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MEETING:	Overview and Scrutiny Committee - Healthy Barnsley Workstream
DATE:	Tuesday 21 March 2023
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Healthy Barnsley Workstream

Councillors Bowser, Ennis OBE, Green, Lowe-Flello, Mitchell, Risebury, Shirt, Smith, Sumner, Williams, Wilson, Wray.

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting *(Pages 3 - 8)*

To note the minutes of the previous meeting of the Committee (Growing Barnlsey Workstream) held on 7th March (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Adult Mental Health in Barnsley *(Pages 9 - 56)*

To consider a report of the Executive Director Core Services and the Executive Director Public Health & Communities (Item 4a) and the Barnsley Mental Health and Wellbeing Strategy 2022-2026 (Item 4b)

5 Excess Deaths in Barnsley *(Pages 57 - 66)*

To consider a report of the Executive Director Core Services and the Executive Director Public Health & Communities

Enquiries to Jane Murphy/Anna Marshall, Scrutiny Officers

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis OBE (Chair), Bellamy, Bowler, Bowser, Cain, Clarke, Denton, Eastwood, Felton, P. Fielding, W. Fielding, Green, Hand-Davis, Hayward, Lodge, Lowe-Flello, Markham, McCarthy, Mitchell, Moyes, Newing, Osborne, Peace, Pickering, Richardson, Risebury, Shirt, Smith, Sumner, Webster, Williams, Wilson, Wraith MBE and Wray together with Statutory Co-opted Member (Parent Governor Representative)

Electronic Copies Circulated for Information
Sarah Norman, Chief Executive
Rob Winter, Head of Internal Audit and Risk Management
Michael Potter, Service Director, Business Improvement, HR and Communications
Sukdave Ghuman, Service Director, Law and Governance
Press

Witnesses
Item 4 – Adult Mental Health (2pm)
Jamie Wike, Deputy Place Director for Barnsley, NHS South Yorkshire (Barnsley)
Julie Chapman, Service Director for Adult Social Care & Health, BMBC
Kwai Mo, Head of Service for Mental Health & Disability, BMBC
Jerome Jackson, Service Manager for Transition, Mental Health, and Deprivation of Liberty Standards (DOLS), BMBC
Diane Lee, Head of Public Health, BMBC
Phil Ainsworth, Public Health Specialist Practitioner, BMBC
Patrick Otway, Head of Commissioning (Mental Health, Learning Disabilities and Autism) NHS South Yorkshire (Barnsley) Integrated Care Board
Adrian England, attending today in his capacity as Independent Chair of the Mental Health Partnership, also Chair of Healthwatch Barnsley
Mark Smith, Deputy Chair, Healthwatch Barnsley
Cllr Jenny Platts, Cabinet Spokesperson for Place Health and Adult Social Care
Cllr Caroline Makinson Cabinet Spokesperson for Public Health & Communities

Item 5 – Excess Deaths in Barnsley (3pm approx.)
Carrie Abbott, Service Director Public Health & Regulation, Public Health & Communities, Barnsley Council
Rebecca Clarke, Head of Health Protection & Healthcare, Public Health & Communities, Barnsley Council
Emma Robinson, Senior Public Health Officer, Health Protection & Healthcare, Public Health & Communities, Barnsley Council
Jamie Wike, Deputy Place Director (Barnsley), NHS South Yorkshire Integrated Care Board
Joe Minton, Associate Director (Barnsley), NHS South Yorkshire Integrated Care Board
Dr Andy Snell, Public Health Consultant, Barnsley Hospital NHS Foundation Trust
Cllr Caroline Makinson, Cabinet Spokesperson, Public Health & Communities

MEETING:	Overview and Scrutiny Committee - Growing Barnsley Workstream
DATE:	Tuesday 7 March 2023
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis OBE (Chair), Bellamy, Bowler, Bowser, Cain, Denton, Eastwood, P. Fielding, W. Fielding, Green, Hayward, Lodge, Mitchell, Osborne, Smith, Webster and Williams.

46 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

47 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Bowser declared a non-pecuniary interest as the Cabinet Support Member for Core Services.

Councillor Osborne declared a non-pecuniary interest as a Board Member at Berneslai Homes and as the Cabinet Support Member for Regeneration and Culture.

48 Minutes of the Previous Meeting

The minutes of the meeting held on 07 February 2023 were received.

49 Draft Communications & Marketing Strategy 2023 - 2025

The following witnesses were welcomed to the meeting:

Michael Potter – Service Director, Business Improvement, HR and Communications, Barnsley Council
Katie Rogers – Head of Communications and Marketing, Barnsley Council
Alison Dixon – Communications and Marketing Manager, Barnsley Council
Cllr Robin Franklin – Cabinet Member for Core Services

Councillor Franklin introduced members of the committee to the draft communications and marketing strategy 2023-2025. The strategy set out service aims, ambitions and approach in addition to new priority criteria that was planned to help manage service capacity.

Members noted that the draft strategy emphasised use of digital technology and questioned what was being done to ensure that those without digital access were not

left behind. The environmental impact of printed material was acknowledged however it was queried as to whether this was still used to reach vulnerable communities.

Members were advised that the Communications and Marketing service took a multi-channel approach in a field that is in continuous development, with exploration given to sharing information on new platforms where they had gained popularity, for example TikTok. In terms of accessibility, media was published with subtitles and translation options (including British Sign Language) wherever possible, and work took place with graphic designers to ensure documents were accessible to all. Additionally, the Communicating and Marketing service was working with Council services to look at producing interactive and understandable content, as opposed to traditional documents that were text heavy. Social media was identified as the most widespread source and the source where audience engagement was highest.

Paper-based content was still produced for some campaigns, however it was explained to Members that information that was identified as frequently changing was not suitable for print. Improved data optimisation now meant that vulnerable groups could be targeted better and paper literature distributed where required. The Communications and Marketing service were working with services to have a physical presence out and about in the borough as a means of providing in-person information, advice and guidance and signposting to other services. Officers also advised they had good working relationships with the Barnsley Chronicle as a mechanism for getting information out in physical print.

Members questioned how success was measured for the Communications and Marketing service, given there was less tangible evidence available than some other services. Officers advised that without financial targets or metrics, a different approach was taken. Success was measured in terms of outcomes for services, that people have all the information the needed to engage with campaigns, take up offers and make positive changes in their lives. The *How's Thi Ticker* campaign was given as an example, with a large uptake of residents having their blood pressure checked being deemed a campaign success. All campaigns were evaluated against Communications and Marketing aims, service priorities and Council-wide priorities. Members were advised there were some tangible measures of evaluation including Google analytics and social media analytics, which revealed customer journeys and identified where links had been accessed.

Members raised concerns over the use of certain platforms being unsafe and questioned what safeguarding measures were in place. Officers advised that safeguarding practices were in place for all social media channels used. The Council approach had been cautious in uploading to newer platforms such as TikTok, posting was infrequent, and officers were given training. TikTok was used predominantly at that time for town centre economy and events campaigns, with monitoring ongoing and posting access limited to the Communications and Marketing service. In terms of some longer-established platforms such as Twitter, Members were advised that industry discussion was taking place as to how safe it was to use at present. Facebook was identified as a particularly strong channel that had stood the test of time through adapting and there were fewer concerns here.

Members questioned how much the demographic of a target audience influenced the channel of promotion used and were advised that this was taken into consideration.

Facebook typically had a 30-45 age range audience, with TikTok reaching a younger cohort. It was also advised that the concept that the older demographic did not have access to digital channels had changed since the Covid-19 pandemic had made them more digitally engaged. Members were advised that demographics of social media post reach could be pulled off and analysed on platforms such as Facebook.

It was queried by Members as to whether QR codes were deemed to be a successful tool in campaigns. Officers advised that since the Covid-19 pandemic, they had become more commonplace and therefore were good to include in campaigns at that present time. It was additionally explained that QR codes provided clear analytics as to where people were accessing material from.

Members sought clarification as to what the politically restricted nature of the Communications and Marketing Officers' roles meant in practice. It was advised that in their personal and professional lives, Officers were not to affiliate or actively participate with a political party.

Officers were questioned as to what criteria was used to monitor comments made by those engaging on the Council's social media channels, including whether any element of filtering or editing took place. It was advised that an acceptable use policy appeared on all social media channels and that although comments both agreeing and disagreeing with content were welcomed, there was a scale as to what was deemed appropriate. Abusive language, hate crime and slander would result in the Communications and Marketing service stepping in, firstly through private messaging posters to delete or amend their comment. If this proved unsuccessful, the comment would be deleted, and the poster dealt with offline with support from legal colleagues and the Police where appropriate. In rare extreme cases of less than a handful per year, individuals may have access revoked. The service was encouraging other Council officers to fill in violence and aggression forms where they had suffered online abuse.

Members questioned how the service dealt with the spread of misinformation online. Covid-19 conspiracy theories was used as an example of where the Council deleted comments of this nature, as they could be damaging to the health of residents. Although the Council did not have control of community social media pages, relationships were established which meant that Officers could approach page owners to take action.

It was queried as to how staff were protected online. Members were advised that updated social media guidance had been issued, including strengthened steps staff and managers needed to take. Officers subject to online abuse would be provided with HR support and given guidance on securing and protecting their own social media channels. The Communications and Marketing service would also work with legal colleagues and the Police where required. Staff were being advised to view online abuse in the same way as verbal abuse and reporting was encouraged.

Members enquired as to how the Communications and Marketing service went about advertising and what budget they had available to spend. It was advised that budgets came directly from services and that there was no specific Communications budget. The service instead looked at key campaigns and worked with services on tactics and deliverables. Online digital advertising was frequently used, and this provided

good value for money and good analytics. Billboards and press campaigns were used less frequently but were used on key campaigns where their widespread impact was essential to campaign success. Facebook advertising was identified as the main advertising channel the service used – posts could be targeted through determiners such as postcode and demographic, costs could be monitored, and audience amended as a campaign ran. Members were also informed that other advertising opportunities were being explored such as podcasts and streaming services and that the service were open to new and innovative options that did not incur a high cost. It was questioned by Members as to whether the lack of a core budget for the Communications and Marketing service was a disadvantage. Officers advised that the current arrangements were working well and that there were rarely issues with services allocating budget for their key campaigns.

Members queried the impartiality of the Communications and Marketing service in promoting specific businesses as part of developments in the town centre. It was advised that tenants of The Glass Works development did pay a service charge for marketing, explaining the prominence of these businesses in campaigns. All businesses across the town centre and in the borough were supported and stories would be included in campaigns where relevant. A query was additionally raised on the use of an external PR agency for the launch of Cineworld at The Glass Works, with Members advised this was part of a contract to market tenants in The Glass Works centre.

The content of promotions being verified for accuracy was challenged by Members, with the potential for misreporting successes being identified as a concern. Officers advised that expert colleagues were worked with as sources of data and insight, such as those in Public Health. There was a level of trust between professionals that the information was accurate and campaigns were appropriate for Barnsley.

Officers were questioned as to how they were promoting the night-time economy, with concerns raised over fear that residents of the borough may be priced out of some of the more expensive town centre premises. It was questioned whether promotions were extending far and wide. Members were updated on the launch of the Barnsley Town Centre brand which hoped to challenge some preconceptions about the town and bring in new patrons. The campaign would showcase restaurants, pubs and leisure activities and look at targeting a midweek audience in addition to the weekend, working with businesses such as theatres. The Purple Flag Status of the town would also be used in promotions, which identified it as a safe place to come at night. It was explained that some of the campaign work centred around the night-time economy was influenced through social listening, with people visiting from outside the Barnsley borough area. In this particular area, a recent story on night-time safety initiatives had been picked up through broadcast news outlets such as ITV Calendar, BBC Look North and BBC Radio Sheffield.

In addition to the promotion of the town centre economy, Members also suggested the promotion of local economies across the borough, with an example being given of the Trans Pennine Trail promoting cafes along the trail. Officers agreed that this was a good idea where more work could be done and signposted Members to the work around Principal Towns where Communications and Marketing were working closely with the Area Council teams to spread the word about the work of businesses and organisations in their localities. An equal balance of promotion across the

geography of the borough was strived for with Members asked to provide information that could contribute to positive stories in their ward and provide a good promotion opportunity for local organisations.

Members questioned whether the social media audience over 75 years of age had lessened since the end of the height of the Covid-19 Pandemic and how this could be detrimental to lonely and isolated people. Officers advised that the data was unavailable locally but anecdotally there did not appear to be a drop-off in engagement. A strong partnership had been developed between Council Digital Champions and colleagues at Age UK to combat digital exclusion in the elderly population.

Members shared their frustrations in the role of the Ward Alliances message being one that was difficult to get out – this resulted in a lack of engagement and bidding for available funding. It was questioned as to how the service could assist. Officers advised that the brand for Area Councils and Ward Alliances was being explored again after a hiatus due to the Covid-19 Pandemic. It was hoped this work would break down barriers where the public was confused as to what services and opportunities were available. In addition, tools were being given to the Area Council teams so they could promote activity in their area day-to-day without the constant support of the Communications and Marketing service. A 10-year anniversary celebration of the Area Councils and associated marketing had recently taken place with a presence at Barnsley Markets arranged for the weeks ahead.

Members put forward the challenge as to whether management of the Council's website would be better placed with the Communications and Marketing service as opposed to its current place in the Digital team under Customer Services. It was agreed this would be explored.

RESOLVED:-

(i) That the Communications and Marketing service should look at additional ways in which local economies and businesses outside the town centre are promoted to increase footfall and support thriving communities; and

(ii) That Members should share case studies of any local businesses that align with the Council's sustainability agenda or 2030 priorities of Healthy Barnsley, Growing Barnsley, Sustainable Barnsley, Learning Barnsley, Enabling Barnsley; and

(iii) That the Communications and Marketing service should look at what more can be done to reach people over the age of 75 to support a reduction in isolation and loneliness; and

(iv) That the Communications and Marketing service should look at additional ways in which Ward Alliances could be promoted to increase reach; and

(v) That the Council should consider whether it is more appropriate for the management of the Council's website to sit within the Communications and Marketing service as opposed to the existing location within the Council structure.

Chair

Item 4a

Report of the Executive Director Core Services and the Executive Director Public Health and Communities, to the Overview and Scrutiny Committee (OSC) on 21st March 2023

Adult Mental Health in Barnsley

1.0 Introduction

1.1 The purpose of this report is to update the Overview and Scrutiny Committee (OSC) on progress made in relation to adult mental health in Barnsley since the previous committee held on this subject in 2019.

1.2 This report will focus on the development of the local mental health strategy (Item 4b-attached), adult mental health crisis care and an update in relation to suicide prevention.

2.0 Background

2.1 In 2018/19 The Overview & Scrutiny Committee formed a Task & Finish Group (TFG) to look at Adult Mental Health, with a specific focus on crisis care. The following year the OSC agreed to continue this work and undertake a TFG investigation into early intervention and prevention in relation to adult mental health. Both groups made a series of recommendations for improvement and services responded in a timely way, outlining whether the recommendations were to be progressed or not.

2.2 In June 2021, Healthwatch Barnsley raised concerns in relation to adult mental health crisis care which linked back to the recommendations made by the Adult Mental Health Crisis Care TFG in 2018/19. Despite the services response to the recommendations made by the group, Healthwatch became increasingly concerned that several issues were still not being addressed, particularly relating to conveyancing, 24/7 crisis care, and the availability of data to hold partners to account.

2.3 Following subsequent investigations by the OSC, it was clear from discussions that all partners were committed and that much was being done to improve services, however the committee questioned whether enough was being done and at the right pace. As a result, the committee made a series of further recommendations to which the Mental Health Partnership responded, outlining the actions being taken to improve services at that time.

2.4 In December 2022, Barnsley's Mental Health, Learning Disability and Autism (MHLD&A) Partnership met for the first time. The partnership brings together key partners from across Barnsley, who work collaboratively to drive improvements in health and wellbeing outcomes for residents living with a mental health condition, a learning disability and/ or autism spectrum disorder. The MHLD&A Partnership is also focussed on preventing mental ill health occurring in the first place, by promoting mental wellbeing, adopting a public mental health approach and investing in early intervention and prevention.

2.5 The Barnsley Place MHLD&A Partnership evolved from the previous Mental Health Partnership Board. The widening of the scope to include learning disabilities and autism, aligns the approach with that seen throughout the NHS – both nationally and within South Yorkshire. The MHLD&A Partnership is part of the new integrated care arrangements and will report directly to the Barnsley Place Partnership Board and Barnsley Place Partnership Board Delivery Group.

2.6 The partnership is supported by a mental health delivery group (DG), which oversees delivery of the priorities outlined within the mental health strategy (further detail below). The DG also produces highlight reports detailing progress to the MHLD&A Partnership. In addition, it works closely with NHS South Yorkshire ICB colleagues and partners across South Yorkshire on projects which benefit from a system-wide approach.

3.0 Current Position

Barnsley Mental Health Strategy 2022 – 2026

3.1 Barnsley's mental health and wellbeing strategy (2022 – 2026) was published in June 2022. The strategy takes a life-course approach to improving mental health and wellbeing in the borough, outlining our priorities across the spectrum of mental health and wellbeing from early intervention and prevention, through to mental health crisis and suicide prevention. The strategy is also focussed on tackling inequalities in mental ill health, including improving physical health outcomes for those with a Severe Mental Illness (SMI). A synopsis of the key ambitions and priorities outlined within the mental health strategy is included below, however Members are invited to read the full strategy (Item 4b – attached).

3.2 The strategy recognises the importance of the wider determinants of health (such as jobs, income, housing, transport, culture, access to green space and the opportunity to be physically active) in influencing our residents' mental health and wellbeing. We have therefore committed to ensuring that mental health outcomes are considered and included within all relevant local partnership strategies and policies, including the Barnsley Inclusive Economy Strategy, the More and Better Jobs Strategy, Housing Strategy and Transport Strategy.

3.3 The strategy commits to realigning resources to focus on early intervention and the prevention of mental illness. We are adopting a public mental health approach in Barnsley, by focussing on preventing the onset of mental illness and ensuring services are available to meet the needs of people who begin to display symptoms of mental ill health, at the earliest opportunity. By adopting this approach, we aim to reduce demand on acute and crisis services, through empowering our residents to live with good mental health and wellbeing.

3.4 Our strategy outlines ambitions for improving the mental health of children and young people. Whilst this area is not the focus of this report, a significant amount of work is being undertaken to improve outcomes and services for children and young people and the Committee is scheduled to look at this as part of their work programme at the beginning of the new municipal year.

3.5 Throughout the life course, the strategy commits to adopting the Community Mental Health Framework for Adults and Older People. By adopting this framework, they will ensure that 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.

3.6 To support the transformation of community mental health services, Barnsley submitted a three-year plan to NHS England to enable access to national funding. The plan developed focused on three, key national priorities (a prerequisite of accessing the funding), which were:

- Develop an all-age Eating Disorder Service
- Enhance local provision for people with Personality Disorders, ensuring those with personality disorders can access timely support.

- Enhance community rehabilitation services.

3.7 Secondary care, third sector partners and primary care are working very closely together to enable the transformation. We are already seeing improved outcomes, such as an increased uptake of physical health checks for people on the SMI register, improved provision for people with personality disorders and, for the first time in Barnsley, provision to support adults with eating disorders within their own community.

3.8 Similarly, our strategy is aligned to the aspirations contained within the NHS Long Term Plan, and we have also committed to the following:

- Improving physical health and wellbeing of those experiencing mental illness, with a particular focus on improving outcomes for those with an SMI.
- Improving the quality of life for those with complex mental health issues.
- Improving access to all services providing mental health support, advice and or treatment.
- Improving Access to Psychological Therapies (IAPT).

3.9 We recognise the importance of mental wellbeing for older people, and whilst all of the ambitions outlined above contribute to people ageing well, we have included a specific section on improving mental health for older people. This includes the following commitments:

- Work with our local IAPT service to develop strategies to effectively engage older people in treatment.
- Undertake an older people's mental health needs assessment to determine what our population needs are now and in the future.

3.10 Our strategy is bold and ambitious, with a range of commitments across the life-course (as outlined above). We have therefore collectively agreed our key priorities for the 2022/23 financial year, which are:

- Mental Health Crisis care – ensuring those experiencing mental health crisis are able to receive the right care and support (more detail on this below).
- Develop an all-age eating disorder pathway;
- Reduce levels of self-harm in the borough.

3.11 To deliver the ambitions set out within our strategy, we require the collective efforts of everybody on the Partnership. We are currently working on a delivery plan, which will break the strategy down into SMART targets. We plan to review our performance and the ambitions within the strategy on an annual basis. Our reviews will consider the relevant performance data and consider whether we need to realign our priorities for 2023/24.

National Mental Health Indicators

3.12 Data on local need in the strategy has been collated from Barnsley's Joint Strategic Needs Assessment and the Public Health Outcomes Framework (PHOF). This includes key indicators around population mental health and wellbeing as well as some of the wider determinants of mental health. A local mental health dashboard has been produced to monitor performance across the mental health system and identify any trends. The section below summarises a selection of the national data:

Mental Health and Wellbeing :

- There are around 35,000 adults living in Barnsley who have been diagnosed with depression. This number has increased year-on-year over the last ten-year period, following a similar trend to the national picture. Indeed, a recent report by the Joseph Rowntree Foundation has

found Barnsley to be in the top five places in the country for the number of anti-depressant prescriptions per 1,000 of the population.

- For adults aged 18+, Barnsley has a prevalence rate of 13.7% of the population being diagnosed with depression (for 2020/21). This is slightly higher than the Yorkshire and Humber average of 12.3%.
- Barnsley's mortality rate for adults with Severe Mental Illness (SMI) of 130.0 per 100,000, is significantly higher than the national rate (103.6) and is the second highest rate in the Yorkshire and Humber region.
- Barnsley has the highest rate of hospital admissions due to self-harm in the region. This rate increases in our more deprived communities.
- 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.
- Barnsley's 2018-20 suicide rate was 14.8 per 100,000. This is significantly higher than the national average (10.4). The suicide rate for males in Barnsley is several times higher than the female rate. However, provisional data from our local suspected suicide real time surveillance system shows us that suspected suicides in Barnsley have halved over the last three years, a trend not seen across South Yorkshire.

Wider Determinants:

- A key determinant of mental health is deprivation. Higher levels of overall deprivation and inequalities exist within Barnsley, with just under 22% of our communities being in the 10% most deprived in England.
- 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.
- There is clear evidence that good work improves mental health and wellbeing and protects against social exclusion. There is also evidence that unemployment 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. The gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69), and the overall employment rate is 62.5%.

<u>Crisis Care</u>

3.13 As outlined above, improving the response to those in mental health crisis is one of the key priorities within our strategy. Since the OSC Task and Finish group which focussed on crisis care, significant progress has been made in Barnsley, including:

- We have opened the borough's first crisis alternative service, known as Barnsley Support Hub, which is located on Eldon Street, and is currently operational Thursday – Monday, between 18:00 and 23:00 hours. The service provides support to those experiencing mental health crisis, or those who feel a crisis is imminent. This service is already delivering improved outcomes for people in mental health crisis. In January 2023, the service supported 33 clients who required mental health support. Of which, two reported being suicidal at the time of accessing the service; 11 required immediate mental health crisis support and three required support due to being homeless.
- An all-age Mental Health Liaison Service has been fully established within Barnsley A&E.
- The children and young people crisis team (Intensive Home-Based Treatment Team (IHBTT)) has been enhanced to enable greater support within the community.
- Additional investment into the section 136 service has enabled the Adult IHBTT to staff the S136 Suite to reduce the potential of the S136 Suite needing to close.
- Rolled out use of the S12 App, which helps mental health professionals to efficiently complete Mental Health Act processes and therefore reduce Advanced Mental Health

Professional (AMHP) time spent on undertaking these processes, therefore enabling more time to care for patients.

- Commissioned a mental health crisis helpline, which has seen usage steadily increase since the service was established in 2020.

Suicide Prevention

3.14 In May 2021 Barnsley's Mental Health Partnership launched our Zero Suicide Ambition which aims to instil hope into individuals and communities that suicide is preventable and not inevitable. It also helps us collectively tackle the stigma associated with poor mental health and ensures people know where they can access help if needed in a variety of formats. We have a well-established Suicide Real Time Surveillance System in place across South Yorkshire with our partners in South Yorkshire Police. Having this system in place enables us to offer timely bereavement support to people who are affected or bereaved by suicide as we know that people bereaved by suicide are 65% more likely to attempt suicide themselves. We are also able to target high risk locations and monitor any trends or suicide clusters in order to put in place appropriate support measures. Barnsley did see significant increases in suicide rates in 2020 and 2021 but the provisional suspected suicide data for 2022 shows this has significantly reduced by around 50%. This reduction has not been seen from other areas across South Yorkshire.

4.0 Future Plans & Challenges

Strategy

4.1 To deliver the ambitions set out within our strategy, we require the collective efforts of everybody on the Partnership. We are currently working on a delivery plan, which will break the strategy down into SMART targets. We plan to review our performance and the ambitions within the strategy on an annual basis. Our reviews will consider the relevant performance data and consider whether we need to realign our priorities for 2023/24. In addition, we are working with partners to increase accessibility to mental health talking therapies and improve access to a range of services as per national targets from NHS England.

Emerging Issues and Priorities

4.2 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. Demand for mental health services increased during the Covid-19 pandemic, with mental health professionals also reporting an increase in the severity of cases at a time when fewer people were able to access services. The impact of lockdown measures on some of the wider determinants of mental health, such as employment and social isolation, are likely to have a long-lasting impact. As people's experience of the pandemic has varied widely, existing inequalities in mental health are likely to be exacerbated, particularly as we emerged from the pandemic into a cost-of-living crisis. We know from previous experience that a squeeze on living standards, unmanageable debt and economic recessions cause a rise in mental health problems, demand for services and, sadly, are connected to a rise in suicides.

Crisis

4.3 Discussions are currently ongoing with South Yorkshire Police to develop a pathway directly into the Barnsley Support Hub, where the police are dealing with someone in mental health crisis but are not considering detaining them under s136 of the Mental Health Act.

4.4 Barnsley has been selected as the place within South Yorkshire to pilot developing the NHS 111 service so it can effectively triage calls from people in mental distress. This service is expected to go live in Barnsley by April 2023.

4.5 South Yorkshire currently has access to a single mental health response vehicle which is currently located within Doncaster. The vehicle is operated by Yorkshire Ambulance service and is designed to transport people in mental distress to appropriate services, without having to use inappropriate police vehicles or traditional ambulances. A second vehicle is imminent, and both vehicles will cover the whole of South Yorkshire. Currently the model of delivery is under review, to ensure this meets the needs of residents within Barnsley and across South Yorkshire.

Suicide Prevention:

4.6 Suicide prevention remains a priority within Barnsley, and there is more that can be done to prevent suicide. We aim to focus on the below emerging themes:

- Long Term Conditions & Chronic Pain
- Dual Diagnosis of poor mental health and drug and alcohol use
- Victims and perpetrators of domestic and sexual abuse
- Men
- Dads

5.0 Invited Witnesses

5.1 The following witnesses have been invited to attend the committee to answer questions from members:-

- Jamie Wike, Deputy Place Director for Barnsley, NHS South Yorkshire (Barnsley)
- Julie Chapman, Service Director for Adult Social Care & Health, BMBC
- Kwai Mo, Head of Service for Mental Health & Disability, BMBC
- Jerome Jackson, Service Manager for Transition, Mental Health, and Deprivation of Liberty Standards (DOLS), BMBC
- Diane Lee, Head of Public Health, BMBC
- Phil Ainsworth, Public Health Specialist Practitioner, BMBC
- Patrick Otway, Head of Commissioning (Mental Health, Learning Disabilities and Autism) NHS South Yorkshire (Barnsley) Integrated Care Board
- Adrian England, attending today in his capacity as Independent Chair of the Mental Health Partnership, also Chair of Healthwatch Barnsley
- Mark Smith, Deputy Chair, Healthwatch Barnsley
- Cllr Jenny Platts, Cabinet Spokesperson for Place Health and Adult Social Care
- Cllr Caroline Makinson Cabinet Spokesperson for Public Health & Communities

6.0 Possible Areas for Investigation

6.1 Members may wish to ask questions around the following areas:

- Are there clear lines of accountability between the partnership and the health and wellbeing board and how does the partnership fit in with the work of the ICS?

- How frequently does the partnership meet, are these the right people to make a difference, and do all partners contribute equally?

- What do you consider to be the strengths of the partnership and which areas need to be developed?

- What value has been added by widening the scope of the partnership? What tangible benefits will people with Autism see?

- What self-assessment tools, evidence-based research and best practice has been used to develop the strategy and influence local service delivery?

- How have people with lived experience been meaningfully engaged in shaping the strategy and monitoring its impact, and having a say in what service provision looks like? What other stakeholders have been involved?

- What are the critical success factors and what does quality look like? How will you know whether these have been achieved?

- When will the associated action plan be complete, how will it be monitored and where does overall accountability for the actions lie?

- Are there sufficient resources to successfully deliver the strategy and what are the barriers to success?

- Are there any barriers to the effective and timely sharing of information between organisations?

- How confident are local suicide prevention partners that the risk of people 'slipping through the net' has been considered and addressed?

- What safeguarding processes are in place when a person with poor mental health does not attend a healthcare appointment? How effective are those processes and how do you know?

- What impact has the 'Zero Suicide Ambition' and the #AlrightPal initiative had? How do you know?

- How are people with poor mental health considered when commissioning wider health services?

- What are the challenges associated with adopting a proactive approach whilst still responding to acute demand?

- What can elected members do to support the work of the partnership?

7.0 Background Papers and Useful Links

7.1 Item 4b – Barnsley Mental Health & Wellbeing Strategy 2022-26

8.0 Glossary

BMBC	Barnsley Metropolitan Borough Council
IAPT	Improving Access to Psychological Therapies
IHBTT	Intensive Home-Based Treatment Team
MHLD&A	Mental Health, Learning Disabilities and Autism
NHS	National Health Service
RTSS	Suicide Real Time Surveillance System (RTSS)
SMI	Severe Mental Illness – The phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to

engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI

9.0 Officer Contact

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6 March 2023

Item 4b

Barnsley Mental Health and Wellbeing Strategy 2022 – 2026

To be reviewed 2022/23

Barnsley - the place of possibilities

Contents

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.

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)**

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.

"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

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 has 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)


BARNSLEY
Metropolitan Borough Council
Welcome to
Courthouse Upper Car Park
Pay and Display car parking
Charges apply 8am to 6pm Monday to Friday
£2.20 up to 2 hours and £3.20 up to 4 hours
Over 4 hours £5.00
Saturdays, Sundays and Bank Holidays free
ENQUIRIES 01226 773555
Disabled Badge Holders Park Free
Must be parked in marked bay. Parking on yellow lines and access road not permitted
A Penalty charge may be issued for contravention of restrictions

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 midwifes 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:

- 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.

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

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 1:1but 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

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 simulation.

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.

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
- 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

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

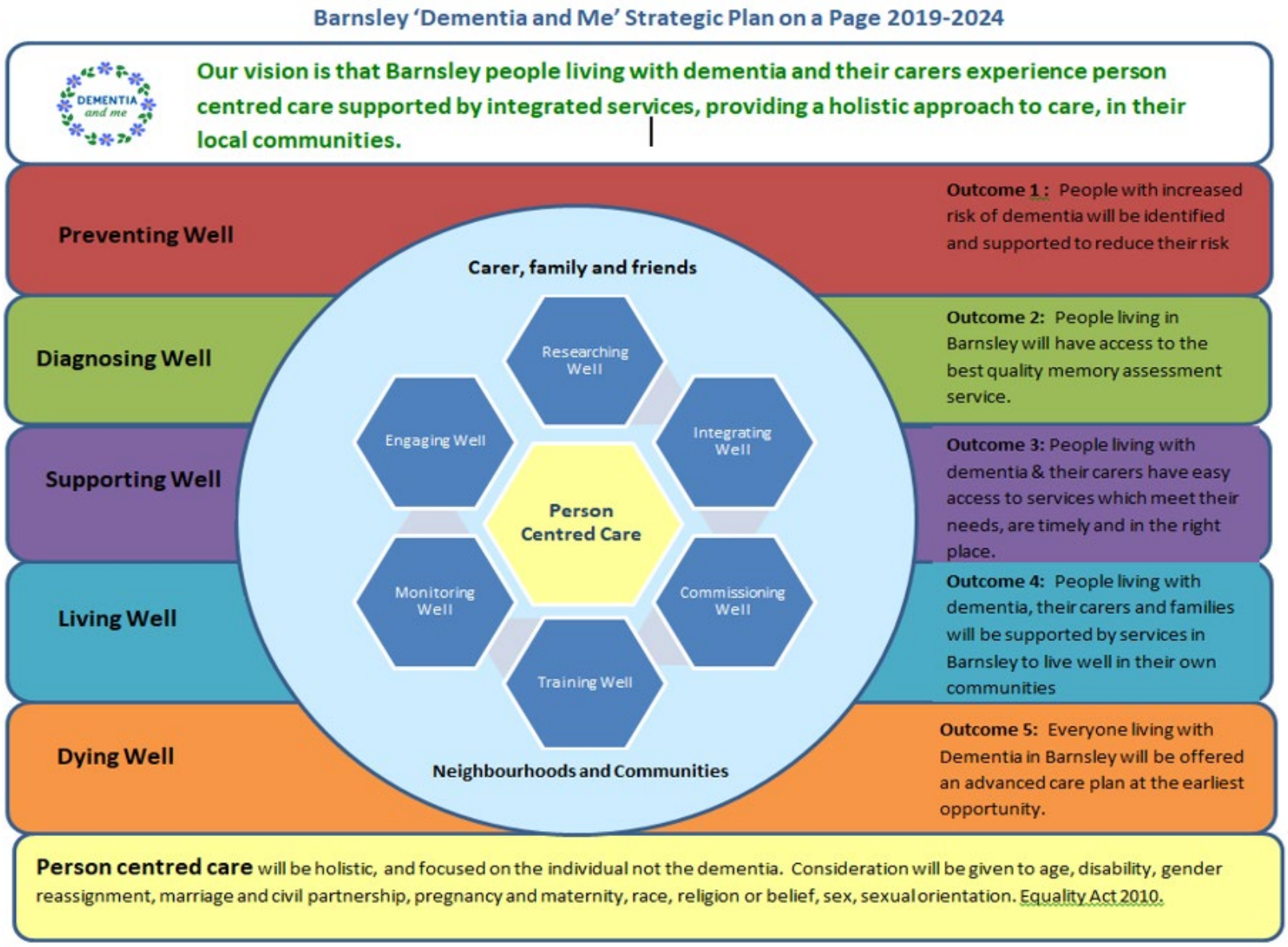
Whilst partners have worked hard together to make significant improvements in the emotional health and wellbeing of the Barnsley population, there is still much to do.

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.
Preventing Well
Outcome 1 : People with increased risk of dementia will be identified and supported to reduce their risk
Diagnosing Well
Outcome 2: People living in Barnsley will have access to the best quality memory assessment service.
Supporting Well
Outcome 3: People living with dementia & their carers have easy access to services which meet their needs, are timely and in the right place.
Living Well
Outcome 4: People living with dementia, their carers and families will be supported by services in Barnsley to live well in their own communities
Dying Well
Outcome 5: Everyone living with Dementia in Barnsley will be offered an advanced care plan at the earliest opportunity.
Carer, family and friends
Researching Well
Integrating Well
Commissioning Well
Training Well
Monitoring Well
Engaging Well
Person Centred Care
Neighbourhoods and Communities
Person centred care will be holistic, and focused on the individual not the dementia. Consideration will be given to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Equality Act 2010.

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, especially 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**

Item 5

Report of the Executive Director Core Services
and the Executive Director of Public Health & Communities
to the Overview and Scrutiny Committee (OSC)
on 21st March 2023

Analysis of Excess Deaths in Barnsley 2020-2022

1.0 Purpose

1.1 The purpose of this report is to provide the Overview and Scrutiny Committee with an analysis of excess death rates in Barnsley during the period March 2020 to June 2022. This includes comparison of Barnsley's rates with other local authority areas, and analysis of the driving factors behind high excess deaths, including the impact of the COVID-19 pandemic during this time period.

2.0 Introduction and Background

2.1 People's experiences of the pandemic have been shaped by their health and existing inequalities. Health inequalities had been widening in England for a decade prior to the onset of COVID-19, with the Marmot Review (2020) noting 'Worrying deteriorations in health', and that people living in more deprived areas were spending more of their shorter lives in ill health.[1] The Health Foundation's COVID-19 impact inquiry revealed that those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in the wealthiest.[2]

2.2 Barnsley entered the pandemic in March 2020, with a population more vulnerable to infection due to existing health and economic factors. These include an older population with high rates of pre-existing illnesses; higher prevalence of harmful behaviours; and high rates of deprivation with around 40% of our population living in the 20% most deprived neighbourhoods in the country. We also have a higher proportion of people in residential care and higher rates of certain working conditions, such as highly populated indoor workspaces and key worker populations. Each of these factors can increase the risk of vulnerability to COVID-19.

2.3 Having a population with pre-existing vulnerabilities has increased the risk of serious illness and death from COVID-19. Throughout the pandemic deaths and excess deaths have been monitored nationally and locally.

2.4 In Barnsley throughout the pandemic, we constantly reviewed our actions to protect our population alongside regular reviews of our partnership intelligence and insight to understand the local impact of COVID-19. We participated in a Local Government Association (LGA) Peer Review exercise with Hull City Council. The purpose of this review into enduring transmission rates was to learn from each other's approaches and identify if there are additional approaches to tackle COVID-19 transmission and escalate any associated 'asks' of national agencies.

[1] Institute of Health Equity (2020), 'Health Equity in England: The Marmot Review 10 Years On' https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on (Accessed February 7 2023)
[2] The Health Foundation (2021), 'Unequal pandemic, fairer recovery' https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery (Accessed: February 7 2023)

What do we mean by excess deaths?

2.5 The term “excess deaths” refers to the number of deaths that are above the number we would normally expect to see. The expected number is estimated using a baseline number over the previous five years.

2.6 Analysis of excess deaths can be useful when there is a specific event causing more deaths than expected (in this case, the COVID-19 pandemic). Comparing the current number of deaths with previous years can provide an indication of the impact of such events.

2.7 It is important to note that using previous years as a baseline measure has limitations. It does not consider other factors such as population growth. The data on deaths between 2014 and 2019 has been reviewed in this analysis and shows a steady rise, of a similar scale to the population growth. This suggests that deaths are linked to the total size of the population and not just to specific cohorts (e.g., those aged 85+). So, as the population grows, the number of deaths increase.

Why is this an issue for Barnsley?

2.8 The recent pandemic resulted in an increase in deaths across the country and Barnsley was no exception. Excess deaths in England continued to be higher throughout the pandemic despite effective control measures, including the widespread COVID-19 vaccination programme and several lockdowns[3].

2.9 The findings in this report will support our preparatory work for the UK COVID-19 Inquiry. The UK COVID-19 Inquiry has been set up to examine the UK’s response to and impact of the COVID-19 pandemic and learn lessons for the future.

3.0 Current Position

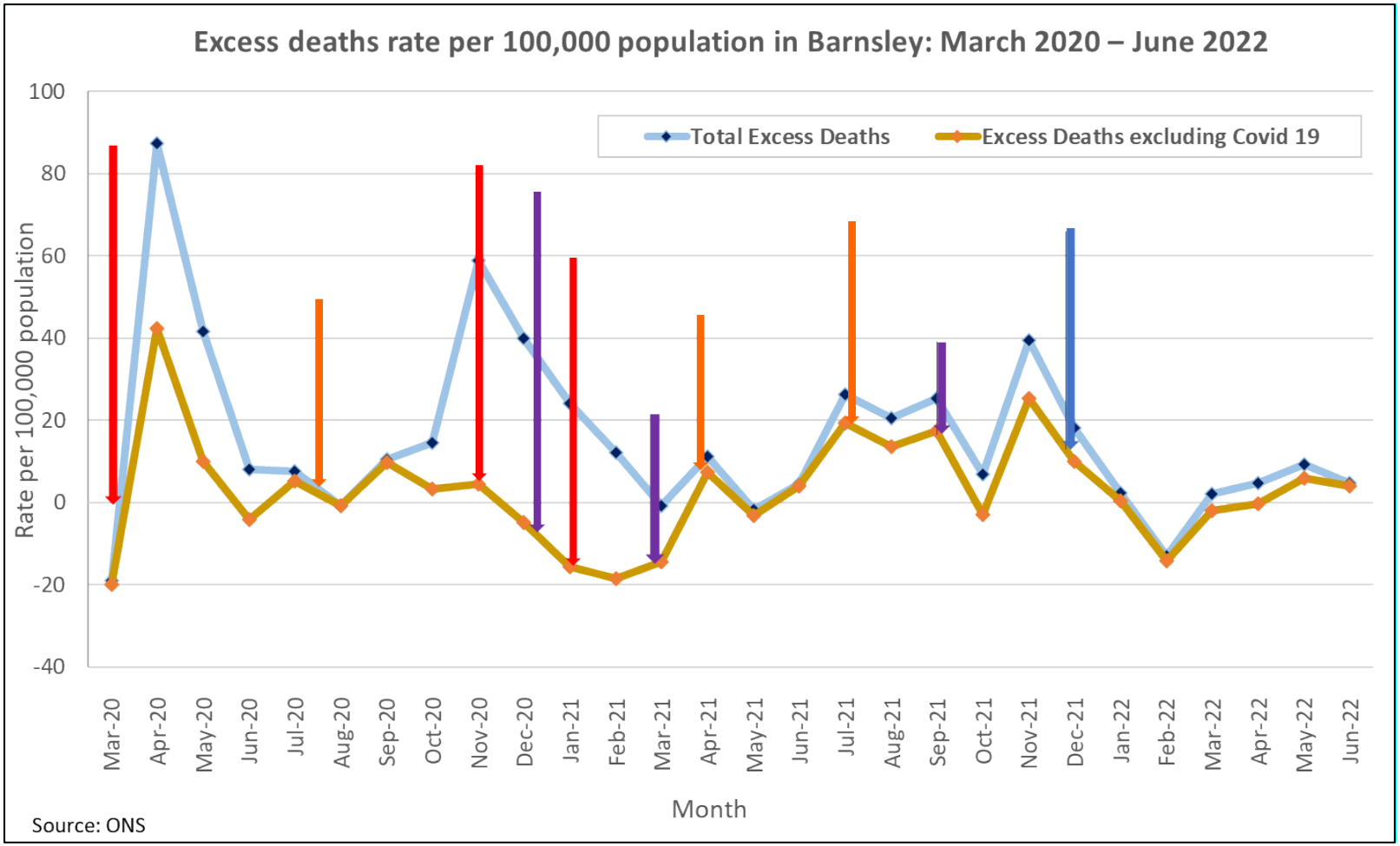
3.1 This report looks back at Barnsley’s excess deaths over the period March 2020 to June 2022. This covers the main events of the pandemic, including the peak periods of COVID-19 infections, all COVID lockdown periods and key control events, and the first winter following the vaccine roll-out.

3.2 Between March 2020 to June 2022, Office for National Statistics (ONS) data shows that Barnsley has a total excess death rate (deaths from all causes) of 19.4%, higher than the Yorkshire and Humber average of 11% and higher than all other South Yorkshire local authority areas: 9.2% in Sheffield; 14.3% in Doncaster; 14.8% in Rotherham. If we exclude COVID-19 as a cause of death, the rate falls to 4%. However, at 4%, the rate of non-COVID deaths in Barnsley is higher than the figures for Yorkshire & Humberside and England at -0.7% and -0.4% respectively.

3.3 To understand this picture in Barnsley, Figure 1 shows the trend in excess death rates over this time period. This is split into two trend lines, one covering all excess deaths (which includes deaths from COVID-19) and one showing excess deaths from other causes. Key events are also noted over the timeline.

[3] Cuffe , R., & Schraer , R. (2023, January 10). Excess deaths in 2022 among worst in 50 years. BBC. hhttps://www.bbc.co.uk/news/health-64209221

Figure 1. Timeline of Barnsley excess deaths during the period March 2020 to June 2022.



KEY:

Lockdown restrictions

Lockdown easing measures

Vaccination and booster rollouts

Omicron variant first seen in the UK

3.4 Between the period March 2020 to June 2022 the following major events occurred:

- 26th March 2020 – First national lockdown
- 5th November 2020 – Second national lockdown
- 6th January 2021 – Third national lockdown
- 20th December 2020 – COVID-19 Vaccine 1st dose rollout
- 1st March 2020 – COVID-19 Vaccine 2nd dose rollout
- 16th September 2021 – COVID-19 Booster programme

3.5 Figure 1 shows that the most notable trends in excess deaths occur before the initial roll-out of the COVID-19 vaccine programme. Other points to note:-

- There is a peak in excess deaths in April 2020, that coincides with the very first wave of the pandemic. It is likely that a proportion of these deaths were COVID-related but undiagnosed at this early stage.
- The second peak in November 2020 shows a larger gap between COVID and non-COVID excess deaths due to increased testing and diagnosis of COVID-19 infections.
- After the two peaks in COVID related excess deaths, we see a fall in non-COVID excess deaths. This may be evidence of expected deaths occurring at an earlier time, in this instance during the first two waves of the pandemic, often referred to as "mortality displacement."
- A third increase in excess deaths is noted in November 2021, which relates to a further wave of COVID-19 coupled with the winter period.

How has COVID-19 impacted deaths in Barnsley?

3.6 According to ONS, between March 2020 and April 2021, Barnsley had a recorded 716 COVID-19 deaths and a rate of 250 per 100,000 population [4].

3.7 On the GOV.UK Coronavirus dashboard, which has been a key source of information throughout the pandemic, Barnsley has consistently appeared in the top five Upper Tier Local Authorities (UTLAs) with the highest death rates from COVID. This has been the case with both measures used in the pandemic; the earlier measure of those who died within 28 days of a COVID test, and the more recent measure which counts deaths where COVID is mentioned as one of the causes on the death certificate. This is now the preferred measure as a death in someone who has tested positive becomes progressively less likely to be directly due to COVID-19 as time passes and more likely to be due to another cause.

3.8 Although this comparatively high local rate has received lots of attention since the pandemic began, the measures reported do not take into consideration the age distribution and other key characteristics of Local Authority areas to allow us to compare ourselves with other areas or the England average. To address this and provide more meaningful data, ONS provided age-adjusted COVID-19 death rates for the period March 2020 to April 2021[5].

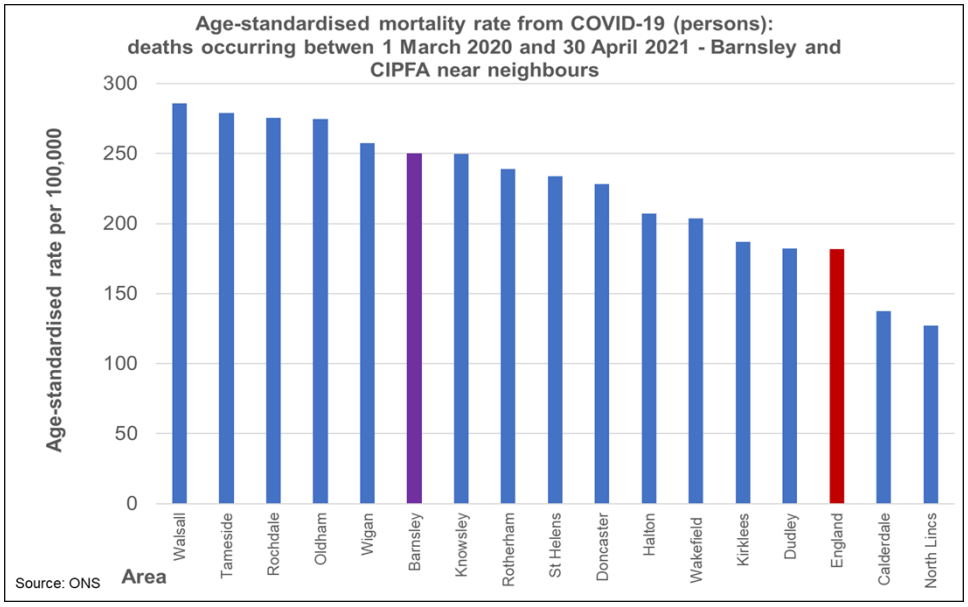
3.9 Age adjusted rates allow for comparisons to be made between populations that may contain different overall population sizes, and proportions of people of different ages. The age adjusted COVID-19 mortality rate shows that Barnsley is the 43rd highest UTLA out of 149 in England. Whilst the rate is still high, it is considered a more robust measure of Barnsley's mortality at this time, considering the key drivers of COVID-19 infection and death.

3.10 We can benchmark Barnsley on this age-adjusted measure with our statistical "near neighbours." Figure 2 compares COVID-19 death rates in Barnsley with local authorities who have similar population characteristics to Barnsley. Here, we see that Barnsley ranks sixth out of seventeen local authorities in this comparison group and higher than the England average.

[4] ONS (2022), 'Excess deaths in England and Wales: March 2020 to June 2022' https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/excessdeathsinenglandandwalesmarch2020tojune2022/2022-09-20#excess-deaths-by-geography

[5] Office of National Statistics (2021), 'Deaths due to COVID-19 by local area and deprivation.' https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation

Figure 2. Comparing age-standardised COVID-19 death rate with local authorities that have a similar population.



What else in addition to COVID-19 might have impacted on our excess deaths rate?

3.11 We have already noted that Barnsley entered the pandemic with a population at greater risk from serious illness and death, and that the current way of measuring excess deaths does not consider population growth. There may be further secondary impacts from COVID-19 and 'hidden harms' that have increased the excess mortality rate. Government national restrictions, although needed to protect the population and limit COVID-19's spread, have had wide-ranging consequences: from unmet health needs and mental health problems to education gaps, lost employment, and financial insecurity.

3.12 National evidence[6] suggests that in England a proportion of non-COVID excess deaths may be a result of health needs not being met being (e.g., not diagnosed or treated) during the pandemic. This could be because of several reasons; unprecedented health system pressures, the national contingencies put in place for pandemic control, or because of reduced social interaction through the national lockdowns and the impact on individuals' support networks.

3.13 The management of chronic disease has been impacted during this period[7]. Patients with chronic diseases require regular disease management and close follow-up to reduce the risks of poor health outcomes. A national online survey completed by healthcare professionals during the early months of the pandemic showed that Diabetes, chronic obstructive pulmonary disease, and hypertension were the most impacted conditions due to reduction in access to care. These challenges in primary care will also have been felt locally.

3.14 National evidence is also emerging of increased harmful behaviours over the course of the pandemic, particularly in lockdown periods. For example, between August 2020 to January 2021, the proportion of the Yorkshire and the Humber population that consumed a harmful level (35-50 units) of alcohol per week increased from 4.2% to 5.6%[8]. Recently published data from the ONS revealed that in 2020, England had the highest number of deaths from alcohol specific causes on record (and 27.4% higher than in 2019). This follows a period between 2012 and

[6] Covid-19: High level of non-covid deaths may reflect health system pressures https://www.bmj.com/content/372/bmj.n44 BMJ 2021;372: n44

[7] Chudasama YV, Gillies CL, Zaccardi F, Coles B, Davies MJ, Seidu S, Khunti K. Impact of COVID-19 on routine care for chronic diseases: a global survey of views from healthcare professionals. Diabetes Metab Syndr. 2020; 14:965–7.

[8] Wider impacts of Covid-19 - Public Health England, Wider Impacts of COVID-19 on Health (WICH) monitoring tool (no date) Wider Impacts of COVID-19 on Health (WICH) monitoring tool. Available at: https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/ (Accessed: February 2, 2023).

2019 where rates of alcohol-specific deaths in the UK had remained stable. The data shows a 20% increase in alcohol specific deaths in the Yorkshire and Humber region between 2019 and 2021. In 2019, Barnsley's trend rate of alcohol specific mortality rates was increasing.

What are the leading causes of death that were not COVID over this period?

3.15 Data from the ONS shows that between March 2020 to June 2022, the leading causes of death in England were:

- Symptoms, signs, and ill-defined conditions (often associated with old age and frailty) - 30% increase compared to the five-year average
- Cirrhosis and other diseases of the liver – 19.7% increase
- Diabetes – 24.4% increase

3.16 The leading causes of death with the largest decreases were influenza ('Flu') and pneumonia (a 36.7% decrease) and chronic lower respiratory diseases (a 14.7% decrease). This is likely to be due to the suppression of influenza and other respiratory infections brought about by COVID control measures.

3.17 Identifying changes in the leading causes of death at a local level is complex due to the way that deaths are recorded and would require more detailed analysis. It may also be useful to include a period beyond the pandemic for comparison and to identify any emerging impacts of current challenges such as the cost-of-living crisis. We have included a recommendation to undertake further analysis later in this report.

Summary

3.18 Having reviewed the excess deaths data for Barnsley (2020-2022) in summary:

- Deaths related to COVID-19 have been higher throughout the period of the pandemic in comparison to other local authorities. However, considering the age-distribution of the Barnsley population our position is where we might expect given our IMD deprivation ranking (43rd with an IMD ranking of 38). When we compare Barnsley to other local authorities with similar demographics (our "near neighbours"), the rate of deaths from COVID is not significantly different.

- Local authorities with higher rates of death from COVID share similar characteristics. They are older industrial or coastal towns, that entered the pandemic with older and less healthy populations, at higher risk of serious illness and death from the virus. This is true of Barnsley, where we have an older population, a higher number of care homes and greater levels of chronic disease and deprivation compared with other areas of the country.

- We have also seen higher levels of non-COVID excess deaths in comparison to regional and national averages. There are a number of factors that could account for these higher rates. There is some evidence of mortality displacement following the larger COVID peaks, and it is likely that there are other secondary impacts of the pandemic, including reduced access to health services which has led to a reduction in numbers of people seeking and receiving health care from GPs, accident and emergency, and other health care services for non-COVID conditions. Emerging evidence post pandemic also points to higher levels of 'harmful behaviours' in 2020, including increased levels of smoking and alcohol use.

- Deprivation is a key factor throughout the analysis, highlighting once again the increased risk of serious illness and poorer health outcomes for those residents living in our most deprived communities.

- A growing and ageing population means that we would expect to see a slight increase in the number of excess deaths. We are working to develop a population-based model that takes this into account.

4.0 Future Plans & Challenges

4.1 We recognise that there are other challenges faced by our residents in addition to COVID-19, that could worsen existing health inequalities and cause further fluctuations in our local excess deaths data. These include:

- The current cost-of-living crisis and its protracted impacts on levels of poverty and the health and wellbeing of our population.
- The impact of extreme pressures on hospital and ambulance services
- The return of a Flu season in the Winter of 2022, combined with a cold winter, the Strep A outbreak, and new COVID-19 variants.
- The potential that COVID-19 has reduced resilience levels in the population, leaving people more vulnerable to other diseases. COVID-19 is also still circulating and causing serious illness and deaths, especially among elderly groups and those who are unvaccinated.
- The longer-term impacts of the increase in harmful behaviours observed during the pandemic, as well as the impact of residents living in 'crisis mode' in response to the high cost of living, meaning that they are more likely to make decisions that are damaging for their health in the longer term.
- Impacts of the harm from climate and environmental changes that continue to manifest.
- Impact of wider geopolitical conflict (war in Ukraine).

4.2 Initial analysis of excess deaths in the extreme heat in summer 2022 does not show a significant increase. However, to fully investigate this further analysis of data following summer 2023 needs to be undertaken.

How will we respond to the findings of this report?

- We will continue to monitor the local excess deaths rates alongside developing a population-based approach.

- We will undertake further analysis on the leading causes of death, particularly premature deaths in Barnsley and the impact on inequalities in life expectancy and healthy life expectancy.

- The findings of this report will be shared with partners to highlight the issues raised and strengthen existing work on preventative approaches to protect and improve the health of the Barnsley population.

- Continue to support health protection programmes, such as outbreak management and vaccination as the best form of protection against serious illness from COVID-19 and seasonal influenza.

- We recognise that our population is more vulnerable coming out of the pandemic and we will work with our partners across the healthcare system to mobilise on chronic disease management, ensuring we do everything we can to make our population more resilient for future pandemics.

- High levels of deprivation and health inequalities are not new for Barnsley and the findings of this report further highlight the need for a preventative model to reducing health inequalities, focusing on the wider determinants of health (such as housing, employment, and education). We have set out our vision for a healthy Barnsley in our Health and Wellbeing Strategy 2021-30 and our Barnsley 2030 priorities.

- As a Place-based partnership we continue to work together on the recovery from the broad impact of COVID-19 in the borough to ensure our approach to tackling health and social inequalities is fair and equitable.

5.0 Invited Witnesses

- Carrie Abbott, Service Director Public Health & Regulation, Public Health & Communities, Barnsley Council
- Rebecca Clarke, Head of Health Protection & Healthcare, Public Health & Communities, Barnsley Council
- Emma Robinson, Senior Public Health Officer, Health Protection & Healthcare, Public Health & Communities, Barnsley Council
- Jamie Wike, Deputy Place Director (Barnsley), NHS South Yorkshire Integrated Care Board
- Joe Minton, Associate Director (Barnsley), NHS South Yorkshire Integrated Care Board
- Dr Andy Snell, Public Health Consultant, Barnsley Hospital NHS Foundation Trust
- Cllr Caroline Makinson, Cabinet Spokesperson, Public Health & Communities

6.0 Possible Areas for Investigation

- What lessons have been learned locally following the Covid pandemic? What would you do differently in the future?

- What areas of good practice were identified by the peer review and what did Hull City Council learn from Barnsley?

- What work is being done to help residents reduce harmful behaviours?

- What messages do you plan to communicate to residents to support 'living well' and how will this be done?

- How do you know whether your work has a positive impact upon communities?

- When do you expect to have the data on leading causes of death, including premature deaths, and what do you think it will tell you? What will you do with the information?

- What analysis has been done to determine whether specific sections of the community have been disproportionately affected?

- Which were the most impacted conditions due to reduction in access to care locally, what is being done to ensure that impact is now reduced, and which areas are currently causing the most concern?

- Which of the wider determinants of premature death are most prevalent in Barnsley and what is being done to tackle them?

- What are the current pressure points within the local health and care system that need to be addressed to minimise the impact upon excess deaths?

- How are you working with partners so that those at the end of life have an appropriate care plan to support 'dying well'?

- What can elected members do to support the work in reducing excess deaths?

7.0 Background Papers and Useful Links

GOV.UK Coronavirus (COVID-19) in the UK

ONS Excess deaths in England and Wales: March 2020 to June 2022

Barnsley Health and Wellbeing Strategy 2021 - 30

8.0 Glossary

CIPFA nearest neighbours – A tool developed to aid local authorities in comparative and benchmarking exercises considering a range of socioeconomic indicators.

Deprivation - the damaging lack of material benefits considered to be basic necessities in a society.

Excess deaths - Number of deaths that are above the number expected using a five-year rolling average (2015-2019 in this case).

Health inequalities – the unfair and avoidable differences in people's health across the population and between specific population groups.

HSC – Health and Social Care sector consists of any organisation which provides healthcare support to people, for example hospitals, dentists, and specialist support like physiotherapy, and social care support, for example, nursing homes, foster caring, and nurseries.

IMD – the Index of Multiple Deprivation is a measure of relative deprivation in small areas in England.

Local Authority - an organization that is officially responsible for all the public services and facilities in a particular area.

Local Government Association - national membership body for local authorities, working on behalf of member councils to support, promote and improve local government.

Mortality - another term for death. A mortality rate is the number of deaths due to a disease divided by the total population.

ONS - Office for National Statistics.

UTLA – Upper Tier Local Authority is a County or Shire Council.

9.0 Officer Contact

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6 March 2023

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