

Public Document Pack

MEETING:	Health and Wellbeing Board
DATE:	Thursday, 9 June 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

- 1 Appointment of Chairperson
- 2 Declarations of Pecuniary and Non-Pecuniary Interests
- 3 Minutes of the Board Meeting held on 3rd February 2022 *(Pages 3 - 8)*
- 4 Message of thanks to Cllr Andrews - Verbal - Nominated Chairperson
- 5 Health Inequalities in Barnsley - Emma Robinson *(Pages 9 - 24)*
- 6 Verbal update from the Barnsley 2030 Board - Bob Kirton
- 7 Director of Public Health Annual Report - Julia Burrows *(Pages 25 - 86)*
- 8 Mental Health Strategy - Patrick Otway & Adrian England *(Pages 87 - 130)*
- 9 Verbal Update from Creativity and Wellbeing Week - Kathy McArdle
- 10 Minutes from the Safer Barnsley Partnership held on 20th December 2021 *(Pages 131 - 144)*
- 11 Minutes from the Stronger Communities Partnership held on 11th November 2021 and 18th February 2022 *(Pages 145 - 162)*

For Information

- 12 Better Care Fund Annual Report *(Pages 163 - 164)*
- 13 BCF Year End Return *(Pages 165 - 168)*
- 14 Pharmaceutical Needs Assessment - Public Consultation *(Pages 169 - 170)*

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

Councillor Trevor Cave, Cabinet Spokesperson – Children's
 Councillor Caroline Makinson, Cabinet Spokesperson – Public Health and
 Communities
 Councillor Jenny Platts, Cabinet Spokesperson – Place, Health and Adult Social
 Care
 Sophie Wales, Interim 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

Monday, 30 May 2022

MEETING:	Health and Wellbeing Board
DATE:	Thursday, 3 February 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

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
 Jeremy Budd, Director of Commissioning and Partnerships, NHS Barnsley Clinical Commissioning Group
 Chris Edwards, Chief Officer, NHS Barnsley Clinical Commissioning Group
 Mel John Ross, Executive Director Children's Services
 Julie Tolhurst, Public Health Principal
 Kathy McCardle, Service Director, Place (Regeneration and Culture)
 Andrew Osborn - on behalf of Wendy Lowder, Adults and Communities
 Amanda Garrard, Chief Executive, Berneslai Homes
 Adrian England, Healthwatch Barnsley
 Diane Lee, Head of Public Health
 Julia Burrows, Director of Public Health
 Dawn Hardy (SYP) on behalf of James Abdy, South Yorkshire Police
 Sohaib Akhtar and Tom Bisset, Public Health
 Andy Snell (Virtual), Consultant in Public & Global Health, Doctor in Emergency Medicine, BHNFT
 Claire Miskell (Virtual), Project Manager, Strategic Housing
 Bob Kirton (Virtual) Chief Delivery Officer and Deputy Chief Executive BHNFT

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 7th October 2021

The meeting considered the minutes of the previous meeting held on 7th October 2021.

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

3 Public questions

No public questions have been received.

4 Statement on resignation of the Chair (verbal)

Dr Nick Balac has issued his resignation as co-chair of the Health and Wellbeing Board. He has been a key member of the Board for many years, playing a vital leadership role, and has been instrumental in the development of the Board. He will be very much missed.

RESOLVED that Dr Balac's resignation be noted.

5 Pharmaceutical Needs Assessment - Sohaib Akhtar

The Health and Wellbeing Board was provided with a report and presentation reminding it of its statutory duty to publish an updated Pharmaceutical Needs Assessment (PNA) together with an update on the plans to complete the Barnsley PNA and to consider the suggested approval process for Board members to sign off the final PNA. It was explained that the PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population, providing a complete picture of the local population and how they differ in terms of their health needs and requirements. The document maps all current pharmaceutical services in the Borough, identifies gaps in provision and is used to predict future needs. The HWBB has a legal duty to ensure the production of a PNA every 3 years. Statutory Consultation on the report will take place in May and June 2022, with a 'final draft' version of the PNA presented to the HWBB at its meeting on 4th of August 2022.

RESOLVED that the Board:

- (i) Note the requirement to approve a PNA before the end of October 2022 (replacing 31st March 2021);
- (ii) Note the process for carrying out the Barnsley PNA set out in the report; and
- (iii) Agree the proposed sign off process for approval of the final draft and final version of the PNA 2022.

6 Mental Health Strategy - Patrick Otway

This item was introduced by Patrick Otway, who proceeded to explain that the Barnsley All-age Mental Health and Wellbeing Strategy (2021-2025) will help to ensure that we have the conditions and culture to enable everyone within the local community to achieve their potential. This means that all residents of Barnsley will be able to enjoy those things that help them feel positive about their lives and gain access to high quality support and compassionate services when they need them. The strategy reflects the positive definition of mental health, as stated by the World Health Organisation (WHO), which is broader than just mental illness.

Key issues from feedback included that the strategy needs to support spiritual wellbeing, should reflect the positive impact that volunteering brings; the link between crime and mental health and intergenerational poverty. The strategy will be reviewed on an annual basis and is subject to consultation.

Adrian England expressed thanks to Patrick Otway and individuals and groups involved in developing the strategy.

RESOLVED that the Health and Wellbeing Board note the strategy.

7 Child of the North: Building a Fairer Future after Covid-19 - Mel John Ross

Mel John Ross introduced this item, informing the Board of the findings and recommendations of the report which was published in early January 2022. The basis of the report is that following a decade of austerity, including reductions to local public services, combined with welfare reforms which have disproportionately and more adversely affected children, young people and families in the North of England, the Covid-19 Pandemic has acted as a prism in further harming the life chances of these children. This has taken the form of a toxic cocktail of poor mental and physical health, together with feelings of isolation and despair both in children and their parents which contributes to poorer outcomes later in the life course.

Headline findings include:

- Only 14% of school children, in Northern Regions of England, received four or more pieces of offline schoolwork per day compared to 20% in the rest of the country.
- The loss of learning which children in the North experienced over the course of the Pandemic could equate to an estimated £24.6 billion in lost earnings over their lifetime.
- During the Pandemic, 23% of children in the North were perceived by their parents to be lonely, compared to 15% in the rest of England.
- Among parents and carers in the North of England, 23% felt lonely during the Pandemic compared to 13% in the rest of the country.
- Of local authorities in England with more than 100 children per 100,000 in care, 21 out of 26 local authorities are in the North of England.
- More than one in five children in the North are from an ethnic minority group; are therefore more likely to live in low income, deprived families and their experience of systemic racism adds to the detrimental effect on their life chances
- The reductions in funding to children's centres has equated to an average cut of £412 for every eligible child in the North compared to £283 in the rest of England.
- The challenges to children's mental wellbeing in the North of England caused by the impact of the Pandemic is estimated to cost £13.2 billion in lost income during their lifetime.
- By the second half of the Autumn Term 2020, pupils in the North East and Yorkshire and The Humber experienced 4 and 5.3 months of lost learning respectively compared to less than a month in London and the South West.
- Children's health in terms of obesity, tooth decay and safe and accessible green spaces for exercise have all been negatively impacted.
- Since the Pandemic, the percentage of children living in poverty in the North of England (after housing costs) is 33% compared to 30% across the whole of the United Kingdom.
- In the North of England 58% of local authorities have above average levels of children in families with low incomes, compared to 19% of local authorities in the rest of England.

The report makes 18 recommendations to improve the life chances of children in Northern regions of England and is a further clarion call to the Government for urgent action not only to genuinely “*level up*” areas of the country but also to break the vicious cycle of poverty, multiple forms of deprivation and their impact upon the wellbeing and resilience of families, together with subsequent pressures on children’s social care.

RESOLVED that the Board note the contents of the report, its findings and recommendations, and support it going forward.

8 Active in Barnsley Strategic Plan - Stuart Rogers & Dr Andy Snell

Andy Snell, Consultant in Public & Global Health and Doctor in Emergency Medicine, introduced this item. It was explained that the Active in Barnsley Partnership has renewed its strategic plan as the current partnership strategic plan expired in 2021. The new Active in Barnsley Strategic Plan (2022-26) is an evolution of the previous iteration which was based on a wider stakeholder input and has achieved good progress over the last three years. Built on a robust review, the partnership board have agreed the future direction for the plan with a clearer focus on where inequalities are the greatest, being clear about how support is provided to specific audiences and how data is used better to understand and inform our actions. Thanks were expressed to partners involved in its development, particularly Age UK. It was highlighted that the Transport Strategy is coming up for approval shortly and the HWBB will need to feed into this. For more information about Active in Barnsley contact: Stuartrogers@barnsley.gov.uk or [:Laura.Allen@yorkshiresport.org](mailto:Laura.Allen@yorkshiresport.org).

RESOLVED that the HWBB:

- (i) Support the Active in Barnsley Strategic Plan (2022-2026)
- (ii) Act as the accountable body for progress reporting against our strategic priorities and
- (iii) Suggest any potential areas for collaboration that can be included in the action plan
- (iv) Encourage member organisations to support the joint promotion of the What's Your Move Campaign to build the message across the borough, shape it, suggest improvements and use it with their audiences.

9 Affordable Warmth / Warm Homes Team - Kathy McArdle & Claire Maskill

Kathy McArdle and Julie Tolhurst were welcomed to the meeting and provided an overview of progress to establish a strategic approach to affordable warmth. This is recognised as making an important contribution to health and wellbeing outcomes of residents, alongside the Council’s aspirations to reduce emissions via Zero 40/45.

RESOLVED that the HWBB:

- (i) Note the importance of prioritising affordable warmth and impacts on resident’s health and wellbeing to tackle health inequalities;
- (ii) Note the position and achievements of the Affordable Warmth programme;

- (iii) Acknowledge the outputs from the Warm Homes team and the transfer of this function into the Strategic Housing, Sustainability and Climate Change Team; and
- (iv) Agree the development of an Affordable Warmth Strategy and the need to secure sustainable longer-term funding to support capital and revenue costs.

10 Barnsley Hospital Health Inequalities Action Plan - Dr Andy Snell

Andy Snell introduced this item, highlighting Barnsley Hospital NHS Foundation Trust's Action Plan to reduce health inequalities over the next 18 months. It was explained that health inequalities and their underlying causes drive unscheduled hospital activity, putting greater demand on health services. Tackling health inequalities is a key part of demand management, as unmet need presents as preventable urgent and emergency demand. Collaboration is key to addressing this. People in Barnsley experience poorer health and wellbeing than people in many parts of the country. These inequalities in health are long-lasting, persistent, and driven by social, economic and environmental inequalities.

The Integrated care Delivery Group (ICDG) is developing a 3 Tier Framework to tackle health inequalities as part of its action plan: Tier one (Section A) – dedicated care services (including establishing new services); Tier two (Section B) – all core care services (and how we can enhance them) and Tier three (Section C) – anchor institution (how we build a more inclusive society and economy in Barnsley).

It is of vital importance that the HWBB recognises the breadth of health inequalities in Barnsley and how all partners need to work together to collaborate, connect, and signpost to other services. It was felt that Barnsley Hospital NHS Foundation Trust should be commended for doing this fantastic piece of work.

RESOLVED that

- (i) the Health and Wellbeing Board note and provide feedback on the contents of Barnsley Hospital NHS Foundation Trust's Health Inequalities Action Plan; and
- (ii) Supports the delivery of the action plan by continuing to work collaboratively to address health inequalities and promote health equity in Barnsley.

11 Integrated Care System Update - Jeremy Budd

Jeremy Budd was welcomed to the meeting and provided an update on the Integrated Care System (ICS), focussing on delivery rather than efficiency (which will be a key focus for the 22/23 plan). It was highlighted that 25 strategic deliverables have been identified on which partners will work collaboratively to deliver. These include community vaccination, planned care, CYP/Early Start partnership, care closer to home, urgent and emergency care, mental health and design/ICP development. Some of the delivery elements are highlighted as 'at risk' but Members were reassured that plans are in place to minimise identified risks. Colleagues and partners should be applauded for their work on the plans through difficult times. The pace of change slowed down in October but is now restarting with the approach of spring and summer. Next steps will be mobilising the plan fully, which needs to be refreshed for 22/23, and working towards the 2030 plan. The 5-year plan will be refreshed too.

RESOLVED that the Health and Wellbeing Board note the Integrated Care System update.

12 Minutes from the Children and Young People's Trust Executive Group held on 14th October 2021

The meeting considered the minutes from the Children and Young People's Trust Executive Group held on 14th October 2021.

RESOLVED that the minutes be received.

13 Minutes from the Safer Barnsley Partnership held on 21st June 2021

The meeting considered the minutes from the Safer Barnsley Partnership held on 21st June 2021.

RESOLVED that the minutes be received.

14 Minutes from the Stronger Communities Partnership held on 3rd June and 19th August 2021

The meeting considered the minutes from the Stronger Communities Partnership meeting held on 3rd June and 19th August.

Members were asked to note that following a meeting of the December Board a programme of activities is being developed, aligned to the national health and wellbeing festival in may, looking at the theme of 'getting creative'. More details will follow.

RESOLVED that the minutes be received.

Chair

**Healthy
Barnsley**

**Learning
Barnsley**

**Sustainable
Barnsley**

**Growing
Barnsley**

**Enabling
Barnsley**

Page 9

Health Inequalities in Barnsley

Update to Health and Wellbeing Board

June 2022



Contents and data sources

The indicators presented here align with the UK Health Security Agency (UKSHA) [Health Inequalities Dashboard](#) (due to be updated June 2022). These are key indicators used by UKSHA to monitor progress on reducing inequalities within England.

The majority of indicators are drawn from the [PHE Public Health Outcomes Framework](#) and are divided into the following domains:

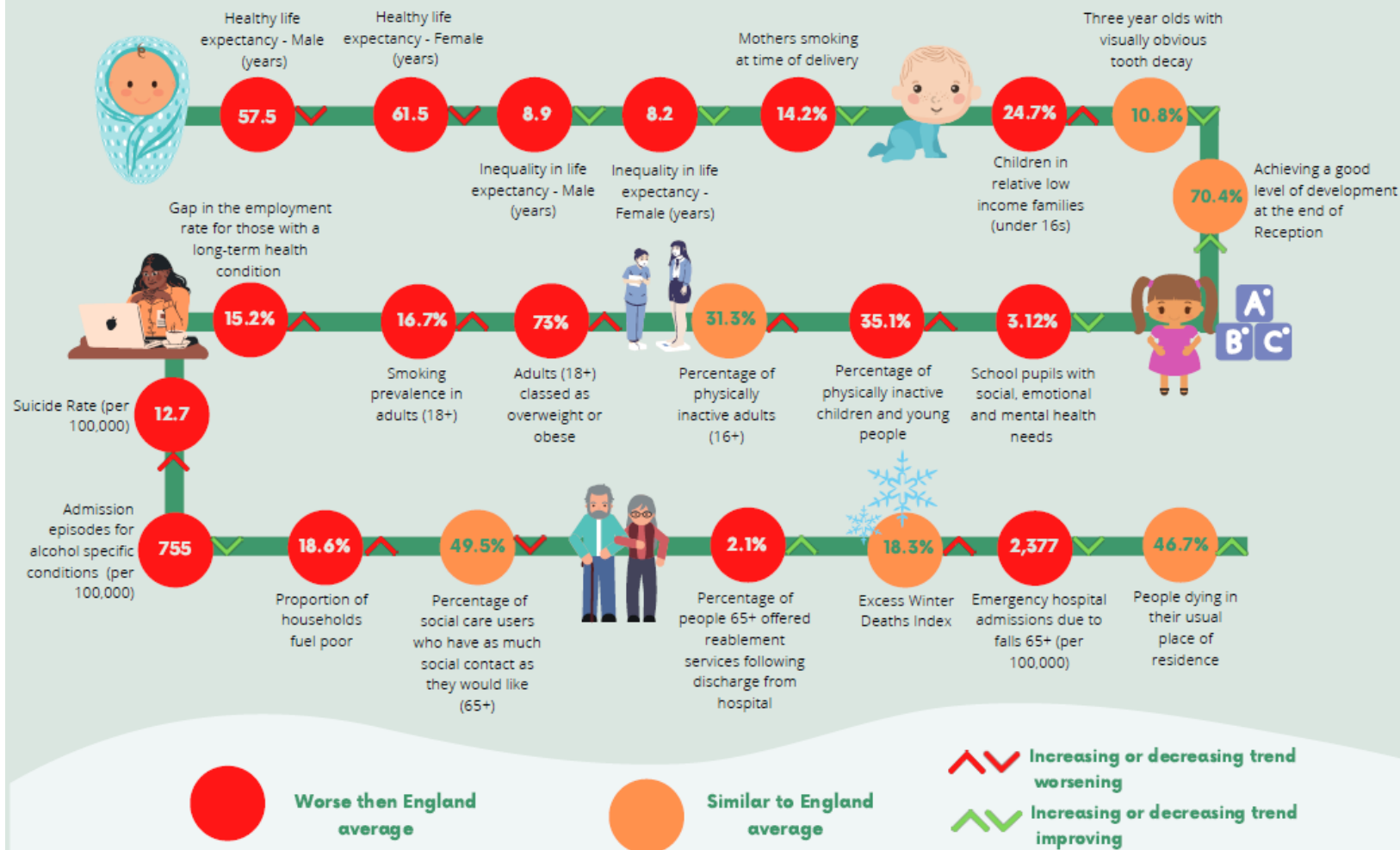
1. Overarching indicators (life expectancy and healthy life expectancy)
2. Wider determinants of health (children in low income families, education and employment)
3. Health improvement
4. Healthcare and premature mortality

Covid 19 and Health inequalities

A brief summary of Covid-19 and health inequalities and mental health inequalities, with links to other research/reports.

BARNSLEY PUBLIC HEALTH OUTCOMES

LIFE COURSE SUMMARY



Source: Public Health Outcomes Framework

1. Overarching indicators - Life Expectancy (2018-20)

- After a period of remaining static, the most recent data available shows that life expectancy for males and females in Barnsley has lowered, and is **significantly lower** than both national and regional rates.
- 2018-20 data does show that the life expectancy gap for men and women between the most and least deprived Barnsley communities is **improving** (though this data does not cover the full period of the Covid-19 pandemic).

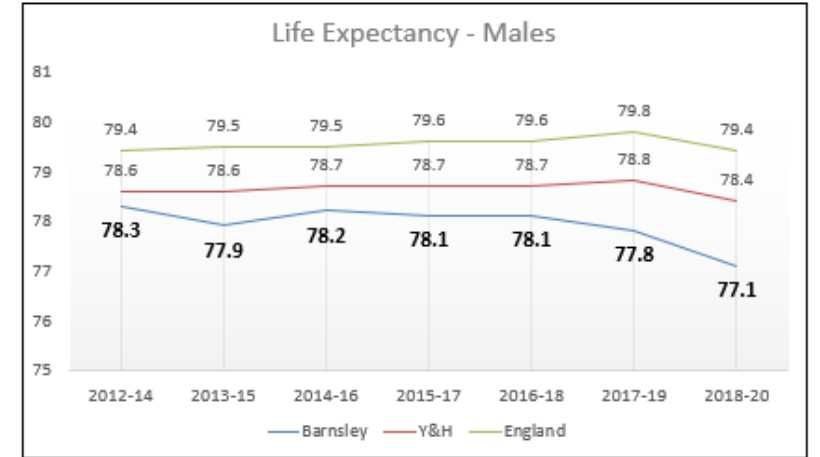
Page 12

Male



77.1 Years (-0.7 years)

2.3 years lower than England average

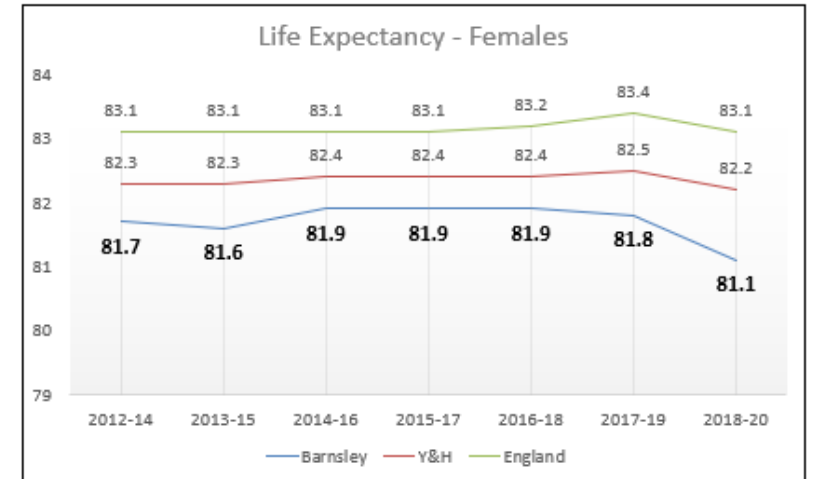


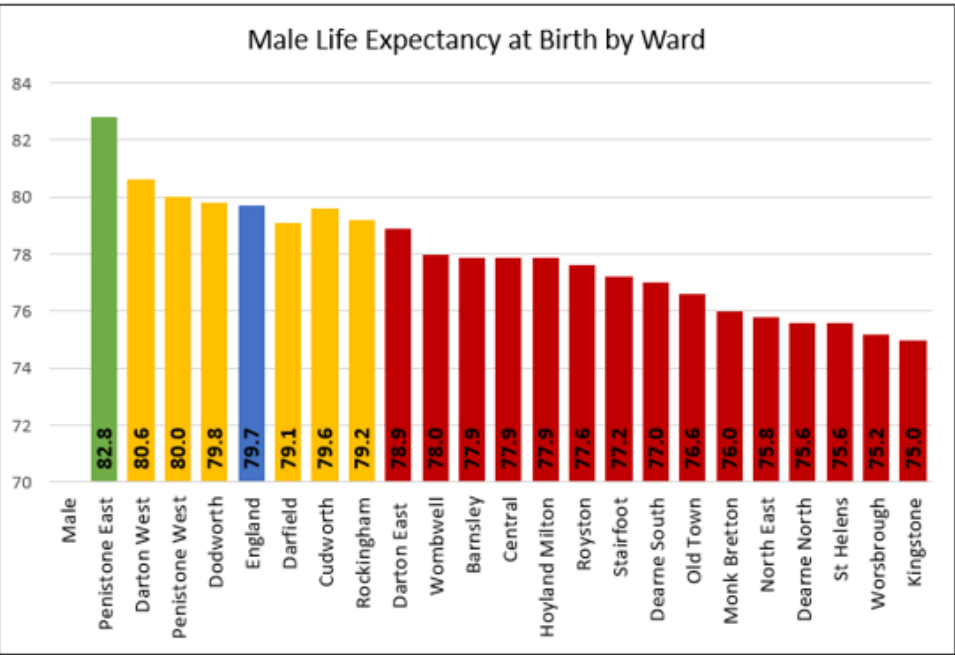
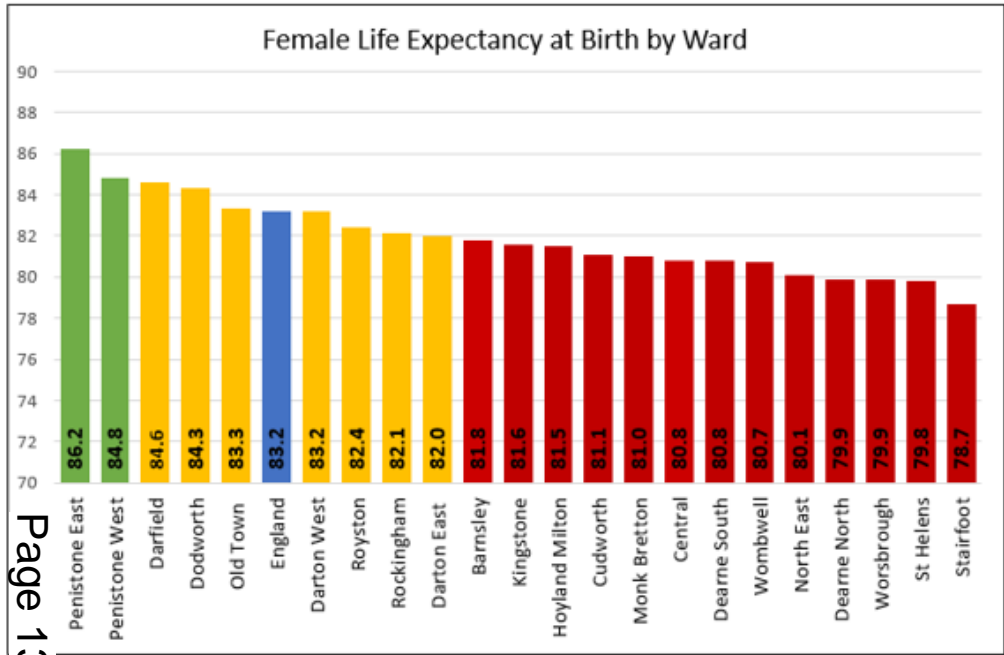
Female



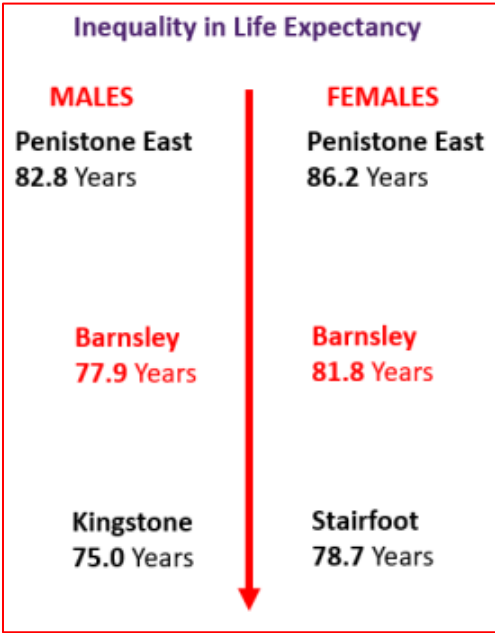
81.1 Years (-0.7 years)

2 years lower than England average





Compared with England ... Better 95% Similar Worse 95%



Life Expectancy at Birth for the latest period available at Ward level is 2015-2019.
Life Expectancy for Barnsley is 1.4 years less than the **England average** for Females and 1.8 years less for Males.
Inequality in life expectancy: For Females, there is 7.5 years difference between the wards with the highest and lowest life expectancy at birth. For males this difference is 7.6 years.

1. Overarching indicators - Healthy Life Expectancy (2018-20)

- The latest published data shows a further fall in healthy life expectancy for both men **and** **women** in Barnsley
- This data covers the period 2018-20 and therefore includes mortality and health state prevalence data collected in 2020 during the coronavirus (COVID-19) pandemic.

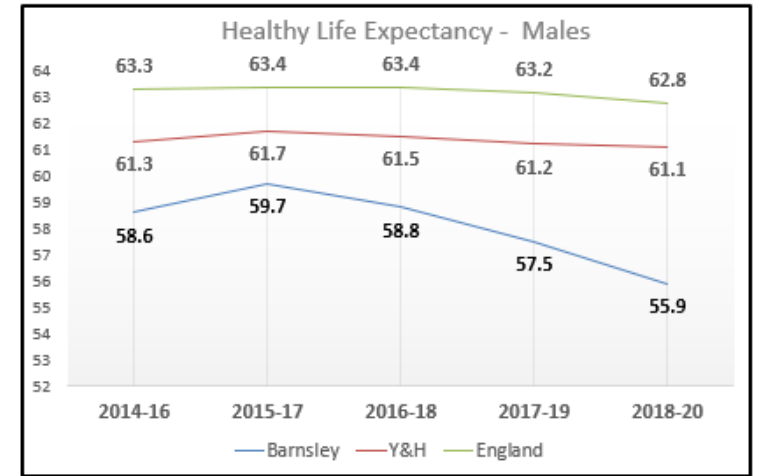
Page 14

Male



55.9 Years (-1.6 years)

6.9 years lower than England average

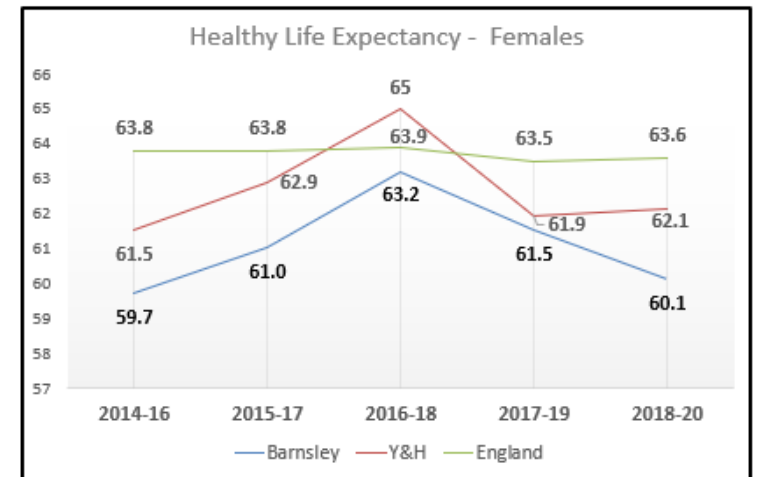


Female



60.1 Years (-1.7 years)

3.5 years lower than England average



**Healthy
Barnsley**

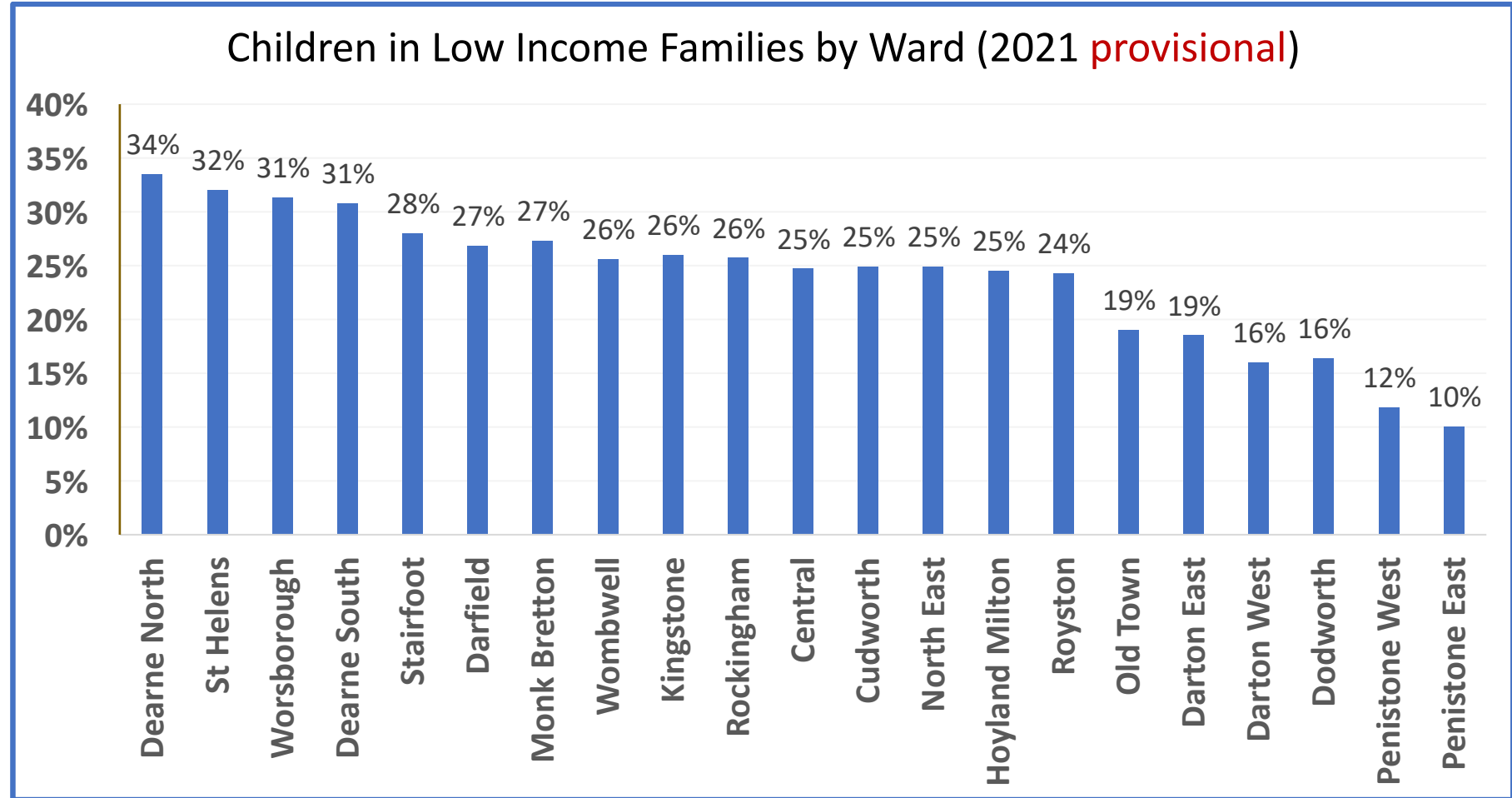
Healthy Life Expectancy



2. Wider determinants of health

- Children in low income families data from DWP shows an overall rate of 24.5% in Barnsley, compared to 19.1% in England. There is significant geographical variation across wards.
- While the data for Financial Year Ending 2021 has undergone extensive quality assurance it is recommended that these statistics are treated with caution due to the impact of Covid-19 on field work.

Page 15



Source: DWP

2. Wider determinants of health

School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception



58.6%

Yorkshire and Humber 54.1%
England 56.5%

School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1



70.5%

Yorkshire and Humber 68.2%
England 70.1%

16-17 year olds not in education, employment or training (NEET) or whose activity is not known



5.8%

Yorkshire and Humber 6.3%
England 5.5%

Gap in the employment rate between those with a long-term health condition and the overall employment rate



15.2%

Yorkshire and Humber 10.9%
England 10.6%

[Source: Public Health Outcomes Framework](#)

3. Health improvement

For NCMP data see
Page 17
the pack from OHID
National data
2020/21

[Source: Public Health Outcomes Framework](#)

Percentage of adults (aged 18+) classed as overweight or obese (2019/20)



70.6%

Yorkshire and Humber 66.5%
England 63.5%

Hospital admissions directly attributable to obesity (per 100,000 people)



28

Yorkshire and Humber 13
England 20

Reception: prevalence of overweight (including obesity) (2019/20)



19.4%

Yorkshire and Humber 24.1%
England 23%

Year 6: prevalence of overweight (including obesity) 2019/20



33.4%

Yorkshire and Humber 35.8%
England 35.2%

**Healthy
Barnsley**

Excess Weight

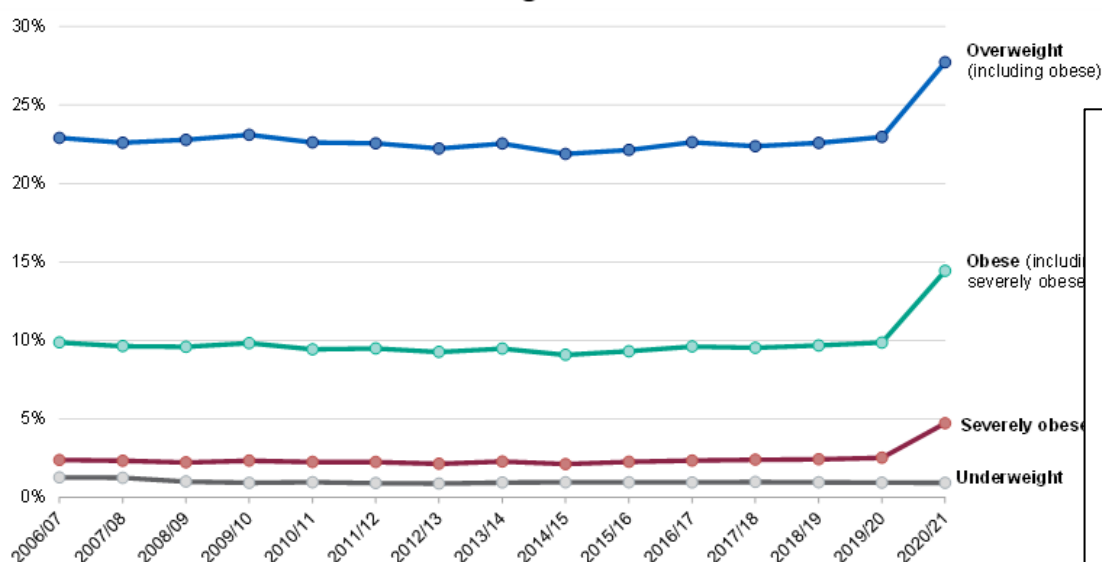


3. Health improvement

Page 18

Reception: Trends by BMI category

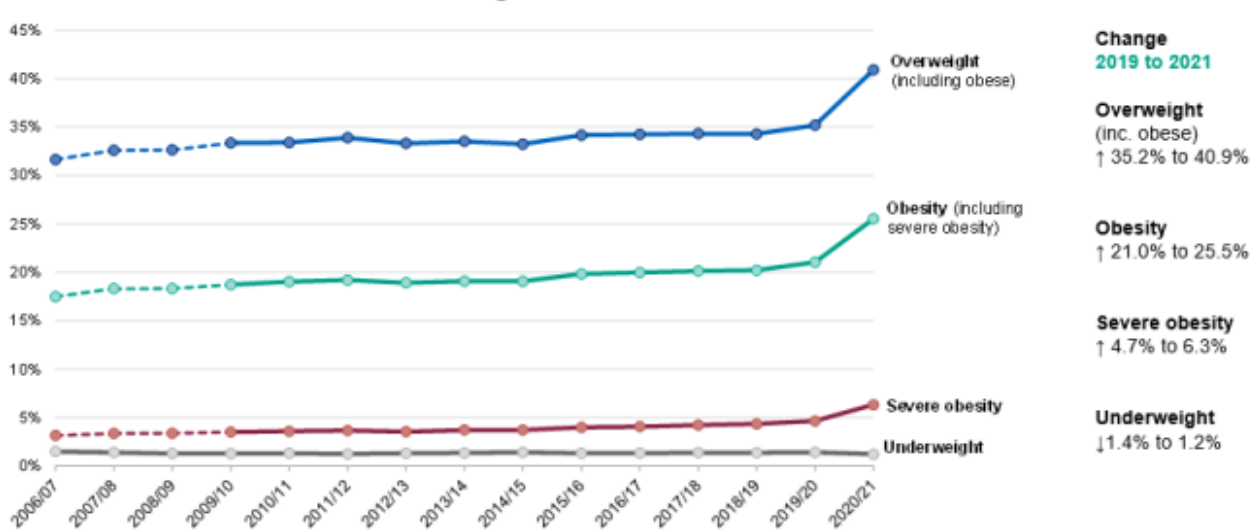
National Child Measurement Programme 2006/2007 to 2020/2021



Change
2019 to 2021

Year 6: Trends by BMI category

National Child Measurement Programme 2006/2007 to 2020/2021



Change
2019 to 2021

Overweight
(inc. obese)
↑ 35.2% to 40.9%

Obesity
↑ 21.0% to 25.5%

Severe obesity
↑ 4.7% to 6.3%

Underweight
↓ 1.4% to 1.2%

Office for Health Improvement and Disparities

Note: for Year 6, comparisons are not possible with the first years of the NCMP (2006/2007 to 2008/2009) as low participation levels led to underestimation of obesity prevalence

14

Healthy
Barnsley

Excess Weight



3. Health improvement

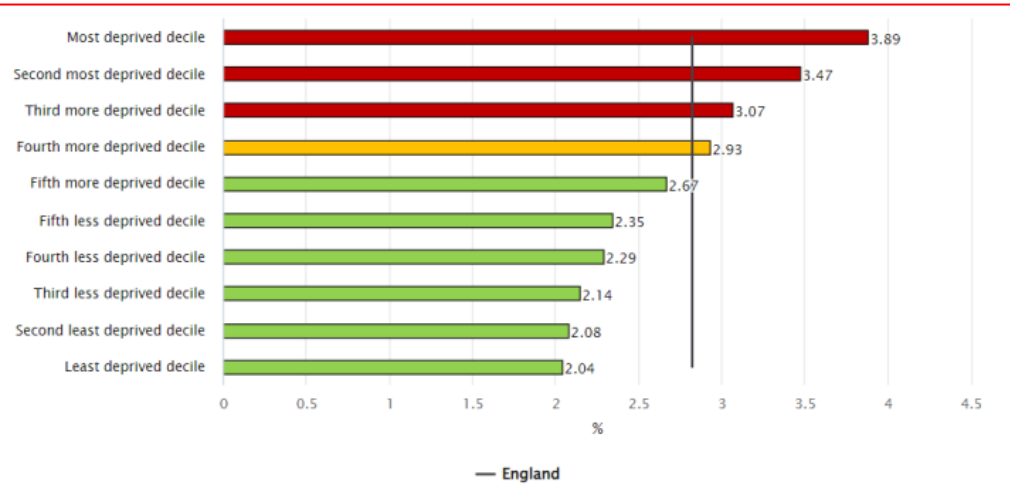
[Source: Public Health Outcomes Framework](#)

Low birth weight of term babies

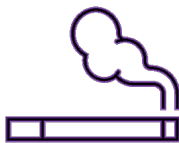


2.58%

Yorkshire and Humber 3.01%
England 2.86%

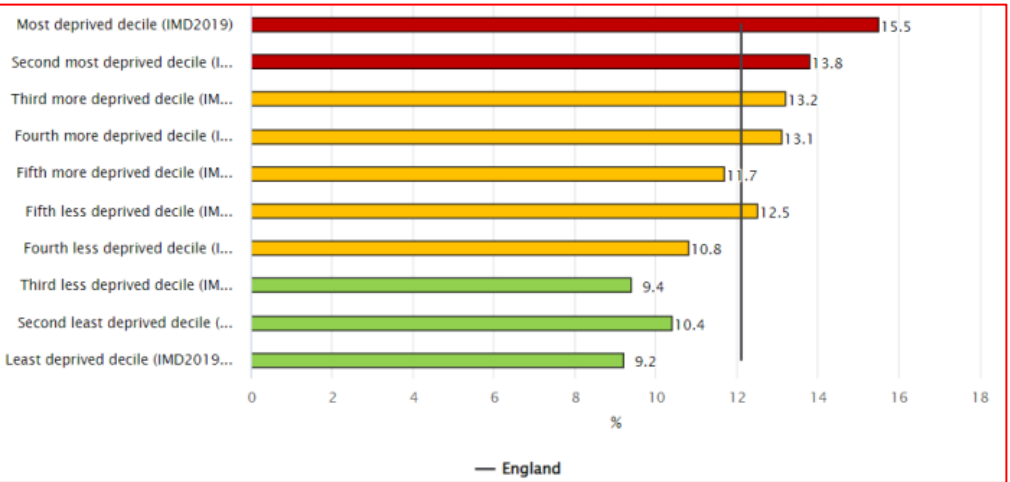


Smoking Prevalence in adults (18+) - current smokers (APS)



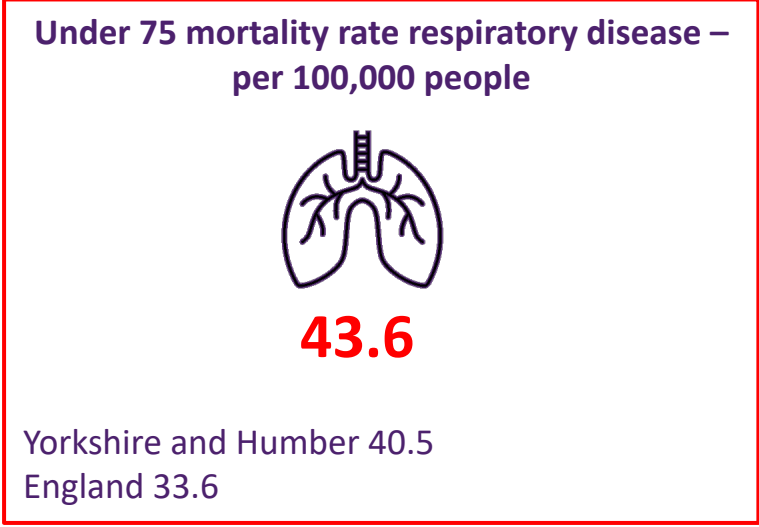
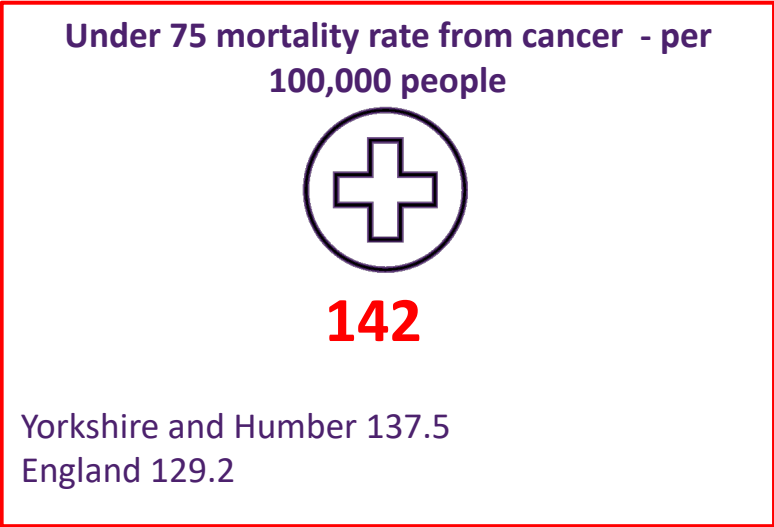
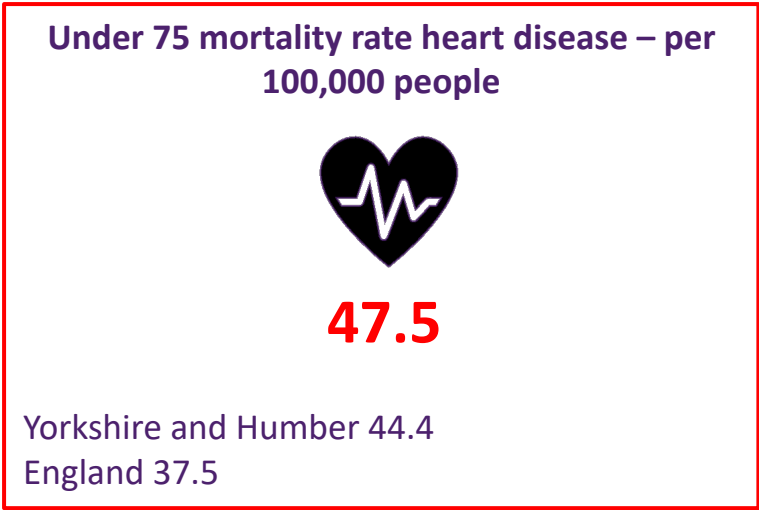
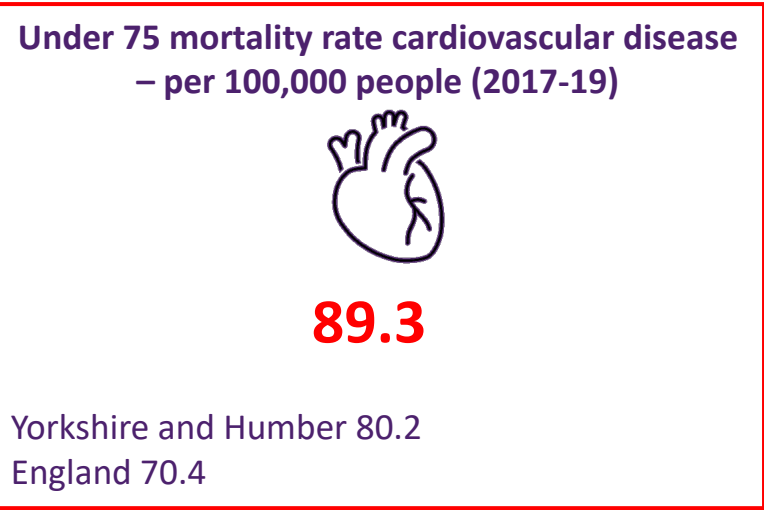
13.7%

Yorkshire and Humber 12.9%
England 12.1%



3. Healthcare and premature mortality

[Source: Public Health Outcomes Framework](#)



[‘Build Back Fairer: The Covid-19 Marmot Review’](#), highlights that Covid-19 has exposed and amplified the inequalities observed in the earlier ‘10 Years On’ report, and that the economic harm caused by containment measures - lockdowns, tier systems, social isolation measures – will further damage health and widen inequalities.

People’s experiences of the pandemic have varied greatly. Not everyone faced the same risk of exposure to the virus nor equivalent severity in health outcomes. The measures taken to suppress the virus have affected people’s lives and livelihoods differently – with both immediate and longer term consequences for people’s health and wellbeing.

The Health Foundation: [Covid-19 Impact Inquiry](#)

Inequalities in Covid-19 mortality rates also follow a similar social gradient to that seen for all causes of death.

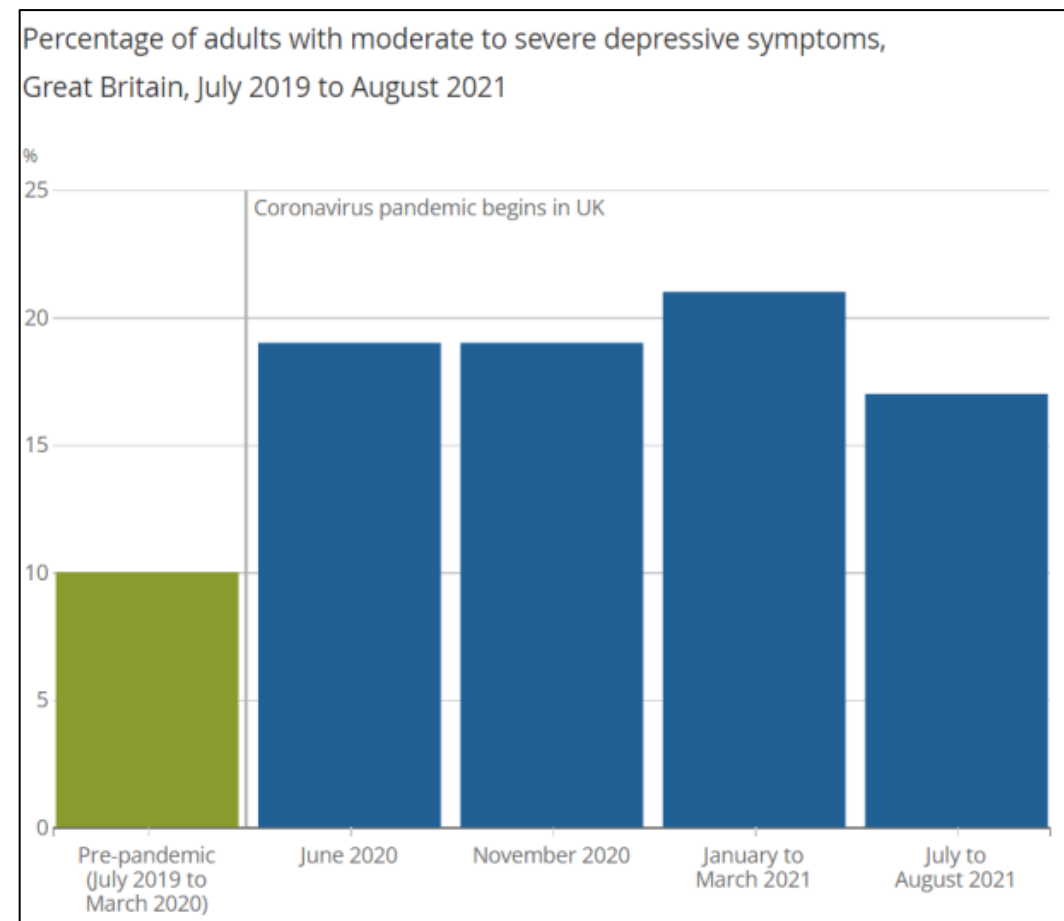
Mortality rates from all causes are higher in more deprived areas, and prior to the pandemic health inequalities related to deprivation had been increasing.

A recent publication [from ONS on excess mortality](#) during the period of the Covid-19 pandemic (to end December 2021), shows that Barnsley has the highest percentage of excess deaths from all causes in Yorkshire and Humber (24.7% vs an average of 13.2% for Yorkshire and Humber) and for excess deaths excluding deaths due to COVID-19 (-1.1% for Yorkshire and Humber, 5.5% for Barnsley).

Barnsley has one of the highest percentages nationally, with only nine London boroughs scoring higher for excess deaths from all causes.

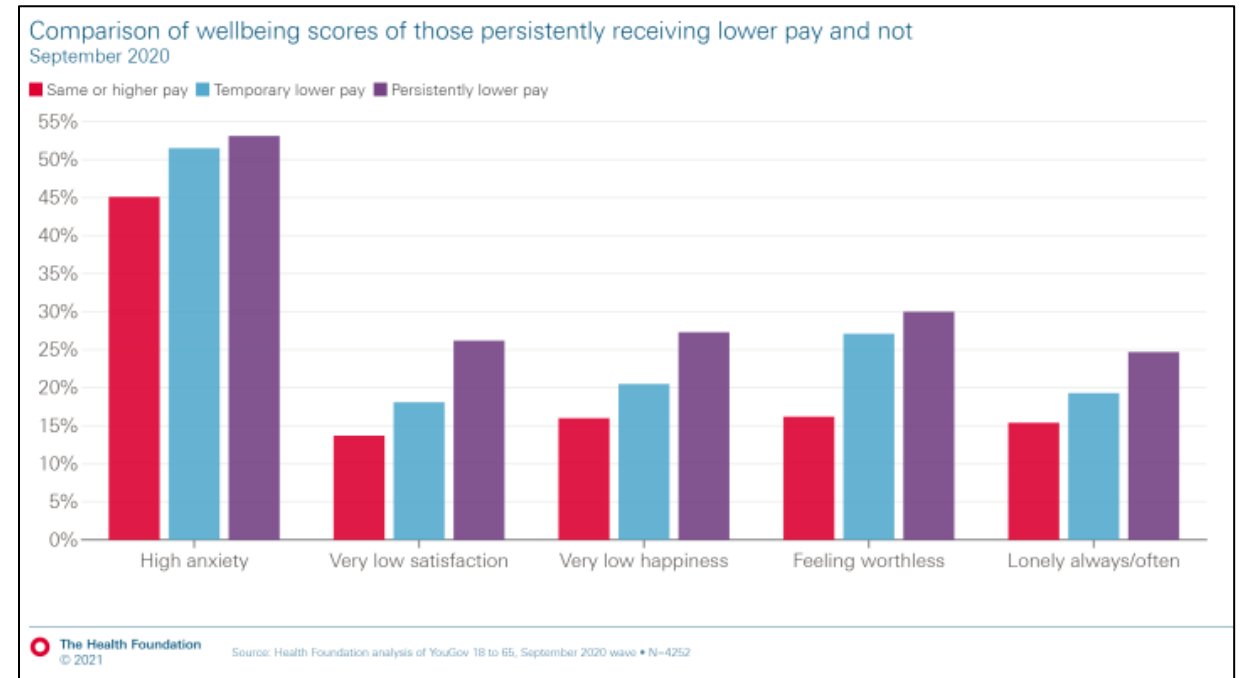
[The ONS Opinions and Lifestyle Survey](#) showed that:

- Around 1 in 6 (17%) adults experienced some form of depression in summer 2021 (21 July to 15 August); this is a decrease since early 2021 (21% during 27 January to 7 March) but is still above levels before the coronavirus (COVID-19) pandemic (10%).
- Younger adults and women were more likely to experience some form of depression, with around 1 in 3 (32%) women aged 16 to 29 years experiencing moderate to severe depressive symptoms, compared with 20% of men of the same age.
- Disabled (36%) and clinically extremely vulnerable (CEV) adults (28%) were more likely to experience some form of depression than non-disabled (8%) and non-CEV adults (16%).



[The ONS Opinions and Lifestyle Survey](#) showed that:

- Around 3 in 10 (29%) adults who reported being unable to afford an unexpected expense of £850 experienced some form of depression, compared with around 1 in 10 (11%) adults who were able to afford this expense.
- Unemployed adults (31%) were twice as likely to experience some form of depression than those who were employed or self-employed (15%).
- Around 1 in 4 (24%) adults living in the most deprived areas of England experienced some form of depression; this compared with around 1 in 8 (12%) adults in the least deprived areas of England.



Linking inequalities to Barnsley 2030 goals

- All four goals of Barnsley 2030 are key to addressing health and wellbeing, and all need action:

Makes the system (all sectors accountable)

- **Inequalities in learning** – focus on early years (e.g. mat smoking), child poverty, education
- **Inequalities in growth** – employment and pay gaps, deprived neighbourhoods (deserts), sectors
- **Inequalities in sustainability** – focus on air quality, noise pollution, access to utilities / housing / green spaces
- **Inequalities in health** – focus on Healthy Life Expectancy, excess deaths, Covid, healthcare access.

REPORT TO THE HEALTH AND WELLBEING BOARD

9th June 2022

Director of Public Health Annual Report 2021: What Matters to Me, Now

Report Sponsor: Julia Burrows
Report Author: Dr Amy Baxter

1. Purpose of Report

- 1.1 To provide Health and Wellbeing Board members with information about the Director of Public Health 2021 Annual Report.

2. Recommendations

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

- Note the contents of the 2021 Director of Public Health Annual Report.

3. Delivering the [Health & Wellbeing Strategy](#)

- 3.1 Improving the health and wellbeing of children and young people in Barnsley is crucial for improving the public health of all Barnsley residents and is a key theme of the joint Health and Wellbeing Strategy. It is why we decided to focus on children and young people for our 2019 DPH Annual Report. As well as providing an important way of identifying needs, flagging up key issues and reporting progress, the DPH Annual Report provides a valuable process for reflection and prioritisation as well as external engagement and awareness raising. This report presented a key opportunity for the Public Health team to hear from children and young people across the borough about matters that affect their lives, to ultimately help shape their future Healthy Barnsley.
-

4. Introduction/ Background

- 4.1 The Director of Public Health is required under section 73B of the National Health Service Act 2006 to produce an annual report on the health of the public of Barnsley and the Council must publish that report.
- 4.2 The Director of Public Health (DPH) is as independent advocate for the health of the population and system leadership for its improvement and protection. The independence is expressed through the DPH Annual Report – an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available.
- 4.3 The report, contained within appendix 1, will be used to communicate the work of the public health team within BMBC to the public, BMBC staff and partners. The public health team will work with partners, both internal and external, to coordinate delivery of the recommendations throughout 2022 which will be reported in the next DPH Annual Report.

5. Contributing to Health and Wellbeing Board's key priorities

- 5.1 Improving the health and wellbeing of children and young people is a key priority within Barnsley's joint Health and Wellbeing Strategy. We know that the foundations for virtually every aspect of human development including physical, intellectual and emotional development are established in early childhood. Sustaining this across the life-course for children and young people is important to improve health and wellbeing outcomes and reduce inequalities.
- 5.2 The report and subsequent actions will ensure that commissioned services and programmes of work continue to tackle health inequalities.

6 Consultation with stakeholders

- 6.1 Extensive public engagement took place to develop this year's annual report and it was promoted through many routes to ensure a diverse response. The following groups and services who work with children and young people across Barnsley, ranging from 0 to 18 years or 25 years for Special Educational Needs and Disabilities (SEND) provision, were engaged with:
 - Barnsley Youth Council
 - Barnsley Care4Us Council
 - Barnsley Family Centres
 - Healthwatch and Barnardo's Barnsley Young Carers Council
 - Barnsley SEND Youth Forum
 - Barnsley Vision Support Service
 - Barnsley Targeted Youth Support Service
 - YMCA Barnsley ACE Club (Horizon Community College)

- YMCA Barnsley Juniors Youth Club
- YMCA Barnsley TYI Friday Project (SEND provision)
- Barnsley Young People's Substance Misuse Service
- Barnsley Youth Justice Service
- Greenacre School (SEND provision)
- The EXODUS Project

We also distributed 1500 blank postcards asking individuals to draw or write about what mattered to them. The postcards were completed through the following settings:

- Barnsley Museums
- Barnsley Libraries
- Barnsley FUSION – Cultural and Education Partnership
- Barnsley Schools
- Barnsley Family Centres and childcare providers
- Barnsley Children in Care and Care Leavers' Celebration Event

7. Appendices

7.1 Appendix 1: *What Matters to Me Now: The voices of children and young people who live and learn in Barnsley*

Officer: Amy Baxter

Date: 9th June 2022

This page is intentionally left blank

What Matters to Me, Now

The voices of children and young people who live and learn in Barnsley.

**Director of Public Health
Annual Report 2021**



Contents

1. Foreword by Julia Burrows, Director of Public Health, Barnsley Council
2. Our progress since the 2020 DPH Annual Report
3. Introduction to the 2021 DPH Annual Report
4. What Barnsley children and young people told us
5. What we know about children and young people's health in Barnsley
6. Examples of improving the health of children and young people in Barnsley
7. Final thoughts



Foreword

As the Director of Public Health in Barnsley, I am required by law to produce an annual report about the health of people who live in our borough. I welcome the opportunity, as each year it helps me, my team and our wider partners to identify any key issues, flag up any problems, make new recommendations and describe how we are helping residents, their families and their friends to live healthier lives. For previous reports, I asked residents of Barnsley to tell me about their physical and mental health through the completion of a diary. It gave us invaluable insights into the daily challenges affecting their physical and mental health and a much better understanding about what people think makes their health better or worse.

In this report we hear from Barnsley's children and young people. Over the past two years, they have spent nine months in 'lockdown' because of the COVID-19 pandemic. Working on the report has given us a unique opportunity to explore how the things that are important to them have changed over that time, before and after the arrival of the virus. We know the pandemic has had a massive impact on children's lives – they have lost out on vital educational and social activity and, by virtue of their age, have spent a larger proportion of their lives living with the impact of the constraints, stresses and strains that the pandemic has brought to all our lives.

This Annual Report is longer than past reports but it is so important that our children and young people have their voices recognised, especially those from more vulnerable groups. Their views are crucial in helping shape our priorities and our services. I am very grateful to the staff from the wonderful clubs, groups and services in Barnsley who have supported children and young people to get involved in this project. I am overwhelmed by all the hard work and dedication that has gone into the wonderful and creative artwork that makes this report what it is.

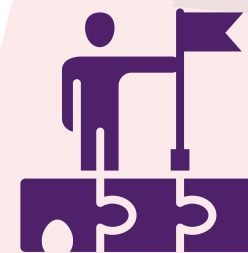
The Children's Society recently found a significant decline in children's happiness with their lives over the last ten years. Its Good Childhood Report 2021 highlights the deep regret that 'the joy of the great British childhood' seems to be slipping away. Perhaps the pandemic can provide a reset button for our lives in Barnsley, and it is now the right time to reflect on our priorities, using the opportunity to improve the lives of our children and young people so we can bring start to back some of that joy.

Julia Burrows

Julia Burrows
Director of Public Health

Our progress

since the 2020 Director of Public Health Annual Report



For the 2020 Report, we asked Barnsley residents to tell us about how the COVID-19 pandemic had changed their lives by recording their thoughts and feelings about their mental and physical health in a single diary entry completed on 3 November 2020. Residents told us about the importance of having good mental health and keeping spirits high, the importance of having a good job and work life balance, our connections with others, helping each other, community spirit and looking after ourselves. Although we are still living with COVID-19 and the challenges this brings, our public health team has been working incredibly hard with our partners and residents to ensure everyone has every opportunity to live their best life. Here are a few examples of what we have been doing...

Page 32

Health and Wellbeing Strategy

Barnsley's Health and Wellbeing Board has published a joint Health and Wellbeing Strategy, which builds on the findings of the 2020 DPH Annual Report and sets out the key priorities for health and wellbeing. The Strategy's key focus is on improving mental health for all ages and ensuring that Barnsley is a great place for a child to be born. To do this, we are taking a 'life-course' approach, having developed a series of ambitions across three stages of life: starting well, living well and ageing well. In Barnsley, we want to reduce health inequalities by acting on the wider factors that influence health and making sure everybody in the borough has access to a safe, warm and sustainable home, a good job and a good friend to talk to.

Mental Health

A Mental Health Partnership has been set up to bring together leaders from across Barnsley to improve residents' mental health and wellbeing. The Partnership has overseen the development of a new mental health strategy, which details what's important for improving mental health in our borough. The priorities over the next year include improving outcomes for people with eating disorders, people who self-harm and improving the local crisis care offer. We have already achieved many things since the Partnership started, including opening the first Andy's Man Club in the borough and signing up to our Zero Suicide Ambition, which aims to prevent suicides in Barnsley.

Physical Activity

Residents told us about the importance of being physically active in terms of how we feel and our short and long-term health. The Active in Barnsley Strategic Plan is being launched to guide our efforts for increasing the physical activity levels in the borough. The 'What's Your Move' campaign is growing in engagement and showing how people are being active in Barnsley and encouraging other people to move more. Back in July we launched the 'Moving Mental Health Forward' scheme to support those organisations, groups and clubs delivering sport and physical activity to be recognised for creating a positive mental health culture.

Employment

Residents also highlighted the importance of having a good quality, safe and secure job and striving for a positive work-life balance. Working towards and achieving a good work-life balance can have huge benefits for our physical and mental health and over the past few years, for many people, this has become more difficult to achieve. Throughout the pandemic we have been working with key partners to ensure we have plans and practical support available for residents most in need of employment and health support. 'More and Better Jobs' is Barnsley's employment and skills strategy for 2021-2024. It explains how the local council, working closely with partners across the borough, will support and invest in Barnsley's employment and skills system over the next three years. Our vision is for Barnsley to be a place of possibilities. A great place to learn, live and work, where businesses can grow, and residents have access to lifelong learning.

Alcohol

Some of those who completed a diary told us about how their relationship with alcohol had changed during the pandemic. As a result, DrinkCoach was launched in Barnsley in 2021, offering a Barnsley specific website and mobile application where residents can complete an alcohol screening tool and receive brief advice and local treatment options. Residents that score increasing or higher risk have the option to book an online DrinkCoach appointment, connecting them to an alcohol specialist who will offer up to six free sessions, available in multiple languages.



Food

Residents told us how they wanted to eat healthier and so our Barnsley Food Plan 2022-2025 is almost ready to be published. Our key priorities are food access, education, diet-related ill-health, food environment and sustainability. With the support of key stakeholders, we will work together to achieve action against these priorities and work towards our vision for everyone in Barnsley to have access to nutritious food that benefits their health and wellbeing. We know we need to do more to make our environment more conducive to making it easier to be healthy and being able to achieve and maintain a healthy weight. To protect our children and all residents from widespread exposure to high fat, sugar and/or salt (HFSS) advertising and marketing, Public Health have been developing a Policy Guidance Note to restrict the advertisement of foods and drinks that are HFSS on all council-owned advertising space. It is hoped that instead of advertising unhealthy food and drink products, food manufacturers and retailers will choose to promote and advertise the healthier products within their ranges.

Community

During the pandemic, the six Area Council Teams across the borough have provided a significant amount of support to local communities. A range of offers have been commissioned across the six areas to meet the different needs in their areas, particularly for people facing increased levels of isolation, including older people, young families, men, and support for young people too. Work continues as we move into a phase of living safely with COVID and the continued need to offer support to local people and to understand their needs. For example, in the North East area, the need for social interaction and learning new skills in a craft-based setting has led to the development of two new sewing groups in the area, Betty's Little Acorns and the Pins and Needles group.

The six area teams have been supporting their local Voluntary, Community and Social Enterprise sector by providing grant opportunities through funding from the Council and Barnsley NHS Clinical Commissioning Group (CCG). This has equated to over £396,000 being awarded to local community groups and organisations who have suffered considerably throughout the pandemic. In addition, in 2021/22, over 7,518 volunteering opportunities were taken up through work linked with Area Councils and Ward Alliances, amounting to around £389,203 of cashable volunteer hours (not including quarter four data), as part of the 'Love Where You Live' campaign.



Introduction to the 2021 DPH Annual Report

The foundations for virtually every aspect of human development including physical, intellectual, and emotional development, are established in early childhood¹. Sustaining this across the life-course for children and young people is important to improve health and wellbeing outcomes and reduce inequalities². Beyond the school years, these foundations continue to have an impact on an individual's health and wellbeing, that lasts well into adulthood. Research suggests that regardless of parental income, education and social class, those who experience poor health as children have significantly lower educational attainment, poorer health, and lower social status as adults³. Improving the health and wellbeing of children and young people in Barnsley is therefore crucial for improving the public health of all Barnsley residents. It's why we decided to focus on children and young people, initially for our 2019 DPH Annual Report.

Good health, wellbeing and resilience are vital for all our children, both now and for the future of society.



How do we measure children and young people’s health and wellbeing?

There is good evidence about what is important for achieving good health, wellbeing and resilience and improving children and young people’s public health, and this is brought together in the national Healthy Child Programme². In addition, the Public Health Outcomes Framework (PHOF) sets out the desired outcomes and the indicators that will help us understand how well public health is being improved and protected. There are currently **72 PHOF indicators** relevant to children and young people’s health, but all of these are quantitative measures. The current project therefore adds another dimension, gathering qualitative evidence to help us understand children’s lives today and the things that may affect their health and well-being.

2019: What Matters to Me?

The title of this report and the key question we asked children and young people was inspired by ‘What Matters to You?’ Day (WMTYD). Knowing what matters can play a huge part in helping to make our lives enjoyable and worthwhile. WMTY Day highlights the importance of healthcare practitioners asking their patients that one simple question in their everyday practice and emphasises the relationship between people and their health practitioners so that decisions are truly shared. In the context of public health, asking “What Matters to You?” simplifies how we engage with children and young people and enables us to combine what is important to them with what we know about public health outcomes and our expertise around evidence-based practice, to help us shape our priorities for the next few years.

The engagement process

We wanted to make the engagement process fun and creative so, in November 2019, we contacted several children and young people’s groups and services across Barnsley and asked them to send us artwork that represented what matters to them and their future in Barnsley. Artwork was received from the following groups and services who work with children and young people across Barnsley, ranging from 0 to 18 years or 25 years for Special Educational Needs and Disabilities (SEND) provision:

- Barnsley Youth Council
- Barnsley Care4Us Council
- Barnsley Family Centres
- Healthwatch and Barnardo’s Barnsley Young Carers Council
- Barnsley SEND Youth Forum
- Barnsley Vision Support Service
- Barnsley Targeted Youth Support Service
- YMCA Barnsley ACE Club (Horizon Community College)
- YMCA Barnsley Juniors Youth Club
- YMCA Barnsley TYI Friday Project (SEND provision)
- Barnsley Young People’s Substance Misuse Service
- Barnsley Youth Justice Service
- Greenacre School (SEND provision)
- The EXODUS Project

As well as the call for artwork from groups and services, and to engage a greater number of children and young people from across the borough, we distributed 1,500 blank postcards asking individuals to draw or write about what mattered to them. The postcards were completed through the following settings:

- Barnsley Museums
- Barnsley Libraries
- Barnsley FUSION – Cultural and Education Partnership
- Barnsley Schools
- Barnsley Family Centres and childcare providers
- Barnsley Children in Care and Care Leavers' Celebration Event

We hoped the artwork would provide Barnsley's Public Health team with a wealth of data that would enhance our understanding about the wants, needs, hopes and dreams of children and young people in our borough. We also hoped the process of creating artwork would be beneficial to the health and wellbeing of the children and young people who took part.



'Creativity in and of itself is important for remaining healthy, remaining connected to yourself and connected to the world.' Christianne Strang, Professor of Neuroscience at the University of Alabama Birmingham and former president of the American Art Therapy Association

'The arts take us to another world where we can explore our thoughts and feelings free of fear of stigma or judgement. They help children and young people to express things that they sometimes cannot say in conversation, and to celebrate feelings and thoughts that previously troubled them. The creative process can also be a curative process.'

Professor Peter Fonagy, CEO,
Anna Freud Centre

2021: What Matters to Me, Now?

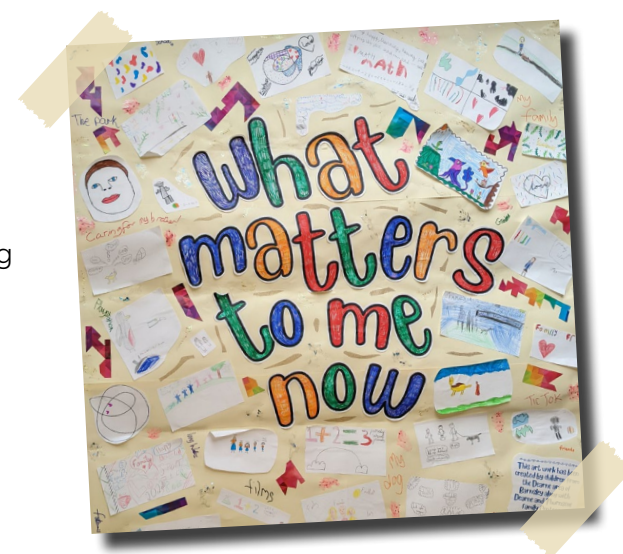
In November 2019, nobody had any idea about what was waiting around the corner in just a few months' time, and in March 2020 our whole world changed almost overnight. Six months into the project, the 2019 DPH Annual Report and the accompanying work was stopped in its tracks by COVID-19, as local authority Public Health teams were called upon to lead the local response to the global Coronavirus pandemic.

Children and young people's everyday lives changed significantly. Most stayed at home and learnt via online lessons, and for months, play centres were closed, libraries were closed, parks were closed, cinemas were closed, cafes and restaurants were closed, and gatherings were reduced to only a few people, if any at all.

Eventually the Government measures put in place to protect the public from the virus were removed. The extraordinary efforts made by key workers and community volunteers to ensure that critical services continued to be delivered, and that those needing extra help received ongoing support, meant that we could once again look forward to a brighter future. As we started to think about the 2021 DPH Annual Report, our Public Health team were keen for it to include the fantastic artwork that had been created by the children and young people back in 2019. Being able to use this work also presented us with an opportunity to repeat the engagement process and compare the output, allowing us to explore whether the things that were important to children and young people before the pandemic had been changed by their experiences over the last two years.

In November 2021, all the children and young people's groups and services who took part in the 2019 project were therefore invited again to create and submit artwork, this time representing the theme of 'what matters to me, **now**'. In addition, we distributed a further 800 postcards across the borough.

The current report therefore highlights what matters to children and young people who are living and learning in Barnsley and explores whether the COVID-19 pandemic has changed what's important for them. It also describes the health and wellbeing of Barnsley children and young people using some of the quantitative data available and provides examples of services and initiatives that have been delivered in the last year to make a difference to the health and wellbeing of children and young people. The artwork created by the children and young people as part of the engagement process was displayed at the Library @ The Lightbox as part of the *What Matters to Me, Now* exhibition from 23 – 29 May 2022. The catalogue of artwork is available digitally, [catalogue of artwork](#).



What children and young people told us

We received around 800 completed postcards. There were also 30 pieces of artwork for the project (20 in 2019 and 10 for 2021). The ages of the children and young people who took part ranged from two years to 24 years old, from right across Barnsley. Once collated, each postcard and piece of artwork was reviewed to identify themes for 2019 and 2021 respectively. This chapter describes the main themes that emerged in the analysis and provides a comparison of what mattered to the children and young people in our borough, both before and after the arrival of COVID-19. The strongest themes are described first in each section.

Themes found in both 2019 and 2021

Family and home

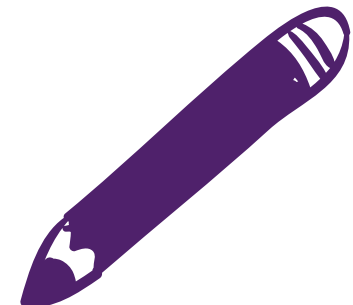
What matters is family, not just the nuclear family, but families of all kinds. Simply, they want to spend quality time with the people they love and who love them, including parents, foster carers, sisters and brothers, grandparents, aunts, and uncles. This also included pets, who they feel are equally part of their family. Teddies were also referenced several times by the younger children; an attachment figure and something that reminds them of home. The children and young people of Barnsley showed a lot of love for their families, and this extended across the ages.

'I want my mum to have a good life' Mohammed (age 6)

'My family matters to me more than anything. Being in lockdown made me realise that my family is so, so special to me, even before COVID. Each member of my family hold a special place in my heart and they matter to me the very most.' Beth (age 13)

Children and young people also want their homes to be warm, somewhere to 'chill' and relax and somewhere they feel safe.

It is highly likely that children and young people have been directly affected by bereavement because of the COVID-19 pandemic and in the 2021 postcards, there were several references to remembering family who had died, highlighting the importance of this to children and young people in our borough.

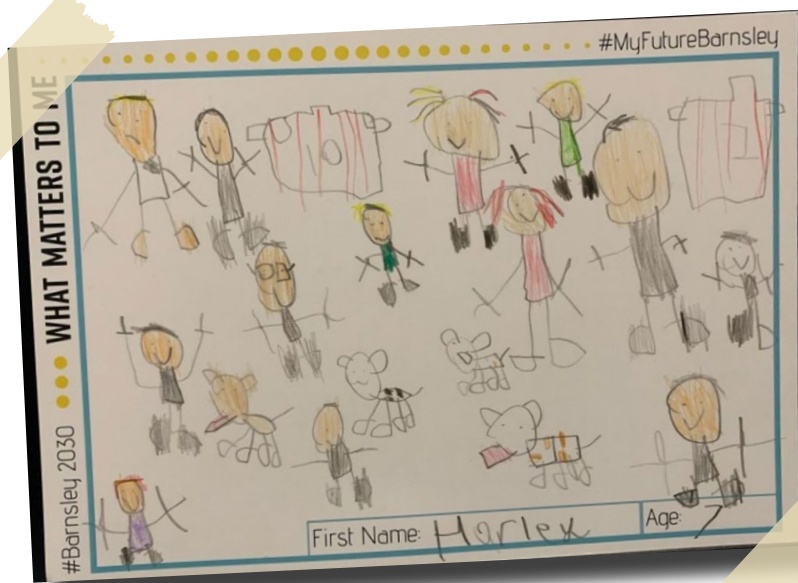


Friendships and belonging

What matters is friends, making new friends and building strong friendships with people that they can depend on. It's important that they have opportunities to do this, for example, youth groups, drama clubs, dance clubs, sports clubs, and they would like more opportunities to volunteer and get involved in community groups and local charities. It gives them a sense of belonging.

Young carers specifically said that spending time together with other young carers is important to them, through group activities and days out. Many children and young people with SEND said that what really mattered to them was being able to do activities and see their friends during holidays and weekends, when they aren't at school, as they can spend a lot of time feeling lonely.

Page 41



'An area to play with your friends' Millie (age 7)



'Best friends. They stick by you know matter what, love you know matter who you love. Hold a torch in your darkest moments and join you at your best. Best friends are there in your lowest nights and darkest days' Abi (age 13)

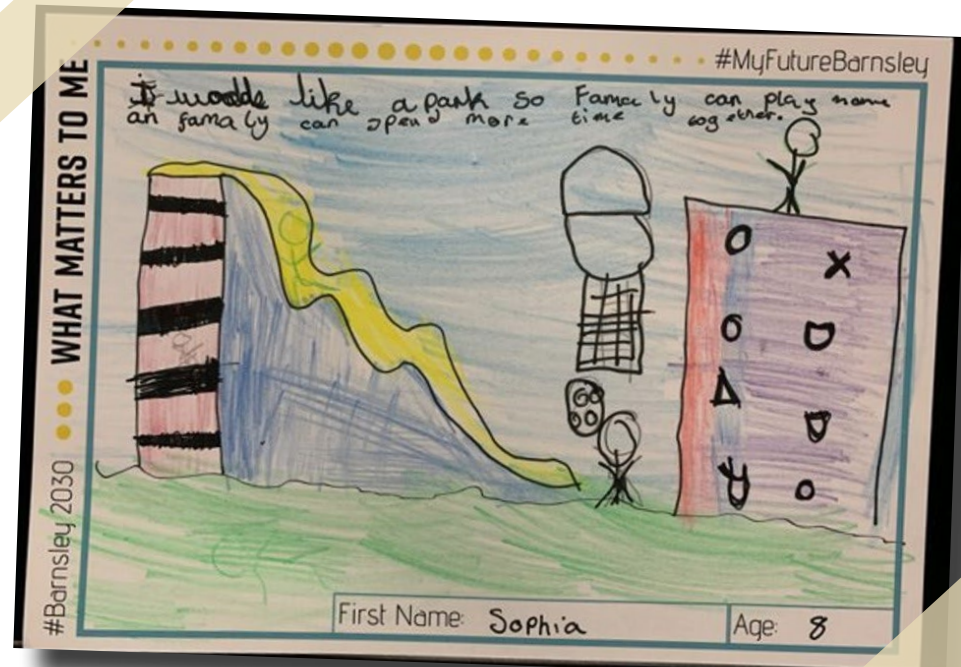
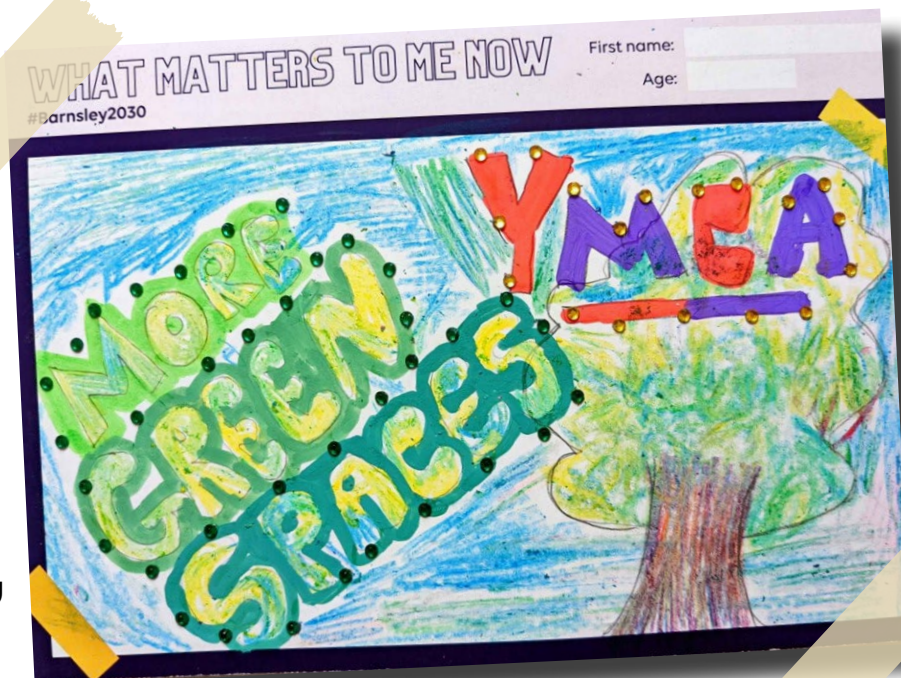
'For young people to make more friends... Cheaper fares to travel (buses) so we can socialise' Melissa (age 13)

It's also important that children and young people have places to play with their friends, as described further in the next theme. Older children also want more opportunities to socialise after school and they note that having reliable, affordable transport can help facilitate these opportunities.

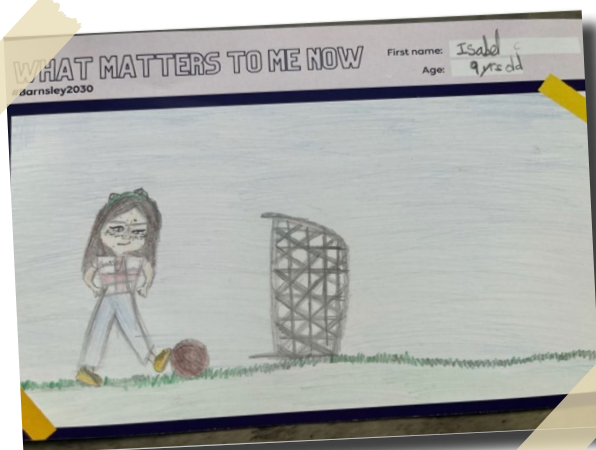


Being active and outdoor play

What matters is being active and 'playing out' - it's important that they have fields for playing on, football pitches, more places to ride dirt bikes, cycle paths, walking trails and bike trails, and more opportunities for outdoor play, for older children as well as younger children. They enjoy swimming, bowling, cricket, cycling, dancing, ice skating, trampolining, boxing, playing golf, football, basketball, and netball. Children and young people also mentioned the need for more affordable access to leisure facilities, suggesting discounts for young carers, particularly during the school holidays. It was also clear in the analysis that this theme is extrinsically linked with the last two themes; children and young people want to do these activities with their family and friends.



'I would like a park so family can play more and more family can spend more time together' Sophia (age 8)



In the 2019 postcards there was noticeable reference to the rise in technology-use among their peers and an increase in sedentary behaviour, which led some children and young people to highlight the need to inspire others to get active outside and connect with others and/or nature. This is demonstrated in the quotes below.

'Barnsley is good as it is but there could be more things to improve on and try to get people more active and not getting things delivered to your door and plant more trees and friendly parks for people to play in instead of going on technology' Unknown

'I would love to see the existing parks updated and modernised so children would be motivated to play outside' Joseph (age 12)

'I think there should be more parks. I would like this to happen because children in this generation are becoming more anti-social as technology develops... I would like to see that they include things that people my age would play with/on, because parks now days only include stuff for younger kids. If more parks are built, I believe that children won't be on the internet as much and won't use it for the wrong purposes such as cyber bullying.' Tatiana (age 12)

This was not as noticeable in the 2021 artwork, possibly because the pandemic gave children and young people the opportunity to explore their local surroundings. Spending time outdoors with household members was one of the few things that children and young people were allowed to do during the COVID-19 lockdown restrictions.

As well as green space to be able to run and play in, calm outdoor spaces are important for children and young people too, somewhere they can reflect and be close to nature, some children felt this supported their emotional health and wellbeing.

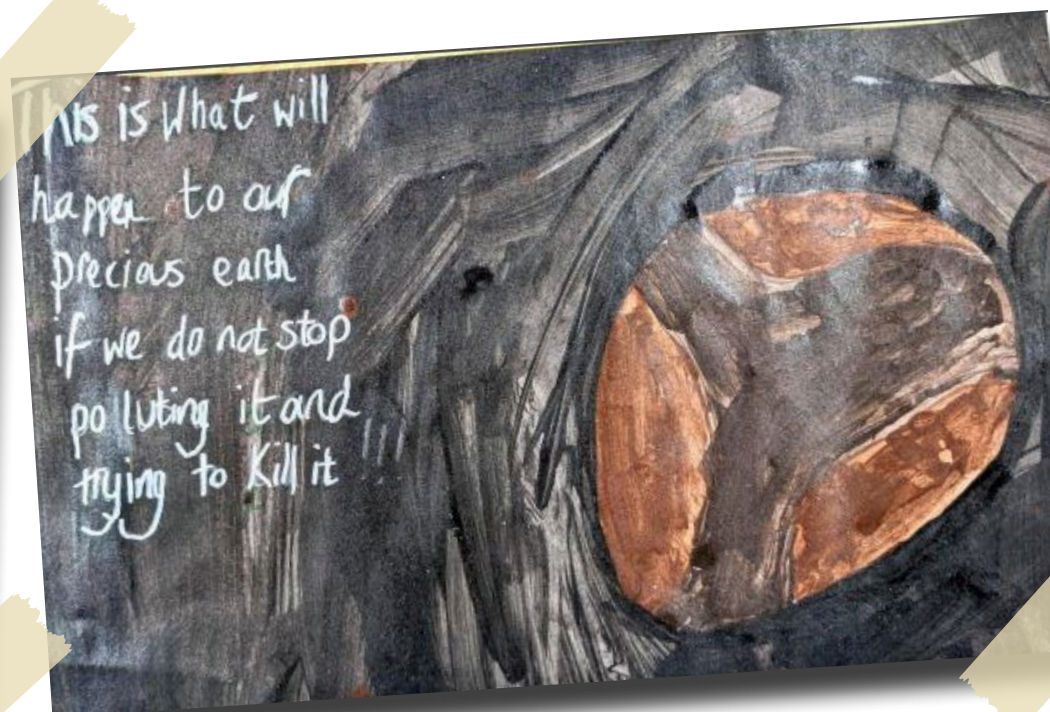
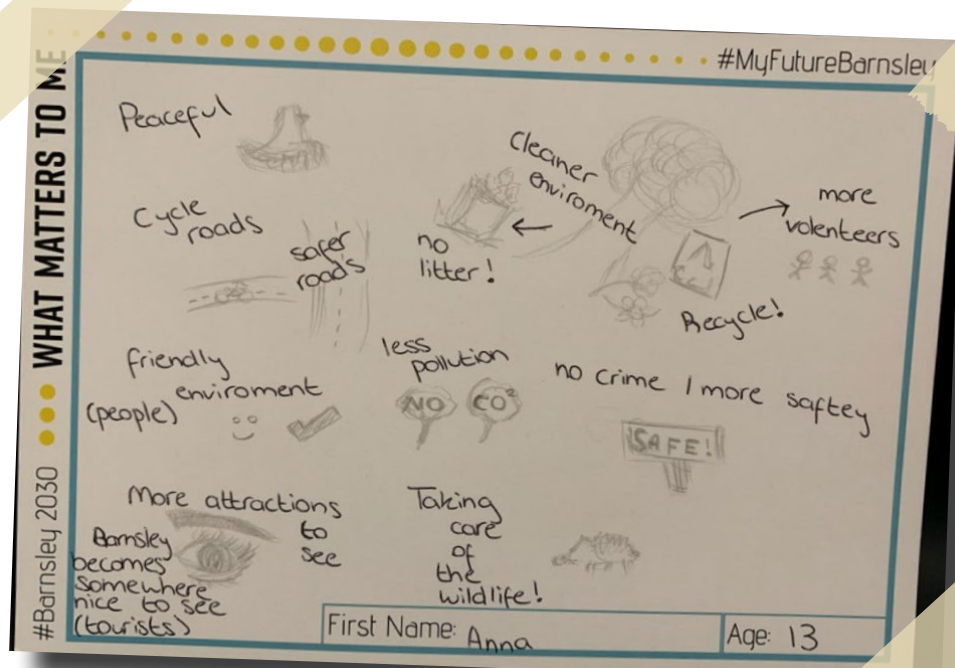
The environment

What matters is nature and protecting our environment - tackling climate change, reducing plastic, recycling, saving our wildlife and green spaces both locally and globally.

Children and young people would like more recycling bins, especially in the town centre, less litter and dog poo on their streets and more flowers and trees. Some were anti-pollution and suggested renewable energy, electric cars and modernised environmentally friendly public transport. Wildlife also matters to children and young people, and ensuring that animals too are happy and have a safe, clean environment to thrive in.



'I would love Barnsley to be a clean and lovely place for people to be because right now it is not. Barnsley is a lovely place but people are ruining it by throwing litter on the floor when there are plenty of bins around. I also think cigarettes should be banned because that is becoming a big thing a lot more people are smoking and it's polluting the air and making Barnsley an unsafe place to be, especially for younger ones.' Rae (age 12)



'One major thing I would like to change is pollution. This could be changed by doing fundraising to pay for more recycle bins, which will not only benefit the planet but will bring the town together and save our future.' Summer (age 11)



Education and learning

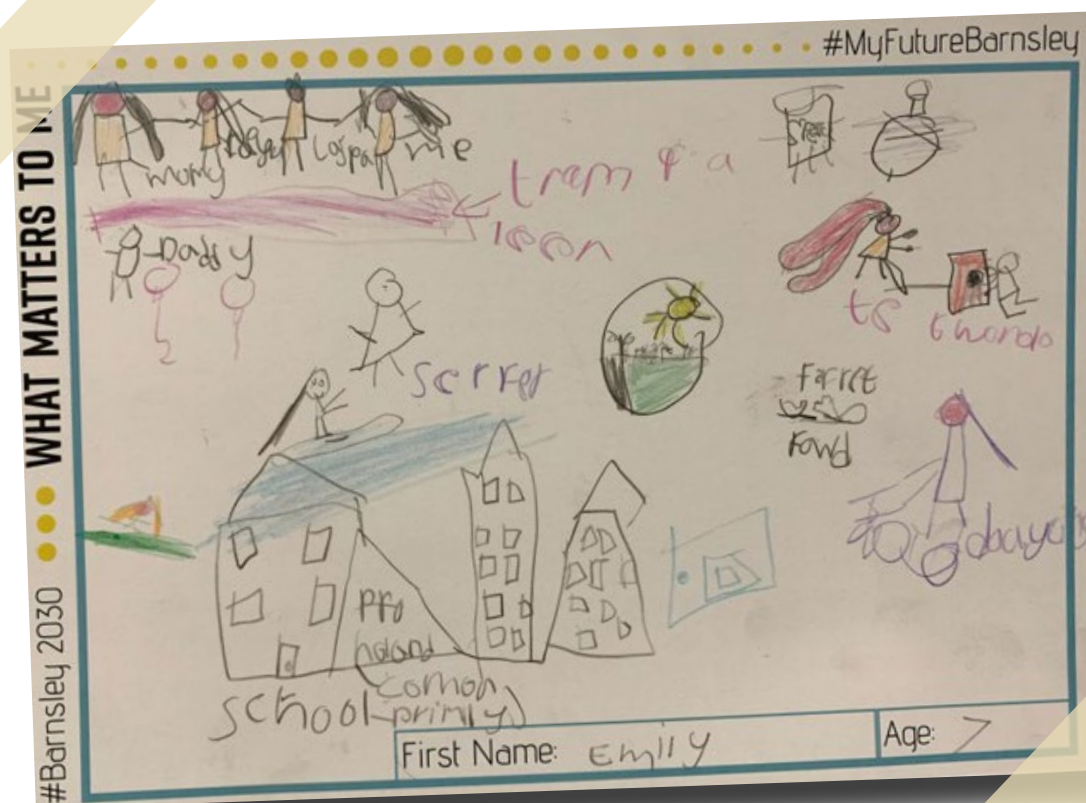
What matters is going to school and college - maths, art, science - but not just for learning, for the sense of community too. They love their teachers and spending time with their friends and for younger children their nursery staff and setting matter too. Especially during the pandemic, the staff in education settings provided a safe place and invaluable sense of normalcy.

'Some said at the beginning of the first lockdown they were quite excited about not being able to go to school but after a while they began to miss going and hope that the schools don't close again.' Marie (Outreach Worker, Dearne Family Centres)

'School is important to me in this town so I can experience education' Stannerz (age 11)

'Who would have thought that we would be fighting over toilet rolls and feeling claustrophobic confined to our homes and not being able to go out. Our dreams and aspirations were the little things that we take for granted in life. Our education put on halt and as young people with dreams to follow this was one of the most difficult aspects of Covid for us.'

YMCA Barnsley member (age 13)



Education was a theme in both years but post-pandemic, attending a physical setting seemed even more important. Some children and young people highlighted that they took school for granted before the pandemic and when it was taken away, they realised they needed that physical space to learn and grow. On the other hand, for some, online learning was a blessing as it meant they didn't have to face their peers. Returning to school therefore caused anxiety for some, as demonstrated in the poem below.

**"Lockdown is over,
But isolation is not.
Covid won't end,
But I might.**

**Self-isolation came to me as a miracle.
Online school was a blessing.
But now it is over,
And school is back.
I'm not sure I will last."**

YMCA Barnsley member (age 13)

Some children and young people also referenced libraries and books as important, highlighting their desire to learn outside of school and college. They also think about their future, and their education is a pathway to success in adulthood. They want to get a good job, to be able to provide a nice, stable home and car for their future families.

WHAT MATTERS TO ME NOW

#Barnsley2030

First name: Kimberley
Age: 10

This school matters to me so children can learn different things.

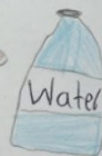
School



WHAT MATTERS TO ME NOW

#Barnsley2030

First name: Leigha
Age: 10



Care homes



Health and healthcare

What matters is having the things that they need to be healthy - such as sleep, clean air, and access to clean water, with some suggesting drinking water fountains in the town centre. They want to be fit and healthy and reduce risks to their health, notably cigarettes and, unsurprisingly in the 2021 artwork, COVID-19. They also want to help people who are affected by drug and alcohol addiction.

'I want Covid and cigarettes to not exist' Oliver (age 6)

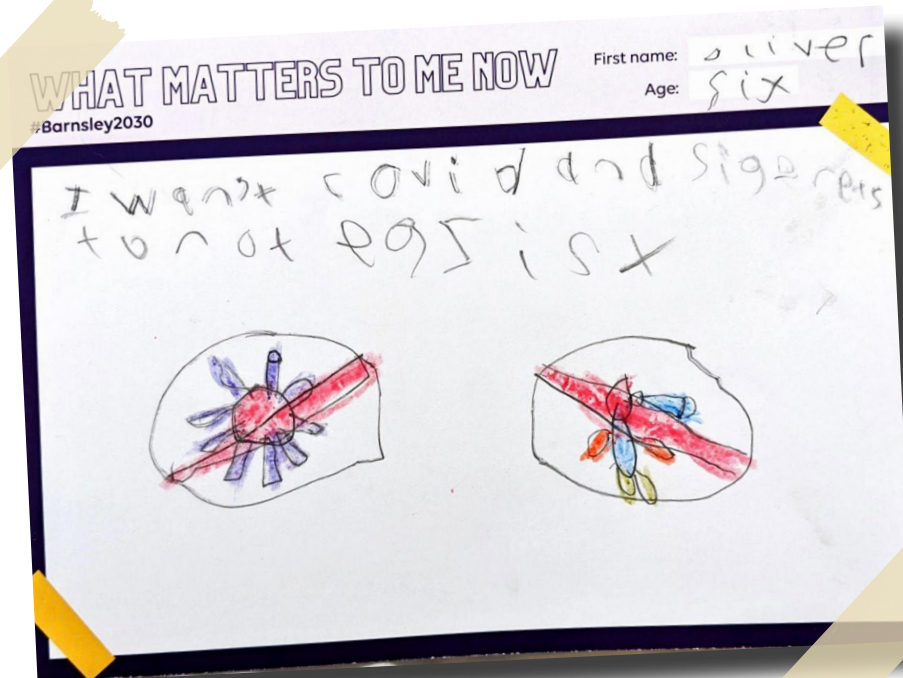
'More sport places for people to get more into things. And for more people to get fit and healthy' John (age 12)

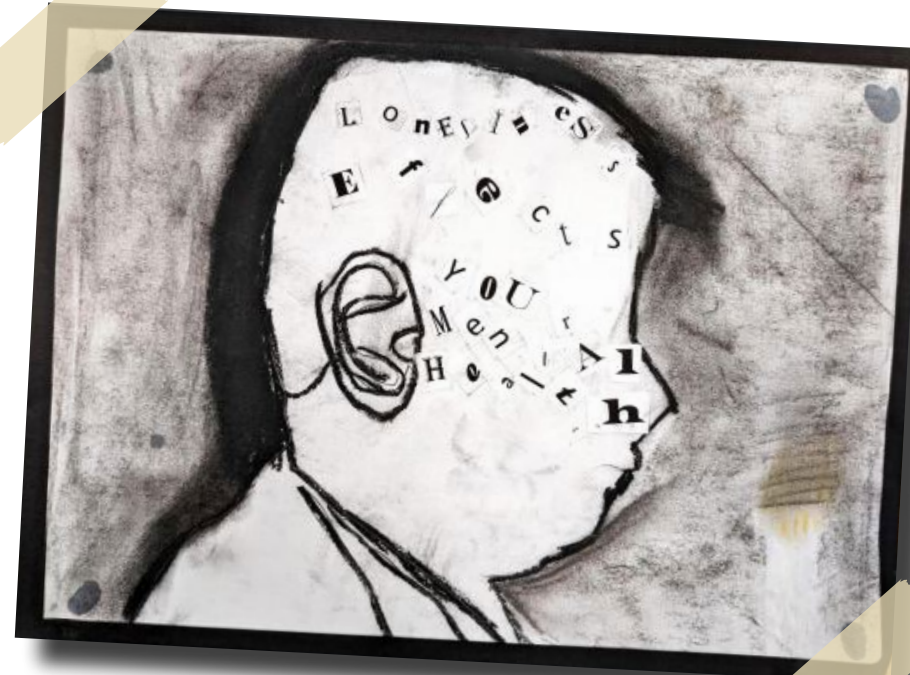
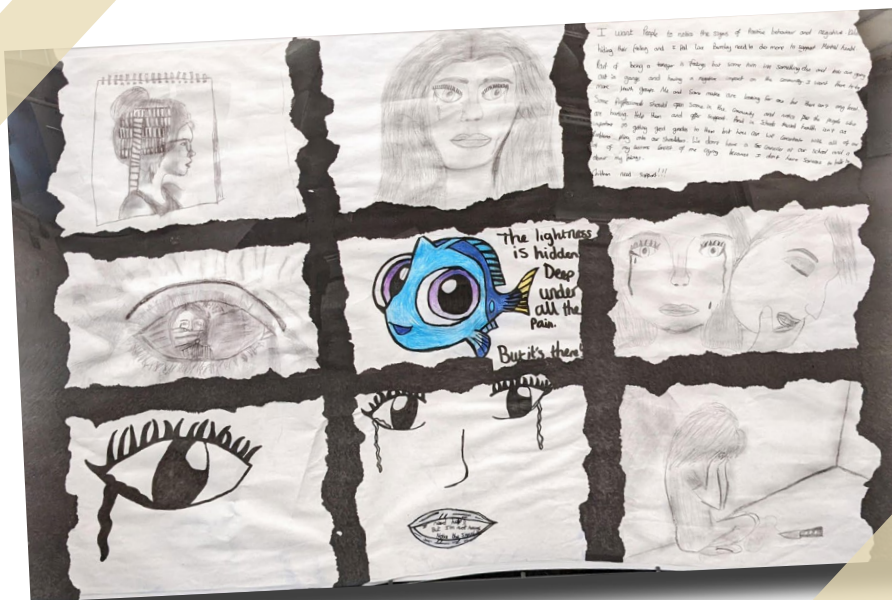
'I would want to make places with children in it, illegal for people to smoke. So then small children don't get affected by the smoke'

Ibrahim (age 11)

'In my opinion, the thing that matters to me most in this town is keeping the environment safe and for Covid to disappear' Georgie (age 10)

Having good mental health matters massively to children and young people. The submissions across both 2019 and 2021 highlighted some of the emotional health and wellbeing issues that affect children and young people both pre- and post-pandemic - anxiety, depression, loneliness, and self-harm were all referenced. Children and young people told us that it's important that they have someone to talk to about their feelings and help with managing these when they become overwhelming, through peer support and one-to-ones with professionals, specifically for young carers. It's also important that people can notice the signs of poor mental health and can provide support early. To protect their mental health, they recognised that they need help to build their resilience and ability to deal with the pressures of everyday life and with media pressure, for example, feeling like they must look a certain way.





'After being given the criteria of 'What Matters to Me Now' I decided the best thing for me to produce was a poem around mental health as it is something I consider very important and illustrates my feelings.' (YMCA Barnsley member, age 13)

Healthcare matters to children and young people, notably access to doctors, hospitals and medicine, and this did not change pre- and post-pandemic. Some children and young people highlighted the need to reduce waiting times, which may have been exacerbated by the lockdown restrictions.

WHAT MATTERS TO ME NOW

#Barnsley2030

First name: column
Age: 8

I want more
has all



Help and support for those who need it

What matters is helping others and access to support for those who are more vulnerable. It's important that this support is available specifically in school, including mental health support, support for those with additional needs, and support for young carers. What also matters to young carers specifically is having respite, free time away from their caring responsibilities.

For many children and young people with Special Educational Needs and Disabilities (SEND), what really matters to them is being able to do activities and see their friends during holidays and weekends. This would help to tackle loneliness as they reported spending a lot of time feeling alone in their homes, when they weren't in their setting. The older children and young people with SEND said they would also like more support with independent living.

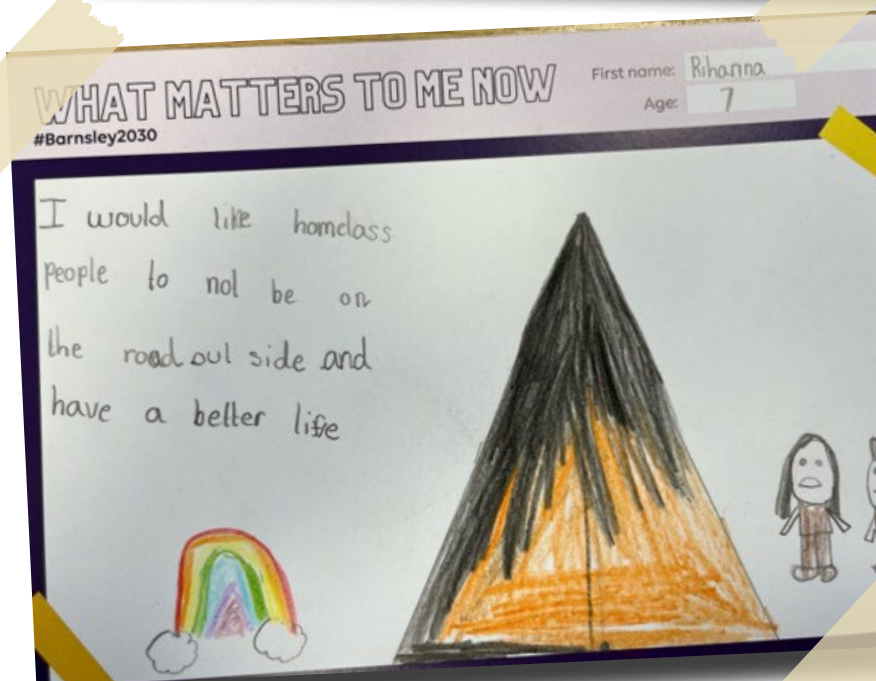
'A wider understanding of mental disabilities in the community... and better understanding of SEND throughout schools' Kai (age 14)

Caring for others and making sure they had a 'good life' was also important to some children and young people. They want to do fundraising and charitable work so that those less fortunate could be happy too. The presence of homeless people in the town centre was a concern for lots of children and young people. They expressed that they want homeless people to have accommodation and support with their problems, for example, with drug and alcohol use.

'I would like the homeless people's lives to be better. For example, on rainy, snowing and cold nights, offer showers and shelter... I think more people and organisations should offer food to the homeless and poor, like at food banks.' Georgia (age 11)

'I would like homeless people to not be on the road outside and have a better life' Rihanna (age 7)

Some highlighted the need for more support in their communities for LGBTQ+ young people (Lesbian, Gay, Bisexual, Trans, Queer or questioning, and others).



Themes more common in 2019 (before COVID-19)

Inclusivity and diversity

What matters is equality and respecting diversity - people being treated fairly regardless of their race, gender or ability. They want more food and clothes shops for families of different nationalities. They want to put an end to discrimination and bullying. Some suggested adapted play parks for children and young people with physical disabilities.

Celebrating diversity matters, with some young people highlighting that a Barnsley Pride event is important to them.



Being and feeling safe

What matters is feeling safe, both in their homes and communities. They want vulnerable children and young people to be protected from abuse. They want more to be done to tackle antisocial behaviour, crime, knife crime and homelessness.

Page 52



'Eradicate all anti-social behaviour from the town centre. I don't feel safe when I walk through the town centre.' Joseph (age 12)

A few children and young people also mentioned that road safety was important so that they are safe when walking to school and out playing.



Public transport

What matters is accessible and reliable public transport - lower travel fares, improved buses, and bus routes to take them around the borough so that they can connect with family and friends and do the activities that are important to them. Better communication about public transport was highlighted by some young people, as well as more information about travelling to areas outside of Barnsley too.

'Improve communication and state of trains because they're not amazing and I never take the train or buses because they don't make sense and people miss them.' Georgia (age 11)

'I think that to improve Barnsley we could make transport more convenient and completely redo Barnsley Interchange because it's generally not a nice place. Also there's no buses that go to the most common places and the trains/train tracks are really small' Imogen (age 12)

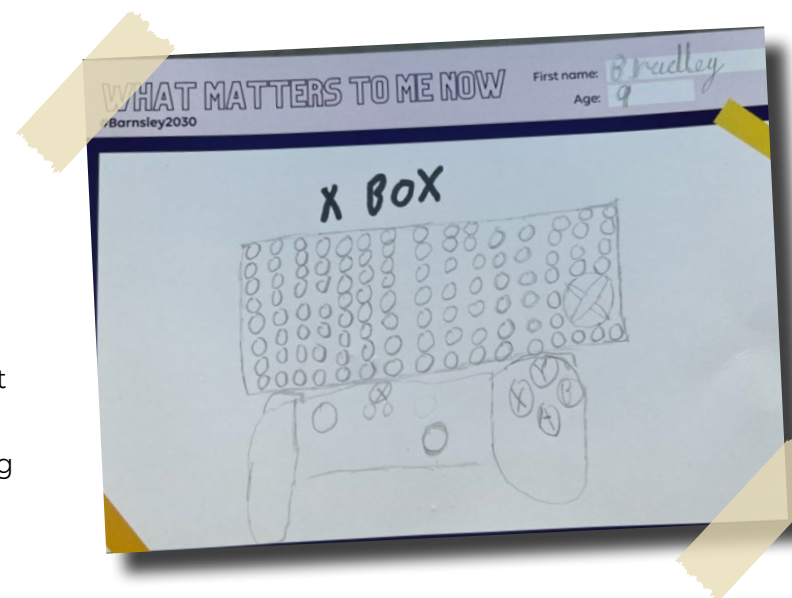
Themes more common in 2021 (After COVID-19)

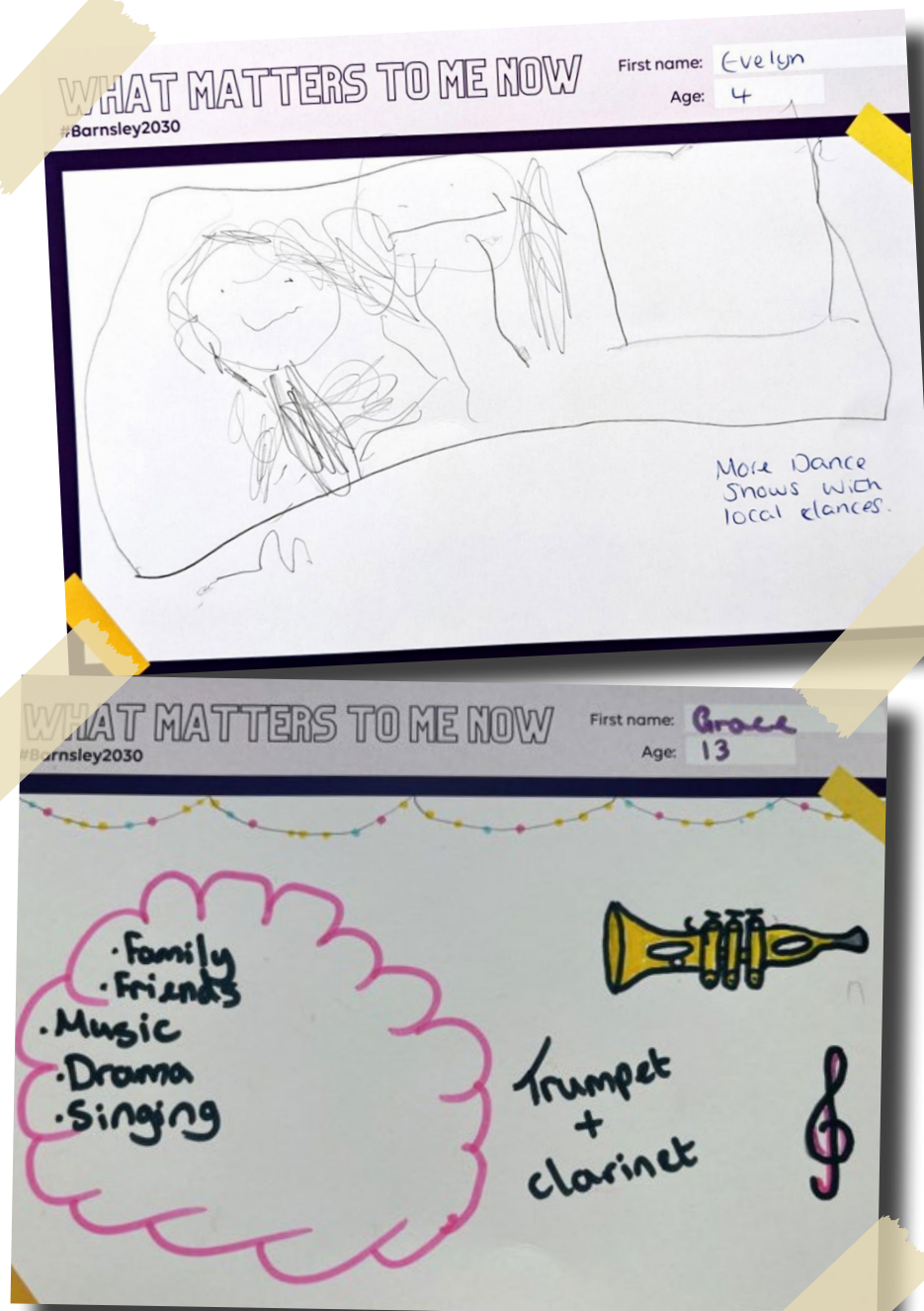
Having fun and being creative

What matters is being entertained. Film and television programmes are important to children and young people, with many referencing their favourite movies and movie franchises. Many children also referenced their favourite toys and computer games. Technology in particular plays a big part in providing children and young people with entertainment, and it especially did during lockdown when they were stuck inside their homes. Their digital devices - phones, laptops, and tablets - along with photo and video-sharing platforms, such as Snapchat and TikTok, allow them to connect remotely with friends and family and have fun in a virtual world.

'What matters to me is... my phone because I can watch things when I am bored and I can keep in contact with my mum. Tik Tok matters to me because I love to watch it and Snapchat. And so I can call/text friends and family' Lexy (age 11)

Children and young people also said that engaging in the arts is important, they like playing and listening to music, singing, and dancing. They want more opportunities to see and do some of this in their communities.





They also like being creative through drawing and painting, hobbies that some children took up during lockdown and which provided comfort in a scary world.

"During COVID I found myself doing more artwork which made me feel relaxed. COVID really affected the way I looked and thought about things and people, it sort of numbed my emotions. What I may have had concerns about or worried about before, I found myself laughing at. Focusing my mind on artwork improved my mental wellbeing which is why I chose to create a piece which are just a few of the things I used to draw during the pandemic to ground me." YMCA Barnsley ACE Club member (age 13)

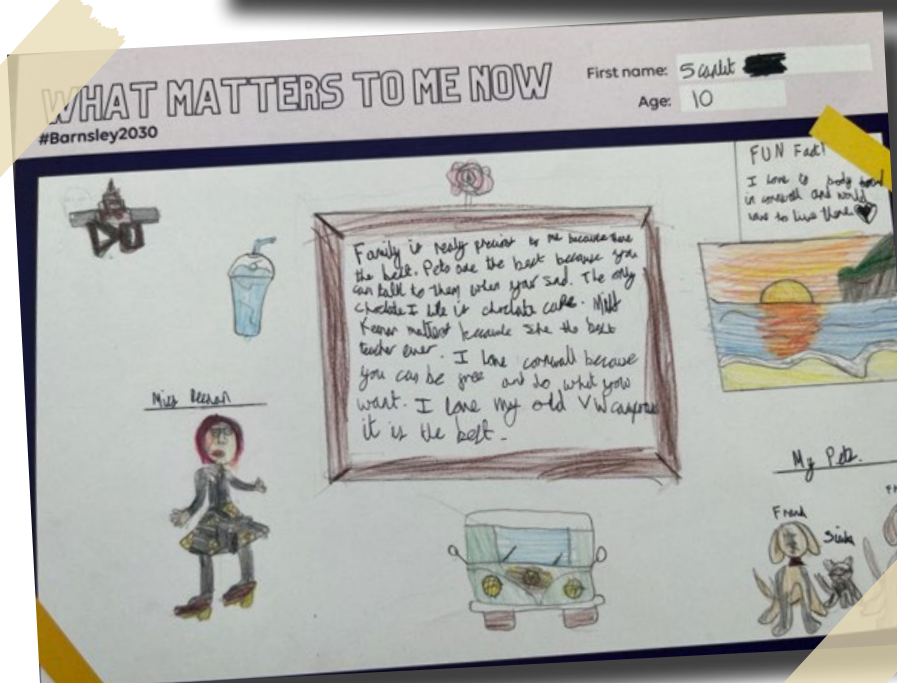
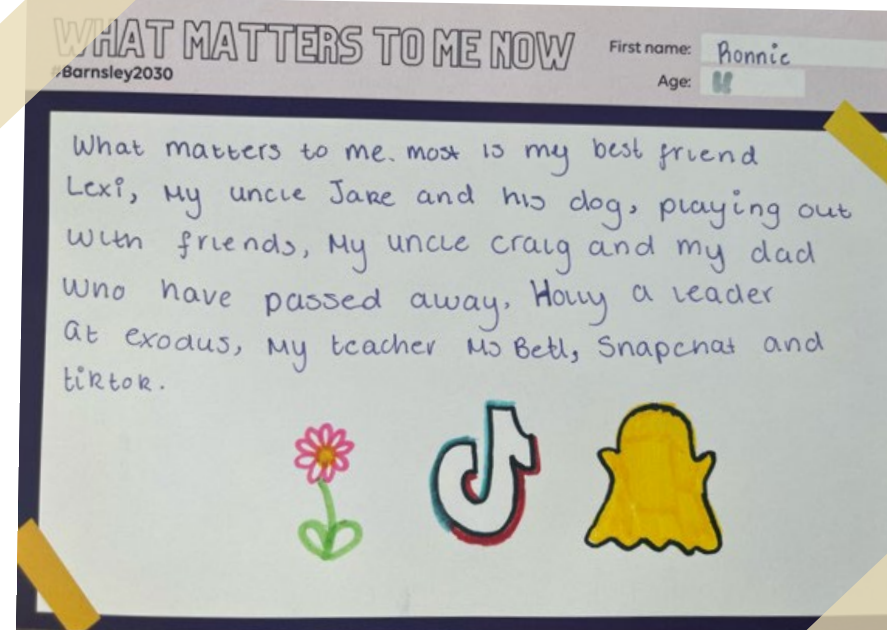
We know that 'doing things with friends and family' is important, as described earlier, so it's no surprise that shopping, cinema, bowling, ice-skating, eating out, arcades, trampoline parks and so on were referenced by the children and young people. Simply, they want to go out and have fun again.

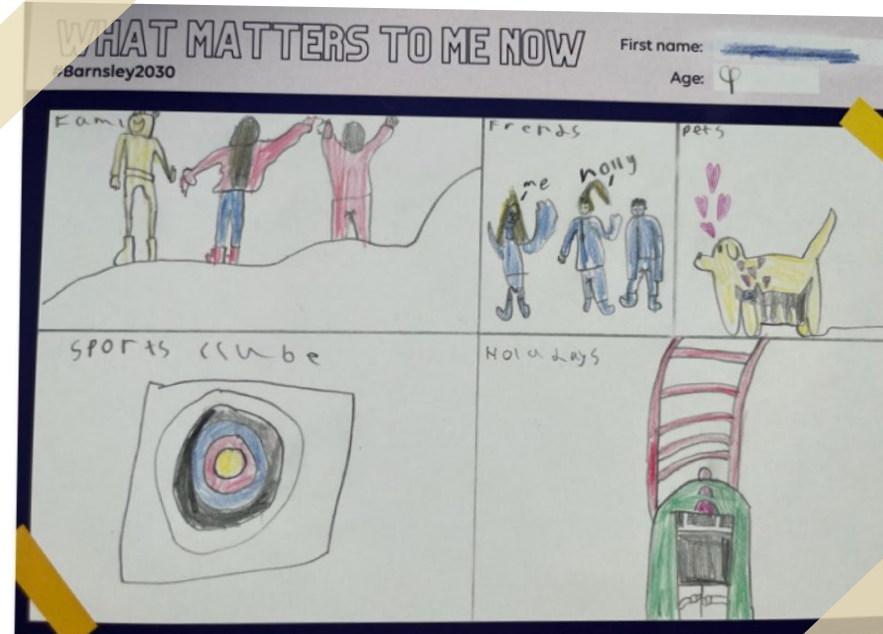
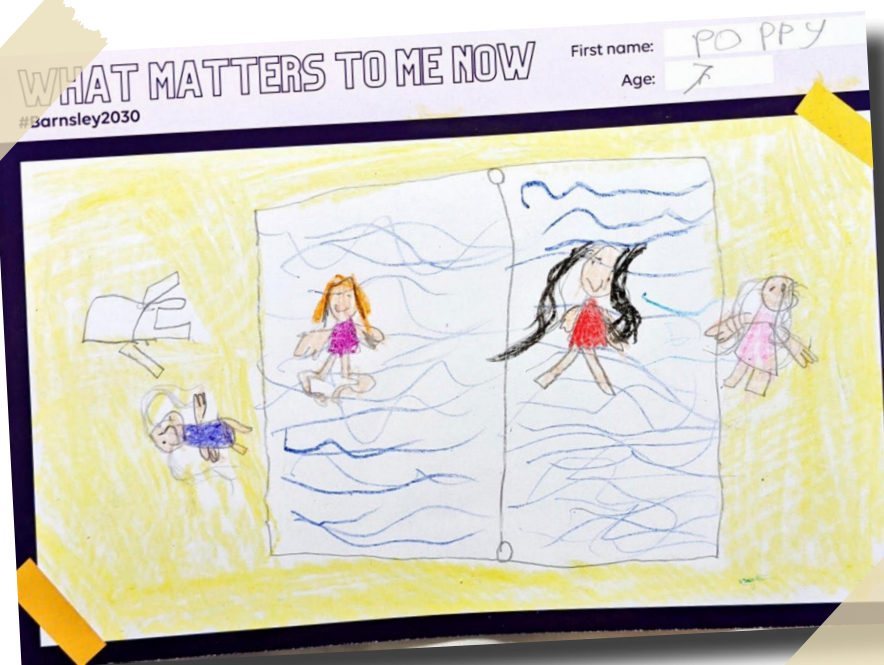
'Spending time with my friends and family. Going out to places like bowling and the cinema.' Eva (age 14)

'What matters to me most is my best friend Lexi, my Uncle Jake and his dog, playing out with friends, my Uncle Craig and my dad who have passed away. Holly a leader at Exodus, my teacher Ms Bett, Snapchat and Tik Tok.' Ronnie (age 11)

Holidays and celebrations

What matters is making memories. Children and young people said it's important to celebrate special occasions with loved ones - Christmas, Easter, Halloween and Birthdays - and they want to go on holidays with their families. They want to travel, both in the UK and abroad, they want to see the beach again and visit places they haven't been to before, like London. This is no surprise, given they have spent the last two years under some variation of lockdown restrictions. Children and young people's freedoms were taken away from them due to COVID-19 and some of the best years of their childhood were spent confined to their homes, worrying about what their future would look like. Now they see a time to celebrate and enjoy their new-found freedom.





'Family is really precious to me because they're the best. Pets are the best because you can talk to them when you are sad. The only chocolate I like is chocolate cake. Miss Keener matters because she is the best teacher ever. I love Cornwall because you can be free and do what you want. I love my old VW campervan' Scarlett (age 10)

Other references

As well as the more common references amongst the artwork, what mattered but less so, in both timepoints, was food (notably takeaways) and their appearance. With only a few children and young people choosing to reference clothes, jewellery, and make-up as things that are important to them.

Many of the themes identified in the artwork align with the priorities and work of Barnsley Council together with key partners. Themes such as education and learning, protecting our environment, and supporting our residents' health and wellbeing, are consistent with Barnsley 2030 and our Council Plan.

What we know about children and young people's health in Barnsley

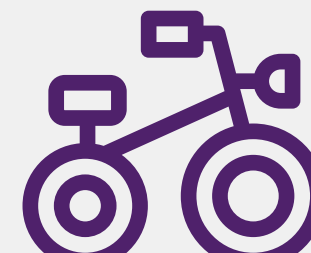
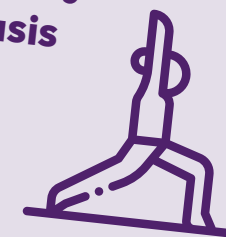
In both 2019 and 2021, Barnsley children and young people told us that health mattered to them. Children and young people in the borough want themselves, and others, to be fit and healthy and have access to the things that will help them to live healthy lifestyles. In line with the themes from the artwork, below are some of the most recent local data that illustrate part of the picture of child health in our borough.

Healthy Weight

Nationally, obesity rates in both Reception-aged and Year 6 primary school children increased by around 4.5% between 2019-20 and 2020-21. This is the highest annual rise since the National Child Measurement Programme began. In contrast, the Barnsley data shows a 2% improvement in the prevalence of obesity at both Reception and Year 6, in the same period⁴. However, it is important to note that the COVID-19 pandemic significantly disrupted the National Child Measurement Programme and, as such, the volume of data collected was much lower than usual and may have affected the findings.

The children and young people told us in their artwork that being active is important to them, they want access to parks and green spaces and affordable leisure activities to enjoy with family and friends. The Active Lives Children and Young People's Survey⁵ is published annually and collects data on the engagement in, and attitudes to, sport and physical activity. The Active Lives Survey also showed that 10,200 children in Barnsley were inactive, meaning that they participated in no regular physical activity on a daily basis. In terms of health inequalities, around 39% of children in the most deprived communities in Barnsley were inactive. Additional information gathered through the Active Lives Survey shows that the more active children have higher levels of mental wellbeing. This illustrates the importance of physical activity in maintaining positive health and wellbeing, areas that children and young people have told us matter to them.

The Active Lives Survey showed that 10,200 children in Barnsley were inactive, meaning they did no regular physical activity on a daily basis



Smoking



What matters to young people is having the things they need to stay healthy and help to remove risks to their health and wellbeing, such as cigarettes and substances. Extensive research has demonstrated the harmful effects that smoking has on health. Smoking contributes to a variety of health conditions, including cancers and respiratory, digestive and circulatory diseases, whilst also impairing the development of teenage lungs. Moreover, smoking causes more preventable deaths than any other single cause; the latest available national data suggests that 77,800 preventable deaths in England were estimated to be attributed to smoking in a single year⁶. At present, local data on under-18's smoking is not available. However, the Let's Hear Your Voice children's health and wellbeing survey for Barnsley has just been launched, which will provide this information in future along with a wealth of other data on children and young people's lifestyle factors.

Children and young people are influenced by adult behaviour and are less likely to start smoking if they do not view it as a normal part of everyday life. Over the last five years, our Public Health team have worked hard to create voluntary 'smokefree zones' in Barnsley. At present, all Barnsley Primary Schools, Pals Square (outside the Town Hall), Hoyland High Street and Barnsley Hospital (including the roads surrounding the hospital grounds) are all 'smokefree'. In addition, twenty of our Barnsley playparks are smokefree, with a review taking place this year of the signage to ensure clear 'no smoking' messages are communicated to the smokers who use these areas, so that smoking becomes almost invisible to protect children's health. As smoking becomes less visible and less of a social norm it will reduce smoking uptake by children and young people.



In the older generations, public health data suggests that 18% of the adult population in Barnsley are current smokers, and this is higher than the national and regional data (14% and 16% respectively)⁷

Drugs and alcohol

The latest available public health data (2019) estimated that 1,317 children in Barnsley lived with an adult (over 18) who is dependent on alcohol and 1,324 children lived with an adult who is dependent on opiates, this is the highest in South Yorkshire⁸. This therefore presents the risk of 'hidden harm', that is, abuse or harm due to parental drug or alcohol misuse, which is usually hidden from public view, occurring behind closed doors, often not recognised, or reported.

Of the young people in treatment at Barnsley's Young Person's Substance Misuse Service (2020-21), the data shows that early onset of drug use was seen in all cases. In addition, many of these young people are shown to have other vulnerabilities, including history of domestic abuse, poor mental health, self-harm and having been affected by another person's drug use⁹.



The hospital admissions rate for alcohol-specific conditions in under-18s in Barnsley is **55.4 per 100,000, which is 50% higher than in Yorkshire and the Humber¹⁰**



The rate of hospital admissions due to substance misuse in **15-24-year-olds is significantly higher in Barnsley** than in England, and Yorkshire and the Humber (144.3 per 100,000)¹¹

Covid Vaccination and Immunity

In the 2021 artwork, children and young people said they wanted to remove the threat of the COVID-19. Getting the COVID-19 vaccination is one of the best things we can do to prevent the virus impacting on our children and young people's health and the health of the people they love. There continues to be a variety of opportunities for all our residents to take up the COVID-19 vaccine [offer](#).

New research also suggests that COVID-19 antibodies are present in the breastmilk of mothers who have had the virus and / or have been vaccinated, thus giving even more value to breastfeeding in the first years of a child's life¹². As well as providing protection from certain infections, breastfeeding is known to reduce the risk of childhood diabetes and leukaemia and it helps to improve children's long-term health¹³. Other vaccinations that protect against viruses, such as, Meningitis, Mumps, Measles and Rubella (MMR), are given routinely to children as part of the childhood immunisation programme. National data pointed towards a sustained decrease in children receiving routine childhood immunisations in 2020 and 2021 compared to 2019, impacted by the 'stay at home' messaging during the pandemic¹⁴. However, in Barnsley, coverage remains fairly static and meets, if not exceeds, national targets¹⁵. Eligible children who missed a vaccine can still receive them, and parents should contact their GP.

As of April 2022,
57% of 12 to 15-year-olds and 67% of 16 to 17-year-olds in Barnsley
had received their first dose
of the COVID-19 vaccination¹⁶



Mental Health

The COVID-19 pandemic has had a significant impact on the emotional health and wellbeing of children and young people in Barnsley and across the UK. During the pandemic, Barnsley's Public Health Team completed three waves of a Children's Emotional Health and Wellbeing Survey and the impact on mental health was stark. The final wave of the survey, completed in January 2021, found that 69% of respondents described their mental health as poor. In addition, public health data from 2021 shows that 3% of school students in Barnsley have social, emotional and mental health needs and there has been a worsening trend in this data since 2015¹⁷.



Whilst self-harm in Barnsley is higher than other areas in the Yorkshire and Humber region, there has been some improvement over the past two years. In contrast, the rate of hospital admissions for self-harm in 15-19-year-olds remains significantly higher in Barnsley (1,193.6 per 100,000) than both regionally and nationally¹⁸. Preventing self-harm is an area of priority for emotional health and wellbeing services in Barnsley and there has been significant investment to understand the level of need and provide effective services and support for children and young people who are displaying self-harm behaviours.

In both the 2019 and 2021 artwork the children and young people told us that it is important that people can access the support they need, when they need it, and particularly in school. Findings from the 2021 Emotional Health and Wellbeing Survey found that only 25% of respondents had accessed support for their mental health. Of these, 73% had accessed support from their friends and family, and 28% had accessed support from services, websites and/or apps. Of the children and young people who had not accessed support, 72% didn't feel that they needed support, 14% didn't know where to go to access support and 9% were too embarrassed to ask for support. Demand for mental health services in Barnsley has significantly increased through 2020 and 2021, although this is worrying, it suggests that more children and young people are seeking help with their emotional health and wellbeing. Across the borough, there has been significant investment in additional services and interventions to support children and young people with their emotional health and wellbeing.



The rate of hospital admissions for self-harm in 10-14 year olds locally is 206.5 per 100,000¹⁹



Wider determinants

As well as the typical health factors, there are also other wider factors (social, economic, and environmental) that can affect health and wellbeing outcomes for children and young people.

**1 in 4 children
in our borough
live in relative
low-income
families²³**



Page 63

**81% of Barnsley children
achieve the expected
level of development
in communication and
language skills at the end
of Reception, similar to the
rest of our region.²⁴**

Poverty

The number of children living in relative low-income families in Barnsley is increasing, this is a trend that is being seen both regionally and nationally. Poverty can affect the health of people at all ages and families from areas of increased deprivation are more likely to suffer from poorer health outcomes, due to factors including limited access to health care and practicing more unhealthy behaviours²⁰. Children living in poverty are also more likely to suffer from chronic diseases and diet-related problems, which extend into adulthood.

Many of the children and young people, in their 2019 and 2021 artwork, said that tackling homelessness and helping homeless people was important to them. Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill-health²¹. However, the public health data shows that homelessness in Barnsley is much lower than it is in the rest of our region and nationally. Around 5.5 per 1,000 families in Barnsley live in households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act, compared to 12.4 per 1,000 in Yorkshire and Humber and 11.6 per 1,000 in England²².

School readiness

Education and the importance of learning emerged as a theme in both the 2019 and 2021 artwork and children and young people told us that education is important for their futures. Early child development sets the foundation for lifelong learning, behaviour, and health. The experiences children have in early childhood shape the brain and the child's capacity to learn, to get along with others, and to respond to daily stresses and challenges. Educational attainment is one of the main markers for wellbeing through the life course and children who have not achieved a good level of development at age five have been shown to struggle with social skills, reading, maths and physical skills. This negatively impacts on their educational attainment, which in turn has been shown to impact on health, future earnings, involvement in crime, and even death²⁵. The most recent public health data shows that 70% of children in Barnsley achieve a good level of development at the end of Reception stage, this is improving and is in line with the regional and national data²⁶.

Examples of improving children and young people's health and wellbeing in Barnsley

Although half of 2021 was spent in lockdown due to the COVID-19 pandemic, there was some fantastic work delivered across Barnsley to support children, young people and their families and improve their health and wellbeing. Just some of this work is described below...

Look Say Sing Play

In March 2021, Barnsley Council teamed up with NSPCC to launch Look Say Sing Play. Research previously found that parents were interacting with their babies and young children, but it could be more purposeful, deliberate and rewarding. The evidence highlighted that that many parents did not know why interaction is so important; and some struggle with ideas about how to interact in the everyday moments, beyond eye contact and cuddling, especially in the early months when they do not receive obvious feedback from their babies. Look Say Sing Play therefore aimed to support parents to have more, positive interactions with their babies; building a bond between them, which is crucial to a child's healthy development. It did this by giving new parents the tools and confidence to talk, sing and play games with their babies and young children, backed by the science of child development.

Emily, Mum to Edward (6 months) said **'When we go to the supermarket I talk to (my baby) all the time now, people might look at me like I'm a nutter, but he absolutely loves it. Whatever I pick up, he's trying to investigate, and I'd never have thought to do anything like that. Usually, I'd just put him in the trolley and I'd be getting stressed out if he wasn't asleep. But now I interact with him through the whole shop'.**

Plans are in place to evaluate the campaign and parents can still sign up to the weekly Look Say Sing Play newsletter - <https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/look-say-sing-play/sign-up/>



Barnsley Museums Makes

The Barnsley Museums Makes initiative was created in direct response to the team's desire to improve the wellbeing of children and families across the Borough, ensuring they reached those who might need inspiration with skills, confidence, and ideas to learn and play whilst stuck at home during the COVID-19 pandemic.

Barnsley Museum's Family Learning Team worked hard to curate packs to encourage creativity, play and language development, as well as enhancing and increasing access to arts and cultural experiences. Each learning pack included up to six highly visual, printed activity sheets designed to encourage creativity, play and language development through the chance to try a range of simple art and craft techniques. Plus, the materials required to complete the activities and suggestions of simple household objects that could also be used.

Between July 2020 and July 2021, 14,800 children received Barnsley Museum Makes packs, distributed in every school holiday through all Barnsley primary schools, eight family centres and two libraries. The packs provided families with the opportunity to access arts activities and try different artforms and gave parents the resources to help support child development and provide stimulation to develop intergenerational family learning.

One parent said: **'These will keep my children occupied over the holidays. Thank you so much.'**

A staff member at a local primary school said: **'The children felt so special to receive the packs. They're beautiful. Thank you so much, at times like these, gestures like this have a real impact'.**



Beat the Street

Beat the Street challenged communities to see how far they could walk, cycle, run, and scoot in six weeks, by turning the whole of Barnsley into a giant game. Everyone who took part was given a Beat the Street card or fob, which they could scan on 260 Beat Boxes around the borough to log how far they had travelled.

During the six weeks of the game, 22,000 people took part; walking, cycling, running, and scootering over 160,000 miles in total. Following Beat the Street, 63% of adults and 71% of children who said they were previously inactive, became active.

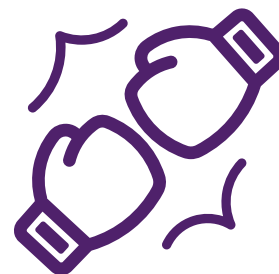
Barnsley children and young people really enjoyed the challenge: **'Beat the Street helped me by encouraging me to exercise in many different ways e.g., scooter, cycling, walking, and more, but most of all it built my trust of going out on roads while riding my bike. I really enjoyed getting around on other things rather than a car, and it also helped me to gain a better relationship with my family as they also took part with me. Thank you!'** (Female, Aged 12-18)



Community Sport in The Dearne

The Dearne Area Team wanted to provide opportunities for residents of all ages to get outside, meet new people and get active. The team spoke to community groups and families on the Goldthorpe Railway Embankment and decided to put on boxing sessions for children and young people and crown green bowls for the whole family.

The team put on weekly sessions in amateur boxing and bowling with the support of Stefy Bulls Fitness and Circuit Training, and Hickleton Main Bowling Club. In total, three boxing sessions were held in both Thurnscoe and Bolton-upon-Deane, with 40 children attending, 26 of which had never tried boxing before. At Hickleton Main Bowling Club, six crown green bowls sessions were held with 70 individuals attending and playing bowls.



The Dell Project

The Dell Project is a collaboration that aims to develop and bring a series of improvements to The Dell, a green space in Grimethorpe. The project emerged a survey conducted by Grimethorpe Residents Group in 2020, which highlighted concerns about the misuse of the green space, antisocial behaviour, lack of youth provision and a sense of not having a stake in local decision-making processes. Through collaboration with the Dell Steering Group, the North East Area Team and The University of Sheffield, the project represented a collaborative approach to place-making that emphasised the importance of mobilising children and young people's experiences and knowledge to generate proposals for local improvement to green spaces.

Over a six-week period in 2021, a series of weekly public engagement and co-design workshops were held at a local community building, with all residents welcome to attend to share their experiences, preferences, ideas, and priorities for The Dell. Children and young people were actively engaged in the process through frequent conversations in partnership with Early Intervention and Prevention Workers from the Targeted Youth

Support (TYS) service. These conversations brought into view the lack of green space that young people had a sense of ownership over and their feelings around being treated as a nuisance in the area. The process resulted in a youth engagement day that took place during half term and provided a final opportunity to engage residents with the proposals that had been developed. The day involved various free activities aimed at children, young people and families, including crafts, such as, clay totem pole making and tile making; and sporting activities, including a climbing wall.

The project created a sense of ownership and responsibility amongst children and young people in the community and enriched the design proposals for The Dell that were then developed. This includes a community-built amphitheatre, a space for community workshops, and community orchards.



By the end of the process, 230 residents had been engaged with including 65 children (under 16).

School Streets Project

Barnsley Council has a duty to monitor and improve air quality and, due to high levels of Nitrogen Dioxide in some parts of the borough, there are high number of Air Quality Management Areas. The School Streets Project was therefore designed to reduce air pollution, particularly around schools, by increasing the number of children and families walking, cycling and scootering to school, increasing awareness of the associated health risks of transport emissions and the actions that can reduce these.

The project delivered ten School Street trials, which involved 11 roads being closed for the duration of the school day in 2021. During the road closures, children and their families were encouraged to leave the car at home and get to school by walking, cycling or travelling by scooter; helping to reduce congestion and emissions outside school.

Overall, 12 schools, 950 staff and 3,600 pupils and their families were engaged in the School Streets Project, in addition to countless residents. Over 70% of pupils said they felt safer due to the school street closures and more than three quarters of pupils said they had more fun on the day of the school street closures. The project also saw car usage drop, with 575 more pupils travelling actively to school on the day of the school street closures. As a result of the School Streets Project there is a high level of support for the implementation of permanent School Streets amongst parents, residents, and staff. Permanent School Streets would reduce emissions and traffic congestion outside schools, ensuring a healthier and more enjoyable space for pupils and families outside the school gates.



The project also promoted 'playing out' sessions outside the school gates, offering alternative opportunities for physical activity, such as skipping and hula-hooping.

0-19 Public Health Nursing Service Drop-ins

Once the COVID-19 lockdown eased, Penistone 0-19 Public Health Nursing Team (part of the 0-19 Public Health Nursing Service) felt it was important to have a presence within Penistone Grammar School, to promote the service and support improvements to pupil health and wellbeing. Planning therefore began in October 2021 on setting up a weekly Public Health Nursing Drop-in on-site, to raise awareness around public health topics and provide children and young people with access to School Nurses and Public Health Nurses, who they can talk to for more information and advice around a range of health issues.

Drop-ins are now running on Mondays 12-2pm and further sessions have been themed around the curriculum, fostering a whole-school approach, and targeting identified needs in the community. The Service also reinstated the C-Card scheme at Penistone Grammar in partnership with Spectrum Sexual Health Service (SHS), to ensure the pupils who need it have access to confidential sexual health support and free condoms in school. These sessions have been delivered jointly with staff from Spectrum SHS.

Engagement at the drop-ins has been good. Discussions are currently taking place with Spectrum SHS about replicating this model across Barnsley secondary schools.

Page 71

The team is continuously seeking feedback from the children and young people about the topics they would like to see and suggested improvements.

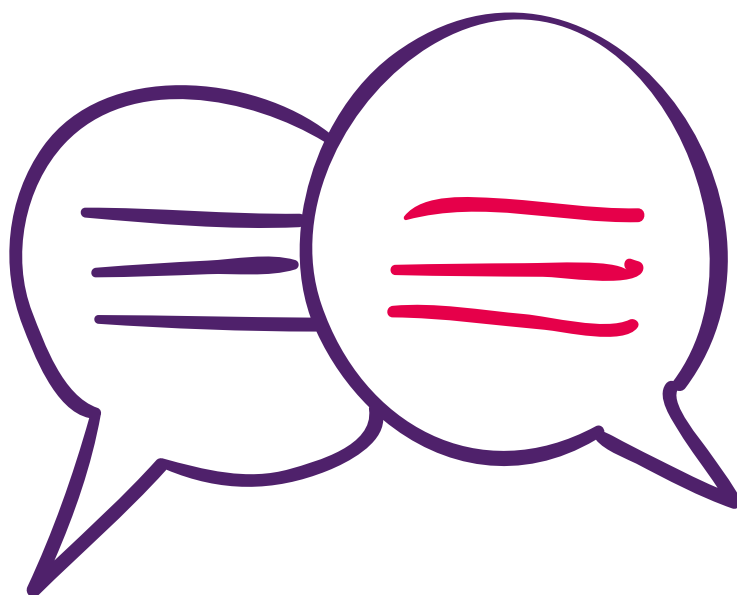


Peer Mentoring at H.O.M.E (Barnsley's Young People's Wellbeing Hub)

Chilypep is a young people's empowerment project, dedicated to raising the voices of young people and giving them the confidence, influence and platform to shape their world and stay connected. Peer Mentoring is something that young people have repeatedly said is a helpful way for them to talk to someone about their mental health or difficulties they may be facing.

Chilypep accessed funding from Barnsley Clinical Commissioning Group to support 16 to 18-year-olds with their mental health and the transitions between school and college. Since April 2021, ten young people have been trained as Peer Mentors, to be based at the Children and Young People's Health and Wellbeing Hub in Barnsley town centre, which young people have named H.O.M.E ('Help with Our Mental 'Ealth!'). In addition, twelve Mental Health Ambassadors have been trained at Barnsley College.

The Peer Mentors have been able to regularly support weekly sessions at H.O.M.E. This has helped young people attending those sessions to feel supported and able to engage. In addition to the benefits the Mentors brings others, the programme also benefits the Mentors by giving them opportunities for personal development, access to volunteering opportunities and training, all the while helping to improve their confidence.



The Children and Young People's Emotional Health and Wellbeing Engagement Charter

Chilypep and the Youth Voice and Participation team (part of TYS) worked together to involve 14 to 25-year-olds in the development of the Barnsley Children and Young People's Emotional Health and Wellbeing Engagement Charter; to set out the key principles that CYP expect all services to 'sign up to' with regards to engagement and co-production of emotional health and wellbeing services in Barnsley.

In September 2021, work began with 105 young people across the borough, through creative consultation, focus groups and one-to-ones, to find out how they want to be involved and engaged in the development, delivery and evaluation of mental health and emotional wellbeing services in Barnsley. Following this, they consulted an additional 16 young people in October 2021 through another creative consultation session, with the aim of ensuring they got it right for the Charter, reviewing and summarising the findings and using words suggested by young people (e.g., 'Values' were preferred over 'Standards') and getting feedback over the design and layout. Draft participation charters were then produced during November and December 2021 and young people were able to vote for their preferred one and provide feedback. The Children and Young People's Mental Health and Emotional Wellbeing Engagement Strategy has consequently been developed and outlines how the key values, set out in the Charter, will be delivered.

Page 73

One young person said **"We have enjoyed being able to collaborate with other young people about one of the main issues affecting everyone. The best bit about making this is having a say and including our views. We are proud to be able to see what young people have been involved in and the outcomes of that".**





All the children and young people who attended the session gave positive feedback and staff were able to consult with them about what activities they would like to attend in the summer holidays.

The Unity Project

YMCA Barnsley's Unity Project aims to build the emotional resilience and wellbeing of children and young people aged 8 to 14.

Due to the COVID-19 pandemic, the YMCA had to adapt its delivery of the Unity Project in line with government guidance but continued to offer the consistent, positive relationships and support to the children, young people and their families throughout 2021. To provide this support, the YMCA provided activities for children and young people across the Central area.

At Queens Road Academy, an after-school club helped to support and prepare Year 6 pupils for the transition up to Year 7. In secondary schools, the team delivered 'All About Me' workshops to support with young people's self-awareness, confidence building, aspirations, building emotional resilience and positive wellbeing. Over the Spring Bank Holiday in 2021 the team also delivered activities across the borough, shaped by what children and young people said they wanted to see, which included music at YMCA Barnsley, problem solving and team games at Ardsley Park.

Staff and parents witnessed positive changes in children and young people taking part in the Unity Project, increasing their confidence, people skills and problem-solving ability.

Astrea Academy Dearne Transition Day

Transitioning to secondary school can be a difficult, worrying and anxious time for many Year 6 pupils. For the 2021 transition, Astrea Academy Dearne asked to use the Railway Embankment site in Goldthorpe to engage the students in getting to know each other, team building and environmental issues.

In July 2021, Astrea Academy Dearne welcomed approximately 240 Year 6 pupils from the local primary schools for a transition day to prepare them for starting at the academy in September. Eight stations were set up around the Embankment site and the students moved around them in their classes. The stations included: bug hunting, learning about reducing, reusing and recycling, making a bird feeder out of a plastic bottle and learning how to recognise common garden bird species, writing a poem about the Embankment or their thoughts on transitioning up to secondary school and seed planting. The day concluded with each student making a seed bomb and throwing it along the banks of the site so that wildflowers would grow there next year.

The transition day brought together volunteers from the Ward Alliances and Big Locals, members of the Dearne Area Team and partners from Twiggs, Berneslai Homes, Discover Dearne, a local youth group, the Salvation Army and Year 9 Students from the Academy. The transitioning pupils enjoyed their day at the Embankment and were able to make new friends. In addition to this, approximately 240 students gained five AQA Awards from the day.



Children, Young People and Families Bereavement Counselling Service

A review of bereavement provision in Barnsley highlighted a lack of support for children and young people following the death of a parent or sibling, and parents following the death of a child. As such, in 2021, Barnsley Council awarded Compass a contract to pilot a Specialist Bereavement Counselling Service for Children, Young People and Families.

The service commenced in July 2021 to provide direct, individual counselling to parents bereaved of a child and children and young people under the age of 18 who have experienced the death of an important person in their life. The service also provides specialist advice, support and guidance to schools and professionals to help others support bereaved children and young people. This is provided through a Specialist Bereavement Counsellor working within and alongside the Mental Health Support Team (MHST) for schools and colleges in Barnsley.

In the first six months of the pilot, more than 70 children and young people were referred for specialist counselling. One young person recently wrote to the service to tell them: **'You've helped me realise that it is ok to be sad and hurt, you've allowed me to open up ... and helped me when I thought I could no longer do it ... I'm so thankful for you helping me.'**

The pilot of the service has been so successful that an additional Specialist Bereavement Counsellor has joined the team to increase the number of families that can be supported and reduce the length of time people wait to receive support.



0-19 Public Health Nursing Service's Domestic Abuse Pathway

The number of domestic incidents increased during the Covid-19 lockdown. The 0-19 Public Health Nursing Service therefore developed a Domestic Abuse Pathway to help identify low- and medium-level domestic abuse incidents that they could support with. The pathway, in addition to supporting social care, aimed to give families support to improve their home-life during the lockdown by providing them with current and relevant information on the support services available. The purpose of this support was to reduce the risk of more incidents, thus encouraging better outcomes for the children living in those households.

The pathway has been able to support practitioners in the 0-19 Public Health Nursing Service, who may have little experience in supporting families following domestic incidents, to approach the families and provide them with appropriate support. Families are happier knowing that there is support in place within the 0-19 Public Health Nursing Service to help keep them and their children safe.



Summary and final thoughts

Page 78



Over the past decade, child poverty has increased, funding for education has reduced, there has been a housing crisis and a rise in homelessness, there are growing numbers of people with insufficient money to lead a healthy life, and there are more disadvantaged children and young people living in poor conditions with 'little reason for hope'²⁷. Yet the children and young people living and learning in Barnsley have shown us that they do have hope.

When we first started planning this project in 2019, there was some expectation that children and young people would say that what mattered to them were the material things in life – their toys, their phones, having the trendiest clothes – but what we found was that, although these things did matter to some, what mattered most pre-pandemic was their family and friends. Interestingly, research has shown that happiness with family relationships has the strongest influence on children's overall subjective well-being at age 14 (out of family, friends, appearance, school and schoolwork)²⁸. Post-pandemic, family and friends was just as important, and having fun with loved ones became paramount.

Although lockdown was difficult for children and young people - learning time lost, cut off from their friends and outdoor play, and some in homes that may not have been safe - many enjoyed spending quality time with their families. The 'stay at home' orders meant many parents and carers had to work from home, allowing them to achieve a better work-life balance, which many children benefitted from.

**'Covid turned our lives upside down
and the simplest items turned out to
be the most precious ones.'**

YMCA Barnsley member (age 13)

**'A generation of children who are
veterans of a global crisis. They have
seen how colossally frightening life
can be, far too young, and have made
a lot of sacrifices. But they have
endured and are emerging stronger
and prematurely wise. Bruised, yes, and
in many cases seriously vulnerable, but
for the most part, happy, optimistic,
and determined.'**

Dame Rachel De Souza (Children's
Commissioner for England)

Back in 2019, Barnsley children and young people recognised the impact technology was having on their lives, referencing the increase in cyber bullying and sedentary behaviour. The digital world of the pandemic has been a blessing and a curse but now more than ever children and young people told us they want to be outside, in the real world.

As we have 'unlocked', we have seen a need for experiences - activities, holidays and entertainment. What matters to children and young people now more than ever is connection with others and making happy memories.

We also found that children and young people in Barnsley are conscious about the more serious issues. They hope for a healthy and successful future, they hope for fairness and kindness, and overall, a better world.

'A lot of the children talked about how they had enjoyed doing things with their family like walking, exploring the outdoors and playing in the garden during the lockdowns and how they would like to continue doing these things more as everyday life returns to normal.' Marie (Outreach Worker, Dearne Family Centres)

As we begin to recover from the pandemic:

- We must make sure we continue to **work with families to strengthen and support them** and provide **greater help for the most disadvantaged in our communities**.
- We should ensure that **all** children and young people in Barnsley have **opportunities to get involved in activities in their community and build friendships with people who they can rely on**, both inside and outside of school.
- We need to **give children time to be children**, through **providing open, clean, safe spaces** where they can **play and be active**, free from the worries of the wider world. That said, we need to do more to ensure that children and young people's **views and concerns about issues, such as the environment and homelessness, are recognised** by local and national leaders.
- We need to enlist **a whole-family approach to enable more children and young people to engage in physical activity** in ways that are affordable.
- We need to **continue with the ambition to make Barnsley smokefree by 2030 and aim to promote an 'alcohol-free childhood'** with consistent messaging and school curricula, avoiding the use of industry-influenced resources, compromised by a consumer approach to alcohol.
- We must provide **vulnerable children and young people with relevant, appropriate and timely support when and where they need it**, including, young carers, children in care and care leavers, those who are at risk of or suffering from abuse, LGBTQ+ young people, children and young people with special educational needs and disabilities, and those with emotional health and wellbeing needs.

I'd like to finish by saying some thank yous...

Thank you to the groups and organisations who supported children and young people to make their contributions to this project. In Barnsley we have a strong tradition of dedicated staff and services who put children and young people front and centre of everything they do, and I am very grateful to them for their support.

Thank you to the amazing public health team I am so lucky to work with. Under the skilled leadership of Amy Baxter, the project team has curated the contributions of children with care, thoughtfulness and integrity and I am very grateful to Amy and her colleagues for being the driving force behind this report.

Finally, thank you to every single child and young person who has shared their thoughts and creativity with us through this project. I am deeply conscious of the responsibility we have as a council, along with our partners, to listen carefully to what we have been told and to keep faith with all those who have entrusted us with their views and their creations.



References

1. Marmot, M. The Marmot Review: 10 years on. BMJ. 2020; 368: m693.
2. Best Start in Life and Beyond: Improving public health outcomes for children, young people and families. Public Health England. Published 2016; updated 2021. <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>
3. Case, A., Fertig, A. & Paxson, C. The lasting impact of childhood health and circumstance. Journal of Health Economics. 2005; 24:365-389.
4. Reception: prevalence of overweight (including obesity) (2018/19) Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/overweight#page/4/gid/1/pat/6/par/E12000003/ati/302/are/E08000016/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
5. [Active Lives Children and Young People's Survey, Academic Year 2020-21. Sport England; 2021.](#)
6. Statistics on Smoking (2019). NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2019>
7. Smoking prevalence in adults (over 18) – current smokers (2019). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/1938132694/pat/6/par/E12000003/ati/202/are/E08000016/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
8. Percentage of dependent drinkers (2014/15). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/dependent%20drinkers#page/3/gid/1/pat/6/par/E12000003/ati/102/are/E08000016/iid/93193/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
9. National Drug Treatment Monitoring System dataset (2020/21). Office for Health Improvements and Disparities.
10. Admission episodes for alcohol-specific conditions (under 18) (2018/19 – 2020/21). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/hospital%20admissions#page/4/gid/1938132982/pat/6/par/E12000003/ati/302/are/E08000016/iid/92904/age/173/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>
11. Hospital admissions due to substance misuse (15-24 year olds) (2018/19 – 2020/21). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/hospital%20admissions#page/4/gid/1938133225/pat/6/par/E12000003/ati/302/are/E08000016/iid/90808/age/156/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

- 12.** Young, B. E., Seppo, A. E., Diaz, N. et al. Association of Human Milk Antibody Induction, Persistence, and Neutralizing Capacity With SARS-CoV-2 Infection vs mRNA Vaccination. 2021. JAMA Pediatr. 2022;176(2):159-168. doi:10.1001/jamapediatrics.2021.4897
- 13.** *Breastfeeding*. NHS Start for Life website. Viewed 17 May 2022 <https://www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/>
- 14.** COVID-19: impact on childhood vaccinations: data to August 2021. UK Health Security Agency. Published 19 October 2021. <https://www.gov.uk/government/publications/covid-19-impact-on-childhood-vaccinations-data-to-august-2021>
- 15.** Cover of vaccination evaluated rapidly (COVER) programme: annual data. UK Health Security Agency. Last updated 18 February 2022. <https://www.gov.uk/government/publications/cover-of-vaccination-evaluated-rapidly-cover-programme-annual-data>
- 16.** Coronavirus (COVID-19) in the UK dataset. Vaccinations in Barnsley. Viewed 22 April 2022. <https://coronavirus.data.gov.uk/details/vaccinations?areaType=ltla&areaName=Barnsley>
- 17.** School pupils with social, emotional and mental health needs (2021). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/SEN#page/4/gid/1/pat/6/par/E12000003/ati/302/are/E08000016/iid/91871/age/217/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
- 18.** Hospital admissions as a result of self-harm (15-19 years) (2019/20). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/hospital%20admissions#page/4/gid/1938133225/pat/6/par/E12000003/ati/302/are/E08000016/iid/92796/age/6/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
- 19.** Hospital admissions as a result of self-harm (10-14 years) (2019/20). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/hospital%20admissions#page/4/gid/1/pat/6/par/E12000003/ati/302/are/E08000016/iid/92796/age/5/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
- 20.** *The NHS in a Nutshell*. The King's Fund; 2021. <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/health-inequalities>
- 21.** The Impact of Homelessness on Health. Local Government Association; 2017. <https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities>
- 22.** Homelessness – Households with dependent children owed a duty under the Homelessness Reduction Act (2020/21). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/homeless#page/3/gid/1/pat/6/par/E12000003/ati/402/are/E08000016/iid/93739/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

- 23.** Children in relative low income families (2019/20). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/low%20income%20families#page/3/gid/1/pat/6/par/E12000003/ati/302/are/E08000016/iid/93700/age/169/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
- 24.** Percentage of children achieving the expected level of development in communication and language skills at the end of Reception (2018/19). Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/school%20readiness#page/3/gid/1/pat/6/par/E12000003/ati/302/are/E08000016/iid/93494/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
- 25.** *Ensuring all children have the best start in life*. Online blog. UK Health Security Agency. Published 10 August 2015. <https://ukhsa.blog.gov.uk/2015/08/10/ensuring-all-children-have-the-best-start-in-life/>
- 26.** Percentage of children achieving a good level of development at the end of Reception (2018/19) Office for Health Improvements and Disparities. Fingertips Public Health Data. <https://fingertips.phe.org.uk/search/school%20readiness#page/4/gid/1/pat/6/par/E12000003/ati/402/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
- 27.** *Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010*. Department for International Development; 2010. <https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>
- 28.** *The Good Childhood Report*. The Children's Society; 2021. <https://www.childrenssociety.org.uk/good-childhood>



Thank you

To find out more please email:

PublicHealthCYP@barnsley.gov.uk



REPORT TO THE HEALTH AND WELLBEING BOARD

9th June 2022

Barnsley Mental Health and Wellbeing Strategy 2022 - 2026

Report Sponsor: Adrian England
Report Author: Ben Brannan and Patrick Otway

1. Purpose of Report

- 1.1 The report is intended to provide members of the Health and Wellbeing Board with an overview of the Barnsley Mental Health and Wellbeing Strategy 2022 – 2026, with a view to the Board endorsing and officially agreeing to publish the strategy.

2. Recommendations

- 2.1 Health and Wellbeing Board members are asked to:-
- Formally endorse and sign off the publication of the Barnsley Mental Health and Wellbeing Strategy 2022 – 2026 (Appendix 1).

3. Delivering the [Health & Wellbeing Strategy](#)

- 3.1 Improving mental health and wellbeing for people of all ages is one of the two key priorities outlined within the Health and Wellbeing Strategy. Our new mental health and wellbeing strategy underpins the Health and Wellbeing Strategy by detailing how we will improve mental health in Barnsley, through the combined efforts of partners on the Mental Health Partnership.

4. Reducing Health Inequalities

- 4.1 Mental health is shaped by circumstances in which a person grows up, lives, works and socialises. Inequalities in the social, economic and physical environments in which a person lives all impacts upon a person's mental wellbeing. We know, for example, that deprivation is a key determinant of whether somebody is likely to experience mental ill health. People on low incomes have higher rates of mental health conditions, particularly severe and enduring problems, than those in higher income groups.
- 4.2 Our strategy is written with the concept of universal proportionalism in mind. We aim to improve mental health and wellbeing for all residents in Barnsley but will adapt the scale and intensity of our resources so that it is proportionate to the level of need and the level of disadvantage. The strategy focusses on both improving existing mental health services to ensure they meet the need of Barnsley residents whilst also dedicating partners' collective

time, effort and resources towards preventing mental ill health in the first place.

5. Introduction/ Background

- 5.1 Barnsley's new, all-age 'Mental Health and Wellbeing Strategy 2022 – 2026' has been produced by the Mental Health Partnership to set the strategic direction for the Partnership, agree our priorities and detail how we will improve mental health and wellbeing in Barnsley over the next four years. The strategy, follows a 'life course' approach – detailing how mental health and wellbeing can be improved from a person's early years right through to the end of their life.
- 5.2 Whilst the new strategy is broad and wide-ranging, the Mental Health Partnership have agreed for there to be a greater focus on areas of particular challenge over the next 12 months, namely eating disorders, self-harm and mental health crisis care. These areas of greater focus will be reviewed annually.

6. Contributing to Health and Wellbeing Board's key priorities

- 6.1 The mental health strategy directly contributes to improving mental health and wellbeing across the borough, one of the Health and Wellbeing Board's key priorities.

7. Consultation with stakeholders

- 7.1 A significant amount of consultation has been undertaken as part of the development process of the strategy. A public consultation was held between December 2021 and February 2022; which included an online survey and the opportunity for the public to attend Zoom meetings to discuss the strategy. In addition, consultation has been held with key partners through the Mental Health Partnership and the Mental Health Partnership Delivery Group, which includes representation from a range of services and members of the public.

8. Conclusion and Next Steps

- 8.1 In order to measure the progress being made, we will develop and implement a mental health strategy delivery plan and mental health dashboard. Aligned to this, the Barnsley Mental Health Forum (a service user and carer group) have also developed a number of Quality Standards. These Standards are currently a work in progress but the aim is to discuss each in more detail amongst all partners and if agreed, they will be one of the tools against which our progress will be measured.
- 8.2 There is a great sense of collaboration and willingness among all members of the Mental Health Partnership Board to improve the mental health and

wellbeing for all Barnsley people. Implementing this mental health strategy will be a huge step forward towards achieving that ambition.

11. Appendices

11.1 Appendix 1 – Barnsley Mental Health and Wellbeing Strategy 2022 - 2026

Officer: Patrick Otway & Ben Brannan

Date: 9th June 2022

This page is intentionally left blank

Barnsley Mental Health and Wellbeing Strategy 2022 – 2026

To be reviewed 2022/23

Barnsley - the place of possibilities



Contents

Introduction	3
Mental Health in Barnsley	5
What Service Users have told us:	7
Mental Health in Barnsley – A Local Picture	9
Wider determinants of mental health	11
Early Intervention and Prevention	14
Start Well	17
Perinatal Mental Health	18
Children and Young People	20
Living Well (Adults)	22
Ageing Well (Older Adults)	27
Mental Health Crisis	31
Suicide Prevention	33
Conclusion	35
Appendix 1 – Barnsley ‘Dementia and Me’ Strategy Plan on a Page	36
Appendix 2 – Glossary	37

Introduction

This Barnsley All-age Mental Health and Wellbeing Strategy will help to ensure that we have the conditions and culture to enable everyone within the local community to achieve their potential. This means that all residents of Barnsley will be able to enjoy those things that help them feel positive about their lives and gain access to high quality support and compassionate services when they need them.

This strategy will reflect the following, positive definition of mental health, as stated by the World Health Organisation (WHO), which is broader than just mental illness:

'A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.'

Mental health is shaped by the wide-ranging characteristics (including inequalities) of 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 something that affects us all 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.

By implementing this strategy, it is our aim and our ambition, to improve the emotional health and wellbeing of all who reside within the Barnsley borough.

Strong local partnerships have already worked closely together to develop this strategy as it is recognised that working collaboratively with other interested parties helps to develop a more robust and effective strategy. Partners will continue to work closely together to develop and implement an associated strategy action plan. Implementation of the action plan will enable us to improve the life outcomes of the local population.

The development of this strategy has been overseen by the Barnsley Mental Health Partnership Board, whose members represent SWYPFT (South and West Yorkshire Partnership NHS Foundation Trust), the main mental health service provider in Barnsley, and other mental health service providers and practitioners (NHS and voluntary organisations), mental health service users and carers, Public Health, Commissioners, Local Authority, Barnsley Healthwatch, Barnsley Hospital, and South Yorkshire Police. The Mental Health Partnership Board reports directly into the Barnsley Health and Wellbeing Board.



Over the course of this strategy's development several principles and themes have emerged. These themes are reflected by everyone involved in developing this strategy agreeing to:

- ➔ Ensure that service re-design and future service developments are produced in conjunction with people with 'lived experience'. This way of working sees service users and service providers working together to reach an agreed outcome(s).
- ➔ Recognise the impact of trauma and adversity on peoples' mental health.
- ➔ Have a strong focus on the wider social determinants of mental health and illness. These are a broad range of social, economic and environmental factors which impact on people's health and include things such as education, housing and employment status.
- ➔ Ensure parity of esteem - that is, to value mental health equally to physical health.
- ➔ Challenge stigma and prejudice.
- ➔ Ensure actions and service developments / design are evidence-based.
- ➔ Adopt a recovery focus where possible - in terms of mental wellbeing a recovery focus means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.
- ➔ Address issues of inclusion and diversity - inclusion is about giving equal access and opportunities and getting rid of discrimination and intolerance. Diversity is about respecting and appreciating what makes people different.
- ➔ Adopt a focus on prevention and early intervention with education being the key focus. By early intervention we mean getting help early for people showing the early signs and symptoms of a mental health difficulty and people developing and experiencing a first episode of mental illness.

The development of this strategy is not an end in itself. Together with the strategy action plan, the strategy will be continuously reviewed and updated by the Barnsley Mental Health Partnership Board, at least on an annual basis, to ensure that it always reflects both national demands and local need.

Adrian England

Chair, Barnsley Mental Health Partnership Board

Mental Health in Barnsley

Barnsley's Joint Strategic Needs Assessment provides a picture of the health needs of the local population, including mental health and wellbeing. Data from the JSNA and [Public Health Outcomes Framework](#) has helped to inform this strategy.

Mental Health

Around **34,000** adults living in Barnsley have been diagnosed with depression (2019/20)

The number of those diagnosed with depression has increased year-on-year since 2013/14

3.12% of Barnsley school pupils have social, emotional, and mental health needs – higher than regional and national figures

Health-related quality of life for older people is **significantly lower** than the national average

The estimated prevalence of common mental health disorders in Barnsley (depression or anxiety) at **19% is higher than both regional and national rates**

Mental Wellbeing

In 2020/21 the proportion of people in Barnsley reporting **high happiness and high satisfaction scores** was around 68% for high happiness and around 74% for high satisfaction. Both scores are similar to the England and Yorkshire and Humber averages

7.9% of Barnsley residents have a low or very **low happiness** score

Between 2011/12 and 2020/21 the number of people reporting high happiness levels has **increased by almost 8%**



Severe Mental Illness

The prevalence rate for severe mental illness in 2020/21 was 0.80% - a slight increase on the previous time period but lower than both regional and national averages. **This may represent a under diagnosis of the conditions, rather than a truly lower rate of severe mental illness in Barnsley**

Barnsley's mortality rate in adults with severe mental illnesses of **130.0 per 100,000** is significantly higher than the England rate (103.6) and is the **second highest rate in the Yorkshire and Humber region**



Mental Health and Substance Misuse

Barnsley rates for hospital admissions - where drug or alcohol related mental health and behavioural disorders are a factor - **are significantly above regional and national rates**

Local data shows **a significant increase since July 2020** in the number attendances at Barnsley A&E department for mental health presentations where substance misuse disorders were a factor

50% of those who have taken their own life in Barnsley over the last 3 years had a **history of some form of alcohol and/or drug use**

Self-harm and Suicide

Barnsley has the highest rate of hospital admissions due to self-harm in the Yorkshire and Humber region. **This rate increases in our more deprived communities**

Barnsley's 2018-20 suicide rate per 100,000 population of 12.7 is higher than the England rate of 10.4 per 100,000. **The rate of suicide for males in Barnsley is several times higher than the female rate**

Risk Factors

Barnsley has a higher prevalence of social and behavioural risk factors that affect mental health and wellbeing including:

A key determinant of mental health is deprivation. Higher levels of overall deprivation and health inequalities exist within Barnsley, with just under **22%** of our neighbourhoods being in the 10% most deprived in England.

There are higher levels of child poverty with **24.7%** of children living in relative poverty compared to a national average of 19.1%

There is a **high prevalence of behavioural risk factors** in Barnsley including smoking, poor diet and exercise and alcohol consumption. These factors are wider determinants of people's general mental health and wellbeing

Protective Factors

A variety of lifestyle factors and behaviours have a protective effect for our mental wellbeing and health including:

School readiness

70.4% of Barnsley children have achieved a good level of development at the end of reception

Employment

The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate is **66.5%**

Social connections

20% of adults in Barnsley report feeling lonely often/always or some of the time

Physical Activity

36% of Barnsley adults and **32%** of Barnsley children are physically inactive



What Service Users have told us:

Consultation with Barnsley mental health service users, undertaken by Barnsley Mental Health forum has informed this section. The figures and percentages below relate those who responded to the survey, and are not necessarily representative of all mental health service users in Barnsley.

Mental Health

- 1 in 2** people didn't know where to get help with their mental health
- 1 in 4** didn't feel they got the help they needed for general mental health plans
- 1 in 2** people who were in mental health crisis didn't get help when they needed it
- 1 in 3** comments about service experiences were negative (2 in 3 negative comments concerned waiting for mentalhealth services, 1 in 3 were due to mental health system failures.

Things that don't help service users are:

- Not having help available out of hours other than the Accident and Emergency Department (A&E), as well as A&E not being considered the right place to go in a crisis (long waiting times, not considered helpful and no access to treatment or referral for treatment)
- Not being well enough to look for and get help when in a crisis
- A long wait to see a GP and a lack of compassion in staff
- 48% have waited more than a year to receive help (16% more than 3 years)
- Too much focus on self-management of mental health when it can be difficult for service users to fully grasp their responsibilities whilst experiencing mental health issues.



When experiencing mental health crisis:

- 50% felt able to get the help **when they needed it** (64% in 2016)
- 57% felt that they **got the help they needed** (70% in 2016)
- 57% reported receiving any treatment **after experiencing a crisis** (60% in 2016) **(Crisis Survey 2019)**

"Services often target people with low to medium MH issues and people can sometimes be too ill to get this support"

It has been suggested that:

- There is a service available for those experiencing mental health crisis 24 hours, everyday – and that this is easy to navigate for someone in extreme distress
- Information about crisis services should be easy to find, clearly written and include how to gain access to them
- Clearer information is provided about medication(s) and potential side effects
- Once a crisis has passed, people should be supported to prevent it returning by having follow up support and crisis planning
- General mental health services must avoid delays, waiting lists and cancellations as these can result in people's mental health deteriorating rapidly into crisis.
- There is a universal support network across the Borough to provide holistic care.

"No crisis support, long wait to get GP appointment, A&E not right place too frightening"

Above all:

Sufficient services available for the different levels of need that people in Barnsley have; and

A need to improve the availability, flexibility, integration, and compassionate response of services for people with a mental health need.



"Face to face services are important to people who are mentally unwell. I am concerned that mental health services are now delivered online or by phone. I feel this just isolates people even more."

Mental Health in Barnsley – A Local Picture

Barnsley has developed its vision for 2030, outlined in the local strategy 'Barnsley 2030'. Implementation of this mental health and wellbeing strategy will enable delivery of some of the key ambitions contained within Barnsley 2030.

We want everyone in Barnsley to have a good life. This means everything from a quality place to call home, to good physical and mental wellbeing and a sense of self-worth through diverse and secure employment opportunities. It is also about having access to the best possible local facilities in a community that values our people and our place.

Our vision, 'Barnsley – the place of possibilities' requires us to focus on four key aspects:

Healthy Barnsley

Growing Barnsley

Learning Barnsley

Sustainable Barnsley

This all-age mental health and wellbeing strategy is a key enabler of a 'healthy Barnsley' but will also impact on delivery of the overall Barnsley 2030 vision. Keeping ourselves and our families well is key to living productive and happy lives. We want to look after and support each other, as loving where you live has a huge, positive impact on your physical and mental wellbeing. We also want to ensure that people can access all of the care and support they need, at the right time and in the right place.

It is essential therefore that everyone is able to enjoy life in good physical and mental health and that we have fewer people living in poverty with everyone having the resources they need to look after themselves and their families. We need to provide an environment in which our diverse communities are welcoming, supportive and resilient.

Digitally-enabled Mental Health Care

NHS England and NHS Improvement, as part of the NHS Long Term Plan, want to ensure that by 2024 all mental health service providers will be fully digitalized and integrated with other parts of the health and care system.

Additionally, NHS England and NHS Improvement will continue to support the development of apps, digitally enabled models of therapy and on-line resources to support good mental health and enable recovery.

By 2023/24 it is expected that local systems offer a range of self-management apps, digital consultations and digitally enabled models of therapy. It is also expected that systems utilize digital clinical decision-making tools. Ideally these will need to be NHS approved.

We are already making good progress towards this ambition in Barnsley, with self-care apps and on-line resources and therapy to be available in 2022.

The local mental health service providers, especially our main provider of services SWYPFT, have moved quickly and successfully to developing digitally enabled mental health care as part of their response to the Covid-19 pandemic. We will continue to encourage our mental health providers to enhance their offer of digitally-enabled mental health care but we will ensure that this is not the sole method of delivery as there will always be a proportion of our local population who are unable, for many reasons, to access this form of care.

Not everyone has a home environment that makes confidential on-line conversations possible, nor does everyone trust the use of apps. In a CQC Community Mental Health report (published Dec 2021) the CQC states that, "many people reported negative experiences of remote care, noting that:

- ➔ Building a therapeutic relationship with a clinician they were not familiar with was uncomfortable
- ➔ There was lack of choice in the mode of remote treatment
- ➔ Remote appointment times were more likely to be altered or cancelled altogether

Although remote mental healthcare is likely to become increasingly widespread in secondary mental health services, it remains vitally important to have a tailored, personal approach to decision making in this area.



Wider Determinants of Mental Health

Our mental health and many common mental disorders are shaped by the social, economic, and physical environments in which we live, at different stages of life. Throughout the current coronavirus pandemic, these issues have contributed to widening health inequalities.

Our aspiration is to reduce mental health inequalities associated with wider factors including:

- **Employment/income** (good quality employment linked to education & skills; supportive workplaces; impact of worklessness)
- **Housing** (quality/type of housing; housing conditions, energy efficiency)
- **Transport** (connectivity; access to public transport and active travel)
- **Air quality/noise** (built up areas; traffic/congestion)
- **Access to green space & physical activity** (accessible routes; using indoor/outdoor opportunities for physical activity) - recognizing the impact that seeing nature and wildlife has in making many people feel emotionally at ease

Page 101 Employment & mental health

There is clear evidence that good work improves mental health and wellbeing across people's lives and protects against social exclusion. There is also evidence that unemployment can impact on an individual's mental wellbeing, as it is associated with an increased risk of ill health and premature death. For people with mental health problems, this can be a barrier to gaining and retaining employment.

Combined costs from worklessness and sickness absence amount to around £100 billion annually, so there is also a strong economic case for action. Addressing and removing health-related barriers requires collaborative work between partners from across the private, public and third sectors at both national and local level.

There is a significant gap in the rate of employment amongst people in contact with secondary mental health services and the overall employment rate (2019-2020)

- England = 68.2%
- Yorkshire & Humber = 64.5%
- Barnsley = 65.8%. This gap has increased by almost 3 percentage points from 2018/19

Housing & mental health

Good-quality, affordable and safe housing is vital to our good mental health, as well as supporting those people with existing mental health conditions. Research shows that those who are homeless, or at risk of homelessness, are much more likely to experience mental distress and a significant number do not access the support they need.

Compared with the general population, people with mental health conditions are:

- ➔ one and a half times more likely to live in rented housing
- ➔ more likely to experience instability with regards to tenancy agreements
- ➔ four times as likely to say that it makes their health worse.

The experience of mental ill health is different for everyone, and therefore, housing solutions for people with mental health problems must be equally diverse.

Living in cramped or overcrowded accommodation or in a cold, energy inefficient home can impact on our mental health and people living with existing mental health issues are more vulnerable.



Green space and Mental Health

There is growing evidence showing the positive impacts of greenspace on our mental health. For both children and adults, being in or near to natural environments enhances emotional wellbeing, reduces stress and improves resilience. Greener environments have been shown to reduce levels of depression, anxiety, and fatigue and the beneficial effects are greatest for the most deprived groups.

Culture and Arts

Access to cultural experiences, e.g., museums, events, music and dance, have significant, positive impacts on mental health and wellbeing, either as a preventative measure or as part of recovery from mental ill health

What will we do to achieve the above?

- ➔ Improve the conditions of daily life across the life course to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities
- ➔ Ensure that mental health outcomes are included in all relevant local partnership strategies/policies (including Barnsley Inclusive Economy strategy, More & Better Jobs, Housing strategy and Transport strategy)
- ➔ Develop improved integrated interventions for tackling wider factors impacting on an individual's mental health
- ➔ Prioritise the promotion of employment support via frontline NHS & care services, primary care teams, community services & CVS sector
- ➔ Strengthen mental health support for businesses, particularly employers & employees in Small & Medium Enterprises
- ➔ Establish effective hospital discharge arrangements for people with mental health conditions for a range of community support, including housing & employment.



Early Intervention and Prevention

Early intervention means getting help early for people showing the early signs and symptoms of a mental health difficulty and people developing and experiencing a first episode of mental illness.

Benefits of early intervention for someone experiencing a mental illness may include:

- ➔ Lower risk of relapse
- ➔ Less stressful assessment and treatment
- ➔ Reduced need for hospitalisation
- ➔ Reduced family disruption and distress
- ➔ Improved recovery
- ➔ Reduced risk of taking own life



We all have mental health; however, not all of us live with good mental health. When our residents experience good mental health, we can make full use of our abilities, cope with the normal stresses of day-to-day life and play a full part in our families, workplaces, communities and among friends. Despite our mental health being such an important personal and social resource, the extent of mental health problems in the population means that too many of us are struggling, rather than thriving and reaching our full potential.

We need to help people to develop personal resilience to sustain good mental health, promoting good mental health for all, across the life course from childhood to old age, including families and carers and work in schools. We need to increase capacity in the community, including primary care, to support early intervention and prevention and prevent crisis situations. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at a local level. This will draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality. Indeed, there is already a huge contribution to the promotion of good mental wellbeing in Barnsley by VCSE (Voluntary, Community and Social Enterprise) organizations who are commissioned to provide low level prevention services. Greater focus will be placed on these services to enable communities to remain resilient.

We need to encourage a positive attitude to mental health and wellbeing and work towards prevention and early intervention to support lifelong good mental health being everybody's priority. We want mental health to be as important as physical health. We know there's things we can do as individuals to improve our mental health, but we also recognise the importance of other important wider factors such as housing, good employment, transport links, clean air and green spaces can have on our mental health.

The vision within this section of the strategy will:

- ➔ Provide early help, support, advice, and services to anyone who is struggling with poor mental health.
- ➔ Make improving the support of our children and young people's emotional wellbeing and mental health a priority and continue our work to transform services.
- ➔ Enable resilience in the support of our communities, working in partnership with the third sector, education and community leaders to transform the mental health and well-being of Barnsley residents
- ➔ Be based on best evidence and best practice
- ➔ Recognise the main stages in life that affect us all differently and which can also impact on our mental wellbeing
- ➔ Challenge mental health stigma and promote social inclusion and social justice for everyone affected by mental illness
- ➔ Foster joint partnership working, cutting across organisational boundaries and disciplines to secure improvements within the borough, in turn increasing sustainability and the effective use of limited resources
- ➔ Build capacity and capability across our workforce to help to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action

How will we do it, within the lifetime of this strategy?

We will have a strong focus on prevention, early intervention, resilience and recovery, as we believe a fundamental shift in focus is key to improving mental health and well-being in Barnsley. While delivering a responsive, effective and sustainable mental health system, we will realise our vision for mental health and well-being by:

- ➔ Working in partnership and developing services with clinicians, experienced experts, families and carers
- ➔ Drawing on up-to-date evidence and best clinical practice, whilst also innovating and trying new things
- ➔ Developing models of care that ensure integrated, effective and accessible services for all

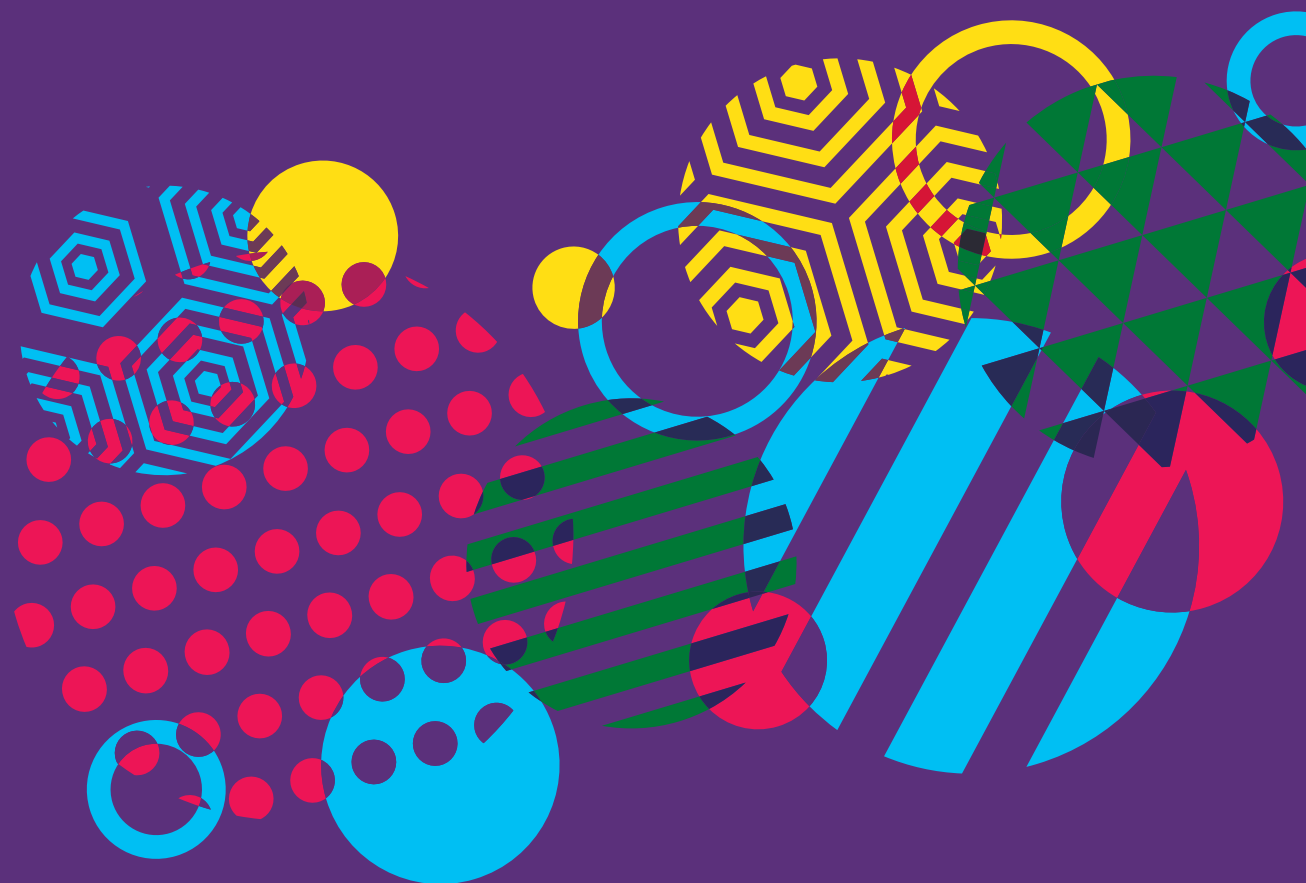


- ➔ Continuing to remodel our services to get support to people at the earliest opportunity, with a focus on support for recovery, promoting inclusion and empowerment.
- ➔ Empowering and supporting people to manage their own conditions and take control of their lives through choice and control.
- ➔ Rebalancing the system – early access to help and support may help to reduce demand on acute and crisis services
- ➔ Improving services for children and young people by intervening earlier and addressing mental health and wellbeing issues in schools and colleges
- ➔ Ensuring that mental health outcomes are included in all other relevant partnership strategies/policies that support the wider determinants of health (Good Housing, Employment, Transport, Access to Green Spaces)





Start Well



Perinatal Mental Health (0 – 2 years)

Perinatal Mental Health (PMH) problems generally refer to those which occur during pregnancy or in the first 24 months following the birth of the child. Anxiety and depression are the most common mental health issues in the perinatal period.

Perinatal mental illness affects up to 20% of new and expectant mums and it is important that perinatal mental illness is treated because if left untreated, these mental health issues can have significant and long-lasting effects on the women, the child and the wider family.

Expectant mums in Barnsley, who are experiencing mild to moderate levels of anxiety and depression, have priority access into the local Barnsley IAPT (Improve Access to Psychological Therapies) service, as this service will be able to provide the appropriate level of support they need.

Barnsley also has a Specialist Perinatal Mental Health service which provides care and treatment for women with more complex mental health needs whilst supporting the developing relationship between parent and baby. Specialist perinatal mental health services also provide pre-conception advice to women who have had previous perinatal mental health issues or have existing perinatal mental health needs. Some women may need support in relation to the trauma experienced through having a disability screening test and the potential family breakdown that may follow a positive test result. Support may also be needed for women and their partners following loss through miscarriage, stillbirth and neonatal death.

Barnsley has a Specialist Mental Health midwife based in the maternity department at Barnsley hospital, who provides low level emotional health and wellbeing support. In addition, Barnsley are also developing services to support women who have experienced PTSD (Post Traumatic Stress Disorder) as a result of 'birth trauma' or loss. This service is developing in conjunction with maternity services in each of the other South Yorkshire localities (I.e., Rotherham, Doncaster and Sheffield) and is based on the evidence that having a 'birth trauma' service to support these women and their families, significantly reduces their levels of stress, anxiety and depression.



Over the next 2 years we will improve the outcomes of pregnant women and their families by:

- ➔ Extending community perinatal mental health services from pre-conception to 24 months after birth, which is aligned to the cross-government ambition for women and children, focusing on the first 1001 days of a child's life.
- ➔ Expanding access to evidence-based psychological therapy services to include parent infant, couple, co-parenting and family interventions
- ➔ Undertaking partner assessments - i.e., ensuring partners of women accessing specialist perinatal mental health services and maternal mental health services receive an evidence-based assessment of their own mental health and that they are signposted to the most appropriate support for them.
- ➔ Introduce an 'After thought / compassionate listening' service
- ➔ Extend the birth trauma service to include all loss – including birth removal
- ➔ The Barnsley Maternal Mental Health group (membership includes midwives and obstetricians, perinatal mental health practitioners, Public Health, Commissioners and service users as part of the local Maternity Voice Partnerships) will look to 'Make all Care Count' by working together to develop a clear pathway across all the relevant statutory and voluntary sector services.
- ➔ To promote and identify opportunities to further develop Peer support and encourage new people to become involved in the service user Maternity Voices Partnership (MVP) to provide ongoing feedback to services and to become involved and influence new service development.



Children and Young People (Currently 0-19 years old)

To better support the emotional health and wellbeing of Barnsley's children and young people we are focusing our efforts on implementing the recently co-produced CAMHS (Children's and Adolescent Mental Health Services) Service Specification; implementing the recommendations of the Department of Education's 'Green Paper: Transforming Children and Young People's Mental Health provision'; continuously engaging with young people so that they are able to influence service design and development; and implementing the action plan of the Children and Young People's Emotional Health and Wellbeing group.

In the immediate term, partners (including CAMHS, Mental Health Support Teams in Schools and colleges, Early Help Services, Chilypep and other charitable/third sector organisations, Public Health Nursing Service) are working together to ensure that our children and young people are appropriately supported with regards to the impact(s) of the coronavirus pandemic on themselves, their family, their friends and their local community.

To ensure that children and young people experience positive emotional health and wellbeing and build resilience, all partners will work together to provide a borough in which:

- Page 110
- Early signs and indications of poor mental health and wellbeing will be recognised and all children and young people will have access to the most appropriate support at the earliest possible opportunity.
 - All children and young people have access to high-quality emotional health and wellbeing support linked to their school or college and, if required, fully outlined within their Education, Health and Care Plan (EHCP).
 - All professionals working with children, young people and their families will have a good understanding of emotional health and wellbeing and services will be needs-led rather than focusing on the diagnosis or condition.
 - The most vulnerable young people in our community (e.g. those with a Learning Disability or Special Educational Need, Children in Care, young carers, young people with Autism or ADHD, young people educated at home and those young people who identify as LGBTQ+) will have targeted support to identify the specific needs unique to each group to ensure they are able to access the most appropriate support that best meets all of their needs.

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. The NHS Long Term Plan identifies priority areas for children and young people's mental health services, including widening access to community services, investment into eating disorder services, support for young people during a mental health crisis and developing new approaches to supporting young adults aged 18 – 25.

Over the last 12 months within Barnsley there has been a significant increase in referrals citing emotional health and wellbeing as the main concern. Early Help data, as of 31/03/21, shows that 3,544 children and young people were subject to Early Help assessments – an increase of 846 when compared to the previous 12 months. Of these Early Help Assessments, 35% had the primary concern of emotional health and wellbeing. Within the same time period, we have also seen a 45% increase in the numbers of children and young people attending Barnsley Hospital's Emergency Department as a result of anxiety, depression or low mood, alongside a 6% rise in admissions due to overdose. Compared to the whole of Yorkshire and Humber, Barnsley has more than twice the number of 10 – 24 year olds admitted to hospital as a result of self-harm.

To combat the issues outlined above, and to better support our children and young people's emotional health and wellbeing, a system-wide Emotional Health and Wellbeing Improvement Plan has been developed, and the implementation of the plan within the 6 key focus areas, has begun. The areas of focus include:

- ➔ Workforce training and development
- ➔ Early intervention and prevention
- ➔ The role of schools and education workforce, including colleges, early years establishments and those electively educated at home
- ➔ Working together: A better journey through mental health services
- ➔ Improved support for vulnerable children and young people
- ➔ Co-production and engagement

Transition between educational establishments and between CAMHS and Adult Mental Health Services are areas which we are already aware need to be improved and transition is an aspect that will be covered within the key focus areas outlined above.

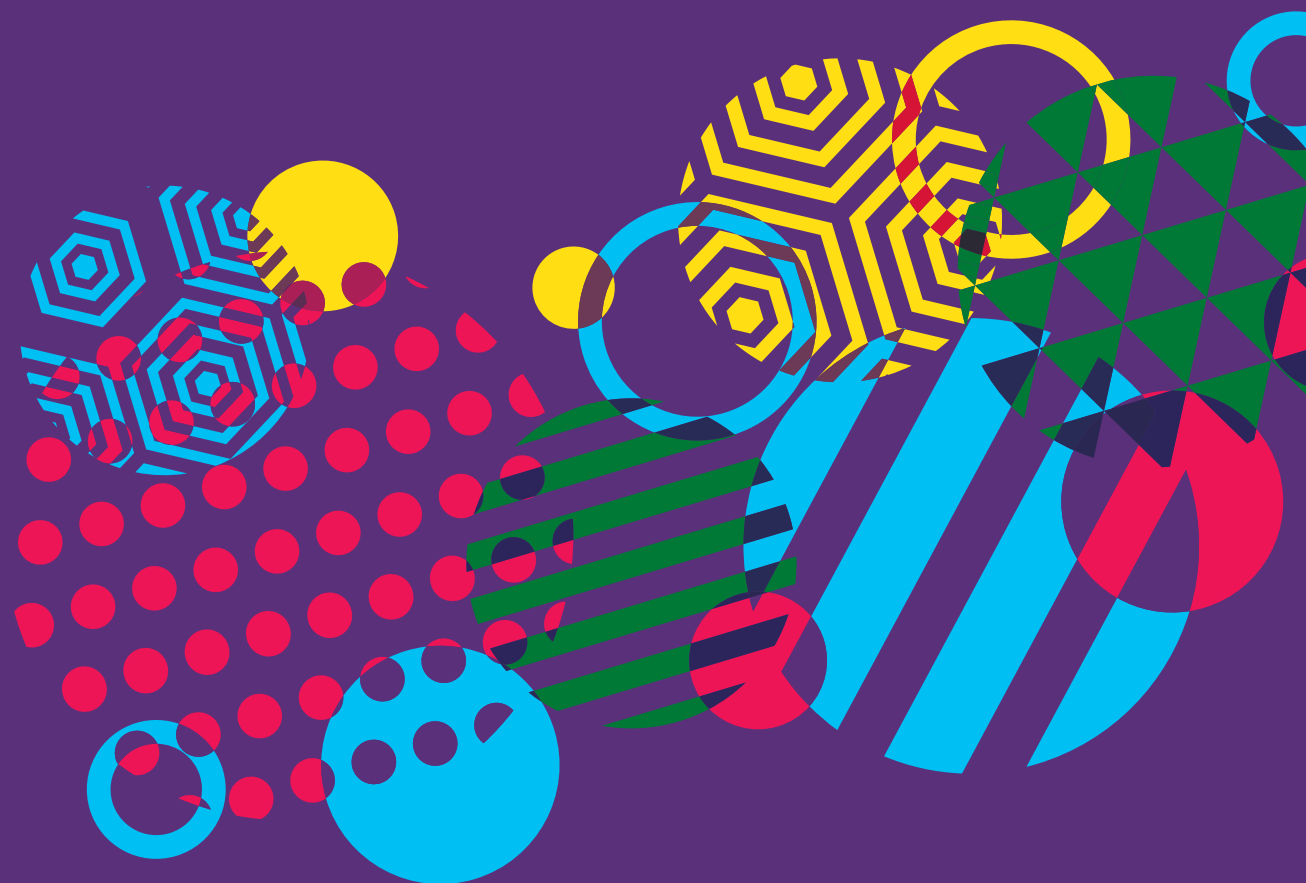
A Single Point of Contact is currently being developed for children and young people and their families, where ALL requests for support around emotional health and wellbeing will be accepted. Ongoing consultation and engagement with children and young people and their families will help to influence the design and operation of this service development. It is expected that the Single Point of Contact will improve access to services and ensure that children and young people and their families will receive the most appropriate support as early as possible.



Page 112

Living Well

(Adults 18 – 65)



The Community Mental Health Framework for Adults and Older Adults provides a historic opportunity to achieve radical change in the design of community mental health care by moving away from siloed, hard to reach services towards joined-up care and whole population approaches and establishing a revitalised purpose and identity for community mental health services. It supports the development of Primary Care Networks, Integrated Care Systems and personalised care, including how these developments will help to improve care for people with severe mental illness.

Through the adoption of this Framework (as part of this local mental health strategy), people with mental health problems will be able to:

- ➔ Access mental health care where and when they need it.
- ➔ Manage their condition or move towards individualised recovery on their own terms.
- ➔ Contribute to and be participants in local communities.

Within this Framework, close working between professionals in local communities is intended to eliminate exclusions based on a person's diagnosis or level of complexity and avoid unnecessary repeat assessments and referrals. In the more flexible model envisaged by the Framework, care will be centered around an individual's needs and will be stepped up or down based on need and complexity, and on the intensity of input and expertise required at a specific time.

Promoting positive emotional health and wellbeing of all Barnsley residents is a key ambition of this all-age mental health strategy. This ambition is aligned to the aspirations of the NHS Long Term Plan, which focuses on specific aspects of adult mental health within the community. The key aspects include:

- ➔ Improving the physical wellbeing of those experiencing mental ill health.

We are all aware that those with complex mental health needs are more often than not, disadvantaged and socially deprived than those in the wider population. This applies to all aspects of their lives, including housing, meaningful and paid occupation and social support and networks.

- ➔ Improving the quality of life for those with complex mental health issues in Barnsley by ensuring that:

- i. GP held information is cross-referenced to ensure nobody has been overlooked
- ii. Local mental health service providers liaise with local agencies, including My Best Life, Age UK Barnsley, Barnsley Premium Leisure, Penistone Health Centre, Barnsley Carers Service, Barnsley and Rotherham MIND, Samaritans, to work together with the person and their family.
- iii. NHS England funding is utilized to make wellbeing equipment available to residents via community hubs – this equipment includes blood pressure monitors and fit-bits.

- iv. Staff are trained as wellbeing practitioners – we will provide programmes of training to staff in the use of equipment / physical health interventions e.g., stop smoking, weight management, venepuncture, ECG's (Electro Cardio Graph machines), exercise, self-management of health conditions.
 - v. We develop and mobilise a Physical Health Pathway with SWYPFT's (South and West Yorkshire Partnership NHS Foundation Trust) in-patient and Community Teams.
 - vi. We will deliver bite-size physical health training to mental health staff within SWYPFT.
 - vii. We will deliver 'interacting with service users with mental illness' awareness training to all GP Practice colleagues
 - viii. Where appropriate we will work with business settings to support them in developing Mental Health policy / standards for their own workforce.
- ➔ Improving access to all services providing mental health support / advice and/or treatment.

Over the past 2 years Barnsley's Mental Health in-patient wards and Intensive Home-based Treatment Team have seen a significant rise in the number of service users using these services. We are also seeing a higher level of need and treatment required at first assessment than was previously seen prior to the pandemic.

Improvements will be made by:

- i. Ensuring that the local population are aware of how to access those services that will improve their emotional wellbeing.
- ii. Bringing all mental health services / providers together to support the mental wellbeing of our communities.
- iii. Community supporters working proactively across all neighbourhoods developing strong links within the community and linking Barnsley's Recovery College within General Practices and local community assets. Working with Barnsley Carers Service to identify carers, in order to give them the information, advice, emotional and practical support they need, in order to prevent carer breakdown
- iv. Reducing the numbers of residents taking their own lives and developing crisis alternatives to better support people experiencing a mental health crisis.
- v. Introducing Mental Health Practitioners working across secondary and primary care to provide brief interventions based on a biopsychosocial model.

- vi. Working with Creative Minds (a charitable organization linked to SWYPFT) to develop community assets across Barnsley, promoting creative ways in managing individual's personal wellbeing and resilience.
- vii. Working closely alongside addiction services to jointly support those dealing with both mental health and addiction issues (dual diagnosis).
- viii. Promote the Barnsley 3rd Sector Dementia Alliance – this is 6 local charities (Age UK, Alzheimers Society, BIADS, Butterflies Dementia Support and Activities Group, Crossroads Barnsley, and Making Space/Barnsley Carers Service) working together to reach the estimated 3000 people living with Dementia in Barnsley and their carers and other family members. The Alliance offers a range of Dementia Friendly social activities to keep these groups connected to each other and to other local services

➔ Ensuring accessible and timely help for those experiencing Personality Disorder.

There are currently 10 types of diagnosed personality disorders which can be broadly categorized into three groups:

- Suspicious
- Emotional and impulsive
- Anxious

Page 115

Within Barnsley we are currently experiencing challenges relating to people with Borderline Personality Disorder. Borderline Personality Disorder (grouped within the Emotional and impulsive category) is a severe mental disorder resulting from serious dysregulation of the affective system. Individuals with this disorder and associated difficulties demonstrate a characteristic pattern of instability in emotional regulation, impulse control, interpersonal relationships and self-image. People with these difficulties are more likely to self-harm and feel suicidal.

We will improve the emotional health and wellbeing of Barnsley people who experience these difficulties and any other challenges experienced in relation to their diagnosed personality disorder, whichever type this is, by:

- i. Developing and implementing a Personality Disorder pathway, including the introduction of Dialectical Behaviour Therapy (DBT) and Mentalisation Based Therapy (MBT) which has not previously been offered.
- ii. Enabling the mental health staff of SWYPFT to receive Structured Clinical Management (SCM) training to enable teams to work with those with complex needs more effectively as a team.
- iii. Working with people with lived experience to shape how this pathway evolves and to provide training for staff around collaborative care planning to ensure multi-agency input.
- iv. Ensuring partners work together to provide a supportive network for those with Personality Disorder and their families.

➔ Improving Access to Psychological Therapies (IAPT)

The NHS Long Term Plan states that 9 out of 10 adults with mental health problems are supported within Primary Care. The IAPT programme, delivered by Mental Health Foundation Trusts, often within Primary Care, is aimed at treating common mental health conditions such as stress and mild to moderate anxiety and depression, is world leading and it is acknowledged that Mental illness is a leading cause of disability in the UK. IAPT services have now evolved to deliver benefits to people with long term conditions (e.g., diabetes, heart conditions, cancer) and more than half of those people using IAPT services nationally, are moving to recovery.

We will continue to improve access to Barnsley's IAPT service by ensuring:

- i. A Psychological Wellbeing Practitioner is based within Barnsley's long covid clinic.
- ii. Where clinically appropriate, offer group therapy for new referrals to the service in order to treat as many people as possible. This is not a 'lesser service' offer than 1:1 but is an equivalent NICE guidance treatment protocol. 1:1 treatment sessions will still be offered where appropriate.
- iii. Promoting the IAPT service on social media (e.g., Facebook), websites, leaflets posted to each household within the borough and in sporting programmes, such as Barnsley Football Club programmes and fixture lists

Encourage more men to access the service to help reduce the numbers of suicide and suicide attempts

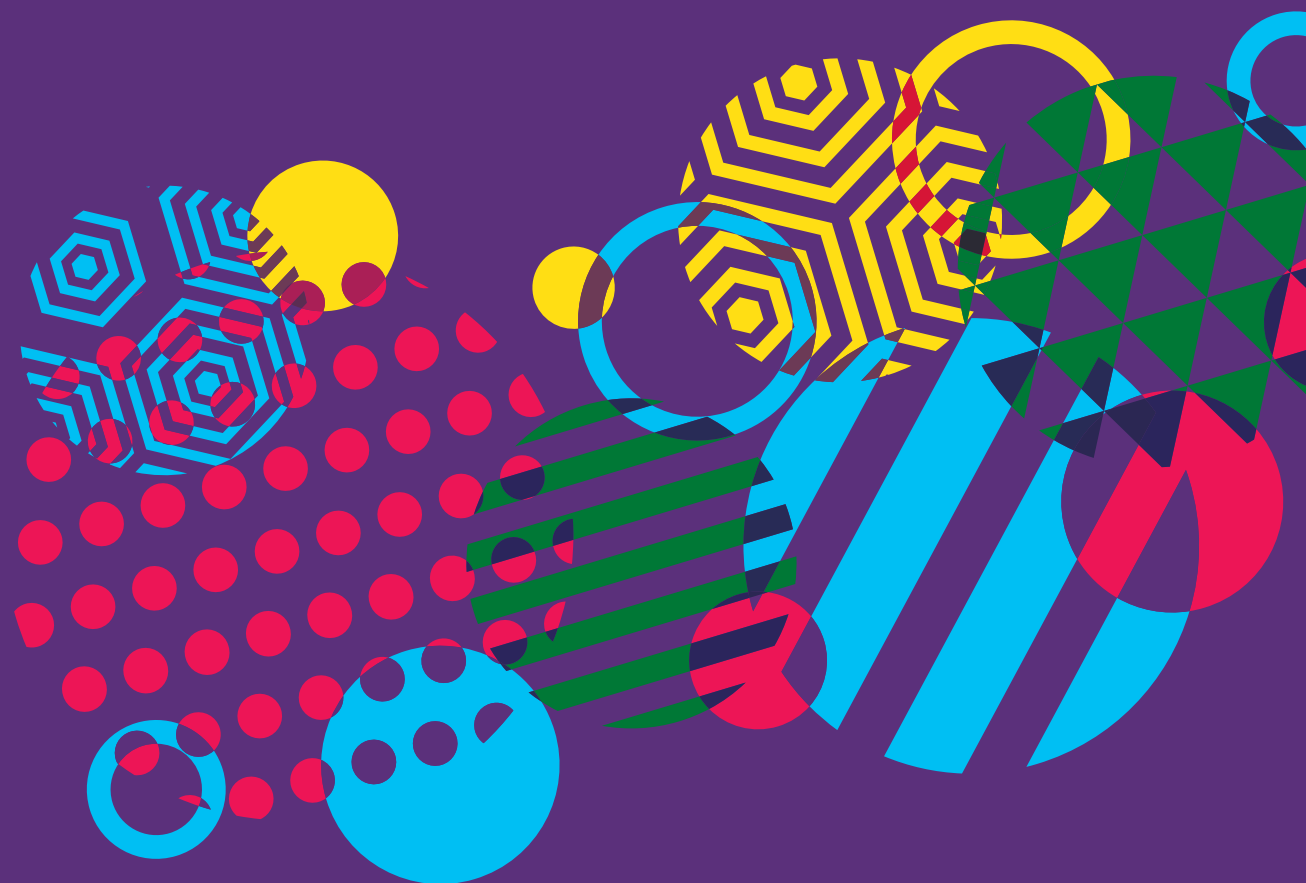




Page 117

Ageing Well

(Pension age onwards)



Barnsley's ambition is to create age-friendly services which tackle ageism and where partners work together to ensure equitable and accessible services are available to provide the most appropriate support to meet the emotional health and wellbeing needs of the older people within our local communities (NB: Older people generally refers to those who are 65 years old or older – however, services in Barnsley will be 'needs-led' rather than 'age led').

As our Barnsley residents become older, they will experience significant life changes; long term illness, bereavement, retirement, carer responsibilities, re-housing and financial pressures. Our mainstream primary and secondary health and social care services with support from our charity and voluntary sector will assess and offer holistic emotional age friendly health support directly or by referral.

The World Health Organisation's (WHO) Age Friendly Cities concept is a local response to encouraging active ageing by optimising opportunities for health, participation and security in order to enhance quality of life as people age. Within Barnsley we will support local services to meet the Age Friendly Cities Framework and we are working together to improve the support to those people experiencing social isolation.

To support healthy ageing, Barnsley Metropolitan Borough Council have signed up to the following 5 commitments, as outlined in the National Healthy Ageing Consensus Statement:

- ➔ Putting prevention first and ensuring timely access to services and support
- ➔ Removing barriers and creating more opportunities for older adults to contribute to society
- ➔ Ensuring good homes and communities to help people remain healthy, active and independent in later life
- ➔ Narrowing inequalities in years of life lived in good health
- ➔ Challenging ageist and negative language, culture and practices wherever they occur, in both policy and practice

The NHS Long Term Plan aspires to give older people greater control over the care they receive. The Plan promotes a multidisciplinary team approach where all health professionals work together in an integrated way to provide tailored support that helps people live well and independently at home, for longer.

The IAPT Older People's Positive Practice Guide has been produced by Age UK and the Mental Health Foundation to provide a resource to therapists who work with older people. It is hoped the publication of this guide addresses the diverse needs of older people, as a dismantling a number of myths and misconceptions which may have prevented them from receiving access to psychological therapies, and includes numerous examples of actions to improve access, with contemporary information and practice suggestions to enhance their practice, implement service reviews or make reasonable adjustments for older people.



Mental Health and Older People

One in four older people have symptoms of depression that require treatment, but fewer than one in six older people with depression seek help from their GP. Care home residents are at an increased risk of depression. It can also be a major cause of ill health, with severe effects on physical and mental wellbeing.

Care home residents are at an increased risk of depression and older people generally are particularly vulnerable to factors that may lead to depression, such as bereavement, physical disability and illness and loneliness. Older people are particularly vulnerable to loneliness and social isolation and the effects these have on their health.

Bipolar disorder and schizophrenia can affect older people for the first time. Antipsychotic medication and talking therapies can be used to treat serious mental illnesses in older adults. Those with serious mental illnesses may live in care homes or independently with the support of community mental health teams.

Dementia

Dementia describes a group of symptoms that include problems with memory, thinking or language, and changes in mood, emotions, perception and behaviour.

Dementia is a progressive disease, which means symptoms may be relatively mild at first, but they get worse over time. There are many types of dementia but Alzheimer's disease is the most common. The next most common is vascular dementia.

Dementia, just like mental health, is not a natural part of ageing.

Each person experiences dementia in their own individual way. Different types of dementia also tend to affect people differently, especially in the early stages. With some types of dementia, the person may have difficulty knowing what is real and what isn't. They may see or hear things that are not really there (hallucinations), or strongly believe things that are not true (delusions). It is these different experiences that can trigger depression and anxiety for people living with dementia.

Barnsley Dementia and Me Steering Group are currently delivering work programmes aligned to the National Dementia Well Pathway. The Barnsley Dementia and Me Strategic Plan identifies ambitions across the pathway (Appendix 1). This includes 'Living Well'; supporting those with early diagnosis (under 65 years old), and providing access to mental health support for those living with dementia and their carers.

Delirium

Delirium is a state of heightened mental confusion that commonly affects older people admitted to hospital. 96% cases are experienced by older people, and when those with dementia experience severe illness or trauma such as a hip fracture, they are more at risk of delirium. Delirium causes great distress to patients, families and carers and has potentially serious consequences such as increased likelihood of admission to long term care and increased mortality. They may need to stay longer in hospital or in critical care; have an increased incidence of dementia and have more hospital-acquired complications such as falls and pressure ulcers. Delirium is now also recognised as a common symptom of coronavirus, and older people living in long term care facilities are at higher risk, especially those with dementia.

COVID19 Deconditioning

Older people in Barnsley and those with long term illness who have had to isolate throughout the COVID19 pandemic along with their carers have been affected mentally and physically. National research is only just starting to emerge quantifying the impact of the pandemic for this population group, but locally we have qualitative information which suggests that older people and their carers have felt socially isolated, anxious and depressed, with a decline in cognitive impairment due to lack of stimulation.

To improve the mental wellbeing of our older population we will:

- ➔ Undertake an older people's mental health needs assessment to determine what our population needs are now and in the future
- ➔ Develop an older people's data dashboard to help us monitor and measure older people's emotional wellbeing.
- ➔ Review our commissioning arrangements for supporting older people and their carers with their emotional wellbeing against the Age Friendly Communities Framework.
- ➔ Support the development of services to support the emotional wellbeing for older people and their carers; which meets their needs, is closer to home, and tackles ageism and stigma.
- ➔ Promote the Barnsley Carers service and their role in providing on-going emotional support and involvement opportunities for carers.
- ➔ Work with our local IAPT service to develop strategies to effectively engage older people in treatment.
- ➔ Support cultural change and reduce stigma for our older people. Challenging ageist and negative.
- ➔ Support the Campaign to End Loneliness, engaging with our communities, identifying and promoting opportunities to build on the lessons we learnt throughout the COVID19 pandemic.
- ➔ Continually engage with our older people and their carers to plan, deliver and monitor our service delivery. (Engagement of Barnsley Mental Health Forum, Barnsley Older People's Forum and Barnsley Carers Forum)



Mental Health Crisis

In Barnsley partners have agreed to work together with service users and carers, to improve the provision of care and support for people in mental health crisis. This will include keeping people safe and helping them to find the support they need, whatever the circumstances in which they first need help and whichever service they turn to first.

We will focus on the following:

- ➔ Access to support before crisis – making sure that people with mental health problems can access help 24 hours a day and that when they ask for help that they are listened to and appropriate, timely support is provided.
- ➔ Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- ➔ Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment
- ➔ Recovery and staying well – preventing future crises by making sure people are referred to appropriate services and support is offered in a timely manner. Ensuring all partner organisations work together taking a person-centred approach by putting the service users and carers at the heart of service design and provision.

Page 121

We will achieve these aims by:

- ➔ Engagement – ongoing meaningful engagement with service users and carers to identify needs, design services and provide feedback / review services on offer
- ➔ Communication – developing and establishing a range of effective communication channels that are appropriate to service users and carers to inform and interact with continuously
- ➔ Data – collection and sharing of information / intelligence and data. Data sharing agreements to be put in place (if not currently in existence) between Local Authority, South Yorkshire Police, Yorkshire Ambulance service, NHS and third sector organisations to cover areas such as drug and alcohol, violence, Intensive Home-Based Treatment, inpatients, S136, Emergency Department attendance over a range of categories of service users e.g., children and young people, adults, high intensity users, dual diagnosis etc.
- ➔ Place of safety – consider options appraisal; develop crisis alternatives ('Safe space')

- ➔ Operating hours of services – 24/7, accessible and well-established streamlined access points.
- ➔ Joint training and development with all partners – developing joint training to include interpreting national legislation and local policies and procedures in a consistent manner.
- ➔ Sustainable capacity – inpatient beds, S12 doctors, AMHP's (Approved Mental Health Professional), S136 provision for both adults and children and young people.
- ➔ Service developments – consider street triage, virtual triage on-site, high intensity user team, dual diagnosis
- ➔ Eating disorders – develop an all-age eating disorder pathway in response to the current significant increase in individuals seeking help in relation to eating disorder issues.
- ➔ Develop clear streamlined pathway outlining how individuals access crisis care / services
- ➔ Develop better support services for 10 – 24 years old, to reduce the very high level of admissions of young people into Barnsley Hospital, as a result of self-harm.



Suicide Prevention

In 2017 - 2019, Barnsley had a rate of 10.7 suicides per 100,000 population (using the European age-sex standardised rates). This accounts for 69 deaths by suicide in the 3-year period. Each one of these lives lost is a tragedy and behind these figures is someone's loved one. A complex range of factors can contribute to people contemplating suicide. Not all of these are connected to mental ill-health and can instead relate to stressful life circumstances, events or changes in a person's life. The following characteristics and factors are known to contribute to raised suicide risk. They can be cumulative and overlapping. From our Suspected Suicide Learning Panels and a 2020 Coroners Audit Across South Yorkshire the following themes have been identified.

- Gender (men are three times more likely to die by suicide)
- Mental illness
- Long term conditions
- Those that have had a previous attempt on their life or history of self-harm

Page 123

Behavioural – some patterns of behaviour can indicate a risk of suicide. These include use of alcohol, substance misuse and involvement with the criminal justice system

To try and reduce the risk of suicide in these population groups it is essential that we collectively work on prevention, to improve people's mental health and wellbeing, increase personal and community resilience and ensure there is early intervention available. There are many things we can do in our communities, outside hospital and care settings, to help those who think suicide is the only option. We know that the coronavirus (COVID-19) pandemic will have various impacts on mental health, both currently and in the future, although it is not yet clear what the impacts will be. We need to ensure we monitor this and take careful consideration when planning interventions in mental health improvement and suicide prevention.

The vision within this section of the strategy is to;

- ➔ Recognise as a borough that suicide isn't always inevitable and is preventable
- ➔ Provide timely help, support and services to anyone experiencing suicidal thoughts to prevent them taking their own life
- ➔ Embed Suicide prevention into all plans. Suicide Prevention is everyone's business.
- ➔ The vision is underpinned by the below key strategic aims

- ➔ Reducing the rate of suicide in Barnsley
- ➔ Raising awareness of the impact suicide has, and that certain people are more at risk and what can be done to support and safeguard these individuals
- ➔ Encouraging people at risk of suicide, and people concerned about others being at risk of suicide, to feel able to ask for help and have access to skilled staff and well-coordinated support.
- ➔ Continue to break to stigma around suicide and destigmatize it in our communities through key campaigns such as #AlrightPal?
- ➔ Encourage participation in the mental health and suicide prevention training so those working with people in mental health crisis as well as people in our communities know how to respond and support appropriately
- ➔ Continue to review every death by suicide working with people and agencies across Barnsley in order to continually learn lessons which can directly inform and improve services, policies and pathways for people who are suicidal.
- ➔ Continue to offer bereavement support for those affected and bereaved by suicides

Page 124

The national Preventing Suicide Strategy set a target of a 10% reduction in all suicides nationally in 2020-21 and zero suicides within in-patients across the NHS. The Five Year Forward View for Mental Health set out an ambition to reduce the number of suicides in England by 10 per cent by 2020/21. Barnsley's Mental Health Partnership has committed to a zero-suicide ambition.

This is a bold and ambitious pledge, which drives forward partnership working and bold and innovative approaches to improve Barnsley residents' mental health and wellbeing. We also want to ensure people know where to go for help when they need it. Barnsley's Mental Health Partnership is an alliance of people and organisations across the borough focused on improving people's mental health; this includes support for people contemplating suicide. We want to instill hope into individuals and communities that suicide is preventable and tackle the stigma associated with poor mental health.



Conclusion

Whilst partners have worked hard together to make significant improvements in the emotional health and wellbeing of the Barnsley population, there is still much to do.

Although all aspects reflected within this mental health strategy are important and improvements will be made against each one, there are particular challenges currently being faced. The Barnsley Mental Health Partnership Board have therefore agreed, for there to be a greater focus on those areas of particular challenge over the next 12 months, namely Eating Disorders, Self-harm and crisis care. Areas for greater focus will be reviewed on an annual basis.

In order to measure the progress being made, we will develop and implement a mental health strategy delivery plan and mental health dashboard. Aligned to this, the Barnsley Mental Health Forum (a service user and carer group) have also developed a number of Quality Standards. These Standards are currently a work in progress but the aim is to discuss each in more detail amongst all partners and if agreed, they will be one of the tools against which our progress will be measured.

There is a great sense of collaboration and willingness among all members of the Mental Health Partnership Board to improve the mental health and wellbeing of all of the Barnsley people. Implementing this mental health strategy will be a huge step forward towards achieving that ambition.

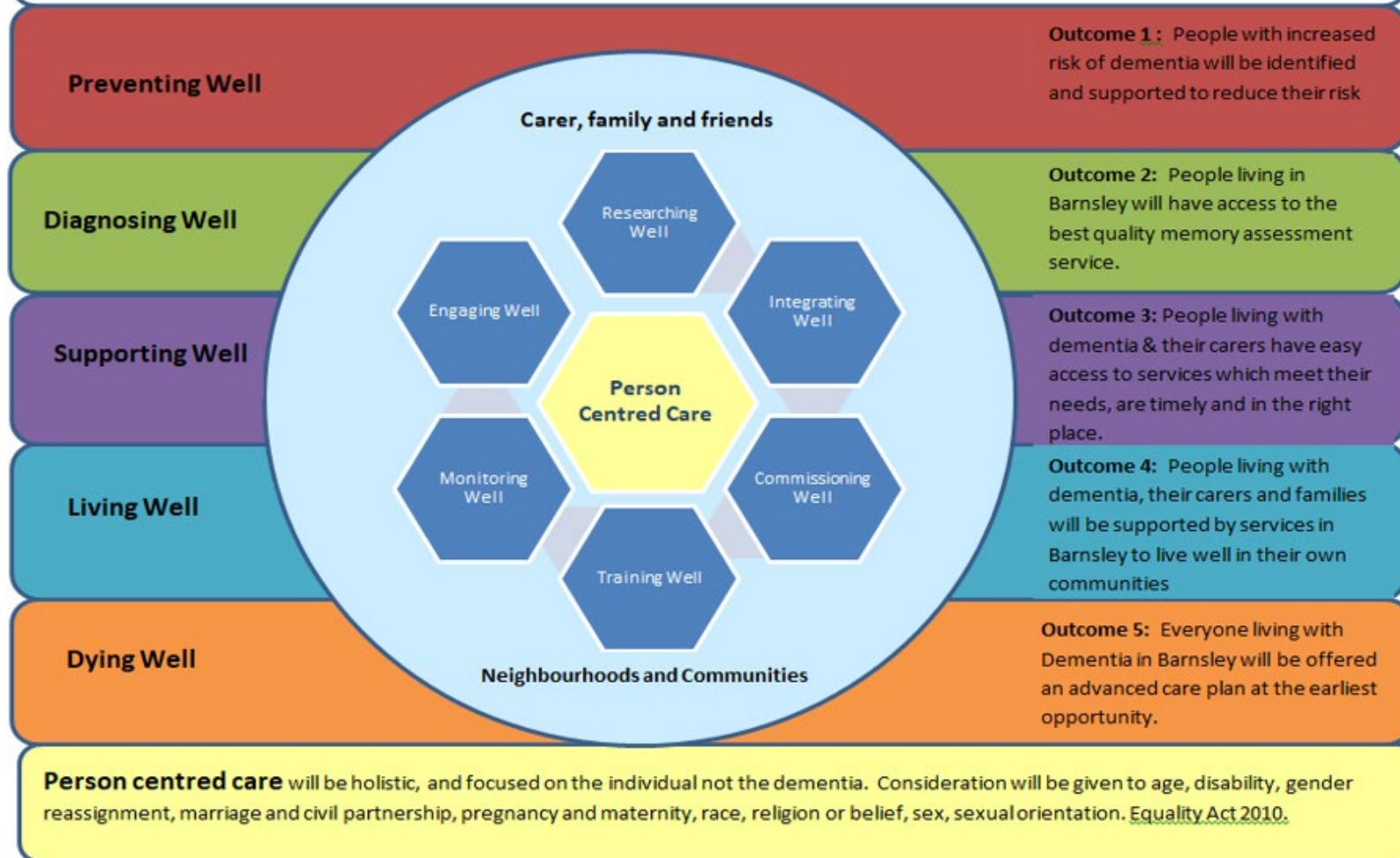


Appendix 1

Barnsley 'Dementia and Me' Strategic Plan on a Page 2019-2024



Our vision is that Barnsley people living with dementia and their carers experience person centred care supported by integrated services, providing a holistic approach to care, in their local communities.



Appendix 2 - GLOSSARY

Word	Definition
Affective system	Feelings resulting from emotions, sentiments, or desires; an emotional state or disposition; a non-intellectual or subjective human response.
AMHP's (Approved Mental Health Professionals)	AMHPs are responsible for organising, co-ordinating and contributing to Mental Health Act assessments. It is the AMHP's duty, when two medical recommendations have been made, to decide whether to make an application to a named hospital for the detention of the person who has been assessed.
Biopsychosocial	This approach considers biological, psychological and social factors and their complex interactions in understanding health, illness, and health care delivery.
Community Assets	The collective resources which individuals and communities have at their disposal which can be used to develop effective solutions to promote social inclusion and improve the health and well-being of residents. Assets can be organisations, associations and individuals and may also include emergency medical services, nursing or adult care homes, mental health facilities, community health centres, health clinics, home health and hospice care, school health services, medical and health transportation, dental care providers, homeless health projects etc.
Concurrently	At the same time, simultaneously
Cross-sectoral	Relating to or affecting more than one group, area or section.
Dialectical Behaviour Therapy (DBT)	A type of cognitive behavioural therapy that combines strategies like mindfulness, acceptance, and emotion regulation.
Dysregulation	Refers to a poor ability to manage emotional responses or to keep them within an acceptable range of typical emotional reactions. This can refer to a wide range of emotions including sadness, anger, irritability, and frustration.
Early intervention	Identifying and providing effective early support to people who are at risk of poor health outcomes.
Empower	The process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.

Engagement	To have a conversation or discussion with an individual or group of people with the purpose of getting them interested in the subject you are taking about.
Enterprises	Organisations, <u>especially</u> businesses, that will earn money.
Fitbit	An electronic device that contains a 3D motion sensor that accurately tracks your calories burned, steps taken, distance travelled and sleep quality.
IAPT (Improving Access to Psychological Therapies)	A service that provides talking therapies, such as cognitive behavioural therapy (CBT), counselling, other therapies, and guided self-help. help for common mental health problems, like anxiety and depression.
Impulse control	Refers to the difficulty some people have in stopping themselves from engaging in certain behaviours. Common examples include; gambling; stealing; aggressive behaviour toward others.
Interventions	Treatment, procedures, activities or other actions taken to prevent or treat disease or improve health in other ways.
Lived experience	Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.
Mentalisation Based Therapy	A type of long-term psychotherapy used as an integrative treatment approach for borderline and other severe personality disorders.
Mild Cognitive Impairment	The stage between the expected cognitive decline of normal ageing and the more serious decline of dementia. It's characterized by problems with memory, language, thinking or judgment.
Mutually exclusive	Related in such a way that each thing makes the other thing impossible: not able to be true at the same time or to exist together.
NHS Long Term Plan	A plan for the NHS to improve the quality of patient care and health outcomes which sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years (2018 – 2023).
Organic disorders	Organic mental disorders are disturbances that may be caused by injury or disease affecting brain tissues as well as by chemical or hormonal abnormalities.
Perinatal	Refers to the period during pregnancy and following the birth of a child - within this Mental Health Strategy this is defined as during pregnancy or in the first 24 months following the birth of the child.
Primary Care	Primary care services provide the first point of contact in the healthcare system and includes general practice, community pharmacy, dental, and optometry (eye health) services.

PTSD (Post Traumatic Stress Order)	A condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving constant vivid recall of the experience with dulled responses to others and to the outside world.
S12 Doctors	Medically qualified doctors who have been recognised under section 12(2) of the Mental Health Act (MHA) as having specific expertise in the diagnosis and treatment of mental disorder' and who have had training in the application of the MHA
S136	Section 136 or s136 is a section of the Mental Health Act (1983) that allows the police to take a person from a public place to a place of safety if they appear to have a mental disorder. Under the Act, police also have powers to hold the person at the place of safety to keep themselves and others safe.
Secondary Care	Secondary care refers to services provided by health professionals who generally do not have the first contact with a patient and are usually based in a hospital or clinic, though some services may be community based.
Structured Clinical Management	A type of treatment for people who have personality difficulties.
Sustainable capacity	Ensuring an efficient system that improves, maintains or restores health, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations.
Venepuncture	The puncture of a vein as part of a medical procedure, typically to withdraw a blood sample or for an intravenous injection.

Thank you for reading our Strategy

To find out more please visit www.barnsley.gov.uk





SAFER BARNSLEY PARTNERSHIP BOARD

Monday 20th December 2021

10am to 12 noon

Via Microsoft Teams

MINUTES

Attendees		
Name	Position	Organisation
James Abdy (Chair) (JA)	Board Co-Chair – Chief Superintendent, Barnsley District Commander	SYP
Wendy Lowder (WL)	Board Co-Chair – Executive Director, Adults & Communities Directorate	BMBC
Cllr Jenny Platts (JP)	Cabinet Spokesperson for Communities	BMBC
Cllr Anita Cherryholme (AC)	Police & Crime Panel Representative	BMBC
Cllr Robert Frost (RF)	CSP Representative	South Yorkshire Fire & Rescue Authority
Phil Hollingsworth (PH)	PADG Co-Chair – Service Director, Safer Stronger Healthier Communities	BMBC
Paul Ferguson (PF)	PADG Co-Chair – Superintendent	SYP
Andrea Bowell (AB)	Crime Priority Lead, DCI	SYP
Rachel Payling (RP)	CTR Priority Co-lead, Head of Stronger Communities	BMBC
Shiv Bhurtun (SB)	Strategic Governance Partnership & Transformation Manager	BMBC
Claire Hogley (CH)	Business Support Officer, Healthier Communities – Minutes	BMBC
Paul Jackson (PJ)	Business Support Officer, Safer Neighbourhoods – Minutes (support)	BMBC
Dave Fullen (DF)	Director of Customer & Estate Services	Berneslai Homes
Carrie Abbott (CA)	Service Director, Public Health	BMBC
Jill Jinks (JJ)	Business Unit Manager, Specialist Mental Health	Mental Health Service (SWYT)
John Hallows (JH)	Representative for Neighbourhood Watch / Safer Communities Forum	Neighbourhood Watch
Linda Mayhew (LM)	Business Manager	South Yorkshire Criminal Justice Board
Abdul-Qadeer Khan (AQ)	JSIA Presenter – Business Improvement & Intelligence Advisor	BMBC
Bethany Thompson (BT)	JSIA Presenter	SYP
Rosemary Clewer (RC)	Senior Commissioning Manager, Healthier Communities	BMBC



Apologies

Name	Position / Organisation	Deputy Attending
Julie Chapman	Service Director, Adults Social Care, BMBC	Amanda Bannister
Kwai Mo	Head of Service, Mental Health & Disability, BMBC	Barbara Price
Rob Holmes	South Yorkshire Fire & Rescue	Toni Tranter
Julie Odusanya	Head of Barnsley & Rotherham Probation Delivery Unit	Simon Fitter
Nina Sleight	Service Director, Education, Early Start & Prevention, People Directorate, BMBC	Claire Gilmore

Actions from the Previous Meeting
13th September 2021

	Action Log	Responsible	Deadline	Updates
2.1	Main representatives for the Criminal Justice Board, Police & Crime Commissioner and Barnsley CVS to nominate deputies who can attend Board meetings in their absence by 27.9.21.	Claire Hogley	December 2021	PADG Discharged. PADG Action: Claire to review board membership list to identify & update deputy members.
2.2	Review progress on feed-in of littering strategy at March 2022 meeting.	Claire Hogley	March 2022 SBP Item (in Forward Plan)	PADG Discharged.
2.3	PADG to follow up on progress of links with SY County Forum in supporting/funding a one-stop website against hate crime, and report back.	CTR Lead reporting in PADG	December 2021	PADG Discharged. PADG Action: Paul Brannan to raise with Forum for clarification & connect Rachel Payling to next Forum.
4.1	PADG to ensure the new perpetrator programme is evaluated and brought back to Board for an update.	Tracey Binks	December 2021	PADG Discharged.
4.2	PADG to review levels of attendance at each of the partnership meetings and flag any issues.	Tracey Binks	December 2021	PADG Discharged.
6.1	Ian Bailey/Phil Hollingsworth to agree a package of awareness-raising and training amongst partner agencies and elected members on actions required when they come into contact with members of the public in possession of weapons (e.g. partnership bulletin).	Ian Bailey / Phil Hollingsworth	December 2021	Ongoing. March 2022 – PADG Discharged series of actions 6.1-7.2. PADG Action: Paul Brannan to pick up with Ian Bailey. Ian gave a presentation previously to raise awareness. PADG Action: Paul Ferguson to ask Rebecca Richardson to draft some guidance & potentially create a newsletter.

6.2	Phil Hollingsworth/Paul Ferguson to ensure that future performance reports include data around levels of weapons reporting, training and referrals.	PADG	March 2022	December 2021 – Ongoing. March 2022 – PADG Discharged as above. Continue to explore link with 6.1. Connect for Board feedback.
7.1	Rob Holmes to provide a breakdown of referral source and uptake of training to Phil Hollingsworth.	Rob Holmes	March 2022	December 2021 – Ongoing. March 2022 – PADG Discharged as above. PADG Action: Paul Brannan to check with Ian Bailey for further progression.
7.2	Rob Holmes to link-in with Paul Brannan to provide assurance that the dark nights plan is in place across services.	Rob Holmes	March 2022	PADG Discharged as above.



Action Log 20th December 2021

Please note: PADG takes place 2 weeks before SBP Board, therefore any deadline stating PADG March 2022 is to be completed 2 weeks before the next board meeting.

Item	Action	Responsible	Deadline	Updates
3	Lived Experience Case Study			
3.1	Rachel Payling to share events calendar to the group, once created for 2022, to get networks involved.	Rachel Payling	PADG March 2022	Complete.
3.2	Shiv Bhurtun to pick up the events calendar on the forward plan.	Shiv Bhurtun	PADG March 2022	Complete.
3.3	All to consider feedback on how their organisation can get involved with events for 2022 and support.	All	PADG March 2022	Complete.
4	Performance Update Q2 2021-22			
4.1	Night-time Economy Group to pick up work with Street Pastors and potential partnerships with St John's Ambulance.	Garreth Robinson (Lead Officer, Night-time Economy Group) & Paul Ferguson	PADG March 2022	Complete. Diane Lee to take to Night-time Economy Group.
4.2	Dave Fullen to send information to Phil Hollingsworth and Paul Brannan on new Tenant Satisfaction measures published by the Regulator for Social Housing. Dave Fullen to pick up with Phil Hollingsworth on how the data reported to the regulator will be incorporated into the performance report and action plan for SBP. <i>(For more information see minutes below under 'Note for ASB regarding new Tenant Satisfaction measures')</i>	Dave Fullen, Phil Hollingsworth & Paul Brannan	PADG March 2022	Complete.

4.3	Carrie Abbott to pick up with Diane Lee, Head of Public Health – BMBC, to find any issues within the hospital on data collection for spiking incidents, to ensure that data is captured and made available to data analysts.	Carrie Abbott	PADG March 2022	Complete. Diane Lee confirmed discussions with hospital. Garreth Robinson will continue conversations. Picked up through the alcohol alliance and other groups.
5	JSIA 2021 Update and Priorities for 2022/23			
5.1	Abdul-Qadeer Khan to email the updated JSIA presentation to Claire Hogley for circulation to the group.	Abdul-Qadeer Khan	PADG March 2022	Complete.
5.2	Phil Hollingsworth to pick up with Paul Ferguson for how perceptions of safety are to be tackled by the sub-groups going forward.	Phil Hollingsworth & Paul Ferguson	PADG March 2022	Discharge. Phil Hollingsworth confirmed constant consideration through PADG. Business as usual. Consider in the forward plan.
5.3	Claire Gilmore to pick up with Julie Hammerton to ensure the connection is made with Barnsley Youth Council and their community safety project.	Claire Gilmore	PADG March 2022	Complete. Claire Gilmore confirms that connection made.
5.4	Shiv Bhurtun / Claire Hogley to circulate updated JSIA presentation.	Claire Hogley	PADG March 2022	Complete.
5.5	All to feedback with any observations on the JSIA priorities within 4 weeks' time.	All	10/01/22	Complete.
5.6	Look at the priorities on the back of the feedback at the 'away day' 7 th February and then to establish the priorities at the next SBP board in March.	All	PADG March 2022	Complete.
6	Domestic Homicide Review			

6.1	Rosemary Clewer and Carrie Abbott to follow up on links with employers, enterprise & well at work.	Rosemary Clewer & Carrie Abbott	PADG March 2022	Complete.
6.2	Any feedback on reports for Rosemary Clewer to be sent by 31st December.	All	31/12/21	Complete.
6.3	Rosemary Clewer to feedback on updates & progress the DHR through PVP sub-group.	Rosemary Clewer	PADG March 2022	Complete.
8	Probation Service Reform			
8.1	Phil Hollingsworth to follow up with Julie Odusanya to form a better understanding of co-commissioning going forward.	Phil Hollingsworth & Julie Odusanya	PADG March 2022	Complete.
8.2	Shiv Bhurtun to note for IOM to be brought up at the 'away day' 7 th February.	Shiv Bhurtun	PADG March 2022	Complete.
8.3	Paul Ferguson & Andrea Bowell to discuss in the Police for how to action strong partnerships between Probation Service offender management team and the Police's offender management team going forward.	Paul Ferguson & Andrea Bowell	PADG March 2022	Complete.
9	Forward Plan			
9.1	Claire Hogley / Shiv Bhurtun to send reminder for all to send any agenda items members would like to see going forward – members have 4 weeks to let us know.	Claire Hogley	17/01/21	Complete.
10	Any Other Business			
10.1	Shiv Bhurtun to send actions for SYFR to Rob Holmes.	Shiv Bhurtun	PADG March 2022	Complete.



Minutes

1. Welcome, introductions and apologies – Chair

- Chair welcomed all to the meeting, introductions were provided, and apologies stated as above.

2. Minutes and actions from the previous meeting – Chair

- Minutes shared and accepted as an accurate record.
- Actions discharged as per action log.
- 6.1 & 6.2 & 7.1 – Progressing as per Performance meeting (PADG).
- PH – Outstanding actions progressing to crime group and PADG – will feedback to next board.

3. Lived Experience Case Study: Black History Month – Rachel Payling

- RP shared the case study with the group.
- National month throughout October. BMBC celebrated for a week in October.
- Thank you to library & museum staff for their hard work during the event.
- Visit to Experience Barnsley Museum, the Light Box and ELSH.
- Raising awareness of how to report hate crime, inspirational speech from Bruce Dyer, celebrate culture and diversity.
- JA – Asked if similar events will be carried forward next year and in future.
- RP – Events calendar: Pride in June, Black History Month in October, International Women's Day in March, and more.
- JA – Can include the calendar in the forward plan.
- Cllr P – Excellent case study, great work from all involved.
- WL recognised the great partnership work that CTR has carried out.
- PH identified that the CTR group has a much stronger forward plan to help celebrate our diverse communities since RP assumed co-chair role so thanks to RP.
- **ACTION – RP to share events calendar, once created for 2022, to get networks involved.**
- **ACTION – WL asked SB to pick up the events calendar on the forward plan.**
- **ACTION – All to feedback on how their organisation can support events for 2022.**

4. Performance Update Q2 2021-22 – Phil Hollingsworth / Paul Ferguson

- PH – Update to four thematic groups. Updating governance arrangements to ensure they are fit for purpose and still work well. Arrangements for leads & frequency of reporting.

Crime

- PH – High on agenda: spiking, action plan attached to agenda, ensuring safety & prevention. A&E navigators to Barnsley hospital.
- PF – Since national media surge reduced, local reports have reduced.
- PF – Night-time economy: Sidewinder – Proactive operation using drugs dogs to detect people carrying drugs. Sentinel – Identifying vulnerable women and girls, support to get home safely.



PVP

- PH – Higher trends in domestic violence, monitoring factors causing it.
- CG – With people drinking alcohol less in public and more at home, any feel for drinking at home affecting domestic violence?
- PF – Night-time economy – less people electing to socialise, lower figures than expected at football matches & pubs – trend is higher rates of domestic abuse as a result.

ASB

- PH – More court activity & court access. Better results coming through. Business continuity within the Council. Reduction in overall ASB in Barnsley.

CTR

- PH – Doing more to report & record incidents of hate crime. VCSE Strategy Group set up.
- WL – Winter plan: value of St John's Ambulance presence in Town Centre – explore.
- PH – St John's Ambulance would be a paid service.
- PF – Street Pastors encouraged to get back involved.
- **ACTION – Night-time Economy Group to pick up work with Street Pastors and potential partnerships with St John's Ambulance.**

DF – Note for ASB regarding new Tenant Satisfaction measures:

- Following the Social Housing White Paper, The Regulator for Social Housing (RSH) has published new Tenant Satisfaction measures – statutory requirement for all social housing landlords to collect and report to the RSH and to publish. The definition of each measure is prescribed in detail.
- In relation to ASB, there will be two key measures:
 - Tenant satisfaction with the handling of ASB.
 - Number of cases of ASB reported each year per 1000 properties managed by the landlord.
- To provide the data requirement, we will have to ensure that all cases, whether low level managed by BH or high level managed by SNS, are captured and reported on. We must also ensure there is no double counting. As we have separate IT systems and there are issues with how cases are recorded by the Civica system we need to work jointly to be able to meet new regulatory requirements.
- Given that the results will then be published by the regulator, possibly in the form of national league tables, and that how we perform compared to others could lead to an inspection by the regulator, we should amend the performance reporting into SBP so that all parties are sighted upon it and any risks.
- **ACTION – DF to send information to PH and Paul Brannan on new Tenant Satisfaction measures published by the Regulator for Social Housing. DF to pick up with PH on how the data reported to the regulator will be incorporated into the performance report and action plan for SBP.**
- Cllr P – Drink Spiking: Raised concern that young people have issues contacting ambulances for potential drink spiking cases. Similar comments made in the Chronicle and We Are Barnsley. Query as to whether hospitals are recording suspected spiking cases – has been checked by Public Health Officer.



- PF – Dedicated sergeant contacts A&E to ask hospitals to contact them if suspected case. This has happened. Toxicology reports have shown no drugs in potential victim's system.
- AB – Risk of needle spiking causing incapacitation is not the prominent issue in reality.
- JA – asked for a responsible person to ensure data capturing.
- **ACTION – CA to pick up with Diane Lee, Head of Public Health – BMBC, to find any issues within the hospital on data collection for spiking incidents, to ensure that data is captured and made available to data analysts.**

5. JSIA 2021 Update and Priorities for 2022/23

- JA – JSIA provides overview for the whole partnership influencing actions and priorities.
- Shiv, AQ & BT presented the JSIA findings for 2021-24.
- BT discussed risk scores across the 20 themes, identified the level of risk and ranked each theme to identify the highest risk areas.
- AQ discussed public consultation findings.

Key questions & discussion

- LM – In developing the JSIA, great to hear of partnership approach to risk / score assessment with Public Health data.
- LM – The agenda pack shows only 2 cross-cutting themes whereas version on screen shows 3 - Child Exploitation having been added. Presume on-screen version is the latest?
- BT – On-screen version is the latest. Presentation was updated after meeting papers pack was sent out.
- **ACTION – BT and AQ to email the updated JSIA presentation to CH for circulation.**
- WL – Perceptions of safety as a theme of its own? Battle struggling to win. Welcomed other's thoughts on this.
- LM – Agrees with Wendy, not least when considering the survey results - either people just think crime and ASB has worsened - either they are wrong, or it is just not being reported - in which case why might that be?
- Discuss at 'away day' in January.
- WL – Good timing to take stock early 2022 and ensuring that we have the right focus in a full partnership context.
- **ACTION – PH pick up with PF for how perceptions of safety are to be tackled by the sub-groups going forward.**
- WL – asked if we can include Youth Council feedback/priorities into this?
- **ACTION – Claire Gilmore to pick up with Julie Hammerton to ensure the connection is made with BYC and their community safety project.**
- PH – Note 'town centre' came out on the word cloud - we know this is a priority for our stakeholders as a specific locality and have a dedicated plan & approach as part of our partnership arrangements.



- **ACTION – SB/CH to circulate updated presentation**
- **ACTION – All to feedback with any observations on the priorities within 4 weeks' time.**

Captured from the meeting chat facility during the 5-minute break:

- LM – Timing of the public survey - would it be helpful to know when that occurred, not least thinking of the influence national media may have on shaping someone's views and perceptions.
- AQ – The public survey was carried out early to mid-September.
- LM – On perceptions - Helpful to engage communities to listen to what shapes perceptions.
- WL – (in response to LM) May be a need to commission some behavioural insights work. Scotland Community Safety partnership worked with Mainstream consulting to do some work in this space - maybe PCC could commission something to get a better sense of what the key influences are the impact on perceptions of safety.
- LM – Will ask whether that is something the PCC is minded to do - perhaps something to consider at the Countywide Community Safety Forum?
- **ACTION – Look at the priorities on the back of the feedback at the 'away day' in January and then to establish the priorities at the next SBP board in March.**

6. Domestic Homicide Review – Rosemary Clewer

- RC discussed the review.
- A statutory requirement to provide a report when domestic homicide takes place. Full report is in the paper. Page 68 has the full action plan.
- An author investigated the case after the incident in early 2020.
- Actions for various agencies included in the action plan. All relate to communications.
- Expensive to do a full communications strategy across the whole domestic abuse area.
- Communications is a key, regular event, e.g. monthly, so that the public are aware of the agencies and how to report – publicise contact details and referrals.
- Re-energising promotions of agencies to help and promote policing.
- Resultantly, more reports of domestic abuse come forward.
- Encouraging agencies to revisit their domestic abuse policies and procedures.
- RC asked for feedback by the end of the month and will ensure actions fed back are evidenced with clear governance on work being carried out.
- Board accepts action plan.
- WL – Question for CA / anyone else working with the business community: what more can we do with well at work enterprise?
- RC – Most statutory organisations have a domestic abuse policy, but it is necessary to review & revisit to re-engage – treat the policy as a live document.
- CA – Asked if enterprise have these links with well at work already?
- **ACTION – RC & CA to follow up on links with employers, enterprise & well at work.**
- **ACTION – Feedback and updates to send to RC by 31st December.**
- **ACTION – RC to feedback on updates & progress the DHR through PVP sub-group.**



7. Domestic Abuse Act (Update) – Rosemary Clewer

- RC updated on new DAA and local authority responsibilities within this. Page 73 provides an update for Barnsley.
- Draft domestic abuse strategy being enabled – will be finalised mid-February.
- Ensure all local authority agencies are on board with response to domestic abuse.

Discussion

- AB – (from the Teams chat facility): In Sheffield the police had early conversations with chamber of commerce, particularly in high volume employers, to promote awareness of DA and influence policies in the workplace. COVID really hampered the situation.
- WL – (from the Teams chat facility): Important to connect our thinking in this space - link with alcohol alliance, CYPT, Age friendly/ MH partnership etc.
- PH – (from the Teams chat facility): Asked RC to engage Paul Clifford for business community links.
- DF – Regarding safe accommodation: 20 TA properties being increased to 25 properties that can be used for any client groups to provide safe spaces.
- LM – (from the Teams chat facility): IDAS worked with 200 teenagers - wonder what proportion fall under 16 years of age (outside DA definition)?
- RC will provide further updates in future board meetings.

8. Probation Service Reform – Simon Fitter

- Julie Odusanya had created a presentation & provided a voiceover. Unable to hear the voiceover playing on Teams. To improve this going forward, please send presentations to Business Support to facilitate.
- Simon Fitter talked through the presentation.
- LM – Community Accommodation Service delivered by Mears (rather than Myers - who may be known to other partner agencies as they deliver other accommodation-based contracts). Excellent engagement from Michelle in Barnsley Homeless Prevention team.
- WL – Co-commissioning needs to be explored.
- LM – OIM approach is how co-commissioning should happen. Dan Boulter is the Police IOM Lead.
- **ACTION – PH to follow up with Julie to form a better understanding of co-commissioning going forward.**
- **ACTION – SB to note for IOM to be brought up at the 'away day'.**
- JA – Single agency looking at offender management overall. Police have their own offender management team. Focus on how strong partnerships can be made between both teams.
- **ACTION – PF & AB to discuss in the Police for how to action strong partnerships between Probation Service offender management team and the Police's offender management team going forward.**



9. Forward Plan – Shiv Bhurtun

- Any agenda items members would like to see going forward to pass on to Shiv.
- 2022-23 plan to be highlighted at the next board meeting.
- **ACTION – CH/SB to send out reminder – members have 4 weeks to let us know.**

10. Any other business

JH

- Neighbourhood Watch webpage reaches a few thousand people & groups using WhatsApp to keep in touch.
- Pop up police stations – Give Neighbourhood Watch time to arrange to be there.
- PF noted to link Leslie in with JH.
- NW first face to face meeting post-Covid – at Asda, 12th Jan 2022.

TI

- Actions for SYFR dealt with in another group outside of the meeting.
- WL – Schedule SYFR priorities into CSP forward plan.
- **ACTION – SB to send actions for SYFR to Rob Holmes.**

Circulated for information only

Drink Spiking: Update into the next round of SBP arrangements so the partnership is sighted on the local picture of this high-profile national problem. As per Phil Hollingsworth.

- Will be raised as an agenda item for March 2022 for Phil / Paul / Garreth.

Future Meetings

- Wednesday 30th March 2022, 10:45am–12:45pm
- Wednesday 29th June 2022, 2–4pm
- Friday 23rd September 2022, 2–4pm

This page is intentionally left blank



Stronger Communities Partnership Board Meeting
Thursday 11th November 2021
14:00pm-16:00pm
Teams
Minutes

Member	Organisation/Service	Attended	Apologies	Deputy
Board Members				
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 group, Head of Commissioning & Healthier Communities – BMBC	X		
Wendy Lowder (WL)	Executive Director Communities	X		
Jane Holliday (JHo)	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 & Regulation – BMBC	X		
Rob Holmes (RH)	Fire & Rescue Services - SYFR		X	
Julie Chapman (JC)	Service Director, Adults Social Care & Wellbeing, People Directorate - BMBC		X	
Dave Fullen (DF)	Director of Customer & Estate Services – Berneslai Homes	X		
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	
Garreth Robinson (GR)	Public Health Practitioner - BMBC		X	
Amanda Bannister (AB)	Principal Social Worker - BMBC		X	
Board Support				
Shiv Bhurtun (SB)	Strategic Governance Partnership and Transformation Manager – BMBC	X		
Helen Ibbotson (HI)	Contracts and Relationships Officer – BMBC	X		

Attendees				
Jacqueline Atkinson (JA)	Service Manager – Improvement, Programmes and Assurance – BMBC	X		
Rachel Payling (RP)	Head of Stronger Communities – BMBC	X		
Anne Asquith (AA)	Senior Commissioning Manager – BMBC	X		
Cath Bedford (CB)	Public Health Principal - BMBC	X		
Chris Booth (CBo)	Commissioning Officer - BMBC	X		
Rhonda Riachi (RR)	Age Friendly Communities Manager - BMBC	X		

	Action Summary	
<p>7. ACTION – CB to make contact with Emma White to discuss links into the Stride project.</p> <p>10. ACTION – JH and DF to meet to discuss BMBC’s relationship with Homeless Veterans further.</p>		
1.	Apologies and Introductions	
<p>The Chair welcomed everyone to the meeting, introductions were made, and apologies noted as above.</p> <p>The chair welcomed Rhonda Riachi (Age-Friendly Communities Manager) to the board to share, ‘Centre for Ageing Better’ perspective of Barnsley’s journey in respect of the Age Friendly work. RR’s clarified her role, which is to focused on bringing people together to help improve life experiences in later life. RR expressed that she found her role a privilege and has welcome hearing about the success in Barnsley as well as offering advice and guidance around challenges and new ideas. RR shared how impressed she was with the work undertaken in Barnsley to date referred to the digital pilot work that Barnsley had undertaken recently. RR acknowledged the organisation’s understanding that many projects are being delivered well with little to no funding and good partnership work. RR also referred to other Local Authority areas which were in receipt of lottery funding but struggling to achieve similar results in contrast. RR further acknowledged SB’s and CB’s regular involvement in networking meetings which has been very supportive in sharing of good practice across the national network and peer groups.</p> <p>The chair thanked RR for acknowledging the excellent work which has been undertaken in respect of the Age Friendly agenda in Barnsley.</p> <p>CBo echoed comments from the chair.</p>		
2.	Previous Board 03.06.2021	
<p>Previous minutes from 19.08.2021 agreed to be a true record.</p> <p>Previous actions reviewed: -</p>		
4	DF and DA to meet outside of the board to discuss Harry’s Pledge further and highlight any links into the Support to Carers Strategy. Put lead officer.	Dave Fullen / Dominic Armstrong
5	SB to take comments into account in respect of the SCP Board Plan on a Page and action appropriately.	Shiv Bhurtun

8	SB to review forward plan in respect of the next board, taking in to account time restraints.	Shiv Bhurtun
3.	Stronger Communities Partnership Refreshed Plan - Phil Hollingsworth	
	<p>PH shared updated refresh plan and advised that the full version of the plan had been shared with papers alongside the presentation pack for this meeting.</p> <p>PH referred:</p> <ul style="list-style-type: none"> • To the <u>10 identified key areas</u> of work which the Stronger Communities Partnership Board oversees. • To the new look paper pack for the board. • Highlighted that high-level overview (updates) against the 10 key areas of the plan was being presented at today's board. <p>PH clarified that:</p> <ul style="list-style-type: none"> • Moving forward each lead for the 10 key areas will be asked for an update on a quarterly basis which will be included in the presentation pack. • Not all project updates will be required to be in full for every quarter as these will be scheduled as per the forward plan. • Project leads presenting full updates will be invited to attend the board and provided with 5-10 only to provide update via 1-2 slides. Project can also circulate any additional papers where appropriate. <p>PH explained that the new reporting method on progress will be more effective for project leads and will also help's board members to assimilate information and follow progress more easily</p> <p>Additional comments/questions</p> <p>None.</p>	
4.	Age Friendly - Shiv Bhurtun / Chris Booth	
	<p>SB shared updated on AFB.</p> <p>SB referred to the information provided and noted that if any members required a more in-depth update they could contact Shiv Bhurtun – ShivBhurtun@barnsley.gov.uk direct.</p> <p>SB shared some positive result where Age Friendly approaches are now embedded within some Council's departments and working practices that creates the opportunity for teams to reflect on when developing new systems and procedures.</p> <p>CBo referred to a challenging 18 months but praised the work that led to make the 2021 Age friendly Barnsley Festival a success. CBo shared the range of activities undertaken throughout the borough in that period, giving some example as below: -</p> <ul style="list-style-type: none"> - Age Friendly Barnsley flag flew over the town hall for the week. - Bu3a Old Blowers Brass Band playing outside Library at The Lightbox. - Age Friendly Barnsley positive images of Ageing Presentation at Library at The Lightbox. 	

	<ul style="list-style-type: none"> - Digital champions out and about helping to get older people online. - Tai Chi. - Community walks, led by Walk Well Barnsley. - Walking football and bowls invitation matches. <p>CBo added that all event attendees were further provided with an information pack which included service information e.g. falls prevention, 'Able like Mable' service, 'Take a seat Barnsley' campaign.</p> <p>JHo further added to observations:</p> <ol style="list-style-type: none"> 1. That more than 400 people attended the scheduled events with many more passers by becoming involved. 2. The success of the 'Walking football event'. 3. Direct feedback from participant expressing satisfaction and appreciation of this effort by AGE UK Barnsley and all others. The participant also endorsed the opportunity because the alternative could have been staying at home alone. <p>Additional comments/questions</p> <p>The chair confirmed that she had attended an event at Darton Darby and Joan Club, a singer had provided entertainment with a Tai Chi session also undertaken. The event had been well attended with positive feedback received, the chair congratulated the event organisers.</p>
5.	Dementia Friendly and Early Support - Shiv Bhurtun / Tara Ramsden
	<p>SB shared light overview of progress as this item is schedule for the next board meeting.</p> <p>SB noted that work was ongoing by scrutiny task and finish group in respect of a review of dementia in Barnsley. That recommendations to emerge from this process will be shared with the board in due course.</p> <p>Additional comments/questions</p> <p>None.</p>
6.	Good Food Barnsley – Anne Asquith
	<p>AA shared presentation.</p> <p>Good Food Barnsley's partnership was established to increase food access for all. The golden thread through the partnership is that access to food is a basic right for all.</p> <p>The Holiday Activities and Food (HAF) programme agreed for 2021 is supported by DFE providing £1M funding to Barnsley. To enable the delivery, work was undertaken with internal colleagues from Barnsley School Catering Service, Berneslai Homes and Waites. The DFE had put HAF in place to support free school meal for eligible children during the April, Summer and Christmas holidays. Barnsley Council has also committed to provide funds for the programme to run during the May and October holidays. Due to covid restrictions the April and May programme consisted of food</p>

	<p>hampers going out to eligible families. During the Summer and October holidays this had moved to face to face activity provision.</p> <p>Work on the Christmas HAF provision continues, which will be face-to-face activities.</p> <p>Additional comments/questions</p> <p>The chair noted:</p> <ul style="list-style-type: none"> Recent successful visit to a HAF provision at Laithes Lane Primary alongside the Mayor and Councillor Tattershall. Excellent environment provided to the children for activities and support by the Mayor to one of the activity centres. <p>PH highlighted:</p> <ul style="list-style-type: none"> The passion which had come through during the presentation in respect of HAF work How Barnsley were ahead of the game when looking at its 'pantry model' of working. <p>PH suggested perhaps there was a possibility for seeking some external recognition for this area of work.</p> <p>WL echoed comments from PH. Noted how the work undertaken had enabled the connecting of people and organisations to provide the required level of support.</p> <p>The chair thanked everyone who was involved in the ongoing work.</p>
7.	Wellbeing Support – Cath Bedford
	<p>CB shared her slide with board members.</p> <p>CB noted the two very important areas of work which were currently being worked on, CB referred to the pandemic seeing a rise in the obesity agenda requirements.</p> <p>JHo confirmed that the 12 months falls prevention pilot commenced in October 2021. Tai Chi is now running in 3 areas with a view to build on this. The pilot will then be broadened out and begin to look at walking groups as well as exercise underwater.</p> <p>Additional comments/questions</p> <p>PH referred to discussions undertaken in a recent Care Close to Home Board with the project Stride being expanded in Barnsley. PH noted that it would be beneficial for CB's work to link into this. Pick up a call with Emma White in the first instance.</p> <p>ACTION – CB to make contact with Emma White to discuss links into the Stride project.</p>
8.	Customer Engagement – Cath Bedford
	<p>CB shared her slide with board members.</p> <p>Additional comments/questions</p> <p>None.</p>
9.	Financial Resilience – Jayne Hellowell

	<p>JH shared her slide with board members.</p> <p>JH noted that the group had been established over the last 12 months, the group now has oversight of just short of £20million.</p> <p>At the last meeting the group had taken a deep dive on Barnsley's Foodbank, discussions centred on contingencies in respect of the possibility of the Foodbank reaching capacity. Demand on the foodbank remains sustainable, this continues to be monitored on a week-by-week basis.</p> <p>Additional comments/questions</p> <p>PH noted the huge amount of work which had gone in to establishing the group. The group are now providing a comprehensive report of spend across the borough.</p> <p>WL highlighted that work being undertaken had provided an insight in to spend, alongside the data which makes the figures understandable. WL highlighted the relationship between financial resilience and food, when people's finances become stretched the first place effect tends to be food. WL thanked JH and her team for the work which had been undertaken.</p> <p>WL questioned the vulnerability index and queried whether this had been used in respect of an awarding criteria in respect of Household Support Grant (HSG). JH acknowledged this comment and highlighted that the vulnerability index had been pulled together on a need's basis during the pandemic. JH noted how things had moved on since the index was developed. The HSG required a more refined approach hence the use of data in respect of Council Tax Support.</p> <p>DF highlighted plans to invest in a new piece of software which would specifically look at the rents and income side of things and provide an improved insight into our customers and their circumstances. DF agreed to keep JH updated on the progress against this.</p>
10.	Supporting our Armed Forces Community – Jayne Hellowell
	<p>JH shared slides with board members.</p> <p>JH noted the vast amount of work being undertaken behind the scenes. Events continue to be scheduled into diaries ensuring Mayoral attendance. Work on the Armed Forces Day in Penistone 2022 is also underway.</p> <p>JH noted that the Covenant now required re-signing, Barnsley Council currently don't have their own Covenant in place, this is in sight.</p> <p>Promotion in place in respect of the relaunch of the armed forces walkway.</p> <p>Additional comments/questions</p> <p>DF queried homelessness and whether this had linked in with Homeless Veterans. JH noted the challenging relationship with Homeless Veterans, JH and DF to meet outside of today's board to discuss further.</p> <p>ACTION – JH and DF to meet to discuss BMBC's relationship with Homeless Veterans further.</p>
11.	Digital Inclusion – Jayne Hellowell
	<p>JH shared her slide with board members.</p>

	<p>JH referred to the vast amount of work which had historically been undertaken in isolation both internally and externally. This is now becoming more joined up to ensure there is no duplication. The newly established groups is enabling these discussions to take place more consistently and progress is ongoing on this front.</p> <p>Additional comments/questions</p> <p>None.</p>
12.	Community Capacity Building – Rachel Payling
	<p>RP shared information with board members.</p> <p>The Mutual Ventures 7-month project will launch next week. This will offer a 5-day support opportunity in respect of business planning and sustainability.</p> <p>All findings following the community listening events have now been collated, a deep dive on this data will be shared widely upon completion.</p> <p>Q2 narrative report has gone out to all board members as part of the agenda pack. This has been aligned to Barnsley 2030 priorities, feedback on the report can be sent direct to Rachel Payling – RachelPayling@barnsley.gov.uk</p> <p>Additional comments/questions</p> <p>PH acknowledged the fantastic work which continues to take place.</p> <p>WL - Historically the narrative report has been taken to cabinet as part of the quarterly performance report. WL noted that on reflection she noted whether this was too low key, with progress and work not being heard, understood, or recognised. WL queried whether an annual report would be more appropriate moving forward. The chair agreed with WL's comments and acknowledged the excellent work which was happening.</p>
13.	ASC Better Lives Programme- Julie Chapman/Jacqui Atkinson
	<p>JA thanked the board for her invite on to the agenda.</p> <p>JA shared her slide with the board members.</p> <p>Additional comments/questions</p> <p>None.</p>
14.	Support to Carers – Jo Ekin
	<p>PH shared the slide with board members, noted that information provided was for update only.</p> <p>If any further information is required, please contact Jo Ekin – JoanneEkin@barnsley.gov.uk direct.</p> <p>Additional comments/questions</p> <p>None.</p>
15.	Refresh of All Age Early Help Strategy – Phil Hollingsworth

	<p>PH shared slide with board members.</p> <p>The revised strategy will give a clear distinction between the Stronger Communities Partnership board and the Children’s governance agenda going forward.</p> <p>PH referred to the task and finish group now been established and noted that if anyone had an interest to join, they could contact Phil Hollingsworth – PhilHollingsworth@barnsley.gov.uk direct.</p> <p>The ‘All Age Early Help’ Strategy will be brought back to the board in February 2022 with a view to publish in March 2022.</p> <p>Additional comments/questions</p> <p>None.</p>															
16.	Any Other Business															
	<p>PH requested feedback /reflection on the new progress reporting format to board members.</p> <p>Feedback was provided as follows:</p> <p>DF - The new format had reduced his preparation time significantly, enabled high-level discussion swiftly, clear focus on delivery aspect of projects and also their respective outcomes. This allowed the board to remain focussed. DF noted the passion which had come through from presenters and the excellent work being undertaken.</p> <p>CA - echoed comments from DF above. CA reiterated the significant amount of time saved in respect of preparation for the board as well as the time saved by presenters. CA highlighted the enthusiasm which had come through from presenters making hearing about progress more valuable.</p> <p>WL agreed with comments from DF and CA, highlighted how discussions had remained focussed on work being undertaken as well as plans moving forward. WL queried whether additional board members were missing. PH acknowledged this comment and noted that there were several existing key partners missing from today’s discussions. PH noted that the membership of the board would be monitored on a regular basis.</p> <p>The chair referred to the board new format as “excellent”, the chair added that future boards would follow the same layout.</p>															
Future Meetings																
	<table><tr><th>Date</th><th>Time</th><th>Venue</th></tr><tr><td>18.02.2022</td><td>12.30-14.30</td><td>Teams/ In Person?</td></tr><tr><td>19.05.2022</td><td>14.00-16.00</td><td>Teams/ In Person?</td></tr><tr><td>18.08.2022</td><td>14.00-16.00</td><td>Teams/ In Person?</td></tr><tr><td>10.11.2022</td><td>14.00-16.00</td><td>Teams/ In Person?</td></tr></table>	Date	Time	Venue	18.02.2022	12.30-14.30	Teams/ In Person?	19.05.2022	14.00-16.00	Teams/ In Person?	18.08.2022	14.00-16.00	Teams/ In Person?	10.11.2022	14.00-16.00	Teams/ In Person?
Date	Time	Venue														
18.02.2022	12.30-14.30	Teams/ In Person?														
19.05.2022	14.00-16.00	Teams/ In Person?														
18.08.2022	14.00-16.00	Teams/ In Person?														
10.11.2022	14.00-16.00	Teams/ In Person?														



STRONGER COMMUNITIES PARTNERSHIP

Stronger Communities Partnership Board Meeting

Friday 18th February 2022

12:30 – 14:30

Virtual meeting via Microsoft Teams

MINUTES

Members		
Name	Role	Organisation
Councillor Jenny Platts (JP)	Elected Member – Chair	BMBC
Councillor Brenda Eastwood (BE)	Elected Member	BMBC
Phil Hollingsworth (PH)	Service Director – Communities	BMBC – Adults & Communities
Jayne Hellowell (JH)	EHA Lead – Head of Commissioning & Healthier Communities	BMBC – Healthier Communities
Kathy McArdle (KM)	Service Director – Place	BMBC – Place
Julie Chapman (JC)	Service Director – Adult Social Care & Wellbeing	BMBC – People (Adults)
Jamie Wike (JW)	Chief Operating Officer	Barnsley CCG
John Marshall (JM)	Chief Executive	Barnsley CVS
Gill Stansfield (GS)	Community Health Services	SWYT (Operations)
Mike Anthony (MA)	Temp Group Manager	SYFR
Jane Holliday (JHo)	CEO, Age UK Barnsley	Barnsley Age Friendly Communities
Linda Pattison (LP)	Chief Officer, BIADS	Barnsley Dementia Alliance
Niall O'Reilly (NO)	HWBB Provider Forum	SYHA
Shiv Bhurtun (SB)	Strategic Partnership Governance & Transfer Manager	BMBC – Healthier Communities
Claire Hogley (CH)	Business Support Officer – Minutes	BMBC – Healthier Communities
Attendees		
Rachel Payling (RP)	Head of Stronger Communities – Presenting	BMBC – Adults & Communities
Cath Bedford (CB)	Public Health Principal – Presenting	BMBC – Healthier Communities
Jo Ekin (JE)	Senior Commissioning Manager – Presenting	BMBC – Healthier Communities
Anne Asquith (AA)	Senior Commissioning Manager – Presenting	BMBC – Healthier Communities
Chris Crookes	Business Support Officer – Shadowing	BMBC
Rosie Adams	North Area Council Manager – Shadowing	BMBC



STRONGER COMMUNITIES PARTNERSHIP

Apologies		
Name	Role / Organisation	Deputy Attending
Jacqui Atkinson	Better Lives, Service Manager for Improvement, Programmes and Assurance, BMBC	N/A
Dave Fullen	Executive Director – Customer & Estate Services, Berneslai Homes	Kat Allott-Stephens
Carrie Abbott	Service Director – Public Health, BMBC – Public Health	Garreth Robinson – Public Health Practitioner
Julie Chapman	Service Director – Adult Social Care & Wellbeing, BMBC	N/A – attended for the first hour

	Action	Responsible
3	RP to share link with KM for Asset Based Community Development (ABCD) refresher training.	Rachel Payling and Kathy McArdle
4.1	CB to circulate Barnsley FLNE Community Champions document.	Cath Bedford
4.2	CB to link with MA on SYFR engagement with equality groups to invite MA to the relevant / appropriate engagement group(s).	Cath Bedford and Mike Anthony
9	JE to discuss with JHo as to the uptake of carers assessments formally undertaken as per the legislative requirements.	Jo Ekin and Jane Holliday

1	Welcome and Introductions – Cllr Platts		
	JP welcomed everyone to the meeting, apologies noted as above.		
2	Minutes and Actions from Previous Meeting – Cllr Platts		
	7	CB to make contact with Emma White to discuss links into the Stride project.	Cath Bedford
	10	JH and DF to meet to discuss BMBC's relationship with Homeless Veterans further.	Jayne Hellowell and Dave Fullen
			Complete.
			Complete.
3	Community Capacity Building – Rachel Payling		
	RP provided update as per the slides shared: <ul style="list-style-type: none"> Working with volunteers to direct people to the right places for litter picking. Support to voluntary community sector – allocated funds from COVID resilience fund. Sustainability and business planning. Supporting communities to recover from COVID. 		



- Area governance teams achieved significant work with the community in response to COVID pandemic over the last two years.
- Restrictions are easing – Teams reflecting on good work to date and planning the future.
- 10 point plan shared as per slides and RP discussed.

Questions / Discussion

- KM – Engagement to celebrate should be wide. Case study for LGA could be considered. Systematic in planning ahead to support work in 'Place Directorate'. Training refresh for 'Place' directorate would be beneficial.
- PH – Activities during the week of the Queen's Jubilee are being considered to celebrate the national occasion.

ACTION – RP to share link with KM for Asset Based Community Development (ABCD) refresher training.

4 Customer Engagement – Cath Bedford

A deep dive into new customer engagement model was presented:

- This focuses on people with protected characteristics. A targeted approach to engagement, whilst also working with RP's team on general engagement.
- CB shared principles of engagement and information of each theme as per slides.
- Model involves: Local focus – equality – diversity – accessibility – collaborating.
- Three broad themes: Disability, Race equality, Other
- Re-establishing communication and being proactive is key.
- Concept is to reduce duplication of partnership arrangements.
- New model helps to establish key links with local providers who work with existing groups.
- Disabilities engagement service provided by Cloverleaf is continuing.
- Race equality work – This is being followed up on from COVID champion work & building on it further.
- Provider network also supporting area engagement.
- Discussed the case study provided in the slides. Positive outcomes from work being done.

ACTION – CB to circulate Barnsley FLNE Community Champions document from Joanna.

Questions / Observations

- KM – How are we resourcing people to be community champions? Tying into ward alliances, area councils, governance structures.
- CB responded – Financial recompense for the champions is important. Discussions will take place around what the future champion role will look like. Also strengthening links with ward alliances etc.
- KM – Assets and strengths-based approach to ensure / highlight positivity around the champions.
- JW – CCG highly involved in vaccination programme. Impact of champions' work and support made a big difference to the rollout. Not as many challenges for second and third



	<p>doses as people understand the system and are more willing to take part. Really important that to resource the champions appropriately.</p> <ul style="list-style-type: none"> • MA – Fire Service perspective, SYFR involvement with engagement with equality groups. • CB – Invited MA to the engagement group. <p>ACTION – CB to link with MA on SYFR engagement with equality groups to invite MA to the relevant / appropriate engagement group(s).</p>
5	Supporting our Armed Forces Community – Jayne Hellowell
	<p>JH provided overview of progress for Armed Forces work:</p> <ul style="list-style-type: none"> • Armed Forces Community Hub roll out progressing as planned. • Armed Forces Commemorative Walkway application criteria now extended to allow people with a connection to Barnsley to purchase a commemorative stone. • Armed Forces Day set for 25th June 2022 (ticket link shared via slides). • Statutory Duty Guidance – Armed Forces Act 2021 coming into force July 2022. Large growth area for local authorities and partners. • Next quarter plans shared as per slides. <p><u>Issues / Challenges</u></p> <ul style="list-style-type: none"> • BMBC supporting Armed Forces Day due to lack of resources within the Veterans Tri-Services CIC – building relationship with the CIC as a result. • Updated statutory duties involve a significant role in coordinating the delivery with no additional resource. The Statutory Guidance will be published in late 2022. Notifications will go out to Chief Executives. <p><u>Questions / Discussion</u></p> <ul style="list-style-type: none"> • JP queried Hub location. JH informed that it is a physical building on Prospect Street – community centre. This also offers the opportunities to lease out the space within it and indeed operate broader activities from it. • KM queried ownership of the building and the involvement of Berneslai Homes. • JH informed that BMBC do own the building under the HRA (Housing Revenue Account) and Berneslai Homes are managing the building. • KM suggested integration into the wider Town Centre Action Plan.
6	Financial Resilience – Jayne Hellowell
	<p>JH provided an overview of progress as per the slides:</p> <ul style="list-style-type: none"> • Administering the household support grant. • Managing allocation of vouchers under the food agenda responsibilities for Healthier Communities. • Focussing on the idea of a hand up, not a handout.



- Approx. 3.2 m total spend committed to date – slides are slightly behind as figures constantly change.
- Welfare advice service to be commissioned.
- Gaps for services for white goods and furniture are noted.
- Household support grant will continue to be administered.
- Longer term plans to be assessed.
- Outcome of Cabinet action on welfare review.
- Gaps being met.

Questions / Discussion

- PH – Credit to JH and the team for making sure the funding is allocated quickly and goes out to those who need it.
- PH – Cost of living crisis being discussed and long-term plans on council agenda.
- JP recognised the excellent work done.
- JH to pass on well done message to the team.

7 Digital Inclusion – Jayne Hellowell

JH provided an update as per the slides.

Overview of progress

- Assessing communities' capabilities to become digitally inclusive.
- Unknown as to the level of digital exclusion in the community. Not just about resources, whether someone has the equipment, do they have the financial ability, skills and desire to be digitally inclusive.
- Working alongside South Yorkshire Combined Authority.
- Working with KM and RP to raise this item in other areas.
- Need an evidence base to assess where the focus should be.
- Looking at best practice elsewhere – Liverpool has some useful criteria for what a person needs to be digital inclusive, especially skill set needed to be more efficient.

Questions / Discussion

- KM – Challenges in adopting a strategy / approach that works for everyone. Everyone is at different skill level or wants to know / learn different things. Set of competencies that can be used and applied in the digital world. Chief digital officer for the borough could be an option. Working with lots of different areas to embed digital skills and work with digital hubs to create bespoke training. Innovative models needed. Loads of free training online that can be utilised.
- JH thanked KM for her support on this agenda. Expressed that the digital inclusion steering group has great links and a strong membership.



	<ul style="list-style-type: none"> JH and KM agreed that the item needs to be included in higher boards / agenda to tackle at a high level. E.g. Barnsley 2030 Board.
8	Wellbeing Support – Cath Bedford <ul style="list-style-type: none"> CB provided an overview of progress as per the slides on BPL Adult Weight Management Programme – more referrals and improved mental wellbeing. CB to share case studies, if members would wish to see them. Focussing on uptake in minority groups' involvement, including BAME, and those at higher risk of health problems. BOPPAA – falls prevention agenda to promote strength and balance activities. Joining up various elements / related areas. Longer term commissioning and procurement. <p><u>Challenges</u></p> <ul style="list-style-type: none"> Finding more ways to improve engagement and retention, building engagement with minority communities. Short term funding and tight deadlines. To combat these challenges, there is strong council support on engagement, especially on weight management. <p><u>Discussion</u></p> <ul style="list-style-type: none"> JW – Raised the importance of this type of work. Health service have a huge ask to tackle long waiting lists and wellbeing support provides support whilst people are awaiting health treatment. CB – Wellbeing coaches have strong links with healthcare services.
9	Support to Carers – Jo Ekin <p>JE provided a brief update on the progress of the carers strategy:</p> <ul style="list-style-type: none"> Consultation sessions – gathering views to influence refresh of strategy. Steering group collated the responses / feedback and will issue the proposed priorities. Refreshed strategy will go through the appropriate governance arrangements and then to cabinet May 2022. <ul style="list-style-type: none"> Care closer to home board linking to health & social care and voluntary organisations. Next step to establish key deliverables to measure progress and ensure priorities reached. SWOT analysis of priorities from organisational perspective. <p><u>Discussion</u></p> <ul style="list-style-type: none"> JW – links with carers and the people who they care for. Carers may also need links to other areas arising out of their situation. Working through this with the health service, GP's to support carers, providing full range of support.



	<ul style="list-style-type: none"> JHo – Assessments for carers needs to be worked on. Carers assessments are not being formally undertaken as per the legislative requirements. JE has discussed with JHo outside of the meeting around the approach to carers including assessments. More needs to be done regarding uptake. ACTION – JE to discuss with JHo as to the uptake of carers assessments formally undertaken as per the legislative requirements. GR – Strategy – suggested linking with MECC (making every contact count). Suggested linking with Carrie Abbott for public health interventions. JE has discussed with Emma White and others in Public Health. JP – Funding available – COVID funding for carers to support them in their caring roles. JE – Links to Making Space to direct carers to access a grant payment for funding support.
10	<p>Good Food Barnsley – Anne Asquith</p> <p>AA provided an overview as per slides:</p> <ul style="list-style-type: none"> Successful Healthy Holidays campaign over Christmas. Food HAF programme being extended for the next few years. Only allowed to use this funding over Christmas, Easter and summer holidays, no funding for half term holidays. Storehouse and Field project ongoing – first site identified and progressing. Development worker has been recruited. Members club for engagement in support. Ability to provide fresh produce as well as dried and tinned food. Linked closely with Fair Share. <p><u>Future Plans</u></p> <p><u>HAF 2022</u></p> <ul style="list-style-type: none"> Developing more staff and IT resources to ensure longer term, more sustainable delivery. Poor uptake amongst secondary school children – grant conditions don't currently engage teenagers – offer being reviewed to lend itself for better engagement and inclusion. Going back out to tender in the summer to refresh and revise the offer for HAF. Set up a framework so new providers can join at any time. Regular revision of the offer. <p><u>Storehouse and Field</u></p> <ul style="list-style-type: none"> Developing food clubs. Identifying additional sites. <p><u>Issues</u></p> <ul style="list-style-type: none"> Cost of living increases – difference between being able to manage and not manage. <p><u>Discussion</u></p>



	<ul style="list-style-type: none"> JP expressed that the Storehouse and Field model development seems to be the way forward. Other food pantries and community shops elsewhere such as Shafton and Worsborough etc. BE – Important to educate parents and children on how cheap and easy fresh healthy food can be, for example, making chicken nuggets from scratch, homemade pizza with fresh vegetables. Building knowledge of different foods, fruit and vegetables. JH – much wider good work in area councils for good cooking and eating as part of the good food agenda. Webpage being created to direct people to those local services.
11	Barnsley Age Friendly Communities – Jane Holliday
	<ul style="list-style-type: none"> Providing more seats around Barnsley to allow older people to take a break whilst out and about, to enable them to get involved. Creating many more inter-generational activities to provide a wide range of things for older people to get involved with and feel included. Digital inclusion – perception from older people seems to be that they are reluctant to get online as they are scared of getting scammed. A local high school is working with Age UK Barnsley to bring older people into the classroom to help teach them how to get online. Smart Solar – Age UK Barnsley working alongside Berneslai Homes to provide low-cost electricity to households. <p>Challenges</p> <ul style="list-style-type: none"> Price rises – cost of energy – cold homes and excess winter debt – expecting people to come forward through advice services in the next few months. Community transport challenges is impacting social isolation.
12	Dementia Friendly and Early Support – Linda Pattison
	<p>LP provided update as per the slides on the Third Sector Dementia Alliance work:</p> <ul style="list-style-type: none"> Consultation exercise taking place to ensure people's needs are being met. Dementia guide is being created, which refers to information for people with dementia from pre-diagnosis through to end-of-life care. Promotional work for the Alliance – building accessibility, raising awareness. Establishing more support in the Dearne area. <p>Issues</p> <ul style="list-style-type: none"> Resources and time. <p>Discussion</p> <ul style="list-style-type: none"> JH – recognised the Alliance's hard work and thanked LP for the partnership work on dementia and prevention.



13	All Age Early Help Strategy – Shiv Bhurtun
	<p>PH – Refreshing strategy:</p> <ul style="list-style-type: none"> • Wendy Lowder and Mel John-Ross have reflected that they are considering forming separate strategies, one for children and one for adults, and reflecting the need to draw more information into the Better Lives work. • Further guidance will be provided.
14	Any Other Business – All
	<p>No other items were raised.</p> <ul style="list-style-type: none"> • PH reflected that this is the second time SCP has used this format. Welcomed feedback. • Feedback from the group demonstrated that this format works really well and is very accessible and well presented.
	Future Meetings
	<ul style="list-style-type: none"> • Thursday 19th May 1 – 3pm, Teams • Monday 5th September 10am – 12pm, Teams • Tuesday 22nd November 1 – 3pm, Teams

This page is intentionally left blank

Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercaresupport@nhs.net
(please also copy in your respective Better Care Manager)
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

REPORT TO THE HEALTH & WELLBEING BOARD

30th May 2022

2021/22 Better Care Fund Year End Return

Report Sponsor	Chris Edwards – Accountable Officer, NHS Barnsley CCG Wendy Lowder – Executive Director Adults & Communities, BMBC
Report Author	Andrew Osborn – Interim Service Director, Commissioning (Adults & Communities) BMBC

1. Purpose of Report

- 1.1 To provide the Board with an update on the Better Care Fund Return for 2021-22.

2. Recommendations

- 2.1 Health & Wellbeing Board members are asked to:
- Note the contents of the report and template

3. Background

- 3.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006)

4. 2021-22 BCF Policy Statement

- 4.1 The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are:
- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
 - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.
 - Invest in NHS commissioned out-of-hospital services.
 - Plan for improving outcomes for people being discharged from hospital.

5. Barnsley's 2020-21 BCF Plan

- 5.1 The 2021/22 Better Care Fund Plan builds on previous plans and continues to be set within the wider context of the Health and Wellbeing Strategy and Barnsley Integrated Care Partnership Health and Care Plan for 2021/22.
- 5.2 The vision and principles of integration have become well established and, in many respects, integrated ways of working are now seen as 'business as usual' for delivering the right service, at the right time and in the right place and a number of the BCF schemes

as well as other established core services are delivered in an integrated way bring health and social care providers together to best meet the needs of individuals

- 5.3 The Barnsley Health and Care Plan 2021/22 sets out our local priorities, reflecting our partnership of health and social care and focus on wider determinants.

6. BCF Year End Return

- 6.1 The key points to highlight from the return are
- 6.2 There was an increase to the stated planned expenditure with an increase in the CCG contributions to the DFG budget, that is within the BCF.
- 6.3 Throughout 2021/22 there has been continued improvements to joint working across health and social care as the Barnsley Integrated Care Partnership responded to the COVID pandemic and ensure services and organisations were working as effectively as possible together and supporting each other, and to move the focus to recovery.
- 6.4 The strong foundations in Barnsley have enabled effective partnership working and decision making during 2021/22 to ensure a coordinated and joined up working, as evidenced through the continued work on the Health and Care Plan.
- 6.5 The continued development of a Neighbourhood Teams alongside the increasing maturity of the Barnsley Primary Care Network.
- 6.6 Whilst there is aligned and joined up working taking place there are further opportunities for alignment of commissioning across some elements of health and social care and the development of more joint commissioning to support further alignment and integration of services. During 2022/23 there will be opportunities to consider how to take this forward alongside the emergence of new Integrated Care Board and enhancements to the place based partnership arrangements.
- 6.7 Sharing of records remains a challenge with many different systems still in place and the vast IG implications
- 6.8 Some targets will not be achieved. These can almost solely be attributed to the impact of the COVID pandemic. The pandemic has led to a number of people not following the correct support pathways due to capacity issues in community support.

7. Financial Implications

- 7.1 The attached BCF template detailed the overall funding within the BCF pool and the respective expenditure for 2021/22.

8. Conclusion/ Next Steps

- 8.1 The Board are asked to note the contents of this report and to note the attached BCF Year End Return.

9. **Appendices / Background Papers**

Annex 1 – Barnsley BCF Year End Return template 2021-22

This page is intentionally left blank

Barnsley Pharmaceutical Needs Assessment 2022-25 - Stakeholder Consultation Monday 16th May to Friday 15th July 2022

Dear Health and Wellbeing Board member,

Please tell us what you think about Barnsley's draft Pharmaceutical Needs Assessment (PNA).

The local PNA is a way of making sure that community pharmacies across the Barnsley are providing the right services, in the right locations for our residents. These services are an important part of the overall health care system, which make a significant contribution to improving people's health and wellbeing.

We have a legal duty to make the draft PNA available for comments, therefore this survey will form part of the Barnsley Council's consultation plan. We would like to hear your views on the content and layout of the draft PNA.

Please click on the link to read the document <https://www.barnsley.gov.uk/media/21682/barnsley-pna-2022-2025-draft-version.pdf>

Once you have read the PNA, please tell us your thoughts by completing our online survey <https://surveys.barnsley.gov.uk/s/PNA2225/>

Should you experience problems in accessing either the PNA document or completing the online survey, please contact Sohaib Akhtar by emailing sohaibakhtar@barnsley.gov.uk

The consultation on the draft PNA will run from **16th May 2022 to 15th July 2022**. All findings and comments will remain confidential and be summarised to produce the final local PNA document.

We appreciate the time you can spare to share your views.

This page is intentionally left blank