Public Document Pack

BARNSLEY Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Thursday, 7 October 2021
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Welcome and introductions

1 Declarations of Pecuniary and Non-Pecuniary Interests

2 Minutes of the Board Meeting held on 10th June, 2021 (HWB.07.10.2021/2) *(Pages 3 - 10)*

3 Public Questions (HWB.07.10.2021/3)

4 Position Statement - Zero tolerance for abuse of colleagues cross the system (HWB.07.10.2021/4)

5 Joint Health and Wellbeing Strategy 2021-2030 - Diane Lee (HWB.07.10.2021/5) *(Pages 11 - 40)*

6 Barnsley Emotional Health and Wellbeing Strategy - Patrick Otway (HWB.07.10.2021/6) *(Pages 41 - 46)*

7 Tackling Excess Winter Deaths and Cold Weather Plan (HWB.07.10.2021/7) *(Pages 47 - 98)*

8 Integrated Care System Update - Jeremy Budd (HWB.07.10.2021/8)

9 Mental Health Partnership Update - Adrian England (HWB.07.10.2021/9)

Other business

10 Key points from the Children and Young People's Trust Executive Group (HWB.07.10.2021/10)

11 Key points from the Safer Barnsley Partnership Board held on 21st June, 2021 - Wendy Lowder (HWB.07.10.2021/11) *(Pages 99 - 106)*

12 Key points from the Stronger Communities Partnership held on 3rd June, 2021 - Councillor Platts (HWB.07.10.21/12) *(Pages 107 - 112)*

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

Councillor Jim Andrews BEM, Deputy Leader (Co-Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Co-Chair)
Councillor Trevor Cave, Cabinet Spokesperson – Children's
Councillor Jenny Platts, Cabinet Spokesperson – Adults and Communities
Mel John-Ross, Executive Director Children's Services
Wendy Lowder, Executive Director Adults and Communities
Julia Burrows, Director of Public Health

Chris Edwards, Chief Officer, NHS Barnsley Clinical Commissioning Group
Jeremy Budd, Director of Commissioning and Partnerships, NHS Barnsley Clinical Commissioning Group
James Abdy, Chief Superintendent, South Yorkshire Police
Mark Janvier, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Amanda Garrard, Chief Executive Berneslai Homes
Andrew Denniff, Chief Executive, Barnsley and Rotherham Chamber of Commerce
John Marshall, Chief Executive, Barnsley CVS

Please contact Elizabeth Barnard at governance@barnsley.gov.uk

Wednesday, 29 September 2021

BARNSLEY Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Thursday, 10 June 2021
TIME:	2.00 pm
VENUE:	Assembly Room - Barnsley Civic

MINUTES

Present

Councillor Jim Andrews BEM, Deputy Leader (Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Chair)
Councillor Trevor Cave, Cabinet Spokesperson - Childrens Services
Councillor Jenny Platts, Cabinet Spokesperson - Adults and Communities
Wendy Lowder,
John Marshall
Chris Edwards
Mark Janvier
Adrian England
Julie Tolhurst
Bob Kirton
Rob Webster
Salma Yasmeen
Amanda Garrard
Jeremy Budd
Andrew Deniff
Diane Lee,
Christus Ferneyhough
Emma Robinson

1 Declarations of Pecuniary and Non-Pecuniary Interests

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

2 Minutes of the Board Meeting held on 4th February 2021

The meeting considered the minutes of the previous meeting held on 4th February 2021.

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

3 Public questions

The meeting noted that no public questions had been received for consideration at the meeting.

4 Poverty Needs Assessment - Emma Robinson

Emma Robinson was welcomed to the meeting and provided a detailed update with regard to the refreshed Poverty Needs Assessment for 2020/21, outlining both the

local and national pictures in terms of healthy life expectancy, employment, child poverty, food poverty and digital poverty.

It was highlighted that Barnsley is now starting to see the emerging impact of Covid-19. Levels of poverty have risen in both Summer and Winter, with more people dropping below the poverty line. This trend is likely to continue as measures such as the furlough scheme and enhanced Universal Credit are removed. In Barnsley the Healthy Life Expectancy picture is worsening, with people in deprived areas spending more of their lives in poor health.

More than two in five families nationally have fallen into poverty in 2020, meaning hundreds of thousands were struggling to pay bills and cover costs for their child in lockdown, with an associated impact on children's wellbeing. More than 70 per cent of children facing hardship have at least one parent who works.

Disadvantaged children are more likely to develop mental health problems, have poor educational attainment, increased worries, frustrations, aspirations etc. 33% of Barnsley children live in poverty, an increase from around 28%. This is higher in some areas such as the Dearne, Worsborough and St Helens, with lower rates in Penistone.

Benefit claimant rates and youth unemployment is also increasing. Male life expectancy is static but is lower than national and regional rates. Healthy life expectancy shows a decrease for both men and women, in line with national trends. The Healthy Life Expectancy for males in Barnsley is 57.5 years, 5.7 years lower than the England average and for females it is 61.5 years, 2 years lower than the England average.

The number of homes in fuel poverty in Barnsley is increasing and is higher than the regional and national average. Fuel poverty contributes to Excess Winter Deaths (EWDs) as the risk of death and ill health is associated with living in a cold home when the outdoor temperature drops to below 6°C. The highest number of EWDs are in Penistone and Darton which may be due to the older population and the number of care homes in the area. The North Area Council has been doing work around winter warmer packs/sloppy slippers. Berneslai Homes is working with its tenants to reduce poverty and is picking up information around damp and condensation as this is linked to health.

A discussion took place around the need for the Board to carefully examine the data, look at the 'must-do's' and challenges and identify how to tackle them with partners. The timescale for this work has not yet been determined as the intelligence team has been working on Covid projects. Finance data will also need to be incorporated into it. The issue of Digital poverty needs more insight.

RESOLVED

(i) that Emma be thanked for her attendance and contribution;

(ii) that a household level ‘Poverty Index’ for the Borough be developed using similar methodology to the vulnerability model, focusing on financial hardship and poverty ‘flags’, to inform targeting of preventative work.

(iii) Better capturing of data at an area level in our 'business as usual' work, ensuring the right questions are asked at the start of contact with residents to collect data on the situation of people in the Borough.

(iv) that Wider boards should receive the findings and consider key actions/outcome proposals for reducing poverty in the Borough as findings from the needs assessment suggest that tackling poverty and inequalities will need a co-ordinated partnership response with place-based initiatives to support and promote employment, educational achievement, better health and improved social mobility.

(v) that a mapping exercise be undertaken in terms of our resources to tackle poverty to help us identify the opportunities and gaps. This would also act as a "sense check" of current funding streams against the intelligence in the needs assessment to ensure we are spending the money in the right areas.

(vi) to incorporate the findings/intelligence from this needs assessment into the development of the Council plan and Barnsley 2030 vision, and

(vii) A Poverty Needs Assessment All Member Information Brief (AMIB) be arranged for Elected Members.

5 Integrated Care System Compact - Andrew Osborn

Jeremy Budd, NHS Barnsley Clinical Commissioning Group, was welcomed to the meeting to update the Board regarding the ongoing development of the Integrated Care System. It was explained that the draft governance arrangements will shape the next phase of the ICS development during transition to becoming a statutory authority from April 2022.

The Governance model, areas of focus for 2021/22 (which will inform delivery plans) and terms of reference were outlined, together with the timetable for the new system. Further legislation is expected in July. The Health and Care Plan will be brought to a future meeting.

RESOLVED that

(i) Jeremy be thanked for his attendance and contribution, and

(ii) The Board note the contents of this paper, accompanying documents and supporting presentation and are assured that appropriate, place-based feedback is being provided by the Barnsley Design Group, which consists of key local stakeholders.

6 Barnsley Sustainability - David Malsam/ Sarah Cartwright

David Malsam and Sarah Cartwright were welcomed to the meeting to update the Health and Wellbeing Board on activity around sustainability; to introduce the decision-making wheel and to secure support for future engagement and consultation activity.

Barnsley's aims and ambitions were highlighted, together with the relationship between climate and health as it is well documented that access to greenspace has a positive impact on health and wellbeing. The sustainable energy action plan (SEAP) and Zero Carbon update were outlined along with governance structures and the types of projects which will be developed
AMIB to be arranged.

The next stage is to get the Barnsley community to commit to reducing their carbon footprint, as BMBC has done. A hearts and minds approach and behavioural change is necessary to secure the future of our young people. Some positives can be seen from the Covid experience, which we need to build on. The Government has set a target of 'C' for properties in Barnsley, which means that around 80,000 homes will need to be brought up to that standard, with associated issues around cost and supply chains.

RESOLVED that:

(i) David and Sarah be thanked for their attendance and contribution;

(ii) the contents of the report be noted;

(iii) the Barnsley's Zero45 programme and associated projects continue to be supported;

(iv) the appointed consultant and BMBC be supported with the delivery of the consultation and engagement element of the route-mapping work;

(v) Sustainability and Climate Change return to a future Health and Wellbeing Board to report back on the results of the consultation, and

(vi) An All Member Information Brief (AMIB) be arranged for Elected Members.

7 Healthy Weight Declaration - Christus Ferneyhough

Christus Ferneyhough was welcomed to the meeting and delivered a presentation to update the Board on the adoption of the Local Authority Declaration on Healthy Weight (HWD), which is a strategic, systemwide commitment to promote healthy weight and good overall health and wellbeing in communities.

The HWD includes 16 commitments whereby local authorities (or areas) pledge to achieve action on improving policy and healthy weight outcomes. All partners are fully supportive of the HWD - sign-up is required from schools and leadership teams. The HWD is important as in Barnsley 1 in 5 children start primary school overweight or obese, 1 in 3 leave primary school overweight or obese and 2 in 5 of 5 year olds have visible dental decay. In Barnsley, 2 in 3 adults are overweight or obese, leading to health issues later in life.

A whole systems approach is required to tackling this, with the Board taking ownership. It was reiterated that consultation on the HWD will include young people and that Barnsley's food plan, which is currently up for a refresh, will incorporate the views of the Youth Council.

RESOLVED that

(i) Christus Ferneyhough be thanked for his attendance and contribution;
(ii) the Board approves and endorses the adoption of the HWD as a Barnsley declaration;
(iii) a progress report be submitted and presented to the Board in October 2021 and
(iv) Members of the Board work with us in identifying priorities and ways in which we can work beyond the pledges to make change.

8 Collaborative Cold Weather Planning - Julie Tolhurst

Julie Tolhurst was welcomed to the meeting and provided an update on Excess Winter Deaths (EWDs) and the cold weather plan. The collaborative cold weather planning group met on the 19th May and agreed membership and Terms of Reference and identified key actions and resources. A further analysis of data is required to produce the draft Cold Weather Plan, with thematic prevention work linked to underlying causes of EWD, alongside the practical sector based plan. Gaps and priorities need to be agreed. The group will meet again on 1st July and the draft plan will be brought to the next meeting of the Board.

RESOLVED that

(i) Julie be thanked for her attendance and contribution;

(ii) the Board supports the direction of travel and how organisations can contribute to this agenda particularly around data, community insight and any shared actions and

(iii) interested parties should email Julie Tolhurst with expressions of interest.

9 Key points from the Children and Young People's Trust Executive Group held on 18th March, 2021

The meeting considered the minutes from the Children and Young People's Trust Executive Group held on 18th March 2021.

RESOLVED that the minutes be received.

10 Key points from the Safer Barnsley Partnership held on 8th March, 2021 - Wendy Lowder

The meeting considered the minutes from the Safer Barnsley Partnership held on 8th March 2021. It was also reported that a new Chief Superintendent is starting on 14th June 2021 and that the Annual Plan is being refreshed.

RESOLVED that the minutes be received.

11 Key points from the Mental Health Partnership 17th May, 2021 - Adrian England

The meeting considered the minutes from the Provider Forum meeting held on 17th May 2021. Adrian England reported that since the last Health and Wellbeing Board meeting the Mental Health Partnership has: Submitted a joint response to Government's consultation on the Mental Health Act reforms; begun tackling complex, system issues (e.g. issue around Section 136s, and Learning Disabilities and MH); agreed and begun work on a range of priorities, including employment of those with a serious mental illness, self-harm, suicide prevention and perinatal mental health; commenced development of a system wide MH Strategy, which aims to be complete and presented to the HWB in October 2021; established a multi-agency task and finish group looking at system wide Mental Health Transformation and ensured service users' voices are heard throughout the process, with service user representation on the Delivery Group (through the MH forum) and regular consultation with the Recovery College.

Development of local Crisis Care alternatives is underway, working with potential providers such as Touchstone, to develop a Wellbeing Café model. The MHP has overseen Children and Young People mental health transformation work, which will continue to report to the Partnership and agreed to and launched the Zero Suicide Ambition for Barnsley, with a video available on YouTube. Adrian thanked Officers from the Local Authority and partners for the hard work they have done and for adding value to the work that is being done.

RESOLVED that

(i) Adrian be thanked for his attendance and contribution,
(ii) The minutes and update be received, and
(iii) The Zero Suicide Ambition be endorsed by the Board.

12 Key points from the Stronger Communities Partnership - Councillor Platts

Councillor Platts updated the Board with regard to the work of the Stronger Communities Partnership. The Partnership Plan has been reviewed. It was highlighted that there is still a need to focus on prevention and early help. The partnership will no longer oversee worklessness, jobs and skills. Priorities will include a focus on 'Age Friendly' Barnsley, poverty, good food, support for carers and community engagement.

RESOLVED that the update be noted.

13 A Day in the Life of - Diane Lee

Diane Lee was welcomed to the meeting and delivered a presentation on the Director of Public Health's Annual Report for 2020, entitled 'A day in the life of – Tuesday 3rd November 2020'. Over 320 'diaries' from Barnsley residents were received and will be used to inform COVID-19 recovery plans and what issues should be focussed on in the future. The Board was urged to share the presentation amongst networks and within communities.

RESOLVED that Diane be thanked for her attendance and contribution and the presentation be noted

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Chair

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REPORT TO THE HEALTH AND WELLBEING BOARD

7th October 2021

Health and Wellbeing Strategy

Report Sponsor: Julia Burrows
Report Author: Ben Brannan

1. Purpose of Report

1.1 The aim of this report is to seek the Health and Wellbeing's approval and endorsement of the refreshed Health and Wellbeing Strategy (2021 – 2030).
1.2 The report also seeks members' views on next steps the Board should take, to ensure the successful implementation of the Strategy.

2. Delivering the Health & Wellbeing Strategy

2.1 This report provides a new, refreshed Health and Wellbeing Strategy for Barnsley.

3. Recommendations

3.1Health and Wellbeing Board members are asked to:-

- Note the content and principles contained within the refreshed Health and Wellbeing Strategy (2021 – 2030).
- Approve and endorse the refreshed strategy.
- Discuss next steps that the Board can take to ensure the successful launch and implementation of the Strategy.

4. Introduction/ Background

4.1 Barnsley's Health and Wellbeing Board has a statutory duty under the Health and Social Care Act 2012 to produce a joint Health and Wellbeing Strategy. The previous strategy 'Feels Good Barnsley' ran from 2016 – 2020.

4.2 The purpose of the refreshed Health and Wellbeing strategy is to articulate the key strategic priorities for the Health and Wellbeing Board, whilst providing a justification for those priorities. It draws upon a range of sources including our Joint Strategic Needs Assessment (JSNA), the Public Health Outcomes

Framework (PHOF), along with national policy research (such as Marmot's *Build Back Fairer)* and other local intelligence, such as the Poverty Needs Assessment.

4.3 Similarly, the Strategy is intended to convey the Board's strategic position and how it will work in synergy with other key strategic Boards, such as the Barnsley 2030 Board, Safer Barnsley Partnership and the Children and Young People's Trust Executive Group (amongst others). The strategy is intended to complement other strategies and plans (e.g. the Health and Care Plan) by setting out our ambition and plan to achieve a Healthier Barnsley, through the combined efforts of partners on the Health and Wellbeing Board.

4.4 Indeed, Barnsley's Health and Wellbeing Board is a key delivery board for Barnsley 2030, and is integral to the Borough achieving its 2030 vision, with the primary focus being delivery of the Healthy Barnsley theme.

4.5 The refreshed strategy reflects on the impact of the Covid-19 pandemic on the state of the Borough's health and wellbeing; acknowledging that the pandemic has highlighted and exacerbated existing health inequalities within the borough. As we continue to realise the impact of Covid-19, the Health and Wellbeing Board will focus on ensuring that our recovery is fair and equitable and that we don't risk widening existing health and social inequalities across Barnsley.

4.6 We have set out our new strategy across a 'life course' approach, which sets a series of ambitions at different stages of a person's life from 'Starting Well' (pre-birth to 18 years), 'Living Well' (working age adults) to 'Ageing Well' (aged 65+). Whilst we have structured our Strategy in this way, many of the ambitions contained therein are applicable right across the life-course.

4.7 Clearly, many of the ambitions contained within the Strategy can apply right across the life course. Poverty, social isolation, physical activity and mental health all impact upon our health and wellbeing from our early years, right through to the end our life. Nevertheless, we have placed each ambition where it felt most appropriate, with recognition that these areas impact people of all ages.

4.8 Our strategy is both long term and ambitious. Whilst the Strategy is set over a 9 year period, to align with Barnsley 2030, performance against the strategy will be regularly reviewed by the Health and Wellbeing Board.
The ambitions and actions contained within the strategy will be reviewed periodically.

4.9 The key, immediate priorities for the Health and Wellbeing Board are: improving the borough's mental health and ensuring that Barnsley is a great place for a child to be born.

5. Equality Impact

5.1 It is anticipated that the delivery of this strategy will have an impact on the majority of the protected characteristics, particularly those groups of individuals that are likely to face barriers to accessing healthcare and who experience the greatest health inequalities (as identified within the Strategy). It is therefore important that individual projects are impact assessed to ensure that they are considering the diverse needs of our community in their planning and implementation.

5.2 Barnsley's Health and Wellbeing Board will guarantee that equality and inclusion is considered within the delivery of the Health and Wellbeing Board Strategy 2021-2030. The Board will ensure that relevant schemes of work are appropriately impact assessed and that these assessments are used to inform the decision-making processes of the Board. An overarching Equality Impact Assessment has been produced and this will be reviewed in line with the review of the Strategy and a summary of the equality impacts will be provided to enable the Health and Wellbeing Board to further consider mitigations or appropriate action.

6. Conclusion/ Next Steps

6.1 The Board are asked to approve and endorse the Health and Wellbeing Strategy.

6.2 The Health and Wellbeing Board are asked to discuss and consider the next steps required in order to ensure a successful launch and delivery of the strategy.

7. Financial Implications

7.1 Consultation on the financial implications of this Strategy has taken place with Barnsley Council's Financial Services department, on behalf of the Service Director for Finance and the Section 151 Officer. There are no direct financial implications emanating from this Strategy, for the Council or any partners on the Health and Wellbeing Board.

8. Consultation with stakeholders

8.1 The strategy has been informed by the voice of Barnsley Residents, through our 'A Day in the Life of' which was held in November 2020; our Children and Young People's Emotional Health and Wellbeing survey; and our Barnsley 2030 consultation.

8.2 In addition, consultation has been undertaken with all partners who sit on the Health and Wellbeing Board. This has been done through workshops of the Board, meetings with individual members, and sharing draft versions of the strategy for comment.

9. Appendices

9.1 Appendix 1 – Health and Wellbeing Strategy 2021 - 2023

Officer: Ben Brannan **Date:** 7th October 2021

Barnsley Health and Wellbeing Strategy 2021 – 2030: the place of possibilities

All Barnsley residents are enabled to enjoy long, fulfilling and healthy lives in safe, strong and vibrant communities where every person is equipped with the skills and resources they need to thrive.

Barnsley - the place of possibilities

BARNSLEY
Metropolitan Borough Council

Foreword

Barnsley's new Health and Wellbeing Strategy comes at a time when the borough is still realising the impact of Covid. Colleagues across the health and care system alongside our communities have worked incredibly hard since March 2020 to minimise the impact of Covid locally. Indeed, the pandemic has shown that when we work together as a system, we can achieve great things - from our Emergency Contact Centre, to our vaccination roll-out.

We must recognise the hard work of our colleagues and understand that everybody will need time to recover and that there will be challenges in the road ahead. However, the pandemic has shone a light on existing inequalities within our borough and it is therefore timely for us to develop our new local Health and Wellbeing Strategy. As we begin to recover from Covid we must do so in a fair and equitable way, ensuring that none of our communities are left behind.

Barnsley's Health and Wellbeing Board has identified two key priorities: improving mental health within the borough and ensuring Barnsley is a great place for our children to be born and for our young people to grow up.

Whilst these are our key current priorities, our strategy sets our vision for a Healthy Barnsley and is underpinned by a series of ambitions across the life course, that we hope to achieve from pre-birth through to end of life. The strategy strengthens the Board's commitment to reducing health inequalities within the borough by focussing on the wider determinants of health (such as housing, employment and education) to give everybody in Barnsley a fair opportunity to live a healthy life.

In order to achieve our vision, and reduce health inequalities, we'll need the commitment of everybody within Barnsley. From our partners, that sit on the Health and Wellbeing Board, to our businesses and our communities – we all have a role to play in delivering a Healthy Barnsley.

Councillor Jim Andrews BEM
Deputy Leader, Barnsley Council
Joint Chair, Barnsley Health and Wellbeing Board

Dr Nick Balac
Chair, Barnsley CCG
Joint Chair, Barnsley Health and Wellbeing Board

Our Strategy on a page

Starting Well

Barnsley is a great place for a child to be born and every child is given the best possible start in life.

Fewer children live in poverty, and everyone has the resources they need to look after themselves and their families.

All our children and young people have a healthy diet and are physically active.

Barnsley will have a culture which promotes positive emotional health and wellbeing and builds resilience in our children and young people.

Our ambitions for a healthy Barnsley

Living Well

Everyone in Barnsley can access the resources they need to live a healthy life (including having a fulfilling occupation; access to a safe, warm and sustainable home and having a good friend to talk to).

Levels of mental ill health across the borough are reduced, by a combination of prevention and ensuring people of all ages have access to quality, age friendly services at the right time.

Everyone can safely be physically active, to support their physical and mental health.

Ageing Well

Older people are able to live independent and active lives, enjoying their later years in comfort in their own communities, for as long as possible.

Our older people have quality of life with choice and control over their care and support needs.

Our initial focus is on **improving Mental Health** for all ages and ensuring **Barnsley is a great place for a child to be born.**

We will reduce **health inequalities** by taking action on the **wider determinants of health**.

Role and Purpose of the Health & Wellbeing Board and Strategy:

Barnsley's Health and Wellbeing Board brings together system leaders from across the borough. The Board aims to improve physical and mental health and wellbeing for all people in Barnsley, through a combination of prevention and ensuring our health and care services meet the needs of our residents.

The Health and Wellbeing Board is a key delivery Board for Barnsley 2030. Barnsley 2030 is our collective long-term vision and ambition for our borough. The Health and Wellbeing Board will focus mainly on the Healthy Barnsley theme of Barnsley 2030; we want everyone in Barnsley to lead a good life in good physical and mental health, with everybody having a sense of self-worth. We will work closely with the Barnsley 2030 Board to ensure we deliver on the 'Healthy Barnsley' theme, for the people of Barnsley.

We will also work closely with other key strategic Boards and partnerships, such as the Safer Barnsley Partnership Board, the Children and Young People's Trust Executive Group and the Alcohol Alliance (amongst others), to ensure that the health and wellbeing needs of residents are at the forefront of our collective consciousness. This Strategy is intended to complement other strategies and plans (e.g. the Health and Care Plan) by setting out our ambition and plan to achieve a Healthier Barnsley, through the combined efforts of partners on the Health and Wellbeing Board.

At the time of writing, the way that NHS services are provided is changing, with the development of Integrated Care Systems (ICS). Barnsley's Health and Wellbeing Board will work collaboratively with our ICS and our local Integrated Care Partnership Group (ICPG) and Integrated Care Delivery Group (ICDG) to ensure the best outcomes are achieved for Barnsley residents.

This strategy has been informed by a range of data and intelligence which has been produced both locally and nationally. The main source of evidence we have used for this strategy is our Joint Strategic Needs Assessment (JSNA) which is available online here, and follows the same structure as our Integrated Care Outcomes Framework (ICOF). We've also relied on the Public Health Outcomes Framework which is also available online.

The strategy has also been informed by the voice of Barnsley Residents, through our 'A Day in the Life of' which was held in November 2020; our Children and Young People's Emotional Health and Wellbeing survey; and our Barnsley 2030 consultation.

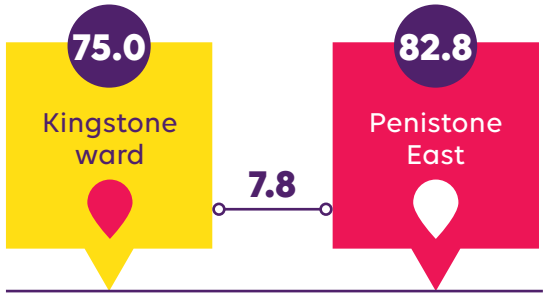
Whilst this strategy is both wide-ranging and long term – the immediate focus of the Health and Wellbeing Board is twofold: to ensure that **Barnsley is a great place for a child to be born;** and to protect our residents' **Mental Health** through a combination of prevention and ensuring people can access good quality services, at the right time.

Our Vision for a Healthy Barnsley:

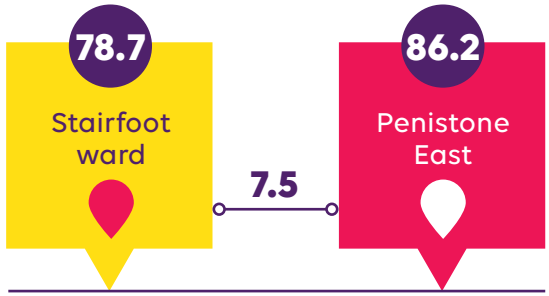
All Barnsley residents are enabled to enjoy long, fulfilling and healthy lives in safe, strong and vibrant communities where every person is equipped with the skills and resources they need to thrive.

Keeping ourselves well is the key to living happy and productive lives – but not everyone has an equal chance of being healthy. The conditions in which we're born, grow, live, and work all influence our health and how we feel. Differences in health and wellbeing across the population and between different groups in society are known as health inequalities. It is unfair and unjust that people can expect to live shorter lives, have poorer health and have less fulfilling lives, simply because of where they were born and who they are.

Within Barnsley, life expectancy at birth rates for men range from 75.0 years in Kingstone ward to 82.8 years in Penistone East (a gap of 7.8 years).



Life expectancy at birth rates for women range from 78.7 years in Stairfoot Ward to 86.2 years in Penistone East (a gap of 7.5 years).



Health inequalities are not caused by one single issue, but by a complex mix of environmental and social factors which play out in a local area. Tackling this complex web requires a joined-up, place-based approach, drawing on local assets and working together to improve outcomes for our local communities.

As we continue to realise the impact of COVID-19, we will focus on ensuring that no communities are left behind in our recovery; that our recovery is fair and equitable and that we don't risk widening health and social inequalities across the borough.

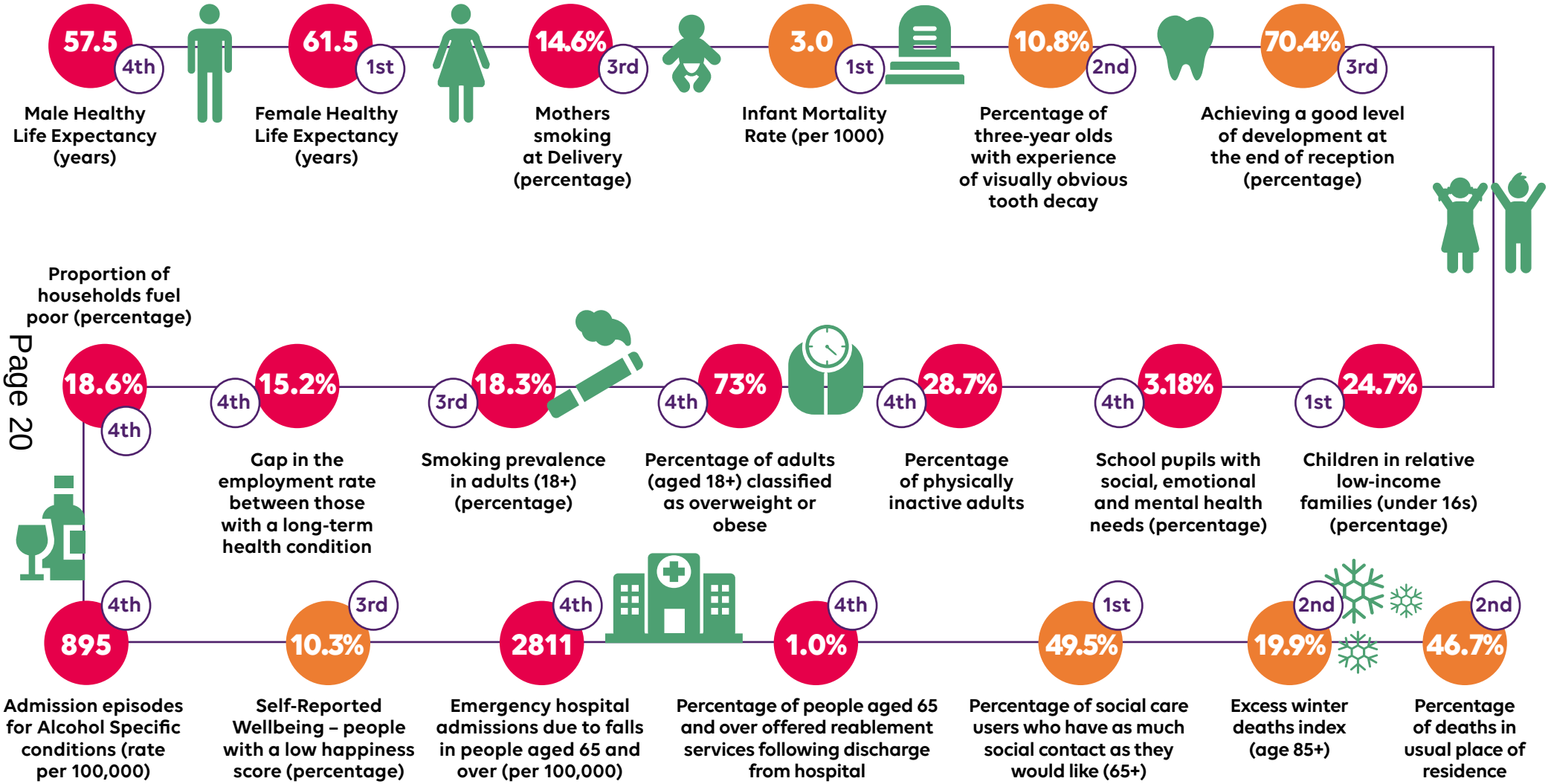
We have set out our strategy as a 'life course' approach, which shows what we will do to improve health and wellbeing across a person's life – from pre-birth to end of life. We have split this life course approach into 3 sections:

Starting Well (0 – 18 years)

Living Well (working age adults)

Ageing Well (65+)

Based on our JSNA and the Public Health Outcomes Framework, we have developed a life course summary, which shows the key performance indicators for each area of the life course. This summary shows where we are now, and how we are performing compared with the rest of England and compared with our South Yorkshire neighbours. In order to enable comparison with other areas, we have only used published and publicly available data. This summary is designed to articulate the key areas we need to take action on to improve health and wellbeing in Barnsley.



Worse than England average

Similar to England average

Better than England average

South Yorkshire Ranking (where 1st is best performing and 4th is worst performing)

Starting Well

There is a wealth of evidence which demonstrates the importance of a child's earliest experiences on their future development and their success as adults. **Ensuring Barnsley is a great place for a child to be born, is one of the key priorities for Barnsley's Health and Wellbeing Board.**

Our Ambitions for Starting Well are:

1. Barnsley is a great place for a child to be born and every child is given the best possible start in life.
2. Fewer children live in poverty, and everyone has the resources they need to look after themselves and their families.
3. All our children and young people have a healthy diet and are physically active.
4. Barnsley will have a culture which promotes positive emotional health and wellbeing and builds resilience in our children and young people.

1. Barnsley is a great place for a child to be born and every child is given the best possible start in life.

What happens during pregnancy and early childhood can impact upon that child's future prospects including levels of social and emotional development, employment prospects, and lifelong health outcomes (including life expectancy). We want families to be empowered to provide nurturing, safe and healthy environments for their children. By focussing on ensuring children are given the best possible start in life, we can generate the greatest societal and health benefits, for generations to come.

One way to give every child the best possible start in life, is to reduce the percentage of mothers who smoke throughout pregnancy. Smoking is the largest modifiable risk factor for poor birth outcomes and a major cause of inequality in child and maternal health. Evidence from our JSNA tells us that around 1 in 5 adults in Barnsley are smokers; and 14.6% of mothers smoke during pregnancy – which is significantly higher than the national rate of 10.4%.

Our vision is to create a smoke-free generation in Barnsley, where smoking prevalence is less than 5% and children and young people can grow up in a place free from tobacco. We'll continue the roll out of our smoke free high-streets and Healthy Hospital programmes, with a view to making smoking invisible in Barnsley.

In addition, there's a wealth of evidence that demonstrates the impact that Adverse Childhood Experiences (ACEs) can have on a child or young person's development, including the potential to have a damaging impact on health and wellbeing across the life course. ACEs can include exposure to a variety of harms, including domestic abuse, substance or alcohol misuse, criminality or mental illness within the household.

Many children experience multiple adverse experiences simultaneously and the risk of poor health outcomes across the life course is amplified by the number of ACEs a child experiences. Those who experience multiple ACEs have an increased risk of disease, including heart disease, cancer, lung disease, liver disease, stroke, hypertension, diabetes, asthma, arthritis and mental health problems. Children living in deprived areas are more likely to experience ACEs compared with their more advantaged peers.[1]

Acting on the causes of ACEs is essential to improve health, reduce inequalities and improve the quality of children and young people's lives. Similarly, tackling the causes of ACEs will have the co-benefit of improving parents' lives whilst preventing the transmission of disadvantage and inequality across generations.

1. *The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects (2015);* Allen and Donkin of the UCL Institute of Health Equity, **https://www.instituteofhealthequity.org/resources-reports/the-impact-of-adverse-experiences-in-the-home-on-children-and-young-people/impact-of-adverse-experiences-in-the-home.pdf** (Accessed 28/06/2021)

Another way we can reduce health inequalities in Barnsley, is by improving breastfeeding rates, particularly in lower socio-economic groups and with young parents. Responsive feeding has benefit for mother and infant, including emotional attachment. Breastfeeding can be protective against obesity; indeed breastfeeding for the first 3 months of a baby's life can reduce the risk of obesity by 13% in later life. Evidence from our JSNA tells us that less than half of mothers in Barnsley in 2018/19 gave their babies breast milk for their first feed. This is significantly lower than the England rate of 67.4%. Just under a third of mothers continue to breastfeed their babies at 6 -8 weeks after birth, which is much worse than the England average of 48%.

2. Fewer children live in poverty, and everyone has the resources they need to look after themselves and their families.

Around one in three people in the UK will have experienced relative poverty at some stage in their life. In Barnsley, this is likely to be higher, as we are the 38th most deprived area in England (out of 317), and the second most deprived in South Yorkshire.

The causes of poverty are complex and intertwined, which makes preventing and tackling poverty a significant challenge. A range of factors including unemployment, low paid work and lack of affordable housing can all cause people to live in poverty.

Poverty can impact upon health across the life course. It's associated with shorter life expectancy in infants, and children living in poverty are more likely to suffer from chronic diseases and diet-related problems. Indeed, twice as many people are obese in the most deprived areas of the UK than in the least deprived areas. Poverty can affect a child's cognitive development, and those living in poverty are over three times more likely to suffer from mental health problems. Poverty levels have only increased as a result of the COVID-19 crisis; of the 700,000 people estimated to have been pushed into poverty in the UK during the pandemic, 120,000 were children. Poverty isn't just consigned to those who are unemployed; more than 70% of children facing hardship have at least one parent who works.

The impact of poverty can be severe. Disadvantaged children are estimated to be 4.5 times more likely to develop severe mental health problems than their more well-off peers. Living in poverty can also have a serious impact on a child's wellbeing. Some report feeling ashamed and unhappy and worry about their parents.

In Barnsley, there has been a 5.1% increase in the child poverty rate since 2014/15 to 33.3%. This compares to a UK average of 31%. There is disparity across the borough, with the largest growth in children in low income families since 2014/15 occurring in Darfield (+7%), Cudworth, (+6%) and Worsbrough (+6%).

Findings from our poverty needs assessment suggest that tackling poverty and inequalities will need a co-ordinated partnership response with place-based initiatives to support and promote employment, educational achievement, better health and improved social mobility.

The impact of poverty is also seen in educational attainment. In 2019, 25% of children receiving free school meals achieved grades 9 – 5 in GCSE English and Maths, compared with 50% of other children. Inequalities in educational attainment are closely related to a range of socioeconomic inequalities that children experience, which relate to lifelong inequalities in health. Evidence shows us that there are links between higher cognitive scores and both healthier lifestyles and better health outcomes; higher cognitive function is linked to a reduced risk of cardio-vascular disease and lower levels of depression. Similarly, strong communication and language skills in the early years are linked with success in education which leads to higher qualifications, higher wages and ultimately better health. Indeed, education has been described as 'the single most important modifiable social determinant of health'[2] and those aged 30 years with the highest levels of education are expected to live four years longer than those with the lowest levels of education.

3. All our children and young people have a healthy diet and are physically active.

Being overweight or obese as a child can have a range of both direct and indirect implications. Direct health consequences of carrying excess weight as a child include: type 2 diabetes, hypertension, exacerbation of conditions such as asthma, and psychosocial problems such as social isolation, low self-esteem, teasing and bullying. Children who stay a healthy weight tend to be fitter, healthier, better able to learn, and more self-confident. They're also much more likely to stay a healthy weight and be less likely to have health problems in later life. It is therefore hugely important that we encourage and enable children in Barnsley to live a healthy and active lifestyle and that children maintain a healthy weight throughout their childhood. This will help to ensure that our children transition into adulthood with good physical and mental health, increasing overall healthy life expectancy.

Evidence shows us that physical activity in young people can help improve focus levels, school performance, sleep and energy levels. Physical activity can help develop a child's fundamental movement skills; help maintain healthy body weight; help build healthy bones, muscles, heart and lungs. Improved body image/ self-esteem; improve mental wellbeing including reducing feelings of anxiety, depression and anger; benefits on brain function including improving attention span; whilst also having obvious impacts on physical health.

2. How do our education and skills influence our health? (2017) Jo Bibby, **https://www.health.org.uk/infographics/how-do-our-education-and-skills-influence-our-health**

4. Barnsley will have a culture which promotes positive emotional health and wellbeing and builds resilience in our children and young people.

Children with a mental health problem face unequal chances in their lives, particularly where childhood mental health issues continue into adulthood. Transforming Children's Mental Health Services: A Green Paper suggests that one in ten young people has some form of diagnosable mental health condition. However, NHS Digital's most recent survey suggests that this figure is closer to 1 in 6 school-age children displaying a mental health issue. The NHS long term plan has committed to expanding mental health services for children and young people, reducing unnecessary delays and delivering care in ways that work best for children, young people and their families.

In Barnsley, there has been a significant increase in referrals citing emotional health and wellbeing as the main concern over the past 12 months. Early Help data as of 31st March 2021 shows that 3,544 children and young people were subject to Early Help Assessments, this figure has increased month on month and is an increase of 846 compared to the same month in 2020. 35% of all early help assessments were completed with a primary concern of emotional health and wellbeing.

It is expected that the COVID-19 pandemic will have a long-lasting impact on the emotional health and wellbeing of children and young people. In April 2021 a review of the statistical evidence of children attending Barnsley ED with Mental Health concerns was completed. There has been a 45% increase in attendance to Barnsley ED as a result of anxiety/ depression/ low mood, alongside this there was a 6% rise in admissions due to overdose.

In order to tackle this, we want Barnsley to have a robust system in place to promote positive emotional health and wellbeing and build resilience amongst our children and young people. Early signs and indicators of poor emotional health and wellbeing will be recognised, and all children and young people will have access to the right support at the earliest opportunity. We want all children and young people to have access to high-quality emotional health and wellbeing support linked to their school or college. This support will be accessible and equitable across the borough.

We will also ensure there are regular opportunities for meaningful engagement with children, young people and their families and all services will involve children and young people in service development, design and review.

What we will do:

- Reduce the percentage of mothers that smoke at the time of delivery in line with national trends.
- Deliver a new multiagency action plan to prevent Sudden Unexpected Death in Infancy (SUDI) and ensure that safer sleep work is embedded through a whole system approach.
- Take action on the causes of adverse childhood experiences, to enable all children to have the best start in life.
- Develop a household level 'Poverty Index' for the Borough to inform targeting of preventative work.
- Continue to work closely with school catering teams in the development of new and existing menus so that children across Barnsley have access to hot nutritious and enjoyable school meals throughout the school week and in the school holidays through our Healthy Holidays programme.
- Sign up to the Healthy Weight Declaration as a Health and Wellbeing Board.
- Refresh Barnsley's Physical Activity Strategy, to have a greater emphasis on health inequalities.
- Continue to develop the multi agency approach to CYP Emotional Health and Wellbeing through the CYP Emotional Health and Wellbeing group to improve the journey through mental health services for children, young people and their families.
- Undertake a needs assessment to understand the current landscape of services and provision for vulnerable young people and consider a proposal to identify how the needs of vulnerable children and young people can be met.
- Develop a true Single Point of contact for children, young people and their families where all requests for support around emotional health and wellbeing will be accepted through one 'front door'.

Living Well

Not everyone has the same opportunity to live a healthy and satisfying life. To understand why, we need to look at the bigger picture; various social and environmental factors affect a person's chances to be healthy – these are known as the wider determinants of health. Factors that can impact a person's opportunities to lead a healthy lifestyle include: employment, their surroundings, financial resources, housing, education and skills, access to food, transport and social connections. Barnsley's Health and Wellbeing Board will focus on these wider determinants of health, to ensure everyone has a fair opportunity to live a healthy life.

Our ambitions for living well are:

1. Everyone in Barnsley can access the resources they need to live a healthy life (including having a fulfilling occupation; access to a safe, warm and sustainable home and having a good friend to talk to).

2. Levels of mental ill health across the borough are reduced, by a combination of prevention and ensuring people of all ages, have access to quality, age friendly services at the right time.

3. Everyone can safely be physically active, to support their physical and mental health.

1. Everyone in Barnsley can access the resources they need to live a healthy life.

Often, those at the greatest risk of poor health tend to have the least access to beneficial living and working conditions, such as good quality housing, a secure and fulfilling occupation and a safe environment. This is why Barnsley's Health and Wellbeing Board will focus on improving these wider determinants of health; to enable everyone in Barnsley to have a fair opportunity to lead a healthy and fulfilling life.

One of the key determinants of health is the home and community in which we live. Where we live is so important to our physical and mental health – it's where we grow, relax and take refuge from the outside world.

We want everyone in Barnsley to have access to a safe, warm and sustainable home that supports their wellbeing. A home that supports wellbeing must be affordable, a place where we feel safe and comfortable, a place that meets the needs of the occupiers and a place where we feel connected to our community, work and services. In contrast, poor quality and inadequate housing contribute to health problems such as chronic diseases and injuries, increase health inequalities, and have harmful effects on childhood development. Mental health conditions such as depression and anxiety are exacerbated by poor quality housing, overcrowding and affordability.

Having a warm home is also important. Unfortunately, not everyone in Barnsley is able to heat their homes effectively. Cold homes bring a risk of ill health and death, including increased risk of: childhood asthma, poor attainment in children; social isolation (across ages); physical health conditions (especially cardiovascular and respiratory conditions); mental health conditions (especially depression and anxiety); and reduced strength and dexterity, increasing the risk of falls.

The new 'Low Income, Low Energy Efficiency' (LILEE) indicator suggests Barnsley has a significant higher proportion of households that are fuel poor; with Barnsley rates of fuel poor households being 1.8% higher than the regional average and 5.2% higher than the national.

Like poverty, fuel poverty is a complex issue to address, but we can make a difference by improving energy efficiency of homes and reducing the cost of fuel bills.

Another key determinant of health and wellbeing is employment. Having a job is good for our health, but the quality of our jobs is important. Vulnerable groups, such as those already living in poverty or with low incomes, people with long term health conditions or mental health issues face major barriers for getting into, and staying in, good quality work.

This is an issue that can be addressed by supporting individuals into appropriate skills & employment, resolving barriers and by working with employers to enable healthy work environments. Improving health inequalities is a key aim in Barnsley Council's More & Better Jobs Strategy and the draft Inclusive Recovery Strategy.

A further risk to people's ability to lead a healthy lifestyle is climate change. Climate change is already damaging the health of populations in the UK and has the potential to increase existing health inequalities. At a population level poor air quality, or air pollution, is the largest environmental risk to public health in the UK. Long term exposure, over weeks, months and years, can cause and exacerbate chronic health conditions such as cardiovascular, respiratory diseases and lung cancer, leading to reduced healthy life and life expectancy. It is estimated that long term exposure to man-made air pollution in the UK has an annual effect equivalent to between 28,000 to 36,000 deaths brought forward. Short-term exposure, over hours or days, to elevated levels of air pollution (called Air Pollution Episodes APEs) can cause a range of health impacts including effects on lung function and exacerbation of asthma with increases in respiratory and cardiovascular hospital admissions and mortality. The benefits of tackling air pollution also have co-benefits of improving health and wellbeing including improvement in overall environment quality, increased physical activity and uptake of active travel and climate change mitigation. Multiple interventions, each producing even a small benefit, can act cumulatively to produce significant overall benefits. Tackling climate change, through a reduction in Carbon Emissions is a key priority for Barnsley's Health and Wellbeing Board, as seen in Barnsley Council's Sustainable Energy Action Plan (SEAP) 2020 – 2025 and the NHS' Delivering a 'Net Zero' NHS Green Plan.

2. Levels of mental ill health across the borough are reduced, by a combination of prevention and ensuring people of all ages have access to quality services at the right time.

Mental health is shaped by wide-ranging factors including the social, economic and physical environments in which people live. It is acknowledged for example, that people on low incomes have higher rates of mental health conditions, particularly severe and enduring problems, than those in higher income groups.

Mental health and wellbeing is therefore everyone's business and only by coming together to address the wider factors that affect mental health, by improving services and focusing on prevention, will Barnsley achieve its ambition of being a mentally healthy community.

Our JSNA tells us that the estimated prevalence of common mental health disorders in Barnsley (depression or anxiety) is 19%; which is higher than both the regional and national averages. Barnsley's mortality rate in adults with a serious mental illness (SMI) is significantly higher than the England rate and the **second highest in the Yorkshire and Humber region.** Barnsley has the highest rate of hospital admissions due to self-harm in the Yorkshire and Humber region – and the rate increases in our more deprived communities.

Barnsley has recently established a 'Mental Health Partnership' which brings together leaders from across the borough in order to hold the system to account and drive improvements in mental health within Barnsley. Improving mental health within Barnsley is one of the key priorities for the Health and Wellbeing Board. We will therefore be publishing a separate Mental Health Strategy which focusses specifically on improving mental health in Barnsley. The Mental Health Strategy will follow a number of key principles and themes, including:

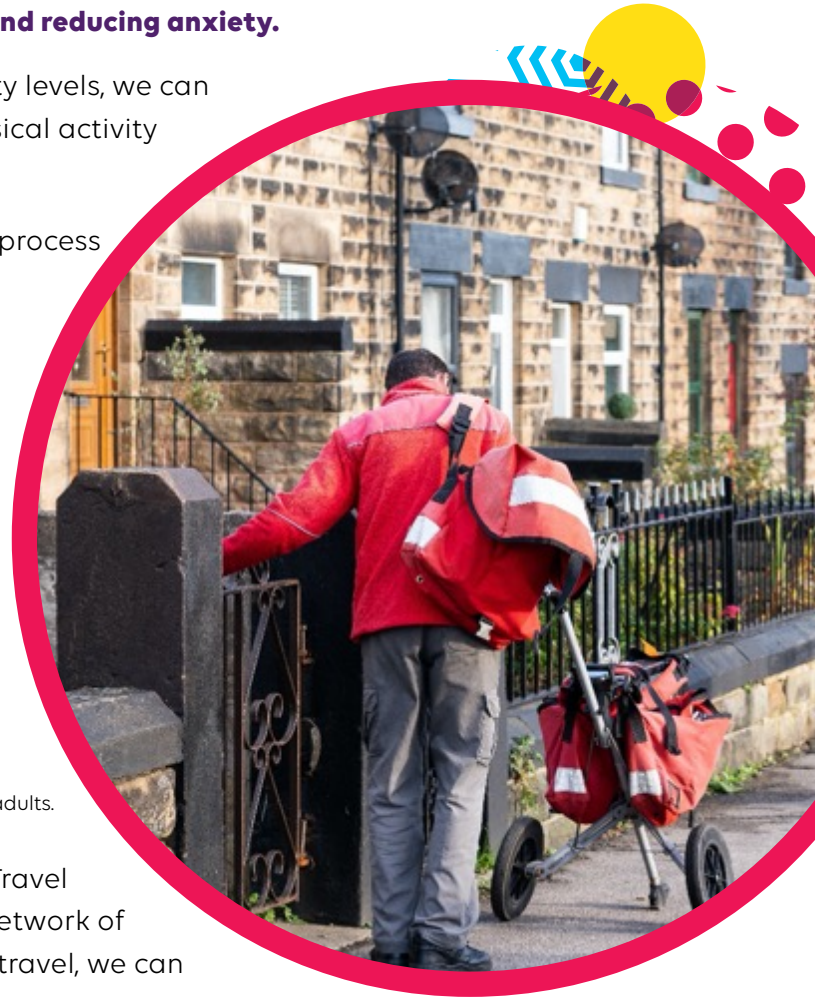
- Ensuring that service re-design and future service developments are co-produced with people with lived experience.
- Recognising the impact of trauma and adversity on peoples' mental health.
- Having a strong focus on the wider determinants of mental health and illness.
- Ensure parity of esteem.
- Challenging stigma and prejudice.
- Ensuring actions and service developments / design are evidence-based.
- Adopting a recovery focus where possible.
- Addressing issues of inclusion and diversity.
- Adopting a focus on prevention and early intervention with education being the key focus.

3. Everyone can safely be physically active, to support their physical and mental health.

The benefits of being physically active are well established for adults. Regular participation in physical activity can reduce the risk of many chronic conditions including coronary heart disease (CHD), type 2 diabetes, cancer, stroke, obesity, dementia, mental health illness and musculoskeletal conditions. Physical activity helps to strengthen the heart, lungs and bones, improving our mood and reducing anxiety.

Being active can have a hugely positive impact on individual's health. By increasing physical activity levels, we can reduce health inequalities, enabling more people to enjoy good health for longer. Importantly physical activity improves our quality of life through immediate and long-term benefits.

Conversely, physical inactivity is strongly associated with the development of chronic diseases; the process of cardiovascular disease begins in childhood and associated risk factors including inactivity and obesity track through adolescence into adulthood.



Physically active 2019/20

56.8% of Barnsley adults are physically active*

61.4% England rate

* doing at least 150 minutes physical activity per week

Physically inactive 2019/20

35.8% of Barnsley adults are physically inactive**

National rate **27.1%**

** doing less than 30 minutes physical activity per week

Data: Nov 19 to Nov 20, 16+ adults.

One way we can increase physical activity levels is through Active Travel. Barnsley Council's Active Travel Strategy aims to create a borough where active travel is a preferred choice, supported through a network of high quality, safe and inviting cycle routes and footpaths for all people to use. By increasing active travel, we can improve health and reduce health inequalities whilst having the co-benefit of improving air quality.

What we will do:

- Build additional homes in Barnsley that are warm, sustainable and affordable – to enable all Barnsley residents to have a home that supports their health and wellbeing.
- Raise awareness of hidden harm and vulnerability in owner-occupied and private rented housing by developing strong and supportive community networks to recognise the risk factors relating to poverty, loneliness, isolation or those affected by self-neglect or hoarding.
- Link housing improvement priorities to public health and wider social care agendas across the system to address inequalities leading to poorer health outcomes.
- Provide a borough wide single point of access for cold homes to address key drivers of fuel poverty (income, energy efficiency and fuel prices).
- Address affordable warmth through capital improvements to properties in the private sector for those residents with health impacts made worse by the cold.
- Ensure that all Barnsley residents have the opportunity to benefit from being more physically active, as set out in the Physical Activity Strategic Plan. We will refresh our Physical Activity Strategy, to have a greater focus on reducing health inequalities.
- Continue to reduce carbon emissions across the borough through our SEAP and NHS Green Plan.
- Continue to support & deliver employment support schemes, particularly amongst the most vulnerable groups.
- Continue to develop the BeWell@Work scheme to support employers to build healthy work environments.
- Deliver a comprehensive programme of Mental Health First Training for staff/managers.
- Develop and publish a new, comprehensive all-age mental health strategy for Barnsley, which will be held to account through Barnsley's new Mental Health Partnership and the Health and Wellbeing Board.
- Aim to improve the lives of the most disadvantaged in our communities the fastest, by improving outcomes for people who are on homeless, misuse substances or alcohol and/ or have a serious mental illness.

Ageing Well

Ageing well happens throughout a person's life, not just in old age. Starting well and living well both lay the foundations for healthy ageing. Our ambitions for ageing well are:

1

Older people are able to live independent and active lives, enjoying their later years in comfort in their own communities, for as long as possible.

2

Our older people have quality of life with choice and control over their care and support needs.

1. Older people are able to live independent and active lives, enjoying their later years in comfort in their own communities, for as long as possible.

Barnsley's population is growing and ageing. Around 19% of our population is 65 years old or over and the number of residents aged 65+ is predicted to reach 60,800 by 2030; a change of 33% from 2016. Evidence tells us that older life is where health inequalities can be most stark; especially for older people who are socially isolated and have poor mental wellbeing. We want Barnsley to be a great place to grow older, and be a place which celebrates and recognises the successes and benefits of an ageing population.

Barnsley has joined the UK network of Age Friendly Communities and working together we want everyone in Barnsley to enjoy healthy and active ageing. Age Friendly communities make it possible for people to continue to stay living in their homes, participate in the activities they value, and contribute to their communities, for as long as possible. Being an Age Friendly community is not about achieving a standard. It's about taking the decision to make improvements at whatever pace we can.

We will remove barriers to create more opportunities for older adults to contribute to society. We want to provide workplaces that support health at work, create flexibility in roles if needed, and recruit, develop, promote and retain staff of every age. We want to implement policies and practices that support unpaid carers. We want an inclusive approach to supporting older adults to volunteer, including opportunities for older people to provide mentoring and peer support.

There should be a focus on extending opportunities to remain engaged with creative, learning and cultural activities as we age. We want to remove barriers to participation by providing more flexible opportunities for engagement and access to affordable transport, and by ensuring people's contributions are valued and that they are supported to develop new skills.

Loneliness and social isolation are different, but related concepts. Loneliness is a subjective feeling that relates to a person's perceived quality of relationships and the gap between a person's desired levels of social contact and their actual levels of social contact. Whereas, social isolation is an objective measure of the number of social contacts that people have – it is about the quantity, not the quality of these relationships.

"Today is much the same as every other day. The pandemic has had little or no effect on me. I spend most of my days in the house. I'm used to staying in with no company and no one to talk to. It's normal for me. Welcome to my world."

emale Barnsley resident, aged 72, on the impact of COVID-19 containment measures.

eeling lonely most or all of the time can have a serious impact on a person's health and wellbeing. Evidence tells us that loneliness is linked to early deaths and its health impact is thought to be on a par with other public health priorities like obesity and smoking. Loneliness is associated with increased risk of coronary heart disease, stroke, mental health issues, low self-esteem and an increased risk of dementia.

Loneliness can be experienced at all ages, but evidence shows that the likelihood of experiencing loneliness increases with age and is also more prevalent amongst ethnic minorities and LGBT people.

To support people to remain connected as they age, we want to ensure the provision of accessible transport links and good quality green spaces, maintain services and facilities as close to people's homes as possible, and adopt a range of community-centred approaches that support and encourage community participation among people of all ages.

Ensuring good homes and communities to help people remain healthy, active and independent in later life. Poor housing can contribute to and exacerbate many long-term health conditions. We want to improve the quality of our existing mainstream housing stock and future-proof new homes, ensuring they are built to be accessible and adaptable. We also want more diverse housing options that meet the needs of older

adults across all tenures – home ownership, social housing and the private rented sector. With a growing proportion of older private renters, we want to improve conditions in the poorest quality private rented accommodation and identify ways of supporting low income owner-occupiers to access funds to repair and improve their homes.

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. Excess winter deaths represent an important health inequality – people who experience greater socioeconomic deprivation are more likely to be affected. There are evidence-based interventions to address EWD and many EWD are seen as avoidable. Excess Winter Deaths are a complex issue that includes cold homes, falls, weather, level of flu/ COVID-19 in circulation and resilience and health of the population that needs a whole system approach to address.

Evidence from our JSNA and the Public Health Outcomes Framework, tells us that Barnsley's 2018-2019 excess winter deaths rate of 17.7% is not significantly different to the England rate of 15.1%. When compared to nearest neighbours, Barnsley's rate is the joint 6th highest. For people aged 85 and over, our excess winter death rate was 19.9%, which is similar to the England average of 18.2%.

alling can happen to anyone – but the risk is particularly great, and the consequences are more severe in older people. Around 30% of over 65s in arnsley living at home will fall each year. This rises to 50% for those aged 80 or over who are living at home or in care homes. Of these falls, 20% f people will require medical attention. 5% of those who fall in a given year will suffer from fractures and hospitalisation. In 2017/18 there were 1,302 emergency hospital admissions due to falls in people aged 65 and over.

In addition, the human cost of falls includes pain, injury, distress, loss of confidence and a greater risk of death – around a third of people who experience a hip fracture die within a year, usually caused by underlying health conditions (of which the fall may be a symptom), rather than the fracture itself.

Falls are linked to a range of risks, which often coexist in older people including medical conditions, the effect of prescribed medication, physiological changes (i.e. deteriorating eyesight or loss of muscle strength and balance), environmental hazards (like cold rooms, ill-fitting shoes and slippery surfaces) and lifestyle factors (i.e. physical inactivity and alcohol consumption).

Whilst preventing falls may be complex; falls are not inevitable. Falls are not a normal part of the ageing process and many can be prevented using interventions that are evidence based and effective. Some of these interventions may be specific to preventing falls (such as muscle strengthening and balance training) however, we also need to ensure that our communities enable healthy ageing. If our older people are able to move about easily, to access public transport and to feel safe within their communities, this all contributes to preventing falls whilst also enabling older people to age healthily.

2. Our older people have quality of life with choice and control over their care and support needs.

Improved living standards, medical advances and public health initiatives have given many of us longer lives. Someone 65 years old today can expect to live to 85, nearly 10 years longer than their parents' generation. By 2041, one in 4 people living in the UK, around 20.7 million individuals, will be aged 65 and over. These additional years of life offer great opportunities for us as individuals, for communities, for society, and for the economy.

However, not everyone benefits equally from longer lifespans. An accumulation of disadvantages in education, employment and living conditions and variations in social care and health services mean that people in the most deprived circumstances can expect to spend 20 fewer years in good health than those who are better off and live in the least deprived areas of the country. And many of us, wherever we live and whatever our income, may have mental or physical health conditions and functional limitations as we age that we need to manage well to enjoy a high quality of life in later years.

If people experience a decline in their health and functional ability, we want to ensure they have timely access to high quality health, care and rehabilitation services and to personalised support and adaptations that will help them remain independent. A person's changing needs should not be a barrier to maintaining or improving health and being able to continue to do the things that they value.

Narrowing inequalities in years of life lived in good health between richer and poorer people, between different population groups and between different areas of the country – focussing efforts on those most at risk. Ageing is inevitable but how we age is not. Collectively, we need to act across the life-course to ensure that everybody has the same opportunities to achieve a good education, good work, financial security, a decent home, and to develop and maintain connections to family, friends and a supportive wider community. These are the protective factors that underpin good mental and physical health and that help people develop and maintain resilience throughout their lives. Those who have not built up this resilience are more disabled by their environments – such as poor housing – in later life. Alongside this, we want to ensure that health and social care services are timely, appropriate and accessible to the whole population, irrespective of wealth or geographical location.

What we will do:

- Encourage all partner organisations to sign up to the Healthy Ageing Consensus Statement.
- Ensure that Barnsley is an Age Friendly town and that Barnsley is a good place for people to live and age well.
- Continue to encourage flu and Covid-19 vaccination uptake amongst all those who are eligible.
- Take learning form correlation between EWD and COVID-19.
- Continue to raise awareness of the causes of Excess Winter Deaths and the support available through coordinated communications campaign.
- Develop a collaborative cold weather plan (2021 – 2022), aligned with emergency planning.
- Implement our Better Lives Programme 2021 – 2024, which aims to:
    - Promote wellbeing and personal & community resilience
    - Maximise recovery and promote independence so people can live independently in their own communities as long as possible
    - Improve the quality of life for people with care and support needs
    - Provide choice and control for people who have care and support needs
    - Ensure value for money and the best use of the Barnsley pound
- Support Barnsley's Carers through the development of a new Carers' Strategy.
- Continue to support the reduction of social isolation and loneliness across all age groups.
- Work with experts to review and implement a new 'Front Door' Model for health and social care in Barnsley.
- Identify appropriate data indicators to measure ageing well.
- Implement the Barnsley Falls Prevention Plan, which aims to promote health and wellbeing across the life course, building on an individual's strengths, to prevent falls in later life.
- Build homes which are sustainable for life, supporting people to live in their communities for longer.
- Review the impact of COVID19 on older people, particularly those aged 70+ years old or with long term health conditions who had to isolate within their own homes.
- Deliver Barnsley's Health and Care Plan and continue to progress work to integrate health and social care services, ensuring that integrated services are the best they can be.

Conclusion:

The Health and Wellbeing Board brings together local anchor institutions, who will work together to improve outcomes for our Barnsley residents. Our strategy for a 'Healthy Barnsley' is both long-term and ambitious, taking action across the life course to improve the health and wellbeing of everyone in Barnsley. We will focus on reducing health and social inequalities to enable everyone in Barnsley to have the opportunity to live a healthy and satisfying life. Our immediate focus is on improving mental health in Barnsley and ensuring Barnsley is a great place for a child to be born. We know we can't do this alone, and it will require support and commitment from our communities, and change at societal level – by harnessing the Barnsley spirit that has been evident throughout the COVID-19 pandemic, we're confident we can continue to deliver a Healthy Barnsley.

Barnsley 2030

Thank you for reading our Strategy.

To find out more please email **publichealth@barnsley.gov.uk**
or visit **www.barnsley.gov.uk/services/health-and-wellbeing**

Barnsley - the place of possibilities

BARNSLEY
Metropolitan Borough Council

MENTAL HEALTH PARTNERSHIP BOARD

All-age Mental Health Strategy Update

October 2021

Patrick Otway

NHS Barnsley CCG

HWB.07.10.2021/6

ALL-AGE MENTAL HEALTH STRATEGY

Rationale for a strategy refresh

Current Strategy

- **Published 2015 –**
  - Pre dates 'Five Years Forward View in Mental Health'
  - Pre dates 'Future in Mind'
  - Pre dates 'NHS Long Term Plan
  - Pre dates PHE Prevention Concordat for Better Mental Health

- **Excludes Dementia**

ALL-AGE MENTAL HEALTH STRATEGY

Significant transformation of mental health services has taken place since the current strategy was published

Significant levels of funding are being received locally and regionally to transform mental health services even further (see NHS Mental Health Implementation Plan 2019/20 – 2023/24

All partners have agreed to refresh the mental health strategy and to include Dementia services

Mental Health Strategy Task and Finish group established to refresh the strategy – development to be overseen by the MHPB

ALL-AGE MENTAL HEALTH STRATEGY

Mental Health Strategy Task and Finish Group agreed that the strategy will adopt a life course approach.

Key areas of focus agreed and a lead identified for each area of focus to lead the development of that part of the strategy.

Key areas of focus are as follows:

- Introduction / Overview – outlines the aims and ambitions of the strategy
- Local picture – outlines the data and intelligence which provides us with a clear picture of the emotional health and wellbeing of our local population
- Wider determinants of health – outlines the importance of the impact on our emotional health and wellbeing of factors such as housing, education, employment, transport, access to green space and physical activity
- Prevention – Early Intervention – outlines the benefits of people (especially children and young people) accessing early intervention and the need to shift our focus towards prevention and early intervention if we are to significantly improve the life outcomes of our population
- Developing Well – a) Perinatal / Maternal / Infant Mental Health – outlines the service developments in response to the issues around identifying and improving perinatal / maternal mental health support

  b) Children and young people – outlines the significant, local transformation of emotional health and wellbeing services supporting our children and young people and to focus improvements on supporting our most vulnerable young people and our response to the current crisis within Eating Disorder services
- Living Well – outlines the proposed transformations being developed following the successful bid for Community Mental health funding - the focus is on improving the physical health of those with Severe Mental Illness (SMI); improving access to advice/support/treatment for those experiencing poor mental health; improving the support for those people experiencing personality disorder; IAPT
- Ageing Well – outlines the specific issues impacting on Older peoples mental wellbeing – adopting the Age Friendly Cities Framework – living with Dementia
- Crisis – liaison services – crisis alternatives – S136 – Early Intervention Psychosis
- Suicide Prevention
- Deliverables – still to be developed dependent upon the 2/3 local priorities agreed
- Proposed Mental Health Standards (20 in total) – Mental Health Dashboard in development

ALL-AGE MENTAL HEALTH STRATEGY

Each section of the Mental Health Strategy attempts to reflect the following 'Golden Threads':

- **Tackling inequalities**
- **Involvement, participation and co-production**
- **Integration and partnership – community and voluntary sector organisations**
- **Parity of esteem**
- **Digitalisation**

ALL-AGE MENTAL HEALTH STRATEGY

Members of the Task and Finish Group were asked to feedback their comments on the content of the strategy document by close of play on 17th September.

Good response from members with very helpful comments / suggestions.

All comments are being considered (together with any comments from today's Health and Wellbeing Board) and incorporated where appropriate.

Design and format of the strategy is ongoing.

The impacts of cold weather on morbidity and excess winter mortality in Barnsley

Barnsley Intelligence Cell

September 2021

BARNSLEY
Metropolitan Borough Council

HWB.07.10.2021/7

Contents

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Top Lines

Barnsley's Excess Winter Death rate in 2018/19 was

17.7%

2019/20 data (expected November 2021) is expected to show an increase in EWDs following the national trend.

Covid-19 has had an impact on excess mortality from all causes.

There were two peaks in 2020 where deaths from all-causes in England were **consistently higher compared to a 5-year average**

Barnsley follows a similar trend to the National data and there are **several MSOAs in Barnsley with significantly higher percentages** of excess deaths

Levels of Excess Cold in Barnsley Housing Stock are

higher in Penistone East, Penistone West and Darfield.

The predominance of excess cold in the rural areas is likely to be a result of older, detached properties

Respiratory Diseases

are the main underlying cause of excess winter deaths in Barnsley

In the most recent period there were **75.5%** more deaths from influenza and pneumonia and 75.4% more deaths from chronic lower respiratory disease

Fuel Poverty

Barnsley has a significantly higher proportion of homes considered **fuel poor at 18.6%, compared to the England average of 13.4%**

The highest concentrations of fuel poor households are in **Dearne North, St Helens, Kingstone and Monk Bretton.**

Falls

Barnsley has **higher rates of hospital admissions due to falls** in people aged 65 or over (2019/20 data) and the rate is on an increasing trend

Levels of fall hazards in Barnsley housing stock are notably worse compared to the average for England. The wards with the highest levels of fall hazards are **Kingstone, Old Town and Dearne North**

Barnsley has higher rates of mortality than England for Cardiovascular Disease and Respiratory diseases.

Rates of mortality from respiratory diseases are particularly high in **St Helens, North East, Dearne South, Stairfoot and Central Wards.**

Rates of mortality from Cardiovascular disease are particularly high in **Dearne North, Worsbrough and Kingstone.**

A & E attendances in Barnsley

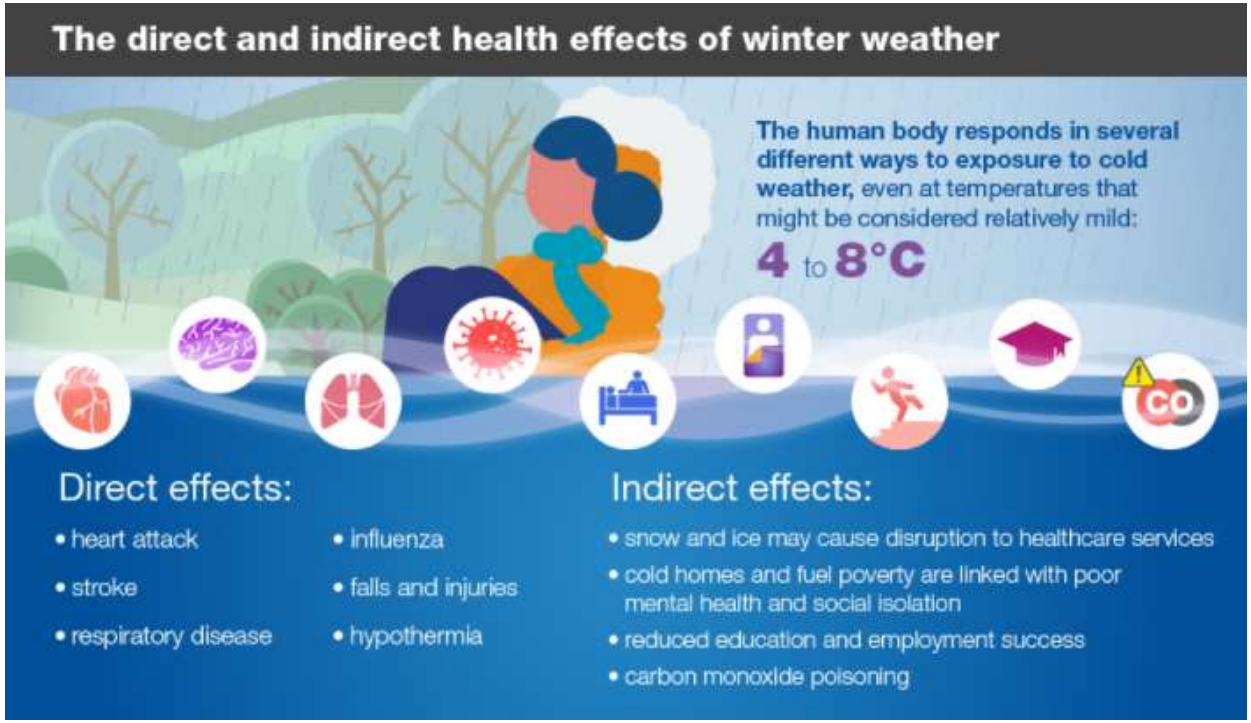
are higher for respiratory conditions compared to cardiac and vascular conditions. There are higher rates of admissions from wards around the **town centre, North East and the Dearne**

Emergency hospital admissions

for Cardiovascular related conditions are higher in the 75+ population. For women, rates of admissions are significantly higher in **Kingstone** and for men, admissions are higher from **Dearne North, Darton East and Central Ward.**

Direct effects include increased incidence of heart attack, stroke, respiratory disease, influenza, falls and injuries, hypothermia.

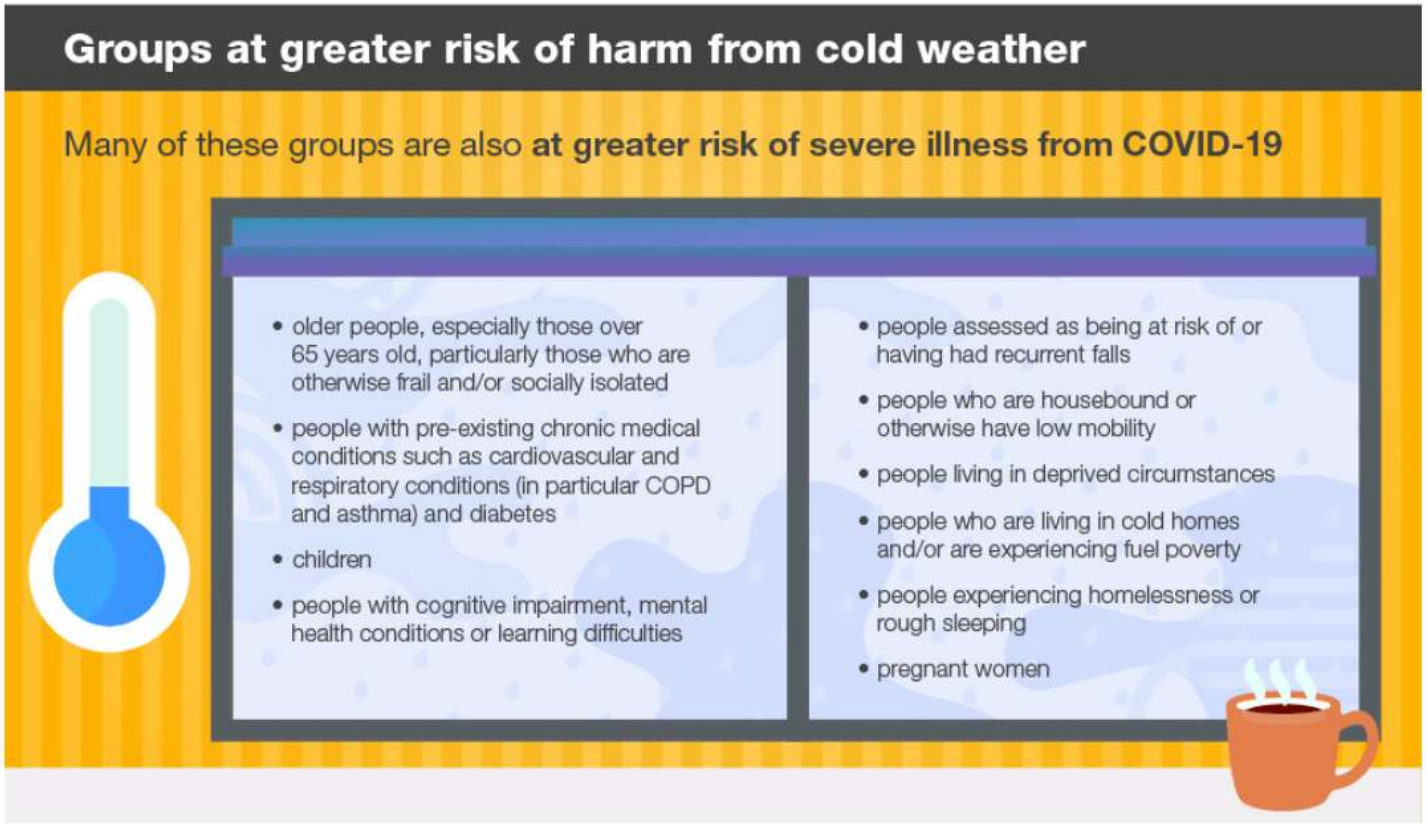
Indirect effects include mental health effects from depression, reduced educational and employment attainment, and risk of carbon monoxide poisoning.



The onset of cold weather leads to an almost immediate increase in weather-related deaths which can remain raised for **up to four weeks**.

Public Health England

Health Matters



Many of these groups are also at greater risk of severe illness from COVID-19, as well as other winter illnesses such as flu. Therefore, it is **more important than ever** that those most vulnerable are supported this year.

Groups at greater risk of harm from cold weather

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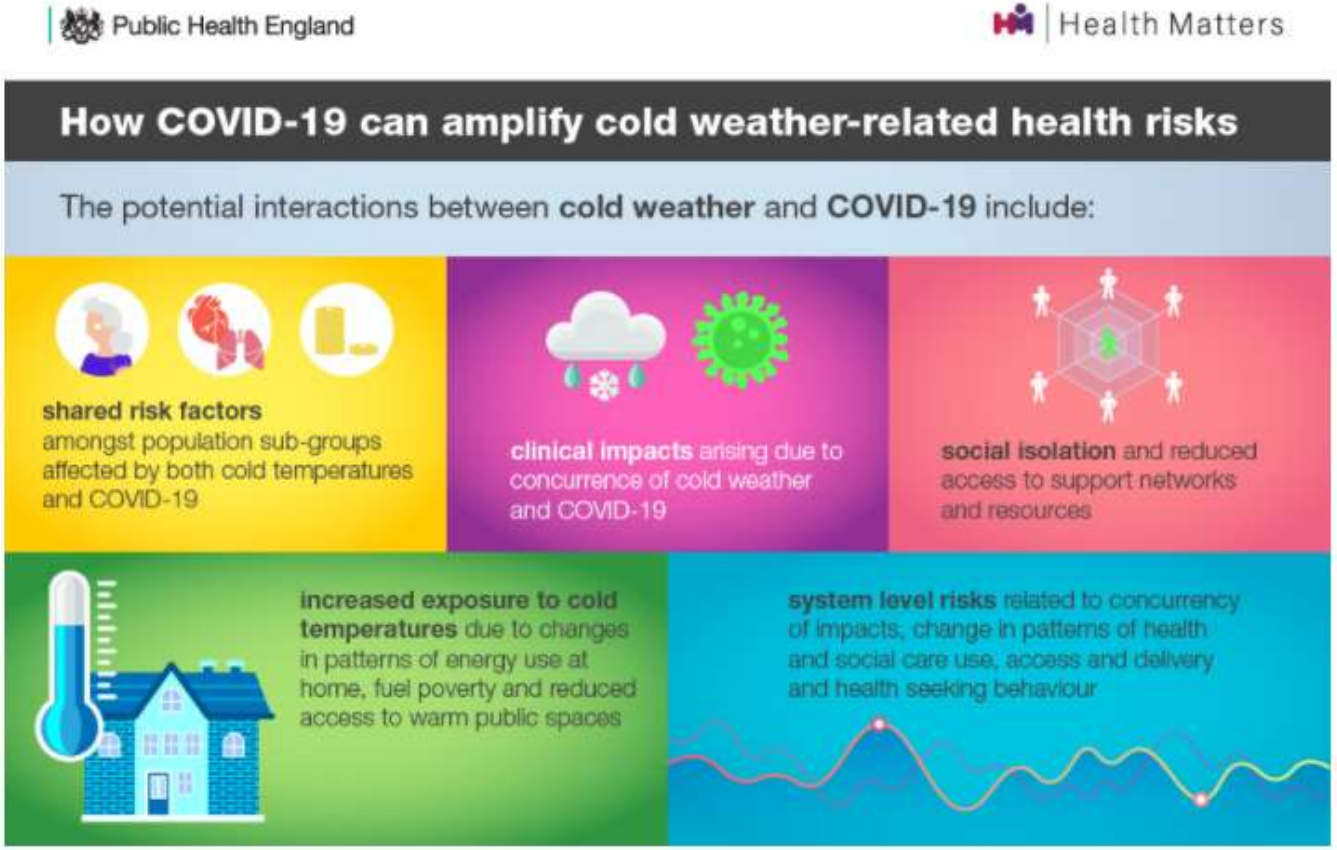


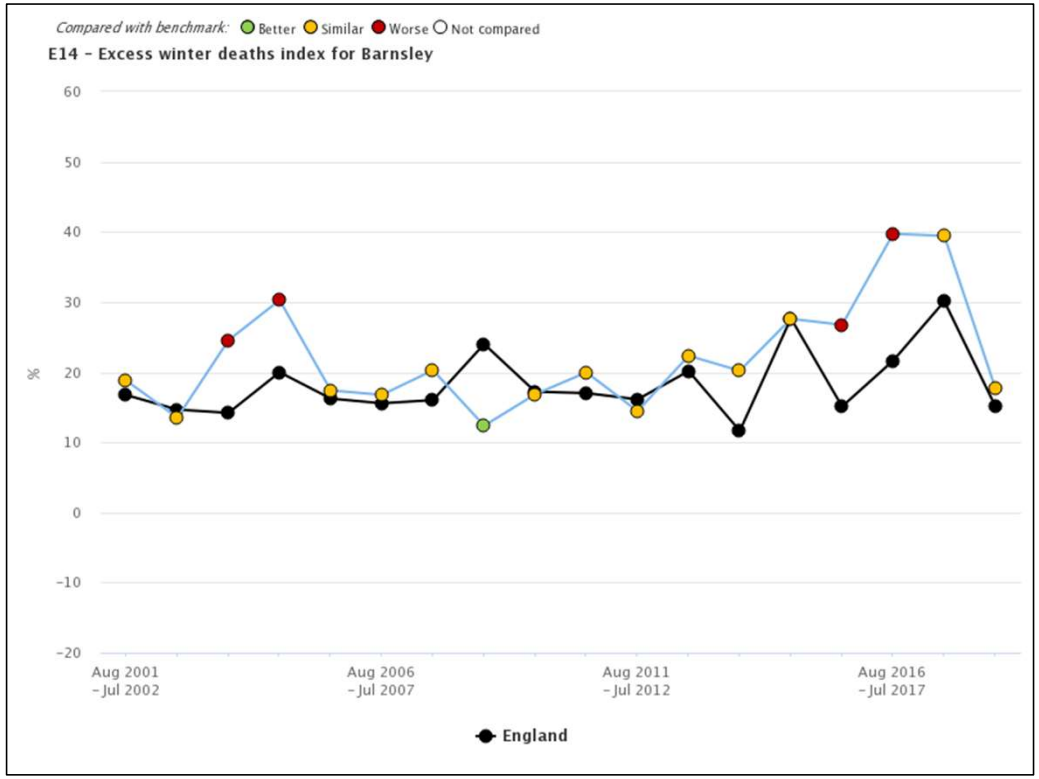
Clinical risk factors that have been linked with severe illness from COVID-19 that are also risks for cold-related harms include:

- older age, risks for both cold and COVID-19 increase with age
- underlying health conditions, particularly chronic respiratory and cardiovascular disease
- diabetes
- pregnancy

2. Excess Winter Deaths in Barnsley - Headlines

Barnsley's **2018-2019** excess winter deaths rate (17.7%) is not significantly different to the England rate of 15.1%. When compared to nearest neighbours, Barnsley's rate is the joint 6th highest.

- The most recent rate of 17.7% is less than half what it was in the previous two time points.
- During 2012–2019, there were **75.5% more deaths from influenza and pneumonia in winter months** than in non-winter months.
- Excess winter deaths are higher in the older age bands, this reflects the national picture.
- Large geographical differences exist within Barnsley. During the period 2012–2019, rates of excess winter deaths **ranged from 8.5% in Old Town ward to 53.9% in Darton East ward.**



Excess Winter Deaths: Barnsley compared to nearest neighbours and England

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E14 - Excess winter deaths index

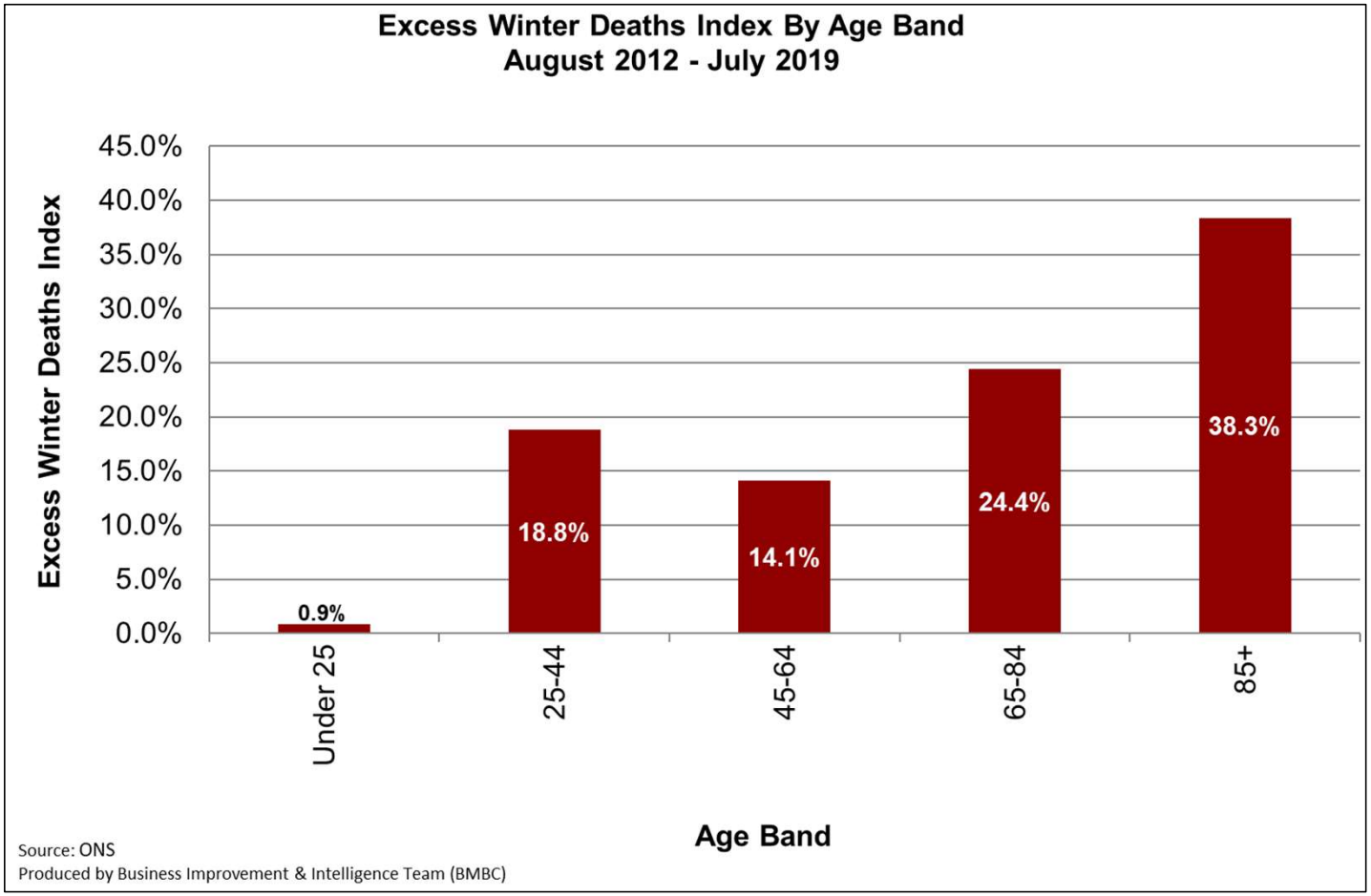
New data

Aug 2018 - Jul 2019

Ratio - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	23,014	15.1	14.4	15.8
Neighbours average	–	-	-	-	-	-
Stockton-on-Tees	–	14	160	28.5	17.0	41.1
Rotherham	–	1	213	25.6	16.2	35.7
Kirklees	–	10	260	22.0	14.2	30.2
Rochdale	–	13	110	18.7	8.1	30.3
Walsall	–	12	149	18.2	9.1	28.0
Wigan	–	5	174	17.7	9.5	26.6
Barnsley	–	-	138	17.7	8.4	27.7
St. Helens	–	4	103	16.9	6.6	28.3
Doncaster	–	2	163	16.8	8.6	25.7
Dudley	–	9	161	16.1	8.0	24.8
Bury	–	15	81	15.2	4.3	27.2
Wakefield	–	3	164	15.1	7.4	23.4
Tameside	–	8	96	13.8	4.3	24.1
Telford and Wrekin	–	7	63	13.3	1.9	26.0
Calderdale	–	6	66	10.9	0.9	22.0
Halton	–	11	-8	-2.0	-13.3	10.7

Excess Winter Deaths are higher in the older age-bands. This reflects the National picture.



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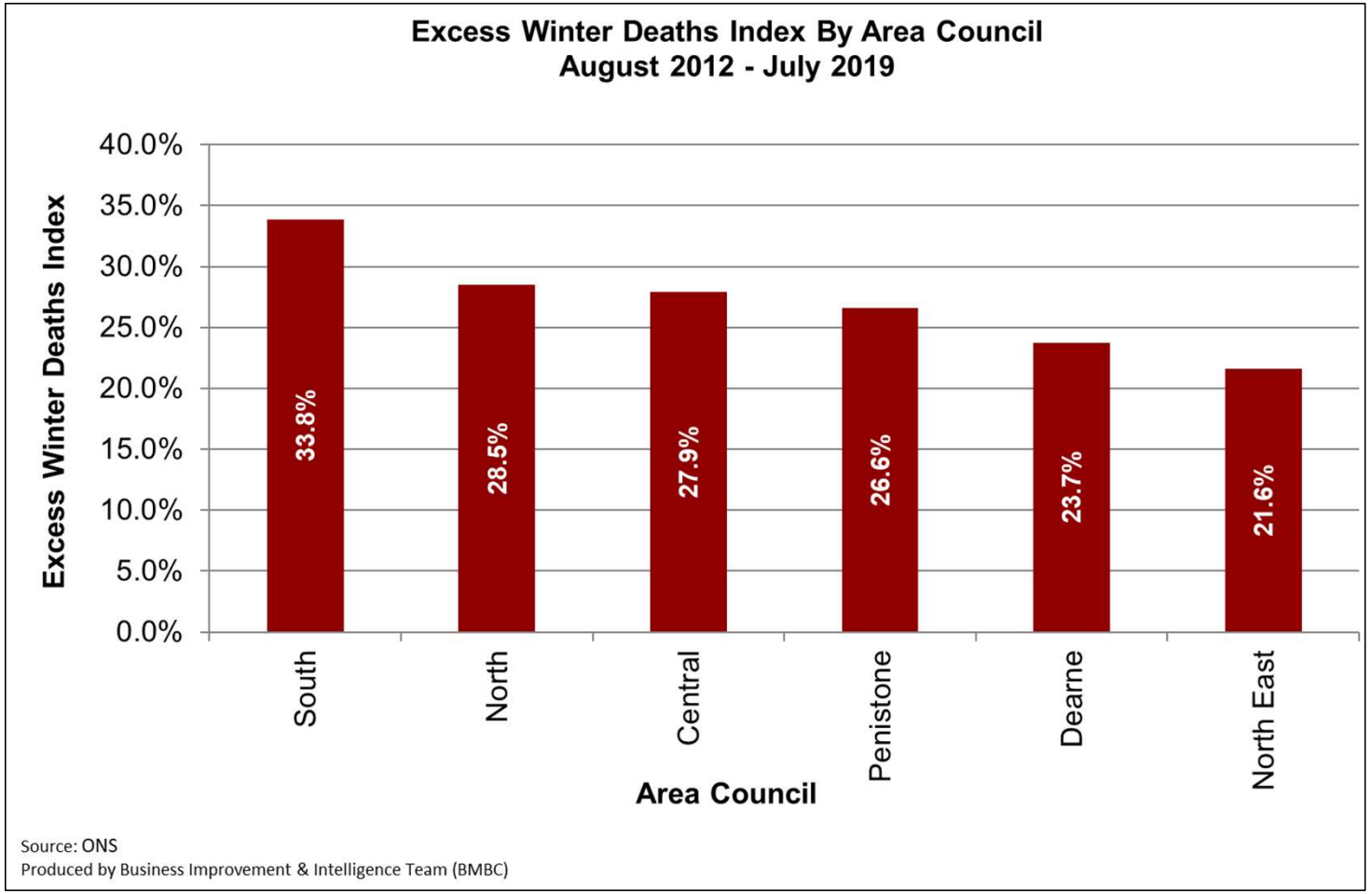
Excess Winter Deaths by Area Council

At Area Council level, in 2012-2019, rates ranged from 21.6% in North East Area Council to 33.8% in South Area Council.



Source: ONS
Produced by Business Improvement & Intelligence Team (BMBC)

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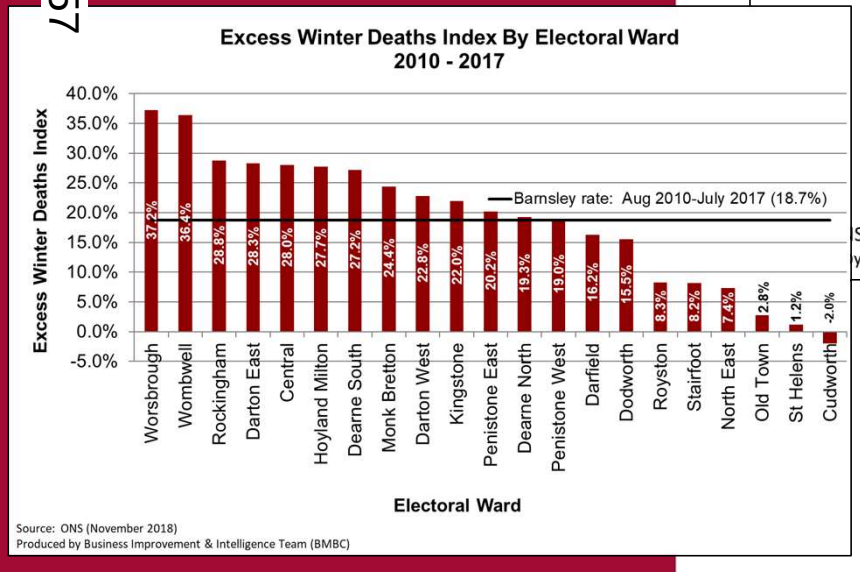
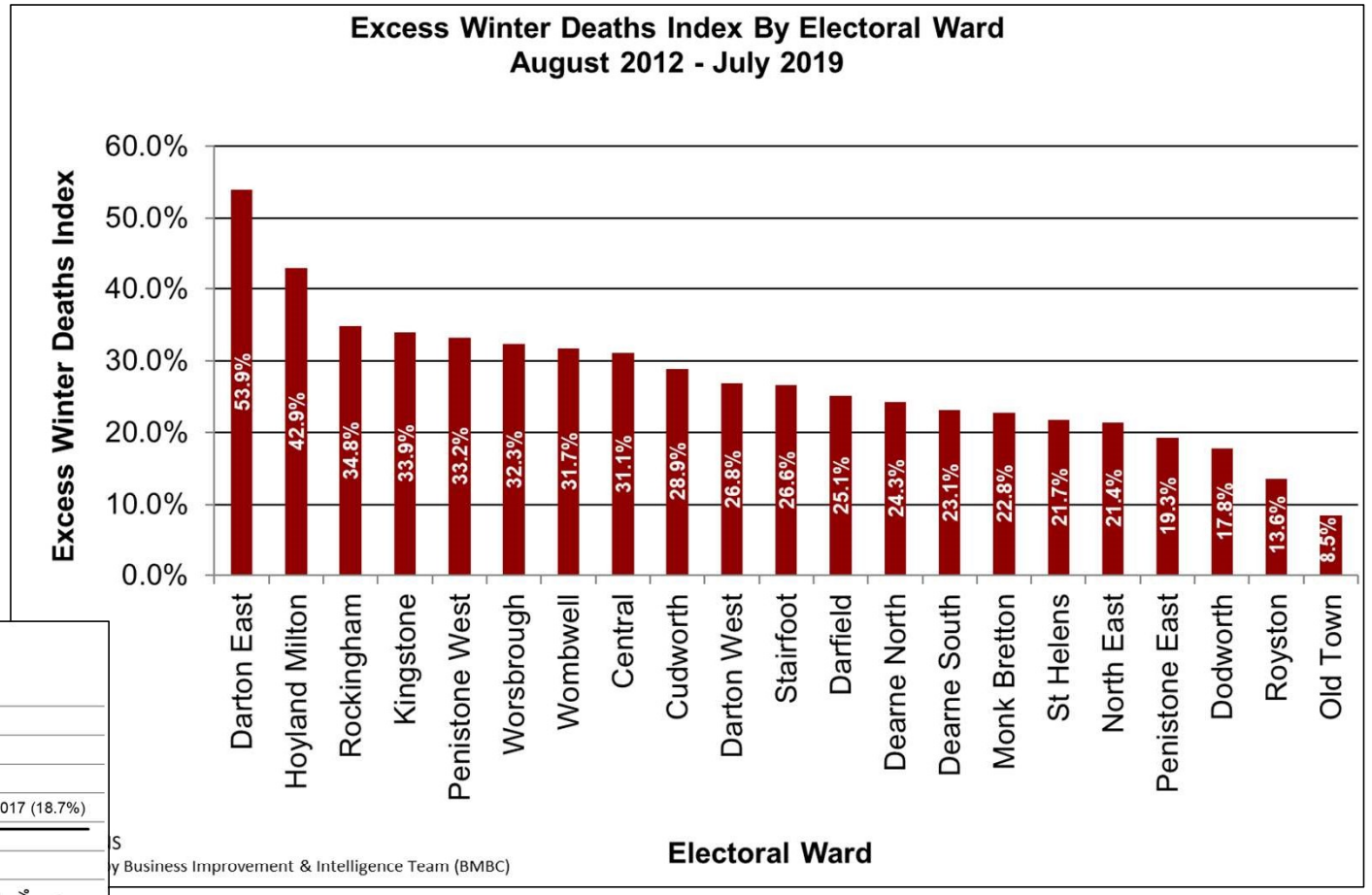
During the period 2012-2019, rates of excess winter deaths ranged from **8.5% in Old Town ward to 53.9% in Darton East ward.**

Darton East ward is the ward with the **largest drop-off in rate when care home residents are r[illegible]oved** (from 47.4% to 28.3%).





NOTE: At lower levels of geography, a seven year data period is used to maintain a robust sample size.

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- Rates have fluctuated in each ward during the period 2006-13 to 2012-19.
- One ward (Darton East) had rates in the bottom (worst) quartile at each time point during the period.
- One ward (Royston) had rates in the top (best) quartile at each time point during the period.
- Previous analysis has revealed there **no direct correlation** between increased levels of deprivation and higher
- levels of excess winter deaths.

Trend in Excess Winter Deaths by Electoral Ward

Ward	2006-2013	2007-2014	2008-2015	2009-2016	2010-2017	2011-2018	2012-2019
Central	27.1	29.4	34.0	34.9	28.8	32.2	31.1
Cudworth	5.5	5.8	13.9	17.5	14.6	19.0	28.9
Darfield	23.0	14.4	15.6	16.7	16.7	23.9	25.1
Darton East	27.1	28.1	34.2	37.3	47.4	55.4	53.9
Darton West	17.0	21.1	23.9	28.4	25.0	28.0	26.8
Dearne North	26.3	31.8	31.5	26.3	21.8	25.8	24.3
Dearne South	28.3	31.7	36.0	30.7	30.2	30.2	23.1
Dodworth	12.9	14.7	22.9	19.9	19.7	21.0	17.8
Hoyland Milton	15.4	17.7	32.5	36.1	29.3	39.2	42.9
Kingstone	5.5	11.8	21.4	20.2	27.4	32.5	33.9
Monk Bretton	24.1	31.6	35.3	34.3	19.7	16.3	22.8
North East	20.7	20.2	18.6	15.8	18.6	19.1	21.4
Old Town	18.4	20.1	19.0	18.0	6.2	3.7	8.5
Penistone East	7.7	2.8	11.3	19.9	19.5	20.7	19.3
Penistone West	5.4	4.8	17.1	14.3	18.2	27.2	33.2
Rockingham	11.1	11.8	22.1	36.2	37.7	38.7	34.8
Royston	8.1	0.7	5.3	13.5	6.5	7.5	13.6
St Helens	14.8	5.9	10.9	12.0	4.4	17.1	21.7
Stairfoot	15.7	12.8	24.2	28.6	25.5	25.2	26.6
Wombwell	18.1	19.0	28.2	33.7	39.3	42.5	31.7
Worsbrough	20.5	23.2	38.7	44.6	36.4	34.3	32.3

Key
Top 25%
Bottom 25%

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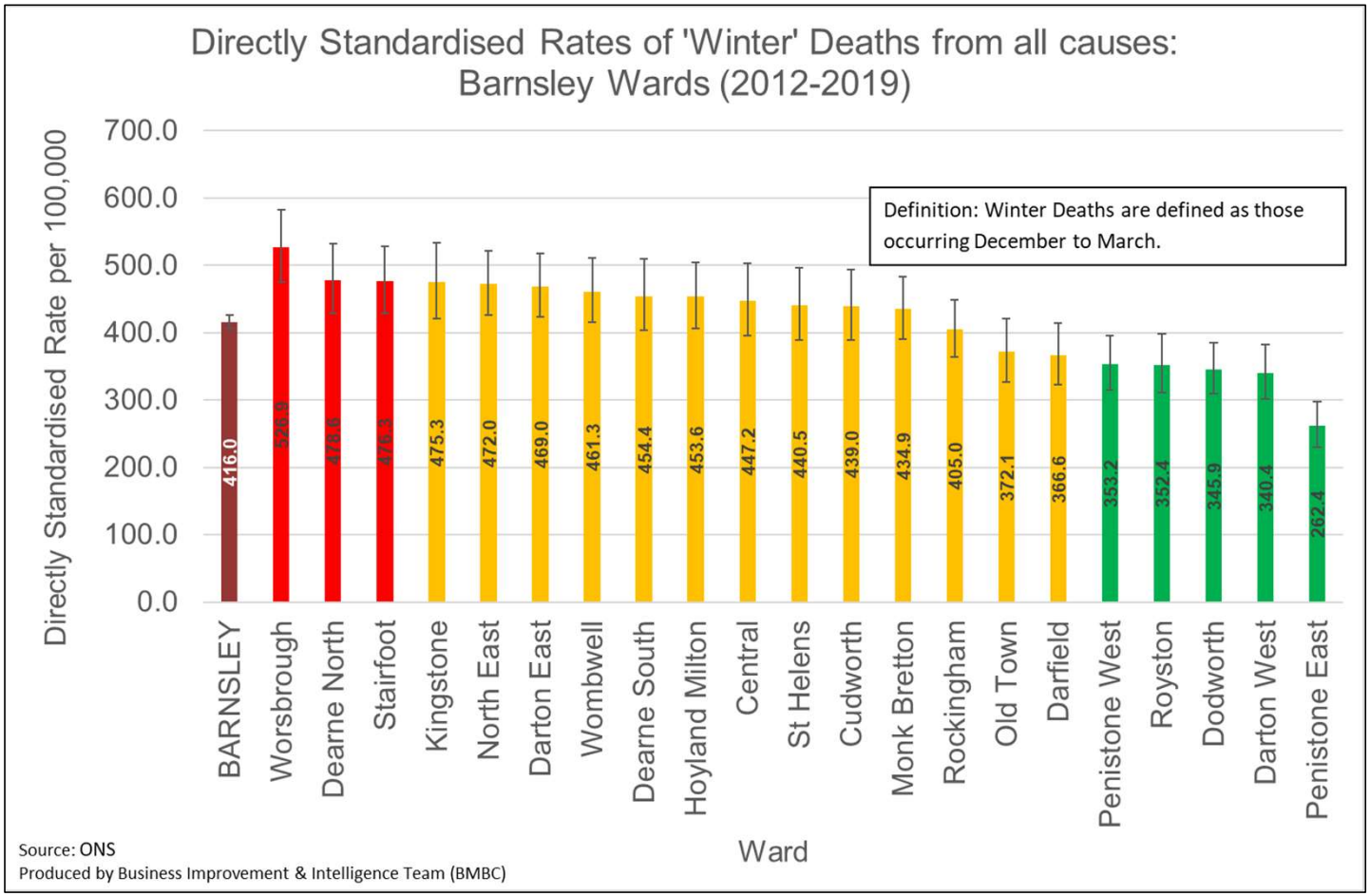
- During the period 2012-2019, standardised rates of 'winter' deaths (those occurring December to March) per 100,000 ranged **from 262.4 in Penistone East ward to 526.9 in Worsbrough ward.**

- When compared to the overall Barnsley rate, the **rates in Worsbrough, Dearne North and Stairfoot wards were significantly higher**; the rates in Penistone West, Royston, Dodworth, Darton West and Penistone East were significantly lower.



DSR analysis is undertaken on the total number of winter deaths. It is not possible to ascertain from the individual level deaths data which deaths are 'excess' deaths.

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3. Associated Factors - Headlines

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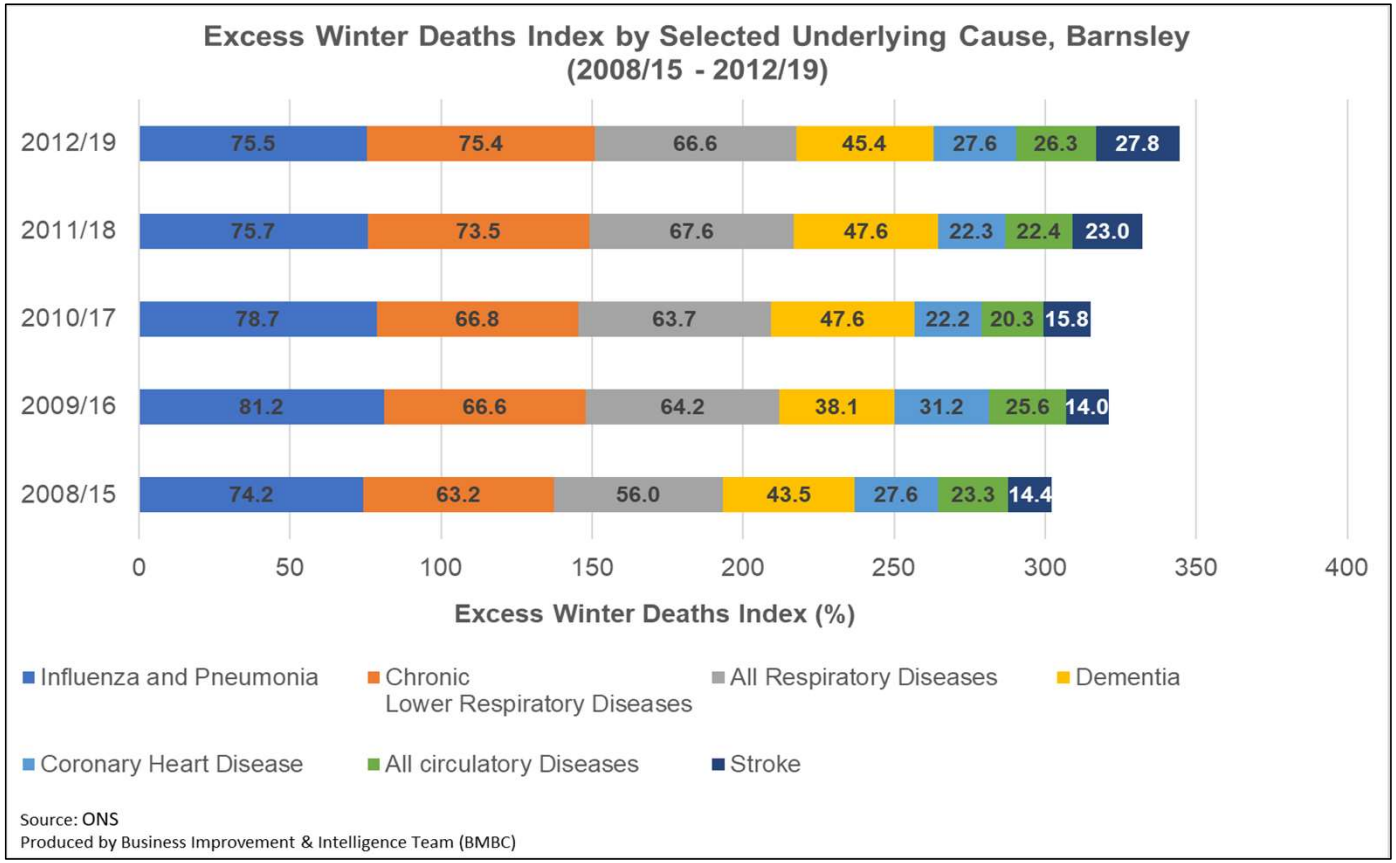
- The main underlying causes of excess winter deaths in Barnsley are **respiratory diseases.**
- In the most recent period (2012-19) there were **75.5% more deaths from influenza and pneumonia and 75.4% more deaths from chronic lower respiratory disease** in winter months than in non-winter months. This trend has been consistent over time and provisional data for England and Wales 2019/20 shows that respiratory illnesses continue to be the leading cause of excess winter deaths.
- Data also shows there were **45.4% more deaths as a result of dementia**, though further dementia deaths could be masked by the code recorded on the death certificates. Dementia could be recorded as a secondary cause or as frailty/old age.
- Barnsley has **higher mortality rates** than England for Cardiovascular Disease (CVD) and respiratory diseases. Rates of mortality from respiratory diseases are particularly high **in St Helens, North East, Dearne South, Stairfoot and Central Wards.**
- Rates of mortality from Cardiovascular disease are particularly high in **Dearne North, Worsbrough and Kingstone.**

Associated Factors - trends

- Across the time periods, the main underlying causes of excess winter deaths are **respiratory diseases.**
- In the most recent period (2012-19) there were **75.5% more deaths from influenza and pneumonia and 75.4% more deaths from chronic lower respiratory disease** in winter months than in non-winter months.
- **Data shows there were 45.4% more deaths as a result of dementia**. It is likely that this figure is not accurate as the data is reliant on the coding used on death certificates. There are up to 20 causes of death that can be recorded, and dementia may be recorded as a secondary cause of death. In some circumstances the cause of death may also be recorded as old age/frailty which could 'mask' further numbers of death due to dementia.

Trends over time – underlying causes



Source: ONS
Produced by Business Improvement & Intelligence Team (BMBC)

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Barnsley mortality rates from disease

BARNSLEY
Metropolitan Borough Council

Area	Ward	Deaths from all cancer, all ages, standardised mortality ratio	Deaths from all cancer, under 75 years, standardised mortality ratio	Deaths from all causes, all ages, standardised mortality ratio	Deaths from all causes, under 75 years, standardised mortality ratio	Deaths from causes considered preventable, all ages, standardised mortality ratio	Deaths from circulatory disease, all ages, standardised mortality ratio	Deaths from circulatory disease, under 75 years, standardised mortality ratio	Deaths from coronary heart disease, all ages, standardised mortality ratio	Deaths from respiratory diseases, all ages, standardised mortality ratio	Deaths from stroke, all ages, standardised mortality ratio
England	England	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Barnsley	Barnsley	109.0	112.7	112.5	114.2	111.0	110.6	120.0	119.8	127.8	105.9
Central	Central	116.8	126.4	120.9	126.1	138.7	108.2	87.8	139.7	152.0	85.0
Central	Dodworth	95.4	93.3	96.7	84.8	80.8	93.6	98.2	100.5	99.4	98.1
Central	Kingstone	99.9	105.9	125.2	146.7	134.0	126.1	163.1	141.6	136.0	109.2
Central	Stairfoot	138.8	138.7	138.0	140.1	142.1	119.4	111.9	133.0	151.5	128.0
Central	Worsbrough	113.7	110.2	141.2	128.5	119.5	152.6	157.8	148.7	158.2	182.2
Dearne	Dearne North	117.4	151.8	127.9	157.4	153.0	139.9	187.6	149.0	139.6	129.3
Dearne	Dearne South	118.9	120.7	119.1	121.5	109.2	118.5	139.0	133.4	163.7	103.8
North	Darton East	101.5	100.8	116.8	101.0	100.6	112.3	100.5	106.8	105.9	112.4
North	Darton West	93.6	79.1	90.7	75.2	64.5	91.0	58.9	100.9	111.9	79.1
North	Old Town	98.0	114.2	109.9	117.3	117.9	100.0	139.5	100.6	129.1	79.1
North	St Helens	119.1	128.0	120.4	139.8	144.3	129.9	184.5	134.8	184.0	117.3
North East	Cudworth	119.3	114.4	115.8	101.5	100.7	112.6	112.3	113.2	143.3	111.4
North East	Monk Bretton	129.1	130.3	125.8	139.8	116.9	131.9	157.4	137.9	144.3	144.4
North East	North East	124.9	114.0	132.0	134.6	115.3	120.1	137.1	141.4	160.7	118.4
North East	Royston	97.7	100.6	95.5	94.6	99.2	88.6	108.8	91.8	112.5	88.1
Penistone	Penistone East	82.7	71.1	72.9	62.1	56.7	78.6	68.4	73.3	73.1	84.0
Penistone	Penistone West	85.8	79.6	93.4	78.5	82.0	93.7	70.9	110.4	91.1	73.1
South	Darfield	114.6	140.5	99.8	126.9	126.6	92.2	115.1	100.3	117.0	73.8
South	Hoyland Milton	118.0	120.5	112.4	114.0	121.0	110.9	133.9	126.7	143.6	65.2
South	Rockingham	100.2	119.4	105.6	110.3	115.8	105.8	108.6	127.4	113.6	101.9
South	Wombwell	117.3	132.8	123.3	131.1	130.2	118.0	135.9	128.8	107.9	146.1

Barnsley has **higher mortality rates** than England for CVD and respiratory diseases.

- Rates of mortality from **respiratory diseases** are particularly high in St Helens, North East, Dearne South, Stairfoot and Central Wards.
- Rates of mortality from CVD are particularly high in Dearne North, Worsbrough and Kingstone.

4. Hospital Admissions - Headlines

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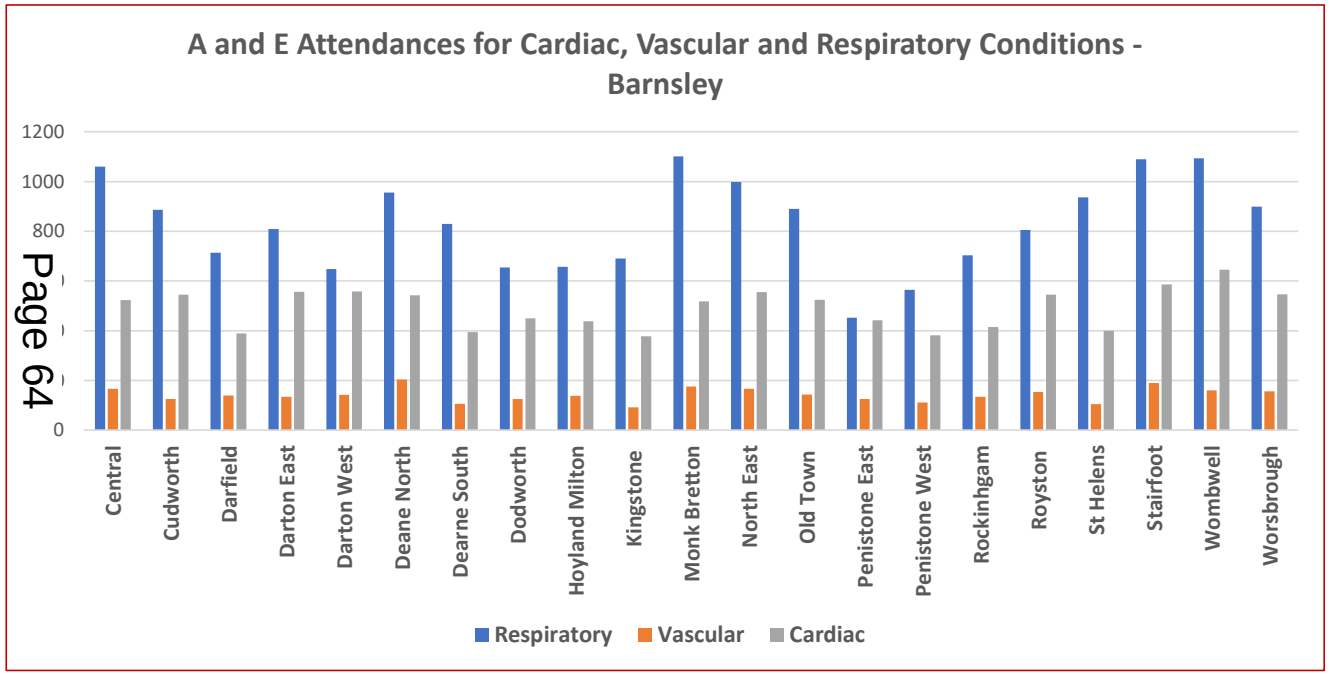
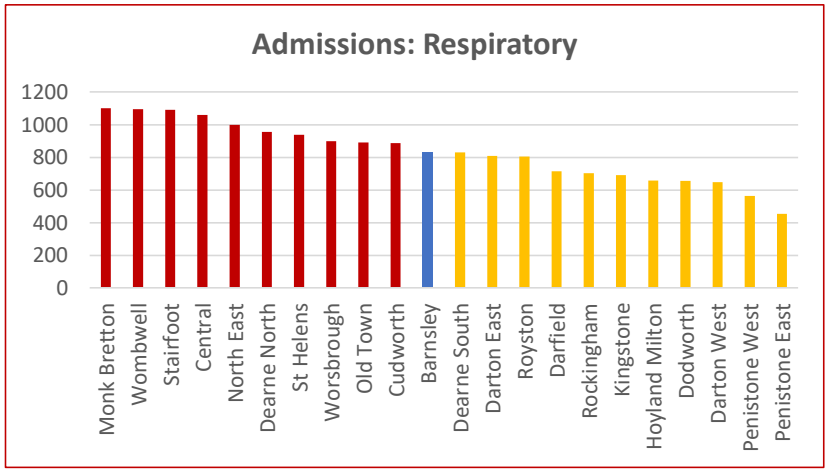
- Emergency admissions for all causes in Barnsley are **4% higher in winter months** compared with non-winter months; **for respiratory conditions they are 42% higher**, for cardiovascular diseases less than 1% higher and for falls they are 3% higher.
- Attendances at A&E overall are higher for respiratory conditions, with **higher rates of admissions from wards around the town centre, North East and Dearne areas.**
- Women aged 75+ **in Kingstone Ward** have a significantly higher rate of emergency admissions for CVD related conditions. Men aged 75+ **in Dearne North, Darton East and Central Ward** have significantly higher rates of emergency admissions.
- Previous analysis shows that **hospital rates are significantly higher for all causes in the under 5's** population
- Analysis on excess emergency winter admissions (EEWA) **shows no direct correlation** between EEWA and excess winter deaths.
- Barnsley has **higher rates of hospital admissions due to falls** in people aged 65 or over (2019/20 data), and the rate is on an increasing trend.

Emergency attendances for Cardiac, Vascular and Respiratory conditions

BARNSLEY Metropolitan Borough Council



Hospital admissions data (Q1 19/20 to Q4 2020/21). Emergency Care Data Set (ECDS)



Overall, emergency attendances are higher for respiratory conditions, with several wards having admission rates higher than the Barnsley average (second chart). The top five areas for admissions are Monk Bretton, Stairfoot, Central, North East and Dearne North Wards.

Emergency admission rates for CVD Related conditions

Emergency Admission Rates per 10k population for CVD Related Conditions Jan - May 2021

	Female Admissions	45-64	65-74	75+		Male Admissions	45-64	65-74	75+
	Central	26.6	61.8	149.3		Central	31.4	41.2	193.2
	Dodworth	9.2	57.7	127.7		Dodworth	13.8	67.3	10.6
	Kingstone	7.3	75.4	308.2		Kingstone	25.6	53.9	92.4
	Stairfoot	13.3	25.8	119.9		Stairfoot	59.8	34.3	79.9
	Worsbrough	12.6	65.6	71.0		Worsbrough	28.3	43.8	102.6
	Dearne North	10.5	36.2	153.5		Dearne North	66.6	18.1	236.1
	Dearne South	19.9	32.8	34.9		Dearne South	22.8	41.1	93.0
	Darton East	21.5	7.6	145.1		Darton East	18.5	45.8	196.2
	Darton West	20.9	39.9	123.7		Darton West	44.7	53.2	41.2
	Old Town	30.7	8.4	51.2		Old Town	24.5	50.5	61.4
	St Helens	8.0	20.1	171.1		St Helens	36.1	60.2	171.1
	Cudworth	26.1	80.7	123.9		Cudworth	42.4	89.7	111.5
	Monk Bretton	20.6	14.8	181.8		Monk Bretton	32.4	74.2	81.8
	North East	27.5	81.0	162.3		North East	35.0	27.0	90.2
	Royston	21.9	103.5	101.6		Royston	18.8	31.8	122.0
	Penistone East	9.6	10.5	50.1		Penistone East	23.9	79.0	136.1
	Penistone West	10.8	27.0	162.0		Penistone West	13.5	27.0	72.0
	Darfield	24.1	52.8	130.4		Darfield	28.1	61.6	152.2
	Hoyland Milton	29.0	51.5	115.3		Hoyland Milton	26.1	43.0	69.2
	Rockingham	14.1	40.7	216.8		Rockingham	14.1	24.4	72.3
	Wombwell	24.0	52.9	130.7		Wombwell	33.6	105.8	122.0

The highest rates for admissions are in the over 75 population

Female Admissions

Women aged 75+ in Kingstone Ward have a significantly higher rate of emergency admissions for CVD related conditions. The rate is much higher compared to the second highest ward (Rockingham)

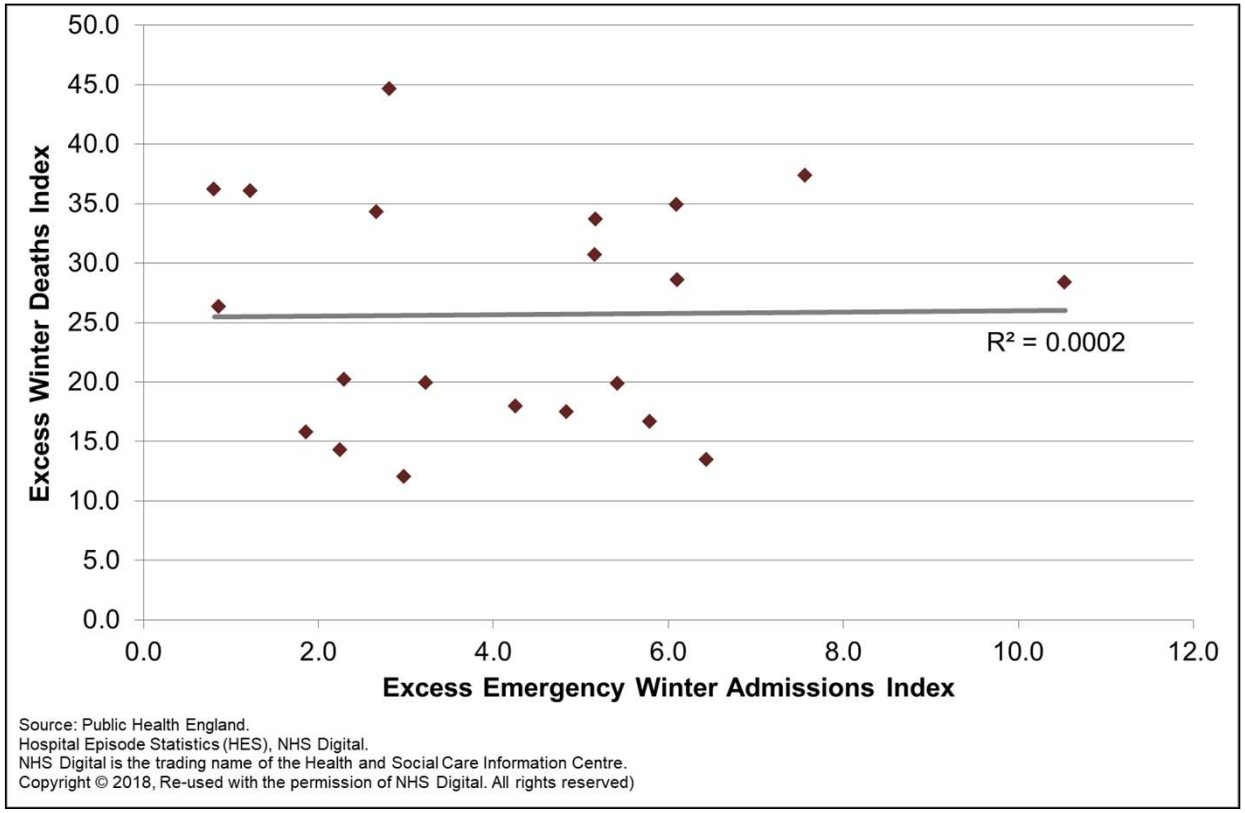
Male Admissions

Men aged 75+ in Dearne North, Darton East and Central Ward have significantly higher rates of emergency admissions.

Rates in the over 75 population are significantly lower in Dodworth and Darton West for men and in Dearne South for women.

Excess emergency winter admissions (EEWA) vs excess winter deaths (EWD)

Previous analysis has shown that there is no direct correlation between excess emergency winter admissions (all causes) and excess winter deaths (all causes)



Source: Public Health England.
Hospital Episode Statistics (HES), NHS Digital.
NHS Digital is the trading name of the Health and Social Care Information Centre.

All conditions: Of the five wards with the highest rates of EWD, only two are in the top five wards with the highest rates of EEWA

Respiratory: Of the five wards with the highest rates of EWD for respiratory diseases, only one is in the top five wards with the highest rates of EEWA for respiratory diseases

CVD: Of the five wards with the highest rates of EWD for cardiovascular diseases, only two are in the top five wards with the highest rates of EEWA for cardiovascular diseases.

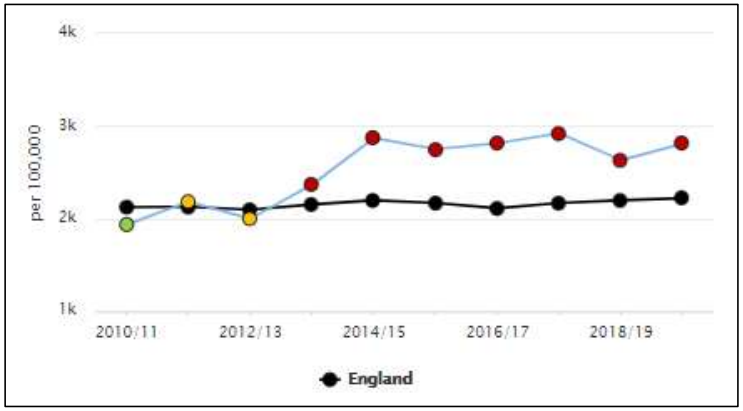
Emergency hospital admissions due to falls

BARNSLEY Metropolitan Borough Council

Barnsley has higher rates of hospital admissions due to falls in people aged 65 or over (2019/20) and the rate is on an increasing trend. Compared to the rest of the Yorkshire and Humber region, Barnsley's rate is the highest.

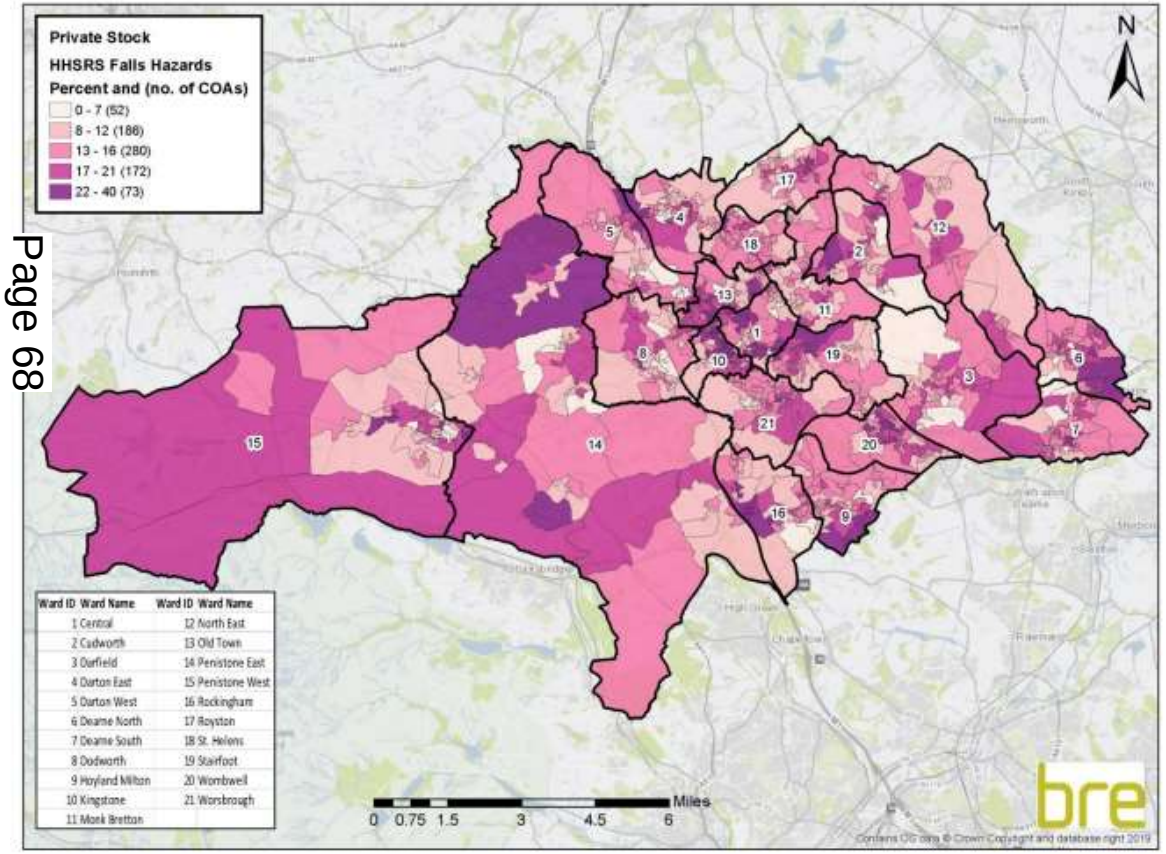
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	234,793	2,222	2,213	2,231
rkshire and the Humber region	→	21,575	2,097	2,069	2,126
rnsley	→	1,305	2,811	2,659	2,968
lderdale	↑	985	2,571	2,413	2,738
rk	→	1,010	2,444	2,294	2,600
ncaster	→	1,380	2,363	2,239	2,492
Bradford	↑	1,875	2,317	2,213	2,425
Leeds	→	2,855	2,310	2,226	2,397
Kingston upon Hull	↓	815	2,176	2,028	2,332
Kirklees	→	1,630	2,144	2,041	2,252
Sheffield	→	1,975	2,007	1,920	2,098
Rotherham	→	990	1,949	1,829	2,075
East Riding of Yorkshire	→	1,705	1,944	1,852	2,039
North Yorkshire	→	2,845	1,826	1,760	1,895
Wakefield	→	1,150	1,781	1,679	1,887
North Lincolnshire	→	545	1,525	1,399	1,659
North East Lincolnshire	→	505	1,504	1,375	1,642

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health En gland



Housing stock in Barnsley and fall hazards

Map 6: Percentage of private sector dwellings in Barnsley with the presence of a HHSRS category 1 hazard for falls



Levels of fall hazards are notably worse in Barnsley compared to the EHS average for England, which may due to higher proportions of older dwellings and relatively low proportions of flats

The higher concentrations are scattered across the borough, with some of the higher concentrations found across central and eastern wards. **The wards with the highest levels of fall hazards are Kingstone, Old Town and Dearne North.**

5. Fuel poverty and Cold Homes - Headlines

BARNSLEY
Metropolitan Borough Council

- Barnsley has a **significantly higher proportion of homes considered fuel poor** under the new Low Income, Low Energy Efficiency measure at 18.6% compared to the England average of 13.4%
- The highest concentrations of fuel poor households are in **Dearne North, St Helens, Kingstone and Monk Bretton**.
- 2015 data showed 66.5% of Barnsley's private rented stock falls into EPC ratings bands below Band C.

Fuel Poverty in Barnsley - Low Income, Low Energy Efficiency Metric

BARNSLEY Metropolitan Borough Council

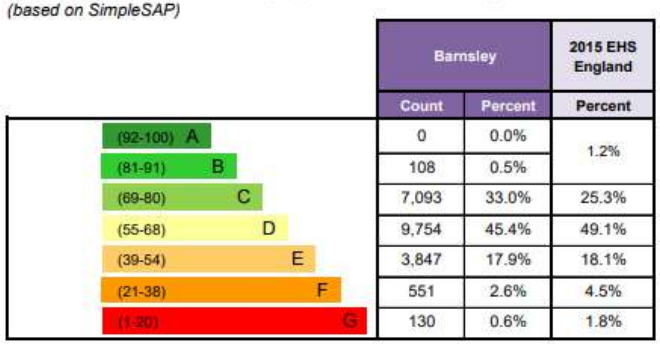
On 11th February 2021, the UK Government released the updated Fuel Poverty Strategy for England titled "Sustainable Warmth: Protecting Vulnerable Households in England". This confirmed a change to the fuel poverty indicator. The new metric – **Low Income Low Energy Efficiency (LILEE**) counts a household as fuel poor if:

- The household has a residual income below the poverty line(after accounting for required fuel costs) **AND**
- Lives in a home that has an energy efficiency rating below Band C

Barnsley has a significantly higher proportion of households that are considered fuel poor under the LILEE measure.

		2011	2012	2013	2014	2015	2016	2017	2018	LILEE 2019	
Low Income High Cost (LIHC) Measure	ENGLAND	10.9%	10.4%	10.4%	10.6%	11.0%	11.1%	10.9%	10.3%	13.4%	Low Income Low Energy Efficiency (LILEE) Measure
	YORKSHIRE AND HUMBER	11.0%	10.8%	10.6%	11.8%	12.4%	12.1%	10.6%	10.1%	16.8%	
	BARNSLEY	**10.9%**	**9.7%**	**9.2%**	**11.3%**	**11.3%**	**12.2%**	**10.7%**	**9.7%**	**18.6%**	

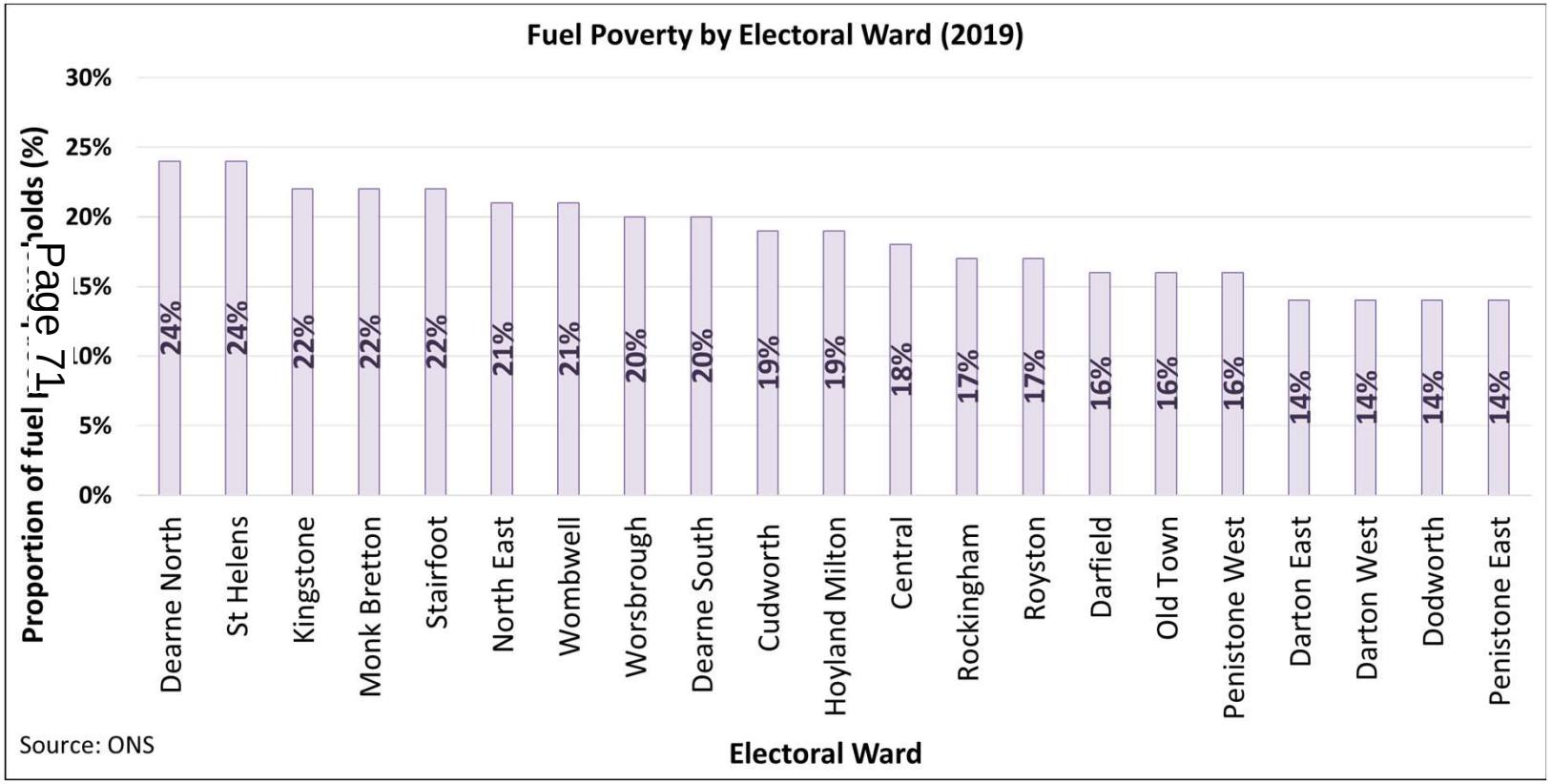
Number and percentage of Barnsley's private rented stock falling into each of the EPC ratings bands (based on SimpleSAP)



	Barnsley		2015 EHS England
	Count	Percent	Percent
A	0	0.0%	1.2%
B	108	0.5%	
C	7,093	33.0%	25.3%
D	9,754	45.4%	49.1%
E	3,847	17.9%	18.1%
F	551	2.6%	4.5%
G	130	0.6%	1.8%

2015 data showed 66.5% of Barnsley's private rented stock falls into EPC ratings bands below Band C.

Fuel Poverty – Ward Breakdown



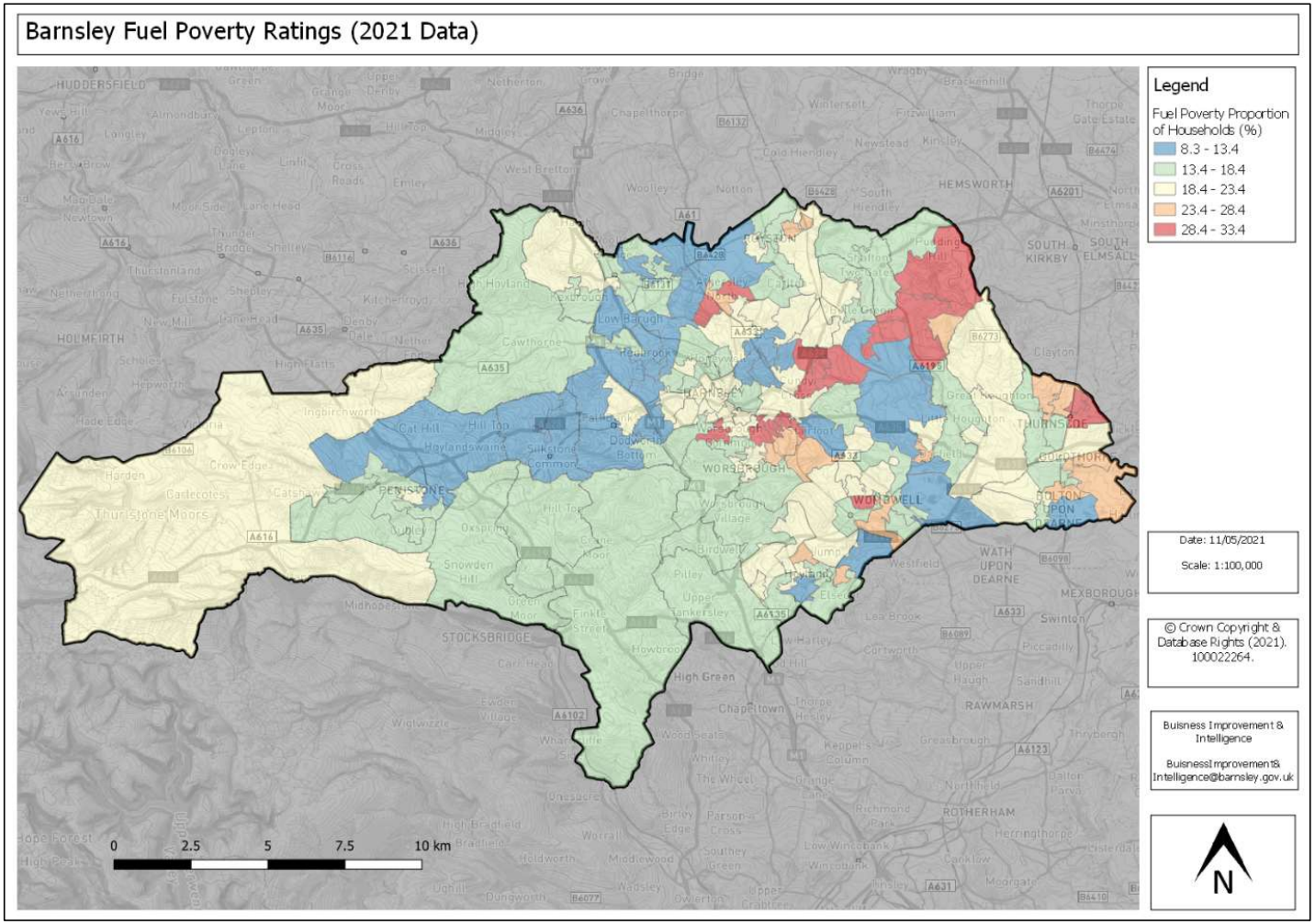
Area Name	% fuel poor households	% Change from LIHC to LILEE(+)
New Lodge	30%	16
Thurnscoe East	33%	14
Lundwood	32%	14
Athersley North East	32%	14
Thurnscoe North East	29%	14
Cudworth Darfield Road	29%	14
Worsbrough Common West	31%	13
Wombwell Copeland Road	28%	13
Burton Grange	29%	13
Kendray West	29%	13

Fuel Poverty – LSOA level

The highest concentrations of fuel poverty in the private sector are found in the wards of **Kingstone, St Helens and Dearne South**

For **excess cold** the highest concentrations are in **Penistone East, Penistone West and Darfield**.

(Housing Stock Condition Survey 2020)



BARNSLEY
Metropolitan Borough Council

5. Housing Stock - Headlines

BARNSLEY
Metropolitan Borough Council

- The data shows the performance of the housing stock in Barnsley is mixed compared to the EHS England average. Barnsley performs slightly better for excess cold and disrepair, but **worse for all hazards, fall hazards, fuel poverty (both definitions) and low income households.**

- The private rented sector **generally performs worse** than the social sector, with the exception of fuel poverty (10% definition) and low income households. Compared to the owner occupied sector, the private rented stock is generally worse, although levels of excess cold and fuel poverty (10% definition) are higher in the owner occupied stock.

- **3.2% of dwellings in the private rented sector are estimated to have an EPC below band E**. Under the legislation these properties would not be eligible to be rented out to new or renewal tenancies. From 1 April 2020 this also applies to existing tenancies.

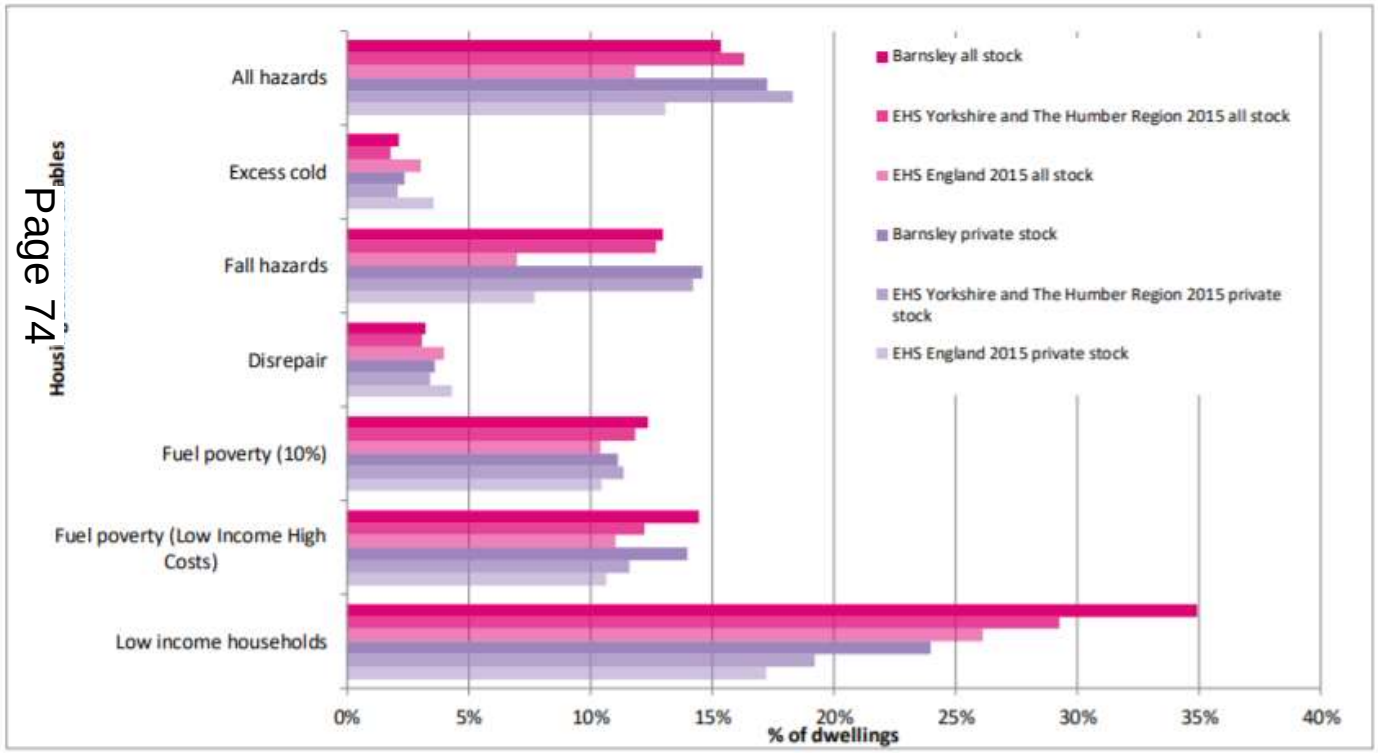
- Looking at the hazard of excess cold in Barnsley the highest levels overall are in **Penistone East, Penistone West and Darfield.**

- The wards with the highest levels of fall hazards are **Kingstone, Old Town and Dearne North.**

- Poor housing in Barnsley is estimated to cost around 338 quality-adjusted life-years (QALYs).

Housing Standards

Housing Stock Condition Survey

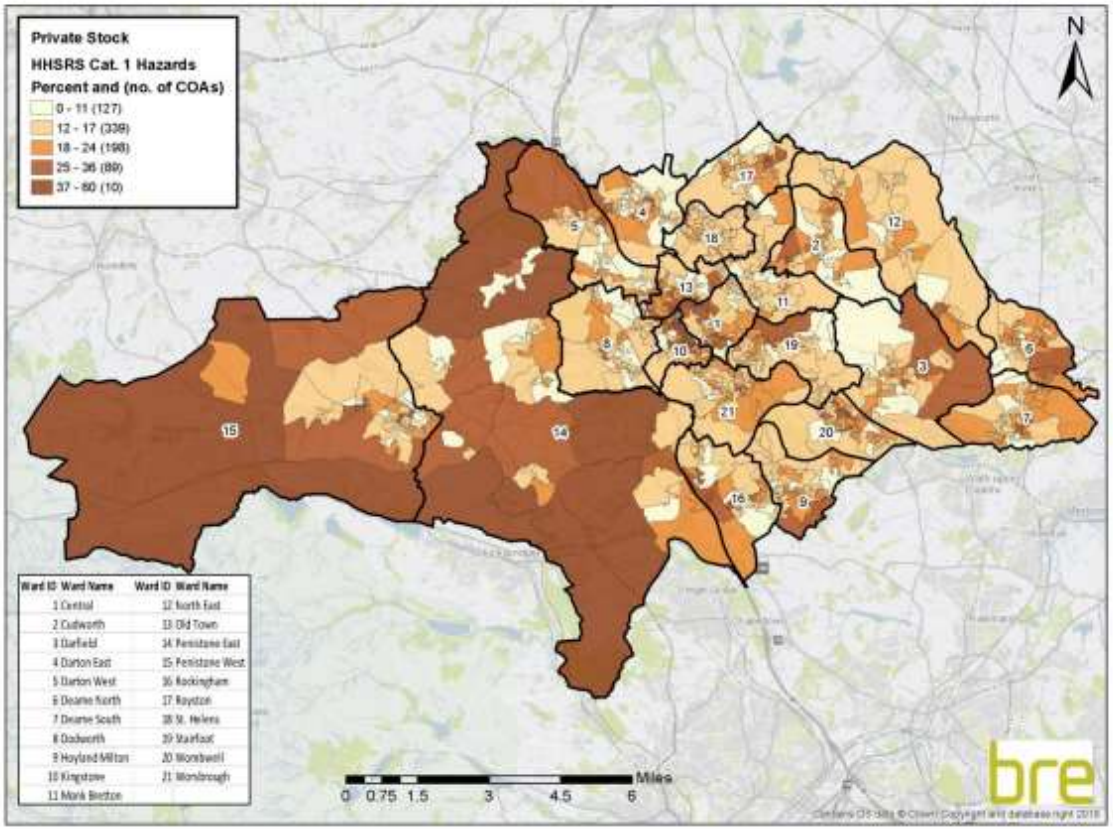


- The chart shows the results for 7 of the Housing Standards Variables in Barnsley compared to regional data and England (EHS 2015) - split into all stock and private sector stock.
- The data shows that the performance of the housing stock in Barnsley compared to the EHS England average **is mixed with Barnsley performing slightly better for excess cold and disrepair, but worse for all hazards, fall hazards, fuel poverty (both definitions) and low income households.**
- Compared to the regional average the picture is slightly different with **Barnsley performing better for all hazards but similarly for excess cold and disrepair.**

Housing Health and Safety - Category 1 hazards

BARNSLEY
Metropolitan Borough Council

Percentage of private sector dwellings in Barnsley with the presence of a HHSRS category 1 hazard

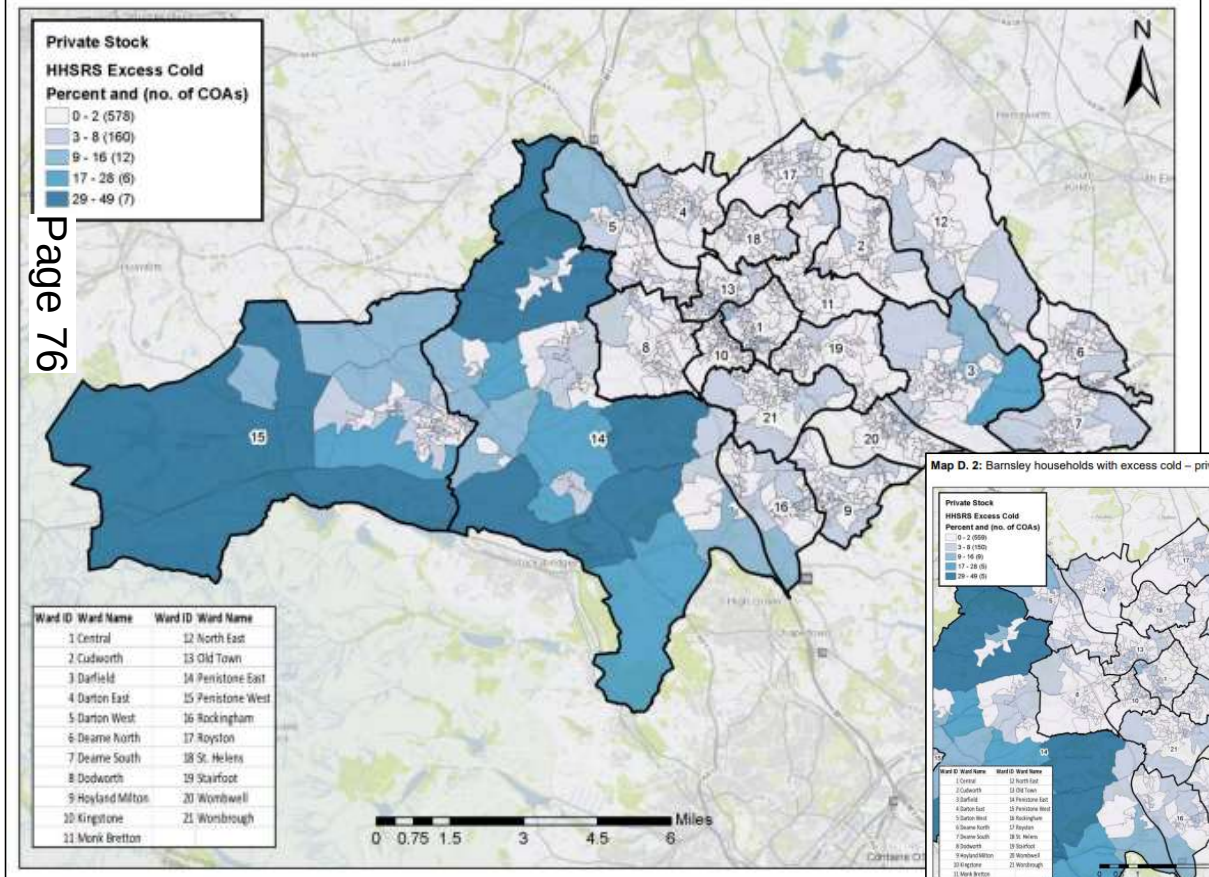


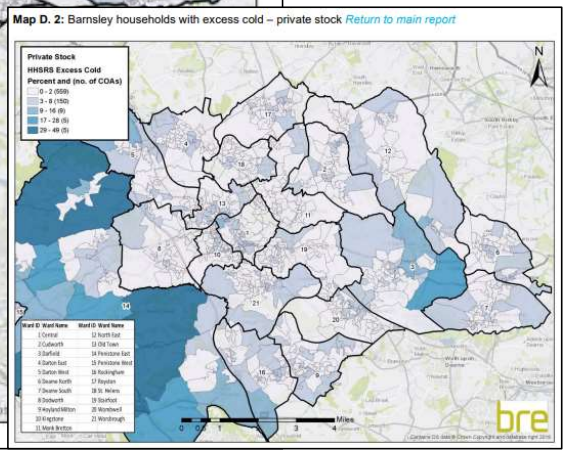
The map shows the distribution of category 1 hazards, as defined by the Housing Health and Safety Rating System (HHSRS). **The highest concentrations are mainly in central parts of the Barnsley area as well as the more rural areas to the west.** The data behind the map shows that the highest levels overall are in the wards of Kingstone, Penistone East and Central.

Excess Cold

BARNSLEY
Metropolitan Borough Council

Map 5: Percentage of private sector dwellings in Barnsley with the presence of a HHSRS category 1 hazard for excess cold





Looking at the hazard of excess cold in Barnsley there are **higher concentrations in the more rural areas to the west of the borough, with a couple of small pockets to the rural east .**

The data behind the map shows that the highest levels overall are in **Penistone East, Penistone West and Darfield**.

The predominance of excess cold in the rural areas is likely to be a result of **older, detached properties which will have a greater heat loss area and may also be off the gas network.** These properties are also more likely to be owner occupied and therefore energy efficiency upgrades may not have been undertaken.

Map D.2 looks more closely at the east of the borough to show the **higher levels of excess cold are to the east of Darfield ward.**

Analysis of Quality Adjusted Life Years (QALYs) relating to housing hazards

BARNSLEY
Metropolitan Borough Council

- A QALY takes into account both the quantity and quality of life generated by health influencing activities.
- There are an estimated total number of hazards in private sector housing in Barnsley of 21,237,which are estimated to result in 970 incidents requiring medical intervention per year. The greatest numbers of hazards are for **falling on stairs and falling on level surfaces** etc.
- The most vulnerable group associated with these hazards is the **over 60 year olds**. This is the fastest growing age group within the population which has implications for future health costs caused by hazards in dwellings

Table 14: The QALY benefit and ICER of reducing HHSRS category 1 hazards to an acceptable level
N.B. where shown as zero, there is very small decimal number

Housing hazard type	QALY years for all stock (years)			ICER before work
	Before work	After work	Saving	
Damp and mould growth	6	0	6	£217,771
Excess cold	61	6	55	£172,281
Crowding and space	27	0	27	£41,467
Entry by intruders	2	0	2	£73,689
Domestic hygiene, Pests and Refuse	0	0	0	£1,528,116
Food safety	0	0	0	£1,663,389
Personal hygiene, Sanitation and Drainage	0	0	0	£779,988
Falls associated with baths etc	38	0	38	£21,138
Falling on level surfaces etc	18	2	16	£239,883
Falling on stairs etc	164	16	148	£80,695
Falling between levels	10	0	10	£82,183
Electrical hazards	1	0	1	£111,400
Fire	9	0	9	£102,106
Flames, hot surfaces etc	2	0	2	£184,014
Collision and entrapment	2	0	2	£28,151
TOTAL	338	24	314	£5,286,272

Analysis using methodology developed by BRE to estimates the cost of poor housing in terms of QALYs. It suggests that if all category 1 hazards in the private sector were mitigated, around 314 QALYs could be realised.

7. Impact of Covid-19 on excess mortality - Headlines

BARNSLEY
Metropolitan Borough Council

- So far in England and Wales, there have been **two time periods during the Covid-19 pandemic when weekly and monthly registrations of deaths from all causes were consistently higher compared to a 5-year average** (also known as "Excess Deaths"). The periods above average were from March to July 2020 and then from September 2020 to March 2021.

- Looking at age-standardised mortality rates, data for Barnsley follows a **similar trend to the National data** – with a first peak in April, and a second peak in November 2020 (occurring before the National peak in January). In both of these peaks mortality rates in Barnsley were higher than both regional and National averages.

- MSOA level data provided by the ONS, shows several MSOAs in Barnsley with significantly higher percentages of excess deaths within these two peaks.

- Provisional data for England and Wales in 2019/20 **shows an increase in Excess Winter Deaths** which were 19.6% higher than winter 2018 to 2019 (excluding deaths from Covid-19). Respiratory diseases continued to be the leading cause of excess winter deaths that occurred in 2019 to 2020. Local data for 2019/20 is expected November 2021, and it is likely that we will see an increase in Excess Winter Deaths in Barnsley, following the National trend.

Impact of Covid-19 on Excess Winter Mortality

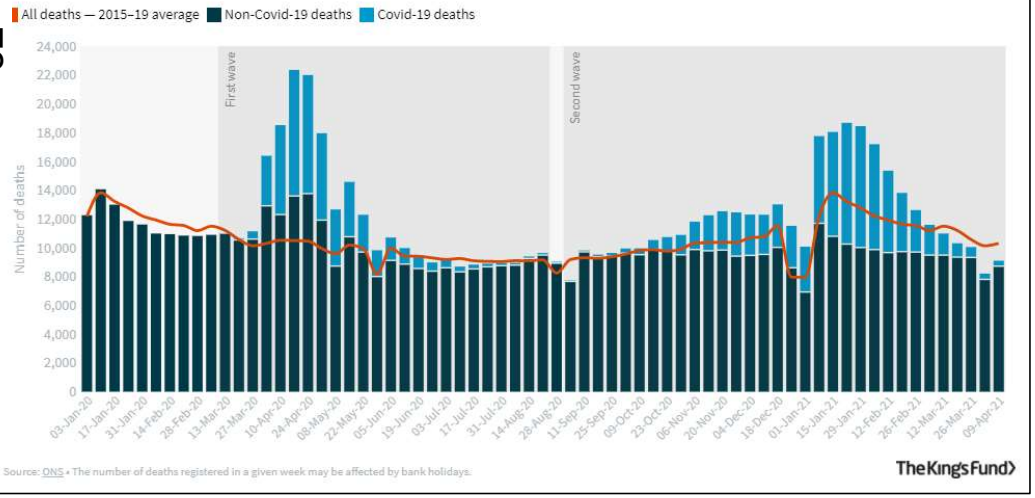
BARNSLEY
Metropolitan Borough Council

Excess deaths (from all causes) are the clearest way to compare the likely impact of the pandemic over time. So far in England and Wales, there have been **two time periods during the Covid-19 pandemic when weekly and monthly registrations of deaths from all causes were consistently higher compared to a 5-year average** (also known as "Excess Deaths").

The periods above average were from March to July 2020 and then from September 2020 to March 2021.

Figure 1 Number of deaths registered by week from week ending 3 January 2020 to week ending 9 April 2021

England and Wales



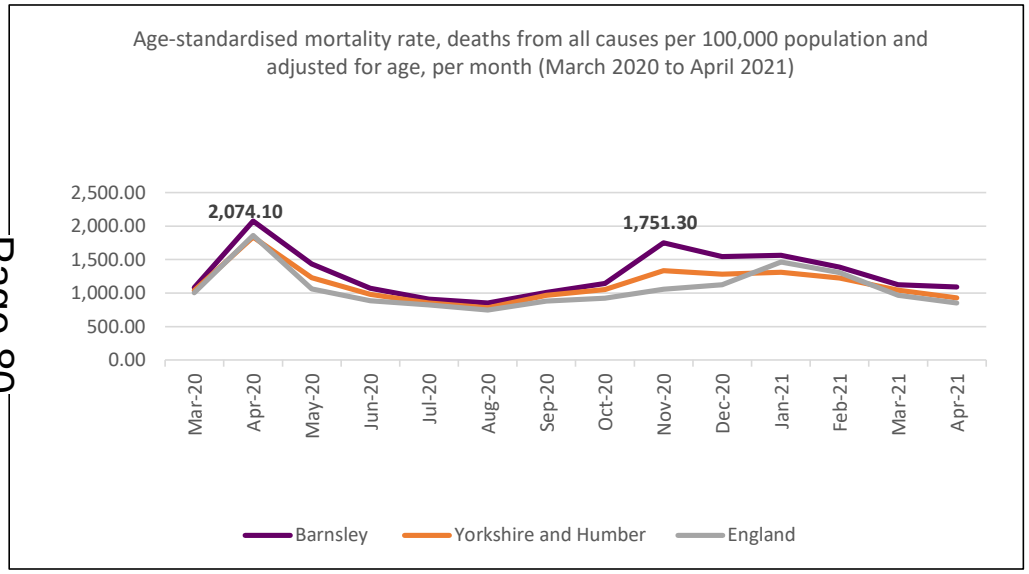
Source: ONS • The number of deaths registered in a given week may be affected by bank holidays.

The King's Fund

Key Points:

- Total deaths were below or very similar to five-year average levels earlier in 2020, possibly because of the relatively mild winter and low levels of circulating flu.
- The first peak of excess deaths in April was likely driven by Covid-19 deaths (but where Covid-19 was undiagnosed).
- Higher numbers of deaths in earlier weeks could also have contributed to the lower levels seen in later weeks. Some people who may have otherwise died in the later weeks could have died prematurely a few weeks earlier. This effect is referred to as "mortality displacement".
- When infections and deaths due to COVID-19 increased again in the autumn of 2020, total deaths registered in England and Wales remained above average for seven months.

Impact of Covid-19 on Excess Winter Mortality



Looking at age-standardised mortality rates, data for Barnsley follows a similar trend to the National data – with a first peak in April, and a second peak in November 2020 (occurring before the National peak in January). In both of these peaks mortality rates in Barnsley were higher than both regional and National averages.

March 2020 to July 2020	
Barnsley MSOA	Percentage Excess Deaths
Mapplewell and Staincross	111.9%
Cudworth Village	100%
Wombwell North	84%
Shafton and Upper Cudworth	68%
Worsbrough Common	65.7%
Wombwell South	65%
Ingbirchworth, Dunford Bridge	60%
Grimethorpe and Brierley	56.3%
Ardsley and Stairfoot	53.1%
Goldthorpe	52.4%

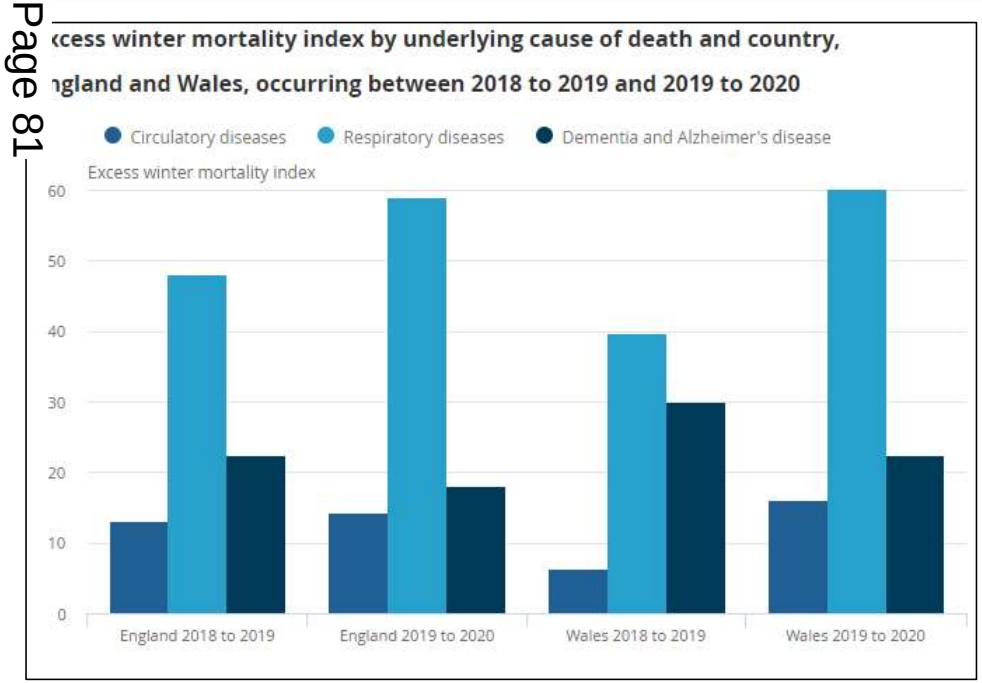
September 2020 to March 2021	
Barnsley MSOA	Percentage Excess Deaths
Wombwell North	75.7%
Ardsley and Stairfoot	75%
Grimethorpe and Brierley	65.2%
Bolton Upon Dearne	64.6%
Silkstone, Hoylandswaine	61.3%
Elsecar	55.3%
Shafton and Upper Cudworth	51.2%
Royston and East Carlton	48.3%
Royston West	42.9%
Wilthorpe and Barugh Green	34.8%

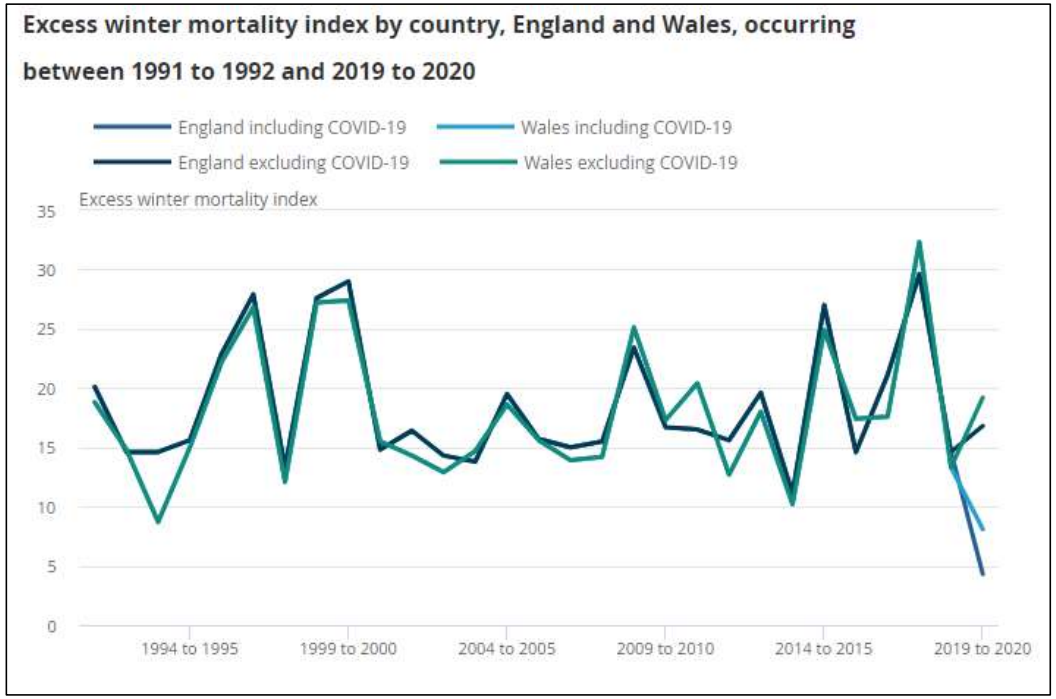
It is possible that care homes could impact on the MSOA data since data for England and Wales shows that excess mortality ration in care homes was 3.37 in the first peak in April compared with an overall ratio of 2.21

Excess winter mortality in England and Wales: 2019 to 2020 (provisional)

BARNSLEY Metropolitan Borough Council

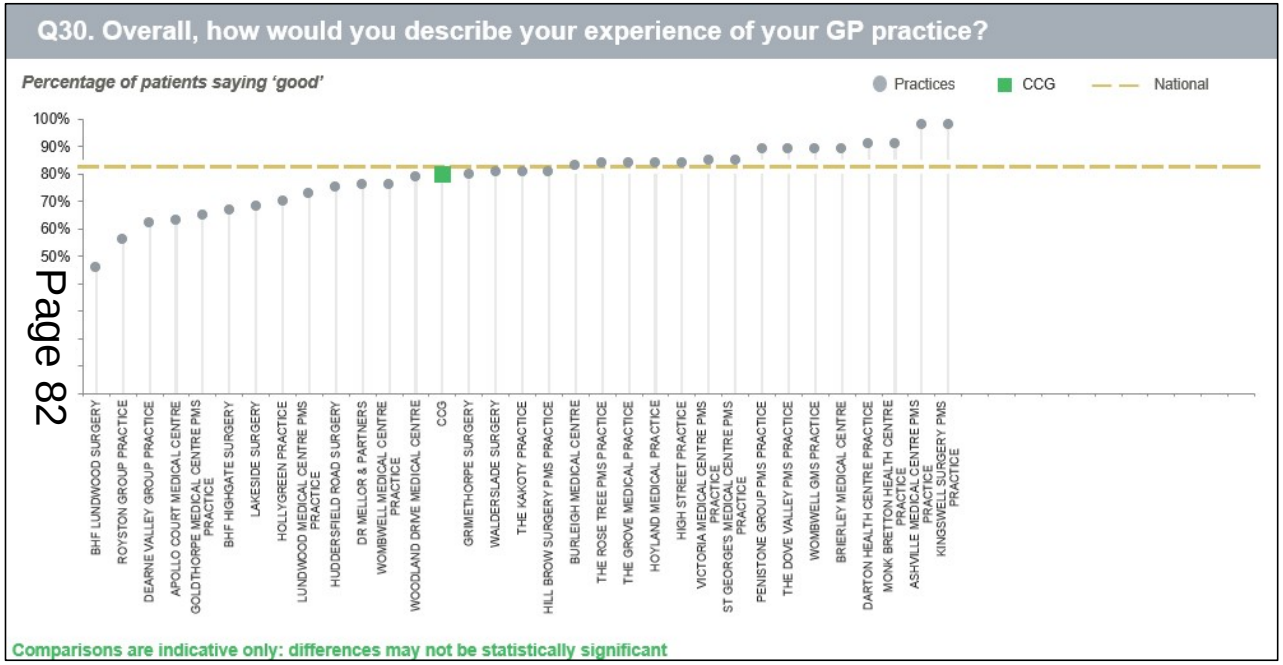
- An estimated 28,300 excess winter deaths occurred in England and Wales in winter 2019 to 2020, which was 19.6% higher than winter 2018 to 2019 (excluding deaths from Covid-19).
- Respiratory diseases continued to be **the leading cause of excess winter deaths** that occurred in 2019 to 2020.

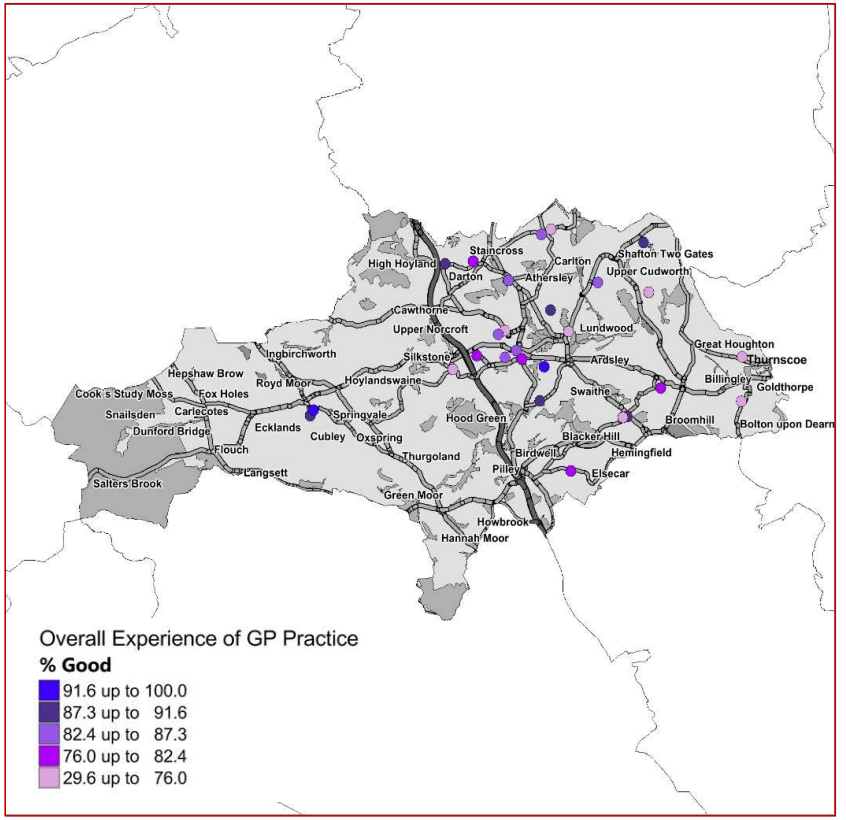




Local data for the 2019/20 period is expected November 2021

GP Patient Survey





There are a number of GP practices in the Borough (above) where the percentage of patients rating their experience as "good" is lower than the National and Barnsley average. The majority of these are located around the Central, North East and Dearne areas of the Borough.

GP Patient Survey

BARNSLEY
Metropolitan Borough Council

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Comparisons are indicative only: differences may not be statistically significant

In terms of support from local services to manage conditions, there are a greater number of GP surgeries where patients report lower levels of satisfaction compared to CCG and National averages.

Appendices

BARNSLEY
Metropolitan Borough Council

At Risk Groups – Population aged 65+

Ward	Population (aged 65+) (mid-year 2019 population estimates)	
	Number	% of total population
Penistone East	3181	26.3
Dodworth	2784	26.2
Darton West	2535	23.6
Rockingham	2621	23.4
Worsbrough	2179	22.3
Darton East	2482	22.2
Monk Bretton	2521	20.8
Darfield	2307	20.5
Penistone West	2651	20.5
BARNSLEY	**48162**	**19.5**
Royston	2188	19.5
Stairfoot	2446	19.3
Hoyland Milton	2260	18.3
Dearne North	2014	18.0
North East	2433	17.7
Wombwell	2267	17.4
Old Town	1927	17.2
Cudworth	1922	16.7
St Helens	1832	16.6
Dearne South	2017	16.3
Central	1944	15.4
Kingstone	1651	13.9

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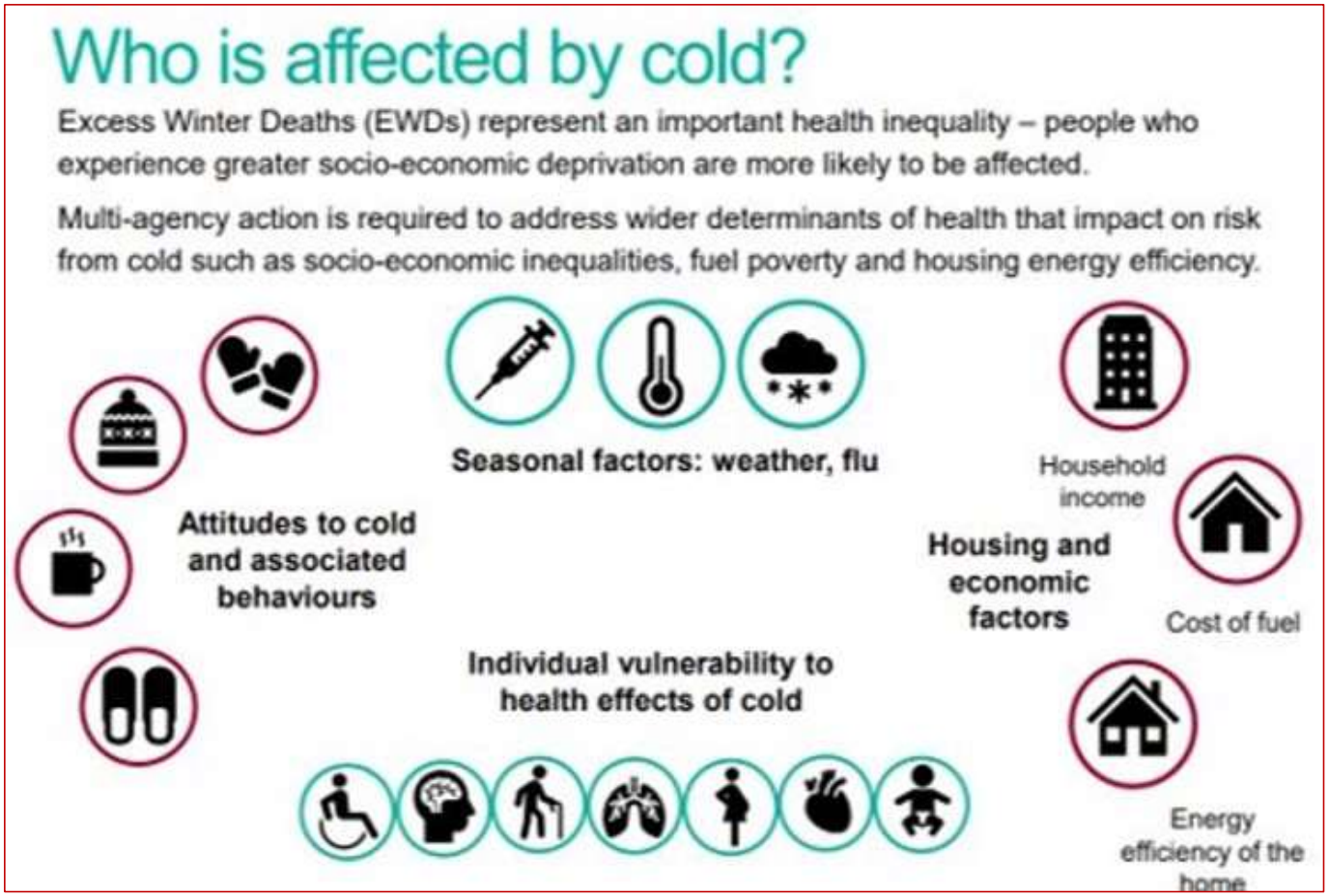
Tackling Excess Winter Deaths: Barnsley Cold weather plan 2021-2022

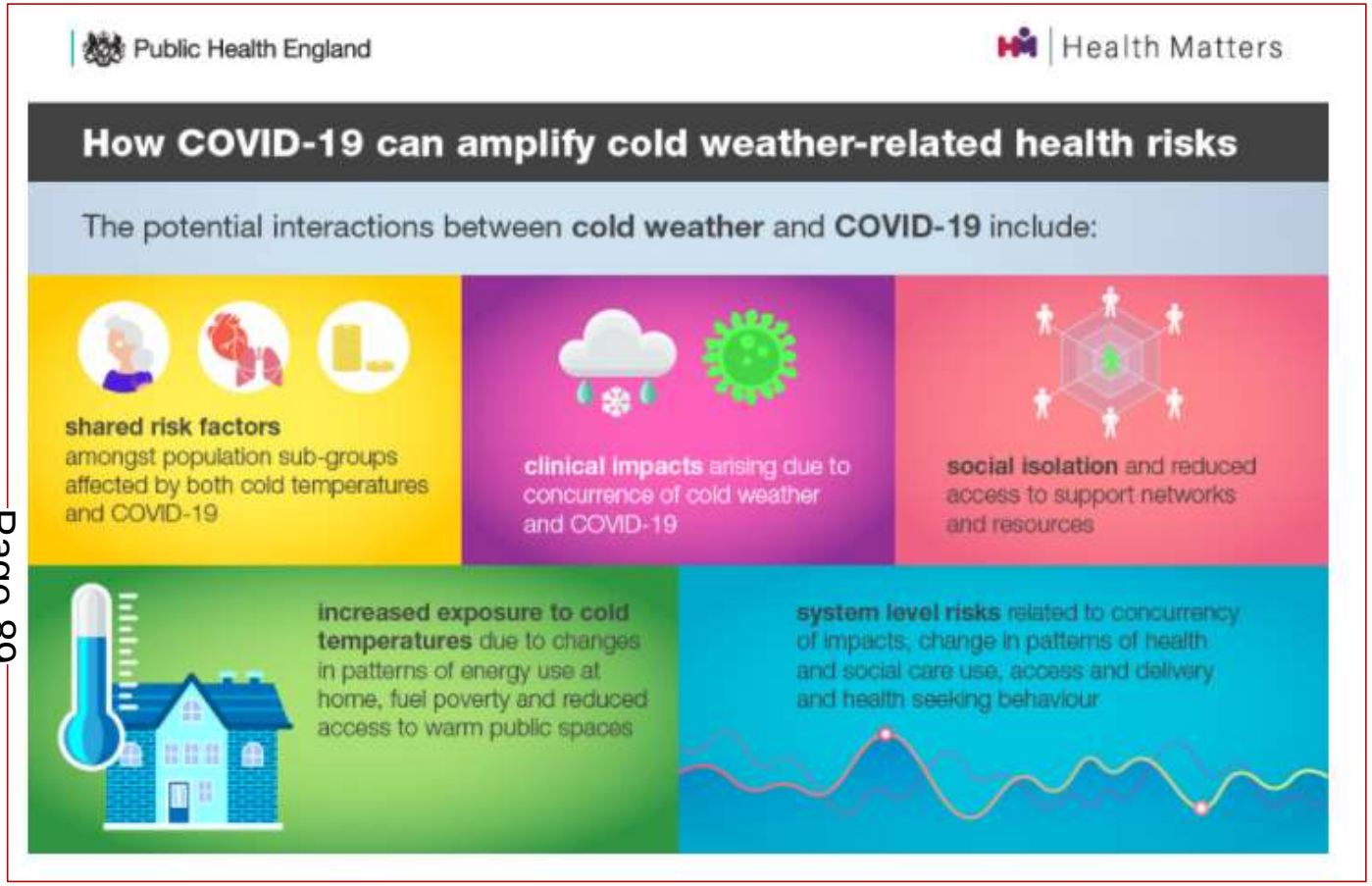
Barnsley – the place of possibilities.

BARNSLEY Metropolitan Borough Council



Impacts of cold weather on health and wellbeing

BARNSLEY
Metropolitan Borough Council



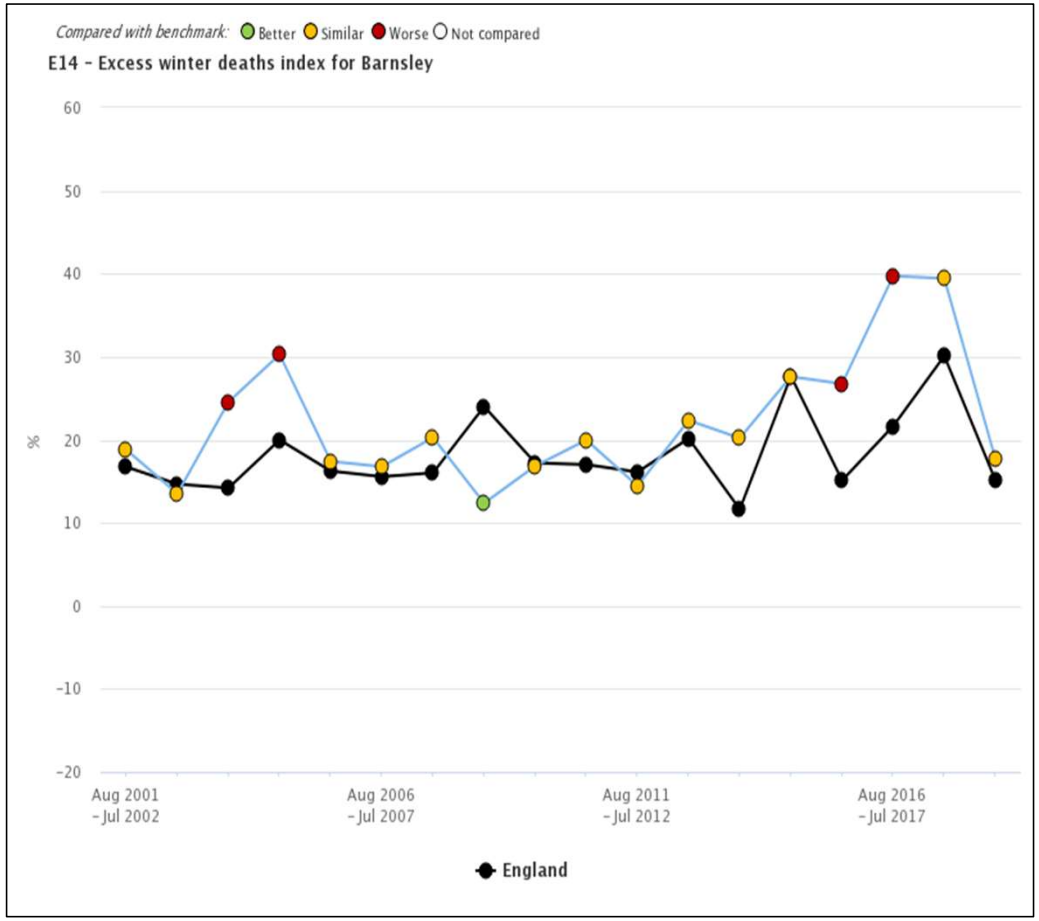
Clinical risk factors that have been linked with severe illness from COVID-19 that are also risks for cold-related harms include:

- older age, risks for both cold and COVID-19 increase with age
- underlying health conditions, particularly chronic respiratory and cardiovascular disease
- diabetes
- pregnancy

Excess Winter Deaths in Barnsley - Headlines

Barnsley's **2018-2019** excess winter deaths rate (17.7%) is not significantly different to the England rate of 15.1%. When compared to nearest neighbours, Barnsley's rate is the joint 6th highest.

- The most recent rate of 17.7% is less than half what it was in the previous two time points.
- During 2012–2019, there were **75.5% more deaths from influenza and pneumonia in winter months** than in non-winter months.
- Excess winter deaths are higher in the older age bands, this reflects the national picture.
- Large geographical differences exist within Barnsley. During the period 2012–2019, rates of excess winter deaths **ranged from 8.5% in Old Town ward to 53.9% in Darton East ward.**



Top Lines

Barnsley's Excess Winter Death rate in 2018/19 was

17.7%

2019/20 data (expected November 2021) is expected to show an increase in EWDs following the national trend.

Covid-19 has had an impact on excess mortality from all causes.

There were two peaks in 2020 where deaths from all-causes in England were **consistently higher compared to a 5-year average**

Barnsley follows a similar trend to the National data and there are **several MSOAs in Barnsley with significantly higher percentages** of excess deaths

Levels of Excess Cold in Barnsley Housing Stock are

higher in Penistone East, Penistone West and Darfield.

The predominance of excess cold in the rural areas is likely to be a result of older, detached properties

Respiratory Diseases

are the main underlying cause of excess winter deaths in Barnsley

In the most recent period there were **75.5%** more deaths from influenza and pneumonia and 75.4% more deaths from chronic lower respiratory disease

Fuel Poverty

Barnsley has a significantly higher proportion of homes considered **fuel poor at 18.6%, compared to the England average of 13.4%**

The highest concentrations of fuel poor households are in **Dearne North, St Helens, Kingstone and Monk Bretton.**

Falls

Barnsley has **higher rates of hospital admissions due to falls** in people aged 65 or over (2019/20 data) and the rate is on an increasing trend

Levels of fall hazards in Barnsley housing stock are notably worse compared to the average for England. The wards with the highest levels of fall hazards are **Kingstone, Old Town and Dearne North**

Barnsley has higher rates of mortality than England for Cardiovascular Disease and Respiratory diseases.

Rates of mortality from respiratory diseases are particularly high in **St Helens, North East, Dearne South, Stairfoot and Central Wards.**

Rates of mortality from Cardiovascular disease are particularly high in **Dearne North, Worsbrough and Kingstone.**

A & E attendances in Barnsley

are higher for respiratory conditions compared to cardiac and vascular conditions. There are higher rates of admissions from wards around the **town centre, North East and the Dearne**

Emergency hospital admissions

for Cardiovascular related conditions are higher in the 75+ population. For women, rates of admissions are significantly higher in **Kingstone** and for men, admissions are higher from **Dearne North, Darton East and Central Ward.**

- Collaborative Cold Weather Partnership
- Refined data/stats
- Procured community engagement
- Stakeholder consultation
- Framework & themes for cold weather plan
- Draft for consultation Oct – November
- Action planning – linked to adverse weather plans

Collaborative cold weather plan

Key outcomes

- A joined up collaborative cold weather plan meeting the standards set out in the national Cold Weather Plan
- Barnsley residents and organisations are aware, and can access support available over winter
- Everyone recognises a need to keep themselves and those they support, warm and well this winter

Indicators

- Reduce Excess Winter Death rate in Barnsley
- Improved flu vaccination uptake
- Improved 1st,2nd, booster doses Covid vaccinations

What will we deliver

- Warm homes service
- Falls prevention support
- Flu & Covid vaccinations
- Conditions management
- Collaborative communications plan

Strategic alignment

Health & Wellbeing strategy

2030 strategy

EWD's and Cold weather plan (Year round) – linked with tactical adverse weather plan

- Better Lives
- Health Inequalities Framework
- Integrated Care Partnership
- Housing Strategy & Private Sector Housing strategy
- Financial Resilience

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Key actions 2021-2022

- Warm Homes Service
- Cold weather guidance – providers/public
- Falls – strength & balance training
- Comms – leaflet/film/social media
- Workforce development / training
- Community events/support
- Flu/Covid19 vaccination programme

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Support available in Barnsley

Support for organisations/ commissioners/ providers/ front line staff – web based

Information and advice for the public - disseminate weblinks, leaflet & social media


Keep Warm and Well
2021-22
Keep warm, stay well
Welcome to Barnsley's guide to keeping warm and well for winter 2021-22. The cold weather can be seriously bad for your health, especially if you're under five, over 65 or have a long-term health condition. The good news is there are lots of things you can do. This leaflet is full of top tips and information on ways to make sure you, your friends and family can cope with cold weather this winter.
• Heat your home to at least 18 degrees.
• Look out for others. Ask how they are keeping warm during cold weather.
• Stay as active as you can. Any exercise will benefit your physical and mental health.
• Check if you're eligible for help to keep your home warm.
For more info visit
www.barnsley.gov.uk/ready-for-winter
or call 01226 773366.
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Toolkit for a Warm and Well Winter
Preparing for winter, flu, warm homes, falls prevention and adverse weather.
2021-22
BARNSLEY
Metropolitan Borough Council

Discussion

- Feedback on the focus of the plan
- Any gaps
- Suggested contacts
- Key asks for HWBB
  - Consider how cold weather plan responsibilities are being delivered
  - Produce organisational cold weather year-round plans
  - Ensure workforce development & training plans in place
  - Joined up communication plans
  - Consideration to seasonal excess deaths plan

BARNSLEY
Metropolitan Borough Council

Minutes of the Safer Barnsley Partnership Board

Monday 21st June 2021, 11am to 1pm, via Microsoft Teams

ATTENDANCE		
Organisation	**Name**	**Position**
SYP (Co-Chair)	Cherie Buttle	Acting Barnsley District Commander, South Yorkshire Police
BMBC (Co-Chair)	Wendy Lowder	Executive Director, Adults & Communities Directorate
BMBC	Paul Brannan	Head of Safer Barnsley, Safer Stronger Healthier Communities
BMBC Cabinet Spokesperson	Cllr Jenny Platts	Cabinet Spokesperson for Communities
BMBC Adult's Care	Kwai Mo	Head of Service, Mental Health & Disability, Communities Directorate
BMBC Children's Care	Jonathan Banwell	Head of Children in Care Services, People Directorate
BMBC Early Start	Nina Sleight	Service Director, Education, Early Start & Prevention, People Directorate
Police & Crime Panel	Cllr Anita Cherryholme	Police & Crime Panel representative
BMBC Public Health	Garreth Robinson	Public Health Practitioner
Fire & Rescue Service	Rob Holmes	Barnsley District Manager, South Yorkshire Fire & Rescue Service
National Probation Service	Nick Hamilton-Rudd	Head of Probation, Sheffield & Barnsley
NHS Barnsley CCG	Martine Tune	Deputy Chief Nurse, Barnsley Clinical Commissioning Group
Neighbourhood Watch / Safer Communities Forum	John Hallows	Neighbourhood Watch/Safer Communities Forum Representative
Berneslai Homes	Kat Allott-Stevens	Head of Estate Services, Berneslai Homes
Police Crime Commissioner	Marie Carroll	Partnerships & Commissioning Manager, OPCC
Mental Health Service (SWYT)	Jill Jinks	Business Unit Manager for Specialist Mental Health
Barnsley CVS	John Marshall	Chief Executive, Barnsley Community & Voluntary Services
BMBC Strategy & Governance	Shiv Bhurtun	Strategic Governance Partnership & Transformation Manager
In attendance		

SYP (observing)	James Abdy	Barnsley District Commander
BMBC Community Safety	Heather Featherstone	Victim & Witness Support Officer
CTR Sub Group Priority Leads	Andy Berriman	Head of Safer Barnsley, BMBC Chief Inspector, SYP
BMBC Communications & Marketing	Alison Dixon Megan Howlett	Comms Manager, Communities Comms Officer, Communities
BMBC Safer Communities	Ray Powell	Cohesion & Prevent Officer
BMBC Minute Taker	Tracey Binks	Business Support Officer
Apologies		
Berneslai Homes	Dave Fullen	Director of Customer & Estate Services, Berneslai Homes
BMBC	Phil Hollingsworth	Service Director, Safer Stronger Healthier Communities
Fire & Rescue Authority	Cllr Robert Frost	CSP Representative, South Yorkshire Fire & Rescue Authority
BMBC Adult's Care	Julie Chapman	Service Director, Adults Social Care & Wellbeing, Communities Directorate
BMBC Children's Care	Deborah Mercer	Service Director, Children's Social Care & Safeguarding, People Directorate
BMBC Public Health	Carrie Abbott	Public Health Service Director
Police Crime Commissioner	Erika Redfearn	Head of Governance, South Yorkshire Police & Crime Commissioner
Criminal Justice Board	Linda Mayhew	Business Manager, South Yorkshire Criminal Justice Board

ACTIONS			
Item	**Action**	**Responsible**	**Deadline**
2.1	Remaining Board members to contact saferb-strongerc@barnsley.gov.uk with their nominated deputy for the Board (name, job title and email address).	Members who have not yet identified a deputy	13/09/2021
3.1	Lived Experience: Send refreshed victims charter to John Hallows before the next Neighbourhood Watch meeting.	Paul Brannan	28/06/2021
4.1	Performance Update: Arrange for SYP to contact Garreth Robinson around police officers linking-in with Night Marshalls and Pastors.	Cherie Buttle	13/09/2021
4.2	Performance Update: Contact Shiv Bhurtun to schedule an update on the impact of the VRU action plan at a future Board meeting.	Paul Brannan	13/09/2021
4.3	Performance (Fly-tipping issue): Arrange feed-in of the littering strategy when appropriate (sub groups/PADG).	Phil Hollingsworth	When appropriate
5.1	CTR Refreshed Strategy: Propose the South Yorkshire County Forum support/fund a one-stop South Yorkshire website against hate crime and feed back at the next SBP Board.	Marie Carroll	13/09/2021

8.1	New Probation Service: Invite Julie Odusanya to provide an update at a future meeting, after she has commenced post.	Tracey Binks	13/09/2021
9.1	House Fires: Following technical issues, bring update to next meeting, with clarification around the ask from the SBP Board and areas of specific collaboration.	Rob Holmes	30/08/2021

MINUTES	
1	**Apologies & Introductions**
	The Chair welcomed everyone to the meeting and apologies were received as above. Chief Superintendent Abdy was introduced as the new Board Co-Chair going forward.
2	**Minutes & Actions from previous meeting (8th March)**
	The minutes of the previous meeting were agreed as accurate and actions completed, with the following updates; <u>6.1 Safer Roads: Hit & Runs and Organised Car Meets</u> Both issues were reviewed by the Performance & Delivery Group and Paul Brannan is looking into car meets further, which will be reported in future performance reports. Action discharged. <u>9.1 SBP Terms of Reference: Deputies</u> The Chair reminded members who have not yet done so, to provide a suitable deputy to attend SBP Board meetings in their absence. **ACTION 2.1: Remaining Board members to contact <u>saferb-strongerc@barnsley.gov.uk</u> with their nominated deputy for the Board (name, job title and email address)**
3	**Lived Experience Case Study: Victim & Witness Support**
	Heather Featherstone described a customer's experience of anti social behaviour (ASB) next to her home and shared the feedback received by the service after tackling the issue and supporting the customer. Key points were: • Process is to approach with empathy and concern. • Service are contactable throughout the case. • Advice and support are consistent. • Victim should never feel they are a nuisance and they should see a reduction in the ASB, so they can feel safer and more resilient. <u>Q&A</u> Paul Brannan added that Barnsley are unique in their direct offer to victims of ASB and these interventions change lives.

	Marie Carroll offered to form a link with South Yorkshire Police's victim support service. Heather responded that there are good relationships in place with this charity to ensure no confusing overlap. John Hallows will contact Heather regarding the Neighbourhood Watch CCTV installations taking place. Paul Brannan offered to share the refreshed victims charter with Neighbourhood Watch. **ACTION 3.1: Paul Brannan to send refreshed victims charter to John Hallows before the next Neighbourhood Watch meeting on the 28th June.**
4	**Performance Update Q4 2020/21**
	The Chair introduced the report and highlighted: • **Crime & ASB Overview:** Seeing an upward trend which is thought to be a result of COVID restrictions being lifted and expected to continue in the summer months. • **Burglaries:** The implemented plan appears to be working, with a reduction in offences since last quarter. • **Violence Reduction Unit (VRU):** Several pieces of work are taking place around the night-time economy, now that hospitality venues are re-opening. • **Domestic Abuse:** Training is in progress to upskill the workforce and a new public-facing online reporting platform has been introduced. • **Homelessness:** Early interventions have been successful in prevention and rough sleeper numbers continue to fall. • **ASB:** Mounting concern around off-road bikes which, despite increased resources, is difficult to prevent. Expecting increase of ASB in town centre with reopening of retail. <u>Q&A</u> Garreth Robinson updated that the Night Marshalls and Pastors are now patrolling each weekend. The Chair would like to see SYP officers linking-in at the start and end of shifts. **ACTION 4.1: Cherie Buttle to arrange for SYP to contact Garreth Robinson around police officers linking-in with Night Marshalls and Pastors** There was a discussion around the usefulness of regular updates around the VRU plan, which will continue in the quarterly performance reports. Wendy Lowder also requested a specific update around impact, given the change of pace due to COVID restrictions. **ACTION 4.2: Paul Brannan to contact Shiv Bhurtun to schedule an update on the impact of the VRU action plan at a future Board meeting** Wendy Lowder advised that the Place directorate are currently working on a littering strategy, which should link-in to the fly tipping issues. **ACTION 4.3: Phil Hollingsworth to arrange feed-in of the littering strategy when appropriate (sub groups/PADG)** Garreth Robinson requested support for rejection of a licensing application for premises in a high drug and alcohol offending area and colleagues provided suggestions.

5	**CTR Refreshed Strategy/Action Plan**
	Andy Berriman introduced a report about the refreshed Community Tolerance & Respect (CTR) Sub Group and shared a presentation, which will be circulated with the minutes. Key activities include: • Working with community groups and identifying "Champions". • Training and monitoring third party reporting centres and Silver Prevent/referrals. • Exploring a dedicated website for hate crime, such as this example; https://www.hatehurts.co.uk/ • Challenging online behaviour and developing tools to dispel myths. • Sharing resources and organising events. Next steps: • Referral levels may fall as COVID restrictions are lifted. • BMBC has a robust comms strategy. • Further updates to follow around implementation of training. • Anti-racism football event Saturday 26th June. 2020/21 Quarter 4 Performance: • Outcomes in Barnsley are higher than the rest of South Yorkshire and it is hoped this success can assist across the rest of the Force. • Working to improve resolutions and help people understand what effect they are having on victims. Q&A Wendy Lowder advised that the contents of this presentation will feed-in to upcoming inequalities discussions and supported the idea of a one-stop hate crime website. Marie Carroll agreed that this would be a good proposition for the South Yorkshire County Forum. **ACTION 5.1: Marie Carroll to propose the South Yorkshire County Forum support/fund a one-stop South Yorkshire website against hate crime and feed back at the next SBP Board**
6	**Engagement (methodology & approach) and Communications**
	Alison Dixon and Megan Howlett introduced a presentation in response to historic Board discussions around public perceptions of safety. Research: • Perception is personal to each individual, so difficult to unpick. • Instead, looked at work taking place and how this feeds into the bigger picture. • JSIA results and Town Centre workshops have provided feedback on negative impacts and provided target messages which could be given out by BMBC. Approach:

	• Tailor to original research, but be proactive about current trends/issues. • Challenge articles on other group platforms via the council's webpage. • Share stories to ensure people don't just hear one side. Key findings: • The internal language we use to describe people filters down to the community. • Talking about what's being done to help individuals with problems can stop them being seen as a nuisance or entertainment. • Comms messages have helped to challenge misunderstanding about the Warden role. Outcomes: • Perception of safety can shift if we communicate positives to outweigh individual negative comments. • Instead of criticising what's not working, go together with what needs doing. • Engage with our staff. • Build empathy. <u>Q&A</u> Paul Brannan advised that mystery shopper research was recently carried out and the outcome was that almost all participants felt safe/comfortable in Barnsley.
7	**Prevent Annual Update & Counter Terrorism Local Profile**
	Ray Powell presented a report, which is **<u>confidential</u>** outside of this partnership. Key points were: • Barnsley's risk position has increased nationally, but this reflects the work of the partnership in raising the profile. • The area's threat level has been reduced. • COVID restrictions contributed to increased risk in online radicalisation. Ray described current activities taking place and noted that training has been well received, with more being organised. The formal name of the Yorkshire mentoring project has been agreed as "Barnsley Rooted Communities". Ray outlined the delivery plan priorities for 2020/21, following analysis within the Counter Terrorism Local Profile (CTLP) assessment, as well as local experience. <u>Q&A</u> Nina Sleight advised that the Early Help Assessment Advisor role has now come back in-house and this may be an opportunity to look closely at identifying gaps. Also, Nina would like to work with Ray around children that are electively home educated.

	Wendy Lowder suggested link-in to the Mental Health Partnership via Diane Lee, as they are developing the All Age Mental Health Strategy. Paul Brannan advised that Government are currently consulting on making the Protect pillar a statutory requirement of partners. In-part this has been informed by the findings of the Manchester Arena bombing.
8	**Update on Probation Service Reform**
	Nick Hamilton-Rudd gave a verbal update on the unified model of probation being implemented over the next 3 years, as well as providing assurance around services during the current transition period. Key points were: • Community Rehabilitation Company contracts will end on Friday 25th June. • All employment will be transferred into the "new probation service". • Case management and interventions become the responsibility of the public sector. • Barnsley and Rotherham will be combined and under governance arrangements as part of the Yorkshire & Humber region. • Approach will be driven by the Ministry of Justice and more focussed from a community safety perspective. • Julie Odusanya will commence as Head of the Barnsley and Rotherham Probation Delivery Unit on the 28th June (julie.odusanya@justice.gov.uk). • Community services will still be on offer and a dynamic framework will be used to commission contract providers. • Operationally, nothing will change. • There will be a lot of internal transition, but focus will be maintained on partnership and delivery commitments, with improvements to process expected. • There has been a national decision to change the language used and people being supervised will be referred to as "people on probation" (offending is only one part of behaviour). Nick advised there was a published service operating model available. Key documents and executive summaries can be found here: https://www.gov.uk/guidance/strengthening-probation-building-confidence Q&A The Chair would like to see an update at a future meeting, and this is captured on the Board's Forward Plan. **ACTION 8.1: Tracey Binks to invite Julie Odusanya to provide an update at a future meeting, after she has commenced post**
9	**House Fire Priorities**

	Rob Holmes has shared a report and presentation within the Board's papers pack, but due to technical issues was unable to present at today's meeting. The following written summary was provided: • House fires increased slightly during lock down. • Confident this will reduce again once community work re-starts. • Ask from partners working in the community is for referrals for home safety checks for identified vulnerable people. **ACTION 9.1: Rob Holmes to bring his update to the next meeting, with clarification around the ask from the SBP Board and areas of specific collaboration**
10	**Encompass**
	The Chair presented a briefing report and advised that Operation Encompass had been successfully implemented, with no identified issues. The Chair encouraged members to read the report and highlighted that the next step would be to be to include nursery children from September 2021.
11	**SBP Risk Register**
	Shiv Bhurtun presented the BMBC Risk Register document and this was agreed by the Board. This will now be uploaded to the BMBC system and monitored at the quarterly Performance & Delivery Group meetings.
12	**Forward Plan**
	Shiv Bhurtun presented the Board's current Forward Plan and asked for contributions. Wendy Lowder suggested postponing the next update on the Probation Service reform.
13	**Any other business**
	The Chair informed the group that BMBC's Anti Social Behaviour Policy is currently being reviewed and that a draft would be circulated for comments. Members are asked to contribute directly to Mark Giles and the final policy will be presented at the next meeting. Circulated for info; • Link to the refreshed SBP Annual plan 2021-22; https://www.barnsley.gov.uk/media/18277/safer-barnsley-partnership-plan-2021.pdf
	Future meetings: Monday 13th September 2021, 2:15 to 4:15, Microsoft Teams Monday 20th December 2021, 10am to 12pm, Microsoft Teams

Stronger Communities Partnership Board Meeting
Thursday 3rd June 2021
14:00pm-16:00pm
Westgate Plaza Level 3 Boardroom
Minutes

Member	Organisation/Service	Attended	Apologies	Deputy
Board Members				
Councillor Chris Lamb **(CL)**	Elected Member/Chair – BMBC	x		
Councillor Jenny Platts **(JP)**	Elected Member – BMBC	X		
Councillor Brenda Eastwood **(BE)**	Elected Member – BMBC	X		
Phil Hollingsworth **(PH)**	Service Director, Safer, Stronger, Healthier Communities – BMBC	x		
Jayne Hellowell **(JH)**	Chair of Early Help Adults sub-group, Head of Commissioning and Healthier Communities – BMBC	x		
Wendy Lowder **(WL)**	Executive Director Communities		x	
Jane Holliday **(JH)**	CEO – Age UK	x		
Tara Ramsden **(TR)**	Third Sector Dementia Alliance Chair - Making Space		x	
John Marshall **(JM)**	Chief Executive – Barnsley CVS	x		
Carrie Abbot **(CA)**	Service Director Public Health and Regulation – BMBC		X	Diane Lee (DL)
Rob Holmes **(RH)**	Fire and Rescue Services - South Yorkshire Fire and Rescue		x	
Julie Chapman **(JC)**	Service Director, Adults Social Care & Wellbeing, People Directorate - BMBC		x	
Dave Fullen **(DF)**	Director of Customer	X		

	and Estate Services – Berneslai Homes			
Gill Stansfield **(GS)**	Deputy Director of Operations - SWYFT		x	
Jill Jinks **(JJ)**	Community Health Services – SWYFT	X		
Niall O'Reilly **(NO)**	HWBB Provider Forum – SYHA	X		
Jamie Wike **(JW)**	BCCG – Barnsley CCG	X		
Board Support				
Shiv Bhurtun **(SB)**	Strategic Governance Partnership and Transformation Manager – BMBC	X		
Helen Ibbotson **(HI)**	Business Support – BMBC	X		
Attendees				
Faith Ridgwick **(FR)**	2030 Lead Officer, Organisation and Workforce Improvement – BMBC	X		
Ben Brannan **(BB)**	Senior Public Health Officer, Public Health – BMBC	x		

	Action Summary

Item	Action	Responsible Officer
2	SB/HI to review agreed actions from 20.02.2020 and close or move forward where appropriate.	Shiv Bhurtun/Helen Ibbotson
6	HI to document that MHP Strategy on the Early Help Adults forward plan.	Helen Ibbotson
6	SB to link in with BB in respect of the digital agenda.	Shiv Bhurtun
7	SB/HI to work on the forward plan and distribute items as appropriate.	Shiv Bhurtun/Helen Ibbotson

1.	**Apologies and Introductions**
	The chair welcomed everyone to the meeting, introductions were made, and apologies noted as above.
2.	**Minutes and actions from previous meeting (20.02.2020)**
	The chair acknowledged that due to the emergency response in respect of the pandemic the Stronger Communities Partnership Board (SCPB) had been stood down following the 20.02.2020 meeting. The chair acknowledged the amount of time which had lapsed and queried whether actions remained relevant.

	There was an agreement that actions from 20.02.2020 would be reviewed outside of this meeting with a view to close where appropriate. **ACTION: SB/HI to review agreed actions from 20.02.2020 and close or move forward where appropriate.**
3.	**The PARTNERSHIP going forward**
	The Chair: • Noted how the board had evolved over time since its establishment when it scope included early help across all age groups. The chair highlighted that there is overall consensus and value for children's element of the SCPB scope to be fully overseen through the children's governance structure thus improving efficiency and effective even more. • Referred to the planned restructuring of the NHS which was due to take place over the next 12/18months and noted the importance of the board running alongside this development. • Acknowledged and reflected on the challenges over the past 18 months due to the pandemic and highlighted how partnership working had shown real resilience with reference to the positive continuation of many activities during this period. • Praised the partnership and it members and supporting teams for the work behind the scene that helps to drive key actions forward and make a difference to the communities. **3.1 SCP PRESENTATION:** PH presented a summary of the Board's journey to date and it's strategic direction of travel as well as key emerging priorities within the context of the ongoing pandemic and various recovery plans. There was agreement that the Board's input as system leaders remained important. PH proposed that there is now opportunities to re-establish key areas of work as well as time to refocus the Board's agenda as a priority. The chair thanked PH for his presentation, and again acknowledged the significant amount of work which has continued during the pandemic. **Change of Chair person** The Chair thanked PH for the presentation and acknowledged that from a Barnsley Council governance perspective the suggested SCP priority reflected the Adults and Communities portfolio. Taking this into account Chair confirmed that having led the partnership to date with significant achievements as a team and indeed following discussion with Cllr JP this was the right time to pass over the chairing role to Cllr JP. With Cllr JP having oversight of the Adults agenda acknowledged this to be timely as the SCP provides a clear focus and home for Adults in respect of Early Help and Prevention. Cllr Jenny Platts accepted the Chairing role and confirmed the deputy to be Cllr Brenda Eastwood to undertake any required tasks in JP's absence. Cllr CL: • thanked attendees for their support during his time as chair, specifically acknowledging

	the work of DF, JM and GS as well as support from PH and SB. • welcomed JP as the new chair of the SCPB. Cllr JP thanked Cllr CL for doing a fantastic job as chair of the SCPB. *JP will be referred to as chair from this point in the minutes.*
4.	**ToR including membership list for sign off**
	The proposed ToR's was considered and agreed by the board. CL referred to the new primary care focussed NHS and queried whether it was too early to be linking the board in to this work. PH confirmed that there would be a requirement for the board to link in and added that it was more time was needed for the NHS to establish itself fully in its new way of working. JM confirmed that Barnsley's health-based plan remained in its early stages and that there would be a clear alignment to this board. JM further acknowledged partners members of this Board confirmed that there was the appropriate representation.
5.	**Barnsley 2030**
	FR - (Barnsley 2030 Lead Officer within Business Improvement) provided a brief journey and current position in respect of the B2030 plan through a short presentation. FR 1. Highlighted the Barnsley 2030 Launch Event on the 22nd June 2021 and encouraged board members to attend. 2. Reflected the value of the board linking in to the 2030 outcomes. 3. Added that from discussions with SB it was envisaged that the SCPB would have informal links into Barnsley 2030 whereby some of the board's achievements are reported as case studies. The chair and PH agreed and noted the importance of the board getting back to basics with engagement work and ensuring communities are engaged in the delivery of the B2030 vision. PH suggested strategic alignment to the Barnsley 2030 plan which would include the following: - - Age Friendly Barnsley MBC Dementia Support - Poverty and Food agenda - Financial Resilience - Armed Forces Covenant - Support for Carers - Stronger Communities Service - Customer Engagement DV also suggested a cross-cutting piece of work for the partnership with regards to lessons learnt in respect of Covid. PH agreed with this comment. The Chair thanked FR for her input.

6.	**Mental Health Partnership**
	BB –(Senior Public Health Officer) provided a brief on the new Mental Health Partnership (MHP) operating since January 2021. The MHP is designed to promote collaborative working to improve mental health across Barnsley, through all age groups. BB shared the current key priorities. New priorities will be agreed through the borough's mental health strategy currently under development. BB discussed the key opportunity for the board to connect with the mental health partnership included prevention and the dementia pathway. JHe requested that the MHP Strategy is shared through the Early Help Adults sub-group prior to escalation to the board. **ACTION: HI to document that MHP Strategy on the Early Help Adults forward plan.** JHe thanked BB for his presentation and noted her improved understanding of the work undertaken behind the scenes. JHe referred to the digital agenda and discussed that a report had recently been submitted to DMT in respect of supporting older people in this area. Feedback from DMT had highlighted the importance of this initiative also including further groups such as learning and physical difficulties as well as mental health. There was an agreement that this should be explored further in respect of the MHP. **ACTION: SB to link in with BB in respect of the digital agenda.** BE queried the requirements in respect of anger management and how this linked in to the work of the MHP. DL acknowledged this comment and noted issues in respect of anger management. DL went on to discuss that anger management wasn't looked at in isolation as it was felt it manifested itself across the mental health work stream. CL noted how clearly mental health challenges had been presented through BB's presentation. CL referred to work required in respect of covid recovery. CL went on to discuss how the pandemic had highlighted social isolation on a broader scale than what had ever been envisaged. Historically social isolation has been looked at from an elderly person's perspective, CL noted how the pandemic had also highlighted further groups in particularly middle-aged men who live alone with no family. BB acknowledged these comments and confirmed that he was happy to take this back to the MHP. NO noted the employment gap in relation to mental health and queried whether this work could link with SWYFT. DL acknowledged this comment. JW noted the positive timing of the establishment of the MHP, mental health has been a priority for many years, the MHP would now bring this together and allow more structured work to be undertaken. JW went on to discuss that to date he didn't believe the true impact of covid had been felt by mental health services, if additional numbers received by services can be picked up by community services at an early help level it will reduce the impact on secondary care. JJ agreed with JW's comments. PH noted that the breadth of the priorities justified the need for a dedicated MHP and although in its infancy it has already proven its worth.

	BB thanked the board for their time.
7.	**Forward Plan**
	SB briefed members on the proposed forward plan and upcoming items for next meeting. SB clarified that there were 8 <u>proposed items</u> for the next board 19.08.2021. Chair recommended that this is reviewed, and sufficient time is enabled for board members to debate and discuss items as compared to simply receiving high number of briefings. All members agreed. SB requested that members continue to propose items and highlighted that these would be scheduled in as appropriate. JHe supported this request and recommended that all items come through the Early Help Adult's sub-group prior to the board which would help further enhance the debate /discussion at Board level. JHe noted the importance of all partners being involved on the agenda including those outside of the local authority to drive respective areas of work. PH discussed that he felt items coming through to the board should intertwine impacts of covid. **ACTION: SB/HI to work on the forward plan and distribute items as appropriate.**
8.	**Any Other Business**
	No items.
9.	**Future Meetings**
	Thursday 19th August 2021, 14.00 – 16.00, Microsoft Teams Thursday 11th November 2021, 14.00 – 16.00, Microsoft Teams