BARNSLEY INTEGRATED CARE OUTCOMES FRAMEWORK

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

D. High quality coordinated care

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

C. Resilience and emotional wellbeing

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

E. Improving quality of life

- 10. People with long-term health and care needs and their carers have a good quality of life
 - 11. People can manage their own health and maintain independence
- 12. People have a positive experience of work and their community

A. Overarching

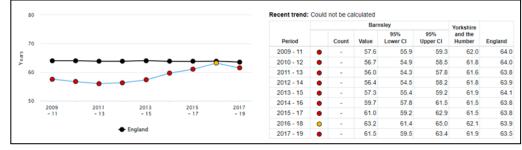
- 1. Improve population health and wellbeing
- 2. Reduce health inequalities by ensuring improvement is fastest for those with greatest needs

A1 healthy life expectancy

Rationale

This indicator is an extremely important summary measure of mortality and morbidity in itself. It complements the supporting indicators by showing the overall trends in a major population health measure, setting the context in which local authorities can assess the other indicators and identify the drivers of healthy life expectancy.

Trend - Females



Comparator – Yorkshire and the Humber (2017/19)

Area ▲▼	Recent Trend	Count ≜♥	Value ▼	95% Lower CI	95% Upper CI
England	-	-	63.5	63.3	63.7
Yorkshire and the Humber region	-	-	61.9	61.4	62.5
York	-	-	66.4	H 64.6	68.3
North Yorkshire	-		65.0	H 63.2	66.9
East Riding of Yorkshire	-	-	64.7	H 62.8	66.6
Calderdale	-	-	64.0	H 61.9	66.1
Leeds	-	-	63.9	H 62.2	65.7
Barnsley	-	-	61.5	⊢ 59.5	63.4
Kirklees	-		61.2	H 59.4	63.1
Bradford	-	-	61.1	HH 59.0	63.2
Sheffield	-	-	60.9	H → 58.8	63.1
North Lincolnshire	-		60.2	H 58.1	62.3
North East Lincolnshire	-	-	59.7	57.7	61.7
Kingston upon Hull	-		59.6	57.6	61.7
Rotherham	-	-	58.9	H 56.9	60.8
Wakefield	-	-	58.4	H 56.5	60.4
Doncaster	-		57.5	55.5	59.4

Comparator – CIPFA Nearest Neighbours (2017/19)

Area	Recent Trend	Neighbour Rank	Count ≜♥	Value ▲▼		95% wer CI	95% Upper CI
England	-			63.5		63.3	63.7
Neighbours average	-	-	-	-		-	-
Calderdale	-	6		64.0	H	61.9	66.1
Dudley	-	9		62.6	H	60.7	64.5
Telford and Wrekin	-	7		62.6	H	60.7	64.4
Wigan	-	5	-	62.0	H	60.0	64.0
Barnsley	-	-		61.5	H	59.5	63.4
Bury	-	15		61.4	H	59.4	63.3
Kirklees	-	10		61.2	H	59.4	63.1
Rochdale	-	13		59.4	H	57.6	61.3
Rotherham	-	1		58.9	H	56.9	60.8
Tameside	-	8		58.7	H	56.9	60.5
Walsall	-	12		58.7	H	56.7	60.6
Wakefield	-	3		58.4	H	56.5	60.4
St. Helens	-	4		58.4	H	56.4	60.4
Halton	-	11		57.5	-	55.5	59.4
Doncaster	-	2		57.5	H	55.5	59.4
Stockton-on-Tees	-	14		56.8	H	54.8	58.9

Definition

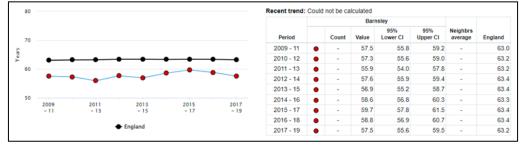
A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. Figures are calculated from deaths from all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three year period. From Office for National Statistics (ONS)

A1 healthy life expectancy

Rationale

This indicator is an extremely important summary measure of mortality and morbidity in itself. It complements the supporting indicators by showing the overall trends in a major population health measure, setting the context in which local authorities can assess the other indicators and identify the drivers of healthy life expectancy.

Trend - Males



Comparator – Yorkshire and the Humber (2017/2019)

Area ▲▼	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	63.2	1 63.0	63.4
Yorkshire and the Humber region	-		61.2	60.7	61.7
York	-	-	65.8	H 64.1	67.6
North Yorkshire	-	-	65.7	H 64.1	67.4
East Riding of Yorkshire	-		65.4	H 63.9	67.0
Sheffield	-	-	62.3	H 60.6	64.1
Kirklees	-		61.9	H 60.2	63.6
Calderdale	-	-	61.4	H 59.5	63.3
Bradford	-	-	60.8	H 59.0	62.6
Leeds	-	-	60.6	H 59.0	62.2
Doncaster	-		59.1	57.2	60.9
Wakefield	-	-	59.1	57.2	60.9
North Lincolnshire	-		58.4	⊢ 56.3	60.5
Rotherham	-	-	58.3	H 56.4	60.1
Barnsley	-	-	57.5	H 55.6	59.5
North East Lincolnshire	-	-	57.3	H 55.3	59.3
Kingston upon Hull	-		56.3	H 54.3	58.3

Comparator - CIPFA Nearest Neighbours (2017/2019)

Area	Recent Trend	Neighbour Rank	Count ▲▼	Value ▲▼	95% Lower 0	95% CI Upper CI
England	-			63.2		63.0
Neighbours average	-	-	-	-	-	-
Bury	-	15	-	63.6	H	65.4
Kirklees	-	10		61.9	H	63.0
Tameside	-	8		61.9	H	63.5
Dudley	-	9		61.6	H	59.7 63.4
Wigan	-	5	-	61.5	H	59.8 63.1
Calderdale	-	6	-	61.4	H :	59.5 63.3
Halton	-	11		59.1	⊢ + €	57.0 61.3
Doncaster	-	2		59.1		57.2 60.5
Wakefield	-	3		59.1		57.2 60.5
Rochdale	-	13	-	59.0	H :	57.2 60.8
St. Helens	-	4	-	58.3	HH 6	60.3
Rotherham	-	1		58.3	HH 8	56.4 60.
Telford and Wrekin	-	7		58.2	H :	56.3 60.
Walsall	-	12		57.9	H	56.1 59.3
Stockton-on-Tees	-	14	-	57.8	H	55.8 59.3
Barnsley	-	-	-	57.5	H :	55.6 59.8

Definition

A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. Figures are calculated from deaths from all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three year period. From Office for National Statistics (ONS)

A1 Excess winter deaths

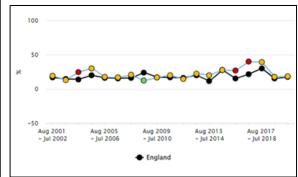
Rationale

Depends on a number of factors including temperature, level of disease and how well equipped people are to cope with the drop in temperature.

Research suggests that many more deaths could be preventable in England and Wales.

Excess Winter Deaths, Aug 2018 - Jul 2019

			Barns	ley		Yorkshire	England
Period		Count	Value	95% Lower CI	95% Upper CI	and the Humber	
Aug 2001 - Jul 2002	0	150	18.9%	9.6%	28.9%	17.6%	16.79
Aug 2002 - Jul 2003	0	100	13.4%	4.4%	23.2%	13.9%	14.79
Aug 2003 - Jul 2004	•	190	24.6%	15.0%	34.9%	16.8%	14.29
Aug 2004 - Jul 2005	0	220	30.2%	20.0%	41.3%	20.8%	20.09
Aug 2005 - Jul 2006	0	130	17.4%	8.1%	27.5%	13.4%	16.29
Aug 2006 - Jul 2007	0	130	16.6%	7.5%	26.5%	15.1%	15.69
Aug 2007 - Jul 2008	0	150	20.4%	10.8%	30.9%	15.8%	16.09
Aug 2008 - Jul 2009	0	90	12.2%	3.1%	22.2%	23.1%	24.0
Aug 2009 - Jul 2010	0	120	16.8%	7.4%	27.1%	15.5%	17.2
Aug 2010 - Jul 2011	0	140	20.0%	10.2%	30.6%	16.8%	17.0
Aug 2011 - Jul 2012	0	100	14.3%	4.7%	24.7%	15.6%	16.1
Aug 2012 - Jul 2013	0	160	22.3%	12.5%	33.0%	19.8%	20.1
Aug 2013 - Jul 2014	0	140	20.3%	10.4%	31.1%	12.2%	11.6
Aug 2014 - Jul 2015	0	200	27.6%	17.6%	38.5%	25.8%	27.7
Aug 2015 - Jul 2016	•	200	26.7%	16.7%	37.6%	16.1%	15.19
Aug 2016 - Jul 2017	•	290	39.7%	28.9%	51.5%	24.9%	21.6
Aug 2017 - Jul 2018	0	300	39.4%	28.8%	50.9%	31.1%	30.1
Aug 2018 - Jul 2019	0	140	17.7%	8.4%	27.7%	17.8%	15.19
Aug 2019 - Jul 2020	0	150	18.3%	9.2%	28.2%	16.6%	17.49



Comparator – Yorkshire and the Humber

Area ▲▼	Recent Trend	Count △▼	Value △ ▼		95% Lower CI	95% Upper CI
England	-	27,330	17.4		16.7	18.1
Yorkshire and the Humber region	-	2,740	16.6	H	14.6	18.7
Richmondshire	-	60	40.7		18.0	67.8
Doncaster	-	250	25.4	<u> </u>	16.8	34.7
North Lincolnshire	-	130	25.2	-	13.6	38.1
East Riding of Yorkshire	-	270	21.6	-	14.1	29.6
Scarborough	-	90	20.7		8.5	34.1
Rotherham	-	180	20.0	<u> </u>	11.3	29.4
Kingston upon Hull	-	150	18.9		9.6	29.0
Barnsley	-	150	18.3		9.2	28.2
Bradford	-	250	18.0	-	11.1	25.4
Ryedale	-	30	16.6	-	-1.4	37.8
North East Lincolnshire	-	90	16.4		5.4	28.7
Sheffield	-	250	15.7		9.2	22.6
Calderdale	-	90	14.6		4.5	25.6
Leeds	-	290	14.1	-	8.4	20.0
Hambleton	-	40	13.1		-0.6	28.7
Selby	-	30	12.8	H	-2.4	30.3
Kirklees	-	150	12.5		5.3	20.2
Wakefield	-	140	12.4		4.9	20.5
Harrogate	-	50	8.5	H	-1.9	20.0
York	-	50	7.6	H	-2.2	18.4
Craven	_	10	29-		.12.2	20.5

Comparator – CIPFA Statistical Neighbours

Area ▲▼	Recent Trend	Neighbour Rank	Count ≜♥	Value ▲ ▼		95% Lower CI	95% Upper CI
England	-		27,330	17.4	н	16.7	18.1
Neighbours average	-		-	-			-
Tameside	-	8	200	29.4	_	18.9	40.9
Doncaster	-	2	250	25.4		→ 16.8	34.7
Rochdale	-	13	140	23.6		→ 12.9	35.3
Dudley	-	9	210	20.2		12.0	28.9
Rotherham	-	1	180	20.0		11.3	29.4
St. Helens	-	4	120	19.8		9.3	31.4
Halton	-	11	70	18.3		5.5	32.7
Barnsley	-	-	150	18.3		9.2	28.2
Telford and Wrekin	-	7	90	18.2		6.9	30.8
Bury	-	15	90	16.1		5.2	28.1
Calderdale	-	6	90	14.6		4.5	25.6
Wigan	-	5	140	13.7		5.7	22.2
Stockton-on-Tees	-	14	80	13.6 F		3.4	24.9
Kirklees	-	10	150	12.5		5.3	20.2
Wakefield	-	3	140	12.4		4.9	20.5
Walsall	-	12	90	10.1		1.8	19.2

Definition

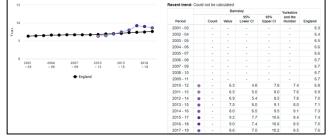
Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

A2 Inequality of life expectancy

Rationale

This is a key high-level health inequalities outcome. It shows inequalities within local authorities, enabling a focus on the deprivation that exists everywhere at small area level.

Trend - Females



Comparator – Yorkshire and the Humber (2017/19)

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	7.6	В	7.5	7.7
Yorkshire and the Humber region	-		8.5	Н	8.2	8.8
Rotherham	-		10.4	_	8.8	12.0
Calderdale	-		10.0	_	8.3	11.6
Kingston upon Hull	-		9.9	_	8.2	11.6
Leeds	-		9.4	-	8.5	10.2
North East Lincolnshire	-		9.2	_	7.5	11.0
Barnsley	-		8.6	-	7.0	10.2
Sheffield	-		8.3	-	7.3	9.3
Wakefield	-	-	8.0	_	6.8	9.3
Bradford	-		7.8		6.7	8.8
North Lincolnshire	-		7.7	-	5.9	9.5
Doncaster	-		7.7	-	6.3	9.0
Kirklees	-	-	7.5	-	6.4	8.6
York	-	-	6.2	-	4.4	7.9
North Yorkshire	-	-	4.8		3.9	5.7
East Riding of Yorkshire	-		4.0 ⊢	-	2.8	5.1

Comparator – CIPFA Nearest Neighbours (2017/19)

Area ▲▼	Recent Trend	Neighbour Rank	Count ▲ ▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-		7.6		7.5	7.7
Neighbours average	-	-		-		-	
Stockton-on-Tees	-	14		13.3	-	11.5	15.2
Rotherham	-	1		10.4	-	8.8	12.0
Calderdale	-	6		10.0	<u> </u>	8.3	11.6
Wigan	-	5		9.3	H-	8.0	10.6
Tameside	-	8		9.2	-	7.6	10.7
St. Helens	-	4		8.8	_	7.1	10.5
Walsall	-	12		8.7	-	7.2	10.2
Barnsley	-			8.6	-	7.0	10.2
Halton	-	11		8.5		6.2	10.7
Telford and Wrekin	-	7		8.1		6.3	10.0
Dudley	-	9		8.0	-	6.7	9.3
Wakefield	-	3		8.0	-	6.8	9.3
Bury	-	15		7.9	-	6.3	9.5
Doncaster	-	2		7.7	-	6.3	9.0
Rochdale	-	13		7.5		5.8	9.2
Kirklees	-	10		7.5	-	6.4	8.6

Definition

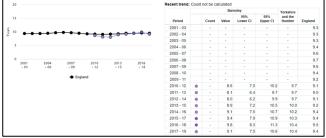
This indicator measures inequalities in life expectancy at birth within English local authorities. Life expectancy is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. Figures calculated by Public Health England using mortality data and mid-year population estimates from the ONS and Index of Multiple Deprivation 2015 (IMD 2015).

A2 Inequality of life expectancy

Rationale

This is a key high-level health inequalities outcome. It shows inequalities within local authorities, enabling a focus on the deprivation that exists everywhere at small area level.

Trend - Males



Comparator – Yorkshire and the Humber (2017/19)

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	9.4		9.3	9.5
Yorkshire and the Humber region	-	-	10.4	Н	10.1	10.7
North East Lincolnshire	-	-	13.7	-	→ 11.8	15.6
Kingston upon Hull	-	-	12.1	<u> </u>	10.6	13.5
Leeds	-	-	11.3	-	10.4	12.2
North Lincolnshire	-	-	10.7	-	9.0	12.4
Calderdale	-	-	10.7	<u> </u>	9.0	12.4
Doncaster	-	-	10.2	—	8.9	11.5
Sheffield	-	-	9.6	-	8.6	10.7
Bradford	-		9.6	-	8.5	10.6
Kirklees	-	-	9.2	-	8.0	10.4
Barnsley	-	-	9.1	<u> </u>	7.5	10.6
Rotherham	-	-	8.8	—	7.3	10.3
Wakefield	-	-	8.6	<u> </u>	7.3	9.9
York	-	-	8.3		6.5	10.0
North Yorkshire	-	-	6.9	—	5.9	7.8
East Riding of Yorkshire	-		6.8	-	5.6	8.0

Comparator – CIPFA Nearest Neighbours (2017/19)

Area	Recent Trend	Neighbour Rank	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	-	9.4		9.3	9.5
Neighbours average	-	-	-	-		-	-
Stockton-on-Tees	-	14		14.3	-	12.5	16.1
Bury	-	15		12.4		10.6	14.2
St. Helens	-	4	-	11.7	_	10.0	13.4
Rochdale	-	13	-	11.3		9.6	13.1
Wigan	-	5	-	11.3	-	9.9	12.6
Calderdale	-	6	-	10.7	—	9.0	12.4
Doncaster	-	2		10.2	-	8.9	11.5
Halton	-	11		9.9		7.7	12.1
Tameside	-	8	-	9.9	-	8.4	11.5
Telford and Wrekin	-	7	-	9.4	-	7.4	11.4
Dudley	-	9		9.3	-	8.0	10.6
Kirklees	-	10		9.2	-	8.0	10.4
Walsall	-	12	-	9.1	-	7.6	10.7
Barnsley	-	-		9.1		7.5	10.6
Rotherham	-	1		8.8	-	7.3	10.3
Wakefield	-	3	-	8.6	-	7.3	9.9

Definition

This indicator measures inequalities in life expectancy at birth within English local authorities. Life expectancy is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. Figures calculated by Public Health England using mortality data and mid-year population estimates from the ONS and Index of Multiple Deprivation 2015 (IMD 2015).

A2 Low birth weight

Rationale

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

Low Birth Weight of Term Babies

Comparator – Yorkshire and the Humber

C04 - Low birth weight of term bables (1992) 2019							
Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI	
England	•	16,048	2.90	н	2.86	2.95	
Yorkshire and the Humber region	-	1,600	3.03	Н	2.88	3.18	
Bradford	-	255	3.86	_	3.43	4.36	
Doncaster	-	105	3.56	_	2.95	4.29	
Calderdale	-	67	3.44		2.72	4.35	
Leeds	-	294	3.43	_	3.07	3.84	
Kirklees	-	151	3.36		2.88	3.93	
Sheffield	-	166	3.04		2.62	3.53	
Wakefield	-	105	2.95		2.44	3.55	
York	-	42	2.66		1.97	3.57	
Barnsley	-	65	2.64		2.08	3.35	
North Yorkshire	•	119	2.56		2.15	3.06	
Rotherham	-	64	2.54		1.99	3.23	
Kingston upon Hull	-	71	2.46		1.96	3.09	
North East Lincolnshire	-	34	2.39		1.71	3.32	
North Lincolnshire	-	25	1.86		1.26	2.73	
East Riding of Yorkshire		37	1.52	_	1.10	2.09	

Comparator – CIPFA Nearest Neighbours



Definition

Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks.

B. Lifestyle and wider determinants

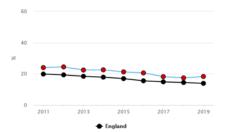
- 3. People are supported to lead healthy and productive lifestyles and are protected from illness
- 4. Prevention and the wider determinants of people's health and wellbeing are prioritised

B3 Smoking prevalence

Rationale

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix

Smoking Prevalence in Adults (18+) – Current Smokers



		Barnsley					
Period	Count	Value	95% Lower CI	95% Upper CI	Neighbrs	England	
2011	43,762	24.0%	21.1%	26.8%		19.8%	
2012	45,125	24.4%	21.7%	27.2%	-	19.3%	
2013	41,769	22.4%	19.7%	25.1%	-	18.4%	
2014	42,480	22.5%	19.9%	25.1%		17.8%	
2015	40,380	21.2%	18.6%	23.8%		16.9%	
2016	9,472	20.6%	17.7%	23.4%		15.5%	
2017	35,069	18.2%	15.3%	21.1%	-	14.9%	
2018	33,852	17.4%	14.7%	20.1%	-	14.4%	
2019	35,564	18.3%	15.5%	21.1%		13.9%	

Definition

Prevalence of smoking among persons 18 years and over. From the Annual Population Survey.

Comparator – Yorkshire and the Humber

Area ▲ ▼	Recent Trend	Count ▲▼	Value ▲ ▼		95% Lower CI	95% Upper CI
England	-	6,111,270	13.9	H	13.6	14.
Yorkshire and the Humber region	-	677,167	15.7	Н	15.0	16.4
Kingston upon Hull	-	45,249	22.2	_	18.9	25.0
North East Lincolnshire	-	27,823	22.2	-	H 19.2	25.3
Doncaster	-	46,612	19.1	<u> </u>	16.1	22.
Barnsley	-	35,564	18.3		15.5	21.
Rotherham	-	37,026	17.8		14.9	20.8
North Lincolnshire	-	24,309	17.8	<u> </u>	15.2	20.
Wakefield	-	45,391	16.7	_	14.1	19.3
Bradford	-	65,248	16.5	<u> </u>	13.8	19.3
Calderdale	-	26,392	16.1	<u> </u>	13.6	18.0
Leeds	-	94,773	15.3	<u> </u>	12.9	17.0
Kirklees	-	48,335	14.3	<u> </u>	11.9	16.0
Sheffield	-	64,675	13.9	-	11.4	16.4
East Riding of Yorkshire	-	33,505	12.1	<u> </u>	9.8	14.5
York	-	20,703	11.9	-	9.7	14.3
North Yorkshire	-	59,366	11.9	-	9.7	14.3

Source: Annual Population Survey (APS)

Comparator – CIPFA Statistical Neighbours

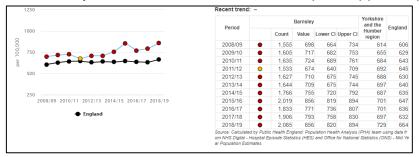
Area ▲▼	Recent Trend	Neighbour Rank	Count ≜₩	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	6,111,270	13.9	Н	13.6	14.1
Neighbours average	-	-	-	-		-	-
Doncaster	-	2	46,612	19.1	_	H 16.1	22.1
Barnsley	-	-	35,564	18.3	-	15.5	21.1
Tameside	-	8	31,758	18.2		15.5	20.8
Rotherham	-	1	37,026	17.8		14.9	20.8
Wigan	-	5	43,825	17.0		14.2	19.8
Wakefield	-	3	45,391	16.7		14.1	19.2
Calderdale	-	6	26,392	16.1		13.6	18.6
Telford and Wrekin	-	7	21,104	15.4		12.8	18.0
Rochdale	-	13	25,359	15.2		12.7	17.6
Walsall	-	12	32,357	15.0		12.2	17.8
Halton	-	11	14,877	14.9		12.3	17.6
Kirklees	-	10	48,335	14.3		11.9	16.6
Dudley	-	9	33,945	13.5		10.8	16.2
Stockton-on-Tees	-	14	20,319	13.2	<u> </u>	10.9	15.6
St. Helens	-	4	18,689	13.0		10.5	15.6
Bury	-	15	18,765	12.8	<u> </u>	10.5	15.0

B3 Alcohol-related admissions

Rationale

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. This indicator is one of the key contributions by the Government to promote measurable, evidence based prevention activities at a local level, and supports the national ambitions to reduce harm set out in the Government's Alcohol Strategy.

Admission Episodes for Alcohol Related Conditions (Narrow) (Persons)



Definition

Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population (standardised to the European standard population). Calculated by Public Health England: Risk Factors Intelligence (RFI) team using HES data and ONS Mid Year Population Estimates.

Comparator – Yorkshire and the Humber

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	-	357,659	664		662	666
Yorkshire and the Humber region	-	38,465	729		722	736
Kingston upon Hull	-	2,133	907	H	868	947
Wakefield	-	2,973	882	Η-	851	915
Scarborough	-	981	867	H	812	925
Barnsley	-	2,085	856	H	820	894
Doncaster	-	2,518	829	H	797	862
Bradford	-	3,862	805	Н	780	831
Rotherham	-	1,990	768	H	735	803
Craven	-	476	766	_	696	841
Sheffield	-	3,816	736	H	713	761
York	-	1,410	713	H	675	751
North Lincolnshire	-	1,221	698	H	659	739
Harrogate	-	1,161	691	H	651	733
Calderdale	-	1,402	682	H	647	719
North East Lincolnshire	-	1,031	654	H	614	695
Leeds	-	4,624	649	H	630	668
East Riding of Yorkshire	-	2,362	641	H	615	668
Kirklees	-	2,637	633	H	609	658
Selby	-	570	629	<u> </u>	578	684
Hambleton	-	590	612	<u> </u>	562	665
Ryedale	-	341	579	<u> </u>	517	647
Richmondshire	-	283	521	-	462	586

Comparator – CIPFA Statistical Neighbours

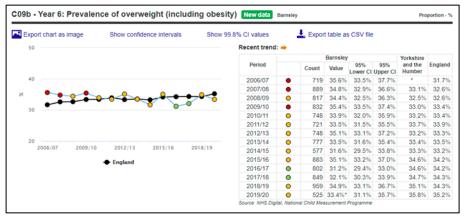
Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	-	-	357,659	664		662	666
Neighbours average	-	-	-	-		-	-
Stockton-on-Tees	-	14	1,792	940	H-	897	985
St. Helens	-	4	1,566	883	H	839	928
Wakefield	-	3	2,973	882	H	851	915
Halton	-	11	1,076	863	⊢	812	916
Barnsley	-	-	2,085	856	H	820	894
Doncaster	-	2	2,518	829	H	797	862
Telford and Wrekin	-	7	1,315	789	\vdash	747	833
Rotherham	-	1	1,990	768	H	735	803
Wigan	-	5	2,436	761	H	731	792
Tameside	-	8	1,543	713	H-	678	750
Rochdale	-	13	1,440	704	⊢	668	742
Walsall	-	12	1,814	688	H	657	721
Calderdale	-	6	1,402	682	H	647	719
Kirklees	-	10	2,637	633	H	609	658
Bury	-	15	1,143	626	H	590	663
Dudley	-	9	1,965	622	H	595	650

B3 Overweight year 6

Rationale

Obesity is a priority area and is recognised as a major determinant of premature mortality and avoidable ill health. Local collected and covers vast majority of children.

Year 6: Prevalence of Overweight Including Obesity



Definition

Prevalence of overweight (BMI greater than or equal to the 85th centile, but less than the 95th centile of the UK90 growth reference) among children in Year 6 (age 10-11 years). From National Child Measurement Programme.

Comparator – Yorkshire and the Humber (2019/20)

Area	Recent Trend	Count △▼	Value ▲▼	95% Lower C	95% Upper CI
England	•	172,831	35.2	35	.1 35.3
Yorkshire and the Humber region	•	16,465	35.8	H 35	.3 36.
Bradford	•	1,165	40.8*	⊢ → 39	.0 42.0
Doncaster	•	1,370	38.3	⊢ ⊣ 36	.7 39.9
Rotherham	-	840	37.9*	⊢ 35	.9 39.9
Kingston upon Hull	-	1,170	37.6	⊢ ⊣ 35	.9 39.
North East Lincolnshire	-	680	37.0	⊢ 34	.8 39.
Wakefield	-	1,285	36.4	⊢ 34	.8 38.0
Kirklees	-	1,390	36.3*	⊢ 34	.8 37.8
North Lincolnshire	-	695	35.8	⊢ 33	.6 37.9
Sheffield	-	1,675	35.7	H 34	.3 37.0
Calderdale	-	780	35.0	⊢ 32	.9 36.9
Leeds	-	2,295	34.7	H 33	.5 35.8
York	-	245	33.8*	⊢ 30	.7 37.0
Barnsley	-	525	33.4*	⊢ → 31	.1 35.7
North Yorkshire	-	1,625	32.5	H 31	.2 33.4
East Riding of Yorkshire	-	725	31.8*	H 30	.0 33.

Comparator – CIPFA Statistical Neighbours (2019/20)

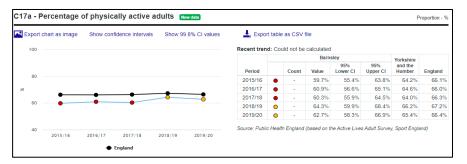
Area ▲▼	Recent Trend	Neighbour Rank	Count △▼	Value ▲▼	95% Lower	
England		-	172,831	35.2		35.1 35
Neighbours average		-	14,080	38.2*		37.7 38
Walsall	-	12	845	44.6*	H-	12.4 46
Dudley		9	1,410	42.1	H-	10.4 43
St. Helens	-	4	660	41.0	H-1	38.8 43.
Halton	-	11	435	40.7*	H-	37.8 43
Telford and Wrekin	-	7	760	40.0	H-1	37.9 42.
Rochdale	-	13	955	38.8	H-	36.9 40
Wigan	-	5	1,430	38.6	H	37.1 40.
Doncaster		2	1,370	38.3	H	36.7 39
Rotherham	-	1	840	37.9*	H-1	35.9 39
Wakefield	-	3	1,285	36.4	H	34.8 38
Kirklees	-	10	1,390	36.3*	H :	34.8 37.
Tameside	-	8	955	36.2	H :	34.5 38.
Calderdale	-	6	780	35.0	H	32.9 36
Stockton-on-Tees	-	14	440	34.8*	⊢ ⊣ :	32.4 37.
Barnsley	-	-	525	33.4*	-	31.1 35
Bury	-	15		*	-	-

B3 Percentage of physically active adults

Rationale

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of all deaths.

Percentage of Physically Active Adults



Definition

The number of respondents aged 16 and over doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over. From Active Lives survey, Sport England.

Comparator – Yorkshire and the Humber (2019/20)



Comparator – CIPFA Statistical Neighbours (2019/20)

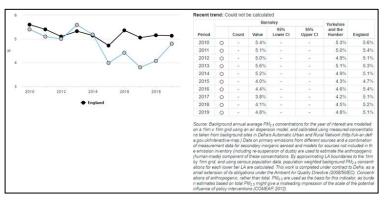


B3 Air pollution

Rationale

There is clear evidence that particulate matter has a significant contributory role in human all-cause mortality and in particular in cardiopulmonary mortality.

Air Pollution: Fine Particulate Matter



Definition

Annual concentration of human-made fine particulate matter at an area level, adjusted to account for population exposure. Fine particulate matter is also known as PM2.5 and has a metric of micrograms per cubic metre ($\mu g/m3$).From Defra: various instruments used to derive estimates including Pollution Climate Mapping model, Automatic Urban and Rural Network and National Atmospheric Emissions Inventory.

Comparator – Yorkshire and the Humber

England	-	-	5.1		
Yorkshire and the Humber region	-	-	4.8		
Kingston upon Hull	-	-	5.2		-
Rotherham	-	-	5.2	-	
Doncaster	-	-	5.0		
Leeds	-	-	5.0		
Sheffield	-	-	5.0		
North East Lincolnshire	-	-	5.0		
Kirklees	-	-	4.9	-	-
North Lincolnshire	-	-	4.9		
Wakefield	-	-	4.9		
Barnsley	-	-	4.8		
Bradford	-	-	4.7		
East Riding of Yorkshire	-	-	4.6		-
Calderdale	-	-	4.6		
York	-	-	4.5		
North Yorkshire	-	-	4.0		

Source. Belirgiound annual average PM₂, concentrations for the year of inferest are modelled on a 1tm x 1tm grid using an air dispersion model, and calibrated using measured concentrations tall in not handground test in Defa skulturate Users and Result Melvious (Plit tyll-like and test gov) uniforms device map. Data on primary emissions from test oursee and a combination of measurem in data for secondary inorganic aerocal and models for sources not included in the emission inventory (including ne suspension of dust) are used to estimate the arthropogenic (human-made) component of these concentrations. By approximately LA boundaries to the 1tm by the grid and using exempts appoilation design devalual PM₂ succentrations for each lower the A are calculated. This work is completed under contract to Defa, as a small extension of its obligations under the Ambient Air Quality Direction (2005/SEC). Concentrations of anthropogenic rather than total PM₂ are used as the bases for this indicators as under estimate to the scale of the potential influence of policy interventions (CI) are ambienting impression of the scale Off the potential influence of policy interventions (CI) are missisted in pression of the scale Off the potential influence of policy interventions (CI).

Comparator – CIPFA Statistical Neighbours

England	-	- 05		5.1	8	70
Neighbours average	-				8	50
Walsall	-	12		6.0		+1
Dudley	-	9		5.5	*	
Tameside	-	8	<u>u</u>	5.2	<u> </u>	40
Rotherham	-	1	9	5.2	¥	- 5
Doncaster	-	2	- 8	5.0		
Halton	-	11		4.9		7.
Cirklees	-	10		4.9	*	- 65
Vakefield		3	*	4.9	*	*
Barnsley	-	19	4	4.8		40
Bury	-	15	- 2	4.7	2	45
St. Helens	121	4	- 2	4.7	Ü.	- 20
Rochdale	-	13		4.7		- 6
Felford and Wrekin	-	7		4.6	*	-
Calderdale	-	6		4.6	20	10
Vigan	-	5		4.5		- 63
Stockton-on-Tees	-	14	- 4	4.0		40

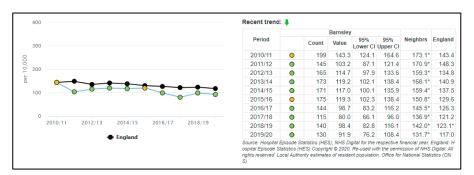
curce. Background annual average Pfls₂ concentrations for the year of interest are modelled on a fam. x1m and using an air dispersion model, and calibrated using measured concentrations take from background site in Defra's Alcunhate Urban and Rural Network (Pth Urba: acting a pow utilinerative-map.) Data on primary emissions and filtered strategy and a combination of measurement data for secondary inorganic aerosol and models for sources not included in the emission inventory (including re-suspension of dustit) are used to estimate the anthropogenic (human-made) competed these concentrations. By approximating LA boundaries to the Ptim pril and using general postulation data, postulation relandsity and acceptable of the process of the principles of the principles of the principles of the principles of anthropogenic, rather notally. Pless the used as the basis for this indicator, as further estimated to the potential influence of policy interventions (SC).

B4 Hospital admissions 0-4 years

Rationale

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)



Definition

Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population aged under 5 years.

Comparator - Yorkshire and the Humber

Area ▲▼	Recent Trend	Count ▲ ▼	Value ▲▼		95% Lower CI	95% Upper CI
England		38,596	117.0		115.8	118.
Yorkshire and the Humber region	-	3,760	118.2	H	114.5	122.
Calderdale	-	205	168.2	-	146.7	193.
North Yorkshire	-	450	153.9	_	140.0	168.
North Lincolnshire	-	125	139.3		114.9	164.
Bradford	-	535	137.2	-	125.6	149.
York	-	130	136.3		112.9	160.
North East Lincolnshire	-	120	130.9		110.5	158.
Wakefield	-	265	125.6	<u> </u>	111.8	142.
Kingston upon Hull	-	210	124.4	<u> </u>	108.1	142.
Kirklees	-	315	117.8	<u> </u>	105.1	131.
Doncaster	-	190	105.2	-	90.7	121.
Leeds		520	104.2	-	95.6	113
East Riding of Yorkshire	-	160	103.8		89.5	122
Barnsley	-	130	91.9	<u>-</u> -	76.2	108
Sheffield	-	285	88.5	—	78.8	99
Rotherham		115	73.9	$\overline{-}$	61.6	89

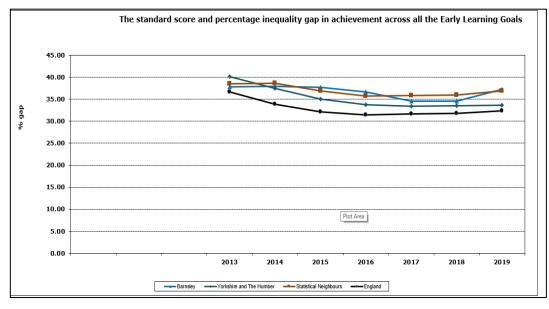
Comparator – CIPFA Statistical Neighbours

Area ▲▼	Recent Trend	Neighbour Rank ▲▼	Count ≜♥	Value ▲▼		95% Lower CI	95% Upper CI
England		-	38,596	117.0		115.8	118.1
Neighbours average		-	3,235	131.7"	н	127.2	136.3
Rochdale	-	13	355	234.2	-	211.7	261.3
Bury	-	15	270	231.0	<u> </u>	204.3	260.3
Tameside	-	8	245	170.8	<u> </u>	151.3	195.0
Calderdale	-	6	205	168.2	<u> </u>	146.7	193.7
Telford and Wrekin	-	7	175	161.4	<u> </u>	137.5	186.2
St. Helens	-	4	140	138.7	<u> </u>	117.6	164.7
Halton	-	11	105	138.5	<u> </u>	114.5	169.1
Stockton-on-Tees		14	150	130.9	<u> </u>	112.4	155.5
Wigan	-	5	240	130.9	<u> </u>	115.3	149.1
Wakefield	-	3	265	125.6	<u> </u>	111.8	142.7
Kirklees	-	10	315	117.8		105.1	131.5
Doncaster	-	2	190	105.2	⊢	90.7	121.2
Walsall	-	12	190	97.4	—	83.1	111.2
Barnsley	-	-	130	91.9	-	76.2	108.4
Dudley		9	145	77.3		64.2	89.8
Rotherham		1	115	73.9	-	61.6	89.4

B4 School readiness

Rationale

This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development.

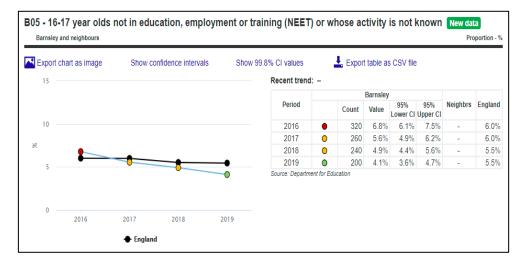


	England	Yorkshire & Humber	Statistical Neighbours	Barnsley
2015	32.1	35.0	36.9	37.7
2016	31.4	33.7	35.8	36.7
2017	31.7	33.4	35.9	34.6
2018	31.8	33.5	36.0	34.7
2019	32.4	33.6	36.9	37.2

B4 Young people not in education, employment or training

Rationale

Studies have shown that time spent NEET can have a detrimental effect on physical and mental health, and increase the likelihood of unemployment, low wages, or low quality of work later on in life.



Comparator - Yorkshire and the Humber

A.V	irena	A.A.	A.V		Lower Ci	Upper CI
England	-	62,350	5.5		5.4	5.5
Yorkshire and the Humber region	-	6,420	5.6	Н	5.4	5.7
North Yorkshire	-	1,010	8.8	H	8.3	9.4
Leeds	-	1,150	7.2	-	6.8	7.6
Sheffield	-	760	6.7		6.3	7.2
North East Lincolnshire	-	220	6.5	_	5.6	7.2
Kingston upon Hull	-	320	5.8	<u> </u>	5.2	6.5
Wakefield	-	410	5.8	<u> </u>	5.2	6.3
Rotherham	-	350	5.7	—	5.2	6.4
Bradford	-	660	4.6	H	4.3	5.0
East Riding of Yorkshire	-	310	4.6	-	4.1	5.1
Doncaster	-	300	4.6	-	4.1	5.1
North Lincolnshire	-	150	4.3	-	3.6	4.9
Barnsley	-	200	4.1	-	3.6	4.7
York	-	120	3.5	-	2.9	4.2
Kirklees	-	320	3.1	H	2.8	3.5
Calderdale	-	140	3.0	-	2.5	3.5

Comparator - CIPFA Statistical Neighbours

Area ▲♥	Recent Trend	Neighbour Rank ▲▼	Count ≜♥	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	62,350	5.5	1	5.4	5.5
Neighbours average	-	-	-	-		-	-
Telford and Wrekin	-	7	360	8.6	-	7.8	9.5
Dudley	-	9	420	5.8	-	5.3	6.4
Wakefield	-	3	410	5.8	<u> </u>	5.2	6.3
Rotherham	-	1	350	5.7		5.2	6.4
St. Helens	-	4	220	5.6	-	5.0	6.5
Wigan	-	5	380	5.5		5.0	6.1
Stockton-on-Tees	-	14	200	4.9	<u> </u>	4.3	5.7
Doncaster	-	2	300	4.6		4.1	5.1
Halton	-	11	120	4.3		3.5	5.0
Barnsley	-	-	200	4.1		3.6	4.7
Bury	-	15	180	4.0		3.5	4.6
Tameside	-	8	190	3.8	-	3.4	4.4
Rochdale	-	13	190	3.8	-	3.3	4.4
Walsall	-	12	240	3.5	-	3.1	3.9
Kirklees	-	10	320	3.1	-	2.8	3.5
Calderdale	-	6	140	3.0	H	2.5	3.5

Definition

The proportion of 16- and 17-year-olds not in education, employment or training (NEET) or whose activity is not known.

C5 Social isolation

Rationale

There is clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers.

Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ years)



Definition

The percentage of respondents to the Adult Social Care Users Survey who responded to the question 'Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?' with the answer 'I have as much social contact as I want with people I like'.

Comparator – Yorkshire and the Humber

Area ▲▼	Recent Trend	Count ▲▼	Value ▲♥	95% Lower CI	95% Upper CI
England	-	278,280	45.9	H 45.4	4 46.
Yorkshire and the Humber region	-	29,535	46.2	H 44.8	8 47.
Barnsley	-	1,445	52.1	47.3	2 57.
Kingston upon Hull	-	1,910	51.6	47.0	56.
North Lincolnshire	-	830	51.0	45.7	7 56.
Leeds	-	4,080	49.4	⊢ 45.	1 53
Calderdale	-	1,275	48.9	<u>⊢</u> 44.	1 53
North Yorkshire	-	3,055	48.7	H 43.9	9 53
Wakefield	-	2,140	48.1	⊢ 43.	1 53
Kirklees	-	1,955	47.0	42.9	9 51
East Riding of Yorkshire	-	2,185	46.7	H 42.0	5 50
York	-	920	45.5	H 40.8	50
North East Lincolnshire	-	875	45.1	38.0	5 51
Bradford	-	2,450	44.0	H 40.4	4 47
Doncaster	-	1,335	43.4	₩ 36.9	9 49
Rotherham	-	1,475	43.0	<u>⊢</u> 36.8	8 49
Sheffield	-	3,600	38.3	33.0	3 43

Comparator – CIPFA Statistical Neighbours

Area ▲▼	Recent Trend	Neighbour Rank	Count ▲▼	Value ▲ ▼		95% Lower CI	95% Upper CI
England	-	-	278,280	45.9	H	45.4	46.4
Neighbours average	-	-	22,265	47.2*		46.7	47.6
Rochdale	-	13	1,355	53.1	<u> </u>	47.2	59.0
Barnsley	-	-	1,445	52.1	H-	47.2	57.0
Halton	-	11	870	50.3		43.3	57.3
Bury	-	15	1,300	49.2	<u> </u>	43.7	54.7
Calderdale	-	6	1,275	48.9	<u> </u>	44.1	53.7
Stockton-on-Tees	-	14	1,225	48.7	<u> </u>	44.1	53.3
Walsall	-	12	1,450	48.6	<u> </u>	45.7	51.5
Wakefield	-	3	2,140	48.1	<u> </u>	43.1	53.1
Kirklees	-	10	1,955	47.0	<u> </u>	42.9	51.1
St. Helens	-	4	1,500	46.9	<u> </u>	41.7	52.1
Tameside	-	8	1,275	46.8	<u> </u>	41.9	51.7
Dudley	-	9	1,835	45.8	H-1	42.5	49.1
Wigan	-	5	1,080	43.4	<u> </u>	39.4	47.4
Doncaster	-	2	1,335	43.4	<u> </u>	36.9	49.9
Rotherham	-	1	1,475	43.0		36.8	49.2
Telford and Wrekin	-	7	750	40.8		35.6	46.0

C.
Resilience
and
emotional
wellbeing

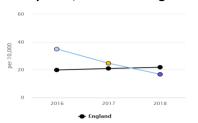
- 4. People feel emotionally well and resilient
- People with poor mental health are better supported in the community

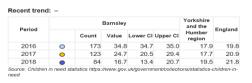
C5 Child protection plans

Rationale

Children who are the subject of a child protection plan have been identified as at risk of abuse and/or neglect and there is strong evidence to suggest this has a detrimental effect on mental health and wellbeing. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs eg failure to provide adequate food, shelter or clothing, protect a child from physical or emotional harm or ensure appropriate medical treatment. Children who have been neglected and who don't get the love and care they need from their parents are also more likely to experience mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder. Because of poor attachment in early life, they may also find it difficult to maintain healthy relationships with their peers and other people later in life, including with their own children. In a more physical sense, malnourishment resulting from neglect causes delayed development and impaired cognitive function which can lead to depression in later life as well as dissociative disorders and impaired memory.

Children subject to a child protection plan with initial category of neglect: rate per 10,000 children aged under 18





Comparator – Yorkshire and the Humber

Area ▲ ▼	Recent Trend	Count	Value ▲ ▼		95% Lower CI	95% Upper CI
England	-	25,820	21.8		21.5	22.0
Yorkshire and the Humber region	-	2,260	19.5	H	18.7	20.3
Leeds	-	165	9.9		8.5	11.6
Bradford	-	185	13.1	H	11.2	15.1
Sheffield	-	173	14.8	-	12.7	17.2
East Riding of Yorkshire	-	101	16.1	—	13.1	19.6
Barnsley	-	84	16.7	—	13.4	20.7
North Yorkshire	-	230	19.6	-	17.1	22.3
Calderdale	-	94	20.4	-	16.5	24.9
North Lincolnshire	-	81	22.7	-	18.0	28.2
Wakefield	-	180	25.1	-	21.6	29.1
Kirklees	-	254	25.4	-	22.4	28.8
York	-	93	25.5		20.6	31.2
Doncaster	-	179	27.2	-	23.3	31.5
Rotherham	-	157	27.6	<u> </u>	23.4	32.2
Kingston upon Hull	-	168	29.8		25.4	34.6
North East Lincolnshire	-	120	34.9	-	28.9	41.7

Comparator – CIPFA Statistical Neighbours

Area 🔊	Recent Trend	Neighbour Rank	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	25,820	21.8	-	21.5	22.0
Neighbours average	-	-	2,330	26.2*		-	-
St. Helens	-	4	40	10.9	\vdash	7.8	14.9
Barnsley	-	-	84	16.7		13.4	20.7
Wigan	-	5	136	20.0	-	16.8	23.6
Calderdale	-	6	94	20.4	-	16.5	24.9
Rochdale	-	13	122	23.4		19.4	27.9
Bury	-	15	106	24.6		20.1	29.7
Wakefield	-	3	180	25.1		21.6	29.1
Kirklees	-	10	254	25.4	<u> </u>	22.4	28.8
Halton	-	11	74	26.0	<u> </u>	20.5	32.7
Stockton-on-Tees	-	14	113	26.1		21.5	31.4
Doncaster	-	2	179	27.2	—	23.3	31.5
Rotherham	-	1	157	27.6	—	23.4	32.2
Dudley	-	9	210	30.5	-	26.5	34.9
Telford and Wrekin	-	7	127	31.6	<u> </u>	26.4	37.6
Walsall	-	12	245	36.5	-	32.0	41.3
Tameside	-	8	209	42.1		→ 36.6	48.2

Definition

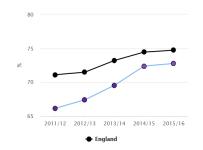
The number of children who were subject of a child protection plan at 31 March with initial category of neglect expressed as a rate per 10,000 of population aged 0 -17 years

C5 Wellbeing

Rationale

People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Self Reported Wellbeing - High Happiness Score: % of Respondents



Period			Barnsley			Yorkshire and the		
Period		Count	Value	Lower CI	Upper CI	Humber region	England	
2011/12	•	-	66.2%	-	-	70.5%	71.1%	
2012/13	•	-	67.4%	-	-	70.3%	71.5%	
2013/14	•	-	69.6%	-	-	72.3%	73.2%	
2014/15	•	-	72.4%	-	-	73.1%	74.5%	
2015/16	•	-	72.8%	-	-	74.1%	74.7%	

Definition

Weighted count of respondents in the Annual Population Survey who rated their answer to the question: 'Overall, how happy did you feel yesterday?' as 7,8,9 or 10, where 0 is not at all happy and 10 is completely happy.

Comparator – Yorkshire and the Humber

Area ▲▼	Recent Trend	Count	Value ▲▼	95% Lower Cl	95% Upper CI	
England	-	-	74.7	-	-	
Yorkshire and the Humber region	-	-	74.1	-	-	
Kingston upon Hull	-	-	70.0	-	-	
Bradford	-	-	70.4		-	
Kirklees	-	-	71.4	-	-	
Rotherham	-	-	71.4	-	-	
North Lincolnshire	-	-	71.7	-	-	
Calderdale	-	-	72.5	-	-	
Barnsley	-	-	72.8	-	-	
Wakefield	-	-	72.8	-	-	
North East Lincolnshire	-	-	74.1	-	-	
Leeds	-	-	74.7	-	-	
Sheffield	-	-	74.9	-	-	
North Yorkshire	-	-	76.8	-	-	
York	-	-	77.0	-	-	
East Riding of Yorkshire	-	-	78.6	-	-	
Doncaster	-	-	78.9		-	

Source: Annual Population Survey (APS); Office for National Statistics (ONS).

Comparator – CIPFA Statistical Neighbours

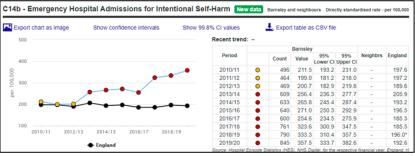
Area	Recent Trend	Neighbour Rank	Count ▲▼	Value	95% Lower Cl	95% Upper Cl
England	-	-	-	74.7	-	-
Neighbours average	-	-	-	-	-	-
St. Helens	-	4	-	69.4	-	-
Walsall	-	12	-	70.6	-	-
Bury	-	15	-	70.9	-	-
Tameside	-	8	-	71.3	-	-
Kirklees	-	10	-	71.4	-	-
Halton	-	11	-	71.4	-	-
Rotherham	-	1	-	71.4	-	-
Dudley	-	9	-	71.9		-
Telford and Wrekin	-	7	-	72.0	-	-
Rochdale	-	13	-	72.2	-	-
Calderdale	-	6		72.5	-	-
Barnsley	-	-	-	72.8	-	-
Wakefield	-	3	-	72.8	-	-
Stockton-on-Tees	-	14	-	74.2		-
Wigan	-	5	-	76.3	-	-
Doncaster	-	2		78.9	-	-

C5 Wellbeing

Rationale

To monitor the incidence of intentional self-harm requiring emergency admission to hospital (approx. 99% of hospital admissions for intentional self-harm are emergencies). To monitor public health programmes aiming to reduce the risk of self-harm. To stimulate discussion and encourage local investigation, and to lead to improvement in data quality and quality of care. To help improve the provision of services. Mental health and well-being is an important aspect of public health. This indicator is a measure of intentional self-harm as it has not been possible to include a suitable indicator representing all aspects of mental health and well-being. Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions. Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.

Emergency Hospital Admissions for Intentional Self-Harm



Comparator – Yorkshire and the Humber (2019/20)

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England		108,497	192.6	191.5	193.8
Yorkshire and the Humber region	+	10,850	196.9	193.2	200.7
Barnsley		845	357.5	⊢ 333.7	382.6
Bradford	•	1,420	259.2	245.8	273.1
Kingston upon Hull	-	625	235.0	216.6	254.6
Wakefield		755	224.8	208.9	241.5
Doncaster	-	640	212.4	196.2	229.6
Calderdale		435	211.1	191.7	232.0
Leeds	-	1,675	194.6 H	185.2	204.4
North East Lincolnshire	-	290	193.6	171.7	217.4
North Yorkshire	-	1,005	183.8 H	172.4	195.7
East Riding of Yorkshire		525	177.5	162.3	193.7
Kirklees	•	775	175.7 H	163.6	188.6
Rotherham	-	415	163.5	148.0	180.1
York		385	163.0	146.5	180.8
North Lincolnshire	-	245	153.5	134.8	174.1
Sheffield	-	825	134.9	125.6	144.7

Comparator – CIPFA Statistical Neighbours (2019/20)

Area ▲♥	Recent Trend	Neighbour Rank	Count ≜♥	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	108,497	192.6		191.5	193.8
Neighbours average	-	-	-	-		-	-
St. Helens	-	4	755	439.3	—	408.4	472.0
Halton	-	11	490	388.3	<u> </u>	354.5	424.4
Barnsley		-	845	357.5	H	333.7	382.6
Wigan		5	1,120	349.4		329.1	370.
Stockton-on-Tees	-	14	495	262.2	—	239.5	286.
Telford and Wrekin	•	7	425	234.7	—	212.8	258.2
Wakefield		3	755	224.8	H	208.9	241.
Tameside		8	500	223.6	-	204.3	244.2
Doncaster	-	2	640	212.4	H	196.2	229.6
Calderdale	•	6	435	211.1	H	191.7	232.0
Bury	-	15	370	197.8	H	178.0	219.
Rochdale	•	13	440	197.4	H	179.3	216.8
Kirklees		10	775	175.7	H	163.6	188.
Walsall	-	12	475	165.9 H	4	151.2	181.
Rotherham	-	1	415	163.5 H	4	148.0	180.
Dudley		9	440	139.1 H		126.4	152.8

Definition

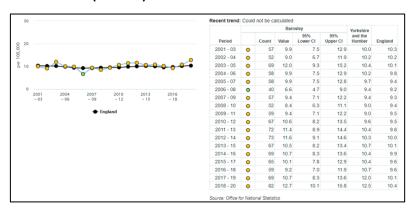
Emergency Hospital Admissions for Intentional Self-Harm, directly age standardised rate, all ages, Persons

C5 Suicide

Rationale

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. The suicide prevention outcomes strategy has the overall aim of reducing the suicide rate in the general population in England.

Suicide rate (Persons)



Definition

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population

Comparator – Yorkshire and the Humber



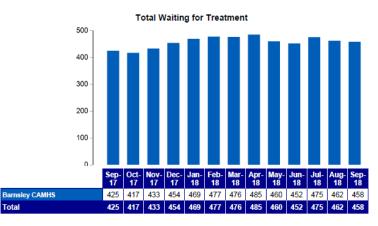
Comparator - CIPFA Statistical Neighbours

Area ▲▼	Recent Trend	Neighbour Rank	Count ▲▼	Value ▲ ▼		95% Lower CI	95% Upper CI
England	-	-	15,249	10.4	H	10.2	10.5
Neighbours average	-	-	-	-		-	-
Tameside	-	8	49	8.3		6.2	11.0
Walsall	-	12	68	9.5	<u> </u>	7.4	12.0
Rochdale	-	13	54	9.7	<u> </u>	7.3	12.7
Telford and Wrekin	-	7	45	9.8	<u> </u>	7.1	13.1
Bury	-	15	51	10.4		7.7	13.7
St. Helens	-	4	51	10.8		8.0	14.2
Halton	-	11	36	10.8		7.6	15.0
Stockton-on-Tees	-	14	57	11.0	<u> </u>	8.4	14.3
Dudley	-	9	94	11.3	<u> </u>	9.2	13.9
Kirklees	-	10	134	11.8	<u> </u>	9.8	13.8
Barnsley	-		82	12.7		10.1	15.8
Rotherham	-	1	88	13.2		10.5	16.2
Wigan	-	5	117	13.6		11.1	16.1
Doncaster	-	2	112	13.8	_	11.2	16.4
Calderdale	-	6	86	15.6	-	12.5	19.3
Wakefield	-	3	147	16.2	_	13.5	18.8

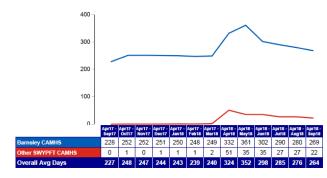
C6 CAMHS

Average length of wait to partnership (treatment) for Child and Adolescent

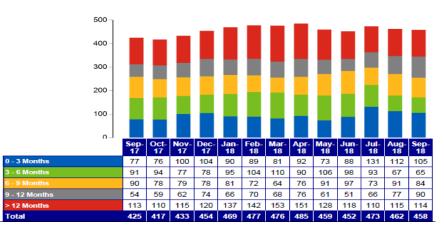




Average Length of Wait to Partnership



Barnsley CAMHS: Partnership Current Waits



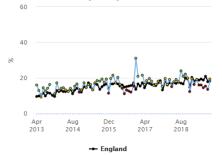
Notes: As this is a contract KPI there are no comparators and no outcome metric that can be benchmarked for CAMHs at the moment, however this is being looked into for the future.

C6 Improving access to psychological therapies

Rationale

Around one in six adults in England suffer from a common mental health problem, such as depression or an anxiety disorder. The effectiveness of local IAPT services is measured using this indicator and the IAPT access rate which focuses on the access to services as a proportion of local prevalence. Research evidence indicates that 50% of people treated with CBT for depression or anxiety conditions recover during treatment. The use of CBT and evidence based psychological therapies for the treatment of depression and anxiety is outlined in the relevant NICE quality standards).

Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression



Darde d	Period NHS Barnsley CCG							
Period		Count	Value	Lower CI	Upper CI	Neighbrs	Englan	
May 2017	0	405	18.5%	16.9%	20.1%	- 1	17.2%	
Jun 2017	0	430	19.6%	18.0%	21.3%	-	17.1%	
Jul 2017	0	400	18.2%*	16.7%	19.9%	-	16.3%	
Aug 2017	0	345	15.7%*	14.3%	17.3%	-	16.3%	
Sep 2017	0	355	16.2%*	14.7%	17.8%	-	15.8%	
Oct 2017	0	395	18.0%	16.5%	19.7%	-	17.1%	
Nov 2017	0	385	17.6%	16.0%	19.2%	-	18.4%	
Dec 2017	0	330	15.0%	13.6%	16.6%	-	13.4%	
Jan 2018	0	430	19.6%*	18.0%	21.3%	-	18.3%*	
Feb 2018	0	360	16.4%*	14.9%	18.0%	-	16.1%*	
Mar 2018	0	420	19.2%*	17.6%	20.9%	-	17.2%*	
Apr 2018	•	330	15.0%*	13.6%	16.6%	-	16.7%*	
May 2018	0	390	17.8%*	16.2%	19.4%	-	17.1%*	
Jun 2018	0	420	19.2%*	17.6%	20.9%	-	17.0%*	
Jul 2018	0	390	17.8%*	16.2%	19.4%	-	17.5%*	
Aug 2018	0	525	23.9%*	22.2%	25.8%	-	17.0%*	
Sep 2018	0	460	21.0%*	19.3%	22.7%	-	16.7%*	
Oct 2018	0	485	22.1%*	20.4%	23.9%	-	19.9%*	
Nov 2018	0	440	20.1%*	18.4%	21.8%	-	19.5%*	
Dec 2018	•	270	12.3%*	11.0%	13.8%	-	14.9%*	
Jan 2019	0	430	19.6%*	18.0%	21.3%	-	20.3%*	
Feb 2019	•	360	16.4%*	14.9%	18.0%	-	18.2%*	
Mar 2019	0	415	18.9%*	17.3%	20.6%	-	19.1%*	
Apr 2019	•	350	16.0%*	14.5%	17.6%	-	18.6%*	
May 2019	•	350	16.0%*	14.5%	17.6%	-	19.3%*	
Jun 2019	•	315	14.4%*	13.0%	15.9%	-	18.8%*	
Jul 2019	•	335	15.3%*	13.8%	16.8%	-	20.8%*	
Aug 2019	•	300	13.7%*	12.3%	15.2%	-	17.7%*	
Sep 2019	0	425	19.4%*	17.8%	21.1%	-	18.3%*	

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	-	93,270	18.3*		18.2	18.4
North East and Yorkshire (Yorkshire and Humber) NHS region	-	-	-		-	-
NHS Bradford City CCG	-	240	29.9*	<u> </u>	26.9	33.2
NHS Bassetlaw CCG	-	210	25.5*		22.6	28.6
NHS East Riding Of Yorkshire CCG	-	565	23.9*	-	22.2	25.6
NHS Greater Huddersfield CCG	+	565	23.7*	-	22.0	25.4
NHS Wakefield CCG	→	795	22.8*	H	21.5	24.3
NHS Hull CCG	→	645	20.8*	H	19.4	22.3
NHS Calderdale CCG	-	435	20.1*	H	18.4	21.8
NHS Sheffield CCG	-	1,110	20.0*	H	19.0	21.1
NHS Bradford Districts CCG	+	690	20.0*	H	18.7	21.4
NHS Barnsley CCG	-	425	19.4*	<u> </u>	17.8	21.1
NHS Airedale, Wharfdale And Craven CCG	-	285	18.7*	-	16.9	20.8
NHS North Lincolnshire CCG	-	210	18.7*		16.5	21.1
NHS Rotherham CCG	-	455	18.7*	H	17.2	20.2
NHS North East Lincolnshire CCG	→	280	18.5*	<u> </u>	16.6	20.5
NHS Doncaster CCG	+	515	18.1*	H	16.7	19.6
NHS Vale Of York CCG	→	470	18.0*	H	16.6	19.6
NHS North Kirklees CCG	→	365	15.3*	H -1	13.9	16.8
NHS Harrogate And Rural District CCG	-	185	14.5*	—	12.7	16.6
NHS Leeds CCG	•	1,250	14.3*	H	13.6	15.0
NHS Scarborough And Ryedale CCG	-	125	14.1*	-	11.9	16.5

Comparators: Yorkshire & Humber NHS region (above), 10 most similar CCGs (below)

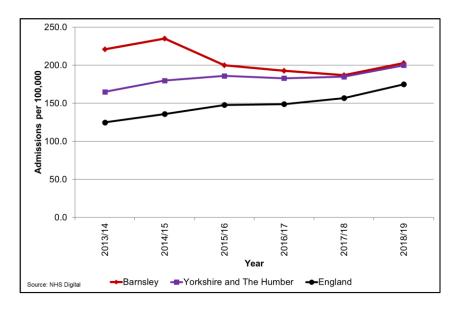
Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	-	-	93,270	18.3*		18.2	18.4
Neighbours average	-	-	-	-		-	-
NHS Hartlepool And Stockton-On-Tees CCG	→	1	755	24.9*	⊢	23.4	26.5
NHS Wigan Borough CCG	-	8	910	24.1*	H	22.7	25.4
NHS Wakefield CCG	-	4	795	22.8*	⊢	21.5	24.3
NHS Calderdale CCG	-	7	435	20.1*		18.4	21.8
NHS Barnsley CCG	-	-	425	19.4*	-	17.8	21.1
NHS Rotherham CCG	→	3	455	18.7*	<u> </u>	17.2	20.2
NHS North East Lincolnshire CCG	-	6	280	18.5*	-	16.6	20.5
NHS Doncaster CCG	+	2	515	18.1*	-	16.7	19.6
NHS Mansfield And Ashfield CCG		9	270	16.1*	 	14.4	18.0
NHS Tameside And Glossop CCG	•	5	495	15.3*	H	14.1	16.6
NHS St Helens CCG	-	10	285	11.7*		10.5	13.1

Definition

The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies The number of people entering IAPT services as a proportion of those estimated to have anxiety and/or depression

C6 Hospital admissions where drug related mental and behavioural disorders were a factor

Rationale



		Admissions per 100,000 population					
Period	Number of admissions (Barnsley)	Barnsley	Yorkshire and The Humber	England			
2013/14	500	221	165	125			
2014/15	535	235	180	136			
2015/16	455	200	186	148			
2016/17	445	193	183	149			
2017/18	435	187	185	157			
2018/19	475	203	200	175			

Source: NHS Digital

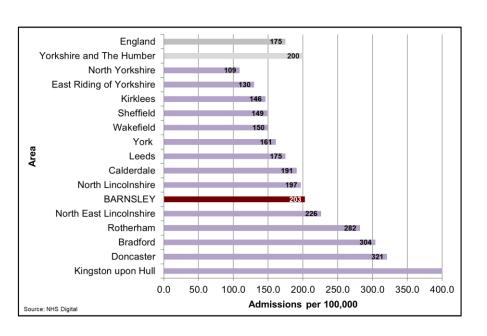
Definition

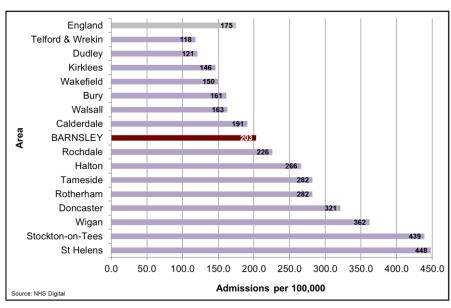
NHS hospital finished admission episodes with a primary or secondary diagnosis of drug related mental health and behavioural disorders. A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Admissions do not represent the number of in-patients, as a person may have more than one admission within the year.

C6 Hospital admissions where drug related mental and behavioural disorders were a factor

Barnsley and other authorities in Yorkshire and The Humber (2018/19)

Barnsley and 'nearest neighbours' (2018/19)



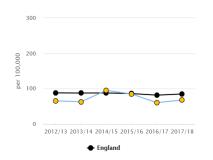


C6 Admissions for mental health

Rationale

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders — with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

Hospital admissions for mental health conditions (0-17 years)



Period		ı	Yorkshire and the	England				
Period		Count	Value	Lower CI	Upper CI	Humber region	England	
2012/13	0	32	65.2	44.6	92.0	57.9	87.9	
2013/14	0	31	62.8	42.7	89.2	62.1	87.4	
2014/15	0	47	95.0	69.8	126.3	69.3	87.7	
2015/16	0	42	84.6	61.0	114.4	66.3	85.9	
2016/17	0	30	60.2	40.6	85.9	58.6	81.5	
2017/18	0	34	67.7	46.9	94.7	58.9	84.7	

Comparator - Yorkshire and the Humber

Area ▲ ▼	Recent Trend	Count ▲ ▼	Value ▲ ▼		95% Lower CI	95% Upper CI
England		10,054	84.7	н	83.1	86.4
Yorkshire and the Humber region	-	682	58.9	H	54.5	63.5
Sheffield		42	36.0 ⊢	H	25.9	48.6
Doncaster	-	27	41.0 ⊢	-	27.0	59.6
Rotherham	-	24	42.1 —	-	27.0	62.7
Kirklees	-	47	47.1	<u> </u>	34.6	62.6
Leeds	-	90	54.1	-	43.5	66.5
Bradford	-	80	56.5	-	44.8	70.3
Wakefield	-	44	61.4	-	44.6	82.5
North Lincolnshire	-	23	64.5	-	40.9	96.7
Kingston upon Hull	-	37	65.5		46.1	90.3
Barnsley	-	34	67.7		46.9	94.7
East Riding of Yorkshire	-	44	70.2		51.0	94.3
North East Lincolnshire		26	75.6		49.4	110.8
North Yorkshire	-	92	78.2	<u> </u>	63.1	95.9
Calderdale	-	37	80.1		56.4	110.5
York	-	35	95.8	_	66.7	133.3

Comparator – CIPFA Statistical Neighbours

Area ▲▼	Recent Trend	Neighbour Rank	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England		-	10,054	84.7	83.1	86.4
Neighbours average	-	-	744	83.8*	-	-
Doncaster	-	2	27	41.0	27.0	59.6
Rotherham	-	1	24	42.1	27.0	62.7
Kirklees	-	10	47	47.1	34.6	62.6
Wakefield	-	3	44	61.4	44.6	82.5
Telford and Wrekin	-	7	26	64.8	42.3	94.9
Walsall	-	12	44	65.5	47.6	87.9
Barnsley	-	-	34	67.7	46.9	94.7
Calderdale	-	6	37	80.1	56.4	110.5
Rochdale	-	13	42	80.6	58.1	108.9
Stockton-on-Tees	-	14	40	92.5	66.1	125.9
Bury	-	15	40	92.8	66.3	126.3
Wigan	•	5	80	117.5	93.2	146.3
Tameside		8	59	118.8	90.5	153.3
Halton	-	11	39	137.3	97.6	187.7
Dudley	1	9	95	138.1	111.7	168.8
St. Helens	-	4	66	180.1	139.3	229.1

Definition

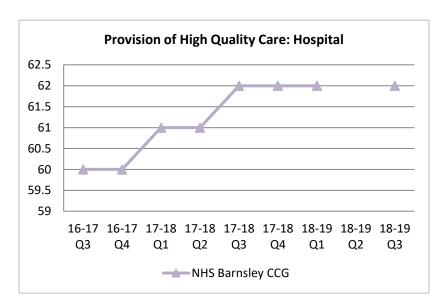
Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years

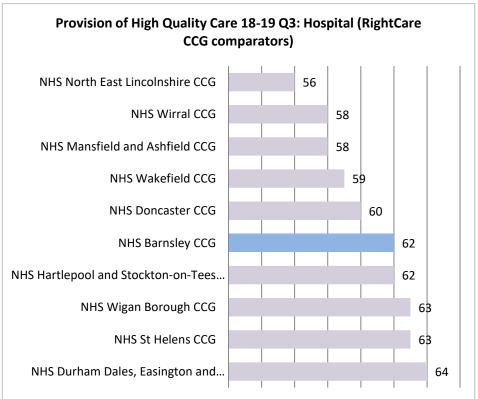
D. High quality, coordinated care

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

D6 Hospital care

121a Provision of high-quality care: hospital Barnsley





D6 Community and mental health services



CareQuality The independent regulator commission and social care in England The independent regulator of health

Provider: South West Yorkshire Partnership NHS Foundation Trust Good



Latest inspection: 08 May to 12 June 2019

SWYPFT CQC Inspection Report: https://www.cqc.org.uk/sites/default/files/new_reports/ AAAJ3345.pdf

Our rating of the trust improved. We rated it as good because:

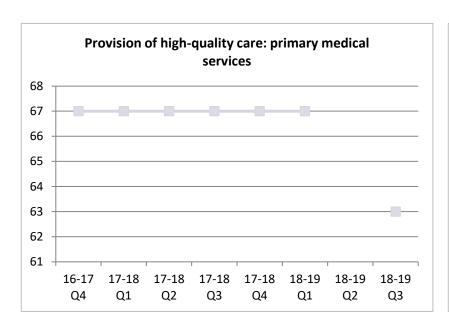
- · We rated effective, caring, responsive and well-led as good, and safe as requires improvement. We rated 12 of the trust's 14 services as good and two as requires improvement. In rating the trust, we took into account the previous ratings of the 10 services not inspected this time.
- Although we still rated the acute wards for adults of working age and psychiatric intensive care units core service as requires improvement we could see areas of improvement. We improved the overall ratings for two of the four core services inspected. We rated the community-based mental health service for adults of working age as good for all five key questions.
- The trust board and senior leaders had the appropriate range of skills, knowledge and experience to perform their role. The trust had a clear vision and set of values which were embedded and respected across the organisation.
- · Leadership development opportunities were available, including opportunities for staff below team manager level. The leadership and management development offer to staff took an inclusive approach, the pathway was open to both registered clinicians and non-registered support staff.
- The trust's target rate for appraisal compliance was 95%. At the time of inspection, the overall appraisal compliance rate was 97%. The appraisal process was aligned to the trust values and staff spoke positively regarding this process. On the whole staff felt respected, supported and valued within their teams.
- . The trust had a policy on restrictive practices which had recently been introduced. Each ward now had a reducing restrictive practice log/risk assessment which recorded the local restrictions in place, and what the risk assessment was with and without each restriction in place, what the decision was, and the plan for review of any restrictive practice. This had helped services identify and reduce restrictive practices across the inpatient wards.
- . On the whole, across the core services, we observed staff to be kind and caring towards patients. We observed positive relationships and could see staff knew the patients well.

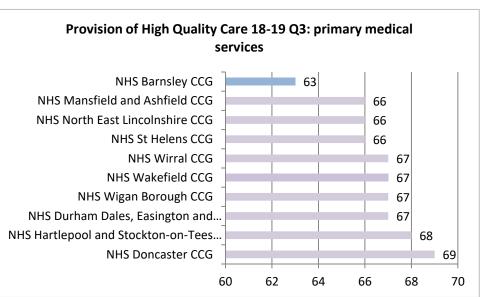
However:

- We rated acute wards for adults of working age and psychiatric intensive care units as requires improvement overall. Although we could see areas of improvement since our last inspection the core service still rated requires improvement for the safe, effective, caring and well led key question.
- · Children and young people were waiting over 18 weeks to receive treatment in some areas. Across the service four team's referral to treatment times exceeded 18 weeks. There were significant delays in accessing assessment for children and young people with autism spectrum disorder in all locations that offered this service.
- · Although staff reported feeing respected, supported and valued amongst their local team and most by the senior managers. Two groups of staff felt they were not valued by senior leadership.

D6 Primary care

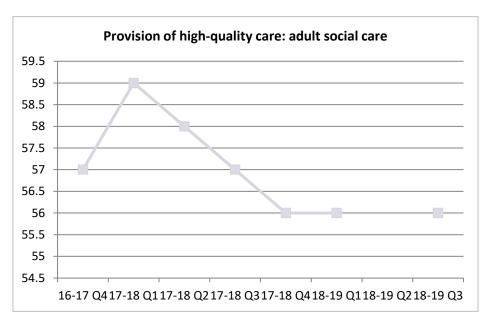
121b Provision of high-quality care: primary medical services Barnsley

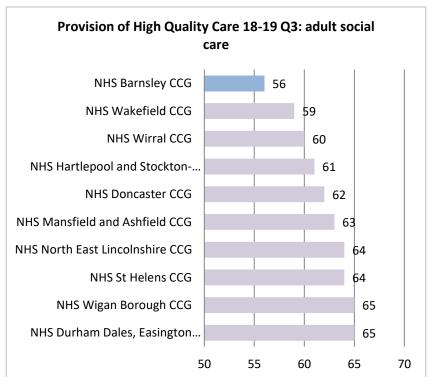




D6 Adult social care

121c Provision of high-quality care: adult social care Barnsley





D6 High quality care

Rationale	This metric provides an overall score indicative of the quality of care in a CCG area as determined by CQC inspection ratings. The summary score by sector for each area allows CCGs to assess the quality of care in their area against an England average and provides a baseline to monitor improvements.
Definition	A score from 0 – 100 for three sector-based indicators covering (a) Hospitals, (b) General Practices, (c) Adult Social Care each comprised of aggregated scores which have been allocated to CQC inspection ratings on five key questions for each service asking "Is it safe?", "Is it effective?", "Is it well-led?", "is it caring?", "is it responsive?".
	The ratings for each sector are designed to give the best estimate of services used by residents of that CCG. Services are rated as Inadequate, Requiring Improvement, Good or Outstanding. Scores will be applied to these ratings at the lowest rating level e.g. key question for a core service.
	The total score received will then be divided by the total available score for each area to form an overall proportional score which ranges between 0 and 100 i.e. if all services/locations/providers, for each sector, for that CCG area received a rating of outstanding across all five
Data source	Care Quality Commission
Reporting frequency	Quarterly (CCG Improvement and Assessment Framework)

D7 Children's social care services

Barnsley

Inspection of children's social care services

Inspection dates: 8 October 2018 to 19 October 2018

Lead inspector: Jan Edwards

Her Majesty's Inspector



Services for children in Barnsley are good and there has been steady improvement at successive inspections since 2012. Children are at the heart of strategic thinking, decision-making, and operational practice, which leads to good-quality services from a skilled and motivated workforce. The resolute focus on improving outcomes for children is shared across the partnership and is underpinned by political commitment and financial investment and a self-evaluation that shows that leaders know their services well.

Almost all children who need help and protection receive a timely service that meets their needs. The integrated 'front door' is effective in managing risk and protecting children. Thorough assessments with a well-considered analysis of the risks affecting children lead, for the most part, to targeted plans and interventions which are improving outcomes and reducing risk effectively. A greater focus is needed in relation to the use of private fostering. The timeliness and quality of return home interviews and understanding of broader contextual safeguarding are not as effective for some children.

Services for children in care and care leavers are good, and children's outcomes improve because of the support they receive from workers. Children in Barnsley benefit from a committed and 'pushy' corporate parent with a determination to raise the aspiration of all children, families, and the communities in which they live. However, improvement is needed to increase the number of young people in education, employment and training.

Judgement	Grade
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers	Good
Overall effectiveness	Good

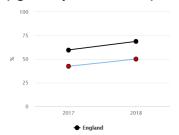
What needs to improve

- Risk assessment and the understanding of the wider risks to which young people are exposed in the community, including the timeliness and quality of return home interviews when children are reported missing from home and care.
- Regular review of the use of private fostering arrangements to ensure that they remain appropriate to meet children's needs.
- The numbers of care leavers aged 19–21 in education, employment and training.
- The rigour of audit and dip sampling activity and how data informs an understanding of the quality of practice and timeliness performance for initial child protection case conferences.

D7 Care home beds

The Prime Minister's 'Challenge on Dementia 2020' highlights that people with dementia should have access to safe and high quality long term care services. In England, there are currently 436, 380 people with a diagnosis of dementia (as of 31st March, 2017), and it is estimated that 70% may eventually require long-term residential care. Therefore this indicator provides information regarding the quality of residential care home and nursing home beds, specifically those suitable for persons with dementia (65+).

Dementia: Quality rating of residential care and nursing home beds (aged 65 years and over)



Period			Neighbrs	England				
Period		Count	Value	Lower CI	Upper CI	iveignors	England	
2017	•	574	42.4%	39.8%	45.0%	48.6%*	59.7%	
2018	•	779	50.0%	47.5%	52.4%	59.0%*	68.6%	

Definition

This indicator illustrates the percentage of residential care home and nursing home beds, suitable for a person with dementia (65+), which are rated as 'good' or 'outstanding' by the Care Quality Commission (CQC), per CCG and local authority.

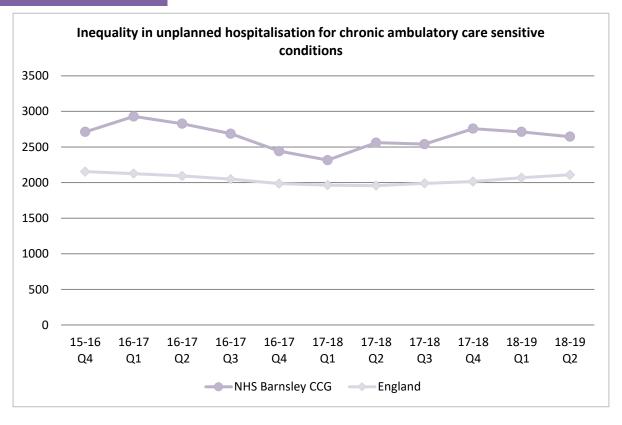
Comparator – Yorkshire and the Humber

Area ▲▼	Recent Trend	Neighbour Rank	Count ▲ ▼	Value ▲ ▼		95% Lower CI	95% Upper CI
England	-	-	209,766	68.6		68.5	68.8
Neighbours average	-	-	12,415	59.0*		-	-
St. Helens	-	4	506	80.8	H	77.6	83.7
Bury	-	15	746	74.8	H	72.0	77.4
Doncaster	-	2	1,269	72.5	H	70.3	74.5
Telford and Wrekin	-	7	564	69.9	H	66.6	73.0
Rochdale	-	13	684	69.7	H	66.8	72.5
Wigan	-	5	1,131	67.6	H	65.3	69.8
Rotherham	-	1	977	59.6	Н	57.2	62.0
Halton	-	11	356	57.1	—	53.1	60.9
Tameside	-	8	747	57.0	H	54.3	59.6
Dudley	-	9	961	56.9	H	54.5	59.2
Calderdale	-	6	490	54.3		51.1	57.5
Kirklees	-	10	866	50.7	H	48.4	53.1
Barnsley	-	-	779	50.0	H-	47.5	52.4
Wakefield	-	3	1,032	49.9	H	47.7	52.0
Stockton-on-Tees	-	14	791	49.3	H	46.9	51.8
Walsall	-	12	516	47.1	H	44.1	50.0

Comparator – CIPFA Statistical Neighbours

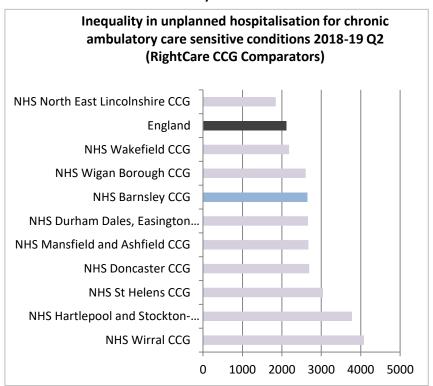
Area ▲ ▼	Recent Trend	Count ▲ ▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	209,766	68.6		68.5	68.8
Yorkshire and the Humber region	-	20,099	61.0		60.5	61.5
York	-	891	85.2	Н	82.9	87.2
North Lincolnshire	-	1,276	78.9	H	76.9	80.8
Doncaster	-	1,269	72.5	H	70.3	74.5
East Riding of Yorkshire	-	2,564	72.1	Н	70.6	73.5
North Yorkshire	-	2,737	64.3	H	62.8	65.7
North East Lincolnshire	-	992	64.0	H	61.6	66.4
Sheffield	-	1,611	63.3	Н	61.4	65.1
Rotherham	-	977	59.6	H	57.2	62.0
Bradford	-	1,933	59.3	H	57.6	60.9
Calderdale	-	490	54.3	H	51.1	57.5
Kirklees	-	866	50.7	-	48.4	53.1
Barnsley	-	779	50.0	H	47.5	52.4
Wakefield	-	1,032	49.9	H	47.7	52.0
Kingston upon Hull	-	934	49.1	H	46.9	51.4
Leeds	-	1,748	48.7	H	47.1	50.4

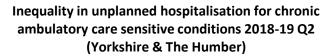
D7 Inequality of admissions

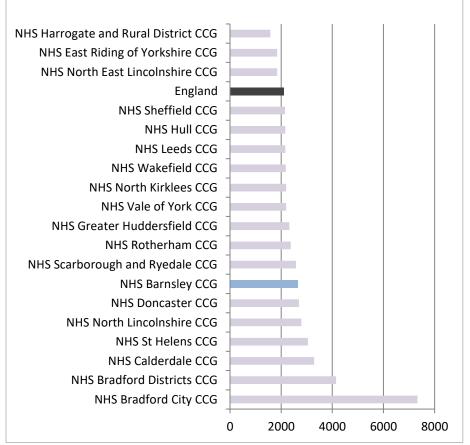


D7 Inequality of admissions

Inequality in unplanned admissions for chronic ambulatory care sensitive conditions and urgent care sensitive conditions Barnsley







D7 Inequality of admissions

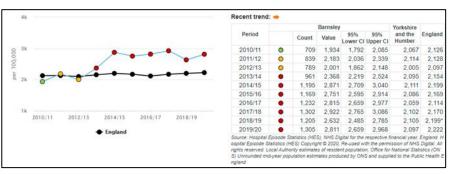
Definition	Absolute gradient of the relationship at Lower Super Output Area (LSOA) level between unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population and deprivation, measured by the Index of Multiple Deprivation (2015). The indicator measures the reduction over time of within-CCG variation in unplanned hospitalisation. Variation is measured by the gap between more and less deprived Lower Super Output Area (LSOA) rates of unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population. The measure uses the range of deprivation in England as a whole, which allows direct comparisons to be made between all CCGs.
Data source	1. Secondary Uses Service (SUS) data; 2. GP registered population data derived from the Exeter system by LSOA, age and sex; 3. Indices of Deprivation (ID) 2015
Rationale	There are large inequalities in the rate of unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions when comparing the most and least deprived areas nationally. Providing information on the level of inequalities within CCGs will shine a spotlight on variations in practice and will provide data to enable CCGs to explore levels of inequalities in order to address and reduce these. This indicator reflects variations in the quality of management of long-term conditions in primary, community and outpatient care as well as urgent care. It will help identify areas of 'good practice' and those where improvements should be made for the benefit of patients and the local health economy. It is seen as being sensitive to in-year change as a direct result of local action.
Reporting frequency	Quarterly

D8 Emergency admissions for falls

Rationale

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people (2.5 million) aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year. Falls that results in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and above account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.

Emergency hospital admissions due to falls in people aged 65 and over



Definition

Comparator – Yorkshire and the Humber

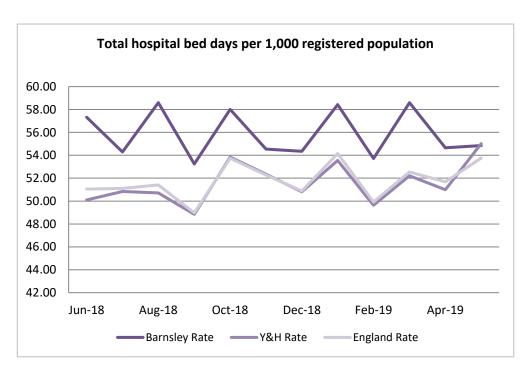
Area ▲ ▼	Recent Trend	Count △▼	Value ▲ ▼	95% Lower CI	95% Upper CI
England	•	234,793	2,222	2,213	2,231
Yorkshire and the Humber region	-	21,575	2,097	2,069	2,126
Barnsley	-	1,305	2,811	⊢ → 2,659	2,968
Calderdale	1	985	2,571	⊢	2,738
York	-	1,010	2,444	2,294	2,600
Doncaster	-	1,380	2,363	⊢ 2,239	2,492
Bradford	•	1,875	2,317	⊢ 2,213	3 2,425
Leeds	-	2,855	2,310	2,226	2,397
Kingston upon Hull		815	2,176	2,028	3 2,332
Kirklees	-	1,630	2,144	H 2,041	2,252
Sheffield	-	1,975	2,007	H 1,920	2,098
Rotherham	-	990	1,949	H 1,829	2,075
East Riding of Yorkshire	-	1,705	1,944	H 1,852	2,039
North Yorkshire	-	2,845	1,826	H 1,760	1,895
Wakefield	-	1,150	1,781	H 1,679	1,887
North Lincolnshire	-	545	1,525	1,399	1,659
North East Lincolnshire	-	505	1,504	1,375	1,642

Comparator – CIPFA Statistical Neighbours

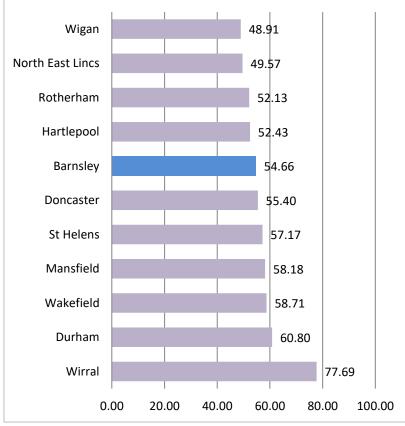
Area	Recent Trend	Neighbour Rank	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	1	-	234,793	2,222		2,213	2,231
Neighbours average	-	-	-	-		-	-
Wigan	-	5	1,630	2,864	\vdash	2,724	3,009
Halton	-	11	600	2,834	—	2,608	3,074
Barnsley	-	-	1,305	2,811	H	2,659	2,968
St. Helens		4	900	2,574	⊢	2,406	2,751
Calderdale	•	6	985	2,571	-	2,413	2,738
Rochdale	-	13	845	2,398	-	2,239	2,566
Doncaster	-	2	1,380	2,363	H	2,239	2,492
Telford and Wrekin		7	630	2,256	H	2,081	2,442
Bury	-	15	735	2,151	H	1,998	2,312
Kirklees	-	10	1,630	2,144	H	2,041	2,252
Tameside	-	8	775	2,073	H	1,927	2,226
Rotherham	-	1	990	1,949	H	1,829	2,075
Dudley		9	1,270	1,917	H	1,812	2,026
Walsall	-	12	955	1,842	H	1,726	1,963
Wakefield	-	3	1,150	1,781	H	1,679	1,887
Stockton-on-Tees		14	570	1,587		1,458	1,724

Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.

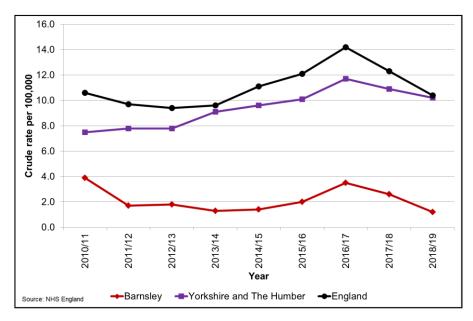
D8 Bed days



Total hospital bed days per 1,000 registered population (April 2019) RightCare Comparator CCGs



D7 Delayed transfers of care

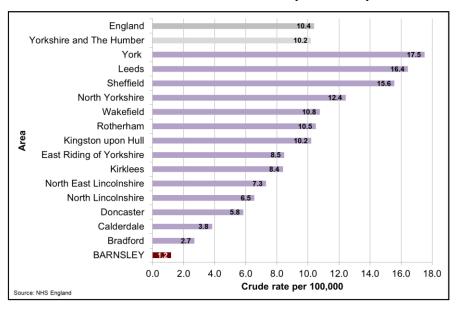


	Average number	Crud	e rate per 10	00,000
	of non-acute	Barnsley	Yorkshire	England
Period	delayed		and The	
renou	transfers of care		Humber	
	(18+) per day			
	(Barnsley)			
2010/11	7	3.9	7.5	10.6
2011/12	3	1.7	7.8	9.7
2012/13	3	1.8	7.8	9.4
2013/14	2	1.3	9.1	9.6
2014/15	3	1.4	9.6	11.1
2015/16	4	2.0	10.1	12.1
2016/17	7	3.5	11.7	14.2
2017/18	5	2.6	10.9	12.3
2018/19	2	1.2	10.2	10.4

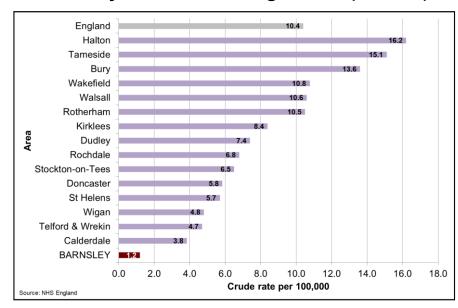
Source: NHS England

D7 Delayed transfers of care

Barnsley and other authorities in Yorkshire and The Humber (2018/19)



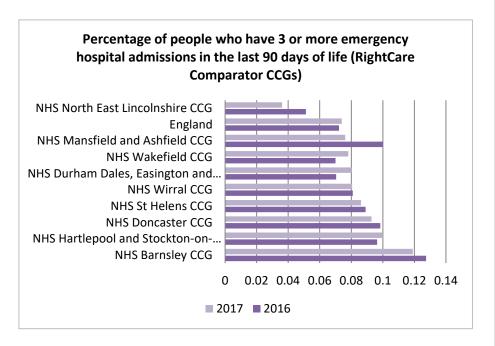
Barnsley and 'nearest neighbours' (2018/19)



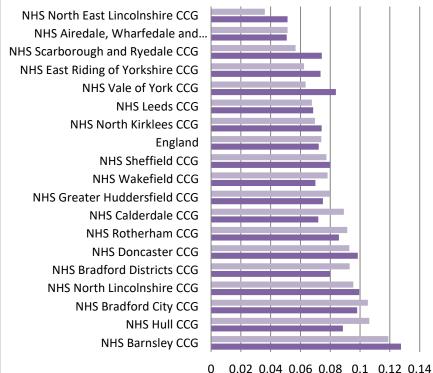
D7 Delayed transfers of care

Rationale	This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.
Definition	The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep) for acute and non acute, per 100,000 population aged 18+.
	A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: •(a) a clinical decision has been made that the patient is ready for transfer;
	•(b) a multidisciplinary team decision has been made that the patient is ready for transfer; •(c) the patient is safe to discharge/transfer.
	Population from ONS unrounded single year of age mid-year population estimate.
Data source	Department of Health
Reporting frequency	Annual

D9 Unplanned admissions at end of life



Percentage of people who have 3 or more emergency hospital admissions in the last 90 days of life (Yorkshire & The Humber)



■ 2017 ■ 2016

D9 Unplanned admissions at end of life

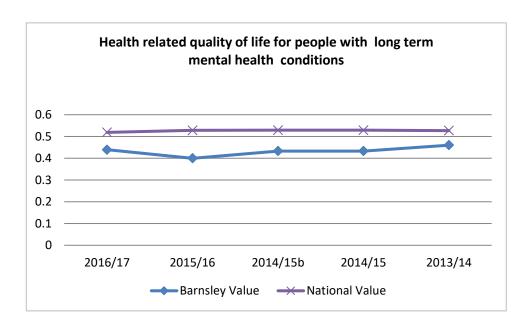
Rationale	 The purpose of the indicator is to encourage improvement in the quality of end of life care in the following ways: anticipatory planning and end of life care being addressed in a coordinated and timely way key information about the person's condition, needs and preferences being shared across the local health and care system, and where unplanned needs arise (as they inevitably will for some people), in the speed and adequacy of urgent care response taking place where the person is, which should reduce the need for repeat emergency admissions during the last 90 days of life. The threshold of 3 or more is set to account for the fact that some unplanned needs may require emergency admission (e.g. an acute reversible event that may or may not be connected to the underlying condition, or an unexpected and sudden deterioration in symptom severity which requires urgent
Definition	Repeat emergency admissions during end of life care.
Data source	Linked HES-ONS mortality data (in addition to full ONS death certificate data for total numbers of deaths). The ONS mortality data is linked to HES by matching person identifiable data in the ONS mortality dataset with patient identifiers in HES. Further information on linked HES-ONS data is available at the following link, including detailed information about the linking methodology: http://content.digital.nhs.uk/article/2677/Linked-HES-ONS-mortality-data
Reporting frequency	Annually

E. Improving quality of life

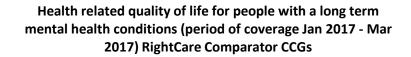
- 10. People with long-term health and care needs and their carers have a good quality of life
- 11. People can manage their own health and maintain independence
- 12. People have a positive experience of work and their community

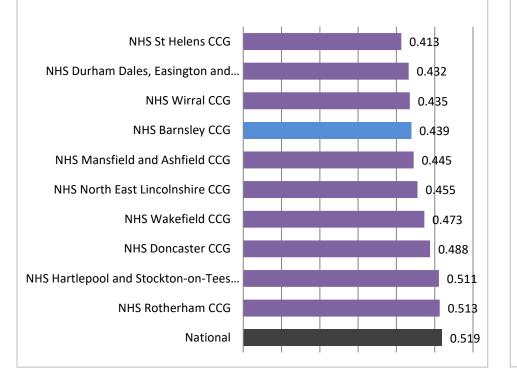
E10 Quality of life – long term mental health

Reporting Period	Barnsley Value	Denominator	Numerator	National Value
2016/17	0.439	215.5	96.7	0.519
2015/16	0.4	225.7	89.7	0.528
2014/15b	0.433	195.5	87.2	0.529
2014/15	0.433	195.5	87.2	0.529
2013/14	0.46	224.8	104	0.527

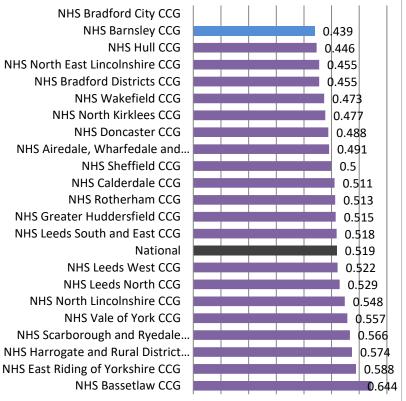


E10 Quality of life – long term mental health





Health related quality of life for people with a long term mental health condition (period of coverage Jan 2017 - Mar 2017) Yorkshire & Humber

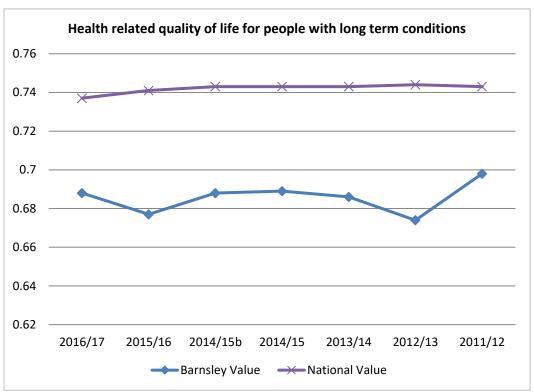


E10 Quality of life – long term mental health

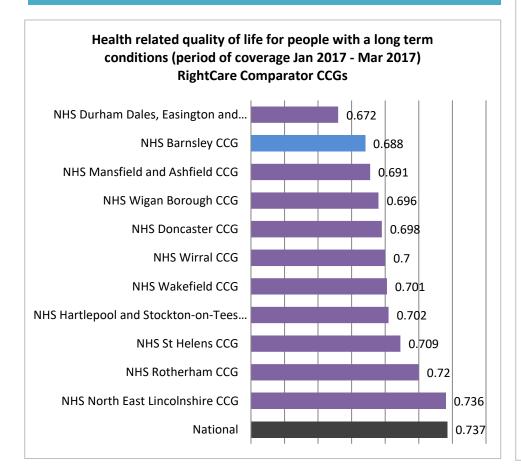
Rationale	Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life. Measuring health-related quality of life is recognised as important to inform patient management and policy decisions.
Definition	Indicator 2.16 measures the health-related quality of life for people who identify themselves as having a long-term mental health condition. Health-related quality of life refers to the extent to which people: 1. Have problems walking about 2. Have problems performing self-care activities (washing or dressing themselves) 3. Have problems performing their usual activities (work, study etc.) 4. Have pain or discomfort 5. Feel anxious or depressed
Data source	GP Patient Survey from Ipsos MORI (http://www.gp-patient.co.uk). Historically GPPS results were collected in two waves, one wave between July and September one year, and the next wave between January and March of the following year. From 2016/17 onwards, GPPS results are collected in one wave (January to March) but the sample size is consistent with previous years.
Reporting frequency	Annually in July

E10 Quality of life – long term conditions

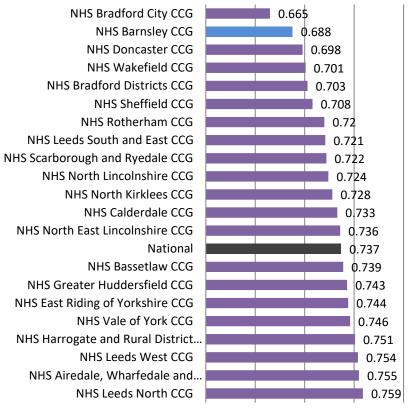
Reporting Period	Barnsley Value	Barnsley Denominator	Barnsley Numerator	National Value
2016/17	0.688	1811.6	1226.1	0.737
2015/16	0.677	1885.3	1257.1	0.741
2014/15b	0.688	1987.2	1350.7	0.743
2014/15	0.689	1995	1357.1	0.743
2013/14	0.686	2141.1	1449.9	0.743
2012/13	0.674	2280.2	1511.8	0.744
2011/12	0.698	2097.2	1415.6	0.743



E10 Quality of life – long term conditions



Health related quality of life for people with a long term conditions (period of coverage Jan 2017 - Mar 2017) Yorkshire & The Humber

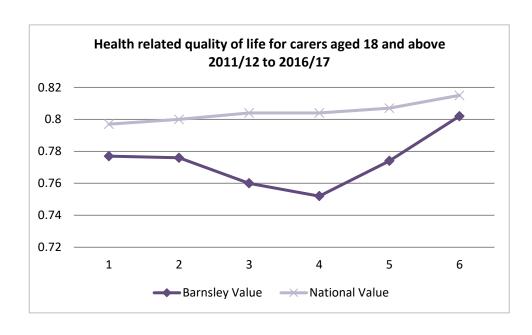


E10 Quality of life – long term conditions

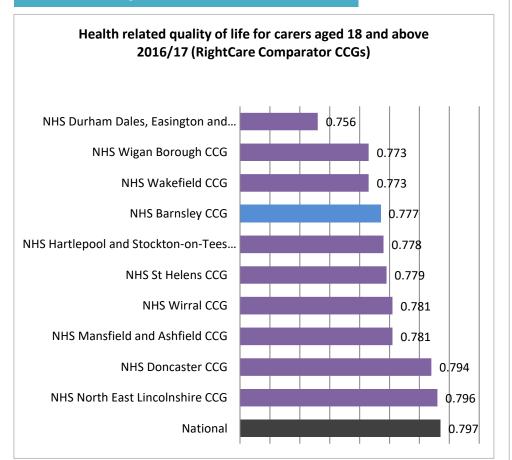
Rationale	Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life. Measuring health-related quality of life is recognised as important to inform patient management and policy decisions.
Definition	This indicator measures health-related quality of life for people who identify themselves as having one or more long-standing health conditions. Health-related quality of life refers to the extent to which people: ② have problems walking about; ② have problems performing self-care activities (washing or dressing themselves); ② have problems performing their usual activities (work, study etc.); ② have pain or discomfort; ② feel anxious or depressed.
Data source	GP Patient Survey (GPPS) from Ipsos MORI (http://www.gp-patient.co.uk/) – Official Statistics Published annually - from 2016/17 onwards one survey wave covers January – March, prior to this two survey waves per year covered July – September and January – March. Data is available 3 to 4 months after the end of the financial year.
Reporting frequency	Annually in July

E10 Quality of life – carers

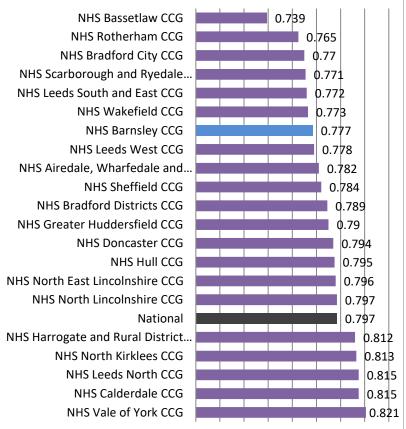
Reporting Period	Barnsley Value	Denominator	Numerator	National Value
2016/17	0.777	600.7	464.8	0.797
2015/16	0.776	681	530.9	0.8
2014/15	0.76	732	553.8	0.804
2013/14	0.752	770.8	588.6	0.804
2012/13	0.774	790	614.2	0.807
2011/12	0.802	783.6	628.6	0.815



E10 Quality of life – carers



Health related quality of life for carers aged 18 and above 2016/17 (Yorkshire & The Humber)

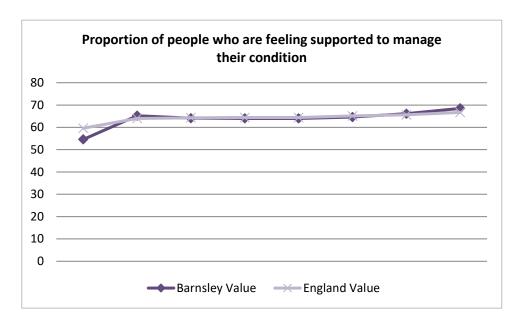


E10 Quality of life – carers

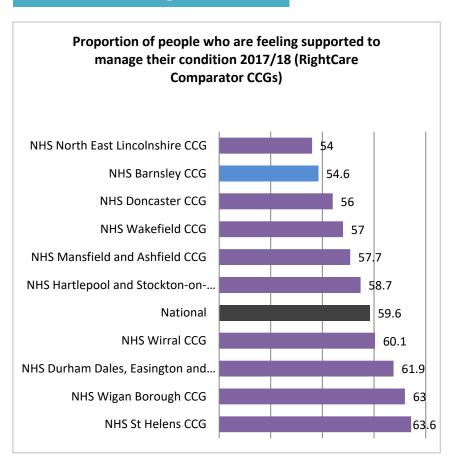
Rationale	Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life. Measuring health-related quality of life is recognised as important to inform patient management and policy decisions.
Definition	This indicator measures health-related quality of life for people who identify themselves as helping or supporting family members, friends, neighbours or others with their long-term physical or mental ill health/disability or because of problems related to old age. By health related quality of life, we mean the extent to which people: ② have problems walking about; ② have problems performing self-care activities (washing or dressing themselves); ② have problems performing their usual activities (work, study etc.); ② have pain or discomfort; and ② feel anxious or depressed
Data source	GP Patient Survey (GPPS) from Ipsos MORI (http://www.gp-patient.co.uk/) – Official Statistics Published annually - from 2016/17 onwards one survey wave covers January – March, prior to this two survey waves per year covered July – September and January – March. Data is available 3 to 4 months after the end of the financial year.
Reporting frequency	Annually in July

E11 Self-management

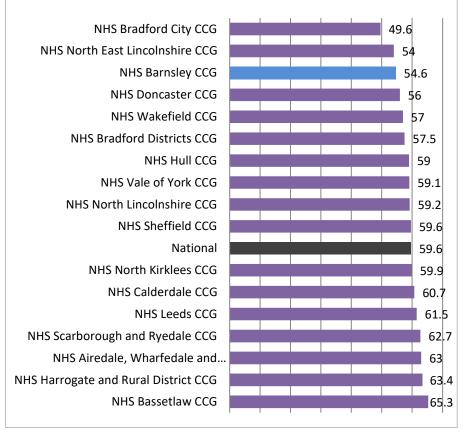
Reporting Period	Barnsley Value	Denominator	Numerator	England Value
2017/18	54.6	1226.6	697.1	59.6
2016/17	65.2	1342.9	908.5	64
2015/16	64.1	1434.4	956.5	64.3
2014/15b	64	1552.8	1058.2	64.4
2014/15	64	1559.2	1061.4	64.4
2013/14	64.6	1661.5	1103.2	65.1
2012/13	66.1	1744.3	1213.3	65.6
2011/12	68.5	1593.2	1136.5	66.7



E11 Self-management



Proportion of people who are feeling supported to manage their condition 2017/18 (Yorkshire & The Humber)



E11 Self-management

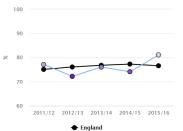
Rationale	People increasingly expect to work in partnership with health and social care professionals. To make this happen, professionals need to see their patients or clients first and foremost as individuals. They need to make time to listen to people's concerns, and to understand their values and their goals.
	Supported self-management is a core component of our shared the vision in Barnsley that "people enabled to take control of their health and wellbeing" and that services must shift from "doing for or doing to" to "working with" patients and service users.
Definition	CCG OIS 2.2 measures the degree to which people with health conditions, which are expected to last for a significant period of time, feel they have had sufficient support from relevant services and organisations to manager their condition. Patients are encouraged to consider all services and organisations, which support them in managing their condition, not just health services.
Data source	GP Patient Survey from Ipsos MORI (http://www.gp-patient.co.uk). Historically GPPS results were collected in two waves, one wave between July and September one year, and the next wave between January and March of the following year. From 2016/17 onwards, GPPS results are collected in one wave (January to March) but the sample size is consistent with previous years.
Reporting frequency	Annually in July

E11 Control of daily life

Rationale

Control is one of the key outcomes for individuals derived from the policy on personalisation. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether that outcome is being achieved. This indicator measures one component of the overarching measure 1A – social care-related quality of life. A preference study conducted by RAND found that members of the public gave this domain the highest weight of the eight included, i.e. of all the domains included in the overarching measure, this is the one that is considered by the public to be the most important.

Proportion of people who use services who have control over their daily life



Period			Yorkshire and the	Ftd			
		Count	Value	Lower CI	Upper CI	Humber region	England
2011/12		-	77.1%	72.2%	82.0%	75.9%	75.1%
2012/13	•	-	72.2%	65.7%	78.7%	77.1%	76.1%
2013/14	•	-	76.1%	71.0%	81.2%	78.0%	76.8%
2014/15	•	-	74.1%	69.5%	78.7%	78.1%	77.3%
2015/16	0	-	81.1%	77.5%	84.7%	76.2%	76.6%

Area ▲ ▼	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	-	-	76.6		76.2	77.0
Yorkshire and the Humber region	-	-	76.2	Н	75.2	77.2
Sheffield	-	-	71.7	H	68.6	74.8
Doncaster	-	-	73.3	—	68.7	77.9
Leeds	-	-	73.7	-	69.3	78.
Calderdale	-	-	74.0	H	70.0	78.0
Kirklees	-	-	74.0	-	70.4	77.6
Rotherham	-	-	74.1	-	70.2	78.0
Wakefield	-	-	76.6	\vdash	72.5	80.7
North Yorkshire	-	-	76.8	H	73.6	80.0
York	-	-	77.3	H	74.3	80.3
Bradford	-	-	79.2	H	75.8	82.6
North Lincolnshire	-	-	79.3	\vdash	75.6	83.0
Kingston upon Hull	-	-	80.0	H	76.7	83.3
North East Lincolnshire	-	-	80.6	Н	76.4	84.8
Barnsley	-	-	81.1	H	77.5	84.7
East Riding of Yorkshire	-	-	81.7	H	78.1	85.3

Comparators: Yorkshire & Humber (above), CIPFA Nearest Neighbours (below)

Area ▲▼	Recent Trend	Neighbour Rank	Count ▲ ▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	-	76.6		76.2	77.0
Neighbours average	-	-	-	-		-	-
Walsall	_	12	-	68.1	-	65.3	70.9
Tameside	-	8	-	68.6	-	64.1	73.1
Doncaster	-	2	-	73.3	-	68.7	77.9
Dudley	-	9	-	73.9	-	70.7	77.1
Calderdale	-	6	-	74.0	H	70.0	78.0
Kirklees	-	10	-	74.0	⊢	70.4	77.6
Rotherham	-	1	-	74.1	—	70.2	78.0
Wakefield	-	3	-	76.6	H	72.5	80.7
Halton	-	11		77.7	H	73.3	82.1
Rochdale	-	13	-	79.0	 	75.5	82.5
Stockton-on-Tees	-	14	-	79.3	H	75.5	83.1
Bury	-	15	-	79.3	Н	75.6	83.0
Wigan	-	5	-	79.7	Н	75.7	83.7
Telford and Wrekin	-	7	-	80.0	H	76.3	83.7
St. Helens	-	4	-	80.4	H	76.9	83.9
Barnsley	-	-		81.1	H	77.5	84.7

Definition

The relevant question drawn from the Adult Social Care Survey is Question 3a: 'Which of the following statements best describes how much control you have over your daily life?', to which the following answers are possible: I have as much control over my daily life as I want; I have adequate control over my daily life; I have some control over my daily life but not enough; I have no control over my daily life. The measure gives an overall indication of the reported outcome for individuals – it does not, at present, identify the specific contribution of councils' adult social care towards the outcome.

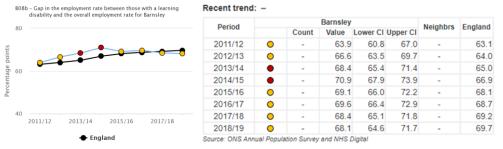
E11 Gap in employment for learning disabilities

Rationale

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

Recent 95% Area Count Value Trend Lower CI Upper CI England 69.4 69.9 Yorkshire and the Humber region 67.1 68.9 77.0 North Yorkshire 71.1 69.5 75.7 East Riding of Yorkshire 72.6 70.5 67.3 73.8 Kingston upon Hull 70.4 67.2 73.6 York 70.1 66.1 74.0 73.3 Calderdale 69.9 66.4 66.5 72.9 Wakefield 69.7 65.2 72.0 Rotherham 68.6 Barnsley 68.1 64.6 71.7 70.5 Leeds 67.8 65.2 North Lincolnshire 65.2 61.3 69.1 Bradford 63.9 60.8 67.1 Kirklees 62.9 59.6 66.2 Doncaster 60.7 57.0 64.4 59.9 55.8 64.1 North East Lincolnshire

Gap in the Employment Rate Between those with a Learning Disability and the Overall Employment Rate



Comparators: Yorkshire & Humber (above), CIPFA Nearest Neighbours (below)

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	-	-	-	69.7		69.4	69.9
Neighbours average	_	-	-	-		-	-
Telford and Wrekin	-	6	-	72.7	H	69.6	75.7
Wigan	_	5	-	70.8	H	67.6	74.1
Calderdale	-	7	-	69.9	H	66.4	73.3
Halton	-	10	-	69.8	-	66.1	73.5
Wakefield	_	3	-	69.7	H	66.5	72.9
Walsall	-	11	-	69.6	H	66.4	72.7
Rotherham	-	1	-	68.6	H	65.2	72.0
Barnsley	-	-	-	68.1	H	64.6	71.7
St. Helens	_	4	-	66.8	⊢ ⊣	63.0	70.5
Dudley	-	8	-	66.7	<u> </u>	63.3	70.1
Tameside	-	9	-	66.5	-	63.0	70.0
North Lincolnshire	_	14	-	65.2	—	61.3	69.1
Stockton-on-Tees	-	12	-	63.4	-	59.6	67.1
Rochdale	-	15	-	63.3	-	59.8	66.8
Kirklees	-	13	-	62.9	H	59.6	66.2
Doncaster	-	2	-	60.7	H	57.0	64.4

Definition

The percentage point gap between the percentage of working age learning disabled clients known to CASSRs in paid employment (aged 18 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64)

E12 NHS staff survey

Overall indicator of staff engagement Barnsley

Barnsley Clinical Commissioning Group

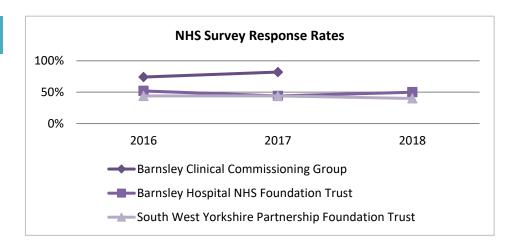
Period	Response rate	Engagement Value	Average (median) of CCGs	Threshold for top 20% of CCGs
2016	74%	3.78	3.89	3.95
2017	82%	4.16	3.86	3.92
2018	No data	No data		

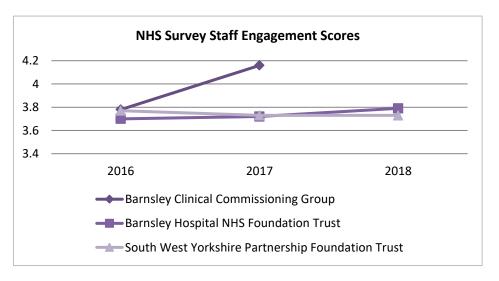
Barnsley Hospital NHS Foundation Trust

Period	Response rate	Engagement Value	•	Threshold for top 20% of acute trusts
2016	52%	3.7	3.81	3.83
2017	44%	3.72	3.79	3.82
2018	50%	3.79		

South West Yorkshire Partnership Foundation Trust

Period	Response rate	Engagement Value	Average (median) of combined MH/LD/CH trusts	Threshold for top 20% of combined MH/LD/CH trusts
2016	44%	3.77	3.8	3.83
2017	44%	3.73	3.78	3.82
2018	40%	3.73		





E12 NHS staff survey

Overall indicator of staff engagement Barnsley

Survey Coordination Centre

2018 NHS Staff Survey Results > Appendices > Significance testing - 2017 v 2018 theme results



The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: nindicates that the 2018 score is significantly higher than last year's, whereas indicates that the 2018 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'NA'.

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	9.3	1281	9.2	1440	Not significant
Health & wellbeing	6.0	1297	6.1	1446	Not significant
Immediate managers	6.8	1297	6.9	1453	Not significant
Morale		0	6.2	1418	N/A
Quality of appraisals	5.3	1161	5.5	1323	Α
Quality of care	7.3	1125	7.5	1293	↑
Safe environment - Bullying & harassment	8.2	1272	8.3	1426	Not significant
Safe environment - Violence	9.4	1270	9.4	1421	Not significant
Safety culture	6.6	1290	6.8	1434	↑
Staff engagement	6.8	1313	7.0	1471	Α

^{*} Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

E12 NHS Staff survey

Rationale	The survey allows organisations to build up a picture of staff experience and, with care, to compare and monitor change over time and to identify variations between different staff groups. Obtaining feedback from staff, and taking account of their views and priorities, is vital for driving real service improvements in the NHS.
Definition	Calculated using the responses to nine individual questions which make up three Key Findings related to staff engagement. Details of the questions used are provided below: • KF1: Staff recommendation of the organisation as a place to work or receive treatment o Care of patients / service users is my organisation's top priority. o I would recommend my organisation as a place to work. o If a friend of relative needed treatment, I would be happy with the standard of care provided by this organisation. • KF4: Staff motivation at work o I look forward to going to work. o I am enthusiastic when I am working. o Time passes quickly when I am working. • KF7: Staff ability to contribute towards improvement at work o I am able to make suggestions to improve the work of my team / department. o There are frequent opportunities for me to show initiative in my role. o I am able to make improvements happen in my area of work.
Data source	NHS Staff Survey Coordination Centre, Picker Institute Europe
Reporting frequency	Annual

E12 BMBC Employee survey

TELL US WHAT YOU THINK

EMPLOYEE SURVEY 2017

KEY FINDINGS



72.1% of staff say that the council is a good place to work

71.8% of staff say that they feel proud to work for the council

83.0% of staff would recommend the council to others as a good place to work



of staff based in Westgate/ Gateway



of staff are contracted to work 37 hours



65% of responses were from females

91%

of staff have said they're White British

2.7%

of staff have said they're BME

8.4%

of staff said they have disabilitie



85.7%

of staff have said they're heterosexual

of staff have s

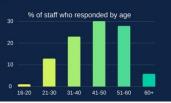
of staff have said they're bisexual

94%

of staff are the same gender as they were at birth

0.1%

of staff have said they're transgender



40.8% feel have too much work to do

61.3% sufficient resources and equipment to do job effectively

72.1% satisfied with the opportunities available to work flexibly

63.9% council does enough to support my health and wellbeing at work

67.4% health and Safety is given a high priority

92.4% know what to do in role to minimise health and safety risks

RESPONSE RATES

	Returns	Despatch	Response Rate
Communities	465	787	59.1%
Core	461	561	82.2%
People	482	713	67.6%
Place	412	892	46.2%
Public Health	67	125	53.6%
Total	1,887	3,078	61.3%

POSITIVE SHIFTS FROM 2015

	2015	2017	(+ %)
Making the best use of your skills and abilities	40%	74%	34%
My line manager leads by example	42%	72%	30%
My line manager allows me to question, challenge and put forward ideas and suggestions	46%	74%	28%
I would recommend the council to others as a good place to work	57%	83%	26%
The council has a clear plan for the future	62%	79%	17%
My line manager helps me to identify what is working well and how I can change and improve things	52%	68%	16%
l have sufficient resources and equipment to do job effectively	46%	61%	15%
I see change as an opportunity	60%	73%	13%
I find the process of change causes me concern and worry	48%	35%	13%

NEGATIVE SHIFTS FROM 2015

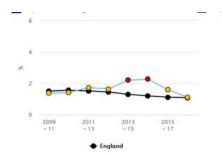
	2015	2017	-%
The health and safety of employees is given a high priority	70%	67%	-3
Makes decisions quickly when needed	77%	75%	-2

E12 Sickness absence

Rationale

The independent review of sickness absence (published December 2011) was commissioned by government to help combat the 140 million days lost to sickness absence every year. The review provided an important analysis of the sickness absence system in the UK; of the impact of sickness absence on employers, the State and individuals; and of the factors which cause and prolong sickness. This is in line with the Government's strategy for public health, which adopts a life-course approach and includes a focus on the working-age population in the "working well" stage to help people with health conditions to stay in or return to work

Sickness absence - the percentage of working days lost due to sickness absence



Period			Neighbrs	England			
Period		Count	Value	Lower CI	Upper CI	Heidinia	Cirgiano
2009 - 11	0		1.4%	1.0%	2.0%		1.5%
2010 - 12	0	- 1	1.4%	1.0%	2.1%		1.6%
2011 - 13	0		1.7%	1.2%	2.5%		1.5%
2012 - 14	0	1	1.6%	1.1%	2.4%	1	1.59
2013 - 15		-	2.2%	1.6%	3.1%		1.39
2014 - 16			2.3%	1.6%	3.2%		1.2%
2015 - 17	0	-	1.6%	1.1%	2.4%		1.1%
2016 - 18	0	1	1.1%	0.7%	1.7%	-	1.1%

Definition

The percentage of working days lost due to sickness absence in the previous week

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	-	-	1.1	Н	1.0	1.1
Yorkshire and the Humber region	-	-	1.2		1.1	1.3
Doncaster	-	-	2.2		1.5	3.1
East Riding of Yorkshire	-	-	1.7		1.2	2.4
Wakefield	-	-	1.5	<u> </u>	1.1	2.1
North Lincolnshire	-	-	1.4		0.9	2.1
Sheffield	-	-	1.3	<u> </u>	0.9	2.0
Leeds	-	-	1.2		0.9	1.7
Barnsley	-	-	1.1		0.7	1.7
Kirklees	-	-	1.1		0.7	1.7
Kingston upon Hull	-	-	1.1		0.7	1.6
North East Lincolnshire	-	-	1.0		0.6	1.6
Rotherham	-	-	1.0		0.7	1.5
Bradford	-	-	0.9		0.6	1.4
Calderdale	-	-	0.9 ►		0.5	1.5
North Yorkshire	-	-	0.6 ►	\vdash	0.4	0.9
York	_	-	0.6	\vdash	0.4	0.9

Comparators (2016/18): Yorkshire & Humber (above), CIPFA Nearest Neighbours (below)

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	_	-	-	1.1	H	1.0	1.1
Neighbours average	-	-	-	-		-	-
Doncaster	_	2	-	2.2	-	1.5	3.1
Dudley	_	9	-	1.7		1.1	2.0
Stockton-on-Tees	_	14	-	1.7		1.1	2.5
Wakefield	_	3	-	1.5	-	1.1	2.1
Walsall	_	12	-	1.3		0.9	2.0
Telford and Wrekin	_	7	-	1.2		0.8	1.8
Wigan	_	5	-	1.1		0.7	1.7
Barnsley	_	-	-	1.1		0.7	1.7
Kirklees	_	10	-	1.1		0.7	1.7
Bury	_	15	-	1.0		0.6	1.6
Rotherham	-	1	-	1.0		0.7	1.5
Rochdale	_	13	-	1.0		0.6	1.5
Halton	_	11	-	0.9		0.6	1.4
Calderdale	-	6	-	0.9		0.5	1.5
St. Helens	-	4	-	0.9		0.5	1.4
Tameside	_	8	-	0.9		0.5	1.4

E12 Pupil absence

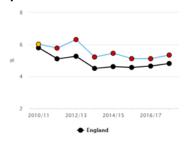
Rationale

Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. Education attainment is influenced by both the quality of education they receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities. Improving attendance (i.e. tackling absenteeism) in schools is crucial to the Government's commitment to increasing social mobility and to ensuring every child can meet their potential. Improving school attendance will require all services that work with young people to agree local priorities. This indicator should help achieve this.

Comparator – Yorkshire and the Humber

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	•	118,236,069	4.81		4.80	4.83
Yorkshire and the Humber region	•	12,366,992	5.00	H	4.95	5.05
Calderdale	•	480,622	4.43	H	4.21	4.66
East Riding of Yorkshire	•	632,786	4.57	H	4.37	4.78
York	•	355,646	4.65	-	4.38	4.94
Kirklees	•	992,372	4.74	H	4.58	4.92
North Lincolnshire	•	370,893	4.78	H	4.51	5.07
Leeds	•	1,749,368	4.84	H	4.72	4.98
North Yorkshire	•	1,210,823	4.87	H	4.71	5.03
North East Lincolnshire	•	363,787	4.94		4.66	5.25
Kingston upon Hull	•	611,736	4.96	H	4.74	5.19
Rotherham	•	676,705	5.08	H	4.86	5.31
Bradford	•	1,499,907	5.22	H	5.07	5.37
Sheffield	•	1,240,517	5.22	H-	5.06	5.39
Barnsley		545,707	5.34	H	5.09	5.60
Wakefield	•	865,940	5.51	H	5.31	5.72
Doncaster	•	770,183	5.54	H	5.32	5.77

Pupil absence



Period			Barnsley			Neighbrs	England
Period	Fellou	Count	Value	Lower CI	Upper CI	weighbis	England
2010/11	0	479,512	6.02%	5.74%	6.30%		5.79%
2011/12	•	467,161	5.78%	5.51%	6.06%	-	5.11%
2012/13	•	609,609	6.31%	6.03%	6.60%	-	5.26%
2013/14	•	515,664	5.22%	4.96%	5.49%	-	4.51%
2014/15	•	535,825	5.45%	5.20%	5.71%	-	4.62%
2015/16	•	519,001	5.12%	4.87%	5.38%	-	4.57%
2016/17	•	520,290	5.11%	4.87%	5.37%	-	4.65%
2017/18	•	545,707	5.34%	5.09%	5.60%		4.81%
urce: The School ence, Pupil abserversion, Select ti	nce in s	chools in Eng	land for the	e appropriat	te academic	year; the full	year relea

Definition

Percentage of half days missed by pupils due to overall absence (including authorised and unauthorised absence).

Comparator – CIPFA Statistical Neighbours

Area	Recent Trend	Neighbour Rank	Count	Value	L	95% ower CI	95% Upper CI
England	•	-	118,236,069	4.81		4.80	4.83
Neighbours average	-	-	-	-		-	-
Calderdale	+	6	480,622	4.43		4.21	4.66
Kirklees	+	10	992,372	4.74	H	4.58	4.92
Tameside	•	8	549,063	4.76	H	4.53	4.99
Telford and Wrekin	1	7	423,160	4.83	H	4.58	5.10
St. Helens	1	4	400,941	4.87	H-1	4.60	5.16
Wigan	1	5	732,971	4.87	H	4.67	5.08
Bury	1	15	464,717	4.92	H	4.66	5.18
Walsall	1	12	728,552	4.99	H	4.78	5.20
Dudley	1	9	728,902	5.02	H	4.81	5.23
Rochdale	1	13	570,187	5.02	H	4.79	5.27
Rotherham	1	1	676,705	5.08	H	4.86	5.31
Stockton-on-Tees	1	14	480,359	5.11	-	4.85	5.38
Halton	1	11	319,621	5.28	-	4.95	5.62
Barnsley		-	545,707	5.34	H-1	5.09	5.60
Wakefield	•	3	865,940	5.51	H	5.31	5.72
Doncaster	•	2	770,183	5.54	H	5.32	5.77