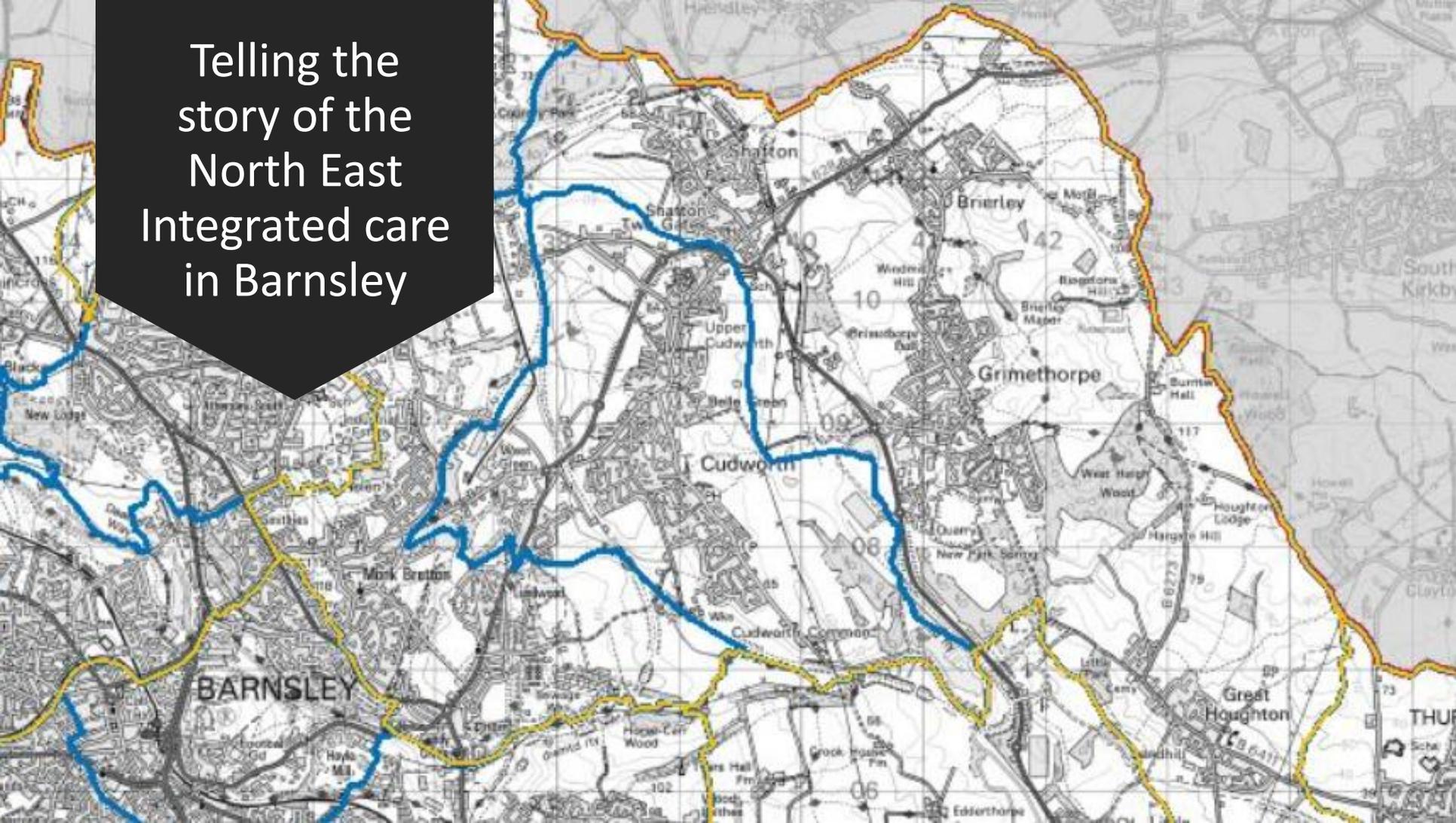


Telling the
story of the
North East
Integrated care
in Barnsley



About the North East

The North East has a population of 48,191 (19.8% of borough total), and covers the four electoral wards of Monk Bretton, Royston, Cudworth and North East.

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

The North East Area Council is made up of twelve councillors (from the four wards mentioned above) and the Head of Benefit's, Taxation and Income.

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

North East 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

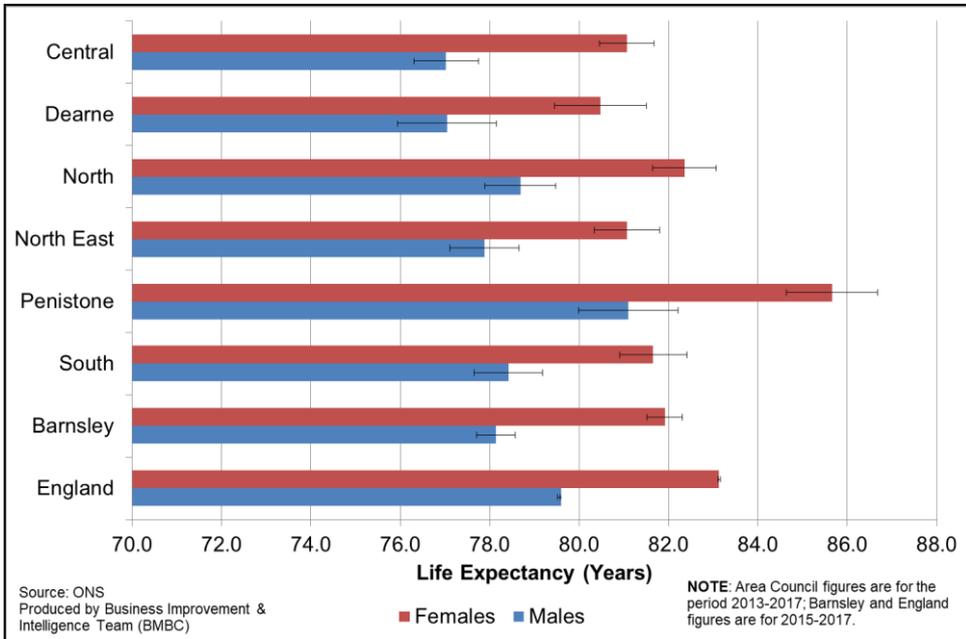
A. Overarching

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



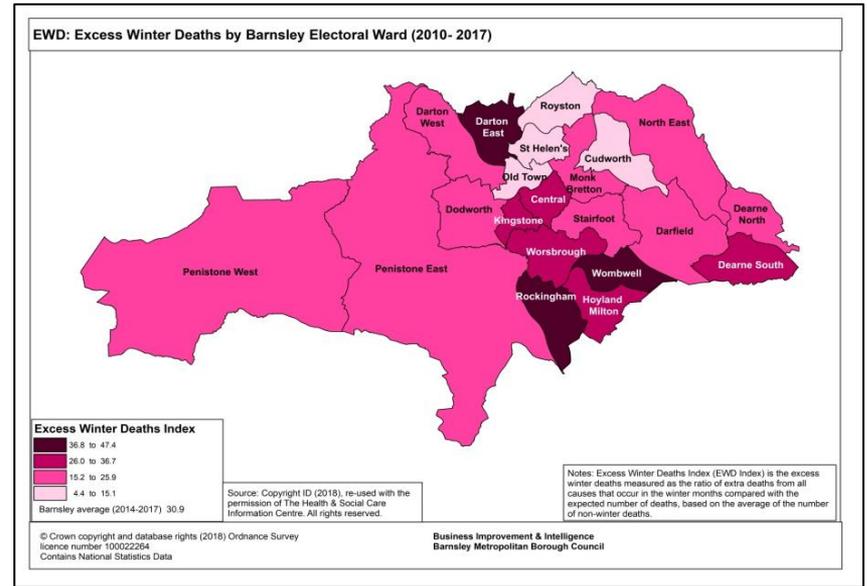
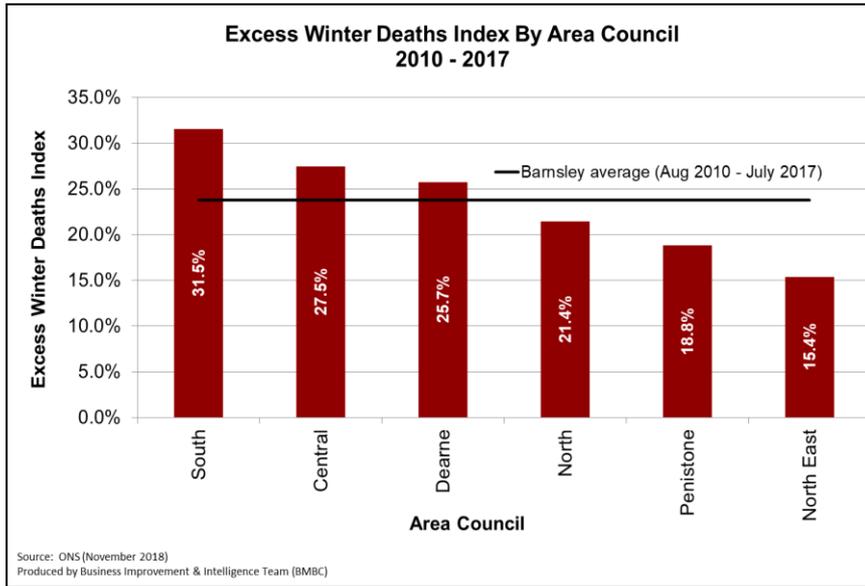
Life expectancy at birth for males and females in the North East is lower than in Barnsley overall and significantly lower than the England as a whole.

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 194 deaths from causes considered preventable per 100,000 population in the North East, 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 East 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:

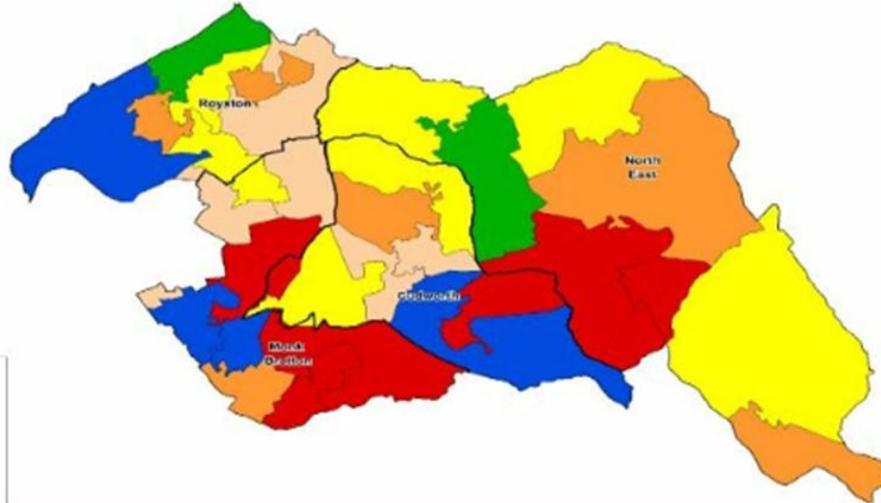


But the picture isn't the same for everyone.

Demographics

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

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Age Profile and % of Total Population



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

20.6% 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)

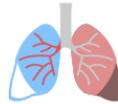
Nearly 61% of homes in the North East area are in the lowest council tax band which is based on the value of the property. (Source: Valuation Office Agency & BMBC, April 2017)

Smoking

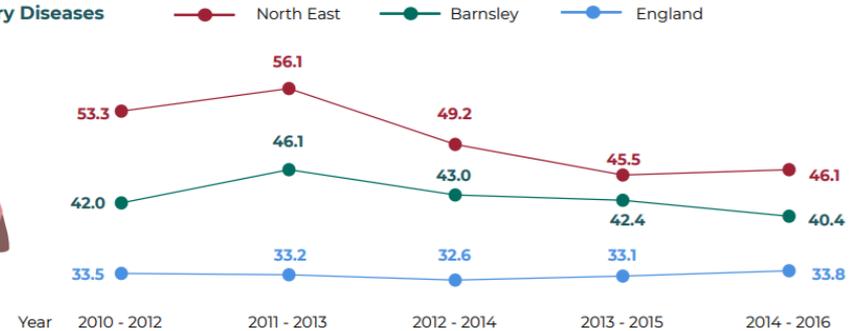
A quarter of adults in the North East area are smokers, and 16.9% of mothers are smokers at the time of delivery.

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.



Respiratory Diseases



Source: Business Improvement & Intelligence (BMBC)

The rate of smoking related deaths in the North East area has been reducing. However, still each year around 88 residents of the North East 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.

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 East Area 15.9% of adults are obese. Only 18% 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 higher in the North East area than in Barnsley overall.



Children and young people

There is high non-attendance for measles, mumps and rubella (MMR) at 2years, MMR 2 at 5 years vaccinations and Diptheria, Tetanus, Pertussis and Polio (DTP) vaccinations, particularly the North East and Cudworth wards.

More than half of women (52.9%) in the North East area initiate breastfeeding, compared with 55.6% in Barnsley and 74.5% in England overall.

Almost two out of five 4-5 year olds (19.0%) in the North East area are overweight or obese; higher than the Barnsley and England rates of 18.0% and 22.4% respectively.

In terms of 10-11 year olds who are overweight or obese, the rate in the North East area (33.0%) is slightly higher than the Barnsley rate of 32.1% but 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%

Tour de Yorkshire Bunting Workshops



A number of decorating / bunting workshops were arranged to involve the community in the race and encourage them to decorate Royston.

The project brought together service wide information sharing as the TDY has been through a number of area team's wards now. The TDY has empowered volunteers to remain involved and continue to volunteer, even though it's not in their local community.

Community engagement events continued in the run up to the race with the hope that people will come out and watch the race on the day uniting the people of Royston.

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.

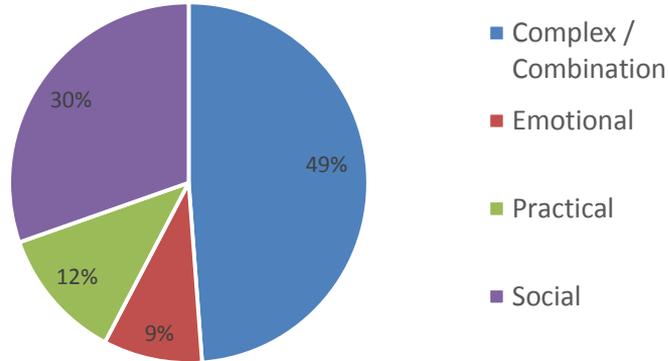
Mental health

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

- Higher than average prevalence of dementia (0.8%); second highest and lowest rate of dementia care plans that are reviewed annually in Barnsley
- Highest recorded prevalence of depression in Barnsley (13.65%)
- Second highest prevalence of long term mental health problems (1%) and learning disabilities (0.65%) behind Central area
- Second highest rate of hospital stays for self-harm
- Between 2016 and 2018 there were 88 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 6.12 referrals to social prescribing per 1,000 patients of practices in the North East which is similar to the average across Barnsley.

People in the North East most commonly have complex/combination of needs. The average contact time per referral is 2 hours which is the second 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: 2011 Census, ONS)

In the North East 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.

Elf Duties at Grimethorpe Community Farm



Grimethorpe Community Farm hosted a series of events during the festive period. One of the events was breakfast with Santa, providing vulnerable children and parents with the opportunity to meet Santa in the run up to Christmas. This is something that can be very expensive for low income families.

The overall aim of the project was to encourage community cohesion and engagement with the farm. Volunteers that run the farm ensure that local children and adults have the opportunity to learn about animals and care for them, protecting this community asset for future generations. The farm provides a safe community space for all, ensuring they are safe from harm. Participating in the activities provided can help local people to be happier, healthier and more active.

Volunteering to keep this facility open for all local people to enjoy builds a sense of community.

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

Four of the eight practices serving the North East population currently rated “good” by the Care Quality Commission (CQC), two are rated “requires improvement” and two “inadequate”.

According to the GP patient survey nearly three quarters of North East GP patients would recommend their practice to others which is the same as Barnsley overall, however this varies significantly between practices. Nearly 80% report that they have a good experience of making an appointment which is the highest in Barnsley.

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

Just 15% of patients registered for GPs serving the North East are enabled for online services which is lower than Barnsley overall (less than 18%).

Demand for secondary care

Outpatients

Increasing year on year overall. Largest increase in gynaecology and trauma and orthopaedics.

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	6195	6521	6765	19481	57.03%	Increasing
Male	4547	5021	5111	14679	42.97%	Increasing
%F	57.67%	56.50%	56.96%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	941	877	1136	2954	8.75%	Increasing
18-29	1124	1238	1134	3496	10.36%	No change
30-49	2135	2233	2312	6680	19.79%	Increasing
50-64	2555	2912	2887	8354	24.75%	Increasing
65-74	1978	2062	2061	6101	18.08%	No change
75-84	1408	1582	1697	4687	13.89%	Increasing
85+	357	589	529	1475	4.37%	Increasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
Ophthalmology	1744	2049	1945	5738	17.50%	Increasing
ENT	1743	1661	1622	5026	15.33%	Decreasing
Gynaecology	960	1079	1349	3388	10.33%	Increasing
Trauma & Orthopaedics	584	671	1202	2457	7.49%	Increasing
Respiratory Medicine	616	779	764	2159	6.59%	Increasing
Dermatology	609	774	764	2147	6.55%	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	5145	7277	8258	20680	52.16%	Increasing
Male	2702	6560	7573	16835	47.84%	Increasing
%F	65.57%	52.59%	52.16%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	2700	3450	4082	10232	9.97%	Increasing
18-29	2010	2513	2763	7286	17.79%	Increasing
30-49	2477	3172	3612	9261	22.62%	Increasing
50-64	1743	1960	2489	6192	15.12%	Increasing
65-74	980	1179	1034	3193	7.80%	Increasing
75-84	896	1000	1079	2975	7.27%	Increasing
85+	556	586	666	1808	4.42%	Increasing

Demand for secondary care

Electives

Decreasing year on year. 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	3433	3162	2975	9570	52.63%	Decreasing
Male	2960	2870	2784	8614	47.37%	Decreasing
%F	53.70%	52.42%	51.66%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	310	297	288	895	4.95%	Decreasing
18-29	437	434	376	1247	6.90%	Decreasing
30-49	1275	1151	1167	3593	19.87%	Decreasing
50-64	1850	1758	1578	5186	28.69%	Decreasing
65-74	1469	1364	1375	4208	23.28%	Decreasing
75-84	798	788	755	2341	12.95%	Decreasing
85+	226	200	157	583	3.22%	Decreasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
Gastroenterology	1125	1196	1417	3738	22.02%	Increasing
Trauma & Orthopaedics	733	718	513	1964	11.57%	Decreasing
Ophthalmology	693	481	453	1627	9.58%	Decreasing
Clinical Oncology	417	429	459	1305	7.69%	Increasing
General Surgery	521	413	203	1137	6.70%	Decreasing
Clinical Haematology	352	340	422	1114	6.56%	Increasing

Non-electives

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

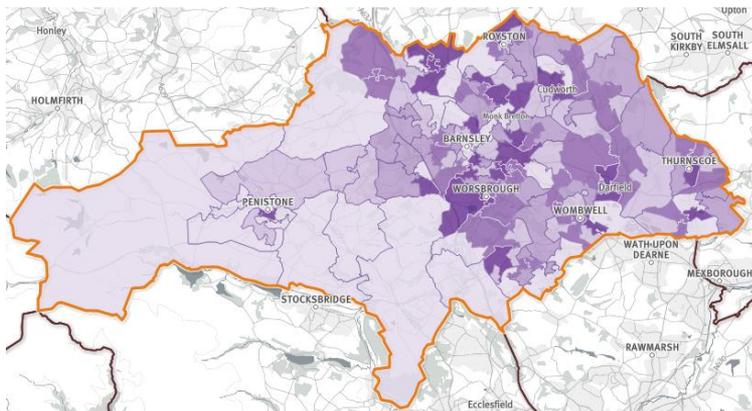
Sex	2016/17	2017/18	2018/19	Grand Total	%	Trend
Female	3274	3595	3861	10730	60.46%	Increasing
Male	2154	2444	2525	7123	39.54%	Increasing
%F	60.32%	59.53%	60.46%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	1057	1068	1053	3178	17.89%	No change
18-29	937	1091	1103	3131	17.63%	Increasing
30-49	978	1104	1222	3304	18.60%	Increasing
50-64	823	861	958	2642	14.87%	Increasing
65-74	620	663	696	1979	11.14%	Increasing
75-84	618	709	773	2100	11.82%	Increasing
85+	376	463	479	1318	7.42%	Increasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
General Medicine	1511	1833	1886	5230	31.18%	Increasing
Obstetrics	696	888	907	2491	14.85%	Increasing
General Surgery	500	585	613	1698	10.12%	Increasing
Accident & Emergency	439	561	656	1656	9.87%	Increasing
Paediatrics	514	496	490	1500	8.94%	No change

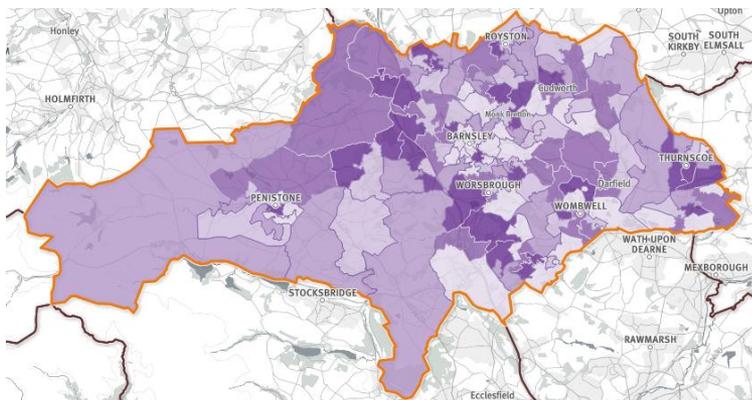
Time spent in hospital

Non-
Electives



Residents of the North East more likely to have an unplanned admission to hospital than the average for Barnsley overall but less likely to have an elective hospital stay.

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 the North East 9.4% of people report that they live in bad or very bad health which is higher than the Barnsley average. 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 North East (25.6%) report that it limits their day to day activity compared to Barnsley overall (23.9%).

5.6% of people living in the North East provide more than 20 or more unpaid care hours per week which is slightly higher than Barnsley overall at 5.1%. There were 0.4% more people providing more than 50hrs unpaid care hours per week.

(Source: 2011 Census, ONS)

Long term conditions (i)

Chronic Pulmonary Obstructive Disorder (COPD)

The rate of COPD in North East is slightly higher than Barnsley overall.

Nearly 86% of COPD patients have an annual review which is less than the overall for Barnsley. Annual reviews are recommended clinical practice

Patients are the least likely in Barnsley to have their diagnosis confirmed with spirometry.

Diabetes

The North East has the second highest recorded prevalence of diabetes in Barnsley (8.19%).

Around 80% of people with diabetes have their blood pressure under control and cholesterol under control which is similar to Barnsley overall.

However, diabetic patients in the North East are least likely in Barnsley to have eight care processes and meet all three treatment targets.

Long term conditions (ii)

Hypertension

- 59.68% observed prevalence compared to expected
- 61.1% of newly diagnosed patients treated with statins
- 80.66% people diagnosed whose BP is controlled

There are 2,980 North East residents that are at risk of a heart attack or stroke who are not aware they have high blood pressure and 882 who are diagnosed but who are not getting the right treatment to minimise the risk.

Long term conditions (iii)

Cancer

There is recorded prevalence of cancer in the North East is 2.4%, the second lowest in Barnsley. However, the under 65yrs standardised mortality rate for all cancers is higher than Barnsley overall and England.

39.6% of new cancer cases treated resulted from a two week referral which is below the national average 51% and second lowest in Barnsley.

- Bowel screening rate is 55.87 the lowest in Barnsley (An uptake of 52% is deemed acceptable and 60% is considered achievable)
- Cervical screening rate is 76.6% (NHSE Cervical Cancer Screening programme uptake target 80%)
- Breast screening rate is 55.56% the second lowest 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.

Royston Pavilion – Volunteer it Yourself (VIY)



VIY worked alongside local volunteers and businesses to renovate and modernise a community facility, Royston Pavilion and Band Stand in Royston Park.

The aim of this project was to modernise a community building and develop it into a multi-use space for the whole community to access and utilise. The old layout of the building wasn't very user friendly resulting in the building only being used by a local sports club. The building needs modernising to generate a multi-purpose space to better meet the needs of the community and ensure it's used more frequently.

Volunteers working alongside VIY mentors have learnt new trade skills, with a number of young volunteers gaining an accredited award in painting and decorating which will assist them in seeking employment in the future. Partnership working with schools ensuring young people had the opportunity to participate in this project and learn new practical skills. People have volunteered in a local project taking pride in their surroundings.

The development of this site will ensure this community space can be multi use and attract more members of the community to use it.