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A HEALTHIER HAPPIER BARNSLEY

**OUR PUBLIC  
HEALTH  
STRATEGY  
2016-2018**

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## Foreword

We want to ensure that all Barnsley children are given the best start in life and all our residents enjoy a happy healthy life. We recognise the considerable effect that health and wellbeing has on the happiness and life chances of our residents.

We know that what happens to children before they are born and their experiences as they grow and develop can affect their health and opportunities later in life. We also know that children and young people who grow up in a safe environment and have a positive relationship with their families and communities are more likely to do better as they go through life. Therefore, the council is committed to work with partners to tackle the problem of poor health and health inequalities by focusing our efforts on children, young people and their families across the borough through actions aimed at giving every child in Barnsley the best start in life. We recognise that we must focus our resources in order to achieve the biggest impact on public health and wellbeing. We have therefore focused on three areas, improving the oral health of children, creating a smokefree generation and increasing levels of physical activity.

We have put in place a distributed model that places public health resource and expertise throughout Barnsley Council. This means we can address the borough's public health challenges as a public health council. We recognise that we need to work collectively to build a sustainable public health system in Barnsley, where agencies with statutory responsibilities work collaboratively with all agencies that make a contribution to public health. This means the council; the NHS, police, fire, probation service, schools, employers, businesses, voluntary and community agencies and others across the borough, all have a role to play. No single agency has the answer, and we must all work together, playing our parts and playing to each others' strengths.

Our ambitions need to be realistic given the challenge of cuts to local government funding, which includes the public health grant as part of central government austerity measures. By working differently to achieve this strategy we want to bring benefits now and in the future to our children and all local people, in terms of their quality of life and better health.



Cllr Jim Andrews  
Deputy Leader of the Council, Cabinet Spokesperson for Public Health

## 1. Our vision

All Barnsley children are given the best start in life and everyone can enjoy a happy healthy life regardless of who they are and wherever they live.

This strategy reflects on the public health work already underway in Barnsley with thousands of residents already making use of and benefiting from public health services each year (see Figure 1).

**Figure 1 Snapshot of Barnsley public health service usage in the last year**

<p><b>2,652</b> children in Reception and <b>2,316</b> children in Year 6 reached by the National Childhood Measurement Programme</p>	<p><b>1,301</b> residents helped to quit through stop smoking services</p>	<p>Over <b>14,500</b> Barnsley pre-school children have received oral health promotion advice</p>	<p>Over <b>300</b> children and young people have taken part in free weekly physical activity events</p>
<p><b>1,590</b> people who achieve the lifestyle behaviour change goal identified in their Personal Health Plan</p>	<p><b>Public Health Services</b></p>		<p><b>13,900</b> residents were in contact with Sexual and Reproductive Health services</p>
<p><b>976</b> new cases of sexually transmitted infections<sup>1</sup> have been diagnosed and treated</p>	<p><b>2,743</b> (95%) of Barnsley children received two doses of MMR by their 5th birthday</p>	<p><b>8,517</b> NHS Health Checks delivered to eligible residents aged 40-74</p>	<p><b>1,810</b> new mothers have been supported to initiate breast feeding</p>

This strategy also describes our future priorities and focus. Avoidable ill-health and the risk factors for this, if left un-tackled, will hinder our efforts to achieve our vision and grow the economic prosperity of the borough. Therefore our focus needs to be on:

- Doing more to ensure our children have the best start in life to grow up healthy, ready for school and later in life the workplace.
- Doing more to focus on building healthier communities and the contribution that everyone can make to improving health and reducing health inequalities including:

<sup>1</sup> excluding chlamydia under 25 year olds

Elected Members through Area Councils and Ward Alliances, NHS bodies, schools, employers, businesses, community and voluntary groups.

## **2. Why a strategy for Public Health?**

Good health is what we all aspire to for ourselves, our families, carers, friends and communities. There are many determinants of health including genetic factors, the impact of where we live, our social, environmental and economic circumstances and the quality of health care, especially primary care. Recent policy has acknowledged that local government is well placed, in its strategic place-making role to lead on these elements with partners.

The Marmot Review<sup>2</sup> into health inequalities in England was published in 2010. This important report proposes an evidence based strategy to address the social determinants of health. The circumstances in which people are born, grow, live, work and age can contribute to health inequalities. Central to the Marmot Review is a life course perspective and giving every child the best start in life. Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child and on into adulthood. Only then can the close links between early disadvantage and poor outcomes throughout life be broken. In addition the report of the Inquiry, Due North, was published in September 2014. The Inquiry panel, supported by a wide range of experts, made recommendations aimed at tackling the root causes of health inequalities and focused on the contributions that national and local government, the NHS and other agencies can make to reduce inequalities experienced by individuals and communities in the north of England. The recommendations follow four broad themes:

- economic development and living conditions
- early childhood as a critical period
- devolving power to make a difference at the right level
- the role of the health sector

For these reasons, every child having the best start in life is our highest priority in Barnsley along with recognising that there is a clear need to address the health and happiness of all our residents across the life course.

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<sup>2</sup> Marmot Review <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

### 3. How this strategy contributes to Barnsley Council’s Corporate Plan

Barnsley Council’s Corporate Plan 2015-18<sup>3</sup> sets out what we want to achieve over the next three years for our local residents.

The council has changed significantly over the last three years as we have implemented our Future Council Strategy. This has challenged us to change our culture and deliver services in more innovative ways, whilst delivering planned savings and efficiencies.

We have a new vision: ‘working together for a brighter future, a better Barnsley’, not only for the council, but also for the borough which has been agreed with our partners within ‘One Barnsley’. The Plan sets out priorities and outcomes which enable us to be clear about how we are going to work and what impact we need to make (see figure 2).

**Figure 2. Corporate Plan Priorities and Outcomes**

Corporate Plan Priorities	Corporate Plan Outcomes
Thriving and vibrant economy	<ol style="list-style-type: none"> <li>1. Create more and better jobs and good business growth</li> <li>2. Increase skills to get more people working</li> <li>3. Develop a vibrant town centre</li> <li>4. Strengthen our visitor economy</li> <li>5. Create more and better housing</li> </ol>
People achieving their potential	<ol style="list-style-type: none"> <li>6. Every child attends a good school</li> <li>7. Early, targeted support for those that need it</li> <li>8. Children and adults are safe from harm</li> <li>9. People are healthier, happier, independent and active</li> </ol>
Strong and resilient communities	<ol style="list-style-type: none"> <li>10. People volunteering and contributing towards stronger communities</li> <li>11. Protecting the borough for future generations</li> <li>12. Customers can contact us easily and use more services online</li> </ol>

<sup>3</sup> Corporate Plan 2015-18 [https://www2.barnsley.gov.uk/media/3704553/corporate\\_plan\\_2015-18.pdf](https://www2.barnsley.gov.uk/media/3704553/corporate_plan_2015-18.pdf)

While our Public Health Strategy specifically contributes to delivering Outcome 9 'People are healthier, happier, independent and active', it will also work across all of the three priority areas and a number of the twelve outcomes. Health improvement and inequality continues to be a challenge for the borough and this is influenced by a number of factors such as the quality of healthcare, lifestyle and wider factors such as employment, education, housing and poverty. We have also ensured it aligns well with other council plans, strategies and partnerships, such as the multi-agency Stronger Communities Partnership, which brings together system-wide leadership to the community and early help offer. The approach we are taking supports the agreed single vision for health and care in Barnsley set out in the Health and Wellbeing Strategy 2014-2019:

*"Barnsley residents, throughout the borough, lead healthy, safe and fulfilling lives and are able to identify, access, direct and manage their individual health and wellbeing needs, support their families and communities and live healthy and independent lifestyles"*

It also reflects the emerging over arching theme of keeping people healthy drawn from the development work undertaken by the Health and Wellbeing Board in September 2015.

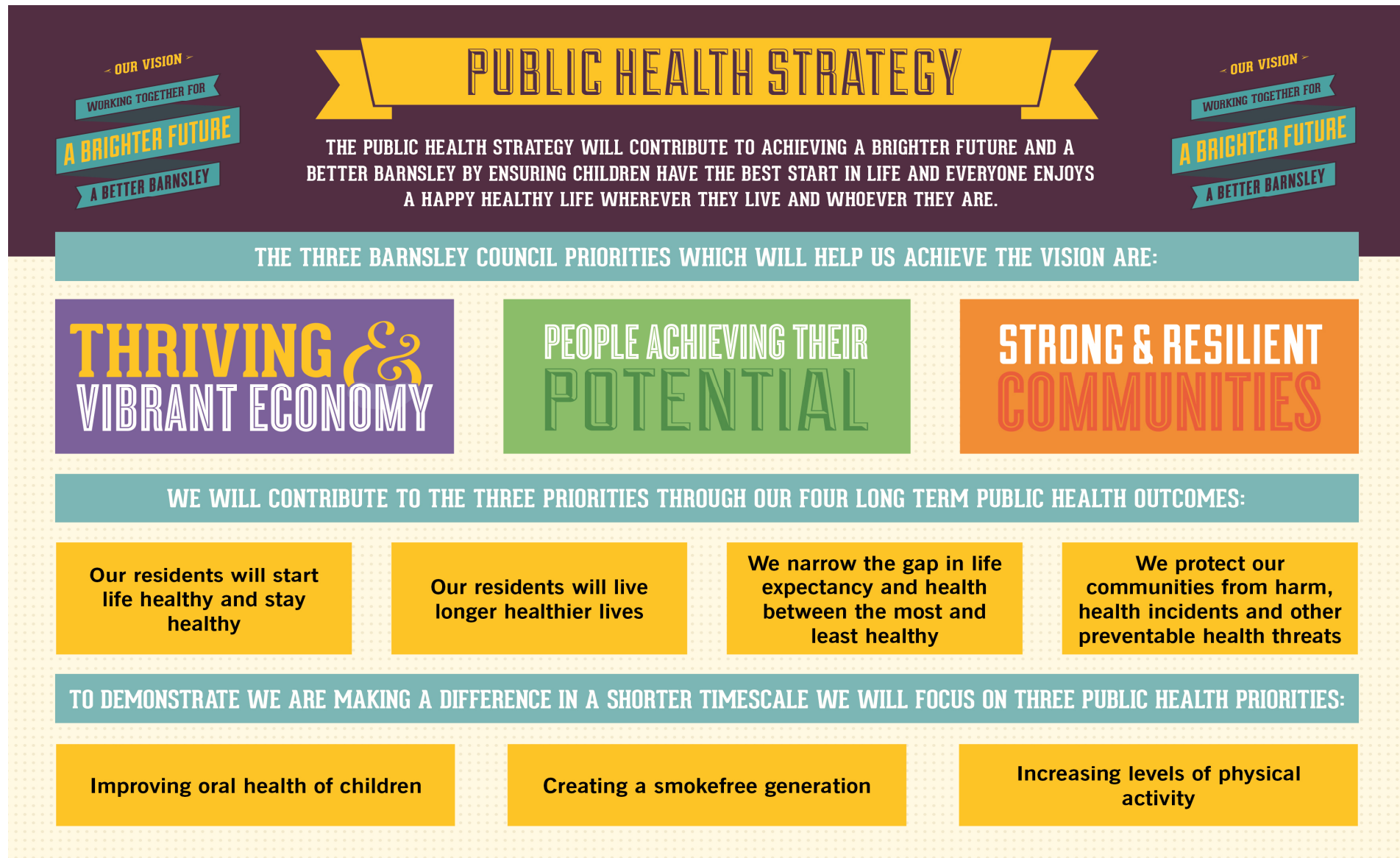
This strategy supports the vision, priorities and strategic direction of Barnsley Clinical Commissioning Groups Strategic Commissioning Plan 2014-2019 (refresh). Which recognises that we will achieve little working in isolation and need to work with our partners to make sure we deliver our shared priorities and improve health outcomes across Barnsley.

There is a clear focus across the borough on enabling people to take responsibility for their own health and wellbeing by providing the environments, infrastructure, skills and opportunities. We need to work jointly with local people, communities, partners, providers and other stakeholders to ensure that health and care services are delivered in an efficient and effective way, focused upon the needs of patients and designed to improve the health of Barnsley residents.

#### **4. Our Public Health Strategy at a glance**

An overview of the our Public Health Strategy is shown in summary in Figure 3 which sets out our vision to give every child the best start in life and improve health outcomes for all our residents and how this contributes to the Council vision and priorities.

Figure 3: Our Public Health Strategy at a glance

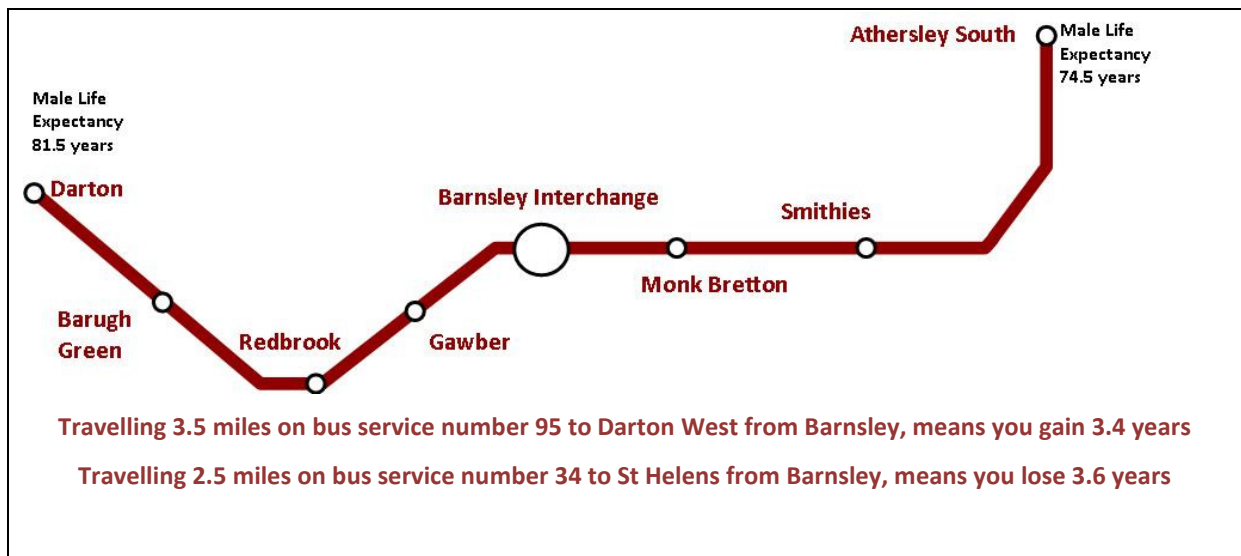




## 5. Health needs in Barnsley

Although the health of residents in Barnsley is improving, too many people are dying prematurely from diseases that are largely avoidable. There are considerable differences in life expectancy and healthy life expectancy when compared with England, other local authority areas and within the borough. As illustrated in Figure 4 below.

**Figure 4: Differences in Male Life Expectancy within Barnsley (2009-2013): The bus journey of inequality**



Source: Research & Business Intelligence Team, Barnsley Council

There are a number of reasons why there is this considerable difference locally:

- Too many people in our borough live their lives in avoidable disability caused by disease as a result of modifiable lifestyle issues including: smoking, obesity, poor diet, low levels of physical activity and excess alcohol consumption.
- Too many people in our borough die early from avoidable diseases such as cancer, heart disease and stroke.
- Smoking remains our biggest cause of avoidable death.
- Being overweight or obese is reducing the life expectancy of too many of our young people and adults.
- The number of people experiencing preventable mental ill-health conditions is high.

## 6. Public Health Council

We know that times of austerity will have a detrimental impact on health and need for services so it is vital to maintain preventive initiatives at a time when our resources are constrained. We will aim to identify the public health interventions that will both improve health and assist those most affected by economic recession and stimulate economic recovery. There is good evidence to support an expanded role for health improvement and disease prevention to increase value for money and, for some approaches, to go further and actually create a return on investments for health and other sectors, as well as potentially promoting an increase in wider economic productivity.

Therefore the resources of the council, not solely the public health grant, should be fully utilised to maximise health and wellbeing through all the work it does with Barnsley residents. Obviously, health services make a crucial contribution to population health, and we will continue to work closely with NHS commissioners (the Barnsley Clinical Commissioning Group, NHS England and Public Health England) and health service providers to maximise the impact of clinical health services on Barnsley's health. The NHS Five Year Forward Plan makes it clear that public health prevention and promotion is a key priority for the NHS. NHS England also has an important public health role in commissioning vaccination and immunisation, and screening programmes. We will continue to monitor these, and seek assurance that these programmes are delivered safely and effectively.

As part of the Barnsley "distributed" public health model each council directorate has taken responsibility for ensuring the borough makes progress against specific indicators in the Public Health Outcomes Framework (PHOF). The PHOF requires local areas to focus on increasing life expectancy and reducing health inequalities. This can be achieved by addressing a range of indicators across four key domains:

- i) Improving the wider determinants of health – improvements against wider factors that affect health and wellbeing and health inequalities
- ii) Health improvement - people are helped to live healthy lifestyles, make healthy choices and reduce inequalities
- iii) Health protection – the population's health is protected from health incidents and other threats, whilst reducing health inequalities

- iv) Healthcare public health and preventing premature mortality – reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities.

## **7. What we will achieve and how we will work together**

For Public Health to succeed and deliver real outcomes for residents, progress has to be made in three key areas:

**Creating and re-shaping local services** – shaping services which is determined by local priorities and where the financial risk associated with large inherited NHS contracts is reduced through: re-procurement, new models of commissioning, a shift of spend away from expensive hospital-based settings to community care and primary care (e.g. GPs and pharmacies); and by focusing more spend on prevention.

**Creating a public health council** – ensuring that the council influence on the wider determinants of health (such as housing, education, employment and planning) is brought to bear to improve health and wellbeing for our residents. This also includes all council staff and elected members perceiving health and wellbeing to be part of their responsibility, so that any council contact with the general public is seen as an opportunity to promote health and wellbeing ('making every contact count').

**Valuing our partners** - ensuring that the council works productively with key partners such as the Barnsley Clinical Commissioning Group (CCG), NHS England, Public Health England, police, schools, and the voluntary sector to address population-level challenges that no single agency can address on its own, e.g. effective multi-agency and partnership approaches to preventing and managing childhood obesity and increase physical activity.

## **8. Public Health outcomes**

As outlined in Figure 3, we have developed four long term Public Health outcomes to deliver this strategy and provide the borough with public health programmes that are focussed on priorities, provide value for money and take account of the anticipated pressure on future budgets. They are important not just to the agencies in Barnsley with statutory public health roles, but to everyone. Figure 5 below outlines for each outcome, what it means, why we have chosen it, our successes so far, our challenges and what we need to do to achieve it.

The responsibility of delivering these outcomes lies with not only the public health distributed model but with collectively work across the public health system in Barnsley. Agencies with statutory responsibilities work in partnership with all agencies, voluntary sector and local people to make a contribution to public health. The successes of this partnership working are outlined in Figure 5 below.

A separate action plan will be developed to identify in greater detail what we will do and how we will do it to. This will also provide evidence to demonstrate how the distributed model of public health is working in Barnsley.

**Figure 5. Achieving our public health priorities for our residents**

<b>Outcome 1</b>	<b>Our residents will start life healthy and stay healthy</b>
What does this mean?	<p>All Barnsley children are given the best start in life.</p> <p>We will ensure to do what we can to improve health and wellbeing before conception across the life course.</p>
Why have we chosen this?	<p>There is overwhelming evidence that a healthy start for children and young people is a key public health priority. Giving every child the best start in life is crucial for sustaining health throughout life into older age.</p>
Successes – a snapshot of what we have already achieved	<ul style="list-style-type: none"> <li>• Infant feeding service supports over 1,800 mothers and their babies per year. The service promotes mother to mother infant feeding support, promoting, protecting and normalising breast feeding.</li> <li>• Breastfeeding Welcome Scheme for all premises accessed by the public which also includes staff returning to work and breastfeeding.</li> <li>• ‘Brushing twice a day is the super hero way’ message and superhero images to encourage brushing twice a day, visiting the dentist and awareness raising of the application of fluoride varnish.</li> <li>• Cook and eat sessions across Area Councils for children, young people and families.</li> <li>• Active travel plans are inclusive of the needs of children, young people and families.</li> <li>• Trading standards and regulatory services working with fast food facilities.</li> <li>• ‘Fit Families’ successfully piloted. All participating families increased their</li> </ul>

	<p>physical activity and they were set goals to continue.</p> <ul style="list-style-type: none"> <li>• Promotion of local physical activity initiatives such as Bike it, Bikeability and Junior Park Run.</li> <li>• Smokefree homes promotion in partnership with South Yorkshire Fire and Rescue has been established.</li> <li>• Work with trading standards and regulatory services to address under age tobacco sales and illicit/counterfeit tobacco.</li> <li>• Social norms work to reduce incidence of uptake of smoking in children and young people.</li> <li>• Spectrum Community Health is delivering Barnsley's new Integrated Sexual Health Services. This includes the delivery of a Relationship and Sex Education (RSE) programme that schools are entitled to, free of charge.</li> </ul>
Challenges	<p>The following areas remain a local concern and challenge and lie at the root of avoidable ill health and inequality:-</p> <ul style="list-style-type: none"> <li>• Under 18s conceptions</li> <li>• Obesity in children</li> <li>• Poor oral health</li> <li>• Smoking prevalence</li> <li>• Physical inactivity</li> <li>• Maternal obesity</li> <li>• A&amp;E attendances</li> </ul>
What do we need to do?	<ol style="list-style-type: none"> <li>i) Commission all mandated public health services in a way which underpins a life course approach to early help, prevention and health improvement.</li> <li>ii) Ensure the 0-19s integrated public health service for children and young people will make a major contribution to the development of self-esteem, positive relationships and healthy behaviour and lifestyle choices.</li> <li>iii) Ensure a healthy start, early intervention and prevention for every child through effective coverage of pre-conception, prenatal and perinatal care, health visiting, immunisation and public health services.</li> <li>iv) Create a targeted approach to improving the oral health of children.</li> <li>v) Reduce childhood obesity starting with a focus on the areas of highest prevalence.</li> <li>vi) Increase physical activity levels, engagement with sport and physical activity.</li> <li>vii) Create a smokefree generation, with particular focus on reducing smoking in</li> </ol>

	<p>pregnancy.</p> <p>viii) Ensure sexual health services, including contraceptive services, are accessible, personalised and effective.</p> <p>ix) Ensure under 18 conceptions continue to reduce.</p> <p>x) Develop a resilience model to support vulnerable families to reduce risky behaviours.</p> <p>xi) Work with the 0-5s service to ensure children are ready for school and opportunities are identified to tackle the causes of child poverty.</p> <p>xii) To work in partnership to ensure every effort is made to prevent unintentional and deliberate injuries to children and young people.</p>
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<b>Outcome 2</b>	<b>Our residents will live longer healthier lives</b>
What does this mean?	<p>Increase life expectancy and healthy life expectancy in Barnsley and reduce health inequalities within our population.</p> <p>Reduce the prevalence of the five most common risk factors for early death: smoking, obesity, inactivity, poor diet and excess alcohol consumption.</p>
Why have we chosen this?	There is overwhelming evidence that too many Barnsley residents spend a significant part of their lives in avoidable ill health and disease related disability.
Successes – a snapshot of what we have already achieved	<ul style="list-style-type: none"> <li>• We have seen reductions in all-age and all-cause mortality; reduction in early death rates from heart disease, stroke and cancer.</li> <li>• The distributed model of public health is an important step in supporting work throughout the council to improve public health outcomes by addressing the wider determinants of health, and through working with all partners, including the NHS, on reducing health inequalities and healthcare quality.</li> <li>• The public health offer to Barnsley Clinical Commissioning Group (CCG) - as well as using public health skills and resources to improve health for local residents, the core offer to the CCG has provided an opportunity to work together with the CCG to improve outcomes. We have been able to challenge and influence each other to really begin to make a difference to the healthy life expectancy of our local population and influence primary care services.</li> <li>• The council has launched an innovative integrated health and wellbeing</li> </ul>

	<p>service - Be Well Barnsley. This service provides a suite of accessible lifestyle interventions to support Barnsley people to make sustainable health and lifestyle changes.</p>
Challenges	<ul style="list-style-type: none"> <li>• Premature death and life expectancy although generally improving remains significantly worse for some areas.</li> <li>• Preventable disease, especially diabetes, stroke, cancer and heart disease remain high.</li> <li>• The teenage conceptions still remain a concern when compared to national, regional rates in some electoral wards across the borough.</li> <li>• Significantly high numbers of people remain smokers and young people continue to take up smoking.</li> <li>• Obesity in adults and children remains a challenge and lies at the root of many other avoidable ill-health.</li> <li>• Increasing the proportion of the Barnsley population moving from a sedentary lifestyle to a moderately active one.</li> <li>• Hospital stays for alcohol related harm are significantly higher than the England average.</li> <li>• Building emotional resilience and reducing preventable mental health.</li> </ul>
What do we need to do?	<ol style="list-style-type: none"> <li>i) Develop a health improvement programme which identifies action across the life course with a focus on early help and prevention and reduces the development of long term conditions.</li> <li>ii) Create a smokefree generation and continue to reduce smoking prevalence.</li> <li>iii) Reduce obesity starting with a focus on the areas of highest prevalence.</li> <li>iv) Increase and sustain the increase in physical activity uptake.</li> <li>v) Reduce harmful alcohol consumption.</li> <li>vi) Work with partners to ensure that maximum improvement in health is achieved by all services from NHS commissioners and providers to council, voluntary and community sector services.</li> <li>vii) Implement regulatory, policy and population measures to improve health, including spatial planning, licensing and responsibility deals.</li> <li>viii) Develop public mental health approaches to building resilience and reducing preventable mental ill-health.</li> <li>ix) To develop a public health response to dementia both in terms of interventions which may reduce prevalence of dementia and in ensuring those who develop dementia are supported to live well with it.</li> </ol>

	<p>x) Work with employers to improve the health of adults of working age, and reap the economic benefits of this.</p> <p>xi) To develop a pathway into employment targeting vulnerable groups.</p> <p>xii) Develop public health approaches for adults with particular and complex needs such as adults with learning disabilities, physical disabilities and chronic mental health problems.</p> <p>xiii) Ensure NHS health checks are part of a universal offer for adults, with appropriate targeting for populations who experience poor health outcomes.</p> <p>xiv) Ensure drug and alcohol services are accessible and high performing and help people to reduce harm and recover appropriately.</p> <p>xv) Develop a preventative falls pathway which will reduce demand on health and social care services.</p>
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<b>Outcome 3</b>	<b>We will narrow the gap in life expectancy and health between the most and least healthy</b>
What does this mean?	Reducing inequalities in health outcomes and life expectancy.
Why have we chosen this?	<p>The health of people in Barnsley is generally worse than the England average. Deprivation is higher than average and about 23.8% (10,300) children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 7.9 years lower for men and 5.9 years lower for women in the most deprived areas of Barnsley than in the least deprived areas of the borough.</p> <p>Out of 32 national key health indicators, published in the Public Health England 2015 Barnsley Health Profile, the borough is significantly worse than the national average in 18 indicators.</p>
Successes – a snapshot of what we have already achieved	<ul style="list-style-type: none"> <li>• Intelligence and data are available in the updated Health Inequality profiles for Barnsley, Area Councils and electoral wards.</li> <li>• Work is underway on a housing and health partnership to better address the needs of households at risk of cold-related illnesses and excess winter deaths.</li> <li>• Successful bid by the Barnsley Healthcare Federation to the Prime Minister’s Challenge Fund to deliver the ‘I HEART Barnsley’ initiative (Improving Health, Equality, Access, Responsiveness and Treatment Barnsley) will</li> </ul>



	<p>provide extended access to primary care.</p> <ul style="list-style-type: none"> <li>• A successful community shop is well established in Goldthorpe to give our communities access to low cost food and support services tackling a range of issues associated with poverty.</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>• Austerity will have consequences for health inequalities, with the greatest impact on with those in the poorest communities.</li> <li>• The impact of poverty on health remains a significant factor in avoidable ill-health, disability and death.</li> <li>• Tackling the wider determinants of health by working with our partners.</li> <li>• Addressing the needs of households at risk of cold-related illness and excess winter deaths.</li> <li>• Ensuring robust data is available to identify inequalities and inequity, including knowledge gathering and equity auditing.</li> </ul>
What do we need to do?	<ol style="list-style-type: none"> <li>i. Implementing evidence based actions that have an effect on reducing inequalities within a short timescale. <ul style="list-style-type: none"> <li>• early detection of Cardiovascular disease</li> <li>• early detection of respiratory diseases.</li> <li>• good uptake of cancer screening programmes.</li> <li>• services address physical and mental health needs of clients.</li> <li>• scale up brief intervention and preventative interventions of all front line health and social care staff.</li> <li>• strengthen regulation, enforcement and changes to the environment e.g. tobacco control as smoking is a major contributor to health inequalities.</li> <li>• review community engagement approaches in prevention and early intervention programmes.</li> </ul> </li> <li>ii. Commission and deliver services across the health care system which consider inequalities and equity and target appropriate areas of worst health whilst delivering a universal offer to everyone using the principles of proportionate universalism.</li> <li>iii. To support the implementation of the Anti Poverty Action Plan across partners and stakeholders.</li> <li>iv. Improve equity of access and outcomes to services in the most vulnerable and most disadvantaged populations and those with worst outcomes.</li> </ol>

	<p>v. Support local health and housing partnerships to better address the needs of households at risk of cold-related illnesses and excess winter deaths.</p> <p>vi. Improve the Joint Strategic Needs Assessment process to identify inequalities and inequity, including knowledge gathering and equity auditing.</p> <p>vii. Identify particular communities and populations which do less well than the majority of our residents, and identify what specific actions we need to take to improve their health outcomes.</p>
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<b>Outcome 4</b>	<b>Protect our communities from harm</b>
What does this mean?	Deliver robust and effective health protection arrangements.
Why have we chosen this?	Health protection responsibilities sit across a range of agencies and they are crucial to achieving good health for the population. We have a statutory responsibility to deliver and assure a robust health protection system.
Successes – a snapshot of what we have already achieved	<ul style="list-style-type: none"> <li>• Uptake of childhood immunisation achieving World Health Organisation targets to prevent the spread of vaccine preventable diseases.</li> <li>• The Child Death Overview Panel process has been reviewed and revised in line with statutory published guidelines Working together to safeguard children (HM Government, 2015)</li> <li>• Robust interagency plans are in place to prepare for a wide range of emergencies and health incidents such as pandemic influenza.</li> <li>• Barnsley has continued to reduce the incidence of infections attributed to health care year-on-year.</li> <li>• Health Protection Board established as a sub-committee of the Barnsley Health and Wellbeing Board, providing assurance that local health protection arrangements are effective.</li> <li>• Infection Prevention and Control (IP&amp;C) Commissioning Advisory Service jointly commissioned by Barnsley CCG and Barnsley Council.</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>• Assurance from NHS England Local Area Team to maintain immunisation coverage.</li> <li>• Healthcare acquired infections.</li> <li>• Communicable diseases e.g. TB.</li> <li>• Influenza vaccination in the over 65s.</li> </ul>

	<ul style="list-style-type: none"> <li>• Horizon scanning and emerging risks.</li> </ul>
What do we need to do?	<ol style="list-style-type: none"> <li>i. Ensure an overarching health protection assurance framework is in place which is agreed with local stakeholders with annual review and identification of risks.</li> <li>ii. Receive assurance from NHS England that relevant vaccination and screening programmes are being provided to residents, risks identified, control measures are in place and there is regular performance monitoring. Provide local advice to residents to promote vaccination and screening programmes.</li> <li>iii. Ensure that there are appropriate and effective arrangements in place in the community for infection prevention and control. Make certain that infection prevention and control specifications are embedded in all contracts of all relevant local authority commissioned services.</li> <li>iv. Ensure all contracted services adhere to local safe guarding procedure.</li> <li>v. Ensure all commissioned providers are compliant with CQC standards and relevant legislation in relation to infection prevention and control and they meet set national government targets.</li> <li>vi. Demonstrate evidence of effective partnership working between Public Health and Environmental Health, Trading Standards and Regulatory Services on joint agendas.</li> <li>vii. Commission sexual health and contraception services for Barnsley residents.</li> <li>viii. Protect the health of Barnsley residents from hazards and threats ranging from minor outbreaks and health protection incidents to full scale public health emergencies e.g. pandemic flu, infectious disease outbreaks etc.</li> </ol>

## 9. Public Health priority areas

Public health outcomes are long term, hard to achieve and it is often difficult to see that progress has been made. To do this we will focus initially on three priorities that we can make a difference on by galvanising action which we believe will impact on our priorities and contribute to delivering our Corporate Plan.

We recognise that we must focus our resources in order to achieve the biggest impact on public health and wellbeing. We have therefore focused on three priority areas with specific targets.

**Figure 6. Public Health priorities**

<b>Public Health Priority</b>	<b>Headline target</b>	<b>To be achieved by</b>
Improving the oral health of children	Increase the percentage of Barnsley children getting fluoride, using a targeted approach.	2017
Creating a smokefree generation	Reduce smoking prevalence in Barnsley	2017
Increasing levels of physical activity.	Reduce the percentage of Barnsley residents who are physical inactive	2017

Each of the priority areas has a detailed action plan being developed, with specific targets and metrics. Figure 7 outlines why we have chosen these priority areas, what we need to do and how we will do it.

**Figure 7: Public Health priorities and headline actions** (more detail will be available in associated action plans and performance measures)

Public Health Priority	Improving oral health in children	Smokefree Generation	Increasing levels of physical activity
Why have we chosen the priority?	<ul style="list-style-type: none"> <li>• Tooth decay is the main oral health problem affecting children with significant impacts on their daily lives including pain, sleepless nights and time missed from school.</li> <li>• There are wide inequalities in the distribution of tooth decay. In Barnsley the average number of decayed teeth in some wards is five times higher than in other less deprived wards of the borough.</li> <li>• Over 600 Barnsley children are admitted to hospital every year for the removal of decayed teeth, 1.1% of all children in Barnsley.</li> <li>• The main risk factors for tooth decay are diets high in sugars and lack of exposure to fluoride therefore tooth decay is largely preventable.</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking prevalence in Barnsley is reducing but we still have one of the highest smoking rates in the country.</li> <li>• The latest data illustrates that 22.3% of the adult population in Barnsley are smokers - significantly higher than the England average of 18.0%.</li> <li>• There is a wide variation between wards where the proportion of adult smokers ranges from 12% to 29%. The prevalence amongst routine and manual workers within Barnsley is much higher than the overall prevalence at 29.2% compared to 22.3% (2014).</li> <li>• The smoking prevalence at age 15 of 10.7% is significantly worse than the England average of 8.2% (2014/15).</li> <li>• Although recently smoking in pregnancy has recently reduced to 20.4%, this is significantly higher than the England</li> </ul>	<ul style="list-style-type: none"> <li>• Leading a physically active lifestyle has been proven to improve both the length and quality of life for individuals and reduces the burden of disease and disability. Being active can boost workplace productivity; reduce sickness absence, crime and anti-social behaviour.</li> <li>• Physical inactivity is the fourth largest cause of disease and disability in the UK</li> <li>• Children and young people who are physically active are more likely to continue the habit into adult life and can bring benefits for academic attainment and</li> </ul>

		<p>average of 11.4%.</p> <ul style="list-style-type: none"> <li>• Smoking attributable mortality and admissions are significantly higher in Barnsley when compared with the regional average.</li> <li>• It is estimated that £62 million per year is spent on tobacco by the smokers of Barnsley. This is on average around £1323 per Barnsley smoker per year.</li> <li>• Smoking costs to Barnsley are around £67 million per year, this includes factors such as lost productivity, the cost of social care and smoking-related house fires.</li> </ul>	<p>attention.</p> <ul style="list-style-type: none"> <li>• Barnsley falls below the national and regional average for physical activity participation with the latest figures from the Active People Survey indicating that in 2014 45.8% of adults achieve the recommended levels of 150 minutes of moderate intensity physical activity a week. 37.8% of Barnsley adults are classified as inactive. Both figures are significantly worse than the Yorkshire and the Humber and England averages.</li> </ul>
What do we need to do?	We know that fluoride remains the most effective means of preventing tooth decay. To achieve improvements in tooth decay levels in children we need to provide more intensive exposure to fluoride as children grow up, both at	<p>We will focus on doing all we can to encourage children and young people to choose not to smoke</p> <p>We will aim to reduce adult smoking prevalence by 1% in Barnsley. This would mean 5,982 fewer Barnsley residents are</p>	We know that in Barnsley there are a large number of people who would benefit from being more physically active and there are many opportunities in daily life to be active.

	<p>home, at school and in the dental practice.</p>	<p>smokers, putting £7.8 million back in the pockets of Barnsley's families. It will have an impact of the health of the population by reducing the risk for lung cancer and many other types of cancer, heart disease, respiratory symptoms, such as coughing, wheezing, and shortness of breath.</p> <p>We will monitor the smoking prevalence rates in key groups such as routine and manual workers, pregnant women and young people (age 15 years).</p> <p>We need to continue to promote the shift in social attitudes so that choosing not to smoke is the normal thing no matter who you are or where you live.</p> <p>We need to continue to reduce the attractiveness of tobacco, particularly to young people</p>	<p>We will prioritise working with children &amp; young people who are inactive, to become more active as part of their daily lives.</p> <p>We need to enable our residents to be more active, whether through organised activities, through making active travel an easier choice, or by ensuring our natural and built environment supports rather than creates barriers to active choices.</p>
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<p>How we will do it</p>	<ul style="list-style-type: none"> <li>• Working with NHS England we will increase the use of fluoride varnish by dental practices in Barnsley by targeted work.</li> <li>• Dental practices in Barnsley to be encouraged to undertake training in Making Every Contact Count.</li> <li>• Tooth brushing packs to be distributed to the most vulnerable families in the borough via food banks.</li> <li>• Tooth brushing clubs will be established in early years, nurseries and reception year settings across Barnsley.</li> <li>• A programme of training for early years, nurseries and reception staff to support delivery of daily tooth brushing will be introduced.</li> <li>• 0-19s healthy child public health service provision will include oral health promotion to be delivered at key contact points.</li> </ul>	<ul style="list-style-type: none"> <li>• Through our Integrated Wellness Service – Be Well Barnsley, we will ensure that good quality evidence-based Stop Smoking Services are accessible to all smokers and targeted to areas of high deprivation and increased smoking prevalence.</li> <li>• The Breathe 2025 campaign will be rolled out across Barnsley, working towards seeing the next generation of children being smokefree growing up in a town free from tobacco. This new approach is based on changing social norms so that smoking is unusual.</li> <li>• Smoking will be embedded in all areas of work and included in key policies and action plans such as the Anti Poverty Plan for Barnsley.</li> <li>• Smokefree Play Parks will be implemented in targeted areas with the highest smoking prevalence.</li> <li>• We will ensure that BMBC and partners support create a healthier local</li> </ul>	<p>Through the implementation of the Barnsley Sport &amp; Active Lifestyle Strategy, we will ensure the delivery of a systematic, evidence informed programme of action to improve physical activity levels.</p> <ul style="list-style-type: none"> <li>• We will increase the physical activity opportunities for children and young people, women and girls and those from lower socioeconomic groups through the delivery of a range of initiatives e.g. Coaching into Sport and Health Walk programmes.</li> <li>• Work will take place to ensure that systematic approaches for increasing physical activity amongst children &amp; young people are built into school based programmes.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Work will take place to integrate oral health promotion as part of every contact counts in social care.</li> <li>• The Oral Health Improvement Advisory Group will take action to develop policies on restricting advertising of high sugar products and healthy food and drink in early years, schools and workplace settings.</li> </ul>	<p>environment by:</p> <ul style="list-style-type: none"> <li>-Ensuring building, grounds and work vehicles are completely smokefree.</li> <li>-Encouraging and supporting staff to quit smoking</li> <li>-Supporting and promoting the Breathe 2025 campaign.</li> </ul> <ul style="list-style-type: none"> <li>• We will make it harder for children and young people to access and use tobacco by: <ul style="list-style-type: none"> <li>-Ensuring retailers aren't selling to under 18's by carrying out underage test sales.</li> <li>-Providing training/information to retailers to ensure they are aware of the legislations.</li> </ul> </li> <li>• We will make tobacco less affordable and appealing, especially for children and young people by: <ul style="list-style-type: none"> <li>-Ensuring an effective illicit tobacco identification and management programme.</li> <li>-Raising awareness of illicit tobacco and how to report it.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• We will support an increase of those physically active by 2% over the life of the Be Well Barnsley contract [3 years].</li> <li>• More disabled people will be supported to access sport and physical activity opportunities through local community provision (Creating Connections led by South Yorkshire Sport)</li> <li>• We will develop the active travel agenda by working with schools and employers to implement active travel plans and cycle/walking routes</li> <li>• Bikeability training (Level 1 &amp; 2) will be delivered in primary schools for year 5 /6 pupils, with support for schools to install adequate cycle</li> </ul>
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		<ul style="list-style-type: none"> <li>-Enforcing standardised plain packaging (from May 2016).</li> <li>-Enforcing point of sale restrictions.</li> <li>• We will educate young people to make healthy choices around smoking and tobacco by: <ul style="list-style-type: none"> <li>-Ensuring that good quality evidence-based Stop Smoking Services are accessible to all smokers.</li> <li>-Enabling schools and school nurses to provide education and support/ referral for stopping smoking.</li> </ul> </li> <li>• We will reduce exposure to smoking and second hand smoke by: <ul style="list-style-type: none"> <li>-Enforcing no smoking in cars with under 18s legislation.</li> <li>-Training people who work in a front line capacity or in some other way to enable them to signpost members of the general public into Stop Smoking Services.</li> <li>-Ensuring events aimed at families, children and young people across the borough are smokefree.</li> </ul> </li> </ul>	<p>storage shelters.</p> <ul style="list-style-type: none"> <li>• Workplace health advice will be provided to businesses, including commitment to the Workplace Charter which covers a standard for improving physical activity amongst employees.</li> </ul>
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## 10. What does success look like?

This strategy will develop a mainstream public health function across the council that will work to tackle some of the key challenges laid out in the Joint Strategic Needs Assessment and the joint Health and Wellbeing Strategy. It will contribute to delivering Outcome 9 of the Council's Corporate Plan: 'People are healthier, happier, independent and active' resulting in local communities feeling more empowered to tackle health and wellbeing issues which affect our borough. We will know that we have succeeded in addressing these issues if we can demonstrate that in Barnsley:

- Life expectancy and healthy life expectancy for residents has improved.
- More residents are physically active;
- Fewer residents smoke, particularly amongst pregnant women;
- Fewer residents misuse alcohol and there is a reduction in levels of alcohol related harm;
- More residents successfully complete treatment for substance misuse;
- Fewer residents are requiring treatment for sexually transmitted infections;
- Fewer teenage women become pregnant;
- Fewer babies are born with a low birth weight;
- Fewer children are affected by poor oral health;
- Fewer children are overweight or obese;
- Fewer residents are infected with tuberculosis;
- More residents are accessing preventative wellbeing services
- There is a reduction in excess winter deaths and those experiencing fuel poverty
- More residents with a long-term health condition are employed
- Few residents are killed or seriously injured on our roads.

Work will be undertaken to develop proxy measures to assess our progress towards achieving these outcomes.

## **Appendix 1 Requirements of the Public Health Grant**

### **1. Background**

In April 2013, a number of local public health functions were transferred from the NHS to the council as a result of the Health and Social Care Act 2012. The council's public health work is currently funded through a ring-fenced grant from the Department of Health. The mandatory functions which this grant must support include:

#### **Sexual health services**

#### **NHS Health Checks programme**

#### **Local authority role in health protection**

#### **Public health advice to NHS commissioners (the 'core offer')**

#### **National Child Measurement Programme**

#### **Oral health of their population**

#### **Responsibility for public health services for prisoners**

#### **Public Health Services for 0-5 year olds (from October 2015)**

In addition, the ring fenced public health grant may be used for the following activities ('non-prescribed functions'), based on local need:

- Obesity
- Physical activity
- Drug misuse - adults
- Alcohol misuse - adults
- Substance misuse (drugs and alcohol) - youth services
- Stop smoking services and interventions
- Wider tobacco control
- Children 5-19 public health programs
- Miscellaneous, which includes:
  - Wider determinants
  - Non-mandatory elements of the NHS Health Checks programme
  - Nutrition initiatives
  - Health at work
  - Programmes to prevent accidents
  - Public mental health
  - General prevention activities

- Community safety, violence prevention & social exclusion
- Dental public health and fluoridation
- Local authority role in surveillance and control of infectious disease
- Information & Intelligence
- Any public health spend on environmental hazards protection
- Local initiatives to reduce excess deaths from seasonal mortality
- Population level interventions to reduce and prevent birth defects (supporting role)