

Renewing Action for a Healthier Barnsley Public Health Strategy • 2018 to 2021



Public Health Strategy 2018 to 2021

Produced by Barnsley Metropolitan Borough Council, Public Health Directorate

Design by Beth Heath



FOREWORD

Renewing our Public Health Strategy is an opportunity for us to reflect on what we have achieved with our partners to improve the health and wellbeing of Barnsley residents. We want to renew our actions for a healthier Barnsley by working collaboratively to improve our residents' health and wellbeing at an accelerated pace. This approach strengthens our efforts on prioritising policy level action to support individual behaviour change in order to improve healthy life expectancy and reduce health inequalities.

The priority areas set out in this strategy have been selected for the impact they have in Barnsley on avoidable illness and early death, and the consequences of both in terms of lost quality of life, lost economically productive years and pressure on health and social care services. The priorities also respond to key findings from recent Director of Public Health Annual Reports. In the 2016 report¹, we heard about the impact of alcohol, depression, smoking, food and exercise and how residents of Barnsley want to be "the best of the best". The 2017 'A day in the life of...' report² based on diaries of local residents describes people's daily challenges that affect their physical and mental health, and describes how to help individuals, their family, and their friends live healthier lives.

We have designed our approach to complement the existing strategic plans of the council and the health and care system. Our Public Health Strategy will contribute specifically to the Health & Wellbeing Strategy, and the Barnsley Plan.

We are grateful to our partners and colleagues across the council for their input in developing our renewed Strategy.



Cllr Jim Andrews



Deputy Leader of the Council
Cabinet Spokesperson
for Public Health

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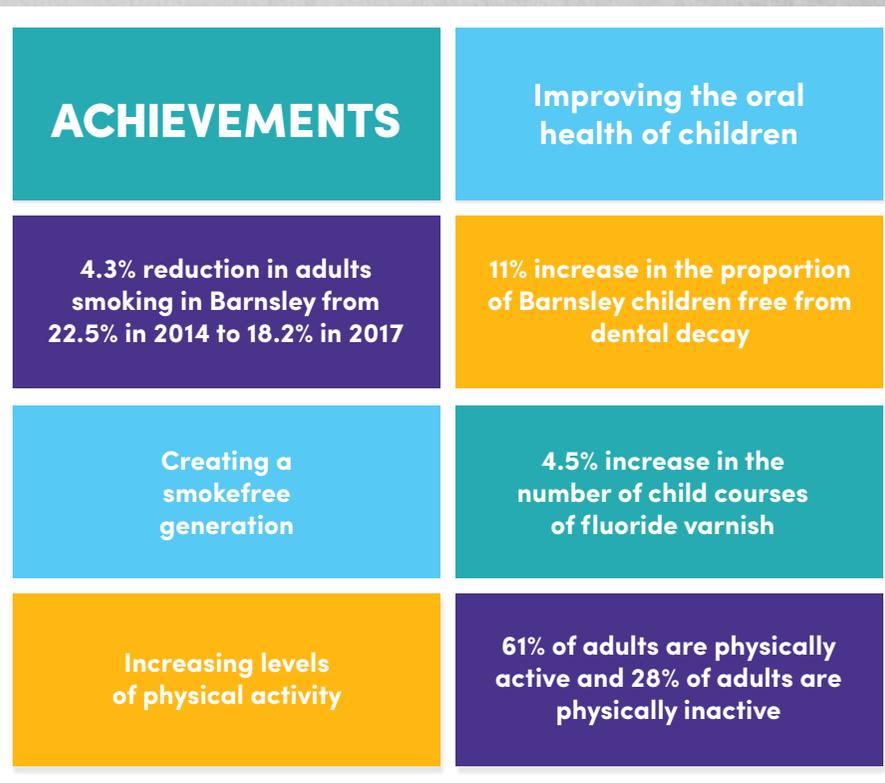
OUTCOMES AND PRIORITIES

As illustrated in Figure 1, (on page 4) our Public Health Strategy 2018–2021 vision and long term outcomes remain as they were in our 2016–2018 Strategy. The responsibility of delivering these long term outcomes lies with not only the public health distributed model but with collective action across the health and care system in Barnsley. Organisations with statutory responsibilities work in partnership with all agencies, the voluntary sector and local residents to make a contribution to public health. The successes of this partnership are evident in our local achievements. However, there is still more work to do to achieve our vision; that all Barnsley children are given the best start in life and all our residents enjoy a happy, healthy life.

We have reviewed our 2016–18 priorities and these work areas all have successfully established programmes in place and have achieved a number of significant results in the last 3 years. These existing priorities are now business as usual and the programmes of work are well established and show progress.

NEW PRIORITY AREAS

To complement our 3 existing priorities, we have selected 3 new priority areas; food, alcohol and emotional resilience. All the priority areas will have robust action plans developed and shared with partners. Targets for our public health priorities will be aligned to the developing work on the outcomes framework for the emerging Integrated Care Partnership. Figure 4 (on page 13) previews the work planned in these six areas.



< OUR VISION >

WORKING TOGETHER FOR

A BRIGHTER FUTURE

A BETTER BARNSELY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

< OUR VISION >

WORKING TOGETHER FOR

A BRIGHTER FUTURE

A BETTER BARNSELY

THE THREE BARNSELY COUNCIL PRIORITIES WHICH WILL HELP US ACHIEVE THE VISION ARE:

THRIVING & VIBRANT ECONOMY

PEOPLE ACHIEVING THEIR **POTENTIAL**

STRONG & RESILIENT COMMUNITIES

WE WILL CONTRIBUTE TO THE THREE PRIORITIES THROUGH OUR FOUR LONG TERM PUBLIC HEALTH OUTCOMES:

TO DEMONSTRATE WE ARE MAKING A DIFFERENCE IN A SHORTER TIMESCALE WE WILL FOCUS ON SIX PUBLIC HEALTH PRIORITIES

FOOD

ALCOHOL

EMOTIONAL RESILIENCE

ORAL HEALTH OF CHILDREN

SMOKEFREE GENERATION

PHYSICAL ACTIVITY

OUR RESIDENTS WILL START LIFE HEALTHY AND STAY HEALTHY

OUR RESIDENTS WILL LIVE LONGER HEALTHIER LIVES

WE NARROW THE GAP IN LIFE EXPECTANCY AND HEALTH BETWEEN THE MOST AND LEAST HEALTHY

WE PROTECT OUR COMMUNITIES FROM HARM, HEALTH INCIDENTS AND OTHER PREVENTABLE HEALTH THREATS

WHAT MAKES US HEALTHY?

Health improvement and inequality continue to be a challenge for the borough and this is influenced by a number of determinants. These determinants include political, social, economic, environmental and cultural factors which shape the conditions in which we are born, grow, live, work and age. Achieving a healthy population requires greater action on these factors to keep all our residents well, not simply action on treating ill health alone.

Figure 2 shows that our health is shaped by factors outside the direct influence of health care. Published data shows that there is a gap of almost 18 years in healthy life expectancy between people living in the most and least deprived areas of the UK. This gap that is explained not by our ability to access health care but by differences in our experience of the things that make us healthy including good work, education, resources, our physical environment and social connections.

The healthy life expectancy gap between the most and least deprived areas in the UK is:

18
YEARS

As little as 10% of the population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

Healthy Life Expectancy at birth in Barnsley



81.9 YEARS

**Life expectancy for females
2014-2016
in Barnsley**



78.2 YEARS

**Life expectancy for males
2014-2016
in Barnsley**



59.8 YEARS

**Healthy life expectancy for females in Barnsley
2014-2016**



58.6 YEARS

**Healthy life expectancy for males in Barnsley
2014-2016**



22.1 Years



19.6 Years

Are spent not in 'good' health

WHAT IS LIFE EXPECTANCY?

The average number of years a person would expect to live based on current mortality rates.

WHAT IS HEALTHY LIFE EXPECTANCY?

The average number of years a person would expect to live in good health based on current mortality rates and self-reported good health.

WHAT IS HEALTHY LIFE EXPECTANCY?

We all have a role in improving healthy life expectancy and reducing health inequalities. We need to promote active, healthy lifestyles to address some of the important public health and employment challenges facing our residents. By providing equal opportunities for our local residents to work and lead healthy lives, both the physical and mental health of the borough as a whole is likely to improve and contribute to narrowing the gap in life expectancy and health between the most and least healthy. In return, individuals and local health and social care services will benefit from a reduced burden of chronic disease and disability, as well as equipping people to live fuller longer working lives; benefiting our local economy.

Although the latest data available from the Office for National Statistics identifies that life expectancy and healthy life expectancy has improved for both women and men born in Barnsley there is still more to do.

*Source, ONS, 2014 – 2016

Review of progress with public health strategy priorities 2016 – 2018

SMOKING

Our ambition to continue to drive forward 'make smoking invisible' impacts every part of the Council and our partners. From supporting the development of smokefree markets, smokefree play parks and smokefree schools. We will continue to work with Public Health England to develop licensing policies for tobacco sales. Every part of the system has a crucial role to play if we are to achieve our ambition to reduce smoking prevalence to less than 10% by 2022 as outlined in the Tobacco Alliance Action Plan, the Barnsley Plan and South Yorkshire & Bassetlaw Integrated Care System outcomes.



A CLeaR assessment was undertaken in June 2017. We achieved 70% of the available points, a 30% increase from our 2013 peer assessment.

All 24 key play parks are now smokefree to ensure our children can play in a safe environment where smoking is invisible.

The Breathe 2025 campaign rolled out across Barnsley, working towards seeing the next generation of children being smokefree growing up in a town free from tobacco.

4.3% REDUCTION IN ADULT SMOKING

The latest smoking prevalence data demonstrates local impact, as there has been a 4.3% reduction in adults smoking in Barnsley from 22.5% in 2014 to 18.2% in 2017. This is better than the national reduction in the same time period from 17.8% in 2014 to 14.9% in 2017.

Alongside this, there has been a 5.1% reduction in Barnsley adults in routine and manual occupations smoking from 32.6% in 2014 to 27.5% in 2017. This again is better than the national reduction in the same period from 29.6% in 2014 to 25.7% in 2017.



We are the first northern town to issue a Fixed Penalty Notice for smoking in cars and are the only Local Authority to be actively enforcing this national legislation.

We continue to raise awareness of illicit tobacco and how to report it.

We are the first northern town to introduce a smokefree town centre zone.

FUTURE PRIORITIES FOR ACTION

- Continue to drive forward 'make smoking invisible', working towards a reduction in adult smoking prevalence of 10% by 2020.
- Evaluate the smokefree schools pilot and roll out to all other primary schools across the borough.
- Support Barnsley Hospital in delivery of the Risky Behaviours CQUIN³.
- Support Barnsley Hospital in audit against NICE 48⁴ and lead development of improvement plan.
- Support development of smokefree markets across the borough.
- Continue to lead Barnsley Tobacco Alliance.
- Review progress against the revised Local Action Plan on a quarterly basis.
- Complete another CLearR peer assessment aiming to improve even further.
- Investigate the possibilities of disinvestment in shares in the tobacco industry from pension fund investments working with colleagues across South Yorkshire.

³ CQUIN – Commissioning for Quality & Innovation

⁴ www.nice.org.uk/guidance/ph48

"If I see my parents smoking it might make me start"
Leon Age 7
Laithes Primary School,
Barnsley

9 out of 10 local people support smokefree zones

Please do not smoke in or around our school!

Make Smoking Invisible

Smokefree Barnsley programme was awarded 'Highly Commended' in the Public Health category, LGC Awards 2018.

We are the first northern town to implement a 'smokefree market'.

Smoking has been embedded in other areas of work and included in key policies and action plans such as the Anti-Poverty Plan for Barnsley.

We are ensuring retailers aren't selling to under 18's by carrying out underage test sales.

A new BMBC Smoking at Work Policy has been introduced that encourages and supports staff to quit smoking.

We have provided training/ information to retailers to ensure they are aware of the legislations.

I'M SUPPORTING **BREATHE 2025** breathe2025.org.uk
Inspiring a smokefree generation

OPPORTUNITIES

- **SUSTAINING AND GROWING MOMENTUM**
- **CONTINUING TO REDUCE SMOKING PREVALENCE**
- **REDUCING THE WIDE INEQUALITIES IN SMOKING PREVALENCE ACROSS THE BOROUGH AND ACROSS DEMOGRAPHICS**

Help us make smoking invisible to children.

PLEASE DON'T SMOKE IN THIS MARKET SQUARE.

Children who see adults smoking are more likely to take up the habit. 97% of Barnsley residents don't want their children to smoke.

Barnsley's #Smokefree Generation **BREATHE 2025** **BARNLEY Metropolitan Borough Council**

PHYSICAL ACTIVITY

Physical activity, active travel and air quality are key elements of the Public Health Strategy working across the Public Health distributed model with external partners. Developing a new Strategic Physical Activity Partnership and 3 year Physical Activity Plan (2018-2021), along with new investment, will enable us to build community assets to increase levels of daily physical activity.

We are unable to compare the data in figure 3 with previous years as the way this information is gathered has changed. Our effort and resources have focused on inactive children, young people and adults who have the most health benefit to gain.



A new Strategic Physical Activity Partnership has been established to progress a whole system approach to tackle physical inactivity and to develop a refreshed Physical Activity Plan 2018-2021 to align with the Public Health Strategy.

In the last 12 months over 1,444 Barnsley leisure cards have been issued to eligible residents to access cheaper sport and leisure facilities.

Funding obtained to improve the standard of 17 playing pitches across the borough.

12 active walks developed across the borough. Over the last 12 months over 1,827 participants have attended and 19 people have become volunteer walk leaders.

Sport England funding secured to deliver a project over the next 3 years that supports families to be more active together throughout the week.

Active Travel Strategy 2018-2021 will be progressed to build the commitment to improving cycling and walking across the borough.

A Town Centre Bike Race & Community Ride - offering an opportunity for people to ride on a 1km closed Town Centre circuit route.

Secured funding to pilot a project that uses community activity champions and builds capacity across the Dearne to increase activity amongst adults in low level employment.

Together with our partners, Inclusive Ping Pong, we have delivered a number of tailored bat and chat sessions for older people at Barnsley Age UK.



'Barnsley Walking for Health' a guide led volunteer scheme funded for a further 3 years up to 2020.





In partnership with Barnsley Premier Leisure and the Football Foundation we secured funding to install full size match artificial grass pitch at Dorothy Hyman Sports Centre. The pitch will be utilised by a variety of sessions including junior training and adult flexible football.

Research - We are currently commissioning an Active Travel study to inform our future Active Travel Strategy and commissioning processes.



Active Travel Hub - the current cycle hire provision in Barnsley Town centre will be expanded as a community cycling and walking offer.

FUTURE PRIORITIES FOR ACTION

- Develop senior level commitment through the development of a borough wide Physical Activity Strategy.
- Continue to progress a Council wide Active Travel Strategy to improve levels of cycling and walking to work and/or school.
- Bring in investment to support the development of physical activity programmes.
- Continue to drive forward Daily Mile or equivalent schemes in schools.
- Further develop a borough wide offer for table tennis through PING!
- Continue to support key sport and physical activity initiatives – Creating Connections etc.
- Review progress against the new Strategy and Local Action Plan on a quarterly basis.
- To ensure our residents understand that exercise isn't just about sport but about finding a physical activity that they can enjoy and that suits their level of mobility and fitness, such as dancing, walking, stretching, DIY, housework or gardening etc.

Tour de Yorkshire saw an estimated audience of 26,650 line the Barnsley route. We used this as an opportunity to raise the profile of active travel and the various opportunities that exist across the borough to gain training and support for people to cycle for leisure, education and work purposes.

Successful PING! Table Tennis Festival saw a record number of people picking up a bat with 9,073 participants recorded.

OPPORTUNITIES

- SUPPORTING INACTIVE PEOPLE TO BECOME MORE ACTIVE
- ENABLING ALL KEY STAKEHOLDERS TO REMAIN COMMITTED TO IMPROVING LEVELS OF PHYSICAL ACTIVITY ACROSS THE BOROUGH
- IMPROVING ACCESS TO PHYSICAL ACTIVITY OPPORTUNITIES
- EXPLORE OPPORTUNITIES TO DEVELOP THE ACTIVE TRAVEL AND HEALTHY STREETS APPROACH WORKING ACROSS THE SHEFFIELD CITY REGION.

IMPROVING THE ORAL HEALTH OF CHILDREN

We recognise the importance of good oral health to ensure every child has the best start in life. To achieve improvements in tooth decay levels in children we have worked to provide more intensive exposure to fluoride as children grow up; both at home, at school and in the dental practice.

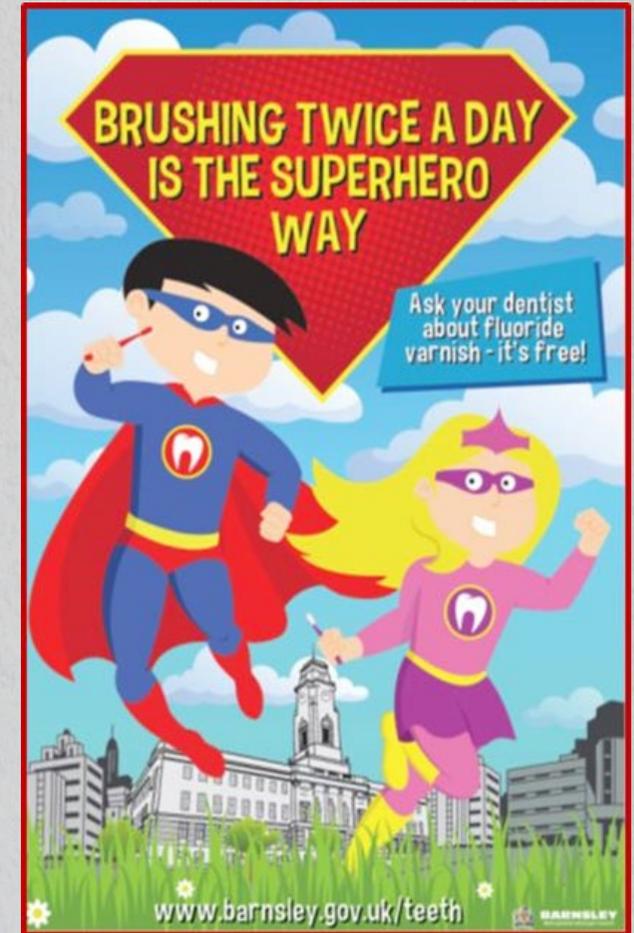
Improving the oral health of children continues to be a public health priority. We know that fluoride remains the most effective means of preventing tooth decay.

The latest data demonstrates our impact, as there has been an 11% increase in the proportion of children free from dental decay from 58.8% in the 2011/12 dental survey to 69.8% in 2015/16. Alongside this there has been a 4.5% increase in the application of fluoride varnish in Barnsley children from 59.2% in 2014/15 to 63.7% in 2015/16.

**WHAT
HAVE WE
ACHIEVED?**

11%
increase in the
proportion of Barnsley
children free from
dental decay

4.5%
increase in the number
of child courses of
fluoride varnish
application



Tooth brushing clubs are established in all Family Centres across Barnsley.

Dental practices in Barnsley have been encouraged to undertake brief intervention training on smoking and alcohol.

Working with NHS England and the Local Dental Committee we have increased the use of fluoride varnish in Barnsley dental practices by targeted work.

Communication links have been set up between Barnsley Hospital and local dentists to ensure children attending for extractions have the required follow up and any DNA's are not lost in the system.

A programme of training for early years, nurseries and reception staff to support delivery of daily tooth brushing has been introduced.

An Oral Health Needs Assessment has been undertaken in partnership with Public Health England.

The Public Health Nursing Service includes oral health promotion to be delivered at key contact points.

Tooth brushing packs have been distributed to the most vulnerable families in the borough via food banks.



More Barnsley families are attending a dentist than the national average.

OPPORTUNITIES

- TO USE THE OPPORTUNITY FOR PUBLIC HEALTH NURSING SERVICE TO PROMOTE ORAL HEALTH.



Working with Barnsley Hospital we now provide tooth brushing packs and oral health advice to families attending the hospital for dental extractions.

BMBC has led the way in encouraging healthy eating though removal of vending machines and full sugar drinks, and there may be opportunities to promote this in other public settings e.g. leisure centres.

FUTURE PRIORITIES FOR ACTION

- Encourage and support more Early Years settings to start a tooth brushing club.
- Continue to roll out 'Sugar Free Barnsley' by encouraging organisations to stop selling full sugar drinks.
- Evaluation of the tooth brushing packs distribution and brushing clubs.
- Explore the feasibility for interventions that increase fluoridation at a population level.

SUPERHERO TIPS
FOR LOOKING AFTER YOUR CHILD'S TEETH

1 As soon as a tooth appears brush your child's teeth for about two minutes twice a day.

2 Try to brush your child's teeth in the morning and just before bedtime. Encourage them to spit out the toothpaste - don't rinse!

3 Take your child to the dentist.

THE SPECIAL POWER OF FLUORIDE VARNISH

Fluoride varnish is one of the best ways to protect your child's teeth, and it's FREE for children.

Fluoride varnish is a sticky gel which is painted onto your child's teeth with a soft brush. It helps to strengthen the hard surface of the tooth.

Ask your dentist for more information

OUR PUBLIC HEALTH PRIORITIES

FOOD

Food is extremely important to our local population, the health and wellbeing of our residents, the local economy and the environment. Food gives us pleasure, allows us to share and celebrate and connect with others.

The vast majority of people know that eating a healthy diet, as well as being physically active is good for them and will help to prevent weight gain, but for many people it can be a real struggle to put this into practice. We know that more than 7 out of 10 (73.1%) adults in Barnsley are classified as overweight or obese; this is significantly worse than the England average of 61.3%.

By working together and in partnership with the local community we can go further to positively influence the food environment; to promote and make healthier food choices, enabling us all to live healthier lives.

We are therefore developing a Food Plan Strategy that will address issues around healthy weight, but is not limited to that alone. The Plan is about changing the food environment and culture within Barnsley as well improving access to quality food. Our approach will focus on the policies and structures which we all live, work, shop, eat and learn within.

ALCOHOL

Although alcohol has been part of our culture for centuries and many people use it sensibly, its misuse has become a serious and worsening public health problem in the UK.

The misuse of alcohol – whether as chronically heavy drinking, binge-drinking or even moderate drinking in inappropriate circumstances not only poses a threat to the health and wellbeing of the drinker, but also to family, friends, communities and wider society through such problems as crime, anti-social behaviour and loss of productivity. It is also directly linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, violence, liver disease and sexually transmitted infections.

A programme of work is being developed to tackle the availability, affordability and acceptability of alcohol use in Barnsley. This will include a revised Alcohol Strategy for the borough and the development of an Alcohol Alliance to deliver the actions from the Strategy. We will also work with key partners to address the rise in alcohol related hospital admissions. To support this we are working to explore different approaches to alcohol harm data.

EMOTIONAL RESILIENCE

Resilience is the ability to cope with and rise to the inevitable challenges, problems and set-backs you meet in the course of your life, and to come back stronger from them. It is having the ability to bounce back in the event of adversity.

The Five Year Forward View for Mental Health included an important recommendation for Public Health England to establish a Prevention Concordat for Better Mental Health ensuring a prevention-focused approach to improving mental health for everyone. This covers prevention in the widest sense from the promotion of good mental health through to living well with mental health problems and everything in between. The recommendations of the Five Year Forward View for Mental Health were accepted in full by government on 9 January 2017.

We will work across the local system to ensure we are able to deliver against the concordat whilst meeting local need, increasing equity and reducing health inequalities. Specific work programmes will include:

- Improving our needs and asset assessment with effective use of data and intelligence
 - Improving our partnerships, collaborations and alignments
- Translating need into deliverable commitments
 - Defining success outcomes

ORAL HEALTH

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. 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. Over 600 Barnsley children are admitted to hospital every year for the removal of decayed teeth.

The main risk factors for tooth decay are diets high in sugars and lack of exposure to fluoride, therefore tooth decay is largely preventable.

The Global Burden of Disease study (2010)⁵ provides evidence of the impact of poor oral health on children.

SMOKING

Smoking prevalence in Barnsley is reducing but we still have one of the highest smoking rates in the country.

The latest data illustrates that 18.2% of the adult population in Barnsley are smokers – significantly higher than the England average of 14.9%.

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 higher than the overall prevalence at 27.5% compared to 18.2%.

The smoking prevalence at age 15 of 10.7% is significantly worse than the England average of 8.2%.

Although recently smoking in pregnancy has seen a large reduction at 15.4%, this is still significantly higher than the England average of 10.7%.

Smoking attributable mortality and admissions are significantly higher in Barnsley when compared with the regional average.

Roughly £62million per year is spent on tobacco by the smokers of Barnsley. This is on average around £1,323 per smoker per year.

Each year in Barnsley smoking costs society around £63.5 million; this includes factors such as lost productivity, the cost of social care and smoking-related house fires (ASH Ready Reckoner, The local cost of tobacco, May 2018).

When net income and smoking expenditure is taken into account, 8,326 (32%) households with a smoker fall below the poverty line. If these smokers were to quit, 2,140 households would be elevated out of poverty, these households include around 1,707 dependent children⁶.

PHYSICAL ACTIVITY

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.

Physical inactivity is the fourth largest cause of disease and disability in the UK.

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 attention.

Barnsley falls below the national and regional average for physical activity participation with the latest figures from the Active Lives Survey indicating that 60.9% of adults achieve the recommended levels of 150 minutes of moderate intensity physical activity a week. 27.7% of Barnsley adults are classified as inactive. Both figures are significantly worse than the Yorkshire and the Humber, and England averages.