A detailed street map of the Barnsley and Worsbrough area. The map shows a network of roads, including major routes like the A63 and A64. Two irregular shapes are highlighted: a blue outline covers a central area including parts of Barnsley and Worsbrough, and a yellow outline covers a larger area extending further east and south. A white circle with a thin black border is overlaid on the left side of the map, containing text.

Telling the
story of
Central
Integrated care
in Barnsley

About Central

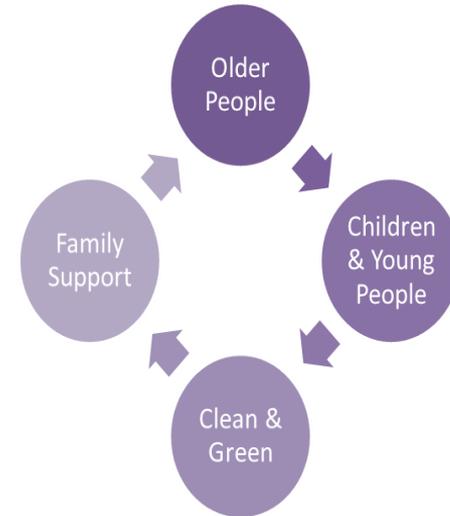
The Central area has a population of 56,698 (23.3% of borough total), and covers the five electoral wards of Central, Dodworth, Kingstone, Stairfoot and Worsbrough.

(Source: Mid-2017 Mid Year Estimates, ONS, 2018)

The Central Area Council is made up of fifteen councillors (from the five wards mentioned above) and the Head of Strategic Contracting and Procurement.

With local residents the area council agreed some priorities for the area -

Central Area Council Priorities



What we aim to achieve in Barnsley

A. Overarching

1. Improve population health and wellbeing
2. Reduce health inequalities by ensuring improvement is fastest for those with greatest needs

B. Lifestyle and wider determinants

3. People are supported to lead healthy and productive lifestyles and are protected from illness
4. Prevention and the wider determinants of people's health and wellbeing are prioritised

C. Resilience and emotional wellbeing

5. People feel emotionally well and resilient
6. People with poor mental health are better supported in the community

D. High quality coordinated care

7. People receive services rated as high quality
8. Hospital admissions are avoided where appropriate and people spend less time in hospital
9. People coming to an end of their lives receive services which are responsive to their needs and preferences

E. Improving quality of life

10. People with long-term health and care needs and their carers have a good quality of life
11. People can manage their own health and maintain independence, wherever possible
12. People have a positive experience of work and their community

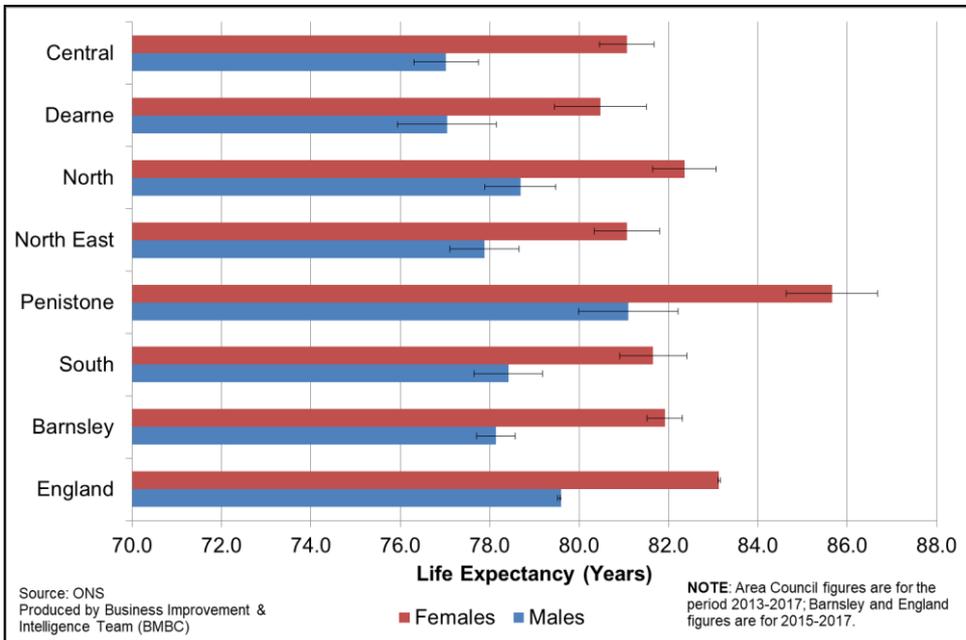
A. Overarching

Healthy people live longer and live longer disability free.

There are significant inequalities in health between individuals and different groups in society. These inequalities are not random. In particular, there is a 'social gradient' in health; areas with higher levels of income deprivation typically have lower life expectancy and disability-free life expectancy.

Improving the time people spend in good health and reducing inequality across the population of Barnsley are our overarching objectives.

Inequality of life expectancy



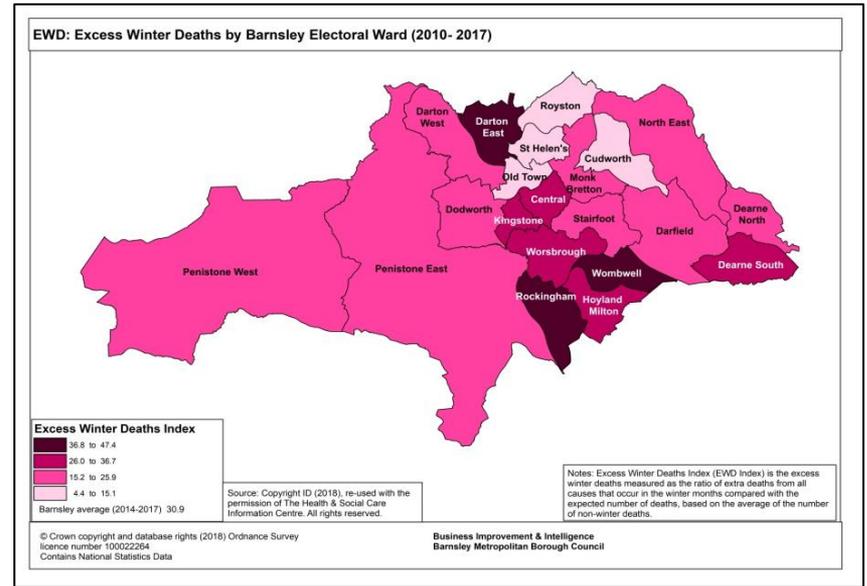
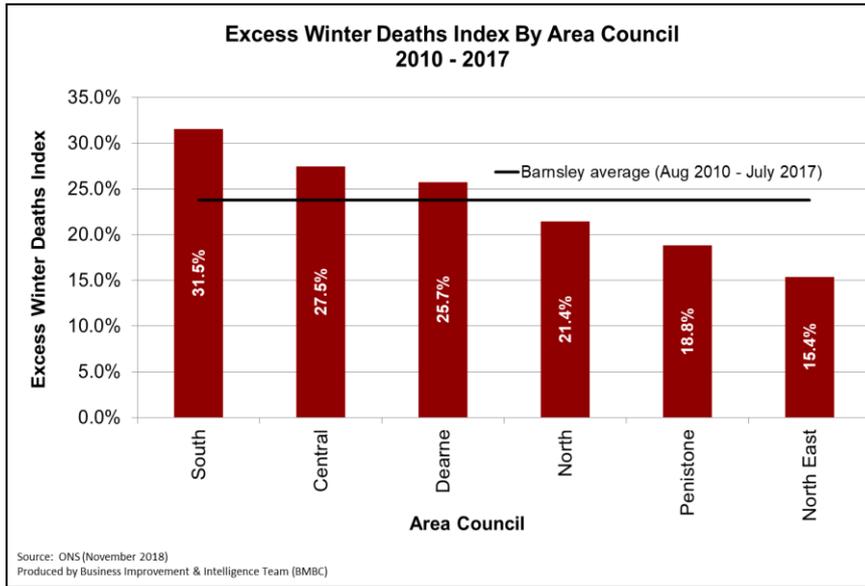
Life expectancy at birth for males and females in the Central area is lower than in Barnsley overall and significantly lower than England as a whole.

The gap in **healthy** life expectancy is often much greater. For example males in Barnsley can expect to live 59.7 years in good health which is 3.7 years less than the England average.

(Source: ONS, Dec 2018)

In 2015-17, there were 222 deaths from causes considered preventable per 100,000 population in the Central area, compared with 181 in England overall.

Excess winter deaths (EWD)



There are more deaths in winter than in summer because of reasons including the cold temperature, weather and seasonal illnesses like influenza. However, many of these additional deaths are preventable. In Barnsley in recent years, there has been an average of 227 excess winter deaths per year which is high compared to other areas that are similar. There are also significant differences across Barnsley, with the Central area having more excess winter deaths than the average across Barnsley.

B. Lifestyle and wider determinants

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

Over half of the years of life lost from early death are due to measurable risk factors we can do something about including smoking, diet and drug and alcohol use

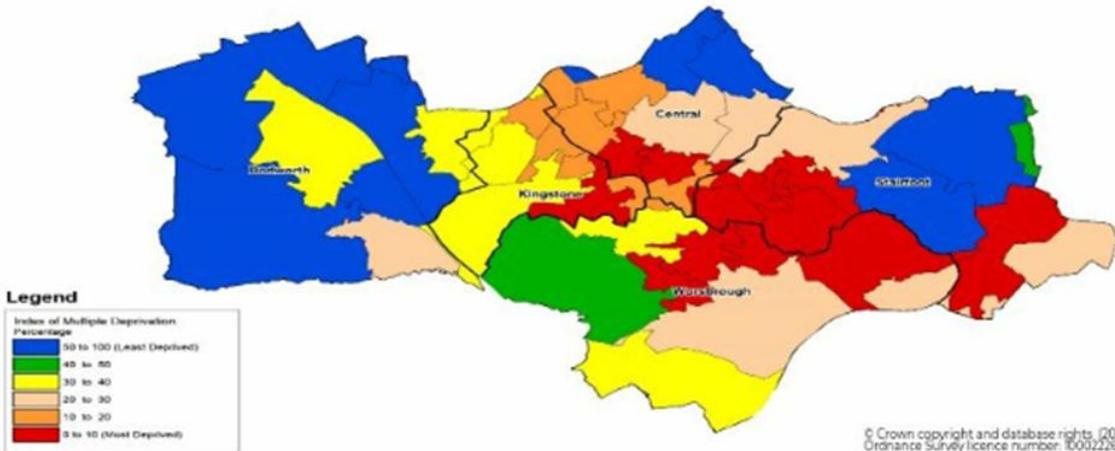
We need to look at the bigger picture:



But the picture isn't the same for everyone.

Demographics

Index of Multiple Deprivation 2015
Central Area Council LSOAs
Relative to England
(DCLG, 2015)



Age Profile and % of Total Population



(Source: Mid-2017 Year Estimates, ONS, 2018)

20.3% of primary school children are eligible for and claiming a free school meal which is higher than the national rate (13.7%).(Source: DfE, Jan2018)

63.3% of homes in the Central area are in the lowest council tax band which is based on the value of the property. (Source: Valuation Office Agency & BMBC, April 2018)

Smoking

A quarter of adults in the Central area are smokers, and 16.5% of mothers are smokers at the time of delivery.

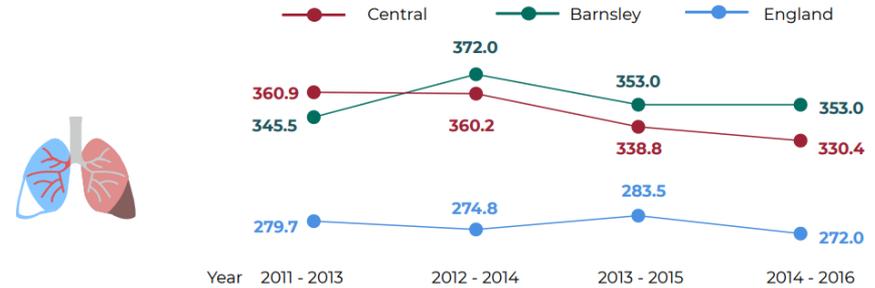
Smoking is one of the biggest causes of death and illness in the UK. It increases the risk of developing more than 50 serious health conditions. For example, smoking causes around 7 out of every 10 cases of lung cancers (70%) as well as cancers in many other parts of the body.

Smoking when pregnant increases the risk to both mothers and their unborn children. Smoking during pregnancy increases the risk of complications such as miscarriage, premature (early) birth, a low birth weight baby and still birth.

The rate of smoking related deaths in the Central area has been reducing. However, still each year around 102 residents of the Central area aged over 35 years old die from smoking related illness.

In Barnsley smoking costs society around £75.6 million, this includes factors such as lost productivity, the cost of social care and smoking-related house fires. On average smokers in Barnsley spend £1,323 per year on tobacco. When net income and smoking expenditure is taken into account, 8,326 households with a smoker fall below the poverty line and if these smokers were to quit, 2140 households would be elevated out of poverty

Related Deaths per 100,000 (Over 35's)



Source: Business Improvement & Intelligence (BMBC)



Diet and exercise

Good nutrition is an important part of leading a healthy lifestyle. Combined with physical activity, your diet can help you to reach and maintain a healthy weight, reduce your risk of chronic diseases (like cardiovascular disease and cancer), and promote your overall health.

15.3% of adults registered with a GP in central are obese.

19.4% of adults are reported to eat healthily.

Barnsley ranks the fourth lowest area in Yorkshire and the Humber for physical activity (60.9%) and for the proportion of people who eat 5 portions or more of fruit and veg per day.

Under 75 mortality for cardiovascular disease and cancer is slightly higher in the Central area than in Barnsley overall.



Children and young people

Central has the highest non-attendance for measles, mumps and rubella (MMR) 2 years and MMR 2 at 5 years and joint highest for Diphtheria, Tetanus, Pertussis and Polio (DTP) vaccinations. Central ward has particularly high rates of non-attendance.

More than three out of five women (61.5%) in the Central area initiate breastfeeding, compared with 55.6% in Barnsley and 74.5% in England overall.

Central has the highest proportion in Barnsley of 4-5 years olds who are overweight or obese (21.4%); higher than the Barnsley rate of 18.0% but slightly lower than the England rate of 22.4%.

In terms of 10-11 year olds who are overweight or obese, again, Central has the highest rate within Barnsley (35.2%), and higher than the Barnsley and England rates of 32.1% and 34.3% respectively.)

In 2014 22 local people were recruited and trained as Community Researchers as a pilot with the objective of changing commissioning of services at a neighbourhood level. They spoke to 85 young people to find out issues most important to them.

Issue	Percentage
Facilities and activities for teenagers	69.0%
Street litter and broken glass	67.9%
Bullying and intimidation	64.3%
Drug and alcohol use	63.1%
Drug dealing	54.8%
Lack of employment opportunities	52.4%
Financial problems	50.0%
Crime and ASB	48.8%
Lack of children's play facilities	41.7%
Education	36.9%
Public transport	33.3%
Health problems	14.3%
Learning and physical disabilities	14.3%

Great British Spring Clean



Bringing together people together from across four of the five central area wards (Central, Kingstone, Stairfoot and Worsborough) to launch the Great British Spring Clean 2019, the project was designed to highlight the problems of littering and fly tipping and the impact upon the environment. The project was designed to show the importance of people power and the positive impact of collective action. In this way, bringing together groups, residents of all ages including families with young children, Councillors, Berneslai Homes from across four different wards was very powerful. The sheer volume of waste collected and the amount of goodwill generated by the coming together of volunteers was very impressive.

E. Resilience and emotional wellbeing

Resilience is the ability to cope with life's challenges and to adapt to adversity. Resilience helps us to maintain our wellbeing in difficult circumstances and protects against the development of some mental health problems.

Emotional well being involves utilizing strengths rather than focusing on fixing problems or weaknesses. The better able to master emotions, the greater capacity to enjoy life, cope with stress and focus on important personal priorities.

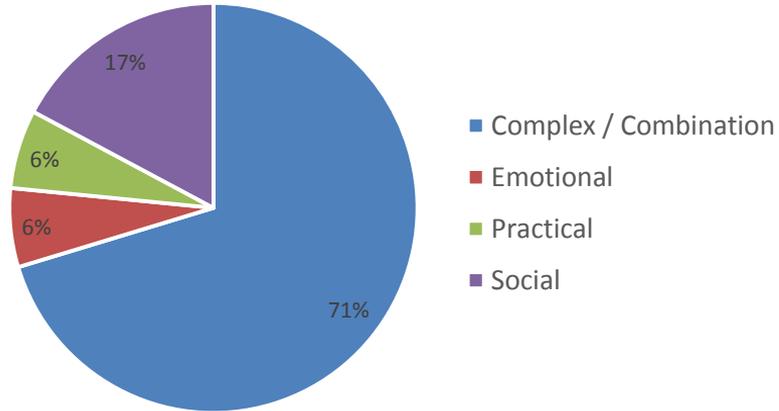
Mental health and learning disabilities

Information available for patients registered to GP practices serving the Central Barnsley population shows -

- Highest prevalence of dementia in Barnsley (0.97%); 88.68% of dementia care plans are reviewed annually which is above average for Barnsley
- Third highest prevalence of depression in adults (11.3%) in Barnsley
- Highest proportion of people reporting a long term mental health problem (1.06%%) in Barnsley
- Highest prevalence of learning disabilities in Barnsley (0.68%)
- Highest rate of hospital admissions for self-harm in Barnsley
- Between 2016 and 2018 there were 78 referrals to iAPT per 1,000 population which is above average for Barnsley

My best life

Referrals to My Best Lift by type of need



My Best Life is a social prescribing service for Barnsley that works with people to connect them to non-medical support that is tailored to their health and wellbeing needs.

Over the last 18 months there have been 6.14 referrals to social prescribing per 1,000 patients of practices in the Central area which is very similar to the average across Barnsley.

People in the Central area most commonly have complex/combination of needs. The contact time per patient is the highest in Barnsley.

Isolation

Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day.

Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010).

Residents Living Alone and Aged 65+ Years



Source: ONS 2011 Census

(Source: 2011 Census, ONS)

In the Central area there is a slightly higher rate of older people living alone than in England overall and other parts of Barnsley.

Bluebell Bank –community engagement

The engagement project encourages people to be happier and healthier through community engagement. Through community engagement events, it has encouraged local people to volunteer and come together as a group and identify a way forward to include the Incredible Edible community garden project which can include all ages and promotes healthy eating, and outdoor activity and sustainable lifestyles.

Local residents, including children, took part in several activities including the active choosing of new play equipment at the first event. Then local residents took part in fun activities and games with their children.

This project promoted working with communities directly, starting with one or two residents, and then leafleting the entire estate to promote a small scale engagement event and encourage people to come along in order to engage with them face to face



E. High quality coordinated care

Holistic care and support aims to maximise choice and control and make positive changes in people's lives, in terms of wellbeing, resilience, independence and connections to others. These factors are not only as important to people as physical health needs, they can also improve their ability to self-care. Holistic care has been shown to lead to more efficient use of resources.

Evidence shows that hospital is not the best place for people to recover from injury or illness when they can be cared for at home or in the community and that providing care outside of hospital supports patient empowerment and self-care.

Staff that are familiar with the community they work with are better able to adopt strengths-based approaches utilising assets within those communities

General Practice

All of the GP practices serving the population of Central Barnsley are rate “good” by the Care Quality Commission (CQC).

According the GP patient survey patients of GP practices in Central are more likely to recommend their practice to others than the overall average for Barnsley, however this varies significantly between practices. 68% of patients report that they have a good experience of making an appointment which is similar the overall average for Barnsley. Practices in Central achieve similar Quality Outcomes Framework (QOF) scores to the Barnsley overall average.

There are fewer GPs per 1,000 registered patients in Central than Barnsley overall but this is still higher than England overall.

Only 15.5% of patients registered for GPs serving the Central are enabled for online services which is higher than Barnsley overall (approximately 18%).

Demand for secondary care

Outpatients

Increasing year on year overall. Largest users are females and those between 50 and 64yrs. Largest increases in trauma and orthopaedics and cardiology.

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	7723	7931	8230	23884	56.29%	Increasing
Male	5607	6250	6687	18544	43.71%	Increasing
%F	57.94%	55.93%	55.17%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	1145	1005	1222	3372	8.02%	Increasing
18-29	1355	1396	1385	4136	9.83%	No change
30-49	2693	2851	2971	8515	20.24%	Increasing
50-64	3046	3196	3477	9719	23.10%	Increasing
65-74	2263	2563	2634	7460	17.73%	Increasing
75-84	1942	2368	2273	6583	15.65%	No change
85+	551	789	927	2267	5.39%	Increasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
Ophthalmology	2006	2512	2480	6998	16.76%	No change
ENT	2224	2146	2103	6473	15.50%	Decreasing
Gynaecology	1296	1381	1665	4342	10.40%	Increasing
Respiratory Medicine	855	950	1047	2852	6.83%	Increasing
Trauma & Orthopaedics	584	668	1426	2678	6.41%	Increasing
Cardiology	514	922	1105	2541	6.09%	Increasing

Emergency department

Increasing year on year overall. Largest users are between 30 and 49yrs.

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	7229	5828	9720	22777	50.12%	Increasing
Male	4774	8800	9673	23247	49.88%	Increasing
%F	60.23%	39.84%	50.12%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	3689	3646	4340	11675	8.12%	Increasing
18-29	3032	3164	3471	9667	18.08%	Increasing
30-49	4012	4176	4750	12938	24.19%	Increasing
50-64	2420	2443	2754	7617	14.24%	Increasing
65-74	1247	1452	1517	4216	7.88%	Increasing
75-84	1405	1524	1632	4561	8.53%	Increasing
85+	916	955	930	2801	5.24%	No change

Demand for secondary care

Electives

Decreasing year on year overall. Largest users are females and those aged 50 to 64yrs. Largest increases in gastroenterology.

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	4084	3941	3844	11869	52.43%	Decreasing
Male	3705	3518	3545	10768	47.57%	Decreasing
%F	52.43%	52.84%	52.02%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	398	337	339	1074	4.79%	Decreasing
18-29	516	504	430	1450	6.47%	Decreasing
30-49	1632	1459	1486	4577	20.42%	No change
50-64	2172	2211	1976	6359	28.37%	Decreasing
65-74	1485	1571	1575	4631	20.66%	Increasing
75-84	1079	1103	1234	3416	15.24%	Increasing
85+	315	207	284	806	3.60%	No change

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
Gastroenterology	1365	1585	1905	4855	22.43%	Increasing
Trauma & Orthopaedics	934	871	659	2464	11.38%	Decreasing
Ophthalmology	770	541	635	1946	8.99%	No change
General Surgery	683	531	280	1494	6.90%	Decreasing
Clinical Oncology	420	481	526	1427	6.59%	Increasing
Clinical Haematology	415	467	499	1381	6.38%	Increasing
Dermatology	411	344	396	1151	5.32%	No change
Gynaecology	382	372	355	1109	5.12%	Decreasing

Non-electives

Increasing year on year overall. Largest users are females and those under 50yrs. Largest increases in general medicine.

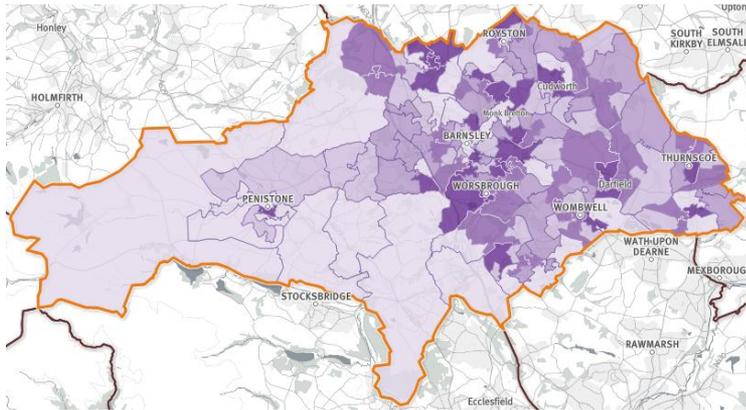
Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	4086	4268	4523	12877	57.05%	Increasing
Male	2738	3242	3405	9385	42.95%	Increasing
%F	59.88%	56.83%	57.05%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	1137	1161	1205	3503	15.56%	Increasing
18-29	1095	1230	1316	3641	16.18%	Increasing
30-49	1373	1445	1599	4417	19.62%	Increasing
50-64	899	1018	1212	3129	13.90%	Increasing
65-74	774	884	934	2592	11.52%	Increasing
75-84	937	1025	1049	3011	13.38%	Increasing
85+	566	695	713	1974	8.77%	Increasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
General Medicine	2123	2459	2546	7128	33.24%	Increasing
Obstetrics	827	871	960	2658	12.40%	Increasing
General Surgery	709	763	793	2265	10.56%	Increasing
Accident & Emergency	586	860	816	2262	10.55%	Increasing
Paediatrics	553	510	555	1618	7.55%	No change
Trauma & Orthopaedics	291	351	377	1019	4.75%	Increasing

Time spent in hospital

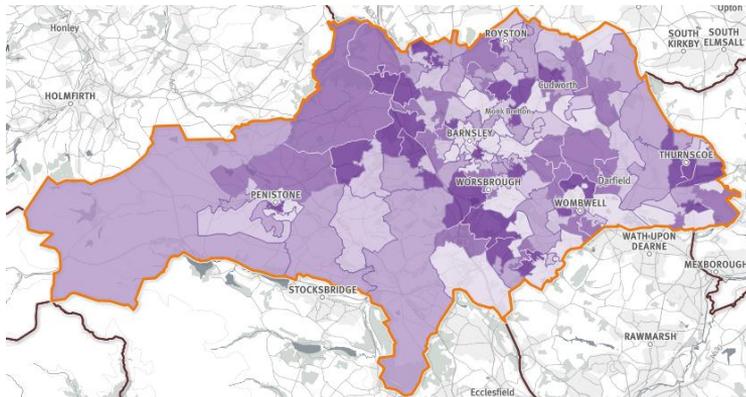
Non-
Electives



Residents of Central are the most likely to have an unplanned admission to hospital.

There is also significant variation in the time spent in hospital across the communities within Central.

Electives



The darker purple areas indicate higher usage (admissions, bed days and length of stay).

End of life

There are excellent person-centred palliative care and end of life services in Barnsley. However, the rate of people people who are admitted to hospital more than three times in the last 90 days of life in Barnsley is 60% above the national average. Only 30 in 100 people who die in Barnsley are on the GP palliative care register compared to more than 55 in Sheffield.

E. Improving quality of life

Quality of life (QOL) is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, safety, security to freedom, religious beliefs, and the environment.

Improving health-related quality of life must be an objective of an integrated health and care. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health has on quality of life.

Limiting long term illness and disability

In Central 8.5% of people report that they live in bad or very bad health which is similar to the Barnsley average. Almost a quarter of residents live with long term illness or disability which is higher than other parts of Barnsley and England overall.

A slightly higher proportion of people with a long-term health problem or disability in Central (24.3%) report that it limits their day to day activity compared to Barnsley overall (23.9%).

4.8% of people living in Central provide more than 20 or more unpaid care hours per week which is lower than Barnsley overall at 5.1%. There were 0.2% less people providing more than 50hrs unpaid care hours per week.

(Source: 2011 Census, ONS)

Long term conditions (i)

Chronic Pulmonary Obstructive Disorder

Central has the highest recorded prevalence of chronic pulmonary obstructive disorder (COPD) in Barnsley at 3.69%. More than 90% of patient diagnoses have been confirmed by spirometry and more than 90% of patients have an annual review which are recognised good clinical practice improving outcomes for patients with long term conditions.

Diabetes

Prevalence of diabetes in Central is slightly higher than Barnsley overall. Around 70% of patients with diabetes have their blood pressure and cholesterol control which is similar to Barnsley overall.

In Central there is the lowest rate in Barnsley of patients with Type 2 diabetes being reviewed with all 8 care processes completed but highest rate of referrals to the National Diabetes Prevention Programme (NDPP).

Long term conditions (ii)

Hypertension

- 61.1% observed prevalence compared to expected
- 75% of newly diagnosed patients treated with statins (highest in Barnsley)
- 78.5% people diagnosed whose BP is controlled

There are 17,358 central residents are at risk of a heart attack or stroke who are not aware they have high blood pressure and 101 who are diagnosed but who are not getting the right treatment to minimise the risk.

Long term conditions (iii)

Cancer

The recorded prevalence of cancer in Central is 2.52%. Deaths from all cancers under 75yrs standardised mortality ratio is 115 which is higher than Barnsley overall (108).

44% of new cancers cases treated resulted from a two week referral which is the second highest in Barnsley but lower than the national average of 51%.

- Lowest uptake of bowel screening - 56.4% (An uptake of 52% is deemed acceptable and 60% is considered achievable)
- Second lowest uptake of cervical screening – 73.17% (NHSE Cervical Cancer Screening programme uptake target 80%)
- Higher rate of breast screening 71.87% (An uptake of 70% is deemed acceptable and 80% is considered achievable) but still lower than Barnsley overall

Where cancers are found at the later stages the survival rates the treatment options may be limited and more intensive and survival rates are relatively poor.

Waltzing in a Winter Wonderland

The Stairfoot Ward Alliance and Barnsley Academy worked in partnership to deliver an afternoon tea dance for older residents of the Stairfoot Ward. The school students and staff prepared and served an afternoon tea to over 70 local residents and other students performed a show dance for the audience. The school students also created all the marketing material for the event and made beautiful gifts to give out as small presents.

The event was a huge success. The local residents had a wonderful afternoon. The school students had an opportunity to really practice the practical skills for the course and they did a wonderful job of engaging with local residents, breaking down some of the barriers that had previously existed.

