Healthy Life Expectancy

Strategy 2025–2030

BARNSLEY Metropolitan Borough Council

Barnsley 2030

Contents

How do we improve healthy life expectancy in Barnsley?

Asking what we can do to improve healthy life expectancy (HLE) is a huge question – it's an even bigger one than how to create full employment or how to eradicate poverty. Everything that happens to you from conception will affect how long and healthy your life is.

Increasing HLE requires two things; one, to increase overall life expectancy, and two, for Barnsley residents to report that they consider themselves to be in good health.

Currently too many Barnsley residents experience poor health. This may be due to the legacy of jobs in heavy industry, low income levels or higher than average smoking rates. We know that people who are obese and those with musculo skeletal issues are more likely to report poor health. These rates are both high in Barnsley.

This report details multiple things that we can do to improve HLE – from housing and education to the better management of long-term conditions. But the truth is that in Barnsley we are already putting our available resources into creating good work, improving the lives of our children, increasing physical activity and building thriving communities.

What else can we do?

1. We need to have a rigorous focus on the first 1001 days to give our children the best start in life. This is the single most important time to influence the life course.

2. We need to do more for those who need it the most. We need the data to understand who has the poorest outcomes in our communities, we need to understand how they interact with services. This data should also identify those who are most at risk of entering the unhealthy life expectancy phase and whether they are the people we are reaching. We can then target interventions to be more effective. If we just provide a 'one size fits all, approach we are unlikely to see the changes we are looking for; in fact we may actually increase the gap between those with the best and worst health.

3. We need to think about how we develop our neighbourhood approaches and ensure that we take account of the communities people live in. This includes the physical environment in which people live and how we maximise the health impact of this. We should apply this to some of our most challenging issues like increasing levels of healthy weight or improving educational attainment. We are already exploring this through some existing programmes like Family Hubs and 'Move More'. In addition, the NHS, council, voluntary and community sector and other partners have started to develop a neighbourhood approach to health, which will also take into account the built environment.

Executive summary

This report provides a comprehensive analysis of Healthy Life Expectancy (HLE) in Barnsley, highlighting the significant health inequalities and the factors contributing to these.

The findings reveal that Barnsley has some of the lowest HLEs in the UK, with men and women living nearly 10 years less in good health compared to the UK average.

There is no simple answer as to what we can do to increase this and the report underscores the importance of addressing the social determinants of health, such as education, employment, housing, and social connections, to improve the overall health and wellbeing of the Barnsley population.

Executive summary

Key findings

Healthy Life Expectancy: In the UK, Barnsley ranks 150th out of 151 for men, and 151st out of 151 for women in terms of HLE. The average HLE for women is 52.6 years and for men it is 52.8 years.

Social determinants of health: The report identifies multiple deprivation as a fundamental driver of poor health, impacting various health determinants and creating a cycle that worsens inequalities. Education, employment and housing are highlighted as critical areas needing attention.

Health behaviours: Smoking, obesity, alcohol intake and physical inactivity are identified as key behaviours linked to poor health outcomes. Barnsley has higher rates of smoking, physical inactivity and obesity compared to the national average.

Local initiatives: The report outlines several local initiatives aimed at addressing these issues, including the "More Money in Your Pocket" campaign to tackle poverty, Great Childhood Ambition, the tobacco control alliance to reduce smoking and the "Pathways to Work" programme to improve employment opportunities.

Recommendations

Addressing inequalities: The report emphasizes the need for a system-wide approach to tackle health inequalities, focusing on upstream factors such as education, employment and housing.

Promoting healthy behaviours: Continued efforts to reduce smoking, increase physical activity, and promote healthy eating are essential to improve HLE.

Embed preventative approaches: This includes both primary prevention by central and local government to reduce risk factors for disease, and secondary prevention by the NHS to slow down early disease.

Community engagement: Strengthening community connections and promoting social inclusion are vital for improving mental and physical health. Initiatives like the "Love Where You Live" campaign are crucial in building stronger communities.

Priority areas

This report looks at the main drivers of HLE and maps that against existing activity. It is clear that in Barnsley we are doing the right things to improve the lives of our residents and we should continue to prioritise these programmes. However, there are three specific areas to focus on, which could be further developed.

- **We need to have a rigorous focus on the first 1001 days to give our children the best start in life.**
- **We need to do more for those who need it the most by targeting our interventions.**
- **We need to continue to develop neighbourhood approaches to service delivery.**

This report serves as a call to action for local authorities, the NHS, and the voluntary and community sector to work together to improve the health and wellbeing of the Barnsley population. By addressing the root causes of health inequalities, Barnsley can achieve better health outcomes and a higher quality of life for all its residents.

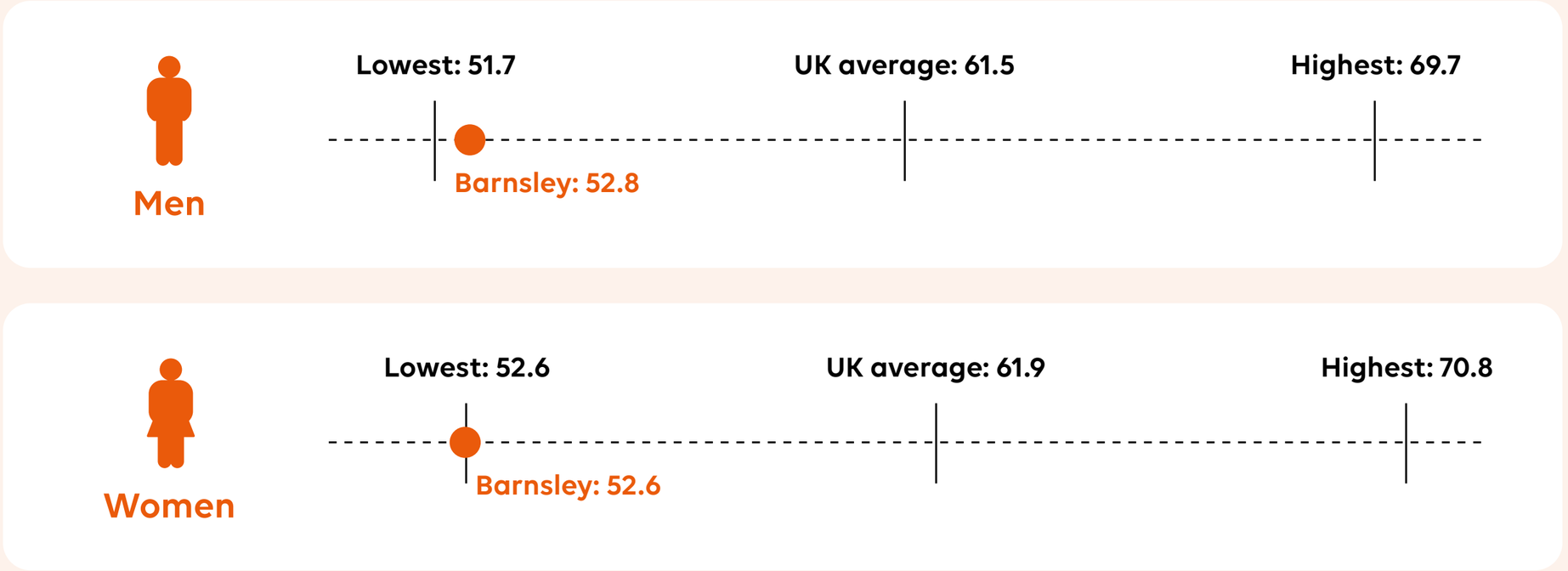
Healthy life expectancy

- HLE is an estimate of the average number of years a person lives in good health.
- It is published annually through the Office of National Statistics and presented at regional and local area level.
- It is important to note that it is an estimate, not an absolute measure, and is calculated using mortality data and responses to a survey question about how residents feel about their health.
- People living in Barnsley have some of the lowest HLEs in the UK.

Statistics

Out of UK areas, Barnsley ranks:
150th (out of 151) for men
151st (out of 151) for women

- The average HLE for women in Barnsley is 52.6 years, and for men it is 52.8 years. These are nearly 10 years lower than the UK average.
- In Barnsley, total life expectancy is 80.5 years for women and 76.5 years for men.[1] Therefore, people in Barnsley live for shorter than average and get sicker earlier.



Why is HLE so low in Barnsley?

There is no simple answer as to why HLE is so low in Barnsley. It is based on a number of factors, almost all complex and interconnected, many of which are based on Barnsley's post-industrial heritage.

National context

Since the COVID pandemic, HLE has decreased in almost all English regions.

Since 2011–2013, the gap between the area with the highest and lowest HLE has increased.

- The calculation for HLE is based on mortality rates combined with self-reported health status.
- Barnsley's excess mortality rates are high. **399.8 in 100,000** people die before the age of 75.

- Obesity and musculo-skeletal (MSK) issues are two big drivers for self-reported health status and we score very poorly on those measures in Barnsley. For example, nearly a quarter of the population report an MSK issue and over a third of the population are obese.
- In total around **40%** of the Barnsley population lives with chronic illness or disability.
- Parts of Barnsley are in the worst-impacted areas in the UK for deprivation. For example, in Grimethorpe **65%** of households are classified as deprived and **13%** report bad or very bad health.

However, it should be noted that although Barnsley ends up at the bottom of the list of local authorities in terms of absolute numbers, when we look at statistical significance (ie. a genuine difference that is not based on chance or small sample sizes) Barnsley sits in the same 'basket' as many other local authorities including Blackpool, Hartlepool, North East Lincolnshire and Rotherham. Nearly all of the local authorities with the lowest HLE are in the North of England and have suffered from extensive deprivation and under-investment for years.

Nevertheless, our position should act as a rallying cry in Barnsley to focus on what we can all do collectively to improve the health of our residents.

This report provides an opportunity to thoroughly explore the drivers of health within Barnsley. Starting from the determinants of health, we assess the local context and highlight the current initiatives addressing these issues – identifying gaps and setting out priorities for action.

Improving quality of life across the lifespan is a vital council priority, underpinning efforts to promote health, prevent illness and support wellbeing at every age.

Health

- **Our health is influenced by many factors throughout our lives, including individual characteristics, community networks, healthcare, and our living environment.**
- **The different factors are all interconnected and there are important influences at national and local level. For example, food labelling information is at national level, but impact depends on the range of food options available and accessible at local level.**
- **Because of the interconnectedness, the conditions in which we live and work have a particularly significant impact on our health, with healthcare itself estimated to contribute only 10–20%.[2]**
- **Multiple deprivation, identified through indicators which include income, employment and crime, is a fundamental driver of poor health negatively impacting many other health determinants and creating a cycle that worsens inequalities.**

Measuring health

Combining the various aspects of health into a single indicator for quality of life is a significant challenge: firstly, health is defined from a personal viewpoint, and secondly, there are complex relationships between the contributing factors.

The various factors, including genetics, behaviours, education and environment, also interact in different ways and evolve over multiple time frames. They have short-term and long-term effects, and their impact can be influenced by external factors (such as the COVID pandemic).

- **HLE estimates are influenced by past and present factors.**

It is therefore important to focus on an evidence-based approach to what makes us healthy and recognise that some of the most impactful interventions for healthy life expectancy have benefits not just in the short term, but through their lasting effect over the long term.

- **Because of this lifetime influence we need to continuously address determinants at every age to improve our healthy years.**

What are the most influential health factors locally?

Within each contributing factor, we can consider three aspects for how it affects our healthy life expectancy:

1. How is it distributed across our Barnsley population?

2. What is its direct impact?

3. How does it interact with other factors?

We can answer some of these questions by using our local-level data and applying learning from national and local research.

For example, 'upstream factors' have a particularly important role as they affect many people and are interconnected to other determinants so their total effect on healthy life is significant.

The upstream factors are the ‘causes of the causes’ and are the root, structural influences that shape health outcomes. They consist of the wider social and economic conditions in which people are born, grow, live and age and include education, employment and housing.[3,4]

"We need to address the causes of the causes."

Michael Marmot[5]

Sir Michael Marmot is a national expert in public health whose work focuses on reducing inequalities. He has written several landmark reports in which he highlights key principles and recommendations for action. These principles are referenced throughout this document.

Upstream factors

Social conditions

(Education, employment, housing)

Our social environment shapes the opportunities that we have and influences short-term and long-term health outcomes.

For example, good employment can improve our mental wellbeing (stable job, regular income) and reduce our risk of developing chronic diseases because having sufficient income helps us to eat more healthily (short-term) and reduces our chances of developing diabetes (long-term).

Prevention

Prevention is also a key part of upstream action – focusing on stopping illness before it starts and reducing its impact when it occurs.

Key pillars include supportive environments and promotion of healthy behaviours. Prevention has a significant impact on HLE, as harmful behaviours (such as smoking) are risk factors for all the leading causes of ill health.

Poverty and inequalities

Differences in social and economic conditions influence our opportunities to reach our potential and live healthy lives. Inequalities often exacerbate over time, starting from different exposures to risk factors, access to services, and ability to recover.

Tackling inequalities is a key focus to improve the quality of all our lives.

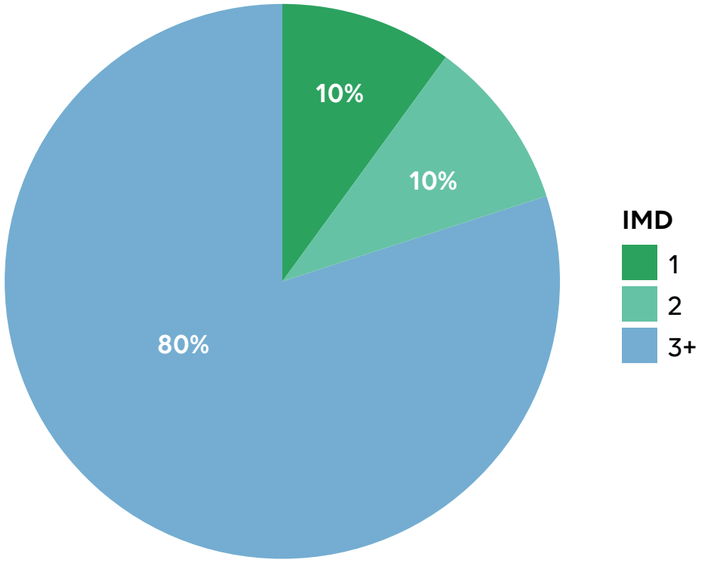
Inequalities

Nationally and locally, differences in health determinants and HLE are seen between individuals, communities and population groups. Moreover, certain groups experience specific disadvantages that limit their opportunities to achieve and maintain good health.

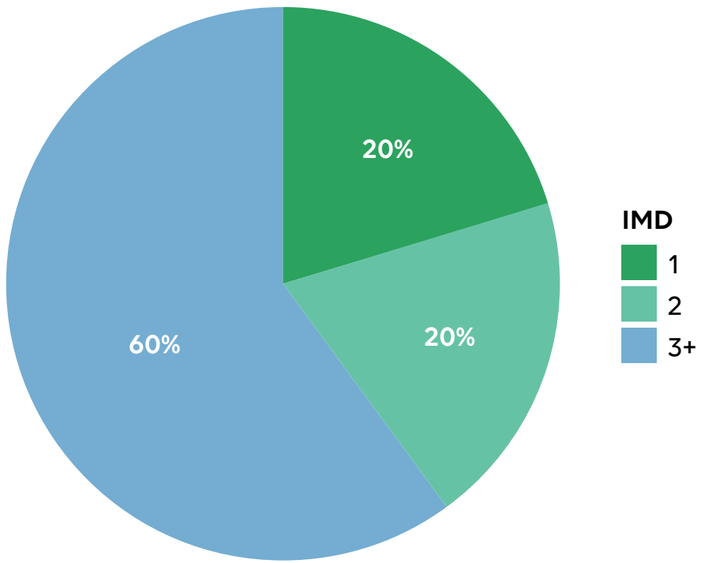
In particular, HLE is associated with deprivation, with people in the most deprived areas having a lower healthy life expectancy and living a larger proportion of their lives in poor health.

Deprivation is often represented through the Index of Multiple Deprivation (IMD), a measurement system of ranked deciles each representing 10% of the UK population. In Barnsley, 20% of the population live in the UK's most deprived 10% (decile 1).

IMD decile deprivation (United Kingdom)



IMD decile distribution (Barnsley)



Factors in the Index of Multiple Deprivation

The 7 domains of deprivation and how Barnsley performs

Local authority level (38/317)

Here are the rankings for Barnsley relative to the other 316 local authorities, using the rank of average score by domain (where 1 = most deprived, 317 = least deprived).

There is overwhelming evidence for deprivation as a health determinant.

The 'upstream' effect can be seen by looking at the frequency of more 'downstream' events (such as risk factors and disease rates).

Here are just a few examples.

It is essential to address deprivation as a fundamental determinant of health and through its effects as a cross-cutting issue within all other health determinants.

National and local level actions play an important role for this change. For example, the minimum wage at national level increases overall household income and also has affordable options locally for things like housing and food.

Risk factors (% prevalence)[6]

	Most deprived	Least deprived
Smoking rates (Fingertips, England deciles, 2023)	**16.8%**	11.2%
Physical inactivity (Fingertips, England deciles, 2023)	**35.3%**	16.1%
At least five-a-day fruit and vegetable intake (over 65-year-olds) (England quintiles, 2023)	**15%**	33%

Circumstance

	Most deprived	Least deprived
Unpaid caring responsibilities (Unpaid care by age, sex and deprivation, England and Wales, Office for National Statistics)	**10.1%**	8.1%

Disease prevalence (%)

	Most deprived	Least deprived
Dental decay aged five (Gov.uk, England quintiles, 2023)	**23.3%**	10.4%
Children overweight (inc obesity) (reception) (Fingertips, England, 2024)	**26.1%**	17%
Adults overweight (inc obesity) (Fingertips, England, 2023)	**71.5%**	59.6%
Type 2 diabetes (REAL centre report, England, 2024)	**12%**	5%
COPD (REAL centre report, England, 2024)	**8%**	2%
Anxiety and depression (REAL centre report, England, 2024)	**14%**	9%
Chronic pain (REAL centre report, England, 2024)	**21%**	8%

Life expectancy

	Most deprived	Least deprived
Men	**73.5 years**	83.2 years
Women	**78.3 years**	86.3 years

Local deprivation

The councils approach to reducing the impact of poverty and food insecurity is led by Resilient Communities.

Within this there are two brands. Firstly, ‘More Money in Your Pocket’ tackles poverty by providing information about where people can find what council- and partner-provided support is available. It’s one of the most visited council pages, and a recent council-wide survey showed that 14% of residents were aware of this campaign.

‘Eat Good Feel Good’ similarly provides information about services to help people eat better for less. It includes information about the new 'Good Food Pantries' which are community-based, easy to access and open to residents with no means testing.

Services commissioned by the council are largely funded by the Department for Work and Pensions, ‘Household Support Fund’ and include those that help reduce fuel, hygiene and clothing poverty, along with services providing warm spaces, support with school uniform and provision of winter packs.

Local deprivation

What are our goals and actions?

Significant upcoming work is happening in Barnsley to reduce inequalities. This includes the £1.3 million received through NHS England's Core20Plus5 programme – named to reflect its designation for those in the 20% most deprived nationally (which is nearly 40% of our local population). The funds from this are being used for the development of 'Better Health' partnerships which are place-based partnerships that have a focus on giving a platform to residents' voices and facilitate co-developed localised support.

- **Working in partnership with communities to design things together from the start.**

Additionally, there is funding to improve the support available to vulnerable groups that otherwise fall through system gaps. Such an example is those who frequently attend the emergency department and often have multiple unmet needs including housing, mental health and addiction.

- **Providing support to where it is needed most.**

If people face barriers to taking up opportunities then the benefits of initiatives can be lost, and we therefore must take a system-wide approach. Such an example is the introduction of the new free bus travel scheme for under 18s (Barnsley Micard) which helps enable young people from across the borough access the new youth zone.

In other proactive approaches Barnsley Council has provided school uniform vouchers to all households and additional financial support for those who need it most, for example, the council tax relief scheme and provision of welfare benefits advice.

The NHS and partners are exploring a neighbourhood approach to health focusing on the top 10% IMD areas in the borough. This will provide health and care services in an integrated way in neighbourhoods and address the wider determinants by bringing in partners such as housing, welfare advice and employment services.

Continue

- **Delivering schemes which tackle poverty and provide practical support for residents to maximise household income and mitigate the impact of poverty.**
- **Implementing and expanding the neighbourhood-approach to services with focus on using data to target areas where residents experience the biggest challenges.**

Start

- **Evaluating initiatives to ensure efficiency, effectiveness and guide future decision-making.**

£1.3m

Funding will support reducing inequalities in Barnsley.

Social conditions

Education

Amongst all other deprivation domains, Barnsley ranks particularly low in Education, skills & training where it is the 15th lowest out of 317 local authorities.

There has been significant progress on this over many years with concerted efforts from schools and the council but there is still a way to go. In 2024, only 59.2% of children in Barnsley received a grade 4–9 in English and Maths GCSE but this has increased to 67.2% in 2025 (provisional data). This takes us above the national average and is a significant achievement.

Skills development and the foundation for learning and education starts from a very early age; 90% of a child's brain development occurs before the age of five. During this time, the brain is very susceptible to surrounding factors and therefore there is an important window to harness supportive influences and reduce harmful ones.[7]

67.2%

The percentage of children in Barnsley that received a grade 4–9 in English and Maths GCSE (provisional data).

Supportive influences for learning and development:

- **Playing and exploring**
- **Active learning**
- **Creating and thinking critically**
- **High-quality interactions between adults and babies/children**

Developmental support and early education are vital for all children and have a transformative role in breaking the cycle of inequalities. It is an area that is consistently highlighted in strategies to improve health and wellbeing.

Education encompasses early development that begins before formal schooling. Research shows that children from poorer backgrounds do worse in education at every age, including pre-school development. In Barnsley, 29.9% of children are in poverty and the number of children in low-income families differs substantially by local ward area.

Education opens doors and is a positive influence in all health determinants. It is associated with improved wellbeing, increased access to work, and healthier individual behaviours. 24% of people with no qualifications rate their health as poor, compared to only 4% of people with a degree or higher.[8]

- **Education is transformative in facilitating people to achieve their potential.**

Marmot principle 1:
"Give every child the best start in life."

Marmot principle 2:
"Enable all to maximise capabilities and control their lives."

Education

How are we addressing this?

Within Barnsley there is an increasing approach focusing on early years education and expanding the availability of learning opportunities inside and outside the classroom.

The 0–19 nursing service sits within Public Health, and the new Health and Wellbeing Board strategy has a key priority area around increasing support for babies' developmental milestones.

- **Emphasizing the role of the wider environment to support development in the first 1001 days.**

There are also new and enduring programmes that support children's learning at school. For example, the 'every child in school every day' commitment helps to remove barriers to school attendance and promotes equal opportunities to improve educational outcomes.

Ensuring that skills can be acquired through the life course is vital, and our adult education service delivers a multiplicity of programmes to ensure this, recently achieving an OFSTED outstanding rating.

Continue

- **Our existing work to support and promote thriving in childhood ie. through the family hubs, the 0–19 service and Great Childhood Ambition.**
- **Emphasising children's educational attainment with a particular focus on those children experiencing poverty.**
- **Delivering an outstanding adult education service.**
- **Ensuring that no children miss out on education through programmes such as 'every child in school every day' and increasing the take-up of the nursery offer.**

Start

- **Focusing on the importance of the first 1001 days and ensuring that programmes consider how they maximise this.**

Employment

Unemployment: individuals who are not in paid work but are willing, able and seeking employment.

Economic inactivity: individuals who are not in paid work and are not looking for employment.

Unemployment in Barnsley is decreasing and is lower than that across Yorkshire and the Humber. However, economic inactivity (people who are neither employed nor seeking work) has increased. In Barnsley, 27.1% of 16- to 64-year-olds are economically inactive compared to the national average of 21.2% (data year: 2023).[9]

Many of the factors for successful employment are intertwined with the determinants of good health. The Barnsley 'Pathways to Work' (P2W) research highlighted that local economic inactivity is often linked to health issues, caring responsibilities and lack of suitable job opportunities/support.

The prevention of ill health and its effects are therefore important focus areas to improve employment, enabling people to stay in work for longer. The availability of support for employment is also a key attribute to facilitate job seeking, motivation and enabling the realisation of potential benefits.

Good quality employment contributes to physical and mental wellbeing, decreases social isolation and has a positive impact on the community networks and local economy in which we live. It helps to reduce health inequalities.

Marmot principle 3:

"Create fair employment and good work for all."

27.1%

In Barnsley, 27.1% of 16- to 64-year-olds are economically inactive compared to the national average of 21.2%.

Employment

How are we addressing this? And what are our goals and actions?

Barnsley's history of mining has significantly influenced employment patterns, and a gap had existed in addressing current employment challenges.

- **Since its launch in 2023 the P2W programme has directly focused on this area.**

The findings from the report gained national recognition and shaped the Department for Work and Pensions' new 'Trailblazer' scheme. This is one of two new funding streams to improve employment in Barnsley. The second new stream is the NHS 'Growth Accelerator' scheme, which has a particular focus on the main health conditions that impact people's ability to work.

Alongside existing sources, these provide the platform to address the identified issues through 'Pathways to Work'. Many of the programmes within this are linked with improving health and increased employment support. Examples include creating a simplified system with tailored one-to-one employment support and additionally working with those at risk of falling out of work.

As with the other social determinants of health, employment positively benefits both short-term and long-term health outcomes. For example, in the short term stable employment can improve mental wellbeing, and in the long term better financial security facilitates healthier eating, access to care and better housing – factors that promote physical health and increase life expectancy.

- **Integrated evaluation of new employment initiatives is therefore essential. This includes capturing broader impacts and effects on longer-term risk factors.**

While good employment is essential to good heath, poor employment can be harmful to health. There will be Barnsley residents who are employed in insecure and even illegal work and it is important that we continue to monitor this and provide pathways out of this into good work.

Continue

- **Supporting the 'Pathways to Work' programme.**
- **Ensuring embedded evaluation in new programmes.**
- **Providing services that combat modern slavery and other harmful work practices.**

Housing

Good quality homes are fundamental for enabling a healthy life.

Insecure, unsafe, cold and poorly maintained homes are a risk for ill health, and housing costs – especially after rent – can drive fuel poverty and worsen other health determinants.

Marmot lists three attributes of good housing: affordable, good quality and sufficient supply.

Nationally, 43% of social renters and 35% of private renters are in poverty after housing costs, and 15% of households in England live in a home that is non-decent.

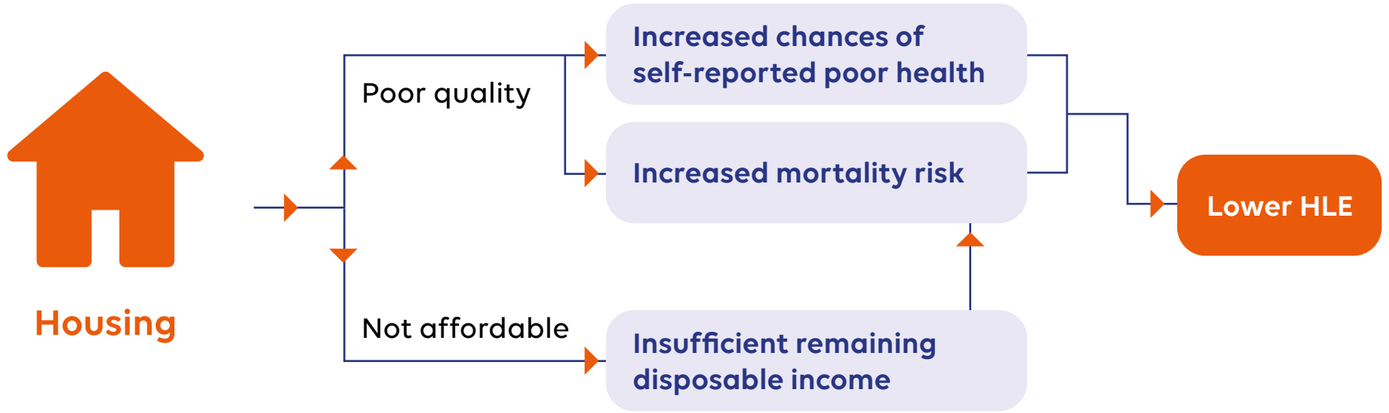
The Health Foundation describes non-decent homes as:

"...those with a hazard or immediate threat to a person's health, not in a reasonable state of repair, lacking modern facilities or not effectively insulated or heated."

Non-decent and damp housing are risk factors for poor health, particularly increasing the risk of respiratory conditions. Respiratory conditions are the third most common cause of death in the UK and contribute significantly to the difference in mortality between most and least deprived population groups. Additionally, people living in inadequate housing are also more likely to self-report poor health.

15%

The percentage of households in England living in a home that is non-decent.



Housing

Housing also plays an important role in community cohesion, social connectedness and environmental sustainability.

Marmot principle 4:
"Ensure a healthy standard of living for all."

The Renters' Rights Bill aims to enhance protections for renters in the UK and is due to come into effect by the end of 2025. Whilst there is much in this bill to be welcomed it does require additional resource from local authorities to implement.

How are we addressing this? And what are our goals and actions?

Within Barnsley the plan for housing is set out in the Housing Strategy. This is founded on established multi-partnership working, with key partners including the Council, Berneslai Homes, Homes England, private landlords and the voluntary and community sector.

Relative to other areas, Barnsley performs well for barriers to access to housing/services (311/317 local authorities) where one is bad and 317 is good, and 100% of council stock meet the decency requirements.

However, we have a higher proportion of fuel-poor households. National mapping shows a clear relationship between fuel poverty and life expectancy. The difference in life expectancy by housing deprivation decile is steep.

In addition, the majority of the negative issues are within the private rented sector where we have limited powers and intelligence.

The Housing Strategy aligns with the Barnsley 2030 vision, and 'access to healthy homes' is also a priority within the new Health and Wellbeing Board strategy (2025–2030).

- **This strengthens the visibility of the relationship between housing and health.**

The proposed Healthy Homes Hub (HHH), a single point of access for housing advice, enhances this further and will improve referral efficiency.

- **Earlier help leads to better outcomes and a more efficient process.**

A note on temporary accommodation

In Barnsley, there is an increasing number of households, and children, living in temporary accommodation. The national picture is similar with a 16% increase between 2023 and 2024.

Temporary accommodation is that provided to those who are unintentionally homeless, and examples include provision within bed and breakfasts and hostels. It has huge impacts on individual health and wellbeing.

The Barnsley homelessness prevention strategy (2023–2028) is committed to reducing the demand for temporary accommodation and sets out the plan to achieve this, alongside eliminating use of B&Bs for this purpose.

Continue

- **Actioning the Comprehensive Housing Strategy**
- **Delivering the Homelessness prevention strategy**

Start

- **Simplifying access to support, increasing the promotion of earlier intervention.**
- **Considering how we can obtain more information on issues within the private rented sector.**
- **Exploring what additional resources we may need to deliver the Renters' Rights Bill.**
- **Exploring the concept of a Healthy Housing Hub to enhance the support available to all residents regardless of housing tenure.**

Social connections

A sense of belonging is the experience of being part of a community, encompassing connection, support from others and acceptance. It is the product of a supportive and inclusive environment and makes up our local community fabric.

A more connected community has a positive impact on our mental and physical health and promotes our social wellbeing. It is the platform for peer support and helps us appreciate the diverse environments in which we live.

Deprived neighbourhoods, excluded communities, physical ill health and limited opportunities to socialise contribute to loneliness. Poor social connectedness is a risk factor for poor mental health, and loneliness is associated with increased risk of stroke, heart disease, and dying young.

Structural factors that facilitate socialising are not equally distributed and particular population groups are more likely to experience loneliness. There is variation by age, ethnicity, sexual orientation, employment status, disability status and deprivation.

How is this delivered in Barnsley?

A number of council directorates have a role in increasing social connectedness. This ranges from Family Hubs in the children's directorate to adult socal care initiatives to support residents in their own communities.

There is also active investment in community-led initiatives and multiple programmes aimed at increasing connectivity and inclusivity. The Stronger Communities Service supported over 1000 existing and 185 new community groups in 2024–2025.

Additionally, creating spaces for socialising and bringing people together is often integrated within wider projects (such as the 'Big idea' and Barnsley MiCard), and there is also the brilliant voluntary and community sector, supported through Barnsley CVS, who helped over 80 local organisations in 2023–2024.

- **We start from where people live and take a neighbourhood-first approach to delivering services, acknowledging the voluntary and community sector as essential and equal partners.**

63%

In Barnsley, approximately 63% of adults feel lonely often or always, similar to the average in England.

Marmot principle 5:

"Create and develop healthy and sustainable communities."

Social connections

What are our goals and actions?

There has been the recent launch of the 'Love Where You Live' initiative that focuses on building stronger communities together and involves a £3.5 million injection into local projects. It includes investment to keep streets clean and green, support for local events, and empowering residents to have their say.

- **Bringing communities together where everyone is valued.**

> **"Our community, our future, our home... Barnsley belongs to us all and together we can make it better than ever."**[10]

Looking forward, an ageing population comes with changing needs. Between 2020 and 2040, it is estimated that there will be a relative 43% increase in the number of Barnsley residents over 65 years old. We remain committed to putting people first and being led by the neighbourhood approach – placing people at the centre and making Barnsley a place where no one is left behind.

Local work supporting this health determinant closely aligns with our outlined actions to address inequalities across the borough.

Marmot principle 7:

"Tackle racism, discrimination and their outcomes."

Marmot principle 8:

"Pursue environmental sustainability and health equity together."

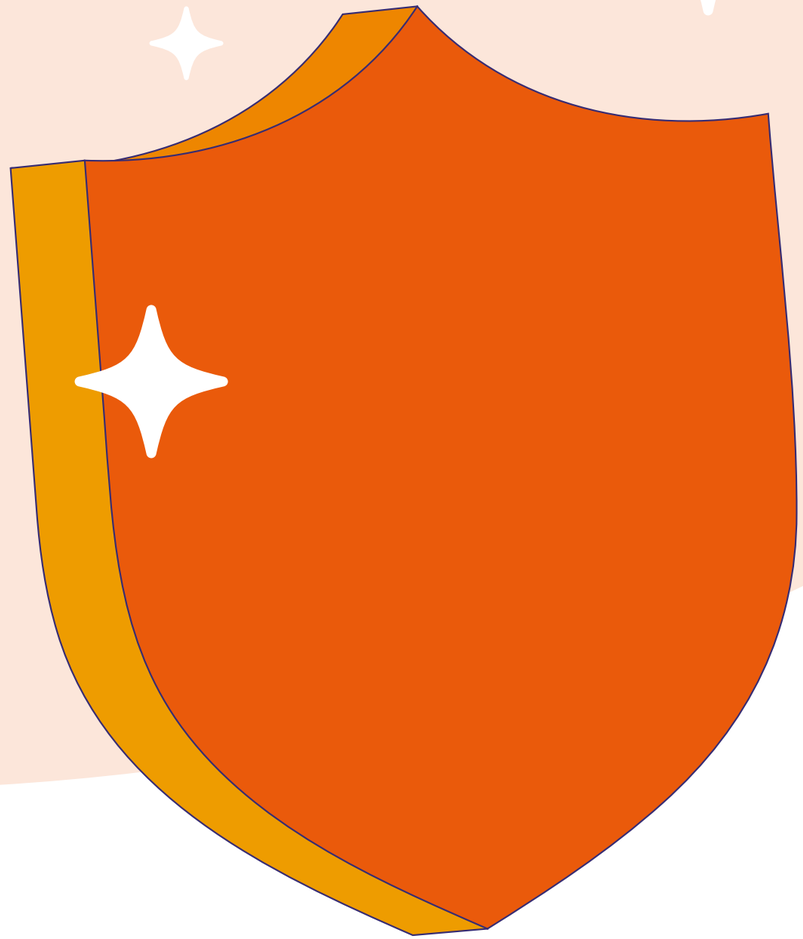
Continue

- **Our 'Love Where You Live' and similar programmes that increase social connectedness**
- **To embed co-productive approaches in programmes and initiatives.**

Start

- **Delivering the forthcoming voluntary sector strategy.**

Prevention



Prevention

There are individual behaviours that are associated with increased chances of reporting poor health and dying at an earlier age. These factors are all linked to wider factors, including income, employment and living environments.

Enabling healthier lifestyles and reducing negative health behaviours helps to prevent disease and reduces the chances of living in poor health.

Marmot principle 6:
"Strengthen the role and impact of ill health prevention."

Health behaviours

Four characteristics in particular are linked with poor health: smoking, obesity, alcohol intake, and physical inactivity.

To consider the local-level impact that each one has we can consider:

How common?
How serious?
How is it distributed?

Compared to the average for England, Barnsley has:

- **Higher smoking rate in adults**
  (Barnsley: 15%, England 11.6%)
- **More hospital admissions for alcohol-related conditions**
  (Barnsley 2606 admissions per 100,000 adults, England 1824 per 100,000)
- **Higher rate of physical inactivity in adults**
  (Barnsley 24.3%, England 22%)
- **High obesity rates at every age: reception, year 6, and adults**

Each of these characteristics are linked to worse health and wellbeing outcomes (in their direct impact and as risk factors for health conditions).

All are linked to deprivation and there are inequalities within the wider influencing factors as well as on the subsequent health outcomes.

Prevention

Mortality

- **Amongst common risk factors for years of life lost, tobacco is the leading contributor. It significantly increases our chances of dying young.**
- **Dietary-related risk factors are also key contributors, including high BMI, high cholesterol and high blood pressure.**
- **Men who are regular alcohol drinkers live on average 6.9 years shorter than non-drinkers. If they also smoke this increases to 10.25 years lost.**
- **Physical inactivity is estimated to contribute to 1 in every 6 deaths. On the other hand, physical activity is shown to have a positive effect on longevity, and this is consistent throughout all ages.**

Self-reported poor health

- **Current smokers are more than 50% more likely to report poor health compared to non-smokers.**
- **Individuals with an obese BMI are more than twice as likely to self-report poor health compared to individuals who are not overweight or obese.**
- **Those who are inactive are more than 2.5 times as likely to report poor health compared to individuals meeting the recommended physical activity guidelines.**

Self-reported poor health refers to how individuals feel about their own health. This information is captured through a survey question to residents.

6.9

Men who are regular alcohol drinkers live on average 6.9 years shorter than non-drinkers.

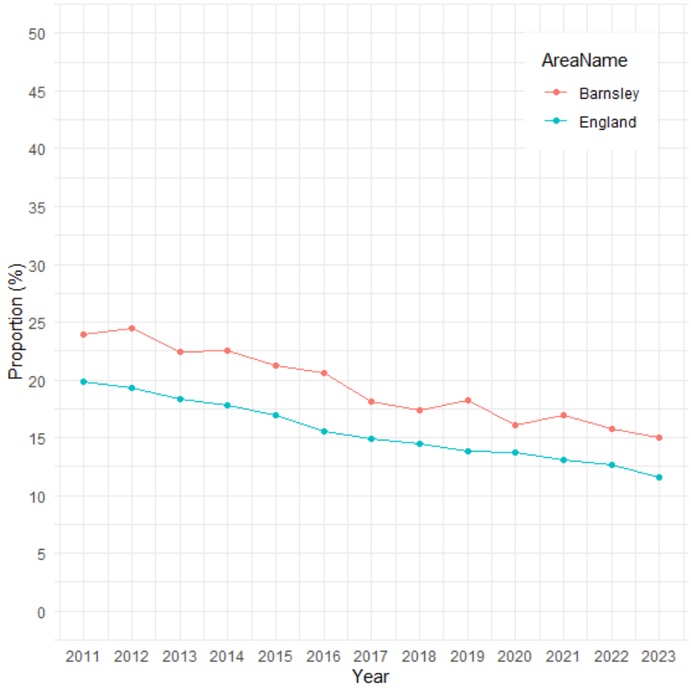
Prevention: smoking

There has been significant national focus and investment in tobacco control, including through the smoking grant.

This has facilitated increases in local support to reduce smoking, and the percentage of people smoking is decreasing over time.

- **Smoking acts as a clear example of how collaborative and sustained efforts from all levels can lead to change.**

Proportion of residents smoking between 2011 & 2023



The Barnsley Tobacco Alliance is a multi-agency partnership group overseeing local efforts to decrease smoking rates. This includes:

Prevent young people taking up tobacco

Protect from harms of second-hand smoke

Tackle illicit trade

Support smokers to quit

Smoking is a 'high impact area' in the new Public Health Strategy 2025–2030 and the community stop smoking service and smoking in pregnancy service are commissioned through the Public Health team.

Borough-wide initiatives include the 'Make Smoking Invisible' campaign – a successful voluntary pledge for areas to be smoke-free (venues include parks, schools, town centre and high streets).

Are there any gaps?

Whilst smoking numbers decrease, youth vaping is an increasing concern. Locally, all new developments are asked to be vape- and smoke-free. The anticipated Tobacco and Vapes Bill is also expected to have a significant impact on smoking rates and youth vaping.

The availability of illicit tobacco prevents the impact of other measures. For example, measures that increase the price of sale (eg. tax) are undermined if cheaper tobacco is available. Additionally, cheaper accessibility makes smoking more affordable for those living in areas of high deprivation (where there are also the highest smoking rates). Sufficient support is therefore needed to enable the regulatory services to tackle the issue of illicit tobacco.

What are our goals and actions?

The national and local target is a smoke-free generation by 2030.

- **This is defined by less than 5% of adults smoking.**

A comprehensive strategy is being written by the Barnsley Tobacco Alliance. This will detail the local action plan to achieve this target. Monitoring of local smoking data is through the Barnsley Tobacco Alliance and the Public Health Strategy.

Prevention: physical inactivity

Physical inactivity rates are worse in Barnsley compared to the national average. However, there are multiple recent successful programmes and an integrated and supported approach being developed.

The Active in Barnsley Partnership oversees the local approach to reducing inactivity, including the Barnsley 2030 Big Idea – Transforming Communities through Moving More.

Improving physical activity is also a highlighted area in the Health and Wellbeing Board Strategy (2025–2030) and the Public Health Strategy (2025–2030).

There has been successful collaboration with Sport England funding, and over 10,000 people have attended one of the local Active Travel Programmes.

Exciting new programmes are being developed in Barnsley to help us move more, and importantly these have a strong focus on accessibility, inclusion and tackling barriers.

- **The health effects of physical activity are long lasting and positive at every age.**

What are our goals and actions?

- **Continue to increase recognition of the overwhelming importance of physical activity for our health and wellbeing.**

Recent data show that there is an increasing uptake of physical activity in Barnsley. We hope to continue to support this and promote lasting improvements.

Continue

- **Programmes which promote physical activity such as the Move More campaign and Barnsley's Older People's Physical Activity Alliance.**
- **Cross borough initiatives to maximise physical activity such as the Active in Barnsley Partnership.**
- **The MiCard programme which encourages the use of public transport.**

Start

- **Promoting active travel opportunities.**

Prevention: alcohol

Population-level alcohol intake is difficult to fully capture through data. We can use proxy indicators such as those used in the National Outcomes Framework, for example hospital admissions and alcohol-related deaths.

In Barnsley, the number of admissions for alcohol-specific conditions is consistently higher than the average in England and has remained fairly static. Barnsley also has a higher rate of alcohol-specific deaths.

The harmful impacts of alcohol are more severe in more deprived communities. This is partly because of interactions with other risk factors and because of the pattern of drinking (more very heavy drinkers).

Although there are a high number of admissions, there are some positive trends in Barnsley. For example, the proportion of alcohol-dependent people who are accessing support is increasing, from 13% in 2022/23 to 23% in 2024. And, once on a treatment programme, Barnsley has a good record of successful completion (39% – which is higher than the national average of 35%).

In Barnsley, alcohol is addressed at population and individual level. The main commissioned service is Barnsley Recovery Steps which provides access to free support, treatment programmes and partners with other supportive agencies.

There are also various other information sources and support options (including the DrinkCoach app, online modules, campaigns and toolkits). Together these span a spectrum from broad-based to more specialist support as shown on the ladder below.

What are our goals and actions?

Barnsley's efforts to tackle alcohol are shown through our partnership work, the available range of local support offers and ongoing commitment. Combatting drugs and alcohol remains an important priority within the Safer Barnsley Partnership Plan in which current progress and future plans are outlined. The 2025 Barnsley drug and alcohol needs analysis shows the scale of impact of harmful drinking and specifies key improvement areas.

Despite dedicated local efforts, effective national-level intervention and control are also necessary to drive progress – a lesson demonstrated from tobacco control.

- **There is considerable scope for more national-level support to tackle alcohol.**

Continue

- **Funding substance misuse services.**

Start

- **Supporting national evidence-based changes to national policy.**

Prevention: obesity

Whereas the trend for smoking is decreasing (improving), the trend for obesity is increasing (worsening).

Obesity is a local, national and global health issue and rates have increased significantly. Over 70% of Barnsley adults are overweight (Body Mass Index >25).

Compared to the national average, Barnsley has:

- **more people who are overweight**
- **and more people who are underweight**

The determinants of our weight are complex, and it is much more than decisions made at an individual level.

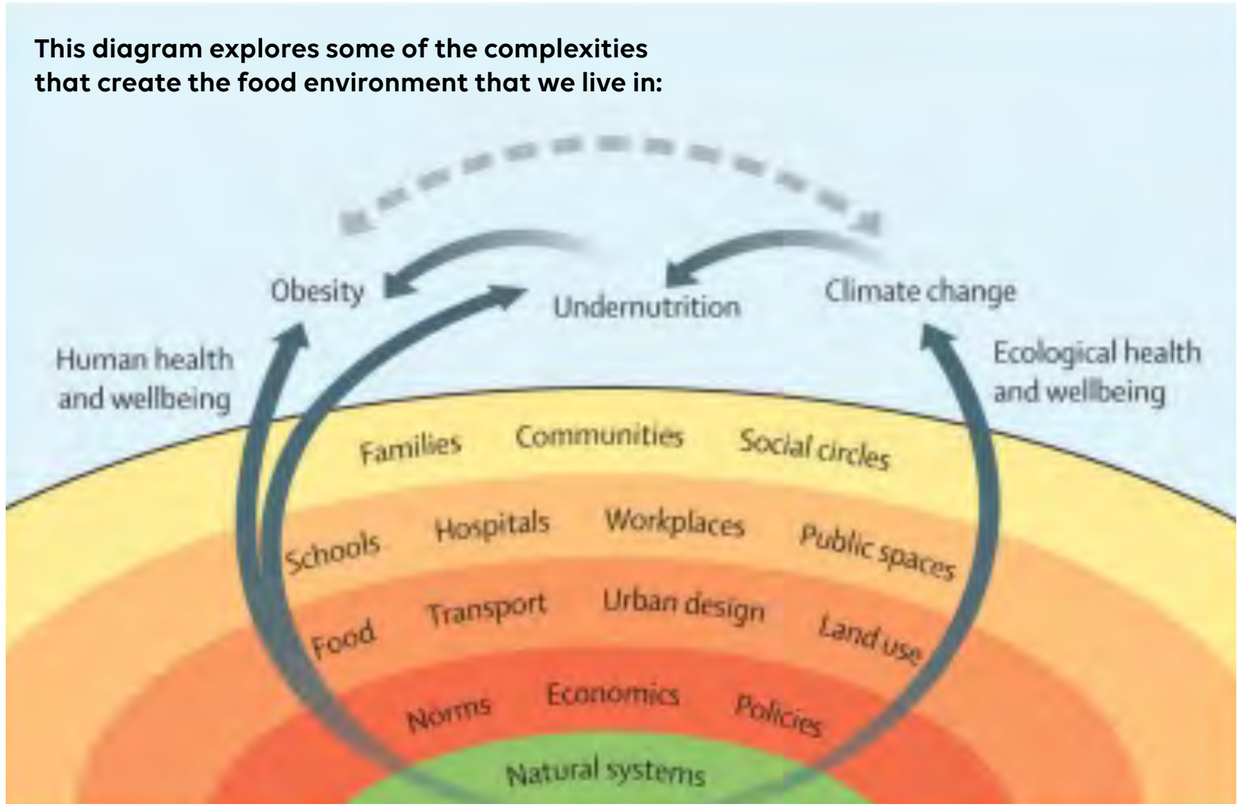
- **Healthy food and lifestyle options are not available nor accessible to everyone.**

Analysis by the Food Foundation found that families with the lowest income would have to spend 70% of their disposable income to meet the healthy eating guidance (Eatwell Guide).

Moreover, individual eating habits and activity levels are not the only influences, and obesity is a problem affecting individuals across all income levels.

- **The system and environment we live in plays a large role.**

This diagram explores some of the complexities that create the food environment that we live in:



Prevention: obesity

What are our goals and actions?

Within Barnsley, there is a focus on these wider determinants to address the increasing issue of obesity.

For example, there are programmes increasing opportunities for physical activity; affordability through 'More Money In Your Pocket', and access to quality food through 'Community Shop On The Go'. Alongside this there is the Healthier Food Advertising Policy to protect children from exposure to high fat, salt, sugar (HFSS) products.

Barnsley's Food Plan sets out a strategic approach to address the challenges surrounding food insecurity, poor nutrition, and food-related health issues in the community.

The plan brings together council efforts and partnerships to foster environments where accessing healthy food is easier for everyone, regardless of background or circumstance.

Under the plan sits an action plan which outlines our approach to improving food access, nutrition, and food-related ill health within the community. It sets out clear goals to improve access to nutritious, affordable food, reduce health inequalities, and empower residents to build healthier relationships with what they eat.

A compassionate, non-blaming ethos guides the work, supporting individuals to overcome barriers to healthier eating and tackling wider factors that contribute to food-related ill health – such as income, education, environment, and industry influences. By addressing these broader determinants, the plan recognises that food and health are shaped by many interconnected issues.

Health promotion starts in early years, supported by the 0–19 Public Health Nursing Service, including health visitors, and Family Hubs. The 0–19 service also delivers the HENRY programme which provides parents support with the preparation for parenthood and how to care for their baby.

National actions to tackle obesity from the NHS 10-year plan include the restriction of junk food advertising and the reform of the soft drinks levy.

Continue

- **To deliver a strategic approach to address the challenges surrounding food insecurity, poor nutrition, and food-related health issues in the community.**

Long-term conditions

Long-term conditions

Every long-term condition is more common in more deprived areas and multimorbidity (having more than one health condition) occurs earlier in more deprived populations.

Research also shows that if a person has more than one condition or a long-term condition, they are more likely to report being in poor health.

Examples of key contributing long-term conditions for worse HLE include obesity and musculoskeletal problems. These are some of the most common conditions within our local Barnsley community and are influenced by wider living and working conditions.

The government report exploring the drivers of healthy life expectancy recommended that:

"Conditions of the musculoskeletal system may warrant particular attention... those with chronic MSK conditions have over three times the odds of reporting poor health than those without."

In addition to focusing on upstream determinants, we must ensure there is support for individuals with existing conditions to enable everyone to reach their full potential.

Achieving this requires strong partnerships and effective collaboration across organisations within the borough. Barnsley's over-arching partnerships include Barnsley 2030 and the Health and Wellbeing Board.

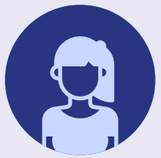
There are many angles from which to address long-term conditions, and we can consider factors that affect the risk of disease development as well as disease impact.

The simplified journey on the following page illustrates examples of life course influences to long-term conditions. Within each stage some factors are modifiable, and some are not (eg. family history and age). Importantly some of the modifiable factors are not within an individual's control but instead changeable at community or system level.

Long-term conditions

Family history, genetics
Exposure to parental smoking
Maternity care

Caring adult supporting development
Healthy diet and weight
Safe housing



Healthy diet and weight
Physical activity
Education opportunities

Primary prevention
Reducing disease risk factors and increasing health promotion

Early detection
Access to treatment
Disease management education
Supportive communities

Medication engagement
Support to attend appointments
Access to large-print texts
Accessible social activities

Secondary prevention
Reducing impact of ill health once it occurs (including through inclusivity, modification and adaptation)

Focusing our resources where people need them the most

If we want to improve healthy life expectancy overall, we have to pay special attention to those living with the poorest health.

'Proportionate universalism' was first described by Michael Marmot in the Marmot review of 2010. It promotes the provision of universal services to everyone but with specific interventions for those who need it the most. For example, universal provision of vaccinations but extra clinics in areas where uptake is low and the population may have risk factors such as limited access to public transport and low car ownership.

The Health and Wellbeing Strategy describes it as 'focusing our resources where people need it the most'.

In order to do this we need data telling us who is receiving our programmes and services, what their deprivation status is and then who requires an enhanced approach. We also need to adapt our programmes to meet those requirements. For example, in areas of low literacy we will need to communicate in a way that doesn't require the written word.

Key actions

Key actions for improving healthy life expectancy in Barnsley

Objective

To increase Healthy Life Expectancy (HLE) in Barnsley by addressing the key determinants of health, reducing health inequalities, and promoting healthier lifestyles.

Key areas of focus

1. **Addressing social determinants of health**
2. **Promoting healthy behaviours**
3. **Focusing our resources where people need them the most**
4. **Strengthening community engagement**
5. **Improving access to quality healthcare**
6. **Monitoring and evaluation**

Actions

1. Addressing social determinants of health

Education:

- Maximise early years education programmes to ensure every child has the best start in life.
- Continue support for school attendance and educational attainment, particularly for children in poverty.
- Continue high quality adult education services to provide lifelong learning opportunities.

Employment:

- Implement the 'Pathways to Work' programme to reduce economic inactivity and support individuals with health issues to stay in work.
- Promote fair employment practices and provide pathways out of insecure and illegal work.

Housing:

- Ensure access to affordable, good quality, and sufficient housing through the Housing Strategy and the 'Healthy Homes Hub'.
- Reduce the demand for temporary accommodation and eliminate the use of B&Bs for this purpose .
- Increase intelligence on private rented housing and implement the Renters' Reform Bill.

2. Promoting healthy behaviours

Smoking:

- Continue efforts to reduce smoking rates through the Tobacco Control Alliance and the 'Make Smoking Invisible' campaign.

Physical activity:

- Promote physical activity through programmes like the 'Move More' campaign and the Active in Barnsley Partnership.

Healthy eating:

- Address food insecurity and promote healthy eating through initiatives like 'More Money in Your Pocket' and the Healthier Food Advertising Policy.

Alcohol:

- Tackle alcohol misuse through the 'Barnsley Recovery Steps' programme and support national policy changes.

Healthy weight:

- Deliver a strategic approach to address the challenges surrounding food insecurity, poor nutrition, and food-related health issues in the community.

Actions

3. Focusing our resources on where people need them the most

- To maximise impact, ensure that the first 1001 days is considered in programmes and services.
- Ensure all programmes understand how they are impacting on the most deprived residents in the borough.
- Collect data on uptake and outcomes by IMD.
- Within all services, provide additional tailored support for residents based on need.

4. Strengthening community engagement

Social connections:

- Enhance community cohesion and social connectedness through initiatives like the 'Love Where You Live' campaign and the local areas teams and ward alliances.
- Support community-led initiatives and voluntary sector programmes to increase inclusivity and connectivity.

5. Improving access to quality healthcare

Primary and secondary prevention:

- Focus on reducing disease risk factors and increasing health promotion through primary and secondary prevention efforts.

Support for long-term conditions:

- Provide comprehensive support for individuals with long-term conditions to enable them to reach their full potential.

Neighbourhood approaches:

- Develop neighbourhood approaches to programmes and services.

6. Monitoring and evaluation

Data collection and analysis:

- Continuously monitor and evaluate the effectiveness of initiatives to ensure they are meeting their goals and making a positive impact on HLE.

Stakeholder engagement:

- Engage with local authorities, the NHS, and the voluntary and community sector to ensure a co-ordinated approach to improving health outcomes.

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Barnsley 2030