

Public Document Pack



MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 4 June 2019
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 9th April, 2019 (HWB.04.06.2019/2) *(Pages 3 - 8)*
- 3 Minutes from the Children and Young People's Trust Executive Group held on 31st January, 2019 (HWB.04.06.2019/3) *(Pages 9 - 16)*
- 4 Public Questions (HWB.04.06.2019/4)

For Decision/Discussion

- 5 Health and Wellbeing Board Membership: engagement review of wider providers (HWB.04.06.2019/5) *(To Follow)*
- 6 Health and Wellbeing Strategy: Review & Development Proposal (HWB.04.06.2019/6) *(Pages 17 - 22)*
- 7 Implementing the Physical Activity Plan (HWB.04.06.2019/7) *(Pages 23 - 40)*
- 8 Sexual Health Needs Assessment (HWB.04.06.2019/8) *(Pages 41 - 56)*

For Information

- 9 Health Protection Board Update Report (HWB.04.06.2019/9) *(Pages 57 - 60)*

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, Chief Executive, 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

Friday, 24 May 2019



MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 9 April 2019
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

- Councillor Sir Stephen Houghton CBE, Leader of the Council (Chair)
- 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 Public Health
- Dr Nick Balac, Vice Chair, NHS Barnsley Clinical Commissioning Group
- Adrian England, HealthWatch Barnsley
- Salma Yasmeen, Director of Strategy, South West Yorkshire Partnership NHS Foundation Trust
- James Barker, Barnsley Healthcare Federation
- Bob Dyson, Chair of Barnsley Safeguarding Children Partnership

33 Declarations of Pecuniary and Non-Pecuniary Interests

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

34 Minutes of the Board Meeting held on 4th December, 2018 (HWB.09.04.2019/2)

The meeting considered the minutes of the previous meeting held on 4th December, 2018.

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

35 Children and Young People's Trust held on 14th September, 2018 (HWB.09.04.2019/3)

The meeting considered the minutes from the Children and Young People's Trust held on 14th September, 2018.

RESOLVED that the minutes be received.

36 Safer Barnsley Partnership held on 12th November, 2018 and 11th February, 2019 (HWB.09.04.2019/4)

The meeting considered the minutes from the Safer Barnsley Partnership held on 12th November, 2018 and 11th February, 2019.

RESOLVED that the minutes be received.

37 Provider Forum held on 12th December, 2018 and 13th March, 2019 (HWB.09.04.2019/5)

The meeting considered the minutes from the Provider Forum meetings held on 12th December, 2018 and 13th March, 2019.

RESOLVED that the minutes be received.

38 Stronger Communities Partnership held on 26th November, 2018 and 28th February, 2019 (HWB.09.04.2019/6)

The meeting considered the minutes from the Stronger Communities Partnership meetings held on 26th November, 2018 and 28th February, 2019.

RESOLVED that the minutes be received.

39 South Yorkshire and Bassetlaw Shadow ICS Collaborative Partnership Board held on 19th October, 2018 (HWB.09.04.2019/7)

The meeting considered the minutes from the South Yorkshire and Bassetlaw Shadow ICS Collaborative Partnership Board held on 19th October, 2018.

RESOLVED that the minutes be received.

40 Public Questions (HWB.09.04.2019/8)

The meeting noted that no public questions had been received for consideration at today's meeting.

41 Draft Terms of Reference (HWB.09.04.2019/9)

The meeting considered a report of the SSDG which after extensive consultation with partners and stakeholders had been revised acknowledging the Board's evolution.

It was noted that in particular the Board would continue to set the direction and strategic outcomes for a healthier future for the citizens of Barnsley. It was emphasised that the role was not one of governance or scrutiny, but more about inspiring, influencing and collaborating with and across organisations as well as with communities and residents.

To emphasise the collaborative approach a proposal had been incorporated which suggested that the Board be co-Chaired by the Executive Leader of BMBC and the Chair of the BCCG. This collaborative approach would be strengthened further through the Board continuing to provide the opportunity for public questions to be raised. In order to deliver the strategic objectives it was agreed that the impact of the Board's deliberations be evidenced at neighbourhood, Borough and regional level.

It was recommended that a review of the relationship with wider providers was undertaken, particularly from the private sector such as care homes and primary care practices. It was proposed that a review of this nature was undertaken in conjunction with a review of the terms of reference for the Provider Forum and would be brought

back to the Health and Wellbeing Board for consideration. On this basis, it was suggested that the Chair of the Provider Forum be temporarily removed from the Health and Wellbeing Board's membership or alternatively that the Board consider that greater flexibility be provided for this matter in approving these terms of reference.

Once finalised the terms of reference would be put to Cabinet for consideration.

RESOLVED that the draft terms of reference for the Health and Wellbeing Board were considered and agreed, noting the further work that was required in respect of the Provider review.

42 Integrated Care Outcome Framework (HWB.09.04.2019/10)

A report of the Director of Public Health in conjunction with the Barnsley CCG set out the degree of engagement that had taken place over the last 12 months in establishing an Outcomes Framework.

The Board welcomed the proposals and supported the principles that were used in developing the Framework. It was noted in particular the requirement to have good quality data but equally that this could be evidenced through practical examples that would assist the Board in its deliberations. Equally there was a requirement to identify related action plans and to determine where any gaps might exist. The Executive Director People, Barnsley MBC, welcomed the Framework which in part affirmed the positive outcome of the recent Ofsted inspection. She asked that reference to Early Years work be better referenced. The ICOF would be a data product contained in the Joint Strategic Needs Assessment (JSNA) and would help inform the next Health and Wellbeing Board Strategy, which was anticipated in early 2020.

RESOLVED:-

- (i) that the development of the Outcomes Framework be noted;
- (ii) that, subject to the points highlighted, the Health and Wellbeing Board agree to adopt the Outcomes Framework; and
- (iii) that the proposed next steps to further develop the Outcomes Framework and its use across the Barnsley system be noted.

43 Alcohol Plan (HWB.09.04.2019/11)

The Board considered a report of the Director of Public Health which confirmed alcohol has being one of three priorities set out in the refreshed Public Health Strategy along with food and emotional resilience.

The Plan sought to improve the health and wellbeing of Barnsley residents and address the health inequalities associated with alcohol use. The Board in particular noted the high prevalence of liver disease within the town. The Plan sought to address the impact alcohol had on the night time economy, its availability, its affordability and its general acceptance as a social pastime. It emphasised the

requirement to work with the alcohol industry to put in place measures that would encourage people to drink responsibly.

The Board noted in particular the work that was required in engaging young people and educating at an early age as to the impact of alcohol.

RESOLVED that the Health and Wellbeing Board support the strategic direction of the Alcohol Plan including the vision, priorities, outcomes and targets.

44 Director of Public Health Annual Report (HWB.09.04.2019/12)

The Health and Wellbeing Board welcomed the 2018 Annual Report which highlighted in particular the work taking place to improve the health and wellbeing of Barnsley's residents and address the health inequalities associated with loneliness. The report's recommendations aligned with the Board's strategic priorities of:-

- People live happy, healthier, longer lives;
- People have improved mental health and wellbeing;
- People live in strong and resilient families and communities.

The Board noted the good work that was taking place in Barnsley and agreed that where practicable this be aligned to the TownSpirit initiative.

RESOLVED that the Health and Wellbeing Board noted the contents and recommendations set out in the Annual Report and supported their implementation during 2019.

45 Barnsley Safeguarding Children Partnership Arrangements: Working Together 2018 Implementation (HWB.09.04.2019/13)

The Chair of the Barnsley Safeguarding Children Partnership highlighted the work which had taken place in responding to the Working Together 2018 report which sought to change the arrangements that were required locally to ensure that agencies worked together in partnership to keep children and young people safe. It was noted in particular how the Barnsley Local Safeguarding Children Board would transition to become the Barnsley Safeguarding Children Partnership (BSCP) with effect from 1st April 2019.

The Board acknowledged the background to the transition and welcomed the proposals set out in the Plan. Whilst no longer a statutory duty, the Board acknowledged that national guidance remained in place.

RESOLVED that the Health and Wellbeing Board welcome the Plan and looked forward to maintaining its close working relationship with the newly created Barnsley Safeguarding Children Partnership.

46 Joint Strategic Needs Assessment update (HWB.09.04.2019/14)

The Board considered a report of the Director of Public Health which sought to provide an overview to the Barnsley Joint Strategic Needs Assessment (JSNA).

The Local Government and Public Involvement in Health Act (2007) required upper tier local authorities and PCTs to produce a JSNA of the health and wellbeing of their local community. The Health and Social Care Act 2012 gave this duty to Health and Wellbeing Boards with additional statutory duty to prepare a Joint Health and Wellbeing Strategy to meet the needs identified in the JSNA.

The Board welcomed the work which had taken place to develop and update the JSNA and in particular the significant engagements with stakeholders which had taken place. The Board supported the development of the JSNA as a web-based reference resource so as to improve engagement with people wanting to know about health and wellbeing in their area. Close monitoring would take place to determine the extent to which the JSNA would be used and become embedded in local structures and partnerships, local commissioning strategies, in order to improve outcomes for local people.

RESOLVED that the Health and Wellbeing Board note in particular:-

- (i) the streamlined approach to developing the JSNA;
- (ii) the stocktake of intelligence, products and outputs across all partners;
- (iii) the approach in developing “one-stop” website for Barnsley information and intelligence (including the JSNA); and
- (iv) the process for the identification of topic areas for “deep-dives” using an agreed prioritisation tool.

Chair

This page is intentionally left blank



**Children and Young People’s Trust Executive Group Meeting
Thursday 31st January 2019, from 1pm – 3pm
Westgate Plaza Boardroom, Level 3, Room 3**

Present

Core Members:

Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)
Bob Dyson	Barnsley Safeguarding Children Board
Margaret Gostelow	Barnsley Governors Association
Phil Hollingsworth	BMBC Service Director, Stronger Safer and Healthier Communities
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Rachel Dickinson (Chair)	BMBC Executive Director, People
Amanda Glew	BMBC Head of Organisation & Workforce Improvement
Martine Tune	Barnsley CCG, Chief Nurse
Margaret Libreri	BMBC, Service Director for Education, Early Start and Prevention.
Dave Ramsay	South West Yorkshire Partnership Foundation Trust, Deputy Director of Operations

Deputy Members:

Cathryn Eggington	Headteacher, Wellgate Primary School on behalf of Gerry Foster Wilson
Cheryl Devine	BMBC Health & Wellbeing Officer on behalf of Alicia Marcroft
Adrian England	Healthwatch Chair, on behalf of Sue Womack
Jess Leech	Barnsley College, on behalf of Phil Briscoe

Advisor:

Sarah Sinclair	BMBC Head of Commissioning, Governance and Partnerships
Anna Turner	BMBC Schools Models and Governor Development Manager

In Attendance:

Dawn Fitzpatrick	BMBC, Partnerships and Project Officer
Lisa Loach	BMBC, Improvement Programme Manager
Hanna Bailey	BMBC Comms & Marketing Business Partner

		Action
1.	<p><u>Apologies</u> The following apologies were received:</p> <p>Nick Bowen Executive Principal, Horizon Community College representing BACCUS and Secondary Schools</p> <p>Gerry Foster-Wilson Executive Headteacher representing Primary Schools</p> <p>Phil Briscoe Barnsley College Vice-Principal Quality and Student Experience</p> <p>Dave Whitaker Executive Headteacher representing BACCUS and Secondary Schools</p> <p>Scott Green South Yorkshire Police Chief Superintendent</p>	

		<u>Action</u>
	<p>Dr Clare Bannon Barnsley Local Medical Committee Mel John-Ross BMBC Service Director of Children's Social Care and Safeguarding. Alicia Marcroft BMBC, Head of Public Health Sue Womack Healthwatch Manager, Healthwatch</p> <p>It was noted that Adrian England will be replacing Sue Womack on behalf of Healthwatch going forward.</p>	
2.	<p><u>Feedback from the front line</u></p> <p>Colleagues shared feedback from front line:</p> <ol style="list-style-type: none"> 1. Adrian informed members that the Report on CAMHS is available from today for comments. 2. Cllr Bruff updated members with regards to the Care Leavers Christmas Dinner which took place at Tankersley Manor and included a present for each care leaver, lots of volunteers took part. This was a tremendous achievement by the Care leaver who had organised it. Charity status is now being pursued. It was a fantastic event. 3. Phil informed members with regards to the 'Once upon a Prom project' which provides Barnsley students with affordable prom wear to hire in the North East and Dearne area teams and relies on volunteers. There are 100's of dresses and suits which students can hire for £20 with a £5 deposit. 	
3.	<p><u>Identification of confidential reports and declarations of any conflicts of interest</u></p> <p>It was noted that item 6, & 10 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 14th September 2019.</u></p> <p>The minutes of the previous meeting were agreed as an accurate record.</p>	
5.	<p><u>Action log / matters arising.</u></p> <p>The following updates to the action log were noted:</p> <p>Actions from 8th June 2018</p> <p>10i This action is now closed. Margaret contacted Springwell and this will be addressed by Patrick Otway and CAMHS and will be referred to ECG.</p> <p>Actions from 13th July 2018</p> <p>6i This action is now closed.</p> <p>6ii & 7i Rachel to contact Martine for an update on these two actions.</p> <p>11i This action is now closed.</p> <p>11ii This action is now closed. Someone has now been nominated to attend TEG.</p> <p>11iii This action is now closed.</p> <p>Actions from 14th September</p> <p>7 This action is now closed.</p> <p>9a This action is now closed. Good representation-moved to development work.</p>	

		Action
	10a This action is now closed. 10b This action is now closed. 11 This action is now closed. Task & finish group now in progress. 12 This action is now closed. Action: Action log to be updated.	Dawn
Updates on Progress		
6.	<p><u>Barnsley Safeguarding Children's Board Meeting held on 7 December 2018 - Highlights - CONFIDENTIAL</u> (Bob Dyson)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
7.	<p><u>SEND</u> (Margaret Libreri)</p> <p>Margaret presented an outline of SEND priorities (Plan on a Page). An update was provided on the two and a half year old check which is currently being reviewed to ensure that all children with SEND are identified prior to entering schools.</p> <p>Education Health & Care Plans (EHCP) The quality of support is being improved. Two main priorities:</p> <ul style="list-style-type: none"> • Working with schools to build skills and capacity. • SEN support to avoid escalation, progress is being made in this area. The Chair of the Barnsley Alliance will be asked to move this forward. <p>75% of EHCP are issued within timescales. There was a review of the paperwork and processes in last school term and even though it is early days positive feedback has been received from parents. There has been some challenge from schools due to additional pressures to complete; any issues will be resolved with schools directly by the team.</p> <p>Participation & Co-production Progress is being made to implement the commissioned service – the Service is working hard to build relationships with parents via a number of events and workshops.</p> <p>Specialist provision and services Progress is being made with the SEND sufficiency strategy to identify additional places. Timely access to CAMHS and therapies still remain a priority and will remain on the ECG agenda.</p> <p>Pathways to adulthood There has been a great deal of feedback; greater service coordination is required as a key point for action. The event that took place had good engagement. Good feedback was received and will be used for strategy planning/service development. A lead needs to be identified for this work.</p> <p>A Youth Engagement Officer, who sits with Targeted Youth Support, has been appointed to work with SEND children and young people. The post holder will work in partnerships with KIDS to progress the SEND strategy.</p>	

		Action
	<p>SEND Strategy</p> <p>Margaret presented an update with regards to the SEND Strategy refresh. KIDS will lead the development of the new strategy in partnership with young people and parents/carers. It is expected that the draft will be available by 30th April 2019 with the final Strategy ratified by ECG on the 22nd July 2019.</p> <p>The group acknowledged the timeline and that the strategy is currently beyond refresh timescales. This will be tracked at each TEG meeting until finalised.</p> <p><i>Martine Tune and Hanna Bailey arrived during this item.</i></p>	
Children & Young People's Plan		
8.	<p><u>Children & Young Peoples Plan Update</u> (Presentation) Sarah Sinclair</p> <p>Sarah presented the CYP Plan update and highlighted the approach and methodology for producing the Plan including work completed and ongoing actions. The Children & Young People's Trust agrees that the 365 concept remains relevant and provides the appropriate strategic direction for delivery and developments.</p> <p>Priority actions are:</p> <ul style="list-style-type: none"> • Inclusion and Engagement • Early Help • Emotional Health & Wellbeing including access to therapeutic support (this is also a Mark your Mark priority) <p>Sarah provided examples of progress since the last plan, which has been significant. The old plan requires closing, therefore it is important that current actions are reviewed and sent back to Dawn Fitzpatrick.</p> <p>Additional areas for focus within the new plan will include:</p> <ul style="list-style-type: none"> • SEND and Transitions • The Work Ready Agenda (this is also a Make your Mark priority) • Perceptions of Safety (this is also a Make your Mark priority) & Contextualised Safeguarding. <p>The key areas for focus for the aligned partnership to achieve the 365 aspirations were highlighted and included the Make your Mark priorities. The CYP Plan Task & Finish Group has worked with young people from across Barnsley to find solutions to the issues which they are keen to share and include in the plan. This is also linked to feedback from stakeholders at the Joint TEG / BSCB meeting which took place in November 2018, members' pledges were highlighted. Knife crime and perceptions of safety were briefly discussed, and it was highlighted that there will be a national knife crime initiative in March.</p> <p>The plan content, design and communications were discussed. The following points were noted:</p> <ul style="list-style-type: none"> • The plan will outline CYPT partnership approach to achieving the 365 aspirations and will link these to the HWB outcomes, wider BMBC outcomes and Town Spirit. • Communicate key priorities, outcomes and performance to be achieved over the lifetime of the Plan. 	

		Action
	<ul style="list-style-type: none"> • Ensure the voice of CYP is articulated within the plan • It will be in a format that is accessible and has meaning to all, young people expressed that it should be one plan rather than an additional plan for CYP. • It will outline governance and reporting structures to raise the profile and understanding of TEG. • Multi-Media plan has been explored, photographic images/illustrations supported by direct quotes are now thought to be a better option. A suggested approach would be an ongoing media campaign to draw attention to key areas of progress and promote the plan supported by the Communications Leads from across the Trust. • A copy of the Foreword drafted by one of the young people was distributed to members to read. <p>Comments from members included:</p> <ul style="list-style-type: none"> • It needs to look dynamic / professional / young people friendly. • Continued communication would be good to demonstrate how we are responding. • Aligning priorities and focus i.e. keeping young people safe / knife crime /perception. • 365 is an offer for all children. • It is helpful as it regains Place base approaches, to look at gaps at community level which can be driven by the Plan. • Logistics around work placements numbers could be an issue and would require strategic thinking. • The voice of young people needs to be built into the plan. • Articulation of the plan is around Children Young People and families, to build stronger families; parenting is important. • Effective governance of the plan needs to be reviewed. <p>Any further comments and progress re current outcomes framework to be sent to Dawn Fitzpatrick.</p>	TEG Members
Standard Agenda Items		
9.	<p><u>CYP Plan Strategic Priority Themes Performance Highlights / Risks</u></p> <p>Amanda raised the issue of Workforce Development and requested clear direction and areas of focus. Discussions with regards to workforce development to take place after the sign off of the CYP Plan once areas have been identified.</p> <p>Action: Add Workforce Development to work programme for future discussion.</p>	Work programme
10.	<p><u>Continuous Service Improvement Plan (CSIP) - CONFIDENTIAL</u> (Lisa Loach)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
11.	<p><u>TEG Work Programme Review</u> (Dawn Fitzpatrick)</p> <p>The TEG work programme was reviewed. It is currently aligned to the six strategic priorities. Any changes to the Children & Young Peoples Plan will be accounted for within the work programme.</p>	

		Action
	<p>Meetings are currently taking place with partners to review strategies and areas for delivery including presentation dates to TEG.</p> <p>Action: Adolescent Review to be presented to TEG. Add to work programme.</p> <p>Action: The ask from TEG members is to review the work programme and provide any suggestions for improvement and key changes which reflect your area of work.</p>	<p>Sarah/Work programme</p> <p>TEG Members</p>
12	<p><u>Any Other Urgent Business</u></p> <p>None was discussed.</p>	
	Date and time of next meeting: Thursday 28th March 2019 1pm – 4pm	
<p>Proposed agenda items for next meeting on 13th June 2019 –</p> <ul style="list-style-type: none"> • Barnsley Safeguarding Children's Board (BSCB) minutes • CYP Plan • Continuous Service Improvement Framework & Plan • CYP Plan Strategic Priority Themes performance highlights/ risks • TEG Work Programme review • Safeguarding Awareness Week • Adolescent Review • SEND Inspection Readiness • SEND Strategy • 0-19 Public Health - General Update • Access to therapeutic support and waiting times • CiC CAMHS Pathway Update • Trauma Informed Approach • Workforce Development • Transport Strategy refresh – Draft brief 		

Future 2019 meetings.

Meetings will be held quarterly and have been changed to Thursday.

Date of meeting	Time	Venue	<i>Deadline dates for reports</i>
Thurs 28 March 2019	13.00 – 16.00	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Mon 18 March 2019</i>
Thurs 13 June 2019	13.00 – 16.00	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Mon 3 June 2019</i>
Thurs 12 September 2019 <i>Please note change of time for this meeting.</i>	14.00 – 17.00	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Mon 3 September 2019</i>
Thurs 12 December 2019	13.00 – 16.00	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Mon 2 December 2019</i>

This page is intentionally left blank

REPORT TO THE HEALTH & WELLBEING BOARD

(4th June 2019)

Health & Wellbeing Board Strategy Review & Development

Report Sponsors	<p>Julia Burrows, Director of Public Health, BMBC (JuliaBurrows@barsnley.gov.uk)</p> <p>Wendy Lowder, Executive Director – Communities, BMBC (WendyLowder@barsnley.gov.uk)</p> <p>Jeremy Budd, Director of Commissioning, BCCG (jeremybudd@nhs.net)</p>
Report Author	<p>Karen Sadler, Health & Wellbeing Board Programme Manager (karensadler@barsnley.gov.uk)</p>

1.	Purpose of Report
	To provide an overview, including approach and timescales, to review the current Health & Wellbeing Board Strategy (2016 -2020) and prepare/develop the next Health & Wellbeing Board Strategy (2020-2023).
2.	Recommendations
	To support the proposed approach to review the current Health & Wellbeing Board Strategy (2016 -2020) and welcome the findings to be presented to the HWB in July 2019.
	To support the proposed approach for the development of the next Health & Wellbeing Board Strategy (2020-2023), and agree that the next development session will be used to discuss the strategic approach.
3.	Introduction/ Background
	The Health & Wellbeing Board have a statutory duty to develop a health & wellbeing strategy in response to the findings of the joint strategic needs assessment (JSNA). In Barnsley, this process has been undertaken approximately every 3 years since April 2013.
	The current Health & Wellbeing Board Strategy (HWBS): Feel Good Barnsley (2016 – 2020) has been in place since October 2016. This strategy, alongside the Barnsley Placed Based Plan (BPBP) has shaped the remit and focus for the Health & Wellbeing Board.
	The priorities and actions from the HWBS & BPBP are drawn together to form the Health & Wellbeing Board Action Plan (HWB AP). The actions contained in the HWB AP are delivered by the system, and periodic updates have been reported to the Senior Strategic Development Group (SSDG), alongside key performance indicators. This information has then formed the basis for the HWB AP Progress Reports (links to these reports are provided under background papers below).

4.	Approach to review the current Health & Wellbeing Board Strategy (HWBS): Feel Good Barnsley (2016 – 2020).																
4.1	<p>In order to consider overall progress made to deliver the current strategy the following actions are proposed:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>June 19</td> <td>Complete a final update of the HWB Action Plan (AP)</td> </tr> <tr> <td>June 19</td> <td>Undertake a final performance update (for the indicators included in the performance reports received to date) from Business & Intelligence Team, to highlight impact over the period of the strategy.</td> </tr> <tr> <td>June 19</td> <td>Dovetail information with JSNA processes to reduce duplication</td> </tr> <tr> <td>June 19</td> <td>Identify appropriate case studies to showcase areas of particular success.</td> </tr> <tr> <td>June 19</td> <td>Prepare and draft final HWB AP Progress Report: <ul style="list-style-type: none"> • Contextual background • System leadership developments • Areas of success • Lessons learnt • Next steps – future JSNA strategy </td> </tr> <tr> <td>1st July</td> <td>Present draft final HWB AP Progress Report at SSDG and consider lesson learnt and implications for the future.</td> </tr> <tr> <td>30th July</td> <td>Present draft final HWB AP Progress Report at HWB</td> </tr> </tbody> </table>	Date	Action	June 19	Complete a final update of the HWB Action Plan (AP)	June 19	Undertake a final performance update (for the indicators included in the performance reports received to date) from Business & Intelligence Team, to highlight impact over the period of the strategy.	June 19	Dovetail information with JSNA processes to reduce duplication	June 19	Identify appropriate case studies to showcase areas of particular success.	June 19	Prepare and draft final HWB AP Progress Report: <ul style="list-style-type: none"> • Contextual background • System leadership developments • Areas of success • Lessons learnt • Next steps – future JSNA strategy 	1 st July	Present draft final HWB AP Progress Report at SSDG and consider lesson learnt and implications for the future.	30 th July	Present draft final HWB AP Progress Report at HWB
Date	Action																
June 19	Complete a final update of the HWB Action Plan (AP)																
June 19	Undertake a final performance update (for the indicators included in the performance reports received to date) from Business & Intelligence Team, to highlight impact over the period of the strategy.																
June 19	Dovetail information with JSNA processes to reduce duplication																
June 19	Identify appropriate case studies to showcase areas of particular success.																
June 19	Prepare and draft final HWB AP Progress Report: <ul style="list-style-type: none"> • Contextual background • System leadership developments • Areas of success • Lessons learnt • Next steps – future JSNA strategy 																
1 st July	Present draft final HWB AP Progress Report at SSDG and consider lesson learnt and implications for the future.																
30 th July	Present draft final HWB AP Progress Report at HWB																
5.0	Approach for the development of the next Health & Wellbeing Board Strategy (2020-2023).																
5.1	Planning for the development of the next Health & Wellbeing Board Strategy has commenced and work is already underway to develop a focused approach to the JSNA (including data and community voice) , and for this intelligence to be made available alongside other data products on a single online platform for all data and intelligence.																
5.2	<p>The ‘community voice’ elements in the JSNA will be drawn from past consultations, and from the upcoming community conversations planned to support the development of integrated care systems. Where appropriate the following general questions will be discussed with residents and community groups to inform the development of the next HWB strategy:</p> <ol style="list-style-type: none"> 1. What do you love about Barnsley/your neighbourhood? 2. What keeps you healthy? 3. What would you like to see change to make where you live a healthier place to live? <p>It is expected that a series of community conversations will take place from May to August and will be used to inform a number of strategies, including the HWB strategy.</p>																
5.3	Once available, the findings of the JSNA will be analysed and interpreted to enable critical insights to be drawn. It is expected that this part of the process will take place																

	during August/September.
5.4	The next step is to undertake stakeholder engagement event in late October/early November to: <ul style="list-style-type: none"> • share insights (strategy review & JSNA) and enhance a shared understanding. • consider, collaborate and inform future strategic priorities. • create a shared vision for a healthier future for Barnsley • commit to a connected systems approach
5.5	The above actions will inform the draft HWB strategy which will be prepared November/December in readiness for a consultation period to take place in early 2020.
5.6	It is anticipated that the final draft HWB strategy will be shared with the HWB in April for approval and adoption.
5.7	A summary of the above actions and timeline are set out in appendix 1: Health & Wellbeing Board Strategy Development Programme Plan.
6.0	Other Strategic Developments
6.1	Early discussions are underway with regards to the development of a single strategic plan for Barnsley, based on Town Spirit. The outcome of these discussions could influence the approach taken for the development of the next Health & Wellbeing Board Strategy.
6.2	South Yorkshire and Bassetlaw Integrated Care System will be developing their regional strategy to interpret and implement the NHS Long Term Plan. It is expected that this plan will be drafted and consulted upon around September time.
6.3	Barnsley CCG are also preparing their CCG commissioning plan, which again is anticipated to be drafted and consulted upon around September time.
6.4	The All Age Mental Health Strategy and Futures in Mind Strategy are due to be reviewed and refreshed during 2019.
6.5	Plans are afoot to develop an Inclusive Growth Strategy which will ultimately see the existing Jobs and Business Plan and More and Better Jobs strategies being combined into a single inclusive growth strategy. The timescale for this strategy is to be developed throughout the summer and published late summer/early Autumn.
6.6	Due to the above strategic developments, especially the potential for the development of a single strategic plan for Barnsley, it is proposed that the HWB have a focused development session on the 30 th July to explore opportunities and agree the direction of travel for the HWB strategy.
7.0	Evidence of need / Link to Joint Strategic Needs Assessment
7.1	As outlined above
8.0	Link to the Health & Wellbeing Strategy and/or Barnsley Place Based Plan
8.1	As outlined above.

9.0	Stakeholder engagement/ co-production
9.1	Stakeholders including organisations, partnerships, networks, special interest groups and communities will be engaged in both the review and strategy development.
9.2	The propose stakeholder engagement event in October/November will provide the opportunity to seek the views of stakeholders to inform the future strategy.
10.0	Financial Implications
	There will be a small cost attached to the proposed stakeholder engagement event for venue hire and refreshments. Likewise, an external organisation could be used for the design of the strategy. These costs will be met by the partnership budget for the Health & Wellbeing Board.
11.0	Conclusion/ Next Steps
11.1	Once confirmed, the HWB/SSDG work programme will be updated in line with the actions and timescales set out in this report.
12.0	Background Papers / Appendices
12.1	<p>HWB AP Progress Report (April 17) https://barnsleymbc.moderngov.co.uk/documents/s19092/HWB%20Action%20Plan%20Progress%20Report%204th%20April%202017.pdf</p> <p>HWB AP Progress Report (August 17) https://barnsleymbc.moderngov.co.uk/documents/s23789/Health%20and%20Wellbeing%20Board%20Action%20Plan%20Highlight%20Report.pdf</p> <p>HWB AP Progress Report (December 18) https://barnsleymbc.moderngov.co.uk/documents/s42884/HWB%20Report%20-%20Performance%20report%20-%20PHOF%20updates%20-%20December%202018%20-%20final%20board%20version.pdf</p>
12.2	Appendix 1: Health & Wellbeing Board Strategy Programme Plan.
Date of Report	21 st May 2019

Health & Wellbeing Board Strategy (2020 – 2023) Programme Plan

3 Questions for residents:

1. What do you love about Barnsley / neighbourhood?
2. What keeps you healthy?
3. What would you like to see change to make where you live (Barnsley) a healthier place to live?

	Action	Responsible / Target Audience	Method/ Approach	Mar SSDG 18th	April HWB 9th	May SSDG 13th	June HWB 4th	July SSDG 1st	July HWB 30th	Aug	Sept SSDG 16th	Oct HWB 8th	Nov SSDG 4th	Nov HWB 26th	Dec SSDG 16th	Jan HWB 28th	Feb SSDG 24th	Mar	April HWB 7th
Form & Function	Review, Update, Agree HWB terms of reference	SSDG/HWB	Presentation / Document	█	█														
	Review, Update, Agree SSDG terms of reference	SSDG/HWB	Document			█	█												
Data and intelligence. Key messages & challenges	Agree scope and approach for JSNA	SSDG	Presentation	█	█														
	Collect & collate data for JSNA	PHMU	Dashboards/other		█	█	█	█											
	ICOF - Final sign off	HWB	Presentation-key messages		█														
	Establish/populate online data platform	PHMU	Online platform						█										
	Agree to collect community intelligence	SSDG	JSNA/Strategy Update	█	█														
	Seek and consider piggy backing on existing plans to talk to the community/Groups (eg. SYB ICS / BCCG)	TBC	SNA/Strategy Update				█	█	█										
	Test out questions as part of Deanre research	Area Council	Questionnaire Face to face		█														
	Develop a programme of community/resident conversations (purdah 26 th March – 3 rd May)	Officers	Programme timetable		█	█													
	Undertake community/resident conversations	Residents	Questionnaire				█	█	█										
	Undertake EIA on conversation Process	N/A	EIA						█										
	Consider need for further conversations	N/A	Gap analysis						█										
	Include community conversation intelligence in the JSNA	PHMU	Reports							█	█								
	Financial position / forecast?	BMBC/BCCG	TBC																
	Analyses and interpret all data	PHMU	Analysis							█	█								
	Develop key messages report	HWB	Presentation									█							
JSNA sign off	HWB	Online/Presentation										█							
Plan , Prepare, Draft & Launch Strategy	Review of HWB Strategy 16-20 Proposal	SSDG/HWB	Report/Presentation			█	█												
	Final HWB Action Plan Update (by 24 th May)	SRO	Action Plan			█	█												
	Review of HWB Strategy 16-20 Final Report	SSDG/HWB	Report/Presentation					█	█										
	Agree strategic framework for HWBS	HWB	Presentation / Document						█										
	BCCG Commissioning Plan (annual?)	HWB	Draft/Final Plan								█	█							
	SYB ICS 5 Year Plan	HWB	Draft/Final Plan								█	█							
	Stakeholder Engagement Event - digest JSNA & agree strategy priorities	Partnership Boards	Half day workshop									█							
	Draft Strategy	SSDG/HWB	Draft Strategy										█	█	█				
	Final Draft Strategy for consultation	SSDG/HWB	Draft Strategy												█	█	█		
	Consult Partnerships & Organisations on Draft Strategy	Partnerships / Organisations	Consultation process TBC												█	█	█		
Consult residents on Draft Strategy	Residents	Consultation process TBC												█	█	█			

	Action	Responsible / Target Audience	Method/ Approach	Mar SSDG 18th	April HWB 9th	May SSDG 13th	June HWB 4th	July SSDG 1st	July HWB 30th	Aug	Sept SSDG 16th	Oct HWB 8th	Nov SSDG 4th	Nov HWB 26th	Dec SSDG 16th	Jan HWB 28th	Feb SSDG 24th	Mar	April HWB 7th
	Revise Draft Strategy in light of consultations	SSDG/HWB	Draft Strategy																
	Finalise & approve strategy	HWB	Draft Strategy																
	Launch HWB Strategy	Barnsley	Comms Plan																
	Strategy endorsement by partner organisation	All Partners	Board Meetings																
Communications	Engage #Liveit Comms Grp	KS	Attend meetings																
	Promote Community Conversations	#Liveit / ICDG	All mechanisms																
	Delivering the HWBS 2016-2020 – Key messages	Comms	All mechanisms																
	JSNA – Data Storytelling (develop narrative & promote)	#Liveit	All mechanisms																
	HWBS 2020 – 2023 Consultation	#Liveit	All mechanisms																
	HWBS 2020-2023 launch	#Liveit	All mechanisms																

REPORT TO HEALTH & WELLBEING BOARD

4th June 2019

IMPLEMENTING THE PHYSICAL ACTIVITY PLAN

Report Sponsor: Julia Burrows
Report Author: Julie Tolhurst
Received by SSDG: 03 September 2018
Date of Report: 03 May 2019

1. Purpose of Report

1.1 To provide an opportunity for Health & Wellbeing Board to discuss the Active in Barnsley partnership approach to implement the Physical Activity Plan and improve physical activity levels in Barnsley.

2. Recommendations

2.1 Health & Wellbeing Board members are asked to:-

- Provide feedback on the content of the paper and the Physical Activity Plan 2018-21
- Agree next steps for action and communication by Health & Wellbeing Board and its member organisations.

3. Background

3.1 Physical Activity has been one of our public health strategic priorities for the past 3 years delivered by the Sport & Active Lifestyle Strategy (2015-2018). Our new Public Health Strategy (2018-2021) supports this continued priority. To deliver this, a Physical Activity Plan has been developed by Barnsley Physical Activity Partnership to achieve the vision, priorities and actions as outlined in the document (Appendix one).

3.2 The Physical Activity plan is closely aligned and supports the Barnsley Active Travel Strategy (2019-2033) by implementing ways to enable people to walk and/or cycle to work or school, hence building physical activity into daily life.

3.3 Physical activity includes any form of movement which raises the heart rate and has a positive impact on mental and physical wellbeing. It can include daily living tasks such as house work and gardening, transport such as cycling, walking and scooting, as well as more organised activities such as using the gym, park run or playing team sport.

- 3.4 Physical activity and exercise can improve health and reduce the risk of developing several diseases such as type 2 diabetes, cancer and cardiovascular disease. Physical activity and exercise can have immediate and long-term health benefits. Most importantly, regular activity can improve mental wellbeing and overall quality of life.
- 3.5 In Barnsley, there are low rates of physical activity amongst adults. According to the latest Active Lives Survey, 54.4% of adults are classified as active (150 mins/week), 14.5% are fairly active (30-149 mins) and 31.2% are inactive (less than 30 mins/week). These figures are significantly worse than the national and regional figures. Barnsley ranks 5th highest for levels of inactivity compared with 17 statistical neighbours.
- 3.6 37% of Barnsley children are currently meeting the Chief Medical Officer guidelines and are active each day, or on average, achieving 60 mins a day across the week. This is broadly similar to the England rate for being active each day, or on average across the week (40%).
- 3.7 However, 43% of children achieve less than 30 mins per day or as an average of 30 mins per day across the week. The England rate in comparison is 33%¹.
- 3.8 At least 30 minutes (of the CMO Guidelines) should be delivered in school every day through active break times, PE, extra-curricular clubs, active lessons, or other sport and physical activity events, with the remaining 30 minutes supported by parents and carers outside of school time².
- 3.9 Barnsley scores low on the National Child Weight measure at reception and at Year 6³ against our statistical neighbours. However, the percentage increase from reception to year 6 is higher than the majority of our neighbours which is showing an increase in sedentary behaviour during primary school age.
- 3.10 The National Institute for Health Care Excellence (NICE) guidelines⁴ state that physical activity should be one of the first interventions recommended by doctors for mild to moderate depression. Being physically active is especially important for people with severe and long-lasting mental health problems (such as bipolar disorder or schizophrenia), because they are:
- Twice as likely to die from heart disease.
 - Four times as likely to die from respiratory disease.

¹ Source: Active Lives Children's Survey 2017/18 – 517 responses from Barnsley

² Childhood Obesity – A Plan for Action 2016

³ NHS Digital, National Child Measurement Programme 2017/18

⁴ Stated in Get Set to Go Programme Evaluation Summary, MIND

- Likely to die between 10 and 17 years earlier on average than the general population, driven in large part by poor physical health.

3.11 Across Barnsley, 23,992 adults have been diagnosed with depression at their GP practise, 11.3% of the adult population.⁵ On the register of all GP practises in Barnsley, 0.77% of patients are diagnosed with SMI. This equates to 2056 people. Of the 33 GP practises in Barnsley, there are four that have over 100 patients with SMI. These are; Ashville Medical Centre (109), Huddersfield Road Surgery (111), Park Grove Surgery (109), and the Kakoty Practise (112).⁶

4. Tackling inactivity in Barnsley

4.1 The Physical Activity Plan demonstrates a collaborative approach with the Council and partners, to tackle levels of inactivity and obesity amongst adults, young people and children across the borough. The plan proposes how we all contribute locally to improving physical activity levels and the associated health outcomes for our residents.

4.2 The Plan seeks to achieve our vision of a “healthy and proud Barnsley where active living is part of everyday life for everyone” and identifies five priorities;

- Active Schools and Colleges - work with our schools and colleges to create hubs of physical activity
- Active Workplaces - increase physical activity opportunities in our places of work.
- Active Spaces - make it easier for people to build activity into daily lives
- Active Communities - use physical activity to help communities achieve their potential
- Professional and Volunteer Networks - develop physical activity skills and knowledge across a variety of networks.

4.3 The high level implementation plan outlines key actions and timescales, including the development of a partnership flagship project to tackle adult mental wellbeing through physical activity provision.

4.4 The Barnsley Physical Activity Partnership has co-designed branding and a collaborative communication plan will be launched. The partnership will publicly celebrate successes in Barnsley, contributing to the “Town Spirit” ethos.

5. Conclusion/ Next Steps

5.1 To review progress with the implementation of the Physical Activity Plan 2018-21 and agree next steps for action.

⁵ <https://fingertips.phe.org.uk/profile-group/mentalhealth>

⁶ <https://files.digital.nhs.uk/90/C5FE40/qof-1718-prev-ach-exc-neu-prac.xlsx>

6. Financial Implications

- 6.1 There are no strategic financial implications. Any finance implications for subsequent projects will be submitted for Council & partnership approval .

7. Consultation with stakeholders

- 7.1 The Physical Activity Plan has been prepared by Barnsley Physical Activity Partnership involving Barnsley Council, Barnsley Premier Leisure, Yorkshire Sport Foundation, Barnsley College, Schools Alliance, Barnsley CCG, Barnsley NHS Foundation Trust and community & voluntary sector organisations.

8. Appendices

- 8.1 Appendix 1 – Active in Barnsley: Barnsley Physical Activity Plan 2018-21

Officer: Julie Tolhurst

Contact: 01226 774737

Date: 03/05/19



Active in
Barnsley



Strategic Plan • 2018 – 2021

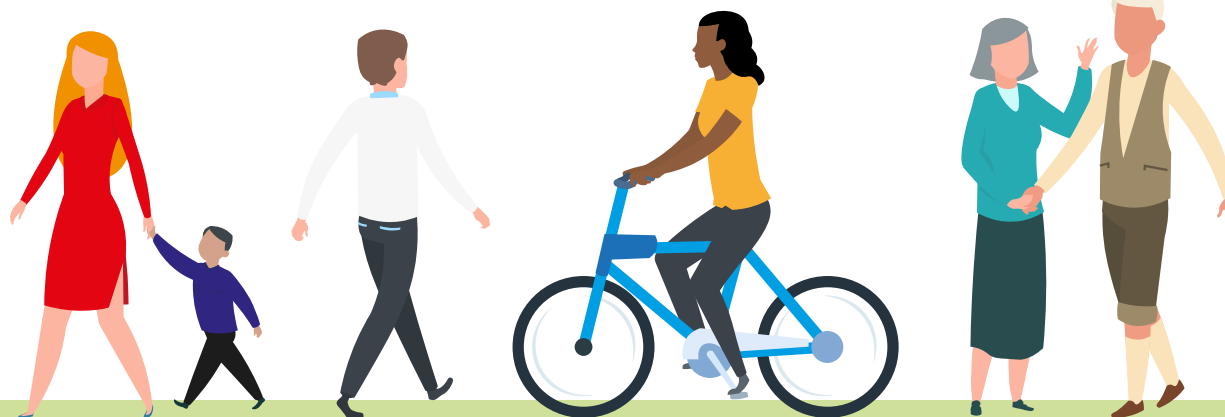
Executive Summary

This plan sets out our priorities for getting Barnsley more physically active (2018-2021) and ensuring all Barnsley residents have the opportunity to benefit from being more physically active.

Partnership working has been, and will continue to be, at the heart of our approach. Through wide spread consultation and ongoing collaboration via Active in Barnsley partnership, this plan details how we will work together to maximise our impact on physical activity levels across the Barnsley population. To achieve our vision of a “healthy and proud Barnsley where active living is part of everyday life for everyone” we have identified five priorities;

- **Active Schools and Colleges**
- **Active Workplaces**
- **Active Spaces (including Parks)**
- **Active Communities**
- **Professional and Volunteer Networks**

Our Plan on a Page (page 7) illustrates how we will work towards these priorities and the results we hope to achieve. A high level action plan has been developed for each priority, more detailed action plans will complement the high level plan and ensure we are working towards each priority area and our progress is measured.



Why is physical activity important?

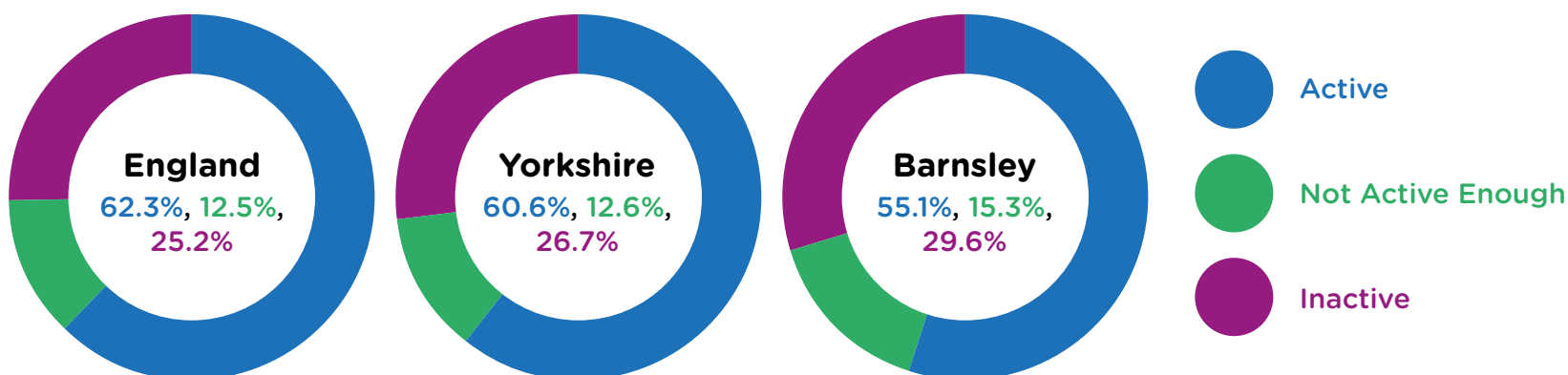
Physical activity includes any form of movement which raises the heart rate and has a positive impact on mental and physical wellbeing. It can include daily living tasks such as house work and gardening, transport such as cycling, walking and scooting, as well as more organised activities such as using the gym, park run or playing team sport.

- **Strengthens: heart, lungs, bones**
- **Improved mood, reduced anxiety**
- **Quality of life, immediate and long term benefits**

Physical activity and exercise can improve health and reduce the risk of developing several diseases such as type 2 diabetes, cancer and cardiovascular disease. Physical activity and exercise can have immediate and long-term health benefits. Most importantly, regular activity can improve overall quality of life.

The link between physical inactivity and obesity is well established. The amount of physical activity for good health is outlined in Chief Medical Officer UK Physical Activity guidelines (2011). The definition of being active is taking at least 150 minutes (2.5 hours) of moderate intensity activity over a week. Fairly active is defined as 30-149 minutes a week and inactive is described as taking less than 30 minutes activity a week. The chart below illustrates how much lower Barnsley's level of physical activity is compared to both the Yorkshire and national averages.

Active lives data May 2017-2018

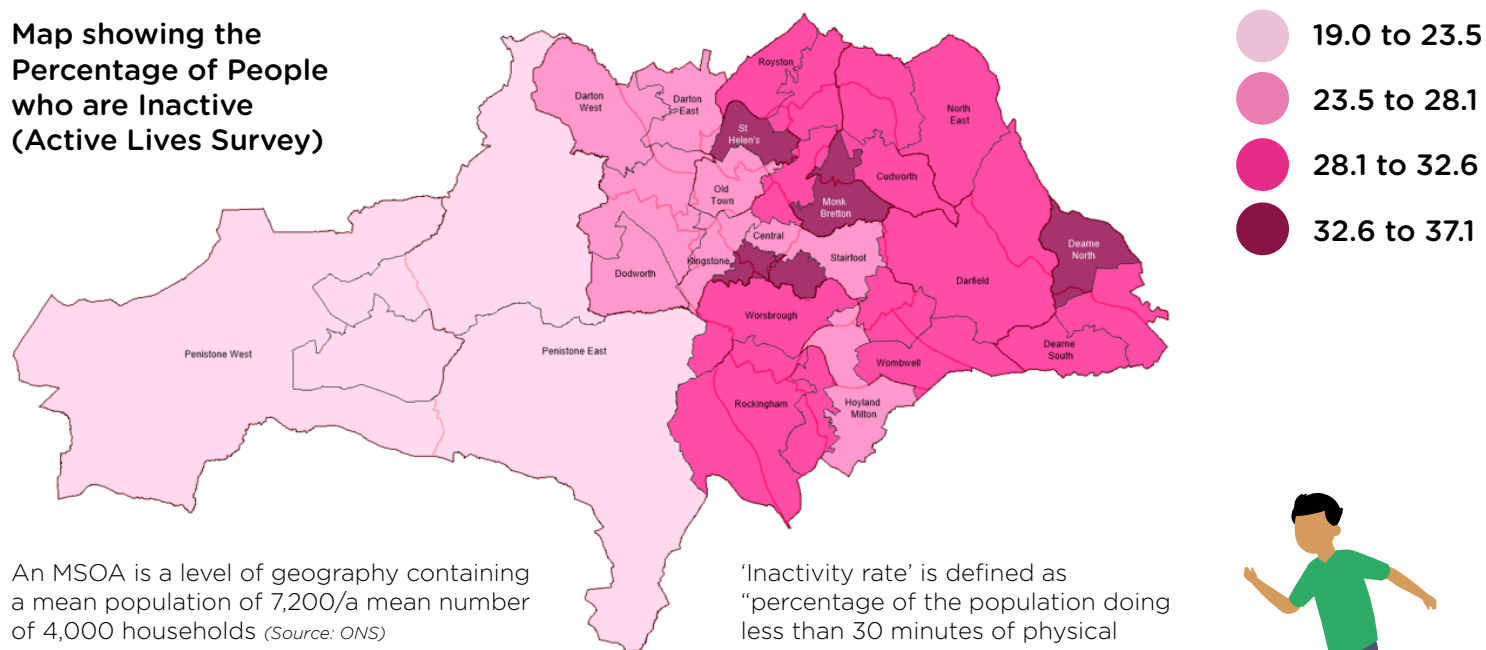


Research demonstrates how being active can have a hugely positive impact on individual's health. Deprived communities generally have a lower life expectancy and lower healthy life expectancy. By increasing physical activity levels, we can reduce these health inequalities, enabling more people to enjoy good health for longer. To enable us to impact obesity at a population level our work complements the Public Health Food Plan 2018-2021.

The map below shows the areas of Barnsley with the highest levels of inactivity (those doing less than 30 minutes of physical activity a week). We can see from this map there is disparity between the west and east of Barnsley with the more affluent west side of the borough being more physically active than the more deprived areas in the east.

Whilst there is strong evidence to demonstrate the health and wellbeing benefits of being physically active, data also reveals just how important physical activity can be in achieving social and economic outcomes. As a sector, sport and physical activity can help contribute to the local economy through employment opportunities and volunteering which is estimated to have contributed £47 million to the local economy (Sport England, 2013). Physical activity can contribute towards a more productive workforce and help improve employability.

Map showing the Percentage of People who are Inactive (Active Lives Survey)



An MSOA is a level of geography containing a mean population of 7,200/a mean number of 4,000 households (Source: ONS)

©Crown Copyright and database rights (2018) Ordnance Survey license number: 100022264 Natational Statistics Data

'Inactivity rate' is defined as "percentage of the population doing less than 30 minutes of physical activity a week, excluding gardening" (Source: Sport England)

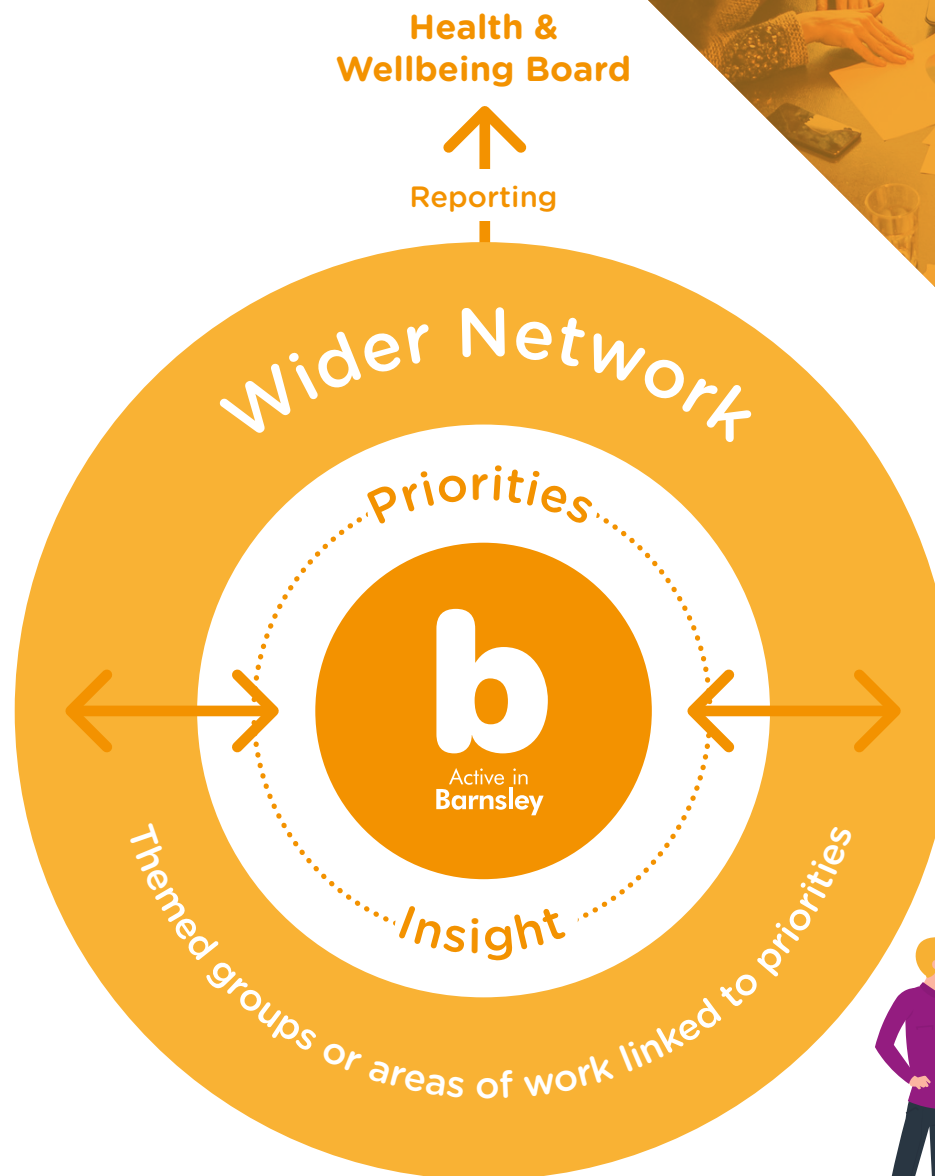


The Partnership

To experience the many benefits of a physically active population, we need to work together to create a Barnsley borough that is designed around healthy, happy and active living for all, and attract funding to help this happen. Partnership work has been central to developing this plan with representatives from a variety of partners from different sectors and organisations. This collaboration will allow us to make the big changes that are needed, attract more funding and use our resources more effectively resulting in maximum impact for Barnsley. To achieve this, the new Active in Barnsley partnership (hereafter referred to as the partnership) has been formed with representatives from public, private and voluntary sectors. The partnership will provide “focused leadership, a vehicle for influence and advocacy, effective communication and promote collaboration” to oversee the implementation of this plan. As part of this process, a wider network of partner organisations is being established which will involve other organisations interested, or able to influence improved physical activity opportunities.

A full list of partners involved in the consultation process can be found in Appendix 1.

How we will work together can be summarised in this diagram. The partnership is at the centre, supporting the wider network. We are accountable to the Health and Wellbeing Board and partners report to their organisational boards. As and when necessary, themed groups will be established to deliver targeted work programmes.



Developing the Plan

Physical activity was one of three priorities in Barnsley's previous Public Health Strategy (2016-2018) and continues to be a priority in the newly developed Public Health strategy 2018-2021. The priorities in this plan will further develop the work detailed in the Sport and Active Lifestyle Strategy 2015-2018. This plan is built upon good practice and evidence from "Everybody Active, Everyday" framework (Public Health England), "Towards an Active Nation" (Sport England) and "Investments that Work for Physical Activity" (International Society for Physical Activity and Health). Interpreting these worldwide and national strategies and tailoring them for Barnsley involved widespread engagement with local partners with an interest and influence to make change in physical activity and sport. Workshops were run to capture ideas and provide feedback on what the Barnsley priorities should be.

In Barnsley, we are endeavouring to work across the borough's boundaries and collaborate with partners across South Yorkshire. By pooling resources and sharing data and knowledge, we hope to make a bigger impact. We've already seen the benefits of this approach with projects such Active Dearne where we're working with Rotherham and Doncaster partners to improve physical activity across The Dearne Valley. Where possible we will look for further opportunities to collaborate and share good practice with our South Yorkshire partners.

To deliver our vision, we need to give people opportunities to be active at every stage of their lives and support them to sustain lifelong healthy behaviour. Evidence suggests those who participate during childhood are more likely to continue their participation as an adult and into older age. Those who are inactive as children are especially likely to mirror this behaviour as an adult. By adopting a life-course approach to achieving the outcomes laid out on the following page, we hope to motivate and support everyone to be active throughout their lives.



This plan is directly informed by, and contributes to a number of key local strategies including:

- **BMC Corporate Plan**
- **Barnsley's Public Health Strategy 2018/19-2020/21**
- **The Active Travel Strategy 2018-2021 for Barnsley (being developed 2018)**
- **All Age Early Help Strategy - right help, right place at the right time.**
- **Public Health Food Plan 2018-2021**
- **Towards an Active Nation 2016-2021(Sport England)**
- **Barnsley Playing Pitch and Facilities Strategy**
- **The Local Football Plan**

Vision: A healthy and proud Barnsley where active living is part of everyday life for everyone

Priorities

Active Communities

Use physical activity to help communities achieve their potential.

Active Spaces

Work with policy makers to make it easier for people to build activity into their daily lives.

Active Schools & Colleges

Work with our schools and colleges to create hubs of physical activity.

Active Workplaces

Increase physical activity opportunities in our places of work.

Professional and Volunteer Networks

Develop physical activity skills and knowledge across a variety of networks.

How

- We will work collaboratively with partners and widen our network
- We will plan our work across the life course from birth to older age
- We will develop a joint communications plan
- We will create action plans and measure what we do

Indicators

- Physical inactivity amongst adults (less than 30 minutes/week)
- Physical activity (more than 150 minutes/week)
- Child excess weight
- Adult excess weight

Outcomes

Improved health and wellbeing across the Barnsley population

Healthier lives for individuals

A greater sense of community

Economic growth within the sector

A strong, well connected partnership

Achieving the Plan

The sections below explain our vision and what it means for Barnsley; a brief rationale and more detail for each of our five priorities and how we will work as a partnership towards achieving our outcomes. The High Level Action Plan outlines what we will focus on within each priority. Detailed actions plans will be produced and sub-groups established to ensure the High Level Action Plan is achieved.

What Our Vision Means

We want Barnsley to be a place where it is easier for people to be active. To do this, we will strive to make being physically active part of peoples' everyday lives. This includes active travel to school or work and people getting active in their communities and in open/green spaces. By promoting physical activity, we want to inspire people and improve attitudes towards physical activity. We will celebrate our achievements and make people feel good about being active.

Our Five Priorities

To achieve our vision, we will develop action plans for each of our priorities and focus our resources accordingly. Equality and inclusion will be embedded in our approach to ensure under-represented groups have the support they need to increase their physical activity levels. Where appropriate we will take advantage of digital technology to engage our target groups in sustaining physical activity.

Active Communities

By focussing on our communities, we aim to improve people's individual health within communities and also impact communities as whole. We want to bring people together through physical activity and make our communities vibrant places to live. Many of the community based projects in this priority area will include opportunities for volunteering and developing the volunteer workforce within a community. We know that people living in

more deprived areas are more likely to be inactive and we want to reduce health inequalities amongst those on low incomes by focussing our work in communities that need support the most, including older people, carers and people living with disabilities. We will explore how we can add value to existing community led initiatives and connect with the Area Councils. We will also look to work with partners in the new Barnsley Wellbeing Service which aims to improve both healthy weight and physical and mental health.

Active Spaces

We want to make it easier for people to access green and open spaces, including local parks. We want to influence policy and decision making at senior level, to ensure physical activity is high on everyone's agenda and built into design at an early stage. This integrated approach will maximise physical activity opportunities so it's easier for everyone to build physical activity into their daily routine. We want to make local spaces more appealing, for example, equipment and events in parks, develop our cycle network to make it easier for people to get around by bike, and improve our pavements and lighting to make walking a more attractive option. We want to use opportunities to build active travel and physical activity options into our town centre, Principal town developments and our cultural visitor destinations including, Wentworth Castle Gardens and Barnsley Museum sites.

Professional and Volunteer Networks

We already have a team of professionals and volunteers in Barnsley who have regular contact with residents. By creating a network of professionals, not just health professionals, we can engage with people beyond the normal reach of physical activity. We can work with teachers in schools to reach our children, we can educate health and social care professionals to embed physical activity messages in their work and we can support the sport sector to help people maintain active lifestyles.

Active Schools & Colleges

We want to support schools and colleges to develop and maintain a positive relationship with being physically active which young people can continue throughout their lives. With a whole-school approach to physical activity from active travel to embedding physical activity within the classroom, schools have the potential to make a significant and long-lasting change to the physical activity levels of young people. Colleges can continue to embed positive messages about physical activity and also deliver training and employment opportunities within the sector.

Active Workplaces

Technological advances have resulted in our workplaces becoming more sedentary with many populations who were previously active during their working hours, now struggling to fit physical activity around and within their working day. It is important employers benefit from a healthy, active workforce and both employers and employees have a greater understanding of how they can build physical activity into their working day. We will engage larger employers including the NHS, Council and private companies and support our small & medium enterprises by working with a range of champions to inspire and motivate.

How We Will Work To Achieve Our Outcomes

Our approach is focused on collaboration across our wide partnership in the borough. By widening our network, we will draw in expertise from a variety of sectors and place physical activity on more organisation's agenda, working with and influencing other sectors that can impact physical activity. By using a whole systems approach, we will be better placed to influence long term change and create environments making it easier for people to be active.



How will we know we're making a difference?

By 2020, Sport England aims to increase the number of people who are physically active by 500,000 nationally with half of these being women and 20% from lower socio-economic groups. Our local work will contribute to this overarching goal.

By 2021 in Barnsley we will:

- Reduce levels of inactivity (less than 30 mins/week via Active Lives survey) to 27.6%
- Improve levels of activity (more than 150 mins /week via Active Lives survey) to 57.1%
- Have 80% of schools achieving CMO guidelines for physical activity
- Offer all NHS health care providers access to physical activity training
- By 2033 we want to contribute to the Active Travel agenda by:
 - Increasing the number of people travelling to work/study via active travel to over 50%
 - Increase the proportion of primary school pupils traveling to school by active travel to 85% and secondary school pupils to 65%
- Offering all primary school pupils Bikeability Level 2 training

We will explore the use of broader measures to demonstrate progress s e.g. school cycling rates, sport uptake, exercise on prescription, sport volunteering, and other changes in lifestyle behaviour.

Each priority theme will have detailed action plans to track progress. Individual projects and work areas under each priority will have their own performance management processes and Key Performance Indicators specific to the project. The partnership will collate data and information to monitor progress and provide an overview of how we are working towards and achieving objectives in each of the priority themes. Update reports will be made available to Barnsley Metropolitan Borough Council, the Health and Wellbeing Board and other partners as required.

The high level action plan states where in the life course each action relates to ensure all ages and life stages are engaged.

We will work in a more targeted way and co-design communication messages with our network to actively promote opportunities. We will publicly celebrate successes in Barnsley and contribute to the “Town Spirit” ethos.

High level action plan

The following actions will be the focal point for the partnership work from Autumn 2018 to March 2021. At this point progress will be reviewed and a new strategic plan developed, building on the achievements of this one.

Priority	Actions	Life Stage	Timescale
Active Schools & Colleges	<p>Establish an Active Schools and Colleges Group to work towards this priority area, considering the following themes:</p> <ul style="list-style-type: none"> All primaries involved in CMO recommended guidelines of 30 active minutes a day (including Daily Mile or equivalent scheme) Comprehensive PE offer across all settings Extra-curricular opportunities outside of school and college times Promote and support schools and colleges to benefit from existing initiatives including Active Travel Review the impact and sustainability of the PE and Sport Premium spending 	Children and Young People	January 2019
Active Communities	<p>Work with Area Councils and key partners to build physical activity & inclusivity into strategies, policies and core provision.</p> <ul style="list-style-type: none"> Pilot a range of physical activity projects to scale up effective approaches. Test a community development approach which looks at the strengths and potential of a community Include physical activity, with a focus on falls prevention in Barnsley's Age Friendly initiative Family Centre based physical activity project focussing on inactive families from deprived communities Project working with those on low income, using physical activity to improve employability and wellbeing Use sport & physical activity data and insight to best direct resources to communities ensuring inclusion is embedded in our work Ensure effective physical activity provision within the re-designed Wellbeing Service Explore and agree a flagship partnership project (involves a number of partners, cross cutting themes and tests an approach which could be up-scaled) 	<p>All Ages</p> <p>All Ages</p> <p>Children & Families</p> <p>Adults & children</p> <p>All Ages</p> <p>Adults & Older People</p> <p>TBC</p>	<p>Ongoing</p> <p>Ongoing</p> <p>November 2018 onwards</p> <p>February 2019</p> <p>January 2019</p> <p>April 2019</p> <p>2019</p>

High level action plan

Priority	Actions	Life Stage	Timescale
Professional and Volunteer Networks	Influence and educate providers who have a primary role with people living on low incomes to motivate and provide opportunities for physical activity, including GP's, health & social care staff and Community & Voluntary Faith sector	Adults and Families, Older People	Ongoing
	Promote a diverse physical activity workforce and volunteer networks, ensuring there are appropriate training and employment opportunities locally	Adults	Ongoing
Active Workplaces	Engage employers to ensure opportunities for Active Travel to work e.g. electric bikes and moving around more in the workplace:		
	<ul style="list-style-type: none"> Support workplaces to develop appropriate physical activity & Active Travel policies Investigate the physical work space and how greater activity levels could be achieved 	Adults	February 2019
	Promote the Healthy Workplace Award, particularly supporting the physical activity and mental wellbeing criteria	Adults	Quarterly
Active Spaces	Develop the Active Travel infrastructure across the borough to increase cycling, scooting and walking opportunities	Adults	Ongoing
	Implement Active Travel programmes across the borough, including town centre, Principal town developments and cultural visitor destinations.	All Ages	Ongoing
	Implement the Barnsley Playing Pitch and Facilities Strategy and the Local Football Plan recommendations	All Ages	Ongoing
	Improve access to physical activity opportunities in open/green space, including parks.	All Ages	Ongoing
Communications and Marketing	Promote and use partnership branding across partner communications, linked to Town Spirit.	All Ages	Ongoing
	Develop a communications plan which utilises a variety of communication tools, including digital, resulting in joint messaging and maximum reach via all partners	All Ages	February 2019
	Make use of national and local campaigns to collectively raise awareness and spread the same message, for example, This Girl Can	Targeted at different groups	Ongoing
	The partnership to use the network's reach to promote and advocate national initiatives (such as training and funding opportunities) to the benefit of Barnsley	All Ages	Ongoing

Appendix 1 - List of Partners/Consultees

Age UK Barnsley

Barnsley Clinical Commissioning Group

Barnsley College

Barnsley FC Community Trust

Barnsley NHS Foundation Trust

Barnsley MBC (Public Health, Communities, Place, People).

Voluntary Action Barnsley

Barnsley Hospital NHS Foundation Trust

Child and Adolescent Mental Health Services

Team Activ

Shaw Lane Sports Club

Redferns Junior Football Club

Sustrans

Barnsley Advocacy Services

Fencing 4 All/Games 4 All

Quest Taekwondo Centre

Worsborough Bridge Athletics Football Club

Wortley Rugby Union Football Club

Barnsley Premier Leisure

Barnsley Schools Alliance

Yorkshire Sport Foundation

Berneslai Homes

Health Watch

Reds in the Community (Barnsley FC)

Barnsley & Schools District FA

4 All

Totally Runnable

South West Yorkshire Partnership Trust

Barnsley YMCA

Be Well Barnsley

The Rockingham Centre/Forge

Athersley Community Organisation and Football Club

Barnsley Gymnastics Club

This page is intentionally left blank

REPORT TO THE HEALTH AND WELLBEING BOARD

June 2019

Sexual Health Needs Assessment and Service Review

Report Sponsor: H&WB member
Report Author: David Armitage
Received by SSDG:
Date of Report:

1. Purpose of Report

1.1 To provide an update of recommendations from the Sexual Health Needs Assessment (SHNA) & Service Review, highlight key challenges and future direction.

2. Delivering the Health & Wellbeing Strategy

2.1 Describe how the proposal contributes to delivering the Strategy...

Focus on efficiencies and outcomes

We must direct investments wisely by securing evidence based interventions which provide the best outcomes.

Inspire & Empower

We must ensure that our service offer can support people to make smart choices, from ensuring that they have easy access to take a sexual health test when required, to choosing the right method of contraception.

Connect, Collaborate & Co-produce

We recognise that Sexual Health and Contraception are influenced by a number of key stakeholders, including the CCG & NHSE. We must consider a whole system approach. Sexual Health and Contraceptive choices are very personal to each individual and we must ensure that the healthier choice is as easy as it can be and that those with poorer outcomes have a service offer appropriate to their needs.

Go further, faster

Many sexually transmitted infections are easily transmitted and in the majority of cases easy to treat. We know what constitutes additional risk factors and what contributes to poor sexual health outcomes. In order to go further and faster we must prioritise investment activities and ensure that we are provided to right offer to each individual.

3. Recommendations

3.1 Health and Wellbeing Board members are asked to:-

- Recognise that we invest in a mandated SH offer that requires a partnership approach and resource prioritisation based upon evidenced needs and intervention effectiveness.
- Support evidence based interventions and amplify Sexual Health 'truths' in relation to local investment, for example, this is not solely a young people issue, just under 60% of people attending our level 3 service are age 25 or over.
- Recognise and amplify that choices will need to be made in 2019 in order to inform the new contract in 2020. The majority of adults have sexual relationships and will make different choices; this means that population needs are high and the service offer will need to develop in order to better meet those needs.

4. Introduction/ Background

4.1 The presentation provided is informed by the service review & SH needs assesment. National data is also utilised in order to compare our outcomes alongside regional, national and statistical neighbourhoods.

In brief, whilst we are improving on some outcomes we need to do better to guide improvements in sexual health outcomes in Barnsley, and make this shift quicker. Under 18 conceptions provide one such example which requires focus. In the last fully reported year (2017) a rate of 29.1 is reported which equates to 109 conceptions amongst under 18's across the borough, this is the highest in the region and significantly higher than the national average, however in 2011 our rate was 39.5 meaning that 80 more young people age 16 and 17 conceived that year than did in 2017.

Barnsley's nationally indicated SH outcomes, compared to our 15 statistical neighbours are set out below:

- U18 conception rate 2.04 - 13th position [RED]
- HIV late diagnosis 3.04 - 13th position [RED]
- Chlamydia Detection 3.02 - 10th position [AMBER]

Indicator	Period	England	Barnsley	1 - Rotherham	2 - Doncaster	3 - Wakefield	4 - St. Helens	5 - Wigan	6 - Calderdale	7 - Telford and Wrekin	8 - Tameside	9 - Dudley	10 - Kirklees	11 - Halton	12 - Walsall	13 - Rochdale	14 - Stockton-on-Tees	15 - Bury
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) ≤1,900 1,900 to 2,300 ≥2,300	2017	1882	2025	2010	2416	2161	2571	2067	2210	2188	1794	1338	2142	1623	1710	1417	2091	1734
Chlamydia proportion aged 15-24 screened	2017	19.3	19.8	19.6	25.6	19.6	20.1	18.4	18.0	18.0	16.5	15.4	15.6	15.7	17.5	16.4	15.5	17.1
New STI diagnoses (exc chlamydia aged <25) / 100,000	2017	794	482	561	631	413	611	509	660	503	697	432	721	647	730	621	467	621
HIV testing coverage, total (%)	2017	65.7	46.9	79.5	53.1	34.8	54.8	26.1	74.0	55.7	50.2	54.9	61.8	61.7	62.3	30.5	62.1	34.8
HIV late diagnosis (%) (PHOF indicator 3.04) ≤25% 25% to 50% ≥50%	2015 - 17	41.1	52.2	48.4	42.1	40.7	33.3	56.7	65.0	45.8	50.0	29.0	60.0	58.3	37.8	56.3	50.0	35.0
New HIV diagnosis rate / 100,000 aged 15+	2017	8.7	5.0	2.8	5.1	2.9	6.1	7.9	4.7	0.0	6.0	3.4	3.1	3.9	6.7	5.2	3.8	5.9
HIV diagnosed prevalence rate / 1,000 aged 15-59 ≤2 2 to 5 ≥5	2017	2.32	1.60	1.15	1.29	1.35	1.04	1.22	1.21	1.09	1.87	1.42	1.37	0.95	2.18	1.98	1.04	1.73
Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03xii) ≤80% 80% to 90% ≥90%	2016/17	87.2	94.1	91.1	88.4	91.1	87.5	88.4	91.2	91.4	95.4	91.8	92.0	88.5	86.1	85.4	88.7	76.1
Under 25s repeat abortions (%)	2017	26.7	22.2	21.2	26.0	27.9	28.3	27.5	24.5	26.4	28.7	34.3	27.7	22.7	30.8	30.2	24.9	28.4
Abortions under 10 weeks (%)	2017	76.6	66.6	71.6	82.6	80.8	73.9	77.8	82.3	70.5	83.1	74.5	79.9	74.6	68.3	83.6	81.8	82.9
Total prescribed LARC excluding injections rate / 1,000	2016	46.4	34.5	54.3	47.9	50.6	30.6	48.8	54.6	49.8	45.8	48.7	42.6	31.8	38.3	38.2	6.1	50.1
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2016	18.8	33.8	24.0	27.6	20.1	22.6	23.1	19.6	19.5	28.0	20.2	22.6	26.2	30.0	21.2	27.7	18.6
Under 18s conceptions leading to abortion (%)	2016	51.8	44.2	35.5	43.8	40.9	46.2	58.7	44.4	48.7	41.8	38.3	45.7	51.7	37.1	37.8	54.4	61.7

*Please note 2017 U18 conception data has now been reported and Barnsley is 29.1.

Data need considering not only alongside the wider sexual health outcomes data, some of which are listed above, but in order to be relevant we must also understand their determinants.

Tailored provision to those within the borough who have the poorest sexual health outcomes must have a priority focus. Whilst this may not necessarily be tailored geographically, in terms of the offer, it should be an equitable offer based upon evidence based needs.

5. Key partners

5.1 A Framework for Improving Sexual Health Outcomes in England provides the context of the collaborative commissioning ask, which describes the overarching aims of each commissioning organisation working together to improve outcomes.

CCGs commission: Most abortion services, sterilisation, vasectomy, non-sexual-health elements of psychosexual health services, gynaecology including any use of

contraception for non-contraceptive purposes. NHS England commission: Contraception provided as an additional service under the GP contract, HIV treatment and care (including drug costs for PEPSE) promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs, sexual health elements of prison health services, sexual assault referral centers, cervical screening, specialist fetal medicine services.

Local Authorities should provide:

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

However it is recognised that many services impact upon sexual health outcomes, including education, housing and the private sector.

6. Conclusion/ Next Steps

6.1 We are not in a position to conclude that we should purchase more of the interventions that we know have some positive impact, but rather we must work with partners to create collective solutions to some of our challenges and in doing so make some clear choices and prioritise.

Like all public health issues sexual health is impacted upon greatly by personal circumstance; poverty, education, housing, employment, personal ambition, alcohol use, mental health and substance use provide some examples.

7. Financial Implications

7.1 Following our efficiency savings challenge, this year (2019) BMBC is currently investing just over £2.2 million in Sexual Health and Contraception over the financial year.

This is the last +1 optional year attached to the current provider contract, meaning that this year is requires the commissioning cycle to commence.

In order to ensure that we attract adequate bids it is a consideration that the term should increase from a 3 +1+1 term to a longer term in line with the regional trend and indicated market requirement.

8. Consultation with stakeholders

8.1 To commence and escalate during final +2019 in alignment with the commissioning cycle.

9. Appendices

Please find Summary Service Evaluation and SH Needs assessment attached, contact davidarmitage@barnsley.gov.uk for any further information.

9.1 Appendix 1 - Recommendations from the Sexual Health Needs Assessment and Service Review Presentation.

10. Background Data and Guidance

10.1

Integrated Service Specification: National Guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-services-specification.pdf

National U18 conception data:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales>

Sexual Health Fingertips: National data comparisons and PHOF indicator.

<https://fingertips.phe.org.uk/search/sexual%20health#page/0/gid/1/pat/6/par/E12000003/ati/101/are/E08000016/nn/nn-1-E08000016>

Officer:

Date:

This page is intentionally left blank

Recommendations from the Sexual Health Needs Assessment and Service Review

David Armitage

Public Health Senior Practitioner



BARNSLEY
Metropolitan Borough Council

1. Specialist service delivery

- Ensure the HIV and STI test offer adequately considers ease of access and secures a targeted offer to those most at risk.
- Consider ways of ensuring young people who are disenfranchised, marginalised or vulnerable have easy access to condoms.
- Ensure that partners in primary care and pharmacy are supported via an easy training offer and tariff to provide LARC / Emergency Hormone Contraception.

2. High risk groups

- HIV - Ensure that community venues (including places of faith & bars) and workers who provide services to those who are vulnerable are visited and valued in the offer.
- STI's – Ensure ease of access to the follow up three month test offer following a positive Chlamydia result and comprehensive contact tracing.
- Increase links and joint work with specialist outreach provision from wider 0-19 agencies working with vulnerable children and young people and to adult services e.g. substance misuse support services.

3. Primary care

- Form positive relations with primary care staff and attend BEST events when possible.
- Increase capacity to fit Long Acting Reversible Contraception (LARC) in areas with low fitters and high need.
- Ensure appropriate advertisement of the Pharmacy EHC offer.
- Ensure service users views of service provision are heard and acted upon where appropriate (utilise and maintain the *You're Welcome* framework and accreditation)

4. Prevention

- Ensure secondary schools have support to deliver SRE.
- Explore school-based provision of sexual health services for young people e.g the school nurse offer.
- Increase STI risk awareness in the general population alongside targeted campaigns to vulnerable young people, LGBT+ & BAME.
- Ensure ease of access to FREE condoms.
- Ensure that woman are fully supported to make the best contraception choices for them, including explaining the advantages of LARC's.

5. Training

- Ensure sexual health & contraceptives training is available and accessible to primary care
- Ensure SH staff and services are YP friendly / assessed.
- Upskill non-sexual health professionals working with high-risk groups

6. Communications and marketing

- Ensure that messages are focussed and consider the realities of peoples lives (health promotion should aim to make the healthier choice the easier choice, and be inclusive).
- Publicise the FREE EHC via pharmacy offer and pregnancy testing options to young people.
- Utilise social marketing campaigns to encourage young people to plan contraception and/or make positive SH choices.
- Review the Sexual Health Services website accessibility to ensure it is clear and user-friendly for all service-users.
- Ensure that young people know about the service via an effective and informed branding.

7. Unmet need & future

- During 2019 ensure that we develop solutions to issues identified as gaps e.g. psychosexual counselling offer, postal test offer for STI's and HIV, targeted sexual health promotion, including online.
- Ensure a robust and informed commissioning process which secures the best outcomes for the investment in 2020, ready for the new contract term from April 1st.

Thank you

This page is intentionally left blank

REPORT TO THE HEALTH & WELLBEING BOARD

4 June 2019

Health Protection Board Update Report

Report Sponsor	Julia Burrows
Report Author	Kaye Mann

1.	Purpose of Report
	This report provides an update from the Barnsley Health Protection Board. It was agreed in April 2018 that the Health and Wellbeing Board would receive an annual update on the Health Protection Board’s (HPB) activity to provide assurance that the health of the residents of Barnsley is being protected in a proactive and effective way.
2.	Recommendations
	<ol style="list-style-type: none"> 1. To note the work of the Health Protection Board 2. To be aware of the areas requiring further action and to support the planned actions.
3.	Introduction/ Background
	<p>Health Protection includes activities intended to protect individuals, groups and populations from infectious diseases and environmental hazards. This work includes preparing for and responding to public health emergencies, for example pandemic flu. Health Protection operates across a wide range of organisations responsible for specific components. Achieving success in health protection relies on strong working relationships at a local level.</p> <p>The HPB takes a system wide overview of stakeholders contributing to health protection in Barnsley and provide a whole system overview.</p>
4.	Areas of Health Protection to Highlight
	<p>Areas of success:</p> <ul style="list-style-type: none"> • Infection Prevention and Control – The jointly commissioned contract between BMBC Public Health and Barnsley CCG with Barnsley Hospital delivering the infection prevention and control service, continues to go well. All the actions in the Barnsley E-Coli Reduction Plan 2017-2021 are either complete or underway. • Tuberculosis (TB) incidence rate remains low in Barnsley, with a rate of 3 per 100,000 (England incidence rate is 9.9 per 100,000). BMBC Public Health team have led the development of a local pathway for TB patients with no recourse to public funds (NRPF). This pathway identifies the organisations responsible for these patients. It seeks to provide patients with accommodation and subsistence payments to enable treatment completion. The TB service commissioned by Barnsley CCG and delivered by the SWYPFT Health Integration Team continues to be shared as an example of good practice across England with our local TB Lead Nurse presenting at national

conferences and is the Yorkshire and Humber Lead Nurse for the National TB Control Board

- 'Who Pays' agreement - In the event of an outbreak/incident where there is no clear responsible commissioner, the Health Protection Board has agreed in principle a three way split between Barnsley CCG, BMBC Public Health and NHS England (NHSE), up to a maximum of £25k each. Barnsley is leading regionally with this work, with other areas wanting to follow our lead.
- Health and Social Care staff flu vaccination coverage 2018/19 - BHNFT and SWYFT met their staff vaccination targets and BMBC increased their staff vaccination from 77 members of staff in 2017/18 to 504 in 2018/2019 (141 of which were health and social care staff). BMBC Public Health are currently working on plans to further increase staff vaccination in 2019/20.
- Emergency Plans – the borough wide plans were updated and signed off by the Health Protection Board in April 2019 (Barnsley Multi-Agency Mass Vaccination / Treatment Plan, Barnsley Multi-Agency Outbreak Plan, Pandemic Flu Response Plan).

Areas requiring further action:

- Flu vaccination for over 65's - Barnsley's over 65 uptake rate, up to 31 January 2019 (71.9%) was lower than the Yorkshire and Humber Local Team rate of 72.8% but higher than the England rate of 71.3%. 1523 more people would have needed to be vaccinated to reach the nationally set 75% target. Plans are underway for this year's flu season led by the Barnsley Flu Steering Group.
- Flu vaccinations for at risk groups - Barnsley's uptake rate in the at risk group, up to 31 January 2019 (50.7%) is higher than the regional and national rates of 48.4% and 46.9% respectively. The uptake rate is marginally lower than it was at 31 January 2018 (51.6%). 1419 more people would have had to be vaccinated to reach the 55% target. The condition with the lowest uptake rate in the at risk patients under 65, is patients with morbid obesity (BMI \geq 40) with no other clinical risk group(s) (22.2%). As above, plans are underway for this year's flu season led by the Barnsley Flu Steering Group.
- HIV - Barnsley compares poorly to Y&H and England performance in terms of how many people accessing services are tested for HIV (46.9%) the BMBC PH commissioner and Spectrum, the service provider, are investigating further to determine if data issues are impacting on the figures or if more work needs to be done, testing people in healthcare settings other than the sexual health service.
- Shingles – there is low vaccination uptake for the Shingles programme in Barnsley. From September 2019, the eligibility for the vaccine will be made clearer and easier to understand; all those aged from 70 to 80 will be eligible. There will be specific promotion this vaccine during the 2019/20 flu vaccination season for the same cohort of people. Members of the Vaccination and Immunisation Steering agreed shingles vaccination should be one of their priorities.
- Measles - 2018/19 annual data shows MMR uptake below target at 94.9%. Nationally this is a cause for concern with increasing momentum from anti-vaxxer movements. Some GP practices are falling below the >95% coverage

	<p>with 2 doses of MMR vaccine in the routine childhood programme (less than 5 years old) and also for older age cohorts (older than 5 years old). A draft Barnsley Measles Elimination Strategy has been developed supporting a local call to action. Key aspects of the Measles Elimination Plan include:</p> <ul style="list-style-type: none"> - Identifying GP practices not reaching 95% coverage with 2 doses for children younger than 5 and also for older age cohort. - Provide targeted support to these GP practices, - Explore alternative contract levers to help improve uptake and ensure - Ensure easy access to high quality evidence based information for health professionals and the public; create a cohesive communications plan and target groups. <p>The Health Protection Board will be closely monitoring these areas of concern through its quarterly meetings, the BMBC public health, health protection lead and Health Protection Board reps attending a range of operational meetings to seek assurance.</p>
5.	Evidence of need / Link to Joint Strategic Needs Assessment
	<p>The Health and Social Care Act 2012 placed a duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health in the local authority.</p> <p>As well as responding to health protection incidents and outbreaks, health protection priorities and actions are also informed by assessment of need, with our health protection work being proactive as well as reactive in protecting the health of the Barnsley population.</p> <p>Examples of our proactive approach include:</p> <ul style="list-style-type: none"> - HIV – increased targeted engagement with at risk groups – men who have sex with men (MSM) and Black African communities. For example, the provider Spectrum engaging with Barnsley Pride events and linking with Recover Steps substance misuse service and SWYPFT Health Integration Team. - Flu Steering Group – multi agency partnership working to increase flu vaccine uptake amongst at risk groups and health and social care staff. - Development of a local tool on ‘When can my child return to school’ for common childhood illnesses to help reduce the spread. - A proactive approach to measles vaccination uptake with a local Measles Elimination Strategy being developed.
6.	Link to the Health & Wellbeing Strategy and/or Barnsley Place Based Plan
	<p>The Health Protection Board is a sub-committee of the Barnsley Health and Wellbeing Board. It has responsibility to provide assurance that local health protection arrangements are effective. The Health Protection Board takes a system wide overview of stakeholders contributing to health protection in Barnsley and provides a whole system overview.</p>
7.	Stakeholder engagement/ co-production
	<p>The Health Protection Board quarterly meetings are well attended with all key partners represented – Public Health England, NHS England, South West Yorkshire Partnership Foundation Trust, Barnsley Hospital, Barnsley Clinical Commissioning Group, Berneslai Homes, Barnsley Council and Public Health.</p>

8.	Financial Implications	
	<p>In the course of 'business as usual' there are no financial implications for partners.</p> <p>In the event of an outbreak/incident, where there is no clear commissioner, the Health Protection Board has agreed in principle a three way split between Barnsley CCG, BMBC Public Health and NHSE, up to a maximum of £25k each. A Director level decision from the three organisations will agree on which option applies for each outbreak/incident:</p> <p>Option 1: The 'responsible commissioner' pays. This is the default position if the incident type clearly relates to the responsibility of a commissioner.</p> <p>Option 2: In the absence of the incident being clearly aligned to a commissioner as a final course of action to save situational management costs a three way split (CCG, Local Authority and NHSE) will take place with a maximum contribution of £25,000.</p>	
9.	Conclusion/ Next Steps	
	The Health Protection Board will continue to meet quarterly and the minutes be received by the Health and Wellbeing Board by exception along with annual updates.	
10.	Appendices / Background Papers	
	None	
11.	Date of Report	20 May 2019