Barnsley 2030

Barnsley Health and Wellbeing Strategy 2021 – 2030: the place of possibilities

All Barnsley residents are enabled to enjoy long, fulfilling and healthy lives in safe, strong and vibrant communities where every person is equipped with the skills and resources they need to thrive.

Barnsley - the place of possibilities

BARNSLEY
Metropolitan Borough Council

Foreword

Barnsley's new Health and Wellbeing Strategy comes at a time when the borough is still realising the impact of Covid. Colleagues across the health and care system alongside our communities have worked incredibly hard since March 2020 to minimise the impact of Covid locally. Indeed, the pandemic has shown that when we work together as a system, we can achieve great things - from our Emergency Contact Centre, to our vaccination roll-out.

We must recognise the hard work of our colleagues and understand that everybody will need time to recover and that there will be challenges in the road ahead. However, the pandemic has shone a light on existing inequalities within our borough and it is therefore timely for us to develop our new local Health and Wellbeing Strategy. As we begin to recover from Covid we must do so in a fair and equitable way, ensuring that none of our communities are left behind.

Barnsley's Health and Wellbeing Board has identified two key priorities: improving mental health within the borough and ensuring Barnsley is a great place for our children to be born and for our young people to grow up.

Whilst these are our key current priorities, our strategy sets our vision for a Healthy Barnsley and is underpinned by a series of ambitions across the life course, that we hope to achieve from pre-birth through to end of life. The strategy strengthens the Board's commitment to reducing health inequalities within the borough by focussing on the wider determinants of health (such as housing, employment and education) to give everybody in Barnsley a fair opportunity to live a healthy life.

In order to achieve our vision, and reduce health inequalities, we'll need the commitment of everybody within Barnsley. From our partners, that sit on the Health and Wellbeing Board, to our businesses and our communities – we all have a role to play in delivering a Healthy Barnsley.

Councillor Jim Andrews BEM
Deputy Leader, Barnsley Council
Joint Chair, Barnsley Health and Wellbeing Board

Dr Nick Balac
Chair, Barnsley CCG
Joint Chair, Barnsley Health and Wellbeing Board

Our Strategy on a page

Our ambitions for a healthy Barnsley

Starting Well

Barnsley is a great place for a child to be born and every child is given the best possible start in life.

Fewer children live in poverty, and everyone has the resources they need to look after themselves and their families.

All our children and young people have a healthy diet and are physically active.

Barnsley will have a culture which promotes positive emotional health and wellbeing and builds resilience in our children and young people.

Living Well

Everyone in Barnsley can access the resources they need to live a healthy life (including having a fulfilling occupation; access to a safe, warm and sustainable home and having a good friend to talk to).

Levels of mental ill health across the borough are reduced, by a combination of prevention and ensuring people of all ages have access to quality, age friendly services at the right time.

Everyone can safely be physically active, to support their physical and mental health.

Ageing Well

Older people are able to live independent and active lives, enjoying their later years in comfort in their own communities, for as long as possible.

Our older people have quality of life with choice and control over their care and support needs.

Our initial focus is on **improving Mental Health** for all ages and ensuring **Barnsley is a great place for a child to be born.**

We will reduce **health inequalities** by taking action on the **wider determinants of health**.

Role and Purpose of the Health & Wellbeing Board and Strategy:

Barnsley's Health and Wellbeing Board brings together system leaders from across the borough. The Board aims to improve physical and mental health and wellbeing for all people in Barnsley, through a combination of prevention and ensuring our health and care services meet the needs of our residents.

The Health and Wellbeing Board is a key delivery Board for Barnsley 2030. Barnsley 2030 is our collective long-term vision and ambition for our borough. The Health and Wellbeing Board will focus mainly on the Healthy Barnsley theme of Barnsley 2030; we want everyone in Barnsley to lead a good life in good physical and mental health, with everybody having a sense of self-worth. We will work closely with the Barnsley 2030 Board to ensure we deliver on the 'Healthy Barnsley' theme, for the people of Barnsley.

We will also work closely with other key strategic Boards and partnerships, such as the Safer Barnsley Partnership Board, the Children and Young People's Trust Executive Group and the Alcohol Alliance (amongst others), to ensure that the health and wellbeing needs of residents are at the forefront of our collective consciousness. This Strategy is intended to complement other strategies and plans (e.g. the Health and Care Plan) by setting out our ambition and plan to achieve a Healthier Barnsley, through the combined efforts of partners on the Health and Wellbeing Board.

At the time of writing, the way that NHS services are provided is changing, with the development of Integrated Care Systems (ICS). Barnsley's Health and Wellbeing Board will work collaboratively with our ICS and our local Integrated Care Partnership Group (ICPG) and Integrated Care Delivery Group (ICDG) to ensure the best outcomes are achieved for Barnsley residents.

This strategy has been informed by a range of data and intelligence which has been produced both locally and nationally. The main source of evidence we have used for this strategy is our Joint Strategic Needs Assessment (JSNA) which is available online here, and follows the same structure as our Integrated Care Outcomes Framework (ICOF). We've also relied on the Public Health Outcomes Framework which is also available online.

The strategy has also been informed by the voice of Barnsley Residents, through our 'A Day in the Life of' which was held in November 2020; our Children and Young People's Emotional Health and Wellbeing survey; and our Barnsley 2030 consultation.

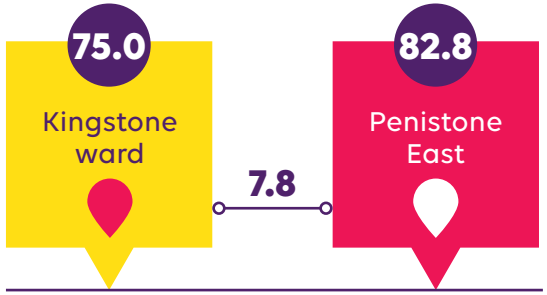
Whilst this strategy is both wide-ranging and long term – the immediate focus of the Health and Wellbeing Board is twofold: to ensure that **Barnsley is a great place for a child to be born;** and to protect our residents' **Mental Health** through a combination of prevention and ensuring people can access good quality services, at the right time.

Our Vision for a Healthy Barnsley:

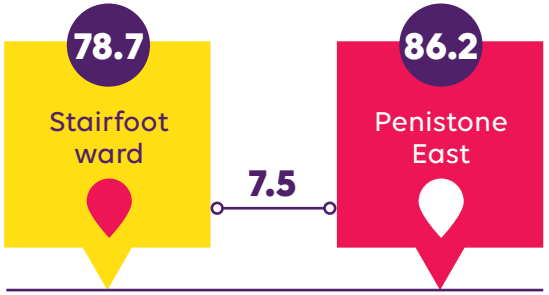
All Barnsley residents are enabled to enjoy long, fulfilling and healthy lives in safe, strong and vibrant communities where every person is equipped with the skills and resources they need to thrive.

Keeping ourselves well is the key to living happy and productive lives – but not everyone has an equal chance of being healthy. The conditions in which we're born, grow, live, and work all influence our health and how we feel. Differences in health and wellbeing across the population and between different groups in society are known as health inequalities. It is unfair and unjust that people can expect to live shorter lives, have poorer health and have less fulfilling lives, simply because of where they were born and who they are.

Within Barnsley, life expectancy at birth rates for men range from 75.0 years in Kingstone ward to 82.8 years in Penistone East (a gap of 7.8 years).



Life expectancy at birth rates for women range from 78.7 years in Stairfoot Ward to 86.2 years in Penistone East (a gap of 7.5 years).



Health inequalities are not caused by one single issue, but by a complex mix of environmental and social factors which play out in a local area. Tackling this complex web requires a joined-up, place-based approach, drawing on local assets and working together to improve outcomes for our local communities.

As we continue to realise the impact of COVID-19, we will focus on ensuring that no communities are left behind in our recovery; that our recovery is fair and equitable and that we don't risk widening health and social inequalities across the borough.

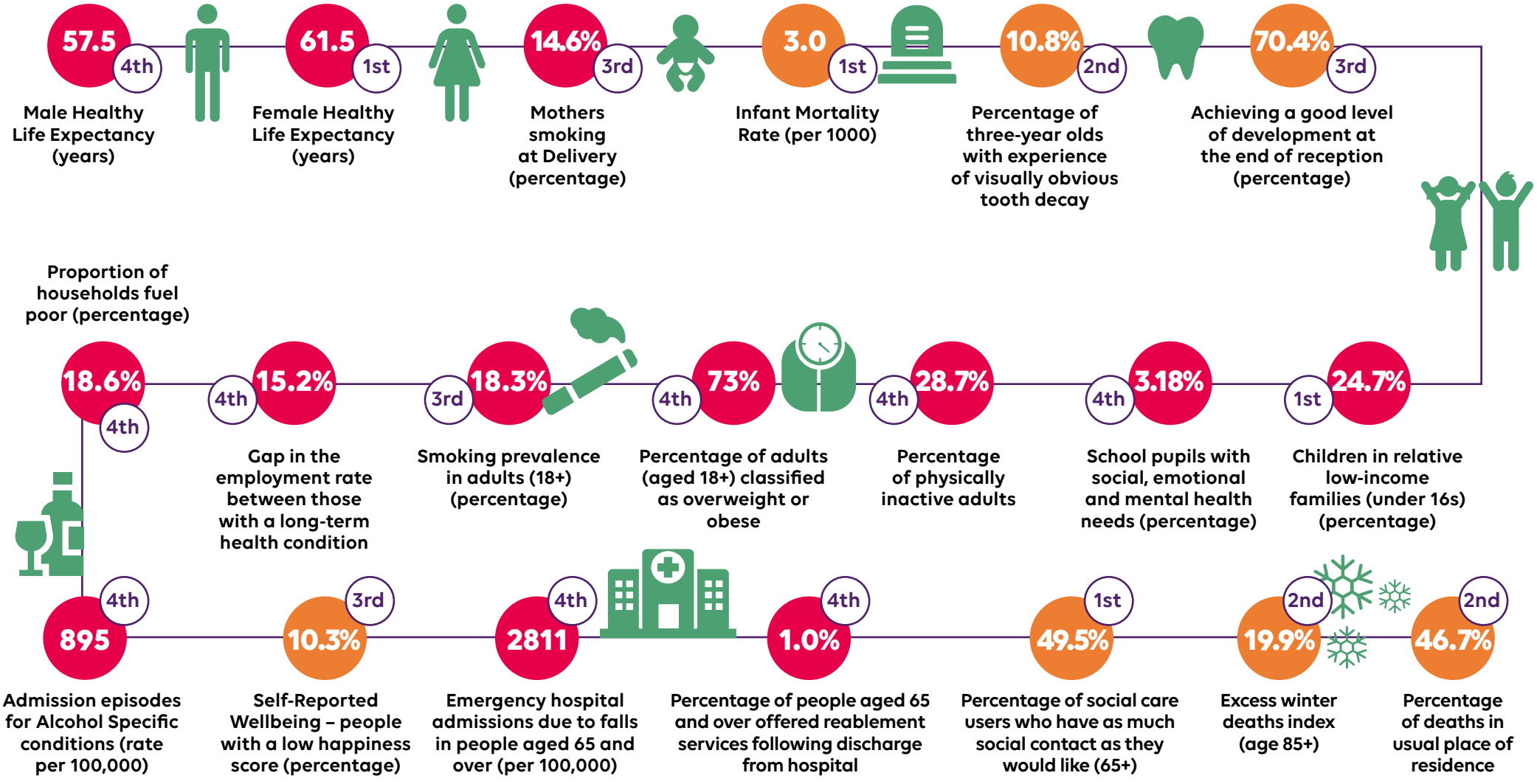
We have set out our strategy as a 'life course' approach, which shows what we will do to improve health and wellbeing across a person's life – from pre-birth to end of life. We have split this life course approach into 3 sections:

Starting Well (0 – 18 years)

Living Well (working age adults)

Ageing Well (65+)

Based on our JSNA and the Public Health Outcomes Framework, we have developed a life course summary, which shows the key performance indicators for each area of the life course. This summary shows where we are now, and how we are performing compared with the rest of England and compared with our South Yorkshire neighbours. In order to enable comparison with other areas, we have only used published and publicly available data. This summary is designed to articulate the key areas we need to take action on to improve health and wellbeing in Barnsley.



Worse than England average

Similar to England average

Better than England average

South Yorkshire Ranking (where 1st is best performing and 4th is worst performing)

Starting Well

There is a wealth of evidence which demonstrates the importance of a child's earliest experiences on their future development and their success as adults. **Ensuring Barnsley is a great place for a child to be born, is one of the key priorities for Barnsley's Health and Wellbeing Board.**

Our Ambitions for Starting Well are:

1

Barnsley is a great place for a child to be born and every child is given the best possible start in life.

2

Fewer children live in poverty, and everyone has the resources they need to look after themselves and their families.

3

All our children and young people have a healthy diet and are physically active.

4

Barnsley will have a culture which promotes positive emotional health and wellbeing and builds resilience in our children and young people.

1. Barnsley is a great place for a child to be born and every child is given the best possible start in life.

What happens during pregnancy and early childhood can impact upon that child's future prospects including levels of social and emotional development, employment prospects, and lifelong health outcomes (including life expectancy). We want families to be empowered to provide nurturing, safe and healthy environments for their children. By focussing on ensuring children are given the best possible start in life, we can generate the greatest societal and health benefits, for generations to come.

One way to give every child the best possible start in life, is to reduce the percentage of mothers who smoke throughout pregnancy. Smoking is the largest modifiable risk factor for poor birth outcomes and a major cause of inequality in child and maternal health. Evidence from our JSNA tells us that around 1 in 5 adults in Barnsley are smokers; and 14.6% of mothers smoke during pregnancy – which is significantly higher than the national rate of 10.4%.

Our vision is to create a smoke-free generation in Barnsley, where smoking prevalence is less than 5% and children and young people can grow up in a place free from tobacco. We'll continue the roll out of our smoke free high-streets and Healthy Hospital programmes, with a view to making smoking invisible in Barnsley.

In addition, there's a wealth of evidence that demonstrates the impact that Adverse Childhood Experiences (ACEs) can have on a child or young person's development, including the potential to have a damaging impact on health and wellbeing across the life course. ACEs can include exposure to a variety of harms, including domestic abuse, substance or alcohol misuse, criminality or mental illness within the household.

Many children experience multiple adverse experiences simultaneously and the risk of poor health outcomes across the life course is amplified by the number of ACEs a child experiences. Those who experience multiple ACEs have an increased risk of disease, including heart disease, cancer, lung disease, liver disease, stroke, hypertension, diabetes, asthma, arthritis and mental health problems. Children living in deprived areas are more likely to experience ACEs compared with their more advantaged peers.[1]

Acting on the causes of ACEs is essential to improve health, reduce inequalities and improve the quality of children and young people's lives. Similarly, tackling the causes of ACEs will have the co-benefit of improving parents' lives whilst preventing the transmission of disadvantage and inequality across generations.

1. *The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects (2015);* Allen and Donkin of the UCL Institute of Health Equity, **https://www.instituteofhealthequity.org/resources-reports/the-impact-of-adverse-experiences-in-the-home-on-children-and-young-people/impact-of-adverse-experiences-in-the-home.pdf** (Accessed 28/06/2021)

Another way we can reduce health inequalities in Barnsley, is by improving breastfeeding rates, particularly in lower socio-economic groups and with young parents. Responsive feeding has benefit for mother and infant, including emotional attachment. Breastfeeding can be protective against obesity; indeed breastfeeding for the first 3 months of a baby's life can reduce the risk of obesity by 13% in later life. Evidence from our JSNA tells us that less than half of mothers in Barnsley in 2018/19 gave their babies breast milk for their first feed. This is significantly lower than the England rate of 67.4%. Just under a third of mothers continue to breastfeed their babies at 6 -8 weeks after birth, which is much worse than the England average of 48%.

2. Fewer children live in poverty, and everyone has the resources they need to look after themselves and their families.

Around one in three people in the UK will have experienced relative poverty at some stage in their life. In Barnsley, this is likely to be higher, as we are the 38th most deprived area in England (out of 317), and the second most deprived in South Yorkshire.

The causes of poverty are complex and intertwined, which makes preventing and tackling poverty a significant challenge. A range of factors including unemployment, low paid work and lack of affordable housing can all cause people to live in poverty.

Poverty can impact upon health across the life course. It's associated with shorter life expectancy in infants, and children living in poverty are more likely to suffer from chronic diseases and diet-related problems. Indeed, twice as many people are obese in the most deprived areas of the UK than in the least deprived areas. Poverty can affect a child's cognitive development, and those living in poverty are over three times more likely to suffer from mental health problems. Poverty levels have only increased as a result of the COVID-19 crisis; of the 700,000 people estimated to have been pushed into poverty in the UK during the pandemic, 120,000 were children. Poverty isn't just consigned to those who are unemployed; more than 70% of children facing hardship have at least one parent who works.

The impact of poverty can be severe. Disadvantaged children are estimated to be 4.5 times more likely to develop severe mental health problems than their more well-off peers. Living in poverty can also have a serious impact on a child's wellbeing. Some report feeling ashamed and unhappy and worry about their parents.

In Barnsley, there has been a 5.1% increase in the child poverty rate since 2014/15 to 33.3%. This compares to a UK average of 31%. There is disparity across the borough, with the largest growth in children in low income families since 2014/15 occurring in Darfield (+7%), Cudworth, (+6%) and Worsbrough (+6%).

Findings from our poverty needs assessment suggest that tackling poverty and inequalities will need a co-ordinated partnership response with place-based initiatives to support and promote employment, educational achievement, better health and improved social mobility.

The impact of poverty is also seen in educational attainment. In 2019, 25% of children receiving free school meals achieved grades 9 – 5 in GCSE English and Maths, compared with 50% of other children. Inequalities in educational attainment are closely related to a range of socioeconomic inequalities that children experience, which relate to lifelong inequalities in health. Evidence shows us that there are links between higher cognitive scores and both healthier lifestyles and better health outcomes; higher cognitive function is linked to a reduced risk of cardio-vascular disease and lower levels of depression. Similarly, strong communication and language skills in the early years are linked with success in education which leads to higher qualifications, higher wages and ultimately better health. Indeed, education has been described as 'the single most important modifiable social determinant of health'[2] and those aged 30 years with the highest levels of education are expected to live four years longer than those with the lowest levels of education.

3. All our children and young people have a healthy diet and are physically active.

Being overweight or obese as a child can have a range of both direct and indirect implications. Direct health consequences of carrying excess weight as a child include: type 2 diabetes, hypertension, exacerbation of conditions such as asthma, and psychosocial problems such as social isolation, low self-esteem, teasing and bullying. Children who stay a healthy weight tend to be fitter, healthier, better able to learn, and more self-confident. They're also much more likely to stay a healthy weight and be less likely to have health problems in later life. It is therefore hugely important that we encourage and enable children in Barnsley to live a healthy and active lifestyle and that children maintain a healthy weight throughout their childhood. This will help to ensure that our children transition into adulthood with good physical and mental health, increasing overall healthy life expectancy.

Evidence shows us that physical activity in young people can help improve focus levels, school performance, sleep and energy levels. Physical activity can help develop a child's fundamental movement skills; help maintain healthy body weight; help build healthy bones, muscles, heart and lungs. Improved body image/ self-esteem; improve mental wellbeing including reducing feelings of anxiety, depression and anger; benefits on brain function including improving attention span; whilst also having obvious impacts on physical health.

2. How do our education and skills influence our health? (2017) Jo Bibby, **https://www.health.org.uk/infographics/how-do-our-education-and-skills-influence-our-health**

4. Barnsley will have a culture which promotes positive emotional health and wellbeing and builds resilience in our children and young people.

Children with a mental health problem face unequal chances in their lives, particularly where childhood mental health issues continue into adulthood. Transforming Children's Mental Health Services: A Green Paper suggests that one in ten young people has some form of diagnosable mental health condition. However, NHS Digital's most recent survey suggests that this figure is closer to 1 in 6 school-age children displaying a mental health issue. The NHS long term plan has committed to expanding mental health services for children and young people, reducing unnecessary delays and delivering care in ways that work best for children, young people and their families.

In Barnsley, there has been a significant increase in referrals citing emotional health and wellbeing as the main concern over the past 12 months. Early Help data as of 31st March 2021 shows that 3,544 children and young people were subject to Early Help Assessments, this figure has increased month on month and is an increase of 846 compared to the same month in 2020. 35% of all early help assessments were completed with a primary concern of emotional health and wellbeing.

It is expected that the COVID-19 pandemic will have a long-lasting impact on the emotional health and wellbeing of children and young people. In April 2021 a review of the statistical evidence of children attending Barnsley ED with Mental Health concerns was completed. There has been a 45% increase in attendance to Barnsley ED as a result of anxiety/ depression/ low mood, alongside this there was a 6% rise in admissions due to overdose.

In order to tackle this, we want Barnsley to have a robust system in place to promote positive emotional health and wellbeing and build resilience amongst our children and young people. Early signs and indicators of poor emotional health and wellbeing will be recognised, and all children and young people will have access to the right support at the earliest opportunity. We want all children and young people to have access to high-quality emotional health and wellbeing support linked to their school or college. This support will be accessible and equitable across the borough.

We will also ensure there are regular opportunities for meaningful engagement with children, young people and their families and all services will involve children and young people in service development, design and review.

What we will do:

- Reduce the percentage of mothers that smoke at the time of delivery in line with national trends.
- Deliver a new multiagency action plan to prevent Sudden Unexpected Death in Infancy (SUDI) and ensure that safer sleep work is embedded through a whole system approach.
- Take action on the causes of adverse childhood experiences, to enable all children to have the best start in life.
- Develop a household level 'Poverty Index' for the Borough to inform targeting of preventative work.
- Continue to work closely with school catering teams in the development of new and existing menus so that children across Barnsley have access to hot nutritious and enjoyable school meals throughout the school week and in the school holidays through our Healthy Holidays programme.
- Sign up to the Healthy Weight Declaration as a Health and Wellbeing Board.
- Refresh Barnsley's Physical Activity Strategy, to have a greater emphasis on health inequalities.
- Continue to develop the multi agency approach to CYP Emotional Health and Wellbeing through the CYP Emotional Health and Wellbeing group to improve the journey through mental health services for children, young people and their families.
- Undertake a needs assessment to understand the current landscape of services and provision for vulnerable young people and consider a proposal to identify how the needs of vulnerable children and young people can be met.
- Develop a true Single Point of contact for children, young people and their families where all requests for support around emotional health and wellbeing will be accepted through one 'front door'.

Living Well

Not everyone has the same opportunity to live a healthy and satisfying life. To understand why, we need to look at the bigger picture; various social and environmental factors affect a person's chances to be healthy – these are known as the wider determinants of health. Factors that can impact a person's opportunities to lead a healthy lifestyle include: employment, their surroundings, financial resources, housing, education and skills, access to food, transport and social connections. Barnsley's Health and Wellbeing Board will focus on these wider determinants of health, to ensure everyone has a fair opportunity to live a healthy life.

Our ambitions for living well are:

1. Everyone in Barnsley can access the resources they need to live a healthy life (including having a fulfilling occupation; access to a safe, warm and sustainable home and having a good friend to talk to).

2. Levels of mental ill health across the borough are reduced, by a combination of prevention and ensuring people of all ages, have access to quality, age friendly services at the right time.

3. Everyone can safely be physically active, to support their physical and mental health.

1. Everyone in Barnsley can access the resources they need to live a healthy life.

Often, those at the greatest risk of poor health tend to have the least access to beneficial living and working conditions, such as good quality housing, a secure and fulfilling occupation and a safe environment. This is why Barnsley's Health and Wellbeing Board will focus on improving these wider determinants of health; to enable everyone in Barnsley to have a fair opportunity to lead a healthy and fulfilling life.

One of the key determinants of health is the home and community in which we live. Where we live is so important to our physical and mental health – it's where we grow, relax and take refuge from the outside world.

We want everyone in Barnsley to have access to a safe, warm and sustainable home that supports their wellbeing. A home that supports wellbeing must be affordable, a place where we feel safe and comfortable, a place that meets the needs of the occupiers and a place where we feel connected to our community, work and services. In contrast, poor quality and inadequate housing contribute to health problems such as chronic diseases and injuries, increase health inequalities, and have harmful effects on childhood development. Mental health conditions such as depression and anxiety are exacerbated by poor quality housing, overcrowding and affordability.

Having a warm home is also important. Unfortunately, not everyone in Barnsley is able to heat their homes effectively. Cold homes bring a risk of ill health and death, including increased risk of: childhood asthma, poor attainment in children; social isolation (across ages); physical health conditions (especially cardiovascular and respiratory conditions); mental health conditions (especially depression and anxiety); and reduced strength and dexterity, increasing the risk of falls.

The new 'Low Income, Low Energy Efficiency' (LILEE) indicator suggests Barnsley has a significant higher proportion of households that are fuel poor; with Barnsley rates of fuel poor households being 1.8% higher than the regional average and 5.2% higher than the national.

Like poverty, fuel poverty is a complex issue to address, but we can make a difference by improving energy efficiency of homes and reducing the cost of fuel bills.

Another key determinant of health and wellbeing is employment. Having a job is good for our health, but the quality of our jobs is important. Vulnerable groups, such as those already living in poverty or with low incomes, people with long term health conditions or mental health issues face major barriers for getting into, and staying in, good quality work.

This is an issue that can be addressed by supporting individuals into appropriate skills & employment, resolving barriers and by working with employers to enable healthy work environments. Improving health inequalities is a key aim in Barnsley Council's More & Better Jobs Strategy and the draft Inclusive Recovery Strategy.

A further risk to people's ability to lead a healthy lifestyle is climate change. Climate change is already damaging the health of populations in the UK and has the potential to increase existing health inequalities. At a population level poor air quality, or air pollution, is the largest environmental risk to public health in the UK. Long term exposure, over weeks, months and years, can cause and exacerbate chronic health conditions such as cardiovascular, respiratory diseases and lung cancer, leading to reduced healthy life and life expectancy. It is estimated that long term exposure to man-made air pollution in the UK has an annual effect equivalent to between 28,000 to 36,000 deaths brought forward. Short-term exposure, over hours or days, to elevated levels of air pollution (called Air Pollution Episodes APEs) can cause a range of health impacts including effects on lung function and exacerbation of asthma with increases in respiratory and cardiovascular hospital admissions and mortality. The benefits of tackling air pollution also have co-benefits of improving health and wellbeing including improvement in overall environment quality, increased physical activity and uptake of active travel and climate change mitigation. Multiple interventions, each producing even a small benefit, can act cumulatively to produce significant overall benefits. Tackling climate change, through a reduction in Carbon Emissions is a key priority for Barnsley's Health and Wellbeing Board, as seen in Barnsley Council's Sustainable Energy Action Plan (SEAP) 2020 – 2025 and the NHS' Delivering a 'Net Zero' NHS Green Plan.

2. Levels of mental ill health across the borough are reduced, by a combination of prevention and ensuring people of all ages have access to quality services at the right time.

Mental health is shaped by wide-ranging factors including the social, economic and physical environments in which people live. It is acknowledged for example, that people on low incomes have higher rates of mental health conditions, particularly severe and enduring problems, than those in higher income groups.

Mental health and wellbeing is therefore everyone's business and only by coming together to address the wider factors that affect mental health, by improving services and focusing on prevention, will Barnsley achieve its ambition of being a mentally healthy community.

Our JSNA tells us that the estimated prevalence of common mental health disorders in Barnsley (depression or anxiety) is 19%; which is higher than both the regional and national averages. Barnsley's mortality rate in adults with a serious mental illness (SMI) is significantly higher than the England rate and the **second highest in the Yorkshire and Humber region.** Barnsley has the highest rate of hospital admissions due to self-harm in the Yorkshire and Humber region – and the rate increases in our more deprived communities.

Barnsley has recently established a 'Mental Health Partnership' which brings together leaders from across the borough in order to hold the system to account and drive improvements in mental health within Barnsley. Improving mental health within Barnsley is one of the key priorities for the Health and Wellbeing Board. We will therefore be publishing a separate Mental Health Strategy which focusses specifically on improving mental health in Barnsley. The Mental Health Strategy will follow a number of key principles and themes, including:

- Ensuring that service re-design and future service developments are co-produced with people with lived experience.
- Recognising the impact of trauma and adversity on peoples' mental health.
- Having a strong focus on the wider determinants of mental health and illness.
- Ensure parity of esteem.
- Challenging stigma and prejudice.
- Ensuring actions and service developments / design are evidence-based.
- Adopting a recovery focus where possible.
- Addressing issues of inclusion and diversity.
- Adopting a focus on prevention and early intervention with education being the key focus.

3. Everyone can safely be physically active, to support their physical and mental health.

The benefits of being physically active are well established for adults. Regular participation in physical activity can reduce the risk of many chronic conditions including coronary heart disease (CHD), type 2 diabetes, cancer, stroke, obesity, dementia, mental health illness and musculoskeletal conditions. Physical activity helps to strengthen the heart, lungs and bones, improving our mood and reducing anxiety.

Being active can have a hugely positive impact on individual's health. By increasing physical activity levels, we can reduce health inequalities, enabling more people to enjoy good health for longer. Importantly physical activity improves our quality of life through immediate and long-term benefits.

Conversely, physical inactivity is strongly associated with the development of chronic diseases; the process of cardiovascular disease begins in childhood and associated risk factors including inactivity and obesity track through adolescence into adulthood.

Physically active 2019/20

56.8% of Barnsley adults are physically active*

61.4% England rate

* doing at least 150 minutes physical activity per week

Physically inactive 2019/20

35.8% of Barnsley adults are physically inactive**

National rate **27.1%**

** doing less than 30 minutes physical activity per week

Data: Nov 19 to Nov 20, 16+ adults.

One way we can increase physical activity levels is through Active Travel. Barnsley Council's Active Travel Strategy aims to create a borough where active travel is a preferred choice, supported through a network of high quality, safe and inviting cycle routes and footpaths for all people to use. By increasing active travel, we can improve health and reduce health inequalities whilst having the co-benefit of improving air quality.

What we will do:

- Build additional homes in Barnsley that are warm, sustainable and affordable – to enable all Barnsley residents to have a home that supports their health and wellbeing.
- Raise awareness of hidden harm and vulnerability in owner-occupied and private rented housing by developing strong and supportive community networks to recognise the risk factors relating to poverty, loneliness, isolation or those affected by self-neglect or hoarding.
- Link housing improvement priorities to public health and wider social care agendas across the system to address inequalities leading to poorer health outcomes.
- Provide a borough wide single point of access for cold homes to address key drivers of fuel poverty (income, energy efficiency and fuel prices).
- Address affordable warmth through capital improvements to properties in the private sector for those residents with health impacts made worse by the cold.
- Ensure that all Barnsley residents have the opportunity to benefit from being more physically active, as set out in the Physical Activity Strategic Plan. We will refresh our Physical Activity Strategy, to have a greater focus on reducing health inequalities.
- Continue to reduce carbon emissions across the borough through our SEAP and NHS Green Plan.
- Continue to support & deliver employment support schemes, particularly amongst the most vulnerable groups.
- Continue to develop the BeWell@Work scheme to support employers to build healthy work environments.
- Deliver a comprehensive programme of Mental Health First Training for staff/managers.
- Develop and publish a new, comprehensive all-age mental health strategy for Barnsley, which will be held to account through Barnsley's new Mental Health Partnership and the Health and Wellbeing Board.
- Aim to improve the lives of the most disadvantaged in our communities the fastest, by improving outcomes for people who are on homeless, misuse substances or alcohol and/ or have a serious mental illness.

Ageing Well

Ageing well happens throughout a person's life, not just in old age. Starting well and living well both lay the foundations for healthy ageing. Our ambitions for ageing well are:

1

Older people are able to live independent and active lives, enjoying their later years in comfort in their own communities, for as long as possible.

2

Our older people have quality of life with choice and control over their care and support needs.

1. Older people are able to live independent and active lives, enjoying their later years in comfort in their own communities, for as long as possible.

Barnsley's population is growing and ageing. Around 19% of our population is 65 years old or over and the number of residents aged 65+ is predicted to reach 60,800 by 2030; a change of 33% from 2016. Evidence tells us that older life is where health inequalities can be most stark; especially for older people who are socially isolated and have poor mental wellbeing. We want Barnsley to be a great place to grow older, and be a place which celebrates and recognises the successes and benefits of an ageing population.

Barnsley has joined the UK network of Age Friendly Communities and working together we want everyone in Barnsley to enjoy healthy and active ageing. Age Friendly communities make it possible for people to continue to stay living in their homes, participate in the activities they value, and contribute to their communities, for as long as possible. Being an Age Friendly community is not about achieving a standard. It's about taking the decision to make improvements at whatever pace we can.

We will remove barriers to create more opportunities for older adults to contribute to society. We want to provide workplaces that support health at work, create flexibility in roles if needed, and recruit, develop, promote and retain staff of every age. We want to implement policies and practices that support unpaid carers. We want an inclusive approach to supporting older adults to volunteer, including opportunities for older people to provide mentoring and peer support.

There should be a focus on extending opportunities to remain engaged with creative, learning and cultural activities as we age. We want to remove barriers to participation by providing more flexible opportunities for engagement and access to affordable transport, and by ensuring people's contributions are valued and that they are supported to develop new skills.

Loneliness and social isolation are different, but related concepts. Loneliness is a subjective feeling that relates to a person's perceived quality of relationships and the gap between a person's desired levels of social contact and their actual levels of social contact. Whereas, social isolation is an objective measure of the number of social contacts that people have – it is about the quantity, not the quality of these relationships.

"Today is much the same as every other day. The pandemic has had little or no effect on me. I spend most of my days in the house. I'm used to staying in with no company and no one to talk to. It's normal for me. Welcome to my world."

Female Barnsley resident, aged 72, on the impact of COVID-19 containment measures.

Feeling lonely most or all of the time can have a serious impact on a person's health and wellbeing. Evidence tells us that loneliness is linked to early deaths and its health impact is thought to be on a par with other public health priorities like obesity and smoking. Loneliness is associated with increased risk of coronary heart disease, stroke, mental health issues, low self-esteem and an increased risk of dementia.

Loneliness can be experienced at all ages, but evidence shows that the likelihood of experiencing loneliness increases with age and is also more prevalent amongst ethnic minorities and LGBT people.

To support people to remain connected as they age, we want to ensure the provision of accessible transport links and good quality green spaces, maintain services and facilities as close to people's homes as possible, and adopt a range of community-centred approaches that support and encourage community participation among people of all ages.

Ensuring good homes and communities to help people remain healthy, active and independent in later life. Poor housing can contribute to and exacerbate many long-term health conditions. We want to improve the quality of our existing mainstream housing stock and future-proof new homes, ensuring they are built to be accessible and adaptable. We also want more diverse housing options that meet the needs of older

adults across all tenures – home ownership, social housing and the private rented sector. With a growing proportion of older private renters, we want to improve conditions in the poorest quality private rented accommodation and identify ways of supporting low income owner-occupiers to access funds to repair and improve their homes.

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. Excess winter deaths represent an important health inequality – people who experience greater socioeconomic deprivation are more likely to be affected. There are evidence-based interventions to address EWD and many EWD are seen as avoidable. Excess Winter Deaths are a complex issue that includes cold homes, falls, weather, level of flu/ COVID-19 in circulation and resilience and health of the population that needs a whole system approach to address.

Evidence from our JSNA and the Public Health Outcomes Framework, tells us that Barnsley's 2018-2019 excess winter deaths rate of 17.7% is not significantly different to the England rate of 15.1%. When compared to nearest neighbours, Barnsley's rate is the joint 6th highest. For people aged 85 and over, our excess winter death rate was 19.9%, which is similar to the England average of 18.2%.

Falling can happen to anyone – but the risk is particularly great, and the consequences are more severe in older people. Around 30% of over 65s in Barnsley living at home will fall each year. This rises to 50% for those aged 80 or over who are living at home or in care homes. Of these falls, 20% of people will require medical attention. 5% of those who fall in a given year will suffer from fractures and hospitalisation. In 2017/18 there were 1,302 emergency hospital admissions due to falls in people aged 65 and over.

In addition, the human cost of falls includes pain, injury, distress, loss of confidence and a greater risk of death – around a third of people who experience a hip fracture die within a year, usually caused by underlying health conditions (of which the fall may be a symptom), rather than the fracture itself.

Falls are linked to a range of risks, which often coexist in older people including medical conditions, the effect of prescribed medication, physiological changes (i.e. deteriorating eyesight or loss of muscle strength and balance), environmental hazards (like cold rooms, ill-fitting shoes and slippery surfaces) and lifestyle factors (i.e. physical inactivity and alcohol consumption).

Whilst preventing falls may be complex; falls are not inevitable. Falls are not a normal part of the ageing process and many can be prevented using interventions that are evidence based and effective. Some of these interventions may be specific to preventing falls (such as muscle strengthening and balance training) however, we also need to ensure that our communities enable healthy ageing. If our older people are able to move about easily, to access public transport and to feel safe within their communities, this all contributes to preventing falls whilst also enabling older people to age healthily.

2. Our older people have quality of life with choice and control over their care and support needs.

Improved living standards, medical advances and public health initiatives have given many of us longer lives. Someone 65 years old today can expect to live to 85, nearly 10 years longer than their parents' generation. By 2041, one in 4 people living in the UK, around 20.7 million individuals, will be aged 65 and over. These additional years of life offer great opportunities for us as individuals, for communities, for society, and for the economy.

However, not everyone benefits equally from longer lifespans. An accumulation of disadvantages in education, employment and living conditions and variations in social care and health services mean that people in the most deprived circumstances can expect to spend 20 fewer years in good health than those who are better off and live in the least deprived areas of the country. And many of us, wherever we live and whatever our income, may have mental or physical health conditions and functional limitations as we age that we need to manage well to enjoy a high quality of life in later years.

If people experience a decline in their health and functional ability, we want to ensure they have timely access to high quality health, care and rehabilitation services and to personalised support and adaptations that will help them remain independent. A person's changing needs should not be a barrier to maintaining or improving health and being able to continue to do the things that they value.

Narrowing inequalities in years of life lived in good health between richer and poorer people, between different population groups and between different areas of the country – focussing efforts on those most at risk. Ageing is inevitable but how we age is not. Collectively, we need to act across the life-course to ensure that everybody has the same opportunities to achieve a good education, good work, financial security, a decent home, and to develop and maintain connections to family, friends and a supportive wider community. These are the protective factors that underpin good mental and physical health and that help people develop and maintain resilience throughout their lives. Those who have not built up this resilience are more disabled by their environments – such as poor housing – in later life. Alongside this, we want to ensure that health and social care services are timely, appropriate and accessible to the whole population, irrespective of wealth or geographical location.

What we will do:

- Encourage all partner organisations to sign up to the Healthy Ageing Consensus Statement.
- Ensure that Barnsley is an Age Friendly town and that Barnsley is a good place for people to live and age well.
- Continue to encourage flu and Covid-19 vaccination uptake amongst all those who are eligible.
- Take learning form correlation between EWD and COVID-19.
- Continue to raise awareness of the causes of Excess Winter Deaths and the support available through coordinated communications campaign.
- Develop a collaborative cold weather plan (2021 – 2022), aligned with emergency planning.
- Implement our Better Lives Programme 2021 – 2024, which aims to:
    - Promote wellbeing and personal & community resilience
    - Maximise recovery and promote independence so people can live independently in their own communities as long as possible
    - Improve the quality of life for people with care and support needs
    - Provide choice and control for people who have care and support needs
    - Ensure value for money and the best use of the Barnsley pound
- Support Barnsley's Carers through the development of a new Carers' Strategy.
- Continue to support the reduction of social isolation and loneliness across all age groups.
- Work with experts to review and implement a new 'Front Door' Model for health and social care in Barnsley.
- Identify appropriate data indicators to measure ageing well.
- Implement the Barnsley Falls Prevention Plan, which aims to promote health and wellbeing across the life course, building on an individual's strengths, to prevent falls in later life.
- Build homes which are sustainable for life, supporting people to live in their communities for longer.
- Review the impact of COVID19 on older people, particularly those aged 70+ years old or with long term health conditions who had to isolate within their own homes.
- Deliver Barnsley's Health and Care Plan and continue to progress work to integrate health and social care services, ensuring that integrated services are the best they can be.

Conclusion:

The Health and Wellbeing Board brings together local anchor institutions, who will work together to improve outcomes for our Barnsley residents. Our strategy for a 'Healthy Barnsley' is both long-term and ambitious, taking action across the life course to improve the health and wellbeing of everyone in Barnsley. We will focus on reducing health and social inequalities to enable everyone in Barnsley to have the opportunity to live a healthy and satisfying life. Our immediate focus is on improving mental health in Barnsley and ensuring Barnsley is a great place for a child to be born. We know we can't do this alone, and it will require support and commitment from our communities, and change at societal level – by harnessing the Barnsley spirit that has been evident throughout the COVID-19 pandemic, we're confident we can continue to deliver a Healthy Barnsley.

Barnsley 2030

Thank you for reading our Strategy.

To find out more please email **publichealth@barnsley.gov.uk**
or visit **www.barnsley.gov.uk/services/health-and-wellbeing**

Barnsley - the place of possibilities

BARNSLEY
Metropolitan Borough Council