

## Key Points:

- The Health Deprivation and Disability Domain experienced the largest change from IMD 2010 to IMD 2015.
- Barnsley is ranked **20th** out of 326 (where 1 is the most deprived) within the Health Deprivation & Disability Domain in IMD 2015, using the rank of average score measure.
- Nearly a third (31.3%) of areas in Barnsley are amongst the 10% most deprived in England for Health Deprivation & Disability Domain. In IMD 2010 14.3% were in the 10% most deprived.

## Methodology

The Health Deprivation & Disability domain is composed of four underlying indicators:

- Years of potential life lost
- Comparative illness and disability ratio
- Acute morbidity
- Mood and anxiety disorders

The indicators are weighted and combined to give an overall domain score.

## Changes From IMD 2010

There were no methodological changes to the domain and the Indicators remained the same as in IMD 2010.

## Results For Barnsley

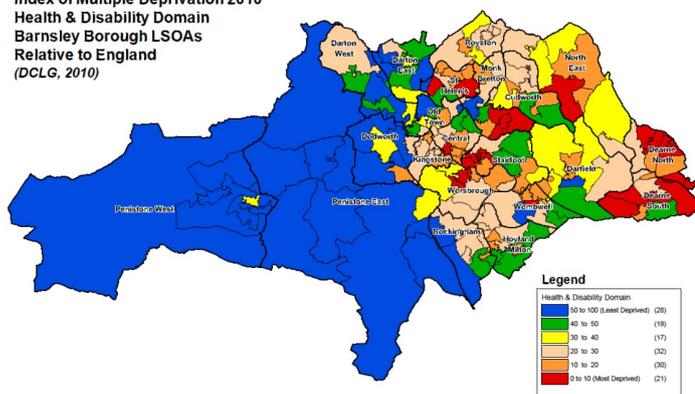
The Health Deprivation and Disability Domain experienced the largest change from IMD 2010 to IMD 2015 of any domain.

Barnsley is ranked **20th** out of 326 (where 1 is the most deprived) within the Health Deprivation & Disability Domain in IMD 2015, using the rank of average score measure.

Figures 1 and 2 compare the levels of deprivation for each of the 147 Barnsley Lower Super Output Areas (LSOAs) in the Health Deprivation & Disability Domain, between 2010 and 2015.

46 LSOAs are within the most deprived decile (shaded red) in IMD 2015, an increase from 21 in IMD 2010. The east of the borough is generally more deprived than the west: however, increases in deprivation have been experienced in LSOAs throughout the borough between IMD 2010 and IMD 2015.

Index of Multiple Deprivation 2010  
Health & Disability Domain  
Barnsley Borough LSOAs  
Relative to England  
(DCLG, 2010)



Index of Multiple Deprivation 2015  
Health & Disability Domain  
Barnsley Borough LSOAs  
Relative to England  
(DCLG, 2015)

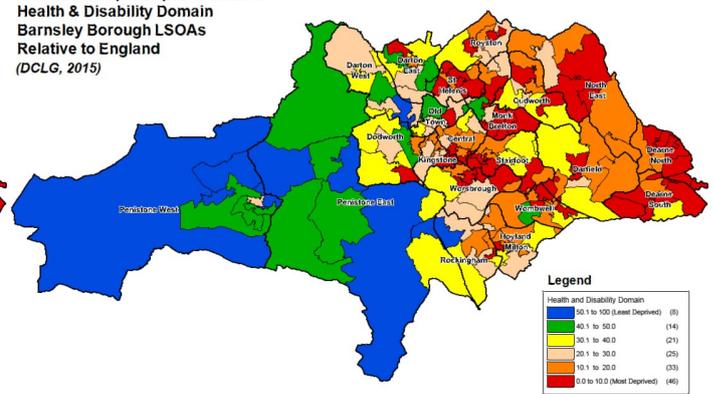


Figure 1

Figure 2

## Has the Level of Deprivation Actually Changed?

The biggest changes between IMD 2010 and IMD 2015 have taken place in the acute morbidity and mood and anxiety disorders indicators.

- Acute morbidity indicator: the proportion of areas in Barnsley in the 10% most deprived in England increased from 2.7% in 2010 to 25.2% in 2015.
- Mood and anxiety disorders indicator: the proportion of areas in Barnsley in the 10% most deprived in England increased from 2.7% in 2010 to 33.3% in 2015.

For the acute morbidity indicator the data time point for IMD 2015 was 2011/12 to 2012/13, and for IMD 2010 it was 2006/07 to 2007/08. We do not have access to the exact data used to calculate this indicator, but the rate of emergency hospital admissions for all conditions, as a proxy measure, are significantly higher at each time point during the period 2008/09 to 2012/13 than they were between 2003/04 and 2007/08. This would suggest that the increase in the number of areas in Barnsley that are included in the most deprived in England for the acute morbidity indicator is not entirely as a result of using rank comparisons.

The mood and anxiety disorders indicator consists of four measures:

1. Prescribing data of adults suffering from mood and anxiety disorders. Two years of prescribing data (2012 and 2013) were used in IMD 2015, and for IMD 2010, prescribing data from 2005 was used. We do not have access to data to confirm if the position for Barnsley has changed, in real terms, between these two time points.
2. Hospital episodes for inpatient spells relating to mental ill health. The data time points for IMD 2015 were 2012 and 2013, and for IMD 2010, data from 2006/07 and 2007/08 were used. We do not have access to data to confirm if the position for Barnsley has changed, in real terms, between these two time points.
3. Suicide mortality data. The time point for this measure for IMD 2015 was 2008 to 2012, and for IMD 2010 it was 2004 to 2008. We do not have access to the exact data used to calculate this indicator, but the directly age standardised rate for mortality from suicide and injury undetermined for the corresponding years can be used as a proxy measure. A simple rate (not standardised) was calculated, and shrinkage applied in the IMD. Although suicide rates fluctuate, they were generally higher during the period 2008 - 2012 (IMD 2015) than they were during 2004 - 2008 (IMD 2010). This would suggest that the increase in the number of areas in Barnsley that are included in the most deprived in England for this indicator is not solely as a result of using rank comparisons.
4. Long-term sickness and disability for mental health reasons. Data from 2013 was used in IMD 2015, and for IMD 2010, data from 2008. We do not have access to data to confirm if the position for Barnsley has changed, in real terms between these two time points. However, evidence suggests that, nationally, the proportion of disability benefit claims being primarily for mental and behavioural health reasons (rather than for physical health problems) has steadily increased between 1999 and 2014.

These changes in the indicators would suggest that the increase in the number of areas in Barnsley that are included in the 10% most deprived in England is not just as a result of using rank comparisons.