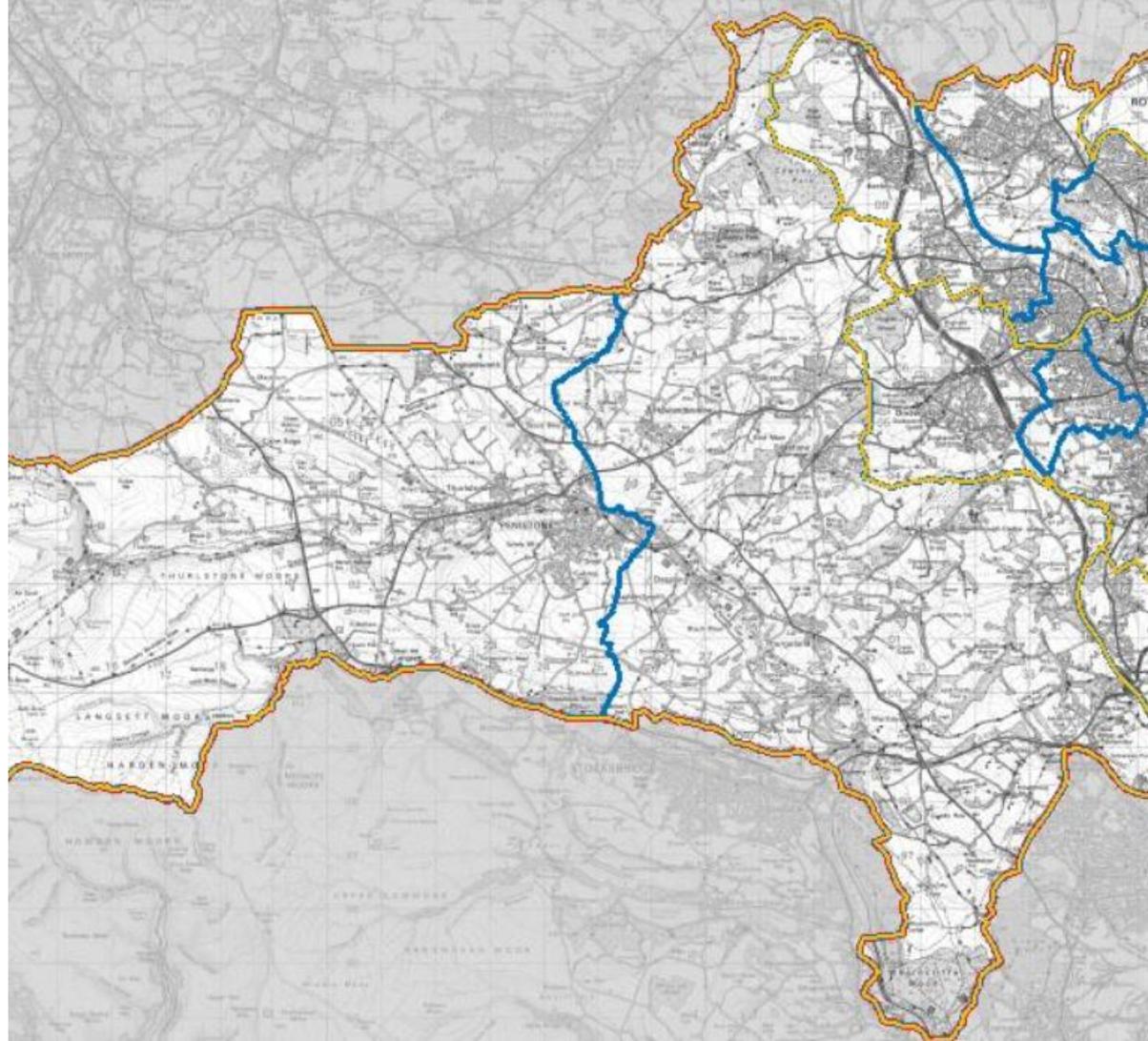


Telling the story of Penistone Integrated care in Barnsley



About Penistone

The Penistone area has a population of 24,631 (10.1% of borough total), and covers the two electoral wards of Penistone East and Penistone West.

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

The Penistone Area Council is made up of six councillors (from the two wards mentioned above) and the Service Director for Economic Regeneration.

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

Penistone 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

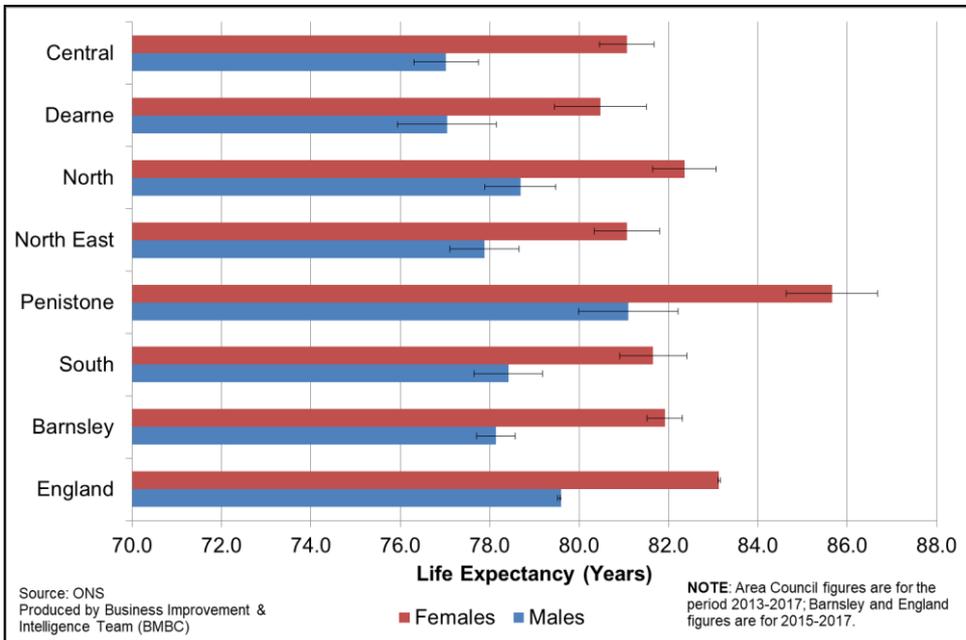
A. Overarching

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



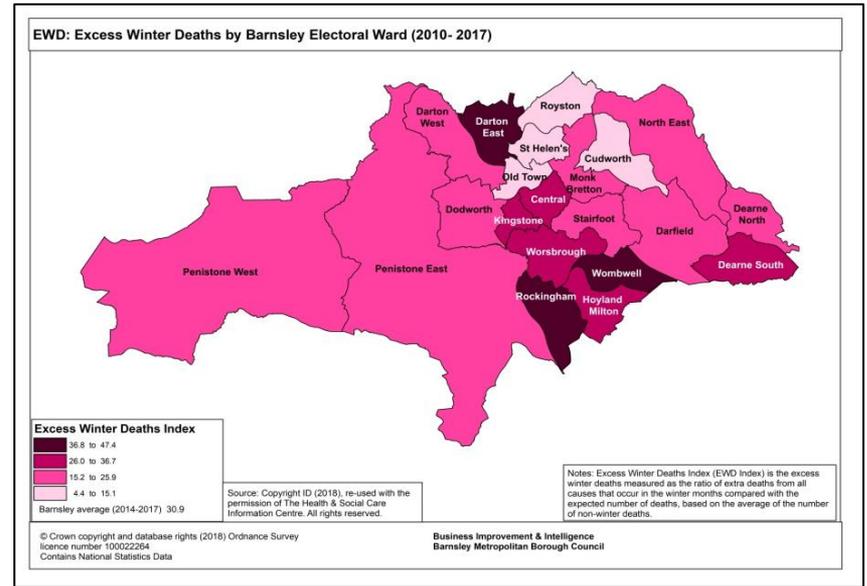
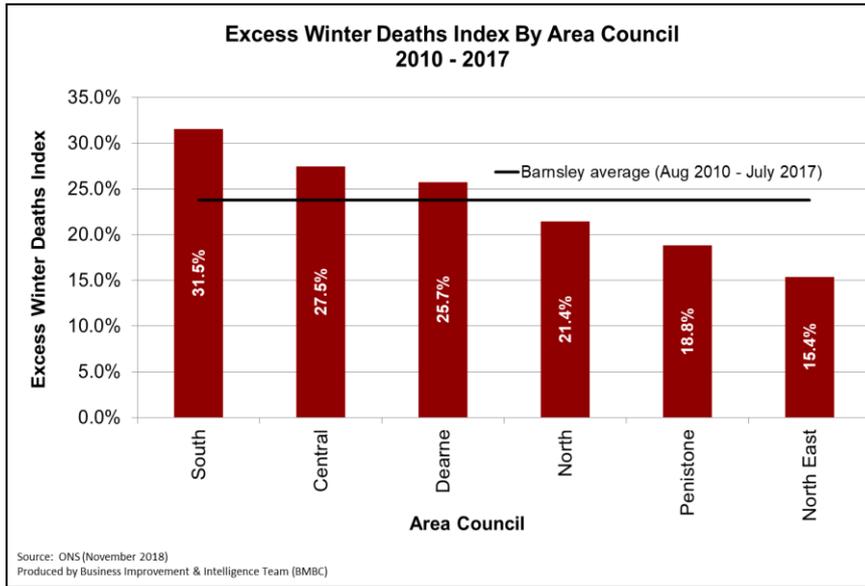
Life expectancy at birth for males and females in Penistone is significantly higher than in both Barnsley and England overall.

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 124 deaths from causes considered preventable per 100,000 population in Penistone, 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; Penistone 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:

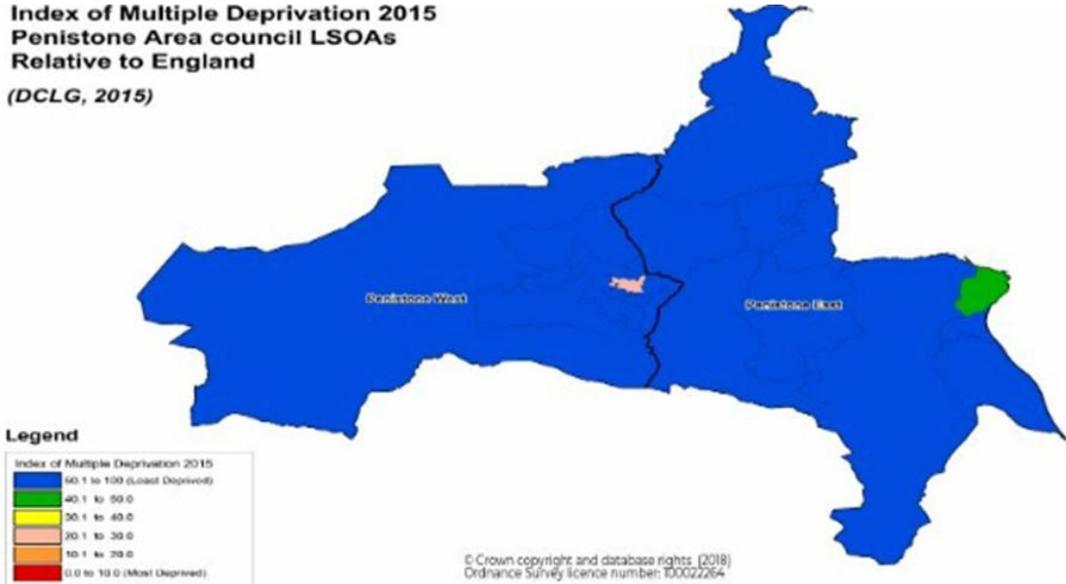


But the picture isn't the same for everyone.

Demographics

Index of Multiple Deprivation 2015 Penistone Area council LSOAs Relative to England

(DCLG, 2015)



Age Profile and % of Total Population



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

5.5% of primary school children are eligible for and claiming a free school meal which is well below the national rate (13.7%).(Source: DfE, Jan2018)

Nearly a quarter of homes in the Penistone 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

Penistone has the lowest rates in Barnsley for adult smokers (14%) and the proportion of mothers who are smokers at the time of delivery (4.1%)

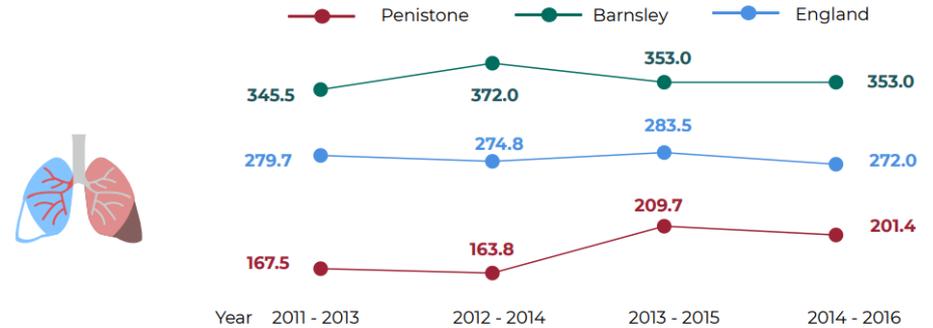
Smoking is one of the biggest causes of death and illness in the UK. It increases the risk of developing more than 50 serious health conditions. For example, smoking causes around 7 out of every 10 cases of lung cancers (70%) as well as cancers in many other parts of the body.

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.

Penistone has the lowest rate within Barnsley for smoking related deaths. The rate has been reducing; around 29 residents of the Penistone 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.

In the Penistone Area 11.6% of adults are obese which is the lowest in Barnsley but still higher than the England average. 25.8% of adults are reported to eat healthily which is the highest in Barnsley.

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 lower in the Penistone area than in Barnsley overall.



Children and young people

Penistone has the lowest rate of non-attendance for childhood immunisations.

More than three quarters of women (76.5%) in the Penistone area initiate breastfeeding; the highest rate within Barnsley and higher than the Barnsley and England rates of 55.6% and 74.5% respectively.

The proportion of 4-5 year olds in Penistone who are overweight or obese (18.7%) is 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, Penistone has the lowest rate within Barnsley (27.1%), and lower 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%

Penistone Parkrun



Parkrun is a national project which provides free, volunteer-run, 5k runs every Saturday morning. The model relies on community investment interims of fundraising and volunteer time. The idea for Penistone Parkrun has been around for a few years and at the end of 2018 became a reality thanks to a volunteer team and funding from the Penistone Ward Alliance.

Penistone Parkrun's aims were to create a sustainable, healthy event which could attract more people to Penistone.

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.

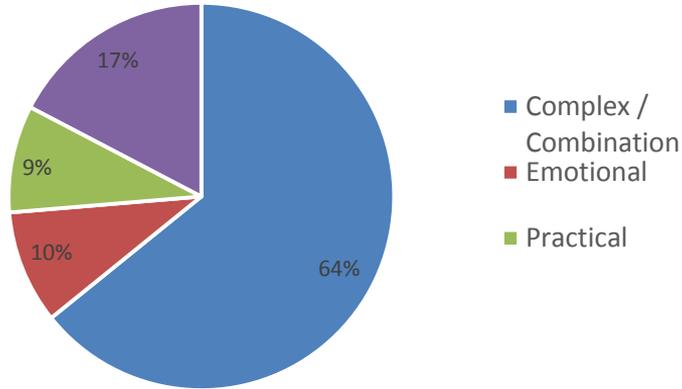
Mental health and learning disabilities

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

- Below average recorded prevalence of dementia (0.72%); second lowest area in Barnsley and highest rate of dementia care plans that are reviewed annually
- Lowest recorded prevalence of depression in adults in Barnsley(10.18%)
- Lowest recorded prevalence of learning disabilities in Barnsley
- Lowest rate of hospital stays for self-harm
- Below average reported long term mental health problem (0.65%); second lowest in Barnsley
- Between 2016 and 2018 there were 59 referrals to iAPT per 1,000 population which is the second lowest 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 3.42 referrals to social prescribing per 1,000 patients of practices in the Penistone which is below average across Barnsley.

People in Penistone most commonly have complex/combination of needs. However, on average contact time per person is similar to the Barnsley overall.

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

Penistone Arts Week

Penistone Arts Week came together as a constituted group with the support of the Penistone Area Team in late 2017. The aim is to bring local people together and attract visitors to the fantastic places within the Penistone area.

Penistone Arts Week is completely volunteer-organised and delivered. They run on a model of empowering venues and groups to deliver one-off activities during the week and taking ownership of their own arrangements (promotion, ticket price, event management, etc.). This makes Penistone Arts Week much more sustainable than many arts festivals which rely on large external grant funding.

“This year's Penistone Arts Week has quite frankly been a tremendous success, far exceeding my personal expectations.”



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 Penistone are currently rated “good” by the Care Quality Commission (CQC) with the other rated “inadequate”.

According to the GP patient survey patients of GP practices in the Penistone are the most likely in Barnsley to recommend their practice to others. Patients also have a good experience of making an appointment (second highest rating in Barnsley).

Practices serving residents of Penistone achieve lower QOF scores than the average for Barnsley.

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

More than 25% of patients registered for GPs serving the Penistone are enabled for online services which is significantly higher than Barnsley overall (less than 18%).

Demand for secondary care

Outpatients

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

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	9232	9727	10338	29297	59.87%	Increasing
Male	4962	7102	7575	19639	40.13%	Increasing
%F	65.04%	57.80%	57.71%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	1214	1230	1514	3958	7.86%	Increasing
18-29	1287	1207	1386	3880	7.70%	No change
30-49	3057	2978	3016	9051	17.97%	No change
50-64	3608	3902	4163	11673	23.17%	Increasing
65-74	3091	3360	3435	9886	19.62%	Increasing
75-84	2378	2729	3047	8154	16.19%	Increasing
85+	1104	1331	1305	3740	7.42%	No change

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
Ophthalmology	2746	3414	3344	9504	19.11%	Increasing
ENT	2333	2302	2215	6850	13.77%	Decreasing
Gynaecology	1395	1519	1812	4726	9.50%	Increasing
Dermatology	918	931	1295	3144	6.32%	Increasing
Trauma & Orthopaedics	714	718	1573	3005	6.04%	Increasing
Cardiology	677	1020	1292	2989	6.01%	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	8230	7691	9786	25707	51.07%	Increasing
Male	5730	6503	9375	21608	48.93%	Increasing
%F	58.95%	54.18%	51.07%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	3511	3734	4472	11717	8.46%	Increasing
18-29	2717	2459	2704	7880	14.90%	No change
30-49	3718	3720	3974	11412	21.58%	Increasing
50-64	2459	2692	3008	8159	15.43%	Increasing
65-74	1552	1668	1887	5107	9.66%	Increasing
75-84	1457	1684	1843	4984	9.43%	Increasing
85+	1111	1231	1274	3616	6.84%	Increasing

Demand for secondary care

Electives

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

Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	5096	4820	4640	14556	56.74%	Decreasing
Male	2948	4063	4086	11097	43.26%	No change
%F	63.35%	54.26%	53.17%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	270	245	239	754	3.74%	Decreasing
18-29	326	345	283	954	4.74%	Decreasing
30-49	1262	1216	1056	3534	17.55%	Decreasing
50-64	1818	2025	1940	5783	28.72%	Increasing
65-74	1578	1496	1618	4692	23.30%	Increasing
75-84	1171	1105	1068	3344	16.61%	Decreasing
85+	418	280	315	1013	5.03%	Decreasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
Gastroenterology	1332	1616	2182	5130	19.84%	Increasing
Trauma & Orthopaedics	1046	980	805	2831	10.95%	Decreasing
Ophthalmology	1073	688	787	2548	9.85%	Decreasing
Clinical Haematology	656	753	769	2178	8.42%	Increasing
General Surgery	848	651	342	1841	7.12%	Decreasing
Clinical Oncology	571	615	522	1708	6.60%	No change
Dermatology	575	462	500	1537	5.94%	No change
Urology	371	459	502	1332	5.15%	Increasing

Non-electives

Increasing year on year overall. Largest users are females. Largest increases in obstetrics.

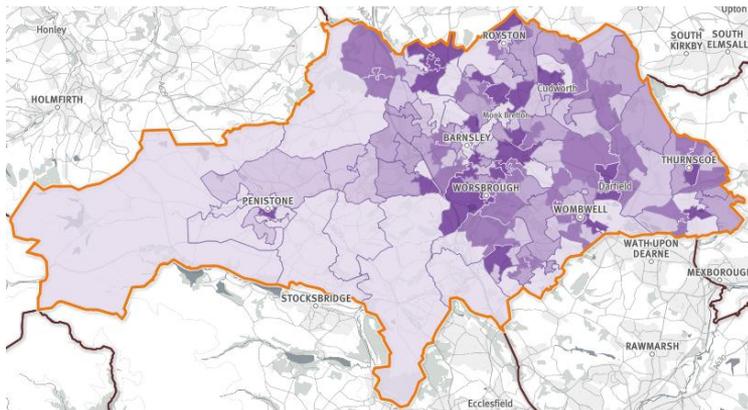
Sex	2016/17	2017/18	2018/19	Total	%	Trend
Female	3757	4311	4449	12517	58.97%	Increasing
Male	2641	3041	3095	8777	41.03%	Increasing
%F	58.72%	58.64%	58.97%			

Age	2016/17	2017/18	2018/19	Total	%	Trend
0-17	1100	1181	1152	3433	16.13%	No change
18-29	899	932	925	2756	12.95%	No change
30-49	1317	1375	1431	4123	19.38%	Increasing
50-64	819	921	1023	2763	12.98%	Increasing
65-74	689	887	926	2502	11.76%	Increasing
75-84	829	1073	1122	3024	14.21%	Increasing
85+	713	898	869	2480	11.65%	Increasing

Specialty	2016/17	2017/18	2018/19	Total	%	Trend
General Medicine	1796	2408	2241	6445	31.71%	Increasing
Obstetrics	803	892	945	2640	12.99%	Increasing
General Surgery	674	664	762	2100	10.33%	Increasing
Accident & Emergency	517	708	768	1993	9.81%	Increasing
Paediatrics	501	547	534	1582	7.78%	No change
Trauma & Orthopaedics	294	337	377	1008	4.96%	Increasing

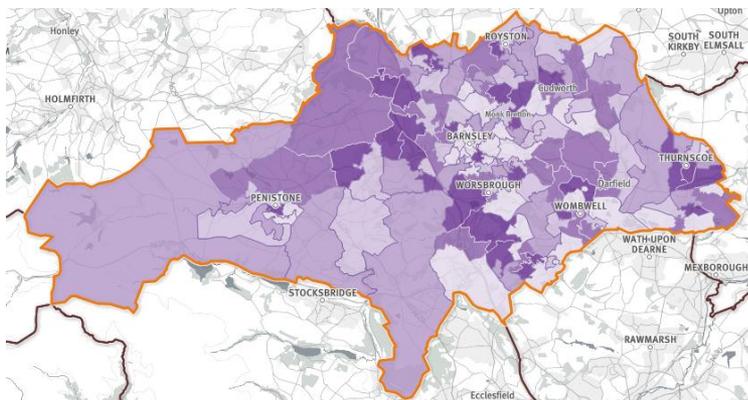
Time spent in hospital

Non-
Electives



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

Electives



The rate of electives is similar to Barnsley overall.

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.

8% of Penistone residents want to die in a hospice which is four times the rate in the Dearne. Improving choices for people who want to die at home is a priority..

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 Penistone 5.0% of people report that they live in bad or very bad health which is lower than the Barnsley average. Almost 1 in 5 of residents live with long term illness or disability which is lower than other parts of Barnsley and the same as England overall.

A lower proportion of people with a long-term health problem or disability in Penistone (17.6%) report that it limits their day to day activity compared to Barnsley overall (23.9%).

3.7% of people living in Penistone provide more than 20 or more unpaid care hours per week which is lower than Barnsley overall at 5.1%. There were 2.4% providing more than 50hrs unpaid care hours per week the same as England overall.

(Source: 2011 Census, ONS)

Long term conditions (i)

Respiratory illness

Penistone has the lowest incidence of chronic pulmonary obstructive disorder (COPD) in Barnsley but it is still slightly higher than the England overall rate. Penistone has the highest rate of annual reviews by a GP of people with COPD but second lowest for asthma which are recognised good practice for improving outcomes for patients with long term conditions.

Diabetes

Penistone has the lowest prevalence of diabetes in Barnsley. People with diabetes are most likely to have met all three treatment targets in Penistone. Around 90% of people with diabetes have their blood pressure under control but less than 70% have cholesterol controlled which is similar to Barnsley overall.

Long term conditions (ii)

Hypertension

- 58.7% observed prevalence compared to expected (lowest in Barnsley)
- 39.5% of newly diagnosed patients treated with statins
- 80.71% people diagnosed whose BP is controlled

There are 5,710 Penistone residents are at risk of a heart attack or stroke who are not aware they have high blood pressure and more than 1600 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 Penistone is 2.69%. Under 75yrs mortality for all cancers is lower than the England average.

43% of new cancer cases treated resulted from a two week referral (national average 51%)

- Bowel screening uptake is 63.3% (An uptake of 52% is deemed acceptable and 60% is considered achievable)
- Cervical screening uptake is 79.8% (NHSE Cervical Cancer Screening programme uptake target 80%)
- Breast screening uptake is 81.8% (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.

Wortley Community Hub

St Leonard's Church in Wortley has ambitious plans to become a community hub for the village. Volunteers from the PCC and local groups have been working hard to develop plans and deliver changes to the building and churchyard. Wortley doesn't have a school, library, community centre or village hall, so options for local groups to meet and develop has been a problem for the village. The project is a great example of local people highlighting a local problem and developing practical and realistic solutions.

The project provided a new opportunity for Twiggs - Penistone Clean and Tidy Team to work with volunteers in Wortley. The next stages are continued physical work inside and outside the church alongside the development of new groups to use the facilities. These include groups for art, local history and a coffee morning.

