

BARNSELY METROPOLITAN BOROUGH COUNCIL

North Area Council Meeting:
25th March 2019

Agenda Item: 4

Report of North Area Council
Manager

Health and Wellbeing Priority Workshop

1. Purpose of Report

- 1.1 To apprise Members of the discussions that took place at a recent workshop regarding the potential for a Health and Wellbeing project to be funded by the North Area Council.

2. Recommendation

- 2.1. **Members refer to sections 4 to 7 of this agenda item and discuss, with insights from the priority working group.**
- 2.2. **Members agree the priority area for future development work by a working party, Public Health Colleagues and the Area Manager.**

3. Background highlighting all significant financial commitments

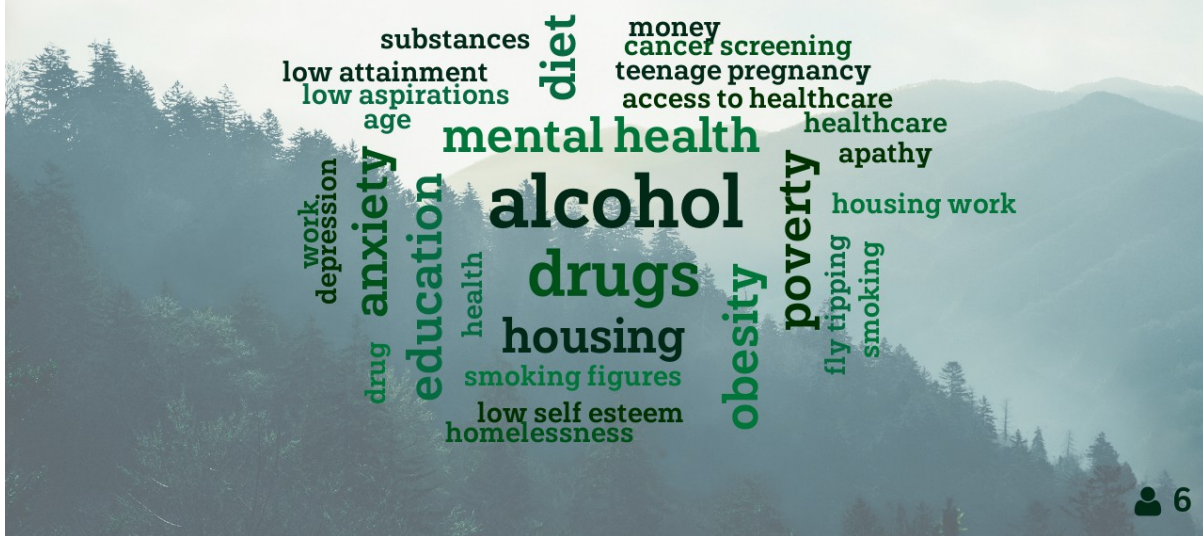
- 3.1. At the Area Council Meeting on the 21st January the Health and Wellbeing Priority Working Group representatives requested to look at the following priority areas with a view to commissioning a new project.
- Young People – Body / Mind / Relationships (Healthy relationships, period poverty, teenage pregnancy)
 - Smoking prevalence (Inc. mortality rates from respiratory and cardiovascular diseases)
 - Cancer prevalence (Inc. mortality rates)

4. Workshop - 26th February

- 4.1. On the 26th February a workshop took place lead by Cath Bedford and Cheryl Devine from BMBC Public Health. Supported by Jenny Grant from BMBC Procurement and the Area Manager
- 4.2. The working group consisted of: Cllr Platts, Cllr Tattersall, Cllr Spence, Cllr Charlesworth and Cllr Newing.
- 4.3. The session started with an interactive opportunity, Members were asked “What are the health and wellbeing issues affecting the population of the North Area?” Using software called Menti a tag cloud was produced which highlights the opinions of the working group. The larger words are the ones identified by multiple group members:

What are the health and wellbeing issues affecting your population?

Mentimeter



- 4.4. The working group also had an opportunity to work through a case study and discuss the needs of the family who were featured. The discussion covered: root causes and effect; why people take risks and consideration of consequences. It became clear from the conversation that culture has a very large part to play but key factors also include: education, attainment and aspiration.
- 4.5. Information about life expectancy, smoking prevalence and associated deaths, and mortality rates from cancer were shared.
- 4.6. There was also information from the young people's Make Your Mark Survey.
- 4.7. Subsequently the prevalence of young people being admitted to hospital due to injury and self-harm was discussed. Deliberate injury and self-harm is highest in the Old Town Ward. The risky behaviour primarily involves 15-19 year olds. There is a strong correlation between the hospital admissions and deprivation. The data shows that incidents involving girls are more likely to be self-harm whereas boys are having more accidents.
- 4.8. Period poverty, teen pregnancy and the issues affecting very young parents were also discussed. There is a graded relationship between the number of Adverse Childhood Experiences (ACEs) a young person has experienced and their risk of teenage pregnancy. Under 18 conceptions are very closely linked with poverty and low attainment. Barnsley has one of the highest rates in the country and the rates in the North Area are even higher.
- 4.9. The benefit to all members of society, particularly young people, of the Five Ways to Wellbeing was discussed: Connect, Be Active, Take Notice, Give and Keep Learning.
- 4.10. There is a strong preventative agenda for Smoking already delivering benefits in Barnsley. This agenda has gained national recognition. The group was also introduced to the evidenced work that has been shown to help change behaviour associated with smoking. There is already a smoking cessation project being delivered.

5. What works to help address these priority areas and what are others doing to address these priorities?

- 5.1. Be Cancer Safe delivered by VARotherham is a project that raises the importance of screening/early detection and makes people aware of the signs and symptoms of cancer. It is about encouraging people if they feel something is wrong with them to act fast and get an early diagnosis from the GP to give people the best chance of successful treatment. It focuses on five main cancers breast, bowel, cervical, lung and prostate cancer. Be Cancer Safe give talks and have stands where people can talk to staff and collect information. The Be Cancer Safe Team has recently had confirmation of another years funding from April 2019.
- 5.2. Smoking Cessation in Barnsley concentrates on changing the behaviour of smokers from specific groups: routine and manual workers, people with mental health needs and tobacco control.
- 5.3. Services for young people are not consistent across the borough. Ofsted's Curriculum is changing to include holistic health rather than simply focussing on educational attainment, however this will take time to bed in and operate effectively. Cheryl Devine is working with the Head Teachers and attends their meeting. Young people appear to get very little information about health relationships and emotional resilience. The C Card Service used to be available a youth clubs but as the youth service offer has changed there are far less opportunities for young people to find out about sex education and contraception within the localities. C Card is still available however its provision has been depleted over the years.

6. What type of project should the Area Council focus on?

- 6.1. It was felt that the Be Cancer Safe was operating well and there wasn't much in terms of additionality that the Area Council could offer. Members were clear that they wanted to offer Be Cancer Safe every opportunity to attend community events across the Area.
- 6.2. At the end of the session the working group was split between having a dedicated Smoking Cessation Officer for the North Area.
- 6.3. Or developing an innovative project to help address the risky behaviour of young people.

7. What was important to the Working Group?

- 7.1. The Area Council must use its resources to produce maximum impact for the community.
- 7.2. They discussed long term investment in a project to deliver sustained change in behaviour.
- 7.3. They wanted to build resilience in the community irrespective of age (0-99) but they also recognised that addressing the needs of young people would have a greater longer term impact and be a better investment – a prevention model (Which are always harder to justify because it's harder to measure the impact). A project involving young people would also help to address smoking.
- 7.4. Raising aspirations for the young people of the North Area.
- 7.5. Preventing risky behaviour in young people and improved understanding of the long term consequences of participating in risky behaviour at a young age.
- 7.6. Intergenerational opportunities were felt to be important.

8. Project characteristics – learning from previous commissioning

- 8.1. Coaching Model – Intensive but with a legacy and peer support incorporated (The best bits of the Summer Internship and Fit Reds models was discussed).
- 8.2. 5 Ways to Wellbeing should be at the centre of a project (Connect, Be Active, Give, Take Notice, and Stay Connected).
- 8.3. Building resilience, particularly around emotional wellbeing and being able to handle the knocks that life throws at a person (this could include Mental Health First Aid training).

9. Next Steps

- 9.1. It is recommended that the North Area Council agree which priority they would like to commit resources to.
- 9.2. The Area Manager will then arrange a further workshop to work up a delivery model for the priority, with the support of specialist officers.

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