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MEETING:	Overview and Scrutiny Committee - Full Committee
DATE:	Tuesday 29 April 2025
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Full Meeting of the Overview and Scrutiny Committee

All Members of the Committee Should Attend.

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting (*Pages 5 - 30*)

To approve the minutes (Item 3 – attached) of the previous meetings of the Committee as follows:-

28 January 2025	Full Committee
4 February 2025	Sustainable Barnsley Workstream
4 March 2025	Growing Barnsley Workstream
25 March 2025	Healthy Barnsley Workstream

Overview and Scrutiny Issues for the Committee

4 Managing the Demand on Urgent & Emergency Care Services in Barnsley (*Pages 31 - 40*)

To consider a report of the Executive Director Core Services, and the Executive Director Health and Adult Social Care & Place Director, Health and Care Barnsley, South Yorkshire Integrated Care Board, and the Health and Care Partnership on the plans to manage demand on urgent and emergency care services in Barnsley.

5 Proposals for a Combined Haematology Inpatient Service (*Pages 41 - 66*)

To consider a report (Item 5a) of the Executive Director Core Services and the Managing Director Barnsley Hospital on the proposals for a combined Haematology Inpatient Service at Rotherham Hospital, including the Haematology Programme Vision Board (Item 5b), the Decision Matrix (Item 5c), Patient Feedback (Item 5d), Haematology Combined Inpatient QIA (Item 5e) and Haematology Inpatient EQA (Item 5f).

6 Overview & Scrutiny Committee Task and Finish Group Reports 2024-25
(Pages 67 - 106)

To consider a cover report (Item 6a) of the Executive Director Core Services and the Committee's three task and finish group's, on their work for 2024-25, namely:-

Autism (All-Age) (Item 6b)
Carers (All-Age) (Item 6c)
Great Childhoods Ambition (Item 6d)

Enquiries to Anna Marshall, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Stowe (Chair), Barnard, Bellamy, Booker, Bowler, Bowser, Denton, Eastwood, Fielding, Green, Greenhough, Hayward, Holling, Hunt, Lodge, Markham, McCarthy, Mitchell, Moore, Morrell, Moyes, Murray, O'Donoghue, Osborne, Peace, Pearson, Pickering, Sheard, Smith, Tattersall, Waters, Webster, N. Wright and P. Wright together with Statutory Co-opted Member Iles (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Wendy Popplewell, Executive Director, Core Services

Sharon Bradley, Head of Corporate Assurance

Michael Potter, Service Director, Business Improvement, HR and Communications

Andrew Perriman, Service Director, Law and Governance

Press

Witnesses

Item 4 – 2pm

- Katy Calvin-Thomas, Executive Director, Adults & Place Health, Barnsley Council and South Yorkshire Integrated Care Board
- Kate Parker, Portfolio Lead – Transformation & Delivery, Place (Barnsley), NHS South Yorkshire Integrated Care Board
- Michael Wright, Managing Director, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Gill Stansfield, Deputy Director of Operations, South West Yorkshire NHS Foundation Trust (SWYPFT)
- Jacqueline Howarth, Service Manager, RightCare Barnsley
- James Barker, Chief Executive, Barnsley Healthcare Federation
- Adam Layland, Director of Partnerships & Operations South Yorkshire, Yorkshire Ambulance Service (YAS)
- Councillor Jo Newing, Cabinet Spokesperson, Adults & Place Health, Barnsley Council

Item 5 – (3pm approx.)

- Michael Wright, Managing Director, Barnsley Hospital NHS Foundation Trust
- Dr Arun Alfred, Clinical Lead for Haematology, The Rotherham NHS Foundation Trust
- Katy Calvin-Thomas, Executive Director, Adults & Place Health, Barnsley Council and South Yorkshire Integrated Care Board

Item 6 – (3.45pm approx.)

- Task and Finish Group Leads

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MEETING:	Overview and Scrutiny Committee - Full Committee
DATE:	Tuesday 28 January 2025
TIME:	12.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Stowe (Chair), Barnard, Bowser, Denton, Eastwood, Fielding, Green, Hayward, Holling, Hunt, Lodge, Markham, McCarthy, Mitchell, Morrell, Moyes, Murray, Osborne, Pearson, Pickering, Tattersall, Webster, N. Wright and P. Wright together with co-opted member L Iles

38 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received.

39 Declarations of Interests on matters contained within the Agenda

Councillor Lodge declared a non pecuniary interest as an employee of an organisation that supports children in care.

Councillor Tattersall declared a non pecuniary interest as a member of the Berneslai Homes Board.

Councillor N Wright declared a non pecuniary interest due to ongoing dialogue/contact with social care.

40 Minutes of the Previous Meeting

The minutes of the following meetings were received and approved by Members as a true and accurate record:-

1st October 2024 – Full Committee

8th October 2024 – Sustainable Barnsley Workstream

5th November 2024 – Growing Barnsley Workstream

10th December 2024 – Healthy Barnsley Workstream

41 FOR INFORMATION ONLY - Children's Social Care Performance Report October 2024 (REDACTED)

Members were invited to consider a cover report relating to Children's Social Care Performance October 2024. The redacted report was provided for information only.

RESOLVED that the report be noted.

42 Exclusion of the Public and Press

RESOLVED that the public and press be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972 as amended.

43 Children's Social Care Performance Report October 2024 and Children's Services Development Programme Quarter 2 2024-2025 Report

The following witnesses were welcomed to the meeting:-

- Ian Walker, Practice Consultant, Children's Services, Barnsley Council
- Trevor Cave, Cabinet Spokesperson, Children's Services, Barnsley Council

Members considered and questioned witnesses on both the Children's Social Care Performance Report October 2024 and Children's Development Programme Quarter 2 2024-25.

Councillor T Cave provided members with a brief overview of the items reporting that significant investment had been made in Children's Services instigated around the development plan which had been operational for two years but had since been stepped down. Following an ILACS and OFSTED inspection members heard how Children's Services was moving into a cycle of continuous improvement.

In the ensuing discussion and in response to detailed questioning and challenge, the following matters were highlighted:

Members raised queries regarding the Elective Home Education (EHE) Policy in relation to vulnerable children in Barnsley. In response members were informed that whilst there was no statutory expectation at the moment to monitor and report children on EHE, this was a practice that Barnsley had already implemented. The Local Authorities' power was limited in compelling children to return to mainstream education, however this was due to be included within legislative projections. With regards to children with additional needs such as those on a Child in Need Plan or Child Protection Plan, provisions were monitored and assessed as part of the Care Plan in place. Specific oversight was carried out with cases of particular risk where parents could potentially be withholding children from schools to divert from other factors.

The target for suspensions across secondary schools was 15% and it was reported in Quarter 1 that this remained below target at 7.4%. Work continued with schools and to work in partnership with academies to discourage and encourage other means of sanctions. It was noted that suspensions negatively affected educational outcomes, could increase the risk of involvement in criminal activities, and did not serve the interests of schools, homes, and communities for young people to be out of school.

Members noted that there had been an increase in contact and referrals. The increased rate was partly due to a lack of understanding between social care professionals and schools about each other's pressures and business views. A programme of work was being undertaken involving Heads of Service communicating

with education teams to share perceptions of threshold criteria to elicit appropriate referrals. Schools were expected to undertake early help interventions unless there was an imminent priority need, but this process was not fully embedded. There was a need for better liaison and communication to improve awareness of mutual pressures and criteria.

Members raised concerns around the targets for visits to children on protection plans. Members were reassured that in these circumstances Service Directors had oversight of the shortfalls and would challenge Heads of Service and Team Managers to rationalise why visits would not be taking place. It was acknowledged that some missed visits could be as a result of some parents who may avoid contact, accessing and persistently following up contact on these case files was crucial. It was noted that some delays could be as a result of time pressures on visits or the recording of visits which would be addressed through management systems in challenging social workers.

Members were informed that private children's homes imposed significant financial pressures on the Service as a whole. A proposed financial cap would be welcomed across the whole social care industry.

Regarding the potential collaboration with neighbouring Local Authorities to establish shared children's homes, several key issues had been identified that required consideration. Several strengths and weaknesses were observed in this approach, and increased collaborative working in placement provisions was preferable for the future.

Members requested the data around the number of EHCP students awaiting specialist provision and for how long. They were informed that this was not known at the time of the meeting but would be circulated afterwards.

Providing care leavers with protected characteristics had led to many positive outcomes. In collaboration with Berneslai Homes, a project had been created to earmark properties through band one which was for various protected groups including care leavers. Additionally, small starter homes on new estates had been purchased for care leavers, these properties would remain part of the housing stock available to them for as long as they wish to reside there. It was noted that whilst Berneslai Homes could not meet all needs, some private landlords had been engaged in order to provide additional affordable housing and in some cases share tenancies. Members were informed however that affordability would always remain a key consideration.

Barnsley had above average numbers of care leavers in employment and training. A programme of work was being undertaken to reach out to wider departments within the council to provide some care leavers with the opportunity of work experience in order to build confidence and commitment to do something more.

It was noted that demand on the service displayed notable peaks in October and February. Members were informed that these increases occurred following the summer holiday and Christmas break. As children returned to school and were observed again by teaching staff, referrals would be made in September and January with the Service responding in October and February creating those peaks.

It was reported that recruitment to social worker posts had been successful with 22 new starters this year from the created Social Work Academy.

There was a drive to increase the number of foster carers in Barnsley and it was reiterated that there were very few disqualifications from fostering so anyone should be encouraged to apply. Elected members were requested to reach out to their local communities to encourage people to step forward.

RESOLVED:

- (i) that the reports be noted;
- (ii) that the witnesses be thanked for their attendance and contribution; and
- (ii) that witnesses provide members with data on the numbers of EHCP students waiting for specialist provision and for how long.

44 Children's Services Development Programme Quarter 2 2024-2025 Report

This item was addressed and included in the preceding agenda item.

Chair

MEETING:	Overview and Scrutiny Committee - Sustainable Barnsley Workstream
DATE:	Tuesday 4 February 2025
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Stowe (Chair), Barnard, Booker, Bowser, Denton, Fielding, Hayward, Holling, Hunt, Lodge, McCarthy, Murray, O'Donoghue, Osborne, Smith and P. Wright together with co-opted member and

In attendance: Councillor Franklin (Observer)

45 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from Mrs L Iles in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

46 Declarations of Interests on matters contained within the Agenda

Councillor Bowser declared a non-pecuniary interest in Minute 46 'Litter and Environmental Crime Plan 2024-30' in his capacity as Cabinet Support Member for Core Services.

Councillor Osborne declared a non-pecuniary interest in Minute No 46 'Litter and Environmental Crime Plan 2024-30' in his capacity as Cabinet Support Member for Environment and Transport.

Councillor Smith declared a non-pecuniary interest in Minute 46 'Litter and Environmental Crime Plan 2024-30' in his capacity as the Chair of the Police and Crime Panel.

47 Minutes of the Previous Meeting

Due to the proximity of meetings, the minutes of the meeting of the Full Committee held on the 28th January, 2025 would be presented at the meeting scheduled for 4th March, 2025.

48 Litter and Environmental Crime Plan 2024-2030

The following witnesses were welcomed to the meeting:

- Paul Hollingsworth – Service Director Communities
- Paul Brannan - Head of Safer Barnsley, Safer Communities
- Gill Charters - Head of Waste, Recycling and Neighbourhood Services
- Rachel Payling – Head of Service, Stronger Communities
- Steph Lee – Communications and Marketing Manager
- Carolyn Nichols – Team Leader, Community Safety and Environment

- Martin Bibey – Assistant Service Manager, Waste, Recycling and Neighbourhood Services
- Paul Castle – Service Director, Environment and Transport
- Councillor Higginbottom – Cabinet Spokesperson for Environment and Transport

The Committee received a joint report of the Executive Director Core Services, the Executive Director Public Health and Communities and the Executive Director Growth and Sustainability on the Litter and Environmental Crime Plan for 2024-2030 and on the actions identified in order to deliver the Plan.

The report was introduced by Councillor Higginbottom, Cabinet Spokesperson for Environment and Transport. He stated that the Council had developed the Litter and Environmental Crime Plan to address the rising costs and impacts of litter and fly tipping in the borough. The Plan had been created in response to the high costs of litter and fly tipping and aligned with the National Litter Strategy for England. It aimed to reflect Barnsley's local ambitions for 2030.

He stated that litter and fly tipping cost the Council over £250,000 annually to clear and dispose of, which were considered avoidable costs. Environmental blight was a significant concern for residents and impacted upon their satisfaction with their living environment. Nationally, the government was also committed to reduce the costs and impacts of environmental blight through education, engagement, enforcement, and infrastructure. However, despite these efforts, the costs of clearing and disposing of illegal waste had continued to rise, with almost half a billion pounds spent annually.

Local volunteers played a significant role in maintaining clean environments, often dedicating many hours a week to litter collection and general maintenance. The Plan had been developed collaboratively with these volunteers to ensure joint ownership. Throughout 2023/24, Council Services had worked with local environmental volunteer groups to agree on priorities and actions for the Plan, which had been endorsed by the Cabinet in June 2024.

The Plan included five key commitments: behaviour change and education, community ownership, improving infrastructure, strengthening Council Services, and better enforcement. Progress had been made in several areas, including revising penalty tariffs, reviewing litter bin infrastructure, and publicising enforcement outcomes.

Specific actions taken included increasing fixed penalty tariffs for graffiti, household duty of care, and significant fly-tipping offenses. These increases aimed to reflect the financial cost and social impact of the offenses and act as a deterrent. The Council had also piloted a targeted approach to addressing environmental blight in a hotspot location, issued fixed penalties for fly-tipping offenses, and worked with schools to incorporate environmental pride and guardianship into their initiatives.

Whilst environmental blight remained a significant issue, the efforts of residents and officers were aimed at tackling the problem and keeping the borough looking its best.

In the ensuing discussion and in response to detailed questioning and challenge, the following matters were highlighted:

Questions were asked about how the recent inclement weather and subsequent disruption of the waste collection service had impacted on litter and environmental crime, on how these issues had been addressed and what more needed to be done. The Service Director Environment and Transport responded by outlining the need to ensure safety of all staff during such periods and to Member briefings that had taken place. Ten days or sub-zero temperatures could not have been anticipated and, therefore, the service had taken an unprecedented step of stopping all collections. Since that time, a recovery plan had been implemented and as of last Friday, the grey bin (general waste) collection was back on schedule. A 'rebalancing' of the remaining recycling collections was also taking place. A great deal of litter had been identified following the recent windy weather and resources had been utilised as appropriate in order for this to be collected.

It was noted that during 2023/24 there had been 1,225 fixed penalty notices issued, there had been 7 prosecuted for fly-tipping and duty of care offences, 11 vehicles had been seized and 1 had been crushed. Questions were asked, therefore, about what the remainder of the offences had been for. It was reported that the majority of these were for littering which was, of course, a statutory offence, however, there were difficulties in bringing about successful prosecutions due to the need to build up a case and prove, beyond reasonable doubt, that the person to be prosecuted had actually committed the littering offence. It was pointed out that there had been an increase in fixed penalties and prosecutions over the last 18 months to 2 years. The majority of fines levied were for littering offences and this approach appeared to be working. The Service was committed to this Plan and for ensuring better enforcement with more targeted training so that those causing most concern could be tackled.

In response to detailed questioning, the Committee was informed that detailed records were kept of the kind of fly tipping that occurred. There was also a national database which, amongst other things, allowed the volume and type of such waste to be recorded and this also then allowed the authority to benchmark itself and the service performance against other similar authorities.

Questions were asked about what action was taken to identify who was responsible for fly tipping and if information was gathered in order to understand why this took place. It was noted that officers would always try to find evidence of where the waste had originated. There was a need for greater education so that individuals knew they had a duty of care in ensuring that their waste was being disposed of correctly. This was particularly important if residents were using third parties to collect and dispose of their waste. The Chair suggested that the Chamber of Commerce could play a part in promoting this Plan given that they had the 'eyes and ears' of the commercial community as they could promote good practice in relation to waste disposal.

Reference was made to small amounts of domestic waste (which did not fit in the refuse or recycling bins) which was then fly tipped. It was noted that the Council took a targeted approach and made interventions were possible in accordance with its responsibilities under Section 46 of the Environmental Protection Act 1990. It was also noted that a bulk waste collections service was available for items that would not fit in the general or recycling bins or could not be taken to Waste Disposal Sites.

Arising out of the above, Service Director Communities referred to the commitments in the Plan. He made reference to the forensic examination of the challenges being faced and to the examination of the approaches to be adopted, some of which were around enforcement and some of which were about trying to change behaviours. A piece of work was currently being undertaken in order to identify the highest priorities and to look at lessons being learned that could be used elsewhere.

Questions were asked whether an analysis had been undertaken of the proportion of fly tipping by business versus household waste. It was noted that this was a difficult question to answer given that some commercial fly tipping could have originally emanated from domestic premises. On balance, however, the vast majority of fly tipping was household waste.

Arising out of the above, the Service Director Environment and Transport commented on the new contractor who was now running the Household Waste Recycling Centres. The new contract was based on lessons learned from the previous contract and it was also intended to increase the various waste streams. He then went on to outline the capital expenditure to be spent on improving the sites and commented on the new accessibility arrangements that required cars entering the site to be registered with the service. This was a common approach of many Local Authorities. It was noted that there was not a significant issue of 'cross border' use of Recycling Centres and that the new registration arrangements should significantly reduce this.

Questions were asked about the time taken for Bulky Waste to be collected. It was noted that the Service had been going through a change of arrangements and new software had been introduced. There had been a backlog through the Christmas period and because of the inclement weather and work was ongoing to get this back on track.

Reference was made to the need to have smaller type 'bottle and can banks' in more areas, however, it was acknowledged that this was not currently possible due to resource issues. It was pointed out, however, that Environmental regulations were changing and from 2027 and that the deposit return scheme was to be reintroduced. This should have a significant impact on littering given that there would be a financial incentive to return containers to a place of purchase.

In response to questioning, the Committee was informed of the rationale for the charging for the collection of bulky waste, which, in the main, was in relation to the costs of collection.

Reference was made to situations where residents had shared bins (such as in flats), to any difficulties that might be experienced in residents segregating waste and to instances where management companies were in place to deal with residents' waste in shared large containers. Questions were asked as to whether or not this could lead to an increase in fly tipping. It was noted that there were only a small number of flats in the area where such arrangements were in place. It was acknowledged that there had been a small number of issues in relation to the segregation of waste and reference was again made to the disruption of the service due to the bad weather. The Service had encountered an element of abuse from a small number of residents which was unpleasant, however, work had been undertaken to clear the backlog.

Work was undertaken with third parties and with management organisations to remind tenants and residents of the duty to segregate waste.

Arising out of the above discussion, reference was made to the ways in which the Service made contact with individual tenants/residents and landlords if specific problems were identified. As a last resort, the Service could take action remembering, of course, the difficulties of identifying where waste was coming from.

Reference was made, within the context of available resources, to the way in which the Service identified if larger litter bins were required in certain locations.

Questions were asked as to whether or not the waste collection service would ever reach a zero net cost position. It was noted that the Service was not currently at that position. The Environment Strategy was looking at reducing the amount of waste and increasing the streams of material that could be collected. The revenue received from collected waste varied as prices fluctuated based on demand. However, more waste was being collected than ever before.

In response to questioning, mention was made to the intention to take holistic approach to the environment. Communal areas would form part of that, and a targeted approach would be taken to identify who was responsible for certain areas, be that private rented, social housing providers or individual tenants. There was a need to understand where waste was coming from and then to work with all landlords, Berneslai Homes and social providers to provide solutions to problems identified. The Service currently worked closely with Berneslai Homes and in terms of the wider strategy, their voice was in there. There were areas where Berneslai Homes managed the housing stock and others where there were independent living schemes and flats. Engagement had been ongoing which had resulted in Community Clean Up Days. Work was also ongoing and it was felt that these kind of actions demonstrated a whole community approach.

Reference was made to the tremendous impact volunteers had on improving the environment and to the invaluable contribution such volunteers made. Indeed, some Local Authorities were envious of the approach Barnsley had and the benefits gained through the use of volunteers.

Reference was made to the work of Area Councils in supporting environmental improvements and questions were asked as to what support could be provided. The Head of Service, Stronger Communities then outlined the support that was currently provided and to the invaluable assistance of volunteers and dedicated individuals. Reference was also then made to the volunteers' involvement in the development of the strategy and to the ways in which volunteer views were sought. Councillor Higginbottom also made reference to the success of a particular volunteer, to the training that was provided and to the way in which volunteer involvement was celebrated.

Questions were asked in relation to new working practices, the issues waste collection had had recently, the 'red tagging' of bins, the impact of the budget on charging for the delivery of new bins and the potential impact these issues might have on the Plan. The Service Director Environment and Transport outlined the varying reasons for the red tagging bins, the potential health and safety issues

associated with this together with the ways in which complaints about such issue were dealt with. He also made reference to the charging arrangements for new bin delivery as outlined within the budget which had been made due to the costs of providing and delivering bins to properties. Councillor Higginbottom commented that he had asked the Service to have a look at how the financial implications of this were managed. Various options were being examined but he could not give a commitment at this stage that there would be any changes. The matter was, however, being kept under active consideration.

Questions were asked as to whether or not the public were incentivised to report fly tipping if this led to a conviction. The Head of Safer Barnsley, Safer Communities stated that whilst this had been done on occasions, it was not something that was done universally.

Reference was made to the age of bins and to whether there was a programme of bin replacement for those that were getting old and were, therefore, brittle and liable to split. It was noted that there had been no changes to the standard bin manufacture. They were produced to a national standard. The Council had a consistent approach to bins and indeed the average life of bins would vary. Some were still being used that dated back to the 1990's.

Reference was made to a government statement that had implied that fly-tippers would be forced to work in 'clean up squads' through issuing Fixed Penalty Cleaning Notices and Respect Orders and questions were asked about how this would impact upon the Council and partners in implementing this and to what the challenges would be. The Head of Safer Barnsley, Safer Communities stated that he was not in a position to be able to comment on this at the meeting but would circulate a response to all Members.

In response to detailed questioning, the Committee was informed of the engagement had had with businesses in developing the Plan. Reference was particularly made to the involvement of McDonalds, Morrisons, GXO Logistics Company and with schools.

Questions were asked about engagement and whether or not the Service had looked at best practice in other areas. It was noted that there had been an examination of what was happening at a national level, however, it was pleasing to note that Barnsley was at the forefront of this kind of initiative as not many other authorities had gone to the lengths that Barnsley had in promoting strategies to combat litter and environmental crime. In addition, officers were part of a Yorkshire Improvement Group where Local Authorities met once a quarter to discuss best practice and these meetings had been useful in identifying varying approaches during the development of the Plan.

Commitment 1 Changing Behaviours and Education was seen to be key in driving forward improvements and questions were asked as to how the service would work with schools, youth groups and young people in order to change such behaviours. Councillor Higginbottom agreed that this was a key issue to address and there was indeed a need to change attitudes. Education was an important part and everyone could make their own contribution to this. Many councillors, for example were involved with schools and could, therefore help drive changes forward. Reference

was also made in this context to the Great Childhood Ambition. There were, of course, challenges around what engagement looked like and how consistency of approach was achieved.

Arising out of the above, reference was made to the Youth Council and Youth Parliament and the various young people's commission and to schools and to the ways in which they could all be involved. It was noted that for the Holocaust Memorial event, schools had been asked to produce posters, some of which had been about environmental crime. It was important, particularly for children and young people, to recognise the need to adhere to the arrangements for the correct disposal of litter and waste but recognising at the same time, that some individuals would fail to comply with these requirements.

RESOLVED:

- (i) That the report be noted;
- (ii) That the witnesses be thanked for attending this meeting and for answering Members questions; and
- (iii) That the Head of Safer Barnsley, Safer Communities be requested to circulate to all Members information on the position with regard to the Governments statement that implied that fly-tippers would be forced to work in 'clean up squads' through the issuing of Fixed Penalty Cleaning Notices and Respect orders, on the potential impact on the Council and its Partners of this together with the challenges likely to be faced.

49 Medium Term Financial Strategy 2025-2028

The following witnesses were welcomed to the meeting:

- Neil Copley – Director of Finance
- Steve Loach – Head of Corporate Finance and Business Partnering
- Wendy Popplewell – Executive Director Core Services
- Councillor Frost – Cabinet Spokesperson for Core Services

The Committee received a joint report of the Executive Director Core Services and the Director of Finance (Section 151 Officer) on the Medium-Term Financial Strategy including a suite of papers which provided full oversight of the financial position of the Council over the period 2025/26 through to 2027/28.

The report was introduced by Councillor Frost, Cabinet Spokesperson for Core Services, who explained that the Council continued to face significant financial challenges in providing day-to-day services, largely due to national issues beyond its control. Despite preventive and mitigating efforts over the past year, the high demand and cost of delivering frontline services still persisted. An additional £34m was required next year to maintain current service levels, leading to the proposal of a 4.9% increase in Council Tax to balance the budget. These decisions were difficult but were made in the long-term best interests of the communities and people served by the Council.

However, the recent local government finance settlement by the new Labour Government was better than expected and represented a positive step after 15 years of austerity.

The Council was set to receive a new Recovery Grant, targeted at the most deprived areas like Barnsley, following years of lobbying. This one-off grant, pending the outcome of the Government's Spending Review and Finance Reforms, provided an opportunity to invest in key priorities.

The Council proposed to invest in the Great Childhood Ambition and Community Enhancement programs. Specifically, a £3.5m investment was proposed to enhance local communities, with £1.5m allocated for day-to-day services such as street cleaning, weed control, and improving the aesthetics of key routes and areas. An additional £2m was available for small infrastructure projects to tackle blight in local communities, such as replacing broken seats and benches, new flower planters, and new litter bins.

Furthermore, £1.5m was allocated to scale up the Great Childhood Ambition, which invested in the skills, qualifications, and experiences of all young people across the borough.

Recognizing that travel was a significant barrier for young people, the budget also proposed a two-year pilot for free bus travel for all young people under the age of 18. The Council had also allocated a further £12m for investment in the highway infrastructure.

Whilst the outlook for next year was more positive, the Council's financial challenges were not over. The financial outlook remained uncertain, with a full Public Sector Spending Review in March set against a fragile economy.

The outcome of long-awaited funding reforms was also not expected until later in 2025. Therefore, the budget recommendation was to prepare for all eventualities by undertaking a spending and prioritization review later in the year.

In the ensuing discussion and in response to detailed questioning and challenge, the following matters were highlighted:

Questions were asked whether there was a need to look more radically at what the Council did in order to align scarce finance to those priorities. The Director of Finance commented that these issues had been looked at before and, of course certain reductions had been held in reserve to bring forward if needed. In addition to the Public Spending Review, the Council was also committed to its own Spending and Prioritisation Review later in the year. This would ensure that any finance available was targeted to the appropriate priorities of the Council.

Questions were asked about the energy costs of the Council and how this was impacted by proposals to move to net zero particularly in the light of the various schemes introduced and being introduced. The Director of Finance would provide a written response on this; however, he anticipated that the energy bill was likely to be less than in previous years. Strategies being considered were part of the asset management strategy. Measures were also to be introduced in relation to street lighting.

Arising out of this discussion, reference was made to the potential impact of an increase in anti-social behaviour as a result of dimming streetlights. The Director of Finance stated that such action had taken place in many areas of the country without any adverse impact. Such a strategy would be implemented taking account of members views and would be undertaken in a managed way.

Questions were asked about the Recovery Grant and the Director of Finance commented that the late announcement of this had made things difficult in terms of allocating finance to specific areas which in some cases still needed to be worked through. There would be specific consultation if and when appropriate.

Whilst the transport pilot for 18-year-olds was welcomed, there was, nevertheless, concern that bus services were not currently effective. There was some concern, however, that money could be seen to be going to private sector operators. In addition, services were not running at times needed. It was thought, however, that on balance there would potential for significant benefits to be achieved. Consultation was taking place with the South Yorkshire Mayor on bus travel, and it was hoped that improvements could be made. The concerns raised were noted but it was thought that this pilot may initiate further discussion about where investment was made, and finance was allocated.

Questions were asked about the Council's Reserve Strategy. Finance had been used from this pot for at least two years in a row and questions were asked about when further funds could be added to reserves. The Director of Finance stated that in accordance with the Reserves Policy, finance could only be used for one off expenditure and that it was hoped that in the following year there would be no need to use any reserves. In terms of reserves, Barnsley had the highest of all the Metropolitan Authorities which was why the Council was renowned for its sound financial management.

Arising out of the above, it was reported that the Council had to have a minimum working balance for emergency situations, and this was included within the £38m that was currently uncommitted. Information was then provided of the makeup of the £38m - £20m minimum working balance and £18m allocated to alleviate risks. Information was also provided about the insurance fund which was held for uninsurable risks.

Questions were asked about the interest rates and whether or not this information was up to date as it looked as though this information could do with refreshing. The Director of Finance stated that this information would be updated if required. He did, however, anticipate that interest rates would remain higher for longer and this did not change the information he had previously reported and advised upon. Councillor Frost stated that he attended Treasury Management meetings every quarter and information was kept up to date.

In relation to Risk Management, questions were asked about the single biggest risk facing the Council. The Director of Finance stated that there was not one single issue of concern but a combination. The economy was in a fragile state that the outcome of the Government Spending Review was due in March. These issues, together with the reform agenda and the increasing expenditure required in relation

to social care could have significant implications for the Authority and the finance that was available to it.

Arising out of the above, the Director further commented that in relation to social care, it was difficult to predict the level of demand based on the data available. This, as evidenced over the last couple of years, meant that there could be budget overspends that were not planned because of unanticipated issues or demands. Added to this, the Authority was seeing an increase in the number of children with complex needs that were not previously known about. Mitigating factors were in place to ameliorate such issues and reference was made to the sustainability plan for children's services, however, issues of a national nature could also have implications for the budget and in such circumstances the Authority would have to make very difficult decisions about future service provision and levels of expenditure.

In response to questioning, the Director of Finance stated that there were no organisational barriers that would prevent him from protecting Barnsley's interests.

Questions were asked as to whether Neighbourhood Services were getting additional staff to deal with the environmental issues identified as priorities within the budget. Councillor Frost confirmed that additional Teams were to be allocated to such work. If the Councillor raising the question wanted to receive more information on this, the Chair stated that a written response could be provided.

It was noted that Area Councils delivered a lot under the Clean and Green agenda and questions were raised, therefore, as to if there was any scope to devolve additional finance so that Area Councils had more control of such issues at a local level. The Director of Finance stated that this was an area of expenditure that had yet to be determined.

RESOLVED:

- (i) That the report be noted;
- (ii) That the witnesses be thanked for attending this meeting and for answering Members questions; and
- (iii) That the Director of Finance provide Members with additional information on energy consumptions and prices.

Chair

MEETING:	Overview and Scrutiny Committee - Growing Barnsley Workstream
DATE:	Tuesday 4 March 2025
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Stowe (Chair), Barnard, Bellamy, Booker, Bowler, Bowser, Denton, Eastwood, Hayward, Holling, Lodge, McCarthy, Morrell, Moyes, Osborne, Sheard, Webster, N. Wright and P. Wright

50 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from xx in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

51 Declarations of Interests on matters contained within the Agenda

Councillor Hayward declared a non pecuniary interest as a landlord within the Barnsley Borough.

Councillor Lodge declared a non pecuniary interest as an employee of a Social Landlord and family members who are landlords within the Barnsley Borough.

Councillor Morrell declared a non pecuniary interest as a landlord within the Barnsley Borough.

Councillor Sheard declared a non pecuniary interest as Cabinet Support Member – Public Health and Communities.

Councillor Webster declared a non pecuniary interest as family members are landlords within the Barnsley Borough.

Councillor P Wright declared a non pecuniary interest as family members are landlords within he Barnsley Borough.

52 Minutes of the Previous Meeting

The minutes of the meetings held on 28 January and 4 February 20025 were received.

53 Private Sector Housing Plan 2030

The following witnesses were welcomed to the meeting:

- Jane Brannan – Group Leader Housing & Community Safety, Barnsley Council
- Paul Brannan, Head of Safer Barnsley, Safer Communities, Barnsley Council

- Al Heppenstall – Team Leader, Housing & Case Management, Barnsley Council
- Amy Forster – Project Manager, Safer Communities, Barnsley Council
- Cllr Wendy Cain - Cabinet Spokesperson, Public Health and Communities, Barnsley Council

Councillor Cain provided members with a brief introduction to Housing Plan which was introduced in 2022 and set out the ambitions and commitments to raising standards in the private sector. Members heard how there would be significant changes to the Housing Plan arising from the Renters' Rights Bill which was due to be enacted.

Members inquired about the possible effects of the Renters Rights Bill on the availability of rental housing. Officers responded that although this concern had been raised, no specific projections regarding the impact on the number of rental properties in Barnsley had been undertaken.

It was acknowledged that there was a concern around the funding available in order to deliver the enforcement required within the Renters Rights Bill. Members were informed that a piece of work had been carried out to put a paper to the Department for Levelling up for Housing and Communities. This estimated that there would be 1 officer per 800 private rented houses to discharge all duties as there were currently 6 full time equivalents within the service. In the social and council housing sector, Berneslai Homes for example have around one housing officer per 300 to 400 properties. It was estimated that around 23 members of staff would be required in Private Sector Housing to support these new duties. An additional concern was around the availability of staff members country wide as all Local Authorities would be vying for more staff to discharge the new duties. There were plans to establish apprenticeships with the objective of developing skilled professionals internally. It was not known what the financial settlement would be from central government, if in fact any, in order to discharge these duties. It was reported that if no additional funds were to be received then there would be a need to utilise existing resources and redefining roles to prioritise duties related to the legislation.

One challenge identified was effectively communicating information so tenants understand their rights and responsibilities, and ensuring they know who to contact when issues arise without fear of retaliatory actions from landlords. The Renters Rights Bill aims to prevent retaliatory actions, such as forced evictions following complaints.

An annual Landlord Event was scheduled for 26 March 2025, with invitations sent to 450 landlords. The event was publicised through social media and websites. Landlords received support through drop in sessions and a dedicated landlords website which holds all necessary information and advice. A quality mark for endorsing landlords for providing good services had been considered and would be taken away to look into developing this.

It was noted that there was no official registry for landlords to sign up to. The Service relied on land registry, council tax, tenants and 192 in order to find contact details. It was hoped that in time there would be a requirement for landlords to register on a database. Members queried whether there was a way to search land registry in

order to find out whether landlords were purchasing multiple properties to build up their portfolios. In response members were informed that around 21,483 properties were private rented in the Borough and that the situation was constantly evolving. It was reported that there were a number of landlords that did not live in the Country which also created challenges.

The Service had a list of letting agents in the Borough who were part of a mailing list for quarterly newsletters for landlord updates. A landlords accreditation scheme had been in place at one point but there was not enough uptake from landlords to make it cost effective to keep running.

Members were informed that there were around 400 known Houses of Multiple Occupancy (HMOs) within the Borough. In terms of unregistered HMOs, officers were proactive in going out and visiting properties that were reported to them either by elected members or members of the public. Reports indicated that many unregistered HMOs were located in the Town Centre areas. Members were encouraged to report any properties that raised concerns as systems relied on intelligence and information.

It was reported that the Service had good relationships with partner organisations such as South Yorkshire Police, South Yorkshire Fire and Rescue and the Ambulance service. These services were in a good position to report concerns as to vulnerable people living in unsatisfactory conditions. Social Services also report housing conditions when undertaking house checks for people accessing the 0-19 Service, Early Intervention or Adult Social care. There were hopes to develop an app in the future for postal workers, delivery drivers and supermarket delivery drivers to notify the council of any concerns about people and their living conditions, this would be addressed within the 2025-28 refresh of the Plan.

Members inquired about the measures being taken to assist prospective tenants who have poor or no credit history. In response members were informed that a significant amount of work was being undertaken with the Homelessness Team, Housing Options Team and private landlords to guarantee or underwrite deposits to get people into housing. Members were informed that under the Renters Rights Bill advance payments and bidding wars would be banned and prevented from happening.

Members were informed that regarding potential tenants exhibiting antisocial behaviour, the service takes a comprehensive approach to addressing these behaviours and environmental decline through coordinated efforts.

Members raised concerns around cannabis grow houses and whether there could be an awareness campaign for landlords and members of the public as to what to look out for. They were informed that a successful Cannabis Awareness scheme developed in Barnsley had been recognised nationally as good practise details of which would be circulated to elected members. Members were informed that enforcement action had been taken against two large cannabis farms in privately owned bungalows and that thinking ahead and working with landlords and tenants was key to future enforcement action. Members requested a members briefing on Cannabis Awareness.

Members inquired about student accommodations within the Borough and were informed that there are no specific student lets in Barnsley. It was explained that most students likely secure standard short-term tenancies with extended rolling contracts.

The Private Sector Housing Plan 2030 was coproduced by officers across the Council and the four commitments chosen and set out in the report had to fit with the ambitions of the Housing Strategy. Members heard how a starting point was about looking into what does it take for people to be happy in a home and the area they live. It was acknowledged that physical buildings alone were inadequate if the surrounding environment remained cluttered with waste grounds, plagued by antisocial behaviour, and crime was prevalent on the streets. Housing standards were important as conditions contribute to good or ill health. The environment around could add or takeaway from investment in a sense that long term tenancies would mean commitment to the area. Where there are a high and rapid turnover of tenancies it is more difficult to achieve safe pleasant streets that we would strive for. By considering each component and acknowledging the role of the Private Rented Sector (PRS) in addressing housing needs, supporting landlords, taking firm action against non-compliant landlords, and identifying hidden vulnerable individuals, a comprehensive approach could be developed to maintain standards, enhance behaviours, and improve environmental standards. The Service was able to monitor the performance standards through a delivery plan supporting the Private Sector Housing Plan 2030. Officers met quarterly to monitor performance against each of the commitments to identify what is going well and what requires improvement. The Renters Rights Bill would finalise new commitments within the Private Sector Housing Plan 2030.

Members asked who they should contact for reporting purposes. Officers commented that there was a dedicated phone line, that there was information online in detailed pages and anything could be reported to the email address: safer@barnsley.gov.uk and it would always be picked up and actioned. Members also heard that the members enquiries online reporting tool had a landlords option.

RESOLVED:-

- (i) that the report be noted;
- (ii) that the witnesses be thanked for their attendance and contribution;
- (iii) that a Cannabis Awareness Session be held for all elected members;
- (iv) that members share intelligence with safer@barnsley.gov.uk if they have any concerns over occupancy within properties in their ward; and
- (v) that Officers consider the development of a quality mark or similar scheme to promote 'good' landlords to members of the public.

Chair

MEETING:	Overview and Scrutiny Committee - Healthy Barnsley Workstream
DATE:	Tuesday 25 March 2025
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Stowe (Chair), Barnard, Bellamy, Booker, Bowler, Bowser, Fielding, Green, Hayward, Holling, Lodge, Mitchell, Morrell, Moyes, Osborne, Pearson, Sheard, Tattersall and P. Wright together with co-opted member L Iles

54 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received.

55 Declarations of Interests on matters contained within the Agenda

Councillor Lodge declared a non pecuniary interest in Minute 58 as a family member works in a primary school within the Borough.

Councillor Osborne declared a non pecuniary interest in Minute 57 as the Cabinet Support Member Environment and Transport.

56 Minutes of the Previous Meeting

The minutes of the meeting held on 4 March 2025 were received.

57 Councillor's Call For Action - Recent Disruption to Waste Collection Services

The following witnesses were welcomed to the meeting:

- Matt O'Neil, Executive Director Growth & Sustainability
- Gill Charters, Head of Waste, Recycling, and Neighbourhood Services, Barnsley Council
- Cllr James Higginbottom, Cabinet Spokesperson, Environment and Transport, Barnsley Council

Councillor Lodge formally moved the Councillor Call for Action and in doing so provided the Committee with an overview of the reasons for bringing the Call for Action and welcomed responses from invited Officers and the Cabinet Spokesperson Environment and Transport. In addition to the reasons highlighted within the published Councillor Call for Action, Councillor Lodge also raised concerns around the delay to green bin collections and the cost implications for recovery as a result of the prolonged disruption to waste collections which had been stated within the position statement provided by the Service.

The Cabinet Spokesperson Environment and Transport provided the Committee with an overview of the position statement provided in response to the Councillor Call for Action. Members were provided with some context that 115,000 bin collections were carried out on a weekly basis with 72 staff members and 24 vehicles. The adverse weather for the week commencing 4 January 2025 had resulted in around 100,000 missed bins. This alongside the implementation of the Safety and Quality Programme in December 2024 had affected services further. The Council acknowledged the significant disruption to services and issued an apology. The decision to postpone the resumption of green waste collection had been made in order to enable wider services to be stabilised.

In the ensuing discussion and in response to detailed questioning and challenge, the following matters were highlighted:

Concerns were raised about the cost of replacement bins that had been damaged by the lorry resulting in refused collections. In response members were informed that wheelie bins were manufactured to an industry standard to work with the bin lifts on the collection vehicles and came with a five year warranty. Compromised bins were not deemed safe to present compromised bins for emptying creating a hazard for both bin crews and members of the public. The policy to charge delivery to replace bins had been in place for around 10 years. Members enquired as to what had been communicated to residents informing them of the change in policy around picking up damaged bins. Members heard that this was part of the Safety and Quality Programme and information was provided to customers on the website. Members were informed that damaged bins were tagged with a note informing residents that their bin was unable to be collected due to being damaged. Practices in the waste industry had changed significantly across the Country in order to provide a safe environment to work in and for residents.

In relation to the delayed green bin collection, members were informed that residents would be unable to leave additional bags to be collected as this was not in keeping with the policy. The decision to delay the green bin collections had been made in order to increase crews and recovery for the mandatory collections. Green waste bin collections were discretionary collections funded by the council.

Officers confirmed that the grey bins were on schedule and collections were up to date, aside from any that could have been missed due to a variety of reasons such as streets being inaccessible due to inconsiderate parking, road closures and breakdowns. Missed bins could be reported online or through members enquiries and would be added to a collection round as soon as was possible.

The Committee heard how residents and members all had a role to play to facilitate safe bin collections. This included bins being presented correctly and being considerate when parking on smaller streets. It was noted that if a street continually encountered issues with accessibility, notes would be placed on windscreens informing them of the hindrance and there was also the option to put a smaller vehicle on the route. It was also reiterated the importance of considerate parking as if a waste bin vehicle struggled to access certain areas and streets then emergency vehicles would also have the same issue.

Officers confirmed that the reported £40,000 costs incurred due to the backlog was a definitive figure and included all expenses related to the additional services required to catch up.

Officers reported that they were open to any suggestions in relation to improving communications to 115,000 residents if a similar incident should occur in future. It was felt that social media, press releases on local news outlets and updates to the website were able to reach most residents.

Members were informed that the service had many moving parts and that contingency plans were continually under review and crews were updated at daily briefings and updated by undertaking training to operate safe and efficiently. Members were informed that most weather impacts were included within the plan but that extreme icy conditions had recently been added due to this experience.

It was acknowledged that the introduction of the Safety and Quality Programme had been difficult for some members of the workforce to adapt and change to a different way of working. Work would continue with members of the Team and Unions to ensure the safety of the operatives and residents. 72 accidents had been recorded in the previous 3 years at Barnsley, however compared to Bradford who had implemented the programme the previous year, no accidents had been reported. The workforce was acknowledged for doing an excellent job, working hard by walking 13 miles a day in all weather conditions.

Members were informed of the abuse and threatening behaviour that frontline crews had received as a result of the disruption resulting in the Police being called out to some incidents. It was acknowledged that residents may have felt frustrated but abuse and threatening behaviour was unacceptable and would be dealt with appropriately. There had also been abuse towards staff through comments on social media who were at the time managing extremely difficult and challenging circumstances. The opportunity was taken to thank staff for their hard work.

Members heard how waste crews and frontline staff received welfare checks on a regular basis through Welfare days in order to ensure staff were happy and healthy. These visits by a number of agencies covered a variety of checks such as blood pressure, stop smoking services and Andy's Man Club for those who may find talking about personal feelings difficult within the depot.

It was reported that the waste collection industry was one of the most dangerous industries in the UK and that the accident in Coventry resulting in a fatality had been foreseeable. This had led to the Safety and Quality Programme and the Be Safe, Work Safe, Target Zero initiative being implemented. It was hoped that as a result of this programme and initiatives no other families would face similar events.

Councillor Lodge commented that he had brought in the Councillor Call for Action as part of his duty as an Elected Member sitting on the Committee set up to be a critical friend. Residents wanted answers and it was hoped going forward members and officers could work together for a safer and right first time service and for operatives to go home at night.

RESOLVED that the Councillor Call for Action be received and noted and witnesses be thanked for their attendance and contribution.

58 Special Education Needs and/or Disability Provision in Barnsley

The following witnesses were welcomed to the meeting:-

- Nina Sleight Service Director Education, Early Start & Prevention, Barnsley Council
- Beverley Bradley, SEND Improvement Manager, Barnsley Council
- Sue Day, Head of Service SEND and Inclusion, Barnsley Council
- Kwai Mo, Head of Service Mental Health and Disability, BMBC
- Karen Rose, Interim Head of Service for Children's Commissioning, Barnsley Council
- Jamie Wike, Deputy Place Director, Barnsley Integrated Care Board (ICB)
- Hermione Rostron, Designated Clinical Officer, Barnsley Integrated Care Board (ICB)
- Angela Lomax, Group Leader Raising Participation, Employment & Skills, Barnsley Council
- Cllr Trevor Cave, Cabinet Spokesperson Children's Services, Barnsley Council
- Andy Lancashire, Independent Chair of Barnsley's Schools' Alliance
- Carlene Devereux, Head of Children and Family Social Care, Barnsley Council

Nina Sleight provided members with an overview of the progress in supporting children, young people, and families across the Borough. The report detailed the importance of the Local Area Partnership's efforts to maintain high standards to meet the needs of children for positive outcomes in education. There was significant pressure from central government and locally, however there was confidence that the Partnership was responding to challenges and doing the best for the children in Barnsley.

In the ensuing discussion and in response to detailed questioning and challenge, the following matters were highlighted:

Members were informed that tracking children's health and education was challenging. It was reported that sometimes health and education data are not linked and therefore it was not always easy for health services to identify children and young people receiving SEN support or with an EHCP unless this was identified in the referral. Health outcomes need tracking across all services for SEND and disabilities. And there is a joined up approach across Health and Social Care and collaboration across the services. Each child and young person has an annual review as part of the process for EHCPs on an individual basis and this includes reviewing health and education information to assess outcomes for each individual child. In Barnsley, an integrated data dashboard had been developed with health, social care, and education information to track overall improvements in health outcomes for those with SEND.

The Department for Education (DfE) had confirmed that the national free school programme was on hold until a national review had been carried out. No timescales

or further information was available from the DfE. It was hoped that the free school programme would be recognised by the DfE as necessary to meet local area sufficiency needs. Due to the pause in the programme plans were being looked into with current providers in Barnsley in terms of mitigation. All schools in Barnsley and trusted partners had been written to as to who may be willing to create additional capacity so children and young people of all needs could be educated in their local communities and in where necessary in specialist provision. It was hoped that confirmation of those additional places would be in time for September 2025 however it was acknowledged that this would be ambitious.

The success rate for SEN and EHCP children was measured on how well those receiving it were supported and how their outcomes improve. There had been a growth nationally and locally in the numbers of children receiving support and it was due to a range of factors including whether this was due to cohorts, children moving through primary to secondary or just particular places in the Borough and country. It was noted that a whole range and combinations were factors which was why there had been a growth in numbers. It was reported that early intervention with SEN support was effective and EHCPs were issued in line with the legislative framework. The service worked to a strict legislative framework to identify and support need and there was confidence that the council met the needs identified in the most appropriate way. Members were informed that the National Audit Office and ISOS Group had identified that the SEND systems was not a sustainable system and a Government review around what the SEND system should look like moving forward nationally was being undertaken.

Effective SEN support hinges on the early collaboration with parents, carers, and families, ensuring that concerns are identified and needs are addressed from the beginning. Establishing strong relationships with public health nurses or other trusted individuals within the community, as well as family hubs or broader family support services, was essential. First and foremost, parents should be supported however it was recognised that it was important to equip the workforce with the tools to identify needs effectively, utilising statutory checks starting at two years old and continuing onwards. Partnerships within the local area should work together to understand emerging needs within the system. Some needs could be identified in hospitals at the earliest opportunity, working alongside hospital staff, public health nurses, and council services where children are recognised. Responses to these needs should be evidence-based, with specialised teams providing support when necessary. The structure of communication and information sharing must ensure that all parties, including those in the community, family homes, universal settings such as schools, and health and social care services, were well-informed to provide comprehensive support around each need.

The waiting lists for the assessment of autism and neuro diverse conditions were significant and numbers were increasing. Work was being carried out collectively with hospitals, community colleagues and schools to ensure the model meets the needs of students based on need. Collaboration had been undertaken over the past few months with various services to ensure information was available to parents and carers on the local offer website. Work was also being undertaken to identify children on the waiting list, regardless of the pathway they were on, to assess the support they received once referred, regardless of diagnosis. It was important that families were offered support with strategies to support their children in the best way

whilst waiting for a formal assessment by health services. Training was provided to support all settings to ensure the offer extends to teachers in schools while waiting for specialist services.

Members enquired as to what support was in place for families and children identified with additional needs from birth or before starting nursery at 3 years old. It was reported that children with needs were being picked up from the 2 to 2½ year checks and were supported at a universal level at that point, if not earlier through universal health services or early years settings. Work was undertaken with nurseries in early identification and Portage services were in place for pre school children and their families with SEND and disabilities.

Targeted information and advice guidance was provided to children from Year 9 in school on an EHCP in order to prepare for their Post 16 education, employment and training options. The EHCP Team and Social Care collaborate to conduct consultation processes in Year 9 to determine the right path and included parental preferences to ensure young people's needs were met. The focus was on the individual young people to help them reach their potential. Even after plans expire at the end of the period, there was an offer of ongoing assistance for their future endeavours.

It was vital that the young people and children's wishes and feelings were taken into account and central to support and next steps. In order to do this there were a number of mechanisms in place to gather the voices of children and young people including:

- A SEND Participation Group for children in both primary and secondary schools to understand lived experience and how to help and shape experiences.
- Annual reviews of EHCPs to make sure provision was continuing to meet need
- A Young Commissioners Group had been established to shape capital schemes and programmes
- A programme called PINS (Partnership for Inclusion of Neurodiversity in Schools) to support the education and health of children in schools

Members asked how they could contribute as elected officials to support the SEND system in Barnsley. They were advised that a crucial aspect would be to raise awareness of the local services and offerings available in communities designed to assist children and families. Also being a supportive voice for families in feeding back to the Service any areas where they were falling short in order to deep dive into a particular situation. Support via contacts in Central Government for national reform would also be welcomed.

It was acknowledged that it was only right for parents and carers to have the right of appeal in the EHCP process. There was a desire to see fewer families feeling they needed to go to tribunals, it was noted most of the disagreements were around placements.

Members heard how the Service learned from ombudsman reports and individual complaints, ensuring quality assurance by trying and testing in various ways.

Nationally and locally, if a decision was made specific to a family, learning and action were traced through the services. Sometimes this required a multi-agency response and was tracked through to outcomes, showing evidence of actions or recommendations being addressed. This applied whether it was from an ombudsman or local formal complaint system to the Local Authority. Actions or recommendations would then be assigned to particular individuals who would be accountable for reaching conclusions, sometimes involving teams on how to improve moving forward. There were less formal checks and balances within the system to avoid escalation, building that structure, checking and supporting. Conversations with families could move into formal email exchanges, but often issues would be resolved before escalating. The quality assurance programme helped to prevent escalations that impact children, ensuring things are put right quickly and easily. More fundamental issues may involve local area partnerships when necessary.

Members raised concerns around the rising numbers of children requiring SEND support in schools increasing pressure on teachers possibly resulting in delivering substandard education. In response they were informed that it was not believed that substandard education was being delivered. Efforts were ongoing to develop inclusive education. Improving outcomes was a key priority with a sense of purpose untied across the Alliance and Children's Services. There was confidence that strong foundations could be built within Barnsley's schools and Academies. Support for reasonable adjustments in mainstream classrooms was welcomed without the need for outside educational provisions.

Members were informed that a regional group of Heads of Service regularly came together to share information around best practice. It was noted that Barnsley was not the only area facing challenges in terms of sufficiency, quality and parental satisfaction or dissatisfaction. Good practice internally was by regularly bringing in schools to the Barnsley Alliance to share practices to outward facing services and SENDCOs. There was access to a DfE send advisers with a national perspective who identify areas of success and common challenges. They often share insights and connect people, sometimes recommending successful practices from one authority to help another. It was crucial to leverage this network to gain both a national overview and local insights. Barnsley schools have an alliance sector-led improvement with a peer challenge model. Three schools collaborate for the review, providing essential feedback. Through the Association of Directors of Children's Services' regional challenge event, three Local Authorities share data, information and self-evaluations. They challenge each other's assessments, resulting in significant learning through this process.

RESOLVED:-

- (i) that the report be noted;
- (ii) that the witnesses be thanked for their attendance and contribution.

Chair

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**Report of the Executive Director Core Services
and the Executive Director Health and Adult Social
Care & Place Director, Health and Care Barnsley,
South Yorkshire Integrated Care Board (SY ICB), and
the Health and Care Partnership to the Overview and
Scrutiny Committee (OSC) on 29 April 2025**

Managing the Demand on Urgent and Emergency Care (UEC) Services in Barnsley

1.0 Background

1.1 This paper is to provide the Overview and Scrutiny Committee with an update and overview of the proposed Urgent and Emergency Care (UEC) programme of work across Barnsley Place Partnership. This work will commence in April 2025. It is anticipated that the programme will run for a minimum of two years.

1.2 The ambition of this programme of work is to ensure Barnsley Health and Care partners:

- Achieve the national performance standards in relation to UEC, such as 78% of all patients attending the Emergency Department (ED) to be admitted or discharged within 4 hours of arrival to the ED (also known as Accident and Emergency, or A&E), Category Two ambulance calls (Category Two calls are deemed as emergency calls) to achieve a category 2 average mean response time of under 30 minutes (although the national response target is usually 18 minutes), and ambulance handovers at ED to take 15 minutes.
- As a partnership, we move to a more proactive and anticipatory approach to health and care management, for the population of Barnsley, reducing the need for urgent, or unplanned care services as people's care is known and better managed in general practice and community services.
- Health and care services to better link with, and involve, local voluntary, community and social enterprise services as part of more bespoke offers to the population.
- Improve the population of Barnsley's health and wellbeing outcomes.

1.3 The UEC programme of work includes six projects which are listed here:

- Working with General Practices (GPs) to improve on the day/same day access into general practice for urgent care needs (minor illness and minor injury)
- Developing and implementing a collaborative approach to better supporting and managing 'high intensity users' who frequently access services, using the Core20PLUS5 principles to this work
- Develop a local Clinical Assessment Service (CAS), building on the current model of RightCare Barnsley (RCB)
- Develop a Transfer of Care Hub at the front door to ED, supporting re-direction away from the ED where an alternate service will better meet the needs of the individual
- Input into the creation of Community/Neighbourhood Hubs, offering more bespoke needs using the Core20PLUS5 principles to the different cohorts who all make up the Barnsley population, better meeting people's needs and better recognising the wider determinants of health, and the impact these can have on an individual's health and wellbeing.
- Review the flow in, through and out of the hospital, including looking at admission and re-admission rates and reviewing the discharge process and opportunity for more robust multi-disciplinary decision making at the earliest opportunity, to support timely discharges to the right setting.

1.4 More detail around these six projects will follow in this paper (please see Section Three below).

2.0 Background

2.1 UEC remains a political and much scrutinised topic nationally. NHS England publish regular strategies and policies on how to improve UEC performance and improving patient experiences and outcomes. The

most recent and relevant NHS England publications that this programme of work is based on includes (and can be found in Section Five of this report):

- The newly published 2025/26 Priorities and Operational Planning Guidance
- The Lord Darzi's Independent Investigation into the NHS in England
- Guidance and recommendations from the 'Getting It Right, First Time' team
- Primary Care Recovery Plan-Modernising General Practice (2023-2025)
- Urgent and Emergency Care Recovery Plan (2023-2025)

- 2.2 NHS RightCare was launched in 2015. This was the beginning of the ethos fundamental to the UEC agenda of ensuring patients received the right care in the right place, by the right clinician, first time. This ethos/philosophy is what still drives the UEC agenda today, as it is agreed nationally, that there is an issue of too many people choosing to access the ED when their clinical needs meant they could have been dealt with in the community setting (such as by their GP, or other community health or care professional).
- 2.3 In 2022, the UEC Board requested support from NHS England to run an audit on alternative services as to where patients could have been seen for their clinical needs instead of the ED. The findings from this audit led to system partners doing some focused work on considering options around implementing 'something' at the front door of ED, to manage the lower acuity (conditions that are less severe and not immediately dangerous). Such options included having a GP hub in ED, a co-located Urgent Treatment Centre (UTC) adjacent to the ED and creating a multi-disciplinary decision-making unit within ED to support re-directing patients elsewhere. This work ceased in July 2024 as there were concerns around the potential additional costs and workforce requirements and uncertainty of how these options would be financed.
- 2.4 Despite this work in 2022-2024 not resulting in any tangible outcomes or outputs such as a 'new' service being implemented, it was instrumental in supporting partnership working and consideration of what is needed to reduce low acuity patients accessing the ED. It also reflected the difficulty of undertaking transformation when it meant moving existing resource across system partners, as there was no 'new' funding to implement proposed changes and enhancements. The discussions also highlighted the importance of ensuring that any solution did not add more activity into the system or simply shift activity (like for like) from one building/service to another building/service. The solutions must instead have a more proactive and anticipatory approach, better meeting the person's needs earlier, reducing the need for people to access urgent care services. This aligns with the ethos of 'right care, right place, right time, right clinician'. This approach also recognises there is a year-on-year increase in attendance to the emergency department of over 5%.
- 2.5 In 2024/25, various pilots were implemented to test new approaches to collaborative working, to support the reduction of patients attending the ED. One pilot had the GP Out of Hours (GPOOH) service working alongside the Assisted Living Team, the Night-sitting service and the Urgent Community Response (UCR) Team 8pm-8am. The latter three services were co-located with the GPOOH service (Priory Campus). This collaborative working saw improved relationships between the four services and enabled an integrated crisis/urgent intervention team to offer, for referrers, patients, family members and carers alike when requesting out of hours support. This saw timelier responses and quicker interventions, supporting patients to remain at home, reducing the need for patients to be conveyed (and potentially admitted) into hospital.
- 2.6 Between September and November 2024, a pilot tested the impact of having a Specialist Paramedic in Urgent Care (SPUC) from Yorkshire Ambulance Service (YAS) co-locating with RCB between the hours of 8am-8pm. RCB is a single point of access service and receives referrals from a variety of sources including GPs, community teams, hospital and the ambulance service. The team is a combination of administrators and clinical staff, who receive calls, and help navigate healthcare professionals to services both in and out of the hospital. RCB aims to support admission avoidance by helping healthcare professionals to ensure patients are on the most clinically appropriate care pathways, only being referred/told to go to ED when clinically necessary.
- 2.7 During the pilot, the SPUC was co-located in the same room as clinicians from RCB, supporting multi-disciplinary working, and logged in (remotely) to YAS systems, able to view calls in the Barnsley area, and work collaboratively with RCB clinicians to review and signpost work away from an ambulance

conveyance, to clinically appropriate alternate responses (such as an onward referral to other community teams e.g. UCR and respiratory teams). This pilot reviewed 281 incidents and provided an alternative ambulance response to 66% of incidents reviewed. 24% of the 281 cases were passed to community teams, 63% of the cases were dealt with by the paramedic themselves, and 13% were changed from an ambulance conveyance to a Hear and Treat (H&T) clinical consultation by a paramedic. These alternative responses saved approximately 270 hours of ambulance time.

- 2.8 Barnsley Hospital have also invested in its workforce within the ED, recruiting their own GP workforce to deliver the 'GP Streaming' service (for the low acuity/primary care type presentations that 'walk in' to the ED). The hospital has also invested in a dedicated workforce who deal with the 'lower acuity major' patients (slightly higher acuity than primary care but not requiring an emergency response). Investment has also gone into the paediatric service, expanding the service to operate between 7am and midnight now, rather than a 12-hour service. This investment is to support the delivery of the four-hour performance by being able to better stream all those attending ED, with dedicated workforce in place to deal with each 'type' of clinical acuity.
- 2.9 General practices across Barnsley are maximising the Additional Role Reimbursement Scheme (ARRS) funding, enabling practices to enrich their teams with additional clinical and non-clinical roles, such as Physician Associates, Nurse Associates, Phlebotomists, Pharmacists, Social Prescribers, Health and Wellbeing Coaches and Care Coordinators. These roles are providing additional capacity equating to 173.8 Full Time Equivalent across Barnsley, mainly delivering clinical and direct care roles.
- 2.10 In 2024, nationally, NHS 111 was extended to provide additional help to those in mental health crisis. This development means that patients are now able to access urgent mental health support directly by contacting NHS 111, and by selecting the mental health option, can be put through to a local mental health crisis line, managed by partners. The extension to the NHS 111 service is for those people who are experiencing a mental health crisis and require urgent medical advice.

3.0 Current Position

- 3.1 The issue that the programme of work is aiming to improve, is that activity across the health and care system continues to increase year on year, with people living with ill-health for longer. The acuity of people's clinical needs is also increasing. This may be a result of the covid era, with people not able to access more timely care, and/or being scared to access services, combined with health and care services being slower to respond to patient's needs due to the back logs that covid created and workforce reductions. There is also the possibility that people are now more reluctant to get help with a health and care concern, only accessing services when they feel it is impacting them significantly, missing opportunities to keep the illness/condition at a more manageable level.
- 3.2 Activity across the health and care landscape is increasing. Key headlines:
- 1.75% increase in patients registering at a GP over the past three years
 - 19% increase of appointments delivered across general practice from Q1 22/23 to Q1 24/25
 - 25% increase of same day appointments across general practice from Q1 22/23 to Q1 24/25
 - General practices have maintained the workforce levels (with a slight increase in GPs in this last quarter (Q3 24/25))
 - ED attendances are on the increase, with April 2024 up from April 2023 by 10% and May 24 up from May 23 by approx. 6%. Year to date (as of August 2024) attendees to the ED are up by 5.4% based on plan.
 - ED faces significant challenges at the beginning of the week with attendances at 300+ on a Monday for 49/52 weeks in the year across 2023/4, with similar patterns consistent throughout 2024/25 thus far. The average attends for a Monday range between 291 – 343, with a peak of 397 in September 2023.
 - Community services such as the UCR are exceeding their targets of a 70% two-hour response rate (over 90% of the services responses are delivered within the two-hour period), and carry a significant case load, keeping people in their own home or community setting, and keeping patients away from hospital where feasible.

- ED four-hour performance has been poor over the winter period, receiving scrutiny from NHS England, in part due to the volume of people attending ED. However, performance has improved in March.
- The response times for YAS Category Two calls for Barnsley for the year to date is 29 minutes 20 seconds.
- The average handover time for YAS at Barnsley ED (year to date) is 21 minutes and 54 seconds.
- YAS 999 call handling remains very good, with an average call answer time of 4 seconds during February, with a year-to-date position of 5 seconds.
- YAS 'hear and treat' rates, (where a clinician is able to provide treatment and advice over the phone and an alternative, more appropriate service is identified) remains good, with performance at 16.3% of calls in February, an increase of 0.3% on the previous month.
- YAS delivery of the NHS 111 service has continued to see improvements in call response times and the service received 140,292 calls in February. The average call answer time in February was just over 30 seconds, with 96% answered within a minute.

3.3 The ethos of the transformational work that is underway is to continue to build upon the work that has already been done, making pilots a key part of 'business as usual', to ensure that across Barnsley we continue to improve alternative pathways to ED. This also means educating health and care professionals on what these alternate pathways or services we have, here in Barnsley, as well as members of the public. A key principle of this transformation work is to make unplanned care planned care, at the earliest opportunity by having a stronger prevention and pro-active approach to care, using collaborative working to bolster faster, multi-disciplinary clinical and professional decision making, optimising patient care and better managing patients' care needs. This ultimately should mean less people attending ED, as their health and care needs are better managed in their own home or community setting.

3.4 More detail on each of the six transformation projects are detailed here:

Project One - 'Working with General Practices to improve on the day/same day access into general practice for urgent care needs (minor illness and minor injury)'

3.5 This project will involve initially working with general practices whose patients are high users of the ED. This will explore why the patients may be accessing ED as opposed to their own practice, and influencing the practices to consider if they could offer an improved same day/on the day offer (such as amending how they structure their appointments and clinics, reviewing what skill mix they have available and looking at potential ways to improve this), and are ensuring their access model into their practice is user-friendly for their patients (such as a combination of digital access alongside telephone access and face to face access). This work will also involve patient communications, to try and myth bust the 'can't get an appointment at my doctors' and to encourage patients to contact their practice first, when they have a minor illness or injury, instead of going to the ED.

3.6 Expected outcomes to this project is to ensure same day access for minor illness and injury conditions are improved, specifically at the practices where they may not have had the best offer for their patient demographics. Another outcome will be that ED will see a reduction of ED attendances who are streamed to the GP streaming service, as patients are accessing their own registered practice more, due to the improvement work and improved ability in accessing their practice. The outcomes of this will be reduced activity in ED, so more likelihood of the four-hour performance target being met.

Project Two: Developing and implementing a collaborative approach to better supporting and managing 'high intensity users' who frequently access services, using the Core20Plus55 principles to this work

3.7 This project will focus initially on patients who access a service frequently (usually five or more times within a 12-month period) such as ED, general practice, and YAS, who live in the more deprived areas of Barnsley (Index of Multiple Deprivation (IMD) 1 initially). The project will link with community assets and services already in place to understand from these individuals what the barriers are (either real and/or perceived) as to why they are accessing urgent and emergency care services so frequently, and to ascertain if perhaps their reasons are more social needs. Work can then be done to better connect these individuals into the services and community groups that may better meet the wider determinants of health needs. This approach means this project will be very tailored, to ensure the needs of the diverse

population of Barnsley are better met, rather than a one size fits all approach. This project will also offer awareness raising to the public, on when and how to access healthcare services and encourage awareness and understanding on self-care, health promotion, and what is available in their local community to help support them with their health and care needs.

- 3.8 Expected outcomes of this project is to reduce the volume of high intensity users across Barnsley, alongside reducing the number of times these individuals access various services. Another outcome is for these cohorts of the population to have better connections with local voluntary and community services, better meeting their social needs and wider determinants of health. This will improve their health and wellbeing. The outcomes of this will be reduced activity in ED, so more likelihood of the four-hour performance target being met.

Project Three: Develop a local Clinical Assessment Service (CAS), building on the current model of RightCare Barnsley.

- 3.9 This project will build on the success of the co-located GP OOH service with UCR, night sitting service and assisted living service pilot (as detailed in section 2.5) and the SPUC in RCB pilot (as mentioned in Section 2.6 and 2.7), building up a larger multi-disciplinary team (MDT) of health and care professionals to determine the most appropriate pathway for a patient based on their clinical needs. The aim is to broaden this team to include having (for example) GP representation, mental health specialist, social workers, UCR and paramedics working on the CAS 24/7. This wide team of health and care professionals will give a broader and more holistic view to patients' health and care needs and sharing information. The project will involve communications to health and care professionals, encouraging them to use the service when they have any queries about what pathway a patient needs to go on/which service may be the most suitable based on the health and care needs.
- 3.10 The outcomes of this project will be an increased use in appropriate alternatives to ED, and therefore a reduction of people attending ED. It will improve awareness of services available for health and care professionals to refer/signpost a patient into, and it will improve patient outcomes as they are receiving care in the most appropriate place, by the appropriate clinician, within the appropriate timescales for their needs. It will also reduce the 'spike' of demand services often see when 'in hours' services open, as the CAS aims to be in operation 24/7, giving timely responses to those contacting the service. The outcomes of this will be reduced activity in ED, so more likelihood of the four-hour performance target being met.

Project Four: Develop a Transfer of Care Hub at the front door to ED, supporting re-direction away from the ED where an alternate service will better meet the needs of the individual.

- 3.11 This project is similar to the CAS as described above, in the fact it will have a multi-disciplinary skill mix of health and care professionals, who work at the 'front door' of ED, so when a patient has accessed ED, the MDT can determine what service may better meet the patient's needs, and encourage the patients to go to that service as opposed to waiting in the ED.
- 3.12 The outcomes of this will be reduced activity in ED, so more likelihood of the four-hour performance target being met. It will support the 'right care, right place, right time, right clinician' ethos. A further outcome will be improved patient awareness of where to go in the future, as their understanding and education of services will be improved.

Project Five: Input into the creation of Community/Neighbourhood Hubs, offering more bespoke needs using the Core20PLUS5 principles to the different cohorts who all make up the Barnsley population, better meeting people's needs and better recognising the wider determinants of health, and the impact these can have on individual's health and wellbeing.

- 3.13 This project will link with the wider Neighbourhood Health approach to improving people's health and wellbeing and reducing health inequalities (an agreed shared priority in the Barnsley Place Plan 2025-2030) and consider how to better use and maximise the community assets available, such as the Community, Voluntary and Social Enterprise (VCSE) organisations and community networks to help the public, improve their awareness on health promotion and self-care. The work will also support better understanding of the barriers (real and perceived) that different cohorts of the Barnsley population experience, in managing their health and care needs and accessing services, which result in people accessing urgent and emergency care. The core 20PLUS5 principles will be applied to this work, focusing

on the most deprived pockets of the population of Barnsley. By understanding the barriers people face with their health and care needs, bespoke and improved community hub offers can be established, that support people keeping healthy and well, reducing the need for people to access urgent and emergency care services. Equally, when people do need to access such services, they have improved awareness of what is available for them to access.

- 3.14 The outcomes of this project (and the wider Neighbourhood Health model) will be improved understanding for how people can look after their own health and wellbeing better, with improved knowledge of what is available within their own community/area and connections to support them keep well, including the wider determinants of health which are critical and underpin people's health and wellbeing. Therefore, a shift to more anticipatory and pro-active care, reducing the pressures on urgent and emergency care services. Health inequalities will reduce as bespoke and focused hubs will be developed, that reflect specific and differing needs, of the different pockets of the community that make up Barnsley.

Project Six: Review the flow in, through and out of the hospital, including looking at admission and re-admission rates and reviewing the discharge process and opportunity for more robust multi-disciplinary decision making at the earliest opportunity, to support timely discharges to the right setting.

- 3.15 This project will focus on the internal processes within the hospital, considering the patient flow in, through, and out of the hospital. It will include reviewing (using the 'Criteria to Admit' tool) if all admissions into a hospital bed are necessary, with potentially reducing the number of admissions if deemed that perhaps at times patients are admitted when they don't clinically need to be. Discharge processes will also be reviewed, to ensure there is a robust, multi-disciplinary clinical and professional decision-making, at the earliest opportunity to ensure patients are discharged as soon as it is clinically appropriate, and into the right setting, with the right care needs in place. For example, ensuring social workers are involved in the discharge discussions at the very beginning, alongside the hospital staff. Reviews will also take place to see if more people can be discharged earlier, for example before 5pm, and even noon, to improve their experience.
- 3.16 The outcomes from this project will see potentially less people admitted, allowing the hospital to have more 'flow' as it is less full of patients, and an improved timely and more comprehensive discharge process. Patients will therefore spend less time in hospital than is clinically necessary, be discharged to the right place, with the right support in place based on their health and care needs. This work will also see a reduction of re-admissions post-discharge, as care needs are being met, supporting people to recover and recuperate.
- 3.17 It is anticipated that all the six projects will reduce activity going into the ED, supporting the ED to better meet the four-hour performance target. The projects will also improve knowledge and awareness across the health and care professionals about alternate services and pathways that patients can be referred/signposted into, that better meet the patients' needs. This supports the right time, right place, right clinician, first time ethos.
- 3.18 The transformation work also aligns to the Neighbourhood Health approach to care, as set out by the new Labour Government, adhering to the principles of prevention not treatment, and care closer to home. The work also supports the move to better proactive and anticipatory care for the population of Barnsley, improving people's health and wellbeing thus reducing the need to access urgent and emergency care services. The work aligns to other priority areas of work within Barnsley, such as Ageing Well, and Primary Care, as these also share the fundamental principle of needing to be better in preventing illness, better proactive and anticipatory management of long-term conditions and health needs and improving patient education and awareness of how to keep healthy, and how to self-care more.
- 3.19 Each project will undertake an Equality, Quality Impact Assessment to ensure there are no equality or diversity issues in any of the proposed projects. The projects all need to operate within existing financial parameters, there is no additional funding to deliver these. This is where collaboration and partnership working are key, as partners can see where the activity may flow differently, and the funding mechanisms must follow, to enable the change to occur.

- 3.20 The UEC Programme Board will have oversight of all the projects and seek assurance from the project leads regarding project delivery, progress, achievements of milestones and key deliverables. The Board will support in risk mitigation when risk has been escalated. The project groups have been set up, with clear proposals and scopes developed.

4.0 Future Plans & Challenges

- 4.1 The challenges this suite of projects will face is when decisions need to be made regarding changing funding flows, to support any transformation and change to pathways/ways of working. Barnsley system partners, as all other systems across the country are working in the context of significant financial challenges with no additional national funding available to support the transformation and improvement work planned. Significant elements of any new models would ideally require a period of double running to enable the impact to begin to be delivered, and activity begin to reduce as desired enabling the reduction of costs and transfer of funding to the more proactive, anticipatory model of care and this is unlikely to be possible.

- 4.2 However, the UEC Board have agreed the six projects, and the Integrated Care Board (ICB) have engaged with all partners collectively (such as at Place Committee and Partnership Group meetings) and individually (such as partner executive boards) and all partners have agreed to the projects, their scope, and implementation. Therefore, any challenge that may occur once the projects are fully underway can be discussed at the UEC Board, with escalation as required to the Health and Care Place Partnership Board to overcome these together in the spirit of the common purpose and shared ambition that has been agreed, and the improvement that needs to be delivered.

- 4.3 Another potential challenge is the timescales as this transformation programme is a long-term programme, initially two years in duration, but likely may take longer, due to the complexities of this involving multiple partners across the health and care system, as well as the public and community assets such as the Voluntary, Community and Social Enterprise organisations. There is also the risk of national change, both in the structure of the NHS and the Department of Health and Social Care, and in strategies and policies which have yet to be published (such as the new Health and Care Plan) which may disrupt work and/or change the focus; however, the projects will adapt to any such requirements.

5.0 Invited Witnesses

The following witnesses have been invited to the session to answer questions from the committee:-

- Katy Calvin-Thomas, Executive Director, Adults & Place Health, Barnsley Council and South Yorkshire Integrated Care Board
- Kate Parker, Portfolio Lead – Transformation & Delivery, Place (Barnsley), NHS South Yorkshire Integrated Care Board
- Michael Wright, Managing Director, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Gill Stansfield, Deputy Director of Operations, South West Yorkshire NHS Foundation Trust (SWYPFT)
- Jacqueline Howarth, Service Manager, RightCare Barnsley
- James Barker, Chief Executive, Barnsley Healthcare Federation
- Adam Layland, Director of Partnerships & Operations South Yorkshire, Yorkshire Ambulance Service (YAS)
- Councillor Jo Newing, Cabinet Spokesperson, Adults & Place Health, Barnsley Council

6.0 Possible Areas for Investigation

Members may wish to ask questions around the following areas:-

- What change management principles will you be adopting to ease the transition for partners, workers, and for residents?
- To what extent are the missed targets in A&E down to processes and systems? What needs to be put in place to effectively support change?

- What feedback has been received from service users and staff on the pilot projects and how have they been involved in shaping plans?
- Why were those specific projects identified as the way forward and what evidence and considerations have been taken into account when designing the projects so that the models are sustainable and fit for the future?
- Were any alternative projects or models evaluated? If so, why were they discounted?
- Are there any contingency plans in place for the potential failure of any of the six projects, and if so, what are they?
- What are the key milestones and what needs to be done to ensure the project progresses at pace?
- How will the new model impact on patient safety? Will it improve or is there a risk that potentially serious issues may be missed?
- How does the social care sector and the ambulance service fit in with the changes? What is likely to be the impact?
- What do you expect the challenges to be in relation to access and equity? Are there any specific sections of the community that are likely to be disproportionately affected?
- What is the strategy for communicating the plan to the general public? How can patients determine the most appropriate care for themselves?
- What does success look like and how will you monitor and measure risks and success?
- What can Elected Members do to best support this work?

7.0 Background Papers and Useful Links

- [Urgent and Emergency Care Recovery Plan \(2023-2025\) NHS England » Delivery plan for recovering urgent and emergency care services – January 2023](#)
- [The newly published 2025/26 Priorities and Operational Planning Guidance NHS England » 2025/26 priorities and operational planning guidance](#)
- [The Lord Darzi’s Independent Investigation into the NHS in England Independent Investigation of the National Health Service in England](#)
- [Guidance and recommendations from the ‘Getting It Right, First Time’ team Further Faster Handbook - UEC December 2024.pdf](#)
- [Primary Care Recovery Plan-Modernising General Practice \(2023-2025\) NHS England » Delivery plan for recovering access to primary care](#)

8.0 Glossary

A&E	Accident and Emergency
ARRS	Additional Role Reimbursement Scheme
BHNFT	Barnsley Hospital NHS Foundation Trust
CAS	Clinical Assessment Service
ED	Emergency Department
GP	General Practice/Practitioner
GP OOH	General Practice Out of Hours Service
H&T	Hear and Treat
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation

MDT	Multi-Disciplinary Team
RCB	RightCare Barnsley
SPUC	Specialist Paramedic in Urgent Care
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
UEC	Urgent and Emergency Care
UCR	Urgent Community Response
UTC	Urgent Treatment Centre
VCSE	Voluntary, Community and Social Enterprise
YAS	Yorkshire Ambulance Service

9.0 Officer Contact

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16 April 2025

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Proposals for a Combined Haematology Inpatient Service

1.0 Introduction

1.1 The purpose of this report is to:

- Provide an overview of the Haematology Programme, and specifically the Combined Haematology Inpatient Service proposal
- Obtain support for the Combined Haematology Inpatient Service proposal
- Seek direction around any further governance that may be required or advised

2.0 Background

2.1 The Haematology services at The Rotherham NHS Foundation Trust (TRFT) and Barnsley Hospital NHS Foundation Trust (BHNFT) focus on the diagnosis, treatment, and management of blood disorders. These services include:

Diagnostic Services:

- Blood Tests: Full blood counts, reticulocyte counts, blood films, and coagulation screening
- Specialised Tests: Thrombophilia screening, haemoglobinopathy screening, and lupus anticoagulant tests, bone marrow biopsies

Treatment and Management:

- Chemotherapy: Administering chemotherapy for blood cancers like leukaemia and lymphoma
- Blood Transfusions: Providing blood and blood products to patients in need
- Inpatient care for patients with haematological conditions including both malignant and non-malignant conditions
- Outpatient follow up and ongoing long-term care of above patients

Patient Support:

- Patient Engagement: Involving patients in their care plans and providing education about their conditions
- Multidisciplinary Teams: Collaborating with other healthcare professionals to provide comprehensive care

Research and Development:

- Clinical Trials: Participating in research to develop new treatments and improve existing ones

2.2 The Haematology service at BHNFT provides British Committee for Standards in Haematology (BCSH) standards 2a 'Levels of Care' at a 'Moderate' level. The Haematology service at BHNFT currently provides:

- Inpatient Care
- Outpatients, both Consultant and Clinical Nurse Specialist led
- Laboratory services
- Chemotherapy Day Unit

2.3 The Haematology service at TRFT provides 2B 'Levels of Care' at a 'High' level (management of acute myeloid leukaemia and provision of intensive curative chemotherapy). The Haematology service at TRFT currently provides:

- Inpatient Care
- Outpatients, both Consultant and Clinical Nurse Specialist led
- Laboratory services
- Chemotherapy Day Unit and Chemotherapy at home service

2.4 To understand how many patients access Haematology services, a data analysis exercise was undertaken. The specific patient groups reviewed included those admitted to the Haematology inpatient wards at both BHNFT and TRFT. This analysis covered both non-elective and elective patients for both organisations.

2.5 Additionally, the data considered Haematology patients admitted to other non-Haematology wards, plus BHNFT patients who currently receive their treatment at Sheffield Teaching Hospitals (STH), due to the level of care currently available at BHNFT.

2.6 The following table illustrates the Haematology patient numbers for 2023-24 for BHNFT:

Admission method	BHNFT No. of spells	BHNFT No. of patients	TRFT No. of spells	TRFT No. of patients
Non- Elective	79	64	135	91
Elective	34	27	57	43
Total	113	91	192	134

2.7 The Haematology Programme was identified through the BHNFT sustainability review, and falls within TRFT 2023/24 Operational Plan, with the objective of working in partnership to ensure that both the organisations as a whole and its services are sustainable and fit for the future. The Haematology Programme reaffirms the commitment of both Trusts, and of the Integrated Care Board (ICB), to work collaboratively across secondary care partners to deliver sustainable services.

2.8 The Haematology Programme Vision Board is provided in Item 5b (attached) for information.

2.9 A clear recommendation of the Haematology Programme, following engagement events with the Haematology teams from both Trusts, was the creation of a combined facility for all Haematology inpatients across Barnsley and Rotherham, located at the Rotherham Hospital site. This would provide a unit of sufficient size and scale to allow the concentration and consistent provision of specialist clinical expertise, something that is challenging to achieve across two sites and two teams.

2.10 To facilitate an informed and comprehensive decision on the most suitable site for the single facility, a Decision Matrix was developed with a suite of key measures in line with national guidance and scored independently by key clinical and operational colleagues at both TRFT and BHNFT. For information, the TRFT Decision Matrix template is provided in Item 5c (attached), and the scoring was as follows:

- TRFT = 80
- BHNFT = 52.

Key Drivers / Outcomes for a Combined Inpatient Facility

2.11 A single inpatient facility will provide a sustainable combined Haematology Inpatient service and workforce model, that will reduce agency spend, improve patient experience, and make it easier to respond to changes in demand.

2.12 A single inpatient facility will provide a sustainable base for all BHNFT patients requiring an inpatient stay, including both planned treatments and emergency care. This will enhance the management of complex patients across the Haematology partnership, ensuring that the most unwell and complicated

patients are managed in the right setting with access to appropriate specialist and supportive services. This approach will ensure better patient clinical safety and quality of care.

- 2.13 The proposed single unit would allow BHNFT patients undergoing treatments for Acute Myeloma Leukaemia and other specialised treatments, currently managed at STH, to be repatriated and receive their treatment at TRFT.
- 2.14 A clinical model of care, for the combined inpatient facility, has been developed through extensive pathway work by key representatives from both Trusts, ensuring continuity of care. The clinical model has considered each point of contact a BHNFT Haematology patient may experience, ensuring their care is managed as seamlessly as possible.
- 2.15 A single facility will enable uniformed pathways to be developed and will accommodate multiple sub-speciality working with peer expertise that will support and enhance our consultant offer during recruitment.
- 2.16 A single facility will address recruitment issues by being more attractive to potential future consultants, as this would allow them to develop professional expertise. It will also enhance flexibility to rota cover (e.g. increased consultant on-call resilience, moving from a one in four to a one in eight rota).

Key Governance (to date)

- 2.17 At the Joint Executive Team Meeting in March 2024, the proposal for a Combined Inpatient Model, located on the Rotherham Hospital site, was supported. To ensure effective oversight and accountability a monthly Haematology Programme Board is in place, this then reports into the Joint Executive Delivery Group (JDEG).
- 2.18 At the TRFT and BHFT Board of Directors Meetings in March 2024, the proposal for a Combined Inpatient Model, located on the Rotherham Hospital site, was further supported.

3.0 Current Position

- 3.1 Developing a single Inpatient facility is both a complex and a large undertaking, and to facilitate this a number of workstreams have been developed. Progress against those workstreams is provided below:

TRFT Inpatient Ward Reconfiguration Work

- 3.2 A significant amount of work has been undertaken to model the required bed numbers for a single inpatient facility. This has been based on an informatics-led modelling exercise and a clinical review. Benchmarking was also undertaken with a comparable-sized Trust, Mid Yorkshire Teaching NHS Trust, which has 18 beds for a similar combined population (550k population). In comparison, BHNFT and TRFT have a combined 500k population. The agreement is for a 16-bed single unit. This represents a reduction in the total bed base across both Trusts of 8 beds (currently 24 beds in total – 12 at TRFT and 12 at BHNFT).
- 3.3 TRFT Estates colleagues have engaged external architects to produce initial design options for the reconfiguration works, and a Business Case will be required seeking funding of the necessary capital to deliver the work.

Challenges in relation to Haematology Consultant Recruitment

- 3.4 BHNFT has experienced issues over a number of years in relation to its substantive consultant workforce, with a high dependency on a locum cover in order to maintain service. In addition, BHNFT has experienced considerable difficulty in recruiting and retaining consultants on a substantive basis, given that consultants are often attracted to Haematology services in bigger Trusts. In order to develop a substantive and sustainable consultant workforce, a joint recruitment process has been developed. An advertisement for the recruitment of two Haematology Consultants was posted in July 2024, but unfortunately there were no applications. Following a review and revision, the advertisement was re-posted in September 2024, including an advert in the British Medical Journal, which was subsequently

extended into January 2025. A potential candidate was interviewed in March 2025; but they declined an offer of employment. A further recruitment drive will now take place.

Staff Engagement

- 3.5 To date, two face-to-face staff engagement events have taken place, involving Haematology services staff and also wider interfacing services that support Haematology at both Trusts. The first session took place in September 2023. The aim of the event was to provide Haematology colleagues from both Trusts with the opportunity to meet each other and understand each other's roles. Additionally, it was an opportunity for key staff within both Haematology services to help shape the Haematology Programme by identifying areas that are working well and those that need improvement. This played a key part in developing the Programme's vision and objectives. The event focused on what currently worked well, what didn't work well, and ideas on how the services can improve, prioritising what was most important to them.
- 3.6 The second event took place in May 2024, again with Haematology staff and interfacing services representation from both Trusts. The event focussed on the single inpatient proposal and was an opportunity in a workshop setting for staff to consider the key tasks required to deliver a single inpatient facility, and the key risks that we would need to consider as part of the planning process.

Patient Engagement

- 3.7 To date, two face-to-face patient engagement events have taken place. The first event occurred in October 2024 and involved 7 patients and their families currently receiving Haematology treatment at BHNFT. The goal was to understand what the service meant to them and to be responsive to their needs. Overall, feedback was positive, and patients felt they had the opportunity to discuss their concerns. Key outputs from this engagement session were collated, capturing the "You Asked, We Did" exercise, and shared with patients, staff, and the Haematology Partnership Programme Board. Please see Item 5d (attached) for further information.
- 3.8 The second engagement event took place in March 2025 for 9 BHNFT Haematology patients and families visiting the TRFT Haematology ward. This visit was organised in response to key questions raised by patients at the first engagement event. At this event, concern was raised about potential isolation if an inpatient stay at TRFT was required, especially if the patient had no regular visitors. Some anxieties were also expressed relating to unfamiliarity with the TRFT environment and team. A question was also raised about what facilities would be available for their families.
- 3.9 In response, the visit provided patients and families with the opportunity to familiarise themselves with the TRFT Haematology environment, facilities, staff, and Macmillan services. They also met some current TRFT Haematology patients and had the chance to ask questions and feel generally reassured. BHNFT Haematology patients in attendance were given points of contact at TRFT should they subsequently have any further questions. Overall feedback will be compiled and shared with those in attendance upon completion, and updates will also be shared at the BHNFT Haematology Patient Support Group.
- 3.10 BHNFT Haematology patients already have a quarterly support group in place. Moving forward, we will utilise this group to inform our patient engagement plan. This arrangement will provide updates and ensure their continued involvement, offering patients a platform to ask further questions and gather their input on how any changes may affect them.
- 3.11 Continuity of care has been considered through extensive pathway work referenced in section 2.8. Continued support systems from the existing BHNFT Clinical Nurse Specialist (CNS) team (a key output from the engagement event) will be provided, alongside support from the TRFT CNS team.

Nursing Inpatient Model

- 3.12 To ensure that the additional demand for the nurse-to-patient ratio is adequately providing safe and quality care, a nursing impact assessment was undertaken. This assessment was based on the additional bed requirement identified through bed modelling, to meet the expansion required for the existing ward at TRFT to safely accept BHNFT patients. Support staff to accommodate this increase in beds has also

been included in the impact assessment, all changes will be reviewed against the Safer Care Bundle assessment periodically.

Stakeholder Engagement

- 3.13 A stakeholder letter was shared with key stakeholders across Barnsley and Rotherham Health Services and Partners in October 2024. The letter provided an overview of the proposed changes and described which patient services would remain at BHNFT.
- 3.14 The combined Haematology Inpatient Service Proposal was presented at the Integrated Care Board (ICB) meeting on April 8th. Work on the proposal is currently being undertaken with Yorkshire Ambulance Service (YAS) to assess any impacts the combined inpatient service may bring to their services. The proposal was well received, and it was agreed that the Place Director will attend OSC in support of the proposal, and that the Haematology Programme Clinical Lead from TRFT will also be in attendance in support of the proposal.
- 3.15 Internal impact assessments have been completed for Pharmacy and Pathology services, with further assessments ongoing for other services.

Economic, Health, Equality, Diversity

- 3.16 Economic, health, equality, and diversity measures have been considered to ensure the change in the delivery of inpatient care at TRFT for BHNFT patients has been evaluated. Some areas that may be directly impacted have been evaluated and mitigated appropriately. Please see Item 5e (attached) for the Haematology Combined Inpatient Quality Impact Assessment and Item 5f (attached) for the Haematology Combined Inpatient Equality and Health Inequalities Impact Assessment.
- 3.17 A key output from engagement with BHNFT patients was concern about car parking access and travel options at TRFT. Those concerns were acknowledged; however, car parking is available on-site at TRFT albeit spaces can be limited, and charges do apply. Concessions for weekly parking passes are available at a discounted rate for family members or carers who have a loved one in the hospital for more than seven days. We also shared information on how to claim a refund of reasonable travel costs under the Healthcare Travel Costs Scheme (HTCS), along with details about designated pick-up and drop-off points. Public transport options were shared to support planning of journeys to TRFT, with links to the Travel South Yorkshire Journey Planner.
- 3.18 Continuity of care has been considered through extensive pathway work developed by representatives from both Trusts. This patient care model has considered each point of contact a BHNFT patient may experience, to ensure that their care is managed as seamlessly as possible. Continued support systems from the existing BHNFT CNS team (a key output from the engagement event) will continue, alongside support from the TRFT CNS team.

4.0 Future Plans and Challenges

Plan

- 4.1 Below is a high-level plan of the key work that is required to ensure that we are in a position to admit BHNFT patients into the single inpatient facility at TRFT. Please note that this plan may be subject to change / slippage:
- Rotherham Inpatient Estates Reconfiguration Work (Initial design) – Complete
 - Rotherham Inpatient Estates Reconfiguration Work (Business Case to support capital funding) – May/June 2025
 - Rotherham Inpatient Estates Reconfiguration Work (building work) – To be confirmed
 - Barnsley patients admitted to the combined Inpatient facility – To be confirmed

Challenges

4.2 A number of risks and issues have been identified and are being carefully managed and reported through the Haematology Programme Board. A summary of the key risks / issues and the mitigation that is in place are provided below:

Risk / Issue	Mitigation
Risk to the delivery of consultant led service staffing at BHNFT and sustainability of the on-call rota (covered by Locum).	A joint approach to substantive recruitment is being managed.
Failure to secure the required capital funding for the single inpatient facility reconfiguration works.	Initial design is complete, and a Full Business Case will be developed to support the capital requirement.
De-stabilisation of the service at TRFT whilst the Haematology Programme is in progress.	Pace of change is managed effectively and carefully, and staff concerned are engaged in the change process.
Risk to BHNFT patients' acceptance to deliver their care away from home.	Patient Engagement is crucial, and in support of this an engagement event and an engagement visit to TRFT has been managed for BHNFT Haematology patients. BHNFT patients have also been given point of contact information to support them with any questions and concerns outside of both of these events.
Risk to adequate nurse-to-patient ratio at TRFT due to the additional patient demand from BHNFT.	To understand the number of beds required, a modelling exercise was carried out to inform the new bed capacity needed. The nursing model was then reviewed against the additional bed capacity, using the regulatory Safer Care Bundle to determine the nurse-patient ratio required.
Risk for TRFT consultants to access patient records for BHNFT patients due to each Trust having a different IT system.	Early engagement with both Trusts' IT departments to identify solutions to access patient clinical information.
Risk to staff engagement to the combined inpatient model.	Two staff engagement events have taken place with regular updates provided at both Trusts Haematology Governance meetings, along with Trust wide communication updates.

5.0 Invited Witnesses

5.1 The following witnesses have been invited to attend to answer questions from the committee:-

- Michael Wright, Managing Director, Barnsley Hospital NHS Foundation Trust
- Dr Arun Alfred, Clinical Lead for Haematology, The Rotherham NHS Foundation Trust
- Katy Calvin-Thomas, Executive Director, Adults & Place Health, Barnsley Council and South Yorkshire Integrated Care Board

6.0 Possible Areas for Investigation

6.1 Members may wish to ask questions around the following areas:-

- What approach was taken to design the proposed model and are you confident that sufficient due diligence and evidence gathering has been carried out to make an informed decision?
- What were the criteria in the decision matrix based on?
- What alternative ways of working will be considered for people living in Barnsley? Will there be options for a chemotherapy at home service in line with the offer for Rotherham residents?

- What are the challenges in recruitment specific to Barnsley and Rotherham Hospitals? Is there more that could be done to overcome these barriers?
- How have haematology staff and Yorkshire Ambulance Service been involved in the engagement and consultation process?
- Do you consider the engagement to date to be fully representative of all the sections of our community or does more need to be done?
- How will the proposals improve patient outcomes in relation to health, wellbeing, safety and experience?
- How confident are you that the new model is fair and equitable in terms of access?
- What steps need to be taken to ensure that the model is sustainable for the future?
- How do you expect the new model to impact on quality given the increased patient flow through Rotherham Hospital?
- Is the reduction in beds sufficient to meet need? How does this compare to the current occupancy rate?
- What else is on the Hospital's Sustainability Review that is likely to need to be presented to OSC?
- What are the next steps and key milestones for the proposals?
- What can members of the committee do to ensure that the proposals improve outcomes for the residents of Barnsley?

7.0 Background Papers and Useful Links

- Item 5b (attached) - The Haematology Programme Vision Board describes the current Haematology Programme Vision, the key Projects that will deliver the vision, and the objectives of those Projects.
- Item 5c (attached) - Decision Matrix
- Item 5d (attached) - Patient Experience Feedback
- Item 5e (attached) - Haematology Combined Inpatient Quality Impact Assessment
- Item 5f (attached) - Haematology Combined Inpatient Equality and Health Inequalities Impact Assessment

8.0 Glossary

BCSH	British Committee for Standards in Haematology
BHNFT	Barnsley Hospital NHS Foundation Trust
CNS	Clinical Nurse Specialist
HTCS	Healthcare Travel Costs Scheme
ICB	Integrated Care Board
JEDG	Joint Executive Delivery Group
STH	Sheffield Teaching Hospitals
TRFT	The Rotherham Foundation Trust
YAS	Yorkshire Ambulance Service

9.0 Officer Contact

Jane Murphy/Anna Marshall, Scrutiny Officers, Scrutiny@barnsley.gov.uk

17 April 2025

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Vision

Stronger Together – A partnership led review of Barnsley and Rotherham Haematology services



Item 5b

Nursing Workforce Project

- Page 49
- Stabilize the current BHFT Nursing workforce model, and develop a model fit for purpose
 - Deliver nursing elements of the Haematology Society recommendations for BHFT
 - Develop a workforce plan (aligned to clinical service requirements, skilled to deliver patient care by the right person at the right time in the most appropriate patient setting)
 - Reduce the reliance on high-cost Locum resource, currently covering nurse led activity
 - Inform the requirements of the BHFT Consultant Workforce Project
 - Pharmacy resource to be used to deliver clinics

Combined Inpatient Facility Project

- A combined Inpatient facility at one site
- Endorsed by medical staff at the Haematology Engagement Event
- More attractive to potential future consultants and will enhance flexibility to rota cover (e.g. moving from a one in four to a one in eight rota).
- Will concentrate the expertise on one site for inpatients
- Allow for embedding of uniformed pathways
- Sustainable combined Haematology Inpatient service and workforce model, that will reduce agency spend, improve patient experience, and make it easier to respond to changes in demand.

Consultant Workforce Project

- Stabilize the current BHFT Consultant workforce model, and develop a model that mirrors TRFT
- The combined inpatient facility project will be an enabler for consultant recruitment e.g. :
 - Strengthened on-call
 - Will allow research programme to flourish/expand
 - Will facilitate sub specialization
 - Will facilitate training of Junior Doctors
 - Strengthen Consultant workforce

Through this Programme, our patients will be able to access the right care, in the right place, at the right time

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Haematology Programme proposal for a joint In-Patient facility - this is looking at which site would be most suitable

Reference: [Organisation of specialist services - Addendum to Haematological Cancers - NCBI Bookshelf \(nih.gov\)](#)

Item 5c

Main Criteria	Sub Criteria	Requirements	Comments		Score	
			BHFT	TRFT	BHFT	TRFT
Estate	Bed Base	12 beds with isolation rooms			5	5
Medical Provision	Consultant cover	Haematology units that care for adults and young people who are receiving high-intensity chemotherapy should have consultant-level specialist medical staff available 24 hours a day. This level of service demands the equivalent of at least 3 whole-time consultants, all full members of a single haematology multidisciplinary team (MDT) and providing inpatient care at a single site			2	5
Page 51	Consultant cover	Consultant cover is supported via substantive roles, rather than locum, for resilience			1	5
	High Dose Chemo provision	Provision to deliver high intensity chemo up to Level 2 B			0	5
	Provision for Direct admission	Ensure that there is provision for direct admission to the haematology ward or other facilities equipped to rapidly assess and manage potentially life-threatening complications of chemotherapy (such as neutropenic sepsis or bleeding), according to agreed local protocols.			2	5
	Pharmacy	Ensure that cytotoxic drug reconstitution is centralised or organised at the pharmacy with capacity to deliver require volume			5	5
	Ambulatory Care	Ambulatory care for adults and young people who have Haem malignancies that are in remission and who are at risk of more than 7 days of neutropenia of $0.5 \times 10^9/\text{litre}$			5	5
	Medical Cover	Middle grade cover with SpR/SHO/ACP			1	5

Haematology Programme proposal for a joint In-Patient facility - this is looking at which site would be most suitable

Main Criteria	Sub Criteria	Requirements	Comments		Score	
			BHFT	TRFT	BHFT	TRFT
Nursing Provision	Nursing	Level 2 compliant			5	5
		Staff with PGD			5	5
		Provision to deliver high intensity chemo up to Level 2 B			0	5
		Trained to manage haematological emergencies			5	5
		Ability to administer intravenous antibiotics and support of medication			5	5
		Access to CNS support (9am-5pm)			5	5
Page 52 Laboratories	Clinical Trials access	Research: Haematology units that care for adults and young people who are receiving high-intensity chemotherapy should have dedicated clinical and administrative staff to support patient entry into local and nationally approved clinical trials and other prospective studies			1	5
	Labs Access	Labs able to do blood tests / investigations for patients with blood cancer			5	5
Total					52	80

Scoring:

5 = Requirement fully in place currently.

4 = Some/most requirement in place and/or changes required considered minimal / minor and / or easy to put in place,

3 = Some requirements in place and other requirements are considered minimal / minor and / or easy to put in place,

2 = Some requirement in place and other requirements considered significant / critical / challenging to put in place,

1 = Minimal requirements in place and other requirements considered significant / critical / challenging to put in place,

0 = Minimal / no requirements in place

Completion of the Decision Matrix:

- The Decision Matrix will be completed independently at both Trusts
- The General Manager at each Trust will co-ordinate the completion of the Decision Matrix
- The Clinical Lead will sign-off the completed Decision Matrix
- The Decision Matrix will be completed with input from the following members of staff at each Trust:
 - Clinical Lead
 - General Manager
 - Service Manager
 - Matron
 - Specialist Nurse
 - Pharmacy representative

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Haematology Partnership Patient Engagement Session Feedback - 30.10.24

Engagement Event Purpose

The aim of the Hematology Engagement Event was to discuss with patients who were currently receiving treatment or having appointments with the Barnsley Hematology Service. From approximately summer 2025, it is proposed that Haematology inpatient beds will be provided at Rotherham Hospital for both Barnsley and Rotherham patients. We wanted share with you what the new combined inpatient service will look like, and to listen to your views and feedback. In addition it would provide an opportunity to meet with Clinical teams from Rotherham & Barnsley.

What does this mean for you?

- Barnsley Emergency and Acute Care will continue to accept Haematology patients to their emergency department and assessment areas. If an emergency admission is required for an acute illness, a discussion will be had with your consultant Haematologist to determine if transfer to the Haematology ward at Rotherham is required.
- Any planned care requiring an inpatient stay there will be no changes to the location for your Outpatient care or Chemotherapy Day Unit care, as these services will continue to be delivered at Barnsley Hospital by your specialist team who will remain the same, and you will still be able to contact them as usual

Patient Engagement Plan

- We will build a Patient Engagement plan with you which will:
- Use your feedback to support & develop the Combined Inpatient Model
- Ensure you as patients & your families are supported throughout the changes now, during and post transitioning of the combined unit.
- Create communication routes into our teams both to provide a platform where you can ask any questions and express your concerns along the way.
- Keep you updated, we will provide you with regular updates through the Patient Support Group

Next Steps

- Feedback to be provided
- Build the engagement Plan
- Arrange a visit / open day to Rotherham

What you value most & dont want to loose

The excellent care you already receive from the Barnsley team.
The engagement and friendliness of staff
To ensure families are looked after too.

You asked / You said

Why Rotherham?

A decision matrix was developed in line with National Guidance and scored at both Trusts using multiple criteria Rotherham being the preferred option.
Rotherham currently provides more intense specialist treatments and already has Medical trials up and running that can facilitate options for your care.

What about parking ?

It was acknowledged parking can be difficult, weekly parking passes are available at a concessionary rate for family members or carers who have an individual in the Hospital for a period longer than 7 days

Extending the distance of travel may make it difficult for my visitors

Unfortunately distance to travel can not be eliminated to help with this clear pathways and treatments may facilitate a reduced length in stay. We could potentially arrange contact using IPAD's

Increasing isolation if no regular visitors, adding anxieties linked to unfamiliarity of environment and the team

A visit to the Haematology ward at Rotherham to be organised to for Barnsley patients, family and staff this will:

- Create an opportunity to familiarise the environment & facilities
- Meet the Consultants, CNS, Consultants & Junior Doctors
- Meet some Rotherham Haematology patients and their families
- Provide a further opportunity for you to ask any questions.

If you require an inpatient stay we will explore the possibility of organising for your CNS Nurse from Barnsley to give you a video call as a touch point.

Will my wife be able to stay & support me (this is the experience received at Barnsley)?

Visiting at Rotherham on the Haematology ward is 11am-8pm with visiting restricted to 2 per bed, however on the ward depending on the circumstances this can be more flexible at nurse in charges discretion.

Will I still see my Clinical Nurse Specialist?

Absolutely your Clinical Nurse Specialist and your Consultant will continue to provide your care for any outpatient and Chemo Day Unit care.
Both Clinical Teams will work together to ensure you have a seamless pathway of care.

Our Commitment to you

Both Organisations are committed to working together and our Joint Ambition is to provide the best possible Haematology Service for our patients by working together we will be able to provide consistent, high quality and sustainable services in both locations.

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Quality Impact Assessment (QIA) Screening Tool 2025/26

Item 5e

Programme Name	Haematology Partnership Programme
SRO	Sally Kilgariff SRO Lorraine Burnett (Deputy SRO)



Area of Quality	Impact Question	P / N / A	Likelihood	Impact	Score	Rating	Full Assessment Required	
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	Positive	4	3	12	Significant	No	Improve equity in timely access to inpatients care. Robust pathways of care to ensure at any point of contact a patient will receive appropriate care.
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	Positive	4	3	12	Significant	No	Provide a sustainable base for all BHNFT patients requiring inpatient stays, treatments, and emergency care. This will enhance the management of complex patients, ensuring that the most unwell and complicated cases are managed in the right setting with access to appropriate specialist and supportive services. This approach will allow us to deliver newer treatment options, including access to new therapies via clinical trials recruitment, ensuring better patient clinical safety and quality of care.
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	Neutral			0	n/a	No	
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	Positive	4	3	12	Significant	No	The partnership will concentrate on expertise as this will service a combined population of approx. 500,000 which will create wider Consultant expertise and increase the offer of research and clinical trials.
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	Neutral			0	n/a	No	
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	Positive	4	4	16	High	No	It will provide a facility including both planned treatments and emergency care complex care. This will enhance the management of complex patients across the Haematology partnership
Vacancy Impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	Neutral			0	n/a	No	

Quality Impact Assessment (QIA) Screening Tool 2025/26

Item 5e



Programme Name	Haematology Partnership Programme
SRO	Sally Kilgariff SRO Lorraine Burnett (Deputy SRO)

Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing.	Neutral						
Equality Impact	Could this proposal have a significant impact on any community or group in relation to: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion, Sex, Sexual Orientation, Discrimination, Harassment, Victimisation, or Equality.	Neutral						A equality Impact assessment has been completed (appendix 12)

Requirement to consult	<p>Public consultation, by commissioners and providers, is usually required when the requirement to consult a local authority is triggered under the s.244 Regulations because the proposal under consideration would involve a substantial change to NHS services.</p> <p>Change of site from which services are delivered, with its consequent impact on patient, relative and visitor travel times, even with no changes to the services provided, would normally be a substantial change and would therefore trigger the duty to consult the local authority and would be likely to require public consultation. Decommissioning a service could also be a substantial change. Tendering a service by itself is unlikely to be a significant change unless the new service specification will provide a substantial change in service.</p> <p>With this in mind is there a possibility that consultation with the local authority or public will be required?</p>	No	<p>If there is a possibility that this proposal may require further consultation this impact assessment must also be approved by the Director of Strategy who is the lead relationship manager with the commissioners and local authority and will be responsible for liaising with these organisations to undertake any consultation.</p>
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Formal Approval and Sign Off	TRFT	BHNFT
Name	Arun Alfred	Dom Cham-Lam
Date		
Form of approval (Meeting, email)		



Barnsley Hospital
NHS Foundation Trust

APPENDIX E: Barnsley Hospital Equality and Health Inequalities Impact Assessment

INITIAL ASSESSMENT STAGE 1 (part 1)

Title of policy or service/ strategy:	The Rotherham Foundations Trust & Barnsley NHS Foundation Trust Haematology Combined Inpatient Unit based on the TRFT Site
Name and role of person completing the assessment:	Jane Connaughton- Patient & Carer Experience Lead – CBU1.BHFNT
CBU/ Department	Haematology Service Clinical Business Unit 1. BHNFT Haematology Service Care Group 1. TRFT
New or Existing Policy/Service	New <input checked="" type="checkbox"/> Existing Policy/Service <input type="checkbox"/>
Date of assessment:	7 th April 2025
What is the main purpose (aims/objectives) of this policy/service?	What is the main purpose (aims/objectives) of this policy/service? TRFT and BHNFT are working in partnership to develop integrated Clinical Haematology services, this programmes priority is to ensure Haematology Services across both organisations are delivered in a sustainable way through working together. A Combined Inpatient Facility on a single site has been proposed and supported by both Trusts. The Combined Inpatient Facility will concentrate the partnerships expertise on one site for inpatients. The facility will enable uniformed pathways to be developed, and will accommodate multiple sub-speciality working that will support and enhance our patient pathways. This combined inpatient model will deliver excellence, enhancement of resources and operating efficiencies.
What are the associated objectives for this service e.g. National frameworks, Equality Act.	The objectives associated with clinical services under national frameworks and the Equality Act aim to ensure equitable access, experience, and outcomes for all individuals, regardless of their background or circumstances. This is governed by the Equality Act 2010 and the Public Sector Equality Duty, Human Rights Act 1998

Type of EHIA completed (select one option)			Initial EHIA 'Screening' <input checked="" type="checkbox"/> <input type="checkbox"/> or 'Full' EHIA process required <input checked="" type="checkbox"/> <input type="checkbox"/> (if you are unsure please check the Toolkit)	
Will patients, carers, the public or staff be affected by this service? Please tick as appropriate.		YES	NO	If staff, how many individuals/which Groups of Staff are likely to be affected?
	Patients	✓		
	Carers	✓		
	Public		x	
	Staff	✓		

Have patients, carers, the public or staff been involved in the development of this service? Please tick as appropriate	Patients	✓		If yes, who did you engage with? Please state below: There have been 2 x Staff engagement events from both BHNFT & TRFT 2 x Patient engagement events Stakeholder communication plan
	Carers	✓		
	Public		x	
	Staff	✓		

(Equality and Health Inequalities Impact Assessment Stage 1 PART 2)

Based on the data you have obtained during the consultation what does this data tell you about each of the above protected characteristics? Are there any trends/inequalities? Give details of evidence, data or research used to inform the analysis of impact.

n/a

ACCESS TO SERVICES

(Equality and Health Inequalities Impact Assessment Stage 1 PART 3)

Give details of all consultation engagement activities or other evidence used to inform the analysis of impact

To understand the impact on service, a data analyst review was conducted. The data focused on the number of Haematology patients requiring inpatient care over the past three years. This analysis was based on historical data sets that identified the number of potential BHNFT patients needing an inpatient stay

The potential patients that may be impacted:

Admission method	BHNFT No. of spells
Non- Elective	79
Elective	34
Total	113

Staff engagement- Two face to face Staff **Page 60** events have taken place involving Haematology services staff and also wider **interdisciplinary** services that support Haematology at

both Trusts.

Patients engagement – To date, two face-to-face patient engagement events have taken place. Both of these sessions have been face to face and one of these included a tour and a meet & greet session at TRFT

(Equality and Health Inequalities Impact Assessment Stage 1 PART 3)

What are your standard methods of communication with service users? Please tick as appropriate.

Communication Methods	Yes	No
Face to Face Verbal Communication (Other Languages or British Sign Language Interpreters)	✓	
Telephone (Other Languages, Telephone Interpreters)	✓	
Printed Information (E.g. leaflets/posters- Easy Read)	✓	
Written Correspondence or use of Information/Letters translated into audio/braille/larger print/other languages?	✓	
E-mail	✓	
Other (Please specify)		

If you provide written correspondence is a statement included at the bottom of the letter acknowledging that other formats can be made available on request?

Please tick as appropriate.

Yes	No
✓	

EQUALITY AND HEALTH INEQUALITIES IMPACT ASSESSMENT – STAGE 1 (PART 4)

Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the Barnsley Hospital.
- **Neutral Impact:** where there are no notable consequences for any group
- **Negative Impact:** negative or adverse impact; causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EHIA should ensure, that as far as possible, it is eliminated, minimised, or counterbalanced by other measures. This may result in a ‘full’ EHIA process.

Gathering of Information – Protected Characteristic Groups

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:
	Positive Impact	Neutral Impact	Negative Impact	How does this impact / Reason/comments for positive or negative Impact? Why it could benefit or disadvantage any of the protected characteristics
Age (older people; middle years; early years; children and young people)	x	✓	x	
Disability (physical, sensory and learning impairment; mental health condition; long-term conditions.)	x	✓	x	Patients with a learning disability or autism – change in routine, what they are used to, and people they are used to. This has been mitigated having a dedicated team working together across both sites. Patients and families have been provided the opportunity to visit the ward facilities and meet some of the staff on the Haematology ward at TRFT. They will continue to be supported by their existing Clinical Nurse Specialist (CNS)
Sex (woman and man)	x	✓	x	
Race and ethnicity	x	✓	x	
people with different religions/faiths or beliefs, or none.	x	✓	x	
Sexual orientation (Lesbian; Gay; Bisexual; Heterosexual)	x	✓	x	
Gender Reassignment and/or people who identify as Transgender	x	✓	x	

Pregnancy and maternity (before and after childbirth, and while breastfeeding.)	x	✓	x	
Marriage and civil partnership (people married or in a civil partnership.)	x	✓	x	
Human rights	x	✓	x	
Carers	x	✓	x	Patients and families have been provided the opportunity to visit the ward facilities and meet some of the staff on the Haematology ward at TRFT. They will continue to be supported by their existing Clinical Nurse Specialist (CNS)

Any other relevant groups	x	✓	x	
HR Policies only:	x	✓	x	

Health Inequality (continue stage 1 part 4)		
Question	Issues to consider	Response
What health inequalities (HI) exist in relation to policy/ strategy?	<ul style="list-style-type: none"> Consider the causes of these inequalities. What are the wider determinants? Think about whether outcomes / Access to the relevant service vary across groups, and who benefits most and least 	

How might your work affect HI (positively, negatively or Neutral)?	Negative	Positive	Neutral	How does this impact / Reason/comments for positive or negative Impact? Why it could benefit or disadvantage any of the protected characteristics
Looked after children and young People			✓	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs			✓	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders			✓	
People with addictions and/or substance misuse issues			✓	
People or families on a low income			✓	<p>Socioeconomically deprived people may see an increase in travel costs and face more complicated travel arrangements.</p> <p>Signposting to the Healthcare Travel Costs Scheme (HTCS) and sharing public transport options with links to the South Yorkshire Journey Planner.</p>
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).			✓	

People living in deprived areas			✓	Signposting to the Healthcare Travel Costs Scheme (HTCS) and sharing public transport options with links to the South Yorkshire Journey Planner Concessions for weekly parking passes are available at a discounted rate for family members or carers who have a loved one in the hospital for more than seven days.
People living in remote, rural and isolated locations			✓	
Vulnerable migrants (Refugees, asylum seekers etc)			✓	
Those experiencing modern slavery			✓	
Armed Forces and their family			✓	

INITIAL ASSESSMENT (PART 5)

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following protected groups and Health inequality section?

YES	NO
	✓

IF 'NO IMPACT' IS IDENTIFIED Action: No further documentation is required.

IF 'HIGH YES IMPACT' IS IDENTIFIED Action: Full Equality and Health Inequalities Impact Assessment Stage 2 Form must be completed.

Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment)

necessary?

YES	NO
	✓

Assessment Completed By: Jane Connaughton- Patient & Carer Experience Lead – CBU1.BHFNT

Haematology Clinical Lead TRFT - Dr Arun Alfred Date.....

Haematology Clinical Lead TRFT - Dr Jean Chan-Lam Date.....

STAGE 2 – FULL ASSESSMENT & IMPROVEMENT PLAN

Action plan (Improvement plan)				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible

Monitoring, Review and Publication		
When will the proposal be reviewed and by whom?	Lead/ Reviewing Officer:	Date of next Review: Please note review should be immediately on any amendments to your policy/procedure/strategy/service.

Line Manager

Date.....

Head of Department

Date.....

Report of the Executive Director Core Services and the Task & Finish Group Leads to the Overview and Scrutiny Committee (OSC) on 29 April 2025

Report of the Task and Finish Groups for the 2024-25 Municipal Year

1.0 Introduction

1.1 The purpose of this report, and subsequent attached reports, is to inform the Overview & Scrutiny Committee of the work of the three task and finish groups (TFGs) for the 2024/25 municipal year.

2.0 Background

2.1 As part of their work programme, the Overview & Scrutiny Committee conduct three separate task and finish groups during the autumn/winter to allow for a more-in depth investigation into topics that have been identified by elected members as facing particular challenges or warranting more robust scrutiny.

2.2 For 2024/25 the three TFGs established by the committee were:-

- Autism (All Age) – Lead Member Cllr Will Fielding
- Barnsley Carers (All Age) - Lead Member Cllr Robert Barnard
- Barnsley Council's Great Childhoods Ambition – Cllr Paul Murray

2.3 Over the course of the investigations, the groups met with key officers (witnesses), went on site visits, and engaged with stakeholders, including service users.

2.4 It is worth acknowledging that there is significant correlation between the three task and finish groups this year, as effective pathways and support for those with Autism and for Young Carers enable those cohorts of children and young people to thrive.

3.0 Current Position

3.1 The attached reports (Items 6b – 6d) outline a summary of the findings and conclusions from the investigations and resulting recommendations, which can be found in section 5 of the reports.

3.2 The reports are being presented to the Committee for discussion, before being shared with the service for a response to the recommendations.

4.0 Future Plans & Challenges

4.1 The reports are scheduled to be presented (for information only) by the Chair of the Committee and the TFG Leads, to Cabinet on 14 May 2025.

4.2 Executive Directors, Cabinet Members, and key officers will be invited to attend the Overview & Scrutiny Committee on 15 July 2025 to present their response to the recommendations, in line with the terms of reference for the committee.

4.3 As part of the ongoing process of continuous improvement, officers had already identified that there is a need to increase pre-decision scrutiny. This was further validated by the findings of the recent LGA Peer Review report. Therefore, steps will be taken to investigate the possibility of incorporating pre-decision scrutiny into the work of the task and finish groups for the 2025/26 municipal year. This will potentially have an impact on how the task and finish groups work in the future, meaning that they will be more flexible in their approach so that they can respond in a timely and effective way to issues that have been identified.

5.0 Invited Witnesses

5.1 The three Task and Finish Group Leads will be present at the meeting to represent the work of the groups.

6.0 Possible Areas for Investigation

6.1 For comment / discussion only.

7.0 Background Papers and Useful Links

- Item 6b (attached) - Report of the Autism Task and Finish Group
- Item 6c (attached) - Report of the Carers Task and Finish Group
- Item 6c (attached) - Report of the Great Childhoods Ambition Task and Finish Group
- Local Government Association Corporate Peer Challenge Report:-
<https://barnsleymbc.moderngov.co.uk/documents/s123365/Barnsley%20MBC%20CPC%202024%20-%20Final%20Report.pdf>

8.0 Glossary

OSC	Overview & Scrutiny Committee
LGA	Local Government Association (LGA)
TFG(s)	Task and Finish Group(s)

9.0 Officer Contact

Jane Murphy/Anna Marshall, Scrutiny Officers, Scrutiny@barnsley.gov.uk

16 April 2025

Report of the Autism Task and Finish Group (TFG) to the Overview & Scrutiny Committee (OSC) on 29th April 2025

Findings and Recommendations of Barnsley OSC's Autism TFG

1.0 INTRODUCTION

- 1.1 As part of their work programme, the Overview & Scrutiny Committee conduct three separate task and finish groups during the autumn to allow for a more-in depth investigation into topics that have been identified by elected members as facing particular challenges or warranting more robust scrutiny.
- 1.2 For 2024/25 the three Task and Finish Groups established by the committee were:-
- Autism (All Age)
 - Barnsley Carers (All Age)
 - Barnsley Council's Great Childhoods Ambition
- 1.3 This report provides a high-level summary, and outlines the key findings, conclusions and recommendations of the Autism Task and Finish Group. References to other neurodevelopmental conditions are made throughout the report due to their intersections with autism, and reflect discussions held during the group's meetings.
- 1.4 It is worth acknowledging that, there is significant correlation between the three task and finish groups of the OSC as effective pathways and support for those with autism and for Young Carers enable those cohorts of children and young people to thrive.
- 1.5 The members that took part in the TFG were:-
- Cllrs Will Fielding (TFG Lead Member), Roy Bowser, Steve Green, Janine Moyes, Deborah Pearson, Mick Stowe and the Committee's Primary School Parent Governor Representative, Liz Iles. The group also invited Tracey Hughes from Healthwatch Barnsley to participate as a special advisor given her knowledge of working in the community.
- 1.6 Over the course of the investigation, the group met with key officers (witnesses) from NHS South Yorkshire Integrated Care Board (SYICB) (Barnsley Place), South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), Barnsley Hospital NHS Foundation Trust (BHNFT), Barnardo's, the Probation Service, Barnsley Council's Special Educational Needs & Disabilities (SEND) and Inclusion Service, Early Start, Prevention & Sufficiency Service, Youth Justice Service, Employment & Skills Service, and Adult's Commissioning, who provided expert advice and guidance. Written evidence was also utilised from young people via the Youth Voice & Participation Team.
- 1.7 The TFG also visited the Central Family Hub along with members of the Great Childhoods Ambition TFG to see what the early help offer looks like in practice for our children, young people and families.
- 1.8 The group would like to take this opportunity to give thanks to all officers who engaged with the process and provided information to support their investigation. Additionally, the group would like to give special thanks to the service users and Autism Strategy Stakeholder Group representatives who participated in the series of meetings and provided valuable insight.



2.0 BACKGROUND

- 2.1 Members had become aware of the increasing prevalence of people being diagnosed with autism in Barnsley, as well as those awaiting support from relevant services. Members were keen to better understand what local services are available in terms of diagnosis, as well as support for those with autism.
- 2.2 The group became aware of recent work to develop a local All-Age Autism Strategy for Barnsley and were keen to provide 'critical friend' challenge and oversight of this work to ensure it is robust in terms of improving outcomes for local people and making sure that the service-user voice is heard.
- 2.3 As defined by the National Autistic Society (NAS), 'autism is a lifelong developmental disability that affects how people communicate and interact with the world'. However, it is important to note that not all autistic people see themselves as disabled. The NAS highlight that 'autism is a spectrum condition and affects people in different ways. Like all people, autistic people have their own strengths and weaknesses'.
- 2.4 The National Strategy for Autistic Children, Young People and Adults 2021-26 was published in July 2021. Since 2023, local organisations have been working together, undertaking public involvement, to gain views, experiences and feedback into the development of an All-Age Autism Strategy for Barnsley. The following six key themes have been highlighted as those that would have a significant impact on people with autism's lives and are reflected in both the national and local strategies:
- Theme 1: Improving understanding and acceptance of autism within society.
 - Theme 2: Improving autistic children and young people's access to education and supporting positive transitions into adulthood.
 - Theme 3: Supporting more autistic people into employment.
 - Theme 4: Tackling health and care inequalities for autistic people.
 - Theme 5: Building the right support in the community and supporting people in inpatient care.
 - Theme 6: Improving support within the criminal and youth justice systems.

3.0 SCOPE OF THE INVESTIGATION

- 3.1 Initially, the group met to discuss the scope of the investigation. This included TFG members outlining their key concerns including the perceived lack of support services, waiting times to access services and the complexities involved in navigating them. From the brief discussions held with officers outlining the work undertaken on autism in Barnsley, and the key themes in the strategy, the group acknowledged the complexities involved in each theme area.
- 3.2 Although some group members had direct knowledge and experience of autism and various services, as with theme 1, the group were keen to address their own contribution to improving understanding and acceptance of autism within society. As part of this, they agreed to hold a

series of meetings to get a high-level overview of each key area and to hear from those with lived experience of autism. This would give the group opportunity to provide 'check and challenge' sessions with officers and partners on the work being carried, to ensure that service user voices were being heard in the design and delivery of services, as well as having opportunity to make links and recommendations regarding the various elements.

4.0 FINDINGS FROM THE INVESTIGATION

Theme 1: Improving understanding and acceptance of autism within society

- 4.1 The officers talked through the development of the Barnsley All Age Autism Strategy 2024-2030, highlighting the coproduction with stakeholders including young people with autism, parents, carers, and professionals from health, education and the voluntary sector. The TFG were reassured that stakeholder involvement is being pursued on an ongoing basis as the strategy is finalised and resultant action plans are developed.



- 4.2 The group discussed how there is widespread awareness about autism, but a lack of understanding, which is what individuals with autism want others to improve upon, including professionals and the general population. Training and awareness-raising initiatives are central to this effort, aiming to provide more opportunities for people to learn, understand, and share experiences. The strategy highlights the intersectionality of autism with other conditions such as Attention Deficit Hyperactivity Disorder (ADHD), acknowledging the need for a holistic approach to support and understanding. It was also noted that it is essential to ensure that people who receive a diagnosis, as well as their carers, understand what it means, as feedback indicates that this is not always the case. Additionally, some individuals welcome the diagnosis, while others do not want that label; therefore, it is important not to assume that everyone is the same.
- 4.3 A key challenge highlighted in the strategy and discussed by the group is the need for data collection to better help understand the prevalence of autism in Barnsley and to inform future planning and support services. Current figures regarding the number of people with autism in Barnsley is based on percentage estimates of the population. Work is underway with GPs, so that those with autism are acknowledged on systems, so that, eventually, as is done for those with a Learning Disability (LD), individuals can be offered annual health checks, receive targeted information and advice, and reasonable adjustments for accessing services can be considered.

Theme 2: Improving autistic children and young people's access to education and supporting positive transitions into adulthood

- 4.4 The Draft Autism Strategy for Barnsley highlights the increasing number of children and young people receiving an autism diagnosis in Barnsley and the challenges they face in education settings and transitions. This is reflective of the national picture, alongside the

current enquiry by the Commons Education Select Committee into 'finding solutions to the crisis in SEND provision'. Despite the challenges, officers outlined commitments to work closely with education providers, support schools to be autism-friendly, reduce barriers to school attendance, and ensure opportunities for autistic children and young people to be educated within their local community.

- 4.5 Officers outlined the SEND Code of Practice which defines the support provided to children and young people with neurodiverse presentations, including those with autism, and speech, language, and communication needs. The importance of early intervention and the role of schools in providing support for children with autism was highlighted, alongside the need for a coordinated approach to support, involving various stakeholders such as health professionals, educators, and parents/carers. Officers outlined the variety of training available to all schools in Barnsley, including the Barnsley Autism Friendly Schools (BAFS) initiative, which aims to develop whole-school understanding and support for children with autism and other additional needs. Additionally, support available for parents and carers, including training programs and resources to help them understand and support their children with autism, was also discussed.
- 4.6 The group acknowledged the challenges faced, including that children's needs change, and that what works in one term, may not work in another. Similarly, that challenges can arise at key transitions, such as from primary to secondary school, and into adulthood. Also, that there are long waiting times for autism diagnosis. The group noted the various processes in place regarding support for those with additional needs and awaiting diagnosis but were keen to ensure that support and interventions are applied consistently, given that feedback from young people suggested that this was not always the case. Members were surprised by the number of services available; however, highlighted that there was a lack of knowledge of these amongst communities, and that they welcomed work being undertaken with stakeholders to address this.

Theme 3: Supporting more autistic people into employment

- 4.7 Both locally and nationally it is evident that there is an employment gap for autistic people. There are several reasons for this including recruitment processes not being autism-friendly or people experiencing difficulty accessing the support they might need to get into and stay in work. The key commitments in Barnsley's Draft Autism Strategy are to improve knowledge, understanding, and awareness of autism across the workforce by increasing training and support for employers to implement inclusive practices. Also, to ensure autistic people know how to access employment services and understand the support available to obtain and maintain employment.
- 4.8 In addressing the challenges, officers outlined the Council's commitment to developing an inclusive economic growth strategy which aims to support young people and the wider adult population in getting ready for, entering, and progressing in work. As part of this, specific support for those with autism and other additional needs, includes Council collaborations with various services and employers to create work placements, work experience, internships, and ring-fenced apprenticeships. The offer is deliberately broad to ensure it is inclusive, providing opportunities for residents to gain further qualifications, receive pastoral support, and help participants gain work experience in a safe and secure environment, preparing them for full-time employment. The group acknowledged that there may be many middle-aged adults with autism and/or other neurodiversity which hasn't been recognised when they were younger but has created a barrier for them to access and remain in employment.
- 4.9 Having heard from those with lived experience of autism who had accessed these services, the TFG highlighted the importance of capturing their positive stories and utilising them to encourage others to take-up these opportunities. Officers recognised the need to strengthen

links with the Voluntary and Community Sector (VCS) as well as other businesses. The group discussed the importance of organisations involved sharing good practice, particularly to support smaller businesses who may have limited capacity to develop specific resources, such as employment policies. Similarly, the group were keen for officers to explore what support is in place for those with autism who want to start their own business.

Theme 4: Tackling health and care inequalities for autistic people

- 4.10 Engagement work has highlighted that autistic individuals and their carers often face difficulties accessing health services and making informed choices about their care, which leads to health inequalities for people with autism. Officers outlined how there has been a significant increase in the number of young people waiting for autism assessments in Barnsley, which has resulted in growing waiting lists. This reflects the national picture and challenges with diagnosis for other neurodiverse conditions, such as ADHD. An area of good practice is the Adult Autism Pathway which is operating in line with national standards.
- 4.11 Based on feedback from various stakeholders, the TFG were keen to emphasise the importance of early diagnosis. Officers and clinicians highlighted the work being done to address the children and young people's pathway, including bringing stakeholders together from various departments to look at what can be done. Work is underway to develop a comprehensive offer of support to those awaiting diagnosis and to help support people from the point their needs are identified, such as in schools. Some services are not autism specific but are aimed at providing support to challenges commonly associated with autism, such as help with sleep, diet and communication. The group highlighted the difficulties for parents/carers in navigating these services and were advised that a stakeholder group, including service users and carers, were currently focusing on designing an accessible 'Offer While You Wait' in support of this. The importance of post-diagnostic support was also noted, so that those diagnosed with autism of all ages, as well as their parents/carers understand what it means, and what support should subsequently be put in place, whether this be in for example, school or the workplace.
- 4.12 The challenging resource envelope for delivering services was discussed. This not only included finances, but acknowledged workforce shortages, with local services all recruiting from the same, small group of professionals. Officers highlighted the work being done as a region to recruit professionals, including making roles attractive, with the opportunity to move around regional services, thereby creating development opportunities. Officers also discussed the work being undertaken to explore having a Multi-Disciplinary Team (MDT) diagnosis for children and young people, which would look at all neurodiverse conditions, such as autism and ADHD, in one assessment. The TFG were particularly keen on this approach being considered to support pathways being easier to navigate and to avoid service users waiting for one diagnosis, only to find that they need to be considered for other conditions, particularly given the links with autism and other neurodiversity.
- 4.13 In terms of tackling health and care inequalities for autistic people, the importance of all health and care staff being trained in neurodiversity was highlighted. In particular, the need for neuro-informed practitioners within mental health services, to ensure that effective support can be provided to meet presenting needs. It was noted that elements of this needed to be addressed nationally, such as ensuring those on medical courses at university are given sufficient education and training on neurodiversity. However, work was being done in local settings to upskill staff and develop relevant policies where possible. Barnsley Hospital highlighted some initiatives they'd put in place including having an 'Autism Reality Experience' which overloads the senses to help staff have a better understanding of the challenges for those with autism. Also, launching an 'emergency care bag' which contains a range of sensory tools and equipment, and activities to support people to access emergency care services.

Theme 5: Building the right support in the community and supporting people in inpatient care

- 4.14 As recognised in both the local and national autism strategies, it is essential that relevant support is in communities, including health, social care, mental health, housing support and community support services. The group met with officers responsible for commissioning specialist housing support for people with an LD and/or autism. This offer includes a variety of options such as purpose-built provision, supported living, or support for someone to remain in their own home. Officers outlined the work involved to identify needs, both currently, as well as forecasting for the future based on population data. Engagement is undertaken with local providers, so that work is done collaboratively to address needs, to ensure there is appropriate market shaping and planning of provision.
- 4.15 Officers gave examples of local provision, including housing to support people with LD and/or autism, where they stay in supported accommodation to gain skills for living in their own home and are then supported to move on. This includes helping them to find housing in the right location for them, such as near family. Specialist Residential Care is subject to Care Quality Commission (CQC) inspections, and where possible the Council will place people close to home. However, there are occasions where the appropriate accommodation is not available in the local area, or a court order may be in place which dictates the location of the placement. Legislation is now in place which requires local authorities to publish a 'Supported Housing Strategy' and work is underway to develop relevant local delivery plans.
- 4.16 As part of this investigation, the TFG undertook a visit to Barnsley's Central Family Hub. Family hubs are located across the Borough and deliver joined-up early help services for children from pre-birth up to 19 years (or 25 years if the young person has a disability). They bring together practitioners from a range of universal, targeted and specialist services in each local area, including schools, police, social care, private and voluntary sector and some adult services. TFG members were impressed by the range of services available, including Early Help Navigators to support families identify needs and get support in place, as well as the sensory space for SEND children. The group acknowledged the high-level of need and the challenge for services to meet increasing demands and complex needs in communities. It was evident that there was a strong service offer for families with young children, however support needed to be strengthened for older children. In terms of provision of services in the community, these not only need to recognise the needs of those with autism, but also the provision of support for their parents and carers.

Theme 6: Improving support within the criminal and youth justice systems

- 4.17 Both the local and national autism strategies recognise that improvements need to be made in the experiences of autistic people who come into contact with the criminal justice system. Data shows that people with autism are significantly overrepresented in the criminal justice system. Therefore, it is essential that initiatives to improve the understanding and early diagnosis of autism within the criminal justice system are progressed.
- 4.18 Officers outlined the work being done in Barnsley as part of the Youth Justice Service (YJS), which includes a diverse group of professionals such as nurses, education workers, speech and language therapists, and Child and Adolescent Mental Health Service (CAMHS) workers. Barnsley YJS officers have undergone specialist autism training and are utilising this in their working practices. Alongside service users, the team are developing a one-page profile for children in the service, which includes information on what the child needs from the service, what the service can expect from them, what their triggers are, and how they present during a crisis. The service has also introduced an accessible leaflet that explains the roles of all specialists in the service and are working with educational psychologists to develop a support package for parents and young people with neurodiverse needs to help them understand what their diagnosis means. The YJS is mindful of how important parents/carers are on the

journey of a young person with neurodiverse needs and how by bringing them together, they can support each other with developing skills to be effective advocates for their young person.

- 4.19 Officers from Barnsley YJS and Probation highlighted regional collaborations with various partners including South Yorkshire Police (SYP), the Crown Prosecution Service (CPS), and South Yorkshire Mayoral Combined Authority (SYMCA). Work has included mapping out the various services, with the aim of reviewing documentation to make it more accessible for people with additional needs following feedback. The importance of all those coming into contact with people in the criminal and youth justice system to have neurodiversity training was discussed, as well as the need for effective transitions from young people's to adults' services.

5.0 CONCLUSION & RECOMMENDATIONS

- 5.1 Throughout the investigation, it was evident that capacity in services, both in terms of staff and other resources is challenging. Often, it is the same officers who are responsible for numerous key priorities due to the nature of their work. Whilst recognising there is lots of evidence of good practice and plans in place to tackle the challenges, the TFG have made a number of 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 highlight the following:

5.2 Recommendation 1 – Hold an All-Member Information Briefing (AMIB) to provide Elected Members with improved understanding of autism

As highlighted in the findings, it is important that understanding and acceptance of autism in society is improved. By Members being upskilled, this will help them to think about how we can make Barnsley a more autism-friendly town, and where reasonable adjustments could be made in communities to support those with autism and their carers. Members are engaged in their local communities, including some of them being school governors, and can therefore utilise their knowledge to encourage others to uptake training, make considerations for those with autism and their families, as well as signpost to support services.

5.3 Recommendation 2 - An Elected Member from the TFG becomes part of the Autism Strategy Stakeholder Group

Linked with the previous recommendation, having an Elected Member on the group will assist with keeping Elected Members upto date on the work surrounding autism, as well as provide opportunity for them to contribute to delivery plans, utilising their knowledge of communities and Council functions.

5.4 Recommendation 3 – The term 'neurodiversity' be specified on the Council's Equality Impact Assessment (EIA) Template

The Council is required to make reasonable adjustments to accommodate employees and members of the public with disabilities including those who are neurodivergent. This helps to ensure that all the Council does is accessible to and meets the needs of all residents and that no one is likely to be significantly disadvantaged. A number of specific considerations are highlighted; however, given the increasing prevalence of neurodiversity amongst the population, the TFG feel this should be specifically shown as a prompt when completing an assessment. The group would also encourage other organisations to take this same action where this is not in place.

5.5 Recommendation 4 – Work is progressed to ensure that communication regarding available support services is improved

Both amongst those who responded to the autism strategy consultation and TFG members, there is a perceived lack of support services for people with autism, including those awaiting diagnosis and others seeking early help. The group are aware that work is underway to map

available support services, and it is hoped that this will improve the current position. The group are keen for positive experiences in accessing various services is utilised to encourage others to engage with them. Also, to ensure that existing schemes such as Safe Spaces, resources in libraries including sensory toys, and accessible cultural activities are promoted to people with autism and their families, utilising existing communication channels such as the Local Offer and Area Council/Ward Alliance social media pages etc.

5.6 Recommendation 5 – Utilise existing autism/neurodiversity policies from various organisations to share with others

The group are keen for best practice and resources to be shared amongst local organisations, particularly for those who may not have capacity to create their own. It would be helpful for employers to share good practice on how they've made reasonable adjustments in their employment practices, such as during recruitment and supporting their employees with neurodiversity.

5.7 Recommendation 6 – Work is undertaken by Enterprising Barnsley to consider specific support for people with autism and/or neurodiversity wanting to start their own business

In discussing employment options, the TFG highlighted the benefits of people with autism owning their own business, so they have flexibility in their work, which meets their individual needs and utilises their strengths. This could include providing information on specialist grants or support they may be able to access.

5.8 Recommendation 7 – Work is progressed by SYICB alongside clinicians and evidence-based practice to explore having an MDT diagnosis approach for all neurodiversity in one assessment

Given both personal experiences in the group, as well as hearing from constituents and other stakeholders, the group are keen for this option to be explored. Having noted the challenges people face in navigating various pathways, it was felt that this would help improve this, as well as remove the frustration of getting an assessment completed, only to find there are others needed. It is also hoped that this approach will enable appropriate support to be put in place in a timelier way, as it will address all the presenting needs, rather than treating them in isolation.

5.9 Recommendation 8 – Support for parents and carers for those with autism is featured in Barnsley's Autism Strategy

The group are mindful that often, for those with autism to thrive, there are parents and carers alongside them who provide essential support, including navigating services and advocating for them. This can be a challenging role which can lead to parents and carers having their own support needs. The group are pleased that parents and carers are part of the autism stakeholder group, so can ensure that their voice is heard. However, are keen for officers focusing on the autism strategy to be linked with those responsible for supporting carers.

5.10 Recommendation 9 – A visit is arranged for OSC members to Barnsley Youth Justice Service

During discussions, the group were impressed at how considerations for those with autism and other neurodiverse conditions was being embedded into working practices. The group were keen to learn from this good practice and also learn more about the services delivered in this specialist area of Children's Services.

5.11 Recommendation 10 – The OSC considers autism as a topic on the work programme in 2 years' time, once the strategy is finalised and action plans are progressing

The group are keen to ensure that Members receive an update and provide critical friend challenge of work as it progresses to ensure it is meeting the needs of local communities.

5.12 The group is aware that the Member of Parliament (MP) for Penistone and Stocksbridge, Marie Tidball, is the Chair of the All-Party Parliamentary Group (APPG) on Autism. The TFG will write to her to make her aware of this report and welcome any knowledge and expertise she can share with local officers as a result of her role, to assist in progressing this work and improving public services for autistic people.

6.0 NEXT STEPS

6.1 This report is presented to the Committee for discussion and approval. Once approved by the Committee:-

- the Task and Finish Group Leads and the Chair of the Committee will present the report to Cabinet (for information only unless any recommendations are subject to a key decision).
- Scrutiny Officers will work with lead officers to provide an appropriate response report within the guidelines and timescales of the Terms of Reference for the Committee and the Council's Constitution. The response reports will be added to the work programme of the Committee at the most appropriate time.

6.2 It should be noted that although there are no direct implications from this report; in preparing the response, the appropriate officers/services should fully assess and identify any implications relating to legal, finance, risk, equality, communications and employees that may impact the service as a result of the recommendations made by the committee.

7.0 GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
AMIB	All-Member Information Briefing
BAFS	Barnsley Autism Friendly Schools
BHNFT	Barnsley Hospital NHS Foundation Trust
CAMHS	Child and Adolescent Mental Health Service
CQC	Care Quality Commission
CPS	Crown Prosecution Service
EIA	Equality Impact Assessment
LD	Learning Disability
MDT	Multi-Disciplinary Team
MP	Member of Parliament
NAS	National Autistic Society
OSC	Overview and Scrutiny Committee
SEND	Special Educational Needs & Disabilities
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
SYICB	South Yorkshire Integrated Care Board
SYMCA	South Yorkshire Mayoral Combined Authority
SYP	South Yorkshire Police
TFG	Task and Finish Group
VCS	Voluntary & Community Sector
YJS	Youth Justice Service

8.0 BACKGROUND PAPERS

- Barnsley Draft All-Age Autism Strategy 2024-2030:
https://syics.co.uk/application/files/4917/2719/1435/Barnsley_Draft_Autism_Strategy_2024_FINAL.pdf
- SYICB: Developing an All-Age Autism Strategy for Barnsley:

<https://southyorkshire.icb.nhs.uk/get-involved/open-time-limited-opportunities-get-involved/developing-all-age-autism-strategy-barnsley>

- The National Strategy for Autistic Children, Young People and Adults: 2021 to 2026:
<https://assets.publishing.service.gov.uk/media/60f72556e90e0764c6eb39f5/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026.pdf>
- National Autistic Society Website:
<https://www.autism.org.uk/>

Report Author: Anna Marshall
Post: Scrutiny Officer
Date: 16 April 2025

Report of the Carers Task and Finish Group (TFG) to the Overview & Scrutiny Committee (OSC) on 29th April 2025

Findings and Recommendations of Barnsley OSC's Carers TFG

1.0 INTRODUCTION

1.1 As part of their work programme, the Overview & Scrutiny Committee conduct three separate task and finish groups during the autumn to allow for a more-in depth investigation into topics that have been identified by elected members as facing particular challenges or warranting more robust scrutiny.

1.2 For 2024/25 the three Task and Finish Groups established by the committee were:-

- Autism (All Age)
- Barnsley Carers (All Age)
- Barnsley Council's Great Childhoods Ambition

1.3 This report provides a high-level summary, and outlines the key findings, conclusions and recommendations of the Carers Task and Finish Group.

1.4 It is worth acknowledging that, there is significant correlation between the three task and finish groups of the OSC as effective pathways and support for those with Autism and for Young Carers enable those cohorts of children and young people to thrive.

1.5 The members that took part in the TFG were:-

Cllrs Robert Barnard (TFG Lead Member), Joe Hayward, Martin O'Donoghue, Mick Stowe and Sarah Tattersall. The group also invited Chloe Bannister from Healthwatch Barnsley to participate as a special advisor given her knowledge of working in the community.

1.6 Over the course of the investigation, the group met with key officers (witnesses) from Adult Commissioning Improvement and Assurance, Children's Commissioning, Barnsley Adult Carers Service and Barnardo's Young Carers and Sibling Support Service, who provided expert advice and guidance.

1.7 The group would like to take this opportunity to give thanks to all officers who engaged with the process and provided information to support their investigation. Additionally, the group would like to give special thanks to the group of carers at Barnsley Carers Service who gave up their time to provide valuable insight to the TFG of their personal experiences.



2.0 BACKGROUND

2.1 Following on from the OSC's previous year's TFG investigation which considered the 'Adult Health and Social Care Workforce', Members raised questions regarding the provision for unpaid carers.

2.2 As defined in the Barnsley Carers Strategy, which was launched in 2022, carers are 'ordinary people whose lives have changed because they are looking after a family member, partner, or friend, who because of disability, illness, alcohol or drug use, a mental health condition or the effects of old age, cannot manage without help. The care they give is unpaid. This includes:

- **Adult carers** - adults caring for adults over the age of 18. This includes adults caring for their adult children. Many carers have more than one caring responsibility; for example, carers could be caring for two family members, such as an elderly relative and a dependent child or a spouse.
- **Former carers** - those who have stopped their caring role. This could be because of a change in the condition of the cared-for person. This includes the death of the cared-for person, the cared for person has recovered and no longer needs care and support, or the carer wanting/having to stop providing care.
- **Hidden carers** - may not identify themselves as carers and may not seek support or information that would benefit them. They may also choose not to seek support and information about their caring role.
- **Mutual carers** - those who require care and support that are also providing care and support (interdependent caring).
- **Parent carers** - provide care for a child with additional needs (under the age of 18) and have parental responsibility for the child.
- **Working carers** - combine caring for another person with working. Supporting carers to remain in work can bring considerable benefits to carers themselves, employers, and the wider economy.
- **Young carers** - children and young people under the age of 18 who look after someone in their family who has an illness, disability, is affected by mental ill-health or problematic use of alcohol and/or drugs. They take on the practical and emotional caring responsibilities that would normally be expected of an adult.
- **Young adult carers** - young people aged between 18 and 25 who are caring either for another child or young person, or an adult.

2.3 According to 'Valuing Carers 2015: the rising cost of carers' support' report by Carers UK and the University of Sheffield, the value of care provided by unpaid carers in Barnsley was estimated to be around £605 million per year. Many people across Barnsley spend lots of time providing unpaid care for a family member or friend who would be unable to cope without them. These people are referred to as unpaid carers or informal carers; they often say they are just being a husband, a wife, a mum, a dad, a son, a daughter, a brother or sister, a friend or a good neighbour. The amount and type of support that carers provide varies considerably. It can range from a few hours a week, such as picking up prescriptions, shopping and preparing meals, to providing emotional or personal care day and night, seven days a week.

2.4 Within Barnsley Carers Strategy, the vision, aims and key priorities are:

Vision - Carers are identified and recognised and have access to information and practical and emotional support to help them achieve the outcomes which matter most to them.

Aims - More carers in our community will:

- Be recognised and identified as a carer at the earliest opportunity, so they receive the appropriate information and advice for them, their family, and the person they care for.

- Understand their rights as a carer and have access to an assessment, so they receive support and sufficient breaks to look after their health and mental well-being.
- Be enabled to have a life outside of their caring role and also be supported to work or undertake training and education opportunities.

Key priorities

1. Raising awareness to increase the identification of carers
2. Working with carers
3. Assessing carers needs
4. Carers health and mental wellbeing
5. Carers breaks
6. Helping carers stay in work
7. Young carers
8. Parent carers

3.0 SCOPE OF THE INVESTIGATION

- 3.1 Initially, the group met to discuss the scope of the investigation. This included TFG members wanting to find out more about support services available, how they are performing, how carers have been involved in the design of these services as well as how they are facilitated to support each other. The group were made aware of plans to refresh the Carers Strategy and Action Plans and were keen to contribute to their development.
- 3.2 The group agreed to hold a series of meetings which would give them an overview of the work being undertaken, as well as opportunity to provide 'check and challenge' to officers and partners on the work being carried out. The group were keen to visit both the adult and young carers' services and to hear from service users. The TFG highlighted their interest in ensuring that service user voices were being heard in the design and delivery of services, as well as having opportunity to make links and recommendations regarding the various elements.

4.0 FINDINGS FROM THE INVESTIGATION

Barnsley Unpaid Carers: Overview

- 4.1 The officers gave an overview of key data regarding unpaid carers in Barnsley:
 - According to the 2021 census there were 24,735 unpaid carers in Barnsley (10% of the total population).
 - The age profile of unpaid carers is:
 - Under 15: 327 (1.3%)
 - 16-24: 1212 (4.9%)
 - 25-34: 2611 (10.6%)
 - 35-49: 5559 (22.5%)
 - 50-64: 9242 (37.4%)
 - Over 65: 5786 (23.4%)
 - The value of this care equates to £889 million.
 - Around 13,000 unpaid carers are known to the Council or another service (less than 50%).
 - By 2037, Carers UK have calculated that the number of carers in the UK will increase by 40%, meaning we would have approximately 39,800 carers in Barnsley.
 - In 2023, 1158 adult carers received a carers assessment from the local authority, this is a 35% increase from 2022.
 - As at the end of March 2024, 1121 adult carers received a service following either an assessment or review.
 - There are 1428 carers registered with Barnsley Carers Service.

- Barnsley Young Carers Service supports approximately 125 young carers per year.
 - Around 33% of BMBC staff have identified themselves as an unpaid carer.
- 4.2 The group queried the distribution of unpaid carers across the various Wards in Barnsley, which showed that this was fairly even. As a result, the group were keen that services are accessible to all areas of Barnsley.
- 4.3 The TFG were also keen to understand the spend on unpaid carers in Barnsley compared with other local authority areas. The officers outlined the complexities of this as Councils spend monies on various support services which may/may not be comparable. The officers assured the group that before commissioning services, they undertake benchmarking with other areas to ensure they are obtaining value for money.
- 4.4 The officers outlined Barnsley Carers Service which is commissioned by the Council's Adults Commissioning Improvement and Assurance Team and is currently provided by Cloverleaf Advocacy to offer a free support service to unpaid carers aged 18 and over. Barnsley Carers Service works closely with a wide range of professional health and care services, Barnsley Council, charities, and community groups to provide support, advice and training designed to improve the quality of life and wellbeing of local carers. The service offers information and advice, drop-in support, groups, events and activities, education, benefits and financial advice, training and so much more. They are also able to continue supporting people who have stopped caring, for whatever reason.
- 4.5 Additionally, officers advised that the Council's Children's Commissioning Team commission Barnsley Young Carers and Sibling Support Service which is currently provided by Barnardo's. The service offers one to one sessions and group sessions to children and young people, aged 5-17 years old, who are young carers for family members, including siblings, who have an illness or disability. The one-to-one sessions are led by the needs of the individual child. The group sessions are interactive and bring together other young carers and sibling supporters to offer peer support, as well as helping them with their own individual needs.
- 4.6 In terms of stakeholder involvement, Barnsley All Age Carers Strategy Steering Group is made up of representatives from the Council and partner organisations and a Barnsley Carers Forum member. They are responsible for the monitoring and assurance of the delivery of the strategy. Barnsley Carers Forum is a group of adult carers who meet with support from Barnsley Carers Service. They discuss issues relevant to their caring role, and via representation on the Strategy Steering Group, facilitate escalation of issues of concern and provide feedback on strategy progress to the Forum. The Barnardo's Young Carers and Sibling Support Service has a group of young carers who meet to discuss and give feedback on the service. The Team Manager from the service is a representative on the Barnsley Strategy Steering Group. However, unlike adult carers, there is no young carer on the Strategy Group.

Priority 1: Raising awareness and increasing the identification of carers

- 4.7 This priority is focused on raising awareness so that more carers are identified and encouraged to recognise their role and rights as a carer by health and social care organisations, schools and colleges, voluntary sector services, community groups and private businesses. The group discussed work with partner organisations and their role in support of this priority.
- 4.8 Officers gave an overview of various work which had been undertaken to raise awareness, including a roadshow, drop ins and information stands at various locations, as well as presentations to GPs. Local NHS organisations have also undertaken work to support carers,

including South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) who have developed carers passports and other resources and Barnsley Hospital NHS Foundation Trust (BHNFT) who have developed a young carers passport ID card in consultation with Barnardo's.

- 4.9 On a visit to the Barnardo's Young Carers and Sibling Support Service, the group were impressed to hear how the passport for young carers at BHNFT had been inspired by a young carer, attending Barnardo's, who raised issues that she faced as a young carer not being allowed to fully support her family member, who was receiving treatment, at the hospital, with the BHNFT safeguarding team when they visited Barnardo's. Following this, the passport was developed by the hospital team, who consulted with Barnardo's Young Carers Council and staff. A pink flower has been added as the symbol of the passport, in dedication to that young carer's mum. This helps to ensure that considerations for young carers are taken into account, such as being able to visit outside normal visiting times and be involved in the person's care if they choose.
- 4.10 Officers highlighted that Barnsley's 'Let's Hear Your Voice' survey which is used to find out how to improve the health and wellbeing of children and young people in Barnsley, now asks pupils in schools if they are a carer. During the visit to Barnardo's Young Carers and Sibling Support Service, officers highlighted how identifying young carers is one of the biggest challenges. Often, school staff are not aware of young people with caring responsibilities and therefore, reasonable adjustments are not put in place. Officers offered a number of suggestions as to how this could be resolved such as timetable adaptations, not having behaviour sanctions at the end of the day which means that they cannot carry out necessary care and allowing time out of school if they need to support their parent to a medical appointment. Officers advised that young carers have been exploring having a card to identify them as young carers, within school, which the group are keen to progress.
- 4.11 As highlighted in the earlier findings, it is also challenging to identify unpaid adult carers, who will often just see themselves as being a good family member, friend or neighbour. Without such carers, the government and public services acknowledge that they would be bankrupt. Resources for services are however challenging, and it is important that services are targeted to those most in need before they hit crisis point. The group are therefore keen that work is continued to raise awareness and increase the identification of unpaid carers, but also that we measure and highlight the social benefit of supporting unpaid carers, and feature this on Cabinet reports when relevant decisions are being made.

Priority 2 – Working with carers

- 4.12 This work is to ensure more carers are supported to participate in decision making and care planning for the person they care for.
- 4.13 Officers outlined the work undertaken over the last year to work with carers including strengthening links between carer stakeholder groups, surveying carers to ask them about their needs, asking strategic groups how they work with carers and asking leads in local organisations to promote working with carers to staff, such as BHNFT, SWYPFT, GPs and the Voluntary and Community Sector (VCS).
- 4.14 The group welcomed this work to engage with service users and acknowledged how the young carer passports were in support of addressing this priority.

Priority 3: Assessing carer's needs

- 4.15 The aim of this priority is to ensure more carers have a carers assessment and discuss face-to-face what matters most to them, including their health and wellbeing, social care needs,

financial support, work, education or training.

- 4.16 As outlined by officers, under the Care Act 2014, carers have the right to receive support from their local authority if they have eligible needs, which are determined via a carer's assessment. As highlighted previously, identifying carers can be challenging, especially as unpaid carers don't identify themselves as such. The TFG are keen to ensure that professionals entering homes are mindful of the carers who may be present, whether this be adults or young people, and they document their observations and any resultant conversations so that carers are being captured and also having their needs met as appropriate. As noted in the recent Adult Social Care Peer Review report, from the cases audited, it was difficult to find if carers had been appropriately considered.
- 4.17 On meeting Barnsley Carers Service users, they highlighted how often they feel forgotten as the focus is always on the person they care for. It is important therefore that carers are given the opportunity to have their needs assessed away from the person they care for, so that they can be open and honest about their needs, rather than being careful not to upset the person they care for by being honest about how they truly feel.
- 4.18 In support of ensuring carers needs are met, the group welcomed the work being undertaken to create an adult social care resource list of services and information which can be used to support carers needs identified during assessment. Service users spoke of the importance of this information and how by attending events put on by Barnsley Carers Service, they had gained invaluable knowledge from meeting and talking with other carers. The group discussed the importance of capturing this wealth of information, whilst acknowledging that challenges occur as it can quickly become out of date as services and policies change.
- 4.19 Officers highlighted the work undertaken in support of this priority including working with carers to gather feedback, understand their experiences and make associated improvements. This has included launching 'Community Talking Point', where social workers are located out in communities, such as in libraries, and carers are given an appointment time to meet face to face to have their assessments and discuss their needs.
- 4.20 Carers have expressed an interest in receiving training to support their caring role. The TFG welcome the work underway to scope what and how this training can be offered to unpaid carers, including utilising the training offer to paid carers through Barnsley's 'Proud to Care Hub'.

Priority 4: Carer's health and wellbeing

- 4.21 This priority is to provide information, advice and support to carers to help them manage their own health and wellbeing to remain as physically and emotionally well as possible.
- 4.22 The group welcomed the work undertaken so far to provide support to carers including offering counselling when required, such as bereavement support. Information on services and offers that are available to Barnsley unpaid carers that would support their own health and wellbeing have started to be collated. It was also noted that BHNFT had made provision for a volunteer to sit with the person cared for while the carer has a hospital outpatient appointment, so they can focus on their needs.
- 4.23 On visiting Barnsley Carers Service, carers spoke of how being able to attend Barnsley Carers Service had been a lifeline. They described how challenging being a carer is, with for some, it being 24/7, with little respite. Unlike a paid job, there is no 'clocking off'. Being a carer is isolating and many described how they were grieving for their loved ones, as although they were still alive, they were no longer the person they knew due to their illness, such as parents and spouses who had been diagnosed with dementia or had strokes. The carers highlighted

the importance of support at the end of the phone to speak to someone who understands, can assist them and ultimately boost their morale. Through meeting with local carers, the TFG were given key insight into what it's like to be an unpaid carer and the importance of support being in place for their health and wellbeing.

- 4.24 Carers highlighted how it can feel challenging to attend to their own health and wellbeing needs and would welcome GPs supporting this by offering double appointments so that they can sort their own needs alongside the person they care for, rather than having to make several trips. It would also be helpful for GPs to capture those who are unpaid carers on their system so they are aware when individuals attend and so that information can be targeted to them as relevant.

Priority 5: Carer's breaks

- 4.25 This work focuses on Carers being given the opportunity to discuss the value of having a break from caring and the flexible options that are available to them to access. Short breaks (respite) 'provides short-term relief for primary caregivers, giving them time to rest, travel, or spend time with other family and friends. The care may last anywhere from a few hours to several weeks at a time' (National Institute for Ageing). Respite for carers helps them to continue in their caring role for longer periods, prevents carer breakdown, maintains carer health and wellbeing and prevents the carer developing long term needs of their own. Some respite care is provided by organisations in the VCS sector, whereas others are commissioned by the Council.
- 4.26 The group were advised that local stakeholders have highlighted the need for changes with current services in terms of short breaks. A key piece of work is being undertaken involving local carers to shape future service provision, which the TFG held a specific session regarding. The TFG considered the data which shows the expected rise in unpaid carers, and an ageing population, where for example, elderly parents will be caring for their adult children with a Learning Disability (LD) aged 50 plus.
- 4.27 Last year, local carers were surveyed regarding their caring duties, which showed that 70% of those responding were providing more than 31 hours of care per week, which is equivalent to a full-time job, Therefore giving them a break from this role will be essential. Feedback has shown that a number of people aren't aware of what's currently on offer. For those that do know, they find that the offer is restrictive, where they struggle to book care home places in advance for a family holiday as care homes operate on a short-term basis in terms of their availability. Some carers want to book long breaks infrequently to have family holidays, whereas others want shorter, more frequent breaks. Carers are also keen to have different types of support, such as a sitting service through the day or overnight in the person's home.
- 4.28 As a result of carer feedback, Adult Social Care are looking to change how they commission services, offering more flexibility for carers, and working with providers in the market. The service wants to create something which is inclusive and will meet needs of Barnsley's unpaid carer population by co-producing options. In hearing from local carers directly, the TFG heard how carers need to trust the support their loved ones receive, otherwise it isn't a break, as they just spend the time being worried.
- 4.29 Officers outlined how carers are also able to apply for a one-off grant to support them with their caring role however they choose. This may be money towards paying for an activity which provides them with respite, or for some, it may be used to replace white goods which they need. Officers advised the group that there was currently a delay in payments being administered due to limited officer resources. However, that they were prioritising requests based on need and were also looking to review how the scheme operates. Feedback from local carers to the TFG suggested that they welcomed there being a scheme. However, felt

that the money offered was much lower in comparison to other areas and were perturbed by the detail required to complete the application form, given the role they are carrying out and the savings this makes for the local authority. The TFG appreciate the challenges the Council faces to address the points raised in terms of resources and requirements to document public sector spend.

Priority 6: Helping carers stay in work

- 4.30 This priority is to help make sure carers are offered supportive working arrangements by workplaces.
- 4.31 Over the last year, grant funding has been provided to 'Carers UK' to support the Council as a local employer and to offer support to Small and Medium Enterprises (SMEs) (businesses) as employers and provide general access to carers information for the public. In terms of partner organisations, SWYPFT have developed a carer passport for staff and are working towards the 'Triangle of Care'. They also have a carers network, support offer, website and training for staff.
- 4.32 The Council has conducted a staff equalities survey and identified 850 employees who offer unpaid care. A passport 'All About Me' has been developed which covers caring responsibilities, caring is discussed in supervisions, and the Special Leave and Flexible Working Policies support employees' unpaid caring roles. The Council has also recently launched an employee's Carers Network.

Priority 7: Young carers

- 4.33 This work considers support to young carers to prevent inappropriate caring and provide the support they need to help them balance their caring role with their rights to be children/young people. As highlighted by Barnardo's who currently provide Barnsley's Young Carers and Sibling Support Service, young people with caring responsibilities have all the challenges of being young, with all the responsibilities of being an adult. Therefore, the service support children and young people who care for and look after family members affected by health issues, disability or substance misuse. They give young carers the opportunity to talk about how caring impacts on areas of their life, including their worries and their own wellbeing. They also discuss/feedback any relevant needs with parents, carers and families, as appropriate, and signpost them to further services if necessary, so children and young people can feel safe, happy, healthy and hopeful.
- 4.34 The group visited Barnsley Young Carers and Sibling Support Service and heard about the support they provide to local young carers. This includes giving young carers advice and emotional support to help them to develop strategies to cope with the impact of their caring role and build resilience, talk to a young carer's school, so teachers understand their situation and can be supportive, run group sessions where young carers can have fun, be a child and meet other young carers, as well as organise outings as resources allow.



- 4.35 Officers from Barnardo's outlined the challenges they face including a tight resource envelope, the need to allow time to work longer with young people and families with complex cases, facilitating young people to travel to activities, as well as working with schools to both identify young carers, but also then make reasonable adjustments. The service is keen to raise awareness regarding young carers but are also mindful of the increased demand this puts on their services. TFG members enquired whether arrangements are in place to support young carers to transition to the adult carers service. Officers advised that this was not part of current contract arrangements. Also, that children may be seen at a younger age, and not at the point where they would need support to transition into the adult support services.
- 4.36 The TFG were particularly interested in support in place to enable respite for young carers, so they have time to enjoy their childhood, and that their feedback is shaping services. Officers highlighted that feedback from young people is that they don't want trips away, but welcome time in groups with other young people and short trips out such as bowling.

Priority 8: Parent carers

- 4.37 With regards to parent carers, work is currently taking place with officers in Children's Services on the best approach to engage with the Barnsley Special Educational Needs and Disabilities (SEND) Parent and Carers Alliance to collaborate on shared priorities.
- 4.38 As mentioned in the introduction, another of the OSC's TFGs has undertaken an investigation into Autism. One of this group's recommendations is to highlight the need for support for parents and carers for those with autism to be featured in Barnsley's Autism Strategy.

5.0 CONCLUSION & RECOMMENDATIONS

- 5.1 The group welcome the work that is being done in Barnsley to support unpaid carers of all ages. It is evident that local organisations both as service providers and employers are putting initiatives in place to support carers. The group are keen that this influences private businesses, but also that public sector organisations on South Yorkshire Integrated Care Board (Barnsley Place) are sharing good practice and continue to champion the needs of unpaid carers. Whilst recognising there is lots of evidence of good practice and plans in place to tackle the challenges, the TFG have made a number of 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 highlight the following:

5.2 **Recommendation 1 – Hold an All-Member Information Briefing (AMIB) to provide Elected Members with improved understanding of unpaid carers and available support services**

The group recognise the importance of all Elected Members being better informed regarding unpaid carers in Barnsley, the critical role they undertake and how they can best signpost them to various support services. Members are engaged in their local communities and will be able to utilise various channels to support raising awareness of unpaid carers and relevant support.

5.3 **Recommendation 2 – Berneslai Homes are represented on the Carers Strategy Steering Group**

Elected Members raised the important role Berneslai Homes have as the Council's social housing provider in helping to identify local unpaid carers who may be struggling and require referral to relevant support services. Berneslai Homes officers are embedded in communities and are going into local homes where they have opportunity to pick up on issues and help facilitate relevant support to be put in place.

5.4 **Recommendation 3 – Facilitate feedback from a young carer representative to the**

Carers Strategy Steering Group

The group acknowledge the challenges of regularly having a young carer representative on stakeholder groups due to their limited availability and protecting their respite from their caring responsibilities. However, the group are keen to ensure that the voice of young carers is fed into the Carers Strategy Steering Group.

5.5 Recommendation 4 – Barnsley Young Carers Service meets with Barnsley Schools Alliance

Having heard about the challenges faced in identifying young carers and the negative impact this can have on their education, the group are keen for Barnsley Young Carers Service to meet with Barnsley Schools Alliance to consider how they can best identify and meet the needs of young carers, by making reasonable adjustments and supporting young carers in schools. It is also important that Education Welfare Officers (EWOs) and other staff in schools are sighted on this work.

5.6 Recommendation 5 – Observations and conversations regarding unpaid carers are carefully captured during social work assessments

The group are cognisant of the excellent social care workforce the council has and the challenges they face. Given the importance of unpaid carers, the TFG are keen to ensure that carers of all ages are being consistently identified and having their needs appropriately assessed and met.

5.7 Recommendation 6 – When commissioning new respite services, consider options which provide activities for carers at the same time

In meeting local carers, the group heard directly about the benefits of unpaid carers having opportunity to come together and support each other. Therefore, in considering new respite care, the group suggested it could be helpful for services to offer activities in a separate area for carers at the same time, such as crafting, so they can utilise being at the same location to meet with other carers, knowing care for their loved one is in place.

5.8 Recommendation 7 – Strong links are made between commissioners for the adults and children’s carers services

The TFG are keen to ensure that officers commissioning services are working closely together to consider transition arrangements between the young person and adult carer services as well as have opportunity to share learning and best practice.

5.9 Recommendation 8 – Work is undertaken to explore what provision could be in place for young carers at Barnsley Youth Zone

The group are mindful of the ongoing development of Barnsley Youth Zone and are keen for officers to explore with young carers, how they could be supported to utilise the available services, perhaps offering for example a young carer discount, or specific activity sessions for them.

6.0 NEXT STEPS

6.1 This report is presented to the Committee for discussion and approval. Once approved by the Committee:-

- the Task and Finish Group Leads and the Chair of the Committee will present the report to Cabinet (for information only unless any recommendations are subject to a key decision).
- Scrutiny Officers will work with lead officers to provide an appropriate response report within the guidelines and timescales of the Terms of Reference for the Committee and the

Council's Constitution. The response reports will be added to the work programme of the Committee at the most appropriate time.

- 6.2 It should be noted that although there are no direct implications from this report; in preparing the response, the appropriate officers/services should fully assess and identify any implications relating to legal, finance, risk, equality, communications and employees that may impact the service as a result of the recommendations made by the committee.

7.0 GLOSSARY

AMIB	All-Member Information Briefing
BHNFT	Barnsley Hospital NHS Foundation Trust
EWO	Education Welfare Officer
LD	Learning Disability
OSC	Overview and Scrutiny Committee
SEND	Special Educational Needs & Disabilities
SMEs	Small and Medium Enterprises (businesses)
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
SYICB	South Yorkshire Integrated Care Board
TFG	Task and Finish Group
VCS	Voluntary & Community Sector

8.0 BACKGROUND PAPERS

- Barnsley Carers' Strategy:
<https://www.barnsley.gov.uk/services/our-council/our-strategies/carers-strategy/>
- Barnsley Adult Carers Service:
<https://barnsleycarers.co.uk/>
- Barnsley Young Carers Service:
<https://www.barnardos.org.uk/get-support/services/priory-family-centre-young-carers-sibling-support-service>
- Adult Social Care: Information for Carers:
<https://www.barnsley.gov.uk/services/adult-social-care/information-for-carers/>
- Children's Social Care: Information for Young Carers:
<https://www.barnsley.gov.uk/services/children-young-people-and-families/young-people/young-carers/>
- Barnsley Adult Social Care Peer Review Report (Cab.22.01.2025/7):
<https://barnsleymbc.moderngov.co.uk/documents/s122067/Adult%20Social%20Care%20Peer%20Review%20Report.pdf>

Report Author: Anna Marshall
Post: Scrutiny Officer
Date: 16 April 2025

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Report of the Great Childhoods Ambition Task and Finish Group (TFG) to the Overview & Scrutiny Committee (OSC) on 29th April 2025

Findings & Recommendations of the OSC's Great Childhoods Ambition Task & Finish Group

1.0 INTRODUCTION

1.1 As part of their work programme, the Overview & Scrutiny Committee (OSC) conduct three separate task and finish groups during the autumn to allow for a more-in depth investigation into topics that have been identified by elected members as facing particular challenges or warranting more robust scrutiny.

1.2 For 2024/25 the three Task and Finish Groups established by the committee were:-

- Autism (All Age)
- Barnsley Carers (All Age)
- Great Childhoods Ambition (GCA)

1.3 This report outlines the findings, conclusions and recommendations of the Great Childhoods Ambition Task and Finish Group.

1.4 It is worth acknowledging that there is significant correlation between the three task and finish groups of the OSC as effective pathways and support for those with Autism and for Young Carers enable those cohorts of children and young people to thrive.

1.5 The members that took part in the Great Childhoods Ambition TFG are:-

Cllrs Paul Murray (TFG Lead Member), Ruth Booker, Sherry Holling, Jake Lodge, Kath Mitchell, Margaret Sheard, Mick Stowe, and the Committee's Primary School Parent Governor Representative, Liz Iles.

1.6 Over the course of the investigation, the group met with key officers (witnesses) from Early Start, Prevention & Sufficiency; Children's Commissioning; Education & Partnerships; Employment & Skills; and Healthier Communities, who provided expert advice and guidance. Written evidence was sought from young people via the Youth Voice & Participation Team, and from Barnsley College.

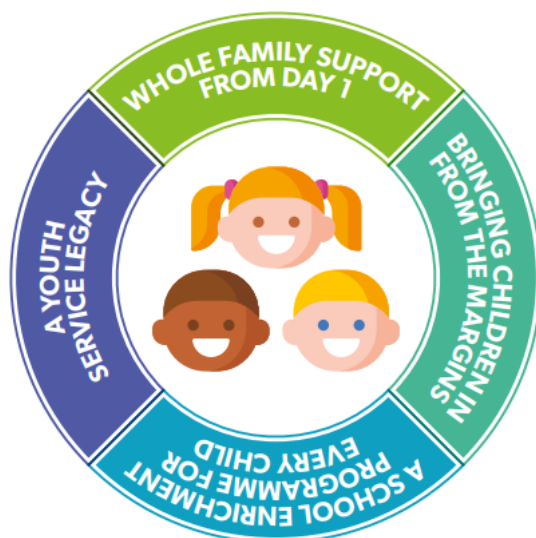
1.7 Members also visited the Central Family Hub along with members of the Autism Task and Finish Group to see what the offer looks like in practice.

1.8 The group would like to take this opportunity to give thanks to all officers who engaged with the process and provided information to support their investigation.



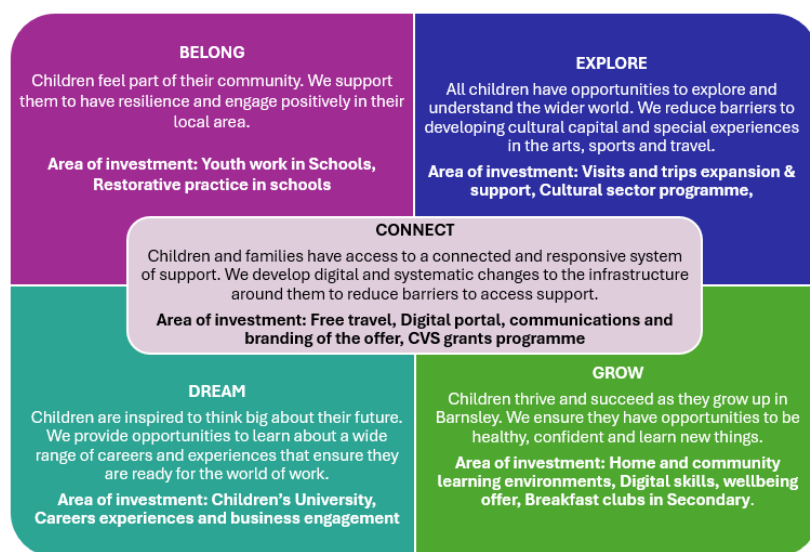
2.0 BACKGROUND

- 2.1 There are approximately 32,000 school age children across Barnsley. Over 700 children are currently educated at home. In the 2021/22 academic year, 32.1% of students were classed as disadvantaged (entitled to a free school meal), 5.6% higher than the national average.
- 2.2 Barnsley's disadvantaged students have a significantly higher number of fixed term exclusions, and a poorer attendance rate than the national average for this group and those who are not classed as disadvantaged. Attendance data for 2022/23 shows that 35.1% of disadvantaged students were persistently absent compared to 17.3% of non-disadvantaged students. Of Barnsley's disadvantaged students, 24% have a Special Education Need and/or Disability.
- 2.3 Although educational attainment has been improving year on year, data shows that by Key Stage 2, disadvantaged students fall below national average in many areas with poor performance continuing through to Key Stage 4. The percentage of students achieving a grade of 5+ in English and Maths is 31.9% lower than the national average.
- 2.4 Barnsley residents have a lower level of skills than the region or nation, with only 31.1% of working-age people in Barnsley having qualifications at Level 4 and above.
- 2.5 There are many wider determinants that impact upon the quality of childhood. Basic needs such as health, employment, and housing must be met, and it should be acknowledged that a great childhood is not solely based on a good education. Social, Emotional and Mental Health Needs (SEMH) have increased in children and young people in Barnsley, which is higher than national and regional figures, and recent data demonstrates that attendances at A&E for anxiety, depression, and low mood has increased by 45%, alongside a 6% rise in admissions due to overdose.
- 2.6 In a 2021 report of the think tank Centre for Social Justice, entitled "Levelling Up For Children", they stated that:-
- "the Government needs a social response to the levelling up narrative, alongside the economic one, and this must focus on support for children and families from the first days of their lives. The long-term answer to social problems lies in early help and prevention rather than significant interventions later in life".*
- 2.7 They proposed four interventions to the Comprehensive Spending Review, each focused on helping children reach their full potential:-



The Ambition

- 2.8 In April 2025, Barnsley Council launched its Great Childhoods Ambition, a borough-wide, collaborative approach to support all children and young people to thrive. The ambition is part of the vision for Barnsley 2030, which seeks to foster and grow ambition, enabling everyone to be the best they can be.
- 2.9 The Council wants Barnsley to be a place of possibilities for everyone, where children and young people from all backgrounds and starting points can benefit from the opportunities that great childhoods bring.
- 2.10 It wants to create opportunities for all ages, stages, and level of need, growing the universal offer for all children, young people and families, as well as extra support for those who need it.
- 2.11 The five golden threads of the ambition show that the Council wants everyone, but particularly children and young people, to:-



- 2.12 The approach will be to:-
- Build on the foundation of opportunities that are already established
 - Incorporating pipeline and planned programmes that are being developed across Barnsley
 - Dedicate funding to increase support for children who need it
- 2.13 New digital and physical 'store-fronts' in communities will be created to enable access to the programme and a marketing campaign using real Barnsley stories will demonstrate the impact and inspire action.
- 2.14 The approach aims to improve self-reported wellbeing and ambition, enabling positive destinations for young people. It also seeks to improve educational attainment and attendance, whilst reducing exclusions from school.
- 2.15 There is no end date to the ambition, and it requires a whole system approach. National, regional and local best practice has been researched to identify how the right conditions can be created for children and young people to thrive.



2.16 Additional funding (£1.6 million) will be invested into specific areas to accelerate progress. A mapping exercise will be carried out to identify gaps based on feedback and a grants programme will be developed to expand existing provision with a focus on building community and voluntary sector capacity. To reflect the voice of young people, feedback has been collated from a range of universal and targeted services through the Make Your Mark survey and wider engagement activity. Specific investment will be used to identify barriers for key cohorts. Investment will also be used to deliver against the five golden threads:-

- Belong – Youth work and restorative practice in school
- Explore – Visits and trips expansion support, cultural sector programme
- Dream – Children’s University, careers experiences and business engagement
- Grow – Home and community learning environment, digital skills, wellbeing offer, breakfast clubs
- Connect – free travel, digital portal, communications and branding of the offer, community and voluntary sector grants programme

2.17 Milestones already achieved include the planned development of the Youth Zone and the Northern Academy for Vocal Excellence (The Nave), which will be home to Barnsley Youth Choir, and the introduction of travel subsidies for children and young people which will be launched in 2025.

2.18 Next steps for the ambition include:-

- Agreeing a strategic framework
- Mapping opportunities and identifying gaps for investment
- Continuing to secure wider buy in
- Developing an outcomes framework
- Establishing the Barnsley Children and Young People Partnership Board to oversee the strategy and plan
- Developing a launch programme of events
- Refreshing the Children and Young People’s Plan

2.19 Challenges in delivering the programme include:-

- Gathering existing system and governance arrangements around the strategy
- Keeping the definition between sector activity and programmatic activity
- Balancing work through schools as anchor institutions, and community engagement
- Delivering system change when wider pressures are impacting on delivery and collaboration
- Defining outcome reporting to focus on programme work, whilst contributing to wider outcomes, eg. education and participation

3.0 SCOPE OF THE INVESTIGATION

3.1 The ambition is wide reaching and potentially cuts across all aspects of the organisation and the work of key partners; businesses; and communities, and a ‘great childhood’ will look different to each child.

- 3.2 The investigation had to focus on areas where members felt they could add the most value and the areas that would have the biggest impact on improving outcomes for children and young people.
- 3.3 With this in mind, the task and finish group agreed to focus their efforts on asking the following questions:-
- What are the specific challenges faced by children, young people and families during each significant phase of child/young person's life, namely early years; primary; and secondary and beyond, particularly for those who are classed as disadvantaged?
 - What are the aims of the ambition and what are the challenges and opportunities in delivering such an ambition to each of these cohorts?
 - What support is available to remove barriers and enable progression to the next stages of life?

4.0 FINDINGS FROM THE INVESTIGATION

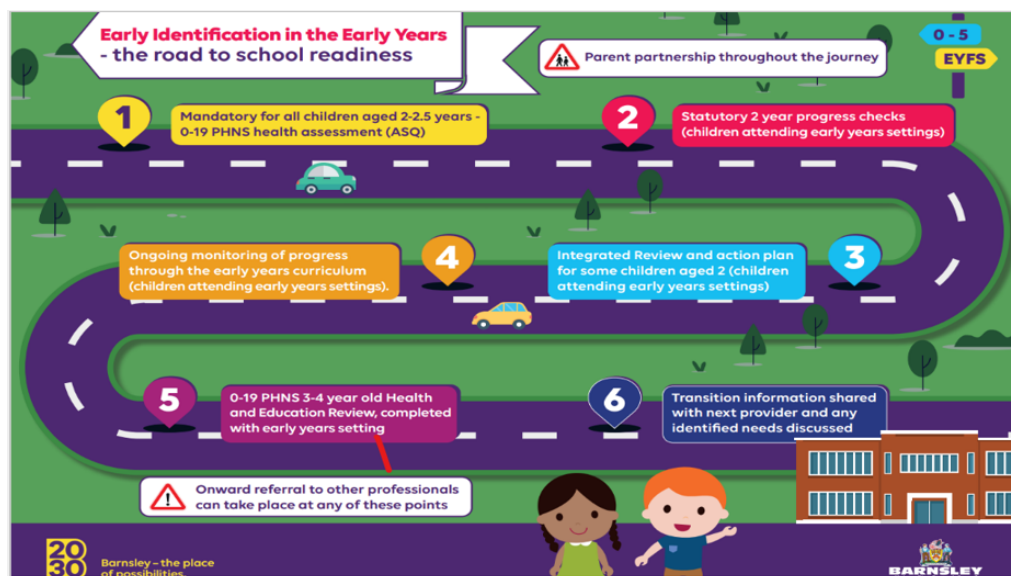
Early Years

- 4.1 In the Government's Spring Budget 2023, the Chancellor announced transformative childcare reforms. These included:
- Funding for 15 hours a week for 2 year olds of working parents from April 2024
 - Funding for 15 hours a week for 9 months olds of working parents from September 2024
 - Funding for 30 hours a week for 9 months to 3 year olds of working parents from September 2025
- 4.2 In addition, all primary aged children would have access to wraparound care from 8am - 6pm by 2026.
- 4.3 In 2024, the 0-4 population in Barnsley was 10,575. There are currently 258 childcare settings in Barnsley, which includes childminders, day nurseries, out of school provision and other providers, offering a total of 4,857 registered places. Of those, 4,418 places have been offered to a child aged 0-4.
- 4.4 Currently there are sufficient childcare places to enable families to access the funded 15 & 30 hour offers for working parents. To ensure the borough has sufficient childcare places to enable all families with children aged 9 months to 3 years, a further 296 places (50 hour) need to be created by September 2025. In respect of wraparound provision a total of 997 places are required to be created by September 2026. Whilst there is an awareness of the need to increase places, infrastructure and the demand for spaces outside of the Central area, particularly in the North and Dearne, are a challenge.
- 4.5 As of August 2024, 93% of local registered childcare providers were rated as Good or Outstanding by Ofsted, in comparison to 98% regionally and 97% nationally. Early Years Improvement Officers within the Early Years Quality Team advise and provide support to settings on the Early Years curriculum and guidance from the Department for Education (DfE).
- 4.6 The take up for 0–2-year-olds considered 'disadvantaged' is 78%, for 3–4 year-olds, it is 99%. Contact is made with the remaining 22% (0–2-year-olds) to encourage engagement with early years providers as it is well known that the first 1001 days of a child's life are vital in building the foundations for emotional and physical wellbeing and the more work done with this cohort, the better the outcomes later in life.
- 4.7 The negative impact of Covid should not be underestimated for all children. Particular challenges for this cohort has meant that the development of some young children has been delayed and there is an increase in demand for support service such as Speech and Language

Therapy (SALT). There is a trend for SEND Support being the reason that some settings have received a less than 'Good' judgement from Ofsted and some settings do not access their entitlement to the local inclusion grant. As well as impacting on the child's development, an increase in the need for this type of support affects the child to adult ratios offered by providers, meaning that less spaces are available in settings.

4.8 Early identification of need includes picking up on home environments and supporting parents to engage in conversations and play. Although early years settings have the skills to support parents, they do not have the capacity to go out into the community and provide the targeted support that is needed. Playgroup leaders, the 0-19 Public Health Nursing Service and other services/agencies have been trained to build early connections and relationships and are able to signpost to appropriate support. The statutory two-year progress check is carried out in settings to assess development and identify any needs. This information is shared with the local authority to determine whether an Early Help Assessment (EHA) or an Education, Health and Care Plan (EHCP) may be needed. Work is currently underway to develop a data warehouse so that early help services have a single view of the child.

4.9 In 2024, a joint report of Child of the North and the Centre for Young Lives, entitled 'A Country that Works for All Children and Young People' makes a series of proposals to tackle the high number of children starting school not 'school ready', and the crisis in early years and childcare provision – particularly in disadvantaged areas. School readiness is a challenge across the borough. To prepare for the next stage of life, the service focuses on Ready Children, Ready Families, and Ready Schools, and have developed a transition video <https://www.youtube.com/watch?v=LwZMWwDDQL8> and road map to support parents in identifying the key milestones in a child's life and preparing them for school:-



4.10 The current Government recently set an expectation that 75% of children will be school ready by 2028. In 2024, the percentage of children achieving a Good Level of Development (GLD) overall in Barnsley was 68.8% compared to the national figure of 67.7% and the Yorkshire and Humber figure of 66.3%. However, the score was worse than national for the Personal, Social, and Emotional Development (PSED) element of the assessment. 57.3% of those who are considered 'disadvantaged' achieved a GLD which demonstrates that they are already noticeably behind their peers. 59.8% of boys (overall) achieved a GLD, performing significantly lower than girls (78.3%). In terms of education outcomes, the gap between those who are deemed disadvantaged or have an additional need, and their peers, is obvious by the time they start school.

4.11 It is important for early years settings and schools to share information to support effective transition between providers so that children's needs can be met and they are ready to learn

when they begin school. Transition records have been developed and are promoted by Early Years Consultants in the summer term so that providers know what good quality information looks like. Barnsley Alliance is continuing its work to develop relationships and co-working between providers.

Primary Phase

- 4.12 This phase of the ambition focusses primarily on a partnership approach with schools, the voluntary and community sector, activity providers, and the Children's University. The Children's University helps children and young people make friends, have fun, and most importantly, helps them develop key skills needed to succeed in their learning, work, and life.
- 4.13 Given that 93% of employers consider essential skills to be just as important, if not more important, than hard skills when evaluating job candidates, all activities validated through the Children's University link to the Skillsbuilder framework so that children, parents, and schools can reflect and build upon the skills being developed through participation.

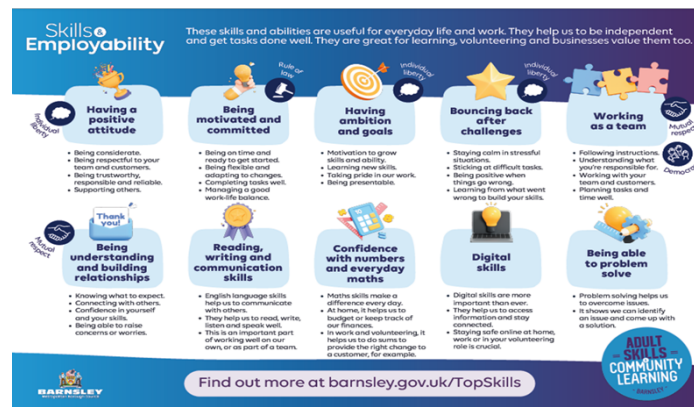


- 4.14 There are approximately 21,000 children in the primary phase. Positive feedback has been received from schools and students who took part in the pilot project of the Children's University programme. Seven schools are now fully signed up and a further 18 schools are showing an interest. 2,150 children are registered, totalling over 15,500 hours of logged activity. Work needs to be done to ensure that schools with the highest levels of deprivation and lowest educational attainment engage with the scheme to ensure that the gap between those who are disadvantaged and those who are less so is not widened.
- 4.15 All schools are grappling with the same challenges – namely attendance, inclusion, and suspensions – and coproduction, cooperation, and working as a sector are key to improving outcomes for all children and young people across the whole of the borough. Data and intelligence is shared where necessary and officers regularly meet with education leaders to build relationships and encourage equitable access to opportunities for all.
- 4.16 Work with health partners is key to supporting children and young people in achieving at this stage. Public Health have developed a good offer for schools to engage with and officers are connecting with health boards to build relationships and strengthen partnerships. Some primary schools offer a higher quality of Social, Emotional & Mental Health (SEMH) support than others.
- 4.17 Barnsley took part in the Start Small; Dream Big pilot, which is part of the government's drive to ensure all young people are supported to develop the right skills and knowledge to enable them to thrive in their future careers. Research shows that children can fix their aspirations and create

future-limiting stereotypes by as young as six years of age. Research has also shown that Career-Related Learning (CRL) can widen aspirations and challenge stereotypes so that children keep an open mind about the world of work as they move through education. Now, career options are starting to be explored at primary stage through the work of the Growth and Skills team.

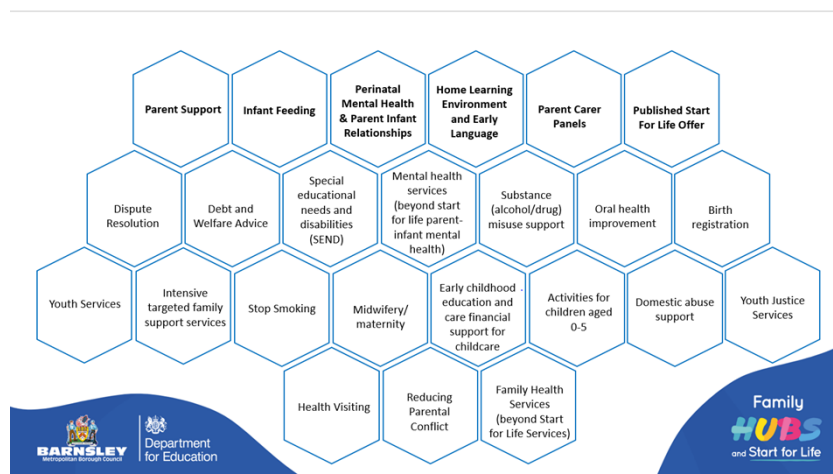
Secondary & Beyond

- 4.18 Whilst educational attainment fairs well at primary stage, there is a noticeable decline at secondary level and absence and exclusions are an issue. Attitude and aspirations account for a staggering 22% of the socioeconomic gap at GCSE attainment.
- 4.19 The aspiration for the secondary phase of the ambition is to:-
- Provide an online platform to capture extracurricular activities, self-led, and reflective learning
 - Promote and encourage volunteering and work experience opportunities
 - Support transition to further education and employment
 - Support the development of digital CVs that link to the skills and attributes that support employability
 - Widen curriculum development, character building, and mentoring by enabling access to trusted adults
 - Identify off-site and residential opportunities, including volunteering
 - Work with parents, carers, families and the wider community
 - Engage with businesses to support young people to develop the skills and attributes to support employability
 - Provide extra support to ensure all young people can achieve good GCSEs in English and Maths with digital skills development through the 'Every Child a Coder' programme
- 4.20 Following on from the success of the Children's University at primary phase, a suitable model is being developed for secondary school age and engagement is underway with Horizon school to understand what that offer should look like.
- 4.21 Mental health support in secondary schools is more comprehensive than in primary, with secondary schools having wellbeing leads within their structure, however, there has been a noticeable increase in emerging need in this cohort that has not previously been identified.
- 4.22 The development of the Youth Zone will provide opportunities for this age group, however work needs to be done to take this type of work out into communities.
- 4.23 The Targeted information, Advice & Guidance (TIAG) service offers a wide range of support to ensure that young people are work ready, including:-
- personal advisors for young people from Year 9, focussing support on Looked After Children (LAC), those with an Education, Health & Care Plan, in contact with the Youth Justice Service (YJS), or those who are Electively Home Educated
 - work with additional 'at risk' groups through grant funding (Pathways to Work)
 - a Careers Consultant provides support to secondary schools and Further Education providers to deliver their statutory functions in terms of careers education and the 8 Gatsby Benchmarks of good careers education
 - connecting schools with employers
 - working in partnership with the Department for Work & Pensions (DWP) to support those aged 18-24 who may be claiming Universal Credit



Family Hubs

- 4.24 In 2021, the Government published the report 'Best Start for Life; A Vision for the 1001 Critical Days', a vision based on six action areas and 29 individual actions to deliver a step change in outcomes for babies and adults.
- 4.25 In February of 2023, the Government announced that Barnsley would be awarded a grant to establish Family Hubs which would build on the existing early help offer in Barnsley. The six Family Hubs offer information, help and support to families from conception up until age 19 (or 25 for young people with SEND). They bring together staff working across a range of different services, including the council, health, and education, along with voluntary and community organisations. The ethos is the right help, in the right place, at the right time. In addition to the six hubs based in localities, support is offered in community venues and online, and there is now a recently developed offer within the Glass Works/Market Kitchen.
- 4.26 The early help and support provided by the various services via the Family Hubs aims to empower families and to help them overcome any barriers they may be facing that prevents them from moving forward. There are parent peer support groups and families are involved in shaping the offer.

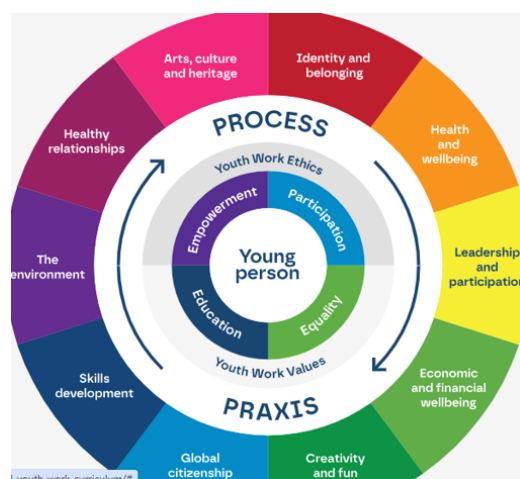


- 4.27 There are currently 16,900 individuals engaging with Family Hubs across Barnsley and this has increased rapidly over recent months. Promotional activity has been ongoing, and a festival was held in the town centre where 800 information packs were distributed – this is scheduled to be repeated in the summer of 2025. Residents can walk-in/self-refer or be signposted by a professional. There are also Early Help Navigators working on wards and in A&E at Barnsley Hospital. Data dashboards show who is engaging, and what they are engaging with, and this information can be used to shape the offer and target support. Data is also collected so that they can build a picture by layering information relating to school attendance, attainment etc to build an evidence base for interventions.

- 4.28 There has been a large upturn in demand, and a booking system has been developed to try and manage it. The Hub managers are acutely aware that there is significant need across communities, with some services under more pressure than others, and to ensure they are reaching all sections of the community, including those with protected characteristics, they are looking at the flexibility of the offer, including whether offering some services on weekends and evenings would be viable.
- 4.29 Staff demonstrate an enthusiastic and passionate approach and have a tenacious attitude, engaging with schools and families to highlight the value of the hubs as a positive space and increasing engagement with a view to improving outcomes. For those less likely to engage, they try to demonstrate the value this brings by sharing lived experience of those who have already worked with the hubs. The service is also keen to work more closely with Area Councils and Ward Alliances and is already looking at how this can be approached to add the most value.
- 4.30 Whilst there is a strong focus on support for families with younger children, support for older children/young adults is not as strong. The youth service is co-located in some of the same spaces, and Compass Be deliver drop in emotional health and wellbeing sessions and attend community events, however, it is acknowledged that the offer for older children/young people needs to be widened and the service would benefit from listening to the voice of young people and families to understand how to develop this further.
- 4.31 Challenges that need to be overcome include funding, sustainability, workforce stability, capacity to do engagement work, and wider partnership working.

Targeted Youth Support

- 4.32 The local authority has a statutory obligation to ensure there is a sufficient youth service offer. Targeted Youth Support delivers building and street based interventions to prevent the need for a system-based response when issues escalate. It provides essential structure; agency; appropriate role models; and exposure and challenge to take on new opportunities; encouraging young people aged 11-19 (up to 25 years old with additional needs) to broaden their horizons, develop skills, and become active citizens. Targeted support is offered in the form of 1-2-1 sessions, as part of a group or project, and is delivered by qualified youth workers.
- 4.33 The service currently works with schools and academies across the borough, addressing areas such as online safety and exploitation. There is a desire to create more opportunities for every child in Barnsley, not just those at greatest need or those who are disadvantaged. The GCA will fund two Youth Work teams across two secondary areas and the ambition is to see these teams working as a bridge between schools and their communities to offer support where most needed. The initial pilot will start from April 2025 to design and develop an enhanced school and community based youth offer, including for those who are electively home educated. It may also fund sector support to Barnsley's Youth Alliance model and other partnerships to facilitate collaboration, workforce development, training, and joint-working – enriching and expanding the local youth offer.
- 4.34 The National Youth Work Curriculum is a flexible framework which allows youth workers to identify how their interventions and activities can be used to support the personal, social and political development of young people. This can have a positive impact upon health and wellbeing; attendance; behaviour; safety and safeguarding; and development and enrichment.



Emotional Health & Wellbeing Offer

4.35 The Integrated Care Board currently commissions the following to support young people's mental and emotional wellbeing:-

- Compass Be – Mental health support teams in all schools (100% coverage) and specialist support
- Child and Adolescent Mental Health Services (CAMHS)
- Chilypep
- Kooth – online and digital, young people access this themselves
- Branching Minds is the single point of contact for ALL children and young people up to the age of 18 (or 25 for those who are care experienced) registered with a GP or attend a Barnsley school. All those referred in are triaged for mental and emotional health and wellbeing needs

4.36 Emotional health and wellbeing inset training days for school staff are delivered, and are co-produced with multi-agency services. The training day is very comprehensive, enables connections and the building of relationships between professionals in the education settings and professionals from a variety of organisations/services (including Barnsley Sexual Abuse and Rape Crisis Services (BSARCS), Independent Domestic Abuse Service (IDAS), 0-19s Public Health Nursing Services, Virtual School, SEND Improvement, Compass Be, Educational Psychology, Chilypep, Youth Justice, Early Help, Public Health etc), and also provides resources to be used in schools, including 30 emotional health and wellbeing support boxes.

4.37 The Great Childhoods Ambition is proposing to build on the inset training days with a relational approach programme called When the Adults Change which offers strategies for behaviour management in schools.

4.38 A young people's group, Just Us, is involved in planning and decision making around emotional health and wellbeing and they have co-produced a video to show the importance of supporting each other to work through emotional issues as soon as possible, to help young people's mental health resilience.

Holiday Activities & Food Programme

4.39 Part One of the two-part National Food Strategy (2021) contained urgent recommendations to support the country through the turbulence caused by the COVID-19 pandemic, and to prepare for the end of the European Union (EU) exit transition period on 31 December 2020. It focused on making sure a generation of our most disadvantaged children do not get left behind, and grasping the once-in-a-lifetime opportunity to decide what kind of trading nation we want to be. Recommendation 2 of the report states that the Government should extend the Holiday Activity

and Food Programme to all areas in England, so that summer holiday support is available to all children in receipt of free school meals.

- 4.40 The Holiday Activity and Food (HAF) programme has been supporting children and families in the school holidays since 2018 and was significantly expanded in light of the pandemic and the recommendation in the report. The programme was supported and promoted by Marcus Rashford in his campaign to end food poverty.
- 4.41 The scheme is funded by the Government (Department for Education) and in Barnsley (known as the Healthy Holidays programme) it runs in the Easter, Summer and Christmas holidays. The purpose of the programme is to support families who need help to access food and activities to keep their children healthy through the school holidays. Children who are in receipt of free school meals have the opportunity to access a free place at Healthy Holidays clubs where they can engage in activities and eat a nutritious meal.
- 4.42 It is recognised that children from more well-off backgrounds are more likely to engage in and be exposed to enriching activities. Some children have less exposure outside of school and the Healthy Holidays programme aims to offer activities to those who may not have access to those type of experiences and opportunities, thereby aligning with the Great Childhoods Ambition.
- 4.43 In 2024, the grant Barnsley received totalled £1,057,820. The Council manages the grant and commissions clubs to provide the activities and food. Sadly, to date, grant conditions are incredibly prescriptive:-
- Clubs have to provide a minimum of 60 minutes physical activity per session
 - Each session has to be 4 hours long
 - Food provision has to be to school meal standard and preferably a hot meal
 - There have to be activities linked to nutrition
 - The grant can only be spent during the main holidays, not during half terms
- 4.44 Commissioners looked at the local market to understand the provider base and what young people want, and worked with the school meals team, libraries and museums to tap into activity programmes already in existence. The offer has developed over the years and the standard of provider has been described as excellent, with Grassroots Sports Academy in Cudworth given as an example of good practice, as they have used the grant to provide sessions on trampolining, parkour, football, running groups etc.
- 4.45 For children who may have additional needs or may need adjustments, commissioners work with the parents to understand what the child is interested in and then work with the providers to make adjustments so that they can be accommodated. They try to ensure that sessions are as inclusive as possible but if a child's needs cannot be met then food vouchers are provided instead.
- 4.46 Strong systems have been established to identify and target those who are eligible for the programme to ensure that the grant conditions are being met, and this compares favourably against other local authorities. However, abiding strictly to the grant conditions and getting children who meet the eligibility criteria to actually engage, is an ongoing challenge due to a number of identified barriers:-
- There still seems to be a stigma attached to being in receipt of free school meals. Whilst children of primary age are not necessarily aware of this, it does become a major barrier for those in secondary school
 - Those who are eligible for the programme will not attend if their friends, who are not eligible, cannot attend

- Sessions have to be pre-booked by those wishing to attend, there is no spontaneity, and this is a challenge for older children as they want a 'drop-in' offer so the programme does not successfully reach teenagers
- Many families want to spend time together during the holidays, but feeding adults is not permitted so the children don't attend

4.47 These challenges result in the clubs running at less than full capacity with limited reach. Commissioners are confident that, if the eligibility criteria was expanded or relaxed slightly to capture those on the 'edge' of qualifying for Free School Meals (FSM) or those who have been identified as needing support, then this would increase participation of those actually on FSM and would deliver value for money. To expand reach, they would also be interested in developing the offer, for example by tagging onto existing community events and providing street food for families in identified areas of deprivation, but current grant conditions are stifling flexibility, collaboration, creativity, and innovation.

5.0 CONCLUSION & RECOMMENDATIONS

- 5.1 Reducing inequalities and not widening the gap is key so that no child is left behind. Although opportunities should be available to all, efforts should be targeted towards those who are less advantaged. This includes raising aspirations, changing attitudes, and demonstrating the value in participating in activities.
- 5.2 Barriers to learning and wellbeing need to be removed to allow children and young people to engage, thrive, and achieve. There needs to be a full understanding of what prevents young people from moving forward, so that effective targeted support can be offered.
- 5.3 Whilst the offer for the primary phase is commendable, there needs to be an equal offer for those aged 11+ so that they can become successful, independent adults. It is also quite clear that the wider impact of Covid continues to be felt and evidence demonstrates the value of investing in good quality early years provision and support, particularly for the first 1001 days.
- 5.4 Engagement with young people and families will be key to gathering qualitative data which will inform decision making, and prevent disparity between the offer and actual need. This means reaching out to those who don't normally engage, not just the 'usual suspects'. There is also a role to play in supporting health partners to understand the Great Childhood Ambition and how they can contribute.
- 5.5 Whilst recognising there is lots of evidence of good practice and plans in place to tackle the challenges, the TFG have made a number of 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 feel there are a number of practical steps that can be taken by the committee and the Council -

Recommendation 1 – Provide targeted support for Early Years Providers to increase take-up of the funding entitlement from the local inclusion grant. To help early years providers meet the needs of those with lower level or emerging special education needs, providing extra resources and help, so that support can be put in place as early as possible.

Recommendation 2 – Provide targeted support for those who are disadvantaged who are not in a childcare setting to increase the number of children achieving a Good Level of Development (GLD) by the time they start school. It is clear from the data that there is already a gap between those who are considered disadvantaged and other children within the same cohort by the time they start school, particularly following Covid, and hopefully this would go some way to narrowing that gap.

Recommendation 3 - Target the offer to increase the number of children and young people who are disadvantaged, and those who are home educated, who actively engage with the Children's University and Skillsbuilder scheme. Members do not wish to see any child left behind due to their circumstances or the choices made. Therefore, this recommendation has been made to make sure that all children get the same opportunities, regardless of starting point, or where they live, and to ensure that the gap between those who are privileged and those who are less so does not widen. To encourage take-up there needs to be thought put into demonstrating the value of engaging in such a scheme and the wider benefits this brings.

Recommendation 4 – Identify ways to increase the take up of Free School Meals (FSM). Members would like to see an increase in the percentage of those who are eligible who actually claim, and eat, a free school meal. As well as providing nutritious meals and the benefits this brings, it also attracts additional funding for schools to provide additional support for those classed as disadvantaged and opens doors to other opportunities.

Recommendation 5 – Ensure there are effective training and development opportunities for schools to help identify specific need and to raise awareness of the pathways to support. To support those who work in schools, and those who may have additional needs, training and development needs to be assessed to ensure that processes are robust and put into practice. Pathways to support need to be clearly identified so that parents and carers fully understand how to effectively navigate the system and get the support they need for their child.

Recommendation 6 – Work with partners to fully understand the underlying causes, and effectively address barriers to good attendance and engagement with mainstream education, particularly in relation to Social, Emotional, and Mental Health (SEMH) issues, and for those who are Electively Home Educated (EHE). Effective interventions cannot be put in place to support learning unless the underlying causes are fully known. By tackling these barriers it is hoped that this will have a positive impact upon attendance, exclusions and education outcomes (particularly at GCSE level), and facilitate a return to mainstream education for those who have elected to be educated at home because their needs were not being met by the system.

Recommendation 7 – Focus on levelling up the 'offer' for those aged 11+ so that there is equity across all age groups and to increase educational attainment at GCSE stage. Although members are aware that there are plans to develop the offer for those aged 11+, at the time of the investigation, it was clear that this area of work was not as well developed as for those in the primary phase. By levelling up the offer, it is hoped that it will give equal access to opportunities and will build on the success at primary stage as those cohorts move into the next stages of life, enabling them to develop the skills needed to become a successful and active citizen as they transition into adulthood.

Recommendation 8 – Develop a mechanism to constantly gather qualitative data to understand what children and families think a 'Great Childhood' looks like and where they need support. Members are conscious that there needs to be ongoing dialogue to ensure synergy between the needs of children, young people and families and the strategies developed by decision makers. A 'great childhood' will look different for each individual child, with some challenges easier to address than others. Anecdotal evidence suggests that young people are particularly interested in practical life skills, such as budgeting, and becoming an active citizen, and these views need to be considered when developing the ambition. Work needs to be done to ensure that all sections of the community are represented in engagement activity, including Young Carers and those with Special Educational Needs and/or Disability (SEND)..

Recommendation 9 – Link in with local employers to identify gaps in the labour market and promote those careers across the borough, along with the full range of Post 16 options. There are likely to be specific job roles that are difficult to fill across the borough.

Members would like work to be done to understand these gaps and promote them accordingly, to all ages. Promotion work would also be beneficial to highlight the Post 16 opportunities for those who are less likely to achieve at GCSE level and may want to continue with their learning, set up a business, or pursue more creative or practical careers.

Recommendation 10 – The Committee should lobby the Government, requesting a change to the grant conditions attached to the Holidays and Food Programme. Members were disappointed to hear that the grant conditions applied by the Government are stifling innovation, creativity and reach, which in turn does not deliver value for money, and will write to the Department for Education requesting a review of the guidance.

Recommendation 11 – The Committee should add Elective Home Education to their work programme for 2025. Members share officers concerns about the increasing number of children being electively educated at home. They would like a report to be presented to the committee to fully understand the reasons, the risks, and the work being done to support those educated at home as part of their work programme for the 2025/26 municipal year.

Recommendation 12 - The Committee should request an All Member Information briefing on the Youth Zone so that members can fully understand what this will look like and the services available to young people. Whilst members were keen to see youth work continue in their local areas, there is a desire to understand what the Youth Zone will actually look like, the services on offer, and what it hopes to achieve. They would also like this offer extended to all elected members, delivered through an All Member Information Briefing (AMIB). The Cabinet Member for Children’s Services has already extended an invite to Members of the TFG to visit the Youth Zone before the official launch.

6.0 NEXT STEPS

6.1 The report is presented to the Committee for discussion and approval. Once approved by the Committee:-

- the Task and Finish Group Leads and the Chair of the Committee will present the report to Cabinet (for information only unless any recommendations are subject to a key decision).
- Scrutiny Officers will work with lead officers to provide an appropriate response report within the guidelines and timescales of the Terms of Reference for the Committee and the Council’s Constitution. The response reports will be added to the work programme of the Committee at the most appropriate time.

6.2 It should be noted that although there are no direct implications from this report; in preparing the response, the appropriate officers/services should fully assess and identify any implications relating to legal, finance, risk, equality, communications and employees that may impact the service as a result of the recommendations made by the committee.

7.0 GLOSSARY

ASD	Autism Spectrum Disorder
AMIB	All Member Information Briefing
BSARCS	Barnsley Sexual Abuse and Rape Crisis Service
CAMHS	Child & Adolescent Mental Health Services
CRL	Careers Related Learning
DfE	Department for Education
DWP	Department for Work & Pensions
EHA	Early Help Assessment
EHCP	Education, Health & Care Plan
EHE	Electively Home Educated

EU	European Union
FSM	Free School Meals
GCA	Great Childhood Ambition
GLD	Good Level of Development
HAF	Holiday and Food (Programme)
IDAS	Independent Domestic Abuse Service
LAC	Looked After Children
OSC	Overview & Scrutiny Committee
PSED	Personal, Social, and Emotional Development
SALT	Speech and Language Therapy
SEMH	Social, Emotional, and Mental Health
SEND	Special Educational Need and/or Disability
TFG	Task and Finish Group
TIAG	Targeted Information, Advice & Guidance
YJS	Youth Justice Service

8.0 BACKGROUND PAPERS

[Barnsley Joint Strategic Needs Assessment](#)
[Barnsley Council's Great Childhoods Ambition](#)
[Levelling Up for Children - The Centre for Social Justice](#)
[The best start for life: a vision for the 1,001 critical days - GOV.UK](#)
[An Evidence Based Approach to Supporting Children in the Pre-School Years: Chld of the North](#)
[Free Childcare Guidance - GOV UK](#)
[An introduction to Children's University](#)
[An Introduction to Skillsbuilder Partnership](#)
[Careers boost for young people - GOV.UK](#)
[Primary school pilot to help children dream big about their future careers | The Careers and Enterprise Company](#)
[Good Career Guidance | Education | Gatsby](#)
[Skills and employability support](#)
[Pathways to Work Commission](#)
[Family hubs](#)
<https://youtu.be/n2YdpXrdOzQ>
[Early help and targeted support for young people](#)
[National Youth Work Curriculum - National Youth Agency](#)
[Children's emotional health and wellbeing](#)
[HOME | WhenTheAdultsChange](#)
[The National Food Strategy - The Plan](#)
[Healthy Holidays: holiday activities and food programme](#)

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