BARNSLEY
Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 7 June 2016
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

1 Declarations of Pecuniary and Non-Pecuniary Interests

2 Minutes of the Board Meeting held on 5th April, 2016 (HWB.07.06.2016/2) *(Pages 3 - 6)*

3 Minutes from the Children and Young People's Trust Executive Group held on 17th March, 2016 (HWB.07.06.2016/3) *(Pages 7 - 18)*

4 Minutes from the Provider Forum held on 9th March, 2016 (HWB.07.06.2016/4) *(Pages 19 - 24)*

Performance

5 BCF Plan 2016/17 (HWB.07.06.2016/5) *(To Follow)*

For Decision/Discussion

6 Draft Refreshed Health and Wellbeing Strategy - initial consultation (Presentation) (HWB.07.06.2016/6)

7 Annual Report of the Director of Public Health - (Including Presentation) (HWB.07.06/2016/7) *(Pages 25 - 80)*

8 Mental Health Strategy, Action Plan and 'You Said, We Listened' Report (HWB.07.06.2016/8) *(To Follow)*

9 Tobacco Action Plan/ Smoke Free Barnsley (HWB.07.06.2016/9) *(Pages 81 - 112)*

10 BMBC Housing Strategy (Presentation) (HWB.07.06.2016/10)

11 Accountable Care Partnership (HWB.07.06.2016/11) *(To Follow)*

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson - Communities
Diana Terris, Chief Executive
Rachel Dickinson, Executive Director People
Wendy Lowder, Interim Executive Director Communities
Julia Burrows, Director Public Health
Nick Balac, NHS Barnsley Clinical Commissioning Group
Lesley Smith, NHS Barnsley Clinical Commissioning Group

Tim Innes, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Steven Michael OBE, South West Yorkshire Partnership NHS Foundation Trust
Richard Jenkins, Barnsley Hospital NHS Foundation Trust

Please contact Peter Mirfin on 01226 773147 or email governance@barnsley.gov.uk

Friday, 27 May 2016

BARNSLEY Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 5 April 2016
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson - Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Interim Executive Director Communities
Carrie Abbott, Service Director, Public Health
Nick Balac, NHS Barnsley Clinical Commissioning Group
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
James Drury, South West Yorkshire Partnership NHS Foundation Trust
Steve Wragg, Barnsley Hospital NHS Foundation Trust

45 Declarations of Pecuniary and Non-Pecuniary Interests

Councillor Platts declared a non-pecuniary interest in minute number 51in her capacity as a Member of Barnsley Hospital NHS Foundation Trust Governing Body, insofar as the discussion referred to the Trust.

46 Minutes of the Board Meeting held on 2 February, 2016 (HWB.05.04.2016/2)

The meeting considered the minutes of the previous meeting held on 2nd February, 2016.

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

47 Minutes from the Children and Young People's Trust Executive Group held on 5 February, 2016 (HWB.05.04.2016/3)

The meeting considered the minutes from the Children and Young People's Trust Executive Group held on 5th February, 2016.

The meeting noted in particular the progress in developing early help for families, the key factors in Barnsley's success in reducing still births, and proposals to work closely with HealthWatch on safeguarding issues and become more engaged with primary schools.

RESOLVED that the minutes be received.

48 Minutes from the Barnsley Community Safety Partnership held on 25 February, 2016 (HWB.05.04.2016/4)

The meeting considered the minutes from the Community Safety Partnership held on 25th February, 2016.

The meeting noted in particular the partnership work undertaken to develop the approach to Domestic Homicide Reviews and the impacts achieved through the restorative justice project (Neighbourhood Resolution).

RESOLVED that the minutes be received.

49 Minutes from the Stronger Communities Partnership held on 16 February, 2016 (HWB.05.04.2016/5)

The meeting considered the minutes from the Stronger Communities Partnership held on 16th February, 2016.

RESOLVED that the minutes be received.

50 Health and Wellbeing Strategy Development Update (HWB.05.04.2016/6)

The board received an update on the development of the Health and Wellbeing strategy, 2016-19, noting the progress made to date. Also noted was the process and the associated timescales for developing the strategy.

The meeting noted the five key outcomes proposed for the strategy, set out at paragraph 3.4 of the report, which would form the basis of the work programme. Members commented on the need to ensure that work on the strategy and the Sustainability and Transformation Plan (see minute 52 below) was fully coordinated, and were reassured that this was the intention.

Members commented on the need to ensure that the strategy focused on those areas of activity where joint working under the Board could make a difference.

RESOLVED that:-

(i) The progress to date and proposed timescales for consultation and completion of the revised strategy be noted;

(ii) The following five key outcomes be approved as the basis of the strategy:-

- Children start life healthy and stay healthy
- People live longer, healthier lives
- Health inequalities are reduced
- People live in strong and resilient families and communities
- People have improved mental health and wellbeing

(iii) The timescales for the draft Annual Report (2015/16) be approved to coincide with the timescales for performance and subsequent schedule for the development and implementation of a revised partnership communication plan.

51 Better Care Fund - Update (HWB.05.04.2016/7)

The item was introduced by Jade Rose, the Head of Commissioning for Integration and Partnership from NHS Barnsley Clinical Commissioning Group. It was noted that the plan for 2015/6 would roll forward into 2016/7, although the performance element and associated financial penalties would no longer apply. The details would be agreed in coming weeks through the SSDG arrangements.

Members noted the position on performance set out in the report, and the continuing adverse trend in respect of non-elective hospital admissions. A working group had been established to address this issue, and was due to report to SSDG on future actions, although Members emphasised the need for clarity on key activities proposed to improve performance.

RESOLVED that**:-**

(i) The contents of the report including the proposed approach and timescales for developing the BCF plan for 2016/17 be noted;

(ii) Authority be given to the Executive Director – People and the Chief Officer - NHS Barnsley CCG, to agree the the final plan in consultation with the Chair and Vice Chair to ensure national submission deadlines can be met;

(iii) SSDG brings forward an action plan identifying the key activities proposed to improve performance, particularly in relation to non-elective hospital admissions.

52 Development of the Sustainability and Transformation Plan (HWB.05.04.2016/8)

The item was introduced by Jade Rose, the Head of Commissioning for Integration and Partnership from NHS Barnsley Clinical Commissioning Group. The meeting noted the progress in developing a regional Sustainability Transformation Plan (STP), and the local focus to consider three gaps in Barnsley in relation to Health and Wellbeing, Quality and Outcomes, and Finance and Efficiency through a sub group of the SSDG.

This group had agreed that all partners would support the development of the regional STP, recognising the challenging timescales, and that there was a need to develop a single integrated transformation plan for Barnsley. Four initial key priority areas had been agreed as: Urgent Care and Complex Patients; Adult Social Care; Early Help and Prevention; and Primary and Community Care Workforce Capacity.

Members commented on the need to agree the end point of the proposed transformation work, and map out in diagrammatical form how this would be achieved. Regular reports to the Board were needed to outline the progress being made towards this. It was important that this was then used to guide individual decisions. Concern was expressed about how activity was prioritised and where resources were deployed to get the best out of the STP. The board noted the importance of establishing guiding principles in this context.

RESOLVED that:-

(i) the information within the report be noted;

(ii) Members support and engage in the development of the regional Sustainability and Transformation Plan;

(iii) The development of a single transformation plan across Barnsley be supported;

(iv) a route map be brought forward to the Board that will illustrate in diagrammatical form the direction of travel arising out of the Sustainability and Transformation Plan to provide a context for the deployment of resources; and

(v) arrangements be made to share with the Board relevant information from the fortnightly up-dates on Sustainability and Transformation Plan progress received from NHS England.

53 Transforming Care Barnsley's Adult Learning Disability Work Programme (HWB.05.04.2016/9)

The board welcomed the Senior Commissioning Manager to give a presentation on the Transforming Care agenda.

Members noted the requirements placed on commissioners to work collaboratively across regions to deliver fundamental change, ensuring admissions for people with learning disabilities, and their length of stay in hospital is reduced.

The Board noted the partnership arrangements which had been established with Wakefield, Calderdale and Kirklees, and the drafting of the Transforming Care Plan, which had initially been submitted to NHS England on 8th February, 2016.

The meeting noted that the timescales for preparation of the plan had not allowed full engagement with service users and carers. Work was in hand to rectify this as the plan was developed further, although it important that this involvement was encouraged, rather than merely invited.

The meeting noted the challenge of promoting independence for service users, in the context of what this might mean for carers, and the work that was being done to address this. This included work with schools as part of the annual review for children with learning disabilities and other needs as part of an holistic approach.

RESOLVED that**:-**

(i) The fundamental work being undertaken to improve care, support and lifetime outcomes for people with a learning disability in Barnsley be noted;

(ii) The requirements of NHS England to transform care for those people in in-patient settings or 'at risk of admission' due to periods of mental illness and/or challenging behaviour be noted;

(iii) The content of the Transforming Care Plan be approved;

(iv) The proposed governance arrangements for the delivery of the Transforming Care Partnership and the Adult Joint Commissioning Group be approved.

54 BMBC Housing Strategy (HWB.05.04.2016/10)

RESOLVED that the item be deferred to the Health and Wellbeing Board scheduled to be held on 7th June, 2016.

Chair

Minutes of the Children and Young People's Trust Executive Group Meeting held on 17 March 2016

Present

Core Members

Brigid Reid (Chair)	Barnsley CCG, Chief Nurse
Mel John-Ross	BMBC, Service Director of Children's Social Care and Safeguarding
Gerry Foster-Wilson	Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools
Sean Rayner	SWYPFT District Director Barnsley/ Wakefield
Nigel Middlehurst	Voluntary Action Barnsley, External Services Manager
Dave Whitaker	Executive Headteacher, Representative of Secondary Headteachers
Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Tim Innes	South Yorkshire Police Chief Superintendent (Barnsley Commander)

Deputy Members

Diane Lee	BMBC Head of Public Health (for Penny Greenwood)
Jayne Hellowell	BMBC, Head of Locality Commissioning and Healthier Communities (for Wendy Lowder)
Karen Markham	Barnsley College (for Jenny Miccoli)

Advisers

Richard Lynch	BMBC, Head of Commissioning, Governance and Partnerships
Julie Green	BMBC, Strategic Lead, Procurement and Partnerships
Anna Turner	BMBC, School Models and Governor Development Manager

In attendance

Rebecca Clarke	Public Health Specialist Practitioner (for item 7)
Amanda Glew	BMBC Organisation Development Manager (for item 9)
Carol Stringer (Minutes)	BMBC, Contracts and Relationships Officer

		Action
1.	**Apologies:** Rachel Dickinson — BMBC, Executive Director: People Margaret Libreri — BMBC, Service Director for Education, Early Start and Prevention Penny Greenwood — BMBC, Head of Public Health, Health protection Jenny Miccoli — Barnsley College, Vice Principal Teaching, Learning and Student Support Wendy Lowder — BMBC, Service Director for Stronger, Safer and Healthier Communities Denise Brown — Governance, Partnerships and Projects Officer *The chair expressed that good wishes be communicated to Denise after her recent trauma on behalf of herself and TEG members.*	

		Action
2.	Identification of confidential reports and declarations of any conflict of interest Report for agenda item 12, Continuous Service Improvement Plan and DfE Review in April is to be treated as confidential and is not for further distribution. No conflicts of interest were declared.	
3.	Minutes of the Trust Executive Group meeting held on 5 February 2016 The minutes of the meeting were approved as an accurate record.	
3.1	Action log/ matters arising Actions arising from 5 February 2016: • Item 4.1 – Briefing by Ray Powell, Prevent Coordinator, to be circulated to TEG members remains outstanding. • Item 4.2 – MJR confirmed that a letter had been sent to DfE highlighting concerns re. a lack of safeguarding checks for children educated at home, copied to the Chief HMI and Regional Ofsted lead. • Item 5.1 – Still births in Barnsley. Communities Directorate and developing Family Centres to be made aware of the risk factors during pregnancy, including smoking. To be taken into account when making commissioning decisions. This item was to be secured in writing. • Item 5.2 – Concern that the 'smoking cessation' service had been decommissioned to be relayed to commissioners' remains outstanding. BD advised of a communication received from NHS England regarding Quarter 3 (Oct 2015 to Dec 2015) Statistics on Women's Smoking Status at Time of Delivery, and would circulate this to TEG members. • Item 6.2 – Discussion as to how Healthwatch could extend its work into primary schools remains outstanding and GFW confirmed that this would be actioned during the summer term. • Item 7.1– re. Early Help model development, members to enforce the message that early help is everyone's responsibility. This was discussed at the Safeguarding Board on the Friday the 11th March. • Item 7.2 – Early Help Steering Group to collect examples of early help in action; consider short video clips to illustrate examples of successful early help interventions; and join up early help effort. Nina Sleight is working on an action plan to address Early Help. • Items 14.1 and 14.2 – Joint TEG/BSCB Risk Register, MJR confirmed that Rachel and Mel were working on the Risk Register prior to it coming back to TEG.	Bob Dyson Keith Dodd Rachel Brigid Gerry /Carrianne Stones Margaret Libreri MJR/RD
4.	Child Health Programme Board (Diane Lee) The following items previously discussed at the Child Health Programme Board were highlighted: • Previously been agreed at TEG that this board would be stood down and 5 workstreams had been identified as needing to continue, Public Health have been looking to see where the work would naturally fit and if it could be captured by other groups. All the workstreams had been diverted as below, with the exception of 'breastfeeding': - Childhood Obesity – Rebecca Clarke - Smoking in Young People – Diane Lee and Tobacco Control Alliance - Healthy Start – Will be picked up as part of the 0-19 commissioning arrangements.	

		Action
	- Oral Health – Anita Dobson – this is a Public Health priority - Breastfeeding – still to be determined. DL agreed to provide more detail regarding the workstreams to ensure that the work is not lost. Discussion followed regarding allocating the breastfeeding workstream and it was agreed that Diane Lee, Jayne Hellowell and Sue Gibson would meet to look at the work that had gone before and consider how this can be picked up. Sean Rayner suggested that an appropriate representative should also join the meeting from SWYPFT and he would inform who. The outcome of this piece of work would be brought back to the TEG meeting on 17 June 2016. ***Post Meeting Note – SWYPFT nominated representatives:*** *Helen Mills for the Breastfeeding group* *Emma Pye for the Teenage Pregnancies group.* **The Trust Executive Group agreed to:** • Formally record that the Child Health Programme will stand down. • Endorse the approach to realign the workstreams within other groups with particular emphasis being applied to breastfeeding to ensure that work is not lost. • Receive an update to TEG alongside a report at the 17 June 2016 meeting.	Diane / Jayne/ Sue Sean Forward Plan
5.	<u>Public Health Strategy</u> (Diane Lee and Rebecca Clarke) A report was previously circulated detailing the Healthier Happier Barnsley as the three-year Public Health Strategy for the borough. The Strategy demonstrates the commitment of the council to work with partners to actively improve the health of all people living in Barnsley. The report outlines the Public Health vision 'children have the best start in life and everyone enjoys a happy healthy life wherever they live and whoever they are' and includes four long term public health outcomes as well as three short term public health priorities supported by action plans: • Improving the oral health of children • Creating a smoke-free generation • Increasing levels of physical activity Diane informed that this was the first review and progress report after being through SMT, CCG and Health, SSDG, the H&WB Board and was approved by Cabinet in December 2015. Rebecca Clarke, Public Health Specialist Practitioner, gave a presentation on the Public Health Strategy and the following points were highlighted: • Differences in male life expectancy in Barnsley and the inequalities across the geographical areas of the Borough • Details of how the Strategy links in with the areas of Future Council • Next steps – communication and dissemination, responsibility for the delivery of the Strategy and further work to maximise links between other plans and workstreams. Thanks were expressed to Rebecca for the presentation and comments and questions were invited:	

		Action
	• GFW asked if any links had been made with South Yorkshire Children's Sports Groups and the focus within education? GFW agreed to email Rebecca contact details. • SR suggested that quantitative data would be useful to target what we are aiming for. • BR asked how the 'mantra' can get to everyone to make this everyone's business and suggested that Rebecca talk to the Youth Council regarding the content and route of conversations and how this could be made to happen as this would also tie into the 'Voice of the Child'. BR also commented that there is evidence to support the notion that children can have influence on their families to help change adult behaviour and the One You is part of that message. The recent Sugar Tax and links into education to be explored. • DW and GFW commented on the previous curriculum links with Y8 smokers and that there was evidence that this had not been successful, therefore to look at the approach and maybe target younger year groups to get the message out early. DW also informed of a recent success with toothbrushing clubs and providing toothbrushes and toothpaste in school, but this was linked with funding and may have had a bearing. • JH suggested working with Food Banks and including toothbrushes etc in food packs. • MJR said that everyone has contact with children and all professionals could ask whether children were registered with a dentist and GFW informed that they had taken the opportunity to push such issues at pre-school assessments when Health Visitors, Practitioners and family are present. This pilot had been trialled at High View and Park Street schools. • BR suggested that an update on all five programmes could be rotated and brought back to TEG in turn starting with Breastfeeding in June 2016. RL and JG agreed to look at the work programme and plan this in as appropriate. • Rebecca confirmed that the Strategy would be formally governed through the Health and Wellbeing Board – review in December 2016. **The Trust Executive Group agreed to:** • Note the publication of the Strategy • Support the three action plans • Receive update reports on all five programmes of work at TEG.	Gerry Richard/ Julie
6.	<u>School Exclusions</u> – update and discussion on issues raised (Dave Whitaker) Dave Whitaker circulated information detailing figures compiled by the Data Team to show movement of children in secondary schools and explained the relevance of certain impacts and what the figures may represent. Thanks were expressed to DW for undertaking this piece of work. Discussion followed and comments and questions were raised: • A question was raised as to whether this was tied into the change of the Admissions Policy as you would expect the numbers to drop. DW explained that this information was simply raw data and would not show this detail. Further work could be commissioned to interrogate and track the data if this was required. • SR commented that no regional comparisons had been made and also would need to consider specialist provision in other local authorities. • EHE was noted as a concern as to where these children go. MJR noted	

		Action
	that there are safeguarding issues as the Government has lapsed governance arrangements around EHE • DW commented that child movement tends to be geographical and they move to other local schools. BR raised the issue of what would happen if the child was excluded again? DW said that this would need a little bit more sophisticated investigation and a separate piece of work would need to be picked up. • Concerns were expressed regarding academisation and that this problem could deteriorate rapidly as larger academy chains would draw the funding from the government. • BR asked if this had been taken to the Alliance Board as each pyramid is represented there and also the Safeguarding Board, as this is a safeguarding issue. It was suggested that a mission statement be taken to the Alliance Board with concerns regarding displaced children, SEND, Youth Offending young people etc to enable tracking. • MJR informed that PAQA are monitoring school exclusions and that a joint letter from RD and BD has been sent to the DfE in respect of our former policy which was challenged as illegal. It was agreed that RL would discuss with ML to ensure that this was tabled for Alliance Board consideration via the relevant sub-group (Behaviour and Attendance). This to be followed up at the next TEG meeting in April. • It was also suggested that there may be issues relating to funding and how this is following children around. **The Trust Executive Group agreed to:** • Note the raw data detailed as presented and recognise the implications which this may represent. • Escalate issues through the Safeguarding Board, sub-groups and Alliance Board. • Receive update reports at the next TEG meeting on 29 April 2016.	Mel/ Margaret/ Richard
7.	<u>Reducing Teenage Pregnancies/under-18 conceptions</u> (Rebecca Clarke) Rebecca informed that last week the 2014 figures were released showing each areas detail and comparisons of authorities work to reduce teenage pregnancies and under-18 conceptions. Rebecca reported there had been a slight decline since 2013 when results showed 40.9 per 1000, this figure was now 36.3 per 1000 with the figure for Yorkshire and Humber being 26.4 and National 22.8. *(Please see attached revised report re. under-16 conceptions)*. While the rate is reducing and the gap with other authorities narrowing, this is to be applauded, but Barnsley is still much higher than other local areas. It was felt that a discussion was needed to establish what we are doing, what is working well, and what our priorities should be. Comments and questions were invited: • RL asked what is the evidence of the impact nationally and is it anything to do with what we have done or societal changes? • DL stated that we need to look further into the Strategy, do we have an ambition? • MJR suggested that our ambition should be much higher even with a 4.6 per 1000 reduction (that is 3 times the national reduction). • DL suggested that we may need to set up a task and finish group to do a piece of work to further investigate the figures to inform our priorities. Representation from the following areas was agreed:	

		Action
	- Midwifery – BR to make contact and identify rep - School Nursing – SR to make contact and identify rep - Schools – DW to make contact and identify rep - Youth Council – Angela Kelly be contacted to identify a rep - Spectrum – Corporate Public Health Team to make contact and identify rep • DW offered that there may have been a culture shift in aspirations and more recently young people aiming to go to university – this could be a link, but do not know. • BR asked how much would be an active choice? Failed contraception? Availability and knowledge of contraception? What pathway does a young person have? BR also felt that the less medicalised it is, the better and maybe a role for School Nursing? BR had also carried out some research and found a paper on 'Empowering Young People through Effective PHSE and SRE' and agreed to circulate this to the group. • RL stressed the importance of tackling issues holistically in relation to risk taking behaviours as issues often don't present in isolation. The review of care pathways for vulnerable adolescents needs to link to this work. • GFW stated that the Wellbeing Centres were a 'hub' in schools for young people to drop in and access help/advice – does this still happen? • Karen Markham informed that the Barnsley College wellbeing centre is well used and actively publicised. • DL also said that the under-16s is a key area and also a safeguarding issue. Tim Innes also commented that understanding exploitation challenges is an issue with age inappropriate relationships, sexual offences, how does missing children link in? It was also suggested that we didn't know enough and more qualitative data would be valuable to get behind the figures. • RU Different presented to TEG in December 2015. RU Different was offered to all secondary schools in Barnsley. It was an intervention programme using social norms to reduce young peoples' engagement with risky behaviours. • Future in Mind Transformation Group? **The Trust Executive Group agreed to:** • Note the report of Reducing Teenage Pregnancies/ under-18 conceptions. • Support the time limited, multi-agency task and finish group to investigate the data further and inform action plans. • Receive a full report at the TEG meeting on 17 June 2016. *(Sean Rayner and Tim Innes left the meeting at 3:45pm)*	Brigid Mel
8.	<u>Children and Young People's Plan: Process for Monitoring Progress</u> (Julie Green) As detailed at the last meeting, Julie Green presented her thoughts and ideas on a process for monitoring the CYP Plan now that the Plan was in the final stages of production. Julie's proposals were as follows: a) TEG Work Programme - Champions to report on the strategic priorities at TEG meetings where they can give a more in-depth report to include the difference that is being made for children and young people.	

		Action
	b) In addition Julie proposed, along with Denise Brown, to produce a progress monitoring template to be completed by TEG champions on a quarterly basis in June, Sept, Dec and March. The level of detail to be agreed with TEG. The template to be pre-populated with as much information from the directorate performance report as possible so it is not onerous for the TEG champions and Julie will produce a cover report with appendices to present quarterly to TEG. Julie invited comments and questions from the floor: • BR said that she was sure the Champions would welcome anything that was not too onerous, but RL stated that the Champions would need to provide some narrative, but we could pre-populate from other reports. • JG was conscious of the need to not duplicate work. • Cllr Bruff sought clarification that any urgent items would be brought forward. • BR asked where we were at with the Plan now and JG reported that Healthwatch and the Parent/ Carer Forum had provided comments and the plan was currently with young people at the College who were designing the graphic's. Proofs of the document were expected back this week. • RL reported that feedback from the Parent/ Carer Forum was that they felt that SEND (reforms, EHCP etc) was not really represented in the plan and proposed a 7th strategic priority. RL explained that his response had been that we do not single out groups, but felt that their concerns could be addressed through detail within the Action Plan. Discussion followed regarding distribution and how to ensure that the plan priorities were included in everyone's work. RL explained that we would need to contact our Communications Team working to ensure as wide a distribution as possible and maximise the impact. BR felt that she would also personally like to inform GPs herself to make it more personal to them. **The Trust Executive Group agreed to:** • Receive the proposals as noted • Template of progress reports to be developed and all materials to be shared. Thanks were expressed for this piece of work and acknowledgement made of the time taken to get the Plan to this stage of development. *(Cllr Cheetham left the meeting at 4:05pm)*	
9.	<u>Improving Staff Skills to Deliver Quality Services</u> Children's Workforce Development (Amanda Glew) Amanda introduced the report which provides an overview of workforce development activity, including progress with Early Help and the development of actions for the 'Improving Staff Skills to Deliver Quality Services' priority within the Children and Young People's Plan 2016-2019. Amanda explained that work was now in a transition phase and working through the plan. As detailed in the report at the TEG meeting in December 2015, it was agreed to broaden the scope of the safeguarding workforce development group to include the wider workforce development needs. The terms of reference of the group are now being revised to incorporate this change. Amanda Glew (Organisation Development Manager) will attend future Workforce	

		Action
	Management and Development Group meetings to take forward workforce development actions and report progress and escalate potential risks/barriers to the Children's Trust Executive Group. AG gave a verbal update of progress and issues encountered so far and key points noted: • Angela Tracy previously reported on Early Help, but the current position is that there is no training being delivered on the Early Help offer. • The Early Help Plan is to be tabled at the Workforce Management Meeting in April 2016 highlighting a gap on training for completing the Early Help Assessment forms, previously carried out by Nigel Leeder, and looking at a 'Train the Trainers' approach. Comments and questions were invited: • BR felt that the multi-agency flavour of the training had been lost and suggested that a random sample of participants be approached to see whether they were engaged or not. BR felt the training could be more interactive and "needs real life examples to make it everyone's business". BR also stated that there is a need for the work to become tools for organisations to work with and this is where the 'live examples' would be an influence. Sometimes it is good to 'highlight what Early Help is not'. • AG informed that Karen Harrison is trying to thread Early Help through existing courses so that everyone understands the part they play and embed understanding of what Early Help means and AG is working with Sharon Galvin on the Action Plan. • MJR said that the sub-group under the Safeguarding Board support what is happening and assessments are reducing, but still talking about it and not much seems to have happened. • Jayne Hellowell felt that a fundamental cultural shift was needed and she would take it away and talk to Katie Beevers to see how impetus could be regained. • BR commented that going back a couple of years there was professional tenacity, courage and the ability to talk to young people and the workshop she attended didn't go that far. Maybe trying different ways and publicise who to contact etc to ensure that we capitalise on making Early Help everyone's business. Thanks were expressed to Amanda for her report.	Jayne
10.	<u>Strategic Priority Themes Performance Highlights/risks to be escalated</u> (Theme Leads) No other performance issues or risks were highlighted	
11.	<u>Barnsley Safeguarding Children Board</u> – highlights of meeting held on 11 March 2016 A verbal update was given by Safeguarding Board members in the absence of Bob Dyson. Key Points noted:	

		Action
	• Discussion around CAFCASS, national work and links to be made. • CSE Consultation – Home Office have changed the definition of CSE and in Working Together, now redefined as Child Abuse and the age range is now up to 18 years of age. • Operation Make Safe – implications for local hospitality and transport businesses. • Disrespect Nobody – 12-18 pre-cursor to reducing Domestic Violence. • Request for capturing escalations – positive feedback from secondary schools. Positive contacts making a difference.	
12.	Continuous Service Improvement Plan and DfE review in April **CONFIDENTIAL** Mel John-Ross gave an update on the above plan and DfE review in Rachel's absence. Key points noted are as follows: • Multi-agency Officer Group meets next week – no actions flagged as red. • Following the joint day looking at a Joint Plan in SGB meeting – looked at Early Help Plan. • JH reported that the Adults Early Help Group was running parallel and synergy is needed between the two groups. • Universal information and advice not widely publicised – new eMarket solution to reduce social isolation eg Shop for Support (Barnsley solution). • Cost benefit analysis is needed – early help has cost benefits. • £60m from the government for lower level prevention around Domestic Violence – watch this space! • Notification/briefing paper – Ofsted is to roll out Joint Inspections from April 2016 and this will not be linked to poor performing authorities therefore we need to be ready. • Access to Therapeutic Support – 5+days in January. BR will circulate paper.	Brigid
13.	TEG Work Programme Review (Julie Green) The Work Programme was reviewed and gaps of information identified. It was suggested to enter "TBC" where the gaps appeared until such time as these actions were implemented and timescales known.	Richard/ Julie
14.	Any other business Family Nurse Partnership Exit Strategy (Kathryn Padgett) Sean Rayner presented the report to assure the Children's Trust Executive Group that an Exit Strategy has been completed by South West Partnership NHS Foundation Trust in relation to the de-commissioning of the Family Nurse Partnership Programme on 31 March 2016. **Next Steps**: South West Yorkshire Partnership NHS Foundation Trust have utilised clinically effective methodology to model safe effective transfer of care for clients from a high intensity programme to Universal Service provision within a timescale supported by the Family Nurse Partnership National Unit; April 2016 – September 2016. Key points noted as follows: • SWYFT are leading on the safe transfer to Universal Provision planned between April and September 2016.	

		Action
	• An approved tool has been utilised to assess individuals' resilience, vulnerability and future requirements. • Communication to partners is ongoing and SWYFT is providing the governance and assurance to its own Trust Board and Executive Management Team regarding the safe transfer of this client group. • It was agreed to send this paper to Bob Dyson electronically due to paper copies being presented at the meeting. Comments and questions were invited and none were received. **The Trust Executive Group agreed to:** • Note the content of this paper. • Ensure that Bob Dyson receives an electronic copy of this paper.	Julie
15.	<u>Proposed agenda items for the next meeting on 29 April 2016</u> It was agreed that the key priorities for the next meeting are: <u>For discussion</u> • SEND reforms compliance and self-assessment (Margaret Libreri/ Colette Gollcher). Invite a representative from the Parent/Carer Forum. <u>Encouraging positive relationships and strengthening emotional health</u> (Brigid Reid) • Behaviour support and emotional wellbeing • Children and Young People's Plan, strategic priority theme: sub-group report and performance highlights. • Local Transformation Action Plan <u>Standard agenda items</u> • BSCB Minutes 11 March 2016 (Bob Dyson) • Continuous Service Improvement Framework (Rachel Dickinson/ Julie Govan) • Performance highlights and risks against CYP Plan priorities (strategic priority leads) • TEG work programme review <u>Updates on progress</u> • Early Help: update on progress and consider arranging a celebration event in August	Julie
	<u>Attachments</u> • Item 6 – Exclusions Data 2015/16 – Secondary School Movement Period 1/914 to 21/7/15.	

Dates of future TEG meetings:

Date	Time	Venue
29 April (Friday)	9.30 – 12.30	Westgate Plaza Boardroom, Level 3, Room 3
17 June (Friday)	13.30 – 16.30	Westgate Plaza Boardroom, Level 3, Room 3
*4 August (Thursday)	09.00 – 12.00	Westgate Plaza Boardroom, Level 3, Room 3
6 October (Thursday)	09.00 – 12.00	Westgate Plaza Boardroom, Level 3, Room 3

24 November (Thursday)	14.00 – 17.00	Westgate Plaza Boardroom, Level 3, Room 3

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Health and Well Being Provider Forum

Minutes of the meeting held on Wednesday 9 March 2016

Present:-

Helen Jaggar	Berneslai Homes (Chair)
Sean Rayner	SWYPFT
Sam Smith	Millenium Care
Rachel Blackburn	Millenium Care
Andrew Peace	Caremark
Carolyn Ellis	Healthwatch
Jo Clark	CAB
Rebecca Clark	BMBC
Andrea Hoyland	BMBC (attended for Item 4)

Item 1 – Apologies	**ACTION**
Apologies were received from P. Parkes, SYHA, R. Walker, TLC, P. Kimantas, Age UK, J. Ferry, Barnsley Hospice, K. Kelly, Barnsley Hospital, A. Simmons, Alzheimer's Society, S. Clarke, BMBC, K. Riggett, BPL.	
Due to the low turnout it was agreed that HJ e mail members of the forum to encourage attendance at future meetings.	**HJ**
Item 2 – Minutes of the meeting held 9 December, 2015	
The minutes were agreed as a true and accurate record.	
Item 3 – Matters Arising	
Item 4 – Strong Communities Governance Framework – the action plan from each new task group under this framework to be scheduled for presentation to future meetings of the forum. HJ to co-ordinate.	**HJ**
Item 5 - Better Care Fund Presentation – HJ/SR had raised at SSDG that there was an opportunity for the Better Care Fund to engage with providers and that members of the forum were keen to be part of any debate.	
Item 7 - Social Prescribing Project Update – HJ reported that CCG are to commission a borough wide scheme. The contract is due to commence in September 2016. Agreed therefore HJ invite Lisa Watkins, lead officer, to the June meeting of the Forum to share the final model and consider how the forum can act as a sounding board in terms of its implementation.	**HJ**

It was not known whether TG (VAB – Social Prescribing Service) had attended the Dementia Strategy meeting however CE reported that TG was leaving her post at the end of this month and agreed therefore to follow this up. Item 8.3 Frequent Flyers – as PP had given apologies it was unclear whether he had followed through on what SYHA were undertaking with Doncaster Council on social prescribing however it was reported that he had attended a social prescribing workshop.	**CE**
Item 3 – Health and Wellbeing Board HJ reported on the main agenda items/key points from 2nd February Board meeting: Better Care Fund – plan for 2016/17. Funding has been agreed. The difference for this year being there are no performance penalties involved. Anti Poverty Action Plan – presentation given similar to that being presented to the forum today Sport and Active Lifestyle Strategy – Strategy presented with focus of this around improving physical activity. Identified for Barnsley that 38% of adults classed as inactive. Focus of Action Plan arising from Strategy is to ensure : • that there is the right physical environment for activity to take place • looking at how volunteers can get involved • large employers encouraging their workforce to be fit and active • raising awareness of activities in communities • raising awareness that physical activity can improve mental health Debate took place around the Health and Wellbeing Strategy which is being refreshed. The Strategy to be tabled at the Health and Wellbeing Board when finalised. Some financial modelling has been undertaken to forecast the future financial gap across all partners. It had been established that by 2021 the funding gap will be £235 m. The significant demands on the system are already known therefore a lot of work has been undertaken by re-visiting systems and pathways. Focus will be on reducing demand on pressure points at GPs/hospital, looking at prevention and trying to get people to have a healthier lifestyle.	

Item 4 – Stronger Communities Partnership Task Group – Anti Poverty (presentation by Andrea Hoyland, BMBC)

AH shared the work undertaken by the Anti Poverty Group and outlined the high level drivers within the Anti Poverty Strategy together with the Anti Poverty Action Plan and how this will be progressed. Key to the Strategy is how partners will co-operate and co-ordinate activity to tackle poverty and its impact on Barnsley residents. Issues that influence poverty were highlighted, in particular the connection between poverty and poor mental health and the difficulty people with such conditions experienced in obtaining/sustaining employment. HJ stated that Berneslai Homes were experiencing people leading more chaotic lifestyles with mental health conditions contributing towards this.

Barnsley's ranking of 49th position out of 326 in the revised Index of Mutliple Deprivation was also noted. AH highlighted how poverty is widely recognised as a contributory factor which negatively affects the health and wellbeing, educational outcomes and social opportunities of those affected, in particular the effect it has upon children who grow up in poverty. In order to better understand what living and growing up in poverty in Barnsley is like today for our residents, the Anti Poverty Needs Evidence Base and Key Findings reports were compiled. Together with local insights these have helped to identify local needs associated with poverty. These documents are available at: https://www2.barnsley.gov.uk/media/3774175/pnakey_findings.pdf

Outcomes from the evidence/data gathered and the next steps were discussed by the forum and how providers/partners can contribute into this. The Anti Poverty Action Plan currently being developed, with partner contributions is a practical, task oriented plan which sets out the future joint council and partner activity to combat and tackle poverty in Barnsley. This is a live document detailing activity for the first of the next three years under 4 key challenge areas and will be . updated regularly to reflect progress. Additionally an undertaking has been given to evaluate the joint impact on the challenges to understand if the results expected are being met.

The forum asked how the joint impact will be evaluated and if there were any quick wins that could be achieved. AH stated that work was currently at an early stage due to the plan being recently approved. Performance measures have been streamlined and a quarterly review will be undertaken. Activity has taken place under the auspices of the Anti Poverty Board and task group activity is taking place. Positive feedback has also been received from residents on communication. Work is commencing on contract and procurement to ensure that where people procure/issue contracts they are targeted in the right

area and impact positively on poverty. The forum raised which KPIs will be monitored and how this will be done to ensure that a difference is being made. AH said her personal view was that these would be: skills and employment, access to information around money management and health and child poverty however these were not short term easy wins and required a longer term approach. The forum raised how the cycle of poverty for areas like Barnsley could be broken e.g. by having the ability to invest/support schools to attract the best teaching staff with required skills. It was felt this also appeared to be the same issue in respect of GPs. The difficulty being in trying to establish the reasons why they would not choose to work in Barnsley. It was felt this issue had been recognised previously and a more radical approach was required to change outcomes. AH said she felt positive things were taking place e.g. there had been significant investment in the education sector. The current plan also differs in that it is a contribution based approach which includes resident engagement with partnership activity underpinning this and a commitment to ensure that the aims and objectives are met. An update will be reported to the Health and Wellbeing Board which will show whether a significant shift is taking place.	
Item 5 – CCG Transformation Journey – (Jayne Sivikuma, CCG) - verbal Item deferred as Jayne Sivikuma, CCG did not attend.	
Item 6 – Public Health Strategy (presentation by Rebecca Clark, BMBC) RC presented the vision set out in the Public Health Strategy the key aims being to improve the health of people living in Barnsley. The Strategy was approved in December and is available on the Council's website. This is the first health strategy for BMBC which details how the Council will address the public health challenges. RC reported that the Council is committed to working with partners to tackle poor health and inequality to ensure that children in Barnsley have the best start in life. The presentation summarised the key points of the Strategy which identified 4 long term public health outcomes in relation to longer, healthier lives and adopting a more preventative agenda.	

In the short term focus will be on: improving the overall health of children' creating a smoke free generation and increasing levels of physical activity. To tackle the issues identified it is intended to focus resources in areas where a significant result can be achieved. Some progress has been made since the Strategy was approved in that detailed action plans have been produced to document how changes will be implemented within the borough. These are being progressed by BMBC lead public health officers supported by various strategic partnership groups. AH reported that creating a smoke free generation is being supported by the Barnsley Tobacco Alliance Group with a presentation scheduled to the Health and Wellbeing Board in June. RC felt this may be an issue that the provider forum may wish to consider in further detail. Oral health being progressed by the Oral Health Advisory Group to be tabled at the Health and Wellbeing Board in April. The Sport and Active Lifestyle Strategy had been tabled at the Health and Wellbeing Board on the 2nd February 2016. In respect of next steps the Council are looking to engage with partners to maximise any opportunities to support the initiatives being undertaken. The Council are also looking to maximise links between the Strategy and any other plans/workstreams that are underway. A number of KPIs are to be introduced to monitor the impact, measure performance and demonstrate where a difference has been made. It was agreed that members of the forum would look to support this and share relevant information with their workforce. Where providers have no direct intervention on particular issues assistance could be given by disseminating information and signposting. HJ requested RC therefore to share with providers any particular campaigns that take place. Providers on the forum, in their capacity as employers, were also committed to ensuring a healthier and more active workforce through the various mechanisms that are underway.	**RC**
Item 7 – Community Nursing Service Delivery Model (SR) – verbal SR highlighted the work that had been ongoing in the development of a new service specification for the community nursing service in Barnsley. The service is commissioned by Barnsley CCG and provided by SWYPFT. Delivery of the service against the specification will be on a phased basis from 1st April 2016. SR wished to obtain the view of stakeholders on the shaping of the delivery model therefore it was agreed that this be circulated together with required timescales for comments. SR asked that this also be made available to care providers. AP asked if any discussions had taken place regarding the medication policy in terms of what medication home care providers can administer. SR said that this was not explicitly covered but needed to be considered and was a good example of issues that partners could highlight where the specification may need revision.	**SR**

Item 8 – Task Group Updates 8.1 Health and Housing HJ reported that a decision had been taken to focus on fuel poverty. A number of recommendations had been made which could be piloted within localities, GP practices or linked to schemes where people signpost individuals for help and advice eg social prescribing online, Be Well Barnsley. In respect of housing the main issue around fuel poverty was in the private rented sector and home ownership as opposed to social housing therefore looking o identify at the point of assessment the tenure of housing. The task group will pull together a practical report on the ways in which the service could be commissioned differently. It is intended to table this at the Health and Wellbeing Board and the Stronger Communities Partnership to promote the message that housing can make a difference and the need to understand tenure. 8.2 7 Day Service SR/JW reported on the need to ensure that care providers were part of this discussion. SR felt this was progressing with the hospital agenda but not on wider agendas and welcomed any support in this respect. It was felt the forum could write to the CCG Chief Executive to state that the forum had offered to provide views/ideas where a difference could be made. AP agreed to progress this.	**AP**
Item 9 – Membership It was agreed that Sam Smith and Rachel Blackburn from Millenium Care who had just commenced work in Barnsley join the forum	
Item 10 – Future Agenda Items 1. Safeguarding Policy 2. Stronger Communities Partnership Task Groups -Anti Poverty (March) - Early Help Children and Families (June) - Early Help Adults (September) - Resilient and Healthy Communities (December	
Item 11 – Any Other Business **i. Stronger Communities Partnership** – HJ raised whether the forum wished to have representation at this partnership in their own right. HJ/SR attend representing Berneslai Homes and SWYFT. Agreed it would be beneficial to have a representative and deputy therefore HJ to progress with Chair and Lead Officer of the partnership to advise of the forum's request.	**HJ**

2016 Dates:- 15th June - 10.00, Meeting Room 1, Town Hall, Barnsley
14th Sept - " " " "
7th Dec - " " " "

REPORT TO THE HEALTH AND WELLBEING BOARD

7 June 2016

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2015/16

Report Sponsor:	Julia Burrows
Report Author:	Rebecca Clarke
Received by SSDG:	12 April 2016
Date of Report:	19 May 2016

1. Purpose of Report

To present the Barnsley Director of Public Health (DPH)'s Annual Report 2015/16 to the Health and Wellbeing Board.

2. Recommendations

2.1 Health and Wellbeing Board members are asked:-

- Note the completion of this year's annual report and signpost to interested parties as appropriate.

3. Introduction/ Background

3.1 Every year, Directors of Public Health are required to compile an independent annual report. This year, the report describes recent innovative working in Barnsley to develop a Public Health Council through describing the formation of the distributed model of public health and the work that is undertaken in each directorate.

3.2 Instead of the traditional long paper report, we have produced a shorter interactive PDF which we hope will make the content accessible to a wider audience. We have used the report to communicate the work of the public health teams within Barnsley Council to the public, Council staff and partners.

4. Conclusion/ Next Steps

4.1 The report is available on the Barnsley Council website: https://www.barnsley.gov.uk/services/public-health/director-of-public-health-annual-report-201516/

4.2 The report has been communicated via social media and received many positive comments.

5. Financial Implications

5.1 The cost of commissioning Script Media to design this interactive PDF (£400) is considerably cheaper than commissioning a design company to design and print a traditional paper annual report.

6. Consultation with stakeholders

6.1 The report has been drafted in consultation with colleagues from the People, Place, Communities Directorates and Barnsley CCG.

6.2 The report has been discussed by Senior Management Team and the Senior Strategic Development Group.

7. Appendices

7.1 Appendix 1 – Director of Public Health (DPH)'s Annual Report 2015/16

Officer: Rebecca Clarke **Contact:** 01226 776445 **Date:** 19 May 2016


Introduction from the
Director of Public Health
BARNSLEY
A Public Health Council
WHO WE WORK WITH
PUBLIC HEALTH STRATEGY
BARNSLEY COUNCIL
DISTRIBUTED MODEL
of Public Health
CORE PUBLIC HEALTH
COMMUNITIES
DIRECTORATE
PLACE
DIRECTORATE
PEOPLE
DIRECTORATE
HOW TO USE
THIS DOCUMENT
MY LOCAL AREA
BARNSLEY'S POPULATION
RECOMMENDATIONS

How to Use This Document...

This is an interactive PDF.
To move to a page you're interested in, please click on the relevant image/text on the front page or the contents page

To search for a particular phrase, hold **CTRL+F**, then type the phrase of interest and press **ENTER** to scroll through the pages which include this phrase

Please click on underlined or **bold** text to be taken to other websites for detailed information, or to visit relevant pages within this report

To go to the **Home Page** click this button

To navigate **Left & Right** click these buttons

To go to the **Contents Page** click this button

Message from the **Director of Public Health**

“ Welcome to Barnsley Council’s 2015-16 report from the Director of Public Health (DPH)

This is my first report as a DPH, having taken up the post a year ago. In the past, our Annual Reports have been long printed documents. This year we decided to produce an interactive PDF so the report can be read online more easily and to reach a wider audience. Our aim is to present a lot of useful information in a more engaging way so readers can easily pick out the areas they’re interested in and find out more.

We have structured the report around our new **‘distributed model’** of public health. You will find information on the varied work of the council that relates to public health, based around four directorates: **Communities, People, Place** and **Core Public Health**. If you would like to read about local health data, this can be found through the **‘Barnsley’s population’** and **‘My local area’** pages.

The report shows there are many health challenges in Barnsley. Local government funding is under pressure like never before and we have seen significant cuts to our public health budget. This makes the challenge of preventing ill health all the harder given the well-established impact of wider determinants (income, employment, housing, education) on health.

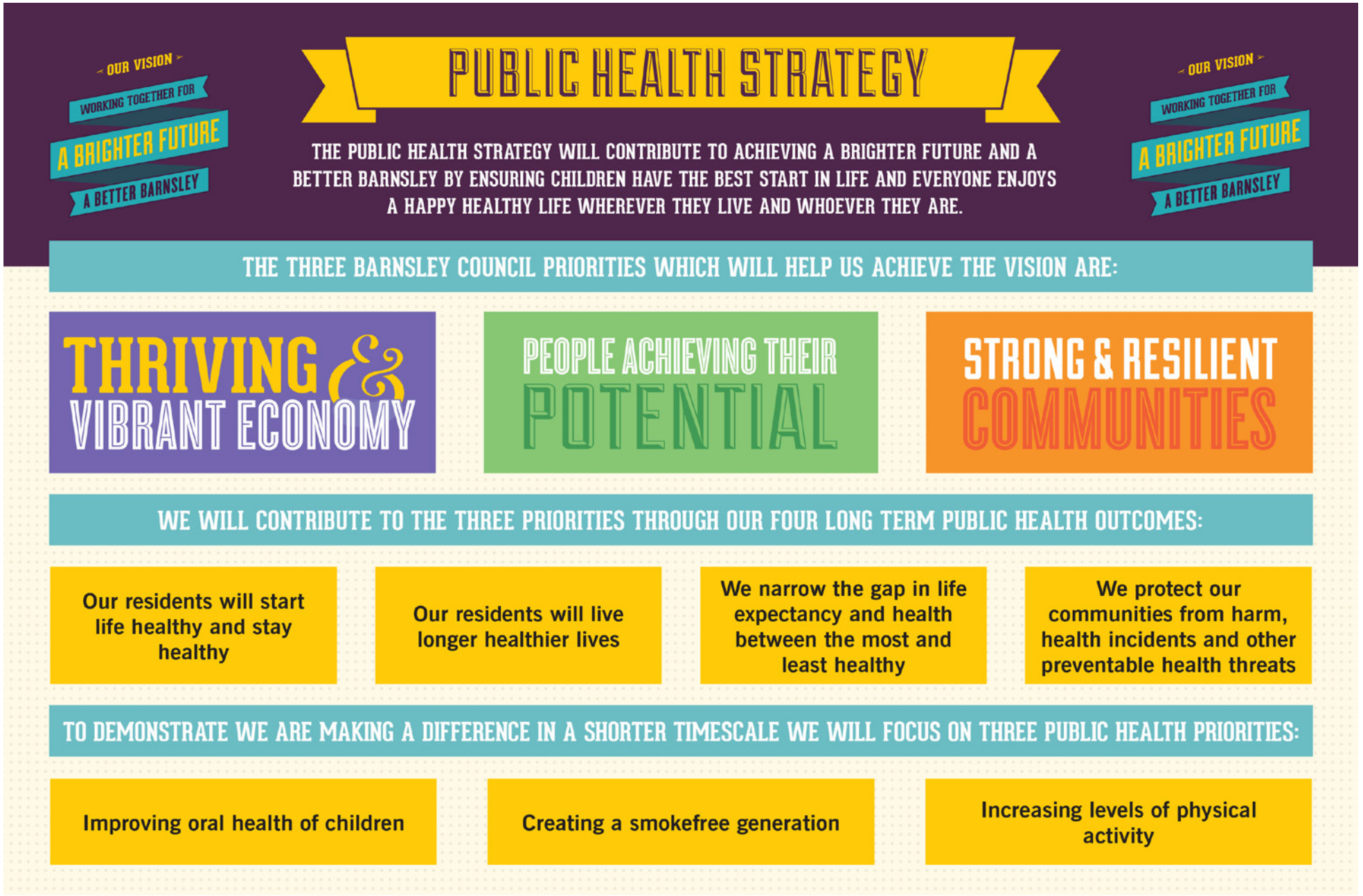
However, public health should also give a message of hope. Our report highlights some of the great things we are doing and can do to improve people’s health and wellbeing, and shows how we are working across the council and our partners for a healthier and happier Barnsley. Some of the work we describe is at an early stage of development, but hopefully shows we are moving in the right direction. While the financial environment feels as bad as it could be, the people and organisations working in Barnsley couldn’t be more committed to making a difference. Each section of the report ends with specific commitments from each area of the council that will contribute to improving health and wellbeing in Barnsley. By implementing our distributed model of public health, the council has shown its commitment at every level to creating a ‘public health council’.

We recently published our public health strategy: **‘A Happier, Healthier Barnsley’** which sets out our plans for the next three years, and this strategy forms the basis for our key **recommendations**.

I hope you enjoy reading the report. ”

Julia Burrows
Director of Public Health

A Healthier Happier Barnsley is our three-year Public Health Strategy for the borough.



The strategy demonstrates the commitment of the council to work with partners to actively improve the health of all people living in Barnsley. It outlines our public health vision: 'Children have the best start in life and everyone enjoys a happy healthy life wherever they live and whoever they are'.

Who we work with

Barnsley Council works with many different organisations across Barnsley and the wider area. There are too many organisations to name them all on this page, but our partners include:

- **Barnsley Clinical Commissioning Group (CCG)** - a group which plans and buys healthcare services, representing 38 GP practices across Barnsley. Public health staff provide advice to the CCG on a wide range of topics.

- **Barnsley Hospital NHS Foundation Trust –** a 350+ bed hospital which provides a full range of district hospital services. One example of the council's work with the hospital is the link with the infant feeding service.

- **South West Yorkshire Partnership NHS Foundation Trust** – a specialist NHS trust which provides community, mental health and learning disability services.

- **Public Health England** – an organisation which aims to protect and improve the nation's health and wellbeing, for example through vaccination and immunisation.

- **South Yorkshire Police** – the local police force, which works with the council on areas such as antisocial behaviour, troubled families and suicide prevention.

- **South Yorkshire Fire and Rescue** – the local fire brigade. One example of the council's involvement with the fire service is work on suicide prevention.

- **Healthwatch Barnsley** – an organisation which makes sure residents' views on local health and social care services are heard.

- **Barnsley Health and Wellbeing Board** – a committee bringing together organisations aiming to improve the health and wellbeing of communities and people in Barnsley.

*We also work with local **schools, businesses and voluntary organisations.***

Through working together with our partners, we hope to address population-level challenges that no single agency can address on its own, such as joint approaches to preventing and managing childhood obesity and increasing physical activity.

Barnsley Council's
Distributed Model of Public Health

In 2015, Barnsley Council decided to change the organisation of public health within the council from one central public health team to a model where public health staff are based in different directorates and business units. In this model, different directorates are responsible for making progress against specific **Public Health Outcomes Framework** indicators.

The distributed model allows us to address the borough's public health challenges as a public health council. We recognise that we need to **work collectively** to build a sustainable public health system in Barnsley. This means that the council, the NHS, police, fire, probation service, schools, employers, businesses, voluntary and community agencies and others across the borough, all have a role to play. No single agency has the answer, and we must all work together, playing our parts and playing to each others' strengths.

Through creating a public health council we hope that all council staff and elected members will consider health and wellbeing to be part of their responsibility, so that any council contact with the public can be seen as an opportunity to promote health and wellbeing ('making every contact count').

Barnsley's population

Although the health of residents in Barnsley is improving, too many people are dying prematurely from diseases that are avoidable.

The table below shows the differences in life expectancy for Barnsley compared to regional and national figures. Life expectancy is a measure of the number of years someone from a particular area is expected to live, whereas healthy life expectancy is a measure of the number of years someone would be expected to live in good to fairly good health.

		Barnsley	Yorkshire & Humber	England
Life expectancy (years) 2012-14	**Male**	78.4	78.7	79.5
	Female	81.8	82.4	83.2
Healthy Life expectancy (years) 2012-14	**Male**	57.5	61.4	63.4
	Female	56.3	61.8	64.0

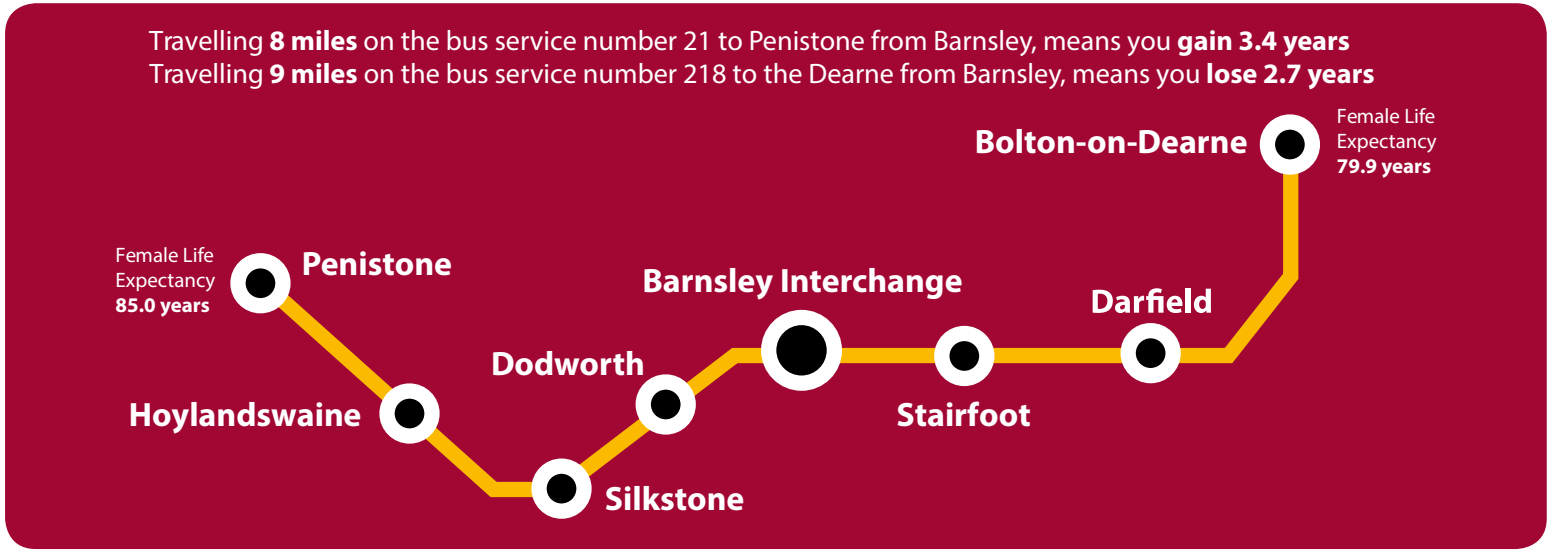
Source: Public Health Outcomes Framework (Feb 2016)

Although life expectancy is increasing in Barnsley, it is still lower than the national average. Healthy life expectancy is much lower than the national average and Barnsley has the lowest rate of healthy life expectancy when compared to all statistical neighbours.

Barnsley's population

The picture below shows how life expectancy in Barnsley varies along two bus routes through the borough:

Differences in Female Life Expectancy within Barnsley (2009-2013): The bus journey of inequality



There are a number of reasons for this significant local variation:

- Too many people have avoidable disabilities caused by lifestyle choices such as: smoking, obesity, poor diet, low levels of physical activity and excess alcohol consumption.
- Too many people die early from preventable diseases such as cancer, heart disease and stroke.
- Smoking remains our biggest cause of avoidable death.
- Being overweight or obese is reducing the life expectancy of too many of our young people and adults.
- A high number of people have preventable mental ill-health conditions.

My local area

Detailed information about the health of the Barnsley population can be found in the following documents:

- Public Health England's **Health Profile** provides an picture of health in Barnsley in 2015
- The **Joint Strategic Needs Assessment (JSNA)** assesses the current and future health and social care needs of the local community. The current JSNA is from 2013 and a new JSNA will be available at the end of 2016.

Health Inequality profiles for Barnsley and areas within Barnsley can be accessed by **clicking on the map below**

Recommendations

OUR VISION: Children have the best start in life and everyone enjoys a happy healthy life wherever they live and whoever they are.

Barnsley Council will focus on four long term public health outcomes:

1. Our residents will start life healthy and stay healthy
2. Our residents will live longer healthier lives
3. We narrow the gap in life expectancy and health between the most and least healthy
4. We protect our communities from harm, health incidents and other preventable health threats

The responsibility for delivering these outcomes lies not only with Barnsley Council's public health distributed model but also with collective working across many organisations within Barnsley.

We recognise that we must focus our resources in order to achieve the biggest impact on public health and wellbeing. Therefore, in the shorter term, Barnsley Council will **concentrate on three areas:**

1. Improving the oral health of children by increasing the percentage of Barnsley children getting fluoride, using a targeted approach by 2017
2. Creating a smokefree generation by reducing smoking prevalence in Barnsley by 2017
3. Increasing levels of physical activity by reducing the percentage of Barnsley residents who are physically inactive by 2017

Barnsley Council's Public Health Strategy contains more detail on how these recommendations will be achieved.

More detailed recommendations are described throughout this report in the 'Our commitments for the future' boxes which can be found at the bottom of most pages.

COMMUNITIES DIRECTORATE

The following pages contain information on areas of work within the Communities Directorate of Barnsley Council, which encompasses areas of public health intended to make our communities safer, stronger and healthier.

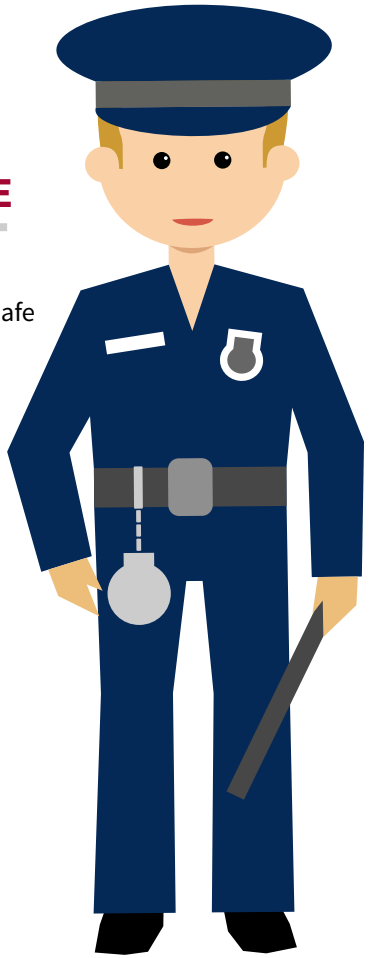
This directorate is involved with many different areas related to public health such as housing, infant feeding, supporting troubled families, policing, volunteering and planning health services.

1. Safer Communities
2. Stronger Communities
3. Healthier Communities

Safer Communities

We all want to live in a community that is safe and welcoming, where people get along together and our shared efforts on crime prevention are making a difference.

A fear of crime, anti-social behaviour and environmental blight has a detrimental impact on people's wellbeing and the fear of crime increases a person's feeling of worry, stress and anxiety. Additionally, places with high crime and poor environments do not attract developments.



WHY IS THIS IMPORTANT IN BARNSLEY?

- Reducing incidences of anti-social behaviour, environmental blight and domestic violence are priorities for Barnsley Council.
- As fear of crime and anti-social behaviour is reduced, victims will be more able to recover from their experiences with positive changes to their physical and mental health.

OUR COMMITMENTS FOR THE FUTURE

BARNSLEY COUNCIL WILL:

- Work on a "whole system approach" to build and maintain safe and resilient communities.
- Have a stronger focus on preventing crime.
- Make it easier for people to report crime.
- Utilise campaigns to raise awareness.

WHAT ARE WE DOING IN BARNSLEY?

BARNSLEY COUNCIL IS:

- Working together with partners and the community to make sure the right people and resources are in place to make our neighbourhoods safe and welcoming places to live.
- Developing a new plan for Community Safety.
- Working proactively with a range of partners to improve safety and the quality of life in our neighbourhoods with a focus on early intervention and prevention. This work aims to make our communities safer, more cohesive and resilient places to live.
- Continuing to offer free and accessible information and advice to individuals, families and communities.
- Working harder to understand the root causes of crime and preventing them from happening in the first place.

Stronger Communities

We all want to live in a thriving community where everyone feels valued and can make a positive contribution to their local area, regardless of who they are or how old they are. We want to build communities where everyone feels that their views are important and heard.

The strength of every community lies in the commitment of the people who live there and their passion to make it a special place that everyone feels proud of and can be part of. If we can unlock the capacity within our communities and support the willingness of people to help each other, our communities will be become stronger, better places to live.

WHY IS THIS IMPORTANT IN BARNSLEY?

- Barnsley Council needs to enable and empower communities to achieve great things by coordinating activity at a local level to meet the needs of the local community.
- We need to work together to build resilience by supporting communities to help themselves and by building strong neighbourhood networks and increasing community engagement.
- Volunteering builds social connections and is a great way of meeting new people and reducing social isolation. It is also recognised as a potential route to gaining employment through 'hands on' volunteering by developing new skills and experience. Volunteering is a great way to get people involved in their local communities.
- Public sector resources are reducing so working together to ensure our communities remain strong is essential.

WHAT ARE WE DOING IN BARNSLEY?

BARNSLEY COUNCIL ARE:

- Continuing to build on the 'Love Where You Live' campaign to encourage people to volunteer and to find ways to make their local community a better, stronger and healthier place.
- Developing more community groups.
- Improving our relationships with businesses so that they contribute more to local communities.
- Working much harder at designing services around our communities' needs.
- Developing the voluntary, community and social enterprise sector to be strong.
- Increasing the external funding that comes into the borough. Area Councils and Ward Alliances are working in partnership with their local communities to identify a range of projects that could increase physical and mental wellbeing.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Continue working with communities to find local solutions to local issues.
- Work together with partners and communities to make Barnsley a better place to live and work.
- Celebrate the progress made every day in our communities.
- Work to increase the external funding that comes into the borough.

Healthier Communities

We all want to live in a thriving community where people live long, healthy, happy and fulfilled lives, free of illness and disease regardless of who we are or how old we are.

Supporting people to lead a healthier life, free of illness and disease is everyone's business. Giving every child in Barnsley the best start in life is Barnsley Council's commitment to investing in tomorrow. The health and wellbeing of people in Barnsley is generally worse than the England average, with life expectancy for both men and women lower than the England average.

WHY IS THIS IMPORTANT IN BARNSLEY?

- Nationally and locally, due to changes in welfare benefits, the cost of living and the employment market there has been an increase in the number of people who are struggling to keep a roof over their head.
- The most deprived people in society experience the worst physical and mental health, a problem known as health inequality. It is therefore important to consider health inequalities when commissioning services so that everyone can benefit from improved health.

WHAT ARE WE DOING IN BARNSLEY?

THE HEALTHIER COMMUNITIES TEAM:

- Are responsible for commissioning a range of prevention and treatment services to support people with multiple, complex and diverse needs.
- Lead on welfare advice and homeless prevention, the Troubled Families Programme and support anti-poverty and early help across the council.
- Empower people and communities to do more for themselves.
- Commission services that incorporate early intervention, prevention and self-help.
- Make sure services are driven by the needs of people in Barnsley and represent value for money.
- Ensure we deliver inclusive and accessible services for all.

In 2015, a total of 371 Barnsley families had been supported by the Troubled Families Programme and there were 2,095 contacts to the Housing Options Team seeking advice about housing and support.

Our Infant Feeding Service provides support to mothers and their families. Barnsley Hospital and Community are UNICEF UK Baby Friendly Initiative accredited, which ensures all staff are trained to support all mothers in their feeding choices.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Commission evidence based and high performing prevention and treatment services that are responsive to customers' needs now and in the future.
- Commission services that promote positive physical and mental health, provide early help and self-help options.
- Ensure money is spent well to achieve the right outcomes for local people.

PEOPLE
DIRECTORATE

The following pages contain information on areas of work within the People Directorate of Barnsley Council. The Health and Wellbeing Team within this directorate work on areas of public health ranging from children to older people, including:

1. Early Help for Children and Young People
2. Emotional Health and Wellbeing of Children and Young People
3. Public Mental Health
4. Preventing Falls and Improving Bone Health in Older People
5. Preventing Dementia

Vulnerable Children and Young People (Early Help)

Giving every child the best start in life is crucial for sustaining health throughout life and into older age.

Vulnerable children and young people are those who fall into several groups which have a greater risk of developing a variety of health issues, including those:

- Who have special educational needs (SEN)
- With physical disabilities
- Who are in care or looked after
- Committing offending behaviour and accessing Youth Offending Services
- Involved in Substance Misuse including drugs and alcohol
- Accessing mental health services
- Living with domestic violence at home

WHY IS THIS IMPORTANT IN BARNSLEY?

- Children and young people under the age of 20 make up 23% of the population of Barnsley. Although infant and child death rates are similar to the England average, the health and wellbeing of children in Barnsley is generally worse than the England average.
- Early help is about identifying the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. The Early Help Assessment (EHA) is a new assessment designed to help professionals from various agencies, such as teachers, family support workers and GPs to make an accurate record of the needs of a child, young person or family.

WHAT ARE WE DOING IN BARNSLEY?

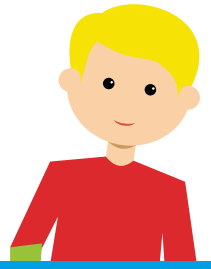
PUBLIC HEALTH STAFF IN BARNSLEY HAVE:

- Started to map out the help available to vulnerable children and young people.
- Provided expertise to the Early Help Delivery Group under the Stronger Communities Partnership.
- Made links with schools, and contributed to the Closing the Gap work programme under the Schools Alliance Board.
- Identified opportunities to support Safeguarding and Looked After Children work programmes.
- Contributed to the development of the Children and Young People's Plan.
- Provided expertise for the commissioning of a Substance Misuse Service for children and young people.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Prevent mental health problems from arising by taking early action with those at greater risk.
- Identify need early, to prevent more serious problems developing wherever possible.
- Review work in this area to identify best practice and areas for improvement.



Emotional Health and Wellbeing of Children and Young People

Emotional health and well-being is important because it can impact on a child or young person's day to day functioning at home and at school, their relationships with others, and their physical health.

Sometimes when a child or young person is worried or has a problem it can be difficult to know what to do. They may find it hard to know why they feel upset, worried or confused, or to know where to turn to.

WHY IS THIS IMPORTANT IN BARNSLEY?

Giving every child the best start in life is crucial for sustaining health throughout life and into older age and this is a key priority for Public Health in Barnsley. We know from our surveys of young people that some children in Barnsley experience emotional health and wellbeing issues and concerns, for example:

- Nearly 10% of respondents felt anxious due to bullying either 'often or daily'
- Over 20% felt anxious about how they look either 'often or daily'
- Nearly 10% had been worried about eating problems either 'often or daily'
- Nearly 12% said they 'never' felt happy at school
- Over 12% said that they didn't have anybody to talk to about their problems

WHAT ARE WE DOING IN BARNSLEY?

All partners in the borough have welcomed NHS England's 'Future in Mind' report, which promotes early help and prevention across education, social care and health. In response to this report, a local detailed transformation plan has been developed and investment will be allocated towards local services for children and young people with mental health needs.

The public health team has made a significant contribution to our Barnsley local transformation plan which outlines a shared determination to transform emotional health and wellbeing services to make a difference to the lives of children and young people.

OUR COMMITMENTS FOR THE FUTURE:

Public Health continues to work collaboratively, leading on the following within Barnsley's local transformation plan:

- Working with schools and early years settings to improve the emotional health and wellbeing and resilience of children and young people.
- Promoting a whole school approach to emotional health and wellbeing resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health.

Further recommendations can be found in the **Future in Mind report.**

Public Mental Health

The UK government has said that mental health must have equal priority with physical health, discrimination associated with mental health problems must end and everyone who needs mental health care should get the right support, at the right time.

Currently, people with serious mental illnesses die on average 15-20 years earlier than the general population.

Loneliness and social isolation are harmful to health and are associated with depression and suicide. We know that being in control of our own lives and having good relationships, purposeful activities and participation in our communities improves our mental and physical health.

WHY IS THIS IMPORTANT IN BARNSLEY?

The percentage of adults with a diagnosis of depression is higher in Barnsley at 16% compared with an England average of 12%. There are clear links between levels of deprivation and levels of depression / anxiety.

Many lifestyle factors that lead to mental health problems are common within Barnsley, such as smoking, poor diet, a lack of exercise and high levels of alcohol consumption.

WHAT ARE WE DOING IN BARNSLEY?

Working together with other partners such as South West Yorkshire Partnership NHS Foundation Trust, the public health team have:

- Supported the development of the Barnsley All Age Mental Health Strategy 2015-19.
- Secured additional funding through the Local Transformation Fund to deliver an emotional health and wellbeing programme in local schools.
- Raised the profile of Mental Health Champions and now have support of an elected member of Barnsley Council.
- Supported the Autism Strategy by helping to create and promote Safe Places in Barnsley.

OUR COMMITMENTS FOR THE FUTURE:

The public health team will continue to work collaboratively to:

- Lead a health needs assessment to assess local need.
- Review prevention support available to Barnsley residents, assess whether this meets people's needs and identify opportunities for new ways to prevent mental health issues.
- Develop a work programme to support prevention of social isolation.
- Identify opportunities to reduce health inequalities.
- Actively contribute to the improvement programme for Children and Adolescent Mental Health Services.

Preventing Falls and Improving Bone Health in Older People

PEOPLE

Falls are common in older people - approximately a third of all people over 65 in the UK will fall each year.

Falls are a major cause of disability and death resulting from injury in over 75s. 50% of women and 20% of men over the age of 50 will suffer a fracture as a result of a fall. 648,000 attendances at Accident and Emergency Departments each year are falls related and the cost of injuries from falls to the NHS is over £900 million each year.

WHY IS THIS IMPORTANT IN BARNSLEY?

Barnsley has the same pattern of falling as the rest of the UK. Barnsley's 'at risk' population aged over 65 years is estimated to be 44,700 in 2015. This is predicted to rise to 60,800 by 2030.
We want to reduce the number of Barnsley people who fall, so making people more aware of their risk and promoting steps that can reduce the chance of falling is vital.

Risk factors for falling include:

- Changes in mobility, strength, flexibility and eyesight
- Stroke, heart disease, arthritis, dementia, and dehydration
- Medication, alcohol and illicit drugs
- Poor lighting, wet floors, loose carpets and rugs, cables, steps, ill fitting shoes or slippers

When an older person falls it can affect their confidence and some will subsequently lose their independence, due to the fear of falling. Often a fall for which older people receive treatment will result in them being admitted into residential or nursing care or becoming more isolated at home.

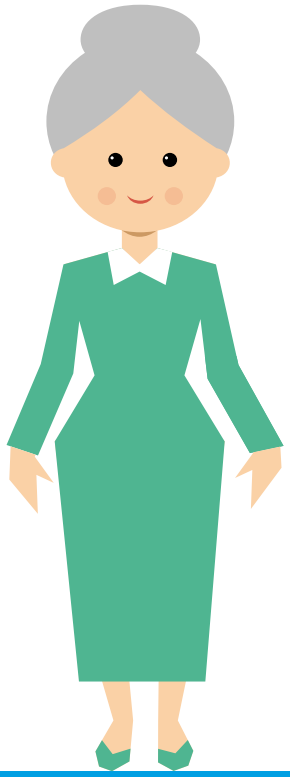
WHAT ARE WE DOING IN BARNSLEY?

Falls Prevention and Bone Health are key areas of work for public health in Barnsley. A Falls Prevention and Bone Health Strategy was published prior to the distributed model, by Joint Commissioning colleagues, with a plan to implement a number of key recommendations. Work is also underway to assess what happens to people who are treated by the health and care services as a result of a fall and to agree key priorities going forward.

OUR COMMITMENTS FOR THE FUTURE:

Public Health will continue to work collaboratively, leading on the following within the Barnsley Falls and Bone Health Strategy Implementation Plan:

- Increasing the potential for falls prevention and management within care homes.
- Expanding the availability of bone health classes and community based exercise classes.



Preventing Dementia

Some cases of dementia can be prevented.

To reduce the risk of developing dementia and other serious health conditions, it's recommended that people:

- Eat a healthy diet
- Maintain a healthy weight
- Exercise regularly
- Don't drink too much alcohol
- Stop smoking (if a smoker)
- Keep blood pressure at a healthy level

WHY IS THIS IMPORTANT IN BARNSLEY?

We know that the population of Barnsley will increase in the future.

The population aged 65 and older is predicted to increase by 38% by 2030, similar to the predicted increase for England of 39%. It is also predicted there will an additional 1,810 people suffering from dementia in Barnsley by 2030. A timely dementia diagnosis provides immediate treatment and care, which can slow the progression of the disease and provide support as needed. It also enables people with dementia and their carers to live well with dementia by the provision of good-quality care. In mid-January 2016, 2079 Barnsley residents were recorded as having a diagnosis of dementia.

People with dementia are more likely to be socially isolated, have more falls than the general population and need more health and social care support. In Barnsley over the last 5 years the average length of hospital stay for a person with dementia was 75.3 days.

WHAT ARE WE DOING IN BARNSLEY?

Dementia prevention is a key area of work for public health in Barnsley. A Multi-agency Dementia Strategy Group chaired and led by Joint Commissioning in Barnsley Council has been meeting every month for over 3 years to take this agenda forward.

An assessment of the needs of local people with dementia (known as a health needs assessment) is currently being undertaken by Public Health.

OUR COMMITMENTS FOR THE FUTURE:

Public Health will lead on the following within the Barnsley Multi-Agency Dementia Strategy Group:

- Reviewing public health recommendations from the dementia health needs assessment.
- Promoting dementia friendly communities and training uptake.
- Raising awareness in Barnsley of how the local population can reduce their risk of developing dementia through healthy lifestyle choices, with council colleagues and partners.

PLACE
DIRECTORATE

The following pages contain information on areas of work within the Place Directorate of Barnsley Council. This directorate comprises teams working on employment, physical activity, housing and regulation:

1 Wider Factors Influencing Health
2 Workplace Health
3 Helping People with Health Issues into Work
4 Physical Activity and Sport
5 Fuel Poverty and Excess Winter Deaths
6 Food Hygiene and Standards
7 Pollution Control

There are many factors that have an impact on our health.

These include:

- Social factors such as affordable, safe and warm housing.
- Economic factors, such as having a good quality job and a decent income.
- Environmental factors such as transport, road safety and air pollution.

Tackling these issues, along with improving our lifestyle, can mean living a longer and better quality of life.

WHY IS THIS IMPORTANT IN BARNSLEY?

- Barnsley is ranked in the bottom five local authorities in England for both males (146th/ 150) and females (149th/150) for healthy life expectancy at birth.
- 9.2% of all households in Barnsley are estimated to be in fuel poverty, which is worse in the east of the borough.
- 22% of working age adults in Barnsley are not in work. 38% (12,600) of this group are on long term sick-compared to 22% of people in Great Britain (Oct 2014 - Sept 2015 data).
- Air pollution has been recognised as a major public health issue. Fine respirable particles (referred to as PM2.5 particles) have an impact equivalent to nearly 29,000 deaths in the UK.

WHAT ARE WE DOING IN BARNSLEY?

Over the past year we have:

- Developed key strategies and action plans to tackle wider factors of health. This has been through working with partners to commission new services e.g. fuel poverty and health.
- Provided public health advice to ensure that improving health & wellbeing is included in council plans to tackle wider factors e.g. Local Plan for housing developments.

OUR COMMITMENTS FOR THE FUTURE:

Barnsley Council will work together with key partners to:

- Ensure public health is considered as part of planning for new housing developments.
- Develop better routes to employment; including access to the right service, skills development and getting work ready.
- Develop workplace health programmes working with managers and staff to reduce levels of sickness and keep staff in work.
- Take forward action plans to tackle excess winter deaths and fuel poverty in Barnsley.

Workplace Health

Good employers who look after their employees' health and wellbeing will achieve many benefits such as happier staff, reduced levels of sickness absence, increased morale and productivity and increased business growth.

Improving workplace health keeps people in work, supporting the sustainable employment of our residents. The most common causes of long term sickness in the workplace are mental health issues and musculoskeletal conditions.

WHY IS THIS IMPORTANT IN BARNSLEY?

The three main causes of lower life expectancy in Barnsley are cancer, circulatory disease and respiratory disease. Lifestyle factors associated with these diseases include smoking, poor diet, alcohol, high blood pressure and physical inactivity. Businesses can help to address the causes of lower life expectancy and long term sickness in the workplace by undertaking opportunities for health promotion in the workplace.

WHAT ARE WE DOING IN BARNSLEY?

We have been working with employers across Barnsley to increase their knowledge on workplace health issues, effective interventions and why they need to take action.

We offer help and support to businesses to improve workplace health. This could be to encourage businesses to make small changes such as supporting health campaigns or gaining accreditation for a national award in workplace health. We provide a range of training and workshops to increase the knowledge of employers on workplace health issues and how they can better support and educate their staff.

We have developed partnership working across South Yorkshire and are working together to develop model policies and procedures to help businesses. We have developed a number of good practice case studies that show real benefits from introducing workplace health programmes.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Continue engagement with employers to increase the number of workplace health improvements.
- Develop workplace health programmes to reduce levels of sickness absence and increase numbers of staff staying in work.
- Increase the number of businesses working towards and achieving the Workplace Wellbeing Charter National Award for England.

Helping people with health issues into work

Being in work is generally beneficial to people's physical and mental health and well-being, although this is dependent on the nature and quality of the work being undertaken.

There is a strong link between unemployment and deterioration in physical and mental health and well-being. Being in work is shown to be beneficial to those with ongoing health conditions. Work can help people recover from sickness and reduces the risk of long-term incapacity. The positive health effects of work mean that sick and disabled people should be supported to return to, or remain in work if their health condition permits it.

WHY IS THIS IMPORTANT IN BARNSLEY?

The latest figures (from September 2015) show that 6% of working age adults in Barnsley are unemployed, compared to 5% in Yorkshire as a whole and 5% in Great Britain. This has improved greatly in recent years from a peak of 11% in June 2013. 38% of working adults in Barnsley who are economically inactive are classed as long term sick (compared to 22% of people in Great Britain). 30% of these people want a job, compared to 24% in Yorkshire and the Humber and 24% in Great Britain. People with health issues who are out of work tend to live in the poorest areas of Barnsley and experience the poorest health.

WHAT ARE WE DOING IN BARNSLEY?

The Barnsley Employment and Skills Strategy – More and Better Jobs (2016-2020) has been written to look at raising the ambition of Barnsley businesses, improving education and skills, supporting people back into work and helping people to progress in work.

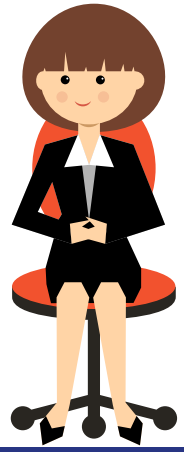
We are working to support people with health issues into work including:

- Understanding the employment, skills and support services available in Barnsley to help vulnerable people into work. This is so people can have the best support.
- Planning has started to develop pathways into employment for people with long term health conditions and vulnerable adults.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL IMPROVE ACCESS TO:

- Good or better jobs - working with businesses to encourage them to offer work experience, apprenticeships, flexible working and support in the workplace.
- Better routes to employment - including access to the right services, skills development and getting work-ready.
- Support getting into work – providing personalised support, getting people work-ready for a job they want to do.



Physical Activity and Sport

Being physically active can help us to lead healthier and happier lives, to maintain a healthy weight and to prevent conditions such as mental health issues and cancer.

Physical activity includes all forms of activity, such as cycling to work, active play, work-related activity, active recreation (such as working out in a gym), dancing or gardening as well as sport.

WHY IS THIS IMPORTANT IN BARNSLEY?

In Barnsley there are a large number of people who would benefit from being more physically active. Physical activity levels and sports participation are significantly lower in Barnsley than the regional and national averages for both adults and children. 38% of adults (16+) are inactive i.e. perform less than 30 minutes of activity a week.

We have a clear east-west divide in terms of participation with those living in the eastern part of the borough being less physically active than those living in the west of the borough.

Increasing levels of physical activity is a priority area in the Barnsley Public Health Strategy and in the Sport and Active Lifestyle Strategy (2015 -2018) for the borough.

WHAT ARE WE DOING IN BARNSLEY?

To support Barnsley residents to be more active we are delivering a variety of opportunities:

Walk Well Barnsley: short guide-led walks to suit people of all ages and abilities, particularly welcoming people who are currently inactive and/or living with long-term conditions.

Bikeability: cycle training for children and adults - over 1700 year 5-6 children trained each year.

Sky Ride: cycle rides designed to get people back into cycling and to help others to cycle more.

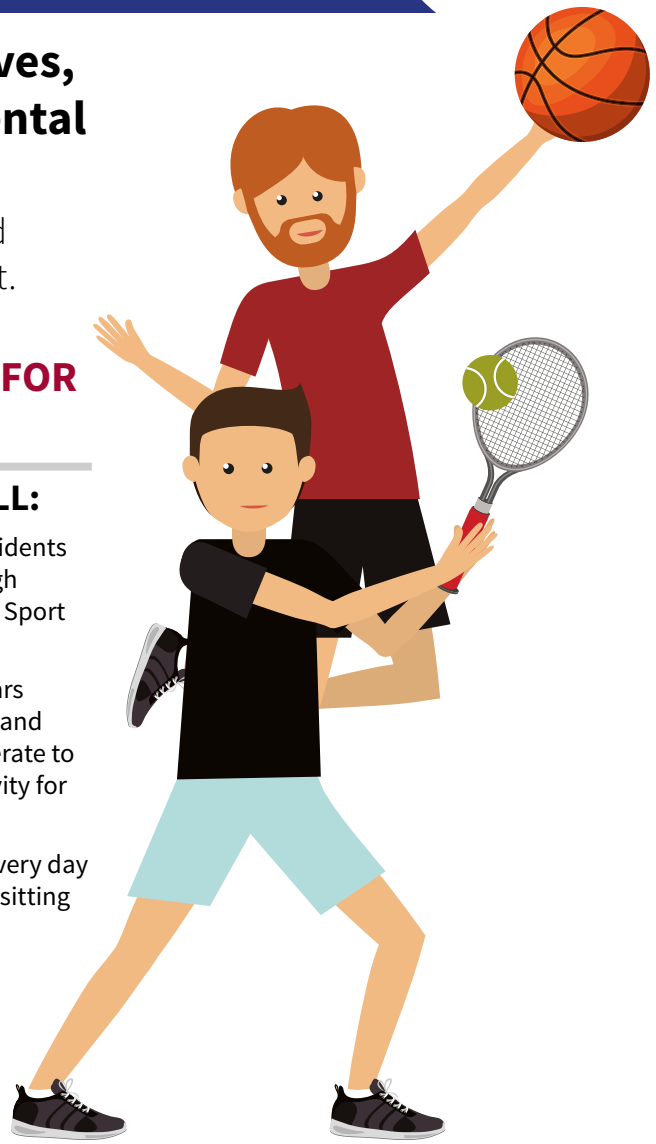
Back to Netball: gentle, coach-led introduction to netball for women

Barnsley Leisure Card: allows eligible residents to access discounted sport and leisure activities.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Work to encourage Barnsley residents to lead an active lifestyle through delivering our new multiagency Sport and Active Lifestyle Action Plan.
- Work with schools and early years settings to ensure that children and young people take part in moderate to vigorous intensity physical activity for at least 60 minutes a day.
- Encourage adults to be active every day and to minimise the time spent sitting down.



Fuel Poverty and Excess Winter Deaths

PLACE

Fuel poverty is a measure of a household's ability to pay for energy to heat the home to a satisfactory level of warmth (18°C-21°C).

Excess winter death rates are largely due to predictable and preventable causes. Risk can be reduced by:

- Keeping warm and active
- Wearing adequate clothing
- Receiving relevant immunisations
- Having a good social network

WHY IS THIS IMPORTANT IN BARNSLEY?

We know that under-heating of houses can contribute to poor health outcomes, particularly in terms of illness and death from heart and breathing conditions.

In Barnsley there is an average of 133 excess winter deaths per year (data from August 2010 to July 2013).

In comparison with the rest of England this is not significantly different, however in a European context, the UK does not perform as well as it should considering the cold weather that better performing countries experience.

WHAT ARE WE DOING IN BARNSLEY?

To help improve home efficiency and fuel poverty, Barnsley Council and its partners are delivering the following programmes:

Warm Homes Campaign: energy efficiency and fuel poverty awareness training for frontline staff in contact with vulnerable people to help support residents to take action.

Central Heating Fund: enables vulnerable residents to access full gas central heating system completely free of charge through the Better Homes Yorkshire programme.

Barnsley Council services also refer residents to:
The Green Doctors: energy advice and guidance for saving money on energy bills
Citizens Advice: advice to get the best deal from suppliers and help tenants manage their money.

Barnsley Council also ensures that excess winter deaths are considered in a variety of strategic plans.

OUR COMMITMENTS FOR THE FUTURE:

The health problems associated with cold homes are experienced during 'normal' winter temperatures, not just during extremely cold weather. Year-round action is needed to combat these problems.

Barnsley Council will take into account National Institute of Clinical Excellence (NICE) recommendations by:

- Prioritising which homes are tackled first.
- Shaping and influencing the decisions about how homes are improved.
- Raising awareness amongst practitioners and developing training for health & social care practitioners.
- Developing the research agenda.

Food for humans and feed for farm animals should be safe to eat to prevent illnesses such as food poisoning.

The labelling on food should be accurate so that consumers can make informed choices about what to buy so they can make healthy choices. This is particularly important for people with allergies who need to avoid certain foods.

WHY IS THIS IMPORTANT IN BARNSLEY?

- Barnsley has 2077 food premises and 312 feed premises supplying food to humans and farm animals.
- 312 cases of food related illness in Barnsley have been reported between April 2015-January 2016 and there are many more cases that are not reported.

WHAT ARE WE DOING IN BARNSLEY?

We help, support and advise new businesses when they set up to ensure legal compliance and we take legal action against traders relating to illicit alcohol, meat substitution and unhygienic premises. 80% of food premises have a hygiene rating of good or very good.

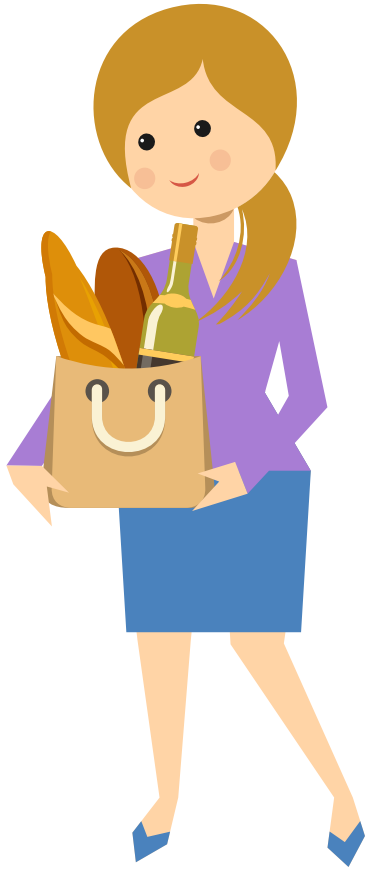
A list of our responsibilities and further information can be found on the **Barnsley Council website**.

Barnsley Council is also working with takeaway providers through the 'Tastier Takeaways' project to reduce fat, salt and sugar in menus, explore calorie labelling options and to promote healthy choices.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Support the compulsory display of Food Hygiene Ratings by food businesses.
- Continue to target higher risk premises for inspections & sampling.
- Seek any available funding from the Food Standards Agency for project work.
- Support legal action against traders who do not comply with the law.
- Promote the Tastier Takeaways pilot project and consider options for extending this to other areas.



Pollution Control

Poor air quality is estimated to be attributable to more than 50,000 deaths in the UK each year.

Excessive noise exposure can cause annoyance and fatigue, reduce efficiency and impact on health. Reducing exposure to pollution for populations is vital as people often have very little control over their individual exposure.

WHY IS THIS IMPORTANT IN BARNSLEY?

- The impact from poor air quality due to fine inhalable particles alone in Barnsley is estimated to be the equivalent of 124 deaths each year.
- Pressure to provide new housing often means sites are located next to sources of current or historical pollution.
- Air pollution levels are known to be higher near busy or congested roads, and Barnsley has several air quality management areas in these locations, where levels do not meet standards.
- In 2015, Regulatory Services investigated 1278 complaints about excessive noise from sources such as barking dogs, music, burglar alarms and building sites.

WHAT ARE WE DOING IN BARNSLEY?

- We regulate pollution emissions from local industry and residential areas and we have an air quality action plan which contains measures designed to reduce air pollution.
- We liaise with developers on new developments to assess and reduce people's exposure from noise, air quality and contamination.
- We publicise and regularly update air quality information on the Barnsley Council website.
- We encourage cycling and walking, and work with bus companies and other fleet operators to reduce emissions.
- We also encourage lower polluting transport such as the use of electric vehicles.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Continue enforcing environmental legislation to ensure exposure standards are not breached.
- Continue to work with organisations both within and outside the Council to further reduce pollution emissions.
- Update the air quality action plan to take account of the latest evidence and most appropriate actions.
- Liaise with the Planning Department to ensure pollution exposure on new developments meets standards.

CORE PUBLIC HEALTH

The following pages contain information on areas of work within the Core Public Health Directorate of Barnsley Council. Staff in this team work on a wide variety of areas relating to health promotion, health services and health protection:

1 NHS Health Checks
2 Suicide Prevention
3 Vaccination and Immunisation
4 Children and Young People's Health
5 Sexual Health
6 Alcohol and Tobacco
7 National Child Measurement Programme
8 Public Health Specialist Advice to the CCG
9 Barnsley Child Death Overview Panel
10 Children's Oral Health

NHS Health Checks

CPH

Every year in England, around 150,000 people die prematurely.

A quarter of those deaths are due to cardiovascular disease. Two thirds of deaths could be avoided through improved prevention, earlier detection and better treatment.

The NHS Health Check is a great opportunity for Barnsley's residents to receive a free mid-life MOT to check that the body's most important systems are running smoothly and to be given information and support to reduce the risk of disease.

WHY IS THIS IMPORTANT IN BARNSLEY?

NHS Health Checks in England could prevent 1,600 heart attacks and strokes and save at least 650 lives each year as well as preventing over 4,000 people a year from developing diabetes.

In Barnsley it is estimated that there are 27,218 people with undiagnosed high blood pressure, 1,952 people with undiagnosed heart problems and 650 people with undiagnosed diabetes.

WHAT ARE WE DOING IN BARNSLEY?

All 36 GP practices in Barnsley provide eligible people (aged 40-74 years old) with a health check once every 5 years. Between April-September 2015, 80% of eligible people who were offered a health check actually received a health check.

Since April 2015, over 4,000 health checks have been carried out in Barnsley.

OUR COMMITMENTS FOR THE FUTURE:

Barnsley Council's NHS Health Checks contract with GP practices is due to expire in March 2017 and this presents an exciting opportunity to review the existing NHS Health Checks service provision in Barnsley. Options for the delivery of the service from 1st April 2017 will be explored with involvement of all relevant local organisations, taking into account the latest research evidence.

Suicide Prevention

CPH

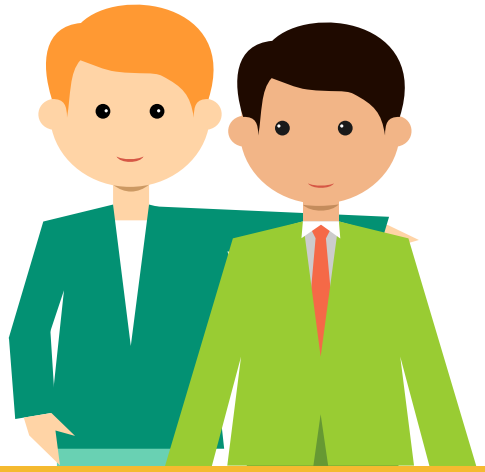
In England, one person dies every two hours as a result of suicide, and the impact on family, friends and local communities can be devastating. The factors that cause an individual to contemplate suicide are complex, but suicides are not inevitable.

Following the transfer of public health from the NHS to local government in April 2013, responsibility for co-ordination of suicide prevention lies with local authorities. Development of a local suicide prevention plan requires local authorities to work with other local organisations such as the police and the NHS.

WHY IS THIS IMPORTANT IN BARNSLEY?

On average around 24 people died each year by suicide or injury of undetermined intent in Barnsley in the period between 2012 and 2014. The suicide and undetermined death rate for Barnsley is currently reported as 10.4 per 100,000 for the period 2012 – 2014. The England average for the same period was of 8.9 per 100,000. This is not significantly different. The vast majority (85%) of deaths from suicide and undetermined death in Barnsley are males.

Suicide prevention profiles have been produced by Public Health England. This tool presents data on suicide, risk factors and service contact among groups at increased risk. It provides planners with the means to profile their area and compare to similar populations.



WHAT ARE WE DOING IN BARNSLEY?

Barnsley Suicide Prevention group has been established to develop and deliver a suicide prevention action plan with the aim of reducing the number of suicides and suicide attempts in Barnsley and to establish better support for people bereaved or affected by suicide. This group involves many different organisations such as the police, fire service, ambulance service and voluntary organisations.

A local suicide audit is being undertaken to better understand high risk groups and patterns of contact with services.

OUR COMMITMENTS FOR THE FUTURE:

The Barnsley Suicide Prevention Action Plan will be developed in 2016:

- Public health staff will review data, intelligence, evidence, guidelines and learning from other areas to ensure that the Action Plan is based on robust evidence.
- The Action Plan will be linked with all appropriate local strategies.
- The Action Plan will be put into practice and progress will be monitored.

Vaccination and Immunisation

The primary aim of vaccination is to protect the individual who receives the vaccine. Vaccinated people are also less likely to be a source of infection to others.

When vaccine coverage is high enough to induce high levels of population immunity, infections may even be eliminated from the country. But if high vaccination coverage were not maintained, it would be possible for the disease to return. Vaccination against smallpox enabled the infection to be declared eradicated from the world in 1980.

Getting a seasonal flu vaccination is one very important thing that individuals can do to keep themselves safe and healthy during the winter months. Reducing the number of people who get ill from flu reduces the pressure on health services at a time when they face great pressure. It also reduces the risk of getting complications or needing to take time off work. Uptake of the seasonal flu vaccination has been low both locally and nationally in 2015/16.

WHAT ARE WE DOING IN BARNSLEY?

Childhood vaccination uptake across Barnsley for all vaccinations has remained consistently high over a number of years.

This has been achieved through Barnsley Council working collaboratively with Public Health England, NHS England, Barnsley CCG and commissioned providers. Close working relationships have enabled all partners to act swiftly and positively to any changes to the vaccination schedule resulting in a programme of delivery which gives optimum protection to our population ensuring that every child gets the best start in life.

In order to increase the uptake of all vaccinations and especially of seasonal flu vaccination, Barnsley Council work with Public Health England and partners to look at how we can reach those people across Barnsley who may need support in accessing vaccination services. One example is work being undertaken with people who are homeless. Information is given to this vulnerable group on where and how to get vaccinated.

Barnsley Council's communication team provide a coordinated plan for vaccination campaigns in liaison with other organisations to ensure consistent messages are delivered across the borough. **More information on vaccinations can be found here.**

OUR COMMITMENTS FOR THE FUTURE:

- We will work to understand in more detail which groups of people are least likely to access vaccination programmes so that work can be done with these groups to increase uptake.
- Barnsley Council will continue to work with other organisations to ensure that plans are developed and put into practice to increase the uptake of all vaccinations.
- Local Councillors will be encouraged to take up the opportunity to have a flu jab (if eligible) to promote uptake of the flu vaccination amongst their local communities.

Children and Young People's Health

CPH

The public health team at Barnsley Council are focusing efforts on children's public health services to give every child in Barnsley the best possible start in life through the Healthy Child Programme.

WHY IS THIS IMPORTANT IN BARNSLEY?

A snapshot of children's health in Barnsley tells us that:

- The health and wellbeing of children in Barnsley is generally worse than the England average.
- The level of child poverty is worse than the England average with almost a fifth of children aged under 16 years living in poverty.
- Children in Barnsley have average levels of obesity: there are low levels of obesity among children aged 4-5 years but about one fifth of children aged 10-11 years are classed as obese.
- The MMR immunisation rate is better than the England average.
- The immunisation rate for diphtheria, tetanus, polio, pertussis and Hib in children aged two is better than the England average.

WHAT ARE WE DOING IN BARNSLEY?

Children, young people and families can access the Healthy Child Programme through their Health Visitor and/or School Nurse. The programme aims to improve health outcomes for children and young people from before birth through to their 19th birthday.

Programmes to support children, young people, parents and carers to help them improve their health and well-being in Barnsley include:

- Information to enable children, young people and families to access the help they need.
- A focus on preventative support for breastfeeding, healthy eating, smoking cessation and alcohol misuse, targeted at our most vulnerable communities.
- An aim to increase the number of children and young people who are a healthy weight.

Local authorities are responsible for commissioning public health services for children aged 0-19; this presents new opportunities for a different approach to improving outcomes for children and young people across both health and local authority led services.

OUR COMMITMENTS FOR THE FUTURE:

Barnsley Council will protect and promote the health and wellbeing of children, young people and families with the biggest improvements for those in greatest need so that health inequalities are reduced.

The Healthy Child Programme, Health Visiting and School Nursing support will be available and accessible to all children, young people and families in Barnsley.

Sexual Health

CPH

Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), unwanted teenage conceptions and abortions. The highest rates of sexual ill heath occur in women, men who have sex with men (MSM), young people aged under 25 and black and minority ethnic groups.

WHY IS THIS IMPORTANT IN BARNSLEY?

It is estimated that nationally a third of all HIV in the community is undiagnosed.

Whilst Barnsley remains an area of low known prevalence, there has been a steady increase in new cases over recent years. Ensuring early diagnosis and access to treatment services remains paramount as this usually means fewer complications for the patient and reduces the risk of ongoing transmission.

Even though the under-18 conception rates have reduced in Barnsley since 1998, they remain significantly higher than regional and national averages. Barnsley has a significantly lower percentage of abortions performed under 10 weeks gestation when compared to the England average. This implies that there is scope for improving early access to terminations.

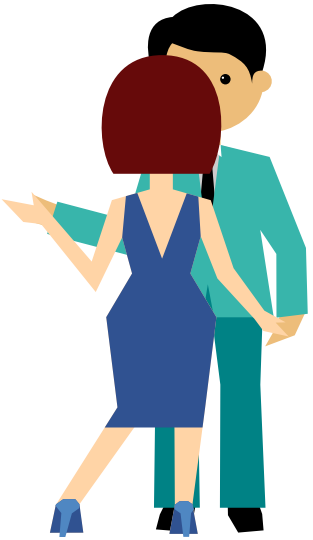
WHAT ARE WE DOING IN BARNSLEY?

On the 1st April 2015, a new integrated sexual health service was launched in Barnsley, with a central location at Gateway Clinic and several satellite clinics ranging from Thurnscoe to Penistone. The service works closely with a number of partners such as GPs, Youth Services and Education to deliver contraception advice and sex and relationship education (SRE). 141 SRE sessions were delivered during September to December 2015, with 3,820 children and young people benefiting.

The new service has secured an increase in access to services throughout the borough and ensures that people who attend can get a range of services in one place, for example people who attend for contraception can also access STI testing and vice versa.

OUR COMMITMENTS FOR THE FUTURE:

- Further satellite clinics will be opened.
- Staff will continue to attend training sessions to ensure they can meet client needs.
- Work undertaken with Youth Services will be expanded.
- Promotional materials will be produced and distributed and promotional events will take place.



Smoking and alcohol are two of the leading causes of early deaths.

Alcohol is associated with problems such as liver disease, cancers and cardiovascular disease and smoking is associated with lung disease, cancers, and cardiovascular disease.

WHY IS THIS IMPORTANT IN BARNSLEY?

Smoking is the main risk factor for death in Barnsley; it contributed to 1 in 5 deaths in 2011-13. 22% of adults in Barnsley are smokers, much higher than the England average of 18%.

Smoking is the main contributor to health inequalities across the borough. There are large differences between wards in the percentage of people that smoke, ranging from 12% to 29%.

Smoking in pregnancy is also a major problem in Barnsley. Recently smoking in pregnancy has reduced to 20%, but this is still much higher than the England average of 11%.

Although alcohol related deaths have been falling slightly in Barnsley in recent years, alcohol is still a problem. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year.

WHAT ARE WE DOING IN BARNSLEY?

Barnsley has a strong Tobacco Control Alliance where organisations across the borough work together to tackle the problem of smoking. A new campaign called 'Breathe 2025 is being rolled out across Barnsley, working towards seeing the next generation of children being smoke-free.

The 'Be Well Barnsley' Service provides an evidence-based Stop Smoking Service and Barnsley Council's enforcement officers tackle the problem of cheap and illicit tobacco and alcohol.

Barnsley has an 'Alcohol Harm Reduction Strategy' and the Barnsley Drug and Alcohol Action Team (DAAT) help people with drug or alcohol issues. Barnsley Council works with other local organisations to influence areas such as domestic violence, safeguarding and other complex needs.

OUR COMMITMENTS FOR THE FUTURE:

Barnsley Council and partners will:

- Make it harder for children and young people to access and use tobacco and alcohol.
- Support current smokers to quit, especially routine/manual workers and pregnant women.
- Consider the effects of the affordability, acceptability and availability of alcohol in our local area.
- Strive to achieve the Purple Flag award for our town centre, to demonstrate excellence in managing the evening and night time economy.

National Child Measurement Programme (NCMP)

CPH

Childhood obesity is one of the biggest public health challenges for the 21st century. Obese children have an increased risk of developing health problems and are more likely to become obese adults.

The NCMP measures the weight and height of children in Reception class and Year 6. The data is used to ensure there is the right support available, provides an opportunity to raise awareness of obesity and provides information on support available to families to make healthy lifestyle changes.

WHY IS THIS IMPORTANT IN BARNSLEY?

For children in Reception (YR), levels of overweight and obesity have been similar to or better than the England average in recent years. In Year 6 (Y6) the percentage of overweight and obese children has remained steady in recent years even though nationally the levels have been increasing.

There is a large difference between levels of obesity in YR and Y6. The percentage of obese children in Y6 (21%) is more than double that of YR (9%). In YR the levels of overweight pupils are greater than the levels of obese pupils. The opposite is true of Y6.

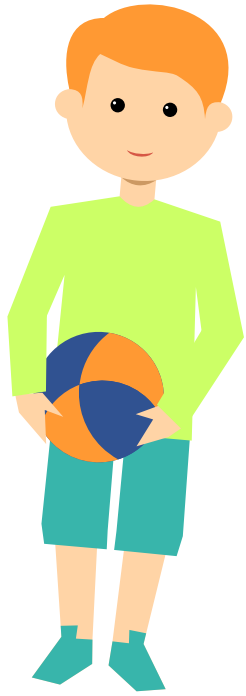
Obesity rates are higher in the more deprived areas of the borough, in both YR and Y6.

WHAT ARE WE DOING IN BARNSLEY?

In Barnsley the NCMP is delivered by the School Nursing Service. Individual results are sent out to the parents of children that took part, along with information on services available to help their child achieve and maintain a healthy weight.

A Healthy Weight in Children and Young People Expert Partnership Group has been set up which involves many different organisations within Barnsley.

Overweight children can take part in the 'Be Well Families' Programme, which is part of 'Be Well Barnsley. This service supports families to achieve a healthy weight through various activities either in 1:1 or group settings depending on the family's needs. Obese children can be referred to Barnsley Change4Life where they will be seen by a Specialist Dietician.



OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Continue to deliver the NCMP so that children can be referred to the relevant services.
- Work to improve families' knowledge of diet and nutrition through the Be Well Barnsley scheme.
- Ensure schools/nurseries provide nutritionally balanced meals as part of the School Food Plan.

The NICE Guidelines for preventing excess weight gain contain a number of recommendations relevant to children and their families.

Public health specialist advice to the Clinical Commissioning Group

CPH

Public health teams moved from the NHS to local government in April 2013.

This means that responsibility for providing public health specialist advice to Clinical Commissioning Groups (CCGs) is now a requirement for all local authorities.

CCGs commission most of the hospital and community NHS services in their local area. Commissioning involves deciding which services are needed, and ensuring that they are provided.

WHAT ARE WE DOING IN BARNSLEY?

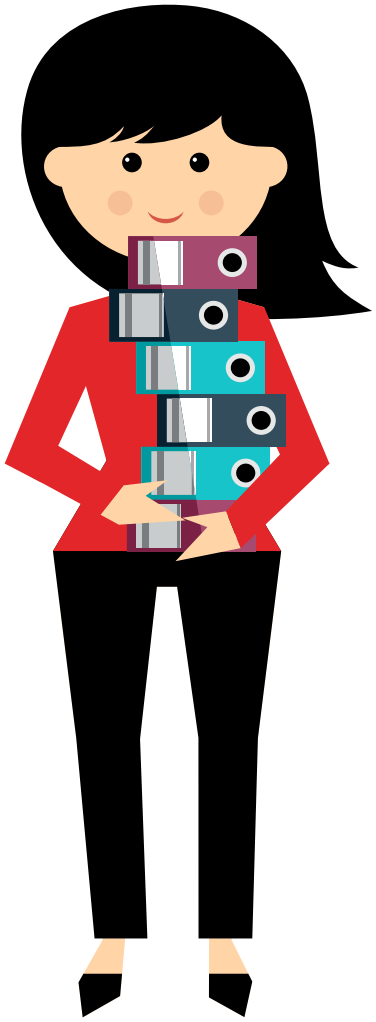
Key elements of Barnsley Council's Core Offer to Barnsley CCG include:

- Strategic planning such as: assessing need, reviewing service provision, supporting prioritisation.
- Advice on service design: the effectiveness/cost-effectiveness of interventions, patient and public engagement and development of evidence-based care pathways, service specifications and quality indicators.
- Public health advice on the design of monitoring and evaluation frameworks and establishing and evaluating indicators and benchmarks to map service performance.
- Working with clinicians to understand the relationship between patient needs, clinical performance and wider quality and financial outcomes.
- Provision of public health intelligence and data.

OUR COMMITMENTS FOR THE FUTURE

The public health team will:

- Support strategic commissioning and focus on health inequalities within the CCG.
- Support the development and implementation of the five year Sustainability and Transformation Plan.
- Develop a set of Shared Ambitions to Reduce Health Inequalities.
- Increase the contribution of the NHS to the implementation of the Public Health Strategy.
- Lead the CCG's new Health Inequalities Targeted Scheme for General Practice.
- Review how best the CCG can contribute to supporting people to adopt healthy lifestyles and access to non-medical forms of support for patients, such as a borough-wide social prescribing service.



Barnsley Child Death Overview Panel (CDOP)

CPH

Following the death of Victoria Climbé in 2000, national guidance was produced in the form of Working Together to Safeguard Children.

This guidance states that all agencies who have a responsibility towards children should work together to look at ways to keep children safe. This led to the formation of Child Death Overview Panels (CDOPs) who are accountable to Local Safeguarding Children Boards (SCBs).

The child death review process is not about apportioning blame but aims to learn lessons in order to improve the health, safety and wellbeing of children and to seek to reduce the number of deaths.

WHAT ARE WE DOING IN BARNSLEY

Compared to national data, Barnsley has relatively few child deaths.

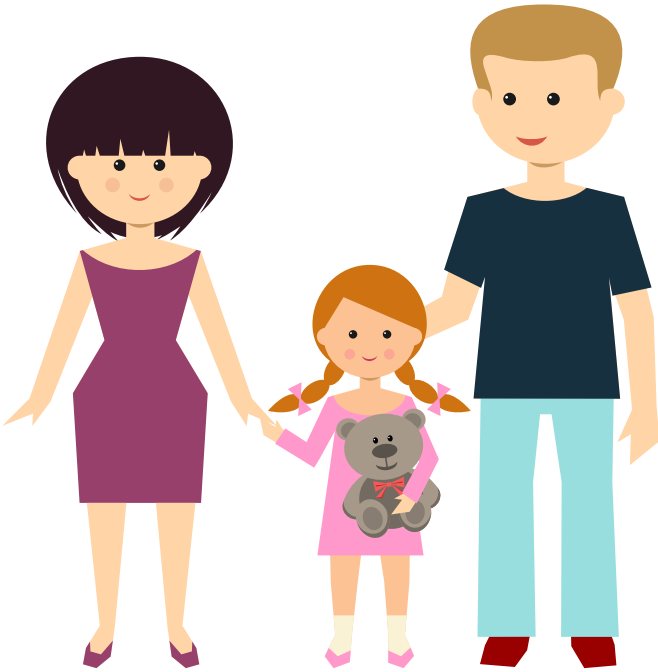
However, the circumstances surrounding the death of each child are considered on an individual basis in order that any changeable factors identified can form the basis of recommendations to the Barnsley Safeguarding Children Board (BSCB). The board considers how local services could be changed to prevent future harm and what action could be taken at a regional or national level. The findings from all child deaths inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children in Barnsley.

An annual report for CDOP is produced and the information is included in the **BSCB's annual report**.

OUR COMMITMENTS FOR THE FUTURE:

BARNSLEY COUNCIL WILL:

- Review the effectiveness of a pilot scheme to convene an initial meeting within 48 hours after receiving notification of an unexpected death of a child.
- Take part in a review of decision making with other CDOPs in South Yorkshire.



We all want healthy teeth as adults and that starts with having healthy teeth as children.

It is important that everyone establishes good oral health habits such as toothbrushing, consuming tooth-friendly food and drinks, and receiving fluoride varnish.

WHY IS THIS IMPORTANT IN BARNSLEY?

Tooth decay is the main oral health problem affecting children in Barnsley and can have big impacts on the daily lives of children including pain, sleepless nights, time off school and low self-esteem.

In Barnsley, the average number of decayed, missing or filled baby teeth for 5-year-olds was 1.6, which was higher than the average for Yorkshire and The Humber and for England.

Within Barnsley there are wide differences in the distribution of tooth decay between wards. In 2011/12 the average number of decayed teeth in some wards was five times higher than in others.

WHAT ARE WE DOING IN BARNSLEY?

The main causes of tooth decay are diets high in sugar and lack of exposure to fluoride.

Programmes to reduce tooth decay in Barnsley include:

- A superhero dental campaign – 'Brushing twice a day is the superhero way' – has been well-received across Barnsley and has been taken up by other areas including York and the East Riding.
- Toothbrushing packs - Packs containing a toothbrush, fluoride toothpaste and a mouth health information leaflet have been distributed to children across the borough.

Improving children's oral health is a key priority for Barnsley Council and the Council is now responsible for Oral Health Promotion.

OUR COMMITMENTS FOR THE FUTURE:

Barnsley Council will follow Barnsley's Oral Health Strategy 2015-18 which recommends that:

- Tooth brushing packs should be distributed to the most vulnerable families in the borough via foodbanks.
- Tooth brushing clubs should be established in early years, nurseries and reception year settings across Barnsley.
- The increased use of fluoride varnish by dental practices in Barnsley should be supported and encouraged.

Closing Remarks

Thank you very much for reading this year's Barnsley Director of Public Health's Annual Report.

The editorial team would like to thank all the staff at Barnsley Council who have contributed to this report.

We would love to hear your views on this report.

If you have any comments or would like further information on our work, please contact the Public Health team via Anne Firth on: **annefirth@barnsley.gov.uk** or **01226 773477**.

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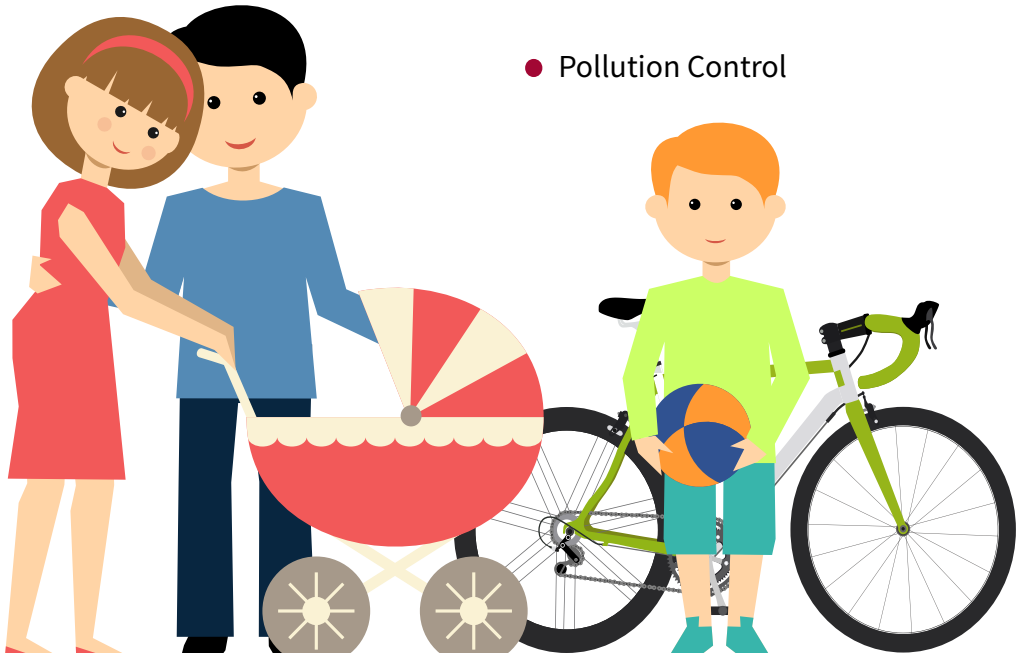
- Children's Oral Health



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Director of Public Health Annual Report 2015/16

Health & Wellbeing Board

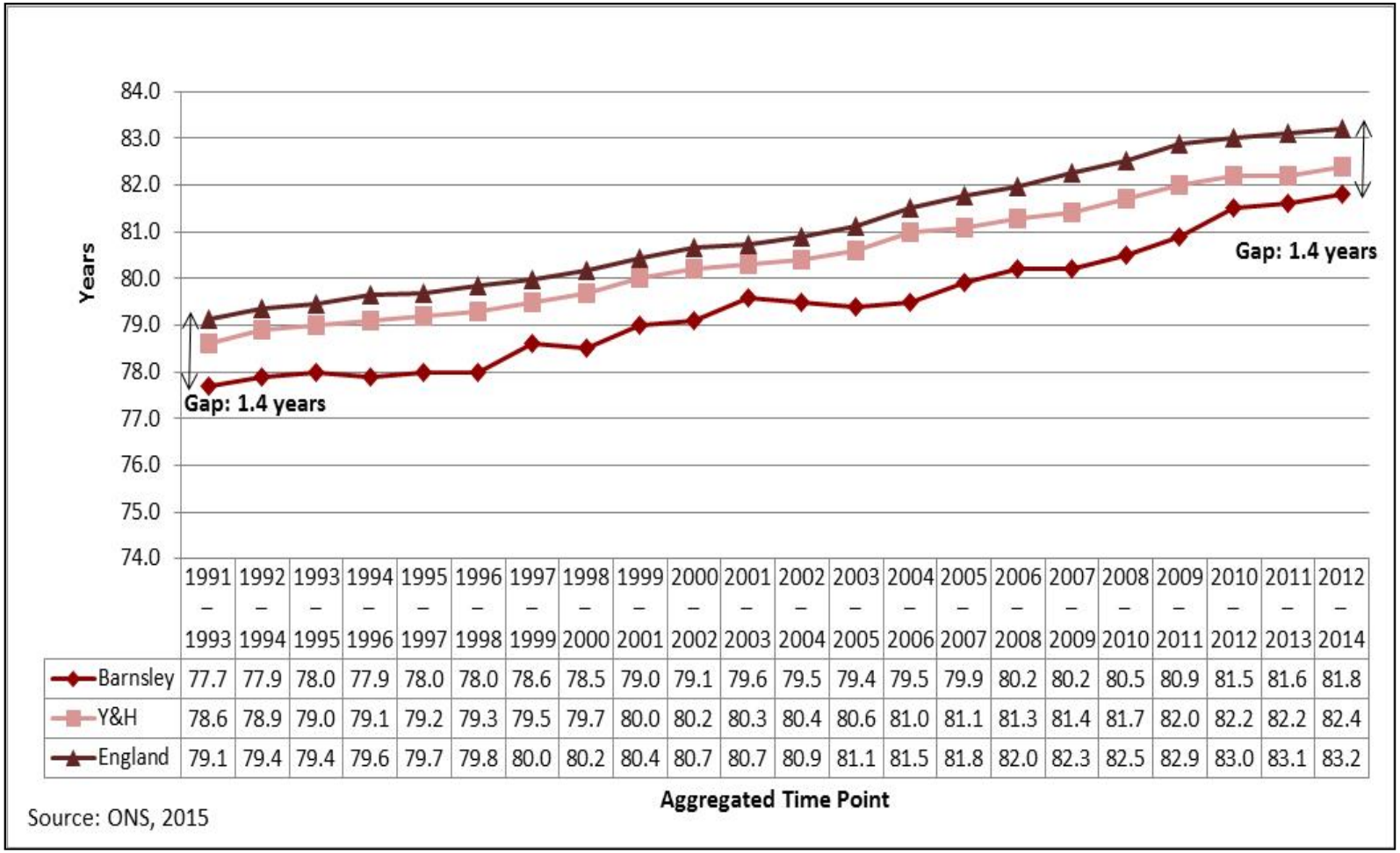
7th June 2016

Rebecca Clarke, Public Health Specialist Practitioner

BARNSLEY Metropolitan Borough Council

- The public health annual report is the independent review by the Director of Public Health
- The idea for this year was to describe recent innovative working in Barnsley to develop a Public Health Council through a distributed model of public health.

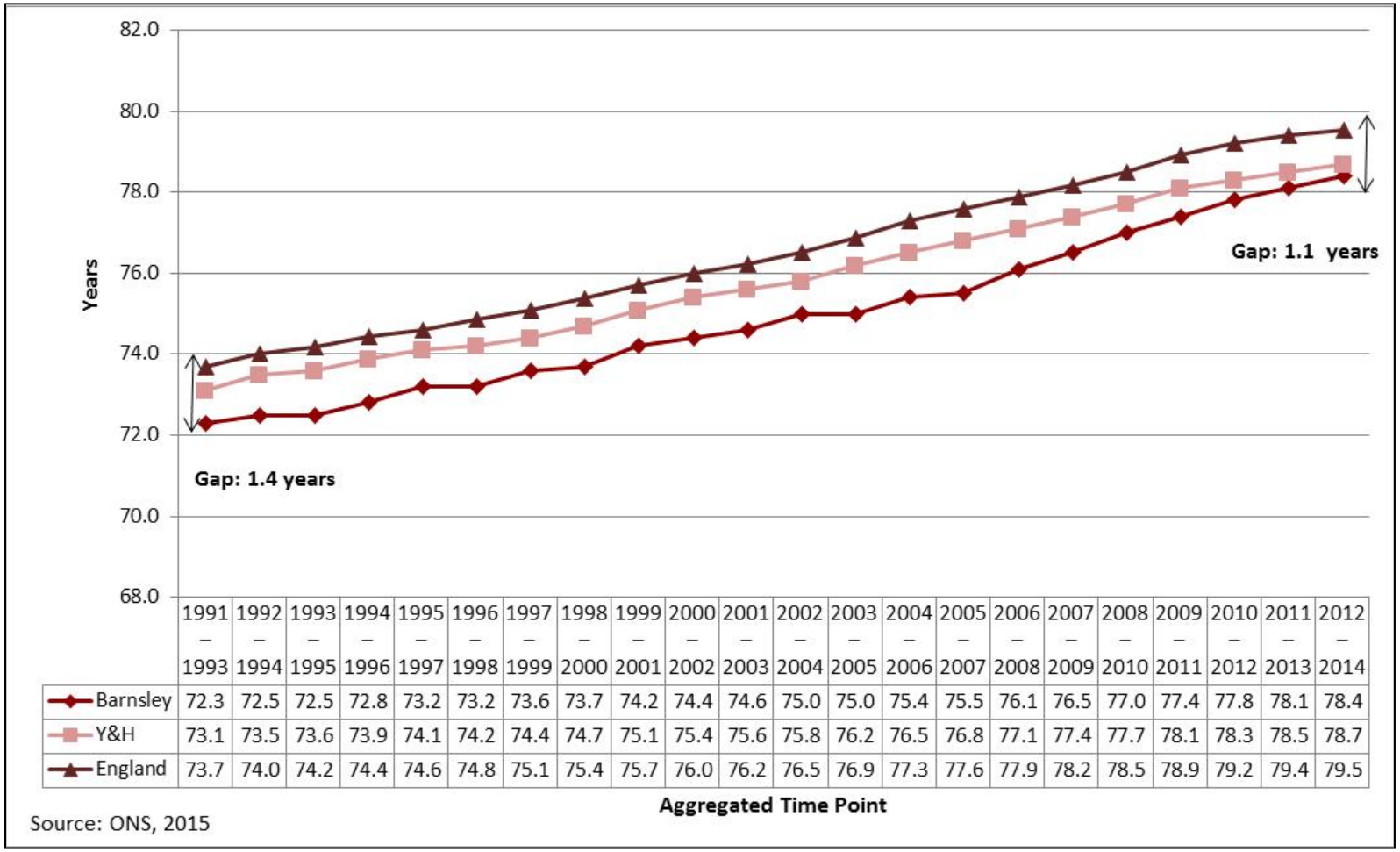
Trend in life expectancy at birth for women in Barnsley, compared with Yorkshire and the Humber and England



	1991 – 1993	1992 – 1994	1993 – 1995	1994 – 1996	1995 – 1997	1996 – 1998	1997 – 1999	1998 – 2000	1999 – 2001	2000 – 2002	2001 – 2003	2002 – 2004	2003 – 2005	2004 – 2006	2005 – 2007	2006 – 2008	2007 – 2009	2008 – 2010	2009 – 2011	2010 – 2012	2011 – 2013	2012 – 2014
Barnsley	77.7	77.9	78.0	77.9	78.0	78.0	78.6	78.5	79.0	79.1	79.6	79.5	79.4	79.5	79.9	80.2	80.2	80.5	80.9	81.5	81.6	81.8
Y&H	78.6	78.9	79.0	79.1	79.2	79.3	79.5	79.7	80.0	80.2	80.3	80.4	80.6	81.0	81.1	81.3	81.4	81.7	82.0	82.2	82.2	82.4
England	79.1	79.4	79.4	79.6	79.7	79.8	80.0	80.2	80.4	80.7	80.7	80.9	81.1	81.5	81.8	82.0	82.3	82.5	82.9	83.0	83.1	83.2

Source: ONS, 2015

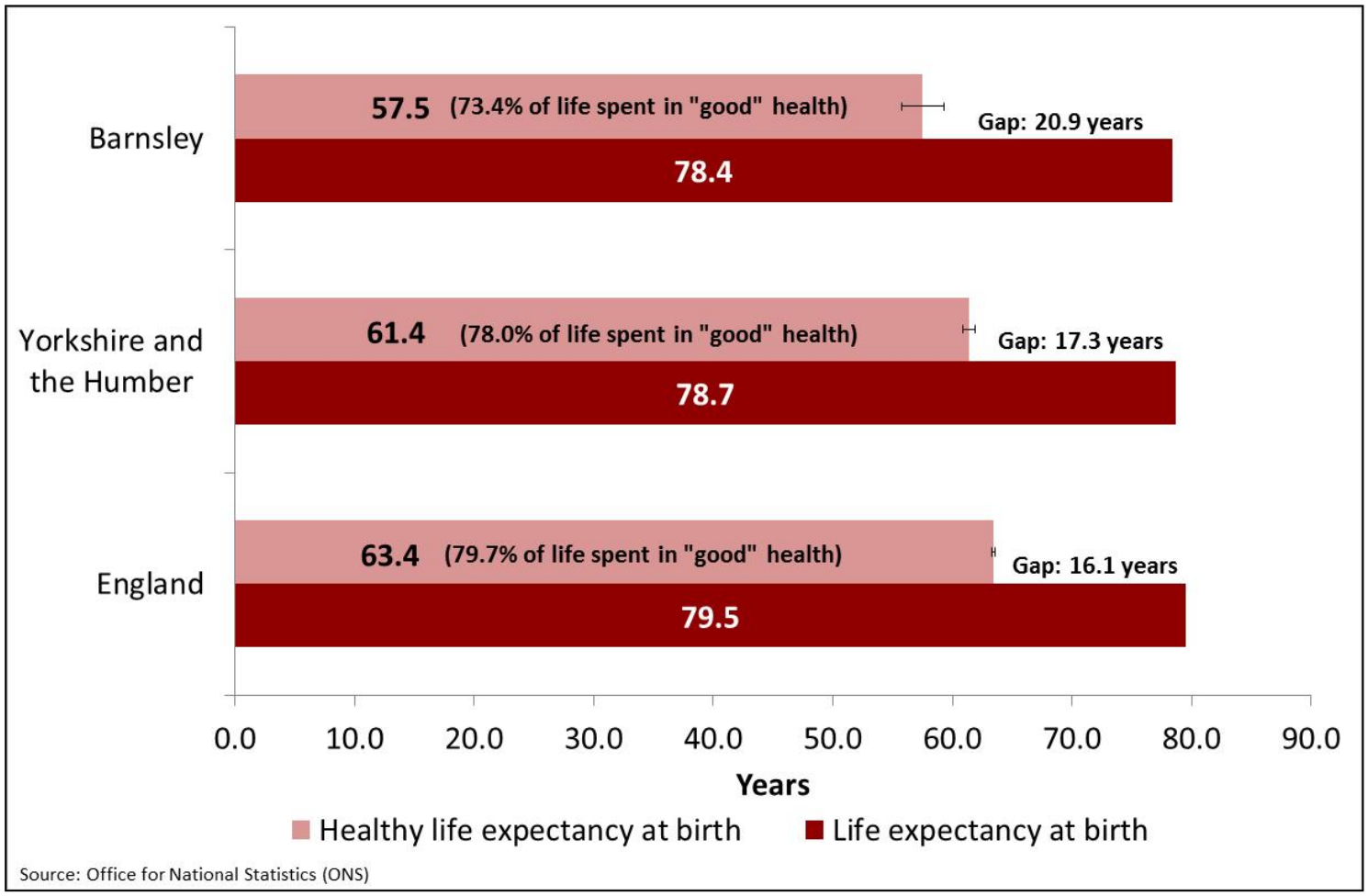
Trend in life expectancy at birth for men in Barnsley, compared with Yorkshire and the Humber and England



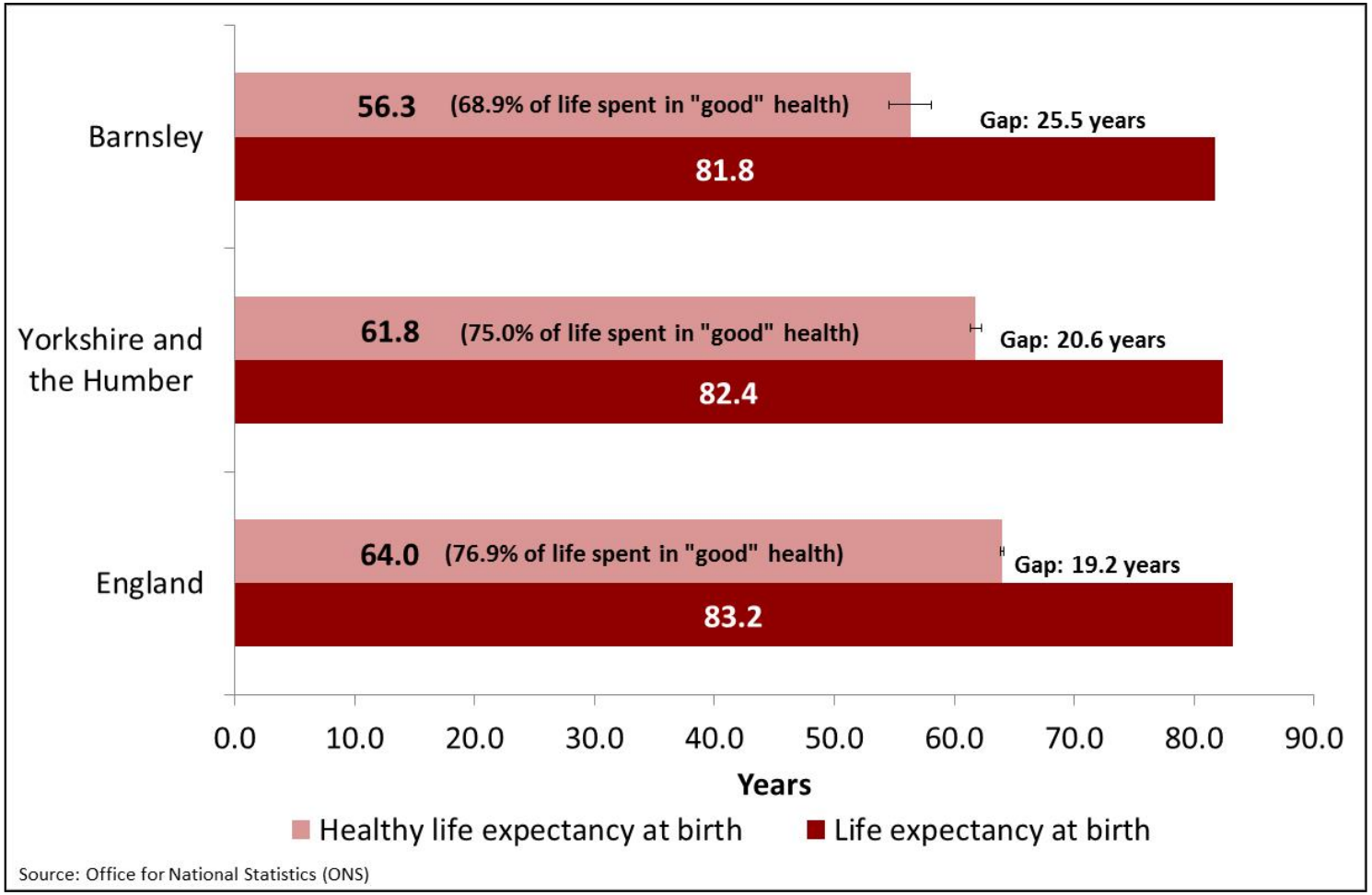
	1991 – 1993	1992 – 1994	1993 – 1995	1994 – 1996	1995 – 1997	1996 – 1998	1997 – 1999	1998 – 2000	1999 – 2001	2000 – 2002	2001 – 2003	2002 – 2004	2003 – 2005	2004 – 2006	2005 – 2007	2006 – 2008	2007 – 2009	2008 – 2010	2009 – 2011	2010 – 2012	2011 – 2013	2012 – 2014
Barnsley	72.3	72.5	72.5	72.8	73.2	73.2	73.6	73.7	74.2	74.4	74.6	75.0	75.0	75.4	75.5	76.1	76.5	77.0	77.4	77.8	78.1	78.4
Y&H	73.1	73.5	73.6	73.9	74.1	74.2	74.4	74.7	75.1	75.4	75.6	75.8	76.2	76.5	76.8	77.1	77.4	77.7	78.1	78.3	78.5	78.7
England	73.7	74.0	74.2	74.4	74.6	74.8	75.1	75.4	75.7	76.0	76.2	76.5	76.9	77.3	77.6	77.9	78.2	78.5	78.9	79.2	79.4	79.5

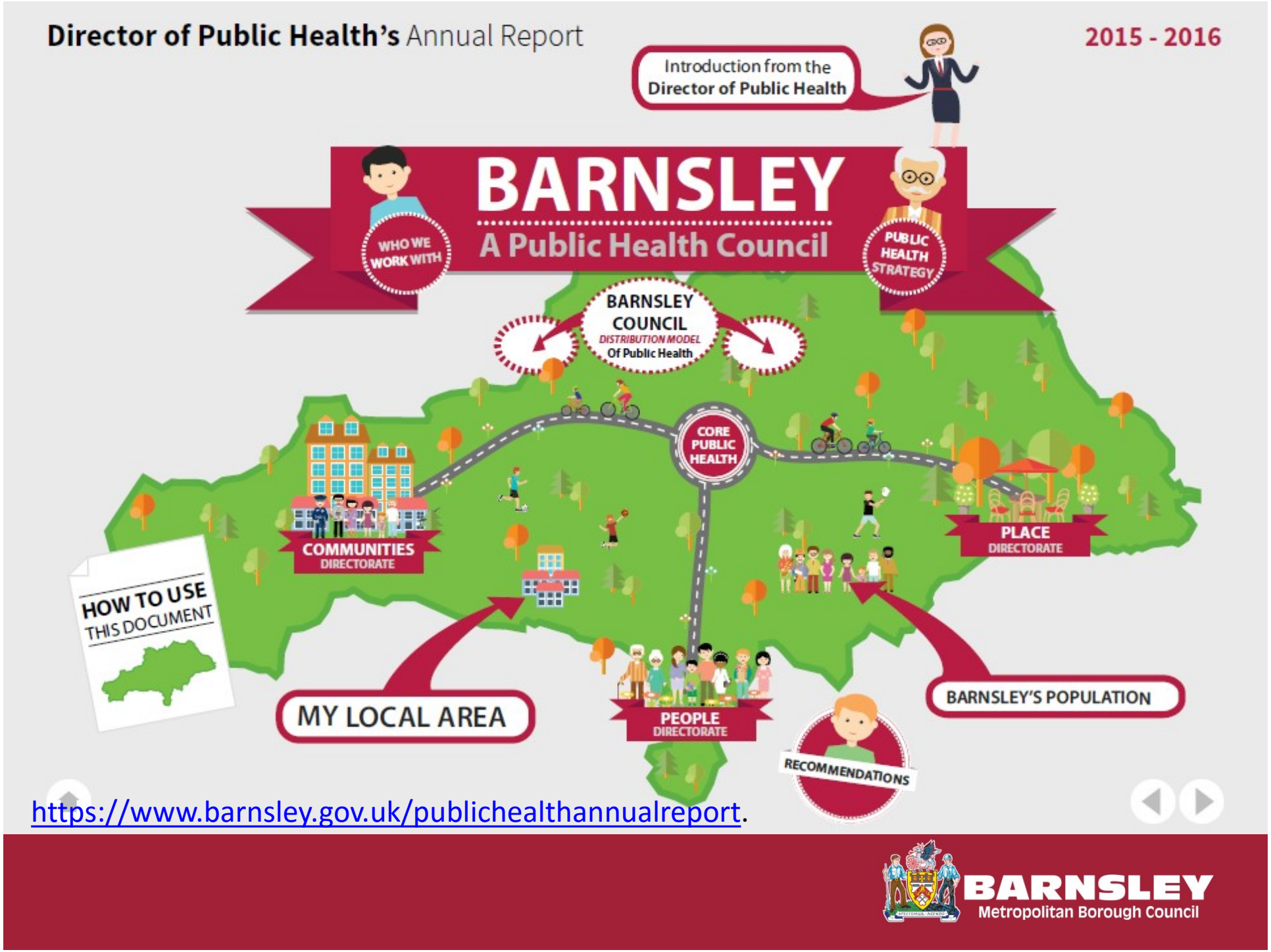
Source: ONS, 2015

Life expectancy at birth, healthy life expectancy at birth and the proportion of life spent in “good” health: Men in Barnsley compared with Yorkshire and the Humber and England (2012-14)



Life expectancy at birth, healthy life expectancy at birth and the proportion of life spent in “good” health: Women in Barnsley compared with Yorkshire and the Humber and England (2012-14)





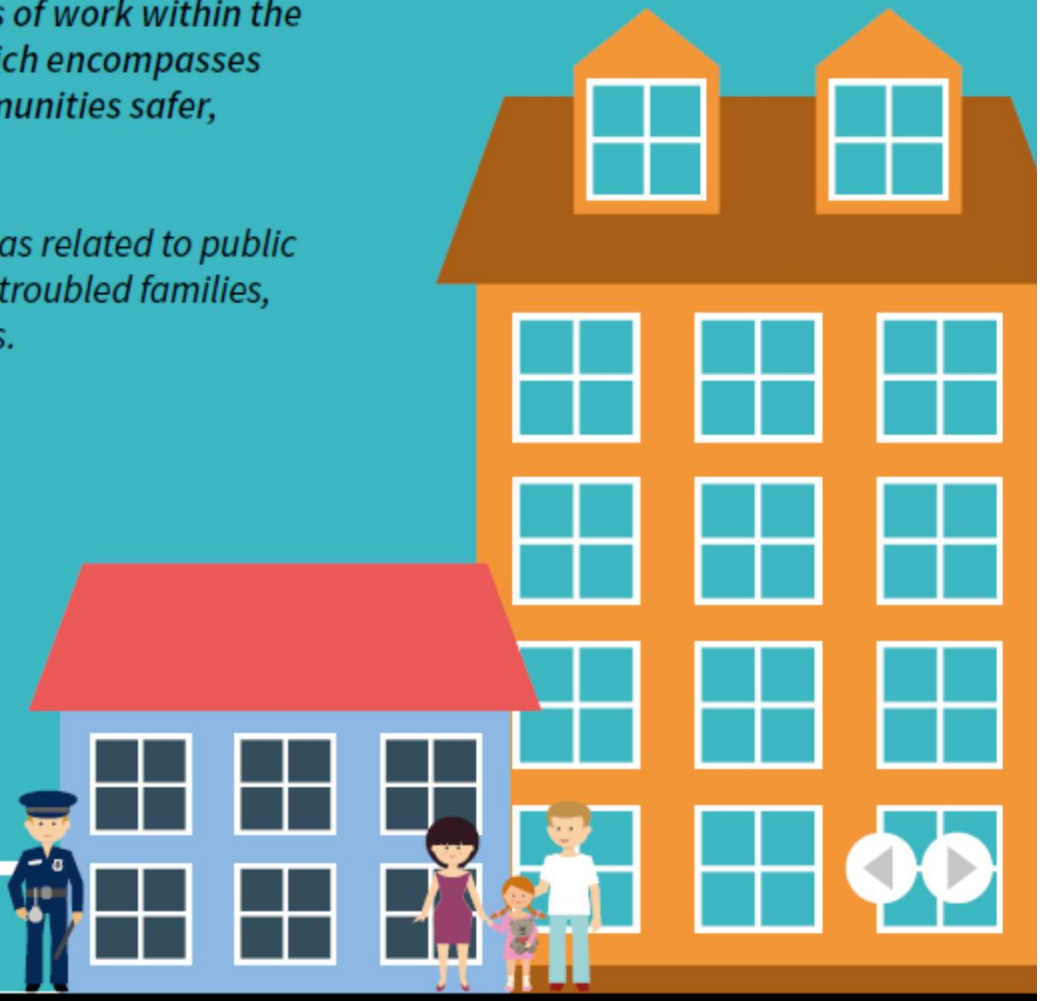
https://www.barnsley.gov.uk/publichealthannualreport.

COMMUNITIES
DIRECTORATE

The following pages contain information on areas of work within the Communities Directorate of Barnsley Council, which encompasses areas of public health intended to make our communities safer, stronger and healthier.

This directorate is involved with many different areas related to public health such as housing, infant feeding, supporting troubled families, policing, volunteering and planning health services.

1 Safer Communities
2 Stronger Communities
3 Healthier Communities



PEOPLE
DIRECTORATE

The following pages contain information on areas of work within the People Directorate of Barnsley Council. The Health and Wellbeing Team within this directorate work on areas of public health ranging from children to older people, including:

1. Early Help for Children and Young People
2. Emotional Health and Wellbeing of Children and Young People
3. Public Mental Health
4. Preventing Falls and Improving Bone Health in Older People
5. Preventing Dementia

PLACE
DIRECTORATE

The following pages contain information on areas of work within the Place Directorate of Barnsley Council. This directorate comprises teams working on employment, physical activity, housing and regulation:

1. Wider Factors Influencing Health
2. Workplace Health
3. Helping People with Health Issues into Work
4. Physical Activity and Sport
5. Fuel Poverty and Excess Winter Deaths
6. Food Hygiene and Standards
7. Pollution Control

CORE PUBLIC HEALTH

The following pages contain information on areas of work within the Core Public Health Directorate of Barnsley Council. Staff in this team work on a wide variety of areas relating to health promotion, health services and health protection:

1. NHS Health Checks
2. Suicide Prevention
3. Vaccination and Immunisation
4. Children and Young People's Health
5. Sexual Health
6. Alcohol and Tobacco
7. National Child Measurement Programme
8. Public Health Specialist Advice to the CCG
9. Barnsley Child Death Overview Panel
10. Children's Oral Health

Barnsley Council
@BarnsleyCouncil

Find out how we're tacking #publichealth in #Barnsleyisbrill with our interactive report bit.ly/1pARpV3

Rob Newton
@RobNewton15
Following

Well done to @BarnsleyCouncil for a clear interactive DPH report on how Public Health is organised @PeterRoderick15 barnsley.gov.uk/media/2616/bar ...

7:08 PM - 27 Apr 2016

Geraldine Strathdee @DrG_NHS · Apr 25
Wow! Public health report with a difference & Gr8 graphics @GregorWell @ProfKevinFenton @SamJLane @GarySlegg @KSBhui

> **Dr Andrew Furber** @FurberA
> Excellent report showing how #PublicHealth is operating throughout @BarnsleyCouncil barnsley.gov.uk/publichealthan... @LGAWellbeing @ADPHUK With link!

2 4

REPORT TO THE HEALTH AND WELLBEING BOARD

7th June 2016

SMOKE FREE BARNSLEY

Report Sponsor: Julia Burrows
Report Author: Diane Lee
Received by SSDG: 17th May 2016
Date of Report: 10th May 2016

1. Purpose of Report

1.1 To present the Smoke Free Barnsley Action Plan which outlines local ambitions to inspire a smoke free generation.

2. Recommendations

2.1 Ratifies the Smoke Free Barnsley action plan.

3. Introduction and Background

3.1 Tobacco use remains one of the most significant public health challenges. While rates of smoking have continued to decline over the past decades, 22.3% of adults in Barnsley still smoke. Although 2 out of 3 smokers when asked say they want to quit, smoking prevalence has fallen little since 2007. Continued action is required to drive smoking rates down further along with consideration of a different approach.

3.2 Smoking is the primary cause of preventable morbidity and premature death, accounting for 1355 deaths in Barnsley between 2012 – 2014. This equates to 7 double decker buses full of people dying in Barnsley as a direct result of smoking every year.

3.3 Tobacco addition (like all drug addictions) is a complex combination of pharmacology, learned behaviour, genetics, and social and environmental factors. Smoking may be a personal choice but this is shaped by someone's family, the community they live in and the marketing strategies of tobacco companies.

3.4 Tobacco is a leading cause of health inequalities and is responsible for half the difference in life expectancy between rich and poor.

3.5 There is no doubt that lives can be saved by promoting smoking cessation services. However, motivation to quit has fallen across the UK and evidence from the World Health Organisation states that to have any chance of

reducing smoking prevalence across a population, an effective and multi-stranded tobacco control strategy must be in place.

3.6 The Tobacco Control Plan for England sets out priorities against six internationally recognised strands, which are: stopping the promotion of tobacco; making tobacco less affordable; effective regulation of tobacco products; helping tobacco users to quit; reducing exposure to second hand smoke; and effective communications for tobacco control.

3.7 Interventions having the greatest, quickest and most sustainable impact on smoking prevalence are those aimed at changing social norms and denormalising tobacco use. The Government has highlighted social norms as key to changing health behaviours with key strategies tackling the affordability, availability and acceptability of smoking.

4. Smoke Free Barnsley Action Plan

4.1 The Smoke Free Barnsley Action Plan (2016 – 2018) aims to see the next generation of children in Barnsley born and raised in a place free from tobacco, where smoking is unusual. The plan contains an ambitious target to reduce adult smoking prevalence by 1% year on year. If successful, in 2018 (based on a smoking prevalence of 19%) there will be 6210 fewer smokers in Barnsley, £1.9m saved to the local NHS and 4.3 tonnes less of cigarette waste.

4.2 Key objectives within the plan include: setting a clear example; making it harder for children and young people to access and use tobacco; making tobacco less affordable, especially for children and young people; limiting tobacco marketing and exposure to smoking seen by children and young people; educating young people to make healthy choices; reducing exposure to second hand smoke; and supporting current smokers to quit, targeting those who are most in need including smokers with long term conditions, smokers with a mental health problem, smokers working in routine and manual jobs and pregnant smokers.

5. Financial Implications

5.1 Depending on the approach taken to introduce smoke free environments, there will be a financial implication but this has yet to be costed.

6. Consultation with stakeholders

6.1 The action plan has been developed in consultation with Smoke Free Barnsley, the local Tobacco Control Alliance who will also oversee delivery of the actions.

6.2 Consultation has also taken place with Public Health colleagues working in the distributed model across BMBC.

Officer: Diane Lee **Contact:** 01226 787435 **Date:** 10th May 2016

Smokefree Barnsley Tobacco Alliance Action Plan 2016-2018

VISION: To see the next generation of children in Barnsley born and raised in a place free from tobacco, where smoking is unusual

- Smoking prevalence in Barnsley is reducing but we still have one of the highest smoking rates in the country.
- The latest data illustrates that 22.3% of the adult population In Barnsley are smokers - significantly higher than the England average of 18.0% (2014).
- There is a wide variation between wards where the proportion of adult smokers ranges from 12% to 29%. The prevalence amongst routine and manual workers within Barnsley is much higher than the overall prevalence at 29.2% compared to 22.3% (2014).
- The smoking prevalence at age 15 of 10.7% is significantly worse than the England average of 8.2% (2014/15).
- Although recently smoking in pregnancy has reduced to 20.4%, this is still significantly higher than the England average of 11.4%.
- Smoking attributable mortality and admissions are significantly higher in Barnsley when compared with the regional average.
- Roughly £62million per year is spent on tobacco by the smokers of Barnsley. This is on average around £1323 per smoker per year.
- Each year in Barnsley smoking costs society around £75.6 million, this includes factors such as lost productivity, the cost of social care and smoking-related house fires (ASH Ready Reckoner, The local cost of tobacco, December 2015).
- When net income and smoking expenditure is taken into account, 8326 (32%) households with a smoker fall below the poverty line. If these smokers were to quit, 2140 households would be elevated out of poverty, these households include around 1707 dependent children (ASH Estimates of poverty in England adjusted for expenditure on tobacco, October 2015).

Target = to reduce smoking prevalence by 1% per year.

By 2018, based on a smoking prevalence of 19%, it is estimated that there could potentially be:

- 6210 less smokers in Barnsley[1]
- £4.6million annual saving to business's in Barnsley due to less smoking breaks[2]
- £700,000 saved annually in smoking related sick days[2]
- £1.9million saved to the NHS in Barnsley annually[2]
- 4.3 tonnes less cigarette waste annually in Barnsley[2]
- 69 less smoking related deaths each year

(Please note that these are estimates)

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Performance

		2011	2012	2013	2014	2015 Actual	2015 Target	2016 Actual	2016 Target	2017 Actual	2017 Target	2018 Actual	2018 Target	2019 Actual	2019 Target
Prevalence of smoking among persons aged 18 years and over	**Barnsley**	**25.4**	**23.6**	**21.4**	**22.3**		**22**		**21**		**20**		**19**		**18**
	Yorkshire & Humber	22.1	22.7	20.3	20.1										
	England	20.2	19.5	18.4	18										
Prevalence of smoking among persons aged 18 years and over - routine and manual	**Barnsley**	**32.5**	**31.4**	**30.8**	**29.2**		**28.2**		**27**		**25.5**		**24**		**22.5**
	Yorkshire & Humber	31.8	33.2	30.7	30.7										
	England	30.3	29.7	28.6	28										
% of women who smoke at time of delivery	**Barnsley**	**23.3**	**21.9**	**23**	**20.4**		**19**		**18**		**17**		**15.5**		**14**
	Y & H (up to 2012)/ South York's and Bassetlaw	16.4	16.5	18.6	17.7										
	England	13.2	12.7	12	11.4										
Smoking prevalence at age 15 - current smokers (New indicator 2014)	**Barnsley**	**-**	**-**	**-**	**10.7**										
	Yorkshire & Humber	-	-	-	8.7										
	England	-	-	-	8.2										

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Ambition	Why	Planned activity	Responsibility	Progress update	Milestones
Key Objective 1: setting a clear example	Smokefree workplaces protect staff, whether or not they are smokers themselves, from second-hand smoke. They also normalise the smokefree vision, which impacts on the prevalence of smoking. If people feel that smoking is less and less of a normal, societally acceptable activity, more people will quit, and more young people will not start in the first place (DH 2007). Normalising not smoking has been shown to increase numbers of young people not taking up smoking (Backinger 2003, NICE 2010).	Ensure all members of the Tobacco Control Alliance have evidence based workplace smoke free policies in place.	Richard Jenkins	BHNFT – Smokefree Policy 2012 due to be updated March 2016. Smoke Free BHNFT policy 2012.pdf	Ongoing
			Kaye Mann	BMBC – Smoking at work policy 2013. In progress of being updated (May 2016). BMBC SmokingatWorkPolicy	
			Judith Hirst	SCHOOLS - Sandhill Trust Smokefree Policy Oct	
			Zoe Styring	SWYPFT – new Smokefree Policy Dec 2015, stating 'smoking is not permitted anywhere within the Trust's buildings, grounds and/or assets'. SWYPFT Smokefree Policy Dec 2015.doc All SWYPFT site including mental health premises became	

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				completely smokefree from 1st December 2015.	
			Hilary Mosely	CCG – Alcohol, drug and substance misuse and smokefree policy, June 2014.  CCG alcohol, drugs and smokefree policy.	
			Pete Jones	FIRE AND RESCUE SERVICE  SYFR Smoking_at_Work_Pc At the moment the grounds are not fully smokefree, the main reason being that Operational Staff need to be on premises at all times on duty for emergency calls hence the designated areas within the premise grounds. Smoking is not permitted on vehicles or when operational staff are on call outs.	
			Claire Gray	PSS – included in the PSS health and safety policy.	

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				PSS Health and Safety Policy (1).pdf	
	This demonstrates a commitment to supporting smokers on-site and allows people who have started to stop (NICE 2007). It will also improve the businesses finances, as ex-smokers and non-smokers have less sickness absence than current smokers.	All TCA members to ensure that their staff are encouraged and supported to stop smoking.	Richard Jenkins	BHNFT – Smokefree policy states 'Will support employees who wish to cease smoking, allowing time to attend clinics/advisory sessions with the Stop Smoking Service where reasonably practicable to do so. Barnsley Hospital will fully support, with free resources within defined criteria, an employee/client who wishes to cease smoking'.	**Ongoing**
			Diane Lee	BMBC – objectives of the policy is 'to promote the aims of Public Health and to support the health of the Council's employees by encouraging and, where required, providing assistance and support to help them stop smoking'. 'To provide encouragement, assistance and support to those employees and Members who wish to give up or cut down smoking through classes and counselling organised through the Occupational Health Service'.	
			Judith Hirst	SCHOOLS -	
			Zoe Styring	SWYPFT – link to Yorkshire Smokefree on staff intranet.	

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				http://nww.swyt.nhs.uk/wellbeing/smoke-free/Pages/default.aspx Smokefree policy states 'The Trust would wish to encourage its employees to refrain from smoking outside the times and circumstances set out in this policy, both in their own interests and as representatives of a major public body, whose purpose is to improve health'.	
			Hilary Mosely	CCG – policy states 'employees who smoke will be encouraged to seek support to stop smoking. Local arrangements for accessing smoking cessation support will be publicised on the website and highlighted through the staff newsletter periodically'.	
			Pete Jones	FIRE AND RESCUE SERVICE - Information on services available is in the SYFR Smoking at work policy. All operational staff attend health checks via the Occupational Health Department and are asked about smoking status. Looking into the possibility of posters in the designated areas with Stop Smoking info.	
			Claire Gray	PSS – Policy states-'PSS wants to support staff who want to stop smoking and will enlist the help of appropriate organisations to provide support and guidance to help staff to stop smoking'.	
	To set a good example to	Ensure a system	Richard Jenkins	BHNFT – Smokefree Policy states 'employees	**Ongoing**

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	members of the public.	is in place to prevent any identifiable staff from smoking publicly e.g. in uniform, badges		will not smoke outside their working hours in circumstances where it is obvious that they are employed by Barnsley Hospital, e.g. wearing staff uniform and/or name badges'.	
			Diane Lee	BMBC - To prevent adverse public perception being formed by preventing groups of BMBC employees or Members or public congregating at the entrance or exits of Council buildings, to smoke.	
			Judith Hirst	SCHOOLS	
			Zoe Styring	SWYPFT – Policy states that 'staff should not be identifiable as NHS employees to members of the public when smoking/vaping' and 'staff should not smoke/vape directly outside the main entrance of any Trust site'.	
			Hilary Mosely	CCG - Employees who do smoke during normal work hours must not do so on CCG premises, including the car park and in vehicles parked on the car park.	
			Pete Jones	FIRE AND RESCUE SERVICE – due to operational staff needing to be ready for call outs at all times it is not practical to change out of uniform. Designated areas are out of view of the public.	
			Claire Gray	PSS -	

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	There is a certain amount of evidence across a variety of settings to suggest that gaining a commitment does have an effect on behaviour. TCA members should lead the vision.	All TCA members to make an online Breathe 2025 pledge	Richard Jenkins	BHNFT - Beccy Barber, Stop Smoking Midwife - We will support pregnant women and their families to stop smoking and promote smoke free homes and cars. We will support midwives and support staff to offer brief interventions at each antenatal appointments	Ongoing
			Kaye Mann	BMBC pledges.docx BMBC -	
			Judith Hirst	Schools	
			Zoe Styring	SWYPFT - Yorkshire Smokefree, Barnsley - We pledge to educate others on the harmfulness of smoking, continue to help smokers quit for good and encourage a smoke-free generation. Yorkshire Smokefree Hub, Barnsley - I/We pledge to ensure all staff complete free, online training in brief interventions on smoking.	
			Hilary Mosley	CCG – • 'Barnsley Clinical Commissioning Group will be an active member of the Barnsley Tobacco Alliance and work with partners to	

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				support the creation of a smoke free generation' Pledge to be made on behalf of the CCG by the Chief Officer • 'I will continue to help my patients to quit smoking and will ensure that the Clinical Commissioning Group places a high emphasis on helping to create a smoke free generation' Pledge from Chair of the CCG'	
			Pete Jones	Fire and Rescue Service -	
			Claire Gray	PSS – pledge made.	
				Others: BPL pledge – 'We pledge to encourage our members to lead healthy smoke free lives and to support those trying to quit'	
	Lead the vision – your colleagues will take their lead from you. Share the evidence behind the vision with them, as well as the vision and they will be more likely to come on board (Minkler et al 2003).	All TCA members to promote the Breathe 2025 campaign to their organisations and to encourage pledges	Richard Jenkins	BHNFT	**Ongoing**
			Alex Hanna/ Emily Beevers	BMBC - Article in November's Open News, info and links in Straight Talk and on website.	
			Judith Hirst	SCHOOLS – info and request has been included in several schools E-bulletins. Info and links sent to JH for distribution to other Primaries.	
			Zoe Styring	SWYPFT – request for pledges sent to all staff at Stop smoking and the hub on 07.01.16	
			Hilary Mosely	CCG-	

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			Pete Jones	FIRE AND RESCUE SERVICE – info sent to include in the weekly staff bulletin	
			Claire Gray	PSS – discussed at team meeting 11.01.16. CG to ask staff to make personal pledges.	
	Local stop smoking services offer the best chance of success. They are up to 4 times more effective than no help or over the counter nicotine replacement therapy (NRT). Education and promotion is important to drive smokers into the service in order to quit.	All TCA members to promote information on stopping smoking on their web pages	Richard Jenkins	BHNFT – information and links to Smokefree Yorkshire on Maternity Services web page. http://www.barnsleyhospital.nhs.uk/services/maternity-services/thinking-about-having-a-baby/do-you-smoke/	Ongoing
			Diane Lee	BMBC – website being updated will include links to Yorkshire Smokefree and Breathe 2025.	
			Judith Hirst	SCHOOLS -	
			Zoe Styring	SWYPFT – link to Yorkshire Smokefree. http://www.southwestyorkshire.nhs.uk/your-wellbeing/	
			Hilary Mosely	CCG	
			Pete Jones	FIRE AND RESCUE SERVICE – looking into the possibility of having a page on the SYFR website on smoking and fire risks along with links to the Stop Smoking Service and Breathe2025	
			Claire Gray	PSS	
		Communications plan for Breathe 2025	Alex Hanna/ Emily Beevers	Communications and social media plans in place:	Ongoing

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				  Implementation plan - Breathe 2025 Sept 2 Social media plan.ods  Breathe 'champion' family.jpg	
	Repeated messages from different voices give strength to a cause (Minkler et al 2003). Working together with others to deliver effective mass media campaigns maximises the chances for the message to be heard, and heard repeatedly, by young people. Research shows us that the most effective element of a mass media campaign in terms of reducing the prevalence of smoking amongst young people is the duration and visibility of the campaign (NICE 2008).	Promotion of National/regional campaigns e.g. Stoptober, No Smoking day and World No Tobacco Day and any new legislation	Alex Hanna/ Emily Beevers	BMBC • Stoptober 2015 – resources ordered and distributed (via Health Trainers, Infant Feeding Team, Stop Smoking Service, Work place health) • Smoking in cars legislation Oct 2015 – Schools E-Bulletin • Health Harms campaign resources ordered and distributed Dec 2015 16 cancers campaign – posters distributed plus social media posts.	**Ongoing**
			Zoe Styring	SWYPFT • Stoptober promotion within BHNFT http://barnsley.yorkshiresmokefree.nhs.uk/articles/check-out-our-stoptober-set-up-in-barnsley-hospital No Smoking Day 2016 - promotion in the bus station 9-13pm, hospital promotion all day .	
			Richard Jenkins	BHNFT – promotion of Stoptober on hospital internet http://www.barnsleyhospital.nhs.uk/news/quit-smoking-good-stoptober/	
			Judith Hirst	SCHOOLS-	

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			Hilary Mosely	CCG – distribution of 16 cancers posters to GP's, social media posts	
			Claire Gray	PSS – staff working in the Dearne to promote.	
			Pete Jones	FIRE AND RESCUE SERVICE – to include info in weekly staff bulletins.	
				Other: • Barnsley Premier Leisure (BPL) promotion of the '16 Cancers' campaign in their sites. Barnsley Lesbian, Gay, Bisexual and Trans community (Barnsley LGBT) promoted 16 cancers campaign on their Facebook and website.	
		Embed smoking in all key policies, commissioned services, contracts and action plans	Diane Lee	BMBC • Anti-poverty Plan • 0-19 Priority in the Public Health Strategy 2015-18	**Ongoing**
			Zoe Styring	SWYPFT - states in the Smokefree Policy that 'Procurement Department will ensure all tenders and contracts with the Trust stipulate adherence to this Policy as a contractual condition' and 'Training Department will ensure appropriate sessions, for example corporate induction and fire lectures refer to the Trust's smokefree policy'	
			Richard Jenkins	BHNFT – Policy states 'Will ensure that the system of selecting and controlling contractors ensures compliance with this policy'.	
			Hilary Mosely	CCG	

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			Claire Gray	PSS – CG looking into possibility of including not smoking in new staff contracts.	
			Judith Hirst	SCHOOLS	
Key Objective 2: making it harder for children and young people to access and use tobacco	There is good evidence that helping to maintain a visible proof of age/ID campaign and support the enforcement of the law reduces youth access to tobacco (NICE 2008), which reduces the opportunity and therefore the likelihood of smoking.	Ensure sufficient underage test sales are carried out	Simon Frow/ Paul Micklethwaite	19 test purchases for underage sales undertaken. Also test sales for E-cigs will be undertaken soon using funding from Trading Standards.	Ongoing
		Visible proof of age/ID campaign in wherever tobacco products are sold	Simon Frow/ Paul Micklethwaite	ID packs issued at every shop visit by Tobacco Enforcement Officer.	Ongoing
		Train retailers to ensure they are aware of legislation prohibiting under age sales and the harms of tobacco (target retailers within specific areas of high smoking prevalence and target retailers who are situated within walking distance	Simon Frow/ Paul Micklethwaite	Discussion at every visit by Tobacco Enforcement Officer. Also leaves retailers with a hand-out of key points.	Ongoing

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		of schools)			
Key Objective 3: making tobacco less affordable, especially for children and young people	Far from being a victimless crime, the illegal tobacco trade makes it easier for children to start smoking, takes advantage of cash-strapped families, and helps fund organised crime. Young people are more at risk of becoming smokers if they have easy access to cigarettes (disposable income, access, and price).	Ensure an effective illicit/counterfeit tobacco identification and management programme is in place	Simon Frow/ Paul Micklethwaite	Cigarettes are sent to the tobacco makers to be tested for counterfeit, full reports are provided that can be used as evidence. Some are also sent to a lab for Propensity testing to see if the cigarettes extinguish like they should. 174 retail and 54 private inspections so far resulting in 15 warning letters, 4 cautions. *** seized. Sniffer dogs booked for a full day 10.3.16 for retail inspections.	**Ongoing**
		Mechanism for monitoring sources of illicit/counterfeit tobacco locally	Simon Frow/ Paul Micklethwaite	Tobacco Enforcement Officer works in partnership with the Police and HMRC. Information is also received from the Tobacco Industry Fraud Officers.	**Ongoing**
		A mechanism for local 'whistle blowing'	Simon Frow/ Paul Micklethwaite	Trading Standards hotline. Business cards distributed with key points to look for and contact details. Communications – schools e-bulletin, internal comms, schools newsletters	**Ongoing**
		Awareness raising for health and social care staff on illicit tobacco and how to report it	Simon Frow/ Paul Micklethwaite	Tobacco Enforcement Officer to attend staff training days or team meetings. Attending the Stop Smoking Team meeting 1.3.16 to brief staff. Training for staff at The Company Shop at Goldthorpe.	**Ongoing**
		Awareness raising for education staff on illicit tobacco and how	Simon Frow/ Paul Micklethwaite	Tobacco Enforcement Officer to attend staff training days or team meetings. Speaking to school staff on visits. Meeting with Netherwood Family Liaison Officer	**Ongoing**

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		to report it		regarding illicit cigarettes in the school.	
		Awareness raising for BMBC staff on illicit tobacco and how to report it	Simon Frow/ Paul Micklethwaite	Internal communications, 'Placebook' posts. Internal comms. Attending Central Area workshop on PH.	Ongoing
Key Objective 4: limit tobacco marketing and exposure to smoking seen by children and young	Tobacco packaging has become one of the tobacco industry's leading promotional tools Research suggests that standardised packaging would increase the impact of health warnings, and reduce the attractiveness of smoking to young people.	Enforce standardised packaging (from May 2016)	Simon Frow/ Paul Micklethwaite		From May 2016
	The regulations were bought in because evidence tells us that visible promotions of tobacco appeal to young people and it is a form of tobacco advertising.	Enforce point of sale restrictions	Simon Frow/ Paul Micklethwaite	21 Shutter inspections undertaken since April 2015.	Ongoing
	To normalise the smokefree vision. If people feel that smoking is less and less of a normal, societally acceptable activity, more people will quit, and more young people will not start in the first place (DH 2007).	Ensure events aimed at families, children and young people are smokefree			
Key Objective	Those who start and maintain smoking	All school nurses trained in brief			

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5: educate young people to make healthy choices around smoking and tobacco	before the age of 16 are also more likely to be heavier smokers, have worse health outcomes and be less likely to stop in the future (RCP 2010). Encourage them to access help and support to not smoke again if they have only tried one, or a few cigarettes. Most young people who have one cigarette will, without intervention, go on to smoke more for longer, and will be less likely to quit as adults (RCP 2010). Added to this, young people who smoke are more likely to participate in other risk taking or 'antisocial' behaviours – adolescent smoking is also correlated more or less strongly to truancy, alcohol use and to the use of other substances (NHS IC 2013).	advice around smoking cessation			
		School nurses promoting and referring to Be Well Barnsley			
		Work with schools on educating young people around tobacco	Zoe Styring	SWYPFT - Working with PSS to review the evidence around young people. Work underway in Barnsley Academy.	
			Claire Gray	PSS – Working with SWYPFT to review the evidence around young people. Be Well Advisors delivering a 4 week programme on healthy lifestyles to all year 7 pupils at Shafton ALC, which includes smoking. Be well Family Advisor to be trained in Stop Smoking.	
			Pete Jones	FIRE AND RESCUE SERVICE – 'Crucial Crew'- most Primary Schools attend.	
		Develop/commission a school based social norms/resilience programme	Emma White		
Key Objective 6: reduce	Evidence has shown that exposure to SHS causes death, disease and disability in adults	Promotion of smokefree homes	Diane Lee	BMBC –	**Ongoing**
			Richard Jenkins	BHNFT - funding from the Fire Service has helped buy resources with sleepsafe and	

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exposure to second hand smoke (SHS)	and children and that exposure to smoking behaviour is also a driver of smoking uptake among young people. A smokefree home means children are much less likely to smoke, even if their parents smoke. By not allowing anyone to smoke in their homes, parents not only make smoking less convenient for their children but also make a powerful statement that they believe smoking is undesirable. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease (Royal College of Physicians).			smokefree home messages on – thermometer, scan wallets, bags for notes etc.	
			Zoe Styring	SWYPFT –	
			Claire Gray	PSS – Advisors in the Dearne promote. Be Well measured on 'distance travelled towards tobacco harm reduction' which includes SFH's.	
			Pete Jones	FIRE AND RESCUE – provided funding to Midwifery for resources with sleepsafe and smokefree home messages on. Promotion of smokefree homes at home safety checks.	
			Judith Hirst	SCHOOLS -	
	Smoking in cars causes harm to the other passengers from inhaling secondhand smoke and the potential harm that children will perceive smoking to be normal behaviour.	Enforce no smoking in cars with under 18s	Paul Micklethwaite	Working in partnership with the Police. Attendance at schools drop off/pick up times. Advice given. Visited 13 schools since Oct 2015. No fines issues as yet. Information given to the visited schools which some have included in their parents newsletters.	
	Evidence tells us that children are less likely to start smoking if they do not view the activity as a normal part of everyday life. As smoking becomes less visible and less socially acceptable it	Pilot smokefree play areas/ town centre zones	Diane Lee		

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	should reduce smoking uptake by young or new smokers.				
	Advantages of smokefree mental health premises include: reduced exposure of patients and staff to secondhand smoke, an enhancement in patients' motivation to stop smoking and better sleeping patterns among patients.	Smokefree mental health premises.	Zoe Styring	SWYPFT – mental health premises went smokefree from Dec 2015.	**Ongoing**
Key Objective 7: support current smokers to quit	Smoking is the most important cause of preventable ill health and premature mortality in the UK. It still accounts for 1 in 6 of all deaths in England, and there exist huge inequalities in smoking related deaths: areas with the highest death rates from smoking are about three times as high as areas with the lowest death rates attributable to smoking. Mortality rates from conditions attributable to smoking is 24% higher in Barnsley than expected compared to the English rate.	Ensure that good quality evidence-based Stop Smoking Services are accessible to all smokers, particularly those from lower socio-economic groups and disadvantaged populations.	Carl Hickman/ Claire Gray/ Zoe Styring	BWB launched on 1st Nov 2015. Referrals into the Stop Smoking Service are via the Yorkshire Smokefree Hub. Currently reviewing LES workers –renewal or ending of contracts as some aren't active. Monitoring and working on improving quit rates across the service. Training on 'Quit Manager' system to improve accuracy of data. Refresher training for Be Well LES workers.	**Ongoing**
	Every day in Yorkshire and the	Support young	Zoe Styring		**Ongoing**

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	Humber, 51 children aged 11–15 start smoking (Cancer Research UK). Half of them will go on to be adult smokers. And half of those will go on to die, if they continue to smoke, of a smoking-related illness.	people to stop smoking			
	Smoking rates amongst people with a mental health disorder are significantly higher than in the general population. Smokers with mental illness are frequently motivated to quit and are generally able to do so provided they are given evidence-based support. The recommendations are taken from the report by ASH (The Stolen Years 2016) which sets out how smoking rates for people with a mental health condition could be dramatically reduced in order to reduce the health inequality. It highlighting that a whole systems approach is needed. Comprehensive tobacco control strategies have made a real difference to		Zoe Styring	SWYPFT - All smoking inpatients are offered NRT within 10 hrs of admission. NRT is kept on the ward and is given out via the Pharmacy Lead. A member of the Stop Smoking Team spends 1 day a week in the inpatients (6month trial) 1 champion on each ward has been trained to level 2. All staff have completed the online NCSCT training.	

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	smoking rates in the general population but have had limited impact on this group, and it is clear that a more targeted approach is needed. Mental health conditions affect almost a quarter of the population who die on average 10-20 years earlier than the general population. Smoking is the single largest cause of this gap in life expectancy. A third of all tobacco now smoked in England is by someone with a mental health condition. Smoking rates among people with mental health conditions have barely changed at all over the last 20 years (estimated to be at 40%) whilst the rates have been steadily falling in the general population (currently at 18%). Although the rates are much higher, the desire to quit is just as strong as for the average smoker. These smokers do not lack motivation to quit but are more likely to be highly				

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	addicted and heavily dependent on tobacco, and therefore need more help. NATIONAL TARGET = Smoking rates among people with a mental health condition to be less than 5% by 2035, with an interim target of 35% by 2020.				
		People with a mental health condition are empowered to take action to reduce their Smoking: • Mental health settings should identify service user 'stop smoking champions' to work with staff and service users • All smokers with a mental health condition should be provided with clear, evidence based information about different options to quit or reduce the harm from smoking by primary care, social care, IAPT, specialist stop smoking services, secondary care services and pharmacists in a coordinated way. • Carers, friends and family members should be provided with advice and information about how best to support those with a mental health condition to address, reduce and stop their smoking. • Service users are included in the development of services designed to support people to quit or reduce the harm from smoking. • People with a mental health condition should be supported to develop alternative occupations to smoking, to help establish new healthier routines. Staff working in all mental health settings see reducing smoking among service users as part of their core role:		

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		• In all environments in which care and support is provided to people with a mental health condition there should be a dedicated senior staff member who is the 'stop smoking champion', supported by a cross-disciplinary committee where appropriate. They should have responsibility for ensuring smoking is being addressed among service users. • Mental health care settings should ensure all staff working with those with a mental health condition are trained in very brief advice (VBA), and those who are assisting patients to temporarily abstain or quit smoking are trained to a minimum standard described by the NCSCT. • There should be a good understanding among staff in all mental health settings about the benefits to service users of quitting smoking. • Strategies should be in place to support staff in all mental health settings to quit smoking. Services for people with mental health conditions provide effective advice and support to quit smoking and access to appropriate specialist stop smoking models: • All residential and community mental health settings should support quitting smoking by providing brief advice, in-house specialist tailored stop-smoking support or referral to appropriate stop smoking services. For hospital settings, on-site tobacco dependence treatment services should be established. • Local Authority commissioned stop smoking services should be funded to support community and inhouse mental health staff with appropriate training and mentoring to deliver to the necessary levels of	

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		intervention, as detailed above. • Mental Health Trust Boards, Clinical Commissioning Groups and commissioners of mental health services should ensure that delivery of NICE standards in relation to smoking, specifically PH48 and PH45, is a pre-requisite of services being commissioned. • Stop smoking support and appropriate signposting should be embedded in mainstream an community based mental health services. • There should be clear policies which enable timely access to appropriate pharmacotherapy in all care settings for people with mental health conditions, including: • easy and affordable access to pharmacotherapy in the community for both quitting and cutting down • on arrival at an inpatient ward, patients should have access to nicotine replacement therapy (NRT) within 30 minutes • NRT should be available for as long as it is needed at a sufficient dose and frequency • combination NRT or varenicline should be seen as first line medications for those wishing to cut down or quit • An agreed tobacco dependence treatment plan should be included in the collaborative care plan of all service users who smoke. • Access to peer support should be available for people with mental health conditions attempting to quit smoking. • Clear pathways should be developed between mental health and other services to ensure support to quit smoking is maintained as people move through the system. • Service users and carers are included at all stages during the planning, delivery and	

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		evaluation of health and care services designed for those with mental health conditions. Local Authority funded stop smoking services (SSS) effectively support those with a mental health condition to quit smoking: • Stop smoking practitioners should be trained on the specific issues around mental health and smoking including the importance of liaising with primary and secondary care staff about the impact of quitting and relapse on anti-psychotic medication dosage. • Stop smoking services should routinely ask about mental health conditions and record this information. • Stop smoking services should have a “mental health champion” to ensure that those with mental health conditions receive appropriate treatment and support. • Stop smoking services should have clear protocols with local mental health services including development of in-reach and outreach models of support. • Greater attention should be paid to models of relapse prevention, especially for those identified at high risk of relapse. • There should be a specific harm reduction plan for those with a mental health condition who do not want to or are finding it difficult to quit. • Commissioners of stop smoking services should identify appropriate measures of success and appropriately incentivise services aimed at those with mental health conditions, for whom four-week quits may not be appropriate. • Barriers to engagement with cessation services of those with mental health conditions should be	

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		identified and addressed. People with mental health conditions who access mainstream physical health services are routinely advised to quit smoking and sign-posted to effective support: • Stop smoking support and appropriate signposting for those with mental health conditions should be embedded in primary care: Tobacco dependence treatment should be offered to everyone with a mental health condition accessing primary care services. • Care should be provided in the community in a holistic way - mental and physical health needs are addressed, and each person receiving care should have access to a selection of health care professionals treating all of their health care needs. • People with a mental health condition who develop a physical health condition should be provided with targeted support to quit in primary and secondary care. • The use of CO monitors as a motivational tool is trialled. • Health Education England should ensure that all professionals seek to Make Every Contact Count among those with a mental health condition in relation to smoking and other harmful behaviours. People with mental health conditions who are not yet ready or willing to quit are supported through harm reduction strategies: • The methods outlined in NICE PH45, 'Smoking: Harm reduction', should be implemented for all those with a mental health condition who are unwilling or unable to stop smoking completely. • Evidence based information should be available to all those with a mental health condition about a	

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		range of alternative nicotine containing products including electronic cigarettes. • Staff across mental health and physical health services should be trained and provided with information to enable them to discuss safer alternatives to smoking. • Commissioners and providers should: • ensure all services include training on behavioural support, harm reduction and NRT • have good communication to all smokers on the relative safety of nicotine • make provision of NRT a normal part of care management for anyone who smokes • have performance management measures in place to monitor activity around harm reduction/ nicotine management activity. Support to quit smoking for those with complex multiple needs and across different settings is appropriate and consistent: • Appropriate evidence-based interventions should be provided to all smokers receiving treatment for alcohol/drug use, to help them stop or reduce their smoking. • Those in prisons, homelessness services and other settings with a high prevalence of mental health conditions should be offered advice and then evidence based interventions to stop or reduce their smoking. • All pregnant smokers including those with mental health conditions should be offered advice and then evidence based interventions to stop or reduce their smoking. • Staff in other services accessed by people with mental health conditions such as social services, debt advice, job centre and probation should receive training so that they are able to offer very brief advice (VBA) and signpost for services which are able to offer evidence based interventions to stop or reduce their smoking.	

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		Data regarding smoking status and progress towards quitting are collected in a timely and appropriate way in all settings and appropriately shared: • Recording of smoking status should be built into existing systems and collated by commissioners across a locality. In particular, smoking status should be recorded: • for all people on the primary care depression register and SMI register which is available at local authority and practice level • entry and discharge from IAPT services and be made available at local authority level • in secondary mental health care settings at admission and discharge and be available at local authority and trust level • Recording of smoking status in mental health and other settings should prompt action, including referrals. • Effective recording of smoking status and mental health conditions in primary care with data consolidated and shared with local strategic partners including local authority and CCG. • Systems should be put in place to ensure appropriate information can be shared between secondary mental health services, primary care, stop smoking services, IAPT and pharmacies. • Commissioners of mental health services should mandate that there is recording of smoking status at all assessments, including automatic referral to smoking cessation services and an assessment of severity of dependence including CO Monitoring. • Data are effectively communicated to those who can use it to influence policy and commissioning.	

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		Populations at risk of developing mental health conditions are identified and appropriate interventions put in place to prevent uptake of smoking: • All environments in which care is delivered to vulnerable people should be smokefree. • Populations identified as at risk of developing a mental health condition should receive targeted stop smoking support. • Looked after children should be provided with smokefree role models and a smokefree environment. • Clinicians working in CAMHS should have effective training in identifying and treating young smokers. • All staff working in services where social care is provided should have basic knowledge and understanding of tobacco dependence and know how to seek specialist support as required			
	Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus	Support pregnant women to stop smoking Commission an independent review into smoking in pregnancy	Richard Jenkins	BHNFT - PSS and SWYPFT have both contributed £10,000 to keep the Specialist Midwife in post till Oct 1016.	**Ongoing**
			Zoe Styring	SWYPFT – Pregnancy advisor shares referrals with the Specialist Midwife (50/50 split).	
			Claire Gray	PSS – 'Fit mums' programme. Booklet given to all mums on programme includes stop smoking advice. Working with Midwife to monitor priority groups such as teenage mums and substance misuse. Gap identified with the Children Centres –	

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	provide health benefits for the mother and reduce exposure to second-hand smoke by the infant. Barnsley has significantly more women smoking at time of delivery compared to England – nearly double the rate.			no current LES workers due to changing job roles.	
			Hilary Mosely	CCG/BMBC - £30k funding provided by CCG. Currently out to tender for a Smoking in Pregnancy review (£10k) then the rest of the funding will be used to implement the recommendations from the review.	
	This enables everyone who has contact with members of the public to play a part in tackling smoking.	Increase Making Every Contact Counts & brief intervention/ motivational interviewing training	Kaye Mann	Currently scoping out the options.	**Ongoing**

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