



Healthy Life Expectancy and Health Inequalities

Report to Overview and Scrutiny Committee (OSC)
28 November 2023

Barnsley Place Based Partnership

Tackling health inequalities in Barnsley



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Introduction

Follows the OSC report from March 2023 'Excess Deaths in Barnsley'

Purpose of the report:

- 1) To provide an update on Healthy Life expectancy (HLE) and a discussion of the factors that affect the number of years people in Barnsley spend in good health.
- 2) To outline the place-based health inequalities strategy and aligned Barnsley Council inequalities plan.

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What do we mean by “Healthy Life Expectancy” and why does it matter?

- HLE is the average number of years a person would expect to live in good health in a particular area.
- As we continue to both work and live longer, how long we will spend in good health becomes increasingly important. Around 1 in 5 of the adult population in the UK are estimated to be living with major illness by 2040. **The impact of this is a growing and costly demand for health and social care services.**
- 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.

**Growing gap in healthy life expectancy
between poorest and richest in England**

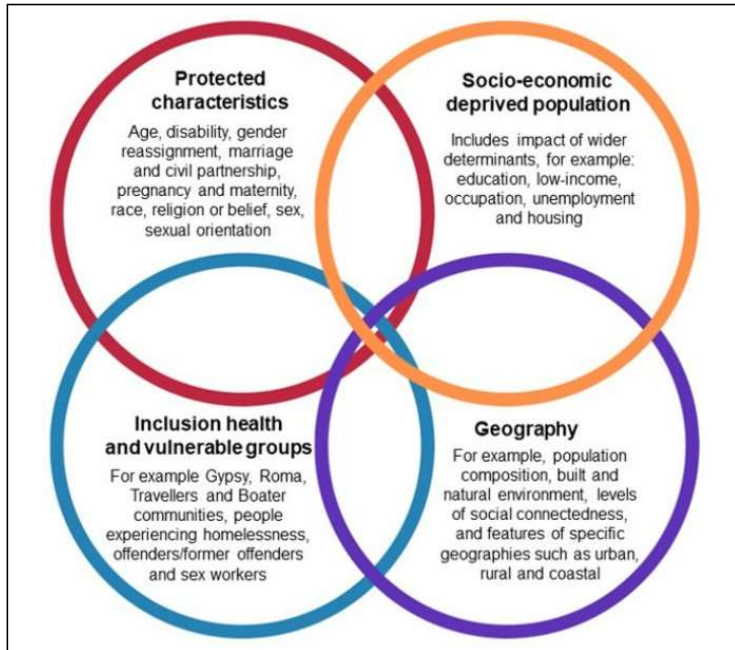
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What are Health Inequalities and what part do they play?

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



- Health inequalities affect us all in one way or another

Due to such social, economic, and environmental circumstances and other characteristics outside of their control people living in Barnsley are:

- more 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.

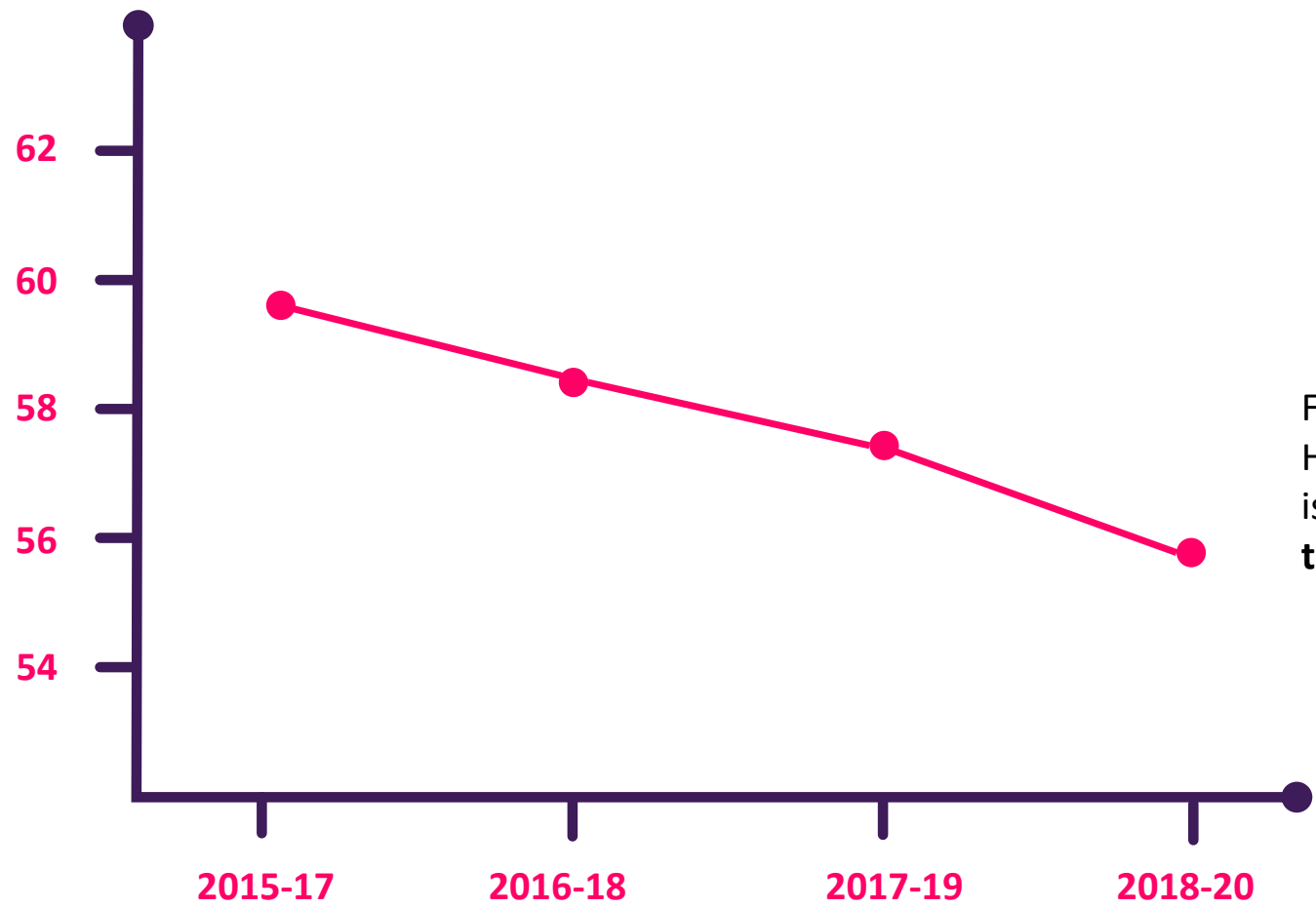
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Healthy Life Expectancy – Current Position

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:



For males in Barnsley, HLE is 55.9 years. This is **6.9 years lower than the national average**

Healthy Life Expectancy: an example

A man living in Worsborough Ward...



With a shorter life expectancy, around a quarter of their life spent in poor health

Drivers of Healthy Life Expectancy

- Analysis suggests that changes in self-reported good health would have a larger impact on HLE than changes in mortality rates.
- Having a chronic condition significantly increases the odds of self-reported poor health. Having multiple chronic conditions, known as 'multimorbidity' increases these odds even further.

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.



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Drivers of Healthy Life Expectancy

- The relationship between behavioural risks and **wider determinants** is important:

income, employment, education, physical activity, smoking and other factors all showing associations with self-reported poor health.

HOWEVER:

People's ability to adopt healthy behaviours is shaped by the circumstances in which they live.

There are also strong commercial factors at play known as the 'commercial determinants of health'

Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



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Tackling Health Inequalities in Barnsley

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Our framework to improve and reduce health inequalities

Barnsley's Place Based Partnership has aligned its approach to improving public health and reducing health inequalities under a three-tier framework. In 2022-23 we already delivered a lot of work against this framework some of which we have outlined below.

Our framework

What this looks like

Tier 1 Increase

Increasing engagement, opportunities, services and support to address the key drivers of health inequalities for people in need and making every contact count.



How's Thi Ticker?

Between June and October 2022, partners have come together to deliver blood pressure check sessions in convenient locations across the borough. More than 1,550 blood pressure checks were completed.

Expansion of Social Prescribing

We are expanding social prescribing to support our local people. An example of this is the introduction of a Diabetes Health and Wellbeing Coach who will provide a holistic approach to those with, and at risk of diabetes to improve health outcomes.

Early help navigator in A&E

Early Help navigators now work in our Children's A&E and assessment unit. They support children and their families with social, emotional and economic wellbeing and train the hospital's children services staff to provide wider support to families.

Tier 2 Improve

Improving all health and care services in such a way that they are targeted to greatest need and reduce inequalities in care.



More accessible care in the community

Barnsley has opened the Community Diagnostics Centre (CDC) in the town centre, increasing accessibility of care, integrating services with people's daily lives and investing in the local economy.

SMI Health Checks

We have worked to improve the local registers of people with Severe Mental Issues and used these to provide Health Checks to prevent, identify and improve the management of long term conditions.

Measuring and reporting inequalities

We have developed standard equality metrics for health and social care providers and a common way of presenting service data on inequalities. This is being rolled out across partners.

Tier 3 Influence

Influence the wider determinants of health such as social, economic and environmental factors that affect inequalities in Barnsley.



Cost of living crisis

We have a borough-wide commitment with our partners to support people and businesses through this period of uncertainty and to continue to provide help to people who need it most.

Barnsley Hospital Anchor Charter

This sets out a more structured approach to understanding and strengthening the benefit we can collectively have on Barnsley's environment, economy and employment. From using local sources, improving opportunities for local people and switching to greener products.

SWYPT sustainability and social responsibility plan

This aims to use the levers it has to maximise the benefits to local people, communities, places, especially those facing challenges and disadvantages.

BMBC Inequalities Plan

Deploying the three tier framework

Our vision

We know our residents are disproportionately affected by poor health and inequalities; this is a justice issue. We will use data and intelligence to plan and deliver interventions via a targeted approach to those in need – without further exacerbating inequalities. We will listen, engage and support residents to have the best start in life and guide them through the life course, to be healthy and included members of Barnsley. We will be ambitious and keep residents at the heart of everything we do. We will strive to make inequalities everyone's business.



MAKING INEQUALITIES EVERYONE'S BUSINESS -
PHASE 1 SETTING THE SCENE

BMBC Inequalities Plan

Follows the three-tier approach of the place-based plan:

- **Increase** - Residents
- **Improve** - Service Users
- **Influence** - Partners and workforce

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Inequalities Toolkit

BMBC toolkit in development to help with action across the three tiers.

Aim to raise the profile and understanding of inequalities and ensure consistent messages are shared.

INEQUALITIES TOOLKIT



AIMS

Raise profile and understanding of inequalities

Ensure new projects are considering inequalities

Large projects, programmes or services consider inequalities in the planning stage

Existing services can identify potential unfairness in their services

Consistent inequalities messages are shared across the borough

PRODUCT

Health inequalities 1/2 day training
Brief health inequalities module

Do your bit tool

Inequalities wheel

Inequalities measurement tool

Inequalities (fairness) branded comms materials



OUTCOME

Staff and partners aware of inequalities and what they can do in their work to make a difference

Staff consider inequalities when planning a new project or intervention

All domains of inequalities are considered and mitigated against when planning a new service / programme

Unfairness in access or outcomes are identified and mitigated against

Profile of inequalities is raised across the borough



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Future Plans and Challenges

- **There are significant obstacles for improving healthy life expectancy.** 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.
- Whilst many of the causes of health inequalities are more readily addressed through shifts in national policy, investment, and infrastructural changes, there are things we are doing locally, and we can do a lot more.
- We need to take everyone along with us, so the local population, the workforce and key stakeholders participate and share an understanding of why we are making these changes.
- We also 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.



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