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# Telling the story of the Dearne

Integrated care in Barnsley



# About the Dearne

The Dearne area covers 16 Km<sup>2</sup>, has a population of 22,387 (9.7% of borough total), and covers the two electoral wards of Dearne North and Dearne South.

The Dearne Area Council is made up of six councillors (from the two wards mentioned above) and the Service Director for Environment and Transport.

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

## Dearne 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

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

## D. High quality coordinated care

6. People receive services rated as high quality
7. Hospital admissions are avoided where appropriate and people spend less time in hospital
8. There is early help for mental health
9. People coming to an end of their lives receive appropriate and effective care

## 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
12. People have a positive experience of work and their community

## A. Overarching

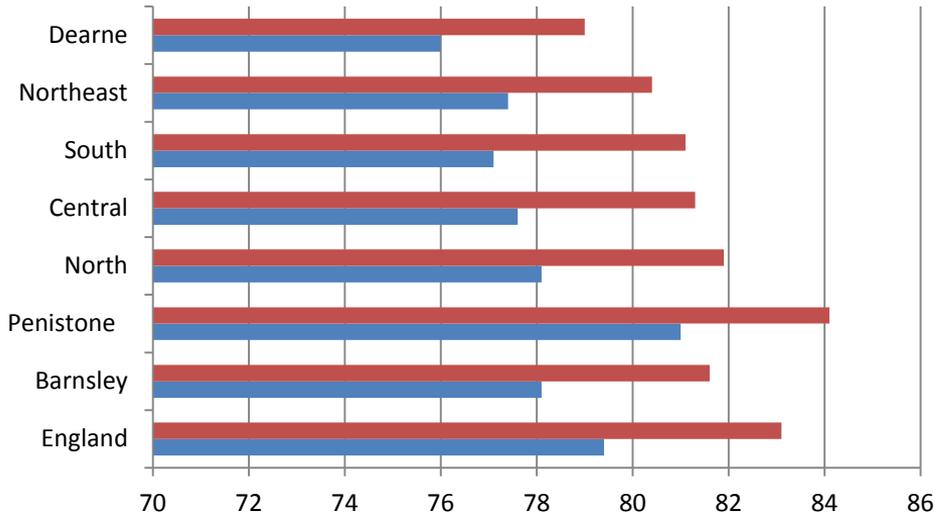
Healthy people live longer and live longer disability free.

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 (years)

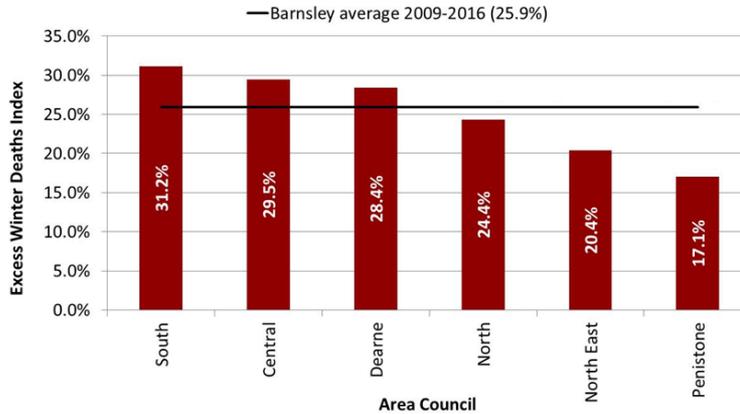


Life expectancy at birth for males and females in the Dearne is lower than the Barnsley overall and significantly lower than the region and England as a whole. The gap in healthy life expectancy is often much greater. Females in Barnsley can expect to live 59.8 years in good health and 22.1 years in poor health which is three years longer than the England average.

There are 230.1 deaths from causes considered preventable per 100,000 population in the Dearne compared to 182.8 in the UK overall. The difference is equivalent of 16 lives lost in the Dearne each year.

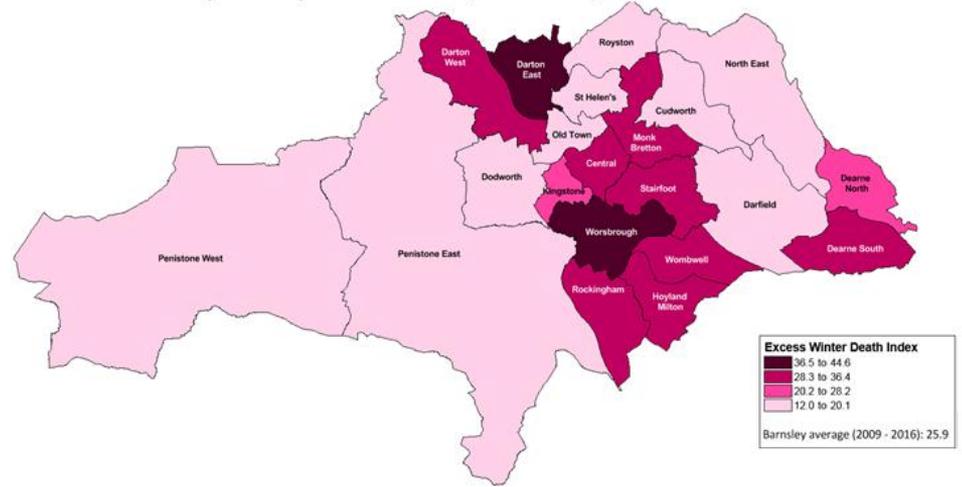
# Excess winter deaths (EWD)

Excess Winter Deaths Index By Area Council  
2009 - 2016



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Excess Winter Deaths by Barnsley Electoral Ward (2009 - 2016)



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 176 excess winter deaths per year which is high compared to other areas that are similar. There are also significant differences across Barnsley with the Dearne 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

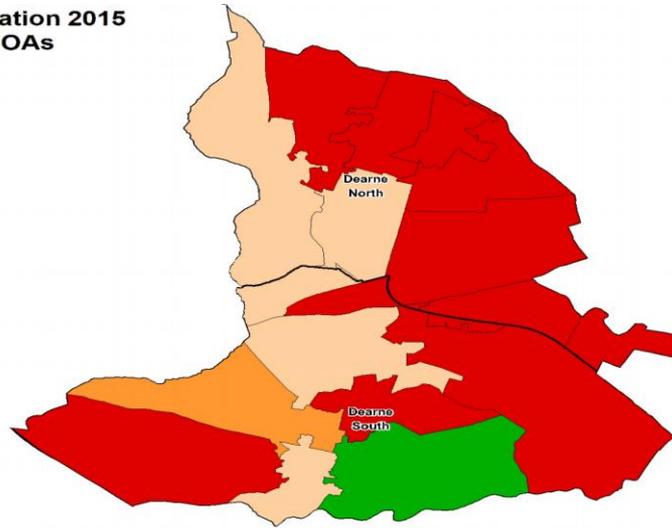
We need to look at the bigger picture:



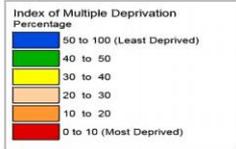
But the picture isn't the same for everyone.

# Demographics

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



## Legend



0-18  
year olds:  
5,378

Dearne 23.5%  
Barnsley 21.8%  
England 22.5%



19-64  
year olds:  
13,683

Dearne 59.9%  
Barnsley 59.2%  
England 59.6%



65+  
year olds:  
3,780

Dearne 16.5%  
Barnsley 18.9%  
England 17.9%

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28.4% of primary school children are eligible for and claiming a free school meal which is double the national rate. Nearly 80% of homes in the Dearne are in the lowest council tax band which is based on the value of the property.

# Smoking

The Dearne has the highest rate of smoking in Barnsley. Nearly 4,800 adults (more than 27%) in the Dearne are smokers. Almost a quarter of mothers are smokers at the time of delivery.

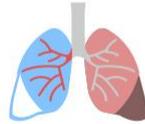
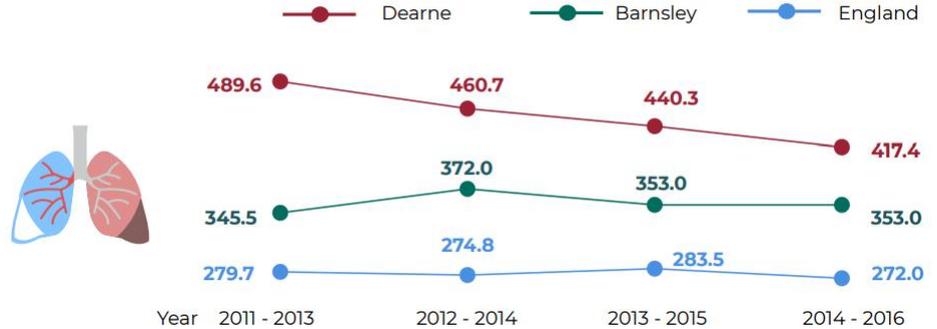
Smoking is one of the biggest causes of death and illness in the UK. It increases the risk of developing more than 50 serious health conditions. For example, smoking causes around 7 out of every 10 cases of lung cancers (70%) as well as cancers in many other parts of the body.

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 Dearne has been reducing still each year around 54 residents of the Dearne aged over 35 years old die from smoking related illness. The Dearne has the highest rates in Barnsley for under-75yrs mortality for cancer, respiratory disease and circulatory disease.

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)



# 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.

In the Dearne 29.8% of adults are obese. This is the highest of any of the neighbourhoods in Barnsley. Only 17% 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 high in the Dearne than other parts of Barnsley.



# Children and young people

There is higher non-attendance for measles, mumps and rubella (MMR) 2 at 5 years vaccinations and Diphtheria, Tetanus, Pertussis and Polio (DTP) vaccinations, particularly the Dearne North ward.

Breastfeeding initiation in the Dearne is just 42.3% compared to 69.3% in Yorkshire and the Humber and 74.5% in England overall.

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%

# Friends of Broadwater



The friends of Broadwater group was established in July 2016 by Mon Alvery. They hold weekly events and work directly with the Bolton On Dearne voluntary action group. The group is mainly made up of young people that enjoy keeping active and giving back to their community. The Dearne Area Team have supported the group by giving them guidance and providing them with the tools to enable them to undertake their events.

## E. Resilience and emotional wellbeing

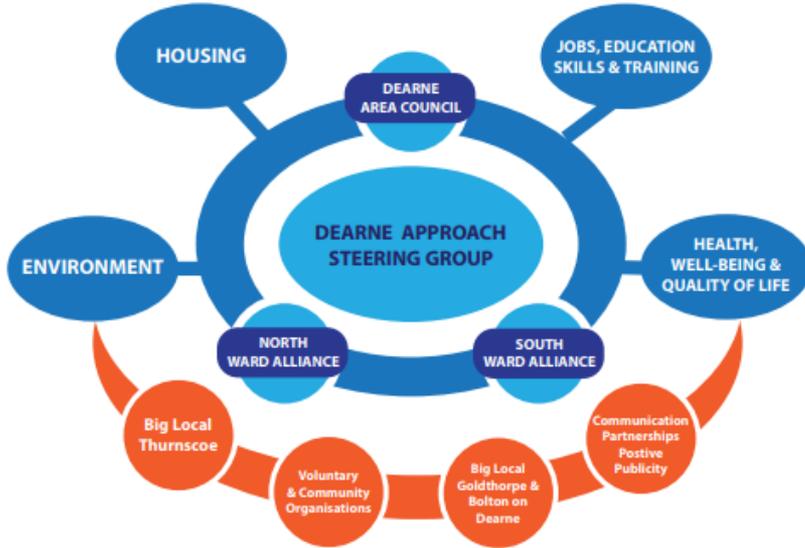
Resilience is the ability to cope with life's challenges and to adapt to adversity. Resilience helps us to maintain our wellbeing in difficult circumstances and protects against the development of some mental health problems.

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.

# Community

The Dearne Approach is a unique and innovative way of joint working which harnesses strengths and abilities from within the local community to identify and address priority issues in the most cost effective way.

The Dearne has seen a significant increase in the number of community groups and volunteering opportunities. Through the Dearne Area Council and Ward Alliances jobs and apprenticeships for young people have been created. .



Successes include DIAL, Reds in the Community, Dearne Electronic Community Village, reducing loneliness and isolation and Goldthorpe Market.

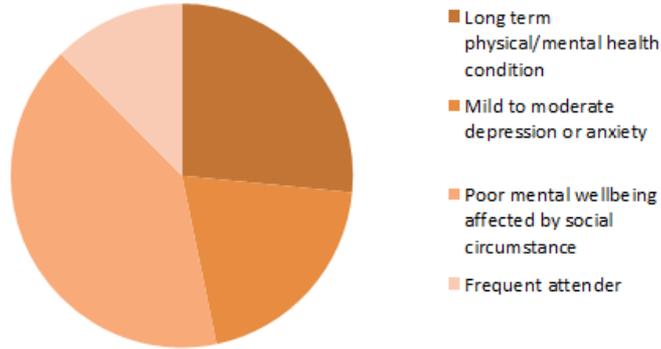
# Mental health

Information available for patients registered to a GP practices serving the Dearne population shows -

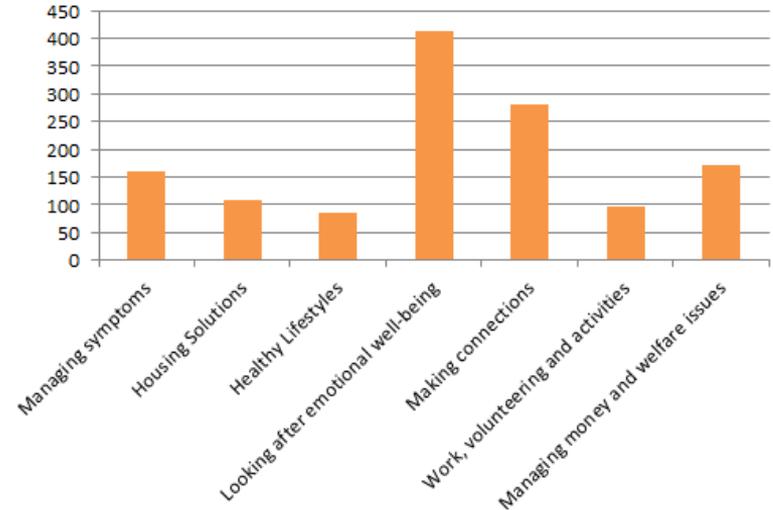
- Below average prevalence of dementia (0.7%) second lowest area in Barnsley and highest rate of dementia care plans that are reviewed annually
- Above average prevalence of depression in adults (11.2%) third highest in Barnsley
- Above average reported long term mental health problem (9%) second highest in Barnsley
- Year on year increasing number of referrals to Child and Adolescent Mental Health Services (CAMHS). The most common reasons for referral are anxiety, conduct disorders and self-harm behaviours

# My best life

## Reason for referral



## Support requirements



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 6.35 referrals to social prescribing per 1,000 patients of practices in the Dearne which is very similar to the average across Barnsley. People in the Dearne are most often referred due to poor mental wellbeing affected by circumstance and supported to look after their wellbeing and make connections. Cases also tend to be more complex, requiring more of the advisors time per person than in other areas.

# 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



In the Dearne there is a slightly higher rate of older people living alone than in England overall but a lower rate than in other parts of Barnsley.

# Goldthorpe Development Group

The Dearne Development fund panel has supported a project to reduce loneliness and social isolation for the last three years. As well as offering health events the project helps people to advice and support they need. Some services offering assistance include the safeguarding team, the fire service, Police and dementia support.

Over the duration of the project more than a thousand people have attended the sessions. Nine new volunteers have assisted the group and 137 volunteers have assisted over the last twelve months, each working 4 hours per session. Based on the volunteer hours of each person the social return on investment in cash terms would have been £6,466.40

Margret said *“I don't go anywhere else this is all I do and I really look forward to coming. I chat with the other people and they all make me feel so welcome”*



## 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

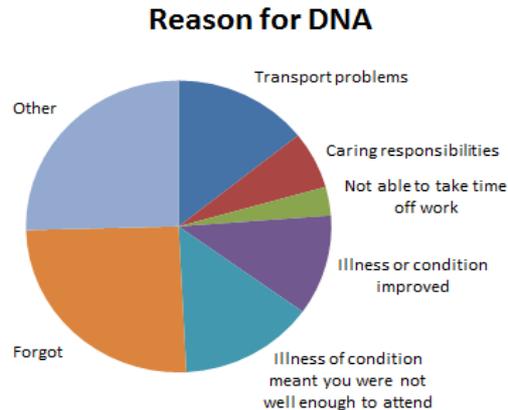
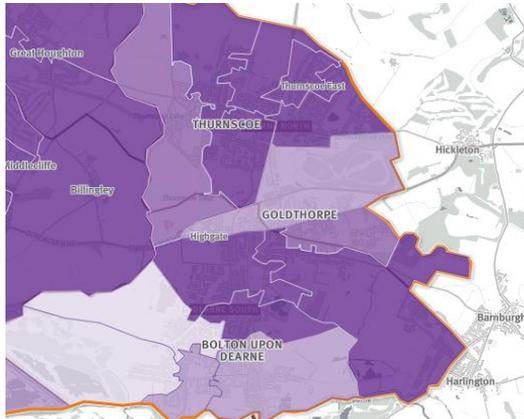
4 of the 5 practices serving the population of the Dearne are currently rated “good” by the Care Quality Commission (CQC) with the other rated “requires improvement”.

According to the GP patient survey patients of GP practices in the Dearne are less likely to recommend their practice to others than the overall average for Barnsley, however this varies significantly between practices.

There are more GPs per 1,000 registered patients in the Dearne than Barnsley overall and England.

Nearly 20% of patients registered for GPs serving the Dearne are enabled for online services which is higher than Barnsley overall (less than 18%).

In the Dearne 74% of people live within 15 minutes travel of a GP surgery by walking or public transport compared to just 5.84% in England overall.



Barnsley Healthwatch undertook research in 2017 that identified a real problem in the Dearne with patients not attending booked appointments at their GP Surgery.

In some cases there are clear barriers that lead to non-attendance such as transportation or caring responsibilities. Further work is required to consider the barriers patients face when wishing to cancel their GP appointment.

# Demand for secondary care (BHNFT)

## Emergency Departments (ED)

Year on year growth of ED attendances from the Dearn.

Female patients form the majority of activity.

Gender	2016	2017	2018*	Total	%
F	1993	2975	2448	7416	↑ 54%
M	1712	2651	2036	6399	↓ 46%
%F	54%	53%	55%	54%	

Age	2016	2017	2018*	Total	%
0-18	693	1289	1187	3169	↓ 23%
19-50	1549	2285	1734	5568	↑ 40%
51-70	678	1055	806	2539	↓ 18%
71+	785	997	757	2539	↓ 18%

## Non-elective admissions

Static growth year on year. Females aged 19-50yrs greatest users. General medicine and obstetrics are the two main specialties.

Gender	2016	2017	2018*	Total	%
F	1885	1938	1948	5771	↑ 61%
M	1184	1206	1273	3663	↓ 39%
%F	61%	62%	60%	61%	

Age	2016	2017	2018*	Total	%
0-18	704	698	617	2019	↓ 15%
19-50	1046	1110	1166	3322	↑ 24%
51-70	542	524	587	1653	↓ 12%
71+	777	812	851	2440	→ 18%

Specialty (Top 5)	2016	2017	2018*	Total	%
GENERAL MEDICINE	1130	1128	1171	3429	↑ 25%
OBSTETRICS	444	491	456	1391	↓ 10%
PAEDIATRICS	361	330	269	960	↓ 7%
GENERAL SURGERY	318	322	289	929	↓ 7%
ACCIDENT AND EMERGENCY	265	251	336	852	↓ 6%
TOTAL (POP)	3069	3144	3221	9434	

## Electives

Static growth year on year. Females aged 19-50yrs greatest users. Obstetrics, T&O and ophthalmology are the top specialties.

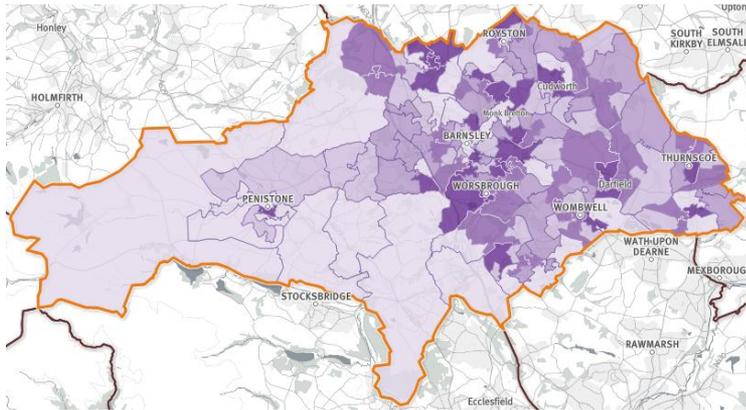
Gender	2016	2017	2018*	Total	%
F	14198	13275	8556	36029	↑ 59%
M	9417	9647	5804	24868	↓ 41%
%F	60%	58%	60%	59%	

Age	2016	2017	2018*	Total	%
0-18	3363	3880	2397	9640	↓ 16%
19-50	8678	7554	5097	21329	↑ 35%
51-70	6967	6834	4068	17869	↑ 29%
71+	4607	4654	2798	12059	↓ 20%

Specialty (Top 5)	2016	2017	2018*	Total	%
OBSTETRICS	3176	2300	2052	7528	↑ 12%
TRAUMA AND ORTHOPAEDICS	2149	2399	1280	5828	→ 10%
OPHTHALMOLOGY	1853	2263	1463	5579	→ 9%
DIABETIC EDUCATION SERVICE	1729	1719	875	4323	→ 7%
PAEDIATRICS	1139	1287	818	3244	↓ 5%
ANTICOAGULANT SERVICE	1317	876	462	2655	↓ 4%
TOTAL (POP)	23615	22922	14360	60897	

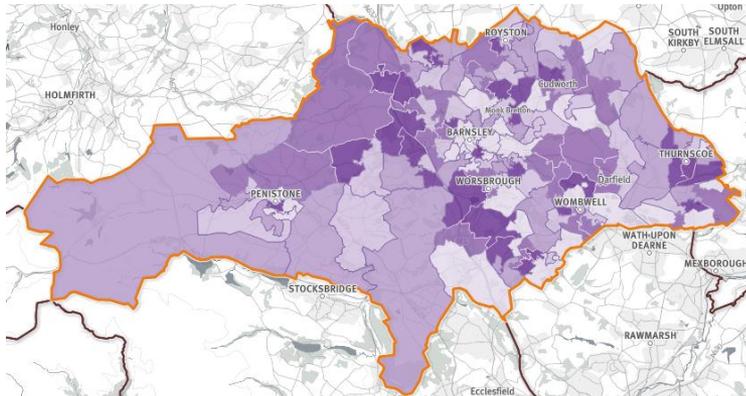
# Time spent in hospital

Non-  
Electives



Residents of the Dearne are more likely to have an unplanned admission to hospital than the average for Barnsley overall.

Electives



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

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 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.

Only 2% of Dearne residents want to die in a hospice compared to 8% in Penistone. Improving choices for people who want to die at home is a priority. Barnsley Hospice has now begun delivering clinics in the Dearne for local residents.

## 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 the Dearne the 11.3% of people report that they live in bad or very bad health which is higher than the Barnsley average. More than a quarter of residents live with long term illness or disability which is higher than other parts of Barnsley and England overall.

A higher proportion of people with a long-term health problem or disability in the Dearne (28.4%) report that it limits their day to day activity compared to Barnsley overall (23.9%).

5.9% of people living in the Dearne provide 20 or more unpaid care hours per week which is higher than Barnsley overall at 5.1%. Most of the difference is in the number of people providing more than 50hrs unpaid care hours per week.

# Long term conditions (i)

## **Chronic Pulmonary Obstructive Disorder**

The Dearne has the highest incidence of chronic pulmonary obstructive disorder (COPD) in Barnsley. It also has the lowest rate of annual reviews by a GP of people with COPD and second lowest for asthma which is recognised good practice for improving outcomes for patients with long term conditions.

## **Diabetes**

The Dearne has a higher prevalence of diabetes than Barnsley overall. Around two thirds of people with diabetes have their blood pressure and cholesterol control which is similar to Barnsley overall. However, less than 60% of people with diabetes have good blood sugar control which is the lowest in Barnsley (57.78%).

# Long term conditions (ii)

## Hypertension

- 61.82% observed prevalence compared to expected
- 44.83% of newly diagnosed patients treated with statins
- 78.03% people diagnosed whose BP is controlled

There are 3,884 Dearne residents are at risk of a heart attack or stroke who are not aware they have high blood pressure and 1,383 who are diagnosed but who are not getting the right treatment to minimise the risk.

# Long term conditions (iii)

## Cancer

There is low recorded prevalence of cancer in the Dearne (2.24%) however, higher mortality rates for under 75yrs for Cancer. 19 per 10,000 Dearne compared to 16.1 in Barnsley and 13.6 overall in England

This is likely to be from low cancer screening uptake and detection rate - 37.6% of new cancer cases treated resulted from a two week referral (national average 51%)

- Bowel 57.5% (An uptake of 52% is deemed acceptable and 60% is considered achievable)
- Cervical 72.8% (NHSE Cervical Cancer Screening programme uptake target 80%)
- Breast 49.4% (An uptake of 70% is deemed acceptable and 80% is considered achievable)

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.

# Sloppy slippers

The Sloppy Slippers project enables elderly and people with mobility problems to exchange their old slippers for a new sturdy safe pair. The idea was to engage with members of the public around difference venues in the Dearne where elderly residents reside and visit every week. 1 in 3 people aged over 65 falling in their own home, often leading to admissions to hospital for fractures & breaks of their already fragile bones.

This project met one of the Ward Alliances priorities of “improving the quality of life by supporting those most at risk”. Visits to the local luncheon clubs, community centres and knit & natter groups proved that this is big problem.

