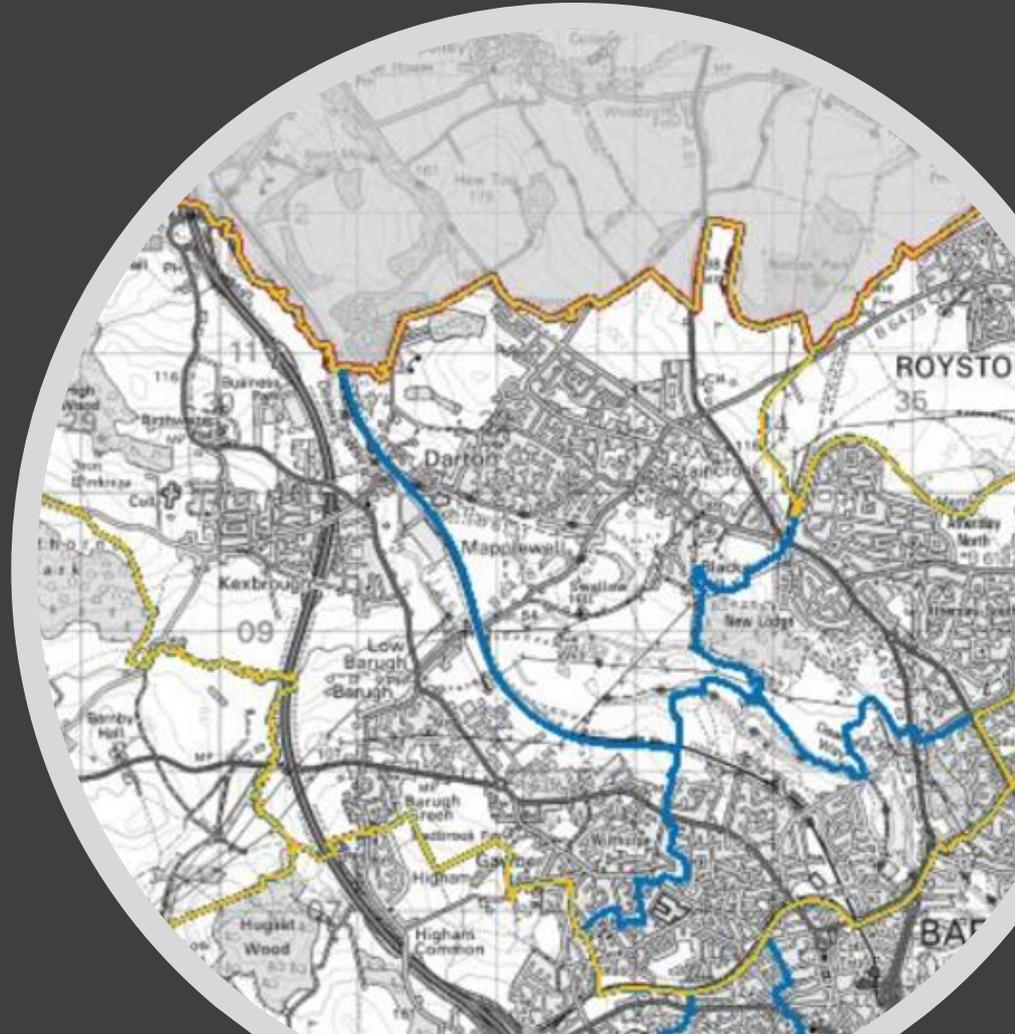


Telling the story of the  
North  
Integrated care in  
Barnsley



# About the North

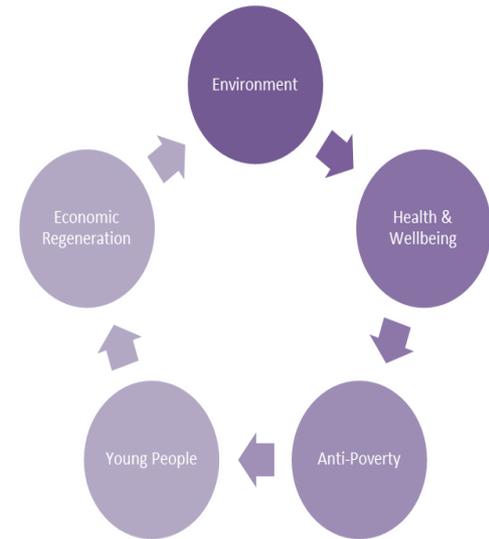
The North area has a population of 43,518 (17.9% of borough total), and covers the four electoral wards of Old Town, St Helen's, Darton West and Darton East.

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

The North Area Council is made up of twelve councillors (from the four wards mentioned above) and the Head of Employment and Skills.

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

## North 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

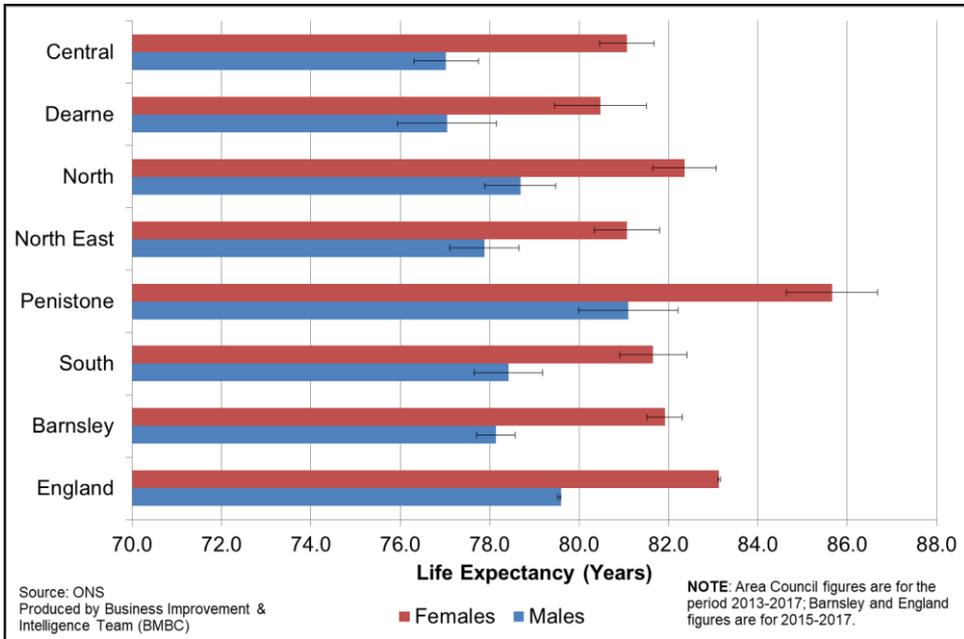
## A. Overarching

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



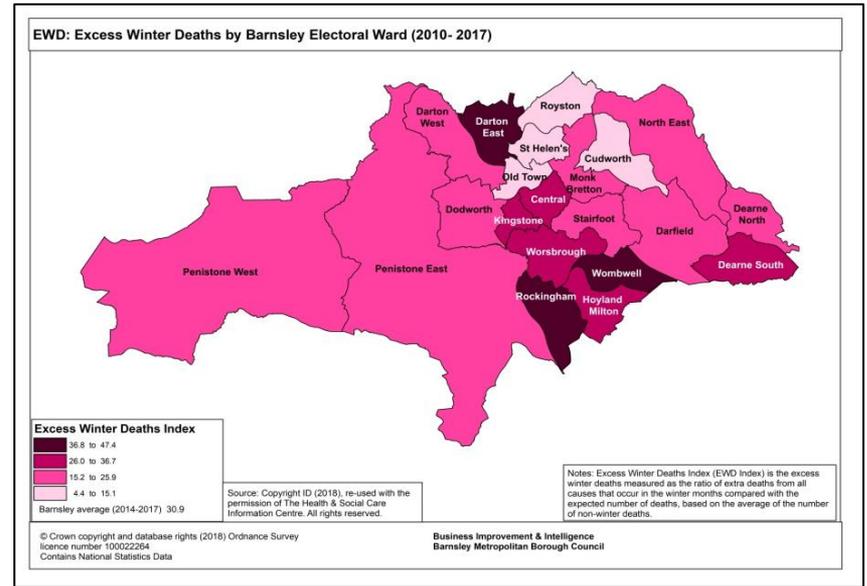
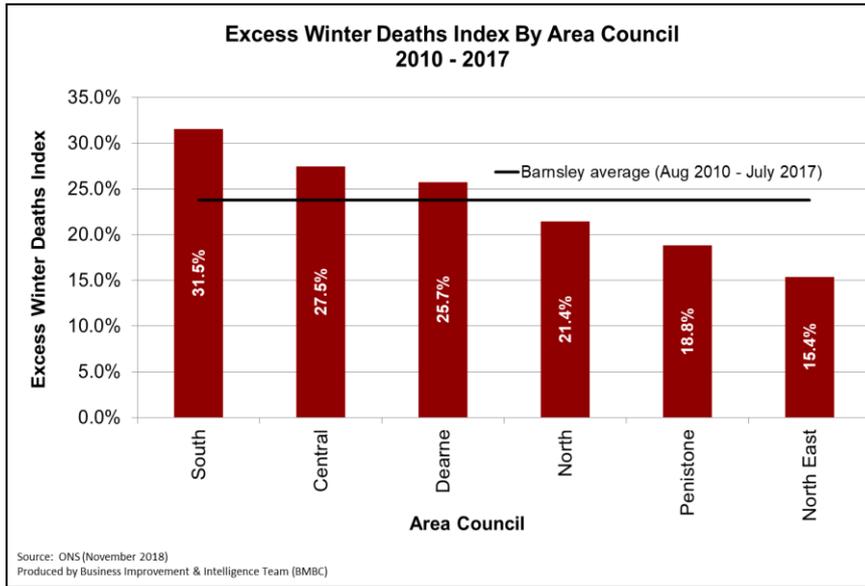
Life expectancy at birth for males and females in the North area is higher than in Barnsley overall, but significantly lower than England as a whole.

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 192 deaths from causes considered preventable per 100,000 population in the North, 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; the North area has less 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

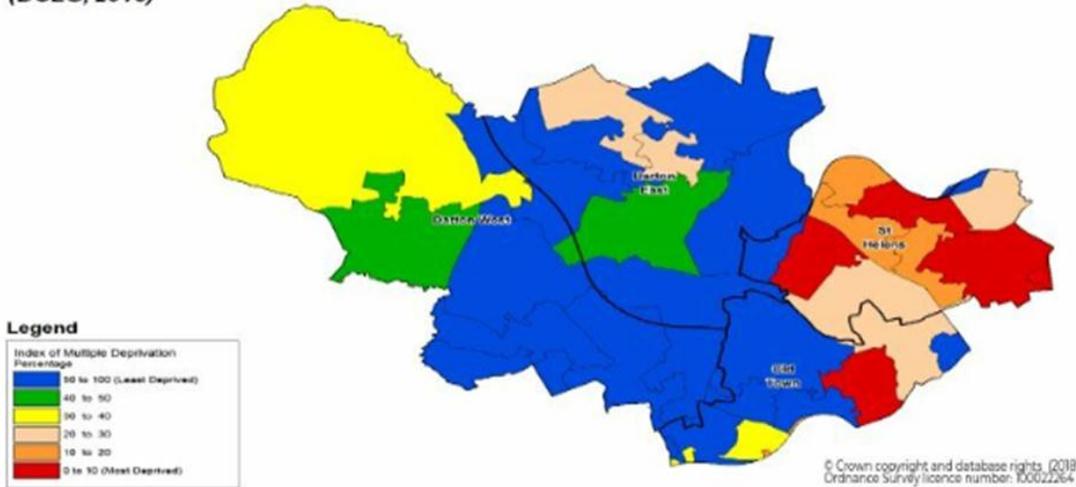
We need to look at the bigger picture:



But the picture isn't the same for everyone.

# Demographics

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



## Age Profile and % of Total Population



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

16.6% of primary school children are eligible for and claiming a free school meal which is above the national rate (13.7%). (Source: DfE, Jan2018)

55.3% of homes in the Dearne are in the lowest council tax band which is based on the value of the property. (Source: Valuation Office Agency & BMBC, April 2018)

# Smoking

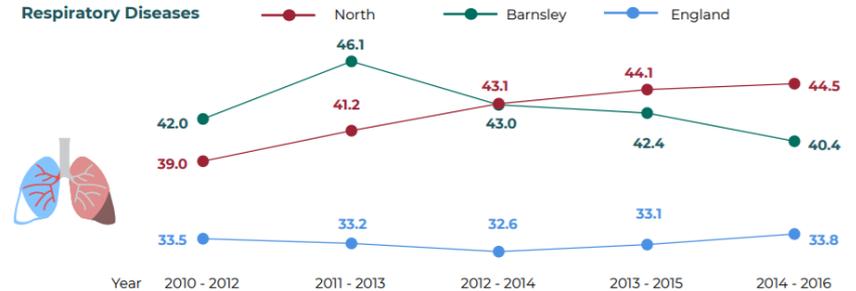
Just over one in five adults (22.1%) in the North area are smokers, and 15.8% of mothers are smokers at the time of delivery.

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 North area has been reducing. However, still each year around 79 residents of the North 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



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.

In the North Area 16.8% of adults are obese which is the highest rate in Barnsley.

Only 20% 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 lower in the North area than in Barnsley overall.



# Children and young people

Rates of non-attendance for measles, mumps and rubella (MMR) at 2yrs, MMR 2 at 5 years vaccinations and Diphtheria, Tetanus, Pertussis and Polio (DTP) vaccinations are comparable to other areas in Barnsley and highest for the St Helen's ward.

Three out of five women (59.9%) in the North area initiate breastfeeding, compared with 55.6% in Barnsley and 74.5% in England overall.

Almost one out of five 4-5 year olds (19.1%) in the North area is overweight or obese; higher than the Barnsley rate of 18.0% but lower than the England rate of 22.4%.

In terms of 10-11 year olds who are overweight or obese, the North area has the second lowest rate within Barnsley (32.1%), the same as the Barnsley average and lower than the England rate of 34.3%.

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%

# YMCA Fleets Orchard



The YMCA worked with Yorkshire Wildlife Trust and Barnsley College to empower young people to design, plant, and maintain a third community orchard in Barnsley. The project was designed to complement the Fruitful Communities Project – a national initiative with Learning Through Landscapes and YMCA.

The project was aimed to equip young people with the skills and confidence needed to transform green spaces and help improve their own health and wellbeing. It was also designed to help young people engage with the local community and encourage them to assist in improving the local environment and living a healthier life

## 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.

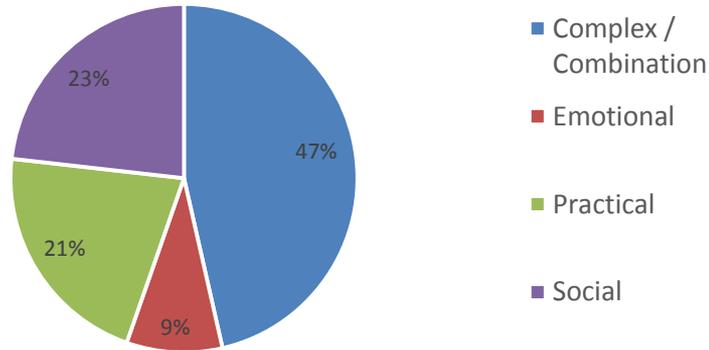
# Mental health

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

- Lowest prevalence of dementia (0.66%); and four fifths of dementia care plans are reviewed annually which is below the overall for Barnsley
- The rate of depression (10.9%) is lower than the Barnsley overall
- Lowest prevalence of long term mental health problems (0.56%) and second lowest prevalence of learning disabilities (0.47%)
- The rate of hospital stays for self-harm in North is comparable with the Barnsley overall
- Between 2016 and 2018 there were 50 referrals to iAPT per 1,000 population which is the lowest rate in 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 0.14 referrals to social prescribing per 1,000 patients of practices in the North which is lowest across Barnsley.

People in the Dearne are most commonly have complex/combination of needs. The average contact time per referral is the lowest 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 North area 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.

# Barugh Residents Group



This project was designed to bring the community of Barugh together, for them to take pride in their local community. It was designed to clean up the local environment to make it cleaner for those living, working and travelling through the area.

The project encouraged people to get outside, to get some fresh air and participate in some exercise whilst they were litter picking – thus contributing to healthier lives. Once the project was complete, people took pride in what they had achieved.

The local community, including a few young people, volunteered towards this project. They volunteered three hours of their Saturday morning and went above and beyond by clambering down ditches to fish out dumped items.

## 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 six of the practices serving the population of the North are currently rated “good” by the Care Quality Commission (CQC).

According to the GP patient survey nearly three quarters of patients would recommend their practice to others which is similar to Barnsley overall, however this varies significantly between practices. Just over 70% of patients report that they have a good experience of making an appointment which is the third highest in Barnsley.

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

Approximately 19% of patients registered for GPs serving the North are enabled for online services which is slightly higher than Barnsley overall (less than 18%).

# Demand for secondary care

## Outpatients

Increasing year on year overall. Largest increase in ophthalmology and cardiology.

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	5984	6164	6561	18709	59.36%	Increasing
Male	2804	4950	5057	12811	40.64%	Increasing
%F	68.09%	55.46%	56.47%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	746	842	1016	2604	8.02%	Increasing
18-29	832	838	820	2490	7.67%	No change
30-49	2181	1959	2288	6428	19.81%	Increasing
50-64	2351	2479	2742	7572	23.33%	Increasing
65-74	2112	2359	2228	6699	20.64%	Increasing
75-84	1563	1597	1788	4948	15.25%	Increasing
85+	428	566	708	1702	5.24%	Increasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
Ophthalmology	1611	1933	1973	5517	17.19%	Increasing
ENT	1645	1541	1617	4803	14.96%	No change
Gynaecology	1019	1018	1162	3199	9.97%	Increasing
Respiratory Medicine	652	769	768	2189	6.82%	Increasing
Cardiology	480	788	916	2184	6.80%	Increasing
Dermatology	634	659	861	2154	6.71%	Increasing

## Emergency department

Increasing year on year overall. Largest increases in males and those aged between 30 and 49yrs.

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	4591	5152	6991	16734	52.21%	Increasing
Male	3921	5640	6400	15961	47.79%	Increasing
%F	53.94%	47.74%	52.21%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	2652	2661	3115	8428	8.57%	Increasing
18-29	1970	1875	2034	5879	16.17%	No change
30-49	2567	2304	2950	7821	21.52%	Increasing
50-64	1698	1682	2116	5496	15.12%	Increasing
65-74	1086	1000	1219	3305	9.09%	Increasing
75-84	1058	1054	1199	3311	9.11%	Increasing
85+	692	683	735	2110	5.80%	Increasing

# Demand for secondary care

## Electives

Largest users are females and those aged 50 to 74yrs. Largest increases in gastroenterology and decreases in general surgery.

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	3469	2784	2964	9217	52.83%	Decreasing
Male	2827	2764	2639	8230	47.17%	Decreasing
%F	55.10%	50.18%	52.90%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	325	268	233	826	3.45%	Decreasing
18-29	435	408	405	1248	5.22%	Decreasing
30-49	1680	1564	1432	4676	19.54%	Decreasing
50-64	2122	2096	2105	6323	26.42%	No change
65-74	2259	1823	1923	6005	25.10%	Decreasing
75-84	1333	1134	1282	3749	15.67%	No change
85+	378	286	351	1015	4.24%	No change

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
Gastroenterology	1022	1096	1355	3473	20.75%	Increasing
Trauma & Orthopaedics	788	625	531	1944	11.61%	Decreasing
Ophthalmology	598	423	490	1511	9.03%	Decreasing
Clinical Haematology	445	441	438	1324	7.91%	No change
Clinical Oncology	429	421	412	1262	7.54%	No change
General Surgery	546	342	208	1096	6.55%	Decreasing

## Non-electives

Increasing year on year overall. Largest users are females and those 30 to 49yrs. Largest increases in general medicines.

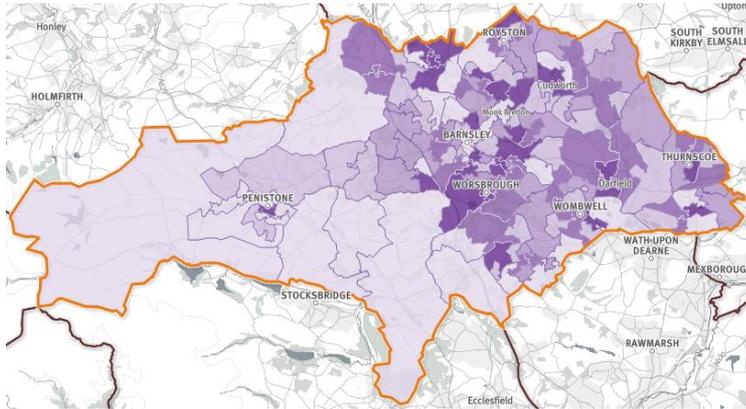
Sex	2016/17	2017/18	2018/19	Grand Total	%	Trend
Female	2806	2736	3211	8753	59.29%	Increasing
Male	1965	1776	2205	5946	40.71%	Increasing
%F	58.81%	60.64%	59.29%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	804	711	749	2264	15.14%	Decreasing
18-29	697	588	627	1912	12.79%	Decreasing
30-49	913	942	1060	2915	19.50%	Increasing
50-64	600	653	822	2075	13.88%	Increasing
65-74	566	599	753	1918	12.83%	Increasing
75-84	722	757	825	2304	15.41%	Increasing
85+	440	524	511	1475	9.87%	Increasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
General Medicine	1505	1735	1825	5065	35.62%	Increasing
Obstetrics	514	562	583	1659	11.67%	Increasing
General Surgery	540	527	554	1621	11.40%	No change
Accident & Emergency	383	433	531	1347	9.47%	Increasing
Paediatrics	388	308	344	1040	7.31%	Decreasing

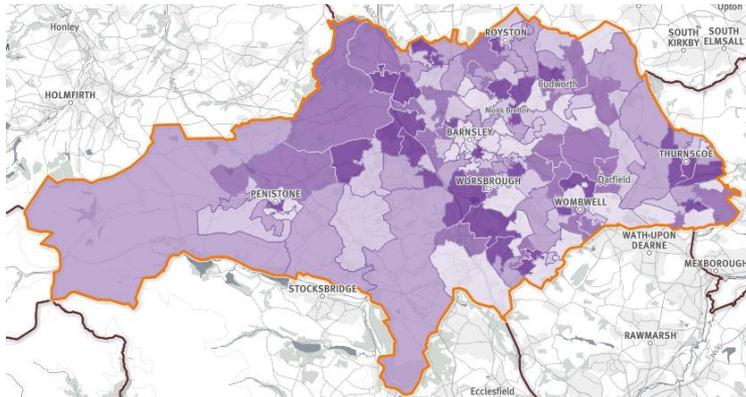
# Time spent in hospital

Non-  
Electives



Residents of the North are more likely to have an unplanned admission to hospital than the average for Barnsley overall and most likely to have an elective stay in hospital.

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 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 the North 7.5% of people report that they live in bad or very bad health which is lower than 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 lower proportion of people with a long-term health problem or disability in the North (22.7%) report that it limits their day to day activity compared to Barnsley overall (23.9%).

4.8% of people living in the North provide more than 20 or more unpaid care hours per week which is slightly 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**

The prevalence of COPD in the North is 3.2% which is the same as Barnsley overall.

Just 75% of COPD patients have an annual review which is recommended good clinical practice.

79.6% of cases are confirmed with spirometry which is the second lowest in Barnsley.

## **Diabetes**

The North has a lower prevalence of diabetes than Barnsley overall.

Around two thirds of people with diabetes have their blood pressure and cholesterol controlled which is the lowest in Barnsley.

The North has the lowest rate of type 2 patients being reviewed and all three treatment targets met.

# Long term conditions (ii)

## **Hypertension**

- 60.42% observed prevalence compared to expected
- 66.7% of newly diagnosed patients treated with statins
- 76% people diagnosed whose BP is controlled

There are 4,060 North residents at risk of a heart attack or stroke who are not aware they have high blood pressure and 1,055 who are diagnosed but who are not getting the right treatment to minimise the risk.

# Long term conditions (iii)

## Cancer

There recorded prevalence of cancer in the North is 2.69% which is the joint highest in Barnsley. Under 75 mortality rate for all cancers is the second lowest in Barnsley behind Penistone.

41.3% of new cancer cases treated resulted from a two week referral (national average 51%)

- Bowel screening rate is 60.7% which is the second highest in Barnsley (An uptake of 52% is deemed acceptable and 60% is considered achievable)
- Cervical screening rate is 79% which is the second highest in Barnsley (NHSE Cervical Cancer Screening programme uptake target 80%)
- Breast screening rate is 79% which is the second highest in Barnsley (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.

# Darton Primary School Eco Council



The Eco Council is made up of two representatives from each year group, who meet regularly to plan projects within the school and local community, totalling twelve pupils from Reception Class to Year 6, and a teacher.

The Eco Council is very active and by getting out in the fresh air doing projects, it is encouraging them and helping them get healthier and more active.

The project enabled the Eco Council to get involved with their local community and do something good for the community. It highlighted the problems of litter in the local area and educated the pupils on the issues of litter. The pupils really enjoyed their time litter picking and felt extremely proud of what they achieved.