

<b>MEETING:</b>	Overview and Scrutiny Committee - Healthy Barnsley Workstream
<b>DATE:</b>	Tuesday 28 November 2023
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Barnard, Bellamy, Booker, Bowser, Clarke, Fielding, Green, McCarthy, Morrell, Moyes, Murray, Osborne, Sheard, Smith, Tattersall and A. Wray

### 14 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Osborne declared a non pecuniary interest as a member of the Berneslai Homes Board.

Councillor Sheard declared a non pecuniary interest as a member of the Barnsley Hospital Board and the Cabinet Support Member Public Health and Communities.

Councillor Tattersall declared a non pecuniary interest as a member of the Barnsley Hospital Charitable Trust and a member of the Berneslai Homes Board.

### 15 Minutes of the Previous Meeting

The minutes of the meeting held on 31 October 2023 were received.

### 16 Healthy Life Expectancy in Barnsley

The following witnesses were welcomed to the meeting:

- Rebecca Clarke, Head of Health Protection & Healthcare, Public Health & Communities, Barnsley Council
- Emma Robinson, Senior Public Health Officer, Public Health & Communities, Barnsley Council
- Cheryl Devine, Senior Practitioner, Public Health & Communities, Barnsley Council
- Andy Snell, Public Health Consultant, Barnsley Hospital NHS Foundation Trust/Barnsley Council
- Carrie Abbot, Service Director Public Health & Regulation, Public Health & Communities, Barnsley Council
- Anna Hartley, Executive Director Public Health & Communities, Barnsley Council
- Joe Minton, Associate Director – Strategy, PHM & Partnerships, South Yorkshire Integrated Care Board
- Jamie Wike, Deputy Place Director, Barnsley Integrated Care Place Based Partnership
- Councillor Wendy Cain, Cabinet Spokesperson Public Health & Communities

Emma Robinson and Cheryl Devine provided members of the Committee with a detailed presentation as an introduction to the report. The report provided an update on Healthy Life Expectancy and details of the factors that affect the number of years people in Barnsley spend in good health. Details of the Barnsley Council Inequalities Plan which is aligned to the place-based health inequalities strategy were also presented to Members within the report.

In the ensuing discussion and in response to detailed questioning and challenge, the following matters were highlighted:-

In regards to genetics and the part they play in someone's health and life expectancy, whilst medical practices collate information on family health history to gain an insight into any genetic dispositions, members were informed that it was mostly affected by social and economic circumstances. It was acknowledged that the things that people have a greater control over such as the environment where someone lives, alcohol use and air pollution, amongst other things, have the greatest impact on health and that genetics played a much smaller part.

Compared to other similar countries within the free market, it was noted that the United Kingdom were ranked 26 out of 37 in terms of life expectancy with Japan at the top of the table.

The decline in healthy life expectancy since 2015 as detailed within the report was recognised as being a result of austerity and the impact that had had on services and investments in the Barnsley area. At a South Yorkshire level the South Yorkshire Mayoral Combined Authority had pledged to make the county a healthier place to live by making changes at a broad level such as investing in and improving transport access to health care and employment. Local Authorities would respond to specific needs in their areas and Barnsley had laid out within the report what the Council would be doing across 3 areas of action to try and slow the downward turn and eventually reverse it. The Hospital were working towards the same 3 actions to find out what the drivers were and to make services fairer for the people who needed the most care to be seen first. Locally a lot of action was being taken to address this issue immediately rather than waiting for national policies to change.

It was not known at the time of the meeting whether social prescribing was having a significant impact on people's health but it was reported as a good service to support those who did not necessarily have medical needs. It was noted that there had been a significant uptake in people accessing the service and being referred to it. This had resulted in the number of social prescribing services doubling. The services social prescribing were offering had taken away some pressures on medical practices so they could focus on other health conditions.

A significant amount of work had been undertaken to capture the range and breadth of activities available around mental health. The Mental Health, Learning Disability, Autism and Dementia Partnership were working on how to bring all the information together in a central area so people could easily find and access the services they need. The Partnership were looking into how members of the Youth Council could be involved in order to expand the knowledge of what young people's needs were around mental health support. Work was being undertaken in partnership with

Communications in how best to share the information across Area Councils and Services.

Obesity was recognised as a high risk in deprived communities and was a rising issue in Barnsley. The Most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the Government's recommended healthy diet. Early intervention was a key to educating families and children on the importance of a healthy balanced diet, the risks of smoking and excess alcohol use. The introduction of Family Hubs would be able to provide this information and Service. The ongoing challenge would be the continual rise in fast food outlets which have a connection to people with obesity.

In terms of healthy life expectancy, the data was unable to drill down into geographical area specific statistics. However it was noted that there were some inequalities showing that people from Penistone had a higher life expectancy than people from the Dearne or the centre of Town. The statistics did show that men had a lower life and healthy life expectancy than women. As part of the 3 tiers of work to be undertaken some targeted work for a certain age group of men had been initiated. This included pop up blood pressure checks in Barber Shops to capture those who would not normally access health services. Concerns were raised around a potential increase in prostate cancer cases in the Borough. Whilst there were no statistics to confirm if this was the case, it was thought that this was due to more celebrities bringing this to the forefront of public knowledge by talking about it openly resulting in more men being more open about it.

In regard to the reliability of the data, members questioned whether someone moving around the Borough and passing away in a different area would skew the data. It was noted that to some extent this could happen which is why a number of factors were taken into consideration such as population levels, trends over time and averages in order to gather a general picture of the geographical spread. Another difficulty with collating data accurately would be the occupation exposure to health risks, different health risks exposed to over a lifespan such as an accident which would change the healthy life expectancy of someone instantly. The majority of health risks are cumulative formed from childhood. An example of which was if someone was exposed to asbestos, brought up in a heavy smokers household and air pollution if in an urban area.

Members made reference to the UK Biobank, a large scale biomedical database which collates genetics, lifestyle and health information from UK participants. Members suggested that this data, if accessible by the Service, could be useful to provide additional information to the health picture in Barnsley.

It was recognised that there were links to poor oral health and other diseases such as cardiovascular disease. Access to good dental services was a major national issue and concern. Whilst Public Health have a remit for Oral Health Improvement work, dental health and access to services are outside of the scope of the Public Health Service.

Concerns around Radon Gas were raised and whether this was an issue in the Borough with its history of being a mining town. It was noted that should any issues

arise the Head of Regulatory Services and Service Manager Pollution Control would investigate this further.

Members expressed their worry that the Borough's life and healthy life expectancies were so low, particularly as all the hard industries such as mining and steel had been gone for decades and more so in men than women. Members were reassured that this was not unique to Barnsley. There were multiple leading factors to ill health such as smoking, alcohol use and obesity which was high in the area. Targeted intervention would focus on men and getting them to open and speak up by visiting places they are more likely to frequent such as football clubs. It was noted that women generally were more familiar with the healthcare system as they had more exposure to healthcare throughout their lives so it was not seen as much of a challenge for them to speak up and access help.

Members raised concerns over the misuse of alcohol and whether it would be possible for Public Health to work with Licensing Officers and public houses and drinking establishments to run a campaign to ask people to drink a pint of water between each alcoholic beverage. Officers informed members this would be taken away and reported into the Alcohol Alliance.

It was acknowledged that any Government Levelling up monies would positively impact on the health of Barnsley residents as one of the biggest impacts on health was adequate income and housing.

Members were referred to an online document called 'What Makes Us Healthy' created by the Health Foundation which shows a graphical journey through life and breaks down components that affects people and their health such as transport, access to good food, work and education. Whilst this is a general look across the country most can relate to Barnsley residents.

Queries were raised as to how better housing could affect health. In response members were informed that there were a number of factors related to houses that affect health including:

- If not looked after they can have damp, mould and condensation resulting in respiratory issues
- Rubbish in the gardens can draw in vermin
- If a house is in disrepair it can affect the mental health of the person living in it
- Smoking in private rented and housing association houses is higher than owned homes
- Increased fall risks if houses are not maintained properly
- Lack of energy efficiency in some older homes if not insulated properly letting the cold and damp in
- Increased infection risk in houses of multiple occupation

It was asked if more bungalows in the Borough would result in less trips and falls. This was not something that could be specifically linked to whether someone lived in a one or two storey home. Falls were usually caused by an interaction of a number of risk factors. The more risk factors you have, the greater your risk of falling such as difficulties with walking and balance, poor footwear, use of some medications and home hazards. Work was being undertaken within the Partnership and other

agencies to work with people at more risk in order to avoid hospital and intermediate care and keep people in their own homes.

Concerns around vaping in pubs and homes and the impact on health were raised. It was noted that there was a Task and Finish Group looking into vaping across the whole population and working on what interventions are in place. The Chair of the Task and Finish Group agreed that they would be happy to add concerns raised to the recommendations from the group.

The Chair commented that as not every ward was represented at the Overview and Scrutiny meeting and with the issues raised and information provided affecting the whole Borough, they asked for the issue to be submitted as an item for an All Member Information Briefing.

**RESOLVED:-**

- (i) that the witnesses be thanked for their attendance and contribution, and that the report be noted;
- (ii) that the report be put forward for an All Member Information briefing;
- (iii) that witnesses consider mapping the range and breadth of activities available to adults across the borough to support mental wellbeing;
- (iv) that witnesses share their health inequalities toolkit with Area Council Managers;
- (v) that witnesses consider using data from the UK Biobank; and
- (vi) that witnesses consider approaching the Alcohol Alliance with members suggestion for responsible drinking.

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Chair