

	URBACT II Type 1: Analytical case study	Template April 2010
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Using this template: As you fill in the various sections below, your text should replace the instructions (in italics) with the text of your case study. Please refer to the Guidance document on URBACT Case Studies which will help you to produce, validate and capitalise on this case study.

UK
Name of Project: Building Healthy Communities (BHC), Barnsley,
Health in all Policies: The Bigger Picture
Date: 2009 - 2011

Overview	<p>Barnsley was tremendously excited about joining the URBACT II: Building Healthy Communities programme.</p> <p>Barnsley lies in the South Yorkshire county of Yorkshire, UK and is a borough that was previously very dependent on a few industries, particularly coal mining.</p> <p>The collapse of the UK coal mining industry in the late 1980s and 1990s left Barnsley with a degraded natural environment and a weak economy.</p> <p>The health impacts of the industry legacy and the high levels of deprivation and poor local economy are complex, deep seated and very real.</p> <p>Health inequalities in Barnsley are prevalent with Barnsley people living shorter lives and experiencing high levels of chronic illness and disability. Reducing health inequalities has been a long term ambition for the borough and efforts have been made to close the gap between Barnsley and the rest of the UK.</p> <ul style="list-style-type: none"> • Life expectancy is increasing in Barnsley but at a slower rate than the rest of the country, so the gap between Barnsley and England continues to widen. • Between 2007-09, life expectancy in Barnsley was 76.4 years for men and 80.1 years for women; this is 1.85 years lower for men and 2.21 years lower for women compared to England. • Within Barnsley the gap between the 10% of areas with the highest life expectancy and the 10% of areas with the lowest life expectancy is 8.8 years for men. <p>Some ground has been made and health inequalities within Barnsley have made good progress.</p> <p>It is with this background that Barnsley joined the BHC programme looking for opportunities to learn from others, to help further cement our work programme and provide us with additional expert input and support.</p> <p>The initial focus of the work was to take an opportunity presented by the development of new secondary schools in Barnsley – Advanced Learning Centres (ALCs).</p> <p>The levels of educational attainment are below the national average and whilst improving there is much to do; as a result a series of nine new schools are being built to provide modern educational facilities for the young people of the borough. Some of the new ALCs are direct replacements on the same sites as the old schools but some are in new locations.</p>
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	<p>As children and families would have to travel to a different site, this also presented additional opportunities to use positive changes to the environment to maximise health gain by supporting a more active mode of transport to and from the new ALCs.</p> <p>Consequently the LAP focused on the St Helens area where the first of the nine ALC's has been built and it was recognised that as the new ALCs developed, the programme would present further opportunities to replicate the scheme beyond St Helens into other parts of the borough.</p> <p>The Local Support Group therefore started work on mapping children's potential journeys to the ALC and how we could support a more active approach.</p> <p>This was useful, however, it is impossible to consider one aspect of life in isolation. Travel to school is where we started but there's also travel to employment, retail and leisure.</p> <p>As our thinking developed so did our partnerships and we began to recognise that whilst local community action should be supported, there is also a need to support the development of knowledge and skills of the broader workforce that can contribute to public health improvements.</p> <p>Over time our programme has evolved and the final Barnsley Local Area Action Plan (LAP) set out two very much complementary approaches.</p> <ol style="list-style-type: none"> 1. the need to take forward health improvement activities in the community and 2. for the public sector organisations with health improving remits to take an organisational wide approach to health improvement. <p>Our involvement in the programme has led us down this journey and we believe that the two elements must work together. Either approach is valid and will help – but together there is a synergy that will help move us towards our ambitious goals.</p> <p>Through our work we now are able to move forward in implementing the LAP – we have begun to support local initiatives and have funding in place to support our organisations in their efforts to making Barnsley a Healthier Community.</p>
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Basic description of the background and setting	
Summary	Barnsley's URBACT BHC programme promotes reducing health inequalities through community action, support for organisational development and an opportunistic mindframe.
Challenges that the practice addresses	<p>The health of the population in Barnsley is poor when compared with the national average. Barnsley has low life expectancy and high rates of disability and chronic disease.</p> <p>This was outlined in the BHC baseline study and in the recently produced Joint Strategic Needs Assessment. http://urbact.eu/fileadmin/Projects/Building_Healthy_Communities_BHC_/outputs_media/bhc_baseline_study_01.pdf http://lasos.org.uk/Resource.aspx?ResourceID=1150</p> <p>The health of the community has long been a real concern for the borough. By itself health status is important; we know that as individuals and families. However, poor health of the population goes beyond just the importance of health to the individual – a population with good health – in the fullest sense of the world 'health', i.e. not just the absence of disease or infirmity – provides the community with the best chance of contributing to improving wellbeing and quality of life. Good health supports the local economy as much as the economy supports good health.</p>

	<p>This is the crux of the issue for the people of Barnsley.</p> <p>Recognition of this is not new – the health status of the population has long been recognised and there have been many concerted efforts to improve health and reduce health inequalities within Barnsley. Progress has been made but deep seated health inequalities persist.</p> <p>This is the crux of the issue for the organisations that look to improve the health of the people of Barnsley.</p>
The Context	<p>There is a simple reality that confronted the evolution of the Barnsley LAP. It is this – there is too much to do.</p> <p>The ability in a complex environment to see and take the opportunity to take a positive development (for example, the development of the new Advanced Learning Centres) and maximise its health impact (or to see a development that may have negative health impacts and intervene to address them) is a tool that the public health practitioner needs to develop.</p> <p>It was this ability to see and judge opportunities that led us to apply the following policy framework; this was adapted from Smithies, J. and Webster, G. (1998) <i>Community Involvement in Health From passive recipients to active participants</i>. Ashgate: Hants, England and provides a context for the actions within our plan.</p> <div data-bbox="400 873 1524 1601" data-label="Diagram"> <pre> graph TD Overview[Overview] <--> Professional[Professional Infrastructure] Overview <--> Community[Community Infrastructure] Overview <--> Organisation[Organisation Development] Overview <--> Support[Community Work Support] Professional <--> Community Organisation <--> Support </pre> </div> <p><u>Community work support</u> – this provides support to community groups to organise themselves around issues that they define as important to their community.</p> <p><u>Community infrastructure</u> – this includes helping community groups and development workers to network with each other and provides communities with the ability to raise and address local issues.</p> <p><u>Professional infrastructure</u> - to ensure that officers, teams, departments and organisations network together to develop and exchange information, knowledge and skills.</p> <p><u>Organisation development</u> - to improve the effectiveness of the organisation through encouraging participation and responding to the needs and ideas from local</p>

	<p>communities.</p> <p><u>Overview</u> - to ensure coherence, co-ordination and that a strategic direction is maintained.</p>
<p>Aims and objectives</p>	<p>The main aims of the LAP are as follows:</p> <ol style="list-style-type: none"> 1. <u>Community Infrastructure</u>: to support community infrastructure to make sure that activities are supported locally and meet local needs 2. <u>Community Work Support</u>: to support communities to address local health issues. 3. <u>Professional Infrastructure</u>: to development the knowledge and skills of the wider workforce 4. <u>Organisation Development</u>: to support the development of organisations that actively contribute to improving the health of communities working closely with the community 5. <u>Maintain Overview</u>: to make sure that the work of the LAP is sustainable and is making a real impact on organisations and communities
<p>Social Innovation</p>	<p>The approach that we have taken in Barnsley isn't new nor is it innovative in its parts. It is, however, the overall approach that is innovative – it ties together community and organisational development together and links them to broader agendas.</p> <p>For example, The Marmot Review, Fair Society Healthy Lives – proposed the creation and development of healthy and sustainable places and communities. Amongst the aims of this proposal are:</p> <ul style="list-style-type: none"> • The mitigation of the effects of climate change • Encouraging active travel • Improving access & quality of green & open spaces • Improve community capital and reduce social isolation <p>Professor Marmot and his team made a number of recommendations aimed at reducing health inequalities. One of which (E2.2) <i>Integrate planning, transport, housing and health policies to address the social determinants of health</i></p> <p>Our approach during the BHC programme enabled us to take this Marmot review recommendation and the opportunity provided by the BHC programme to bring groups of professionals closer together – the resulting closer engagement with transport, health and planning professionals has already begun to integrate planning, transport and health in line with the Marmot recommendations.</p> <p>Alongside this professional activity our work in the community prompted us to develop and distribute local cycle guides/maps distributed to all households in the St Helens / Athersley area that we have now rolled out into two other areas). This more community approach has helped to achieve “local ownership“ of the scheme. The guides provide comprehensive information in an easy understood manner for all level of ability and fitness, along with a wide range of contact information. The map itself has sufficient detail for all major building and landmarks to be shown. The map also illustrates examples of approximate time taken and distance for an healthy individual to walk or cycle based on recommendations from the government departments (Dft & DH).</p> <p>This is encouraging local people to walk or cycle routes they may have forgotten or not be aware of.</p> <p>Local elected members and a local Member of the UK Parliament have supported the</p>

	<p>scheme which has received strong support from the local media.</p> <p>In this way we have both a professional / organisational response and a community response to this issue. Together they are a more powerful intervention that they would have been if taken separately.</p>
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Case: Concise description and explanation of the practice

<p>Main components or parts of the practice</p>	<p>There are a number of key components of our action plan as follows:</p> <p><u>Community Infrastructure</u></p> <p>To develop and maintain engagement with the local communities through contact with local politicians, local community and voluntary groups and a wide range of officers.</p> <p><u>Community Work support</u></p> <p>To support community organisations by providing technical assistance as and when required but specifically to aid an understanding of travel patterns to the new ALC and opportunities that this may present by June 2011.</p> <p>To promote active travel options through the production of a series of local cycle guides / maps for the three target areas by July 2011</p> <p>To provide financial and technical support to local community organisations that are working to promote health in the community.</p> <p><u>Professional Infrastructure</u></p> <p>To train at least 10 officers in Health Impact Assessment methodologies by December 2011</p> <p>To develop an Innovation Fund to support local health initiatives by March 2012</p> <p><u>Organisation Development</u></p> <p>To establish a Health in all Policies network within BMBC comprising of at least 20 officers by</p> <p><u>Maintaining overview</u></p> <p>To undertake an evaluation of the impact of the LAP by September 2012</p> <p>To maintain awareness of national and local policy to help ensure the sustainability of the LAP as we make the transition to new organisational arrangements in April 2013.</p> <p>The local cycle guides/maps distributed to every household in each area and supplemented with an internet version to be updated as necessary in future has encouraged local ownership of the scheme and promoted the BHC programme as a whole. This is encouraging local people to walk or cycle routes they may have forgotten or not be aware of.</p> <p>The branding of the community based Health Walk Leaders, who's details are included on the local cycle guides/maps, is reinforcing the active travel message in the community and providing potential walks and target times for those joining the groups. This is particularly appropriate for those recovering from a wide range of illnesses that benefit from increased physical activity.</p>
<p>Timing - Start and duration</p>	<p>There is a strong case to increase the amount of walking and cycling in the UK to improve health and wellbeing and reduce the impact of emissions on the environment, as well as reduce the levels of local congestion. This is particularly important in areas of high deprivation and needs a long term approach to change attitudes and provide sufficient infrastructure and information to offer practical travel options. The programme began with the construction of a number of key links to Carlton ALC in early 2010 followed by the first actions in Summer 2011.</p>

	<p>We have outlined in our action plan a number of practical actions to take forward the work. The implementation of these actions will hopefully enable a sustainable programme of work to continue to improve active travel and additional support for health improvement activities.</p>
<p>Process Development over time</p>	<p>Phase 1: Early investigations: Clarifying the nature of the programme, undertaking needs analysis, networking: April 2009 to May 2010</p> <p>Phase 2: Development of the LAP: crystallising the approach, implementation of early actions, bids for funding: May 2010 to June 2011</p> <p>Phase 3: Actions: implementation of actions: June 2011 to September 2012</p> <p>Phase 4: Evaluation and roll out: September 2012 and beyond</p>
<p>Overcoming challenges</p>	<p>It is the nature of the work that many obstacles and set backs were faced and overcome. Some of the most vital are explained here:</p> <ol style="list-style-type: none"> 1. Making the right start: at the beginning of every initiative is a phase where individuals and organisations are a little unsure why they are involved and how helpful it will be for them to remain involved. The original LSG was cast wide to give people and organisations the chance to be involved appropriately. 2. Allowing evolution: As discussions progressed new information and approaches were clarified. This was helpful for the programme as a whole, however, some individuals and organisations began to find the programme of less relevance. A flexible approach was maintained to allow the LSG membership to evolve to continually meet the needs of the programme. 3. Managing Expectations: this was a real challenge and a dilemma. The community that we were engaging with have experienced not only poor health but also many new initiatives. Our approach to the community was and still is to be cautious about promising great things. 4. Funding: We are interested in making a long term sustainable programme. We know that financial constraints would prevent a full programme to be developed. We therefore brought our planning down from the strategic overview to very practical next actions designed to keep the momentum moving forward. Funding for smaller steps has been found and we continue to move in the right direction.
<p>Transnationality</p>	<p>It is no exaggeration to say that Barnsley's BHC programme contains within it elements of the LAPs from the other 9 BHC cities.</p> <p>Having made a conscious effort to participate in the programme our intention was to maximise the opportunity to learn from this unique network.</p> <p>Our participation in the BHC meetings and the transnational exchanges have helped direct our thinking and our efforts.</p> <p>In particular, the exchange on HIA in Belfast gave us a desire to push forward with Health Impact Assessments locally. We have as a result undertaken a HIA on the Local Development Framework (the spatial planning strategy for the borough) and have included a roll out of HIA training in the LAP.</p> <p>Having the opportunity to benefit from others expertise through multilateral exchanges was tremendously useful. What we also found was that hosting our own exchange was an opportunity to take stock and recognise some of the great work that we had already progressed. The partners who visited Barnsley welcomed the opportunity to see the work on social marketing that we had undertaken and we subsequently also investigated how we could use our own best practice in our LAP!</p> <p>We have also learnt many practical and simple ways to keep the momentum of a project moving forward; right down to the printing of T-shirts for our local walk</p>

	leaders!
Key actors	
Main actors involved	<p>Success can come from an inspired idea from one individual. The success of this programme comes from the collective participation, at different times along the journey, of many different actors.</p> <p>The principal actors have been NHS Barnsley Public Health and Barnsley Council officers from a number of departments.</p> <p>Plenty of the ideas for practical actions arose from discussions with community organisations and charities.</p>
Coordination mechanisms	Activity was originally conducted through Local Support Group meetings; however, as the partnership progressed and the actions became more concrete a smaller core group of partners pushed the development of the LAP forward.
Participation	<p>Representatives from local community groups were consulted and two particular groups provided information relating to local employment opportunities.</p> <p>Contact information is provided on the maps for the local health walk leaders who are also using the maps to plan increasing numbers of healthy walks.</p> <p>The cycle guides maps have been distributed to a total of : 23,566 households (4384 St Helens (Athersley), 10,358 Dearne and 8,824 Hoyland/ Elsecar)</p> <p>The maps are also on the web at http://www.barnsley.gov.uk/activetravel</p>
Supporting programmes and funding sources	
Total cost and Sources of funding	<p>€22,500 BHC programme costs</p> <p>Funding for LAP</p> <p>€23,000 Community Work support – NHS Barnsley</p> <p>€11,000 Health Impact Assessment Training - NHS Barnsley</p> <p>€17,000 Six months Graduate Placement to assist with implementation of LAP - NHS Barnsley</p> <p>€17,000 Health in all Policies network and innovation fund: NHS Barnsley</p>
EU Financial contribution	€22,500 BHC programme costs
Annual budget in Euro	
Immediate and lasting results	

Overall impact	It is too early to say what the impact of the programme has been. What is clear, however, is that we have a coherent action plan to take the work forward. The early actions of this plan are clear, deliverable and resourced both financially and with staff time.
Beneficiaries	The target groups that will benefit from this programme and action plan are: Residents of St. Helens Ward – primary focus for the community activity Residents of the Dearne – new ALC opened in area with significant health and deprivation needs Residents of Hoyland – new ALC opened in area with low number of young people actively travelling to school BMBC Officers – council officers from a wide range of disciplines
Concrete results	N/A at this stage
Impact on governance	N/A
Lessons to be learnt	
Success factors	<ol style="list-style-type: none"> 1. Realism: Accepting that there will be difficulties in the development and implementation of the programme. 2. Partnerships: Engaging the right people at the right time and not being afraid to allow partnerships to evolve. 3. Learning attitude: Using the opportunities presented by the BHC network to learn from others to influence local practice 4. Being practical: Bringing the strategic down to a practical level.
Barriers, bottlenecks and challenges	<i>As above</i>

Future issues	Funding will be an ongoing challenge. Our LAP is focused on practical actions that we hope to progress over the next year – it will be important to evaluate how far we progress and to maintain the ability to challenge ourselves to refocus as the landscape and funding position will continue to evolve.
Transnationality	<i>As above</i>
Duration	We have outlined a practical plan for the next year and will look to keep the momentum into future years to contribute to creating sustainable change.
Transferability	Many of the lessons learnt, the use of an overarching framework and some of the specific practical actions could be replicated elsewhere. There are elements of the action plan, however, that may not be successful in another context, e.g. production of cycle maps.
Expert opinion	The project in Barnsley is a great effort to involve the Local Support Group in the development and implementation of a Local Action Plan featuring public health improvements also to reduce health inequalities.
Stakeholder opinion	Integrating planning, transport and health is beneficiary to citizens which will be motivated to an healthier life style and encouraged to walk more and enjoy green areas in place of deprived and unsafe areas. They're enthusiastic about the project and wish there could be done more of similar experiences. The LSG finds the methodology used to implement the project very effective and efficient, a truly democratic process.

	NHS, the main project funder, is highly satisfied about the results achieved so far as the overall approach, tying together community and organisational development, is working fine and the impact on public health will be an asset.
Information sources	
Name of the initiative	URBACT II Building Healthy Communities (BHC) Programme Barnsley: Health in all Policies: The bigger picture
Country/region/city etc.	<i>United Kingdom, South Yorkshire, Barnsley</i>
Administering organisation(s)	Barnsley MBC
Contact details of administering organisation(s)	Stephen Turnbull Assistant Director Public Health Public Health Barnsley MBC PO Box 609 Barnsley S70 9FH Email: stephenturnbull@barnsley.gov.uk Telephone: +44 1226 433791
Interviewed persons	Stephen Turnbull, Assistant Director Public Health Alan West, Wider Determinants of Health Officer, Public Health Angie Kirk, Public Health Project Support Officer
Other documentation sources	
Website URL	
Main author of the case	Stephen Turnbull, Assistant Director Public Health

Illustrations	<ul style="list-style-type: none"> ▪ Required: Submit at least 3 photos illustrating the project ▪ Recommended: Diagrams, charts, maps etc. (e.g. to illustrate the sources of fundings);.clear with caption including source
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