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

AGENDA

Healthy Barnsley Workstream

Councillors Barnard, Booker, Bowser, Crisp, Ennis OBE, Fielding, Green, Mitchell, Osborne, Pickering, Smith and Tattersall.

Administrative and Governance Issues for the Committee

1 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.

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

To note the minutes of the previous meeting of the Committee (Growing Barnsley Workstream) held on 31st October 2023 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

3 Healthy Life Expectancy in Barnsley *(Pages 9 - 18)*

To consider a report of the Executive Director Core Services, the Executive Director Public Health, and the Barnsley Place Based Partnership in respect of: -

3a) Healthy Life Expectancy in Barnsley
3b) Barnsley Place Based Partnership: Tackling health inequalities in Barnsley

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), Barnard, Bellamy, Booker, Bowler, Bowser, Christmas, Clarke, Denton, Eastwood, Fielding, Green, Hayward, Hunt, Lodge, Markham, McCarthy, Mitchell, Moore, Morrell, Moyes, Murray, O'Donoghue, Osborne, Peace, Pickering, Risebury, Sheard, Smith, Tattersall, Webster, A. Wray and N. Wright together with Statutory Co-opted Member (Parent Governor Representative)

Electronic Copies Circulated for Information
Sarah Norman, Chief Executive
Wendy Popplewell, Executive Director, Core Services
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 3 (2pm)

- 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 Abbott, 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
- Cllr Wendy Cain, Cabinet Spokesperson, Public Health & Communities

BARNSLEY
Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee - Growing Barnsley Workstream
DATE:	Tuesday 31 October 2023
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis OBE (Chair), Barnard, Bellamy, Booker, Bowler, Clarke, Denton, Eastwood, Fielding, Hayward, Markham, McCarthy, Morrell, Osborne, Peace, Tattersall, A. Wray and N. Wright

11 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Osborne declared a non-pecuniary interest as a Member of the Berneslai Homes Board

Councillor Tattersall declared a non-pecuniary interest as a Member of the Berneslai Homes Board

12 Minutes of the Previous Meeting

The minutes of the meeting held on 10 October 2023 were received.

13 A Review of the Delivery of the Housing Service (Berneslai Homes)

The following witnesses were welcomed to the meeting:

- Kathy McArdle, Service Director, Regeneration & Culture, Growth & Sustainability, Barnsley Council
- Rachel Vella, ALMO Clienting Officer
- Neil Copley, Director of Finance, Core Services, Barnsley Council
- Ashley Gray, Strategic Finance Business Partner, Core Services, Barnsley Council
- Amanda Garrard, Chief Executive, Berneslai Homes
- Arturo Gulla, Executive Director of Property Services, Berneslai Homes
- Dave Fullen, Executive Director of Customer & Estate Services, Berneslai Homes
- Cllr Robin Franklin, Cabinet Member Regeneration & Culture, Barnsley Council
- Kate Gothard, Team Leader, Commercial and Property Legal, Barnsley Council

Kathy McArdle, Service Director Regeneration & Culture, Growth & Sustainability, presented Members with a brief overview of the report which covered a range of themes including:

- How Berneslai Homes as an Arms Length Management Organisation (ALMO) delivers housing services for the Council
- The Berneslai Homes Annual Performance report for 2022/23 and for the first quarter of 2023/24
- The Tenants Satisfaction Survey 2023
- The challenges that Berneslai Homes face in the work they do to deliver housing services
- Work being undertaken on the Lettings Policy and Housing waiting list

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

It was recognised that a number of factors had resulted in the reduction of satisfaction following the results of the Tenants Satisfaction Survey. These included external factors such as the cost of living crisis, the pandemic and the increased media on damp, mould and condensation issues in properties. All social housing had received negative publicity over the past 18 months which had resulted in a high impact overall and similar levels of reduced satisfaction.

In order to address the low scores and improve them going forward, Berneslai Homes had undertaken a significant amount of work internally including reorganisations, efficiencies and some services had been changed and new ones introduced. One area that had particularly received a low score was around the grounds maintenance service (which is a Council-retained service). A review of the Service Level Agreement would be undertaken involving Lead Officers and the Council to reflect on what could be improved whilst also being mindful of the overall budget.

Members were assured that all services had been reviewed in terms of efficiencies and everything that could be done had. This had included bringing in new IT services and new software to make services more efficient in the future.

As part of the recent Regulatory changes following the amendments to the Social Housing (Regulation) Bill, Berneslai Homes were implementing a new action plan based on conversations from customers and taking into account their feedback so it is developed by customers and what they perceive rather than officers. Part of the new act is based around working more with customers and how they can better listen to them such as when an issue is raised on something going wrong, gather that information and look into how they can do better.

Communications to tenants around repairs was being improved by proactively introducing personalised letters to individuals detailing updates and timescales around their specific repairs. A new repairs IT system was being installed in January 2024 resulting in possible savings of around £2 million per year. The investment would provide a better customer service in the future by increasing productivity by 1 job a day per person, which, across the whole year was a significant improvement.

In terms of tackling Anti-Social Behaviour, it was recognised that the Council retained responsibility for dealing with Anti-Social Behaviour and that Berneslai Homes did not have the same powers. However, Berneslai Homes were involved with low level issues such as neighbour and noise disputes and could escalate issues through the Council. Support would be provided to them by gathering evidence and supporting

the community. Following the forementioned restructure, an Anti-Social Behaviour Team had been created to undertake this work with the Council on case management. An Anti-Social behaviour app had been created to enable people to report issues 24/7 and a dedicated phone line was in operation with specialist Anti-Social Behaviour operatives. The creation of this Service had been enabled by the restructure of other services and removal of tiers and levels of Management in order to create more Community facing officers.

In response to questioning around potentially stopping people from becoming Berneslai Homes tenants who had a history of anti-social behaviour, it was noted that checks and balances before offering out a tenancy would be a difficult line to cross. As a social housing provider, they were asked to rehouse some people with challenging needs which required some intervention and management in order to benefit them out in the Community. If, however, someone is identified at the point of signing up, Housing Coaches were in place to work with new tenants to form an action plan to get them off on the right footing. If they are found to have needs after signing up, then they would be offered support, intervention and management in order to get the best outcome for the individual and the community they are living in. This is also done in collaboration with partnership agencies such as the Drugs and Alcohol Partnership, Adult Social Care and Mental Health Services.

Members were provided with a context as to why there was a significant backlog of repairs. It was noted that during the past couple of years there had been a large campaign around damp, mould and condensation which had resulted in an increase in repairs being reported to rectify this. It was recognised that the condition of some of the housing stock was low as some were more than 100 years old. Despite an investment programme of plastering, 70 to 80 year old homes were now deteriorating also. Any repairs that had an urgent health and safety risk such as damp and mould would be raised as a priority, resulting in other repairs having to wait. Work was being undertaken with Council colleagues in order to fully understand the needs of the investment programme for the forthcoming years.

60-70% of the housing stock was old and insulation in those properties was poor resulting in a build-up of moisture. Important work was being undertaken to put in ventilation as a priority to help combat damp, mould and condensation. Information was being provided to tenants around ventilation when cooking and drying clothes in the house. Berneslai Homes had created a Damp and Disrepair Team to deal with the extent of the issues around damp, mould and condensation in properties. It was reported that it had been difficult to recruit to but they were hopeful to have a full Team in operation as soon as possible.

A more efficient way of allocating work to contractors had been devised, in that works would be packaged up so contractors could deliver batches such as windows and doors in one go rather than drip feeding jobs as and when.

It was acknowledged that there was a constant flow of repair works which could never be finished but in terms of the backlog of non-priority works, it was noted that this was constantly being worked through but that it could not be guaranteed that these would be cleared by the end of the year. Remaining repairs would be carried over and addressed in the following financial year, following the account closure at

the end of the financial year. Members were informed that the Housing Revenue Account was under significant pressure, more than it had been in recent years.

Concerns were raised around the number of void properties in the Borough that were once family homes and unable to be allocated to families on the waiting list. It was reported that the number of voids were increasing as they are often houses that people had left in a state of disrepair, sometimes requiring around £10,000 worth of repairs to put right. A number of void properties would be ones were the previous tenants had turned down improvement works such as kitchens and bathrooms and these required significant work to get them up to a liveable standard.

Although recharges are raised, it was acknowledged that the main way to recover costs from people who leave houses in such disrepair would be if they tried to get go back on the waiting list or if they are wanting to move to another Berneslai Homes property, then these issues would be addressed.

Members raised the recent closure of Safestyle UK warehouse in Wombwell and how to address the concerns of Berneslai Homes tenants being able to pay their rent. It was reported that if any tenant in the Borough had concerns around the ability to pay their rent and bills, to contact Berneslai Homes straight away in order for the Tenancy Support Officers and other Teams to help. It was also reported that anyone who worked there could get in touch with contract partners of Berneslai Homes in order to see if there were any job vacancies. Advice was also provided for anyone in this situation to contact the Department for Work and Pensions immediately to get them registered in the system.

Members enquired as to whether they could have any input into where tenants were placed in the Community to try and alleviate any update. They were informed that this was against the role of an elected member and there were strict governance codes and guides of how allocations are dealt with.

The waiting list for Berneslai Homes properties was substantial and members questioned what was being done to reduce it. In response members were informed that a significant amount of work had been undertaken on the Lettings Policy Review and the impact of that work had seen the numbers decreasing. Following the changes to the Lettings Policy a lot of people had withdrawn applications as realistically they would have no opportunity to be rehoused. The figure had dropped from around 10,500 to around 4,300 following this review. It was expected to drop further as further reviews are being undertaken to go live in the new year. An interactive tool had been launched to allow people to put in their brief details as to what they were looking for and their circumstances and the system is able to give a realistic indication of their chances of getting the property they would like. This provided people with a realistic insight to save them from sitting on a waiting list and not proactively looking elsewhere. The Council was investing in a programme of acquisitions and investing in new builds in order to replenish stock lost in the Right to Buy Scheme. Support was provided to people to signpost them to other housing services also.

Members questioned whether the Council was investing in enough new builds to replenish the stock. It was stated that there could never be enough to meet demand

and that the Housing Revenue Account was already under significant pressure to support existing council stock.

In terms of recruitment and retention of staff, it was reported that a number of entry level posts had been successfully recruited to but that more technically skilled job roles were struggling to be recruited to. There was a struggle to recruit Middle Managers and Heads of Services but that this was not unusual in the current climate and that most businesses and councils were also having difficulties. There was a need to look towards Barnsley 2030 to combine and tackle the issue across the Borough. There were a number of factors affecting the issue including pay, as within the sector, Housing Associations pay a significant amount more.

The schedule of adaptations to properties and any repairs to those adaptations was in a good position as they had received some capital funding to help with the backlog. Some needs required complex planning such as ramps which took longer to schedule in but a significant number of minor adaptations such as grab rails were completed on a regular basis. Berneslai Homes worked closely with SWYPFT and Occupational Health to help get through the personalised equipment and adaptations needs of tenants. It was noted that the possible needs of an ageing population was taken into account when investing in new properties to future proof the housing stock.

Members raised the importance of the close working relationship Elected Members had with Berneslai Homes and asked whether it would be possible for a Berneslai Homes representative be available to attend the Ward PACT meetings on a regular basis. It was reported that this had been requested previously and plans were in place for a Berneslai Homes Neighbourhood Team Leader to attend to work with Elected Members and the Police.

Members and Officers of the Council passed on their thanks and appreciation for the hard work and support to residents that Berneslai Homes had undertaken with regards to the recent floods in the Borough.

RESOLVED:-

(i) that the witnesses be thanked for their attendance and contribution and that the report be noted;

(ii) Berneslai Homes improve communication with tenants, particularly regarding keeping them updated with progress of issues/repair needs raised;

(iii) that Councillors encourage tenants to get in contact with Berneslai Homes if they have concerns regarding making rent payments, as they can be put in touch with teams who can provide support in various ways;

(iv) that thanks be passed on to Berneslai Homes officers for their assistance alongside Council officers during the recent floods.

Chair

Item 3a

Report of the Executive Director Core Services
and the Executive Director of Public Health & Communities
to the Overview and Scrutiny Committee (OSC)
on 28th November 2023

Healthy Life Expectancy and Health Inequalities

1.0 Purpose

1.1 The purpose of this report is to provide the Overview and Scrutiny Committee with an update on healthy life expectancy (HLE). This includes a summary of Barnsley's current position, and a discussion of the factors that affect the number of years people in Barnsley spend in good health.

1.2 HLE is a key measure of health inequalities. To demonstrate the approach the Barnsley Place Based Partnership is taking to address health inequalities, this report and Item 3b - Barnsley Place Based Partnership: Tackling health inequalities in Barnsley outlines the place-based health inequalities strategy and aligned Barnsley Council inequalities plan.

2.0 Introduction and Background

What is Healthy Life Expectancy (HLE)?

2.1 HLE is the average number of years a person would expect to live in good health in a particular area. The measure is based on current mortality rates and the prevalence of self-assessed 'good' or 'very good' health in the population.

2.2 As we continue to both work and live longer, how long we will spend in good health becomes increasingly important. According to the Health in 2040 report, 9.1 million people in England are estimated to be living with major illness by 2040, 2.5 million more than in 2019. This is an increase from almost 1 in 6 to nearly 1 in 5 of the adult population.[1] Most of this increase is the result of an ageing population. The impact of this is a growing and costly demand for health and social care services.

2.3 Where a person lives has a significant impact on their healthy life expectancy. Boys born in England's wealthiest areas can expect twenty-one extra healthy years compared with boys in the country's poorest areas. For girls, the figure is 17 years.

2.4 There are also inequalities in life expectancy that impact how long a person might experience poor health. For example, two populations may both spend on average of 15 years in poor health. However, this might be a quarter of life for a group with life expectancy of 60 years, but only a sixth for a group with life expectancy of 90 years.

What are Health Inequalities?

2.5 Health inequalities are unfair, avoidable, and systematic differences in health and related needs, outcomes and services between different people and groups of people.

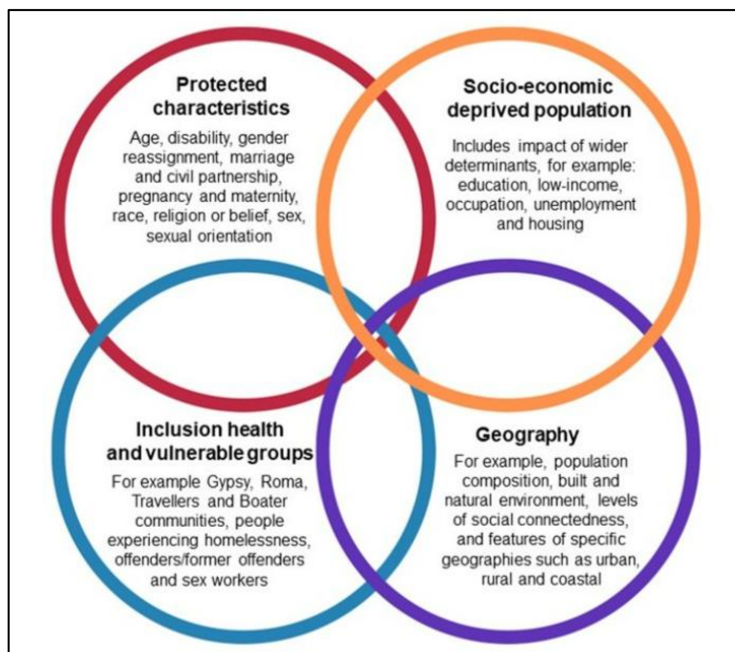
2.6 Health inequalities affect all of us in one way or another. It is not a concept that is unique to a handful of "hard-to-reach" groups but has a scale of impact across the entire population.

2.7 There are overlapping factors (Figure 1) that affect where we feature on this scale. These relate to 'who we are' (demographic), our 'general circumstances' (social, economic, and environmental) and other

[1] Watt T., Raymond A., Rachet-Jacquet L., Head A., Kypridemos C., Kelly E., Charlesworth A. 'Health in 2040: projected patterns of illness in England.' The Health Foundation; 2023 (https://doi.org/10.37829/HF-2023-RC03).

'protected characteristics' that might make us susceptible to discrimination (e.g., inclusion groups).

Figure 1: Domains of health inequality



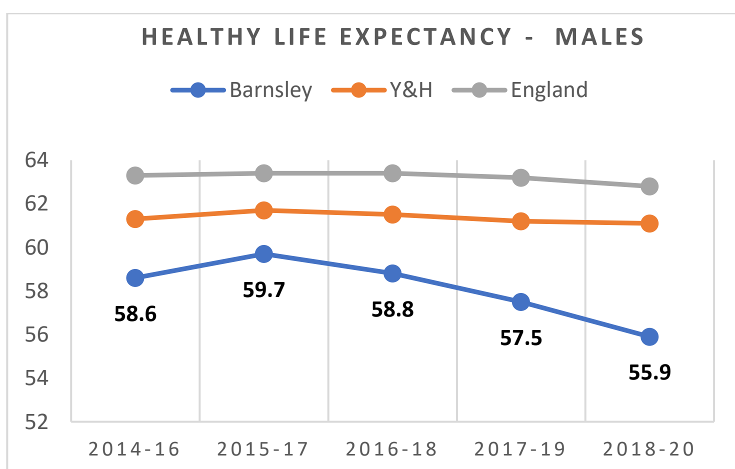
Source: Public Health England (PHE) Place-based approaches to reducing health inequalities

2.8 Due to such social, economic, and environmental circumstances and other characteristics outside of their control, people living in Barnsley are likely to spend more of their day-to-day lives in poor-health than people in other areas of the UK and are more likely to die younger.

3.0 Current Position

3.1 HLE at birth in the UK showed no significant change between 2015 to 2017 and 2018 to 2020. At the same time, HLE in Barnsley has been falling. The most recent published data for the period 2018-2020 shows that HLE for Barnsley males is 55.9 years, and for Barnsley females the figure is 60.1 years (as shown in Figure 2 and 3).

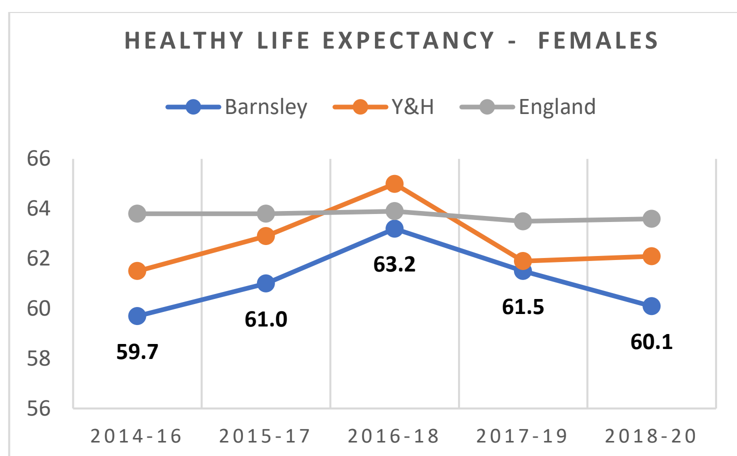
Figure 2: Healthy life expectancy of males in Barnsley 2018-20



Source: OHID, Public Health Outcomes Framework

3.2. For males in Barnsley, HLE is 6.9 years lower than the national average, and for females the figure is 3.5 years lower. There has been a greater fall in HLE for men in Barnsley of 3.5 years since 2015-17 (compared to 0.9 years for women) and this is a particular cause for concern.

Figure 3: Healthy life expectancy of females in Barnsley 2018-20



Source: OHID, Public Health Outcomes Framework

3.3 It is not possible to provide a ward breakdown for HLE as the source data for health status – the Annual Population Survey - is only available at Local Authority level. However, life expectancy data shows an inequality gap between our most and least deprived wards. For example, men living in Penistone East Ward can expect to live up to 8.4 years longer than men living in Worsborough Ward.

3.4 Life expectancy is a measure of the mortality rates that occur in any given population at a point in time. Life expectancy changes more with an increase or decrease in deaths at younger ages than with the same number of deaths at older ages. In Barnsley, our child mortality rate 1-17 years for the same period (2018-20) increased to 16.7 per 100,000 population (a total of 24 deaths). This is currently the highest rate in the Yorkshire and Humber region. As the rate is calculated from a small sample size, an increase or decrease of 1-2 deaths can cause variation across annual time periods, and so figures should be interpreted with caution. However, it is important that we closely monitor this trend as child mortality rates are seen as an important indicator of the effect of wider economic and social conditions on child health.

3.5 In line with the government's statutory guidance Working Together to Safeguard Children 2018, the Barnsley CDOP (Child Death Overview Panel) reviews the circumstances surrounding the death of each child on an individual basis in order that any modifiable factors identified can form the basis of key recommendations. Consideration is given to changes in local service provision which may prevent future harm and what action could be taken at a regional or national level.

Drivers of Healthy Life Expectancy

3.6 Analysis by the Office for Health Improvement and Disparities (OHID) suggests that changes in self-reported good health would have a larger impact on HLE than changes in mortality rates. That is, if prevalence of self-reported good health were to improve by 2% in all age groups, and mortality rates were to remain constant, the increase in HLE would be 1.3 years.

3.7 Having a chronic condition significantly increases the odds of self-reported poor health, with strong evidence that having multiple chronic conditions, known as 'multimorbidity,' increases these odds even further.

- Conditions of the musculoskeletal system (muscles, bones, joints) have the strongest association with self-reported health and have a large prevalence among the population.
- Cardiovascular disease also has a significant association and is a key driver of years of life lost.

3.8 In addition to chronic health conditions, poor recent wellbeing and mental ill-health are identified in numerous studies as being associated with self-reported poor health.

3.9 The relationship between behavioural risks and wider determinants is also important – with income, employment, education, physical activity, smoking and other factors all showing associations with self-reported poor health.

3.10 These individual factors can reinforce each other to increase the health risks and challenges that groups face. Unemployment, for example, as well as being associated with a direct negative impact on health, can harm future earning potential, thereby affecting other determinants of health such as income and the ability to afford decent housing– which in turn can impact on health behaviours and decision-making processes.

3.11 Research shows that these 'social determinants' can be more important than health care or lifestyle choices in influencing health, with studies suggesting that they account for between 30-55% of health outcomes.

3.12 The Global Burden of Disease (GBD)[2] study quantifies health loss from hundreds of diseases, injuries, and risk factors. The GBD tool shows that the conditions discussed above are prevalent in the top ten conditions causing the greatest disease burden in Barnsley (Figure 4). These conditions account for around 40% of total Disability Adjusted Life Years (DALYs). DALYs for a disease or health condition are the sum of the years of life lost (YLL) due to premature mortality and the years lived with disability (YLD). One DALY represents the loss of the equivalent of one year of full health.

Figure 4: Global Burden of Disease data for Barnsley

Top ten conditions causing greatest disease burden (Disability-Adjusted Life Years): Barnsley

Cause Name	Percentage of total DALYs in selected area (%)
Ischemic heart disease	8.61
Chronic obstructive pulmonary disease	5.20
Tracheal, bronchus, and lung cancer	4.91
Low back pain	4.66
Stroke	3.63
Diabetes mellitus	3.29
Depressive disorders	2.59
Lower respiratory infections	2.54
Headache disorders	2.26
Colon and rectum cancer	2.23

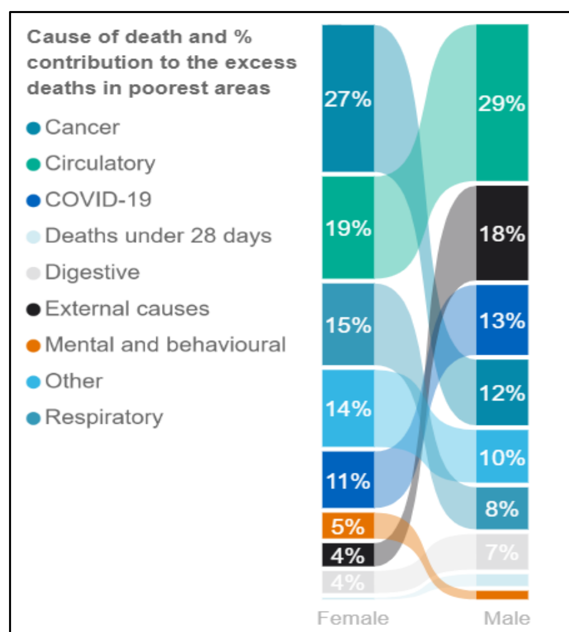
Source: Global Burden of Disease 2019. Institute for Health Metrics and Evaluation (IHME). **GBD Compare Data**

3.13 Around 40% of adults in Barnsley are living with some form of chronic illness or disability. Nearly 1 in 4 of these residents live in the most deprived 10% of communities in England. This compares to less than 1 in 100 residents who live in the least deprived areas. This means in Barnsley there is a clear correlation between deprivation and multimorbidity.

3.14 The link between chronic illness and deprivation in Barnsley is also clear when we view the leading causes of death and their contribution to excess deaths in our most deprived areas (Figure 5).

[2] Global Burden of Disease 2019. Institute of health Metrics and Evaluation (IHME), University of Washington. Available from: https://vizhub.healthdata.org/gbd-compare/

Figure 5: Diseases that contribute to the gap in life expectancy between the most and least deprived areas of Barnsley (2020-21)



Note: "External causes" refers to deaths caused by environmental events and circumstances that are external to the body (sometimes called deaths from accidents and injury).

Source: OHID, Picture of Health tool[3]

Risk Factors

3.15 Some of the association with deprivation described above is linked to the leading risk factors for health. Smoking, physical inactivity, and obesity are all strongly associated with poor health and have higher rates of prevalence in more deprived groups of the population.

3.16 People's ability to adopt healthy behaviours is shaped by the circumstances in which they live. That includes the education and support they receive in their early years, income, access to green space and healthy food, the work people do and the homes they live in.

3.17 There are also strong commercial factors at play, including the relative expense and availability of healthy and unhealthy foods, alcohol, and tobacco, and how they are advertised and promoted (known as the commercial determinants of health).

3.18 Deprivation is also a direct risk factor. Good health deteriorates faster for people living in the most deprived areas. By age 55–59, more than half of people living in the most deprived areas report having less than good health. For those living in the least deprived areas, this occurs 20–25 years later, at age 75–79 for women and 80–84 for men.[4]

4.0 The Approach to Improve Outcomes

4.1 In Barnsley we are working together to do more to improve health and reduce health inequalities in the local population. This requires action across all the determinants of health and, where action is beyond the reach of the health and care sector, working across sectors and with wider partners to make progress.

4.2 Item 3b - Barnsley Place Based Partnership: Tackling health inequalities in Barnsley outlines the plan for tackling health inequalities at a local level.

3

4 The Health Foundation. 2022. 'Proportion of population reporting good health by age and deprivation'. Available here: https://www.health.org.uk/evidence-hub/health-inequalities/proportion-of-population-reporting-good-health-by-age-and-deprivation

4.3 The Barnsley Health Equity Group (BHEG) is the delivery partnership for this strategy. Under the guidance and coordination of BHEG, organisations across Barnsley's Integrated Care Partnership are aligning their approach using a three-tier framework (Figure 6).

Figure 6: Three-tier framework for reducing health inequalities

4.4 This framework strikes a balance between "the whole" – acknowledging what determines our health and wellbeing (and, therefore, the need for health and care services) covering almost all aspects of society, economy, and the environment – and that which is within the immediate grasp of an integrated care system.

4.5 Whilst many of the causes of health inequalities are more readily addressed through shifts in national policy, investment, and infrastructural changes (e.g., industry), there are things we are doing locally, and we can do a lot more. The three-tier framework is already being used to strengthen the approach to reducing health inequalities across Barnsley, within Barnsley Hospital, Barnsley Council, South West Yorkshire Foundation Trust, and across Barnsley's Primary Care Network. Examples of work currently underway across the three-tier framework are provided on page 7.

4.6 Social prescribing is gaining momentum as a way of addressing the wider social determinants of people's health. Social prescribing link workers, based as part of the multi-disciplinary team in primary care networks, can spend more time with an individual, focusing on what matters to them, and take a holistic approach to their health and wellbeing. They can also connect people to the most appropriate and helpful community groups and statutory services providing practical and emotional support.

4.7 Barnsley residents can be referred to Link Workers from a wide range of local agencies, including GPs, pharmacies, hospital discharge teams, allied health professionals, the fire service, the police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations.

Tackling health inequalities in Barnsley – action across the three tiers

Tier 1: *Increasing services and support to address the key drivers of health inequalities, making every contact count, and co-developing these with people, for people.*

How's Thi ticker? – Community Blood Pressure Checks

"How's Thi Ticker?" (HTT) is a local campaign and partnership initiative working across primary care, local authority, charities, and businesses to increase blood pressure checks and treatment. The aim is to improve cardiovascular health outcomes for target population groups.

The initiative supports our place-based plan to reduce health inequalities by taking the service out into our communities encouraging those most at risk to get tested in convenient locations. HTT also adopts a Making Every Contact Count (MECC) approach to health promotion. The team discuss and signpost to appropriate support for a whole range of health and social care issues.

A Population Health Management (PHM) approach was undertaken to identify high risk target groups. The team looked at primary care data on patients missing a blood pressure check over a 5-year period alongside GP registered population data, and ward population data. Through this analysis it was identified that men in their 50's living in the top two most deprived areas of Barnsley were more likely to have not had a recent blood pressure check.

As HTT has grown, we have been able to tailor the scheme based on participant feedback around their health needs, for instance providing information on services such as weight management and smoking cessation. The mobile nature of the service means that the team continue to speak to residents and businesses to gather feedback on locations and support services required. How's Thi Ticker has been highlighted as an example of good practice in an NHS England population health management toolkit. The video can be viewed here.

Tier 2: *Improving all health and care services in such a way that they are targeted to the greatest need and reduce inequalities in care*

Barnsley Community Diagnostic Centre

Barnsley has opened the Community Diagnostic Centre (CDC) in the town centre, increasing accessibility of care, and integrating services with people's daily lives. The CDC has already received positive feedback from users and staff and has been recognised nationally, including a recent visit from the Chief Executive of the NHS.

Analysis of which local communities are benefiting most from this initiative is underway and will be used to inform planning for phase two of the CDC's development which will include expanding the diagnostic services available. Learning from the CDC will inform development of other community health and wellbeing offers funded by the place partnership, including consideration of integrating a health offer into libraries and other existing facilities that reach further into communities.

Tier 3: *Influence the wider influences on health, by becoming the best anchor institutions and network we can be and advocating for health equity across all sectors*

Supporting the apprenticeship levy

The apprenticeship levy that our collective organisations receive from central government is often under used and results in funds being returned instead of going into the local economy. Barnsley Council has committed in its Apprenticeship Strategy to transfer up to 25% of its annual levy contribution to other organisations (equivalent to approximately £145,250 per year). The council began in 2022 to support the Yorkshire Ambulance Service (YAS) in this way. YAS tend to spend all its levy and Barnsley Metropolitan Borough Council has committed £70,000 to support it with a further 10 Level 3 Apprenticeships.

Using wider sources of funding to build employment opportunities and respond to health needs is a win across all tiers. Sheffield Council has recently done so by transferring its levy to increase the domiciliary care workforce and improve the lives of frail and elderly. Barnsley is looking at how it can take a similar approach.

4.8 There are further ambitions outlined in the Place Based Plan relating to 'who' in the Barnsley population we might aim to engage, in 'what' ways we might support them and 'how' we proceed. These ambitions are incorporated in Barnsley's Place Based Partnership's Health and Care plan 2023-25 to ensure this becomes embedded into everything we do.

4.9 The 'How' ambition contains important underlying principles and values to ensure that as a place we strengthen our approach to reducing health inequalities. We need to take everyone along with us, so the local population, the workforce and any key stakeholders participate and share an understanding of why we are making these changes.

4.10 We need to effectively communicate the evidence on the social determinants of health to our workforce, partners, and residents to address the mismatch between public perceptions of what influences health, explaining how and why health is influenced by wider determinants and why experiences are unequal. Presenting information in a way that involves stories about people in context of these wider determinants may be a powerful way to communicate these messages.

4.11 Barnsley Council is a key partner of BHEG. We are developing a health inequalities plan, aligned to the place-based strategy with an overall aim to "*Make Health Inequalities Everyone's Business.*" Using the three-tier approach, we have considered desired outcomes for key stakeholders – residents (tier 1), customers (tier 2) and partners & workforce (tier 3). The proposed plan will feature the wealth of existing work already underway and explore new ways of working.

5.0 Future Plans and Challenges

5.1 As the Health Foundation notes[5], there are significant obstacles for improving healthy life expectancy. These may affect both the 'health' and 'life expectancy' parts of the measure. Before the COVID-19 pandemic there were pressures from slow growth in household living standards, stubbornly high poverty rates, and an ageing population. The pandemic created further pressures, including a health care backlog, as well as the wider impact on socioeconomic factors such as education, employment, and household income.

5.2 The government's Levelling Up White Paper includes an ambition to improve HLE by 5 years by 2035, with analysis by the Health Foundation suggesting that this improvement would take 192 years based on trends up to 2017-19 (excluding the effects of the pandemic). Turning around this deteriorating situation requires considerable investment in improving general economic and social conditions as well as in public health, health care and social care.

5.3 There are limitations to using the HLE metric as a measure of poor health. Although it is considered a reasonable measure of morbidity, it is a subjective measure and can mask variation of what counts as 'good health' between groups and places. There is also a considerable time lag in the data. We are currently looking at key lines of enquiry in relation other sources of data to allow further analysis of more up to date and comparable data. This will hopefully provide a more detailed and timelier picture of ill health at a local level which is not self-reported.

5.4 We encourage Elected Members to continue supporting our ambitions to tackle health inequalities; to have conversations in your communities, share experiences of residents, and challenge us in the work that we do. In your roles within the Area Governance arrangements and through Area Councils you are already ambassadors for reducing health inequalities (understanding local data, bringing in your local community knowledge and undertaking priority setting), and ensuring you commission the right services in your communities to meet their needs. Within your roles at the Ward Alliance meetings, you also support the facilitation of many projects in your local communities that may contribute towards the reduction of health inequalities (e.g., How's Thi Ticker?). Understanding the needs of communities is key to addressing health inequalities and improving health and these community roles are invaluable.

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[5] The Health Foundation. 2022. 'Healthy life expectancy target: the scale of the challenge'. Available from: https://www.health.org.uk/news-and-comment/charts-and-infographics/healthy-life-expectancy-target-the-scale-of-the-challenge

6.0 Invited Witnesses

The following witnesses have been invited to answer questions from the Overview & Scrutiny Committee regarding their role in this area of work: -

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 Abbott, 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
Cllr Wendy Cain, Cabinet Spokesperson, Public Health & Communities

7.0 Possible Areas for Investigation:

Members of the committee may wish to ask questions around the following areas:-

- Given that the Health Foundation has suggested it will take 192 years to increase HLE by 5 years, where do you think you can make the biggest impact in the short, medium, and long-term?
- Which of the priorities within Barnsley 2030 and the Health & Wellbeing Strategy will have the greatest impact on healthy life expectancy? Are there any quick wins?
- What intelligence did you use to determine the priorities for tackling health inequalities?
- What local factors are currently hindering progress? What plans are in place to tackle these?
- How much influence do you have over wider council plans and policies to ensure that they do not negatively impact on communities and create inequalities, particularly when there are conflicting priorities?
- What evidence do you have that the work outlined in the report is improving outcomes for residents?
- What more needs to be done to ensure that interventions are based on more accurate and timely intelligence and data – where are the gaps and when do you expect them to be addressed?
- What analysis has been done to understand the differences between men and women when it comes to smoking prevalence, being overweight etc and what is the gender breakdown of those attending interventions, NHS Health-checks etc?
- Can you give recent tangible examples of how you have increased services and support to address the key drivers of health inequalities, because of working with, and listening to, residents?
- What has happened to our communities since 2015 that has caused such a sharp decline in healthy life expectancy when compared to the rest of Yorkshire and the Humber?
- What factors, in addition to income deprivation, help to explain differences in life expectancy between areas? Are they as important as income, or even more important?
- What can you do to encourage behaviour change?

- What work is being done with young people to improve future healthy life expectancy?

- How can you guarantee that Barnsley residents will benefit from transferring the Apprenticeship Levy to other organisations?

- Regarding child mortality in Barnsley, what are the trends indicating, were any due to service failure or a gap in services? What has been put in place following CDOP investigations?

- What can elected members do to support this area of work?

8.0 Background Papers and Useful Links

- Item 3b - Barnsley Place Based Partnership: Tackling health inequalities in Barnsley
- Barnsley Health and Care Plan 2023-25
- Health Foundation: How to talk about the building blocks of health

9.0 Glossary

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

Social determinants of health – non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.

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

BHEG	Barnsley Health Equity Group
CDC	Community Diagnostic Centre
CDOP	Child Death Overview Panel
DALYs	Disability Adjusted Life Years
GBD	Global Burden of Disease
HLE	Healthy Life Expectancy
HTT	How's Thi Ticker!
MECC	Making Every Contact Count
OHID	Office for Health Improvement & Disparities
OSC	Overview & Scrutiny Committee
YAS	Yorkshire Ambulance Service
YLL	Years of Life Lost

10.0 Officer Contact

Jane Murphy/Anna Marshall, Scrutiny Officers, Scrutiny@barnsley.gov.uk