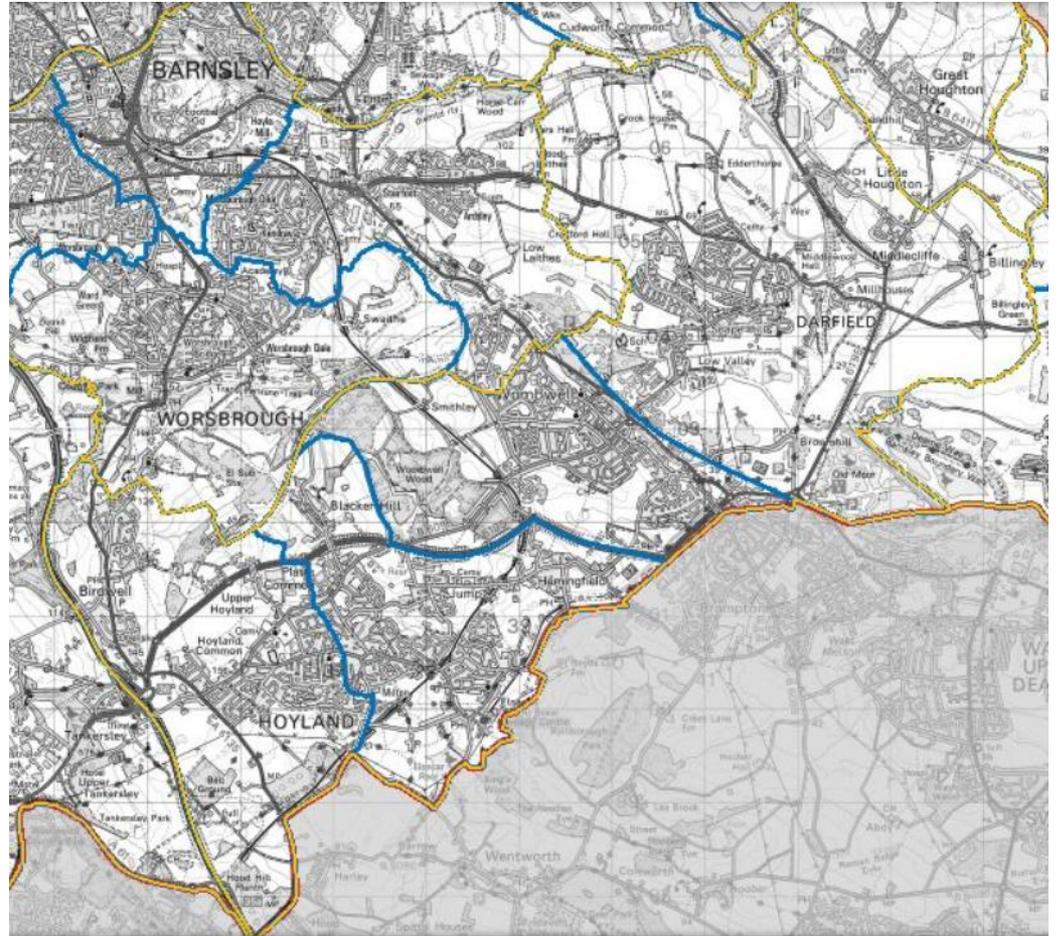


Telling the story of the South Integrated care in Barnsley



About the South

The South area has a population of 47,066 (19.3% of borough total), and covers the four electoral wards of Wombwell, Darfield, Hoyland Milton and Rockingham.

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

The South Area Council is made up of twelve councillors (from the four wards mentioned above) and the Head of Public Health.

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

South 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

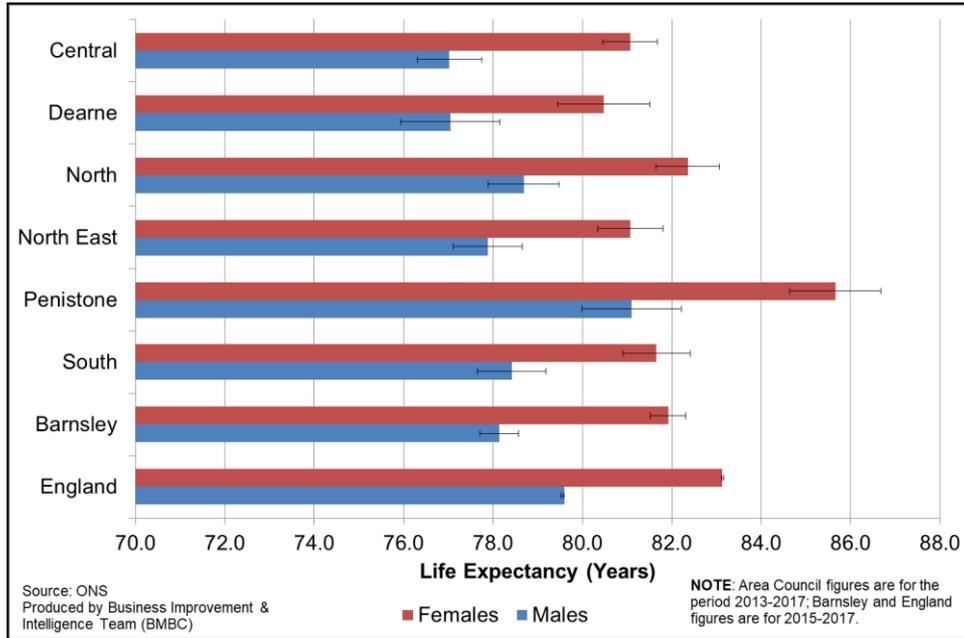
A. Overarching

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



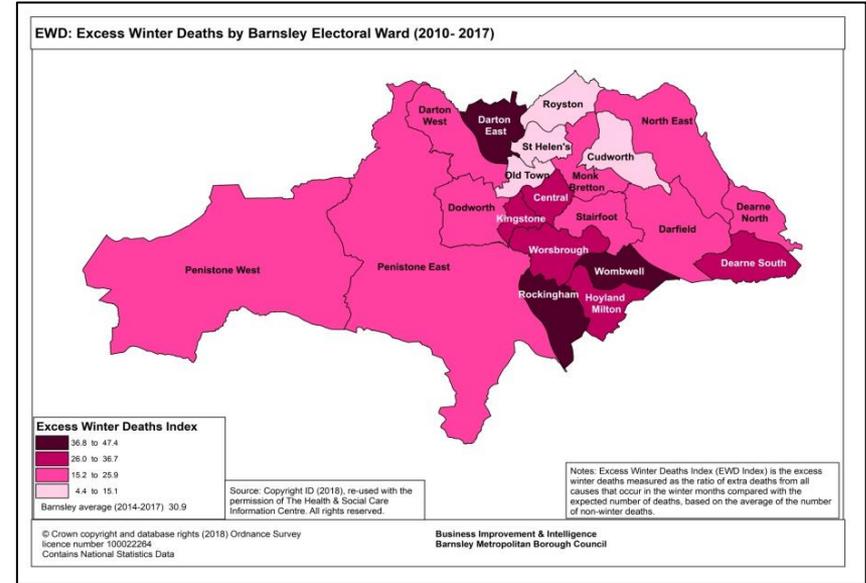
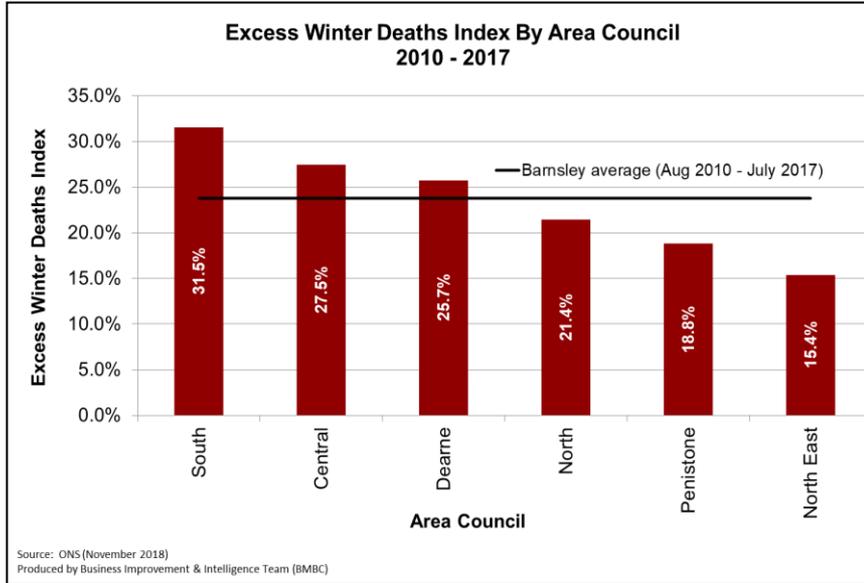
Life expectancy at birth for males in the South area is slightly higher than in Barnsley overall; for females it is slightly lower. Compared to England as a whole, it is significantly lower for both males and females.

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 219 deaths from causes considered preventable per 100,000 population in the South area, compared to 181 in England overall.

Excess winter deaths (EWD)



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

B. Lifestyle and wider determinants

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

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

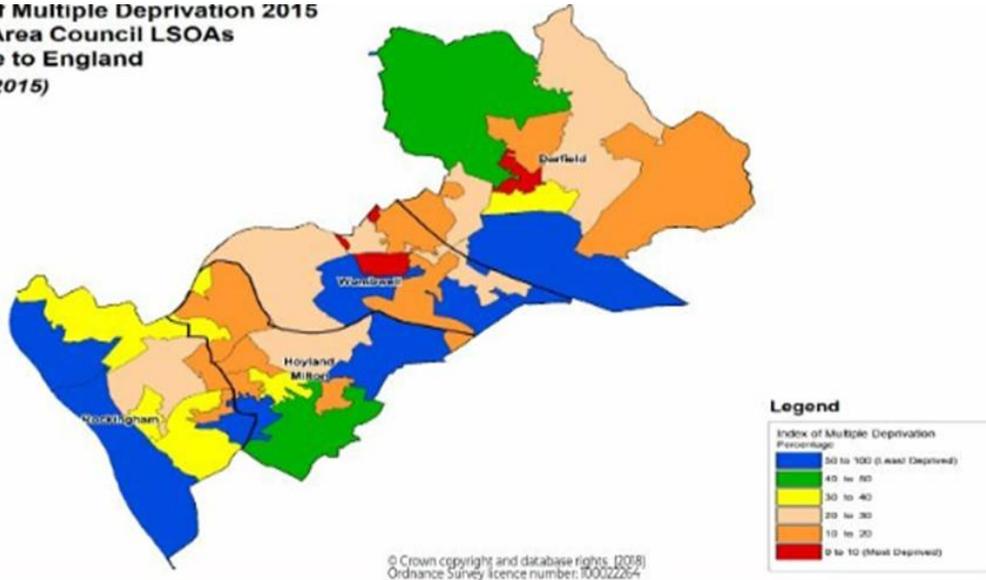
We need to look at the bigger picture:



But the picture isn't the same for everyone.

Demographics

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



Age Profile and % of Total Population



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

17.5% of primary school children are eligible for and claiming a free school meal which is above the national rate (13.7%). (Source: DfE, Jan 2018)

62% of homes in the South 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

Just over two in five adults in adults (23.2%) in the South area are smokers, and 17.1% of mothers are smokers at the time of delivery.

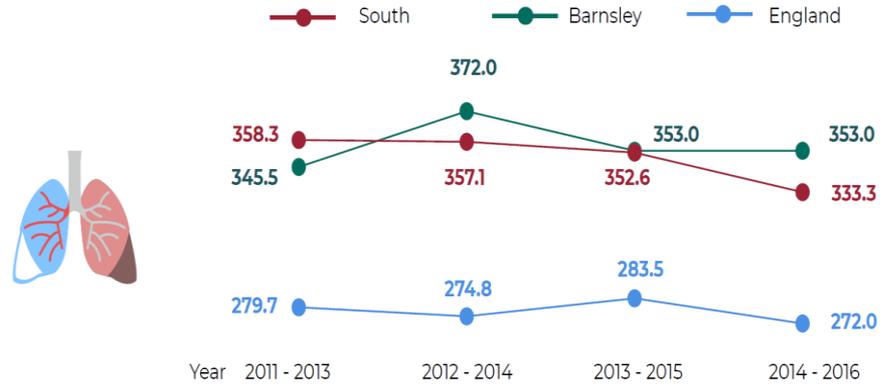
Smoking is one of the biggest causes of death and illness in the UK. It increases the risk of developing more than 50 serious health conditions. For example, smoking causes around 7 out of every 10 cases of lung cancers (70%) as well as cancers in many other parts of the body.

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 South area has been reducing. However, still each year around 89 residents of the South 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.

More than 16% of adults registered with GP practices in the South area are obese.

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 higher in the South area than in Barnsley overall.



Children and young people

There are high non-attendances for vaccinations (Diphtheria, Tetanus, Pertussis and Polio (DTP) joint highest and measles, mumps and rubella (MMR) 2 vaccination at 5 years second highest in Barnsley) particularly in the Hoyland Milton ward.

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

One out of five 4-5 year olds (20.3%) in the South 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 rate in the South area (32.4%) is higher than the Barnsley and England rates of 32.1% and 34.3% respectively.)

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

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

Jump environmental group



Jump Environmental Group is a small group of volunteers supported by the South Area Team and a local elected member. The group have taken part in regular litter picks and some small projects. In order to showcase their work and recruit more volunteers they held a Christmas event called 'Carols round the Tree', and with the help of Community Equality Funding hired Barnsley Metropolitan Brass Band to play carols outside the Children's Centre in Jump Village. The project allowed the group to speak to residents they may not have otherwise engaged with.

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.

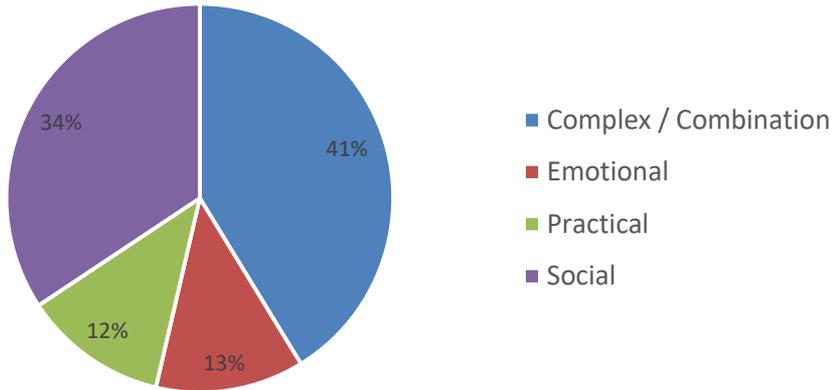
Mental health

Information available for patients registered to GP practices serving the South 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
- 0.7% prevalence of long term mental health conditions which is less than Barnsley overall
- Above average prevalence of depression in adults (12.3%); second highest in Barnsley
- Second lowest rate of hospital stays for self-harm (behind Penistone)
- Between 2016 and 2018 there were 68 referrals to iAPT per 1,000 population which below the 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.

The South area has referred the highest number of people to My Best Life over the last 18 months. The rate of referral has been 6.25 referrals per 1,000 population.

People in the South most commonly have complex/combination of needs. However, on average the contact time per patient is lower than 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 South area there is a slightly higher rate of older people living alone than in England overall and than in other parts of Barnsley.

Wombwell Woods Clean Ups

Wombwell Community Angling Club, made up of local people who had a keen interest in angling, wanted to restore and protect the wildlife and fish at Wombwell Dam and promote the sport at all levels.

The project provides the opportunity for people to get out and about and enjoy this local beauty spot. Over the past few months there have been an increased number of visitors to the site who have remarked how improved the area is now. A regular presence in the area has reduced the incidents of anti-social behaviour.

Comments from a dog walker: "I had stopped going round the ponds because it had become such a disgrace. The ponds are now looking fantastic I really enjoy walking round them now. The guys (volunteers) are doing a marvellous job!"



E. High quality coordinated care

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

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

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

General Practice

All of the GP practices serving the population of South Barnsley are rated “good” by the Care Quality Commission.

According to the GP patient (73.6%) however this varies significantly between practices. Patients of practices in South Barnsley have a poor experience of booking GP appointments compared with the rest of Barnsley. Practices in South Barnsley achieve the highest Quality Outcomes Framework (QOF) scores.

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

16% of patients registered for GPs in South Barnsley are enabled for online services which is less than Barnsley overall (less than 18%).

Demand for secondary care

Outpatients

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

| Sex | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|--------|---------|---------|---------|-------|--------|------------|
| Female | 7935 | 8469 | 8818 | 25222 | 56.38% | Increasing |
| Male | 5642 | 6244 | 6821 | 18707 | 43.62% | Increasing |
| %F | 58.44% | 57.56% | 56.38% | | | |

| Age | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|-------|---------|---------|---------|-------|--------|------------|
| 0-17 | 958 | 957 | 1182 | 3097 | 7.58% | Increasing |
| 18-29 | 1388 | 1300 | 1404 | 4092 | 9.00% | No change |
| 30-49 | 2835 | 2954 | 3180 | 8969 | 20.40% | Increasing |
| 50-64 | 3219 | 3466 | 3634 | 10319 | 23.31% | Increasing |
| 65-74 | 2642 | 2962 | 2948 | 8552 | 18.91% | No change |
| 75-84 | 1804 | 2129 | 2240 | 6173 | 14.37% | Increasing |
| 85+ | 725 | 937 | 1004 | 2666 | 6.44% | Increasing |

| Specialty | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|-----------------------|---------|---------|---------|-------|--------|------------|
| Ophthalmology | 2015 | 2577 | 2547 | 7139 | 16.46% | No change |
| ENT | 1933 | 2028 | 1877 | 5838 | 13.46% | Decreasing |
| Gynaecology | 1254 | 1213 | 1567 | 4034 | 9.30% | Increasing |
| Respiratory Medicine | 743 | 891 | 938 | 2572 | 5.93% | Increasing |
| Trauma & Orthopaedics | 623 | 685 | 1226 | 2534 | 5.84% | Increasing |
| Cardiology | 538 | 850 | 1141 | 2529 | 5.83% | Increasing |

Emergency department

Increasing year on year overall. Largest increases in males and working age adults.

| Sex | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|--------|---------|---------|---------|-------|--------|------------|
| Female | 3844 | 7473 | 8229 | 19546 | 49.96% | Increasing |
| Male | 7303 | 5483 | 8241 | 21027 | 50.04% | Increasing |
| %F | 34.48% | 57.68% | 49.96% | | | |

| Age | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|-------|---------|---------|---------|-------|--------|------------|
| 0-17 | 3248 | 3140 | 3806 | 10194 | 8.31% | Increasing |
| 18-29 | 2558 | 2560 | 2668 | 7786 | 17.01% | No change |
| 30-49 | 3231 | 3255 | 3600 | 10086 | 22.03% | Increasing |
| 50-64 | 2066 | 2322 | 2585 | 6973 | 15.23% | Increasing |
| 65-74 | 1329 | 1360 | 1499 | 4188 | 9.15% | Increasing |
| 75-84 | 1301 | 1292 | 1406 | 3999 | 8.73% | No change |
| 85+ | 798 | 852 | 908 | 2558 | 5.59% | Increasing |

South area residents are most likely to travel outside of Barnsley for secondary care (Sheffield Teaching Hospitals).

Demand for secondary care

Electives

Decreasing year on year overall. Largest users are females and those aged 50 to 74yrs. Largest increases in gastroenterology.

| Sex | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|--------|---------|---------|---------|-------|--------|------------|
| Female | 4410 | 3907 | 4048 | 12365 | 53.97% | Increasing |
| Male | 3614 | 3560 | 3371 | 10545 | 46.03% | Decreasing |
| %F | 54.96% | 52.32% | 54.56% | | | |

| Age | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|-------|---------|---------|---------|-------|--------|------------|
| 0-17 | 347 | 293 | 283 | 923 | 4.03% | Decreasing |
| 18-29 | 550 | 495 | 483 | 1528 | 6.68% | Decreasing |
| 30-49 | 1542 | 1472 | 1410 | 4424 | 19.34% | Decreasing |
| 50-64 | 2213 | 2143 | 2039 | 6395 | 27.95% | Decreasing |
| 65-74 | 1725 | 1637 | 1744 | 5106 | 22.32% | Increasing |
| 75-84 | 1251 | 1070 | 1157 | 3478 | 15.20% | Increasing |
| 85+ | 383 | 280 | 269 | 932 | 4.07% | Decreasing |

| Specialty | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|-----------------------|---------|---------|---------|-------|--------|------------|
| Gastroenterology | 1248 | 1476 | 1748 | 4472 | 20.07% | Increasing |
| Trauma & Orthopaedics | 875 | 832 | 703 | 2410 | 10.82% | Decreasing |
| Ophthalmology | 857 | 503 | 683 | 2043 | 9.17% | Increasing |
| Clinical Haematology | 522 | 633 | 625 | 1780 | 7.99% | No change |
| Clinical Oncology | 581 | 543 | 517 | 1641 | 7.37% | Decreasing |
| General Surgery | 713 | 459 | 278 | 1450 | 6.51% | Decreasing |

Non-electives

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

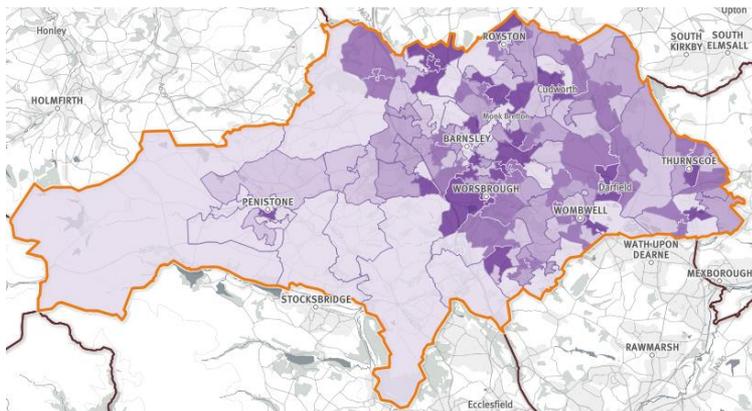
| Sex | 2016/17 | 2017/18 | 2018/19 | Grand Total | % | Trend |
|--------|---------|---------|---------|-------------|--------|------------|
| Female | 3750 | 4102 | 4235 | 12087 | 57.73% | Increasing |
| Male | 2621 | 2809 | 3101 | 8531 | 42.27% | Increasing |
| %F | 58.86% | 59.35% | 57.73% | | | |

| Age | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|-------|---------|---------|---------|-------|--------|------------|
| 0-17 | 779 | 758 | 762 | 2299 | 15.17% | No change |
| 18-29 | 890 | 812 | 893 | 2595 | 17.12% | No change |
| 30-49 | 893 | 971 | 1030 | 2894 | 19.09% | Increasing |
| 50-64 | 612 | 696 | 815 | 2123 | 14.01% | Increasing |
| 65-74 | 595 | 644 | 645 | 1884 | 12.43% | No change |
| 75-84 | 599 | 663 | 733 | 1995 | 13.16% | Increasing |
| 85+ | 369 | 442 | 472 | 1283 | 8.46% | Increasing |

| Specialty | 2016/17 | 2017/18 | 2018/19 | Total | % | Trend |
|-----------------------|---------|---------|---------|-------|--------|------------|
| General Medicine | 1899 | 2121 | 2217 | 6237 | 31.22% | Increasing |
| Obstetrics | 735 | 846 | 922 | 2503 | 12.53% | Increasing |
| General Surgery | 678 | 669 | 746 | 2093 | 10.48% | Increasing |
| Accident & Emergency | 467 | 633 | 655 | 1755 | 8.78% | Increasing |
| Paediatrics | 492 | 434 | 464 | 1390 | 6.96% | No change |
| Trauma & Orthopaedics | 264 | 296 | 283 | 843 | 4.22% | No change |

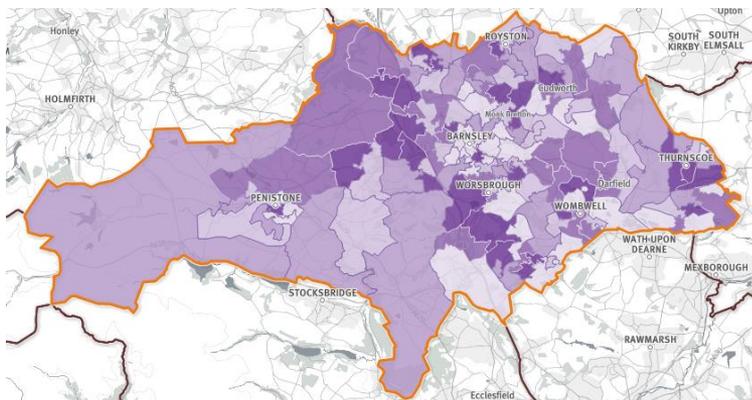
Time spent in hospital

Non-
Electives



Residents of the South area are more likely to have an unplanned admission to hospital than the average for Barnsley overall. South has the third highest secondary care spend per person in Barnsley.

Electives



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

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 South 8.3% of people report that they live in bad or very bad health which is almost the same as 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.

The proportion of people with a long-term health problem or disability in the South (23.7%) reporting that it limits their day to day activity is almost the same as Barnsley overall (23.9%).

5.3% of people living in the South provide more than 20 or more unpaid care hours per week which is similar to Barnsley overall at 5.1%. There were 0.2% more people providing more than 50hrs unpaid care hours per week.

(Source: 2011 Census, ONS)

Long term conditions (i)

Diabetes

The South has the highest prevalence of diabetes in Barnsley.

70% of patients with diabetes have their blood pressure and cholesterol controlled to the level recommended which is similar to Barnsley overall.

Patients newly diagnosed with diabetes are least likely in Barnsley to be referred to an education programme (around 60%).

Hypertension

- 59.9% observed prevalence compared to expected
- 65.85% of newly diagnosed patients treated with statins
- 80.18% people diagnosed whose BP is controlled

There are 4,560 South residents are at risk of a heart attack or stroke who are not aware they have high blood pressure and more than 100 people who are diagnosed but who are not getting the right treatment to minimise the risk.

Long term conditions (ii)

Cancer

South has the highest recorded prevalence of cancer in Barnsley although this is still relatively low at 2.8% however. The deaths from all cancer, under 75 years, standardised mortality ratio for South is 127.98 which is the second highest in Barnsley.

45.4% of new cancer cases treated resulted from a two week referral which is the highest rate in Barnsley but lower than the national average (51%)

- Bowel 58.4% (An uptake of 52% is deemed acceptable and 60% is considered achievable)
- Cervical 78.9% (NHSE Cervical Cancer Screening programme uptake target 80%)
- Breast 66.7% (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.

Darfield Slipper Swaps

The Darfield Slipper Swaps was a project to exchange old, unsafe slippers for new ones across the electoral ward, and provided advice and information from various service providers around keeping safe and well at home.

The project aimed to address slips, trips and falls at home which are known contributors towards A&E admissions. It also looked to address social isolation by encouraging people to stay and have a chat

Encouraging people to learn more about and attend local activities that are taking place, this project contributes towards people remaining happier, healthier and independent as well as encouraging them to be more active.

