

# Public Document Pack

<b>MEETING:</b>	Health and Wellbeing Board
<b>DATE:</b>	Tuesday, 3 April 2018
<b>TIME:</b>	4.00 pm
<b>VENUE:</b>	Reception Room, Barnsley Town Hall

## AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 30th January, 2018 (HWB.03.04.2018/2) *(Pages 3 - 8)*
- 3 Minutes from the Children and Young People's Trust Executive Group held on 19th January, 2018 (HWB.03.04.2018/3) *(Pages 9 - 18)*
- 4 Minutes from the Safer Barnsley Partnership held on 28th February, 2018 (HWB.03.04.2018/4) *(Pages 19 - 28)*
- 5 Minutes from the Stronger Communities Partnership held on 19th February, 2018 (HWB.03.04.2018/5) *(Pages 29 - 36)*
- 6 Minutes from the South Yorkshire and Bassetlaw STP Collaborative Partnership Board held on 12th January, 2018 (HWB.03.04.2018/6) *(Pages 37 - 50)*
- 7 Public Questions (HWB.03.04.2018/7)

## Performance

- 8 Performance Report - Richard Lynch (HWB.03.04.2018/8) *(Pages 51 - 60)*

## For Decision/Discussion

- 9 Director of Public Health Annual Report - Julia Burrows (HWB.03.04.2018/9) *(Pages 61 - 90)*
- 10 Barnsley Respiratory Assessment and Therapy Service - Jacqui Pollington (HWB.03.04.2018/10)
- 11 Excess Winter Deaths - Julia Burrows (HWB.03.04.2018/11) *(Pages 91 - 108)*
- 12 Review of the Health and Wellbeing Board meetings and development sessions schedule 2018/19 - Ian Turner (HWB.03.04.2018/12) *(Pages 109 - 110)*

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

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)  
 Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice 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, Executive Director Communities  
Julia Burrows, Director of Public Health  
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group  
Scott Green, Chief Superintendent, South Yorkshire Police  
Emma Wilson, NHS England Area Team  
Adrian England, HealthWatch Barnsley  
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust  
Rob Webster, Chief Executive, SWYPFT  
Helen Jaggar, Chief Executive Berneslai Homes

Please contact Peter Mirfin on or email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk)

Thursday, 22 March 2018



<b>MEETING:</b>	Health and Wellbeing Board
<b>DATE:</b>	Tuesday, 30 January 2018
<b>TIME:</b>	4.00 pm
<b>VENUE:</b>	Reception Room, Barnsley Town Hall

## MINUTES

### Present

Dr Nick Balac, NHS Barnsley Clinical Commissioning Group (in the Chair)  
 Councillor Jim Andrews BEM, Deputy Leader  
 Councillor Jenny Platts, Cabinet Spokesperson – Communities  
 Councillor Caroline Saunders, Cabinet Support Member – People (Safeguarding)  
 Rachel Dickinson, Executive Director People  
 Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group  
 Ann O'Flynn, Service Director Customer Services  
 Diane Lee, Head of Public Health  
 Adrian England, HealthWatch Barnsley  
 Helen Jaggar, Chief Executive, Berneslai Homes  
 Sean Rayner, District Director, South West Yorkshire Partnership NHS Foundation Trust

### 35 Declarations of Pecuniary and Non-Pecuniary Interests

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

### 36 Minutes of the Board Meeting held on 3rd October, 2017 (HWB.30.01.2018/2)

The meeting considered the minutes of the previous meeting held on 3<sup>rd</sup> October, 2017.

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

### 37 Minutes from the Children and Young People's Trust Executive Group held on 28th September and 13th November, 2017 (HWB.30.01.2018/3)

The meeting considered the minutes of the Children and Young People's Trust Executive Group held on 28<sup>th</sup> September and 13<sup>th</sup> November, 2017. The meeting noted in particular the progress in respect of supporting children, young people and families to make healthy lifestyle choices and to address the issue of teenage pregnancy. The meeting noted the progress being made by Health Watch in drafting a report on children and young people's sexual health.

**RESOLVED** that the minutes be received.

### 38 Minutes from the Safer Barnsley Partnership held on 14th September, and 27th November, 2017 (HWB.30.01.2018/4)

The meeting considered the minutes from the Safer Barnsley Partnership Executive Board meetings held on 14<sup>th</sup> September and 27<sup>th</sup> November, 2017.

**RESOLVED** that the minutes be received.

**39 Minutes from the Provider Forum held on 13th September and 13th December, 2017 (HWB.30.01.2018/5)**

The meeting considered the minutes from the Health and Wellbeing Provider Forum meetings held on 13<sup>th</sup> September and 13<sup>th</sup> December, 2017. The meeting noted in particular the focus on mental health issues in relation to suicide prevention and actions in relation to trips and falls. The meeting noted the need to secure attendance by the GPs' Federation and arrangements would be made to invite them again, following recent management changes within the organisation.

The meeting received clarification that the Live Well Barnsley project was essentially a new directory of health and wellbeing services in Barnsley, as distinct from Be Well Barnsley which was a commissioned service. The meeting noted the extent to which the various strategies and activities contributed to the delivery of the Health and Wellbeing Strategy and discussed the need to identify these and ensure that appropriate connections were made. Members commented on the importance of the Board being kept informed of progress of Be Well Barnsley, particularly in relation to smoking cessation services.

**RESOLVED:-**

- (i) that the minutes be received;
- (ii) that arrangements be made to renew the invitation to the GPs' Federation to attend the Provider Forum; and
- (iii) that SSDG give further consideration as to how the various strategies and activity identified contributes to the delivery of priorities within the Health and Wellbeing Strategy for further consideration by the Board.

**40 Minutes from the Stronger Communities Partnership held on 15th August, and 21st November, 2017 (HWB.30.01.2018/6)**

The meeting considered the minutes from the Stronger Communities Partnership meeting held on 15<sup>th</sup> August and 21<sup>st</sup> November, 2017. The meeting noted the reference to the Social Prescribing project in Minute 5 of the meeting on 21<sup>st</sup> November, 2017, and that this was a commissioned service to run over the next 3 years, rather than a pilot project.

**RESOLVED** that the minutes be received.

**41 Minutes from the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership held on 8th September, 13th October, 10th November, and 8th December, 2017 (HWB.30.01.2018/7)**

The meeting considered the minutes from the South Yorkshire and Bassetlaw STP Partnership Board held on 8<sup>th</sup> September, 13<sup>th</sup> October, 10<sup>th</sup> November and 8<sup>th</sup> December, 2017. The meeting noted the establishment of an Oversight and Governance Group for the Accountable Care System, comprised of chairs of Health and Wellbeing Boards, CCGs and Foundation Trusts, keep the arrangements under



review. The meeting noted the various engagement activities in place in relation to Accountable Care Systems, including a session for local authority Elected Members on 24<sup>th</sup> March, 2018.

**RESOLVED** that the minutes be received.

#### **42 Public Questions at the Health and Wellbeing Board (HWB.30.01.2018/8)**

The meeting noted that no public questions had been received for this meeting and considered a report seeking to review the arrangements for public questions following the first 6 months operation.

**RESOLVED:-**

- (i) that arrangements be piloted to allow public questions on agenda items for any particular meeting with a deadline of 12noon on the day after the publication of the agenda; and
- (ii) that the arrangements be reviewed again after 6 months operation.

#### **43 Barnsley Health and Care Together (HWB.30.01.2018/9)**

The meeting considered a report giving an update on the development of the Barnsley Health and Care Together Partnership seeking to deliver the Accountable Care System for the Borough. The report highlighted in particular work to deliver the Barnsley Plan and the support of the Provider Alliances associated with this. The meeting noted the particular focus on improving outcomes for cardiovascular disease and the frail elderly, but also developing the community dimension working across agencies to develop support mechanisms to keep people well. The meeting noted the importance of the “community stream” and looked forward to further detail of how progress against this ambition can be measured.

**RESOLVED:-**

- (i) that the report be noted; and
- (ii) that a report be submitted to the Board in due course on the progress of work on the “community stream”.

#### **44 Integrated Carers Service (HWB.30.01.2018/10)**

The meeting considered a report giving an update on the commissioning of an Integrated Carers Service and the development of the strategy action plan aimed at supporting carers to optimise their quality of life and continue to be effective in their caring role. The meeting discussed the importance of making clear to carers the nature and extent of the support available to them, and making this better coordinated and easier to access and navigate. There was a concern that not enough was done to identify those undertaking caring roles nor to point them in the direction of the support that was available. The meeting noted the engagement with carers during the development of the Strategy and the importance that this continued as the action plan was taken forward.

**RESOLVED** that the commissioning of an Integrated Carers Service to maximise resources and outcomes for carers, as identified within the Carers Strategy and action plan, be supported.

#### **45 Falls Prevention, Early Help and Frailty (HWB.30.01.2018/11)**

The meeting considered a report on work across the Borough in relation to falls, early help and frailty. The meeting noted in particular how an older person becoming immobile as a result of a fall and hospital stay could have their condition exacerbated, and the meeting viewed videos demonstrating how different approaches could lead to different outcomes.

The meeting noted activity particularly with care home staff to give them confidence in assessing whether admission to hospital following a fall was necessary, to avoid the older person becoming less mobile. It was hoped that this would reduce the number of hospital admissions following falls to the minority cases where there was an underlying medical cause that could only be treated in hospital. The meeting noted the details of the frailty workstream, and the particular attention being given to screening and advanced planning as those issues most in need of attention.

#### **RESOLVED:-**

- (i) that the multi-agency work taking place in relation to falls and frailty be welcomed;
- (ii) that the falls work being undertaken be endorsed and supported, in particular the need to promote effective communication and workstreams across organisational boundaries; and
- (iii) that Board members continue to provide leadership within their organisations to pursue further work on this matter.

#### **46 Pharmaceutical Needs Assessment (HWB.30.01.2018/12)**

The meeting considered a report on the final draft of the Barnsley Pharmaceutical Needs Assessment (PNA) for approval and publication by 1<sup>st</sup> April, 2018. The meeting noted the requirements to undertake a PNA and the work across South Yorkshire to develop this for 2018-20. The Assessment concluded that Barnsley had good coverage across the Borough for pharmaceutical services in terms of choice, access and opening hours, and the meeting noted that this coverage had not deteriorated since the previous PNA.

The meeting noted the importance of community pharmacies in improving health and reducing health inequalities through a range of activity. Board members commented on the importance of better promotion of this role, particularly acknowledging the concept of pharmacies becoming the neighbourhood health and wellbeing hub. The meeting noted concerns that this focus was lost in the event that Barnsley became reliant on a small number of larger companies providing pharmacies.

**RESOLVED** that the Barnsley Pharmaceutical Needs Assessment for 2018-2020 be approved for publication.

---

Chair

This page is intentionally left blank



**Children and Young People's Trust Executive Group Meeting  
19 January 2018, from 9.30 – 12.30  
Westgate Plaza Boardroom, Level 3, Room 3**

## Present

### Core Members:

Rachel Dickinson (Chair)	BMBC Executive Director, People
Brigid Reid	Barnsley CCG, Chief Nurse
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)
Bob Dyson	Barnsley Safeguarding Children Board
Margaret Gostelow	Barnsley Governors Association
Alicia Marcroft	BMBC Head of Public Health, Children and Young People
Margaret Libreri	BMBC, Service Director for Education, Early Start and Prevention
Phil Briscoe	Barnsley College Vice-Principal Quality and Student Experience
Phil Hollingsworth	BMBC Service Director, Stronger Safer and Healthier Communities
Gerry Foster-Wilson	Executive Headteacher representing Primary Schools

### Deputy Members:

Nick Bowen	Executive Principal, Horizon Community College on behalf of Dave Whittaker
Claire Strachan	CAMHS General Manager on behalf of Dave Ramsay

### Advisor:

Richard Lynch	BMBC Head of Commissioning, Governance and Partnerships
---------------	---

### In Attendance:

Lisa Loach	BMBC Improvement Programme Manager
Sue Womack	Healthwatch Manager, Healthwatch
Lisa Phelan,	Voluntary Action Barnsley
Dawn Fitzpatrick	Partnerships and Project Officer

		<b>Action</b>
1.	<u>Apologies</u> The following apologies were received: Amanda Glew      BMBC Organisation Development Manager Mel John-Ross      BMBC, Service Director of Children's Social Care and Safeguarding Dave Whitaker      Executive Headteacher representing BACCUS and Secondary Schools Scott Green      South Yorkshire Police Chief Superintendent Anna Turner      BMBC Schools Models and Governor Development Manager Dave Ramsay      SWYPFT, Director of Operations Dr Jamie McInnes      Barnsley Local Medical Committee	
2.	<u>Feedback from the front line</u> Colleagues shared feedback from front line visits and highlighted positive developments in relation to Early Help in localities.	
3.	<u>Identification of confidential reports and declarations of any conflicts of interest</u>	

		<b><u>Action</u></b>
	<p>It was noted that item 12 should be treated as confidential.</p> <p>There were no conflicts of interest declared.</p>	
4.	<p><u>Minutes of the Trust Executive Group meeting held on 13 November 2017</u></p> <p>The minutes of the previous meeting were agreed as an accurate record.</p>	
4.1	<p><u>Action log / matters arising</u></p> <p>The following updates to the action log were noted:</p> <p><u>Actions from 21 July 2017</u></p> <ul style="list-style-type: none"> <li>Points 5 (i), (ii), (iii) - Kay Welbourne has met with Richard. It was agreed to discharge the actions – some are no longer timely. Feedback from young people to be taken into account from this work.</li> </ul> <p><u>Actions from 28 September 2017</u></p> <ul style="list-style-type: none"> <li>6 (ii) Rachel to follow up with Julie Dickinson any obstacles to obtaining signatures.</li> <li>10 (iii) This action is now discharged and will become part of the SEND Building Capacity work.</li> </ul> <p><u>Action from 13 November 2017</u></p> <p>11 (i) Ongoing - Rachel reminded colleagues to notify Richard with the information required with regards to the strategies and plans they have responsibility for or are feeding into to support delivery of the CYP.</p>	<p>Richard</p> <p>Rachel</p> <p>All members</p>
<b>Improving education, achievement and employability</b>		
5.	<p><u>Vulnerable Children with SEN</u></p> <p>Margaret Libreri presented an overview of 2017 end of key stage outcomes for SEND pupils in Barnsley, from Early Years Foundation Stage to Key Stage 4 and the comparison with 2016 outcomes. Main points noted were that the gap is widening rather than narrowing. Overall it is showing improvement but it is not consistent.</p> <p><b>Early Years Foundation Stage.</b></p> <p>The level of development was discussed noting that the proportion of children with SEND achieving a good level of development in early years has declined</p> <p><b>Action:</b> Further analysis will be scrutinised and brought back to TEG.</p> <p><b>Key stage 1</b></p> <p>The percentage of children in Barnsley with SEND achieving the expected standard in phonics improved between 2016 and 2017. Across all three subjects of reading, writing and mathematics the gap between Barnsley SEND pupils and their peers nationally has widened.</p> <p><b>Key Stage 2</b></p> <p>For non SEND pupils there was an improvement in the percentage achieving the expected standard in reading, writing and mathematics from 2016 to 2017. For SEND pupils, performance on this measure declined from 2016 to 2017. Progress scores for SEN pupils with a statement or EHCP are positive in reading and mathematics and are above national average for SEND pupils.</p>	<p>Margaret Libreri</p>

		<b>Action</b>
	<p>For SEN support pupils progress scores declined in reading, writing and mathematics, taking average progress rates below national in 2017, in contrast to being above national in 2016. In mathematics progress rates in Barnsley for SEN pupils remain above national, but by a smaller margin than in 2016.</p> <p><b>Key stage 4</b></p> <p>Key Stage 4 measures have changed and the following are now reported:</p> <ul style="list-style-type: none"> <li>• Attainment 8 – the average score across a group of 8 subjects</li> <li>• Progress 8 – the average progress made by a school or group of pupils, from their starting points at the beginning of secondary school.</li> <li>• Basics – the percentage achieving a grade 4 or better (known as a standard pass and equivalent to old C grade) in English language / literature and mathematics.</li> </ul> <p>For non SEND pupils in Barnsley the average Attainment 8 score was slightly lower compared with nationally. For SEND pupils overall the gap between local and national was only marginally wider. For pupils with a statement or EHCP local performance was better than for this group nationally.</p> <p>Average Progress scores for Barnsley SEND pupils have improved against national averages for this group. For Barnsley pupils with a statement of EHCP average progress is better than for this group nationally. This means that Barnsley pupils with statements or EHCPs have, on average, made more progress than their peers nationally.</p> <p>The percentage of Barnsley pupils with SEND achieving a standard pass (grade 4 or C equivalent) in English and mathematics has improved since 2016. This is particularly the case for SEN support pupils achieving the basics in 2017, compared with 2016. Performance for this group has reduced the gap significantly with national.</p> <p><b><u>Attendance and exclusions</u></b></p> <p>The percentage of sessions of absence for pupils at SEN support is marginally lower than for this group nationally. For pupils with a statement or EHCP, the percentage of sessions missed due to absence remains above national averages. Rates of persistent absence for SEND pupils are also higher in Barnsley than national. For pupils with a statement or EHCP the rate of persistent absence higher, compared with nationally.</p> <p>The number of pupils with SEND who are subject to fixed term or permanent exclusions is a significant concern. The most recently published national data (2015/16) shows that Barnsley has higher exclusion rates for SEN pupils than the national average.</p> <p>There are a range of activities and action plans in place or planned which will address some of the issues identified above. These include:</p> <ul style="list-style-type: none"> <li>• The development of SEN Support Plans for pupils at SEN Support stage, to improve attendance and progress of this group of pupils</li> <li>• Peer Challenge Reviews of SEN arrangements in schools</li> <li>• Increased monitoring and challenge to schools in relation to use of exclusions, particularly for vulnerable groups.</li> </ul> <p>Further analysis of particular groups of pupils will be needed to pinpoint</p>	

		<b>Action</b>
	<p>specific factors contributing to relatively poorer performance of pupils with SEND.</p> <p>The question was asked with regards to the numbers and causes. There are currently 1818 pupils with an EHCP (including a small number of statements yet to transfer) and 4000 SEN.</p> <p>It was highlighted that the report is based on attainment, not on progress. A further conversation took place with regards to 'What is progress?' noting that progress needs to sit aside attainment and also the challenges for schools around this area.</p> <p>Discussions followed around improvements required at system level to ensure that a child's needs are identified prior to starting school. The focus needs to be 'right resource for right child at the right time'.</p> <p><b>Action.</b> Margaret to come back to TEG with work of SEND Strategic Group.</p> <p>Margaret discussed self-evaluation and to ensure that the right level of support from wider partnership was in place to help with production of the SEF and identify as a partnership what help is required. The information gained should focus on how well we are doing / what we can do differently, as a Partnership. Sessions will be scheduled in and communication sent out in the next few weeks. Rachel reiterated that it is important that completion of the SEF has members support, all members agreed. <b>Action:</b> All TEG members to communicate to all their service managers the priority of this work. <b>Action:</b> It was noted that the work is owned by SEND Strategy Group. The outcomes to be presented at a future TEG meeting.</p>	<p>Margaret/ Work programme</p> <p>ALL Margaret/ Work programme</p>
<b>Supporting Children, young people and families to make healthy lifestyle choices.</b>		
6.	<p><u>0-19 Public Health – HCP progress against New 0-19 Model</u></p> <p>Update of the redesign of the Public Health Nursing Service to deliver the Healthy Child Programme was provided. The focus last year was on the staffing restructure the update to this is that a new Service Manager has been appointed who commenced in post in November, and the new Clinical Quality and Development Lead will commence in post in February. A number of vacant posts have been successfully recruited to, with the majority of staff commencing employment this month. A positive note was that Staff are wanting to come and work in Barnsley, they are hearing about the good things that are happening in the Borough.</p> <p>Alicia provided an update on the underlying principles of the staffing structure, which are to maintain provision of robust supervision and training and development at all levels of service delivery. This will ensure that staff are well supported, which will result in a strong, resilient workforce able to provide appropriate interventions for all children, young people and families within the borough which is high quality and responsive to their needs. There has been a real push and focus on linking with other areas such as Education.</p> <p>The Service Model (HCP 0-19) is based on the '4,5,6' delivery model. It has been agreed that this will continue to be the model for the Barnsley Public Health Nursing workforce. Key themes identified are universal contact and early identification. A system-wide stakeholder group has been established to oversee the development of the delivery model for the service using the</p>	



		<b>Action</b>
	<p>Healthy Child Programme as a framework to review current, and develop new, clinical pathways. Sub groups have been established to look specifically at antenatal pathways, children with long term conditions and complex needs, development of pathways with the Child Health and Immunisation teams and parenting support. Key partners have been invited to the Stakeholder Steering group. Healthwatch are working to improve feedback from service users through their online 'Feedback Centre'. A service user feedback form is currently being piloting through a number of different media sources.</p> <p>It was noted that the biggest challenge is the clinical record keeping system and IT, which it was observed that partners have all same issues around IT. Looking at a wider South Yorkshire footprint and using resources as appropriate</p> <p>Despite the challenges service delivery has been maintained and a review of the current HCP pathway has started. Alicia mentioned that there may be a launch of the Service.</p> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• Implement the Integrated Supervision model</li> <li>• Ensure robust Induction Programme for new staff</li> <li>• Refresh the Stakeholder group to progress integration and co-design the HCP pathways</li> <li>• Redesign Clinical Record keeping System</li> <li>• Develop evaluation and outcome measures.</li> </ul> <p>Questions and comments from members included a discussion around the role of school nurses and the interface with CAMHS / Mindspace. It was noted that supporting early intervention to promote health and wellbeing is a priority, looking at how staff are supported and developed and looking at joint supervision models. Options available to 0-19 practitioners linked with university to upskill and develop staff were mentioned. Also how CAMHS can support and upskill staff and create opportunities around early help with waits, looking at pathways / Mindspace / interface. This can feed into the workforce development / work plan.</p> <p>Suggestion put forward included practitioners following children through the process i.e. same person sees them at 2 then again at 7 to monitor development. Person centred approach to be linked in through schools. Gary Kelly was identified as a link with regards to communication with schools. Phil Hollingsworth offered support with regards the interface with Stronger Communities.</p>	
<b>Encouraging positive relationships and strengthening emotional health.</b>		
7.	<p><u>Access to therapeutic support and waiting times</u></p> <p>An update was provided to update members in relation to access by children and young people to therapeutic support and associated waiting times.</p> <p>It was noted that the number of referrals was down, some of which were deemed as requiring further information.</p> <p>The average wait to first assessment continues to remain under 3 weeks, however there are still some long waits being experienced, particularly on the Complex Behaviour and ASD pathways. Complexity and medication mean</p>	

		<b>Action</b>
	<p>these are 'forever' patients. The overall average wait in October 2017 was 252 days. Initiatives undertaken to reduce waiting times that were funded non-recurrently by NHS England have been extended by SWYPFT (at no additional cost to the CCG). To further support children and young people telephone-based waiting list management sessions have been introduced and face-to-face review clinics have been offered. ASD service providers are reviewing the ASD pathways to identify if current resources could be utilised more efficiently and a small resource is to be transferred from SWYPFT to BHNFT (who deliver the over 5's ASD pathway) to reduce the waiting times from the current 24 months. Partners will continue to work together to further reduce the average waiting times on both ASD pathways.</p> <p>Mindspace was promoted at the November BEST event. The Mindspace young people friendly website should now be live.</p> <p>Over 200 young people and 60 parents accessed Mindspace from November 2016 to August 2017. The expectation is of the same or slight increase for the coming year September 2017 to August 2018.</p> <p>CHILYPEP (Children and Young People's Empowerment Project) continue to facilitate the Barnsley Oasis (Opening up awareness &amp; support and influencing services) Young people's participation group and have been nominated for a national award, they were 'Highly commended' in relation to the development and support of the Young Commissioners in Barnsley and Sheffield.</p> <p>A publication of the Department of Health and Department of Education entitled 'Transforming Children and Young People's Mental Health Provision: a Green Paper' was published in December 2017 and is out for consultation until 2<sup>nd</sup> March 2018. The recommendations contained within the Green Paper very closely reflect the work that is progressing in Barnsley as part of implementing Future in Mind.</p> <p><b>Action:</b> Patrick /Gerry / Alicia to discuss expectations to be shared with schools/how we work with parents/shared information.</p> <p>A further discussion continued with regards information. Gerry noted that the information that is received by the schools doesn't always reflect the picture school sees. <b>Action:</b> Claire &amp; Gerry to liaise with regards to this.</p> <p>Questions and comments from members included the acknowledgement that progress is being made but it still remains a challenge. System issues are important and need to be tracked via TEG.</p> <p>Another briefing is programmed for the 27<sup>th</sup> April meeting.</p>	<p>Patrick/ Gerry/Alicia</p> <p>Claire/Gerry</p>
<b>Agenda items</b>		
8.	<p><u>Children in Care (CiC) CAMHS Pathway update</u> (Claire Strachan)</p> <p>Claire presented the update on the revised CiC pathway which is based on a Consultation model and a consultation clinic is offered within 6 weeks, to enable professionals working with the child and carers to discuss how to best meet the needs of the child. The offer would cover support and training to carers and professionals, assessment of the child/young person's emotional health needs and therapeutic work where appropriate for the child/young person and/or their carers'. With CiC, the expectation is that they will be seen</p>	

		<b>Action</b>
	<p>for initial assessment within 2 weeks. The pathway was co-produced with Jon Banwell, BMBC, Head of Children in Care Services.</p> <p>In addition to the CAMHS CiC Pathway Lead Psychologists revised offer includes:</p> <ul style="list-style-type: none"> <li>• Provision of consultation to Barnsley's children and young peoples' residential provision</li> <li>• 12 week Fostering Lasting Attachments group (FLAG) for foster carers, Kinship carers and adoptive parents.</li> <li>• Attendance at the Children with Health Needs in Care group</li> <li>• Potential to co-opt clinical consultation at the Children's Resource Allocation Group (Crag)</li> <li>• Representation at the Multiple Vulnerabilities &amp; Complex Abuse (MVCA) Panel is from a Specialist CAMHS member of staff who liaises with the CiC lead as required.</li> </ul> <p>Looking to review for April 2018, part of the review will be retrospective and will incorporate strengthening the voice of the child.</p> <p>Use of resources was discussed noting the problems in particular with regards to recharging for out of area referrals. A meeting is taking place with commissioners to look at recharge process to see if this can be adopted by CAMHS.</p>	
<b>Updates on Progress</b>		
9.	<u>Information Sharing</u> – this item was deferred to a future meeting.	
10.	<p><u>Barnsley Safeguarding Children's Board Meeting held on 17 November 2017 – Highlights.</u></p> <p>Bob presented key issues from the meeting.</p> <p>Review of the Front Door Report. There has been marked improvement for assessments. Good working relationships have been formed.</p> <p>Safeguarding and Radicalisation. There is reassurance that robust processes are taking place.</p> <p>Consultation on working together is now closed. It was noted that it offers more flexibility.</p> <p>LAC Pregnancy Audit and PAQA Multi-Agency Audit were positively received.</p>	
11.	<p>CYP Plan Strategic Priority Themes performance / Highlights/Risks (All Members)</p> <p>Key point to note: Assessments are much better and more timely.</p> <p><i>It was agreed to discuss Item 13 next.</i></p>	
13.	<p><u>TEG Work Programme</u></p> <p>Richard updated members with regards the action plan and CYP Plan. Discussion followed around priorities, noting that some priorities have changed</p>	

		<b>Action</b>
	and developed and require either updating or closing. <b>Action:</b> Members were asked to review the programme to ensure that items are in the right order or if they require updating.	ALL
	CYP Plan. <b>Action:</b> Members to inform Richard what strategies they are responsible for, some information has been received but more is required. This will be brought back to TEG in April.	ALL
	Alicia asked for items for Public Health to be amalgamated with updates to be provided on key areas. <b>Action:</b> Work programme to be updated to reflect this.	Dawn
	Phil Hollingsworth provided information with regards to the Early Help work. An annual refresh is happening and some actions can be refined. <b>Action:</b> Phil Hollingsworth to provide update for the work programme	Phil Hollingsworth
	TORs were briefly discussed. Tim noted that it was important not to lose what this group offered. It was agreed that the meetings will be changed to every 8 weeks, at least 6 times a year; one of the planned meetings will be cancelled (June or October). The change will be monitored to ensure this is enough.	Dawn
12.	<u>Continuous Service Improvement Plan – CONFIDENTIAL</u>  <i>This item was confidential and is therefore not included in the published minutes.</i>	
	<b>Date and time of next meeting: 13.30pm – 16.30pm on 2<sup>nd</sup> March 2018, at Barnsley Town Hall, meeting room 11. (Please note the change of time and venue for this particular meeting)</b>	
<b>Proposed agenda items for the next meeting on 2<sup>nd</sup> March 2018</b> <ul style="list-style-type: none"> <li>• Continuous Service Improvement Framework &amp; Plan</li> <li>• CYP Plan Strategic Priority Themes performance highlights/ risks</li> <li>• TEG Work Programme review</li> <li>• Children and Young People's Plan Monitoring</li> <li>• Local Area Special Educational Needs Ofsted Inspection</li> <li>• Stronger Communities Partnership</li> <li>• All Age Prevention and Early Help Strategy</li> <li>• Transport</li> <li>• Information sharing</li> </ul>		

Date of meeting	Time	Venue	Deadline dates for reports
<b>2 March 2018</b>	<b>13.30 – 16.30</b>	<b>Town Hall, Meeting room 11</b> <b>Note change of time and venue</b>	
27 April 2018	09.30 – 12.30	Westgate Plaza, Level 3, Room 3 (Boardroom)	<b>13 April 2018</b>

<i>8 June 2018</i>	09.30 – 12.30	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>25 May 2018</i>
<i>13 July 2018</i>	09.30 – 12.30	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>29 June 2018</i>
<i>14 September 2018</i>	09.30 – 12.30	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>3 September 2018</i>
<b>23 November 2018</b>	<b>09.30 – 12.30</b>	<b>Town Hall, Meeting room 11</b> <b>Note change of venue</b>	<i>9 November 2018</i>

Meetings will normally be held approximately every 8 weeks, as determined by an annual calendar, with a minimum of 6 per calendar year.

This page is intentionally left blank



**Safer Barnsley Partnership Board**  
**Wednesday, 28 February 2018 : 10.00 – 12.00**  
**Town Hall MR2**

**Minutes**

	<p><b><u>Attendees</u></b>                  Scott Green, Chief Superintendent – SY Police                  Wendy Lowder, Executive Director Communities – BMBC (Chair)                  Steve Fletcher – SY Fire &amp; Rescue Service                  Carrie Abbott, Service Director, Public Health – BMBC                  Phil Hollingsworth, Service Director, Safer, Stronger &amp; Healthier – BMBC                  Cllr Jenny Platts, Cabinet Member Communities – BMBC                  Lennie Sahota, Service Director, Adults Assess &amp; Care Management - BMBC                  Dave Fullen, Director of Housing Management – Berneslai Homes                  Sarah Poolman, Superintendent – S Y Police</p> <p><b><u>Apologies</u></b>                  Ben Finley – Youth Justice Manager : BMBC                  Cheryl Wynn – Partnerships &amp; Projects Officer : SY PCC                  Mel John-Ross – Social Care &amp; Safeguarding (Children) – BMBC                  Brigid Reid – Barnsley CCG                  Ann Powell – National Probation Service                  Jade Rose – Barnsley CCG                  Linda Mayhew – Business Manager – LCJB                  Sean Rayner – SWYT                  Stephen Carroll – SY CRC                  Cllr Linda Burgess, Chair - SY Fire &amp; Rescue Authority                  John Hallows – Barnsley Neighbourhood Watch</p>
<b>1.</b>	<b>Apologies and Introductions</b>
	The Chair welcomed everyone to the meeting and introductions were made. Apologies were received and noted from the above members.
<b>2.</b>	<b>Minutes &amp; Matters Arising from meeting on 27/11/17</b>
	<p>Page 2                  Item 2 - <b>Action: Clarification on representation to be sought from CCG / SWYT and Children’s Social Care &amp; Safeguarding - Sharon Pitt</b></p> <p>Page 4                  Item 5 – Last sentence to be amended to read “The Chair confirmed that recommendations from the report will sit with the LSCB and CSA Sub Group.” – <b>Sharon Pitt to amend</b></p>

	<p>Page 5</p> <p>Item 6 – It was noted that CRC had been asked for data on numerous occasions but no data had been received to date. Scott Green/Wendy Lowder have a planned discussion with Amanda Cullen from CRC to discuss reoffending stats and relationship with Safer Neighbourhood Service and the Hub.</p> <p>Subject to the above amendment the minutes were agreed as a true record.</p> <p><b>Action Schedule :</b></p> <p><b>From meeting held 10/10/17 :</b></p> <p>1.1 Accommodation Providers and Looked After Children – Agenda item – Item discharged</p> <p>1.2 Update – ‘Fire Station Plus’ Steve Fletcher( SF) confirmed that the building has flexible space for conferencing facilities, kitchen, toilet and meeting space with consultation rooms for commissioning services, flu jabs etc. There is a meeting with Jakki Hardy on Friday to look at all fire service stations across the Borough, including Penistone, Cudworth, Stocksbridge and Barnsley. There are joint exercises planned around Easter, Summer and Dark Nights involving the police and fire service. Peaks in demand for fire service usually accord with police peaks in activity. SF reported there has been an increase in arson which he commented on at the last meeting. Significant increase in service demand was noted in November following which joint development work was undertaken with the police including visits to local schools and homes. Impacts of these actions have been positive and incidence numbers are noted to be reducing. However it was noted that there has been an increase in deliberate fires, fly tipping and waste being set on fire in Lundwood. The Partnership approach is to increase focus on waste/rubbish removal promptly to reduce risk of fire.</p> <p>The Chair confirmed it would be good to include details of collaborative events as case studies within the re-freshed Safer Barnsley Plan.</p> <p><b>Action: Steve Fletcher to supply details of collaborative events which can be built into the quarterly refresh.</b></p> <p><b>From Meeting held on 27/11/18</b></p> <p>1.1 Discussions around holding a SBP Public meeting – Agenda item today</p> <p>1.2 CSE/Safeguarding update – included on forward plan – Item discharged</p> <p>1.3 CRC Demand Overview – Presentation was circulated - Item discharged.</p> <p>1.4 Forward Plan – All members to forward future Agenda items – Items were requested and received from Delivery Groups – Item discharged</p>
<b>3.</b>	<b>Safer Barnsley Partnership Plan 2018-19 Refresh</b>
	Shiv Bhurtun (SB) presented the draft SBP refreshed plan and briefed as follows:



- Confirmed Board's agreement of an annual refresh of the SBP Plan share and evidence progress of strategic actions
- Refresh plan is not to be viewed as a re-write of the SBP Plan but a summary for the broader audience including members of public.
- The annual plan provides assurance direction of travel and trajectory for the next 12 months period in terms of actions.
- Key themes of the plan include Domestic abuse, rape, CSE and hate crimes all of which are captured and delivered through the Crime, PVP, CTR and ASB Sub Groups.
- Priority areas of work are primarily informed through the JSIA. This is an annual assessment and therefore will inform future sets of actions for the sub groups.
- The draft document is offered for consideration and agreement on the content. Shiv emphasised the significant work and input from all four sub groups priority leads in developing the document to date.
- The next step is to finalise content and to progress to design and final sign off before publication by end of March 2018 as agreed at November 2017 Board meeting.

Comments/ Feedback from Board members :

- Lennie Sahota confirmed that some impressive work has been undertaken by the partnership. However, in some areas the impact is not clear and use of examples would be a good way of showing the difference being made. It was noted that some priority leads have provided case stories and Shiv will ask for more examples.
- Page 4 Item 4.1 Use of monetary values could be reconsidered as this may be mis-interpreted by the reader.
- Page 6 Item 4.2
  - "Last year we would prevent .... – need to contribute more into this – can talk about early intervention and the Hub. Focus on support and diversion.
  - Instead of saying "Invested in dedicated neighbourhood resources ...." replace it with "created a Town Centre Team consisting of police officers, PCO's and BMBC staff."
- Page 7 Town Centre –
  - 1<sup>st</sup> bullet point re investment in police officers – not sure this will mean anything to the public
  - 4<sup>th</sup> bullet point – begging, homelessness and add "associated vulnerability"

	<ul style="list-style-type: none"> <li>• Page 9 Item 5 (bottom) Sarah Poolman questioned whether the priorities from last year have really been revised. We have just separated Crime and ASB – need to tweak wording not sure priorities have been revised and JSAI findings have not changed dramatically. Suggested including the rationale for their change is included. .</li> <li>• Page 11 - JSIA priorities - CSA/CSE have disappeared so not reflective of the JSIA – proposed that plan notes the role of LSCB Lead is leading CSE.. and how the establishment of the inter partnership protocol helps us to manage the interdependencies between strategic boards.</li> <li>• Page 12 - Sarah Poolman was not sure about the diagram and what it tells us. Questioned the use of “Perpetrator” as a term. Wording needs to reflect the whole document in that some work has been done and continues. Wendy Lowder questioned whether the diagram would be better placed at the beginning of Section 3.</li> <li>• Links from the document to IDAS / DISC contacts / web links would be helpful.</li> <li>• Engagement – there are challenges re lack of response from public. Wendy Lowder suggested clarifying our commitment through offer of a programme of engagement such as “we want to hear from you” and “we will be doing x y z “ may encourage people to engage and signal our intention more strongly within the refreshed document.</li> <li>• Confer around social media activities</li> </ul> <p><b>Action – final comments to Shiv Bhurtun by 09/03 for the document then to be finalised by Scott Green and Wendy Lowder.</b></p>
<b>4.</b>	<p><b>Inclusion of public meeting in revised TOR for SBP</b></p> <p>This has been discussed and debated at the last couple of meetings. The objective of the Board is to increase public awareness, increase visibility but the methodology to achieve this must be effective and not deter from the primary focus.</p> <p>Some options were briefly identified and discussed:</p> <ol style="list-style-type: none"> <li>1 Public could be invited to attend the full meeting</li> <li>2 Public could be invited for part of the meeting which would be made public</li> </ol> <p>Following comments were shared by members:</p> <ul style="list-style-type: none"> <li>• The benefit of extending invitation to members of the public</li> <li>• The benefit to the public.</li> <li>• Would the Board allow questions from the public and press to be tabled in advance . Questions received on the meeting day could be an issue.</li> <li>• Engagement and activities involving the public throughout the year would be of more use.</li> </ul>

	<ul style="list-style-type: none"> <li>• Has this worked anywhere else?</li> <li>• Agenda of meeting would need to be reflective of any changes necessary due to presence of members of the public.</li> <li>• It was considered that agendas had not included any items which could not be discussed with members of the public present.</li> <li>• It would raise awareness and trigger feedback like the Parish Council model. Fire Service meetings are televised.</li> <li>• Gives people the opportunity to comment</li> </ul> <p>Scott Green considered if the meeting should be opened up to the public and confirmed that the Sheffield Board is open to the public. Questions are known in advance and attendees confirmed. Would allow members of the public to put forward views. Suggestion was made to open up one meeting per year.</p> <p>It was noted that a public meeting is being held to meet the Safeguarding Boards on 10 July.</p> <p><b>Action : Shiv to liaise with Cath Erine to join up with the Safeguarding Boards on 10 July and work to open up the Safer Barnsley Partnership Board to the public in 2018/19 and to link this into the launch of the annual plan refresh.</b></p>
5.	<p><b>Inter-Partnership Joint Working Protocol</b></p> <p>Scott Green outlined the background and purpose of the joint working protocol. Each Partnership have defined priorities and in order to ensure effective collaboration and co-ordination the opportunities to collaborate have been mapped and are outlined in Appendix A – Barnsley Strategic Priority Matrix on Page 8.</p> <p>It is important that the 4 Boards (Safeguarding Adults Board, Safeguarding Children’s Board, Safer Barnsley Partnership Board and Stronger Communities Board) talk to each other and therefore the Chairs will meet 6 monthly to talk through themes and ensure everyone is in agreement/aware .</p> <p>The matrix sets out that CSE and CSA are owned by the Safeguarding Board but that the SBP contributes.</p> <p>Prevent and the Channel Agenda are owned by SBP with the Safeguarding Boards being an interested party.</p> <p>The matrix sets down who owns which theme to alleviate the issue of the same documents being presented at all the Boards. Themes need to be managed at a local level to stop repetition at Board level. Each owning Board would then take their priorities forward.</p> <p>Business Managers will know where the real barriers are and need to be confident that issues, at a sub group level, are being raised to the Chairs. Larger issues will be flagged up ie. CSA/CSE.</p>

	<p>Need to cross reference re economies of scale as there are so many opportunities to work more effectively.</p> <p><b>Action: Lennie Sahota &amp; Phil Hollingsworth to meet and discuss further</b></p>
<b>6.</b>	<p><b>Safeguarding &amp; Radicalisation Paper</b></p> <p>Scott Green reported that this DfE paper, prepared by academics, had been taken to the Safeguarding Children Board.</p> <p>The research suggests there is an opportunity for Local Authorities to share knowledge in respect of this issue thereby ensuring that staff who are less confident in their practice are able to draw from the experiences of those who have dealt with more radicalisation cases. Best practice is through prevent where LA areas are confident in their processes and in their use of language and themes.</p> <p><b>Action: Ben Finley / Ray Powell to present their views on this document at the next meeting before discussion takes place.</b></p> <p>Phil Hollingsworth confirmed he chairs Prevent and is impressed with attendance and how well agencies understand the agenda. Training is taking place and strong updates given.</p> <p><b>Action : Phil Hollingsworth to consult re the document at Prevent Silver and bring any feedback to this Board</b></p> <p>Item noted for escalation – more training needed for Councillors re Prevent.</p> <p>Sarah Poolman asked who performance manages how cases are handled? Figures need to be included in Performance Report. Not just about numbers but which interventions are working and not – Future Agenda item</p>
<b>7.</b>	<p><b>Performance &amp; Delivery Exception Report</b></p> <p>Sarah Poolman confirmed there is still work to be done on the report and the intention is to have a dashboard of all the 4 Sub Groups 10 PI's so that the Board can be given a perspective of the direction of travel in respect of PPI's. This will be included in the next quarter.</p> <p>Crime –</p> <ul style="list-style-type: none"> <li>• Incidents of burglary have increased due to dark nights etc. and a spike in Nov. Efforts are being made into reducing this through weekly meetings and early intervention activities.</li> <li>• Figures re sheds and houses are now produced separately.</li> <li>• There have been further reductions through February but it is accepted that cold weather does have an impact.</li> <li>• Robust process in place around repeat offenders to track them down which is a good example of joint partnership working.</li> </ul>

PVP –

- There are concerns re MARAC referrals and why these are increasing. A new group is being set up with IDAS to review the effectiveness of MARAC and confirm this is improving. Repeat referrals need to be looked at in more depth.
- ‘Inspire to Change’ launches in April led by Amanda Cullen. The challenge is that this is by consent only so we are reliant on people willing to engage in the process. Sarah Poolman confirmed she had asked Jayne Hellowell at PADG for data on take-up in Barnsley to review the impact of this. It is a 2 year programme with an extension for a further 2 years. Need to be sure around value for money and impact.
- Continuing to try to improve reporting on DA. Sarah confirmed that there was a need to focus repeat DA and she is asking Jayne to consolidate a robust process to reduce this.
- There is a lack of knowledge around the age of consent in JSIA and Sarah has asked Jayne to raise awareness of this as a key part of her work.

ASB

- Good news re Town Centre in respect of ASB incremental decreases and encouraging that both Paul Brannan’s Team and SY Police are not seeing displacement of ASB elsewhere.
- Continued reduction of MAAGS with joint newsletters going out across neighbourhood teams and a refresh of neighbourhood profiles reviewing and strengthening the MAAGS process.
- Neighbourhood Teams have only been in place for 9 months and we are already seeing an impact. Need to build on this for next 12 months

CTR

- Tend to focus on hate crime and prevent – need to deal with these issues and work with positive attributes. Working around cohesion with communities
- Membership review needed. This is a small sub group including SY Police Hate Crime Co-ordinator and Jayne Wise. Membership of all sub groups will be reviewed at the next PADG.
- Promote positive messages.

Scott Green confirmed he recognised that the Town Centre presented challenges and how this fits in with the Town Centre governance arrangements. Positive meeting was held re analysis and improving intelligence and an Action Plan has been produced re short/medium and long term. The plan is going to the Town Centre Board next week and will be brought to the next SBP meeting.

Need to decide how we want to use this resource in the Town Centre and how we mobilise. We need a proper Town Centre Team – co-located together and in uniform.

Steve Fletcher confirmed that the Fire Service is keen to be represented on all sub groups.

<b>8.</b>	<b>Forward Plan</b>
	<p>A number of items have been identified for the next meeting :</p> <ul style="list-style-type: none"> <li>• Stronger Communities Partnership update</li> <li>• Youth Offending Management Board update</li> <li>• In-Authority Placements &amp; Accommodation update</li> <li>• CRC Update on re-offending data</li> <li>• New Police structure</li> <li>• Town Centre update</li> <li>• Safeguarding &amp; Radicalisation Paper</li> </ul>
<b>9.</b>	<b>Any Other Business</b>
	<p>Wendy Lowder reported on a case study re mental health. Conversations had been held on complexity of needs and mental health and how difficult it seemed to be to access support – practitioners reporting some confusion with understanding the pathway for mental health. Whilst short term investment in mental health capacity had been introduced by the Communities Directorate into the Safer Neighbourhood Service there was a need to improve knowledge and understanding of the service offer from mental health. Wendy Lowder has asked for an integrated pathway to be provided by SWYT who have indicated that they will work with Adult Social Care to provide.</p> <p>Wendy Lowder mentioned the Safer Roads Partnership and whether this was something we should have as an information piece. Scott Green confirmed that a review was taking place at the moment and he will investigate when it would be timely to include this.</p> <p>Scott Green confirmed that Jakki Hardy leaves Barnsley on Friday to join HQ in Sheffield to work on national innovation work. Chief Inspector Mark James will take over her responsibilities in the Partnership role. His Operations Chief Inspector role is being advertised. Jakki Hardy was thanked for her contributions in supporting the development of the safer neighbourhood service.</p>
<b>10.</b>	<b>Date Time and Venue of Next Meeting</b>
	<p><b>Wednesday, 9 May 2018</b>  <b>10.00am – 12.00noon</b>  <b>Gateway Plaza, Level 4 Boardroom</b></p>

## **ACTION SCHEDULE**

### **Actions carried forward from meeting held on 27/11/17**

**Action 1.1 : Representation from CCG/SWYT and Children's Social Care & Safeguarding** – Clarification and representation to be sought by Sharon Pitt

**Action 1.2 : Action: 'Fire Station Plus' Joint working** - Steve Fletcher to supply details of collaborative events which can be built into the quarterly refresh.

### **Actions from meeting held on 28/02/18**

**Action 1.3 : Safer Barnsley Partnership Plan 2018-19 Refresh** - Final comments to Shiv Bhurtun by 09/03

**Action 1.4 : Inclusion of public meeting in revised TOR for SBP** - Shiv to liaise with Cath Erine to join up with the Safeguarding Boards on 10 July and work to open up the Safer Barnsley Partnership Board to the public in 2018/19 and to link this into the launch of the annual plan refresh.

**Action 1.5 : Inter-Partnership Joint Working Protocol** - Lennie Sahota & Phil Hollingsworth to meet and discuss further

**Action 1.6 : Safeguarding & Radicalisation Paper** - Ben Finley / Ray Powell to present their views on this document at the next meeting before discussion takes place.

**Action 1.7 : Safeguarding & Radicalisation Paper** - Phil Hollingsworth to consult re the document at Prevent Silver and bring any feedback to this Board

This page is intentionally left blank





## Stronger Communities Partnership Board

Monday, 19 February 2018 : 14:00 – 16:30

Town Hall, MR2

### Minutes

	<p><b><u>Attendees</u></b>  Cllr Chris Lamb, Elected Member – BMBC (Chair)  Wendy Lowder, Executive Director – BMBC  Phil Hollingsworth, Communities Service Director – BMBC  Garreth Robinson, Public Health – BMBC  Lennie Sahota, Social Care &amp; Health (Adults) – BMBC  Cllr Jenny Platts, Cabinet Member Communities – BMBC  John Marshall – Voluntary Action Barnsley  Adrian England – Healthwatch  Helen Jaggar, Chief Executive – Berneslai Homes  Phil Parkes – H&amp;WBB Provider Forum  Gill Stansfield - SWYT</p> <p><b><u>Apologies</u></b>  Margaret Libreri : BMBC – Service Director (Children) Educ &amp; Early Start Prev  Dave Fullen : Berneslai Homes  Carrie Abbott : BMBC - Service Director, Public Health  Cath Bedford : Barnsley CCG  Paul Clifford : BMBC - Head of Service – Economic Generation  Tom Smith : BMBC – Head of Employment &amp; Skills  Steve Fletcher – South Yorks Fire Service  Jade Rose : Barnsley CCG  Sean Rayner : SWYT</p>
1.	<p><b>Apologies and Introductions &amp; minutes of last meeting</b></p> <p>The Chair welcomed everyone to the meeting and introductions were made. Apologies were received and noted from the above members.</p> <p>Helen Jaggar attended for Dave Fullen – Berneslai Homes  Garreth Robinson attended for Carrie Abbott, Public Health – BMBC  Gill Stansfield attended for Sean Rayner - SWYT  Chris Millington did not attend for Cath Bedford – Barnsley CCG  Due to a mix up with the meeting venue, Claire Gilmore did not attend for Margaret Libreri</p> <p>Amendments to 21/11/17 Minutes :  P2 Item 2</p>

	<p>Second line change wording to read “Job Centre Plus stated that the process is simple .....</p> <p>P5 Item 5 Last sentence to read “The Service will run for another 3 years”</p> <p>The only action identified was that members to think about items for the Forward Plan – Ongoing</p>
<b>2.</b>	<b>State of the Borough Briefing</b>
	It was confirmed that this item had been withdrawn.
<b>3.</b>	<b>Stronger Communities Service contribution to All Age Early Help strategy</b>
	<p>Phil brought this report for consideration to the meeting in the absence of Kate Faulkes. Inspiring to see work taking place in the communities which links into an early link agenda. The intention is to make connections stronger with the report coming into this Board quarterly.</p> <p>Qr 3 Narrative report –</p> <ul style="list-style-type: none"> <li>• Details the breadth of work across the Borough bringing people together to benefit residents and communities.</li> <li>• Facilitating community events to take place with volunteer stories pulled out as examples. Environmental examples too.</li> <li>• Identifies the health benefits to volunteers taking part in these events.</li> <li>• St Helens Project – through anti-poverty to promote work with the most deprived children. Feeding children during the school holidays with activities for the children to get people to attend. Over 1,000 meals were provided during the school summer holiday. Children really enjoyed it. This work has been carried on through half terms and Christmas and Feb half term through Ward Alliance funding and will continue.</li> <li>• Other Projects included : <ul style="list-style-type: none"> <li>- Sloppy Slippers – Dearne (Elderly &amp; People with mobility problems)</li> <li>- Reducing Loneliness &amp; Isolation – Goldthorpe</li> </ul> </li> <li>• Environmental projects : <ul style="list-style-type: none"> <li>- Litter picks – Darton West &amp; Old Town</li> <li>- Community allotments – multiple benefits in learning how to cook for themselves and health benefits of going to allotments.</li> </ul> </li> <li>• Celebration events are held to recognise volunteer work</li> </ul> <p>It was suggested that a snapshot of work taking place each quarter would be helpful to give everyone an idea of the work being done.</p> <p>Cllr Lamb expressed his regret that this work hasn’t been recognised earlier and would love to see opportunities identified on a small scale where work can be done jointly with other agencies and volunteers. He thought it would be helpful to get a regular snapshot of things going on so that projects can be embraced.</p> <p>Wendy Lowder agreed that it was helpful to share this information and suggested members should share more widely. Also about how we share</p>

	<p>information on projects undertaken with partners and community groups around the Borough. Feeding projects, such as the one highlighted, could be done all over the Borough not just in St Helens during school holidays</p> <p>Gill Stansfield confirmed SWYT have a breadth of services such as neighbourhood nursing events and communications tracker but could look at what council have got coming up to improve joint working.</p> <p>Helen Jaggar confirmed it was useful to see the work going on in communities and stated that Berneslai Homes were working with Kate Faulkes to ensure efficient communication. Need to identify what would be effective and where. It would be useful to know what the Ward Alliance priorities were.</p> <p>It was agreed that the most important priorities need to be identified jointly, including the police, to develop a systematic response. Also committed dialogue is needed with GPs on a locality basis. Team Leaders' conversations must work collaboratively.</p> <p>Lennie Sahota agreed it was good to see everything going on. It is about how we use the Universal Advice Service to get the information out there and through into the social prescribing service.</p> <p>Phil Parkes confirmed that there are 6 geographical areas with other providers out there plus small providers who need to know about these events.</p> <p>Live Well Barnsley site would be the ideal place to communicate this information but has not had a strong launch. It is important it has a more high profile launch with links to Primary Care so that the service can then be continually developed together.</p> <p><b>Action: Phil Hollingsworth to feedback comments to Kate Faulkes</b></p>
<b>4.</b>	<p><b>Inter-Partnership Joint Working Protocol</b></p> <p>About 6 months ago Scott Green, Wendy Lowder (SBP Chairs), Bob Dyson (Chair of Safeguarding Boards) and Cllr Lamb (SCP Chair) felt the need to ensure that the 4 Boards were working as a collective whole as it had been recognised that sometimes there are shared objectives. Therefore a document would be created detailing how we would seek to work together across boards and identify interdependencies and network. A network took place last week to look at forward plans.</p> <p>Cllr Lamb confirmed it was essential to agree to identify where we could offer something of value and where individual boards would work.</p> <p>Helen Jaggar asked whether Berneslai Homes could be referenced as a signatory to the partnership – this was agreed.</p> <p>The question was asked whether children transitioning into adult safeguarding should be a separate item. Following discussion it was considered that the wording should be changed but it was not felt that transitions should be a separate item.</p>

	<b>Action: Shiv Bhurtum to have a further discussion with Mel John-Ross regarding the appropriate wording.</b>
<b>5.</b>	<p><b>All Age Early Help Strategy Annual refresh &amp; Performance Data Planning</b></p> <p>Following agreement of the priorities in March 2017 and the delivery against the strategic outcomes, through the Early Help Adults, Children and Anti-Poverty delivery groups, it is proposed that the priorities are refreshed annually to more clearly set out specific items that delivery groups are looking at and help agenda setting for future meetings.</p> <p><b>Action: Delivery Groups to do a refresh for the next Board meeting to give them a clear forward plan plus a matrix so that long term performance measures can be identified. Details of things that are going well and where concerns exist also need to be included.</b></p> <p>Following discussion it was agreed helpful that issues from JSNA and public health are detailed but different/new issues need to be identified. Amendments needed on flow chart for refresh to be brought back to SCP.</p>
<b>6.</b>	<p><b>Delivery Group Highlight Reports</b></p> <p><b>6a Early Help Adults</b></p> <p>The template has been simplified to concentrate on key achievements and future actions.</p> <ul style="list-style-type: none"> <li>• Recognised Barnsley and Doncaster have social prescribing in place which will help.</li> <li>• Live Well Barnsley – there is work to do re a more high profile launch.</li> <li>• Carers Resource Service has gone out to tender and the offer for Barnsley will be brought back to this meeting.</li> <li>• Assisted Living (BIL) Hub - work is progressing according to the plan.</li> <li>• Transitions – How can we identify support to replace current format. Discussion to take place to explore issues/solutions. Lennie Sahota asked that Children's Services be involved in any discussion.</li> <li>• Acute Frailty Network – being worked on by partners</li> <li>• Social Action bid with Age Concern – outcome awaited</li> </ul> <p>Assisted Living Review – Wendy confirmed it was helpful to have a procurement report to confirm the growing requirement for intermediate care. However, the budget is not growing in line with requirements in respect of children coming through to young people and adults. Need to work collaboratively to sort out pathways more efficiently. OT is a separate piece of work and lack of Therapists is an issue.</p> <p><b>6b Early Help Children</b></p> <p>Due to a mix up with the meeting venue, Claire Gilmore had not attended for Margaret Libreri so no verbal update was available but a report had been submitted which confirmed the following future actions :</p> <ul style="list-style-type: none"> <li>• Multi agency audits into school readiness, quality of early help assessments and active plans.</li> <li>• Neglect Graded Care Profile tool to be launched in Family Centres</li> </ul>

	<ul style="list-style-type: none"> <li>• Launch of media campaign focusing on school attendance and punctuality.</li> </ul> <p><b>6c Anti Poverty</b></p> <ul style="list-style-type: none"> <li>• First meeting of Food Access steering group has taken place</li> <li>• Barnsley Advice Network (BAN) has been re-established</li> <li>• Formal evaluation will be done re Universal Credit – over 200 referrals received in this period.</li> <li>• Action Plan has been refreshed with themes which are pertinent at the time and good work continuing.</li> </ul> <p>Wendy confirmed she had had a discussion with Pam Warhurst from Incredible Edible which is a growing network of people that help communities. Could work with Pam and bring together interested parties to understand what is going on, introduce a food strategy and neighbourhood services review around what Incredible Edible are doing. Pam is coming to Barnsley for a meeting on 25 April when more info will be available.</p> <p>Adrian England agreed it was important to educate children and young people and push schools to provide information on healthy eating etc. There should be strategies in place in academies to encourage young people to eat properly – can we have any influence on this?</p> <p>Cllr Lamb confirmed that the Leader of the Council has stressed the importance of focussing much of our preventative activity on young children to educate them re healthy food and living.</p>
<b>7.</b>	<p><b>Forward Plan</b></p> <p>Apologies noted for this not going out in advance. At the last meeting members were asked for any items. No response was received so items have been identified from a delivery group view :</p> <p><b>21 May 2018</b></p> <ul style="list-style-type: none"> <li>• 2 Year Old Progress Check – Lisa Bosson &amp; Alison Addy</li> <li>• All Age Early Help Annual Plan – Shiv Bhurtun</li> <li>• Town Spirit – Phil Hollingsworth</li> </ul> <p><b>20 August 2018</b></p> <ul style="list-style-type: none"> <li>• Barnsley Brand and My Local Pantry – Andrea Hoyland &amp; Gary Stott</li> </ul> <p><b>26 Nov 2018</b></p> <ul style="list-style-type: none"> <li>• Early Help for Families – Nina Sleight &amp; Margaret Libreri</li> <li>• Early Help for Young People – Nina Sleight &amp; Margaret Libreri</li> <li>• Carer's Resource Centre Offer – Provider (once known)</li> </ul> <p>Annual Plan refresh will help to populate this further. Cllr Lamb reiterated his request for items.</p> <p><b>Action: Any items should be forwarded to</b>  <a href="mailto:saferb-strongerc@barnsley.gov.uk">saferb-strongerc@barnsley.gov.uk</a></p>

	Wendy Lowder reported that Diane Lee is doing a piece of work around improvement of the approach to mental health re Prevention and Early Help. Diane's work will go to SSDG.
<b>8.</b>	<b>Any Other Business</b>
	No further business was identified.
<b>9.</b>	<b>Date &amp; Time of Next Meeting</b>
	<b>Monday, 21 May 2018 : 14:00 – 16:30</b> <b>Gateway Plaza</b> <b>Level 4 Boardroom</b>

	<b>Action Schedule</b>
	<p><b>Action carried forward from 15/08/2017</b>  Item 4a) Margaret Libreri to identify representative from Schools Alliance – carried forward to 21/05 meeting</p> <p><b>Actions identified from 19/02/2018</b>  Item 3) Phil Hollingsworth to feed back comments re All Age Early Help to Kate Faulkes</p> <p>Item 4) Further discussion needed with Mel John-Ross as to wording re Transitions on the Inter Partnership Joint Working Protocol</p> <p>Item 5 ) All Age Early Help Strategy Annual refresh &amp; Performance Data Planning - Delivery Groups to do a refresh for the next Board meeting to give a clear forward plan plus a matrix so that long term performance measures can be identified. Details of things that are going well and where concerns exist also need to be included.</p> <p>Item 7) Forward Plan – Members to identify items for the Forward Plan.</p>

This page is intentionally left blank



**South Yorkshire and Bassetlaw Sustainability and Transformation  
Partnership**

**Collaborative Partnership Board**

**Minutes of the meeting of**

**12 January 2018**

**The Boardroom, NHS Sheffield CCG  
722 Prince of Wales Road, Sheffield, S9 4EU**

**Decision Summary**

<b>Minute reference</b>	<b>Item</b>	<b>Action</b>
<b>6/18</b>	<p><b>Public Health Dashboard</b></p> <p>Lisa Wilkins agreed to liaise with Chris Edwards outside this meeting to discuss the evaluation work vis-à-vis the health and social prescribing indicators (step 1 of the next steps identified above).</p> <p>The Chair will meet with Helen Stevens to discuss the formulation of a successful intervention that SYB ACS could implement and promote in our shadow phase, this subject will be discussed at a future meeting.</p> <p>The Chair and Lisa Wilkins will discuss the level of clarity required in the development the public health dashboard.</p>	<p>Lisa Wilkins</p> <p>The Chair /Helen Stevens</p> <p>The Chair/Lisa Wilkins</p>
<b>8/18</b>	<p><b>Communications and Engagement</b></p> <p>The Chair requested Helen Stevens to produce a draft communication and engagement plan to share with members regarding the launch of the shadow ACS in April.</p>	Helen Stevens
<b>9/18</b>	<p><b>Finance Update</b></p> <p>A query was made regarding tranche one of winter monies vis-à-vis the control totals and Jeremy Cook agreed to gain clarification from the national team and report this information back to members.</p>	Jeremy Cook
<b>10/18</b>	<p><b>Hospital Services Review Update</b></p> <p>Alexandra requested that members should forward any</p>	

	<p>comments directly to her regarding the Stage 1B report by Monday, 15<sup>th</sup> January 2018. A revised version based upon the comments received will be drawn up and circulated to members next week.</p> <p>The Chair added that he will liaise with Helen Stevens regarding the issues identified in comments from members at this meeting.</p>	<p>All</p> <p>Alexandra Norrish</p> <p>The Chair/Helen Stevens</p>
<b>11/18</b>	<p><b>Draft workforce strategy for England</b></p> <p>Mike Curtis and Kevan Taylor volunteered to draft a response via the Local Workforce Action Board and would bring the draft to a Collaborative Partnership Board for members to approve.</p>	<p>Mike Curtis and Kevan Taylor</p>

# South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

## Collaborative Partnership Board

### Minutes of the meeting of

**12 January 2018**

**The Boardroom, NHS Sheffield CCG  
722 Prince of Wales Road, Sheffield, S9 4EU**

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ACS	ACS Lead/Chair, Sheffield Teaching Hospitals NHS FT, CEO	✓		
Adrian Berry	South West Yorkshire Partnership NHS FT	Deputy Chief Executive		✓	
Adrian England	Healthwatch Barnsley	Chair	✓		
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	✓		Anthony May CEO
Alison Knowles	Locality Director North of England,	NHS England	✓		
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources	✓		Adrian Berry
Alexandra Norrish	South Yorkshire and Bassetlaw ACS	Programme Director – Hospital Services Review	✓ (pt)		
Andrew Hilton	Sheffield GP Federation	GP		✓	
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher	✓		
Catherine Burn	Voluntary Action Representative	Director		✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer	✓		
Chris Holt	The Rotherham NHS FT	Deputy Chief Executive & Director of Strategy and Transformation	✓		Louise Barnett
Chris Welsh	South Yorkshire and Bassetlaw ACS	Independent Lead - Hospital Services Review	✓ (pt)		
Des Breen	Working Together Partnership Vanguard	Medical Director	✓		
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Greg Fell	Sheffield City Council	Director of Public Health	✓		John Mothersole CEO
Frances Cuning	Yorkshire & the Humber PHE Centre	Deputy Director – Health & Wellbeing	✓		

David Purdue	Doncaster & Bassetlaw Teaching Hospitals NHS FT	Deputy Chief Executive/COO	✓		Richard Parker
George Critchley	Sheffield Children's Hospital NHS Foundation Trust	Senior Communications Officer	✓		
Gilly Brenner	South Yorkshire and Bassetlaw ACS	Public Health Registrar	✓		
Helen Stevens	South Yorkshire and Bassetlaw ACS	Associate Director of Communications & Engagement	✓		
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer	✓		
Jane Anthony	South Yorkshire and Bassetlaw ACS	Corporate Committee Administrator, Executive PA & Business Manager	✓		
Janette Watkins	Working Together Partnership Vanguard	Director	✓		
Janet Wheatley	Voluntary Action Rotherham	Chief Executive	✓		
Jeremy Cook	South Yorkshire and Bassetlaw ACS	Interim Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive		✓	
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive	✓		
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health	✓		
Julia Newton	NHS Sheffield CCG	Director of Finance		✓	
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive		✓	
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive	✓		
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ACS System Reform Lead, Chief Officer, NHS Barnsley CCG	✓		
Lisa Kell	South Yorkshire and Bassetlaw ACS	Director of Commissioning Reform		✓	
Lisa Wilkins	South Yorkshire and Bassetlaw ACS	Consultant in Public Health Medicine	✓		
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive		✓	
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer		✓	
Matthew Groom	NHS England Specialised Commissioning	Assistant Director		✓	
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning & Development		✓	Rod Barnes
Mike Curtis	Health Education England	Local Director	✓		
Neil Taylor	Bassetlaw District Council	Chief Executive	✓		
Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	

Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Chief Operating Executive		✓	
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓		
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS FT	Chief Executive		✓	
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Acting Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		✓	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive		✓	
Roger Watson	East Midlands Ambulance Service NHS Trust	Consultant Paramedic Operations	✓		Richard Henderson
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	✓		
Ruth Hawkins	Nottinghamshire Healthcare NHS FT	Chief Executive		✓	
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive		✓	
Simon Morritt	Chesterfield Royal Hospital	Chief Executive		✓	
Steve Shore	Healthwatch Doncaster	Chair		✓	
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		✓	
Victoria McGregor-Riley	NHS Bassetlaw CCG	Director of Primary Care		✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw ACS	Sustainability & Transformation Director	✓		

Minute reference	Item	Action
1/18	<b>Welcome and introductions</b>  The Chair welcomed members to the meeting.	
2/18	<b>Apologies for absence</b>  The Chair noted the apologies for absence.	
3/18	<b>Minutes of the previous meeting held 8<sup>th</sup> December 2017</b>  The minutes of the previous meeting were agreed as a true record.	
4/18	<b>Matters arising</b>  Will Cleary-Gray added that a matrix will be produced and circulated following Collaborative Partnership Board meetings.	

	<p>The matrix will guide members on the dissemination of papers post CPB meetings helping to ensure there is consistent communication of information across the ACS and that members of Governing Bodies and Boards are well informed.</p> <p><b>Integrated Operational Report</b> Richard Jenkins informed members that he is working through this issue with support from Sheffield Teaching Hospitals.</p> <p><b>Workstream Priorities:</b></p> <p><b>Estates</b> Chris Edwards informed members that the estates workstream is still awaiting the publication of the Estates National Guidance which has been deferred.</p> <p><b>Finance</b> Jeremy Cook is working on the early stages of the analytical review and he will involve Richard Jenkins (and others) at the appropriate stage of the review.</p>	
5/18	<p><b>National Update</b></p> <p><b>CEO ACS Report</b></p> <p>The Chair gave his Chief Executive Officer report to the meeting.</p> <p>This monthly report provides members with an update on:</p> <ul style="list-style-type: none"> <li>• The work on the ACS CEO over the last month.</li> <li>• A number of key priorities not covered elsewhere on the agenda.</li> </ul> <p>In addition to his report the Chair added the following updates:</p> <p>The Chair informed members that the work of SYB ACS could be divided into the three following elements for the 2018-19 year:</p> <ol style="list-style-type: none"> <li>1. Issues for the ACS.</li> <li>2. Issues that are business as usual for partners.</li> <li>3. Transformation issues.</li> </ol> <p>The Chair added that everyone should ensure they have exact clarity regarding the aforementioned three elements.</p> <p>The Chair highlighted that in the next twelve months the ACS will be:</p> <ul style="list-style-type: none"> <li>• establishing its management structure and its way of operating,</li> <li>• implementing the Hospital Service Review,</li> <li>• commissioning reform and establishing partnerships in 'place',</li> <li>• ensuring that its constitution rights and financial basis are</li> </ul>	

	<p>firmly established,</p> <ul style="list-style-type: none"> <li>beginning to work on a small number of key transformational issues.</li> </ul> <p>The Chair added that central government is keen for SYB ACS to succeed.</p> <p>The Chair noted that it is important for the ACS to be ready and able to engage in anything in 2018-2019.</p> <p>The Chair informed members that SYB ACS has met with Greater Manchester ACS to share learning and establish strong relationships as both develop and mature.</p> <p>Lesley Smith updated members on the ACS Development Day that she attended on 13<sup>th</sup> December 2017 in London. The event brings together the eight ACSs in England. The members present on the day discussed the various elements of being an ACS e.g. they noted that guidance was required regarding the size of the footprint to be an ACS, the specialised commissioning functions required, regulations in the future and capacity to take on regulations and functions, terminology concerning accountable care and the confusion with the USA model, how models of ACSs are unfolding and what they could look like in the future. SYB ACS was in the spotlight on the day as the oversight framework of SYB ACS was presented at the event. She added that looking into the future it was likely that there will be 18 ACSs across the whole of England.</p> <p>Alison Knowles added that NHSE/I will need to draw out a nomenclature for the future to identify exactly what is required as a system and what is required as a partnership.</p> <p>The Chair noted that SYB ACS would await the nomenclature from NHSE/I.</p> <p><b>SYB ACS Workshop</b></p> <p>The Chair informed members that the ACS workshop is planned for 2<sup>nd</sup> February 2018 at the New York Stadium in Rotherham. The invitations to this workshop will be revisited as it has been decided to have two workshops, the first workshop would be a small group of Chief Executives and Accountable Officers followed by a second workshop, invitations to the second workshop will be extended to a wider group of stakeholders.</p> <p><b>2018/2019</b></p> <p>The Chair informed members that NHSE/I has asked for thoughts from the ACSs moving from a conceptual model into an integrated ACS and how this would affect the governance of the ACS.</p> <p>The Chair gave a short presentation entitled 'Integrated ACS vision system and place', and information contained therein identified:</p>	
--	---	--

	<ul style="list-style-type: none"> <li>• Integrated SYB ACS – Vision System</li> <li>• Integrated SYB ACS – Place vision</li> <li>• Emerging ACS priorities and functions</li> <li>• Focus areas for the SYB system working together in phase 1 – 2018/19</li> <li>• Maturing ACS governance identifying the current governance arrangements for the ACS and ACPs in 2017-18 and giving draft options for 2018/19 for phase 1.</li> </ul> <p>Will Cleary-Gray added that the Audit Chairs and Governance Group met in December 2018 and started preparatory discussions around future governance of the ACS and we will share our current thinking with NHSE/I.</p> <p>The Chair said that there are a number of items that need to be worked through regarding the future governance of SYB ACS and this subject will be discussed and developed at the workshop on 2<sup>nd</sup> February 2018.</p> <p>The Collaborative Partnership Board noted the update.</p>	
6/18	<p><b>Public Health Dashboard</b></p> <p>The Chair invited Greg Fell and Lisa Wilkins to present the public health dashboard information to the meeting.</p> <p>Greg Fell informed members that the public health dashboard is currently work in progress. The dashboard has been developed with Lisa Wilkins and it sets out the key SYB ACS actions that will give the largest impact in terms of public health.</p> <p>The dashboard is a first draft and more information will be added to give a more fuller picture regarding public health before the workshop on 2<sup>nd</sup> February 2018.</p> <p>Lisa Wilkins gave her presentation to the meeting.</p> <p>She highlighted that the dashboard has three sections:</p> <ol style="list-style-type: none"> <li>1. Population /deprivation and overarching health outcomes.</li> <li>2. System wide public health priorities – focus on collective action.</li> <li>3. Place based wider determinants and health improvement – local priorities.</li> </ol> <p>Lisa informed members that the next steps will be to:</p> <ol style="list-style-type: none"> <li>1. Confirm work and health and social prescribing indicators.</li> <li>2. Find out Public Health England publishing timetable and agree reporting frequency / timing.</li> <li>3. Incorporate into overall ACS dashboard and format accordingly.</li> <li>4. Identify analytical capacity to populate.</li> </ol>	



	<p>The Chair thanked Greg Fell and Lisa Wilkins for the excellent work they had produced and indicated that SYB ACS should seek to create a simple public health dashboard.</p> <p>Discussion ensued regarding the interventions that SYB ACS could progress in 2018/19 that would produce a positive public health impact. Members agreed that smoking cessation would be the primary intervention to progress.</p> <p>A query was raised regarding the reduction of health inequalities and where it would emerge in this dashboard from the data. Greg Fell responded saying that health inequalities should not solely be linked to the healthy lives box, health inequalities must be linked to all workstreams.</p> <p>Lisa Wilkins agreed to liaise with Chris Edwards outside this meeting to discuss the evaluation work vis-à-vis the health and social prescribing indicators (step 1 of the next steps identified above).</p> <p>The Chair will meet with Helen Stevens to discuss the formulation of a successful intervention that SYB ACS could implement and promote in our shadow phase, this subject will be discussed at a future meeting.</p> <p>The Chair and Lisa Wilkins will discuss the level of clarity required in the development the public health dashboard.</p> <p>The Chair thanked Lisa Wilkins and Greg Fell for their attendance at this meeting.</p>	<p>Lisa Wilkins</p> <p>The Chair/ Helen Stevens</p> <p>The Chair/ Lisa Wilkins</p>
7/18	<p><b>Workstream Priorities –</b></p> <p><b>Prevention</b></p> <p>Greg Fell presented the prevention workstream top 3 priorities for the Collaborative Partnership Boards approval as:</p> <ul style="list-style-type: none"> <li>• Embedding the treatment of tobacco dependence in secondary care.</li> <li>• Systematic quality improvement in the identification and management of clinical risk factors for cardiovascular disease.</li> <li>• Expansion of social prescribing.</li> </ul> <p>Greg advised members that each of the workstream top 3 priorities will be developed and delivered through the plans in 'place'. He added that the priorities are areas of work that are currently being actively taken forward at an ACS programme level.</p> <p>Greg stated that SYB ACS must focus its energies where the need is greatest regarding the 3 top priorities.</p>	

Greg highlighted that there has been a large number of contacts in primary care in previous years regarding tobacco dependence and prevention strategies. However, secondary care has not had the same history or the same level of contacts but it is recognised that secondary care does have a huge role to play in tobacco dependence and prevention strategies.

The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented.

### **Cancer**

Lesley Smith presented the Cancer workstreams top 3 priorities for the Collaborative Partnership Boards approval as:

- Early diagnosis – taking specific action to improve early diagnosis.
- Quality of life – improving quality of life and patient experience for patients following cancer diagnosis and treatment.
- CWT/63 day – delivering the 62 day referral to treatment target and working towards faster diagnosis standard.

The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented.

### **Primary Care**

Karen Curran presented the Primary Care workstream top 3 priorities for the Collaborative Partnership Boards approval as:

- Increased investment in primary care in order to deliver service transformation – national commitment to increase investment into primary care by at least £2.4bn by 2020/2021.
- Wider workforce – national targets to increase, retain and return clinical workforce and introduce new workforce models.
- Local care networks – National: Local Care Networks to be established covering populations of c.30000-50000.

Karen Curran added that a meeting is taking place next week with members from the five Clinical Commissioning Groups to determine if we want to submit one application on a SYB/ACS footprint for the international recruitment and the recruitment of overseas doctors to address some of the workforce issues we have. There are 36 overarching organisations, 5 Clinical Commissioning Groups and one ACS and by aggregating tasks and performing tasks once it will not mean detracting from place but it will mean that added value to the ACS as a whole will be

	<p>achieved.</p> <p>The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented.</p> <p>The Chair thanked the presenters for the information regarding their workstreams top 3 priorities.</p>	
<b>8/18</b>	<p><b>Communications and Engagement</b></p> <p>Helen Stevens updated members on the communications and engagement of SYB ACS. Helen said that the Hospital Services Review had held a very successful event in December 2017. The communications and engagement team will continue to give their ongoing support the Hospital Services Review.</p> <p>Helen added her team will carry on supporting the SYB ACS workstreams. The communications and engagement team will also continue to carefully work through the detail required to produce an updated communications plan for 2018.</p> <p>The Chair requested Helen to produce a draft communication and engagement plan to share with members regarding the launch of the shadow ACS in April.</p> <p>The Chair thanked Helen Stevens for her update.</p>	Helen Stevens
<b>9/18</b>	<p><b>Finance Update</b></p> <p>Jeremy Cook, Interim Director of Finance SYB ACS, presented his finance report to the meeting. The report informs members on a number of items e.g. Directors of Finance meetings and other general updates, capital, winter funding, and financial reporting.</p> <p>The Collaborative Partnership Board noted the contents of the report and in particular the timetable to develop the ACS prioritised capital plan.</p> <p>A query was made regarding tranche one of winter monies vis-à-vis the control totals and Jeremy Cook agreed to gain clarification from the national team and report this information back to members.</p> <p>Lesley Smith raised the point that at 2.2 of the finance report the focus and understanding on the benefits of the emergency department development at Doncaster would not only be to Doncaster but would be to the whole of South Yorkshire.</p> <p>The Chair thanked Jeremy Cook for his report and for presenting the information.</p>	Jeremy Cook

10/18	<p><b>Hospital Services Review Update</b></p> <p>The Chair welcomed Chris Welsh and Alexandra Norrish to the meeting.</p> <p>Chris Welsh had three key messages to convey at this meeting:</p> <ol style="list-style-type: none"> <li>1. The Hospital Services Review Team are not working to a predetermined plan, they are following information received from clinicians, the public and data.</li> <li>2. The HSR is reviewing the medium to long term sustainability of services and will not be resolving current and new pressures on services.</li> <li>3. The HSR will not be modelling services at a business case level as this is not possible within the time and resources available to the HSR team and also the legalities involved before having to go out to public consultation.</li> </ol> <p>Alexandra Norrish updated the group on progress on the Hospital Services Review (a copy of her presentation will be circulated to members).</p> <p>The report summarises the key problems identified for each of the 5 services, and highlights the main themes for solutions emerging.</p> <p>Alexandra requested that members should forward any comments directly to her regarding the Stage 1B report by Monday, 15<sup>th</sup> January 2018. A revised version based upon the comments received will be drawn up and circulated to members next week.</p> <p>Members made the following comments regarding the Stage 1B report:</p> <ul style="list-style-type: none"> <li>• Hospitals fit into a much broader system and this aspect did not come across in the draft report HSR.</li> <li>• Consideration should be given to the language used when referring to GP thresholds regarding tasks.</li> <li>• Funds should stay in the NHS and therefore the NHS options available should be identified in the report.</li> </ul> <p>Members noted that work should be initiated now to inform the Joint Oversight and Scrutiny Committee and Health and Well Being Boards regarding possible consultation of the final report.</p> <p>The Chair added that he will liaise with Helen Stevens regarding the issues identified in comments from members at this meeting.</p> <p>The Chair thanked Alexandra Norrish and Chris Welsh for their presentation and attendance at this meeting.</p>	<p>All</p> <p>Alexandra Norrish</p> <p>The Chair/Helen Stevens</p>
11/18	<p><b>Draft workforce strategy for England</b></p> <p>Mike Curtis introduced the workforce strategy for England. Launched by Health Education England (HEE), Facing the Facts, Shaping the Future, A health care workforce strategy for England</p>	

	<p>to 2027, this sets out the proposed strategy to ensure patients have access to the health and care staff they need to provide a high-quality service.</p> <p>Mike Curtis encouraged individual organisations to submit their own response to the draft strategy. However, he added that it would be appropriate for South Yorkshire and Bassetlaw Accountable Care System to forward their organisations response to the draft strategy. Mike Curtis and Kevan Taylor volunteered to draft a response via the Local Workforce Action Board and would bring the draft to a Collaborative Partnership Board for members to approve.</p> <p>The Collaborative Partnership Board duly noted the report and looked forward to receiving the draft response to the strategy at their next meeting.</p>	Mike Curtis and Kevan Taylor
<b>12/18</b>	<p><b>To consider any other business</b></p> <p>There was no other business brought before the meeting.</p>	
<b>13/18</b>	<p><b>Date and Time of Next Meeting</b></p> <p>The next meeting will take place on 9<sup>th</sup> February 2018 at 9.30am to 11.30am in the Boardroom, NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield, S9 4EU.</p>	

This page is intentionally left blank

**REPORT TO THE HEALTH & WELLBEING BOARD****(03/04/18)****Proposed Performance Reporting process**

<b>Report Sponsor:</b>	Richard Lynch
<b>Report Author:</b>	Will Boyes
<b>Received by SSDG:</b>	26/02/18

**1. Purpose of Report**

To provide the board with an updated performance dashboard. When available, this will be combined with a summary of key progress against HWBB action plan updates (July to December 2017).

**2. Recommendations**

2. Health & Wellbeing Board members are asked to:-

- Note the performance and action plan updates

**3. Introduction/ Background**

- 3.1 The document attached at appendix 1 provides the board with a headline overview of performance, alongside key action plan updates. This supports the board to challenge the respective leads, where progress is not on track to achieve priorities.
- 3.2 SSDG were consulted on this approach and identified key indicators that align with the board's priorities. These are drawn from nationally available datasets (such as the Public Health Outcome Framework), aligned with the key health and wellbeing priorities for Barnsley. This allows Barnsley's position amongst comparators to be identified. However, it does also mean that data used is often subject to a time lag in reporting.
- 3.3 Highlights from action plan updates between July and December 2017 are included, alongside an update of performance indicators. This is intended to provide a clear picture of progress, but also supports board members to challenge progress where it may not be on track. This will contribute to identifying areas for further enquiry.
- 3.5 It is proposed that key risks for the board are included within this approach in future.

**4. Link to Joint Strategic Needs Assessment**

- 4.1 The performance indicators included within this report are aligned with data from the JSNA. The board will be provided with updates as and when updated JSNA data profiles are available.

## **5. Conclusion / Next Steps**

- 5.1 This report sets out a comprehensive approach to tracking progress against strategic priorities. Updates will be provided which continue to review key indicator data alongside action plan updates.

## **6. Financial Implications**

- 6.1 No direct financial implications have been outlined in this report. However, this approach is intended to provide an overview of the impact of activities and interventions on headline indicators, which would encompass discussions regarding the effective use of resources.

## **7. Alignment / Delivery of the Health & Wellbeing Strategy**

- 7.1 This report supports the board to review progress against the strategy.

## **8. Alignment / Delivery of the Barnsley Place Based Plan**

- 8.1 This report aligns with key issues identified within the Place Based Plan.

## **9. Stakeholder engagement/ co-production**

- 9.1 The proposed approach has previously been shared with key partners via SSDG.

## **10. Appendices**

- 10.1 Appendix 1 – Health & Wellbeing Board Strategic Priorities – Performance & Action Plan summary

**Officer:** Will Boyes **Contact:** [willboyes@barnsley.gov.uk](mailto:willboyes@barnsley.gov.uk) **Date:** 21/03/2018



## H&WB Strategic Priorities – Performance & Action Plan summary

### Reducing harm caused by smoking and alcohol

<b>Performance Data Summary</b>	<p><b>March 2018</b></p> <p style="text-align: center;"><u>Areas for Improvement</u></p> <ul style="list-style-type: none"> <li>• Admission episodes – alcohol related conditions</li> </ul> <p style="text-align: center;"><u>Areas of Strength</u></p> <ul style="list-style-type: none"> <li>• Smoking status at time of delivery</li> </ul> <p><b>October 2017</b></p> <ul style="list-style-type: none"> <li>• Smoking prevalence – routine/manual occupations</li> <li>• Admission episodes – alcohol related conditions</li> <li>• Smoking status at time of delivery</li> </ul>
<b>Making a Difference</b>	<ul style="list-style-type: none"> <li>• Illicit Tobacco officer post in Trading Standards now permanent</li> <li>• Funding for BHFNT Specialist Stop Smoking extended and increased to support two Midwives, which will allow all pregnant smokers to be seen within 48 hours</li> </ul>
<b>Work in progress</b>	<ul style="list-style-type: none"> <li>• Smokefree Schools – now due to be launched in April 2018 at Sandhill and Laithes primary schools.</li> <li>• Smokefree Barnsley nominated for 2018 LGC Awards</li> <li>• Barnsley to be first northern town to have a Smokefree market</li> <li>• Tobacco Alliance action plan refreshed to incorporate recommendations from CleaR peer assessment and latest national guidance.</li> <li>• Best Bar None launched last November with 15 venues signed up to date</li> <li>• Update to SSDG in February on progress towards creating a sensible drinking culture in Barnsley.</li> </ul>
<b>Areas for further enquiry</b>	<ul style="list-style-type: none"> <li>• April 2018 - Potential impact of known issues with data on smoking at time of delivery</li> <li>• October 2017: Action to tackle smoking prevalence of adults with Serious Mental Health issues</li> <li>• October 2017: Action to tackle smoking in routine/manual occupations</li> <li>• October 2017: Action to tackle harmful levels of drinking in the home environment</li> </ul>

### Improving services for older people

<b>Performance Data Summary</b>	<p><b>March 2018</b></p> <p style="text-align: center;"><u>Areas for Improvement</u></p> <ul style="list-style-type: none"> <li>• Emergency hospital admissions due to falls</li> <li>• Permanent admissions to residential / nursing care (2016/17 data)</li> </ul> <p style="text-align: center;"><u>Areas of Strength</u></p> <p><b>October 2017</b></p> <ul style="list-style-type: none"> <li>• Dementia: Rate of Emergency Admissions</li> <li>• Emergency hospital admissions due to falls</li> <li>• Permanent admissions to residential / nursing care (2015/16 data)</li> </ul>
<b>Making a Difference</b>	<ul style="list-style-type: none"> <li>• CCG analysis of hospital admissions from care homes between April and November 2017 shows a 34% reduction on same period in 2016. Further analysis being undertaken to identify influencing factors. No equivalent reduction in non elective admissions.</li> <li>• Links between Hospital and Memory service improved to support patients with a memory problem within the Hospital. Also improvements noted between primary care and memory service, resulting in shorter diagnosis times and improved diagnosis rates.</li> </ul>

<b>Work in progress</b>	<ul style="list-style-type: none"> <li>• Back on your feet - new concept for falls service in development. Training of staff at 3 care homes taken place with the aim of improving confidence and skills to provide a first line of treatment following a fall. A three month pilot will start shortly.</li> <li>• Safe and Well checks, delivered by Fire Safety officers, due to start early in 2018. These will raise awareness, reduce hazards, modify behaviour and reduce harm through early warning.</li> <li>• Dementia Action Plan Review - the Multi-Agency Dementia Group has completed refresh of the action plan.</li> <li>• Work ongoing to develop a Dementia webpage, supported by the Mayor's Challenge. This will provide easy access to information and events relevant to people with dementia and their carers.</li> </ul>
<b>Areas for further enquiry</b>	<ul style="list-style-type: none"> <li>• April 2018 – Further information on increase in permanent admissions and forecasts for 2017/18 and beyond</li> </ul>

### Improving early help for mental health

<b>Performance Data Summary</b>	<p><b>March 2018</b></p> <p><u>Areas for Improvement</u></p> <ul style="list-style-type: none"> <li>• Suicide rate</li> </ul> <p><b>October 2017</b></p> <ul style="list-style-type: none"> <li>• Prevalence of depression and anxiety</li> <li>• Long term mental health problems</li> <li>• Employment of people with mental illness or learning disabilities</li> <li>• Hospital admissions as a result of self harm (10 to 24 year olds)</li> </ul> <p><u>Areas of Strength</u></p> <ul style="list-style-type: none"> <li>• Self-reported wellbeing</li> <li>• Prevalence of severe mental illness</li> <li>• Positive satisfaction with life amongst 15 year olds</li> </ul>
<b>Making a Difference</b>	<ul style="list-style-type: none"> <li>• Phase 3 of Licensed Thrive Practitioner training completed in November, with involvement of 23 staff from 10 schools. Phase 4 underway with 24 staff from 17 schools. 3 people have also now completed 'train the trainer' courses.</li> <li>• Eating disorder pathway review completed, including implementation of new GP and paediatric protocols.</li> <li>• 4<sup>th</sup> Future in Mind stakeholder event held last October, following priorities agreed for 2018: <ul style="list-style-type: none"> <li>○ Improve support to all children during transition from primary to secondary school.</li> <li>○ Further develop early help offer (specifically support provided to children in the range 0 – 5 years and their parent(s) / families)</li> </ul> </li> <li>• Child in Care CAMHS service pathway has been updated and published.</li> </ul>
<b>Work in progress</b>	<ul style="list-style-type: none"> <li>• Workshop held last November to identify issues and gaps re mental health. A number of recommendations were proposed, including: <ul style="list-style-type: none"> <li>○ Develop a mental wellbeing action plan based on Mental Health Prevention Concordat 'what good looks like'; linking in with early help action plans for 2018/19.</li> <li>○ Establish a group to review current position against Concordat</li> <li>○ Develop a zero suicide ambition</li> <li>○ Develop a Mental Health First Aid workplace wellbeing toolkit.</li> <li>○ Adopt the Prevention Concordat for Better Mental Health.</li> <li>○ Hold an annual workshop to review progress and determine future priorities.</li> </ul> </li> <li>• Work begun on mapping current training offer re mental health, further to discussions re system wide workforce development.</li> <li>• CAMHS clinician seconded to Springwell school last October for 12 month trial period.</li> <li>• CAMHS introduced process for review and management of risk for children and young people whilst waiting. Open day with 60 families held last December.</li> </ul>

<b>Areas for further enquiry</b>	<ul style="list-style-type: none"> <li>• April 2018 – share findings from evaluation of first cohort of schools completing Licensed Practitioner training</li> <li>• October 2017 - Work of the area councils to improve wellbeing</li> <li>• October 2017 - Early help and prevention for adults</li> <li>• October 2017 - Services for long term mental health</li> <li>• October 2017 - Actions to address employment gap for adults with mental illness / learning disabilities</li> <li>• October 2017 - Further information on suicide prevention</li> </ul>
----------------------------------	--

## Building strong and resilient communities

<b>Performance Data Summary</b>	<p><b>March 2018</b></p> <p style="text-align: center;"><u>Areas for Improvement</u></p> <ul style="list-style-type: none"> <li>• Excess winter deaths</li> </ul> <p style="text-align: center;"><u>Areas of Strength</u></p> <ul style="list-style-type: none"> <li>• Childhood obesity</li> </ul> <p><b>October 2017</b></p> <ul style="list-style-type: none"> <li>• Childhood obesity</li> <li>• Utilisation of outdoor space for exercise / health reasons</li> <li>• Children in low income households</li> <li>• Patient experience of accessing primary care</li> </ul>
<b>Making a Difference</b>	<ul style="list-style-type: none"> <li>• My Best life - Social prescribing service has operated for 10 months, during which time: <ul style="list-style-type: none"> <li>○ There have been over 850 referrals</li> <li>○ Service has been extended within A&amp;E and Yorkshire Ambulance Service</li> <li>○ Strong local links established, including with area council teams.</li> </ul> </li> <li>• Private sector housing plan in place with supporting activity, including: selective licensing, housing &amp; migrations services, empty homes programme.</li> <li>• Live Well Barnsley - the local online directory service being developed. Details of community services and groups available for people with care and support needs now available via <a href="http://www.livewellbarnsley.co.uk">www.livewellbarnsley.co.uk</a></li> <li>• Tooth brushing clubs being rolled out to early years settings. Dental packs issued by health visitors at age related health checks, as well as at food banks and extraction appointments.</li> <li>• Physical activity partnership launched with a focus across all ages.</li> <li>• Alexandra Rose vouchers scheme regularly supporting 142 families; will shortly be extended to Dearne and South Area Councils.</li> <li>• Digital Champions providing drop-in support re Universal Credit at Barnsley, Goldthorpe and Wombwell Job Centres.</li> </ul>
<b>Work in progress</b>	<ul style="list-style-type: none"> <li>• Local approach to 'Making every contact count' currently being developed</li> <li>• Services for diabetes/MSK currently being recommissioned with self-care as a key theme.</li> <li>• Work on track to determine local voluntary, community and social enterprise offer. New service due to be in place by April 2018.</li> <li>• Tendering process for a new carers service underway, with an expected start in August 2018.</li> <li>• Healthy Weight Alliance no longer being progressed, work instead is being overseen by a smaller task and finish group. This will focus on a calories project, encouraging food outlets to display calorie information. Work is also underway to review school food offer, including packed lunch policies.</li> <li>• Two significant bids for funding in process, one focussing on active travel and the other focussing on sport and physical opportunities for families, with a specific focus on areas of deprivation.</li> <li>• Anti-Poverty priority themes agreed in partnership with Stronger Communities Partnership. Two themes now active, focussing on food access and financial resilience.</li> </ul>
<b>Areas for further enquiry</b>	<ul style="list-style-type: none"> <li>• October 2017 - Healthy eating policies in schools</li> <li>• October 2017 - Increasing use of outdoor space</li> <li>• October 2017 - Experiences of primary care</li> <li>• October 2017 - Information on the quality of private housing</li> </ul>

## H&WB Strategic Priorities – Performance update

The tables below provide the latest position for Barnsley against a range of indicators, using the latest datasets which allow comparisons with national averages and our comparator group\*. Where indicators have been refreshed since last autumn, the analysis below has been updated. Where indicators have not been refreshed, the analysis is shown in grey text.

Data below also includes a comparison of Barnsley's position against the national average, identified in the 'significance' column. In line with the methodology used by Public Health England, where it is clear that a high value is good or bad, the significance is shown as '**worse**', '**same**' or '**better**'. Where it is less clear, the significance is shown as '**lower**', '**same**' or '**higher**'. There are also a handful of indicators where Barnsley's position against the national average is not compared by Public Health England.

\*The tables below include a rank for Barnsley amongst our closest comparators. These are our statistical neighbours, e.g. those local authorities identified as the closest match in terms of population size / composition, deprivation etc. The comparator groups can vary depending on the indicator, e.g. our comparator group for indicators relating to children is not identical to our comparator group for indicators relating to adults. For each rank, the area ranked 1 is the worst performing area.

### Improving Population Health & Wellbeing and Reducing Inequalities

#### Reduce harm caused by smoking & alcohol

##### Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	<b>Worse</b>	15 yrs	10.7	8.2	N/A	4/16
Smoking Prevalence in adults - current smokers (APS)	2015	<b>Worse</b>	18+ yrs	21.2	16.9	↑	3/16
	2016	<b>Worse</b>	18+ yrs	20.6	15.5	↑	2/16
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2015	<b>Worse</b>	18-64 yrs	33.0	28.1	↓	2/16
	2016	<b>Worse</b>	18-64 yrs	33.8	26.5	↓	3/16
Smoking prevalence in adults with serious mental illness (SMI)	2014/15	<b>Worse</b>	18+ yrs	43.7	40.5	N/A	7/15
Smoking status at time of delivery	2014/15	<b>Worse</b>	All ages	20.4	11.4	↑	3/15
	2015/16	<b>Worse</b>	All ages	17.6	10.6	↑	7/15
	2016/17	<b>Worse</b>	All ages	15.4	10.7	↑	8/16
Admission episodes for alcohol-specific conditions	2014/15	<b>Worse</b>	All ages	738.0	576.0	↓	5/16
	2015/16	<b>Worse</b>	All ages	750.0	583.0	↓	5/16
	2016/17	<b>Worse</b>	All ages	787.0	563.0	↓	2/16

- 2014/15 data on the number of young people smoking shows a higher prevalence of smoking amongst 15 year olds in Barnsley, compared to the national average. Barnsley was also among the group of worst performing areas in our comparator group.
- 2016 data shows a reduction for the second consecutive year in smoking prevalence (current smokers). Nationally, there has been a continued decrease for four consecutive years. Barnsley remained in the group of three worst performing local authorities between 2013 and 2016.
- The same data source shows an increase in Barnsley in smoking amongst adults in routine and manual occupations, compared to a decrease nationally, leading to a widening of the gap. Having occupied a mid-table position amongst comparators in 2012, Barnsley's position has worsened and was among the three worst performing areas in 2015 and 2016.
- Barnsley has a higher prevalence of smoking amongst adults with serious mental illness, when compared with the national average. Within our comparator group, Barnsley is in line with the average.
- Update - 2016/17 data shows a reduction in smoking status at time of delivery, further narrowing the gap between Barnsley and the national average. Barnsley's position amongst our comparators improved slightly in 2016/17.
- Update - Barnsley continues to see high numbers of admission episodes for alcohol-specific conditions. 2016/17 data shows improvement nationally but decline locally. Barnsley now ranks as the second worst performing area amongst our statistical neighbours.

## Improving services for older people

### Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Dementia: DSR of emergency admissions	2014/15	Higher	65+	4235.3	3305.7	↓	5/16
	2015/16	Higher	65+	4402.5	3387.1	↓	6/16
Estimated dementia diagnosis rate	2017	Same	65+	70.6	67.9	N/A	7/16
Permanent admissions to residential & nursing care homes per 100,000	2014/15	Worse	65+	697.5	658.5	↑	12/15
	2015/16	Worse	65+	685.1	628.2	↑	11/15
	2016/17	Worse	65+	718.1	610.7	↓	7/15
Emergency hospital admissions due to falls	2014/15	Worse	65+	2871.3	2198.8	↓	3/16
	2015/16	Worse	65+	2753.0	2169.4	↑	5/16
	2016/17	Worse	65+	2818.0	2114.0	↓	1/16

- Dementia related emergency admissions in Barnsley increased between 2014/15 and 2015/16. The national average also increased but at a lower rate. Barnsley's position amongst comparators in 2015/16 was the 6<sup>th</sup> highest of 15 areas, which is largely unchanged since 2012/13.
- 2017 data shows Barnsley to have a slightly higher dementia diagnosis rate than the national average. Amongst our comparator group, Barnsley's performance was below average.
- Update - The gap between Barnsley and the national average for the rate of permanent admissions to residential and nursing homes (over 65s) widened again in 2016/17. Barnsley's position amongst our comparator group also declined in 2016/17.
- Update - Rates of emergency admissions linked to falls (65+) decreased nationally but increased in Barnsley in 2016/17, widening the gap. Barnsley's rate remains well above the national average and our position amongst comparators has worsened further, with Barnsley now the worst performer in 2016/17.

## Improving early help for mental health

### Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Self-reported well-being - high happiness score: % of respondents	2014/15	Not compared	18+	72.4	74.5	↑	9/16
	2015/16	Not compared	18+	72.8	74.7	↑	11/16
Depression and anxiety prevalence (GP Patient Survey): % of respondents	2014/15	Higher	18+	16.3	12.4	↓	2/16
	2015/16	Higher	18+	15.6	12.7	↑	4/16
Severe mental illness recorded prevalence (QOF): % of practice register	2014/15	Lower	All ages	0.74	0.88	↓	16/16
	2015/16	Lower	All ages	0.75	0.90	↓	16/16
Long-term mental health problems (GP Patient Survey): % of respondents	2014/15	Higher	18+	6.3	5.1	↑	5/16
	2015/16	Higher	18+	7.3	5.2	↓	2/16
Suicide: age-standardised rate per 100,000 population (3 year average)	2012-14	Same	10+	11.6	10.0	↓	9/16
	2013-15	Same	10+	10.6	10.1	↑	10/16
	2014-16	Same	10+	10.8	9.9	↓	6/16
Employment of people with mental illness or learning disability	2015 Q1	Not compared	18-65	17.8	38.9	↓	3/15
	2016 Q1	Not compared	18-65	27.5	40.1	↑	4/14
Hospital admissions as a result of self-harm: DSR per 100,000 population	2014/15	Higher	10-24	497.9	398.8	↑	5/11
	2015/16	Higher	10-24	602.9	430.5	↓	4/11
Positive satisfaction with life among 15 year olds	2014/15	Same	15	66.1	63.8	N/A	6/11

- Barnsley has a slightly lower level of self-reported well-being, when compared to the national average, but the gap narrowed in 2015/16. Barnsley's position amongst comparators has improved since 2012/13.
- There is a higher prevalence of depression and anxiety in Barnsley, compared to the national average, but the gap narrowed in 2015/16. Barnsley's position amongst comparators has improved, but remains within the worst performing areas.
- The recorded prevalence of severe mental illness increased slightly in 2015/16, but remains well below the national average. Barnsley had the lowest prevalence amongst our comparator group in 2015/16.
- There is a higher rate of long-term mental health problems in Barnsley, compared to the national average, with the gap widening in 2015/16. Barnsley's position amongst comparators deteriorated in 2015/16, with Barnsley having the second highest rate.



- Update - The three year average suicide rate in Barnsley (2014-16) increased slightly in 2014-16, compared with a decrease nationally. This is therefore a widening of the gap from the previous period. Barnsley's position amongst comparators has declined.
- Adults with a mental illness or learning disability in Barnsley are less likely to be in employment, when compared to the national average. Data from Q1 2016 does however show a narrowing of the gap to the national average. Barnsley remained within the group of worst performing areas amongst our comparators in Q1 2016.
- The rate of hospital admissions as a result of self-harm (10 to 24 year olds) increased both locally and nationally in 2015/16, but the gap to the national average widened significantly. Barnsley occupies a relatively high position amongst comparators, but the rate locally is well below the worst performing areas.
- Barnsley 15 year olds had a slightly higher positive satisfaction with life in 2014/15, when compared to the national average. Amongst comparators, Barnsley occupies a mid-table position.

### **Building strong and resilient communities**

#### **Key Performance Indicators and Analysis**

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Child excess weight	2014/15	Better	4-5	20.0	21.9	↑	11/11
	2015/16	Same	4-5	23.6	22.1	↓	9/11
	2016/17	Better	4-5	16.8	22.6	↑	11/11
Child excess weight	2014/15	Same	10-11	31.6	33.2	↑	11/11
	2015/16	Same	10-11	35.1	34.2	↓	10/11
	2016/17	Better	10-11	31.2	34.2	↑	11/11
Utilisation of outdoor space for exercise/health reasons	2014/15	Same	16+	19.1	17.9	↑	11/14
	2015/16	Same	16+	14.5	17.9	↓	6/16
Children in low income families	2013	Worse	Under 16	23.8	18.6	↑	6/11
	2014	Worse	Under 16	24.6	20.1	↓	8/11
Proportion of workless households	2015	Worse	All ages	20.5	15.3	↑	tbc
	2016	Worse	All ages	18.9	15.1	↑	tbc
Access to dental services	2015/16	Same		96.8	94.7	N/A	9/16
Percentage of people who said they had good experience when making a GP appointment	2015/16	Worse	All ages	69.2	73.4	N/A	1/16
Housing affordability ratio	2016	Lower	N/A	4.4	7.2	N/A	12/16
Fuel Poverty - low income, high cost model	2013	Not compared	All ages	9.2	10.4	↑	13/16
	2014	Not compared	All ages	11.3	10.6	↓	8/16
	2015	Not compared	All ages	11.3	11.0	↔	6/16
Excess Winter Deaths	2011-14	Worse	All ages	18.8	15.6	↓	4/16
	2012-15	Worse	All ages	22.8	19.6	↓	5/16
	2013-16	Worse	All ages	24.3	17.9	↓	2/16

- Update - The latest childhood obesity data (2016/17) shows significant improvement in Barnsley, particularly at reception age but also at year 6 age. Barnsley is now the best performing area amongst our statistical neighbours for both childhood obesity indicators. The latest data does also highlight an increase in the number of underweight children.
- Latest data from 2015 shows a reduction in the proportion of people in Barnsley using the natural environment for health or exercise purposes. The same data shows no change in the national average. Barnsley position amongst comparators has worsened in the latest data.
- Barnsley continues to have a higher proportion of children in low income families, compared to the national average. Over the 9 years this data has been available, the relative position of most areas within our comparator group has remained largely unchanged. Barnsley's position has however improved slightly.
- Barnsley has a higher proportion of workless households, compared to the national average. From 2010 onwards, there has been a reducing trend in Barnsley, as well as nationally. However, it is only the most recent data which shows a narrowing of the gap.
- Access to dental services in Barnsley is just above the national and comparator group average, according to data from 2015/16. For the same period however, 69.2% of Barnsley people had a good experience when making a GP appointment, this is below the national average and the worst performance in our comparator group.
- On average, people in Barnsley could expect to pay 4.4 times their annual income on purchasing a home in 2016. This is well below the national average of 7.2 and amongst the lowest in our comparator group.

- Update - Following discussions with the Place directorate, two new indicators are included in this report. The first of those relates to fuel poverty, which shows that Barnsley's performance is similar to the national average, with no change in the latest data (but a slight decline in our position compared to statistical neighbours).
- Update - The second new indicator relates to excess winter deaths. This shows a worsening picture locally, with the gap between Barnsley and the national average widening noticeably in 2013-16. Barnsley's position amongst statistical neighbours is now amongst the worst performing areas.

## Integrating Health & Social Care / Changing the way we work together

### Better Care Fund

#### Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Total Delayed Days per day per 100,000 population	2/17-4/17	Better	18+	2.3	14.5	N/A	16/16
	7/17-9/17	Better	18+	1.3	13.3	↑	16/16
NHS Delayed Days per day per 100,000 population	2/17-4/17	Better	18+	1.9	5.2	N/A	14/16
	7/17-9/17	Better	18+	0.7	7.4	↑	16/16
Social Care Delayed Days per day per 100,000 population	2/17-4/17	Better	18+	0.29	2.4	N/A	15/16
	7/17-9/17	Better	18+	0.35	4.9	↓	14/16
Emergency Admissions (65+) per 100,000 population	3/16-2/17	Worse	65+	30157.5	24091.8	N/A	1/16
	9/16-8/17	Worse	65+	31643.3	25009.4	↓	2/16
Proportion of older people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	2015/16	Better	65+	90.4	82.7	↑	15/16
	2016/17	Better	65+	84.1	82.5	↓	9/16
Proportion of discharges (following emergency admissions) which occur at the weekend	10/15-9/16	Same	All ages	18.9	19.7	N/A	10/16
	4/16-3/17	N/A	All ages	19.4	N/A	↑	13/16

#### Update

The data presented above is taken from the NHS Social Care Interface dashboard; this is a new tool provided to support tracking Better Care Fund performance. Data issued by the NHS earlier this year has been used to inform the current performance framework for the Better Care Fund. An updated dashboard was issued last autumn.

- Barnsley continues to be amongst the best performing areas nationally for minimising delayed transfers of care. Performance has improved for overall and NHS related delays, but declined slightly for those attributable to social care. Performance for the latter however remains well below the national average.
- Conversely, Barnsley continues to see high numbers of emergency admissions for the over 65s, when compared to the national average and our statistical neighbours.
- Barnsley's performance has declined in relation to the proportion of people still at home 91 days after discharge from hospital into reablement or rehabilitation services. Having been one of the best performing areas in 2015/16, Barnsley now occupies a mid table position amongst comparators.
- Between October 2015 and September 2016, Barnsley's rate of discharges (following emergency admissions) occurring at the weekend improved slightly, alongside an improved ranking amongst our comparators. The national average is not currently available for this indicator.

This page is intentionally left blank



**REPORT TO THE HEALTH AND WELLBEING BOARD**

**3<sup>rd</sup> April 2018**

**Director of Public Health Annual Report 2017  
'A Day in the Life of.....'**

---

<b>Report Sponsor:</b>	Julia Burrows
<b>Report Author:</b>	Diane Lee
<b>Received by SSDG:</b>	26 <sup>th</sup> February 2018
<b>Date of Report:</b>	7 <sup>th</sup> March 2018

**1. Purpose of Report**

- 1.1 To provide Health & Wellbeing Board members with details of the Director of Public Health Annual Report 2017

**2. Recommendations**

- 2.1 Health and Wellbeing Board members are asked to:-
- Note the completion of this year's annual report and signpost to interested parties as appropriate.

**3. Introduction and Background**

3.1 Directors of Public Health in England have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. It is a major opportunity for advocacy on behalf of the health of the population and as such can be powerful in talking to the community.

3.2 In the 2017 report, we have tried to capture a snapshot in time to illustrate the health and wellbeing of Barnsley's residents. Through the completion of a short diary, residents told us about their physical and mental health on 7 November 2017 and what might have made it better or worse.

3.3 'A Day in the Life of...' has provided us with an invaluable and unique insight into the daily challenges that affect our residents' physical and mental health and a better understanding of what people think makes their health better or worse.

Five themes were identified from the diary entries received:

1. The importance of being resilient
2. The importance of our connections with others
3. The importance of Five Ways to Wellbeing
4. The importance of sleep
5. The importance of work

3.4 'A Day in the Life of...' of has been designed in the form of an online 'flipbook' and will be distributed electronically and through social media platforms. A small number of hard copies will also be produced. It will then be stored, along with the original diaries; in the Barnsley Archives where we hope it will form a piece of social history by providing generations to come with a record of everyday life in Barnsley.

#### **4. Financial Implications**

4.1 The costs involved in producing the report include; design, photography and printing to a total cost of £2215.

#### **5. Conclusion / Next steps**

5.1 The report will help to identify key issues, make new recommendations and flag up problems to inform our future work and improve the health of the residents of Barnsley. It was made publicly available via a planned communication on the 7<sup>th</sup> March.

**Officer:** Diane Lee  
**Contact:** [dianelee@barnsley.gov.uk](mailto:dianelee@barnsley.gov.uk)  
**Date:** 7<sup>th</sup> March 2018

# A day in the life of...



REGENT STREET, BARNSELEY  
7 NOVEMBER 2017

7  
November  
2017





I am the Director of Public Health in Barnsley. Every year I am required by law to produce a report about the health of people who live in our town. This report helps me, my team and our wider partners to identify any key issues, flag up any problems, make new recommendations and describe how we are helping residents, their families and their friends to live healthier lives.

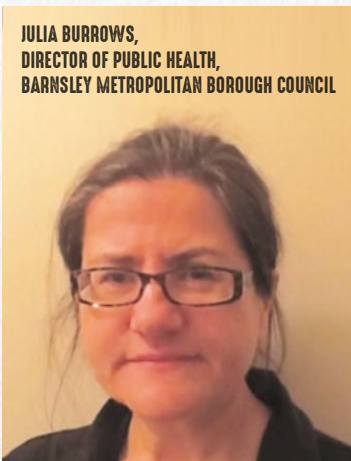
Today it is the 7 November 2017 and I am asking residents of Barnsley to tell me about their physical and mental health through the completion of a diary.

This will provide us with an invaluable and unique insight into the daily challenges that affect our physical and mental health and a better understanding of what people think makes their health better or worse. We hope it will also form a piece of social history by providing generations to come with a record of everyday life in Barnsley.

I look forward to reading your diaries and to working with my colleagues and partners across the borough over the next 12 months to identify how we can respond to the issues you share.

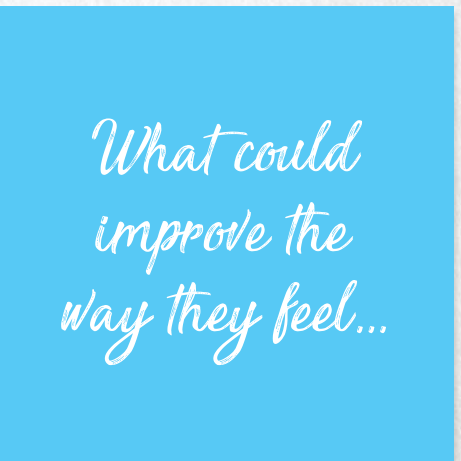
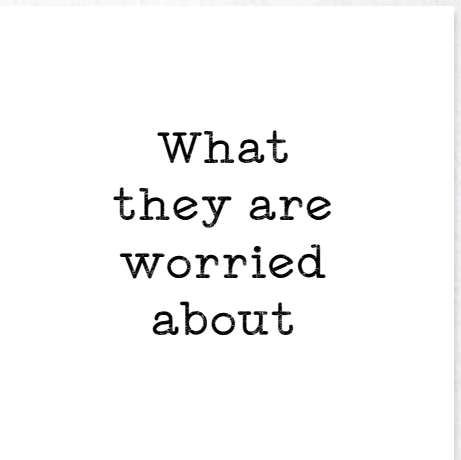
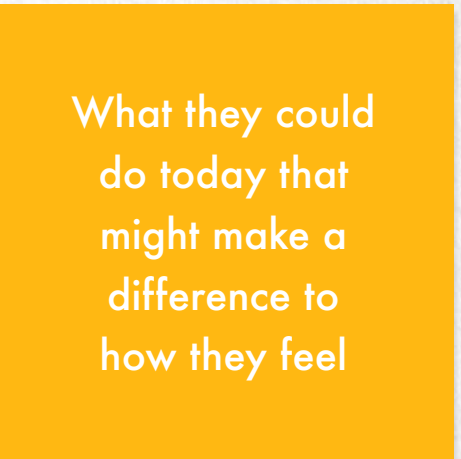
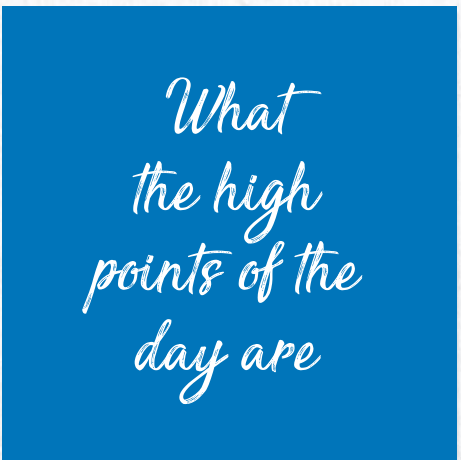
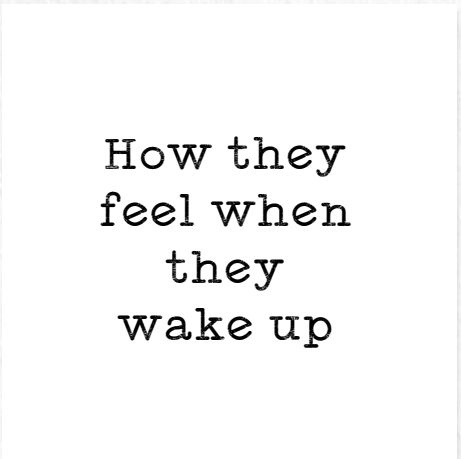
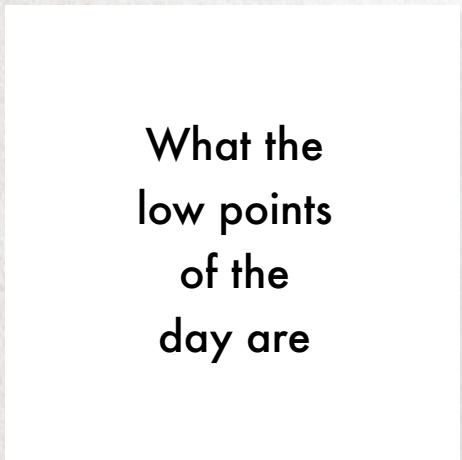
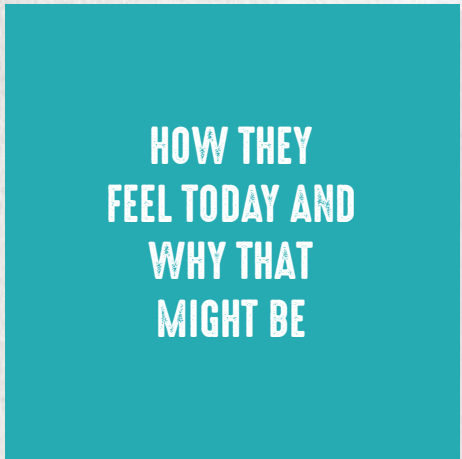
*Julia Burrows*

Director of Public Health  
Barnsley Metropolitan Borough Council



JULIA BURROWS,  
DIRECTOR OF PUBLIC HEALTH,  
BARNSELY METROPOLITAN BOROUGH COUNCIL

“ I am asking people to tell me about: ”





# FOREWORD

My 2016 annual report was a short film which aimed to find out what being healthy means to those living and working in Barnsley and how our approach to promoting good health might need to change, from the decisions we make, to the services we provide. Making this video taught us that if we want to succeed in raising health and wellbeing to be the best it can be, we need to get out more and listen and engage with what matters to people who live, work and learn in Barnsley.

We heard about the impact of alcohol, depression, smoking, food and exercise and how residents of Barnsley want to be the best of the best. Since last year, we have made progress on a number of programmes of work in response and give a few examples here:

## REDUCING THE STRENGTH

We are tackling the issues linked with the availability and affordability of cheap, high strength alcohol through the introduction of the Reducing the Strength project. This aims to encourage and support local retailers to remove from sale low price, high-strength alcohol products through voluntary agreements. We have worked with local off-licences to help them make changes to how they sell and promote high strength alcohol, particularly single cans. This will not only contribute to reducing anti-social behaviour and less littering, but will also improve perceptions of our town centre as a vibrant, attractive place to shop.

## ‘MAKE SMOKING INVISIBLE’

Our journey to inspiring a smoke free generation has gained significant momentum with some key achievements in 2017. All 24 key play parks throughout the borough are now smoke free and we are the first northern town to introduce an outdoor smoke free public space. Barnsley is the only local authority we know of to enforce the smoking in cars legislation and since 2014, we have seized 79,000 illicit cigarettes and 800 packs of illicit hand rolled tobacco. Barnsley’s major town centre redevelopment programme has included Make Smoking Invisible from the outset in its planning and development and our smoke free market will be launched in 2018 - another northern first.

## NATIONAL CHILD MEASUREMENT PROGRAMME

Findings from the Government’s National Child Measurement Programme (NCMP) for England show that levels of childhood obesity and excess weight in Barnsley have decreased significantly. This is encouraging news and we will continue to work with our partners to ensure all our children are a healthy weight. However, it is important to note that the proportion of underweight children in reception (2.2%) and year 6 (2.3%) is significantly higher than the regional and national averages and so we will continue to prioritise our healthy weight programme.

## NOURISHING OUR TOWN, WITH GOOD FOOD FOR ALL

Food is extremely important to our local population, the health and wellbeing of our residents, the local economy and the environment. Food gives us pleasure, allows us to share and celebrate and connect with others. We are therefore developing a food strategy that will address issues around healthy weight, but is not limited to that alone. The strategy is about changing the food environment and culture within Barnsley as well improving access to quality food. Our approach will focus on the policies and structures within which we all live, work, shop, eat and learn and I look forward to sharing more with you over the coming year.

## ACTIVE TRAVEL

We are continuing to work with others to develop new and exciting projects to encourage more walking and cycling for shorter journeys, for example to school or to work. New funding will enable us to research and deliver cycle leaders training and to expand existing cycling and walking projects. We will be developing a new active travel strategy to ensure that there is a clear forward plan for improving cycling and walking opportunities over the coming years.

## DAILY MILE

We have been working hard to encourage all Barnsley’s primary school children to participate in The Daily Mile. This is a programme that helps get school children fit and improve their physical and mental health. In March 2017 we asked all primary schools to make a pledge to deliver the Daily Mile and to date, 29 schools have done so with a further 12 schools committing to do so in 2018.



WESTMEADS  
EXTRA CARE FACILITY,  
BARNSELEY  
7 NOVEMBER 2017

# A day in the life of...

In this year’s report, we have tried to capture a snapshot in time to illustrate the health and wellbeing of Barnsley’s residents. Through the completion of a short diary, residents told me about their physical and mental health on 7 November 2017 and what might have made it better or worse.

- We received a total of 266 completed diary entries.
- The majority of diaries were returned from residents aged between 25 and 54 (56.4%) with all other age groups fairly evenly represented:

AGE	(%) RESPONDED
15-24	13.5%
25-54	56.4%
55-65	14.7%
65+	11.3%

- We received more diaries from women (67.3%).
- 15.4% of those who responded described themselves to be a disabled person.





A MAN BORN IN BARNSELY CAN EXPECT TO LIVE UP TO THE AGE OF...

78.2 YEARS

but only 58.6 years will be spent in good health. A man born in Barnsley will spend 19.6 years of his life in poor health. This is higher than both the regional and national averages of 17.4 years and 16.2 years respectively.

A WOMAN BORN IN BARNSELY CAN EXPECT TO LIVE UP TO THE AGE OF...

81.9 YEARS

but only 59.8 years will be spent in good health. A woman born in Barnsley will spend 22.1 years of her life in poor health. This is higher than both the regional and national averages of 20.9 years and 19.2 years respectively.

It is clear that our health is shaped by where and how we live; by our jobs, families and our homes. Our ambition is for people in Barnsley to live as well as possible for as long as possible.

The length of time people live in good health in Barnsley (healthy life expectancy) is far too low and is lower than both the regional and national average. However, the latest figures available from the Office for National Statistics show that life expectancy and healthy life expectancy has not only improved for both women and men born in Barnsley, but the gap has also reduced between Barnsley and the regional and national averages, which is extremely encouraging.

Our report identifies the issues residents wrote about which they felt had a positive or negative impact on their health and wellbeing and therefore affected how good they perceived their health to be.

These issues are described in more detail in the pages to follow and will shape our work over the next year. We must continue to tackle major risks such as obesity, poor diet, physical activity, smoking and excessive alcohol consumption. We must reduce the stark inequalities which mean the most vulnerable and most deprived bear the heaviest burden of disease and we must create and sustain good mental and physical health at every life stage across every community in Barnsley.

Every photograph within the report was taken in Barnsley on 7 November 2017 and captures the beauty, vibrancy and diversity of our town. I would like to pay tribute to the public health team and all the council staff and volunteers for their energy and enthusiasm in supporting this report. While everything we do is a team effort and this is no exception, I must acknowledge the excellent and tireless work of Diane Lee and Kaye Mann who have been the driving force behind the report.

“

I have lived in Barnsley all my life, love the place, love the friendliness and honesty of most of the people. Think it's improving which makes me feel proud as well. I'm fed up at the moment, but I'm resilient and tomorrow's another day.

Female, 56

”

“

My tip for a healthy life is to take each day in your stride. Meet the challenges that life will bring and what doesn't get done today will wait until tomorrow. We only have one life so live it the best you can.

Male, 55

”

“

We all face challenges every day but it's how we react to these challenges that shape the outcome of the rest of our lives. Tomorrow's a new day. Be grateful, be kind.

Female, 27

”

“

I generally try not to worry about life as this helps to reduce stress levels (ie, not fretting about things that can't necessarily be changed).

Female, 42

”

“

Do what makes you happy. Change what makes you sad. A healthy life is what you identify as being healthy. To me a healthy life is: health, family, happiness, adventure and making my family proud.

Female, 26

”



# Contents

Page 10

Resilience

Page 18

Connections  
with others

Page 24

Five  
ways to  
wellbeing

Page 32

Sleep

Page 38

Work

Page 42

From  
Barnsley people  
to Barnsley people

“

I'm lucky. I've got  
all of my family  
and friends. All  
of them would do  
anything for me.

Gender/age unknown

”







# Resilience

1

SMITHIES POND, BARNSELEY  
7 NOVEMBER 2017

## THE IMPORTANCE OF BEING RESILIENT

Over a third of residents who responded told me about their feelings of worry, anxiety and depression and the difficulty in keeping going and staying positive.

“

Today I feel stressed but I feel this way most Mondays to Fridays.

Female, 50

”

IN 2016/2017...

10.8%

of patients on GP registers had a recorded diagnosis of depression in Barnsley which is higher than the England and Yorkshire and Humber rates of 9.1% and 9.4% respectively.

IN 2015/2016...

6.2%

of people aged 16 and over living in Barnsley reported their life satisfaction as low which is higher than the England and Yorkshire and Humber rates of 4.6% and 4.8% respectively.

“

I feel as miserable as every other day. I work for a rubbish company, poor prospects for the future, life is rubbish. Not much makes me feel well. I should have just rung in sick. I felt in pain, tired, fed up. No high points. Low points, all of them.

Male, 46

”

IN 2015/2016...

10.1%

of people aged 16 and over living in Barnsley reported their happiness as low which is higher than the England and Yorkshire and Humber rates of 8.8% and 9.9% respectively.

IN 2015/2016...

25.2%

of people aged 16 and over living in Barnsley reported feeling anxious which is significantly higher than the England rate of 19.4%.

IN 2015/2016 EARLY REPORTS  
SUGGEST THERE WERE...

26,543

fit notes issued by GP's in NHS Barnsley Clinical Commissioning Group, of which 3548 were categorised as mental and behavioural disorders (13.4%), rising to 4106 in 2016/2017 (13.9%).



# THE IMPORTANCE OF BEING RESILIENT

“ Finding the right balance between work, home and social life is really important when this is right I am much more relaxed. ”

Male, 42

It is clear that we need to do more to help local people to build their resilience.

## BUT WHAT IS RESILIENCE? WHAT DOES IT MEAN AND HOW CAN IT HELP?

Put simply, resilience is the ability to cope with and rise to the inevitable challenges, problems and set-backs you meet in the course of your life, and to come back stronger from them. It is having the ability to bounce back in the event of adversity.

Resilience is what gives people the psychological strength to cope with stress and hardship. It is the mental reservoir of strength that people are able to call on in times of need to cope with and recover from problems and challenges. These problems may include job loss, financial problems, illness or bereavement. Those who are not resilient may instead become overwhelmed by such experiences. They may dwell on problems and use unhealthy coping mechanisms to deal with life's challenges.

Resilience does not eliminate stress or erase life's difficulties. People who possess resilience do not see life through rose-coloured lenses. They understand that setbacks happen and that sometimes life is hard and painful. They still experience the emotional pain, grief, and sense of loss that comes after a tragedy, but their mental outlook allows them to work through such feelings and recover.

Resilience gives people the strength to tackle problems head on, overcome adversity, and move on with their lives.

“ I hope I'm not one of those people who don't or won't recognise stress in themselves. I am a bloke after all! ”

Male, 52

“ I have a great life. I'm fit and healthy despite a little flab. ”

Male, 17

“ Often I end the day with migraine type headache and feel very depressed. ”

Female, 63

“ I would feel better if I was under less stress. I am worried about dying too young and leaving my children -like my mother. ”

Female, 57

“ The dark clouds still fill my head but there are a few chinks of light getting through. ”

Female, 38

“ I worry about lots of things, my children, my health, my job and money. ”

Female, 36

“ It's been a cold, wet, grey, miserable day. I've run the heating for fifteen minutes at a time because of the cost, but I was bitterly cold at lunchtime. I've wasted my day browsing the internet. I do this as a distraction from facing up to tasks that I ought to do but can't bear starting. My life sounds miserable. It is. ”

Male, 68



## THE IMPORTANCE OF BEING RESILIENT

“

I decided at lunchtime to take myself out of the work environment, and went for a drive and did a bit of reflecting on the morning's events. I came back in a better frame of mind.

Female, 56

”

“

Today I woke up feeling anxious and a little nervous – this is not normal for me as I have a rich and active lifestyle. Today is different as I am about to go into hospital for a reoccurrence of breast cancer and surgery is booked for tomorrow, the 8<sup>th</sup> November.

Female, 63

”

“

I feel stressed mainly due to issues at home, compounded by work issues that I have no power over.

Female, 56

”

“

I'm mentally exhausted – the pressures on working mums are huge.

Female, 34

”

“

I generally try not to worry about life as this helps to reduce stress levels (i.e. not fretting about things that can't necessarily be changed).

Female, 42

”

“

I'm one of life's worriers but now try to talk about issues as they are generally better out than in.

Female, 56

”



CAFE, MAY DAY GREEN MARKET, BARNLEY  
7 NOVEMBER 2017

Research has shown that while some people seem to have natural resilience, these behaviours can also be learned. The following are just a few of the techniques you could focus on in order to foster your own resilience:

- Find a sense of purpose in your life
- Believe in yourself and what you can achieve
- Develop a strong social network
- Embrace change
- Be optimistic
- Nurture yourself
- Develop your own problem solving skills
- Establish Goals

Resilience is strongly connected with mental wellbeing. People with higher feelings of wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.



# THE IMPORTANCE OF BEING RESILIENT

“

Today I feel really happy as I have come to the first TADS\* wellbeing programme. It has made me see a lot of difference about mental health and things I can do differently to help me and my family.

Female, 27

”



CENTREPOINT, BARNSELEY  
7 NOVEMBER 2017

“

I worry about all the normal things – money, the weird noise my car keeps making, the health of my family and pets.

Female, 26

”

“

I must do more exercise! This is a stress reliever and obviously good for my health, but I also think it would make me more resilient to a bad night's sleep.

Male, 52

”

“

Having negativity is no good and I know it has an effect on my health and wellbeing.

Female, 56

”

“

Physically I'm sure I look fine but internally I'm not sure.

Female, 34

”

“

My mood is always low because of where I live, the way I live.

Female, 25

”

“

I woke up this morning feeling tired and already anxious about the day ahead. I worry about my health a lot. Not openly, but my weight is a big issue, always has been. On the whole, I have a good happy life – today has been 'one of those days'.

Female, 36

”

Mental wellbeing is a priority for Barnsley's Health and Wellbeing Board and we will use what you have said to inform our plans and programmes of work over the next 12 months.

I do not underestimate the daily challenges that residents face and the impact this has on health and wellbeing. If you have been feeling depressed for more than a few weeks and your level of anxiety is affecting your daily life then it might be time to seek further help, support or information.

NHS Choices Moodzone provides practical advice, interactive tools, videos and audio guides to help improve our mental wellbeing:

<https://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/low-mood-stress-anxiety.aspx>

It provides details on self-help such as mindfulness and other treatments you might want to consider including talking therapy.

However, if your mental health issue is urgent, you must make an appointment to see your GP.

If you've had thoughts of self-harming or are feeling suicidal, contact someone you can trust immediately, such as your GP, or a friend or relative. The Samaritans helpline is available 24 hours a day, 365 days a year, for people who want to talk in confidence. Call 116 123 (free).





## THE IMPORTANCE OF OUR CONNECTIONS WITH OTHERS

Loneliness and social isolation are significant public health issues which, as well as having broader social, financial and community implications, have a marked impact on our physical and mental wellbeing. Not only do they increase the risk of high blood pressure, they can cause depression, sleep problems, reduced immunity and dementia. It has a greater impact on our physical and mental health than other risk factors such as physical inactivity and obesity.

A study found that loneliness and social isolation has an equivalent risk for early death as smoking 15 cigarettes per day<sup>1</sup>.

- The quality and quantity of social relationships affect physical and mental health and risk of mortality. Social isolation and loneliness are associated with a 50% excess risk of coronary heart disease.
- Anyone can experience social isolation and loneliness. Although it is more commonly considered in later life, it can occur at all stages of the life course.
- Interventions to reduce social isolation and loneliness need to bring people together naturally in a way that is appropriate to their particular needs.
- A range of services provided by the public, private and voluntary services may have the potential to impact on social isolation, even if this is not their primary aim.
- Much can be done to tackle social isolation using the assets we already have in the community. This is particularly relevant in view of local spending constraints coupled with increasing demands for health and social care.

Loneliness is a subjective, negative feeling associated with lack or loss of companionship. If you feel lonely, you are lonely.

Social isolation can be defined as imposed isolation from normal social networks. This can lead to loneliness and can be caused by loss of mobility or deteriorating health.

It is possible to be lonely whilst not isolated, for example amongst those with caring responsibilities who receive little help.

It is possible to be socially isolated but not feel lonely.

<sup>1</sup> Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316



## THE IMPORTANCE OF OUR CONNECTIONS WITH OTHERS

“

I do worry about what support network I actually have because I don't feel like anyone does anything for me or helps me.

Female, 27

”

“

The high point of my day will be seeing my friend after work.

Female, 51

”

“

I leave to go to the luncheon club at 11.30am. I love to go for the dinner and the company. We are all friends and enjoy each other's company.

Female, 83

”

“

I had visitors which cheered me up.

Female, 70

”

**More residents wrote about loneliness and social isolation and the importance of our connections with others than any other subject in the diary entries we received.**

It is important to remember that people are able to 'recover' from loneliness and social isolation which means that there is scope for interventions to improve the situation for residents. Loneliness and social isolation are responsive to a number of effective interventions, which are often low cost. Taking action to address loneliness can reduce the need for health and care services in the future.

We will therefore work across the borough to ensure that appropriate support is in place at a local level which enables people to have the social contact they need.

“

Feel good about the love and support from my family helping me to get better.

Male, 50

”

“

I am worried about something happening to me when I am by myself and no one is there to help.

Female, 17

”

“

Every morning I feel sad. I have no family and no friends.

Gender/age unknown

”

“

My low points are always on an evening when I am on my own. There's not much I can do about that, but I am grateful for my friends that keep me busy during the day.

Male, 56

”

“

My high points are simply waking up every day, living everyday - seeing my children happy and smiling and feeling loved.

Female, 33

”

“

I live on my own and like to meet people and go to meetings and community groups.

Male, 63

”

“

I am the only man in the company of all women who seem to be completely addicted to mobile phones. Why do I hate that? I guess I feel isolated.

Male, 54

”



## THE IMPORTANCE OF OUR CONNECTIONS WITH OTHERS

SUNNYBANK  
FAMILY CENTRE,  
BARNSELY  
7 NOVEMBER 2017



IN 2016/  
2017... **45%**

of Barnsley residents who were users of adult social care had as much social contact as they would like to have. Although this is only slightly lower than the England average of 45.4%, we must not lose sight of the fact that 55% of Barnsley residents who were users of adult social care did not have as much social contact as they would like.

IN 2016/2017...  
**33.5%**

of adult carers had as much social contact as they would like. Although this is only slightly lower than the England average of 35.5%, approximately two thirds of carers consider themselves to be lonely.

IN 2011, THE PERCENTAGE OF ADULTS LIVING  
IN BARNSELY WHOSE CURRENT MARITAL  
STATUS WAS SEPARATED OR DIVORCED WAS...

**12.9%**

This is significantly higher than both the England average of 11.6% and the Yorkshire & Humber average of 11.9%.

“

I go out to work which I enjoy but I sometimes feel lonely. I could improve this by going out more but I find this difficult on your own.

Gender unknown, 57

”

“

Going to luncheon club to see my friends, we do bingo and have a good time. The food is nice and I go every week.

Female, 82

”

“

I don't know what I would do without the television and audio books from the library.

Female, 82

”

“

If I don't get to see my friends it upsets me. I can feel lonely at times living on my own.

Female, 37

”

“

Today I am in tears again. Sometimes it is a few short times during the day, other days (like today) it's almost all day the tears are flowing, the memories torturing and the feelings of worthlessness building. I spend much of my time alone. I am normally not a worrier however I do worry about getting older and infirm.

Female, 65

”



MAY DAY  
GREEN MARKET,  
BARNSELY  
7 NOVEMBER 2017





COUNTY WAY, BARNSELY  
7 NOVEMBER 2017

# THE IMPORTANCE OF FIVE WAYS TO WELLBEING

The Five Ways to Wellbeing are a wellbeing equivalent of ‘five fruit and vegetables a day’. It is recommended that we build the Five Ways (Connect, Be Active, Take Notice, Learn and Give) into our daily lives to improve our wellbeing and many residents told me how they are already doing this which is fantastic news. From a morning walk, to gardening, from learning something new, to helping other people, you described the importance of such activities for your feeling of day-to day wellbeing.



SMITHIES POND, BARNSELY  
7 NOVEMBER 2017

## CONNECT

There is strong evidence to indicate that feeling close to and valued by other people is a basic human need and one that contributes to our overall healthy functioning. It is clear from your diaries that social relationships and networks with family and friends are critical in influencing how we feel, regardless of our age or gender.

Chapter 2 covers in more detail the importance of our connections with others including the people who surround us, either at home, at work, at school or in our communities and describes how these connections can support and enrich our everyday lives.



## THE IMPORTANCE OF FIVE WAYS TO WELLBEING

“

I feel that I am good at my job which gives me a sense of satisfaction and pride which is good for my mental wellbeing. However, my job is an inactive one and I am overweight. I feel that more physical activity (and time to complete the activity) would aid my physical health.

Female, 33

”

## BE ACTIVE

Regular physical activity is associated with lower rates of depression and anxiety across all age groups. The activity doesn't need to be particularly intense for you to feel good – you have told me how slower-paced activities, such as walking or gardening, can have the benefit of encouraging social interactions as well providing some level of exercise.

We need to increase the number of residents who are participating in physical activity. Less than two-thirds (59.1%) of adults in Barnsley currently meet the recommended minimum of 150 minutes of moderate intensity physical activity per week which is significantly lower than the England rate of 64.9%.

# 14.5%

OF BARNSELY'S RESIDENTS USE OUTDOOR SPACE FOR EXERCISE AND HEALTH REASONS BETWEEN MARCH 2015 AND FEBRUARY 2016.

Although this is not significantly different to the England rate of 17.9% and to the Yorkshire & Humber rate of 17.5%, Barnsley has an abundance of outdoor space which we must use more in order to maintain our health and wellbeing.

Exercise is essential for promoting our health and wellbeing so starting today, why not:

- Use the stairs instead of a lift
- Go for a walk
- Swap a short journey for which you might normally use a car with walking
- Get off the bus one stop earlier than usual and walk the final part of your journey
- Do some 'easy exercise', like stretching, or something fun like dancing

Exercising makes you feel good, so most importantly, find an activity that you enjoy and that suits your level of mobility and fitness.



BARNSELY INTERCHANGE  
7 NOVEMBER 2017



# THE IMPORTANCE OF FIVE WAYS TO WELLBEING

“ I thought cycling to work was going to be a chore but as it turns out I rather enjoy it. I like the feeling of being very alert when I get to work. It seems some staff arrive at work looking very tired. Perhaps they should cycle too. ”

Male, 54

“ I walk the dog and keep myself positive. ”

Male, 58

“ I used to dance back in the day – dancing is good for the soul! ”

Female, 90

“ I am on the whole a very happy, positive and funny person and I love my life. Wherever I can I factor activities into my day to make me feel better, this is often going for a walk at lunchtime, or doing something nice for myself. ”

Female, age unknown

“ Tonight was ballroom dancing class, which although frustrating as we step on each other's feet and forget steps, is fun, provides some gentle exercise and is also a way of making new friends. ”

Female, 59

“ Went to pilates class which always makes me feel better. ”

Female, 56

“ I felt quite spirited this morning as the sun was rising and it was clear and dry. The weather definitely impacts on my mental wellbeing. As does the drive to my son's nursery, as I get 15 minutes of headspace to listen to the radio! ”

Female, 32

“ I went for a couple of short walks in the park, which is lovely at this time of year which has the benefit of a bit of exercise and a change of scene from the office desk, so wakes me up. I enjoyed the crispness of the air. ”

Female, 59

## TAKE NOTICE

Take notice and be curious. Barnsley is a beautiful borough with so much to look at and so much to do. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Studies have shown that being aware of what is taking place in the present directly enhances wellbeing. Be aware of the world around you and what you are feeling, as reflecting on your experiences will help you appreciate what matters to you.

It can be easy to rush through life without stopping to notice much so pay more attention to the present moment – to your own thoughts and feelings, and to the world around you – here are a few ideas:

- Take a different route on your journey to or from work, school or college
- Visit somewhere new
- Take notice of how people you know are feeling or acting and ask how they are
- Take a moment to look around to notice your surroundings

“ I have lots of friends and they make me happy. If I didn't have friends it would make me miserable. My high point was thinking about Thursday. I'm doing a choir event to raise money for cancer. I am learning Christmas songs. I am very excited. ”

Female, 26

## THE IMPORTANCE OF FIVE WAYS TO WELLBEING

“ The high points of my day come from supporting others. ”

Male, 33



LUNDWOOD, BARNSLEY  
7 NOVEMBER 2017

### LEARN

Learning new things will make you feel more confident, as well as it being fun it creates an opportunity to meet other people. Many of you told me about the importance of trying something new and how learning to play an instrument or learning how to fix a bike can positively impact on how you feel physically and mentally. Rediscover an old interest or take on a different responsibility at work. Set a challenge that you will enjoy achieving.

The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of wellbeing. So why not set a daily goal to do one of the following:

- Sign up for a class
- Read the newspaper or a book
- Set up a book club
- Do a crossword or Sudoku
- Research something you've always wondered about
- Learn a new word

“ I was looking forward to my day as I had two classes teaching adults with learning difficulties art, which is very rewarding. ”

Female, 60



“ Looking forward to choir tonight. I'm not a great singer but this choir was and is a lifesaver to me in my struggles with depression. ”

Female, 63



### GIVE

I was overwhelmed by the number of Barnsley people who told me how important helping other people is to their own feelings of wellbeing. Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.

Individuals who report a greater interest in helping others are more likely to rate themselves as happy. So, why don't you:

- Do something nice for a friend, or a stranger
- Thank someone
- Smile
- Volunteer your time
- Join a community group

Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

“ I came to a volunteer session which made me feel better, trying to help other people. ”

Female, 57



“ I love being here for other people. ”

Female, 69







LUNDWOOD, BARNSELEY  
7 NOVEMBER 2017

Sleep

4

## THE IMPORTANCE OF SLEEP

Regardless of your age or gender, sleep is crucial to your health and wellbeing. Unfortunately, too many people in Barnsley are suffering from a lack of sleep or poor sleep and we are not alone. In England, four in ten people aren't getting enough sleep while one in five people sleep poorly most nights. This represents the second most common health complaint after pain.\*

Although the occasional night without sleep makes you feel tired and miserable the following day, it won't harm your overall health and wellbeing. However, more prolonged nights with poor sleep can create more serious issues including an increased risk of injury or accident and a difficulty in making decisions and concentrating. You will undoubtedly feel down and your mood will be low.

“

I can't sleep at night. I feel stressed and want to get rid of it.

Female, 76

”

“

Alarm went off at 5.30am and woke me up after a lovely uninterrupted 8 and a half hours sleep. I wish I could sleep like this every night.

Female, 59

”

“

Today I feel very tired because I didn't sleep well last night. I generally don't sleep well and this catches up with me. I felt flat and bored and overwhelmed as a result.

Female, 57

”



TOWN CENTRE,  
BARNSELEY  
7 NOVEMBER 2017

\*Royal Society for Public Health (2016). Waking up to the health benefits of sleep. University of Oxford.





MEAT AND FISH MARKET, BARNSELEY  
7 NOVEMBER 2017

THE IMPACT CAUSED BY POOR SLEEP CAN BE LONG LASTING:

- Short sleepers are more likely to be obese; and young children who do not get enough sleep are at greater risk of becoming obese as older children and adults.<sup>1</sup>
- The biggest killer of children and young people is transport collisions, and one in five crashes on major roads is related to lack of sleep.<sup>2</sup>
- Almost four in five long term poor sleepers suffer from low mood and are seven times more likely to feel helpless.<sup>3</sup>
- Persistent insomnia increases the risk of developing severe depression and suicidal behaviour.<sup>4</sup>

<sup>1</sup> Ruxton, C. Derbyshire, B. (2005), Does Sleep affect weight management? Complete Nutrition. Vol 15. Number 1.  
<sup>2</sup> Department for Transport. Think! Fatigue. <http://think.direct.gov.uk/fatigue.html>.  
<sup>3</sup> Sleepio. (2012). The Great British Sleep Survey. <https://www.sleepio.com/2012report/>.  
<sup>4</sup> Royal Society for Public Health (2016). Waking up to the health benefits of sleep. University of Oxford.

“

I look forward to summer coming back around as I’m really not a winter person. Having a good night’s sleep will improve the way I feel today.

Female, 25

”

“

After receiving a ‘Fit Bit’ as a gift, I checked my sleep pattern (not good).

Female, 53

”

“

Woke up feeling happy and well today, if a little tired. Memo to self – must put the book down and go to sleep earlier!

Female, 52

”

“

At one point today as I was driving I felt really fed up and tired and could have stopped and slept.

Female, 57

”



TOWN CENTRE, BARNSELEY  
7 NOVEMBER 2017

There is now a wealth of evidence suggesting that lack of sleep and poor sleep are bad for our health, and is associated with a huge range of conditions including diabetes, depression, obesity, heart attack and cancer. Sleep related accidents are a major cause of injury and in older people it may be related to accelerated cognitive decline.<sup>4</sup>

Although there is a growing body of national evidence, the local picture is not as clear and we need to find out more about the numbers affected and how this impacts on the health and wellbeing of Barnsley’s residents.

However, there is no doubt that when you sleep well you feel refreshed. The amount of sleep that you need depends on what is happening in your life but good-quality sleep is important for your health and wellbeing, helping you to de-stress, concentrate during the day and learn new things.

THEREFORE, OVER THE NEXT 12 MONTHS WE WILL:

- Produce self-help literature to encourage ‘sleep hygiene’; habits and practices that are conducive to sleeping well on a regular basis
- Ensure people understand the links between poor sleep and smoking, diet and alcohol
- Raise awareness of what your ‘slumber number’ should be. Produced by the Royal Society for Public Health and in collaboration with experts in the field, the ‘slumber number’ provides guidance on roughly how much sleep you should be aiming to have according to your age.
- Ensure people know where to access support in Barnsley when they have a sleep problem



“

I woke up at 1am and didn't go back to sleep until after 3.30am so when it was time to wake up I still felt tired. This happens to me regularly.

Gender unknown, 57

”

“

I don't sleep very well. I've never had a full night's sleep for some reason.

Male, 92

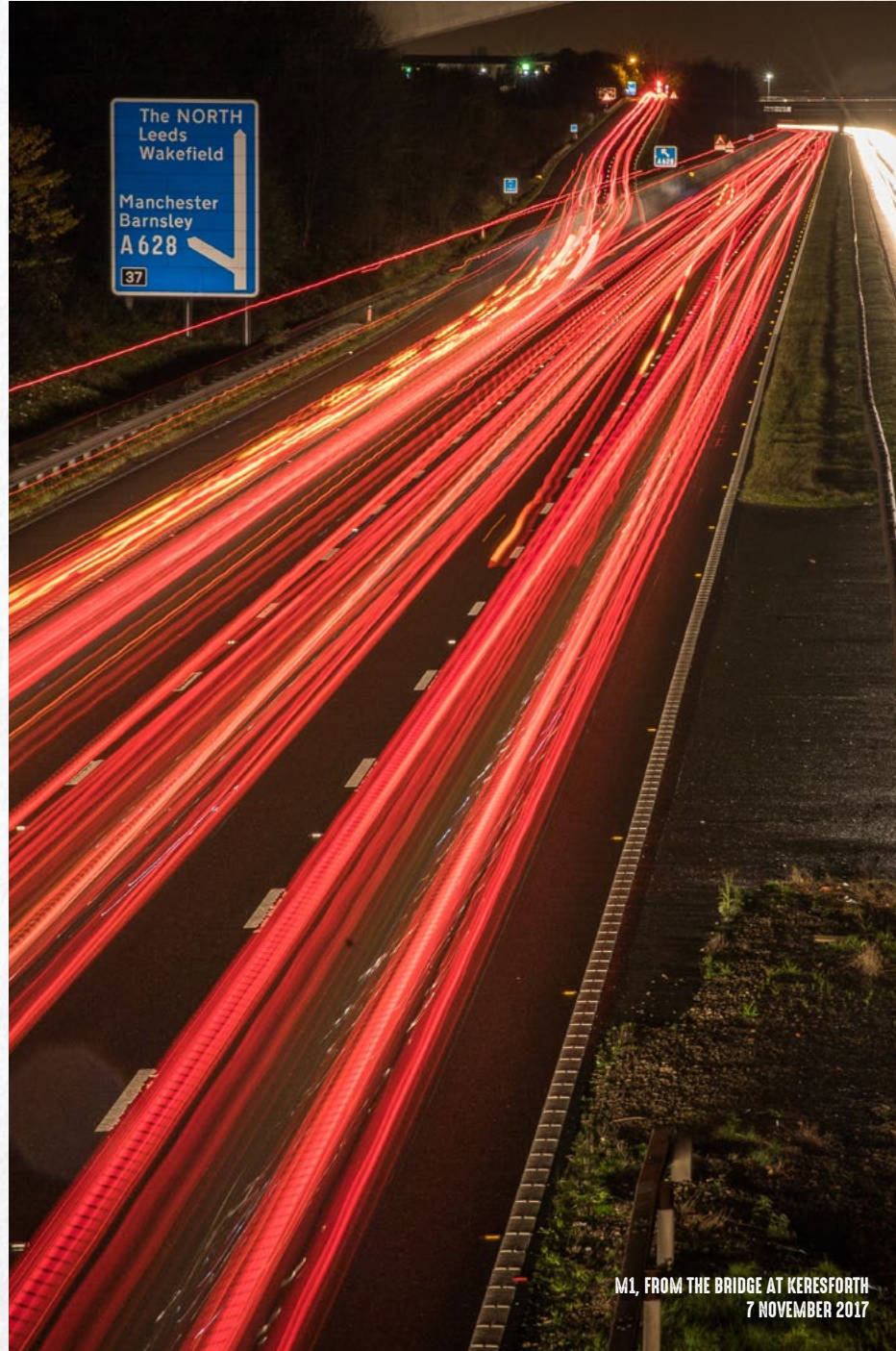
”

“

I didn't get home until just after 11pm and had to feed all my pets and make lunch for tomorrow so I became stressed knowing I wasn't going to get enough sleep.

Female, 26

”



## WHAT'S YOUR SLUMBER NUMBER?

Age group (years)	Hours of sleep per day
1 - 2	11 - 14
3 - 5	10 - 13
6 - 13	9 - 11
14 - 17	8 - 10
18 - 25	7 - 9
26 - 64	7 - 9
65+	7 - 8

\*Adapted from National Sleep Foundations recommendations 2015.

“

Woke up feeling cold and tired, thinking, another day I have to get through.

Male, 34

”

“

It's amazing how much a bad night's sleep can affect you. I try to take a glass half full approach, which I think is my natural inclination, but sometimes it's difficult, especially when you're tossing and turning at 4am.

Male, 52

”

“

When I woke up this morning, I felt tired but ready to face the day. I should probably have gone to bed earlier last night, but it is not always easy to switch off and settle down.

Female, 51

”

“

When I woke this morning I felt very well having had a very good night's sleep.

Male, 21

”

“

I feel tired and drained. When I woke up this morning I felt ok but as the day progresses I feel worse.

Female, 36

”



# Work



BARNSELY INTERCHANGE, 7 NOVEMBER 2017

## THE IMPORTANCE OF WORK

30% of those who completed a diary wrote about the importance of work and the impact it had on their health and wellbeing.

Evidence shows that a good working environment is good for health, and that a bad working environment (for example where there is low pay for more effort) may contribute to poor health. There is also evidence to show that healthier, active and engaged employees are more productive, have lower levels of sickness absence, creating a business imperative to take action as well as a public health one.

There remains little doubt that work is beneficial to health and wellbeing and the lack of work is detrimental to health and wellbeing leading to higher consultation rates with GPs, increased prevalence of depression and anxiety and higher suicide rates. For people without work, re-employment leads to improvement in health and wellbeing, whereas continued unemployment leads to deterioration. The health status of people of all ages who move off welfare benefits improves. These benefits apply equally to people who have mental health problems including those with severe mental health problems. There is no evidence that work is harmful to the mental health of people with severe mental illness.

Barnsley Council's More and Better Jobs Strategy acknowledges that the borough needs more jobs and needs as many of those as possible to be good jobs that support productive businesses and offer people:

- A decent income, fair terms and recognition of effort
- Progression opportunities and the chance to learn and develop
- Job satisfaction and a good, safe and healthy working environment
- Appropriate security, flexibility and opportunity to contribute

The Barnsley rate of 16-18 year olds who are not in education or training is 4.4%, this is not significantly different to the England rate of 4.2% IN 2015.

# 71.8%

OF PEOPLE AGED BETWEEN 16 AND 64 IN BARNSELY ARE IN EMPLOYMENT

“

Good bunch of people work at Barnsley and help to lift the mood massively.

Male, 34

”

“

I love this job!  
I love my working environment and I love the people I work with.

Female, 50

”



# THE IMPORTANCE OF WORK

“ Work can be stressful and I think it does sometimes take up too much of my head space - and then I worry about not being there for the kids enough. ”

Female, 44



MIDLAND STREET  
BUS DEPOT,  
BARNLEY  
7 NOVEMBER 2017

“ I leave home for work - filled with dread of tedious repetition. ”

Male, 28

“ I think if I had a job that would make my life better. ”

Male, 16

“ I look forward to being at work, although it's a stressful and challenging job, colleagues and team work are a protective factor. ”

Female, 54

“ High points of my day included getting to work and having lovely colleagues to share my thoughts with. ”

Female, 57



STAIRFOOT, BARNLEY  
7 NOVEMBER 2017

“ Everything changed after the pits closed. No one had money. Shops closed. Villages went downhill. I was worried about money. I was only 30. Pit work was all I did. No other skills. ”

Male, 58

“ I feel very lonely and isolated at work. I wonder if the work I do is valued or noticed at all by anybody? ”

Female, 48

“ I feel fantastic today simply because I wake up every morning looking forward to going to work. ”

Male, 44

“ I regularly used to go the gym around 3 times per week but I feel unable to since I changed my job as I am too busy and mentally tired out after long days. ”

Male, 40

“ I feel downbeat. Every day I come and open my business and every day I feel, what's the point? ”

Male, 36



CENTREPOINT,  
BARNLEY  
7 NOVEMBER 2017



# From Barnsley people to Barnsley people



SHAMBLES STREET, BARNSELEY  
7 NOVEMBER 2017

Your advice on how to maintain good health and feelings of wellbeing

“

My tip for a happy and healthy life is to avoid the sugar isle in the supermarket and do the things that make you happy.

Female, 34

”

“

Keep active to stay happy.

Female, 56

”

“

I suppose the tip for being happy and healthy is being realistic about what you can achieve. Be happy that you are doing your best and worry less about what other people think about you.

Female, 44

”

“

Tip - don't worry about the opinions of others - you'll never please everyone so you have to be happy with yourself.

Female, 59

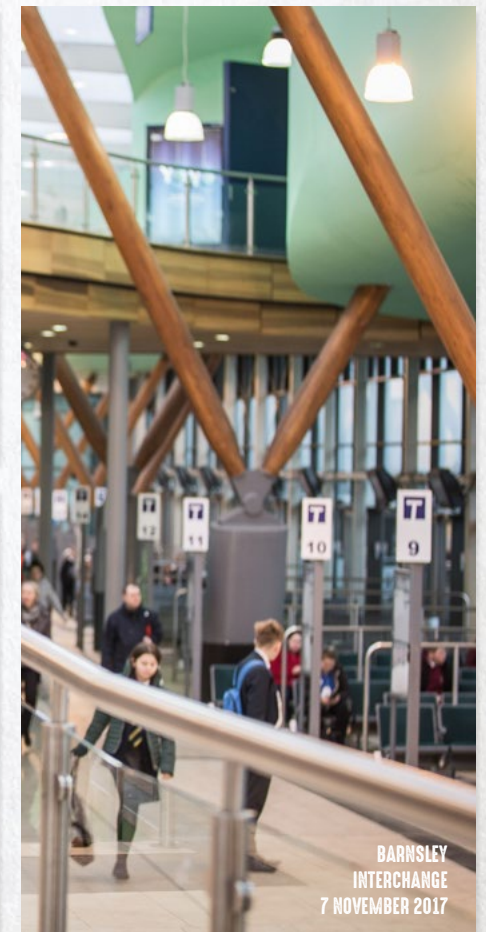
”

“

Make time for yourself - even if you're just busy doing nothing. Emotional wellbeing is as important as physical wellbeing - don't neglect it!

Female, 51

”



BARNSELEY  
INTERCHANGE  
7 NOVEMBER 2017



FROM  
BARNSELEY  
PEOPLE TO  
BARNSELEY  
PEOPLE

“

My tip for a happy and healthy life - don't worry about things that are out of your control and be kind.

Female, 44

”

“

My tip for a healthy, happy life would be to eat well, exercise daily - even if it's just a steady walk and always make time for yourself.

Male, 26

”

“

My one tip would be to surround yourself with your family and friends.

Female, 57

”

“

Keep the mind active - learning something new every day using the internet, books or TV.

Male, 70

”

“

I recommend writing a diary to remember happy memories.

Gender/age unknown

”

“

To enjoy life one day at a time. Make the best of what you have and do.

Female, 58

”

“

Practice mindfulness.

Female, age unknown

”

“

Allow yourself the odd 'grumpy day' but most of all try to be happy, smile (it's catching), say 'hello', 'good morning' ask if people are ok (and mean it). They may just want you to listen, but you might also be able to help.

Female, 50

”

“

My tip for a happy life is to volunteer and help one another. It gives you a good feeling and makes your days happy.

Female, 44

”

“

Don't try and juggle too much!

Female, 35

”





## FROM BARNSELY PEOPLE TO BARNSELY PEOPLE

“

Tip for a happy and healthy life – try to be balanced with exercise and diet, always make time for friends and laugh a lot.

Female, 33

”

“

Be positive and don't look back except to learn from past experiences and mistakes.

Male, 70

”



“

It's nice to be nice and being nice makes you feel happier.

Female, 43

”



“

My tip for being healthy is keeping regularly active and connecting with communities and groups, remaining social.

Male, 33

”

“

For a happy and healthy life I would say have lots of laughs, be kind to people.

Male, 48

”



“

My tip is not to worry too much and have a laugh with others.

Female, 72

”

“

My tip for a happy, healthy life would be to make the best of every day, spending time with positive, loving family and friends.

Female, 51

”

“

Whatever the weather, dress up appropriately and walk outside.

Female, 67

”

“

Smiles are infectious and of course, laughter is the best medicine!

Female, 47

”





BARNSELY, 7 NOVEMBER 2017

There were some common themes in the diaries and these have been captured and discussed in chapters one through to five.

It has been impossible to do justice to everything you wrote about and this report contains only a snapshot of what you experienced on 7 November 2017. Here are a few examples of other issues you are facing.

Residents are worried about their children and their children's future which is impacting on their own health and wellbeing

“ Always worried about my children, although all doing well.

Female, 56

“

I worry about my two boys more than anything and what lies ahead for their future living in Barnsley, their happiness and health.

Female, 46

”

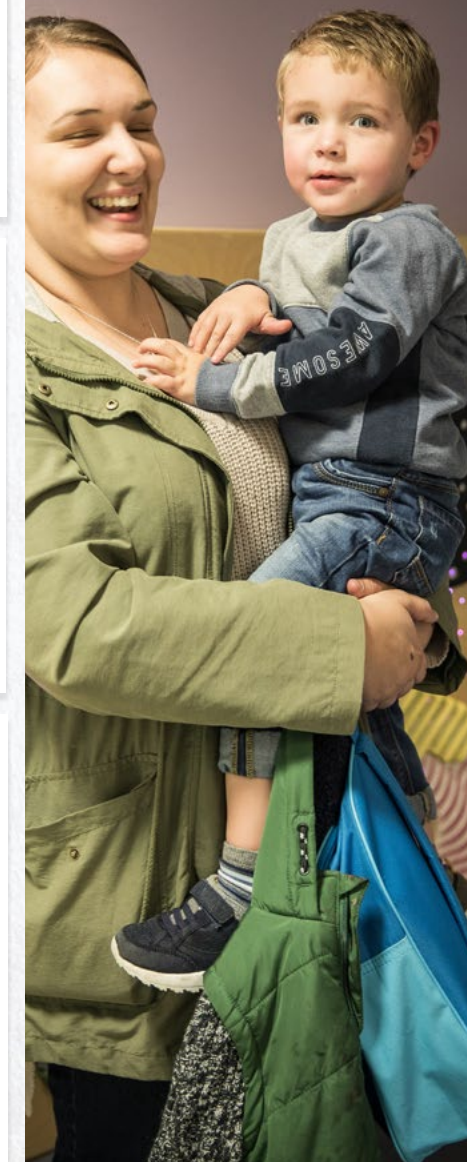
“

The main thing I worry about is my kid's futures, especially my son who is unemployed and suffers from anxiety and depression.

Female, 59

”

SUNNYBANK FAMILY CENTRE, BARNSELY  
7 NOVEMBER 2017





You have told me that it is so important to have things to look forward to, no matter what those things might be

“ I’m going out today – looking forward to this, even if it is to a hospital appointment. ”

Female, 84

The positive impact our pets can have on the way we feel – both physically and mentally

“ Get a dog and go out for a walk (borrow one if you don’t want one permanently). Strangers will talk to you and become your friend. ”

Female, 57

“ A dog walk in the fields. This is the best part of the day, so peaceful, just listening to the birds and enjoying the countryside. ”

Male, 64

Too many residents are in pain

“ It always takes me time to get up as I have stiff legs due to arthritis. But I keep myself going and moving forward. ”

Female, 72

“ I woke up this morning hoping for a better day without pain. ”

Female, 70

We were tragically reminded of the importance of good housing following the Grenfell Tower fire

“ If I had a home I could call home would improve things. That would be my wish long term tenancy. ”

Male, 50

“ I would like a room for myself instead of sharing with 12 people. ”

Male, age unknown



MAY DAY GREEN MARKET, BARNSLEY, 7 NOVEMBER 2017



CHURCH STREET, BARNSELY  
7 NOVEMBER 2017



## *Final word from Julia...*

I want to thank the residents of Barnsley who took part in 'A day in the life of'. I have been overwhelmed by the response we received and I am incredibly grateful to all those who took the time to share their thoughts, feelings, worries and aspirations with us. I will finish with the most important recommendation that emerged from this and last years' Director of Public Health report and that is, we must keep listening to what Barnsley people are telling us. We will keep doing this and keep reading and reflecting on all of the diaries we recieved from Barnsley people. I look forward to sharing our public health plans and priorities with you moving forward.

Page 89

## **DIRECTOR OF PUBLIC HEALTH 2017 ANNUAL REPORT**

*Photographs taken by Timm Cleasby  
on 7 November 2017*

*Design by Beth Heath*



**BARNSELY**  
Metropolitan Borough Council

This page is intentionally left blank

## REPORT TO THE HEALTH AND WELLBEING BOARD

3<sup>rd</sup> April 2018

### EXCESS WINTER DEATHS

---

**Report Sponsor:** Julia Burrows  
**Report Author:** Julie Tolhurst  
**Received by SSDG:** 21 November 2017  
**Date of Report:** 21 March 2018

#### 1. Purpose of Report

- 1.1 To provide an update report and action plan for 2017/18 to tackle Excess Winter Deaths in Barnsley, given that a system wide co-ordinated planning and action is required by many agencies to address this agenda.
- 1.2 To agree recommendations for progressing the action plan for Excess Winter Deaths 2018/19. This includes details of targeted programmes to impact on excess winter deaths, fuel poverty and protecting vulnerable groups.

#### 2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the content of the report, action plan and recommendations
- Provide any feedback
- Agree recommendations for progressing the action plan and communication of the report.

#### 3. Background

3.1 More people in Barnsley die in the winter than in the summer, in line with the rest of England and other European counties.

Excess winter deaths are a statistical measure to quantify the effect of winter months for a given population. It can be expressed as the number of extra people who have died, or as an index comparing winter deaths to the number of deaths that occur at other times of the year.

It is possible for the apparent number of excess winter deaths to go down simply due to the number of deaths at other times of the year going up. The figures take no account of the age structure of the population, which makes comparison with other areas or the national average difficult. Comparing the

picture in Barnsley can be equally challenging, as the age structure of the population may change year on year.

3.2 There is a wealth of evidence demonstrating that death rates are higher in the winter months, and these deaths are largely due to predictable causes:

- Long term conditions: cold temperatures pose a particular risk to people living with long term cardio-vascular and respiratory conditions. These diseases reduce the body's ability to make the natural physiological responses required to keep warm and well in the cold.
- Thrombosis: cold temperatures increase blood pressure and the blood's tendency to clot, which is exacerbated by physical inactivity and causes heart attacks and strokes.
- Influenza and other viral infections: incidence of seasonal flu, respiratory syncytial virus and norovirus all peak in the winter months.
- Injuries: people of all ages are affected by increases in falls and road traffic accidents in the winter weather.
- Gender: higher EWDs amongst females compared to males, which could be explained by higher proportion of females aged over 85 compared to males.

Certain groups are most at risk:

- Older people, especially those living alone
- People with long term illnesses
- People with disabilities
- Households with low income, living in poor housing, or in rural areas
- Younger people who live alone
- People who are homeless

These risk factors are preventable through a range of measures including: home insulation and adequate heating; protective behaviours (adequate clothing, eating well, staying active); flu vaccination and alertness on the part of individuals and their caregivers to the increased risk of becoming unwell and seeking medical help early.

It is important to consider the impact of living in fuel poverty and the household heating bills in proportion to its income, in order to keep the indoor temperature at a health-protecting level alongside these risk factors.

#### **4. Local picture**

4.1 The latest data release has revealed that Excess Winter Deaths Index for Barnsley ( 3 year average 2013-2016, all person, all ages) is 24.3% (indicative number = 529), which is significantly higher compared to the Yorkshire average (17.8%) and England average (17.9%).

4.2 Most excess winter deaths in Barnsley occur in the 65-84 year age group. Given that the over 65 population of Barnsley is expected to increase by



17.2% between 2012 and 2020, it is reasonable to expect that the number of excess winter deaths will also increase substantially if action is not taken to address the root causes.

- 4.3 Flu & Pneumonia and respiratory diseases were the main underlying causes of excess winter deaths in Barnsley between 2008 and 2015.
- 4.4 There is no clear cut explanation as to why the Barnsley rate has increased and is highest in the Region for this period. Further analysis of Barnsley level data has shown that a number of indicators are significantly worse than national rates including healthy life expectancy, deaths from cardio-vascular disease & respiratory conditions (aged under 75 years), admissions to hospital from falls 65 years+, and re-ablement/ rehabilitation rates from hospital.
- 4.5 These figures mask the variation of EWDs across the borough. The next phase of data analysis will focus on smaller geographical areas linked to Area Councils to address specific issues.

## **5. EWDs action plan**

- 5.1 A task and finish group involving representatives from Barnsley Council, Barnsley CCG and key partners, has produced a high level action plan outlining outcomes, key tasks and timescales to address the main contributory factors of EWDs.
- 5.2 Key themes include addressing cold homes & fuel poverty; uptake of flu vaccinations; falls prevention; winter planning & urgent care and awareness raising & communication plan.
- 5.3 Governance and performance management for each aim/section of the plan is via a number of channels including Early Help Adults group, Anti- poverty Steering group and Housing &Energy Board.

## **6. Conclusion/ Next Steps**

- 5.1 To discuss the progression of the action plan 2017/18 and agree communication of the report.

## **7. Financial Implications**

- 6.1 There are no financial considerations at this time.

## **8. Consultation with stakeholders**

- 8.1 The report and action plan have been drafted in consultation with colleagues from BMBC People, Place & Communities Directorates, Berneslai Homes, Barnsley CCG, South Yorkshire Housing Association and Voluntary & community sector partners.
- 8.2 The report has been discussed by Senior Strategic Development Group and approved for scheduling at Health & Wellbeing Board.

## **9. Appendices**

- 9.1 Appendix 1 – Excess Winter Deaths action plan 2017/18

**Officer:** Julie Tolhurst

**Contact:** 01226 774737

**Date:** 21<sup>st</sup> March 2018

# **Reducing Excess Winter Deaths in Barnsley 2017-2018**

## Introduction

Excess winter deaths (EWDs) are a statistical measure to quantify the effect of winter months for a given population. It can be expressed as the number of extra people who have died, or as an index comparing winter deaths to the number of deaths that occur at other times of the year.

The Excess Winter Deaths Index for Barnsley (3 year average 2013-2016, all person, all ages) is 24.3% (indicative number = 529), compared to the Yorkshire average (17.8%) and England average (17.9%)

Most excess winter deaths in Barnsley occur in the 65-84 year age group. Flu & Pneumonia and respiratory diseases were the main underlying causes of excess winter deaths in Barnsley between 2008 and 2015.

There is no clear cut explanation for excess winter mortality and is due to a variety of factors, such as temperature, socio-economic circumstances, underlying health conditions, fuel poverty, vulnerable groups, housing tenure, housing condition and personal and social behaviours.

Representatives from Barnsley Council, Barnsley CCG, Berneslai Homes and community/voluntary sector partners have produced this high level action plan outlining outcomes, key tasks and timescales to address the main contributory factors of EWDs.

Key themes include addressing cold homes & fuel poverty; uptake of flu vaccinations; falls prevention; winter planning & urgent care and awareness raising & communication plan.

## Overarching target for Excess Winter Deaths (Barnsley Council corporate indicator)

- Reduce EWDs to 15% by 2020
- Reduce fuel poverty to 10.5% by 2020

Key Aim 1- Improve cold homes & energy efficiency						
KPI /target						
<ul style="list-style-type: none"> <li>Reduce fuel poverty to 11% (2017-8)</li> </ul>						
	Objective	Actions	Output/Outcomes	Timescales	Partners	Progress (March 18)
<b>1.1 Fuel poverty, energy efficiency and health training</b>	Provide a range of options for fuel poverty, energy efficiency and health training for agencies with front line workers supporting residents and primarily visiting vulnerable people in their homes	<ul style="list-style-type: none"> <li>Work with partners and external organisations to arrange and attend NEA (National Energy Action) energy efficiency and affordable warmth courses (online and multi- agency training sessions).</li> <li>Pilot heating and eating training sessions with fuel poor families in partnership with NEA and BMBC children centre staff</li> </ul>	<ul style="list-style-type: none"> <li>Number of training sessions delivered</li> <li>No of workers accessing online training (BMBC and health staff)</li> <li>Frontline staff more aware of how to provide advice and address factors affecting health and wellbeing, fuel poverty, cold homes and energy efficiency and are able to identify and support at risk residents accordingly.</li> <li>Evaluation report</li> </ul>	November 2017- November 2018	<ul style="list-style-type: none"> <li>BMBC Housing &amp; Energy Team,</li> <li>Berneslai Homes</li> <li>National Energy Alliance</li> <li>Community &amp; Voluntary sector</li> <li>Health &amp; social care agencies</li> <li>SY Fire &amp; rescue service</li> <li>Barnsley Citizens Advise Bureau</li> <li>Age UK Barnsley</li> <li>BMBC frontline officers</li> <li>Private sector landlords</li> </ul>	<p>Free online training fuel poverty awareness for BMBC and Berneslai Homes staff available on Council e-training.</p> <p>5 x face-to-face training sessions held with 70 frontline workers from a number of different organisations across the Borough.</p>
<b>1.2 Billing and tariff</b>	Provide residents with information	<ul style="list-style-type: none"> <li>Provide support to switch suppliers and</li> </ul>	<ul style="list-style-type: none"> <li>Information included in a range</li> </ul>	September	<ul style="list-style-type: none"> <li>BMBC Housing &amp;</li> </ul>	Promotion of Barnsley Age

<b>switching advice.</b>	about how to check bills and switch to suitable tariffs to better suit resident's needs, as well as reducing their energy bills and accessing any support and discounts through their energy providers	<p>signpost to advice on how to compare tariffs and switching suppliers.</p> <ul style="list-style-type: none"> <li>• Ensure residents access Warm Home Discount and joint Priority Service Register if eligible</li> <li>• Promote benefit checks as a mode of reducing fuel poverty through income maximisation</li> </ul>	<p>of accessible formats including face to face, BMBC &amp; partners web pages &amp; social media linking with Warm Homes campaigns.</p> <ul style="list-style-type: none"> <li>• Paper based information for those who are digitally excluded</li> </ul>	2017- August 2017	<p>Energy Team</p> <ul style="list-style-type: none"> <li>• CAB</li> <li>• Age UK Barnsley</li> <li>• SYHA My Best Life Barnsley</li> </ul>	<p>UK and Citizen Advice Bureau face to face energy switching sessions</p> <p>Housing and Energy team - 39 events between July and March 2018 giving face to face advice and potential saving through energy switching advice.</p>
<b>1.3 Identify people at risk</b>	Identify people at risk of poor health from living in a cold home	<ul style="list-style-type: none"> <li>• Identify and utilise key data sources and wider intelligence to identify people living in cold homes</li> <li>• Work with key health &amp; social care agencies, include housing tenure within assessments to identify risk and take action</li> <li>• Move towards a database with housing and health issues to help with targeting and service planning</li> <li>• Work in partnership with key agencies to support people sleeping rough or</li> </ul>	<ul style="list-style-type: none"> <li>• Clear processes for identifying and taking action for people at risk</li> <li>• Records showing interventions and areas and cohorts that need additional targeting</li> </ul>	Sept 17 onwards	<ul style="list-style-type: none"> <li>• SYHA My Best Life Barnsley</li> <li>• Community nursing</li> <li>• Hospital discharge teams</li> <li>• Communities, Berneslai Homes and hospital (ASSIST model)</li> <li>• Housing Options</li> <li>• Social care teams</li> <li>• Business Intelligence team</li> <li>• BMBC Area teams &amp; Councils</li> <li>• Private sector</li> </ul>	<p>BMBC Data Intelligence team analysis of factors linked to EWD's- addressing these in 2018/19 plan.</p> <p>A new cold homes referral pathway implemented with SYHA My Best Life. Continuing to monitor.</p> <p>Warm Homes Fund bid (2<sup>nd</sup> round) – submitted . Single point of access and improve identification of residents vulnerable to fuel poverty and EWD's</p>

		are homeless.			housing teams <ul style="list-style-type: none"> <li>Children and young people services</li> </ul>	
<b>1.4 Improve housing standards</b>	Promote Barnsley's home energy efficiency offer for private sector housing to improve thermal comfort and increase properties EPC rating.	<ul style="list-style-type: none"> <li>Deliver Better Homes Barnsley offer and deliver marketing plan</li> <li>Deliver "Warm Homes Healthy People" funding through Social prescribing "My Best Life" and Better Homes Barnsley</li> <li>Application made through Warm Homes Fund for grants for residents without central heating systems in private sector housing</li> <li>Delivery of heating systems through DFG</li> <li>Stay Put supporting residents to apply for additional funding for energy efficiency improvements and giving advice on falls prevention and housing improvements.</li> </ul>	<ul style="list-style-type: none"> <li>Improved housing standards and more energy efficient properties leading to reduction in fuel poverty, social isolation, and improved health and wellbeing of residents</li> </ul>	Sept 2017- Sept 2018	<ul style="list-style-type: none"> <li>BMBC</li> <li>Keepmoat</li> <li>Scarbrooks,</li> <li>Better Homes Yorkshire</li> <li>SYHA My Best Life Barnsley</li> <li>DFG team</li> <li>Stay Put</li> </ul>	<p>Warm Homes/Healthy People funding now in delivery stage</p> <p>Discretionary fund available</p> <p>Better Homes Barnsley continuing to operate. 114 energy efficiency measures installed July2017- March 2018. Annual target for Better Homes Barnsley exceeded.</p> <p>Warm Homes (round 1) funding received for first-time gas central heating installations and project delivery ongoing.</p>

## Key Aim 2 – Flu vaccination uptake

### KPI/targets

- % of eligible adults aged 65+ who have received the flu vaccine
- Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding otherwise ‘healthy’ pregnant women and carers)
- Population vaccination coverage – Flu (2-4 years old)

	Objective	Actions	Outcomes	Timescales	Partners	Progress (March 18)
<b>2.1 Improve uptake of flu vaccinations amongst eligible groups</b>	Ensure eligible groups receive Flu vaccination.	<ul style="list-style-type: none"> <li>• Deliver national “Stay Well This Winter Campaign” to increase awareness around staying well in winter and encouraging Flu vaccination in vulnerable groups, including school aged children.</li> <li>• Identify and offer flu vaccination to BMBC Health and Social Care staff at cost for those that are not in any of the eligible cohorts and have routine contact with those at risk groups.</li> <li>• Encourage Barnsley care homes to also offer vaccination for staff where</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced hospital admissions</li> <li>• Reduced GP appointment waiting list</li> <li>• Reduced sickness at work and school from flu related illnesses.</li> <li>• Reduce the level of workplace sickness absenteeism that</li> <li>• Reduction in pressure on local services e.g. primary care, social care, A&amp;E and other</li> </ul>	September 2017- March 2018	<ul style="list-style-type: none"> <li>• Barnsley Seasonal Flu Vaccination Steering Group</li> <li>• Barnsley CCG</li> <li>• BHNFT</li> <li>• SWYPT</li> <li>• BMBC Public Health</li> <li>• NHS England</li> <li>• Berneslai Homes</li> <li>• Schools</li> <li>• Local Pharmaceutical Committee</li> <li>• BMBC Communications</li> </ul>	<p>Delivery of public awareness events underway (Jan-March 18) BMBC Housing &amp; Energy team &amp; partners.</p> <p>Seasonal flu vaccination uptake data for the period Sept 17 - Jan 18:</p> <ul style="list-style-type: none"> <li>• High uptake for all eligible children exceeding regional and national averages.</li> <li>• Not achieved the uptake national</li> </ul>



		<p>appropriate. To carry out the PHE Care Home staff vaccination audit with Barnsley Care Homes.</p> <ul style="list-style-type: none"> <li>Promote the flu vaccination and raise awareness of the children's programme with early year's providers, settings and family centres</li> <li>Increase awareness among professionals and volunteers who work with the 'at risk' eligible population and therefore can promote flu vaccinations to their service users, carers and families.</li> <li>Promote the flu vaccination and raising awareness of the eligible 'at risk' population among local authority workers</li> <li>Signpost and promote local vaccination arrangements</li> <li>Advertise directly to the community.</li> <li>Health Protection Board to develop local plans for mass treatment, outbreaks and pandemic influenza</li> </ul>	hospital departments		<ul style="list-style-type: none"> <li>LMC</li> <li>Primary care – GP practice representatives</li> </ul>	<p>targets for under 65s at risk, pregnant women and 65 years+</p> <ul style="list-style-type: none"> <li>Have achieved or exceeded the England average for 2017/18.</li> </ul> <p><b>Aged 65 and over 2017/18</b></p> <ul style="list-style-type: none"> <li>75% Target</li> <li>72.6% Barnsley</li> <li>72.6% England</li> </ul> <p><b>Aged under 65s at risk</b></p> <ul style="list-style-type: none"> <li>55% Target</li> <li>51.6% Barnsley</li> <li>48.9% England</li> </ul> <p><b>Pregnant women</b></p> <ul style="list-style-type: none"> <li>55% Target</li> <li>50.2% Barnsley</li> <li>47.2% England</li> </ul> <p>The 2017/18 uptake is higher in all groups than the 2016/17 uptake.</p> <p>Planning for 2018/19 commenced. Evaluation &amp; review of good practice to increase uptake.</p>
--	--	--	----------------------	--	---	---

Key Aim 3 – Falls prevention						
KPI/target- emergency admissions from falls						
	Objective	Actions	Outcomes	Timescales	Partners	Progress (March 18)
<b>3.1 Falls Prevention</b>	Ensure appropriate measures to reduce falls incidences and injuries resulting from falls amongst Barnsley residents	<ul style="list-style-type: none"> <li>Develop “Back on Your Feet in Barnsley” workstreams to increase risk assessments, provide 1st line interventions and establish clear pathways.</li> <li>Implement a pilot project in care homes to reduce the number of hospital attendances/admissions.</li> <li>Provide training about falls prevention and falls protocol development support.</li> <li>Develop a programme of urgent care of frail older people in the first 72 hours of hospital attendance.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce falls incidences and injury from falls</li> </ul>	<p>September 2017- August 2018</p> <p>October 17 – October 18</p>	<ul style="list-style-type: none"> <li>BMBC,</li> <li>BHNFT</li> <li>SWYPT</li> <li>Age UK Barnsley</li> <li>CCG</li> <li>Barneslai Homes</li> <li>Barnsley CCG and BHNFT, part of Acute Frailty Network</li> </ul>	<ul style="list-style-type: none"> <li>Back on Your Feet in Barnsley workstreams are developed.</li> <li>Pilot project - first training sessions delivered for Care Homes in Jan 2018</li> <li>Progressing the delivery of Red bag scheme in Care homes, with further engagement</li> <li>Work continues between BHNFT and the Acute Frailty Network</li> <li>Plans underway for urgent care of frail people within the first 72 hours in hospital.</li> </ul>
<b>3.2 Implement</b>	Implement a pilot Safe & Well	<ul style="list-style-type: none"> <li>South Yorkshire fire and rescue service to visit</li> </ul>	<ul style="list-style-type: none"> <li>Prevent crime</li> <li>Increase fire safety</li> </ul>	Launch February	<ul style="list-style-type: none"> <li>Age UK Barnsley</li> <li>SYF&amp;R service</li> </ul>	Pilot to be implemented

<b>SYFR safe &amp; well checks</b>	checks scheme targeting vulnerable 65+ year olds, focussing on cold homes, falls prevention, fire and crime prevention.	vulnerable people over 65 and respond to referrals from partner organisation to provide safe and well checks.	<ul style="list-style-type: none"> <li>• Reduce fuel poverty</li> <li>• Prevent falls</li> </ul>	18	<ul style="list-style-type: none"> <li>• BMBC</li> <li>• SY Police</li> <li>• SYHA My Best Life Barnsley</li> <li>• Better Homes Barnsley</li> <li>• Berneslai Homes</li> </ul>	<p>Spring 18</p> <p>Delivery of affordable warmth pathway in partnership with Berneslai homes.</p>
------------------------------------	---	---	--	----	---	--

#### Key Aim 4 – NHS Winter Planning/Urgent Care

##### KPI/targets:

- Decrease the number of non-elective hospital admissions in people aged over 18 years at Barnsley Hospital due to respiratory conditions (COPD, LRTI, Pneumonia) – Target 2746 Admissions in 2017/18

	Objective	Actions	Outcomes	Timescales	Partners	Progress (March 18)
<b>4.1 Intermediate Care contract</b>	Embed the new service model for Intermediate Care	<ul style="list-style-type: none"> <li>• Work with partners across health and care to deliver the new service model</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in no. people admitted to acute hospital beds who can be supported within the community or their own home.</li> <li>• Reduced delays in discharge from hospital and seamless and</li> </ul>	August 2017 onwards	<ul style="list-style-type: none"> <li>• BCCG</li> <li>• BHNFT</li> <li>• SWYPFT</li> <li>• Barnsley Healthcare Federation</li> <li>• BMBC</li> </ul>	<p>New model in place</p> <p>Transition Unit created within Barnsley Hospital to provide intensive rehabilitation services</p> <p>Independent sector beds secured in 4 care homes</p> <p>Primary Care oversight established for all IC patients including those in</p>

			timely movement of patients between different elements of the service.			the hospital based transition unit
<b>4.2 Respiratory service</b>	Introduce the new respiratory service	<ul style="list-style-type: none"> <li>• Work with partners across health and care to introduce and roll out the new service model which will see:               <ol style="list-style-type: none"> <li>1) 7-day early supported discharge for patients admitted with an exacerbation of COPD</li> <li>2) Comprehensive home oxygen assessment and review process for all adult patients requiring home oxygen therapy</li> <li>3) Specialist MDT support for primary care</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Reduced hospital admission for people with respiratory conditions (COPD and Lower Respiratory Tract Infections)</li> <li>• Reduced inequalities in respiratory outcomes</li> <li>• Reduced outpatient admissions</li> <li>• Reduced A&amp;E attendances</li> </ul>	Commenced September 2017	<ul style="list-style-type: none"> <li>• BCCG</li> <li>• BHNFT</li> <li>• SWYPFT</li> <li>• Barnsley Healthcare Federation</li> <li>• BMBC</li> </ul>	<p>New model in place</p> <p>Specialist respiratory nurses providing in reach support into the Emergency Department to avoid admission.</p> <p>Community based respiratory nurses in place and working with GP practices and the Neighbourhood Nursing Service to support patients in the Community</p> <p>Community Respiratory Consultant appointed to work with the BREATHEW service</p> <p>Increased accessibility of and awareness raising of pulmonary rehabilitation services to increase uptake.</p>

		and Locality teams 4) Increase access and uptake of pulmonary rehabilitation.				
--	--	--	--	--	--	--

### Key Aim 5 – Awareness raising

	Objective	Actions	Outcomes	Timescales	Partners	Progress (March 18)
5.1 EWDs Communication plan	Raise awareness of EWD prevention and impacts inc. social isolation, to the public and across all agencies	<ul style="list-style-type: none"> <li>• Work towards a shared communications and stakeholder plan identifying key communication methods and channels.</li> <li>• Housing and Energy Team continue to raise awareness of affordable warmth issues including energy efficiency, fuel debt and switching energy supplier through a number of channels including Housing and Energy social media accounts, public events, attending team meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Clear shared messages to key partners and public</li> <li>• Evaluation of plan and key messages to inform future plans</li> </ul>	Sept 17 onwards	<ul style="list-style-type: none"> <li>• CCG</li> <li>• Barnsley hospital</li> <li>• Community &amp; voluntary sector</li> <li>• Better Homes Barnsley</li> <li>• Berneslai Homes</li> <li>• BMBC communications team</li> <li>• BMBC Area teams &amp; Councils</li> <li>• BMBC Housing and Energy team</li> </ul>	<p>Warm Homes Campaign completed and evaluation submitted.</p> <p>Excess Winter Death &amp; fuel poverty conference planned for Summer 2018</p>

		<p>and producing printed media.</p> <ul style="list-style-type: none"> <li>• Link to Love Where You Live campaigns and community volunteering.</li> </ul>				
5.2 NEA Warm Homes Campaign Award 2017/18	<p>Apply for funding to promote local schemes and raise awareness of fuel poverty and support available to residents locally and nationally</p>	<ul style="list-style-type: none"> <li>• Hold opening and closing event highlighting issues with fuel poverty and inviting local MPs and members of the public, including Fuel Poverty Awareness Day 23rd February 2018</li> <li>• Promote local events and use print and social media to promote local and national support for those struggling to heat their homes</li> <li>• Raise awareness of issues locally with the support of local MPs and press releases.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise profile of fuel poverty, excess winter deaths and support available locally and nationally for Barnsley residents</li> </ul>	<p>Application submitted before 13<sup>th</sup> October</p> <p>Events to be held between 20<sup>th</sup> Nov 17 - 23<sup>rd</sup> Feb 18</p> <p>Evaluation- March 2018</p>	<ul style="list-style-type: none"> <li>• Community &amp; voluntary sector</li> <li>• Better Homes Barnsley</li> <li>• Berneslai Homes</li> <li>• BMBC communications team</li> <li>• BMBC Housing and Energy team</li> </ul>	<p>Successful funding bid from NEA &amp; Keepmoat</p> <p>Launch event with Dan Jarvis MP and partners.</p> <p>Events planned Dec- Feb, with a final event held for Fuel Poverty day 23<sup>rd</sup> Feb. Face to face advice provided to over 400 residents.</p> <p>Promotional resources and social media campaign (Jan-Feb) to promote energy efficiency grants available. 1,400 leaflets given out promoting service available to address EWDs.</p> <p>Social media campaign generated 1492 unique page views and 2930 total engagements</p>
5.3 Adverse	Raise awareness	<ul style="list-style-type: none"> <li>• Implement adverse</li> </ul>	<ul style="list-style-type: none"> <li>• Increased</li> </ul>	November	<ul style="list-style-type: none"> <li>• BMBC Health,</li> </ul>	Adverse Weather Plan has

weather plan, highway winter maintenance plan and emergency planning.	of the impact of adverse weather through alerts, road gritting, emergency preparedness and building community resilience.	<p>weather plan</p> <ul style="list-style-type: none"> <li>• Cascade alerts and information to BMBC and community partners</li> <li>• Support local initiatives e.g. Age UK Barnsley Winter Register (Penistone Area)</li> <li>• Implement highway winter maintenance/snow plan</li> <li>• Communication of national “Get Ready for Winter” messages</li> <li>• Encourage community groups and Ward Alliances to develop Community Resilience Plans</li> <li>• Maintain general plans both internally and with South Yorkshire Local Resilience Forum partners to respond to civil emergencies.</li> </ul>	<p>awareness of cold weather and impacts on health and wellbeing</p> <ul style="list-style-type: none"> <li>• Improved resilience and preparedness at a community level.</li> <li>• Council plans to respond to civil emergencies .</li> </ul>	2017 onwards.	<p>Safety &amp; Emergency Resilience Service</p> <ul style="list-style-type: none"> <li>• BMBC Housing &amp; energy team</li> <li>• Community &amp; voluntary sector</li> <li>• Berneslai Homes</li> <li>• Age UK Barnsley</li> <li>• BMBC residents</li> </ul>	<p>been in operation over the winter months (up to Level 2).</p> <p>Weather alerts have been cascaded by Met Office to BMBC and all relevant agencies.</p> <p>Communication of Get Ready for Winter messages</p> <p>Highways winter plan in operation.</p>
---	---	--	--	---------------	---	--

This page is intentionally left blank



**REPORT TO THE HEALTH AND WELLBEING BOARD**

**3<sup>rd</sup> April, 2018**

**Report Title: Review of Health & Wellbeing Board Meetings & Development Sessions Schedule 2018**

---

**Report Sponsor: Ian Turner**

**Report Author: Richard Lynch**

**1. Purpose of Report**

A number of discussions have been held to review the functioning of the Health & Wellbeing Board (HWB) to date, and to propose possible alternatives to ensure maximum opportunity for the HWB to provide local system-wide leadership in promoting and driving a reduction in health inequalities, improvements in healthy life expectancy and an increased focus on the integration of health and care as articulated through the Health and Wellbeing Board Strategy and Barnsley Plan. In order to ensure that HWB members are fully supported to drive the ambitions of the strategy, it is important that wherever possible we plan for the 'right discussion at the right time' through SSDG and the HWB.

To this end, a decision was taken at the last SSDG to review the use of planned meetings for the Health & Wellbeing Board for 2018/19. A small task and finish group consisting of Ian Turner & Richard Lynch (BMBC) and Joe Minton (CCG) looked at the background to the current arrangements and have proposed some initial changes to ensure HWB discussions remain focussed as above.

Currently, the HWB meets bi-monthly with SSDG coming together each month. There is now an established regime of bi-annual performance reporting supported by an action plan (drawn from the strategy and Barnsley Plan) which is updated quarterly.

The proposal is to reduce the number of public meetings of the HWB to quarterly (4 per year) which can be better aligned to performance reporting and action plan updates and to use the two remaining sessions already planned as developmental time; allowing for HWB and wider SSDG membership to hold sessions in private that would allow for deeper consideration of specific issues such as those drawn from analysis of performance and how we develop the interface between the HWB and Health and Care Together.

The current schedule of HWB meetings for 2018/19 is 5th June, 7th August, 2nd October, 4th December, 5th February, 9th April. Quarterly meetings would therefore suggest a revised schedule of public meetings in June, October, December (2018) and April 2019.

This would free up time already planned on 7<sup>th</sup> August and 5<sup>th</sup> February as potentially available for private, development sessions with HWB and SSDG members.

## **2. Recommendations**

2.1. Health and Wellbeing Board members are asked to:-

- Endorse the approach suggested, or propose an alternative use of planned time for 2018/19

## **3. Financial Implications**

3.1 None identified at this stage.

**Officer:** Richard Lynch

**Contact:** richardlynch@barnsley.gov.uk

01226 773672

**Date:** 21 02 2018