not appropriate for all contracts but were keen that the good practice was utilised across other contracts where possible.



2.21 The final meeting of the group provided opportunity to reflect on their findings with the officers involved. Members had been impressed by what they heard and the diligence that is in place currently as well as future plans with regards to contracting, procurement and project management activities. As a result of discussions, a number of key recommendations were identified by the group in support of further improvement and are reflected in section 6 of this report.

2.22 The TFG would like to take this opportunity to thank all those who provided information, attended meetings and assisted with the TFG's investigation; it is much appreciated. Particular thanks are given to Outwood Academy Shafton for hosting the site visit along with the other officers involved in the ongoing Facilities Management contracting arrangements.

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

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

3.2 Legal

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

3.3 Equality

The TFG is keen to ensure that all Council operations and activities are considerate of the needs of all its communities. The group were particularly impressed by the Council's work with 'Go4Growth' in supporting small, local businesses and VCSEs to apply for and undertake Council contracts, particularly as such organisations are likely to have a greater understanding of Barnsley's diverse communities. Given the new procurement rules, the TFG also welcomed the focus on 'equity' in procurement activity to ensure services reach the people they are intended for, including those in minorities and who may require additional support to access them, to ensure the benefits from services are distributed fairly.

3.4 Sustainability

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

3.5 Employee

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

3.6 Communications

Given the unprecedented financial climate the Council is operating in, it is imperative that all officers are aware of the importance of ensuring VfM in all Council activities. As highlighted in the findings and recommendations of the investigation, the TFG are keen to expand the work of Go4Growth and would welcome opportunities to promote relevant events and services across Barnsley to ensure local groups and organisations access them.

4. CONSULTATION

- 4.1 Consultations have taken place with: Commercial Contract Management TFG members, OSC members, the Council's Cabinet members, Council officers from the Finance Directorate, Council officers from the Growth & Sustainability Directorate, the Account Manager for Amey, the Business Manager for Outwood Academy Shafton, the General Manager for Equitix Management Services Limited (EMS) and the Council's Senior Management Team.

5. ALTERNATIVE OPTIONS CONSIDERED

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

6. REASONS FOR RECOMMENDATIONS

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

- 6.2 The recommendations in this report are made as a result of the OSC's Commercial Contract Management TFG undertaking a detailed investigation into work surrounding how the Council undertakes project and commercial contract management. The TFG were reassured by the amount of work being done in this area and have made the following recommendations in order to support the continual improvement of services.
- 6.3 **Recommendation 1: Hold an All Member Information Briefing (AMIB) to provide an overview of project and contract management**
As highlighted in the findings, the TFG found the sessions very informative in terms of them having a better understanding of the complexities of project and contract management. This included having an appreciation for the officer diligence when managing large projects, but also the challenges faced across the lifetime of a scheme.
- 6.4 **Recommendation 2: The TFG write to the Department for Levelling-up, Housing and Communities (DLUHC) to request the government continue, and go further with efforts to reduce competitive bidding for funding and increase flexibility in terms of timescales and funding profiles**
Through the investigation, TFG members saw evidence of the challenges that having lots of short-term funding pots, requiring competitive tendering, with several terms and conditions attached creates when trying to deliver the best for the Borough. The group are keen to highlight to the Government that resources could be much better spent if funding was assigned on an allocative basis with less restrictions on Local Authorities.
- 6.5 **Recommendation 3: The OSC is increasingly engaged in providing pre-decision critical-friend challenge of commercial ventures**
The TFG recognise the importance of good governance and critical-friend challenge of the Council and its partners, particularly in the current financial climate. The TFG are keen that the OSC is involved in pre-decision scrutiny where possible. Whilst the OSC conducts business in the public domain, it appreciates that due to commercial sensitivity it may be necessary for such sessions to be held in private, with a public minute of the meeting recorded to evidence it taking place.
- 6.6 **Recommendation 4: Work is expanded with Go4Growth and other organisations which support local businesses in bidding for public sector opportunities and growing their capacity and capability**
As noted in the report, TFG members were particularly keen on the social value element of contracts, including ensuring local spend. The TFG would support continued work with Go4Growth and expansion of this where possible to develop local supply chains wherever possible. Members were also keen to be made aware of events being put on in local areas so that they could publicise them amongst their communities.
- 6.7 **Recommendation 5: EDs and Cabinet Members for the Core and Growth & Sustainability Directorates undertake an annual 'lessons learned' meeting with Contract/Project Management Officers**
Members noted the value and importance of taking time to understand lessons learned from various stages of projects. The group appreciate the challenge of prioritising this amongst limited resources but are mindful of the added value and time-saved in future by undertaking this process. Therefore, the TFG are recommending that although 'lessons learned' sessions are undertaken on an ongoing basis, the

relevant EDs and Cabinet Members are involved annually to learn from various projects to ensure this learning is taking place and be involved in the process for their benefit also.

6.8 Recommendation 6: Mandatory training is undertaken by those involved in contracting and/or procurement across the Council

The TFG is mindful of the unprecedented challenges local government finances are under and the need to ensure VfM in all the Council does. Therefore, they feel it is imperative that all those involved in contracting and/or procurement across the Council should undertake relevant training and are provided with ongoing support in undertaking their role, particularly those who are not necessarily specialists in these activities. This also includes Elected Members who may be involved in various elements of contracting/procurement.

6.9 Recommendation 7: New contract management procedures are tested on all 3 types of contracts, utilising a subset of Gold, Silver and Bronze tiered contracts

To test out the new contract management procedures, the TFG felt it would be better to utilise a small subset of all 3 types of contracts, rather than focusing solely on Gold rated contracts. By doing this, the group felt that this would fully test the procedures, rather than risk finding that they don't work as well across the full range.

6.10 Recommendation 8: Ongoing dip-sampling of Gold, Silver and Bronze contracts is undertaken to ensure consistency and best practice is evident as appropriate

Given the tiered approach which will be taken to managing contracts and the associated governance in place, the TFG are keen to ensure that there remains evidence of best practice being utilised across all types of contracts.

6.11 Recommendation 9: The OSC undertakes a further TFG into Commissioning activity at the Council with a focus on Adults and Children's Services

Given the value of this TFG including the knowledge gained by the group and challenge undertaken of officers, the group feel it would be beneficial to extend this TFG to take a detailed look at Commissioning processes at the Council. This would be for Members to gain a better understanding of this area of work, links across services and reassurance regarding processes in place and performance.

7. GLOSSARY

AI	Artificial Intelligence
AMIB	All Member Information Briefing
BMBC	Barnsley Metropolitan Borough Council
DLUHC	Department for Levelling-up, Housing and Communities
ED	Executive Director
OSC	Overview and Scrutiny Committee
ROI	Return on Investment
SME	Small/Medium Enterprise
TFG	Task and Finish Group
VCSE	Voluntary Organisations, Community Groups and Social Enterprise
VfM	Value for Money

8. LIST OF APPENDICES

There are no appendices for this report.

9. BACKGROUND PAPERS

Barnsley Council Tenders and Contracts:

<https://www.barnsley.gov.uk/services/business-information/tenders-and-contracts/>

Procurement Act 2023:

<https://www.legislation.gov.uk/ukpga/2023/54/contents/enacted>

HM Treasury - The Green Book:

<https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government/the-green-book-2020>

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>Colette Tyrell</i> 21/02/2024
Legal consultation & sign off	Legal Services officer consulted and date <i>Sukdave Ghuman</i> 19/02/2024

Report Author: Anna Marshall/Jane Murphy

Post: Scrutiny Officers

Date: 7th March 2024

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BARNSELEY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES

TITLE: OVERVIEW AND SCRUTINY COMMITTEE (OSC) TASK AND FINISH GROUP (TFG) REPORT ON VAPING

REPORT TO:	CABINET
Date of Meeting	20th March 2024
Cabinet Member Portfolio	N/A
Key Decision	No
Public or Private	Public

Purpose of report

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

Council Plan priority

Healthy Barnsley

Recommendations

- 1. An evaluation is undertaken of the effectiveness of work on having smoke-free sites**
- 2. A session should be undertaken with Barnsley Alliance and Public Health officers to look at the prevalence of vaping, its impact on local schools and young people, and different ways schools are tackling the issue**
- 3. Enforcement activity is carried out as frequently as possible regarding trade in illicit tobacco and vaping products**
- 4. The TFG write to MPs to lobby for additional resources for Trading Standards and enforcement activity, particularly given the upcoming new smoking/vaping legislation**
- 5. Public Health analyse the findings of the Youth Council research into young people and vaping**
- 6. Work should be undertaken to better highlight the impact of vaping on oral health**
- 7. Detailed evaluation is undertaken of the ‘Swap To Stop’ scheme pilot**

8. **Respiratory nurses from Barnsley Hospital NHS Foundation Trust (BHNFT) to be stakeholders on the Tobacco Control Alliance**
9. **The OSC consider Vaping on their work programme in 2 years' time once new legislation is in place**

1. INTRODUCTION

- 1.1 As part of its work programme the OSC agreed to undertake a TFG investigation into Vaping. Members had become increasingly concerned regarding the numbers of adults and young people vaping in the Borough. This included concerns regarding the health impact on individuals, the vast availability of vapes in shops as well as illicit vapes, the marketing of vapes at young people in terms of bright packing and flavours and the impact on the environment, particularly with the prevalent use of single use vapes.
- 1.2 Vaping is the use of electronic devices that produce a vapour with or without nicotine and other flavourings, which is then inhaled. Vaping has become particularly popular over recent years and was often used as a way to quit smoking. However, it is increasingly attracting people who have never smoked, especially young people. As the group's investigation commenced in Autumn 2023, the national government were at a pivotal point in terms of announcements regarding 'creating a smokefree generation and tackling youth vaping', including launching a consultation on various proposals. Therefore, the group were mindful of this as they undertook their work.
- 1.3 The TFG sought to better understand the various aspects to this work, in particular the numerous health perspectives, work being undertaken to tackle illicit vapes, as well as hearing from young people. The group made note of aspects of the environmental impact but did not focus on this area given government announcements planning to ban the use of single use vapes. As a result of the investigation, the group have highlighted a number of recommendations in support of further improvement, the rationale for which is outlined in section 6 of this report.
- 1.4 The members of the TFG who undertook this investigation are as follows: Cllrs Will Fielding (TFG Lead Member), Jeff Ennis, Joe Hayward, Abi Moore, Sarah Tattersall, Neil Wright and Co-opted Member Dani Vettors, Engagement Officer for Healthwatch Barnsley. The group specifically co-opted Dani as she has done a lot of work with local young people including via TransBarnsley and Chilypep as well as been part of regional oral health work.

2. SCOPE OF THE INVESTIGATION & SUBSEQUENT FINDINGS

What the Task & Finish Group Looked At

- 2.1 Initially the TFG met to consider the scope of the investigation. The group shared their concerns regarding vaping, particularly the impact on young people. The group noted the exponential growth in the amount of people vaping in recent years and the evidence of this in terms of waste/littering. The scoping meeting also gave the group opportunity to discuss their concerns with the Council's Senior Public Health Officer who leads on smoking/vaping and hear about the latest initiatives and developments,

locally, regionally and nationally.

2.2 The group agreed to hold a series of meetings on the topics raised as well as arrange a site visit to Barnsley College to hear about their initiatives. The College is a smoke-free site and also has a number of things in place to support students with their health and wellbeing. The group also hoped to hear directly from local young people. Unfortunately, the College had to cancel the visit at short notice and were unable to reschedule in the timescales the TFG were working to. The TFG undertook a number of 'check and challenge' sessions with officers and partner agencies regarding the work being carried out, future plans and key challenges. This involved asking questions of them regarding their work, their involvement and the impact of this on the borough and its residents. The TFG also received results from a survey Barnsley Youth Council had undertaken to find out more about the views of local young people regarding vaping. Additionally, the TFG received a written briefing from a local NHS England (NHSE) Consultant in Dental Public Health on oral health and vaping. This series of meetings included:

- Meeting with the Senior Public Health Officer for smoking/vaping, the Senior Public Health Officer for the Children and Young People Team and the Public Health Officer for Health Improvement to get an overview of the public health perspective on vaping and current initiatives in place.
- Meeting with the Council's Head of Regulatory Services, Service Manager for Regulatory Services and Student Trading Standards Officer alongside Public Health colleagues to hear about the work being done to tackle illicit vapes.
- Meeting with officers and managers from South West Yorkshire Partnership NHS Foundation Trust's (SWYPFT's) Stop Smoking Service (SSS) including the Service Manager for Yorkshire Smokefree Barnsley, Senior Service Development and Contracting Manager, a Senior SSS Advisor and the SSS Advisor for the North Area of Barnsley to hear about the SSS and the upcoming pilot of the 'Swap to Stop' scheme.
- Meeting with nurses from Barnsley Hospital NHS Foundation Trust (BHNFT) including the Matron for Respiratory and Cardiology, the Respiratory Clinical Nurse Specialist and an Asthma Specialist Nurse to learn about vaping from a respiratory clinical perspective and what they are seeing in terms of Barnsley patients currently.
- Finally, meeting with the Council's Executive Director of Public Health and Communities and Cabinet Member for Public Health and Communities to discuss the group's findings and recommendations.

What the Task and Finish Group Found

2.3 During the first meeting of the group, Public Health officers gave the TFG an overview of the current local and national picture in terms of policies and legislation. In terms of data, according to Action on Smoking and Health (ASH), e-cigarette users have grown from around 700,000 in 2012 to 4.7 million in 2023. Most children and young people do not smoke or vape; however, in 2023, 20.5% had tried vaping, compared to 15.8% in 2022. The current National Institute for Health and Care Excellence (NICE) guidance advocates for the use of nicotine-containing e-cigarettes (vapes) if they are used temporarily to assist someone with stopping smoking. However, a growing number of individuals who have never smoked have taken up the habit of vaping, particularly young people, which is of great concern to the TFG.

- 2.4 In September 2023, the government announced imminent plans to ban disposable vapes and those with flavours designed to appeal to children. The group welcomed this announcement alongside officers. However, they raised concerns that this could have a negative impact on the illicit market, with the likelihood of seeing an increase in illegal products. Officers advised members that work was already underway by Regulatory Services to identify and deal with relevant activity as appropriate. Officers also highlighted that with the nicotine in vapes being highly addictive, it was also likely that there would be increased demand on cessation support services, which they would be mindful of.
- 2.5 In October 2023, the Government's Office for Health Improvement and Disparities (OHID) published the findings of a call for evidence they had undertaken regarding youth vaping. This looked to identify opportunities to reduce the number of children accessing and using vape products, while ensuring they are still easily available as a quit aid for adult smokers. The TFG welcomed the findings of the call for evidence, which it hoped would be utilised in government legislation to address some of the concerns such as the appeal of vapes to attract young children, the role of social media and advertising, and the negative impact of vapes on the environment.
- 2.6 Following previous announcements, in October 2023, the Government also launched a consultation on 'creating a smokefree generation and tackling youth vaping', with plans that children turning 14 in 2023 will never be able to be legally sold cigarettes to prevent them and future generations from ever taking up smoking. It could mean that upto 1.7 million fewer people smoke by 2075 and has the potential to avoid upto 115,000 cases of strokes, heart disease, lung cancer and other lung diseases. Alongside this, there were also plans to provide local authorities funding for SSSs, running awareness campaigns and to undertake enforcement action. The TFG again welcomed these announcements and agreed to respond to the consultation individually so that they could reflect their individual communities. Local organisations including the Council also provided responses to the consultation.
- 2.7 In terms of the environmental impact of vapes, it is estimated that 1.3 million disposable vapes are thrown away every week in the UK which is equivalent to covering 22 football pitches. Given the recent government announcements to ban single use vapes, the group did not pursue work in this area in detail. However, following questioning, Public Health officers assured the TFG that they were working closely with colleagues in waste management to consider the impact vape litter has locally, particular in hot spots around schools and colleges, as well as the fire risk of vapes as part of waste collection and disposal. The TFG welcomed work in this area and that this was being mindful of national announcements so as to avoid unnecessary use of resources.
- 2.8 In relation to wider concerns regarding smoking/vaping, officers highlighted data showing smoking prevalence in Barnsley for adults with long-term mental health conditions is 43.7% per 100k population. The group noted how by tackling smoking effectively would help to lift thousands of households out of poverty, improve quality of life, save billions for the NHS and help to reduce crime by reducing the demand for illicit smoking products. The Public Health officers outlined the structure of how work is undertaken locally via a Tobacco Control Alliance made up of local partner agencies, which the TFG welcomed. The TFG sought reassurance regarding the work of the Alliance and were advised of a number of initiatives in place as well as the effective

team working of those involved.

- 2.9 Recent examples of work undertaken with partners included a large communications campaign to highlight the facts around vaping and e-cigarettes which included production of a leaflet for parents and carers as well as posters being put up in places where young people go, including Barnsley central bus station. Work was being done to create an easy read version of the leaflet for those with learning difficulties and where English is an additional language. Considerations were also being made regarding local services, such as having longer appointments in the SSS for those with protected characteristics who may need additional time to access support. Work had also been undertaken to make schools smoke-free sites, including relevant signage being placed in the vicinity. The TFG questioned officers on the impact of this and officers agreed that an evaluation ought to be undertaken.
- 2.10 The TFG supported the work to make smoking/vaping invisible, however challenged officers on the prevalence of vaping shops and products available in the town centre, as well as publicity by local businesses showing lots of young people vaping on nights out. Officers highlighted the difficulties in objecting to such premises as currently there are no laws to support this. Officers advised that any businesses seen to be promoting vaping on social media would be reported to Trading Standards colleagues who could pick this up with them. The TFG thanked the Public Health officers for all they were doing, particularly given the challenges of the ever-changing circumstances in which they were operating with limited resources.
- 2.11 The following meeting of the TFG involved hearing from those working in Trading Standards which forms part of the Council's Regulatory Services, regarding their role in smoking/vaping products. Officers gave the group an overview of their work such as ensuring consumer protection, business compliance, seizing non-compliant products as well as undertaking prosecutions. The group welcomed work undertaken by officers to seize illegal products and secure prosecutions, whilst appreciating the challenges officers faced in terms of low penalties administered by courts and the high cost of safely disposing of the vapes they seize.
- 2.12 Despite challenging resources, officers had provided support to businesses so they know what is expected in terms of vape sales. Officers highlighted the need for additional resources from the government when new legislation is introduced so that they can support local business to comply, as well as increase enforcement activity as the trade in illicit vapes is likely to increase. Work was being undertaken with colleagues in the region to look at projects and drawing down funding, alongside working with National Trading Standards. The TFG were reassured by the evidence of good team-working to maximise the service's impact. The session gave the group opportunity to look at some illicit vapes which had been seized, so they gained a better understanding of different products and the ways in which they were unsafe.



- 2.13 The TFG questioned officers on the legalities around vape shops branching out and selling sweets due to concerns they had with this being used to attract young people. The officers highlighted that although this practice was not against the law, they had warned a number of premises that they would keep a watching brief on their activity and would take action if they became aware of underage vape sales. The group were reassured by all the work being undertaken whilst being mindful of the impact the upcoming legislative changes may have on the team and thanked them for all the hard work they continue to do despite many challenges.
- 2.14 During the investigation, the group became aware of research undertaken by the Youth Council amongst local young people to find out more about the prevalence of vaping and the attitudes of young people towards it. A number of focus groups were held in schools across the borough, asking young people why they think young people vape, whether they are aware of the damage caused by vaping, and to find out why young people enjoy vaping. Full analysis of the findings has not yet been undertaken, but some recurrent comments were that young people are aware of the dangers and damage to their lungs, but there was a lot of peer pressure to vape as it is considered as being 'cool'. The group were concerned by the findings and are keen for officers to analyse them in detail in order to consider how best to get messages out to young people to stop them/prevent them vaping, without inadvertently promoting it.
- 2.15 A key area which the group felt is less well known and publicised is the impact of vaping on oral health. The group received a written briefing by the Yorkshire and the Humber Dental Public Health Team which is part of NHS England. The briefing outlines current research regarding vaping, the harmful contents of them, existing evidence of vaping and oral health, mentioning possible associations with tooth decay, gum disease, oral cancer, tooth discolouration and erosion and changes to the inside of the mouth. The briefing paper concludes that vaping is likely to damage oral health, but the extent and severity of the damage are unknown due to the lack of long-term studies, as vaping has only been around relatively recently. Research highlights the benefits for smokers who switch to e-cigarettes/vapes for their general and oral health; however, that non-smokers should avoid vaping altogether.
- 2.16 The next meeting of the group involved hearing from SWYPFT who provide Barnsley's SSS. Officers gave an overview of the services they provide to help local people quit smoking. This involves a 12-week support programme which provides nicotine replacement therapy (NRT) alongside behavioural support. The service is provided face to face, over the phone, in community settings or online. The officers also work to train other professionals to be advisors and run their own clinics in the community to encourage service users to quit smoking. The TFG were delighted to hear that Barnsley's SSS is the best performing in the Yorkshire and Humber region, and second in the UK in terms of their quit rates. The advisor model used in Barnsley where officers are based in communities and attend various venues is due to be replicated at other SSSs across the country. This model enables workers to become well known in communities and trusted by local people, rather than previous models where service users have been required to attend a central location and have been apprehensive regarding being seen by someone they feel may be judgemental.
- 2.17 Further to the government announcement regarding a 'Swap To Stop' scheme where individuals attending a SSS will be offered vapes as another NRT option in order to quit smoking, Barnsley is piloting the programme from 1st February 2024. Service

users will still be offered behavioural support alongside the vaping products. However, the programme is still designed to help them to quit and not just replace smoking for vaping. The group acknowledge the pilot will offer additional options for NRT which may attract those who otherwise would not attempt to give up smoking. However, Members are keen to ensure that the pilot is evaluated, in particular to ensure that the service does not begin to find that clients are remaining on vapes permanently.

- 2.18 The penultimate meeting of the group was with nurses from BHNFT's respiratory service. They provided the TFG with an overview of their work and services, and the negative impact that smoking/vaping has on their patients, such as asthma sufferers. The nurses concurred with other information the group had received that currently there is limited data and research regarding the long-term impacts of vaping. Current research shows that vaping is less harmful than smoking and the nurses accepted that there may be a place for vaping as a smoking cessation tool, but this should be with proper support in place to make sure individuals do not just swap one habit for another. The nurses highlighted that, like with smoking, it is going to take decades for the true health impacts to be researched, and that initially, it will be regarding the impact of legal vapes and not those which are illicit and more likely to be increasingly harmful and contain additional chemicals. Ultimately, lungs only like to breath in fresh air, therefore, any other chemicals going into the lungs, whether this is from smoking/vaping products or polluted air risks causing damage or harm.
- 2.19 The TFG questioned the nurses regarding the local prevalence of vaping and any impacts they are seeing in their clinics. The nurses highlighted that recording whether patients vape is relatively recent practice, therefore, there is currently not much accurate data in terms of the prevalence of vaping amongst local patients. The nurses provided the limited data they had available alongside some research they had helpfully undertaken of their own with other professionals in the hospital to consider attitudes to vaping. In general, other clinicians from across the hospital felt that vaping is safer than smoking, however, were sceptical about the long-term effects which are currently unknown and would be reluctant to recommend their use. As with TFG members, there was concern over the targeted advertising at young people and felt that this should have been stopped years ago. The group noted the important role the nurses had in terms of being early identifiers of the impacts of vaping which will become evident to them, albeit anecdotal initially. Therefore, the group were keen that they are linked in with the work of the Tobacco Control Alliance and can contribute to and influence this work.
- 2.20 The final meeting of the group provided opportunity to reflect on the findings and recommendations of the group with the Executive Director and Cabinet Member for Public Health and Communities, which was welcomed. The TFG complimented the various services they had worked with and received information from as part of this investigation. The group acknowledged that there is a changing landscape with regards to vaping in terms of national announcements and incoming legislation which impacts on the work required locally. The group are also cognisant that as further research is undertaken, new findings will emerge which they are keen for officers to reflect in policies and practice. During the investigation, the group highlighted suggestions to contribute to existing action plans. In addition, a number of key recommendations were identified by the group and are reflected in section 6 of this report.

2.21 The TFG would like to take this opportunity to thank all those who provided information, attended meetings and assisted with the TFG's investigation; it is much appreciated. Particular thanks are given to Dani Veters for assisting the group with their investigation as a co-optee.

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

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

3.2 Legal

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

3.3 Equality

The TFG is keen to ensure that all Council operations and activities are considerate of the needs of all its communities. As highlighted in the report, the group welcome service considerations to make sure that information is understandable to all communities, including making information available in easy read formats for those with learning difficulties or where English is an additional language. The group also welcome considerations regarding appointment durations as part of SSSs for those with additional needs who may need more time to discuss their concerns and receive support.

3.4 Sustainability

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

3.5 Employee

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

3.6 Communications

As highlighted in the findings and recommendations of the investigation, the TFG are keen to expand communications activities in relation to vaping, particularly amongst young people, whilst being mindful that this doesn't inadvertently become a way of encouraging risk-taking behaviour by exposing young people to additional information. The group are also keen that communication activity regarding vaping is kept up to

date and is mindful of any advances in research. The TFG are particularly mindful of the impact of vaping on young people and are keen to ensure that intelligence and best practice is shared amongst key stakeholders, including between schools.

4. CONSULTATION

- 4.1 Consultations have taken place with: Vaping TFG members, OSC members, the Council's Cabinet Members, Council officers from the Public Health Directorate which includes Regulatory Services, Officers from the Council's Youth Service, NHSE's Consultant in Dental Public Health, Officers from SWYPFT's SSS, representatives from BHNFT's Respiratory Service and the Council's Senior Management Team.

5. ALTERNATIVE OPTIONS CONSIDERED

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

6. REASONS FOR RECOMMENDATIONS

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

- 6.2 The recommendations in this report are made as a result of the OSC's Vaping TFG undertaking a detailed investigation into work surrounding how the Council and local partners are addressing the prevalence of smoking/vaping. The TFG were reassured by the amount of work being done in this area and noted the challenging circumstances officers are operating in, in terms of limited resources and frequent announcements from the Government which is changing the landscape. Fortunately, the government announcements have been in-line with what the group would like to see in terms of banning single use vapes and removing flavours targeted specifically at young people. During the investigation, TFG members were able to complete the consultation on the Government's proposed smoke-free generation legislation and have made the following recommendations in order to support the continual improvement of services.

6.3 **Recommendation 1: An evaluation is undertaken of the effectiveness of work on having smoke-free sites**

As highlighted in the findings of the group, work has been undertaken around local schools to make them smoke-free sites, which has included placing signage in the vicinity and encouraging people not to smoke or vape. This is a positive initiative; however, it is not known if it is effective and whether it is worth the officer time and investment in signage to continue with this scheme. Therefore, the TFG recommends an evaluation is undertaken to determine whether improvements could be made, or a different approach is required.

6.4 **Recommendation 2: A session should be undertaken with Barnsley Alliance and Public Health officers to look at the prevalence of vaping, its impact on local schools and young people, and different ways schools are tackling the issue**

Throughout the investigation, one of the TFG's key concerns is the number of young people who are vaping and the impact this is having on their health and education. The TFG advocate holding this session so that intelligence and good practice can be shared between organisations and any further actions identified.

- 6.5 **Recommendation 3: Enforcement activity is carried out as frequently as possible regarding trade in illicit tobacco and vaping products**
The group have particular concerns regarding the use of illicit products, with these being especially harmful to the local population due to additional and harmful chemicals being contained in them. The group appreciate the challenge of resources and disposing of seized products and are willing to provide support in lobbying government where possible.
- 6.6 **Recommendation 4: The TFG write to MPs to lobby for additional resources for Trading Standards and enforcement activity, particularly given the upcoming new smoking/vaping legislation**
Throughout the investigation, the group heard of the particular concerns regarding illicit smoking and vaping products and the harm these cause. Given the upcoming legislation which is likely to see an increase in illicit tobacco products, the group are keen to ensure that resources are available to combat this criminal activity.
- 6.7 **Recommendation 5: Public Health analyse the findings of the Youth Council research into young people and vaping**
As noted in the report, Members are keen for the research undertaken by the Youth Council to be analysed, with the outcome of using this information to communicate with local young people. This would be both regarding the harms of vaping, as well as changing the culture of them being viewed as 'cool'. The group are also mindful of the challenge of communicating with young people regarding vaping whilst avoiding being seen to provide further promotion of it.
- 6.8 **Recommendation 6: Work should be undertaken to better highlight the impact of vaping on oral health**
The TFG are aware of the limitations of current data/studies in terms of the long-term effects of vaping on health. However, the group are mindful that oral health is an area that is not spoken about frequently in terms of vaping, such as the possible role of vapes in the development of tooth decay and gum disease. The group are keen that this may be a particular focus to explore with young people who may be discouraged from taking up vaping due to the negative impact it could have on their appearance.
- 6.9 **Recommendation 7: Detailed evaluation is undertaken of the 'Swap To Stop' scheme pilot**
The group acknowledge the good performance of the local SSS and hope that the pilot scheme helps additional individuals to give up smoking. However, given the prevalence of vapes, the group are keen to ensure that the use of vapes as a NRT does not result in people not quitting, but remaining as long-term vape users.
- 6.10 **Recommendation 8: Respiratory nurses from BHNFT to be stakeholders on the Tobacco Control Alliance**
The TFG welcomed the knowledge gained from BHNFT's respiratory nurses, in particular highlighting the importance of their front-line position in terms of being early identifiers of any trends or impacts of vaping on patients. The nurses had undertaken their own research at the hospital, which could be a useful tool as part of the work of the Tobacco Control Alliance in future.
- 6.11 **Recommendation 9: The OSC consider Vaping on their work programme in 2 years' time once new legislation is in place**

As noted in the report, the group are mindful that work and policies regarding vaping will change over the coming years due to legislation and ongoing research. Therefore, recommend that Members receive an update and provide critical friend challenge of work as it progresses and reflect what is happening in their local communities.

7. GLOSSARY

ASH	Action on Smoking and Health
BHNFT	Barnsley Hospital NHS Foundation Trust
BMBC	Barnsley Metropolitan Borough Council
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NRT	Nicotine Replacement Therapy
OHID	Office for Health Improvement and Disparities
OSC	Overview and Scrutiny Committee
SSS	Stop Smoking Service
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
TFG	Task and Finish Group

8. LIST OF APPENDICES

There are no appendices for this report.

9. BACKGROUND PAPERS

Action on Smoking and Health (ASH) – Use of vapes amongst adults in Great Britain (2023):

[https://ash.org.uk/uploads/Use-of-e-cigarettes-among-adults-in-Great-Britain-2023.pdf?v=1691058248#:~:text=The%20number%20of%20e%2Dcigarette,see%20Appendix%201%20for%20methodology\).&text=There%20are%20differences%20in%20vaping,of%20those%20classified%20as%20ABC1.](https://ash.org.uk/uploads/Use-of-e-cigarettes-among-adults-in-Great-Britain-2023.pdf?v=1691058248#:~:text=The%20number%20of%20e%2Dcigarette,see%20Appendix%201%20for%20methodology).&text=There%20are%20differences%20in%20vaping,of%20those%20classified%20as%20ABC1.)

Youth Vaping – call for evidence analysis (2023):

<https://www.gov.uk/government/calls-for-evidence/youth-vaping-call-for-evidence/outcome/youth-vaping-call-for-evidence-analysis#overview-of-responses>

Consultation outcome - Creating a smokefree generation and tackling youth vaping: your views (2024):

<https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping/creating-a-smokefree-generation-and-tackling-youth-vaping-your-views>

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>Colette Tyrell</i> <i>21/02/2024</i>
Legal consultation & sign off	Legal Services officer consulted and date <i>Sukdave Ghuman</i> <i>19/02/2024</i>

Report Author: Anna Marshall/Jane Murphy

Post: Scrutiny Officers

Date: 7th March 2024

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF THE: EXECUTIVE DIRECTOR CHILDREN'S SERVICES

TITLE: REVISED TERMS OF REFERENCE FOR THE CORPORATE PARENTING PANEL

REPORT TO:	CABINET
Date of Meeting	20th March 2024
Cabinet Member Portfolio	Children's Services
Key Decision	Yes
Public or Private	Public

Purpose of report

To present the revised terms of reference for the Corporate Parenting Panel, following a recent review.

Council Plan priority

The Corporate Parenting Panel holds to account the role of the Council, together with statutory and non-statutory partners in improving the range of outcomes for children in care and young people leaving care, particularly through the Borough's Children in Care and Care Leavers Strategy. The Panel supports the following Council Priorities:

- A **Healthy Barnsley** – by ensuring care experienced young people are safeguarded from all forms of harm, are able to maintain their physical and mental wellbeing and are enabled to have equal access to services of relevance to their needs.
- A **Learning Barnsley** – through ensuring care experienced young people achieve their potential and acquire qualifications and skills that will allow them to access the employment market and enable them to become active citizens in sustainable and inclusive communities.

Recommendations

That Cabinet endorses the Corporate Parenting Panel's revised terms of reference for consideration and approval at the meeting of Full Council, on 28th March 2024.

1. INTRODUCTION

- 1.1 The current terms of reference for the Corporate Parenting Panel were conceived in 2013, in response to the outcomes and recommendations of Ofsted's inspection of safeguarding and services for looked after children (SLAC) during the previous year.
- 1.2 These terms of reference placed an onus upon the Corporate Parenting Panel to effectively hold to account the role of Council services, together with partners in promoting the overall wellbeing of children and young people in care and young people leaving care so that they could make a successful transition into adult life.
- 1.3 At its meeting held on 17th July 2023, the Panel discussed the need to review its existing terms of reference as part of ensuring it remained compliant with its responsibilities, particularly under Part 1V of the Children Act (1989) and Part 1, Chapter 1 of the Children and Social Work Act (2017).
- 1.4 It was also imperative that the Panel's focus was upon ensuring that Council services and both statutory and non-statutory partners made the required progress in helping achieve the objectives of the Borough's Children in Care and Care Leavers Strategy (2022-25) particularly in relation to the sufficiency of placements, through helping increase the number of Local Authority foster carers, reducing caseloads and that care experienced young people and their families maintain stable, long-term relationships with their social workers.
- 1.5 Moreover, the Government's published its final response to the findings of the Independent Review of Children's Social Care in September 2023 which established its vision for the reform of children's social care. This included a document entitled "*Stable Homes, Built on Love*" aimed at transforming services to best meet the needs of vulnerable children in need of care and young people leaving care amidst unprecedented rising demand. As a result, Members of the Panel agreed that revisions to the terms of reference should also be informed by these developments.

2. PROPOSAL

- 2.1 The Panel's revised terms of reference are appended to this report. The document reflects the statutory responsibilities upon the Panel which have developed following 2013, notably in relation to the Children and Social Work Act (2017) and the following seven principles for corporate parenting:
 - (a) To act in the best interests and promote the physical, mental and emotional wellbeing of children and young people in care.
 - (b) To encourage young people in care to express their views, wishes and feelings.
 - (c) To actively consider the views, wishes and feelings of children and young people in care.
 - (d) To help children and young people in care gain access to and make the best use of services provided by the Local Authority and its relevant partners.
 - (e) To promote high aspirations and seek to secure the best outcomes for such children and young people.

(f) For such children and young people to be safe and for stability to be assured in their home lives, relationships, education and work.

(g) To prepare young people leaving care for adulthood and independence.

2.2 These principles correlate with our own ambitions for children in care and young people leaving care as expressed in the Borough's Children in Care and Care Leavers Strategy (2022-250 outlined below:

- They are safeguarded from all forms of harm.
- To promote their health and wellbeing.
- To ensure they achieve their potential through good educational attainment.
- To enable them to make a positive contribution to society.
- To help them make a successful transition to adulthood and attain skills and qualifications that will enable them to access sustainable employment and become active citizens in their communities.

2.3 Equally, the revised terms of reference recognise and will help the Panel prepare for developments in the reform of children's social care, including Outcome 4 of the National Framework for Children's Social Care, namely that children in care and care leavers benefit from caring and loving homes, as detailed in the Government's aforementioned, document '*Stable Homes, Built on Love*'.

2.4 It was widely expected that a Children's Social Care Reform Bill was to be included in the Government's legislative programme for the 2023/24 Parliamentary year. This would have paved the way for primary legislation that should have included extending the role of 'corporate parent' to that of a '*community parent*' to include central government departments and the local NHS and Police.

2.5 Cabinet will be aware that, ultimately, there was no room for such a Bill and therefore this proposal does not currently form part of the Panel's terms of reference. However, both the South Yorkshire Integrated Care Board, through the Barnsley Place Partnership and the South and West Yorkshire NHS Partnership Foundation Trust are integral members of the Corporate Parenting Panel. whilst it is also proposed that, in view of updated statutory guidance concerning the safeguarding of vulnerable children and young people, South Yorkshire Police be invited to become a member of the Panel.

2.6 Similarly, it is proposed that the Cabinet Spokesperson (Public Health and Communities) be appointed to the Panel, subject to Full Council approval, together with the appointment of the Service Director (Education, Early Start and Prevention) as a co-opted member.

2.7 These proposed appointments reflect the importance of reducing health deprivation among vulnerable groups of children and ensuring effective prevention, early help and '*edge of care*' services, particularly through Barnsley's 'Supporting Families' and 'Start for Life' Programmes further improve outcomes.

2.8 With these considerations in mind, Cabinet is recommended to endorse the Corporate Parenting Panel's revised terms of reference for consideration and approval at the meeting of Full Council, on 28th March 2024.

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

3.2 There are no direct financial implications for the Council or Children Services arising from changes to the terms of reference of the Corporate Parenting Panel as outlined in this report.

3.3 Legal

3.4 Under the revised terms of reference the Corporate Parenting Panel will continue to be fully compliant in helping ensure the Council fulfils its statutory responsibilities towards children in care and young people leaving care.

3.5 Equality

3.6 As part of its consultation document '*Stable Homes, Built on Love*' the Government originally proposed that experience of care and leaving care, should be a protected characteristic and primary legislation would have been instrumental in amending the Equality Act (2010) to ensure these vulnerable groups did not face any unlawful discrimination.

3.7 However, the required legislation did not emerge, although the Council itself has extended the scope of support offered to young people leaving care, including access to accommodation, skills and employment which was commended by Ofsted, following its focused visit on the progress and experience of young people leaving care, early in 2023.

3.8 An equality impact assessment will be included as part of the Panel's annual report to both Cabinet and Full Council, later this year.

3.9 Sustainability

3.10 There are no implications for the local environment or sustainability in the Borough arising through this report.

3.11 Employee

3.12 Similarly, there are no implications for the Council's workforce, arising from this report.

3.13 Communications

3.14 There are no communications implications for Cabinet to consider, resulting through this report.

4. CONSULTATION

4.1 Both the Corporate Parenting Panel, including partner organisations and the Senior Management Team have been consulted and have endorsed the revised terms of reference.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The exclusive purpose of this report is to outline the rationale for revising the Corporate Parenting Panel's terms of reference, to bring it up to date with developments in the role of corporate parent as defined in recent legislation and reforms in children's social care.
- 5.2 Equally, the revised terms of reference will enable the Panel to maintain effective oversight in achieving the objectives of Barnsley's Children in Care and Care Leavers Strategy, particularly our placement sufficiency and workforce proposals which form a crucial element of the Children's Services Financial Recovery Plan.
- 5.3 Improving the range of outcomes for looked after children, young people leaving care and promoting the inclusion of these vulnerable groups aligns with our overall 'Vision' for Barnsley as a *Place of Possibilities* during the next decade.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Please see Paragraphs 5.1 -5.3 of this report.

7. GLOSSARY

- 7.1 None, applicable.

8. LIST OF APPENDICES

- 8.1 Appendix 1: Draft Terms of Reference of the Corporate Parenting Panel

9. 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 (21/02/2024)</i>
Legal consultation & sign off	Legal Services officer consulted and date Marianne Farrell, Team Leader, Legal Services 20 th February 2024

Report Author: Matthew Boud
Designation: Service Director (Children's Social Care and Safeguarding)

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Terms of Reference of the Corporate Parenting Panel (2024-2027)

1.0 Introduction

- 1.1 For the purposes of the Constitution, the Corporate Parenting Panel acts as a regulatory body of the Council. The Panel's objective is to be a collaborative forum which enables Barnsley Metropolitan Borough Council to comply with its statutory responsibilities towards vulnerable children in care, together with young people leaving care.
- 1.2 These responsibilities are defined particularly under Part IV of the Children Act (1989) and Part 1, Chapter 1 of the Children and Social Work Act (2017)

2.0 Purpose of the Corporate Parenting Panel

- 2.1 The focus of the Corporate Parenting Panel is to help ensure the Council and local statutory partners achieve improved outcomes for children in care and young people leaving care in relation to the following:
- They are safeguarded from all forms of harm.
 - To promote their health and wellbeing.
 - To ensure they achieve their potential through good educational attainment.
 - To enable them to make a positive contribution to society.
 - To help them make a successful transition to adulthood and attain skills and qualifications that will enable them to access sustainable employment and become active citizens in their communities.
- 2.2 As part of this, the principal role of the Panel will be to scrutinise and hold to account, the progress of Children's Services and local partners in achieving the following:

1. The objectives, indicators and targets of the Barnsley Children in Care and Young People Leaving Care Strategy (2022-2025) namely:

- (a) Children in care are looked after in a safe and caring home.
- (b) To promote, support and respect the identity of every child in care or leaving care.
- (c) That children in care receive a good education.
- (d) Children in care and those leaving care are healthy.
- (e) Young people leaving care are prepared for their future and make a successful transition to adulthood.
- (f) Children in care and young people leaving care have a 'voice' and are involved in decisions aimed at improving their outcomes.

2. The 'Seven Principles for Corporate Parenting' set out in Part 1, Chapter 1 of the Children and Social Work Act (2017), namely:

- (a) To act in the best interests and promote the physical, mental and emotional wellbeing of children and young people in care.
- (b) To encourage young people in care to express their views, wishes and feelings.
- (c) To actively consider the views, wishes and feelings of children and young people in care.
- (d) To help children and young people in care gain access to and make the best use of services provided by the Local Authority and its relevant partners.
- (e) To promote high aspirations and seek to secure the best outcomes for such children and young people.
- (g) For such children and young people to be safe and for stability to be assured in their home lives, relationships, education and work.
- (h) To prepare young people leaving care for adulthood and independence.

3. Outcome 4 of the National Framework for Children's Social Care, namely that children in care and care leavers benefit from caring and loving homes.

3.0 Responsibilities of the Corporate Parenting Panel

3.1 The Panel will exercise the following responsibilities:

- To provide clear strategic, partnership- based leadership in relation to corporate parenting.
- To ensure the Council acts as a good corporate parent in accordance with our 'Pledge' to children in care and our 'Covenant' to young people leaving care.
- To monitor and review progress, together with ensuring achievement of the objectives inherent within the Barnsley Children in Care and Young People Leaving Care Strategy.
- To focus on improving the range of outcomes for care experienced children and young people.

Terms of Reference of the Corporate Parenting Panel (February 2024)

- To consider recommendations from internal reviews, peer reviews and inspections of services for children in care and young people leaving care. To hear the voice of looked after children and care experienced young people, including involving them in meetings. To monitor the education needs of care experienced children, promoting positive engagement of education partners in corporate parenting.
- To ensure Barnsley Metropolitan Borough Council actively promotes the equality and inclusion of children in care and young people leaving care across its services.
- To ensure that the experience and perspective of the entire range of care experienced children and young people, including those with special or complex needs inform the co-production of services and help shape policy and strategy as well as monitor performance.
- To act as the Governing Body for the Virtual School for looked after and other groups of vulnerable children.
- To raise the ambitions and aspirations of children in care and young people leaving care and at the same time improve the life chances of these vulnerable groups of young people.
- To advise the Lead Member for Children's Services, Cabinet and Full Council on matters and developments concerning corporate parenting.

4.0 Functions of the Corporate Parenting Panel

4.1 The Corporate Parenting Panel will develop an iterative work programme which will include consideration of the following:

- Statutory reports, including annual reports concerning adoption, fostering and the commissioning of services.
- Performance reports relating to the data set of current and future indicators for children in care and care leavers, including placement stability, timeliness of assessments and reviews, together with the performance of adoption and fostering services along with the Local Authority's children's homes.
- Performance in meeting the health and education needs of children and young people in care.
- Services to care leavers, including accommodation, access to further and higher education, together with help with the costs of living.
- To review any complaints from children in care or young people leaving care in relation to their quality of practice.
- To undertake meetings with children in care and care leavers, front-line practitioners and foster carers to obtain an understanding of practice and standards of care.
- To undertake quality assurance visits to services and teams to obtain an understanding of practice and standards.

5.0 Membership of the Corporate Parenting Panel

5.1 The membership of the Corporate Parenting Panel will be reviewed each year and nominations will be agreed at the Annual Meeting of Full Council, based

Terms of Reference of the Corporate Parenting Panel (February 2024)

upon the Council's rules concerning political proportionality in the appointment of elected members to Council bodies.

- 5.2 However, both the Cabinet Spokesperson (Children's Services) (*the statutory lead member for children's services*) together with the Cabinet Support Member (Children's Services) will be permanent members of the Panel, with consideration being given to appointing the Cabinet Spokesperson (Place Health and Adult Social Care) and Cabinet Spokesperson (Public Health and Communities) or their Cabinet Support Members to the Panel.
- 5.3 Co-opted members of the Panel should include the following:
- The Executive Director (Children's Services) (*the statutory director of children's services*)
 - Service Director (Children's Social Care and Safeguarding) Barnsley MBC
 - Service Director (Education, Early Start and Prevention)
 - Head of Service (Children in Care and Care Leavers) Barnsley MBC
 - The named or designated doctor and nurse for children in care Barnsley Hospital NHS Foundation Trust
 - The lead officer for children's and adolescent mental health services South and West Yorkshire Partnership NHS Foundation Trust
 - The Virtual Head Teacher for looked after and other groups of vulnerable children, Barnsley MBC
 - Head of Service (Joint, Integrated Commissioning of Children's Services) Barnsley MBC and Barnsley Place Partnership
 - Chief Superintendent (South Yorkshire Police: Barnsley District)
 - Head of Young People's Skills and Enterprise, Barnsley MBC
 - Youth Participation and Engagement Manager, Barnsley MBC (*as the representative of the Barnsley Care4Us Council*)
- 5.4 Stewardship of the Corporate Parenting Panel
- 5.5 The Cabinet Spokesperson (Children's Services) will be nominated at the Annual Meeting of Council to act as the permanent Chairperson of the Panel during the municipal year. Similarly, the Cabinet Support Member (Children's Services) will also be nominated at the Annual Meeting of Council to act as the permanent Vice-Chairperson of the Panel during the same period.
- 5.6 Frequency and Support for Meetings of the Panel
- 5.7 The Corporate Parenting Panel will meet at least four times during the municipal year and two additional meetings of the Panel will be held and led by young people in care. These additional meetings will focus upon issues of relevance and importance to these young people.
- 5.8 The Service Director (Children's Social Care and Safeguarding) assisted by the Head of Service (Children in Care and Care Leavers) will support all the arrangements for meetings of the Panel.

- 5.9 The Service Director (Children’s Social Care and Safeguarding) together with the Head of Service (Children in Care and Young People Leaving Care) will also be responsible for ensuring any officers with specific, operational responsibility for any service concerning children in care and care leavers attend meetings of the Panel and report upon matters of relevance.
- 5.10 Meetings of the Corporate Parenting Panel should be available to view by the public and media upon request, even if public attendance is not possible. The agenda and documents for the meetings of the Panel will be circulated five working days prior to each meeting. The provisions of Part 1, Schedule 12 (A) concerning the exemption of information from publication will apply to all meetings of the Panel.
- 5.11 Meetings of the Corporate Parenting Panel will be declared as being quorate and any recommendations validated subject to the attendance of at least four elected representatives. In accordance with the Council’s Constitution and the Code of Conduct for Elected Members, any declarations of interest of a personal or pecuniary nature will need to be submitted and recorded.
- 5.12 The minutes of meetings of the Panel will not normally be submitted to the Cabinet or Full Council unless it is on an exceptional basis. The Chairperson of the Panel together with the Executive Director (Children’s Services) will submit an annual report on the work of the Panel both to Cabinet and Full Council.

6.0 Elected Member Training

- 6.1 Newly nominated elected member representatives to the Corporate Parenting Panel will receive an induction outlining their role and responsibilities as Panel members within the Council’s broader role of corporate parent.
- 6.2 All elected member representatives of the Panel will also receive one formal ‘refresher’ session on the role and responsibilities of the corporate parent as well as a set of three briefer sessions, based upon the following:
- The role and purpose of the Corporate Parenting Panel, including the Terms of Reference, together with an overview of other statutory or strategic partners.
 - Meeting the health and wellbeing needs of children in care, our corporate responsibilities, together with those of statutory local partners.
 - Meeting the educational needs of children in care and our corporate responsibilities.
 - Ensuring meaningful participation and engagement among children in care and young people leaving care. Ensuring the ‘Voice’ of the child informs the planning and commissioning of services, either individually or collectively via the Care4Us Council.
 - Our responsibilities concerning the sufficiency of placements for children in need of care.

- Understanding and interpreting reports on the performance of services against local and national benchmarks, including Outcome 4 of the National Framework for Children’s Social Care.

7.0 Review and Updating the Terms of Reference

- 7.1 These Terms of Reference will be periodically reviewed as part of ensuring the Panel continues to effectively fulfil its role and responsibilities in improving the range of outcomes for children in care and young people leaving care.

BARNSELEY METROPOLITAN BOROUGH COUNCIL

REPORT OF THE: EXECUTIVE DIRECTOR (CHILDREN'S SERVICES)

TITLE: SCHOOL TERM TIMES AND HOLIDAY DATES FOR COMMUNITY AND VOLUNTARY CONTROLLED SCHOOLS 2025-2026

REPORT TO:	CABINET
Date of Meeting	20th March 2024
Cabinet Member Portfolio	CHILDREN'S SERVICES
Key Decision	Yes
Public or Private	Public

Purpose of report

To seek approval for the term times and holiday dates pattern for the 2025-2026 school year to maintain the three-year rolling programme of dates.

Council Plan priority

The proposed arrangements primarily support the Council Plan's priority for a ***Learning Barnsley*** through which children and young people achieve the best outcomes, including improved educational attainment, by admission and attendance at schools' which are judged to be 'Good' or 'Outstanding' by Ofsted

Recommendations

That Cabinet:-

- 1. Approve the draft proposed term times and holiday dates for 2025-2026.**

1. INTRODUCTION

- 1.1 The setting of the three-year rolling programme of term times was introduced to enable schools to plan strategically over a longer period.
- 1.2 It was agreed that in each successive year the pattern will be extended by a further year to maintain the rolling three-year programme.
- 1.3 Term dates are determined by a set of agreed principles adopted by 26 local

authorities in the North East of England (including the Yorkshire and Humber Region) and the proposed draft is compliant with these.

2. PROPOSAL

- 2.1 It is proposed that the continuation of the current 'traditional' pattern of school term and holiday dates be adopted for the academic year 2025-2026. Due to where Easter falls in 2026, the traditional pattern is in line with a fixed Easter model.
- 2.2 The proposed pattern meets the Guiding Principles of the Yorkshire and North East Regions.
- 2.4 The proposed pattern is aligned with the proposed dates for neighbouring authorities, Sheffield, Rotherham, Wakefield, Doncaster, and Kirklees. This is a key factor in determining dates due to teaching staff who reside outside of Barnsley with school-age children.

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

There are no implications arising from this report.

3.2 Legal

The proposed traditional pattern is compliant with the legal requirement that local authority-maintained schools must open for at least 380 sessions (190 days) during a school year, this equates to 195 term time days, minus 5 inset days set by each school where children are not required to attend.

3.3 Equality

The proposed policy complies with all relevant legislation and is fair and transparent across the Borough for all service users. An equality impact assessment has been compiled and is appended to this report.

3.4 Sustainability

There are no implications for sustainability in the Borough directly arising through consideration of the proposed school term and holiday dates for the 2025/26 school year.

3.5 Employee

There are no direct implications arising from this report.

3.6 Communications

There are no implications arising from this report.

4. CONSULTATION

- 4.1 Discussions have taken place between all regional colleagues including all local authorities in this Region, to co-ordinate holiday dates as far as possible.
- 4.2 The relevant trade unions have been consulted and responses have been received from NASUWT with no objections to the draft circulated.
- 4.3 Primary and secondary headteachers in Barnsley have been consulted, and respondents agreed that the proposed dates support the guiding principles.
- 4.4 The proposed dates are aligned with the proposed dates for neighbouring authorities, Sheffield, Rotherham, Wakefield, Doncaster, and Kirklees.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The fixed Easter (two week break for the first fortnight in April) option that other local authorities have adopted in recent years is not applicable for 2025-26 as Easter falls in line with a fixed Easter model in 2026 so there was no alternative option to be considered.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The draft proposal to continue with the traditional pattern for Barnsley Community and Voluntary Controlled schools adheres to the agreed Yorkshire and North-East guiding principles.
- 6.2 The proposed traditional pattern ensures that there a fewer split and shorter school weeks to support school attendance.
- 6.3 Trade unions and schools are supportive of remaining with the traditional pattern.
- 6.4 The proposed dates are aligned with neighbouring local authorities.

7. GLOSSARY

None

8. LIST OF APPENDICES

- Appendix 1: Draft proposed School Term and Holiday dates 2025/2026
- Appendix 2: Guiding principles analysis 2025/2026
- Appendix 3: Equality Impact Assessment – School Holiday and Term dates for Community and Voluntary Controlled Primary and Secondary Schools (2025/2026)

9. BACKGROUND PAPERS

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 (08/02/2024)</i>
Legal consultation & sign off	Legal Services officer consulted and date <i>Sajeda Khalifa</i> <i>05.02.2024</i>

Report Author: Lucy Matanga
Post: School Admissions and Access Manager

BARNESLEY METROPOLITAN BOROUGH COUNCIL
SCHOOL CALENDAR FOR THE 2025-26 ACADEMIC YEAR

For community and voluntary controlled primary, secondary and special schools

September (22 Days)						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October (18 Days)						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November (20 Days)						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December (15 Days)						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January (20 days)						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February (15 days)						
M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March (20 Days)						
M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April (14 Days)						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May (15 Days)						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June (22 Days)						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July (14 Days)						
M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- Denotes Bank Holidays
- Denotes School Holidays

195 days in total – including 5 days to be taken as professional development days for teaching staff

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SCHOOL CALENDAR FOR THE 2025-2026 ACADEMIC YEAR
For community and voluntary controlled schools

GUIDING PRINCIPLES

	Option 1 Traditional	Comments
Wherever possible, in any academic year, terms should be of equal length and split weeks avoided or kept to a minimum. Where there is an odd number of weeks the second half term should be shorter of the two.	√	Summer term is split 6/7 – unavoidable due to Easter
The school year will normally start on the first day of September.	√	
The Autumn half term break will be five days which are the last period Monday to Friday in October. According to the year, October half term can start as early as Monday, 21 October and as late as Monday, 27 October.	√	
The Christmas break will include at least 10 school days, and will normally start at the end of the school day on the Friday which is on, or otherwise immediately prior to, 22 December. It will include the New Year's Day holiday which is outside that period, and the day after New Year's Day, where this is a weekday.	√	
The February half term holiday will be five days Monday to Friday, which divides the term as far as possible into two equal parts. Where there is an odd number of weeks the second half will be the shorter of the two.	√	Yes – split is 6/5
Easter Break - The Spring Term will normally end at the close of the afternoon session on the Friday before Good Friday. The holiday will be 10 schools days. Where the LGA recommended patterns would result in a break between the Easter bank holidays and the school Easter holidays, consideration will be given to modifying Easter to incorporate the bank holidays in the school holiday. The Easter bank holidays could be at the start (with the Spring Term ending at the close of the afternoon session on the Thursday before Good Friday), middle, or end of the school Easter break, but never outside the break itself.	√	
The Spring Bank half term will be five days Monday to Friday from the statutory holiday which falls as the last Monday in May.	√	
End of School Year - Taking into account the above pattern, term will end on the date which achieves 195 school days of which five days shall be declared training days. The term will normally end on the third Friday in July The summer break will not be less than five weeks and preferably not less than six weeks.	√	

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Equality Impact Assessment

Stage 1 Details of the proposal

Name of service Directorate	Children's Services
--	---------------------

Name of officer responsible for EIA Name of senior sponsor	School Admissions and Access Manager
---	--------------------------------------

Description / purpose of proposal	School Holiday and Term dates 2025-2026
--	---

Date EIA started	08/02/2024
-------------------------	------------

Assessment Review date	Not applicable in this instance
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Stage 2 - About the proposal

What is being proposed?	School Holiday and Term dates for the academic year 2025-2026 in the Borough.
--------------------------------	---

Why is the proposal required?	The Local Authority sets the school holiday and term dates for community and voluntary controlled schools on a rolling three- year basis.
--------------------------------------	---

What will this proposal mean for customers?	The Local Authority must ensure that the Yorkshire and North-East guiding principles are followed, alongside the statutory requirements of 195 days per academic year. It also ensures that we consider local implications by liaising with neighbouring authorities.
--	---

Stage 3 - Preliminary screening process

Use the [Preliminary screening questions](#) (found in the guidance) to decide whether a full EIA is required

- Yes - EIA required (go to next section)
 No – EIA not required (provide rationale below including name of E&I Officer consulted with)

Stage 4 - Scoping exercise - What do we know?

Data: Generic demographics

What generic data do you know?

Data: Service data / feedback

What equalities knowledge do you already know about the service/location/policy/contract?

Department for Education statistical information on the characteristics of children at each stage of the National Curriculum in Barnsley, together with informal consultation with parents and carers'

Data: Previous / similar EIA's

Has there already been an EIA on all or part of this before, or something related? If so, what were the main issues and actions it identified?

No

Data: Formal consultation

What information has been gathered from formal consultation?

Discussions have taken place with neighbouring authorities, relevant Trade Unions, and primary and secondary headteachers in the borough.

Stage 5 - Potential impact on different groups

Considering the evidence above, state the likely impact the proposal will have on people with different protected characteristics

(state if negative impact is substantial and highlight with **red text**)

Negative (and potentially positive) impacts identified will need to form part of your action plan.

Protected characteristic	Negative '-'	Positive '+'	No impact	Don't know	Details
Sex			X		
Age			X		
Disabled <i>Learning disability, Physical disability, Sensory Impairment, Deaf People ,invisible illness, Mental Health etc</i>			X		
Race			X		
Religion & Belief			X		Religious holidays such as Eid and Hannukah may be allowed at the discretion of the school/academy/MAT.
Sexual orientation			X		
Gender Reassignment			X		
Marriage / civil partnership			X		
Pregnancy / maternity			x		

Other groups you may want to consider

	Negative	Positive	No impact	Don't know	Details
Ex services			X		
Lower socio-economic			X		

Other ...			x		
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Stage 6 - BMBC Minimum access standards

If the proposal relates to the delivery of a new service, please refer to the Customer minimum access standards self-assessment (found at)
 If not, move to Stage 7.

Not yet live

Please use the action plan to be taken to ensure the new service complies with the minimum access standards. Reasonable adjustments for disabled people.

- The proposal will meet the minimum access standards.
- The proposal will not meet the minimum access standards. –provide rationale below.

Stage 7 – Action plan

To improve your knowledge about the equality impact . . .

Actions could include: community engagement with affected groups, analysis of performance data, service equality monitoring, stakeholder focus group etc.

Action we will take:	Lead Officer	Completion date
Periodic consultation with communities on specific matters should they emerge	School Admissions and Access Manager	If required

To improve or mitigate the equality impact . . .

Actions could include: altering the policy to protect affected group, limiting scope of proposed change, reviewing actual impact in future, phasing-in changes over period of time, monitor service provider performance indicators, etc.

Action we will take:	Lead Officer	Completion date
Periodic consultation with communities on specific matters should they emerge	School Admissions and Access Manager	If required

To meet the minimum access standards . . .(if relevant)

Actions could include: running focus group with disability forum, amend tender specification, amend business plan to request extra 'accessibility' funding, produce separate MAS action plan, etc.

Action we will take	Completion date
Not yet live	

Stage 8 – Assessment findings

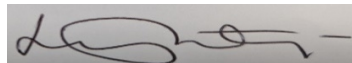
Please summarise how different protected groups are likely to be affected

Summary of equality impact

There are no specific implications arising from this report and the proposed dates are fully compliant with legislation, ensuring that the Council is meeting obligations in relation to statutory requirements.

Summary of next steps

Signature (officer responsible for EIA) Date



08/02/2024

**** EIA now complete ****

Stage 9 – Assessment Review

(This is the post implementation review of the EIA based on date in Stage 1 if applicable)

What information did you obtain and what does that tell us about equality of outcomes for different groups?

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES

TITLE: Implementation of the 2024/25 Pay Policy Statement

REPORT TO:	CABINET
Date of Meeting	20 March 2024
Cabinet Member Portfolio	Core Services
Key Decision	Yes
Public or Private	Public

Purpose of report

The purpose of this report is to seek approval to implement the council's 20225 Pay Policy Statement in accordance with section 38 to 43 of the Localism Act 2011.

Council Plan priority

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

- Healthy Barnsley
- Learning Barnsley
- Enabling Barnsley

Recommendations

That Cabinet recommend that Full Council:-

1. Approve the 2024/25 Pay Policy statement contained at Appendix 1.

1. INTRODUCTION

1.1 Local Authorities are required under section 38(1) of the Localism Act 2011 (the Act) to prepare a Pay Policy Statement. The statement must articulate the council's policy towards the pay of the workforce, particularly Chief Officers and lowest paid employees.

1.2 The Act requires that Pay Policy Statements are produced annually, are considered by full council and are published on the council's website.

2. PROPOSAL

2.1 The 2024/25 Pay Policy Statement has been reviewed in accordance with the Act and has been updated with the following:

- All paragraphs containing council links to internal documents have been updated to reflect the latest versions sat within SharePoint.
- Paragraph 2.5 has been updated to reflect the updated School Teachers Pay and Conditions Document 2023.
- Paragraph 3.1 has been updated to reflect the latest salaries and hourly rate of pay.
- Paragraph 4.1 has been updated with the latest salaries, median average and pay multiple.
- Paragraph 4.2 has been updated to reflect the statement of accounts for 2022/23.
- Paragraph 11.2 has been updated to reflect an increase in the council's contribution rate for the Teachers Pensions Scheme.

3.0 IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

There are no direct financial implications for the council as a result of this report. All costs are covered within existing budgets.

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

3.2 Legal

The Pay Policy Statement consolidates several existing policies that have previously been reviewed by Legal Services.

3.3 Equality

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

3.4 Sustainability

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

3.5 Employee

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

3.6 Communications

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

4. CONSULTATION

4.1 The Senior Management Team has been consulted.

4.2 The Communications and Marketing Team has been consulted.

4.3 The Trade Unions have been informed.

5. ALTERNATIVE OPTIONS CONSIDERED

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

6. REASONS FOR RECOMMENDATIONS

6.1 For council to approve the 2024/25 Pay Policy statement contained at Appendix 1.

7. GLOSSARY

7.1 DCLG – Department for Communities and Local Government.

8. LIST OF APPENDICES

8.1 Appendix 1 – 2024/25 Pay Policy Statement.

9. BACKGROUND PAPERS

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

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

9.3 DCLG Local Government Transparency Code 2014.

9.4 Localism Act 2011

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	Colette Tyrell, Strategic Finance Business Partner 23/01/2024
Legal consultation & sign off	Legal Services officer consulted and date David Nuttall 26.01.2024

Report Author: Anne Marie Tolan
Post: Reward and HR Systems Manager
Date: 23 January 2024

PAY POLICY STATEMENT FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

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PAY POLICY FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

1.0 INTRODUCTION AND SCOPE

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

2.0 DETERMINATION OF PAY

2.1 Chief Officers

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

2.1.1 Salary on Appointment

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

2.1.2 Pay Increases

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

2.2 NJC Grades 1 to 17

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

[17 Grade Pay Structure](#)

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

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

2.2.1 Salary on Appointment

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

2.2.2 Salary on Promotion/Secondment

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

2.2.3 Pay Increases

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

2.2.4 Pay Progression

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

[Pay Progression](#)

2.3 Service Directors

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

2.3.1 Salary on Appointment

Appointments will be to the agreed fixed salary for Service Directors unless there is good evidence that a successful appointment of a person with the required skills, knowledge, experience, abilities and qualities cannot be made without varying the remuneration package. In such circumstances a variation to the remuneration package

is appropriate under the Council's policy and any variation will be approved through the appropriate decision making process.

2.3.2 Pay Increases

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

2.4 Soulbury Officers

2.4.1 Salary on Appointment

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

- a) Educational Improvement Professionals
- b) Educational Psychologists

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

2.4.2 Educational Improvement Professionals

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

Educational Improvement Professionals undertaking the full range of duties would usually be appointed on a minimum point of 8.

Senior Educational Improvement Professionals undertaking the full range of duties would usually be appointed on a minimum point of 13

Leading Educational Improvement Professionals undertaking the full range of duties would usually be appointed on a minimum point of 20.

[Educational Improvement Professionals pay scale](#)

2.4.3 Educational Psychologists

Trainee Educational Psychologists in their second and third year of training should be paid on a point selected from the 6 point Trainee Educational Psychologist pay scale. While Trainee Educational Psychologists will be employed on the basis that they will be available for work for 3 days per week in the second year and 4 days per week in the third year of training, it is not intended that their pay rates should be applied on any pro rata basis

Assistant Educational Psychologists are paid on the Assistant Educational Psychologist pay scale and should not remain on this scale for more than 4 years.

Educational Psychologists would usually be appointed on an individual 6 point pay range on Scale A which will be 1-6, 2-7 or 3-8 based on an assessment of recruitment and retention and other local factors. Managers have the discretion to appoint above the minimum of the selected scale.

Senior Educational Psychologists would usually be appointed on a 4 point pay range on Scale B

Principal Educational Psychologists would usually be appointed on a 4 point pay range on Scale B with a minimum starting point of point 4.

Educational Psychologists paid on Scales A/B are also eligible for up to 3 Structured Professional Assessment (SPA) points

[Educational Psychologists Pay Scale](#)

2.4.4 Salary on Promotion/Secondment

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

(The Council should provide a career structure for Educational Psychologists and further details can be obtained from The Report of the Committee on Salary Scales and Service Conditions of Inspectors and Advisory Officers of Local Education Authorities).

2.4.5 Incremental Pay Progression

The pay awards for Advisors, Inspectors and Psychologists are effective from 1st September each year subject to six months service in the post, until the maximum of the grade is reached.

Soulbury staff also have the opportunity to apply for up to 3 further points on the salary scale (in addition to their 4-point range) and these are called Structured Professional Assessment points (SPA's). A copy of the application for Structured Professional Assessment Points Guidance notes can be found in the link below: -

[Structured Professional Assessment Guidance](#)

2.5 Centrally Employed Teachers

The pay policy for Centrally Employed Teachers falls under the terms of the School Teachers Pay and Conditions and guidance on School Teachers' Pay and Conditions Document (referred to as the Document).

[School Teachers' Pay and Conditions Document 2023 and guidance on School Teachers' Pay and Conditions](#)

The Council will review every qualified teacher's salary with effect from 1 September each year. Reviews may take place at other times of the year to reflect any changes in circumstances or job descriptions that will affect pay.

The statutory pay arrangements give significant discretion over the awarding of allowances and the criteria used by the Council to determine the application of the discretionary elements. Decisions on the way these discretions will be used are the responsibility of the Executive Director, Children's Services.

2.6 Adult Education Tutors

Following the cessation of the (Silver Book) a Local Agreement for Adult Education Lecturers was agreed and implemented in September 2002. The Agreement covers staff employed as Lecturers (Qualified and Unqualified), Curriculum Co-ordinators, Lead Tutors, Curriculum Support and Information Officers Learning /Project Co-ordinators.

Adult Education Tutors Pay Scales

2.6.1 Salary on Appointment

A new employee to the Service would normally be appointed at the bottom of the relevant pay scale although additional increments may be considered for previous relevant experience or continuous service in establishments recognised under the Redundancy Payments (Modification) Order 1999.

2.6.2 Pay Progression

The pay awards for employees covered by the Local Agreement for Adult Education Lecturers 2008 are based upon the pay increase awarded to JNC Youth and Community Workers. Any such awards are effective from 1st September each year.

During employment annual increments shall be awarded on 1st September each year subject to six months service in the post, until the maximum of the grade is reached.

2.7 Agenda For Change

The Agenda for Change pay structure is applicable to staff within the extended remit of the NHS Pay Review Body (NHSPRB). The pay spine is divided into 9 pay bands (pay band 8 is subdivided into 4 ranges) and positions were assigned to a pay band in accordance with the NHS Job Evaluation Scheme.

2.7.1 Salary on Appointment

Upon commencement to a post staff were normally appointed to the lowest pay point of the agreed band with the exception of staff appointed on Band 5 who have accelerated progression through the first two pay points in six monthly steps providing management are satisfied that they meet the required 'standard of practice'. This 12-month period is known as the 'Preceptorship'. Employees affected by TUPE transferred on the same terms and conditions applicable pre-transfer. The Council reserves the right to evaluate and appoint to all new posts in accordance with the NJC terms and conditions for Local Government Employees.

2.7.2 Salary on Promotion

Pay on promotion should be set either at the minimum of the new pay band or, if this would result in no pay increase, the first pay point in the band which would deliver an

increase in pay. However, as stated in 2.7.1, the Council reserves the right to evaluate and appoint to all posts, including promotion opportunities, in accordance with the NJC terms and conditions for Local Government Employees.

2.7.3 Pay Progression

Progression through the individual pay bands is by annual increments on the anniversary of appointment to the post. This progression is dependent upon satisfactory performance in the role and demonstration of the agreed knowledge and skills appropriate to that part of the pay band as detailed in the NHS Knowledge and Skills Framework.

3.0 LOWEST PAID SALARY

3.1 For the purpose of the policy lowest paid employees are defined as those earning the lowest paid salary in accordance with the councils pay structure. The lowest pay point in this Council is Grade 1 point 1 which equates to an annual salary of £22,366 and can be expressed as an hourly rate of pay of £11.59.

3.2 The Council is committed to tackling low pay and has pledged to pay a low pay supplement equivalent to the Foundation Living Wage rate.

3.3 The pay rate is increased in accordance with any pay settlements which are reached through the National Joint Council for Local Government Services and through increases to the Living Wage as advised by the Living Wage Foundation.

4.0 HIGHEST PAID SALARY

4.1 The highest paid salary in this council is currently £192,057 which is paid to the Chief Executive. The median average salary in this council (not including schools) is £32,076. The ratio between the two salaries, the 'pay multiple' is 5.9:1. The authority is conscious of the need to ensure that the salary of the highest paid employee is not excessive and is consistent with the needs of the Council and as such the Council takes the view that the pay multiple acts as a control element which will be monitored and reported annually as part of the review of this Pay Policy.

4.2 The Council is required to publish Chief Officer salaries on an annual basis as part of the Statement of Accounts. Details can be found at:

[Statement of Accounts 2022/23](#)

5.0 OTHER PAY RELATED POLICIES

A number of other pay related policies are outlined below which are applicable to all employees except centrally employed school teachers, whose statutory pay and conditions of service fall under the terms of the School Teachers Pay and Conditions Document. The information contained below provides a summary of allowances and must be read in conjunction with the relevant 'Conditions of Service' document/Local Agreement.

The Council also has a protocol which allows changes to working practices to be agreed and implemented. As a consequence, the agreements relating to premium payments, shift allowances and standby payments may have been varied from the standard agreement.

5.1 **Allowances**

5.1.1 **Bank Holiday Working**

- Employees required to work on a public or extra statutory holiday shall, in addition to the normal pay for that day, be paid plain time rate for all hours worked within their normal working hours for that day. In addition, at a later date, time off with pay shall be allowed as follows:
 - Time worked less than half the normal working hours on that day - half day
 - Time worked more than half the normal working hours on that day - full day

5.1.2 **Overtime/Additional Hours**

- Overtime rates – Employees who are required to work overtime/additional hours beyond their working week are entitled to receive enhancements on the following basis
 - Monday to Saturday- - time and half
 - Sunday – time and half

The Council has a Planned Overtime Policy which applies to employees of Grade 7 and above who undertake overtime. Full details of the provision can be found at: [Planned Overtime Policy](#)

- Part-time employees will only be paid overtime rates in circumstances where an equivalent full time employee would receive them e.g. for a part-time employee who normally works Monday to Friday, work up to 37 hours per week will be paid at plain time, thereafter and at weekends overtime rates will be payable.

5.1.3 **Weekend Working**

- Employees who are required to work on Saturday and/or Sunday as part of their normal working week are entitled to the following enhancements:
 - Saturday - time and half
 - Sunday - time and half

5.1.4 **Night work**

Employees who work at night as part of their normal working week are entitled to receive an enhancement of time and half for all hours worked between 10pm and 6am, Monday to Sunday i.e. no additional enhancement is payable for weekend working.

The night rate shall be payable in addition to the enhanced rates of pay for additional hours (overtime) worked on a Monday to Sunday night between the hours of 10pm and 6am e.g. an employee working Saturday night as overtime will receive time and half for hours worked Saturday plus an additional 50% of the hourly rate due to working at night (between 10pm and 6am).

5.1.5 Alternating Shifts

- An enhancement of 10% will be payable to employees working alternating shifts providing all of the following criteria are met:
 - The total period covered by the shifts is 11 hours or more
 - There are at least 4 hours between the starting time and the earliest and latest shift

5.1.6 Rotating Shifts

- An enhancement equivalent to:
 - 10% of salary for three shifts on a rota basis including a night shift over 5 or 6 days, or
 - 10% of salary for three shifts on a rota basis including a night shift over 7 days will be payable to employees working rotating shifts providing all of the following criteria are met:
 - ◆ The total period covered by the shifts is 18 hours or more
 - ◆ At least 4 hours worked between 7pm and 7am.

5.1.7 In addition to the above mentioned the Council has a number of local agreements covering areas such as:

- Car Mileage Allowance - employees who use their private car whilst undertaking official business in the course of their employment, mileage will be reimbursed at the Approved Mileage Allowance Payments (AMAP) rates as specified by HM Revenue and Customs.
- Recruitment and Retention Procedure - provides a series of payment options to assist with recruitment and retention issues.
- Deprivation of Liberty Safeguards Payments - The Council has a statutory duty to undertake assessments under Deprivation of Liberty Safeguards (DOLS). A payment will be made in accordance with the local agreement.
- Laundry Allowance - additional payment to recompense employees for cleaning allocated uniforms.
- Standby/Call out - An employee who is contractually required or volunteers to be available on a standby/call out basis will be recompensed by payment of an amount determined locally.
- Approved Mental Health Professionals (AMHP) allowance - Is an annual allowance paid over 12 equal monthly instalments to AMHP's who undertake this role in addition to their post.

The above is not an exhaustive list of local agreements.

6.0 **PROFESSIONAL SUBSCRIPTIONS**

6.1 This payment of fees currently applies only to employees of Legal Services who are Solicitors and are required to hold a practising certificate and for Social Care Workers who are required to be registered by the British Association of Social Workers (BASW) Payment will not be made for membership of any other professional organisation, whether or not membership is a requirement of the appointment.

7.0 **REMUNERATION COMMITTEES**

7.1 The Council does not utilise a Remuneration Committee to determine grading of posts. The evaluation of posts is a complex issue requiring use of specialised trained panels to recommend grades for posts as determined by the appropriate evaluation process. Recommended grades are subject to approval by the agreed Council decision making process i.e. Delegated/Cabinet Reports.

8.0 **SELECTIVE VOLUNTARY EARLY RETIREMENT/VOLUNTARY SEVERANCE POLICY**

8.1 The Selective Voluntary Early Retirement and Voluntary Severance schemes enable the Council to reduce the size of its workforce in line with prevailing economic conditions, whilst at the same time compensating eligible employees by either immediate payment of pension benefits and/or a redundancy payment. The Council's Policy relating to all employees who are members of the Local Government Pension Scheme can be found at:

[SVER and VS Policy](#)

9.0 **SPECIAL SEVERANCE PAYMENTS**

9.1 A special severance payment can be made to employees outside of statutory contractual or other requirements when leaving employment. The council may consider making such a payment in exceptional circumstances. The rationale for making a special severance payment will be particular to the circumstances and the type of special severance payment will vary accordingly. Further examples of these are covered in the Government guidance below.

[Special Severance Payments Guidance](#)

9.2 Where the level of payment is £100,000 and above, then approval must be sought from full council.

9.3 Where the level of payment is £20,000 and above, but below £100,000 then approval must be sought by the Head of Paid Service (delegated under the Constitution to Service Directors and S151 Officer), with a clear record of the Leader's approval

9.4 Where the level of payment is below £20,000, then approval must be sought in accordance with the councils' scheme of delegation.

**10.0 EMPLOYMENT OF PERSONS IN RECEIPT OF A PENSION OR REDUNDANCY/
SEVERANCE PAYMENT**

- 10.1 The authority has a statutory obligation to appoint on merit and has to ensure that it complies with all appropriate employment and equalities legislation. The authority will always seek to appoint the best available candidate to a post who has the skills, knowledge, experience, abilities and qualities needed for the post.
- 10.2 If a candidate is an employee in receipt of a pension (this includes ill health pensions) from a public sector organisation including local government, civil service, teachers pensions, police (Civil or Warranted Officers), armed forces, or any other covered by the Modification Order or a redundancy/ severance payment as a result of being made redundant this will not rule them out from being employed by the authority.
- 10.3 The re-engagement of public sector employees can, provide practical solutions to specific workload/project staffing needs due to their previous knowledge and experience.
- 10.4 The authority will consider applications from persons in receipt of pensions and there is no barrier to such a person being appointed. Pensions Regulations have provisions to reduce pension payments in certain circumstances of those who return to work within local government service. Should an applicant in receipt of a pension be successful, they should be advised that commencing employment with the authority may affect their pension entitlements and they should therefore seek advice from the relevant Pensions Authority
- 10.5 The authority will also apply the provisions of the Redundancy Payments (continuity of Employment in Local Government, etc.) Order 1999 (as amended) regarding the recovery of redundancy payments if this is relevant and appropriate.

11.0 PENSION SCHEMES

11.1 Local Government Pension Scheme

Eligible employees automatically become a member of the Local Government Pension Scheme (LGPS) if they have a contract of employment for at least three months. Where the employee has a contract for less than three months, the employee may elect to join the scheme. However, LGPS scheme regulations are superseded by pension's auto-enrolment legislation which requires all employees to automatically pay pension contributions where the earnings level is above the threshold. Employees may choose to opt out of auto-enrolment. The LGPS is a tax approved occupational pension scheme set up under the Superannuation Act 1972. The contribution rate depends on the level of earnings but is currently between 5.5% and 12.5% of pensionable pay.

The Council pays the balance of the cost of providing benefits in the LGPS currently 16.3%. Every three years an independent review is undertaken to calculate how much the employer should contribute to the Scheme. Increases or decreases in the cost of providing the scheme may, in future, need to be shared between members and employers, in accordance with government guidance.

Full details of the LGPS can be found at:

[South Yorkshire Pensions Authority - Homepage](#)

11.2 **Teachers Pensions Scheme**

For Centrally employed teachers or posts that the Council decides are eligible for membership of the Teacher's Pension Scheme (TPS) new appointees will automatically become scheme members.

The TPS is a contributory scheme administered by Teachers' Pensions (TP) on behalf of the Department for Education (DfE). It is a defined benefit 'final salary' scheme providing a lump sum and pension after retirement. Members of the TPS contributions rates range from 7.4% to 11.7% depending on the level of earnings. The Council pays a further 28.68%.

Information relating to the TPS can be found at:

[Teachers Pension Scheme](#)

11.3 **NHS Pension Scheme**

Some employees in Public Health roles have pension protections and continue to contribute to the NHS Pension scheme.

Information relating to the scheme can be found at:

[NHS Pension Scheme](#)

12.0 **AMENDMENTS TO THE POLICY**

12.1 It is anticipated that this policy will not need to be amended further during the period it covers i.e. 1 April 2024 to 31 March 2025 however if circumstances dictate that a change of policy is considered to be appropriate during the year then a revised draft will be presented to Full Council for consideration.

13.0 **POLICY FOR FUTURE YEARS**

13.1 The policy will be reviewed each year and will be presented to full Council each year for consideration in order to ensure that a policy is in place for the Council prior to the start of each financial year.

14.0 **EQUALITY AND DIVERSITY**

14.1 This policy has been impact assessed by Human Resources, if on reading this policy you feel there are any equality and diversity issues, please contact your Directorate Human Resources Business Partner who will if necessary, ensure the policy is reviewed.

15.0 **INCOME TAX AND NATIONAL INSURANCE CONTRIBUTIONS**

15.1 Sections 682-702 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA) impose a duty on an employer to account for PAYE on employment income paid to

employees. PAYE applies to all payments of income within the charge to tax under ITEPA 2003.

- 15.2 There are three classes of national insurance contributions (NICs) which are payable by or in respect of employees:

Class 1 contributions, which are earnings related. Primary contributions are paid by “employed earners” secondary contributions are paid by employers.

Class 1A contributions, which are payable annually by secondary contributors only, based upon taxable value of benefits reported on forms P11D.

Class 1B contributions, which are payable annually by secondary contributors only, based on the tax borne under a PAYE Settlement Agreement (PSA).

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Annex A Chief Officer Remuneration

Aspect of Chief Officer Remuneration	BMBC Policy
Recruitment	The post will be advertised and appointed to at the appropriate approved salary for the post in question unless there is good evidence that a successful appointment of a person with the required skills, knowledge, experience, abilities and qualities cannot be made without varying the remuneration package. In such circumstances a variation to the remuneration package is appropriate under the Council's policy and any variation will be approved through the appropriate decision making process.
Pay Increases	The Council will apply any pay increases that are agreed by relevant national negotiating bodies and/or any pay increases that are agreed through local negotiations. The Council will also apply any pay increases that are as a result of authority decisions to significantly increase the duties and responsibilities of the post in question beyond the normal flexing of duties and responsibilities that are expected in senior posts subject to approval by the appropriate decision making process.
Additions To Pay	The Council would not make additional payments beyond those specified in the contract of employment.
Performance Related Pay	The Council does not operate a performance related pay system as it believes that it has sufficiently strong performance management arrangements in place to ensure high performance from its senior officers. Any areas of under-performance are addressed in accordance with Council Policy.
Earn-Back (Withholding an element of base pay related to performance)	The authority does not operate an earn-back pay system as it believes that it has sufficiently strong performance management arrangements in place to ensure high performance from its senior officers. Any areas of under-performance are addressed rigorously.
Bonuses	The Council does not pay bonus payments to employees.
Termination Payments	The Council applies its normal redundancy payments arrangements to senior officers and does not have separate provisions for senior officers. The Council also applies the appropriate Pensions regulations when they apply. The Council has agreed policies in place on how it will apply any discretionary powers it has under Pensions regulations. Any costs that are incurred regarding senior officers are published in the Council's accounts as required under the Accounts and Audit (England) Regulations 2011.
Transparency	The Council meets its requirements under the Localism Act, the Code of Practice on Data Transparency and the Accounts and Audit Regulations in order to ensure that it is open and transparent regarding senior officer remuneration.
Employment of persons in receipt of a pension or redundancy/severance payment	Refer to Section 9.

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES

TITLE: Gender Pay Gap Report 2023

REPORT TO:	CABINET
Date of Meeting	20 March 2024
Cabinet Member Portfolio	Core Services
Key Decision	No
Public or Private	Public

Purpose of report

The purpose of this report is to provide the findings of the council's Gender Pay Gap Report as at 31 March 2023.

Council Plan priority

The Gender Pay Gap Report contributes to the following council's strategic priorities:

- Healthy Barnsley
- Learning Barnsley
- Enabling Barnsley

Recommendations

That Cabinet:

1. notes the results outlined in Appendix 1.

1. INTRODUCTION

- 1.1 The Government published the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which implemented the mandatory gender pay gap reporting requirement for public sector employers with 250 or more employees. As a result of this, public sector bodies are required to publish details of their gender pay gap no later than 30 March each year using pay data as at 31 March the previous year.

- 1.2 Our overarching ambition for Barnsley Council is that we want Barnsley to be The Place of Possibilities, where everyone is valued, respected, and treated fairly with dignity. We maintain our belief in pay fairness and transparency which is demonstrated by the positive results of our 2023 Gender Pay Gap.
- 1.3 The findings from our gender pay gap reports are published on the Government's [Gender Pay Gap Reporting Service portal](#) and on the [Gender Pay section](#) on our website.

2. PROPOSAL

2.1 The calculations

- 2.1.1 Two statistical measures of 'average pay' have been used for our gender pay gap as identified in the Governments Statutory Guidance: Gender pay gap reporting: guidance for employers.
- 2.1.2 A **Mean** average involves adding up all the numbers and dividing the result by how many numbers were in the list.
- 2.1.3 A **Median** average involves listing all the numbers in numerical order. If there is an odd number of results, the median average is the middle number. If there is an even number of results, the median will be the mean of the two central numbers.
- 2.1.4 Whilst a mean (or average) is traditionally a popular measure, averages are affected more by who is included in the data collection. It is more influenced by very low or very high pay, compared with the rest of the sample. For example, if we included several highly paid employees the mean pay could increase significantly.
- 2.1.5 However, the median is less influenced by low or high earners and is usually a better measure of a mid-point and for this reason, we consider that median pay is a more representative figure than mean pay.

2.2 Gender pay gap results

- 2.2.1 The gender pay gap analysis indicates positive results with a -1.8% median gender pay gap for the hourly rate of pay and -100% for median bonus pay during this reporting period.
- 2.2.2 The full results from the gender pay gap analysis and the supporting narrative can be found in Appendix 1 – Gender Pay Gap Report 2023.
- 2.2.3 Comparisons against the 2022 gender pay gap (hourly rates of pay and bonus pay) have been undertaken below using available data from councils within the Yorkshire and Humber region. There are no 2023 comparisons due to the lack of available data as the reporting period is still open.

2022 Gender Pay Gap Comparisons				
Employer	% Difference in hourly rate (Median)	% Difference in hourly rate (Mean)	% Difference in bonus pay (Median)	% Difference in bonus pay (Mean)
Barnsley Metropolitan Borough Council	0	3.4	0	39.9
Calderdale Metropolitan Borough Council	-2.0	1.7	-100	13.7
City of Bradford Metropolitan District Council	9.4	5.3	0	0
City of York Council	-0.4	0.6	0	0
Doncaster Metropolitan Borough Council	12.6	12.5	0	0
East Riding of Yorkshire Council	0	5.9	0	0
Hambleton District Council	1.5	5.2	1.2	2.9
Harrogate Borough Council	0	-6.4	0	55.6
Kirklees Council	19.7	9.9	0	0
Leeds City Council	9.4	3.8	12.7	14.8
North Yorkshire County Council	11.7	9.8	0	0
Rotherham Metropolitan Borough Council	10.2	8.5	0	0
Sheffield City Council HQ	3.1	-0.9	0	0
Wakefield Metropolitan District Council	-1.9	1.0	0	0

2.2.4 The results show a rough comparison of how the council performs relative to others in the region. However, these results should also be interpreted carefully as each council has a different size and gender composition and as the figures indicate some councils provide a bonus payment and some do not, so this wouldn't be a fair comparison.

2.3 Hourly rate of pay

2.3.1 Results show that in the 2023 pay period a female employee earns on average either -1.8% more (median) or -0.9% more (mean) than a male employee according to the measurement chosen. This is compared with 14.3% average nationally according to the Office for National Statistics.

2.3.2 Median hourly rates are £14.32 for females and £14.06 for males, whereas mean hourly rates are £15.80 for females and £15.66 for males.

2.3.3 It is believed the median and mean pay gaps have altered in the 2023 pay period due to continued changes in the gender makeup of the organisation,

and an increase in hourly rates of lower graded and predominantly female employees' pay due to incremental progression.

2.4 Bonus pay and proportion of employees receiving a bonus payment

2.4.1 For the purpose of gender pay gap reporting, the Government's statutory guidance defines one off recruitment and retention incentive payments as 'bonus pay' and should therefore not be confused with 'bonus pay' for equal pay purposes.

2.4.2 For the council's gender pay gap reporting purposes, bonus payments include the overall number of employees receiving the following:

- Long service award of a £100 voucher awarded to all employees upon achievement of 25 years' service.
- One-off payments to recruit or retain employees in key posts to ensure we maintain a skilled and experienced workforce.

2.4.3 Results show that in the 2023 pay period a female employee earns on average either -100% more (median) or -6.8% more (mean) than a male employee according to the measurement chosen.

2.4.4 The median and mean bonus pay shows that females received more in bonus pay than males. This is due primarily to one off recruitment and retention payments. A targeted recruitment campaign within a service area where occupational gender segregation occurs has meant that 48 females (94.1%) received a payment compared with 3 males (5.9%). Outside the recruitment campaign there were 2 males who received more in recruitment and retention payments than 1 female. This shows an increase overall compared with 2022 (6 females and 2 males).

2.4.5 One off Recruitment and retention payment applications are received on an ad hoc basis and relate to specific posts at a variety of different grades, resulting in different payments made. However, all applications undergo a rigorous approvals process including assessing any impact on equalities. As the results show bonus pay results fluctuate dependent on the variety of applications received.

2.4.6 There were 35 employees who received a £100 voucher for long service, 28 female (80%) and 7 male (20%). This reflects an increase for both females and males in 2023 compared with 2022 (24 females and 6 males).

2.4.7 The proportion of employees receiving a bonus payment (3.4% female and 1.1% male) indicates broadly that both male and female employees are treated similarly with only a 2.3% difference.

2.5 Quartile pay bands

2.5.1 The headcount for full pay relevant employees as at 31 March 2023 was 2,935. When arranged by lowest hourly rate of pay to the highest hourly rate of pay and the total divided into four quartiles, the analysis continues to show that the gender distribution between the four quartiles is not even. Overall, more females are employed (68.2%) than males (31.8%), with female

employees making up approximately 71.8% of the three lowest grades (1-3) which sit in the lower quartile.

2.5.2 When looking at the 2023 quartile figures against the 2022 quartile figures, the analysis reveals that overall, there is an 8.42% rise of full pay relevant employees (FPRE's), 10.36% rise in females and 4.47% rise in males across all four quartiles. This table below displays the percent change at each quartile.

Quartiles	Total FPRE's	Females	Males
Lower Quartile	+ 8.58%	+ 8.22%	+ 9.40%
Lower Middle Quartile	+ 8.42%	+ 7.65%	+ 9.87%
Upper Middle Quartile	+ 8.42%	+ 8.33%	+ 8.59%
Upper Quartile	+ 8.27%	+17.5%	- 8.66%

2.6 Action plan and future developments

2.6.1 Over the last 12 months, we have:

- undertaken an organisational Equality, Diversity, and Inclusion (EDI) survey to better capture, review and better understand our workforce demographics.
- introduced refresher training on unconscious bias for recruitment panel members.
- reinforced the benefits of employee network groups in support of employee attraction and retention.

2.6.2 Over the next 12 months, we will:

- undertake further analysis of equality data to address any potential barriers for applicants and areas of gender under-representation within services.
- support the development of career pathways within our services through our organisational efficiency programme.
- continue to monitor leavers by gender and grade, including reasons for leaving, learning and acting on any feedback received.
- undertake a full review of job design and evaluation processes to identify and address any potential barriers or bias in recruitment, performance, evaluation, and reward decisions.

2.6.3 To continue our focus on gender pay, the actions above will be picked up within the appropriate existing action plans such as our Diversity and Inclusion workplan and our People Strategy Action plan.

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

3.1.1 There are no direct financial implications for the council as a result of this report. Any costs will be covered within existing budgets.

3.1.2 The ACAS guidance on gender pay gap reporting provides a standard framework to be applied to calculate gender pay gaps which therefore reduces the risk of inconsistencies in this area.

3.1.3 Undertaking Gender Pay Gap Reporting is a tool to identify and mitigate the risks associated with gender pay differentials, along with our job evaluation process.

3.2 Legal

3.2.1 There are no legal implications for the council arising from this report. The report and statistical metric data ensures the council can be compliant with its reporting obligations in accordance with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

3.3 Equality

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

3.4 Sustainability

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

3.5 Employee

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

3.6 Communications

3.6.1 The Communications and Marketing team are aware of the outcome of the 2023 Gender Pay Gap analysis and have provided support in developing the narrative to ensure it is clear and understandable. The team will also provide support and guidance on any media activity arising from the outcome.

3.6.2 To comply with mandatory requirements the Gender Pay Gap results and supporting narrative will be published on the Government's [Gender Pay Gap Reporting Service portal](#) and on the [Gender Pay section](#) on our website.

4. CONSULTATION

4.1 The Senior Management Team has been consulted.

4.2 The Equalities and Inclusion Team has been consulted.

4.3 The Communications and Marketing Team has been consulted.

4.4 The Trade Unions have been informed.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 There are no alternative approaches that we can consider due to the mandatory requirement to report our gender pay gap as a result of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

6. REASONS FOR RECOMMENDATIONS

6.1 To provide the findings of the council's Gender Pay Gap Report as of 31 March 2023.

7. GLOSSARY

7.1 Gov.UK: Gender Pay Gap Reporting: guidance for employers
GEO - Government Equalities Office

8. LIST OF APPENDICES

8.1 Appendix 1: Gender Pay Gap Report 2023.

9. BACKGROUND PAPERS

9.1 Gov.UK: Gender Pay Gap Reporting: guidance for employers.
Office of National Statistics (ONS): Gender pay gap in the UK 2023 - for national average gender pay gap figure.

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	Collette Tyrell, Strategic Finance Business Partner 25/01/2024
Legal consultation & sign off	Legal Services officer consulted and date Sajeda Khalifa 31.01.2024

Report Author: Anne Marie Tolan
Post: Reward and HR Systems Manager
Date: 16 January 2024

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Gender Pay Gap Report 2023



Our overarching Barnsley 2030 ambition is that we want Barnsley to be the Place of Possibilities for everyone.

Our aim is to ensure equality, diversity and inclusion are central to our culture and our council is a welcoming place where everyone is valued, respected and treated fairly with dignity.

We maintain our belief in pay fairness and transparency, which is why I am delighted that both our median and mean pay gaps have reduced in the 2023 reporting period, with our median pay gap reducing from zero to -1.8% and our mean pay gap reducing from 3.4% to -0.9%.

We acknowledge that our gender pay gap will fluctuate as the data is dependent on a number of contributing factors, but we remain committed to addressing any imbalance and will continue to review and address all actions included in our key supporting strategies.



A handwritten signature in black ink, appearing to read 'Sarah Norman', followed by a long horizontal line.

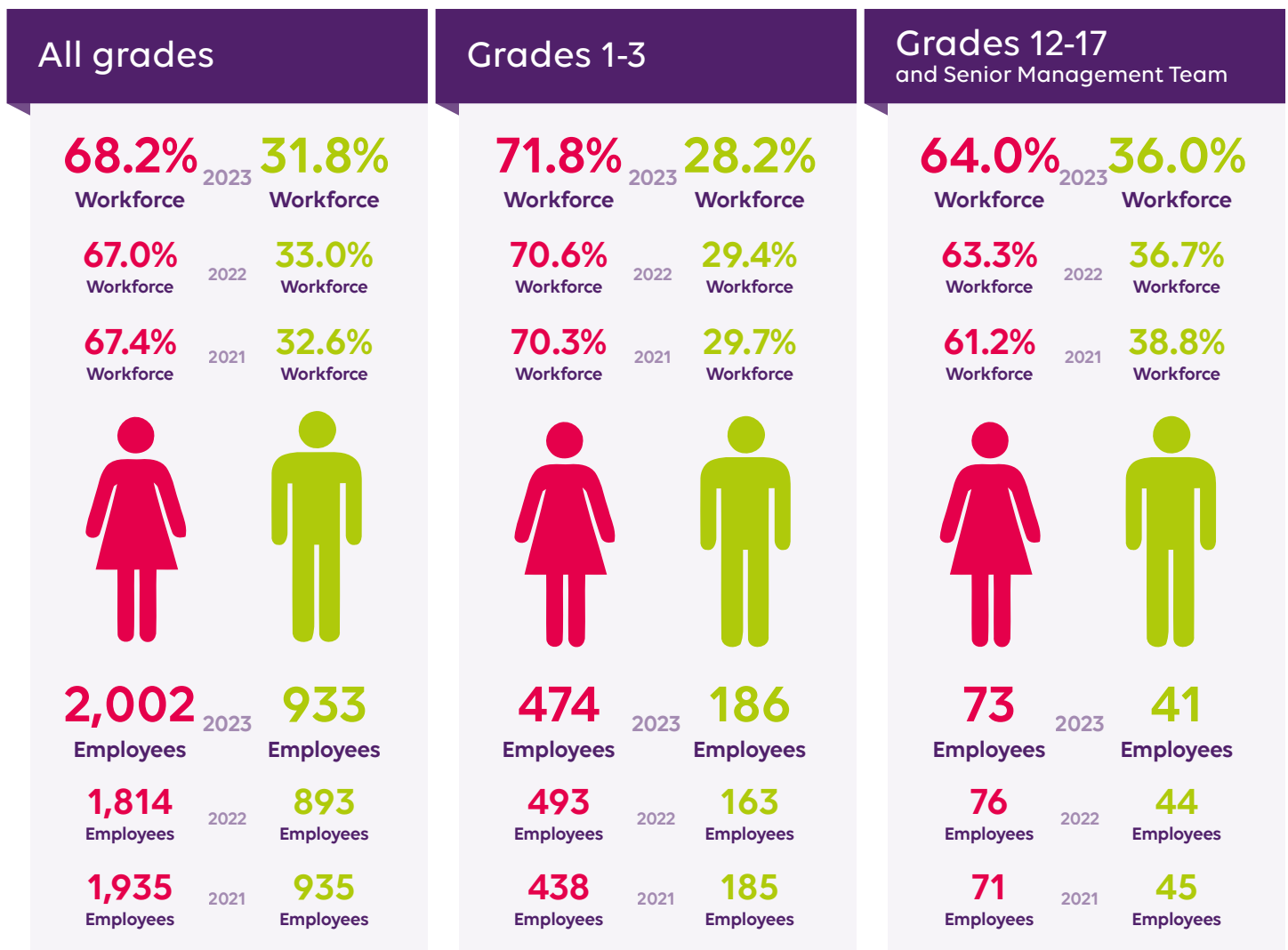
Sarah Norman, Chief Executive

Understanding Gender Pay Gap

Being committed to promoting equality of opportunity for our workforce and tackling workplace exclusion is important to achieving our vision and values. In support of this, we have undertaken and published equal pay reviews voluntarily since 2007, identifying and fulfilling any action points each year.

The following analysis has been carried out according to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which places a mandatory requirement on public sector employers with 250 or more employees to report their gender pay gap by 30 March each year using pay data as at 31 March the previous year. The pay period in this case refers to data collated from March 2023.

Workforce Composition



Our workforce is predominantly female at 68.2%. Grades 1-3 see the highest ratio of female employees. Jobs available within these grades are popular with female employees, either because of the type of work involved or because a large number of the job roles are part-time, which can be balanced against out of work responsibilities. This pattern is observed across the UK workforce and is a result of deep-rooted gender hierarchies in the labour market and is influenced by stereotypical thinking around "male" and "female" occupations.

Gender Pay Gap

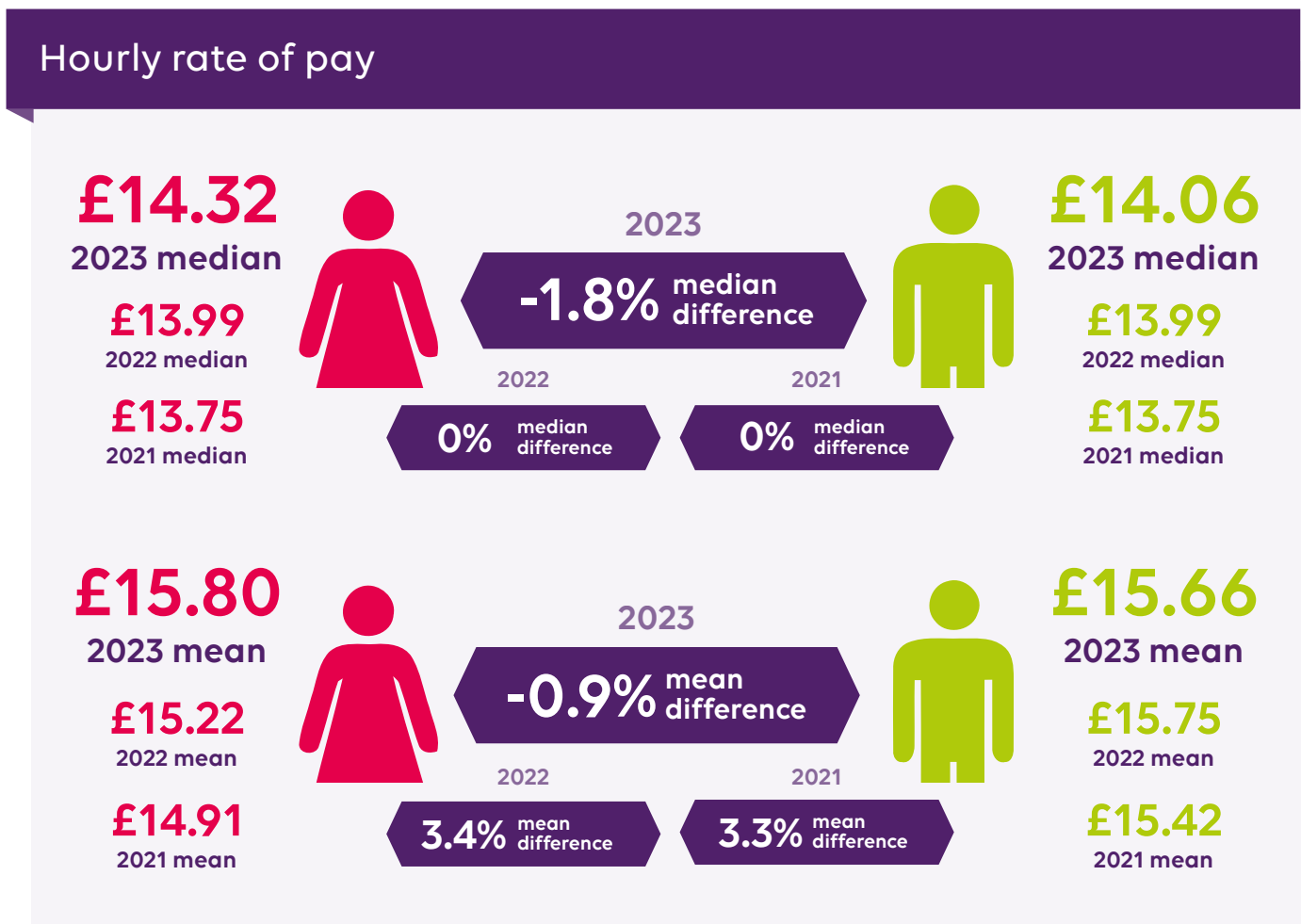
The calculations on page 4 and 5 make use of two types of averages:

Median – which involves listing all of the numbers in numerical order (lowest to highest) and selecting the middle number. If there is an even number of results, the median is the mean of the two central numbers.

Mean – which involves adding up all of the numbers and dividing the result by how many numbers were in the list.

Whilst a mean (or average) is traditionally a popular measure, averages are affected more by who is included in the data collection. It is more influenced by very low or very high pay, compared with the rest of the sample. For example, if we included a number of highly paid employees the mean pay could increase significantly.

The median however is less influenced by low or high earners and is usually a better measure of a mid point and for this reason we consider median pay to be a more representative figure than mean pay.



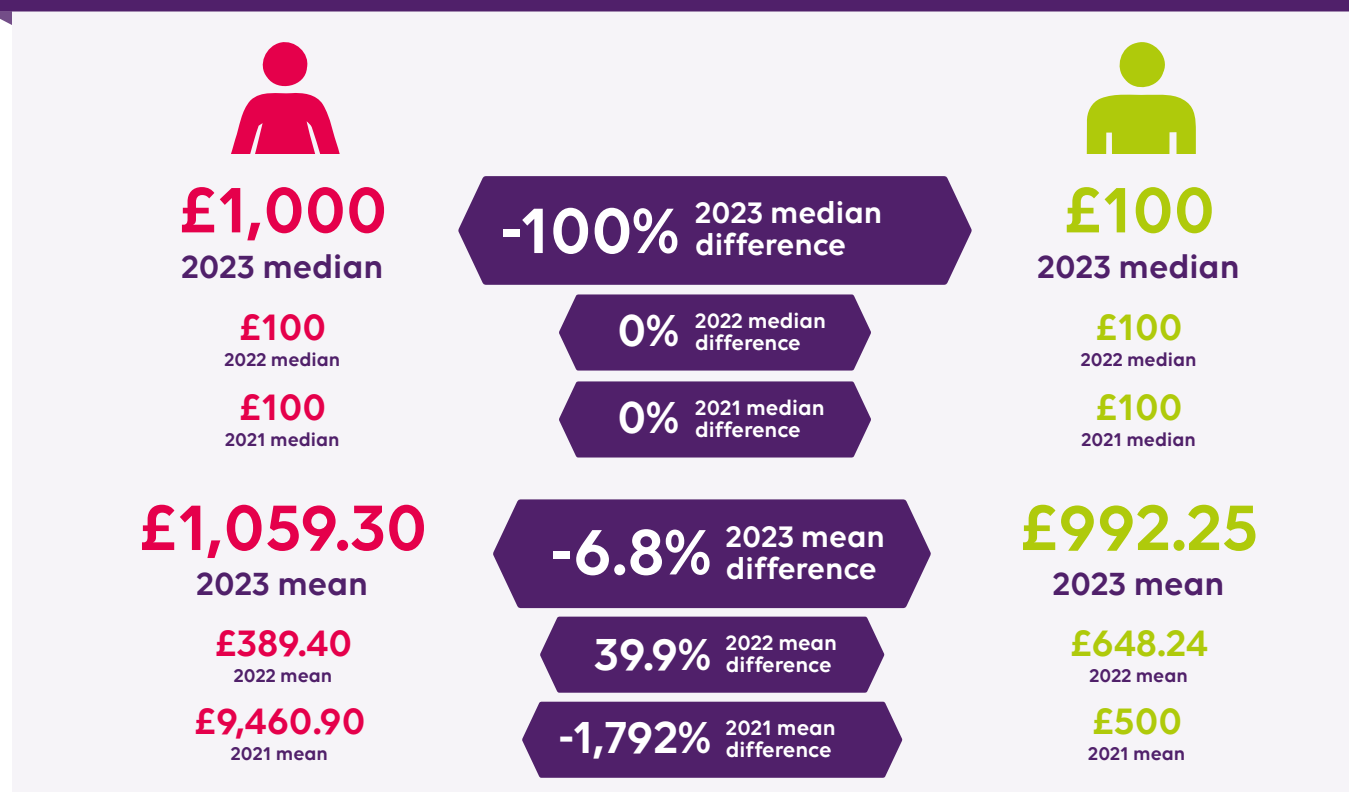
Results show that in the 2023 pay period, a female employee earns on average either 1.8% more (median) or 0.9% more (mean) than a male employee according to the measurement chosen. This is compared with 14.3% average nationally according to the Office for National Statistics. We believe the median and mean pay gaps have altered due to continued changes to the gender makeup of the organisation, and an increase in hourly rates of lower graded and predominantly female employees' pay due to incremental progression.

Bonus Gender Pay Gap

For the purpose of gender pay gap reporting, the Government's statutory guidance defines one off recruitment and retention incentive payments as 'bonus pay' and should therefore not be confused with 'bonus pay' for equal pay purposes. For our gender pay reporting purposes, bonus payments include the overall number of employees receiving the following:

- Long service award of a £100 voucher awarded to all employees upon achievement of 25 years' service.
- One-off payments to recruit or retain employees in key posts to ensure we maintain a skilled and experienced workforce. Managers are required to consider the wider impact on protected characteristics before awarding a payment.

Bonus Pay

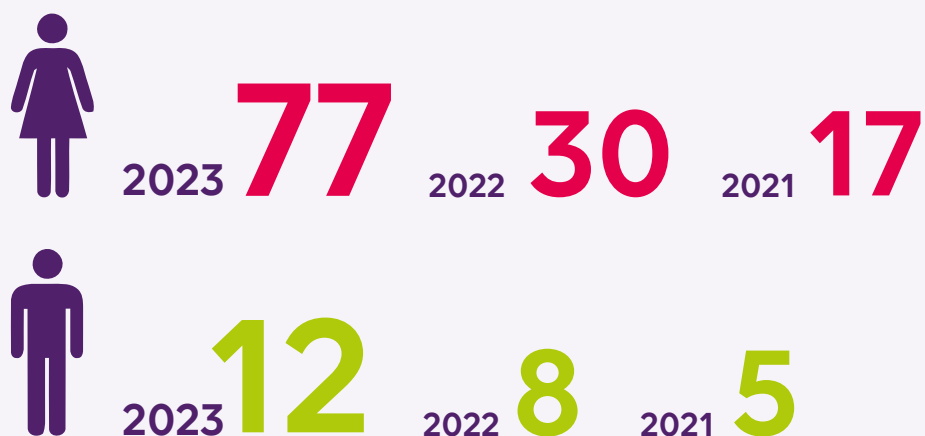


The median and mean bonus pay shows that females received more in bonus pay than males. This is due primarily to recruitment and retention payments. A targeted recruitment campaign within a service area where occupational gender segregation occurs has meant that 48 females (94.1%) received a payment compared with 3 males (5.9%). Outside the recruitment campaign there were 3 males who received more in recruitment and retention payments than 1 female. This shows an increase overall compared with 2022 (6 females and 2 males).

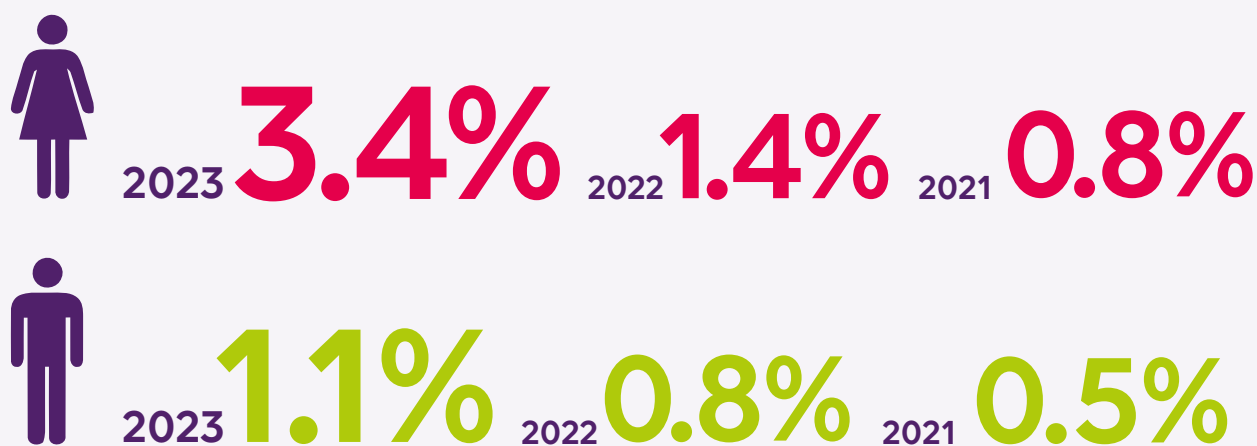
There were 35 employees who received a £100 voucher for long service, 28 female (80%) and 7 male (20%). This reflects an increase for both females and males in 2023 compared with 2022 (24 females and 6 males). Recruitment and retention applications are received on an ad hoc basis and relate to specific posts at a variety of different grades, resulting in different payments made. However, all applications undergo a rigorous approvals process including assessing any impact on equalities. As the results show bonus pay results fluctuate dependent on the variety of applications received.

Proportion of females and males receiving a bonus payment

Number of employees receiving a bonus payment



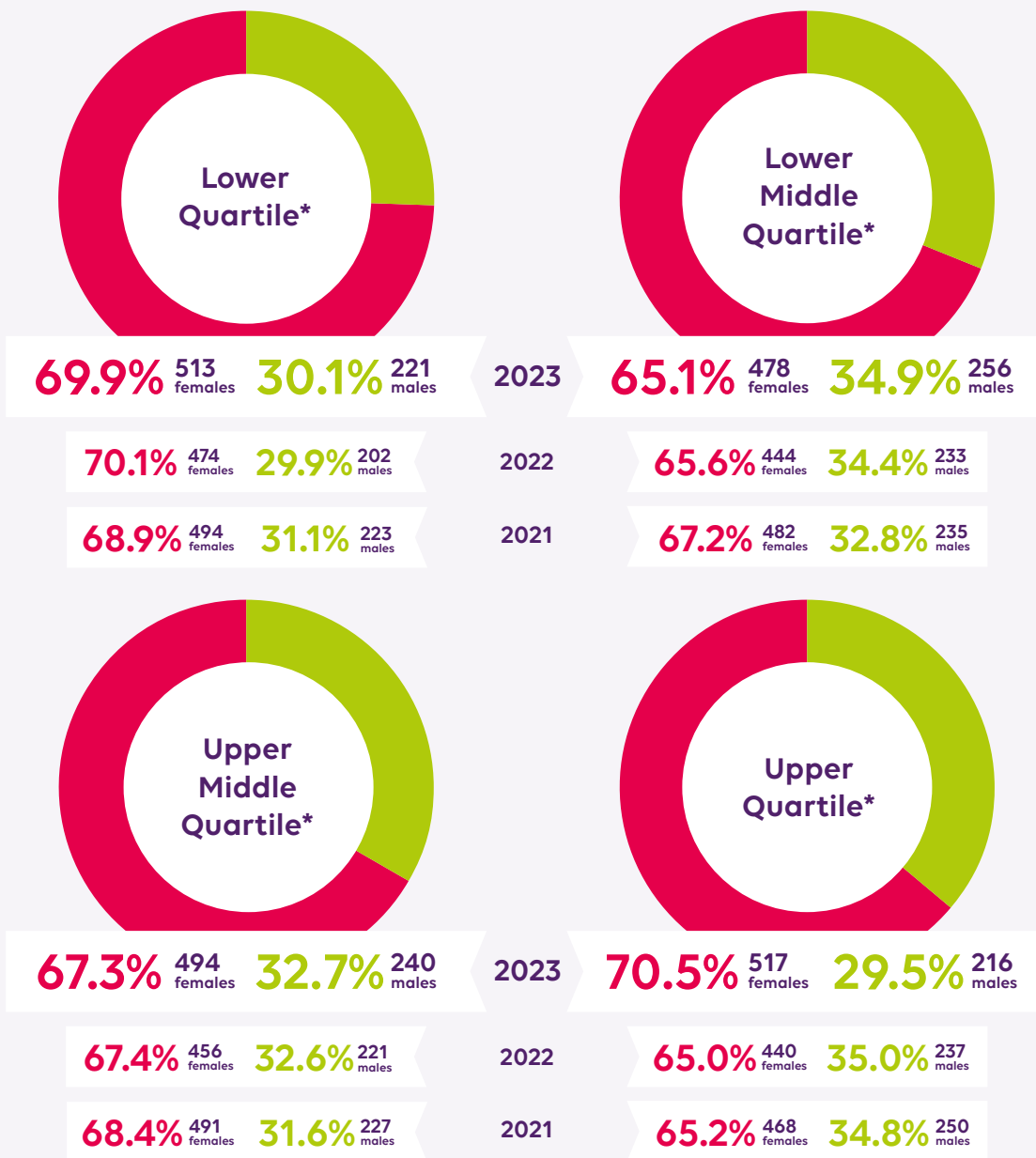
Proportion of employees receiving a bonus payment



The proportion of employees who have received a payment that is categorised for gender pay gap reporting as a bonus indicates broadly that both males and females are treated similarly with only a 2.3% difference.

Proportion of females and males in each quartile pay band

Quartile pay band



*Quartiles: workforce divided into four equal parts

The headcount for full pay relevant employees on the snapshot date of 31 March 2023 was 2,935, which has been arranged by the lowest hourly rate of pay to the highest hourly rate of pay. The total has then been divided into four quartiles with the same hourly rate of pay being distributed evenly by gender where they cross the quartile boundaries.

Analysis continues to show that the gender distribution between the quartiles is not even. Overall more females are employed (68.2%) than males (31.8%) with female employees making up approximately 71.8% of the three lowest grades (1 – 3) which sit in the lower quartile. The upper quartile shows the largest change from the four quartiles, with an increase in females moving to senior positions (17.5%).

Tackling the gender pay gap

Over the last 12 months, we have:

- undertaken an organisational Equality, Diversity and Inclusion (EDI) survey to better capture, review and understand our workforce demographics
- introduced refresher training on unconscious bias for recruitment panel members
- reinforced the benefits of employee network groups in support of employee attraction and retention

Over the next 12 months, we will:

- undertake further analysis of equality data to address any potential barriers for applicants and areas of gender under-representation within services
- support the development of career pathways within our service through our organisational efficiency programme
- continue to monitor leavers by gender and grade, including reasons for leaving, learning and acting on any feedback received
- undertake a full review of job design and evaluation processes to identify and address any potential barriers or bias in recruitment, performance, evaluation and reward decisions

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR – PLACE HEALTH & ADULT SOCIAL CARE

TITLE: LOCAL ACCOUNT

REPORT TO:	CABINET
Date of Meeting	20 March 2024
Cabinet Member Portfolio	Place Health & Adult Social Care
Key Decision	No
Public or Private	Public

Purpose of report

The purpose of this report is to present to Cabinet the Barnsley Adult Social Care Local Account, which looks back on the 2022/23-year performance and achievements and sets out some of our 2023/24 aspirations and challenges. The publication of an annual Local Account is an integral part of the national sector-led improvement approach for Adult Social Care and has been produced in co-production with the Think Local Act Personal co-production group.

Council Plan priority

Healthy Barnsley

- People are safe and feel safe
- People live independently with good physical and mental health for as long as possible

Recommendations

It is recommended that:

1. The Barnsley Adult Social Care Local Account for 2022/23 is approved (Please see Appendix 1).
2. Cabinet members promote awareness of the Local Account with elected member colleagues and constituents

1. INTRODUCTION

1.1 This is the tenth year that Barnsley Council has published its annual Local

Account, which forms part of the agreed adult social care sector-led improvement approach. Data is drawn from the national Adult Social Care Outcomes Framework (latest publication December 2023)

- 1.2 The Local Account is a public-facing document designed to enable transparency, scrutiny, and accountability to the public in Barnsley and people who draw on adult social care.
- 1.3 The format of the Barnsley Local Account reflects the quality standards of adult social care expected by the Care Quality Commission (CQC).
- 1.4 The Local Account has been co-produced with the Think Local Act Personal group (a group of Barnsley people with lived experience of adult social care and carers), through a series of information workshops delivered by colleagues across adult social care.
- 1.5 The Local Account was produced through seven sessions held on a monthly basis which was attended by at most 25 group members from voluntary organisations, internal colleagues, people and unpaid carers. The report was produced and signed off by the group.
- 1.6 The Local Account has a full report along with a web-based page to increase engagement. This is in plain English with visual data elements and an easy-to-read design.
- 1.7 The ongoing challenges to producing the Local Account are:
 - The timeliness of data as the Adult Social Care Outcomes Framework is not published nationally until late in the calendar year.
 - Balancing the Sector Led Improvement guidance against the feedback from representatives about accessibility.
 - Ensuring we represent the breadth of perspective yet producing an accessible clear narrative.
- 1.8 The Local Account will be published on the council's website and members of the Think Local Act Personal group will distribute printed copies of the local account within other provider forums to increase engagement. The website link to this is <https://www.barnsley.gov.uk/services/adult-social-care/adult-social-care-local-account/>. We will also produce social media posts to advertise the Local Account and how to access it. We will monitor the number of visits the document receives; this information will be used to inform the future marketing strategy for the report.
- 1.9 Adult social care welcomes feedback from people who draw on our support, carers, the public and those that work in it. We genuinely wish to see the Local Account becoming an essential vehicle for dialogue and improvement, positive feedback has been received about the approach to coproducing the Local Account. Elected members can support awareness raising with the

public through the contact they have with people in their constituencies.

1.10 2022/23 Performance headlines:

Key Strengths

Our Better Lives Programme focuses on wellbeing, independence and community resilience. Through refocusing our vision for Adult Social Care to place the people we support at the heart of everything we do, our services have achieved some positive outcomes over the past year, including:

- **Overall satisfaction of people who use services with their care and support.** Barnsley's performance at 74.5% is a slight decrease on the 2021/22 performance (78.3%), putting us significantly ahead of the national average of 64.4%. Barnsley is the second highest-performing council nationally on this measure.
- **The proportion of people who use services who say that those services make them feel safe and secure.** Barnsley's performance at 93.9% is a slight decrease on the 2021/22 performance (95%) and puts us ahead of the national average of 87.1%. Barnsley are the highest-performing council nationally on this measure.
- **Front Door Team.** Implementing the Front Door as part of our Better Lives Programme has evidenced improved partnership working and oversight of safeguarding concerns. The inclusion of statutory partners (like the police and health) has contributed to positive and safe outcomes. The team are also working hard to support people across the community through increased demand, which is reassuring to people who draw on services. This impacts on reduced unnecessary attendances at accident and emergency hospital departments.
- **The proportion of adults with learning disabilities in paid employment.** The supported employment program has continued to help people in accessing employment. Last year, we identified this as an area for improvement. Barnsley's performance at 5.7% is a significant improvement on 2021/22 performance (4.4%) and puts us significantly ahead of the average for England (4.8%) and meeting our internal target of 5%.
- **Adult Joint Commissioning.** The Think Local Act Personal co-production group gave positive feedback on how Adult Joint Commissioning collaborates with partners to encourage and guide care providers for better quality care, using compliance and unannounced visits. The inclusion and attendance of people with lived experience at our extended social care sessions has been warmly received by staff.

Areas for Improvement

- **Long-term support needs of older adults (aged 65 plus) delivered by admission to residential and nursing care homes.** Our performance

at 787 per 100,000 population remains higher than comparators, however it has improved from 2021/22 (871.4). Through our 'Home First' approach (which is embedded as part of our Better Lives Programme) our timely approach to reviewing requests for permanent residential care and strengths-based conversations has led to the facilitation of more independent options for people and reduced our admission rate. Early indicators suggest we are continuing to improve in this area

- **The proportion of older people offered reablement services following discharge from hospital** The percentage of older people who remained at home 91 days after leaving the hospital has gone down to 82.3% reflecting the more complex nature of people who are accessing the service post covid. We provided recovery services to 1.40% of older people. Increasing the offer for Reablement services has been identified as an area we want to improve next year. However, we have undertaken further conversations with our neighbouring local authorities and believe that we are potentially under-representing our position as other areas include services outside the local authority as part of their data return. We are looking at this as part of future submissions.
- **The proportion of people who use services and find it easy to access information about services.** We're doing well, with 72.7% of people finding it easy to get information about services in Barnsley, which is higher than the national average of 67.2%, ranking us 23rd. Even though this is good, the Think Local Act Personal co-production suggests we can improve it by updating the LiveWell website and sharing more information about available support. As part of the Better Lives Programme, we are reviewing our information and advice offer and updating all our web pages relating to adult social care and public information leaflets.
- **Co-production and 'hard-to-reach groups'.** We recognise the need to enhance our collaborative efforts in shaping improvements in adult social care, involving people, families, and partner organisations. This includes reaching out in creative purposeful ways and encouraging contribution from people less engaged. Feedback from the local account indicates that people desire improvement in this area for the future. We have invested in a customer engagement post to support this and are developing an engagement framework to work actively with people across Barnsley.

1.11 Key developments in 2022/23 included:

- Successful integration of the Front Door service, allowing more people to get to the right place that first time and improving outcomes through successful partnership working
- Increased focus on carers assessments, We have completed more carer assessments in 2022/23 compared to 2021/22, and as a result, the number of carers receiving services has increased by 9%.

- Implementation of the Preparing for Adulthood (PFA) team to support younger people in Barnsley, working with people from the age of 14 onwards ensuring they are able to have a conversation about their future support needs and prepare for a smoother transition into adulthood
- We have no waiting lists for people needing homecare. When people need support to stay at home for longer they can access homecare in a timely manner

1.12 **Priorities and plans for 2023/24 include:**

- Continuing to deliver outcomes against the [Better Lives Programme](#)
- Continuation of work with the Integrated Care System (NHS South Yorkshire), which will help to improve how people experience health and care in Barnsley.
- Improving our approach to collecting views and experiences from people who draw on our services and using this to inform improvement plans.
- Stronger arrangements for caseloads. We have a rising demand at our Front Door and within our teams, senior management have been working to develop a new approach to case management with stronger governance and oversight.
- Development of a coproduced offer for carers short breaks to allow carers meaningful offers for breaks from their caring role.

2. **PROPOSAL**

- 2.1 It is proposed that the Barnsley Adult Social Care Local Account for 2022/23 be published on the council website following Cabinet approval in March 2024
- 2.2 Social media posts to advertise the Local Account and how it can be accessed will also be produced
- 2.3 Elected members can support awareness raising of the purpose of the Local Account with the public through the contact they have with people in their constituencies.

3. **IMPLICATIONS OF THE DECISION**

3.1 **Financial and Risk**

- 3.1.1 There are no direct financial implications with the publication of the Adult

Social Care Local Account, other than the staff time and resources associated in compiling the report and publishing on the Council's webpage.

- 3.1.2 It should be noted that the Local Account shows the summary expenditure for adult social care for 2022/23 (£62.4M) across the main category of support (e.g. learning disability, mental health, physical & sensory, etc) and by type of services (e.g. residential & nursing, community-based support, etc).

3.2 Legal

- 3.2.1 There are no anticipated legal implications arising from publishing the Local Account.

3.3 Equality

- 3.3.1 Full Equality Impact Assessment completed

- 3.3.2 Disabled and race-protected characteristic groups may be impacted by publishing the report online and using online services. The council must adhere to WCAG2 – Website accessibility guidance, and as such, webpages are developed with accessibility features for protected characteristic groups. The webpage summary will include all key achievements and improvements of the local account and will be easy to read and a full local account report in landscape format will be available in print

3.4 Sustainability

- 3.4.1 Decision-making wheel has not been completed as the local account has no socioeconomic or environmental impact

3.5 Employee

- 3.5.1 The production of this report has no employee implications.

3.6 Communications

Collaboration has been central to the Local Account's development, with the Communications Team working closely with the Adults Social Care and Think Local Act Personal group – this included presenting the draft design to the helping us to deliver a report that was guided and endorsed by the group.

The report aims to use plain language, visual data, and an easy-to-read design, promoting inclusivity and understanding.

The dissemination strategy involves publishing the Local Account on the council's website, distributing printed copies via the Think Local Act Personal group, and leveraging social media. The Communications Team will closely monitor online engagement, informing future marketing strategies. Post-cabinet updates will be shared through press releases and social media, ensuring public awareness of the positive impact resulting from the report.

Our communication strategy is rooted in collaboration and accessibility and aligns with the sector-led improvement approach, fostering accountability and meaningful engagement within the Barnsley community.

4. CONSULTATION

- 4.1 Think Local Act Personal group, with members across voluntary and partner organisations, people and unpaid carers, council officers and staff involved in service delivery in adult social care and have been involved in consultations and supported the production and design of the Local Account.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 'Do nothing' was considered. The Council understands that this is not viable. The challenges we collectively face are shared with our people and communities. Producing a Local Account promotes transparency and helps us continue our conversation with people and communities about how we confront our shared challenges and opportunities together. This draws on our values of honesty and striving for excellence.

6. REASONS FOR RECOMMENDATIONS

- 6.1 To help continue conversations with people and communities about our shared challenges and opportunities.

7. GLOSSARY

None

8. LIST OF APPENDICES

Appendix 1: Local Account 2022/23
Appendix 2: EIA

9. BACKGROUND PAPERS

Measures from the Adult Social Care Outcomes Framework, England, 2022-23: Official Statistics [<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2022-23>]

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 (09/01/2024)</i>
Legal consultation & sign off	Legal Services officer consulted and date Marianne Farrell (12/01/2024)

Report Author: Catherine Sellars
Post: Business Development Officer
Date: 15th December 2023

Adult Social Care

Local Account 2022-2023

Page 117



Barnsley – the place
of possibilities.



BARNSELY
Metropolitan Borough Council

Introduction

Welcome to our Local Account.

This document tells you how well our Adult Social Care services performed last year and describes how we plan to improve our services further.

The report has been structured around the Care Quality Commission assurance framework for local authorities. It references I/we statements from the Think Local Act Personal Making it Real framework.

This also includes some data which shows how we are doing and how we compare nationally with other councils in England and locally.

Our priority is to help people in Barnsley to access the care and support they need at the right time and in the right place.

To find out more about the CQC assurance framework for councils, visit [cqc.org.uk/](https://www.cqc.org.uk/).

To find out more about all the 'I' and 'We' statements and the Making it Real framework, visit the Think Local Act Personal (TLAP) website at thinklocalactpersonal.org.uk/makingitreal.

Co-production

Barnsley Council and the Think Local Act Personal Group have worked together to co-produce our Local Account report for 2022/23.

The report highlights some areas in Barnsley that we are proud of and includes what we need to improve.

We hope that continuing to co-produce the Local Account will transform the report into a useful resource to help us build on what works well for people in Barnsley and continue tackling improvements and challenges in the future.



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Welcome and introduction	2
Key facts and figures	5
Local Account highlights	8
Working with people	10
Providing support	20
Safety in the system	25
Leadership	30
Get involved and feedback	39

Foreword

Hello, I'm Wendy Lowder, the Executive Director for Place Health and Adult Social Care at Barnsley Council. Every year council's produce an Adult Social Care Local Account, which helps us look back at the year behind us.

We look at national data and compare our performance against others alongside other information so that we can understand where we're getting things right and what more there is to do to improve the support we offer so people can live happier, healthier lives.

There's lots of great work happening across Adult Social Care to make this possible, including our Better Lives programme, which is focused on improving what we do and thinking differently about the services we offer.

A huge thanks to Barnsley's Think Local Act Personal group, which brings together people with lived experience. They've worked alongside us to produce this year's Local Account, providing invaluable insights and challenging us to be even better.

Over the past year, there's been a lot to celebrate in Adult Social Care including our double Council of the Year award win. We're so proud of that, and it was great to hear that Barnsley is top nationally with local people saying that when they use our services, those services make them safe. We were also second nationally for people saying that they are happy with the care they receive.

An area we wanted to improve on last year was employment for people with additional needs, such as learning disabilities, so we're really pleased to say that we're doing well and we're helping more people into work.

Of course, the team never rest on their laurels and working with the Think Local Act Personal group, we've identified some areas to improve. This includes helping more people benefit from reablement, whether you live in the community or you need to recover after a spell in hospital.

We also know we need to improve our approach to self-directed support, making it easier for people to organise and direct their own support arrangements. Another area we hope to improve in the year ahead is making sure that people have access to good information and advice, so I'm looking forward to seeing what creative approaches we can bring to this challenge.

We hope you find our Local Account useful, and that it helps answer any questions you have about our services. If you've got any ideas or comments, we would love to hear them – let's keep improving things together!



Wendy Lowder
Executive Director of Place
Health and Adult Social Care

A background image showing two hands, one from the left and one from the right, with fingers curled to form a heart shape. The hands are positioned in the center-left of the page. The overall background is a dark purple gradient.

**We all want to live
in the place we
call home, with
the people and
things we love,
in communities
where we look out
for one another,
doing things that
matter to us
#socialcarefuture.**

Key facts and figures

Here's a breakdown of our spending over the past year.

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How much we spent in 2022-23 by category of support	Net (£'000)
Physical and sensory support	18,214
Support for memory and cognition	7,504
Learning disability support	21,939
Mental health support	3,364
Social support: support to carers	1,113
Social care activities	7,447
Information and early intervention	1,450
Commissioning and service delivery	978
Social support: asylum seeker support	439
	62,448

How much we spent in 2022-23 by type of services	Net (£'000)
Assessment and care	7,447
Residential and nursing	15,482
Community-based care	35,539
Information and early intervention	3,002
Commissioning and service delivery	978
	62,448



How we performed in 2022-23



You can see how well we did as part of NHS Digital's Adult Social Care Outcomes Framework (ASCOF).

This measures how well we delivered care and support services against the things that matter most to people and what all local councils must report on.

Page 122

1A: Social care-related quality of life score	Barnsley	19.60	11: Proportion of people who use services who reported that they had as much social contact as they would like	Barnsley	48.8%
	England	19		England	44.8%
	SN	19		SN	44.6%
	Ranking	10		Ranking	25
1B: Proportion of people who use services who have control over their daily lives	Barnsley	83.8%	2A2: Long-term support needs of older adults (aged 65 plus) met by admission to residential and nursing care homes per 100,000 population	Barnsley	787
	England	77.2%		England	560.8
	SN	78.5%		SN	650.8
	Ranking	9		Ranking	136
1C1A: Proportion of people using social care who receive self-directed support	Barnsley	92.5%	2B1: Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Barnsley	82.3%
	England	93.5%		England	82.3%
	SN	96.3%		SN	79.8%
	Ranking	124		Ranking	84
1C1B: Proportion of carers who receive self-directed support	Barnsley	99.6%	2B2: Proportion of older people (aged 65 and over) offered reablement services following discharge from hospital	Barnsley	1.40%
	England	89.3%		England	2.9%
	SN	100%		SN	2.1%
	Ranking	110		Ranking	123
1C2A: Proportion of people using social care who receive direct payments	Barnsley	33.8%	2D: Outcome of short-term services: sequel to service	Barnsley	84.7%
	England	26.2%		England	77.5%
	SN	30.4%		SN	75.5%
	Ranking	28		Ranking	46
1C2B: Proportion of carers who receive direct payments	Barnsley	99.1%	3A: Overall satisfaction of people who use services with their care and support	Barnsley	74.5%
	England	76.8%		England	64.4%
	SN	79.8%		SN	66%
	Ranking	78		Ranking	2

1E: Proportion of adults with learning disabilities in paid employment	Barnsley	5.7%	3D1: Proportion of people who use services who find it easy to find information about services	Barnsley	72.7%
	England	4.8%		England	67.2%
	SN	4.5%		SN	66.3%
	Ranking	47		Ranking	23
1G: Proportion of adults with learning disabilities who live in their own home or with their family	Barnsley	85.2%	4A: Proportion of people who feel safe	Barnsley	72.1%
	England	80.5%		England	69.7%
	SN	79.4%		SN	71%
	Ranking	55		Ranking	47
2A1: Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes per 100,000 population	Barnsley	21.1	4B: Proportion of people who use services who say that those services make them feel safe and secure	Barnsley	93.9%
	England	14.6		England	87.1%
	SN	20.6		SN	88.3%
	Ranking	131		Ranking	1

SN: Statistical Neighbours: Rotherham, Wakefield, Kirklees, Doncaster



Local Account Highlights

What we are proud of

Our Better Lives Programme focuses on wellbeing, independence and community resilience. Through refocusing our vision for Adult Social Care to place the people we support at the heart of everything we do, our services have achieved some positive outcomes over the past year, including:

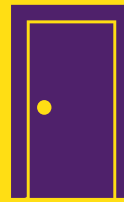
Overall satisfaction of people who use services with their care and support

Barnsley's performance at 74.5% is a slight decrease on the 2021/22 performance (78.3%), putting us significantly ahead of the national average of 64.4%. Barnsley is the second highest-performing council nationally on this measure.



Front Door Team

Implementing the Front Door as part of our Better Lives Programme has evidenced improved partnership working and oversight of safeguarding concerns. The inclusion of statutory partners (like the police and health) has contributed to positive and safe outcomes. The team are also working hard to support people across the community through increased demand, which is reassuring to people who draw on services. This impacts on reduced unnecessary attendances at accident and emergency hospital departments.



The proportion of adults with learning disabilities in paid employment

Our Supported Employment team has continued to help people in accessing employment. Last year, we identified this as an area for improvement. Barnsley's performance at 5.7% is a significant improvement on 2021/22 performance (4.4%) and puts us significantly ahead of the average for England (4.8%) and meeting our internal target of 5%.



Adult Joint Commissioning

The Think Local Act Personal co-production group gave positive feedback on how Adult Joint Commissioning collaborates with partners to encourage and guide care providers for better quality care, using compliance and unannounced visits. The inclusion and attendance of people with lived experience at our extended social care sessions has been warmly received by staff.

The proportion of people who use services who say that those services make them feel safe and secure

Barnsley's performance at 93.9% is a slight decrease on the 2021/22 performance (95%) and puts us ahead of the national average of 87.1%. Barnsley are the highest-performing council nationally on this measure.



Where we need to improve

Long-term support needs of older adults (aged 65 plus) delivered by admission to residential and nursing care homes

Our performance at 787 per 100,000 population remains higher than comparators, however it has fallen from 2021/22 (871.4). Through our 'Home First' approach (which is embedded as part of our Better Lives Programme), our timely approach to reviewing requests for permanent residential care and strengths-based conversations has helped create more independent options for people and reduced our admission rate. Early indicators suggest we are continuing to improve in this area.



The proportion of older people offered reablement services following discharge from hospital

The percentage of older people who remained at home 91 days after leaving the hospital has gone down to 82.3%, reflecting the more complex nature of people who are accessing the service post-Covid. We provided recovery services to 1.40% of older people. Increasing the offer for Reablement services has been identified as an area we want to improve next year. However, we also recognise that other areas include services outside the local authority as part of their data return. We are looking at this as part of future submissions.

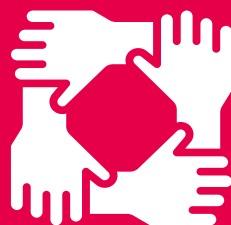


The proportion of people who use services and find it easy to access information about services

We're doing well, with 72.7% of people finding it easy to get information about services in Barnsley, which is higher than the national average of 67.2%, ranking us 23rd. Even though this is good, the Think Local Act Personal group feel we can improve it by updating the LiveWell website and sharing more information about available support. As part of the Better Lives programme, we are reviewing our information and advice offer and updating all our Adult Social Care webpages and public information leaflets.



Co-production and hard-to-reach groups



We recognise the need to enhance our collaborative efforts in shaping improvements in Adult Social Care, involving people, families, and partner organisations. This includes reaching out to more hard-to-reach groups. Feedback from the Local Account indicates that people desire improvement in this area for the future. We have invested in a customer engagement post to support this and are developing an engagement framework to work actively with people across Barnsley.

Working with people

We want people's care and support to reflect their right to choice, build on their strengths and reflect on what they want to achieve and how they wish to live their lives.

Assessing needs, including our unpaid carers

Our priority is to help people in Barnsley to access all the care and support they need at the right time and in the right place.

Total number of assessments

2022/23 - **2,663**
2021/22 - **2,558**

Assessments completed within 28 days from initial contact

2022/23 - **78.5%**
2021/22 - **81.5%**

**Target
83%**

"We know people contact social care when they are in crisis, it is crucial for this to be a positive experience"

In 2022/23, Adult Social Care completed 78.5% of assessments within 28 days or less. The number of assessments conducted in this timeframe increased by 4% compared to last year, but the percentage has been reduced and is below our target of 83%.

Care planning and review

7% of people with long-term support (for 12 months or more) received a review, which is down from last year and significantly below our 86% target. This has been partially caused by an increase in safeguarding referrals which have to be prioritised to keep people safe.

We are developing a workforce strategy and introducing a multi-agency quality team for care homes and service provision which should reduce quality issues. The Front Door Manager has also delivered training to colleagues in the police.

Social care packages started within 28 days of the completion of assessment for new clients

2022/23 - **84.4%**
2021/22 - **80.2%**

Reviews completed for people who have been on long-term support for 12 months or more

2022/23 - **77.4%**
2021/22 - **81.3%**

**Target
86%**

Strength-based approach

We use a strengths-based approach to assess people's needs. We will work with people and those supporting them to decide on outcomes and goals that draw on a person's strengths. Our social-care-related quality of life score for 2022/23 was 19.6, and we rank tenth nationally on this measure.

Social care-related quality of life score

2022/23 - **19.6**
2021/22 - **20.3**

National ranking: 10th

Proportion of people using social care who receive self-directed support

2022/23 - **92.5%**
2021/22 - **92%**

National ranking: 124th

Direct payments and self-directed support

Self-directed support means people and their families have choices and control over their care. We will work with people to create a flexible care package to meet your needs.

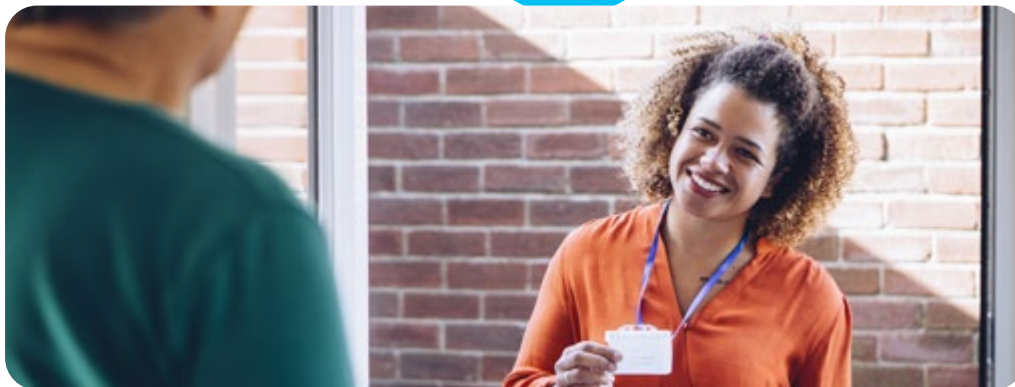
Direct payments are one way in which people can have a choice over the care they need. It allows people to arrange and pay for care and support services of their choosing. 33.8% of people receive a direct payment in Barnsley; we rank 28th on this measure.

Proportion of people using social care who receive direct payments

2022/23 - **33.8%**
2021/22 - **36%**

National ranking: 28th

"I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally"



Spotlight on our Front Door Service

The Front Door was established in 2021 with a team of social workers to triage enquiries into Adult Social Care.

The Front Door team is trained to understand people's situations and to gather the right information to ensure people are getting the right care at the right time and if needed, the right package.

New contacts to Adult Social Care have continued to increase alongside the proportion requiring further action. From the contacts received where further action was needed (67%), most of these went on to our assessment and care management teams (44%).

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"How long will people have to wait for a first contact?"

"It all sounds positive but feedback from other carers is that they have had to wait a long time"

We recognised that people were waiting too long, and we feel this is improving.

People should be getting a call back within 48 hours. The person will be contacted on the same day if it is urgent.

Improved practice in 2022/23

- Development of low-level concerns process; this allows the team to have oversight and identify appropriate concerns with care providers.
- Partnership working with South Yorkshire Police, our homeless prevention team and health colleagues.
- Development of internal data to assist with service planning and insight.

Contacts received

2022/23 - **22,664**
2021/22 - **20,725**



The proportion of people who use services who find it easy to find information about services

2021/22 - **73.1%**
2022/23 - **72.7%**

Ranking:
23rd

Pathway of contacts requiring further action

Assessment and care management: **44%**
Deprivation of Liberty Safeguards (DOLS): **8%**
Equipment and Adaptions: **28%**
Reablement: **12%**
Safeguarding: **7%**

Looking ahead, the Front Door hope to improve in the following areas.

- Development of a 'Choose and Book' system to allow people to book an appointment with a social worker and alleviate wait times.
- Potential relocation to a front-facing location.
- Establishment of a rapid response service to support the right people at the right time and allow for urgent welfare visits to take place.
- Continuing to support people before they reach crisis.
- Increasing our referrals into reablement to help more people regain their independence.

"It all sounds positive that the service are moving forward and this is reassuring as a carer"

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"I have people who support me, such as family, friends and people in my community"

Carers

The number of unpaid carers recorded in Barnsley by the 2011 Census was 27,167. This was equivalent to approximately 12% of the population of the borough.

Our Carers' Strategy aims to:

- Recognise and identify carers as soon as possible so they receive the appropriate information and advice for themselves, their family, and the person they care for.
- Help caregivers know their rights and get the support and breaks they need for their health and wellbeing.
- Help carers to have a life outside their caring role and be supported to work or undertake training and education opportunities.
- A carer's assessment helps us to work out if you're eligible for support from Adult Social Care (in accordance with the Care Act) in your role as an unpaid carer.

The proportion of carers who receive self-directed support:

2022/23 - 99.6%
2021/22 - 99%

Ranking:
110th

The proportion of carers who receive direct payments:

2022/23 - 99.1%
2021/22 - 99%

Ranking:
78th

Carers assessments completed

2022/23 - 2,145
2021/22 - 2,096

Target
1500

Number of services provided as an outcome of an assessment or review

2022/23 - 1,381
2021/22 - 1,263

Target
800

"I had a really good experience with a carer assessment; it was typed up and sent out to me in four days; I felt it explained exactly how I felt"

We have completed more carer assessments in 2022/23 compared to 2021/22, and as a result, the number of carers receiving services has increased by 9%.

We have also begun to co-produce a new **carers break offer**. This should help to make sure meaningful options are available to support carers in their role.

Barnsley Council commissions **Barnsley Carers Service** to deliver a range of support to unpaid carers. They support around 2,000 carers with:

- Information and advice.
- One-to-one and group support.
- Complimentary therapies, events and activities.
- Volunteering opportunities.
- Help with obtaining carer's grant funding.

You can contact the service directly to find out how they can support you at barnsleycarers.co.uk/.



Supporting people to live healthier lives

Residential care



Long-term support needs of older adults (aged 65 plus) met by admission to residential and nursing care homes, per 100,000 population

2022/23 - **787**
2021/22 - **871.4**

Ranking:
136th

Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population

2022/23 - **21.1**
2021/22 - **16.2**

Ranking:
131st

Last year, our performance was considerably higher than national figures, and we identified this as an area for improvement.

We have reviewed all requests for permanent residential care to make sure we were exploring more independent options for people thoroughly, including our 'Home First' approach, which has positively impacted people.

We are currently performing below national averages and actively working on improvements for the upcoming year.

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Reablement and Night Service

The proportion of people completing reablement with no long term needs

2022/23 - **84.7%**
2021/22 - **85%**

Target
86%

Number of contacts into Reablement

2022/23 - **1,884**
2021/22 - **1,504**

Target
1400

The proportion of older people who were still at home 91 days after discharge from hospital

2022/23 - **82.3%**
2021/22 - **91%**

Ranking:
84th

The proportion of older people offered reablement services following discharge from hospital

2022/23 - **1.40%**
2021/22 - **1.70%**

Ranking:
123rd

In Reablement, we assist people recovering from illness or hospitalisation, providing personalised support to help them live independently and confidently. Our team identifies goals based on each person's preferences, offering the right care to help them return to their daily lives as much as possible.

We continue to support people who access reablement, with 84.7% of people completing reablement with no long-term needs.

The percentage of older people who remained at home 91 days after leaving the hospital has gone down to 82.3%, reflecting the more complex nature of people who are accessing the service post-Covid. We provided recovery services to 1.40% of older people. Increasing the offer for reablement services has been identified as an area we want to improve next year. However, we also recognise that other areas include services outside the local authority as part of their data return. We are looking at this as part of future submissions.

In addition to our reablement service, our Night Service was inspected by the Care Quality Commission (CQC) in December 2022 and received an overall rating of Good. The full report can be read at [cqc.org.uk/location/1-11334742355](https://www.cqc.org.uk/location/1-11334742355).

"I can live the life I want and do the things that are important to me as independently as possible"



Spotlight on our Supported Employment programme

Last year, Barnsley's performance was slightly below the national average (4.8%). This area was identified for improvement, and through the delivery of our Supported Employment programme, it has increased to 5.7%, meeting our target of 5%. This year, our figures are above the national average of 4.8%, and we ranked 47th nationally in this measure.

The service is partly funded by the UK government's Local Supported Employment scheme and has continued to assist people in accessing employment across the community. It is delivered in partnership with Sheffield City Council and the City of Doncaster Council, and has seen sustainable employment secured for people with 80% retention against a national average of 50%

They are partners with **Speakup Advocacy's Employment is for Everyone project**, a social movement aiming to improve employment opportunities for autistic people and people with learning disabilities.

Although we positively support people to achieve their goals, developing diverse employment opportunities continues to challenge us.

We have identified the following key actions to continue to grow the service offer:

- Development of a local reporting system, allowing benchmarking of Local Supported Employment across other authorities.
- Development of 'cornerstone employers' to act as ambassadors for the service offered.
- Rebrand the website offer and make sure information is more accessible.
- Working with the Chambers of Commerce to identify roles and future challenges.
- Inclusive offer to work with the careers service to have the right start to the journey into employment.

More can be learned about the team at barnsley.gov.uk/SEV.

Adults with learning disabilities in employment

2022/23 - **5.7%**
2021/22 - **4.8%**

National ranking: 47th

"I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities"



Providing support

We want to make sure care is joined up and flexible. It supports choice and continuity for the diverse health and care needs of people and our communities. We will collaborate and work in partnership so our services work seamlessly for people.

Care provision, integration, and continuity

Adult Joint Commissioning

Our Adult Joint Commissioning team are responsible for gathering information about local people's needs and ensuring services are available to meet those needs. We regularly review these services to make sure they are of high quality and deliver the right outcomes for people.

Our care providers

Care homes rated good or outstanding have increased by 3% from 2021/22, and homecare rated good or outstanding has increased by 13% from 2021/22.

The team continues to check the performance of services we fund to make sure they deliver what we expect through quality check visits.

In these visits, we look at the policies and procedures. We talk to the people living and working there and their families and spend time in the home, seeing how things are done. We work with the home to make changes where we think things can be done differently or better.

4.5% of people who use services are satisfied with their care and support; this is a 3.5% decrease from last year. The average satisfaction for England is 64.4%, and we're ranked second nationally on this measure, which we are incredibly proud of.

We know we need to improve our feedback from people about the services we fund. We hope to improve this in 2023/24 by developing a customer engagement post and additional feedback options.

Our **Market Position Statement** outlines how Barnsley Council is committed to developing and supporting a market that can provide safe, effective, high-quality, and value-for-money care and support to the people of Barnsley. Our Market Position Statement for 2021-2024 states that Barnsley has around 243,341 residents and that the population is ageing. The number of residents aged 65 and over is predicted to reach 60,800 by 2030. This represents an increase of 33% from 2016.

Percentage of care homes rated good or outstanding by the CQC

2021/22 - **68.5%**
2022/23 - **71.2%**

Percentage of homecare rated good or outstanding by the CQC

2021/22 - **50%**
2022/23 - **63.8%**

"Our figures are below local and regional ratings for good and outstanding; this should be better"

"It is nice to know compliance and unannounced visits take place"

Overall satisfaction of people who use services with their care and support

2022/23 - **74.5%**
2021/22 - **78%**

National ranking: 2nd

Proud to Care campaign

Barnsley Council and partners have launched the Proud to Care Hub. We are proud of our carers and want to promote the value of a career in the care sector through our Proud to Care campaign.

Working in care is a rewarding career you can be proud of - every day, you see your impact on making someone's life better.

South Yorkshire Integrated Care System

The South Yorkshire Integrated Care System (ICS) was launched this year to replace the NHS Barnsley CCG.

What are Integrated Care Systems?

Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined-up health and care services and to improve the lives of people who live and work in their area.

Page 138 The ICS is made up of:

- GP practices.
- Our local councils.
- The NHS.
- Hospitals.
- Health and social care services.
- Voluntary, community and social enterprise organisations.

What is the purpose of an Integrated Care System?

The purpose of ICSs is to bring together our health and social care services so people get the right care and support they need by:

- Improving outcomes in population health and healthcare.
- Tackling inequalities in outcomes, experience and access.
- Improving the health of children and young people.
- Supporting people to stay well and independent.
- Acting sooner to help those with preventable conditions.
- Supporting those with long-term conditions or mental health issues.
- Caring for those with multiple needs as populations age.
- Getting the best from collective resources so people get care as quickly as possible.



“Information sharing feels fragmented, people do not want to repeat themselves to their GP, hospital and social worker”

Partnerships and communities

Barnsley CVS: Voice Your Views

We asked Barnsley CVS to facilitate a discussion to gather the views of people who access services to help shape the future of Adult Social Care.

Barnsley CVS launched the Voice Your Views discussion and views were collected through surveys, events and partnership working.

The aims of the discussion were to:

- help shape the future Adult Social Care Strategy.
- build on and enhance qualitative feedback.
- identify areas where Adult Social Care needs to improve.
- identify areas of strength and best practice.
- identify people who may want to be involved in co-production in the future.
- help inform how Adult Social Care can establish an ongoing conversation with people who use services.

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The discussion highlighted some key points including:

- There are gaps in understanding of what Adult Social Care is and how people can access key information to make the right choices.
- Some people do not consider the help they provide to others as caregiving.
- People value the support they receive from voluntary organisations.
- People want to be involved in co-production to address issues.
- The majority of people feel they are treated with dignity and respect in relation to their care.

The outcomes of the discussion will be used to improve how we work with people, shape services and inform our strategy for Adult Social Care in Barnsley.



Health and Wellbeing Strategy

Our Health and Wellbeing Strategy 2021-2030 sets out how we will respond to challenges in Barnsley, focusing on helping people start well, live well, and age well. You can read the strategy at barnsley.gov.uk/media/19957/barnsley-hwb-strategy-final-web.pdf.

We want to prevent people from needing long-term care and support services wherever possible. This can be through access to easy-to-understand information, advice, early help and preventative services. Early help is all about giving people the help they need as soon as possible and supporting people, families, and communities to do more for themselves.

People might need assistance at any stage of their lives. This could mean getting help early in life or addressing an issue in its early stages. Providing people with information and advice can help them consider their future and make plans.

We should think about what we need in the future to keep ourselves healthy and well. Research shows that having a supportive network of family and friends can contribute to longer and healthier lives. However, not everyone has that advantage.



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Barnsley Older People Physical Activity (BOPPAA) programme

The Barnsley Older People Physical Activity Alliance (BOPPAA) aims to increase the provision of physical activity programmes, such as tai chi, aqua aerobics or walking sports, to improve the strength and balance of older people across Barnsley. The programme helps to reduce falls and hospital admissions and has been shortlisted for a Local Government Association (LGA) award.

BOPPAA is funded by Barnsley Council and led by Age UK Barnsley; bringing together the NHS, private and third-sector organisations.



Safety in the system

We want to make sure we have safe systems of care where safety is managed, monitored and assured—protecting people’s right to live safely, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.

Safe systems, pathways and transitions

“When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place”



Page 142 Spotlight on our Preparing for Adulthood (PFA) team

An internal review of our transition process found that:

Transitions protocol did not appear to be embedded.

- Late notification of transition.
- Transition in Adult Social Care was often based on services, not needs (contrary to the Care Act).

In response to the review, the Preparing for Adulthood (PFA) team was developed to support younger people in Barnsley.

The interim team consists of two social workers and a team manager. They can work with people from the age of 14 and onwards, and in some circumstances, they can work with people up to the age of 25, ensuring they can have a conversation about their future support needs and prepare for a smoother transition into adulthood.

Throughout the year, they have focused on building networks with partnership agencies, including Children’s Social Care, Barnsley College and Greenacres, to develop a more consistent approach to younger people’s care and support. Jack’s story on the next page demonstrates how the team can support people to achieve their outcomes.

“We need to get it right for people in transition to adulthood”

Jack's Story



Jack was referred to the Preparing for Adulthood team by his mum. Jack had aspirations of gaining a degree but felt that his lack of independent skills was a barrier to him going to university. Jack was born 14 weeks premature, subsequently leading to issues relating to his health and development.

The team worked with Jack to build his confidence up whilst assessing his needs under the Care Act. The team had conversations with Jack to understand what outcomes he wanted to achieve. He was offered the support of a personal assistant (PA). Subsequently, Jack was supported by his PA and the University Student Support Team to move into university accommodation.

He has now enrolled at university, and he is doing amazing to the point where Jack feels he may not need any further support by the time of his next review.

Creative working and a person-centred approach were key to our work with Jack. Without the flexible support, he would likely have delayed going to university and gaining not only independence skills but a vocation through higher education.

We know we need to improve our offer for the Preparing for Adulthood (PFA) team by:

- Working with people as early as possible, ideally from 14.
- Improved reporting systems to support service development and insight.
- Developing more robust communication with everyone involved.
- Beginning to co-produce the offer with young people, families and carers.



Safeguarding

I feel safe and supported to understand and manage any risks.



We believe everyone has a right to feel safe and live without fear of abuse, neglect or exploitation. Our priority is to protect adults who live in Barnsley, promoting their wellbeing and reducing the risk of harm for those with care and support needs. Barnsley's Safeguarding Adults Board helps support and challenge professionals and volunteers across the borough.

You can learn more about the support they offer at barnsley.gov.uk/safeguardingadults.

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We work with our partners at the Safeguarding Adults Board to make Barnsley a safe place to live and protect adults who may be at risk.

Various sub-groups on performance management, quality assurance, and policies and partnerships support the Safeguarding Board.

Our Safeguarding Adults website gives people access to training and safeguarding resources like policies and procedures.

Safeguarding referrals

2022/23 - **3,129**

2021/22 - **2,231**

**Increase:
33%**



Concerns raised by the public

2022/23 - **131**

2021/22 - **64**

The Board creates a yearly report that contains details about its performance. The report outlines the actions taken to prevent abuse and harm and to safeguard adults who have experienced injury or mistreatment.

Whilst the partnership is well-sighted on concerns from care homes, it gets fewer from people in their own homes. A target was set to increase this, and promotional activity has been delivered to help raise awareness.

Last year, 64 concerns were raised by friends, neighbours, relatives and unpaid carers, so a target of 70 was agreed. In 2022/23, it was reported that 131 concerns were received, which is almost double the target.

72.1% of people said they feel safe; this is a decrease from feedback in 2021/22 by 5.9%. The England average is 69.7%, and 93.9% of people said that their services make them feel safe and secure; last year, this was 95%, and the average for England is 87.1%. We ranked first in this country on this measure.

The proportion of people who feel safe

2022/23 - **72.1%**
2021/22 - **78%**

England average:
69.7%

The proportion of people who use services who say that those services make them feel safe and secure

2022/23 - **93.9%**
2021/22 - **95%**

England average:
87.1%



Leadership

We have clear responsibilities, roles, systems of accountability and good governance.

We use these to manage and deliver good quality, sustainable care, treatment, and support and focus on continuous learning, innovation and improvement across our organisation and the local system.

Governance, management and sustainability

Our leadership covers how we deliver our objectives around working with people and providing support and safety in the system.

From April 2023, the Care Quality Commission (CQC) began to inspect local authorities to understand the quality of care in the area and provide independent assurances to the public.

An assessment framework and interim guidance were published, and CQC has the ambition to inspect all councils within two and a half years.

In preparation, we completed a self-assessment to identify our readiness for inspection and provide assurance of our approach, along with an overview of areas for improvement.

The self-assessment can be viewed at barnsleymbc.moderngov.co.uk/documents/s108718/Preparedness%20for%20CQC%20Assurance%20Report.pdf.

From our self-assessment, we identified that:

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People speak very highly of Adult Social Care in Barnsley

In previous years Barnsley has been top or second in the country on a number of national measures.



People who need support and care receive this. We have no waiting list for homecare

We have no waiting list for homecare at a time when many areas are struggling with this. When people need support to stay at home for longer, they can access homecare in a timely manner.



We are promoting independence. We have reduced the number of older people (65+) being permanently placed in residential care and increased the number of people being supported with homecare

Homecare hours continue to increase significantly. Older people's permanent residential care admissions are reduced.



We also identified improvements in these areas:

Quality: The independently assessed quality of care needs to improve

We are investing in a new Care Home Quality Team and working closely with partners to support and challenge providers to improve.

Peoples views and experiences

We need an improved approach to collecting the views and experience of people and using this to inform improvements.

Caseloads: We need stronger arrangements for overseeing and managing caseloads

We have rising demand at our Front Door and within our teams. Our managers have developed a new approach to caseload management, which includes governance and oversight.

Performance management

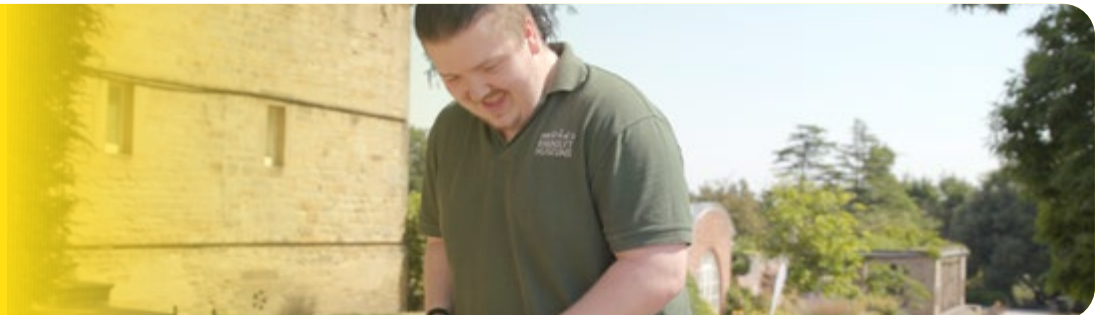
Page 148 We use performance information to manage our services and improvements effectively.

An objective of the self-assessment was to develop a Performance Management Report to allow senior management oversight of our performance, quality assurance and change management, along with necessary actions. The report highlights issues and risks and informs decisions about our strategy and allocated resources.

Our monthly performance report is the main tool managers use to assess our performance; it includes data on contacts, timeliness and outcomes for people.

We have developed a performance data roadmap so we can work to improve our performance data, allowing better insight and improved storytelling of Adult Social Care in Barnsley.

"I have considerate support delivered by competent people"



Social Worker Teams Celebration event

Last year, we held a celebration event for our social worker care colleagues.

We brought staff from different teams together to celebrate and thank our colleagues for their work in our community and their achievements over the last year.



Employee Survey and Social Worker Health Check outcomes

Social Worker Health Check

The Social Worker Health Check is an annual survey which provides insight into our social work workforce locally, regionally, and nationally. As well as providing invaluable feedback on staff satisfaction and the challenges our workforce faces, it allows us to identify any trends we can use to help shape and inform priorities for social work policy and practice.

Adult Social Care achieved an overall rating of green across the Employer Standards for a second year with only one amber rating.

The findings of the survey highlighted the significant commitment of our workforce. The survey demonstrates our continued commitment and desire to provide excellent services and evidence-based practice.

Following the findings within the report, the Adult Principal Social Worker identified some improvements, which included:

- Embed into a **Practice Audit Tool** into practice and assurance that supports strength-based practice and reflective-based working.
- Continue to promote **wellbeing and flexible working**. Continue to promote counselling and other services.
- Continue developing a **safe space and Culture and Diversity group** for social work staff to discuss how diversity and cultural background impact on practice.
- Continue developing managers and advanced practitioners through **training and leadership programmes**.
- Develop our **apprenticeship route** for social work.
- Continued **communication and engagement** from senior management.



Employee Survey

In September 2021, Barnsley Council completed its latest **Employee Survey** to understand views around leadership, values, capability, and wellbeing.

We received some positive feedback from our employees, including;

94%
of people believe
they make a
difference in their
day-to-day work.



82%
of people feel they
have regular, effective
discussions about
their performance
with their manager.



83%
of people
felt proud to
work for the
council.



90%
of people feel their line
manager encourages
and enables them to
take responsibility for
the work they do and the
decisions they make.



88%
of people understand
how they contribute
to the council's
priorities.



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The survey also provided an opportunity for learning where the following improvements were identified:

56%
of people feel there is
a culture of openness
and trust.

63%
of people feel valued
for the contribution
they make.

64%
of people feel there is
a culture where they
feel respected.

51%
of people have expressed
feeling anxious a lot or
sometimes.

These improvements have been included in our internal improvement plan to:

- Promote mental and physical wellbeing through our Mental Health First Aiders and Employee Assistance Programme, which is available to all staff.
- Improve communication and involvement through our extended manager's meetings.
- Improve communication through our internal staff bulletins.

Extended Manager's meetings

The development of our Extended Manager's sessions has been positive and encourages communication and stronger working relationships across Adult Social Care.

The planned sessions continue to enable information sharing on things happening or on the horizon across Adult Social Care.

We have received positive feedback from these meetings. 96% of staff have told us that the sessions are helpful, informative and a great way to meet colleagues.

"Being in these sessions, having a voice and being appreciated and valued for the work I do always gives me a boost and has a positive impact on my professional practice"

Learning, improvement and innovation

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"I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want"

Compliments and complaints

It's important to us that we understand what people who use our services think about them. There are lots of ways that people can let us know their views. This includes making a complaint, passing on feedback, complimenting or participating in one of our surveys.

Compliments increased by 55% from 37 in 2021/22 to 82 in 2022/23.

Complaints fell 44% from 49 in 2021/22 to 27 in 2022/23.

Compliments

2022/23 - **82**

2021/22 - **37**



Complaints

2022/23 - **27**

2021/22 - **49**



"Reaching out to say thank you for the input you have with xx and their transition from Children's to Adult Social Care. You have set the ball rolling and sorted 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, 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"

Of the 27 complaints we received:

- Two customers unfortunately discontinued their complaint.

We upheld or partially upheld 17 complaints.

Seven complaints investigations identified no fault.

On one occasion, a complaint progressed to the next stage but was not upheld.

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44%
of complaints were
made online.

48%
of complaints
were made directly
by the customer.

87%
of complaints
responded to within
timescales.

**Main trend:
Customer unhappy with
how we communicated
or consulted with them.**

We must learn from these complaints, and during 2022/23, we identified opportunities to improve in the following areas:

- Improved communication, including clarity, ease of understanding and full representation.
- Improved finance record keeping around invoicing, payments and personal assistants.
- Stronger checks during the financial assessment process.

Better Lives Programme

We want people to live independently with good physical and mental health for as long as possible. Our Better Lives programme will help make sure that adults and those with support needs are safe, protected and able to lead full, active and healthy lives. Our Better Lives blog highlights some of the great work happening in Adult Social Care across Barnsley and can be viewed at barnsley.gov.uk/betterlives.

Learning from feedback

We recognised from our Carers' Survey and other feedback that we need to be better at learning from people and identified this as an area for improvement.

We have invested in a customer engagement post to support this and are developing an engagement framework to work actively with people across Barnsley.

This includes the development of:

- A survey to gain feedback from people around our support following a contact, assessment or review.
- Development of a feedback forum with Adult Social Care, Joint Commissioning, key partners, people and families.
- Improved co-production approaches.



Co-production

Think Local Act Personal (TLAP) is a national organisation recognised for supporting co-production and engagement for people with lived experience.

In September 2022, TLAP was commissioned to facilitate a series of workshops for a group of people with lived experience of Adult Social Care; this included carers, the people we support and volunteers.

These sessions aimed to develop a vision of what is needed for the future of excellence in Adult Social Care and to ensure a co-production approach was designed so everyone works together to achieve the outcomes.

Three areas for improvement were identified:

- Navigation and access to services.
- Communication.
- Co-production.

Page 154 : was agreed the group would focus on two specific projects for the year.

Carers' short breaks.

Our Adult Social Care Local Account report.



The sessions were held every month, and feedback on this approach has been positive; we are hopeful that we can continue to strengthen and grow co-production opportunities through the group in the future.

"Being able to share and hear other people's concerns, and experiences, with a view for improvement is positive"

"I learnt about Barnsley Council's social system setup and their roles in deriving what is possible and what is not"

"We have started something massive and not scratched the surface yet"

Get involved

We are committed to improving how we work alongside people in Barnsley with lived experience, and we want people to feel that their voice is heard and valued. There are lots of opportunities to get involved in co-production in Barnsley.

For more information on how you can get involved, please get in touch with us at communityengagementandconsultation@barnsley.gov.uk

Feedback

We welcome honest opinions and suggestions, so please tell us what you think by contacting us at ASCQualityAssurance@barnsley.gov.uk



Barnsley – the place
of possibilities.



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Equality Impact Assessment

Adult Social Care Local Account 2022/23

Stage 1 Details of the proposal

Name of service Directorate	Place Health & Adult Social Care
Name of officer responsible for EIA Name of senior sponsor	Catherine Sellars Julie Chapman
Description / purpose of proposal	Development of the Adult Social Care Local Account for the period 2022/23 which forms part of the agreed adult social care sector-led improvement approach.
Date EIA started	14/12/2023
Assessment Review date	

Stage 2 - About the proposal

What is being proposed?	<p>The development of the Adult Social Care Local Account for the period 2022/23</p> <p>The local account is produced on an annual basis. We are working with partners in communications to publish this on our website as a summary highlighting key achievements and objectives including a designed report to allow customers to read the full report. By producing the local account on our website and in a readable landscape format we hope to make the report more interactive and engaging</p> <p>The Local Account has been produced with the Think Local Act Personal group (a group of people with lived experience of adult social care and carers), through information workshops delivered by colleagues across</p>
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adult social care, for people with lived experience of adult social care; this included carers, service users and volunteers.

The local account will include narratives of performance along with visual case studies and performance elements.

Why is the proposal required?

The local account is a self-assessment that local authorities who provide adult social care services produce on an annual basis as part of the agreed adult social care sector-led improvement approach.

What will this proposal mean for customers?

The account will provide customers with a clear picture of:

- the achievements we have made in adult social care – how well we are performing
- the changes and challenges we are facing
- our plans for future improvements

Publishing this report makes us directly accountable to those of who use our services, allowing people to determine how well we're doing.

Stage 3 - Preliminary screening process

Use the Preliminary screening questions (found in the guidance) to decide whether a full EIA is required

Yes - EIA required (go to next section)

No – EIA not required (provide rationale below including name of E&I Officer consulted with)

Stage 4 - Scoping exercise - What do we know?

Data: Generic demographics

What generic data do you know?

Demographic data is from the Adult Social Care Outcomes Framework (ASCOF), a national set of performance indicators that all councils must report on.

ASCOF data requires only Age and Gender groups to be reported on and as such data is unknown on any other protected characteristic group against this data. The characteristic groups are recorded on our case management system liquid logic.

To consider improvements for next year to include of internal data developed through the Front Door contacts to understand if there are any signification issues or impacts for people

Data: Service data / feedback

What equalities knowledge do you already know about the service/location/policy/contract?

The core purpose of Adult Social Care is to provide care and support to older, disabled and vulnerable people and their carers. The service seeks to promote equality, diversity and social inclusion

Collaboration has been central to the Local Account's development. The report aims to use plain language, visual data, and an easy-to-read design, promoting inclusivity and understanding.

Data: Previous / similar EIA's

Has there already been an EIA on all or part of this before, or something related? If so, what were the main issues and actions it identified?

This publication will be the tenth local account produced. Feedback this year from the focus groups has stated the need for the report to be landscape, in plain English, with illustrative case studies and the design should be easy to read and engaging.

Data: Formal consultation

What information has been gathered from formal consultation?

Initial consultation was that the current draft is informative, clearly highlighting successes over the period along with clearly identified areas of improvement. The feedback was that it would be better to read the report as a landscape booklet which was visually engaging. We are working with our partners in communications to develop a formal publication

Stage 5 - Potential impact on different groups

Considering the evidence above, state the likely impact the proposal will have on people with different protected characteristics

(state if negative impact is substantial and highlight with **red text**)

Negative (and potentially positive) impacts identified will need to form part of your action plan.					
Protected characteristic	Negative ' - '	Positive ' + '	No impact	Don't know	Details
Sex			x		
Age			x		
Disabled <i>Learning disability, Physical disability, Sensory Impairment, Deaf People ,invisible illness, Mental Health etc</i>	-				Report to be developed in landscape format, easy to read with visual elements and accessibility features Disabled people with communication disabilities such as people with sensory impairments and people with learning difficulties because they may find using online services more difficult. Website to adhere to WCAG2 – Website accessibility guidance.
Race	-				Report to be developed in landscape format, easy to read with visual elements and accessibility features People whom English language is a communication barrier or not first spoken language may find using online services more difficult. Website to adhere to WCAG2 – Website accessibility guidance
Religion & Belief			x		
Sexual orientation			x		
Gender Reassignment			x		
Marriage / civil partnership			x		
Pregnancy / maternity			x		

Other groups you may want to consider					
	Negative	Positive	No impact	Don't know	Details
Ex services			x		
Lower socio-economic			x		
Other ...			x		

Stage 6 - BMBC Minimum access standards

If the proposal relates to the delivery of a new service, please refer to the Customer minimum access standards self-assessment (found at)

If not, move to Stage 7.

Not yet live

Please use the action plan to detail the steps to be taken to ensure the new service complies with the minimum access standards. Reasonable adjustments for disabled people.

- The proposal will meet the minimum access standards.
- The proposal will not meet the minimum access standards. –provide rationale below.

Stage 7 – Action plan

To improve your knowledge about the equality impact . . .

Actions could include: community engagement with affected groups, analysis of performance data, service equality monitoring, stakeholder focus group etc.

Action we will take:	Lead Officer	Completion date
Community engagement of the report with hard to reach groups and continued focus on improving how the local account is shared with the public	Catherine Sellars	
Report to be developed in landscape format, easy to read with visual elements and accessibility features	Communications	

To improve or mitigate the equality impact . . .

Actions could include: altering the policy to protect affected group, limiting scope of proposed change, reviewing actual impact in future, phasing-in changes over period of time, monitor service provider performance indicators, etc.

Action we will take:	Lead Officer	Completion date
Website publication to adhere to WCAG2 – Website accessibility guidance, the BMBC website is setup to include accessibility features such as translate, BSL sign language and audio. Which will reduce the impact on disabled and race groups.		

To meet the minimum access standards . . .(if relevant)

Actions could include: running focus group with disability forum, amend tender specification, amend business plan to request extra ‘accessibility’ funding, produce separate MAS action plan, etc.

Action we will take:	Completion date
Not yet live	

Stage 8 – Assessment findings

Please summarise how different protected groups are likely to be affected

Summary of equality impact	Disabled and race protected characteristic groups may be impacted by publishing the report online and using online services.
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Summary of next steps	The council must adhere to WCAG2 – Website accessibility guidance and as such webpages are developed with accessibility features for protected characteristic groups. The webpage summary will include all key achievements and improvements of the local account and will be easy to read. Easy read format to be available
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Signature (officer responsible for EIA) Date	Catherine Sellars
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**** EIA now complete ****

Stage 9 – Assessment Review

**(This is the post implementation review of the EIA based on date in Stage 1 if applicable)
What information did you obtain and what does that tell us about equality of outcomes for**

different groups?

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BARNSELEY METROPOLITAN BOROUGH COUNCIL

REPORT OF: Executive Director of Public Health and Communities

TITLE: Commissioning the Adult Weight Management Service

REPORT TO:	CABINET
Date of Meeting	20th March 2024
Cabinet Member Portfolio	Public Health and Communities
Key Decision	No
Public or Private	Public

Purpose of report

This report provides an overview of the business case for Adult Weight Management. The contract for the current offer is due to expire at the end of September 2024, and the business case provides recommendations for the service to continue. The statutory guidance for Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) can be applied in this case, enabling the service to continue longer.

Council Plan priority

Healthy Barnsley

Recommendations

- Cabinet to approve the service's budget for up to eight years (5+1+1+1).
- Cabinet to authorise officers to apply the Provider Selection Regime (PSR) regulations as part of the procurement process. Provider organisation to coordinate the service, which supports people to improve healthy weight levels and reduce the prevalence of obesity.
- Cabinet to authorise the Director of Public Health and Communities to have delegated authority to directly award the contract using process C because the contract continues and the provider is still considered the best fit for this service.

1. INTRODUCTION

- 1.1 The Adult Weight Management Service, initiated in January 2019, aims to offer guidance and assistance to residents seeking to change their behaviours and achieve a healthier weight.

Rates of obesity in England are high and rising. In Barnsley, the percentage of adults (18+) who are classified as overweight or obese is significantly higher than the regional and national averages.

It is acknowledged that the 'healthy weight' agenda not only focuses on obesity and overweight but also includes issues relating to hunger, food insecurity, and malnutrition, leading to being underweight.

The scope of this business case focuses only on obesity and overweight, which remains a significant public health challenge based on local data, indicating over three-quarters of the adult population in Barnsley are overweight or obese.

The service has proved effective in reducing weight, improving mood, and increasing physical activity levels of adults with a body mass index (BMI) of 25 – 40 (considered overweight/obese), which is one of the criteria for accessing the service. This forms one part of the system-wide approach to addressing obesity and inequalities in Barnsley.

Alongside the Barnsley 2030 priorities, particularly Healthy Barnsley, this work also forms a key part of the developments across the health and care system and the Barnsley Health and Care Plan 2023-2025, which works towards the following priorities;

- **Make services more accessible** – so you get the right support when and where you need it
- **Provide more joined-up care in the community** – removing barriers to health and care across different places so you experience seamless care
- **Support people to keep healthy** – giving you opportunities to maintain a healthy lifestyle for yourself and your family
- **Offer the best possible start in life for people** – helping you to nurture a lifetime of good health and happiness for your child from birth to adulthood
- **Develop our talented workforce** – so they are equipped to make sure you can experience excellent healthcare

This work is crucial for preventing obesity. It's part of our top priorities and helps residents and the wider system.

The enclosed business case offers comprehensive details about the evidence supporting our decisions and our commissioning plans. It also outlines the expected outcomes for the service.

- 1.2 Barnsley Premier Leisure (BPL) is the current provider of this service, offering a free twelve-week programme of support and advice about food, nutrition and physical activity primarily through their five local centres across Barnsley.

The programme supports people in achieving a healthier weight by providing a programme that enables access to education on a range of physical activities and nutritional information to support weight loss. The service is

broadly based on the NICE guidance for tier-two weight management services and has achieved good outcomes.

Based on the programme's success, impacts, and outcomes we have seen from the work, as well as the rising levels of obesity in Barnsley, it is essential for this work to continue.

- 1.3 As already mentioned, a significant percentage of the adult population in Barnsley is considered to be overweight or obese, and there is evidence that obesity is closely linked to deprivation and inequalities in health. Any preventative work to manage and maintain a healthy weight and educate people to make positive changes impacting their physical and mental wellbeing is important. This not only achieves positive health outcomes for people, but it benefits the health and social care system in terms of delaying or preventing people needing to access services impacted by the consequences of obesity, e.g. cardiovascular disease, Musculoskeletal problems, cancers, etc.

The weight management service also provides a sense of social support within the community, building confidence and self-esteem, and provides opportunities to develop friendships and social support, all of which are important for mental health and wellbeing.

2. PROPOSAL

- 2.1 The service maintains its success in meeting targets and lowering rates of overweight and obesity while also improving physical activity outcomes for local people.

The proposal is to directly award the provider for a minimum of five years from 1 October 2024 to 31 March 2029, with the option to extend for an additional three years should funding be available, taking the contract term up to 2032.

- 2.2. Whilst the programme would benefit from joint funding as the outcomes actively support health and social care, this is not available at present, and clarity is still needed in relation to the plans for Integrated Care Board (ICB) commissioning of related services like Tier three weight management and whether this will be procured at a place-based level or across the South Yorkshire footprint.

The programme's success to date has been recognised across the system, and the service in Barnsley has also had some national recognition for its outcomes and retention rates, which are some of the best in the country for this type of programme.

2.3 Options Appraisal

Proposal	Advantages	Disadvantages
Option 1 – Do nothing/ decommission the	<ul style="list-style-type: none"> Opportunity for cost savings as part of the council's transformation programme. 	Decommissioning the service would create a gap in provision and impact residents' health and wellbeing.

Proposal	Advantages	Disadvantages
current weight management offer		<p>No alternative service is in place, offering the level of support for those who need it.</p> <p>The gap in provision to support people with a BMI of 25-40 leads to increased demand for other council and NHS services.</p> <p>Questions regarding the council's commitment to reducing the prevalence of obesity and health inequalities and improving longer-term health outcomes for local people.</p>
<p>Option 2 –</p> <p>Develop a new offer to include the under-weight that will also reduce the prevalence of obesity and inequalities.</p>	<p>This could lead to an increased number of people who complete the programme.</p> <p>The programme could impact the health and wellbeing of local people, including those who are underweight.</p>	<p>It is likely to require initial set-up costs and additional resources to achieve a positive impact on healthy weight.</p> <p>Insufficient resources for a full-scale 'healthy weight' support programme may restrict suppliers.</p> <p>Additional time and resources are needed to develop a new model and approach.</p> <p>There is limited evidence regarding the compassionate approach to healthy weight to develop a programme of this type.</p> <p>Potential harm to reputation among residents and partners due to discontinuing current services.</p>
<p>Option 3 –</p> <p>Develop an existing offer focusing on obesity and overweight over a longer contract term</p>	<p>Maintain a service that has demonstrated positive health outcomes for residents.</p> <p>A targeted approach to specifically address the prevalence of obesity, which is high in Barnsley.</p> <p>Opportunity to target particular groups at risk of inequality, e.g. migrant communities and people with learning disabilities.</p> <p>Longer contract terms provide security for local providers.</p> <p>Evidence-based approach that has</p>	<p>Financial commitment for a longer term.</p> <p>Unable to address a wider healthier weight approach to include underweight.</p>

Proposal	Advantages	Disadvantages
	<p>continued to demonstrate positive health outcomes.</p> <p>Increased capacity to support more people and provide a full offer.</p> <p>Opportunity to identify additional resources to extend capacity further.</p>	

Given the programme's success to date, continuing the work over an extended period would be beneficial to enable maximum impact and benefit.

The recommendation is Option 3 – Develop an offer focusing on obesity and overweight over a longer contract term.

Option 3 would be the preferred option, with an annual contract value of £90,000.

Contract term proposed: Five years with the option to extend for three additional years should funding be available.

Timescales: October 2024 – May 2032

3. IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

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

The proposal is to recommission for the provision of the weight management service, the contract is due to end on 30th September 2024.

Healthier Communities (BU8) has a base budget value of £90,000 per annum to support this service. The current commissioned service is provided by Barnsley Premier Leisure, the recommendation is to approve the budget to procure the contract for 5 years with an option to extend for a further three years if funding is available.

The proposed contract spend does not include any efficiencies as part of the transformation review in healthier communities. This service has experienced significant cuts as a result of austerity over the last few years and given the prevalence of obesity among the adult population is at very high levels, it would impact significantly on the capacity of the new service, and efforts to reduce levels of obesity over the next few years.

Risk

The latest MTFS / Transformation Paper, which requires the Services of the Authority to undertake zero-based service reviews, covers a period to the

financial year 2025/26 – the recommendation to re-commission this contract for an initial 5-year basis would extend beyond that period.

It should be noted that if council funding becomes under pressure during the duration of the contract then the contract will need to be scaled back.

A Risk Assessment will also be undertaken as part of the development of the new service specification to identify any issues

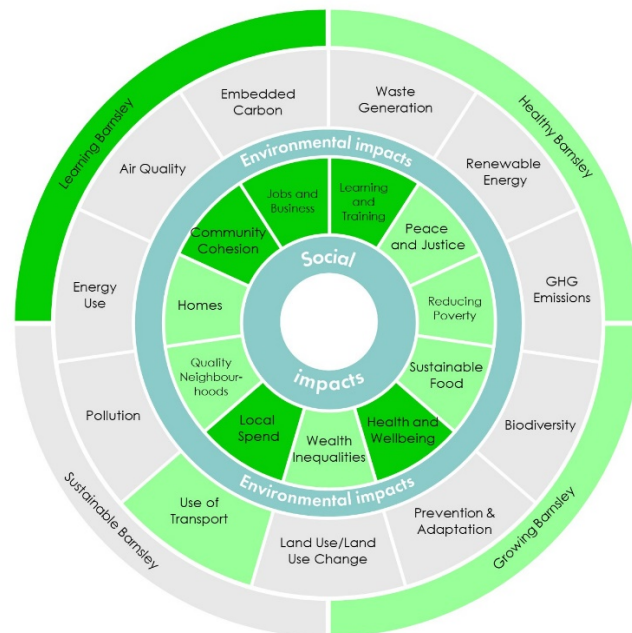
3.2 Legal

Advice and consultation will be undertaken with the legal team in connection with the direct award process and/or contract implementation using PSR.

3.3 Equality

A full Equality Impact Assessment has been completed for the first phase of this work, and this will be updated as part of the new procurement, pending approval to take this forward.

3.4 Sustainability



The Adult Weight Management Service will positively impact a number of the 2030 priorities, particularly the ‘learning’ and ‘healthy’ priorities. Although the focus of the service is primarily on health and wellbeing and reducing inequalities, the wheel does demonstrate that a key focus of the work includes providing information, support, and advice for ‘learning and training’ in relation to behaviour change. Both ‘community cohesion’ and ‘jobs and business’ are two examples of wider factors that we know can positively impact health and wellbeing and reduce poverty.

3.5 Employees

BPL employs staff to coordinate this work.

3.6 Communications

Communications have been part of discussions regarding the delivery and promotion of the service delivered by BPL.

The Communications and Marketing team will support the team regarding the outcomes of the cabinet papers and any announcements arising from the proposed direct award process. Their primary objective is to ensure effective communication and dissemination of information to the public. Closely collaborating with partner communications teams ensures clear messaging and directs the public towards relevant services. Through strategic planning, they enhance public awareness, engagement, and understanding. Using various communication channels, such as social media, press releases, and website updates, the team ensures that the community is well-informed and can access the necessary information about cabinet decisions and services.

4. CONSULTATION

People who have been involved in the weight management programme to date continue to provide ongoing feedback, insights, and case studies in relation to their experience with the service so that local needs and requirements can continue to be addressed.

The experiences have been overwhelmingly positive, and several participants have also been actively involved in local promotional information about the service.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Three options were identified within the business case. The analysis provides the council with two other alternatives.

Option 1 to 'do nothing' was ruled out as a significant gap in provision would remain should no service be provided. This would be detrimental to residents and also heighten levels of obesity and health inequalities, as well as increasing pressure on the health and social care system.

Option 2 would be to create an entirely new offer. However, this would require additional set-up/running costs that would limit the impact and capacity to adequately address the needs of those at greatest risk of inequality. There would also be fewer resources and opportunities to develop new activities to meet broader needs.

6. REASONS FOR RECOMMENDATIONS

The current contract for weight management ends on 30 September 2024, and not providing the service moving forward would leave a significant gap in

provision.

Maximising the funding available from healthier communities is the preferred option, as demand is likely to increase further based on local needs.

A direct award for this service for up to five years provides some sustainability to the local provider in consistently delivering an effective service and model, but, more importantly, it benefits local residents in terms of obesity and inequalities.

A direct award process is preferred in line with procurement (PSR) regulations.

7. GLOSSARY

AWM – Adult Weight Management
BPL – Barnsley Premier Leisure

8. LIST OF APPENDICES

Appendix 1: Business Case

9. BACKGROUND PAPERS

[Details of background papers **MUST** be included]

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	<i>Vanessa Hunter</i> 28.02.2024
Legal consultation & sign off	<i>Hussona Begum</i> 22.02.2024

Report Author: Cath Bedford
Post: Public Health Principal (Communities)
Date: 19 February 2024

**Public Health and Communities Directorate
Healthier Communities**

**Business Case
Adult Weight Management Programme
9 February 2024**

1. Executive Summary

This business case presents an evidence base for the commissioning of the Barnsley Tier 2 Adult Weight Management Service, which has proved to be effective in reducing levels of overweight and obesity, improving mood, and increasing physical activity of adults with a Body Mass Index (BMI) of 25 – 40.

Rates of obesity in England are high and rising. In Barnsley, the percentage of adults (18+) who are classified as overweight or obese is significantly higher than the regional and national averages. Weight management forms one part of a whole system's approach to obesity. The prevalence and rate of increase are not spread equally across society, and there is a strong systemic relationship between obesity and deprivation. Some protected characteristic groups are also more likely to be impacted than others.

It is acknowledged that the broad 'healthy weight' agenda not only focuses on obesity and overweight but also includes issues relating to hunger, food insecurity, and malnutrition, leading to being underweight. Nationally, there are some gaps in terms of strategy, measurement, legislation and progress in relation to poverty and food access, but there have been some developments as part of the Barnsley response to the cost of living crisis, and this continues to be a priority moving forward.

The scope of this business case focuses only on obesity and overweight, which remains a significant public health challenge.

2. Introduction

Although 'Obesity Prevention' is not a statutory public health responsibility for local authorities, it continues to be recognised as an important issue in Barnsley, especially considering the higher-than-average rates and links to economic deprivation in the borough and it remains closely linked to both food access and poverty agendas.

In line with local and national strategies, the council aims to reduce health inequalities linked to circumstances in which people are born, grow, live, work, and age, broadly described as the social determinants of health. Barnsley has a strong sense of community, and as a council, we work closely with local health partners and community groups to support people in several ways. A number of

organisations are all actively working in local communities through commissioned or grant-funded service provision, working together to prevent ill health and improve quality of life.

Barnsley's Tier 2 Adult Weight Management Programme was launched in January 2019 and is currently delivered by Barnsley Premier Leisure (BPL). Known as the Barnsley Wellbeing Programme, it is a free 12-week initiative that supports participants in making positive lifestyle changes to help them improve and maintain their health and wellbeing.

Aim

To provide targeted support around diet, nutrition, physical activity and mental wellbeing.

Objectives

- To offer 1:1 and/or group support for individuals for up to 12 weeks, ensuring an appropriate exit strategy on completion.
- To administrate/manage a system for self and professional referrals.
- Undertake appropriate initial assessment to ensure the right level of support for individuals before and after the intervention.
- To develop sustainable solutions for individuals to maintain healthier lifestyles and continue engagement in a range of activities on offer, maintaining those who 'can' and 'will'.
- Ensure effective partnership working for signposting and onward referrals to support individuals in their local communities and promote connections with other community-based activities to meet needs.

3. Rationale, local priorities and evidence base

Health inequalities have been a focus for a number of years but more recently highlighted as part of Marmot's report to Building Back Fairer (2020) following the COVID-19 pandemic.

Health inequalities are

'.....avoidable, unfair and systematic differences in health between different groups of people'
(Kings Fund)

There is an acknowledgement that many of the factors that underpin wellbeing and increase resilience are often social and not medical, and some of this work is key in creating a range of co-produced solutions with local organisations and people. Helping people to access and influence health and social care is a crucial part of addressing inequalities.

There is not one single solution to the obesity crisis, and the evidence continues to suggest that a whole systems approach is the best way forward. In Barnsley, the elements of this approach happen across different parts of the council and wider system. Over the years, there have been significant cuts to public health budgets (due to austerity), which have impacted the capacity of local weight management services.

Alongside the Barnsley 2030 priorities, particularly Healthy Barnsley, this work also forms a key part of the developments across the health and care system and the Barnsley Health and Care Plan 2023-2025, which works towards the following priorities;

- **Make services more accessible** – so you get the right support when and where you need it
- **Provide more joined-up care in the community** – removing barriers to health and care across different places so you experience seamless care
- **Support people to keep healthy** – giving you opportunities to keep a healthy lifestyle for yourself and your family
- **Offer the best possible start in life for people** – helping you to nurture a lifetime of good health and happiness for your child from birth to adulthood
- **Develop our talented workforce** – so they are equipped to make sure you can experience excellent healthcare

This work is important in terms of the obesity prevention agenda as part of these priorities and benefits residents and the wider system.

Level of need



The service forms part of the tiered approach to adult weight management, combining NHS and council-commissioned programmes. Weight management forms one part of a whole system's approach to obesity. As seen in the diagram above, it is linked to other (NHS) commissioned Tier 3 and 4 and digital weight management services, as well as connecting to more universal and targeted (tier 1 and 2 respectively) services supporting access to food, nutrition, physical activity, and the impact of the wider determinants of health e.g. employment, housing, education.

3.1. Inequalities and deprivation

Rates of obesity in England are high and rising. In Barnsley, the percentage of adults (18+) who are classified as overweight or obese is significantly higher than the regional and national averages.

Despite a decrease from 74% in 2019/20, percentages are still one of the highest in the region for 2020/21, with 71% of adults classified as overweight or obese.

The prevalence and rate of increase are not spread equally across society, and there is a strong systemic relationship between obesity and deprivation. Obesity rates are also higher in women than in men and in some ethnic minority groups compared to the white British group (Kings Fund, 2021).

Differences in health and wellbeing between groups in society are unfair. Social and health inequalities mean that some people can expect to live shorter lives, have poorer health and have less fulfilling lives simply because of where they were born and who they are. For example, within Barnsley, life expectancy at birth for men range from 75.0 years in Kingstone Ward to 82.8 years in Penistone East (a gap of 7.8 years), and life expectancy at birth for women ranges from 78.7 years in Stairfoot Ward to 86.2 years in Penistone East (a gap of 7.5 years) (Barnsley Health and Wellbeing Strategy 2021 – 2030).

It has been recognised for many years that people with learning disabilities are at increased risk of being overweight or obese compared to the general population, with poorly balanced diets and very low levels of physical activity. This risk, in turn, increases the likelihood of a range of health and social problems. On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population, and the life expectancy of men with a learning disability is 14 years shorter than for men in the general population (NHS Digital 2017).

Differences can also be seen between people from different ethnic backgrounds. In the year to November 2021, 72.0% of adults from black ethnic groups were overweight or living with obesity – the highest percentage out of all ethnic groups. Compared with the year ending November 2016, the percentage of adults who were overweight or living with obesity went up in the white British ethnic group from 62.1% to 64.5%, mixed ethnic group from 53.9% to 59.5% and 'other' ethnic group from 58.9% to 66.2%.

In line with the Equality Act (2010), Barnsley aims to eliminate discrimination in the planning and delivery of services, ensuring that everyone has the opportunity to participate and achieve positive outcomes and that diversity is embraced and respected.

The Barnsley Health and Wellbeing Strategy 2021 – 2030 sets out the aim to reduce health inequalities by acting on the wider determinants of health. Barnsley is ranked the 38th most deprived local authority of the 317 in England. It is important for Barnsley to take a joined-up, place-based approach, drawing on local assets and working together to improve outcomes for local communities.

3.2. Healthy weight

It has already been acknowledged that healthy weight covers those at risk of obesity and underweight, but the focus of the business case will concentrate on Obesity. Nationally, recommendations from NICE and OHID promote a system-wide approach to tackling obesity and not focusing solely on individual behaviour change, e.g. to lose weight, as a single outcome. Obesity remains a 'major public health challenge' (PHE 2016) and is linked to a range of health conditions,

including type 2 diabetes, cardiovascular disease, and cancer. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007).

As mentioned above, differences in obesity rates translate to worse health outcomes for people in more deprived areas. Children resident in the most deprived parts of the country are more than twice as likely to be living with obesity than those in the least deprived areas. (Tackling Obesity; empowering adults and children to live healthier lives; Dept of Health and Social Care 2020) In addition, rates of obesity-related hospital admissions in the most deprived areas of England are 2.4 times greater than in the least deprived areas (NHS Digital 2021; Ministry of Housing, Communities and Local Government 2019).

The rising levels of obesity in Barnsley remain a priority, but the determinants of obesity are also complex, including factors of genetic disposition, early life nutrition and growth, individual lifestyle, psychological issues, the physical and cultural environment, food production and consumption, education, social and economic factors, and the influence of the media (Foresight 2007). This supports the need for a whole systems approach. No single agency can address this problem. A wide range of partners should work together to develop and implement community-wide approaches to tackle these determinants of health.

3.3. Physical activity

Physical inactivity is the 4th leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, and colon/breast cancer and with improved mental health. In older adults, physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year. The World Health Organisation recommends that adults should undertake at least 150 minutes (2.5 hours) of moderate activity per week (World Health Organisation, 2022).

3.4. Behaviour change

Community engagement and outreach are often a vital component of behaviour change interventions, and the support from peers who share similar life experiences can be a powerful tool for improving and maintaining health (PHE 2015).

Prochaska and DiClemente's Transtheoretical Model of Behaviour Change (1983) describes the various stages in the process of people's 'readiness' to change. In light of the available evidence relating to health inequalities and community engagement, it is important to consider those who are ready (contemplative stage) and those who are not ready to make changes (pre-contemplative – they don't consider their behaviour to be a problem) which may for a range of reasons including lack of capacity, support, knowledge or skills. This has been adapted by the local service offer that is currently in place.

The evidence for achieving weight management outcomes and sustained weight loss in the longer term is limited, but there are a series of behaviour change techniques for consideration where evidence is still emerging. These include Social Support (Practical and emotional) changes to the social environment, goal setting, self-monitoring (NICE Behaviour Change Individual Approaches (2014) and NICE Weight Management: lifestyle services for overweight or obese adults (2014a), which are due for review in 2024.

Programmes that support healthy weight loss and increased levels of activity should support self-management, foster independence, and provide ongoing support from the local community, family/friends, etc. Provision for this is available throughout the borough, e.g., community-based activity clubs, Slimming World, Weight Watchers, etc.

There is some variation in the evidence that suggests that engagement in public health programmes is more likely to require a 'fit for purpose' than a 'one size fits all' approach, and this is the approach currently adopted as part of the service offer.

4. Current provider and offer

Barnsley's current tier 2 Adult Weight Management Programme was launched in January 2019 and is delivered by Barnsley Premier Leisure (BPL). Known as the Barnsley Wellbeing Programme, it is a free 12-week initiative that supports participants in making positive lifestyle changes to help them improve and maintain their health and wellbeing. The core contract value of this programme is £90,000 per annum.

The service offers targeted support to all-age adults who are motivated to change their lifestyle by becoming more active, connected, learning, giving, and taking notice, the 'five ways to wellbeing' (New Economics Foundation, 2018). The 12-week Wellbeing Support Programme addresses mental wellbeing, diet/nutrition, and increases levels of physical activity. It also ensures that support is aligned with existing local provision/groups and was designed to work closely with local area teams and ward alliances to ensure integration and sustainability where possible so that people are empowered and enabled to help themselves in future within their local communities.

The current providers have established the infrastructure for tier 2 weight management to be implemented locally. It directly connects with their own local health referral scheme and the tier 3 weight management service delivered by SWYPFT, which is commissioned by the NHS. This service remains under review as part of the NHS Integrated Care (ICB) arrangements across South Yorkshire.

The service launched with a referral target of 768 per year. Demand for the service has remained high, and the total number of referrals received in 2023 was 2,707. Of those, 2,480 individuals (91%) were accepted onto the programme, with 927 participants completing the full 12 weeks of the programme, 133 still in the programme and 31 awaiting appointments (as of 31 December 2023). The capacity of the service has remained consistent, but it has also benefited from some increased resources from central government following the pandemic. However, this funding was limited to only one year.

During 2021/2022, the service had the 2nd highest number of people enrolling (starting) in Yorkshire and the Humber, the 11th highest number of people enrolling in the country – higher than some major cities including Newcastle, Liverpool and Nottingham and some county-wide programmes including Suffolk, Norfolk, Kent and Oxfordshire and the completion rate of the programme was the highest in Yorkshire and the Humber and 9th highest in the country.

Feedback received as part of the exit survey demonstrates that 85% of individuals rate the wellbeing programme as excellent and 15% as good. 96.1% of individuals reported that they will continue to participate in some form of physical activity following completion of the programme.

The outcomes from the service include:

- **Weight loss** - 90.8% of service users saw their weight decrease.
- **Increased physical activity** - 99.4% of service users saw an increase in the amount of physical activity they undertake.
- **Continued physical activity** - 95.9% of service users stated that they would continue to participate in some form of physical activity after completing the Barnsley Wellbeing Programme.
- **Increased physical fitness** - 96.5% of service users found that their physical fitness increased through attending the programme.
- **Improved health conditions** - 95.1% of service users found that the Barnsley Wellbeing Programme had helped their medical conditions.
- **Mental wellbeing** - 98.5% of service users found that their mental wellbeing improved since they commenced the scheme.
- **Improved quality of life** - 97.4% of service users found that their quality of life had improved since the commencement of the scheme.

This provides evidence of the success of the programme and the importance of maintaining support for an all-age adult weight management programme.

5. Partnerships and wider dependencies

There are a number of related programmes delivered across Barnsley that widely support health and wellbeing and contribute to the healthier weight agenda as part of the whole systems approach.

A number of these are commissioned or led by the Council:

- Barnsley Older People Physical Activity Alliance (BOPPAA),
- What's Your Move
- Good Food Partnership,
- 'How's thi ticker' campaign,
- National Child Weight Measurement (NCMP) programme
- Cancer Education and Prevention work,
- Local Area Council commissioned services for, e.g. Barnsley FC Community Trust (formerly Fit Reds) as well as a number of local community-based clubs/groups.
- NHS Health Checks

These all provide opportunities to engage with the weight management programme and would be signposted to other programmes as appropriate. Other NHS-commissioned programmes that this service is linked to include:

- **National Diabetes Prevention Programme (NDPP)** – free, nine-month, evidence-based lifestyle change programme for people identifies as at risk of developing type 2 diabetes.
- **NHS Digital Weight Management Programme** – free 12-week online behavioural and lifestyle programme supporting adults with a BMI 30+ living with obesity who also have a diagnosis of diabetes, hypertension or both to manage their weight and improve their health.
- **Tier 3 Weight Management Service (delivered by SWYFT)** - a specialist weight management service that supports obese individuals in achieving a healthier weight, targeting people with a BMI of 40+.
- **Social Prescribing (NHS Primary Care)** – signposting help and support for people to address non-medical issues often associated with wider determinants of health, but that is impacting on their health and wellbeing.
- **Health and Wellbeing Coaches (NHS Primary care)** - work with individuals to help them manage their own health, looking at ways to improve existing health problems or prevent new ones.

6. Commissioning intentions

The Barnsley Wellbeing Programme continues to meet its targets and improve health outcomes for local people. There would be no evidence based, specialist provision (Tier 2) in place if the programme does not continue.

The proposal is to direct award the contract to the current provider to deliver the Barnsley tier 2 weight management programme for a minimum of five years, from 1 October 2024 to 31 March 2029, with an option to extend for a further three years should funding be identified, taking the contract term to 2032.

6.1. Finance

Healthier Communities (BU8) has a base budget value of £90k per annum to support this work.

Funding Source	Amount per annum	Eight-year contract term total (5+1+1+1)
Healthier Communities	£90,000	£450,000 (+£270,000)

Other sources of external funding will continue to be explored.

6.2. Options appraisal

Proposal	Advantages	Disadvantages
Option 1 – Do nothing/ decommission the current weight management offer	Opportunity for cost savings as part of the council's transformation programme.	Decommissioning the service would create a gap in provision and would impact on health and wellbeing of



		<p>individuals.</p> <p>No alternative service in place offering the level of support for those that need it.</p> <p>Gap in provision to support people with a BMI of 25-40, leading to increased demand for other council and NHS services.</p> <p>Questions regarding the council's commitment to reducing prevalence of obesity, health inequalities and improving longer term health outcomes for local people.</p>
<p>Option 2 - Develop an entirely new offer to include the under-weight that will also reduce the prevalence of obesity and inequalities.</p>	<p>This could lead to an increased number of people who complete the programme.</p> <p>The programme could deliver a bigger impact on the health and wellbeing of local people, including those who are underweight.</p>	<p>It will likely require initial set-up costs and additional resources to achieve a positive impact.</p> <p>Insufficient resources for a full-scale 'healthy weight' support programme may restrict suppliers.</p> <p>Additional time and resources are needed to develop a new model and approach.</p> <p>There is limited evidence regarding a compassionate approach to healthy weight to develop a programme of this type.</p> <p>Reputational damage with residents and partners on decommissioning existing service</p>

<p>Option 3 – Procure an offer focusing on obesity and overweight over a longer contract term</p>	<p>Maintain a service that has demonstrated positive health outcomes for individuals.</p> <p>Targeted approach to specifically address the prevalence of obesity, which is very high in Barnsley.</p> <p>Longer contract terms provide security for local providers. Evidence-based approach that has continued to demonstrate positive health outcomes.</p> <p>Increased capacity to support more people and provide a full offer. Opportunity to identify additional resources to extend capacity further.</p>	<p>Financial commitment for the longer term.</p> <p>Unable to address a wider healthier weight approach to include underweight</p>
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6.3. Recommendation

Given the programme's success to date, continuing the work over an extended period would be beneficial to enable maximum impact and benefit.

Option 3 – Procure an offer focusing on Obesity and overweight to maximise resources over a longer term.

This would be the preferred option, with an annual contract value of £90,000.

Contract term proposed: Five years with the option to extend for three additional years should funding become available.

Timescales: October 2024 – May 2032

6.4. Timescales

Business case development	Jan - Feb 2024
Approvals process	Feb - March 2024
Development of provider selection regime (PSR), paperwork for proposed direct award	April – June 2024
Contract Award	July 2024
Mobilisation Period	August/September 2024

New service start date	1 October 2024
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7. Conclusions

The council’s 2030 Priorities for both ‘Healthy’ and ‘Learning’ Barnsley highlights the commitment to support this model by building strong and resilient communities and supporting people to achieve their potential.

This business case highlights the value of this service and how it can help create a better Barnsley, working to meet the needs of local people. Where appropriate, connections need to be made with other organisations that are key in engaging and supporting local communities with a view to reducing the risk of inequalities and poor health.

DRAFT

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