



Joint Strategic Needs Assessment

2010

Technical Document



BARNSLEY
Metropolitan Borough Council

NHS
Barnsley

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Foreword

We are proud to present this important document on the health and wellbeing of the population of Barnsley. This Joint Strategic Needs Assessment (JSNA) has built on the baseline JSNA that was produced in 2008 to include a wider range of data and information that illustrates some of the key health and social care challenges that the people of Barnsley face. Its purpose is to provide the information to a wide range of organisations that will help them make the decisions regarding service design and use of resources to best meet the needs of the communities they serve.

Knowledge of these key issues means that we can work together better to tackle them. The next steps are to be clear about what works and whether we can do more of this for those in most need living in the borough.

We are working jointly to continue to improve this invaluable source of local information by providing a better depth and breadth of content and presenting it in the most useful format possible. Your comments on how we can do this are gratefully received by the contact below.

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This document is the product of many people's time and hard work, as well as a commitment to providing essential information that we can all use to help tackle the health inequalities that people in Barnsley experience in their lives. Staff from a range of agencies have provided key data and information that can help us all prioritise our work programmes and better use our resources. We are grateful to everyone who has contributed valuable information to this Joint Strategic Needs Assessment (JSNA).

NHS Barnsley's finance and health intelligence team and Barnsley Metropolitan Borough Council's Central Research Team have been instrumental in making sense of it all and bringing that data and information together into a useable format. Their expertise and diligence in designing and compiling a vast amount of information has enabled this document to become a true testament to partnership working that can benefit the range of organisations serving the Barnsley area.

1 Introduction

The Joint Strategic Needs Assessment (JSNA) is an information resource for use locally to help inform decisions about the development of strategy and policy and the design and provision of services for the people of Barnsley. It pulls together into one place the best available information to help us understand the current and future health and wellbeing needs of the Barnsley population.

It includes:

- A wide range of information on issues that affect health and care
- Illustration of our key inequalities challenges, identifying people and communities whose needs are not being met and who are experiencing poor outcomes
- Local views on the effectiveness of initiatives and services
- A description of the future health, care, and wellbeing needs of the local population
- A statement about long term planning and commissioning intentions to meet those needs

The concept of a JSNA was introduced in the Local Government and Public Involvement in Health Act 2007. It is an important part of the duty to collaborate for local authorities and primary care trusts (PCTs).

Responsibility for producing the JSNA lies with the Director of Public Health, Director of Adult Social Services and Director for Children, Young People and Families. In order to truly capture the picture of the needs of the wider community, input is also needed from other departments within the local authority and the local primary care trust, from other agencies across the borough, including the voluntary and community sector, as well as from the people of Barnsley themselves.

The JSNA allows the opportunity for this information to be brought together into one place, and it enables more sophisticated analysis than has been previously possible.

1.1 The scope of the JSNA

The JSNA should be used to make key decisions and inform strategic documents that affect the provision of health and social care services for the people of Barnsley. It supports a wide range of planning documents, including the Sustainable Community Strategy, the Children and Young People's Plan, the Commissioning Framework for Adults, the Economic Growth Plan, the Local Area Agreement, NHS Barnsley's Five year commissioning strategy "Healthy Expectations", and the Housing Strategy, among others.

This is the third JSNA that has been produced. It is a refresh of the second JSNA and provides the most up to date health and wellbeing information. However, as the process is developed in future years it will become an even more integral part of the planning, commissioning, and performance management processes. It will contribute to us being able to answer a number of important questions, such as "What do we know about people in Barnsley and their experience of services?" "What are we spending to achieve the outcomes that have been agreed?" "Have we got it right?" This JSNA will assist in understanding not only the health and social care needs of our communities but also ensure that we take account of the

disparities that exist between geographical communities and also communities of interest in terms of disability, gender and ethnicity.

This JSNA also identifies the gaps that currently exist in the information we have to hand. Through our collaborative efforts we can work together to fill these gaps and truly provide a strategic intelligence tool that provides the right levels of information in order to make informed decisions about the health and wellbeing of our communities.

1.2 Community engagement

One element of successfully assessing the health and wellbeing needs of people in Barnsley is to engage with local communities. The JSNA pulls together information from existing consultations, surveys, focus groups, etc., to draw out key messages. In the future there will be a coordinated programme of consultation, which will be reported in future documents. It will draw on the work of the new LINKs service, Scrutiny and Overview work, information from the new local Neighbourhood structures and the local Wellbeing Partnerships for Children, Young People and Families.

There are a number of tools available to support community health needs assessment that have been piloted in Barnsley, which should be developed and used more widely. Special efforts will be needed to actively engage with carers to assess their needs. Similarly, there should be a particular focus on understanding the particular needs of vulnerable groups. Work with our providers including the third and private sectors will be important to achieving this.

1.3 Target audience

The target audience for the JSNA is initially those people involved in decision making across the borough. They must have the best available information at their finger tips. A summary document in less technical, user friendly language will be produced for wide circulation.

1.4 Structure of the JSNA

Each section of the JSNA will contain:

- Key questions that need answering by the data.
- Key headline information.
- Supporting evidence.
- References and web links to the variety of rich data sources available to us in local, regional and national data sets.
- Implications for services.

2 Demography

How is the population of Barnsley changing?

How will services need to adapt to the changing population trends?

Key Headlines

- Birth rate increasing and projections are set to rise until 2017.
- Barnsley population projected to increase by 16%, slightly lower than the national average.
- Significant increase in the 65+ and 75+ age groups, higher than the national average.
- Between 2001 to 2007 the non-White, British population grew by nearly 5,000 and now accounts for 4.1% of the total population.
- International migrants identified through 'Flag 4' markers has increased 172% since 2001 compared to national growth 48% albeit from a small base.
- There is a large number of carers.
- Approximately a 600 dwelling per year shortfall in the supply of affordable housing.

Evidence

Understanding the demography and population is an important aspect of forward planning in any organisation. The changes in the population size and structure in Barnsley, as highlighted in this section will clearly have an effect on key local services. The following information provides the evidence which should be used to inform future planning and commissioning of services.

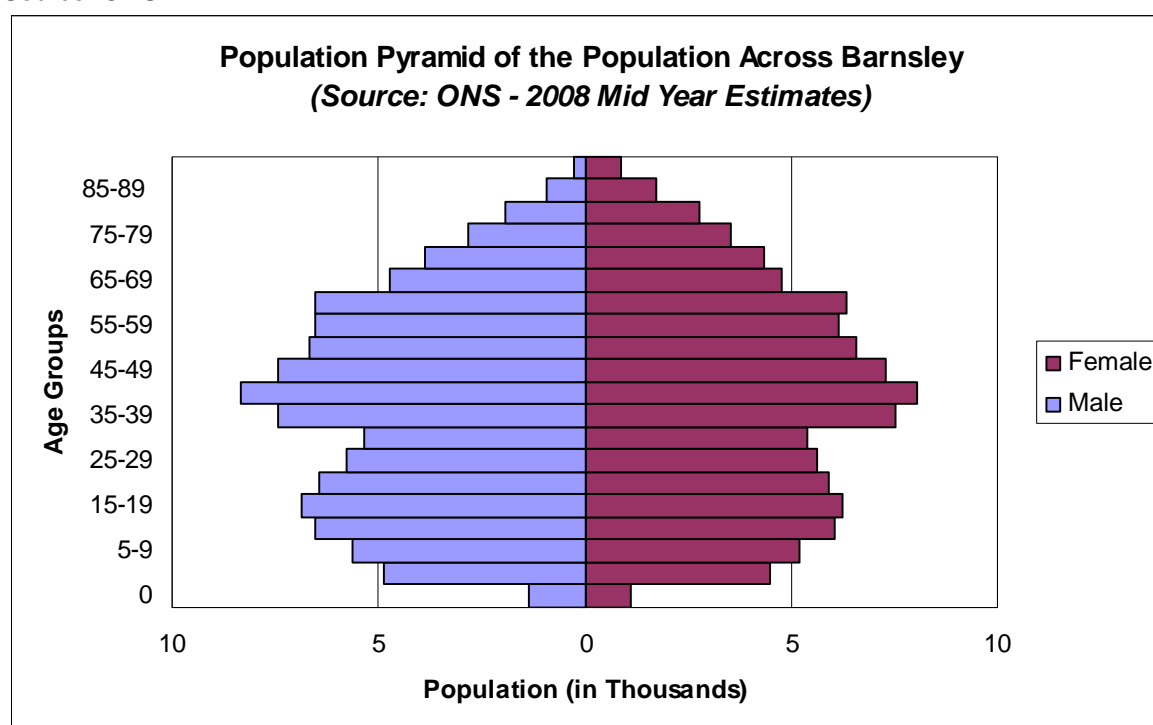
2.1 Population

The latest available mid year population estimates 2008 from Office of National Statistics (ONS) show that since 2007, there has been an increase of 1,300 people. This is due to approximately 2,780 births, 2,370 deaths, 420 natural changes and 890 changes due to Net migration and other changes (700 national migration, 60 internal migration, -10 Republic of Ireland migration, and 110 asylum seekers).

- Of the 225,900 population: 42,700 were aged 0-15, 139,000 of working age (16-64M/59F) and 44,200 older people (65M- 60F)
- There were 115,400 (51%) females and 110,500 (49%) males.

Figure 2.1.1 Population pyramid of the Population across Barnsley 2008

Source: ONS



Internal population estimates for 2007 have been produced by utilising the registered GP data from NHS Barnsley. These estimates are both by age and gender for the wards and the neighbourhood areas.

ONS has released population projections based on the mid 2006 population estimates. The population of Barnsley is projected to increase by 16% between 2008 and 2031, slightly lower than the national projection of 17.4%.

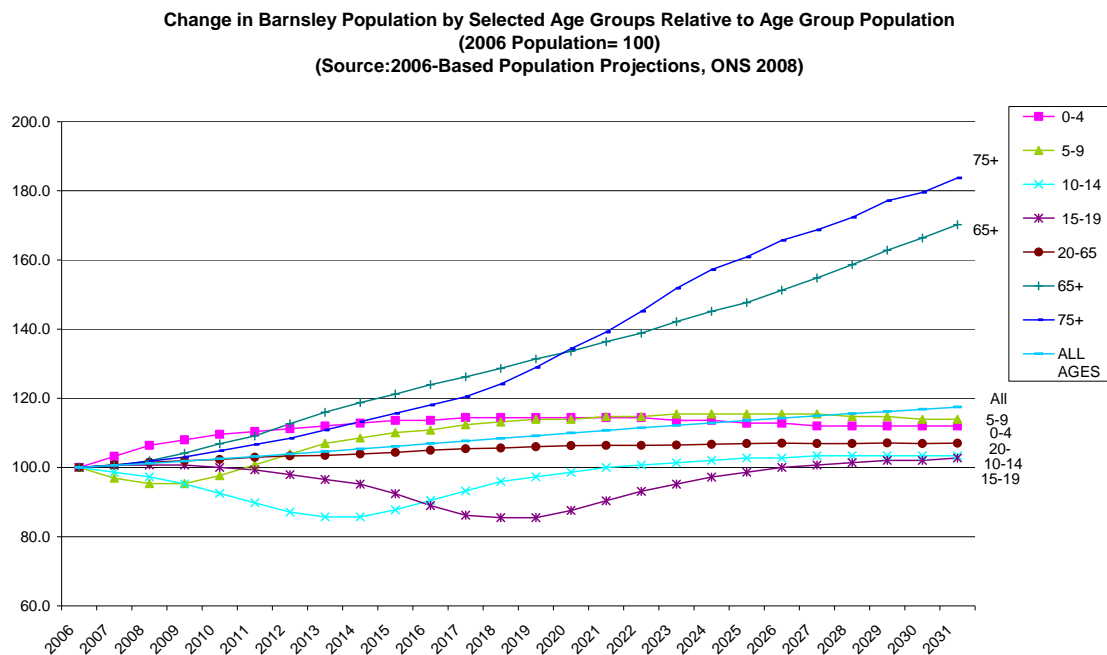
There is a wide variation in the projections for age groups:

- Pre-school (0-4) ages are projected to remain consistent; nationally it is predicted to increase slightly.
- Primary school age populations (5-9) are projected to increase slightly in Barnsley and nationally.
- Secondary school age populations (10-19) are projected to fall then increase to slightly above the current situation.

- The working age population ages are projected to remain consistent; nationally it is predicted to increase slightly.
- The most significant increase is projected for the population of retirement age (65+) there is a 67% predicted increase in Barnsley, slightly higher than the national average of 58.7%, but the increase in the (75+) population is higher at 80.5%, again slightly higher than the national average of 71.4%.

Figure 2.1.2 Change in Barnsley population by selected age groups to relative to age group population 2006-2031

Source: ONS



The percentage of the population over 65 will increase from 16.4% of the population to 23.5% by 2031. People over the age of 65 are far more likely to require health and social care support services and we will need to plan for this projected growth in both numbers and in percentage terms.

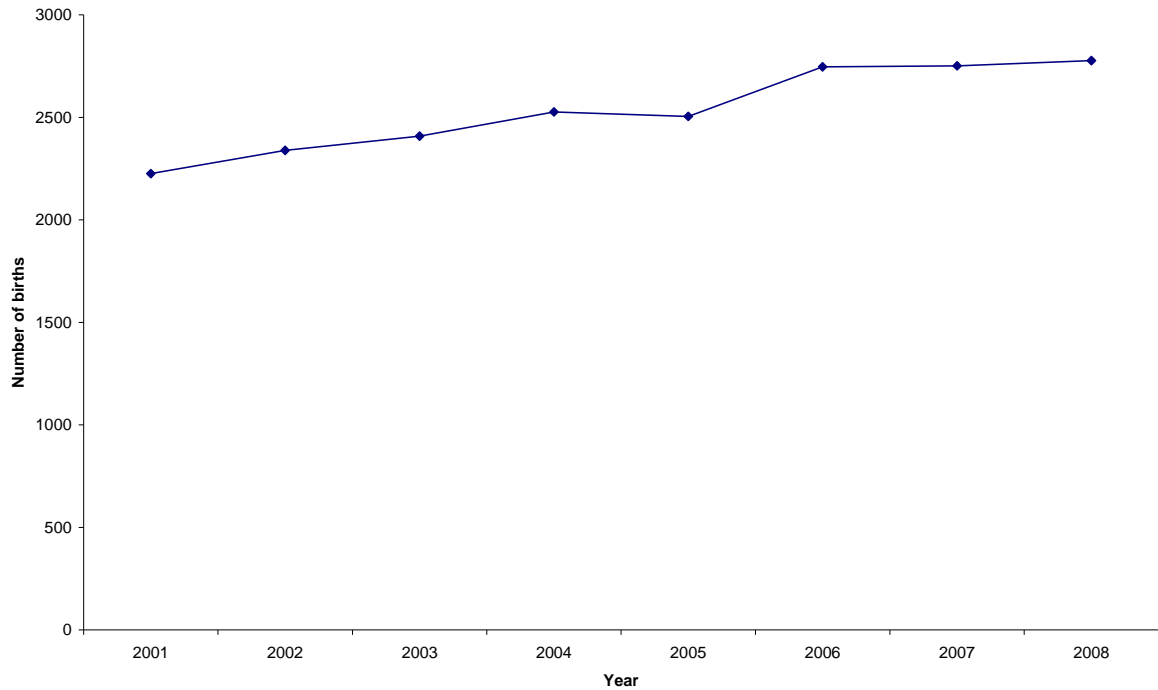
The current projection data is based on the mid 2006 population estimates, however analysis of the actual mid 2008 population estimates are slightly lower than those predicted therefore these projections may be overestimated.

2.2 Births

During the period 2001 to 2008 there was a steady increase in the number of babies born in Barnsley. In the eight year period the number of births increased from 2,226 in 2001 to 2,777 in 2008, an increase of 25%.

Figure 2.2.1 Barnsley Birth Trends, 2001 to 2008

Source: ONS, Public Health

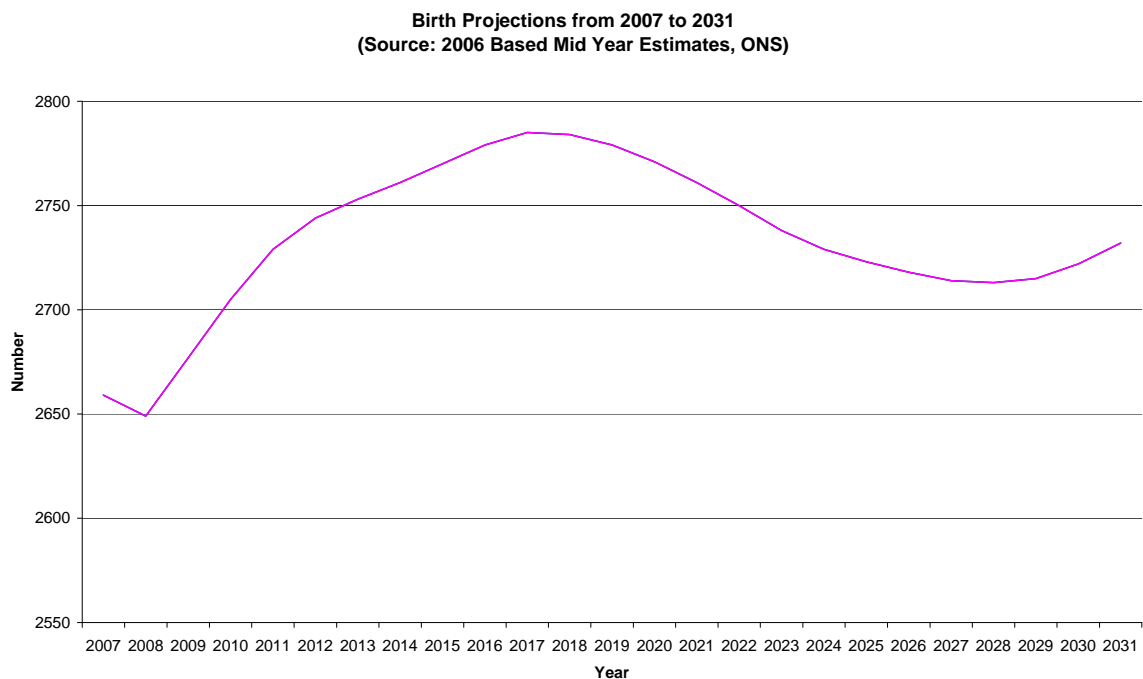


Projected number of live births to 2031

Information from the ONS based on the 2006 mid year population estimates show that birth projections figures are expected to increase and reach a peak around 2017. However, if the 2008 *projection* (using the mid 2008 population estimates) is compared to the *actual* number of births in 2008, the difference is 130 fewer births, therefore, these figures maybe higher.

Figure 2.2.2 Barnsley Birth Rate Projections to 2031

Source: ONS, Public Health



2.3 Vulnerable Groups

It should be noted that population figures and projections do not always identify the vulnerable groups in the borough. This section attempts to provide population and demography data for these groups within Barnsley. In addition, it identifies issues that services will need to consider when planning future service provision to ensure that all Barnsley citizens have access to information which will help them make informed decisions about their health care.

Estimated Population by Migrant Status

Using 2004 based sub national population projections for migration both internal and international and cross border migration into and out of the area will remain relatively constant between 2008 and 2029.

The latest data from the ONS show that there were 801¹ International migrants identified through 'Flag 4' marker on the Patient Registered Data System for mid 2008. This has increased by 506 since 2001 (172%) compared with a national growth of 48% although Barnsley started at a low level in 2001 (0.14% of the population).

Migrant workers are defined as those people born outside the UK, who have come to the UK, specifically to find or take up work, whether intending to remain permanently or temporarily, and regardless of whether documented or undocumented (Working Lives Research Institute, London Metropolitan University).

At present, locally developed systems for collecting data on migrant workers are in their infancy, therefore, it is still necessary to rely on nationally produced statistics. There are a number of official data sources, which include National Insurance Number (NINO) Registrations from the Department for Work and Pensions. During 2008/2009 there were approximately 720 registrations for NI numbers from non-UK nationals. Figure 2.3.1 shows National Insurance Number Registrations in respect of non-UK nationals in 2008/9 country of origin for Barnsley, rounded to the nearest 10.

The data covers overseas nationals allocated a National Insurance Number on the National Insurance Recording System. The figures cover overseas nationals allocated a National Insurance Number for whatever reason, i.e. the figures cover benefit/tax credit recipients as well as workers. All overseas nationals allocated a National Insurance Number are included, regardless of their length of stay in the UK.

¹ Flag 4 records are generated as part of the PRDS data held by NHAIS. Patient register records are recorded at postcode level. If the previous address of an individual is recorded as outside the UK, and time spent outside the UK is more than three months, the entries at registration generate a 'Flag 4' (a code within the system to indicate an in-migrant). The 'Flag 4' is generated in the field giving area of previous residence. These records include individuals from Eire.

International in-migration records can be lost from the patient register records through the person's subsequent migration within the UK. The patient register dataset is a 'snapshot' taken annually. When an international in-migrant subsequently moves internally within the UK, and re-registers with a second GP, the 'Flag 4' demarcation is lost as the individual's last residence is now within the UK. If this internal migration occurs within the year of international in-migration, i.e. before the next mid-year 'snapshot', the international in-migration will not be recorded.

The data shows the largest groups registering in 2008/9 were from Poland, the Republic of Latvia, Zimbabwe, Thailand, Portugal, Iran and Eritrea.

Figure 2.3.1 Number of National Insurance Registrations by World Region

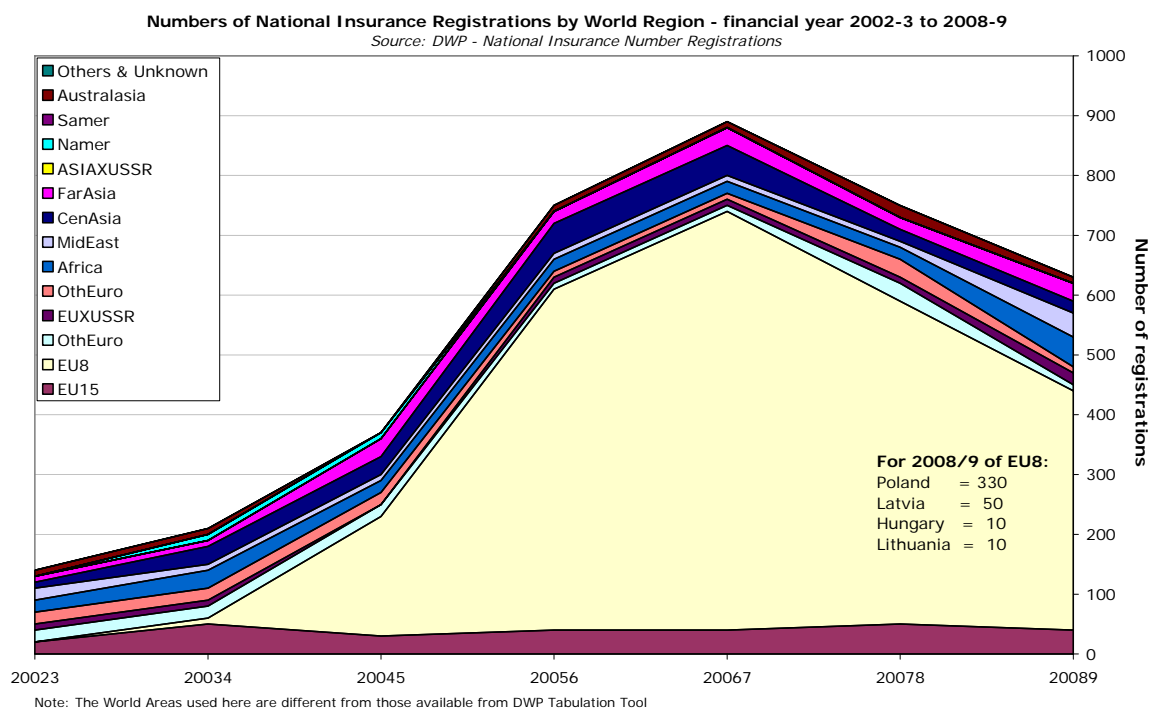


Figure 2.3.2 Barnsley National Insurance Number Registrations in respect of non-UK Nationals in 2008/9 by country of origin

Nation	2008/9	Nation	2008/9
Poland	330	South Africa	10
Rep of Latvia	50	Russian Federation	10
Zimbabwe	20	Rep of Lithuania	10
Thailand	20	Rep of Georgia	10
Portugal	20	Iraq	10
Iran	20	India	10
Eritrea	20	Hungary	10
Germany	10	China Peoples Rep	10
Union of Myanmar (Burma)	10	Australia	10
Turkey	10	Afghanistan	10
Spain	10		

Source: Department for Work and Pensions

Not all employers or workers are aware of the legislation and therefore many workers may not be registered. Indeed, many casual workers may not work for a single employer for longer than a month. Migrant workers in Barnsley are likely to experience greater deprivation than the rest of the population. They are likely to have poorer access to and knowledge of local services than others.

A recent study by Leeds University 'The Social and Economic Experiences of Asylum Seekers, Migrant Workers, Refugees and Overstayers' living in the Barnsley area identified that migrant workers were much less likely to have registered with a GP (39% registered) or a dentist (9% registered).

Asylum Seekers and Refugees

Asylum seekers are individuals and/or families who are legally entitled to reside in the UK until their claim for asylum has been determined. Some of the reasons that people apply for asylum are on the grounds of escaping war, persecution, repression and human rights abuses; as a result, asylum seekers can be very vulnerable. Further, asylum seekers are more likely to suffer from illnesses and diseases as a result of these issues.

Barnsley MBC currently hold two contracts with The Home Office (UK Border Agency) relating to the provision of accommodation and support to asylum seekers. Belmont Induction Centre where asylum seekers are temporarily housed following their initial claim and the provision of temporary accommodation and support to asylum seekers who have passed through the induction stage; *it should be noted that asylum seekers cannot hold a council tenancy.*

If an asylum seeker is granted leave to remain in the UK:

- they acquire refugee status and become entitled to work and claim benefits,
- asylum seeker status ends and those granted leave to remain must find a new home as they cannot remain in the temporary accommodation provided as part of an asylum claim.

Barnsley MBC is not the only providers of accommodation and support; there are also private companies who hold contracts with UKBA and perform a similar service on behalf of them.

Figure 2.3.3 below shows the number of asylum seekers currently housed in the borough in properties procured by Barnsley MBC Asylum Team. The number of those supported by private providers is not included, nor are the figures for unaccompanied asylum seeking children (UASC).

Figure 2.3.3 Asylum seekers housed within the Borough in properties procured by BMBC Asylum Team as at 7 October 2009

Source: Barnsley Asylum Team

Age Group	Males	Females	Total
0 to 4	44	40	84
5 to 11	8	16	24
12 to 16	10	4	14
17 to 24	33	21	54
25 to 44	96	86	182
45 to 64	21	17	38
65+	2	0	2
Unknown	4	1	5
Total	218	185	403

Black and Ethnic Minorities

ONS has released an experimental dataset for the Mid-year Population Estimates broken down by ethnicity for years 2001 and 2007 to show the overall trend. While they are experimental and should be used with caution, they are based on a reliable methodology and are the best available dataset.

Figure 2.3.4 shows that between 2001 and 2007 the overall population of Barnsley increased by 3%. The main driver of the change was an increase in the non-White, British population (ethnic minority communities). From a small base of 4,200 (1.9% of the total population) in 2001, this group grew to 9,100 people in 2007 (4.1% of the total population). In 2001 the largest broad non-white ethnic group was Other White (0.6%) but by 2007 this changed to Asian and Asian British groups (1.1%). By percentage, the fastest growth was Black and Black British groups (more than a four-fold increase). By numbers, the Asian and Asian British groups grew the fastest: 1,800 people.

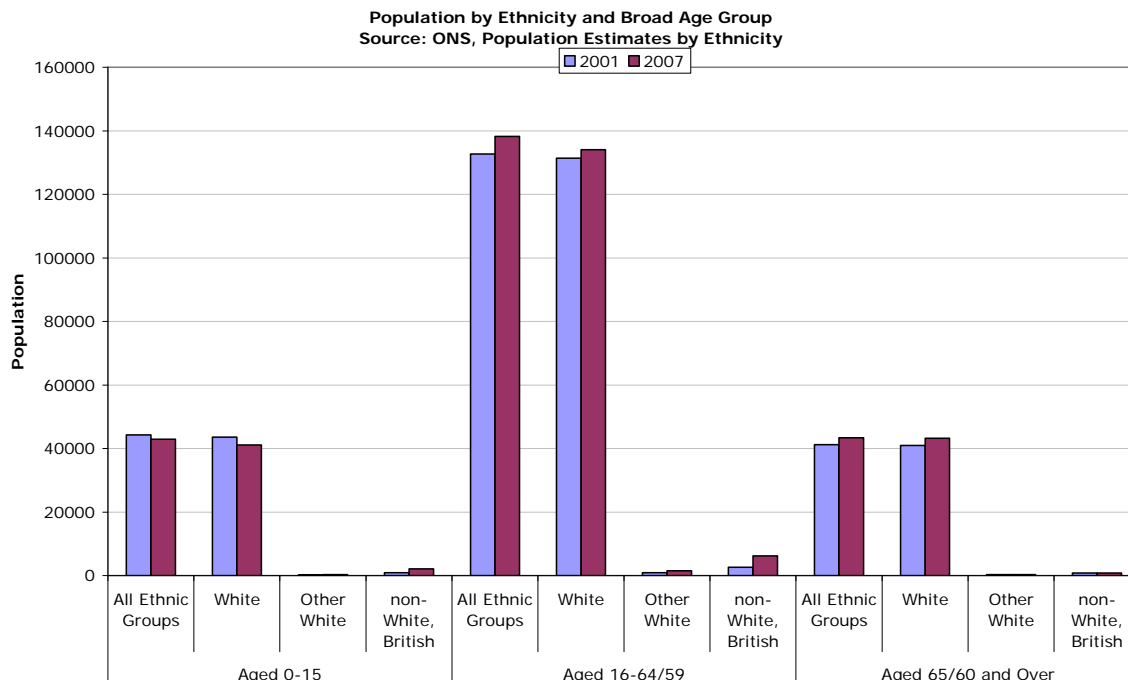
Figure 2.3.4 Ethnicity of Barnsley Residents 2001 to 2007

Source: ONS Mid-Year Population Estimates by Ethnicity

	2001	2007	2001 % of population	2007 % of population	Number Diff	% Diff
All Ethnic Groups	218,100	224,600	-	-	6,500	3.0
White	216,000	218,400	99.0	97.2	2400	1.1
Other White	1,400	2,100	0.6	0.9	700	50.0
non-White, British	4,200	9,100	1.9	4.1	4,900	117
Mixed	800	1,500	0.4	0.7	700	88
Asian or Asian British	700	2,500	0.3	1.1	1,800	257
Black or Black British	200	1,100	0.1	0.5	900	450
Chinese or Other Ethnic Group	400	1,200	0.2	0.5	800	200

Figure 2.3.5 Total Population by Ethnic Groups by Age in Barnsley 2001-2007

Source: ONS Population by Ethnic Group



Overall the 0-15 year old age group decreased by 3.2% - driven mainly by a 5.7% drop in the number of White children. Non-White, British children now account for 4.9% of children (up from 2% in 2001 and slightly more than the population of all ages). Asian and Asian British and the Mixed groups accounted for the largest increase - up by 500 and 400, respectively (see Figure 2.3.6).

Figure 2.3.6 Ethnicity of Barnsley Residents aged 0-15 2001 to 2007

Source: ONS Population by Ethnic Group

	2001	2007	2001 % of population	2007 % of population	Number Diff	% Diff
All Ethnic Groups	44,300	42,900	-	-	-1,400	-3.2
White	43,600	41,100	98.4	95.8	-2,500	-5.7
Other White	200	300	0.5	0.7	100	50.0
non-White, British	900	2,100	2.0	4.9	1,200	133
Mixed	400	800	0.9	1.9	400	100
Asian or Asian British	200	700	0.5	1.6	500	250
Black or Black British	0	100	0.0	0.2	100	-
Chinese or Other Ethnic Group	100	200	0.2	0.5	100	100

In January 2009 5.2% of primary school pupils were of ethnic origins other than White British or English, while the same figure for secondary schools was 2.9%. Both figures have increased from 2007 to 2009, with the primary figure (increase of 0.4% since 2008 and 1.2% since 2007) higher than the increase for secondary pupils (increase of 0.3% from 2008 and 0.5% from 2007).

Growth of the non-White, British population of working age has driven the growth of this age group - up by 4.2% overall. The White population grew by 2.1% and still accounts for 97% of the population. The largest growth in numbers was the Asian/Asian British (+1300); the Black/Black British and Chinese or Other Ethnic Group (both +700) (see Figure 2.3.7).

Figure 2.3.7 Ethnicity of Barnsley Residents aged 16-59/64 2001 to 2007

Source: ONS Population by Ethnic Group

	2001	2007	2001 % of population	2007 % of population	Number Diff	% Diff
All Ethnic Groups	132,700	138,300	-	-	5,600	4.2
White	131,400	134,100	99.0	97.0	2,700	2.1
Other White	900	1,500	0.7	1.1	600	66.7
non-White, British	2,600	6,200	2.0	4.5	3,600	138
Mixed	400	700	0.3	0.5	300	75
Asian or Asian British	500	1,800	0.4	1.3	1,300	260
Black or Black British	100	800	0.1	0.6	700	700
Chinese or Other Ethnic Group	300	1,000	0.2	0.7	700	233

It is widely known that some people from a Black or Minority Ethnic (BME) community group experience poorer health and have unequal access to health services than the White British population. Diabetes, Coronary Heart Disease, Hypertension, Stroke and Osteoporosis are more common in some BME communities.

Health issues such as Sickle Cell disease and Thalassaemia, for example, are more common in certain groups. Immunisation uptake rates are usually higher in ethnic minority communities when there is good access to a GP or health visitor, but a higher percentage of this group are not accessing health care.

Black African groups are disproportionately affected by HIV and AIDS. The national picture also shows that many sexually transmitted infections are more common in certain BME groups. However teenage pregnancies are lower in many BME communities.

The hospital admission rate for mental illness in the ethnic minority population is on average 9% higher than for the UK population as a whole. The highest rates are found in Irish communities and the next highest in people from the Caribbean. South Asians have lower than average admission rates.

Carers

It is only in recent years that the contribution of carers within and across health and social care services has been recognised. Many are living on low incomes, often due to the additional costs of disability, giving up work to care, the inadequacy of disability benefits and/or social care charging.

Based on figures from the Census in 2001, there are 26,109 carers in Barnsley, with over 6,000 or 25% providing over 50 hours of care a week and some having multiple caring roles, looking after a disabled child and an elderly parent for instance. There has been a steady increase in the number of people claiming Carer's Allowance (see Figure 3.9.17 in section 3.9 Benefits) from 2003 to 2008. However, based on the Census data, this only captures about one in ten of those people acting as carers.

- Carers in Barnsley are 1.49 times more likely to be in ill-health than non-carers.
- Figures show that there are over 4,137 carers in ill-health in Barnsley, or over 16%.
- For carers providing over 50 hours of care a week, this rises to over 25% (1,716 carers)

Demand for independence, choice and control as well as people living for longer means that an increasing number of people may find themselves taking on a caring role. The pressures brought about by lack of support, isolation or the physical and emotional pressures that caring can sometimes bring must be acknowledged.

Disabled children and adults

The true picture of adults and children and young people with additional, special and/or complex needs and their use of or need for services has still to be established across all agencies and providers. The section on Social Care (numbers 123 to 140) in Appendix 2. The JSNA Indicator Set provides some data on disability.

Different definitions of disability define access to services from different agencies and the accurate collection and collation of service information is therefore very challenging and is a key area for further development. The transfer from children's services into adult services also requires attention.

Gypsies and Travellers

The 2004 report on the health status of Gypsies and Travellers in England commissioned by the Department of Health confirmed that Gypsies and Travellers experience health inequality that is even more pronounced than that experienced by other socially deprived or excluded groups or ethnic minorities.

Information from the Gypsy & Traveller Accommodation Needs Assessment (G&T ANA) in South Yorkshire released in June 2007 suggests that the population in Barnsley is 503 people living in 148 households. 47% of households (245 people) are estimated to be living in caravans and trailers on authorised and unauthorised sites. 53% of households (258 people) reside in bricks and mortar accommodation. This assessment covered the period up to 2011 and found that there is a shortfall of 207 pitches across South Yorkshire; of these some 38 pitches are required now in Barnsley with a further ten over the next few years to accommodate projected household growth.

Barnsley MBC has recently attracted capital funding to enable the extension and refurbishment of the local authority owned Gypsy site at Smithies Lane in Barnsley. Locations for new Gypsy and Traveller sites will be identified in 2010/11.

The following key household characteristics have been identified for Barnsley:

- The average size of the Gypsy and Traveller household is 3.5 people
- 52.5% of all Gypsy and Traveller households have children
- 21.1% of the households have an older member (aged 65 and over)

The research from focus groups also highlighted a number of issues surrounding health:

- Services needed by the Gypsy and Traveller people were identified including: accessible and culturally appropriate family planning, dental care, older people's support, smoking cessation, culturally appropriate accessible information on early signs and symptoms of cancers and better maternity services and treatment
- The research also highlighted the need to pay particular attention to the health needs of Gypsy and Traveller men. Certain members of the community do not seek help until conditions become serious
- Some households highlighted difficulties in registering with a doctor and understanding the ways of GP practice. Problems accessing transport were making visits to the doctors etc more difficult
- The research identified the need for more partnership working in addressing the mental health needs of the Gypsy and Traveller community
- Members of the community with mobility problems expressed difficulty accessing sites and reported problems in organising adaptations to their homes

From this research steps have already been taken to meet/address some of the findings of the South Yorkshire study. The appointment of Health Support Workers, recruited directly from within the Gypsy and Traveller community, have significantly improved access to health and welfare services, which includes

access to disabled facilities grants. Partnership working involving key officers from the local authority, NHS Barnsley and Barnsley Black Ethnic Minority Initiative has seen improved community engagement and the development of improved links with the community across Barnsley.

Housing

In 2008 there were approximately 98,000 households and based on 2004 information from ONS shows that household projections could increase to 118,000² by 2029. The Strategic Housing Market Assessment for the borough (May 2008)³ has identified a shortfall in the supply of affordable housing (for households whose economic circumstances are such that they cannot access open market housing) is approximately 600 dwellings per year.

Homeless

During 2007/08 738 people approached the authority because they were homeless or were threatened with homelessness within 28 days.

The most common reasons:

- Parents no longer willing to provide accommodation
- Other relative/ friends no longer willing
- Non violent break with partner
- Termination of Assured Shorthold Tenancy (AST)
- Violence involving partner
- Rented/ tied licence not AST Notice Of Seeking Possession
- Required to leave National Asylum Support Service Asylum Support
- Mortgage arrears/ repossession / other loss.

Also 1,279 people approached the authority for housing advice.

Poor health in turn is likely to be exacerbated by homelessness. Addressing the health needs of homeless people in homelessness strategies can contribute towards breaking this cycle.

Religion

Information on religion is limited and out of date as it is only via the 2001 Census. Therefore the data does not take account of the increase in recent years of migrant workers, asylum seekers and black and ethnic minority groups. As at 2001 81.1% of the population of Barnsley was Christian, 10.7% had no religion, 7.5% did not state a religion and 0.6% was of another religion including Buddhist, Hindu, Jewish, Muslim and Sikh.

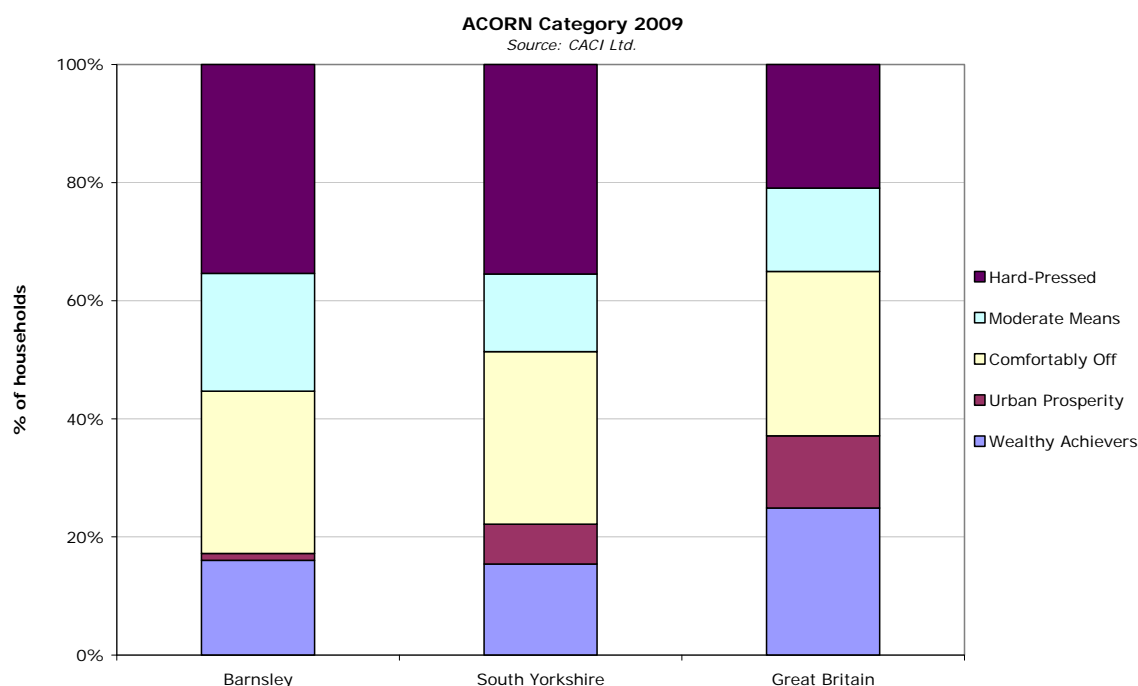
² Household projections are less robust than at a regional level. Likely increase in households is given the continuation of recent demographic trends. Also projections are not an assessment of housing need or future policies.

³ Barnsley Housing Needs, Markets and Affordability Assessment Update; Arc4 (May 2008)

ACORN

Figure 2.3.8 below shows the largest group according to ACORN classifications in Barnsley is the Hard-Pressed group.

Figure 2.3.8 Analysis of Households in Barnsley



IMPLICATIONS FOR SERVICES

Understanding the demography and population is an important aspect of forward planning in any organisation. The changes in the population size and structure in Barnsley, as highlighted in this section will clearly have an effect on key local services. It is important that:

- High level long term plans, such as the Local development Framework and the Local Transport Plan, set the policy framework informed by population projections
- All services be aware of the significant demographic changes taking place in Barnsley and use this information to inform their planning processes
- Agencies and services adopt a comprehensive policy on equality monitoring which will support the equity of service provision as well as access to provision
- Housing strategy and provision is sensitive to demographic data and projected changes, e.g. working to increase the supply of housing – particularly affordable housing and that suitable for older persons; and by increasing the supply of pitches for Gypsies and Travellers.

3 Social and environmental context

How much do we understand about Barnsley as a place to live?

Key Headlines

- Barnsley is ranked 43rd most deprived local authority by the IMD Rank of Average Score.
- 33.4% of the population live in the worst 10% areas for Health Deprivation and Disability in England.
- Barnsley has higher rates of claimants for Attendance Allowance, Disability Living Allowance, Incapacity Benefit / Severe Disablement Allowance, Income Support and Job Seekers Allowance than the England average.
- Citizens in Barnsley claiming Disability Living allowance is increasing
- Data for 2008 shows that 11.0% of the working age population in Barnsley are claiming Incapacity Benefit/Severe Disablement Allowance compared to 6.3% in England. Both rates are declining.
- 23.9% of all dependent Barnsley children are living in poverty, higher than the England average of 19.7%. One in four (26.4%) of Barnsley children aged 0 to 4 years are living in poverty, again this is higher than the England average.
- There has been a slight increase in the rate of people claiming Pension Credit.
- The rate of citizens claiming Carer's Allowance has steadily increased.
- 8% of Barnsley's working age population are unemployed (England = 6%)
- Barnsley has a median household income of £26,100
- 32.2% of households across Barnsley had no access to a car or van (5.4% lower than England average)
- Estimates show 30% of Barnsley households are now in Fuel Poverty.
- Overall downward trend in all crime over the past 3 years.
- Drug possession and drug trafficking offences are increasing.

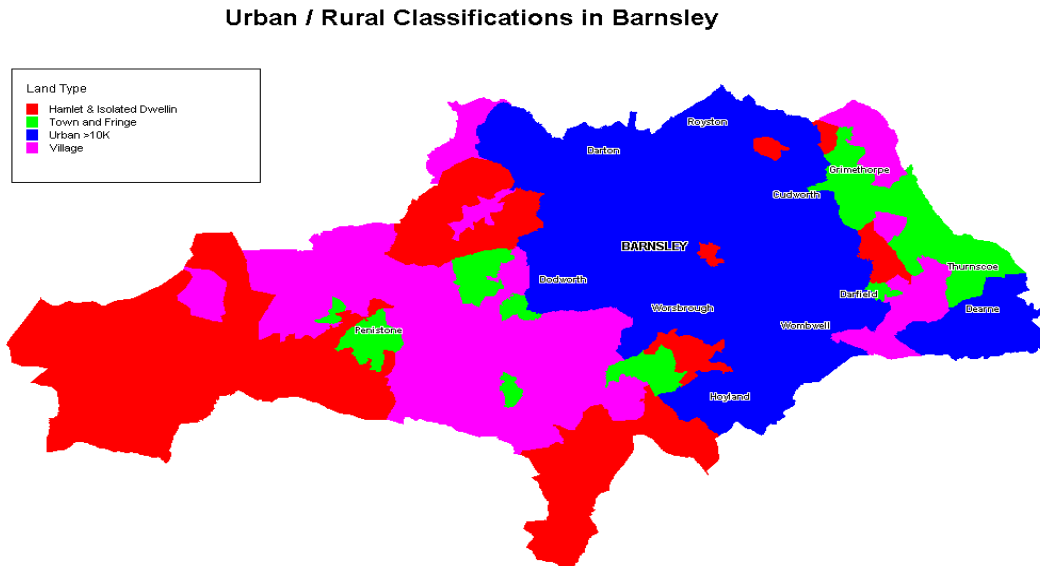
The Barnsley Strategic Research Group has access a wealth of data and information to describe the social and environmental concepts of the borough. It is important to consider the wider influences of living and working conditions in this assessment.

This section looks at living arrangements, access to a car, employment and income. It is important to recognise that in order to tackle many health problems the underlying causes associated with poor health have to be addressed.

3.1 Barnsley Geography

The Barnsley borough is bisected by the M1 motorway; it is rural to the west, and largely urban/industrial to the east. Barnsley borough covers an area of 32,905 hectares; of this 70% is green belt and 9% is National Park land, the majority of which is west of the M1. Figure 3.1.1 below illustrates the urban and rural areas across Barnsley.

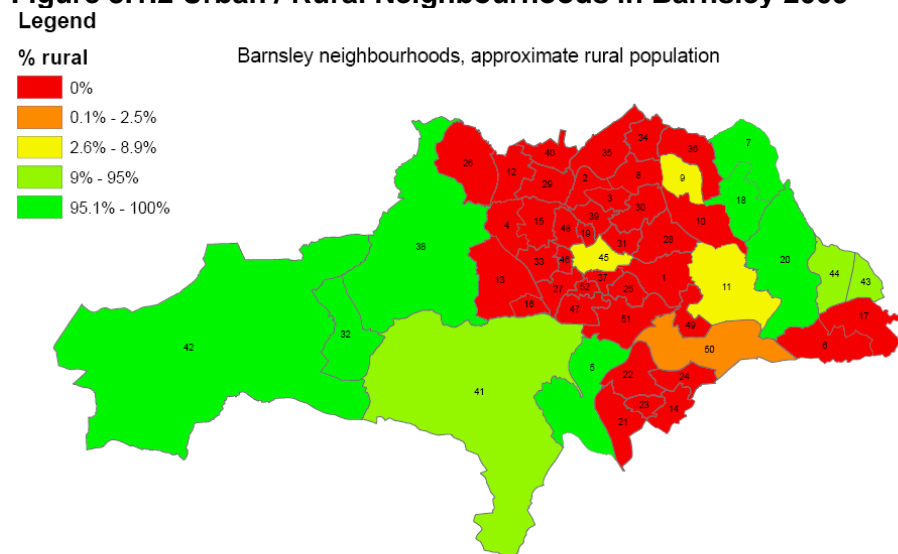
Figure 3.1.1 Urban / Rural Classification in Barnsley



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The One Barnsley Rural Development Group has developed the above definition of urban/rural areas for Barnsley's 52 neighbourhoods. Figure 3.1.2 shows the urban/rural areas based on population. *Please note, at time of publication, this is currently a work in progress and has not been formally approved by One Barnsley.*

Figure 3.1.2 Urban / Rural Neighbourhoods in Barnsley 2009



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Map produced by Environment Directorate, GOYH. www.goyh.gov.uk

Breakdown of the Area into Neighbourhoods

In 2005 Barnsley developed the 52 neighbourhood areas to form a natural reporting unit. The neighbourhood boundaries were based on natural communities or groupings of small communities rather than using political boundaries. The size of the neighbourhoods was derived from Central Government relating to Neighbourhood Renewal. Statistically the neighbourhoods should be as similar in population size as possible to maximise comparability and ensure differences are meaningful rather than random in nature.

Our work on establishing the 52 neighbourhoods has been recognised by the Government Office Yorkshire and The Humber (GOYH) as good practice in terms of neighbourhood renewal data use, and links to policy development such as the Social Inclusion Framework

3.2 Indices of Deprivation 2007

Communities and Local Government released the new Index of Multiple Deprivation 2007 (IMD 2007) in December 2007. Like the previous IMD 2004, it is a Lower layer Super Output Area (LSOA) level measure of multiple deprivations. Each of the 32,482 LSOAs in England have been assigned a score and rank. There are seven LSOA level domain indices:

- Income Deprivation Domain
- Employment Deprivation Domain
- Education, Skills and Training Deprivation Domain
- Health Deprivation and Disability Domain
- Barriers to Housing and Services Domain
- Crime Domain
- The Living Environment Deprivation Domain

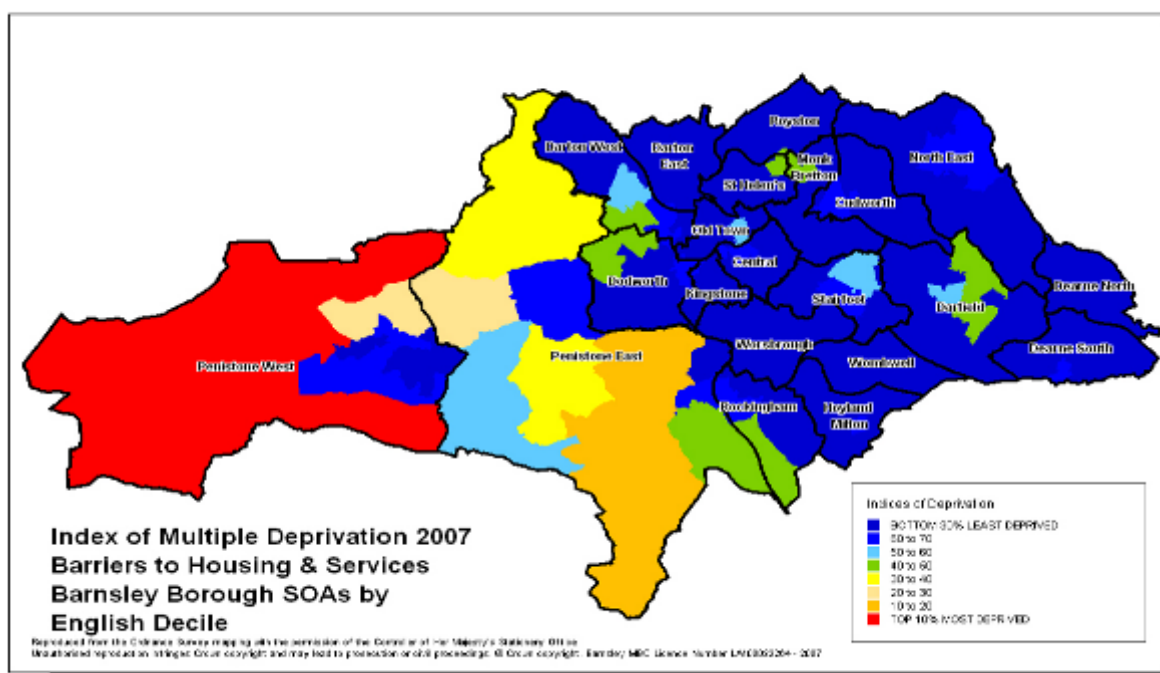
There are also two supplementary indices (Income Deprivation Affecting Children and Income Deprivation Affecting Older People). There are six summary measures at a local authority district level and county council level. There is no single summary measure that is more favoured than another.

Barnsley is ranked 43rd most deprived local authority by IMD (2007) Rank of Average Score. It was 28th according to IMD (2004). This change is evidence that there have been some positive changes in the last three years in Barnsley, although the borough is still disadvantaged.

The table below illustrates the percentage of the population of Barnsley that live in various deprivation categories in England. For example 33.4% of the Barnsley population live in the worst 10% areas for Health Deprivation and Disability in England.

Figure 3.2.3 Housing & Services deprivation from IMD 2007

Barnsley MBC Central Research Team



3.3 Housing Tenure

From the 2001 Census data in the table below fewer properties in Barnsley are owner occupied than the national average, however 10% more properties are rented from the council.

Figure 3.3.1 Housing Tenure Barnsley and England

Source: 2001 Census

	England	Barnsley
Owner Occupied	68.7%	64.2%
Rented from Council	13.2%	23.6%
Rented from Housing Association & Registered Social Landlord	6.1%	2.1%
Private Rented or Rent Free	12.0%	10.1%

3.4 Living Arrangements and Over Crowding

Figure 3.4.1 illustrates that there are more households living in couples than with the England average.

Figure 3.4.1 Living Arrangements and Over Crowding

Source: 2001 Census

	England	Barnsley
Living in a couple	60.58	63.85
Living in a couple: Married (including separated)	43.33	45.59
Living in a couple: Re-married	7.34	7.89
Living in a couple: Cohabiting	9.90	10.37
Not living in a couple	39.42	36.15
Not living in a couple: Single (never married)	23.09	19.32
Not living in a couple: Married (first marriage)	0.82	0.41
Not living in a couple: Re-married	0.11	0.05
Not living in a couple: Separated (but still legally married)	1.93	1.54
Not living in a couple: Divorced	5.85	6.43
Not living in a couple: Widowed	7.62	8.39

From the 2001 Census definition an occupancy rating of -1 or more suggests there is one less room than is 'required' i.e. there is overcrowding. Figure 3.4.2 illustrates that overcrowding is lower across the borough than with the national average.

Figure 3.4.2 Occupancy rating

Source: 2001 Census

	England	Barnsley
Occupancy rating of -1 (% of all households)	5.0%	3.1%
Occupancy rating of -2 or less (% of all households)	2.1%	0.8%

3.5 Housing Conditions

The Housing Health and Safety Rating System (HHSRS) is the new risk assessment procedure for residential properties, replacing the Housing Fitness Regime from April 2006 in England. A risk assessment looks at the likelihood of an incident arising from the condition of the property and the likely harmful outcome. For example, how likely is a fire to break out? What will happen if one does? Under the HHSRS there are two categories of hazard where category one is the most serious hazard and category two is deemed to be less serious.

Housing conditions in the public (council housing) sector have improved considerably in recent years as a result of investment through the Decent Homes programme. To comply with the Decent Homes standard a home must:

- Meet the current statutory minimum standard for housing (i.e. be free from category one hazards under the HHSRS)
- Be in a reasonable state of repair
- Have reasonably modern facilities and services
- Provide a reasonable degree of thermal comfort

In Barnsley there are no council properties that fall below the statutory minimum standard (category one hazards) and as at 1st April, 2009 only 5.1% (998 homes) of the council stock still required some element of improvement or repair to reach full decency standard. These remaining properties are being addressed through the ongoing Decent Homes programme which is on target to be achieved by December 2010.

It should be noted that a Private Sector House Condition survey conducted in 2005, (which pre-dated the introduction of the HHSRS) estimated that there were approximately 3,358 dwellings deemed to be unfit. The survey, looking ahead to the introduction of the HHSRS, calculated that some 9,850 private were likely to have major category one hazards. In 2008-09 there were 60 Category one hazards identified by inspection of private rented properties following complaints from tenants.

3.6 No Access to a Car

There were a total of 89,530 cars available to households in the borough at the time of the 2001 Census. 43.9% of households had access to one car or van (0.2% higher than England average) and 24% of households had access to two or more

cars or vans (5.5% lower than the England average). 32.2% of households across Barnsley had no access to a car or van (5.4% lower than England average).

Over 55% of households in the Kendray, Worsbrough Common and New Lodge areas have no access to either a car or a van.

3.7 Central Heating and Fuel Poverty

Figures taken from the 2001 Census information show that 5.17% of the total population aged 65 and over were living in a dwelling with no central heating. All council stock now has central heating. Unfortunately we are unable to know what the position is in the private sector and have only the Census figures.

Fuel poverty is when a householder would have to spend more than 10% of their income to keep warm. Estimates show that in 2009, 30% of Barnsley households are now in Fuel Poverty⁴. This is an increase of 12% since 2005 and is now the 2nd highest area in the region. The main cause of this increase is increases in fuel costs. As fuel costs are set to rise significantly over the next few years these figures will also rise. Fuel Poverty impacts health by:

- Increase number of deaths
- Increase strokes and respiratory conditions
- Longer stays in hospital
- Social isolation
- Lower educational opportunities
- Reduced dexterity
- Poorer quality of life.

3.8 Child Poverty Estimates

Department for Work and Pensions calculates the number of children in households where at least one adult is claiming a working age benefit (either Incapacity benefit, Severe Disablement Allowance, Jobseekers Allowance, Income Support or Pension Credit). The data is only made available at present at former Barnsley electoral ward level as it is based on Lower Super Output Areas.

Figure 3.8.1 illustrates the data for children under 16 years of age living households meeting the child poverty condition at April 2007.

Figure 3.8.1 Number and percentage of children living in child poverty Barnsley and England, April 2007

Source: Source: Department for Work & Pensions – Information Analysis Directorate

	0 to 4 years		5 to 15 years		All dependant children	
	No	%	No	%	No	%
Barnsley	3,370	26.4%	7,005	22.9%	10,375	23.9%
England	629,255	21.3%	1,278,360	19.0%	1,907,615	19.7%

Source: DWP

⁴ Figures are estimated by National Environment Agency

The data illustrates that Barnsley had 10,375 children living in child poverty, 23.9% of the under 16 population. This is higher than the England average of 19.7%. Of specific concern are the one in four (26.4%) of children aged 0 to 4 years who are living in poverty in Barnsley, again this is higher than the England average of 21.3%.

Figure 3.8.2 shows the former Barnsley electoral ward level with the highest levels of child poverty.

Figure 3.8.2 Number and percentage of children living in child poverty top five former Barnsley electoral wards and Barnsley and England average, April 2007

Source: Source: Department for Work & Pensions – Information Analysis Directorate

	0 to 4 years		5 to 15 years		All dependant children	
	No	%	No	%	No	%
Dearne Thurnscoe	310	43.4%	630	38.1%	940	39.7%
Park	180	38.1%	350	33.4%	535	34.9%
Dearne South	280	35.2%	590	32.4%	870	33.3%
Worsbrough	210	39.8%	385	29.9%	595	32.8%
Athersley	205	37.9%	365	29.0%	570	31.6%
Barnsley	3,370	26.4%	7,005	22.9%	10,375	23.9%
England	629,255	21.3%	1,278,360	19.0%	1,907,615	19.7%

Dearne Thurnscoe had the highest rates of child poverty in Barnsley, 43.4% of 0 to 4 years olds, 38.1% of 5 to 15 year olds and 39.7% of all dependant children. All these figures are more than double the England average.

3.9 Benefits

Attendance Allowance

Attendance Allowance (AA) is a tax-free benefit for people aged 65 or over who need help with personal care because they are physically or mentally disabled. (DirectGov website:

http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/AttendanceAllowance/DG_10012425)

Figure 3.9.1 Percentage of the Population aged 65 years + claiming Attendance Allowance (2003-2008)

	2003	2004	2005	2006	2007	2008
Barnsley	16.5	16.4	16.3	16.3	16.3	16.1
Yorkshire and The Humber	13.5	13.6	13.7	14.0	14.3	14.0
England	12.0	12.4	12.7	13.0	13.1	12.9
Top 10% Barnsley SOAs	no data	no data	no data	no data	no data	no data
Bottom 10% Barnsley SOAs	no data	no data	no data	no data	no data	no data
Nearest Neighbour Ave.	16.1	16.3	16.4	16.6	16.9	17.0

Source: DWP

Figure 3.9.1 shows the rate of citizens claiming attendance allowance has increased slightly across England but has remained consistent in Barnsley.

Figure 3.9.2 Percentage of Population aged 65+ claiming Attendance Allowance

Source: DWP

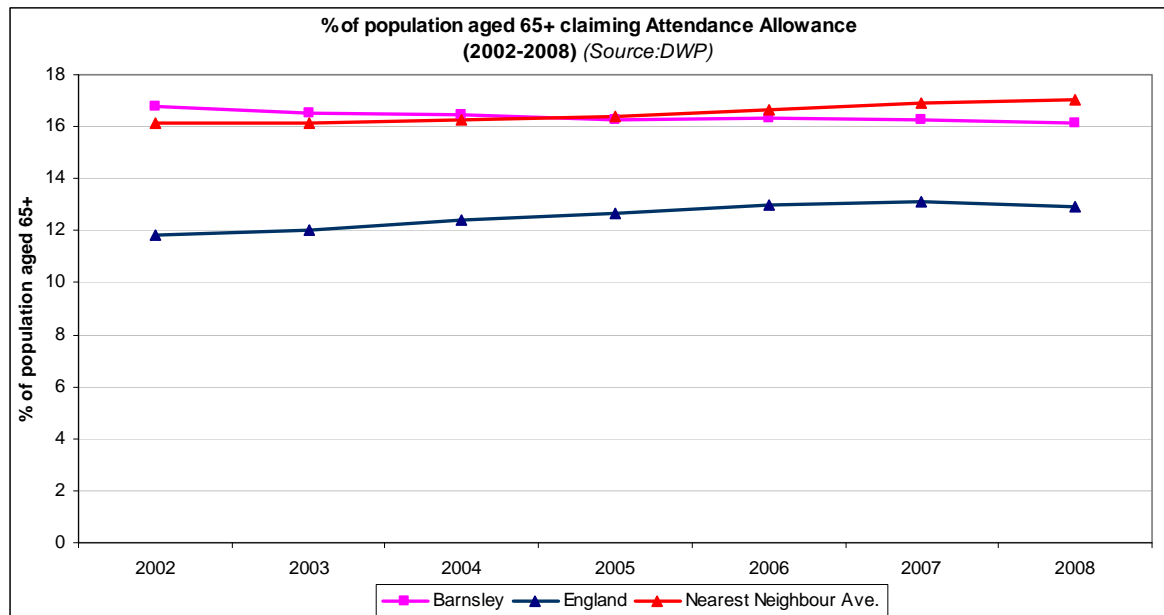


Figure 3.9.2 illustrates that since 2003 Barnsley has had a higher rate of people aged 65 plus claiming Attendance Allowance than the England average. The rate has fallen slightly however by 0.4%. Nationally the rate has increased by nearly 1%.

Disability Living Allowance

Disability Living Allowance (DLA) is a tax-free benefit for children and adults who need help with personal care or have walking difficulties because they are physically or mentally disabled. (DirectGov website: http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG_10011731)

Figure 3.9.3 Percentage of the Population claiming Disability Living Allowance (2003-2008)

	2003	2004	2005	2006	2007	2008
Barnsley	7.8	8.0	8.1	8.2	8.2	8.4
Yorkshire and The Humber	5.0	5.1	5.2	5.3	5.3	5.5
England	4.1	4.3	4.4	4.5	4.6	4.7
Top 10% Barnsley SOAs	14.6	14.8	14.9	14.9	15.1	15.2
Bottom 10% Barnsley SOAs	2.9	2.9	3.0	3.2	3.2	3.2
Nearest Neighbour Ave.	6.4	6.5	6.6	6.8	6.9	7.1

Source: DWP

Figure 3.9.4 shows the rate of the total population claiming Disability Living Allowance has increased slightly across England and Barnsley. Barnsley has a significantly higher rate of claimants compared with England.

Figure 3.9.4 Percentage of Population claiming Disability Living Allowance 2003-2008

Source: DWP

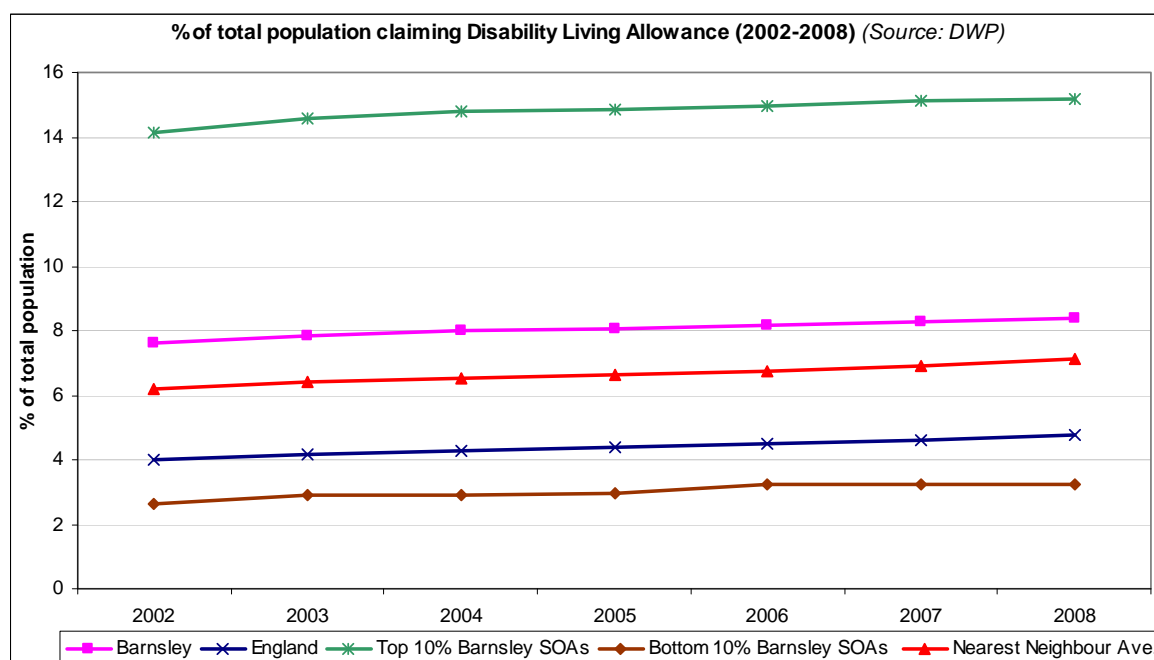
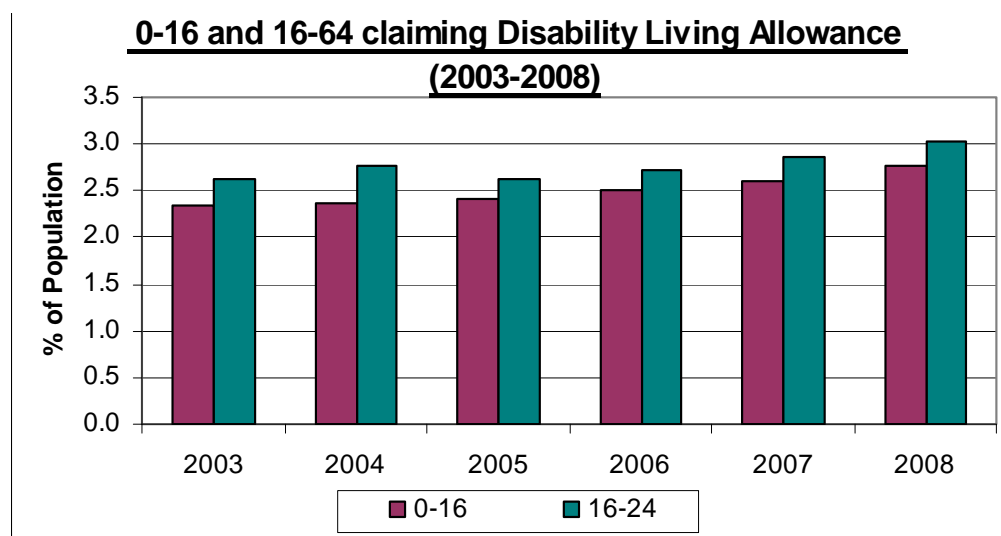


Figure 3.9.4 illustrates across England and Barnsley there has been an increase from 2003 to 2008 in the rate of citizens claiming Disability Living Allowance. Barnsley and England have both seen a significant increase (0.6%) from 2003 to 2008. Barnsley has a higher rate of claimants than both England and Yorkshire and the Humber.

Figure 3.9.5 Percentage of Population claiming Disability Living Allowance aged under 16 and 16-64 (2003-2008)



Source: DWP

Figure 3.9.5 highlights an overall increase in the rate of people claiming Disability Living Allowance (DLA) across Barnsley. There is a slightly higher rate 16-24 year olds claiming DLA (3.0%) in contrast to 0-16 year olds claiming DLA (2.8%).

Incapacity Benefit/ Severe Disablement Allowance

Incapacity Benefit is a weekly payment for people who become incapable of work while under State Pension age. (DirectGov website:

http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/IncapacityBenefit/DG_10016082)

Figure 3.9.6 Percentage of the Population claiming Incapacity Benefit/ Severe Disablement Allowance (2003-2008)

	2003	2004	2005	2006	2007	2008
Barnsley	13.8	13.4	12.9	12.3	11.6	11.0
Yorkshire and The Humber	7.9	7.8	7.6	7.2	7.0	6.8
England	6.9	6.9	6.8	6.6	6.5	6.3
Top 10% Barnsley SOAs	26.6	26.5	25.5	25.0	24.1	23.5
Bottom 10% Barnsley SOAs	4.7	4.7	4.5	4.4	4.2	4.0
Nearest Neighbour Ave.	10.8	10.7	10.3	10.0	9.8	9.5

Source: DWP

Figure 3.9.6 shows the rate of citizens claiming Incapacity Benefit has decreased across England and Barnsley. However Barnsley still has a high rate of claimants (11% of working age population) despite a decrease of 2.8% from 2003 to 2008.

Figure 3.9.7 Percentage of the population claiming Incapacity Benefit / Severe Disablement Allowance 2003-2008

Source: DWP

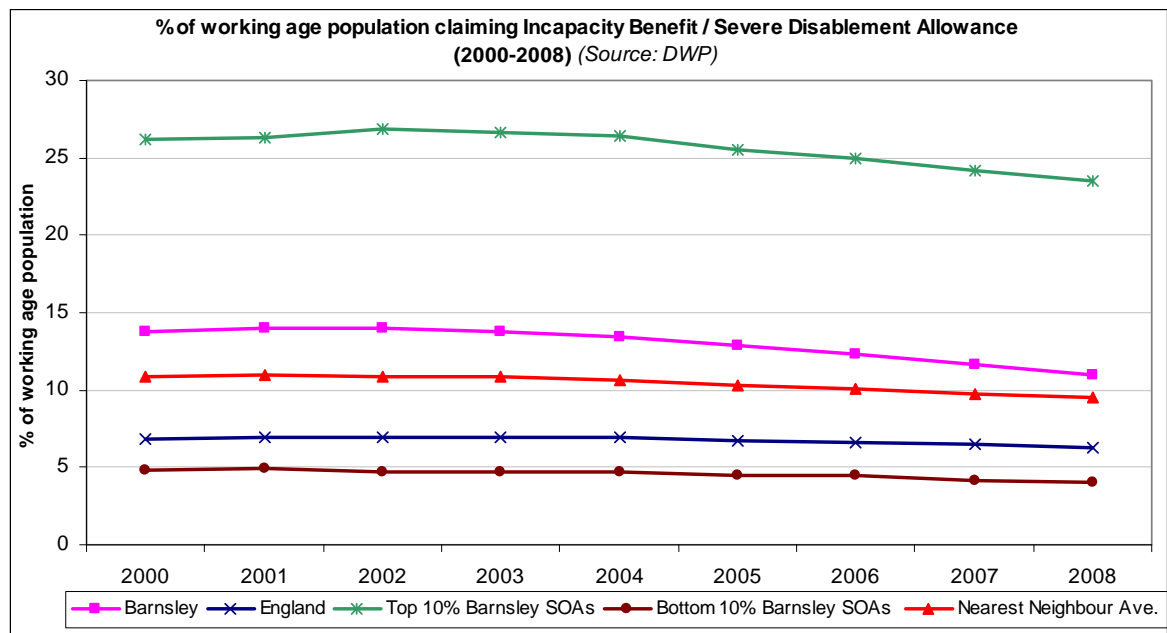


Figure 3.9.7 illustrates Barnsley has the highest rate of Incapacity Benefit claimants in contrast to England. Since 2003 across all areas there has been a decrease in the number of claimants in contrast to 2008. Barnsley witnessed the most significant decrease (2.7%) from 2003.

Figure 3.9.8 Percentage of Population aged 16-24 and 16-64 claiming IB/SDA (2003-2008)

Source: DWP

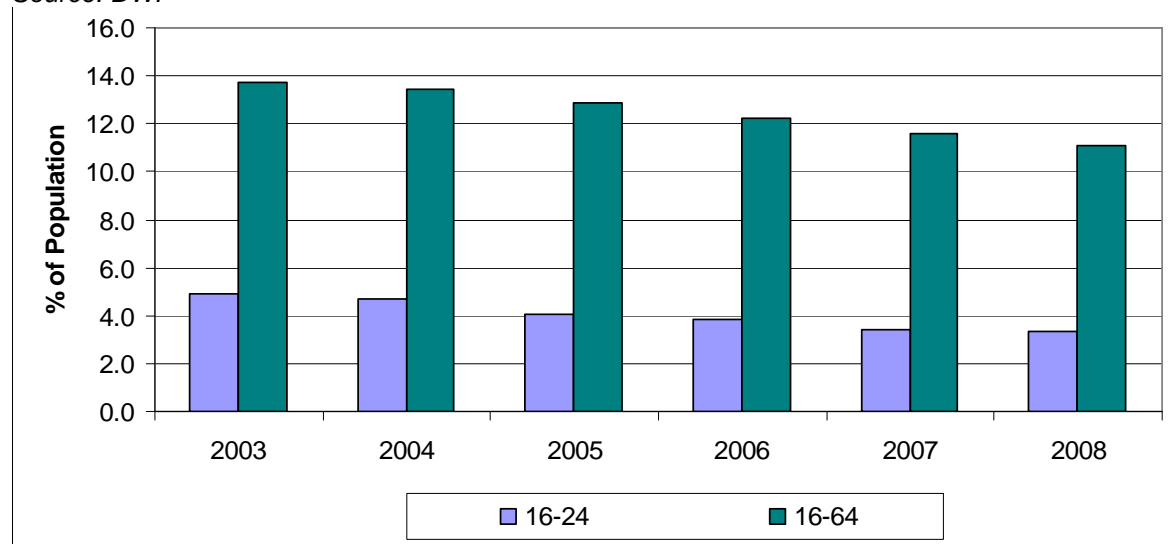


Figure 3.9.8 highlights a distinct difference in the rate of Incapacity Benefit claimants between 16-24 and 16-64 year olds. In 2008 there is a difference (7.8%) between the two age groups. However from 2006 onwards there has been a decrease in the rate of people claiming IB/SDA, with ages 16-24 seeing a 1.6% drop and the 16-64 a 2.7% drop.

Income Support

Income Support benefit is aimed at those who are not available for full-time work and do not have enough money to live on. (DirectGov website: http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/On_a_low_income/DG_10018708)

Figure 3.9.9 Percentage of the Population claiming Income Support Benefit (2003-2008)

	2003	2004	2005	2006	2007	2008
Barnsley	8.8	8.4	8.0	7.8	7.6	7.5
Yorkshire and The Humber	6.7	6.4	6.2	6.0	5.9	5.8
England	6.3	6.2	6.0	5.9	5.9	5.8
Top 10% Barnsley SOAs	21.2	20.4	19.6	19.3	19.3	19.2
Bottom 10% Barnsley SOAs	1.3	1.3	1.1	1.1	1.1	1.1
Nearest Neighbour Ave.	8.1	7.8	7.5	7.4	7.3	7.3

Source: DWP

Figure 3.9.9 shows the rate of citizens claiming Income Support has slowly decreased across England, Yorkshire and The Humber and Barnsley. However Barnsley still has a higher rate of claimants (7.5% of working age population) despite a decrease of 1.3% from 2003 to 2008.

Figure 3.9.10 Percentage of working age population claiming Income Support (2003-2008)

Source: DWP

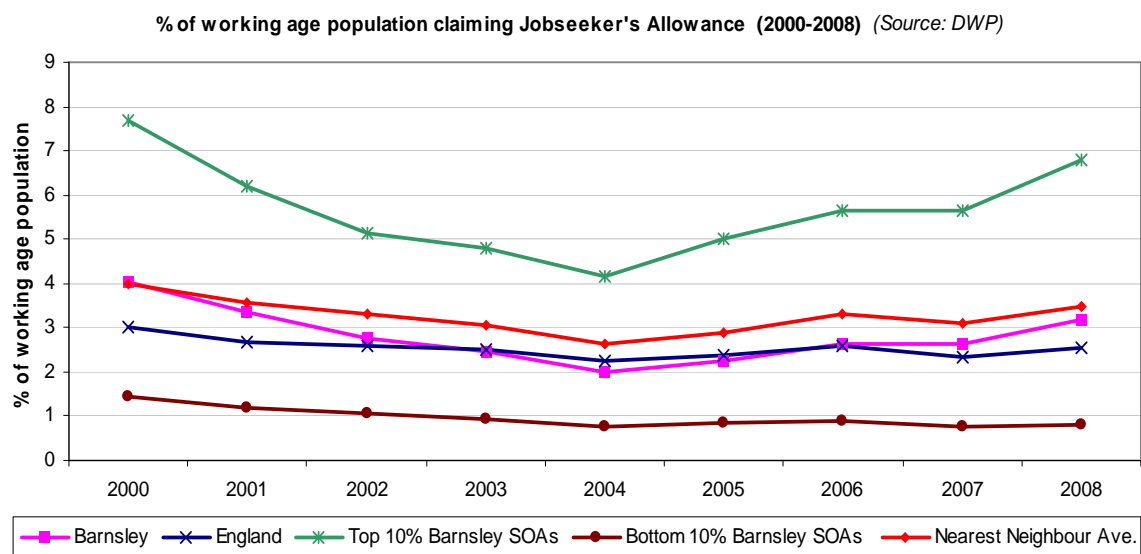
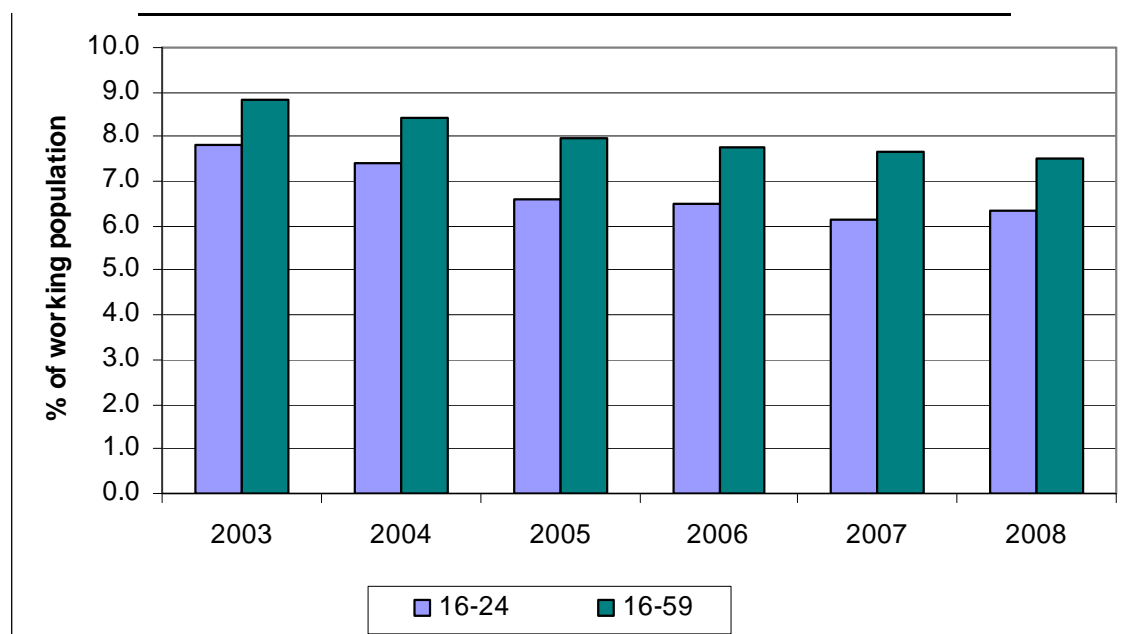


Figure 3.9.10 illustrates the changes across England and Barnsley in the rate of the population claiming Income Support. Across all areas there has been a slight decrease in the rate of claimants from 2003 to 2008.

Figure 3.9.11 Percentage of the Working Age population age 16-24 and 16-59 claiming Income Support 2003-2008



Source: DWP

Figure 3.9.11 highlights that there is a higher rate of 16-59 year olds claiming income support. From 2005 both age groups have seen the rate of claimants decline. The 16-59 age group has declined by 1.3% since 2005 whereas the 16-24 age group has declined by 1.5%.

Jobseekers Allowance

Jobseeker's Allowance (JSA) is the main benefit for people of working age who are out of work. (DirectGov:

http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Employedorlookingforwork/DG_10018757)

Figure 3.9.12 Percentage of the Population claiming Jobseekers Allowance (2003-2008)

	2003	2004	2005	2006	2007	2008
Barnsley	2.4	2.0	2.3	2.6	2.6	3.2
Yorkshire and The Humber	2.8	2.4	2.6	2.9	2.6	2.9
England	2.5	2.3	2.4	2.6	2.3	2.5
Top 10% Barnsley SOAs	4.8	4.2	5.0	5.7	5.6	6.8
Bottom 10% Barnsley SOAs	0.9	0.8	0.9	0.9	0.8	0.8
Nearest Neighbour Ave.	3.0	2.6	2.9	3.3	3.1	3.5

Source: DWP

Figure 3.9.12 shows the rate of working age population claiming Jobseekers Allowance has steadily increased across England and Barnsley. Barnsley has a higher rate of claimants compared with England.

Figure 3.9.13 Percentage of Population claiming Jobseeker's Allowance 2000-2008

Source: DWP

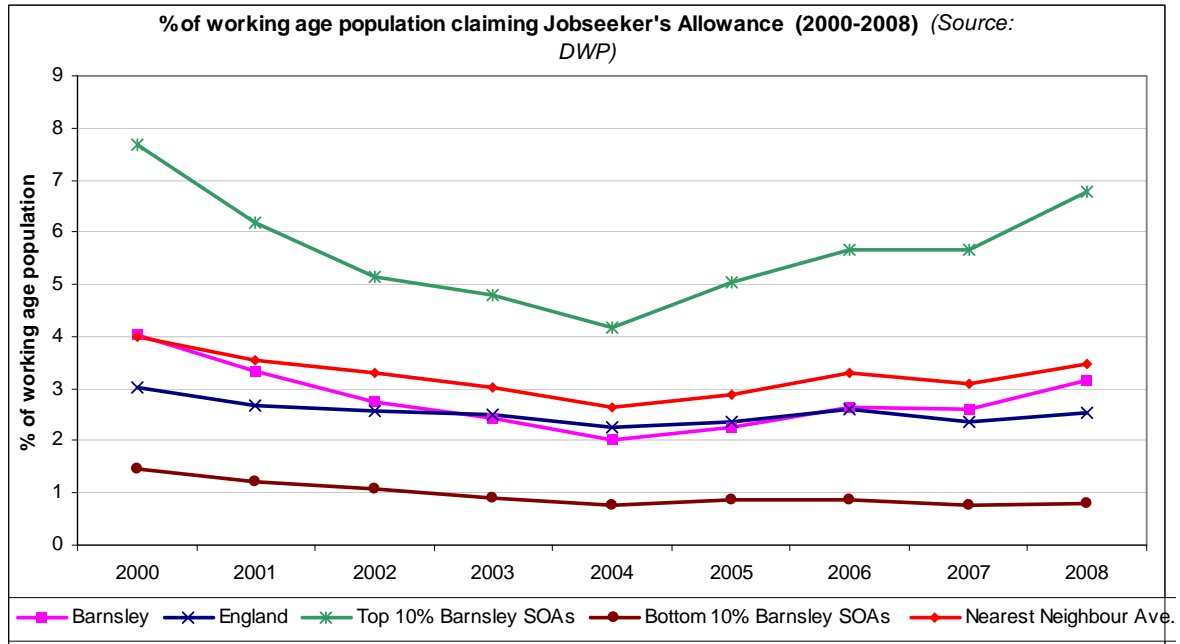
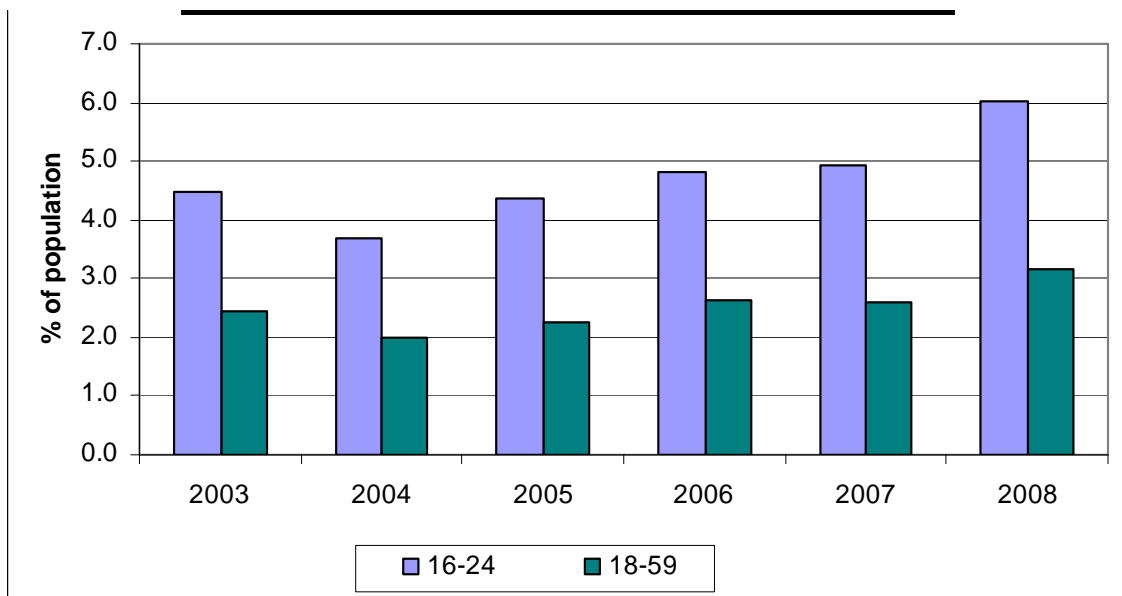


Figure 3.9.13 illustrates the rate of people claiming Jobseekers Allowance in England has remained steady from 2003-2008. Barnsley has seen a slight increase between 2003 and 2008 in line with its nearest statistical neighbours.

Figure 3.9.14 Percentage of Population aged 16-24 and 18-59 claiming Jobseeker's Allowance 2003-2008



Source: DWP

Figure 3.9.14 highlights that across both age groups there has been an increase in the rate of people claiming JSA. Ages 16-24 have the highest rate of claimants and as a result has seen a more significant rise (1.5%), whereas the 18-59 age group has risen (0.7%) since 2003. Both age groups saw a decline in 2004 in the number of people claiming JSA. However there was a sharp increase in 2005 for the 16-24 age group, which saw an increase (0.7%), in contrast to this the 18-59 age group saw a smaller increase (0.3%).

Pension Credit

If you are aged 60 or over you may be entitled to Pension Credit which is an extra sum of money each week. (DirectGov website:

http://www.direct.gov.uk/en/Pensionsandretirementplanning/PensionCredit/DG_10018692)

Figure 3.9.15 Percentage of the Population (aged 65+) claiming Pension Credit (2005-2008)

	2005	2006	2007	2008
Barnsley	34.7	34.9	34.9	34.4
Yorkshire and The Humber	31.5	31.8	31.6	31.1
England	27.9	28.2	28.0	27.5
Top 10% Barnsley SOAs	48.3	49.2	49.8	49.3
Bottom 10% Barnsley SOAs	12.9	14.5	12.8	12.7
Nearest Neighbour Ave.	35.4	35.7	35.5	34.6

Source: DWP

Figure 3.9.15 shows the rate of the population aged 65 plus claiming Pension Credit has remained static across England, Yorkshire and The Humber and Barnsley.

Figure 3.9.16 Percentage of population aged 65+ claiming Pension Credits 2004-2008

Source: DWP

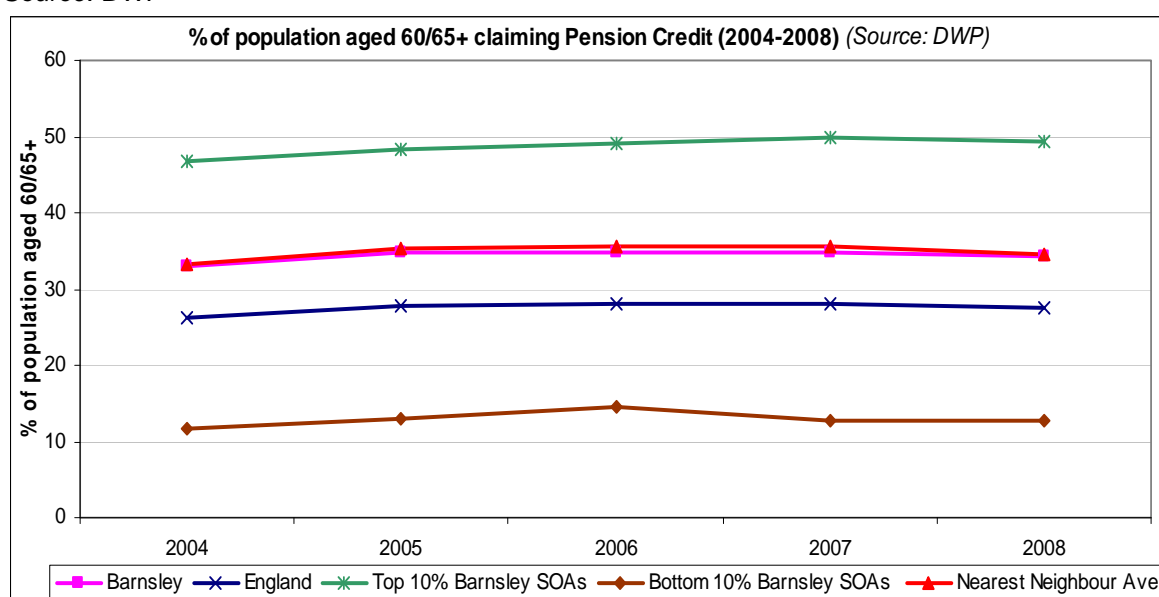


Figure 3.9.16 illustrates that since 2005 across England and Barnsley there has been little change in the rate of people claiming Pension Credit. Barnsley had a higher rate of claimants (34.8%) in contrast to England (27.9%) in 2008.

Carer's Allowance

Carer's Allowance is a taxable benefit to help a person who looks after someone who is disabled. You do not have to be related to, or live with, the person that you care for. DirectGov Website:

http://www.direct.gov.uk/en/CaringForSomeone/MoneyMatters/CarersAllowance/DG_10012522

Figure 3.9.17 Carer's Allowance Claimants per 10,000 Population (2003-2008)

	2003	2004	2005	2006	2007	2008
Barnsley	107.0	111.0	112.3	114.0	115.7	120.8
Yorkshire and The Humber	80.2	83.4	86.2	86.9	88.2	90.8
England	67.2	70.3	73.1	75.0	76.7	79.5
Nearest statistical neighbours	101.5	104.6	107.4	109.2	110.3	113.1

Source: DWP

Figure 3.9.17 shows the rate of citizens claiming Carer's Allowance has steadily increased across England, Yorkshire and The Humber and Barnsley.

Figure 3.9.18 Carer's Allowance claimants as rate per 10,000 population 2003-2008

Source: DWP

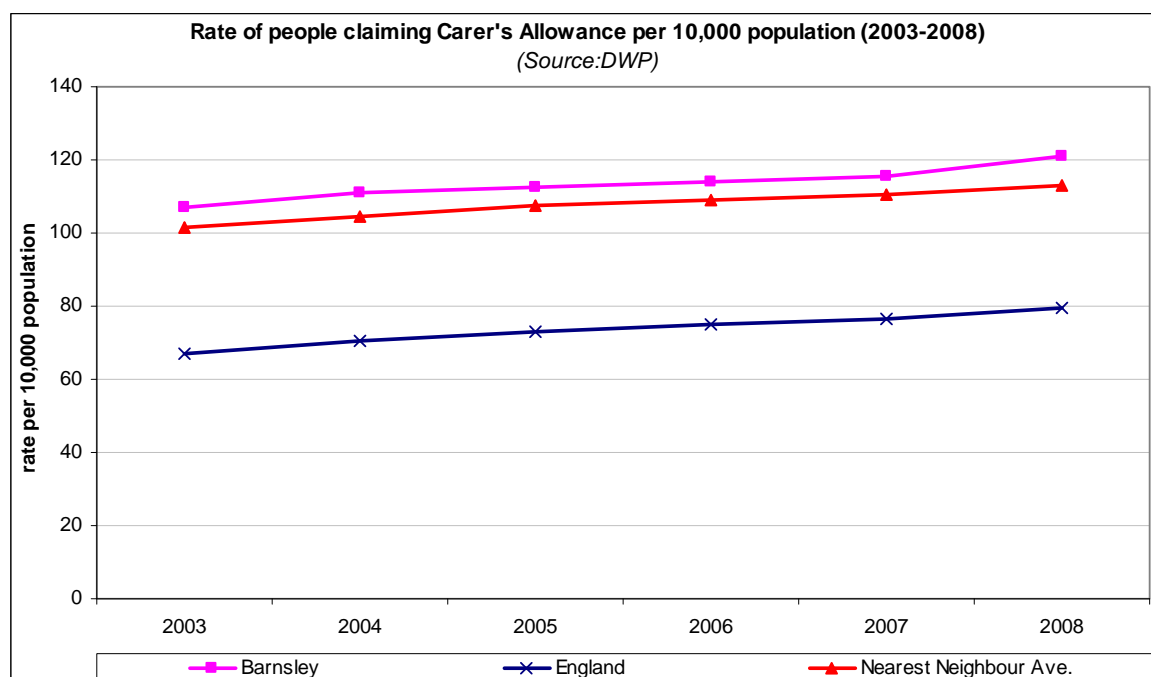
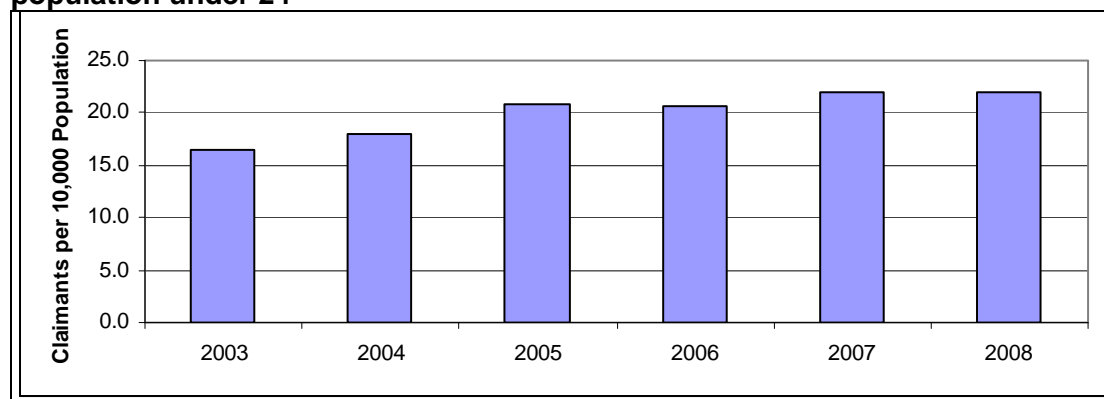


Figure 3.9.18 illustrates that across England and Barnsley the rate of people claiming Carer's Allowance has increased. Barnsley has witnessed the largest increase (13.8 per 10,000 population) from 2003 to 2008. England has seen an increase (12.3 per 10,000 population).

Figure 3.9.19 Rate of Carer's Allowance claimants aged under 24 per 10,000 population under 24



Source: DWP

Figure 3.9.19 highlights that the rate of 0-24 year olds claiming Carer's Allowance has increased steadily since 2003 across Barnsley. There has been an increase (5.5 per 10,000 population) from 2003 to 2008 in the rate of 0-24 ages claiming Carer's Allowance. This indicates that there has been an increase in the number of young people looking after disabled friends and/or family.

3.10 Employment

Labour market data comes from the Annual Population Survey; a sample survey of about 1500 people for Barnsley. The data must be looked at as a long-term trend for two reasons: a) business cycles affect short-term figures and b) data comes from surveys and fluctuations can be due to sampling.

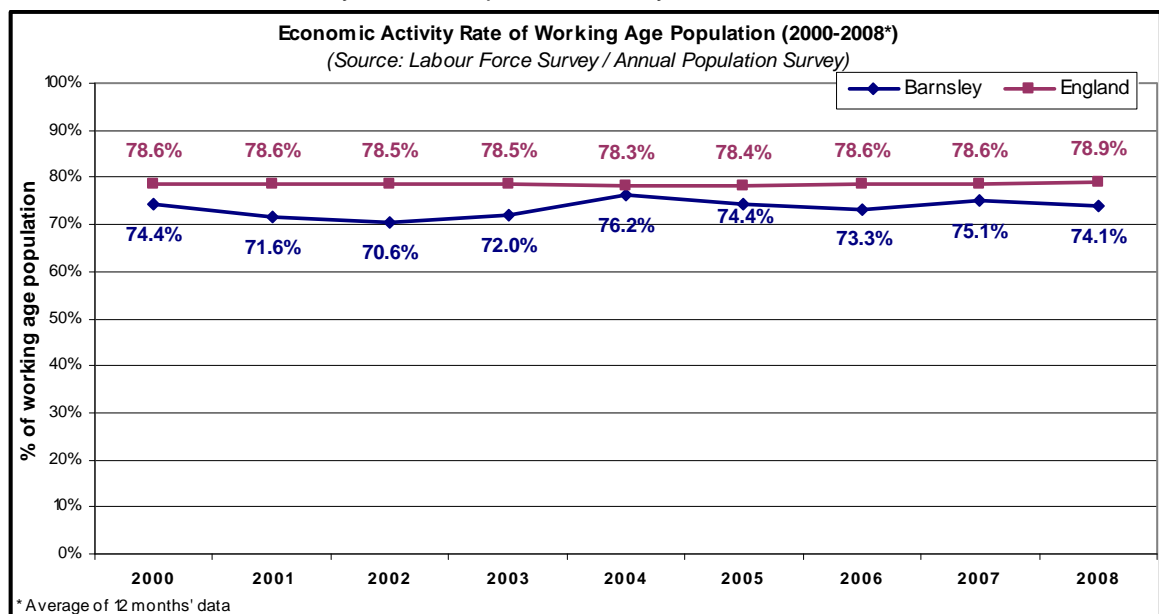
Economic Activity Rate

Economic Activity Rate is the percentage of working age people who are either in employment, self-employed or unemployed but actively looking for work.

In 2008, Barnsley's economic activity rate was 74.1% (4.8% below that of the England rate). It was at a similar level in 2000 compared with 2008 (down 0.3%). While the Barnsley rate has fluctuated over the period the overall trend has been fairly static.

Figure 3.10.1 Economic Activity Rate of Working Age Population (2000-2008)

Source: Labour Force Survey/Annual Population Survey



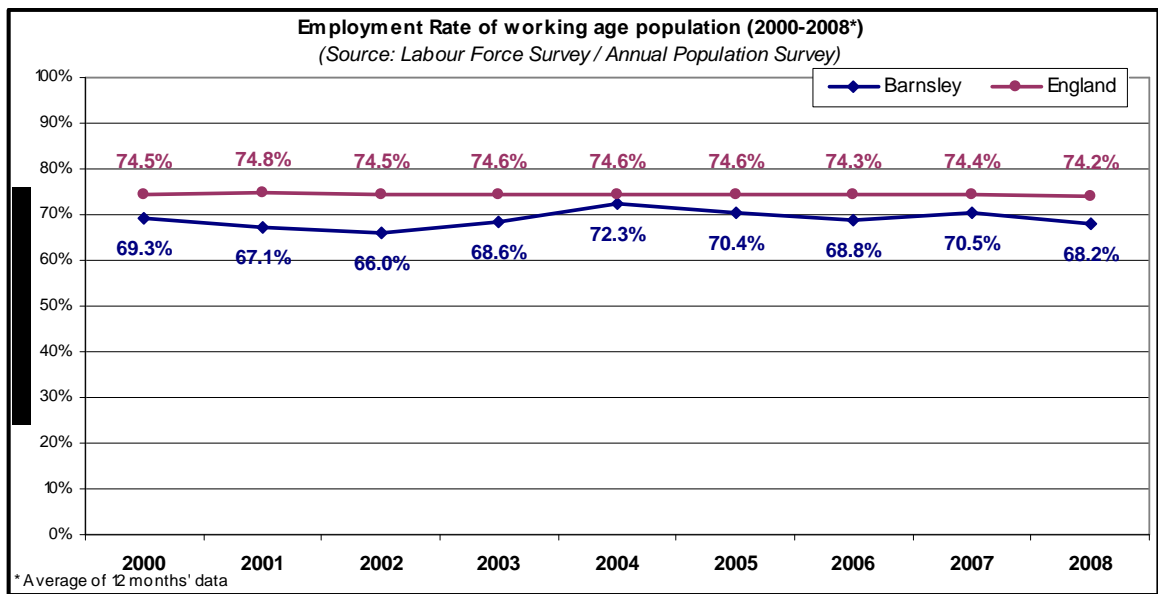
Employment Rate

Employment Rate is the percentage of working age people who are in employment or self-employed.

The employment rate for Barnsley was at a slightly lower level in 2008 as in 2000 (down about 1%). While it has fluctuated slightly between 66% and 72.3%, the overall trend is stable in line with the England rate. In 2008, Barnsley's employment rate was 6% below that of the England rate.

Figure 3.10.2 Employment rate of working age population 2000-2008

Source: Labour Force Survey/Annual Population Survey



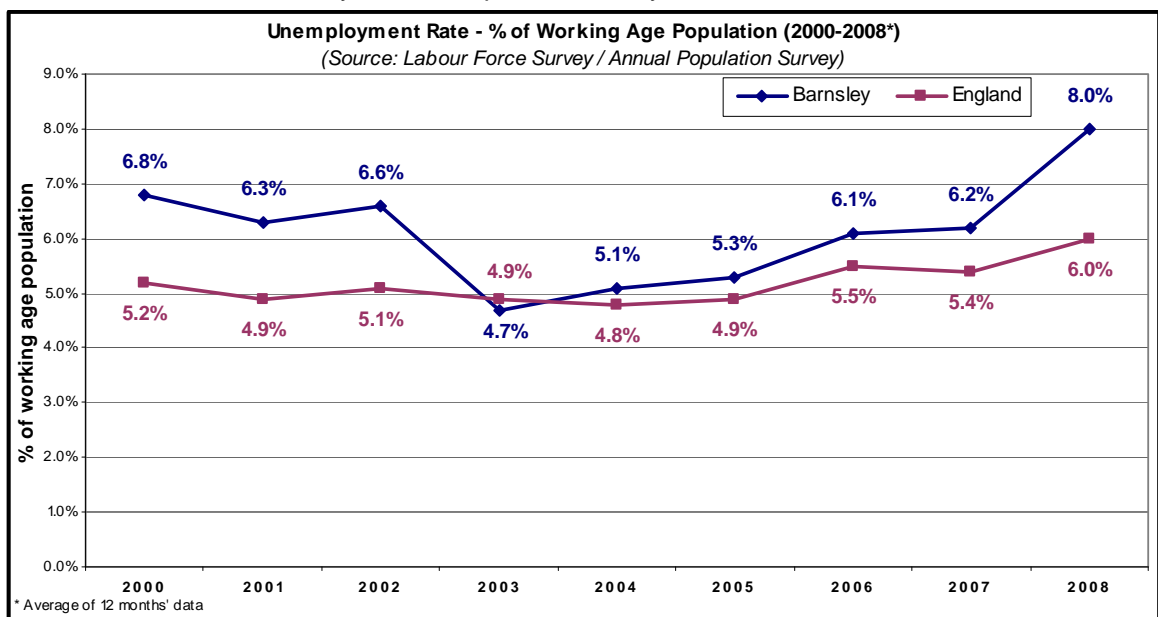
Unemployment Rate (Broad Measure)

Unemployment Rate is the percentage of working age people who are in not in employment but are actively seeking work.

The unemployment rate for Barnsley was higher in 2008 than in 2000 (up by 1.2%). Since 2007, it has increased by 1.8%. The overall trend has been upwards since 2003 slightly faster than the England rate. The gap between the Barnsley and national rates has increased from +1.6% in 2000 to +0.8% in 2007 to +2% in 2008.

Figure 3.10.3 Unemployment rate percentage of Working Age Population (2000-2008)

Source: Labour Force Survey/Annual Population survey



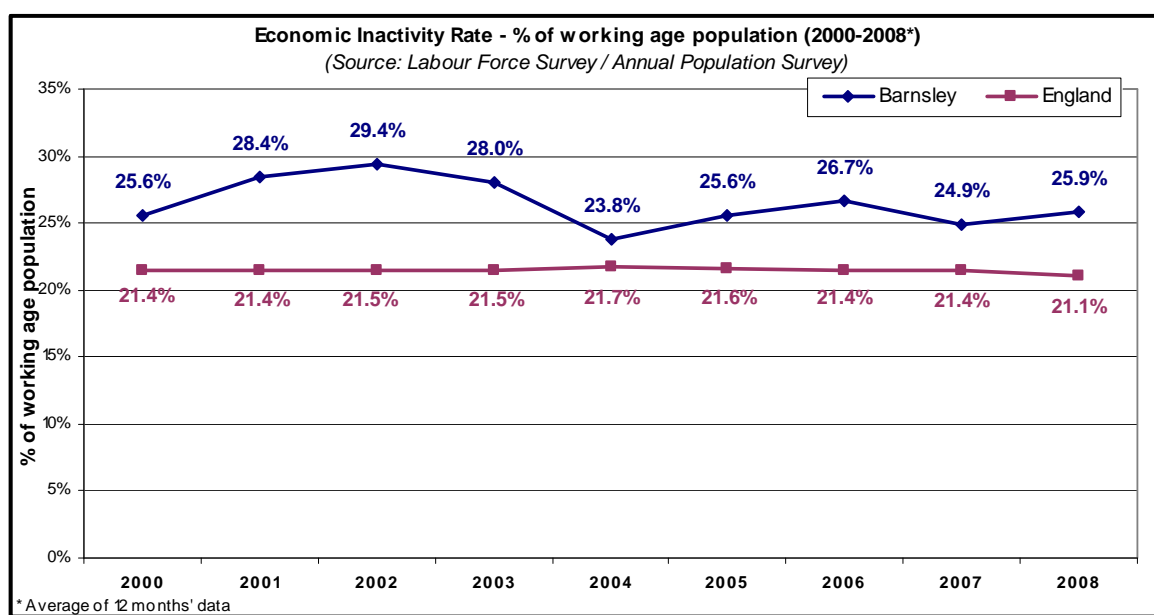
Economic Inactivity Rate

This is the inverse of the Economic Activity Rate i.e. it is the percentage of working-age people not in employment/self employment or looking for work. It includes people who are too sick/disabled to work, people with caring responsibilities (of children, elderly or sick), students not in any form of employment and people who have retired.

The Economic Inactivity Rate for Barnsley was about the same in 2008 compared with 2000 (up by 0.3%). The gap between the Barnsley and national rates has widened slightly from +4.2% in 2000 to +4.8% in 2008.

Figure 3.10.4 Economic Inactivity Rate - Percentage of working age population.

Source: Labour Force Survey/Annual Population Survey

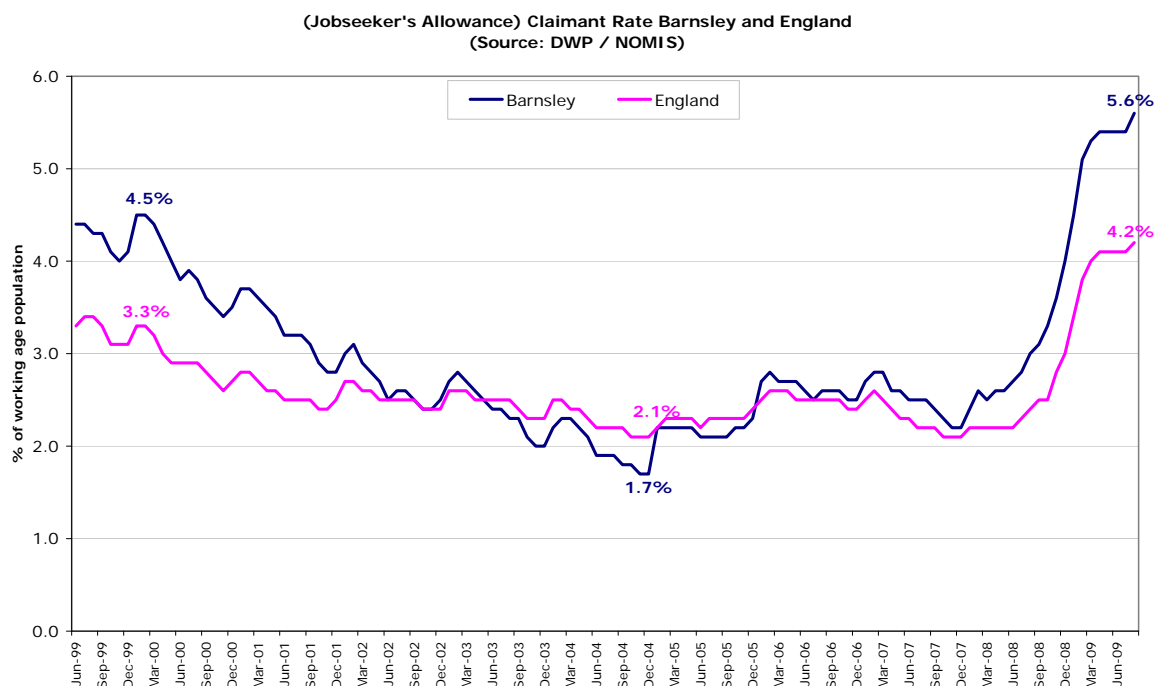


Unemployment Rate - Claimant Count (Narrow Measure)

'Claimant Count unemployment'⁵ is the percentage of people who are claiming Jobseekers Allowance. Some unemployed people are not eligible for JSA (people with partners in full-time employment tend not to be eligible). Data comes from Department of Work and Pensions but is slightly different from the JSA Benefits counts due to methods and timing of the reports. The rate is of the total 18-59 year old population so it therefore does not account for areas with high rates of economic inactivity (i.e. not looking for work due to sickness, caring responsibilities, etc.).

⁵ Labour Market data must be looked at as a long-term trend for two reasons: a) business cycles affect short-term figures and b) data comes from surveys and fluctuations can be due to sampling.

Figure 3.10.5 Claimant Count as % of the working age Population August 1999-2009



3.11 Average Income

The best guide to income in an area is looking at the mean average and median incomes. Mean average is the total household income divided by the number of households. The median is the income of the middle household when they are ranked by their income. The mean average can be altered significantly by a few households in an area with very large incomes and vice versa. For this reason the median is also used: it helps to identify areas where the mean is skewed by a few households with very high incomes.

According to the latest Pay Check data (January 2009), Barnsley had a mean household income of £30,300 (up by £900 on 2008) and a median value of £26,100 (up by £1,500). This indicates that household income has increased more evenly across households of all incomes than in previous years. For Great Britain the figures were: £35,000 (mean) and £29,400 (median). Figure 3.11.1 shows the mean and median household income at neighbourhood level and sorted by IMD score (deprivation).

As would be expected, the neighbourhoods with the highest average incomes are those with the lowest deprivation scores and the correlation between mean income and deprivation at neighbourhood level is strong. The same pattern occurs with the median income, although it is clear that the median incomes are all lower than the mean (with the exception of Silkstone where the mean and median are almost equal).

Figure 3.11.1 Average Mean and Median Annual Income per Household by Deprivation

Source: BMBC derived from CACI Pay Check 2009

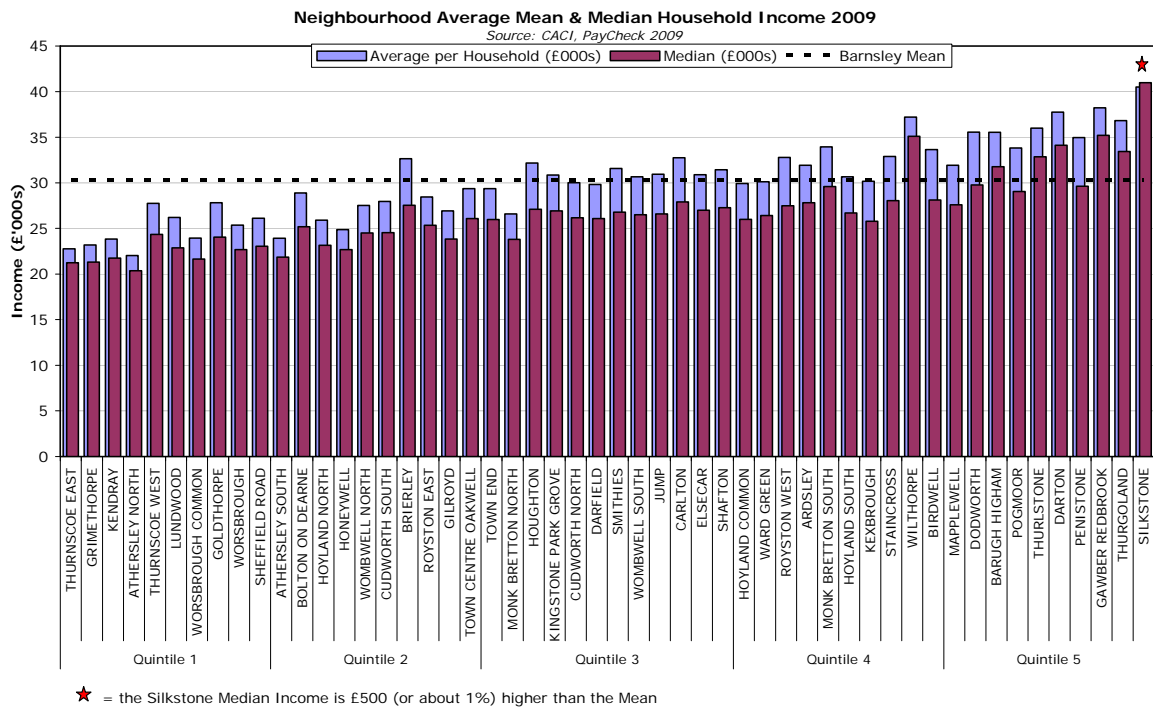
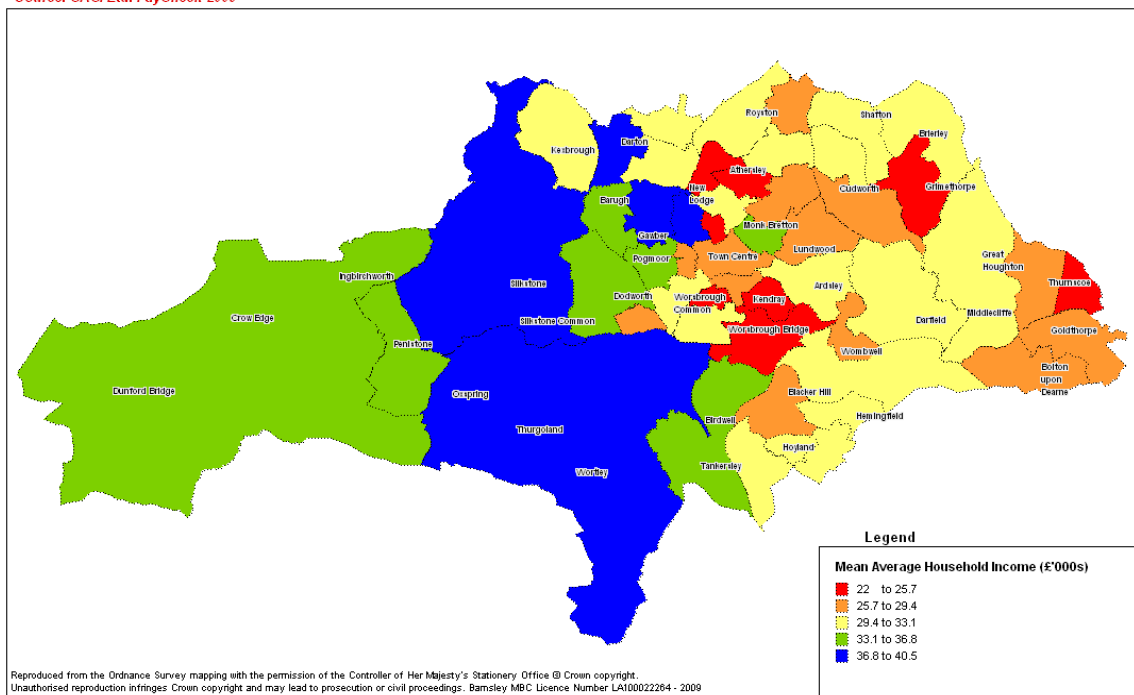


Figure 3.11.2 Average Annual Household Income 2009 by Neighbourhood

Mean Average Household Income by Neighbourhood (2009)

Source: CACI Ltd, PayCheck 2009



Produced by: BMBC Central Research Team / centralresearchteam@barnsley.gov.uk / 01226 773440 or 773189

7/10/2009

3.12 Financial Inclusion

A survey of a sample of 310 residents living in the most deprived parts of Barnsley was conducted in January 2009 to provide information to inform One Barnsley Financial Inclusion Strategy. As the survey was concentrated in those areas with the highest levels of deprivation it is not representative of all Barnsley residents; it

is a survey of those residents who are most likely to be at risk of financial exclusion. Some of the key findings were:

- Throughout the survey, it was clear that families with children and in particular lone parents faced particular problems with managing money and access to finance
- Half the households surveyed were 'workless', (no-one working), with no-one working in 72% of lone parent households
- Under half responding to the income question had an income of below £200pw and 20% had an income below £120pw
- 47% had no savings at all with a further 16% having less than £100 in savings
- 57% of respondents were just managing to get by but 15% were getting into difficulties with managing their money
- 43% had difficulty paying their gas and electric bills
- 57% of sample, rising to 64% of social housing tenants and 73% of private renting tenants had prepayment meters for fuel
- More than three-quarters of lone parents (82%) currently had credit, loans or borrowings (other than a mortgage) compared to 70% of couples with children and 31% of pensioner households
- More than one in three had got into debt or fallen behind with at least one payment in the past two years
- The greatest level of interest was in somewhere local where you could save small amounts of money, advice on welfare benefits, an affordable insurance scheme and more information or knowledge about financial matters.

We calculate that there are upwards of 7,108 citizens of Barnsley that are using doorstep credit, such as Provident. If these residents were to switch to Barnsley Credit Union they would save £328.85 on a standard annual borrowing, from a moneylender, of £565. Collectively this equates to £2,337,466 per annum spent on expensive credit. Even if the credit union charged the highest rate it can by law, 26.8%, it would still save the people of Barnsley £2,138,015 per year.

Of course the sub-prime activity is broader than doorstep credit and it is highly likely that over 8,000 people in Barnsley are using these types of services, at a cost of approximately £2.6 million per annum in foregone interest and charges. This is money that cannot be spent on children's clothes and books, food or fuel. In addition, it is lost to the local economy and will not be spent in local shops and business. Financial exclusion should be seen as an economic problem for Barnsley, rather than just a social one.

3.13 Crime

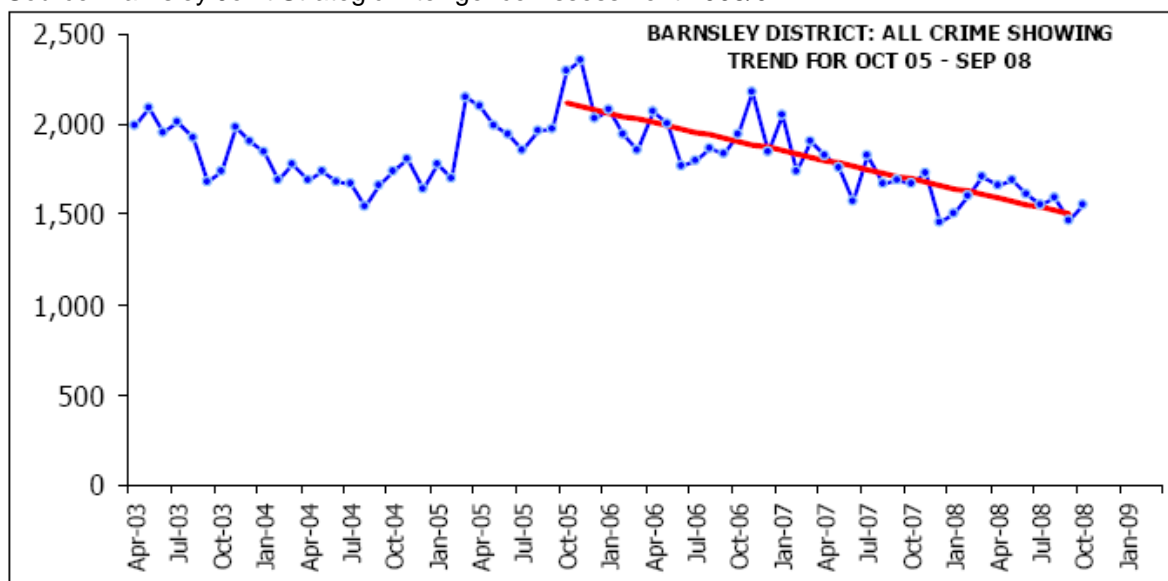
The information that follows has been taken from the Joint Strategic Intelligence Assessment 2008/9. A full copy of the document and full context is available from http://www.onebarnsley.com/pdf/jsia_june_09.pdf

Overall Trends

- Overall downward trend in all crime over the past three year period, following overall South Yorkshire Police Force trend.

Figure 3.13.1 Overall Crime in Barnsley Apr-03 to Oct-08

Source: Barnsley Joint Strategic Intelligence Assessment 2008/9



Drugs and Alcohol

Trends and Volume

Drugs offences represented 4% of total recorded crime in 2007/08.

Upward trend in both drugs possession and drugs trafficking offences from October/November 2006 onwards, in line with the overall Force trend⁶. Year on year increases in possession and trafficking offences from 2005/06 to 2007/08 (possession offences increased 23% in 2007/08 from 2005/06; trafficking offences increased 15% in 2007/08 from 2005/06).

However, Barnsley's increases in drugs offences from 2006/07 to 2007/08 were notably worse than those experienced by the Force as a whole (Barnsley possession increased by 23% as compared with Force increase of 17%; Barnsley trafficking increased by 15% as compared with Force decrease of 8%).

Cannabis related offences formed 60% of total recorded drug offences in 2007/08 and were subject to the largest increases from the previous year (cultivate/produce Cannabis increased by 40%; possess Cannabis increased by 27%). Offences involving possession of drugs other than Cannabis increased by 12%, increasing for the second consecutive year (as with Cannabis related offences).

⁶ It is worth noting that Cannabis was declassified from class 'B' to 'C' in January 2004, with resultant relaxation of penalties. At the time of writing the Home Office is proposing to reclassify Cannabis as class 'B' in January 2009.

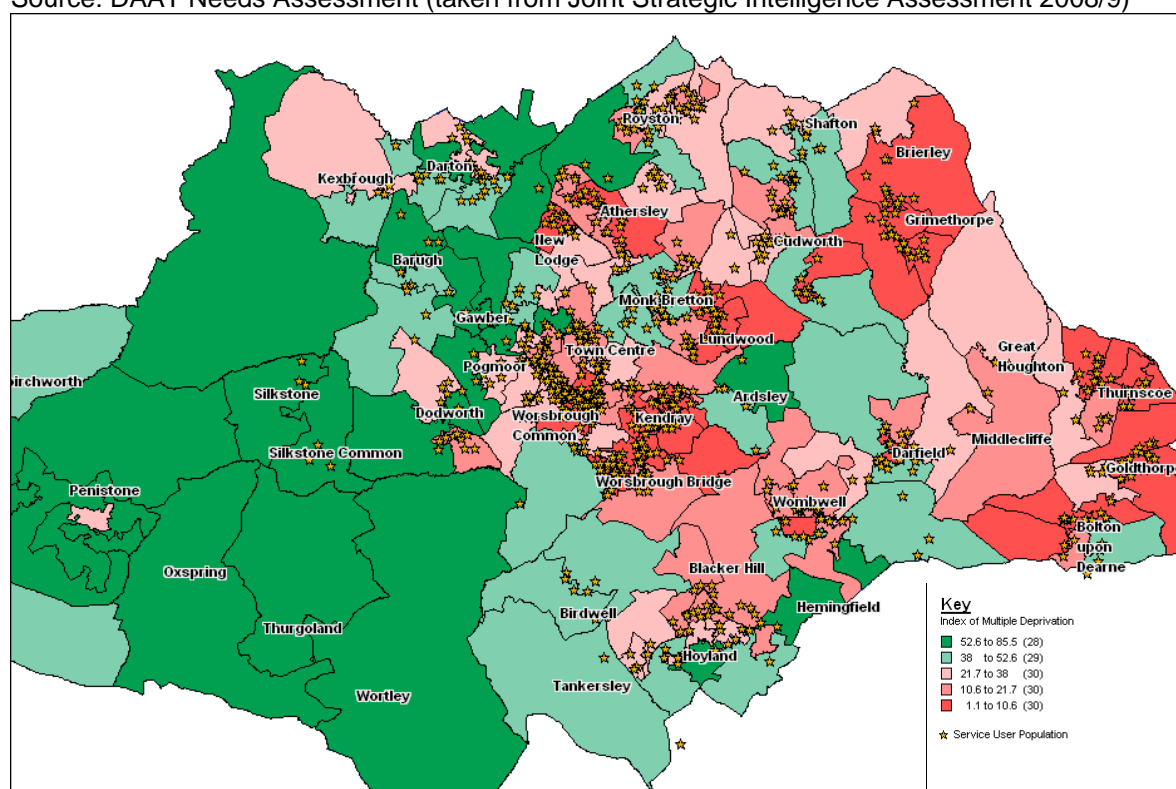
There was a downward trend in offenders testing positive for Heroin and both Cocaine and Heroin in drugs intervention post offence tests between June and September 2008. However this was coupled with an upward trend for those testing positive for just Cocaine between June and August 2008⁷

Drug & Alcohol Action Team Needs Assessment

The following map (Figure 3.13.2) shows the area of residence of service users who have accessed treatment services between April 2008 and September 2008. This information has been superimposed onto the map of IMD and confirms correlation between areas of deprivation and clusters of the service user community.

Figure 3.13.2 Drug & Alcohol Action Team service users and Deprivation

Source: DAAT Needs Assessment (taken from Joint Strategic Intelligence Assessment 2008/9)



Note: Image above contains copyright information: Crown Copyright © Barnsley MBC Licence Number LA100022264 - 2009

Drug Intervention Programme: in Treatment Profile

Through the Drug Intervention Programme (DIP), there were 191 clients in treatment during 2007/08; predominantly opiate users (183). Of the 191, 151 of these were male and 40 female. The majority of clients in treatment were aged between 25-34 years of age (122).

Information supplied from National Drug Treatment Monitoring System indicates that in the latest 12 month reporting period (03-11-07 – 03-11-08), 207 crack clients were recorded as being in effective treatment.

Although Heroin use is the most significant problem drug used in Barnsley, data suggests this trend is changing and shows an increasing prevalence of powder Cocaine use as a primary drug.

⁷ Source: Criminal Justice Admin, SYP

Evidence collected from police drug testing data and DIP reports shows that Barnsley has an increasing problem arising from the use of stimulants, including Cocaine; Crack and Ketamine. The Open Access and Assessment service have also reported an increase in stimulant presentations. Although an increase in Ketamine use has not been highlighted via NDTMS performance reports, front line workers have reported that the drug is becoming more common. It is believed that performance reports are not showing this information as it is most likely being recorded as “other drug use”.

Violent Crime

New violent crime categories were introduced in April 2008 meaning that whilst overall trends categorised under the Home Office group ‘Violence Against the Person’ can be compared as shown below, many individual crime categories can only be compared from April 2008 onwards⁸.

Trends & Volume

There were no distinct upward or downward trends in Violence against the Person (VAP) offences between November 2007 and September 2008; the introduction of NCRS⁹ in April 2002 has been identified as the cause of the slow rise in recorded offences from April 2003 to a higher stable baseline in April 2005.

V.A.P. offences represented 16% of total recorded crime in 2007/08; assault occasioning actual bodily harm offences alone represented 9% of total recorded crime in 2007/08. There was a 24% decrease in V.A.P. offences from 2005/06 to 2007/08. The estimated cost to Barnsley of wounding offences is £1,449,958 per year, of which £512,694 formed by cost to public services; common assault is estimated to cost £1,449,958 (£512,694 of which cost to public services).

Figure 3.13.3 Violence Against the Person Offences in Barnsley Apr-03- Sept-08



Domestic incidents formed 24% of total V.A.P. offences in 2007/08, a 3% proportional increase from 2006/07 in which they formed 21% of total V.A.P. offences.

⁸ New offences for April 2008 included Actual bodily harm and other injury, Assaults with less serious injury, Actual bodily harm and other injury - racially/religiously aggravated, Grievous bodily harm without intent, serious violent crime.

⁹ National Crime Recording Standards

Barnsley performed well in comparison with MSG in terms of volume (-9%), and was also above the MSG average in terms of detections (+15%).

Alcohol Related Violence: Initiatives and Approaches to Address

Weighted Ratings: A 'Red, Amber, Green' rating system has been introduced for Town Centre licensed premises whereby incidents occurring in licensed premises increase the score.

Best Bar None: Best Bar None provides an opportunity for responsibly managed licensed premises to receive recognition as a venue with high standards of safety and security.

Fixed Penalty Notices: The issuing of Fixed Penalty Notices is used to deal with low level offences and act as a deterrent from more serious offending.

Triage and Taxi Marshalling: These initiatives have been used on key dates in 2007 and 2008. The triage provides a first point for medical provision in the Town Centre, thereby easing the pressure on A & E and the Ambulance Service.

Operation Binge: Operation Binge is the operational approach to policing the Town Centre at weekend evenings. The basis of the operation is for Police Officers to engage with members of the public early in the weekend evenings to reassure them and also let them know that violence and disorder will not be tolerated.

Domestic Abuse

Definitions

Domestic abuse is defined by the Home Office as "any violence between current and former partners in an intimate relationship, wherever the violence occurs. The violence may include physical, sexual, emotional and financial abuse¹⁰.

In April 2006 SYP adopted SPECSS+, an ACPO approved risk assessment model relating to domestic abuse. The subsequent implications for identification and recording of domestic abuse that arose as a result of the adoption of this model means that trend data for crimes, incidents and arrests can only be meaningfully examined from April 2006 onwards.

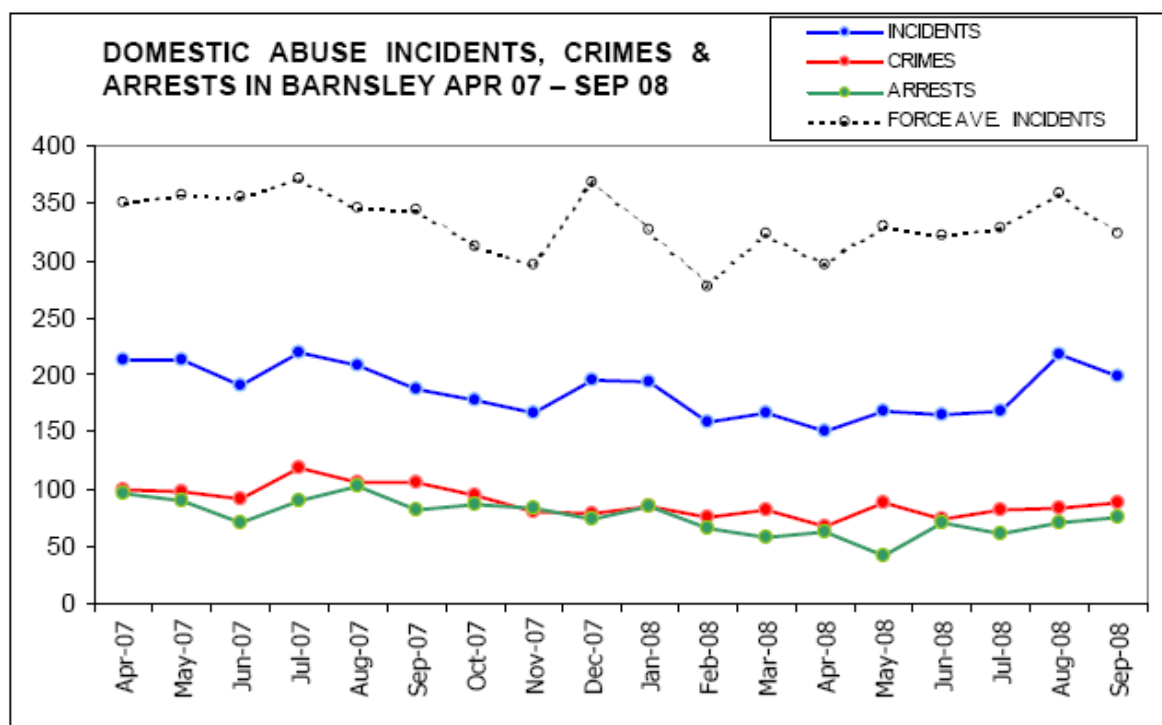
Trends and Volume

There were no significant upward or downward trends in domestic incidents between April 2007 and September 2008; there was a slight upward trend in incidents towards the latter half of 2008, which tracked an upturn in Force incidents in the same period¹¹.

¹⁰ www.crimereduction.homeoffice.gov.uk

¹¹ Source: SYP Force Public Protection Unit.

Figure 3.13.4 Domestic Abuse Incidents, Crimes and Arrests in Barnsley Apr-07-Sept-08



Domestic incidents resulting in crimes accounted for 5% of total recorded crime in 2007/08. A 14% decrease in domestic incidents from 2005/06 to 2007/08 (the Force as a whole experienced a decrease of 11%). Of the incidents that resulted in crimes being committed, one quarter consisted of the offence of assault occasioning actual bodily harm (527 offences). Only 1% of incidents resulted in more serious crimes such as sexual assault, wounding etc.

There was relatively little variation between the number of domestic abuse incidents experienced by the top six worst affected neighbourhoods. Worsbrough neighbourhood was the worst affected area (107 incidents: 5% of total domestic abuse incidents).

Sexual Violence

Serious sexual offences represented only 0.5% of total recorded crime in 2007/08. There was virtually no increase between 2006/07 and 2007/08.

Despite the fact that sexual offences formed only a small percentage of total crime, they potentially provide one of the greatest expenses to Barnsley with estimated costs to Barnsley of £26,319,894 per year, of which £3,554,751 formed by cost to public services.

Barnsley town centre is the area where sexual violence is more likely to occur, potentially linked to night time drinking activity.

Anti-Social Behaviour - Needles Collected

A total of 447 needles were collected by Safer Neighbourhood Teams (SNT) during October 2007 to September 2008. The majority of needles were collected in the Central SNT (320) which accounts for 72% of all needles collected across the borough. There were no needles collected from the Darton and Penistone SNT areas.

IMPLICATIONS FOR SERVICES

Local Development Framework

The Local Development Framework sets the planning strategy for the long term physical development of Barnsley. It will address a number of issues raised by the above statistics through:

- Allocating land for employment and protecting land currently in employment use
- Protecting and enhancing the environment including green infrastructure, biodiversity, green spaces and opportunities for recreation
- Ensuring provision for walking and cycling
- Providing a transportation strategy for the borough which promotes sustainable modes of travel and seeks to improve public transport and connectivity
- Design policy which will incorporate Design against crime measures.

Economic Development and Financial Inclusion

- Providing support to get those, who are unemployed or on Incapacity Benefit back into work remains a priority. The Barnsley Growth Plan and Enterprising Barnsley programme focus on supporting the development of local jobs and businesses
- The Future Jobs Fund – The Barnsley programme will place 644 people into jobs. Aimed at 18-24 year olds approaching long-term unemployment and residents of any age from the more disadvantaged areas in Barnsley
- The Financial Inclusion Strategy for the borough is being reviewed in light of these findings and will align financial inclusion with addressing child poverty.

Housing

- Carry out private sector housing stock condition survey and work to improve housing conditions through enforcement and targeted investment
- Increase support for home energy efficiency interventions (to help alleviate fuel poverty)

4 Lifestyle / Risk factors

How much do we know about the choices people make in Barnsley?

Key Headlines

- Smoking prevalence remains high in the borough, around 43,000 adults are smokers, which is over 24% of the population.
- One in five new mothers were smokers at the time of delivery.
- 19.4% of the population are consuming five or more portions of fruit and vegetables daily, the lowest figure in the Yorkshire and the Humber Region and lower than the national average of 26.3%.
- It is estimated that 28.5% of adults in Barnsley are obese, significantly higher than the national average of 23.6%.
- Alcohol attributable admissions for adult males and females and hospital admissions for alcohol related harm for males and females are significantly worse than the England average
- It is estimated that there are 1,726 problematic drug users in Barnsley. These are individuals using Opiates and/or Crack Cocaine
- 19% of the Barnsley adult population take part regularly in sport and active recreation; this is lower than the Yorkshire and the Humber figure of 20.1% and the national figure of 21%

4.1 Smoking

Smoking is one of the biggest causes of preventable ill-health and premature death in Barnsley and is the single greatest cause of inequalities in health. Smoking accounts for one out of every seven deaths from coronary heart disease and three out of every ten deaths from cancer. The Smokefree legislation (2007) has increased the number of smoke free public places and workplaces and reduced exposure to second hand smoke. The revised Smokefree Barnsley action plan has prioritised reducing smoking prevalence in pregnant women, young people, disadvantaged communities, those with chronic diseases and routine / manual workers. The plan also seeks to reduce the availability and use of contraband and counterfeit tobacco in the borough.

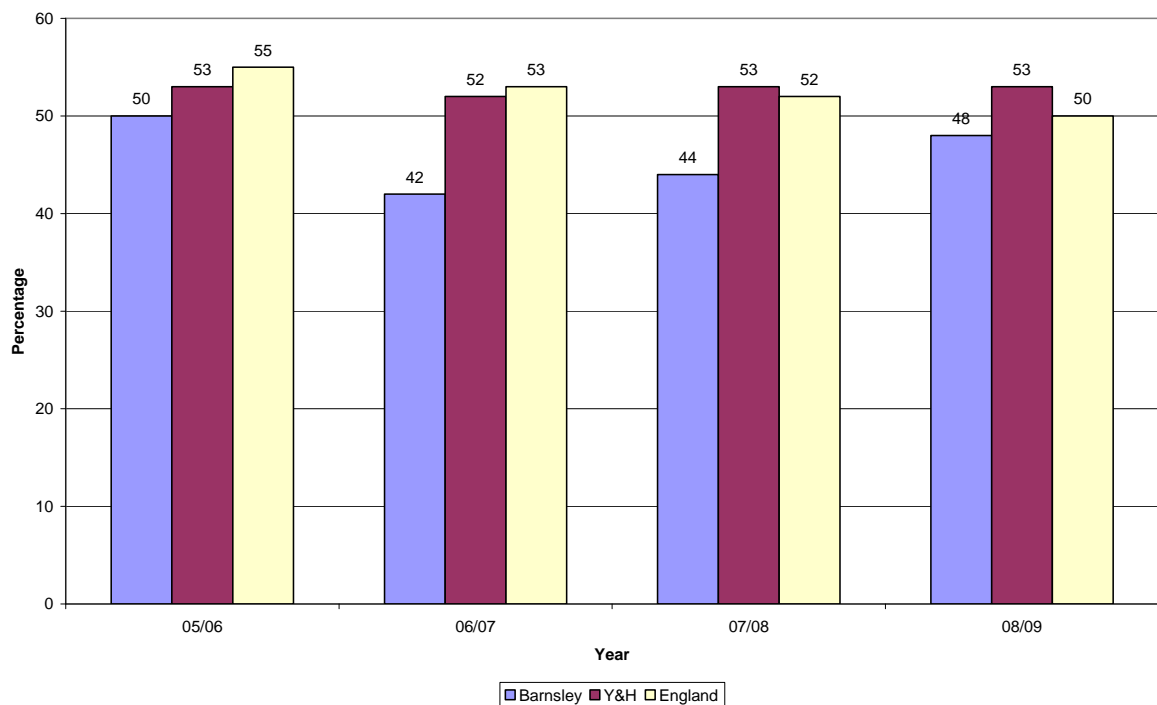
- Smoking prevalence remains high in the borough; around 43,000 adults are smokers which is over 24% of the population.
- There is an association with deprivation and smoking; rates are highest in the most disadvantaged areas of the borough.
- Almost 50% of 14 and 15 year olds in Barnsley live in homes where someone smokes and a third of these young people also smoke on a daily basis.
- One in five new mothers were smokers at the time of delivery.

Smoking Quitters

Key results from NHS Stop Smoking Services for the period April 2008 to March 2009 show that in England 671,259 people set a quit date, a decrease 1% since 2007/08. At the four week follow-up, 337,054 (50%) had successfully quit (based on self report). Figure 4.1.1 shows that Barnsley's four week quit rates for the years 2005/06, 2006/07, 2007/08 and 2008/09 were slightly lower than the rates for England and the Yorkshire and The Humber region.

Figure 4.1.1 Successful smoking quitters at four weeks (as a percentage of those setting a quit date): Barnsley, Yorkshire & The Humber and England, 2005/06, 2006/07, 2007/08 and 2008/09

Source: NHS Information Centre



VSB05 and NI123 relate to the rate of self reported four-week smoking quitters who attend NHS Stop Smoking Services per 100,000 population aged 16 or over. The Vital Signs target for 2008/09 was 1,820 quitters. Figures for 2008/09 showed that 2,720 people attending NHS Barnsley Stop Smoking Services had quit at four weeks.

4.2 Diet

What we eat is central to our health throughout life. Good nutrition through adult life will help protect against diabetes, coronary heart disease, stroke and some cancers. Fruit and vegetables provide a wide range of nutrients necessary for good health, and increased consumption is known to have a wide range of health benefits and can significantly reduce the risk of many chronic diseases, such as heart disease, stroke and some cancers. Eating at least five portions (400g) of a variety of fruit and vegetables a day could reduce the risk of deaths from chronic disease by up to 20%.

Diet and nutrition is influenced by a number of socio-economic circumstances, as well as availability and access to healthy foods. Surveys in England show that on average adults eat less than three portions per day. Around a fifth or less of the population in the Yorkshire and The Humber region eat five or more portions of fruit and vegetables. Data produced by the National Centre for Social Research (NatCen) shows that Barnsley has 'synthetic' estimate for the prevalence of only 19.4% of the population consuming five or more portions of fruit and vegetables daily, the lowest figure in the Yorkshire and the Humber Region, compared to the national average of 26.3%.

4.3 Obesity

Since 1980 the prevalence of obesity has nearly trebled in the UK and is continuing to rise. Obesity is caused by excessive calorie intake, which is not balanced out by sufficient energy output (activity). The main dietary sources of calories are fats and sugars. Obesity is linked to deprivation and the prevalence in Barnsley reflects the high level of deprivation in the borough.

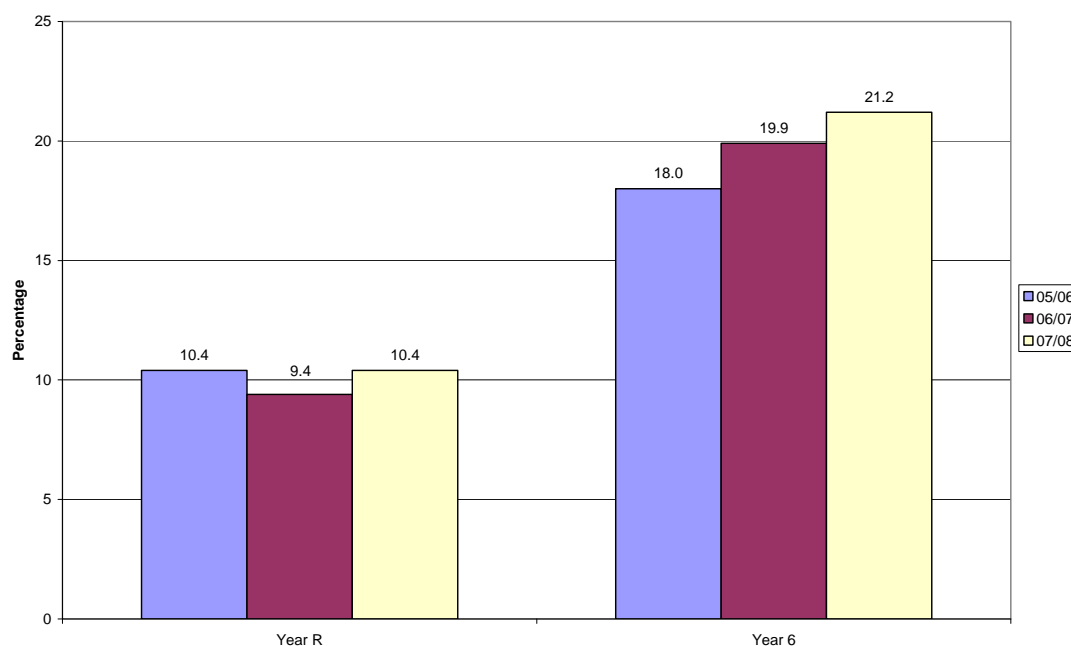
Data produced by the National Centre for Social Research (NatCen) shows that Barnsley has 'synthetic' estimate for the prevalence of obesity in adults of 28.5%, significantly higher than the national average of 23.6%.

Childhood Obesity

Monitoring children from a young age allows interventions such as healthy eating, and physical activity, can be put in place in an effort to reduce the prevalence of obesity. Figure 4.3.1 shows the proportion of Barnsley children in Reception and Year 6 considered to be obese from the measurements taken in 2005/06, 2006/07 and 2007/08. The data suggests that although there was a decrease in the proportion of Reception children who were obese in 2006/07, this increased again in 2007/08 to its 2005/06 level of 10.4%. The proportion of Year 6 children who are obese has risen from 18.0% in 2005/06 to 21.2% in 2007/08.

Figure 4.3.1 Proportion of obese children: Reception and Year 6, 2005/06, 2006/07 and 2007/08 (VSB09 / NI55/56)

Source: National Child Measurement Programme



4.4 Alcohol

Moderate alcohol consumption is a part of everyday life for many. However, heavy drinking is harmful to health, causing liver cirrhosis and contributing to stroke, cancers, accidents and mental illness. Alcohol also has serious consequences for families, including domestic violence, mental illnesses and family break-up. Society is also affected: criminal behaviour; violence and accidents are often related to alcohol misuse.

Due to a lack of consistent and robust data on alcohol consumption and the wider consequences of alcohol misuse, Local Alcohol Profiles produced by the North West Public Health Observatory. The profiles illustrate that across England, local Authorities range from 14.1% of adults drinking at hazardous level to nearly double this at 26.4%. For harmful drinking, estimates range from 3.2% to 8.8% of adults.

Data for Barnsley suggests that 18.9% of adults are drinking at hazardous levels (more than 21 units for men and more than 14 units for women), which is lower than the England average of 20.1%. It is also estimated that 5.7% of Barnsley adults are drinking at harmful levels, those drinking over 50 units a week are slightly higher than the England average of 5.0%.

Other measures in the profiles for each local authority include: levels of alcohol related admission into hospital, alcohol related deaths and alcohol related crime. A copy of the Barnsley profile can be accessed via <http://www.nwph.net/alcohol/lape/#> the following health indicators are highlighted as significantly worse than the England average for Barnsley:

- Alcohol-attributable hospital admissions – males
- Alcohol-attributable hospital admissions – females
- Hospital admissions for alcohol related harm – males and females

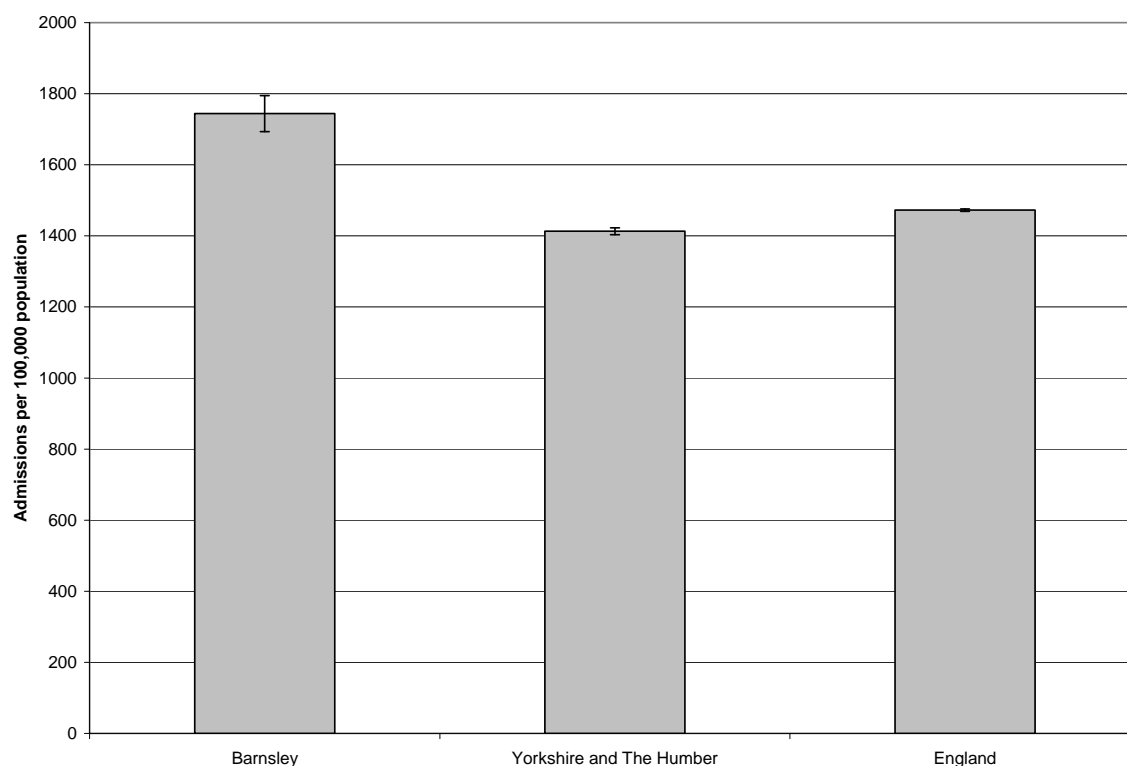
Hospital Admissions for Alcohol Related Harm (NI 39)

This indicator measures the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics. As can be seen from

Figure 4.4.1 Barnsley's 2006/07 rate is significantly higher than that for England and the Yorkshire and The Humber region.

Figure 4.4.1 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm: Barnsley, Yorkshire & The Humber and England, 2007/08

Source: North West Public Health Observatory



Data from the 2008 Barnsley Young People's Health and Lifestyle Survey suggests that 33.7% of Barnsley young people aged 14 and 15 thought their family or close friends drank too much alcohol.

4.5 Substance Misuse

An estimated 3.764 million people in England and Wales use at least one illicit drug each year (British Crime Survey), and around one million people use at least one of the most harmful drugs (such as heroin and cocaine).

Drug use causes a wide range of health and social harms. It causes short and long-term damage to physical and mental health, it affects unborn babies and it exposes drug users to risk of death from overdose and blood borne viruses. Drug use also causes wider public health risks as a result of discarded drug paraphernalia, drug driving and unprotected sex. Drug use also limits the ability to work, to parent and to function effectively in society. It contributes to social exclusion and makes it difficult for people to play full and active roles in society.

A major strand of the new National Drug Strategy is the provision of effective and high quality drug treatment. The Drug Strategy recognises that providing effective treatment for drug users not only reduces rates of individual harm (e.g. the spread of blood borne viruses and accidental death through overdose) but also contributes significantly to reducing wider social harms such as rates of acquisitive crime.

Data for Barnsley showed that 1,095 drug users were recorded as being in effective treatment in 2008/09.

4.6 Physical Activity

Low levels of physical activity are a key contributing factor to the increasing prevalence of people who are overweight and obese. Being physically inactive is a major risk for various diseases, such as coronary heart disease, diabetes and cancer. It is estimated that 37% of coronary heart disease can be attributed to physical inactivity. In addition, physical inactivity may be responsible for up to a threefold increase in the risk of stroke.

The current Government recommendation on physical activity are that adults should achieve a total of at least 30 minutes of at least moderate intensity physical activity on five or more days a week. Physical activity guidelines for children are different to those for adults. It is recommended that children and young people should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day

Sport England's Active People Survey measures how many people participate in sport and active recreation in England. Data for 2007/08 shows that 19.7% of the Barnsley adult population take part regularly in sport and active recreation; this is lower than the Yorkshire and the Humber figure of 22% and the national figure of 21%. 4.9% of the Barnsley adult population contribute at least one hour a week volunteering to sport, this is lower than the regional figure, 4.7% and the national figure of 4.9%. In addition when asked about Satisfaction with sports provision in their area, 69% of Barnsley adults said they were very or fairly satisfied. This is higher than the regional average of 65% and the national average of 66%.

4.7 Sexual Health

There has been a three to four fold increase in the incidence of sexually transmitted infections (STIs) across the UK in the last ten years.

Figure 4.7.1 Number and rate per 100,000 population of new STI cases

Source: Health Protection Unit and BHNFT KC60

	UK	Barnsley				
	2004	2004/05	2005/06	2006/07	2007/08	2008/09
Chlamydia	104155 (174)	607 (343.4)	702 (375.3)	819 (422.1)	701 (357.9)	787 (422.4)
Gonorrhoea	22335 (37)	69 (39.0)	84 (44.9)	113 (58.2)	112 (57.2)	57 (30.6)
Syphilis	2254 (3.8)	6 (3.4)	6 (3.2)	8 (4.1)	7 (3.6)	3 (1.6)
Genital Warts	79678 (133)	347 (196.3)	309 (165.2)	367 (189.1)	357 (182.3)	455 (244.2)
Herpes	18991 (32)	59 (33.4)	66 (35.3)	96 (49.5)	104 (53.1)	125 (67.1)

Figure 4.7.1 illustrates comparative STI data giving a local and national context to STI rates in Barnsley. VSB13 and NI113 are the indicators detailing the percentage of the resident population aged 15-24 accepting a test/screen for Chlamydia. The target set by the Department of Health for 2008/09 is 17%, for 2009/10 it is 25% and by 2010/2011 it is 35%. Figures reported for 2008/09 illustrated a coverage rate of 19.4% for Barnsley, compared to rates of 17.8% and 15.9% for Yorkshire and The Humber and England, respectively.

BHNFT GUM has maintained 100% access within 48 hours since May 2008 with 80% or more patients seen in 48 hours since March 2008 therefore achieving the Yorkshire and The Humber SHA milestone

IMPLICATIONS FOR SERVICES

Supporting local people to modify their lifestyles and take control of their health is a priority, building on existing initiatives such as the Fit for the Future Partnership.

Smoking

- Building on the Barnsley growing trend to quit smoking, NHS Barnsley's five-year strategy includes additional funding to increase the availability of smoking cessation services to reduce the prevalence of smoking to below 20% over the next new years.
- In line with the forthcoming National Tobacco Control Strategy, Smokefree Barnsley will focus on the unwanted effects of second-hand smoke to protect children and young people in the home and barriers to quitting for hard to reach smokers.
- Social marketing work with pregnant smokers is underway to reduce the number smoking at delivery.

Alcohol and Drugs

- New alcohol treatment and community support services are being funded by NHS Barnsley to reduce alcohol related hospital admissions.
- Social marketing work with women in Barnsley is underway to challenge current drinking behaviour and reduce levels of alcohol related illness.
- The Local Alcohol Strategy will be reviewed in 2010/11.
- For both alcohol and drug misuse, the emphasis should continue to be on prevention and access to effective local services in the community.

Sexual Health

- Continue to implement high impact changes associated with meeting the 48 hour access target for GUM services.
- Improve access and reduce barriers to full range of contraceptive and sexual health services (centralised booking service, You're Welcome Quality standards, LARC, etc)
- Improve access to Chlamydia screening

Further information and supporting data to this section is available at <http://www.barnsleyfit4thefuture.co.uk/reports-figures-and-toolkits.htm>

<http://www.barnsleyfit4thefuture.co.uk/>

IMPLICATIONS FOR SERVICES

Active Lifestyles

The Local Development Framework sets the planning strategy for the long term physical development of Barnsley. It will address physical activity levels through:

- Providing a policy framework to protect and enhance existing, and provide new Green Infrastructure including green spaces and play areas in order to provide opportunities for recreation and physical activity
- Developing a transport strategy which promotes sustainable travel and ensures the provision of facilities for walking and cycling

The Barnsley Sport and Active Lifestyle Strategy is being developed focusing on:

- People – identifying those who need extra support and providing it
- Places – ensuring provision of sports facilities, good quality parks and a transport infrastructure that supports active lifestyles
- Opportunities – making sure activities are available to all, on their doorstep, as part of everyday life

Providing a whole family approach to preventing obesity, such as providing support to overweight adults and their families to get active through the Barnsley 25+ programme.

Highways and Engineering

- BMBC are actively promoting and delivering the introduction of Travel Plans for our new Advanced Learning Centres (ALC) and investing in improvements to walking and cycling facilities
- Encouraging cycling training through schools
- Managing public rights of way to make them accessible to people with different abilities and organising guided walks
- Similarly the programme of connectivity between communities for walking and cycling, commencing in the Dearne Region, will improve the health wellbeing and employability of the stakeholders in this region.
- Major changes to the way we manage the Public Rights of Way (PROW) network is showing signs of an increased take up of moderate exercise. Further planned maintenance programmes are expected to improve the accessibility of the network to members of the public with impairments.
- The introduction of arranged guided walks around the borough are proving to be a success and the policy of developing and advertising dedicated walks , through leaflets and the web is expected to increase the numbers using the PROW network.

5 Ill-health and disability

Do we properly understand the health challenges that local people face?

Key Headlines

- Life expectancy in Barnsley is improving but the gap between Barnsley and England is not narrowing
- Analysis suggests that the gap in life expectancy between Barnsley and the rest of the country is caused by earlier deaths from circulatory disease (such as heart disease).
- Cancer is the major cause of premature death in Barnsley, 380 people under 75 died from cancer in 2008.
- The prevalence of chronic conditions, such as diabetes, dementia, stroke and high blood pressure are major causes of ill-health and disability locally.
- The main causes for emergency admissions for children and young people are viral infections (17.5%) and acute upper respiratory infection (14.2%).
- The main reasons for emergency admission for adults are chest pain (23.3%) and Chronic Obstructive Pulmonary Disease (COPD) (14.9%).
- Approximately 16.4% of adults aged 16-74 have a neurotic disorder.

5.1 All Age All Cause Mortality

All Age All Cause Mortality (AAACM) is used as a proxy to measure progress with the key life expectancy at birth and infant mortality health inequalities targets.

In order to achieve the increased life expectancy to meet the target, the ages at which people die in the areas with the worst health and deprivation is important as well as the number dying prematurely. Lives will have to be prolonged across the age range, not just in the elderly.

Figure 5.1.1 and Figure 5.1.2 illustrate the All Age All Cause Mortality Rate trend for Barnsley males and females. It also shows forecasts with confidence intervals to 2015.

Figure 5.1.1 Barnsley All-Age All Cause Mortality Rate Males per 100,000 population (VSB01 and NI120)

Source: Compendium of Clinical and Health Indicators

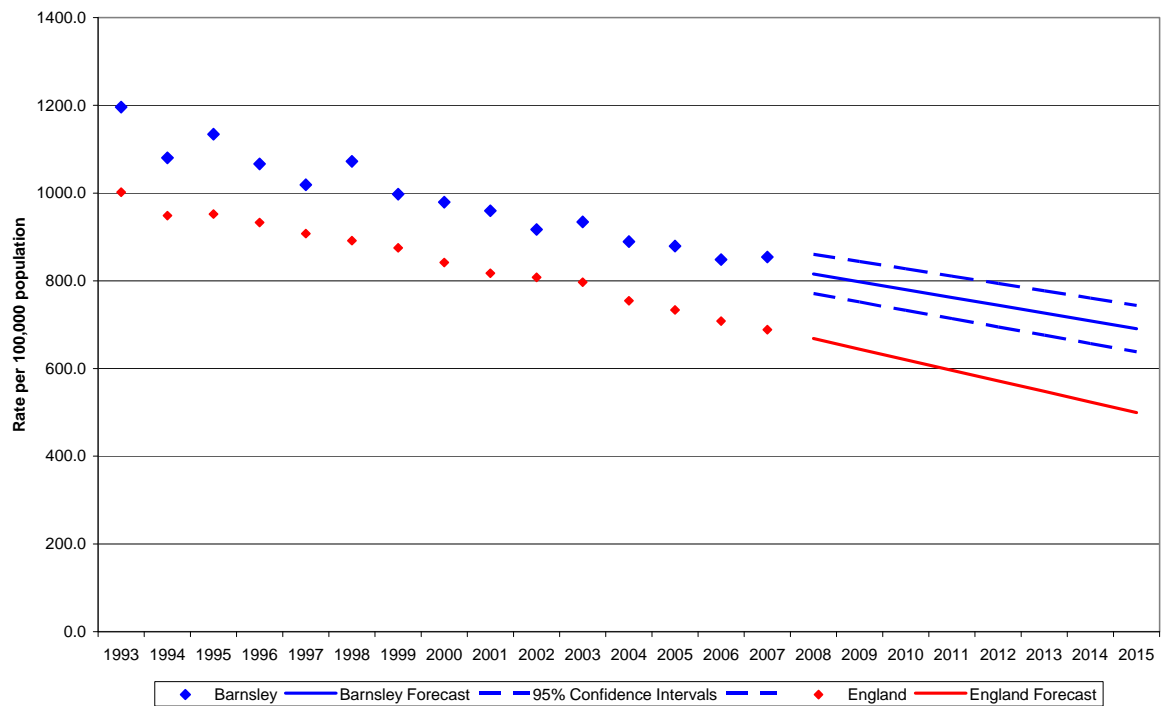
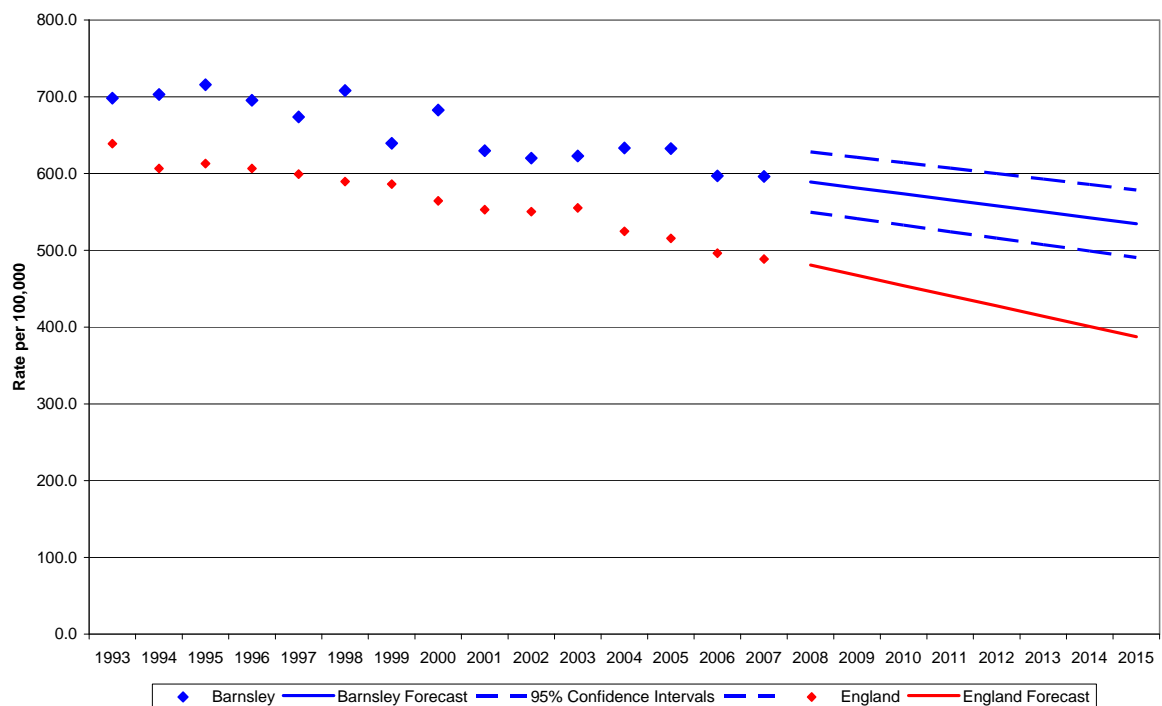


Figure 5.1.2 Barnsley All-Age All Cause Mortality Rate Females per 100,000 population (VSB01 and NI120)

Source: Compendium of Clinical and Health Indicators

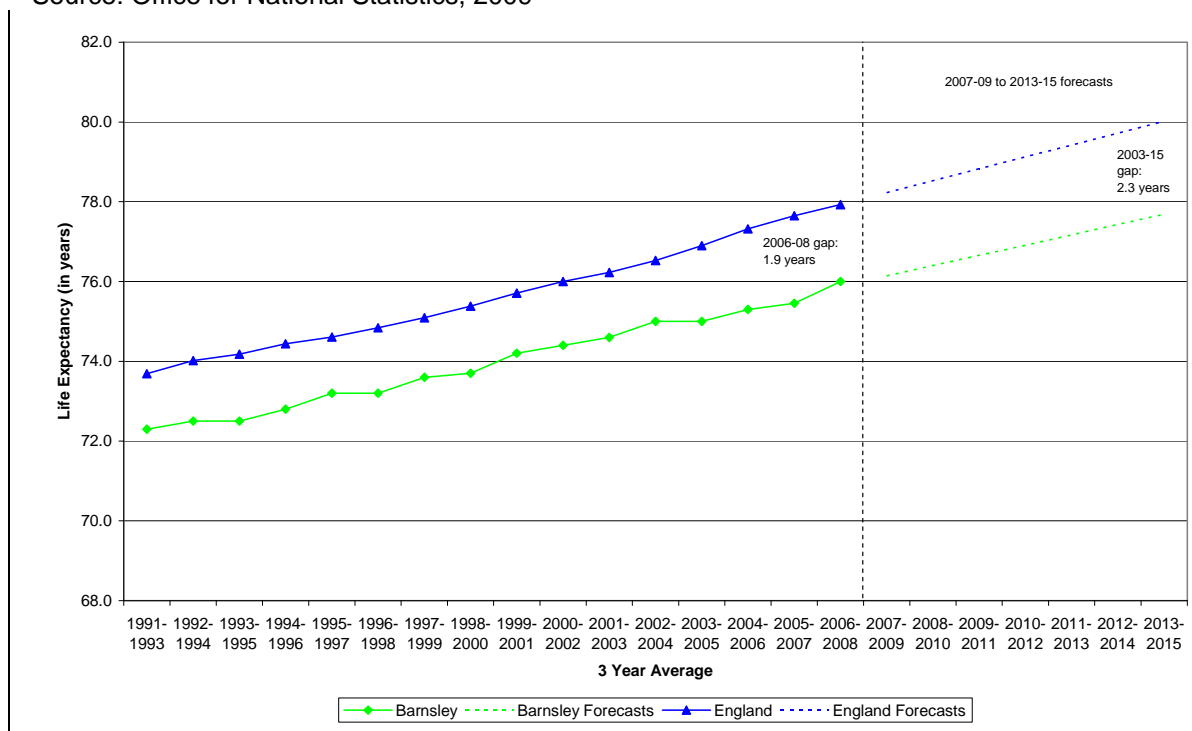


5.2 Life Expectancy

The life expectancy projections to 2013-15 suggest that male life expectancy will continue to increase to 77.7 years in Barnsley and 80.0 years for the England average, a gap of 2.3 years. The latest available data for 2006-08 shows that male life expectancy is 76.0 years in Barnsley and 77.9 years in England, a gap of 1.9 years. Female life expectancy is 80.1 years in Barnsley and 82.0 years in England a gap of 1.9 years.

Figure 5.2.1 Male Life Expectancy, 1991/93 – 2006/08 and projections to 2013/15 (VSB02 and NI121)

Source: Office for National Statistics, 2009

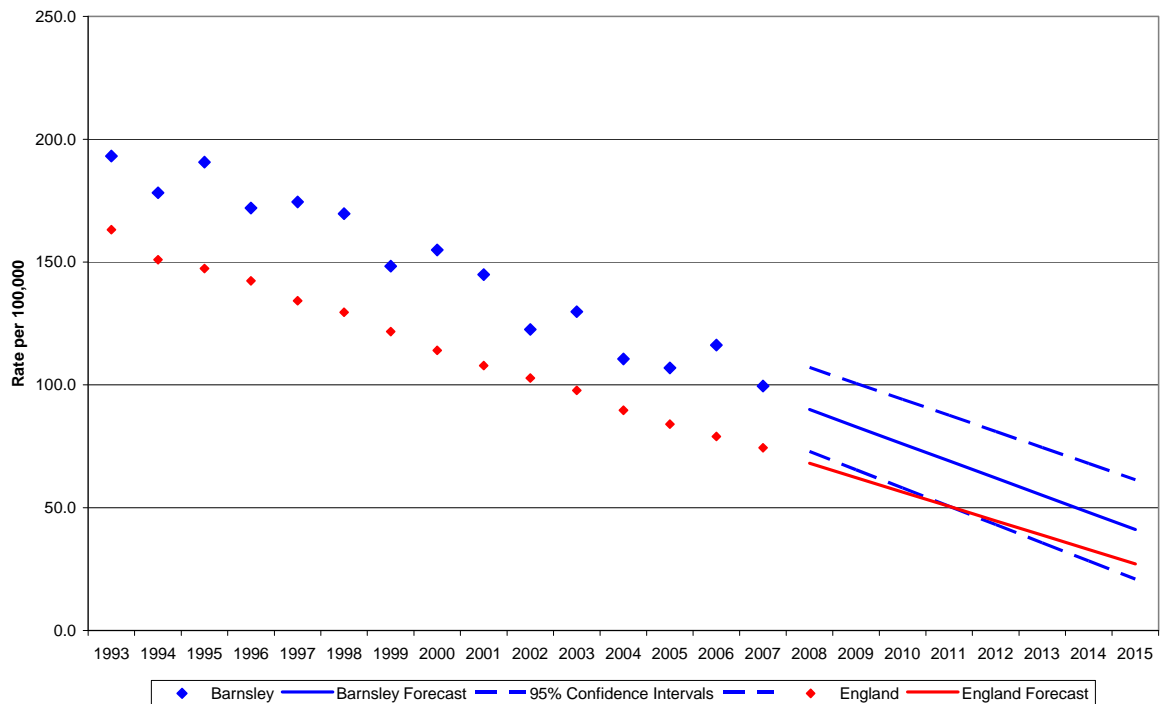


5.3 Circulatory Disease (VSB02 and NI121)

Circulatory diseases account for 24% of premature deaths in Barnsley. They are the second only to cancer as the most common cause of death in the under 75 year old population.

Figure 5.3.1 shows circulatory disease mortality for Barnsley compared to the England average for the time period 1995-97 to 2005-07 and the projections to 2009-11, based on current trends. The data shows that although the mortality rate has fallen and we are on track to achieve our 40% reduction target in 2010, the gap between Barnsley and rest of England continues, indicating there are an increasing number of excess deaths in Barnsley.

Figure 5.3.1 Circulatory disease mortality rates, per 100,000 population. 1993 to 2007 and forecasts to 2015. All persons under 75, Barnsley and England.
 Source: Compendium of Clinical and Health Indicators



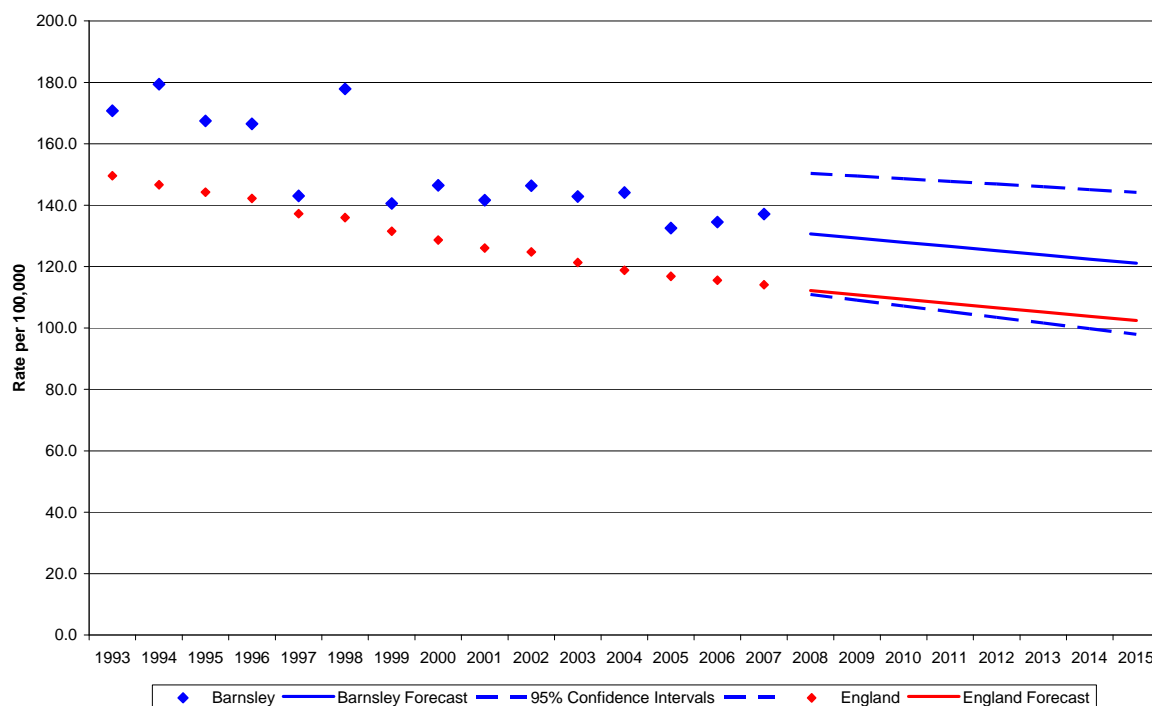
5.4 Cancer (VSB03 and NI122)

Cancer is the major cause of premature mortality in Barnsley. Around 380 (43%) people aged under 75 died from cancer in Barnsley in 2008 compared to 40% (350) in 2007, an increase of three percent.

Figure 5.4.1 shows all cancers mortality for Barnsley compared to the England average for the time period 1993 to 2007 and the projections to 2015, based on current trends. The data shows that there is an overall downward trend in mortality rates and if mortality patterns continue Barnsley may achieve our 20% reduction target in 2010.

Figure 5.4.1 All Cancers mortality rates, per 100,000 population. 1993 to 2007 and forecasts 2015. All persons under 75, Barnsley

Source: *Compendium of Clinical and Health Indicators*



A cancer health needs assessment was carried out in October 2008. The following key issues regarding cancer incidence, mortality and survival in Barnsley were identified:-

- Barnsley has significantly higher male and female cancer incidence rates.
- Lung, bladder and stomach cancer incidence for Barnsley males are significantly higher than the England average.
- Lung and uterus cancer incidence for Barnsley females are significantly higher than the England average.
- All cancers five year relative survival for Barnsley males and females is significantly lower than the NTCN.
- Lung and stomach cancer mortality for Barnsley males is significantly higher than the England average.
- Lung cancer mortality for females is significantly higher than England.

We are currently planning further work to understand what is impacting on cancer survival and mortality rates in Barnsley. Part of this work will be a health equity audit looking at access to treatment and co-morbidity.

5.5 Mental Ill Health

Mental Health problems are common; around one in four people will suffer from mental illness, experiencing anxiety or depression at some time in their lives. Stress, anxiety and depression account for a third of all lost working days. Up to 30% of all General Practitioners' time spent with patients is spent on mental health issues, although less than one percentage of the population suffers from a severe mental illness, such as schizophrenia or manic depression.

Mental illness can lead to discrimination and social exclusion. The greatest barrier to social inclusion for those with mental health problems is stigma. Nationally, over 80% of service users identified this as a key issue, affecting their prospect for employment, their access to health services, and their everyday life. Surveys of employers and of media coverage confirm the extent of stigma and discrimination.

Despite there being evidence that mental ill health is under recognised and under-treated, it is clear that some groups face very high risk of mental illness; for example individuals who have suffered severe abuse, people who are rough sleepers, people in prison, Black and Minority Ethnic groups, as do people living in urban settings, those who are unemployed and socially isolated. Depression in people from Black, Asian and African populations and among refugees and asylum seekers is high.

Poor mental health is a risk factor for many physical problems. For example, depression increases the risk of subsequently developing cardiovascular diseases. Poor general physical health is also three times more common among people who report significant emotional distress. These people often engage in behaviours, such as sedentary habits, binge drinking, smoking, and eating a poor diet, thus increasing their risk of developing health problems. Chronic physical illness can also increase vulnerability for mental health disorders.

Evidence from the Improving Services - Improving Lives - Barnsley Social Inclusion Framework 2006 – 2009 shows that:

- There are currently 2,439 people in Barnsley receiving a service by the specialist mental health services
- Of these 463 people have had their needs assessed as being complex
- Only five percent of those with mild to moderate mental health problems are seen by the mental health services

Prevalence Estimates of Mental Health in Barnsley

The Survey of Psychiatric Morbidity Among Adults Living in Private Households is generally regarded as providing the best available data about the rates of mental health problems. Applying the national rates of psychiatric morbidity by age and gender to the Barnsley population produces the estimates found in Figure 5.5.1

Figure 5.5.1 Estimated numbers of Barnsley adults aged 16-74 years with neurotic disorders (OPCS, 2000)

Source: OPCS Survey of Psychiatric Morbidity Among Adults Living in Private Households, 2000

Neurotic Disorder	Barnsley		
	Male (N)	Female (N)	All adults (N)
Mixed anxiety & depressive disorder	6,092	9,575	15,686
Generalised anxiety disorder	3,852	4,078	7,843
Depressive episode	2,061	2,483	4,635
All phobias	1,165	1,951	3,209
Obsessive compulsive disorder	806	1,153	1,961
Panic disorder	627	621	1,248
Any neurotic disorder	12,095	17,200	29,234

Based on these estimates approximately 29,234 Barnsley adults aged 16-74 have a neurotic disorder, which is 16.4% of the adult population.

The Health Survey for England includes the General Health Questionnaire (GHQ12) a measure of psychological wellbeing. This questionnaire consists of twelve questions concerning general level of happiness, depression, anxiety and sleep disturbance over the past few weeks. A score of four or more is used as the threshold to identify informants with possible psychiatric disorder, and is referred to as a 'high GHQ score'.

Figure 5.5.2 shows the percentage of adults in Barnsley with a GHQ12 score of four or more.

Figure 5.5.2 Proportion of adults with a GHQ12 score of four or more, age standardised percent, 16+ years, 2004 - 2006

Source: The Information Centre for Health and Social Care www.nchod.nhs.uk

	Percent (%) of adults with a GHQ12 score of four or more
England	12.9
Yorkshire and The Humber	13.6
Barnsley	11.4

Incapacity Benefit and Severe Disability Allowance (IBSDA) Data

Figure 5.5.3 below shows the illness / condition for people receiving IB/SDA. While this is not a proxy for the prevalence of these conditions generally, there is useful information especially from the trends over time: significant falls in the number of people claiming for physical conditions.

Figure 5.5.3 Incapacity / Severe Disablement Allowance claimants by condition of claim, Barnsley and England 2000 and 2009

condition	Feb-00	Feb-09	% change	% cha. In England
Any condition	19,140	15,170	-21	-7
Mental and behavioural disorders (F00-F99)	5,180	5,750	11	25
Diseases of the musculoskeletal system and connective tissue (M00-M99)	5,470	3,490	-36	-27
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	2,210	1,620	-27	-19
Diseases of the circulatory system (I00-I99)	1,850	980	-47	-44
Injury, poisoning and certain other consequences of external causes(S00-U23)	1,360	950	-30	-20
Diseases of the nervous system (G00-G99)	850	780	-8	3
Diseases of the respiratory system (J00-J99)	670	350	-48	-39
Endocrine, nutritional and metabolic diseases (E00-E90)	260	230	-12	-16
Diseases of the digestive system (K00-K99)	320	220	-31	-13
Neoplasms (C00-D48)	180	180	0	4
Diseases of the eye and adnexa (H00-H59)	130	110	-15	-4
Factors influencing health status and contact with health services (Z00-Z99)	110	110	0	-1

Figure 5.5.3 (cont'd)

condition	Feb-00	Feb-09	% change	% cha. In England
Diseases of the genitourinary system (N00-N99)	130	90	-31	-17
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	110	90	-18	2
Diseases of the skin and subcutaneous system (L00-L99)	90	70	-22	-9
Certain infectious parasitic diseases (A00-B99)	90	60	-33	-10
Diseases of the ear and mastoid process (H60-H95)	90	60	-33	-16
Diseases of the blood and blood forming organs and certain diseases involving the immune mechanism (D50-D89)	20	20	0	-1
Pregnancy, childbirth and the puerperium (O00-O99)	20	10	-50	-47
Certain conditions originating in the perinatal period (P00-P96)	~	~	~	0
Claimants without any diagnosis	~	~	~	0

~ These figures are nil or negligible.

Warning: This data does not include claimants of Employment and Support Allowance (ESA).

5.6 Prevalence of Conditions related to ill-health and disability

Dementia

Dementia is one of the main causes of disability in later life. It affects one percent of population overall and it affects five percent of people over 65 and 20% people over 80. In Barnsley there are an estimated 2,250 people with dementia living in the community now.

It is not a forgone conclusion that the prevalence of dementia will rise with increasing numbers of older people. Substantial decline in the prevalence of severe cognitive decline has been reported in the US using analysis from National Long Term Care Surveys (NLTCS) of US population aged 65+. ¹²

High blood pressure and stroke

High blood pressure has an impact throughout the body, especially the most sensitive organs such as the brain, heart and kidneys. The impact of such brain damage can be devastating and result in permanent loss of function whether physically or mentally, i.e. a stroke.

- It is estimated that 15.2% of the Barnsley adult population have high blood pressure, compared to the national estimate of 13.1%.
- It is estimated approximately 4,786 adults in Barnsley have had a stroke, 2.0% of the adult population.

¹² Manton K. C. et al. Declining prevalence of dementia in the U.S. elderly population. Adv Gerontology. 2005 [PubMed]

Diabetes

Diabetes affects two million people in the UK and there may be as many as a million more people who have the condition but do not know about it. Diabetes increases the risk of other conditions such as heart disease and stroke, and magnifies the ill effects of other risk factors such as smoking, high cholesterol levels and obesity. Prevalence of it is already increasing and, as the older population increases and certain risk factors, especially obesity, continue to grow, more and more people will be affected.

- It is estimated that 5.8% of adults have diabetes locally, this is higher than the England prevalence of 5.1%

The following charts compare Barnsley's prevalence rates for chronic kidney disease, chronic obstructive pulmonary disease, coronary heart disease, dementia, diabetes, heart failure, hypertension and stroke against the national and regional rates. Barnsley has higher rates for all categories apart from dementia and heart failure.

Figure 5.6.1 Proportion of patients aged 18 and over with Chronic Kidney Disease in a GP registered population, 2008/2009

Source: NHS Information Centre (prevalence is expressed as sum of age specific registers as a percentage of an estimate of the sum of appropriate practice list sizes)

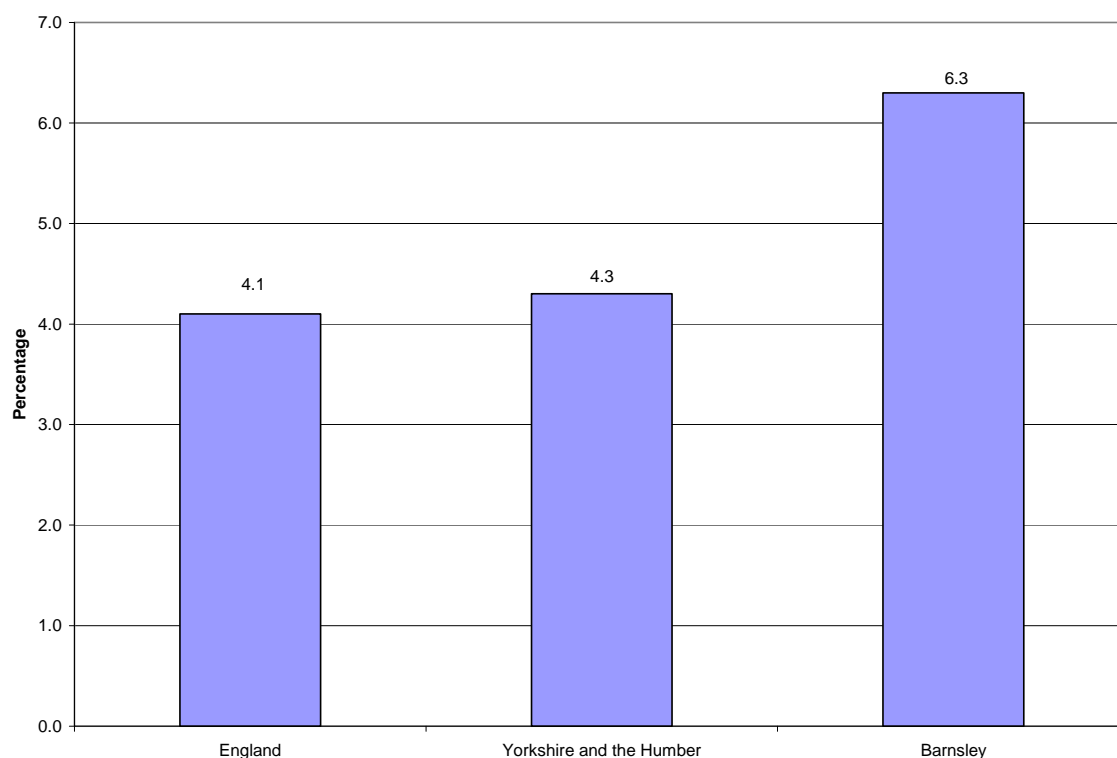


Figure 5.6.2 Proportion of patients aged 18 and over with Chronic Obstructive Pulmonary Disease in a GP registered population, 2008/2009

Source: NHS Information Centre (prevalence is sum of registers for all practices/sum of list sizes for all practices, expressed as a percentage)

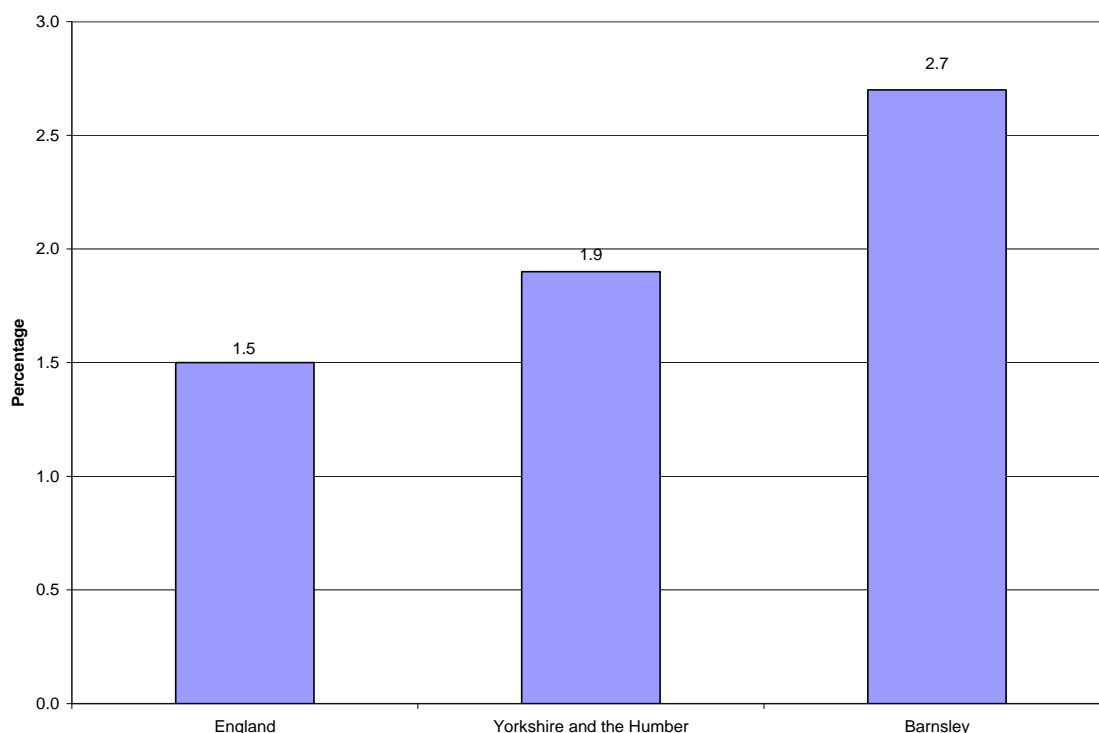


Figure 5.6.3 Proportion of patients aged 18 and over with Coronary Heart Disease in a GP registered population, 2008/2009

Source: NHS Information Centre (prevalence is sum of registers for all practices/sum of list sizes for all practices, expressed as a percentage)

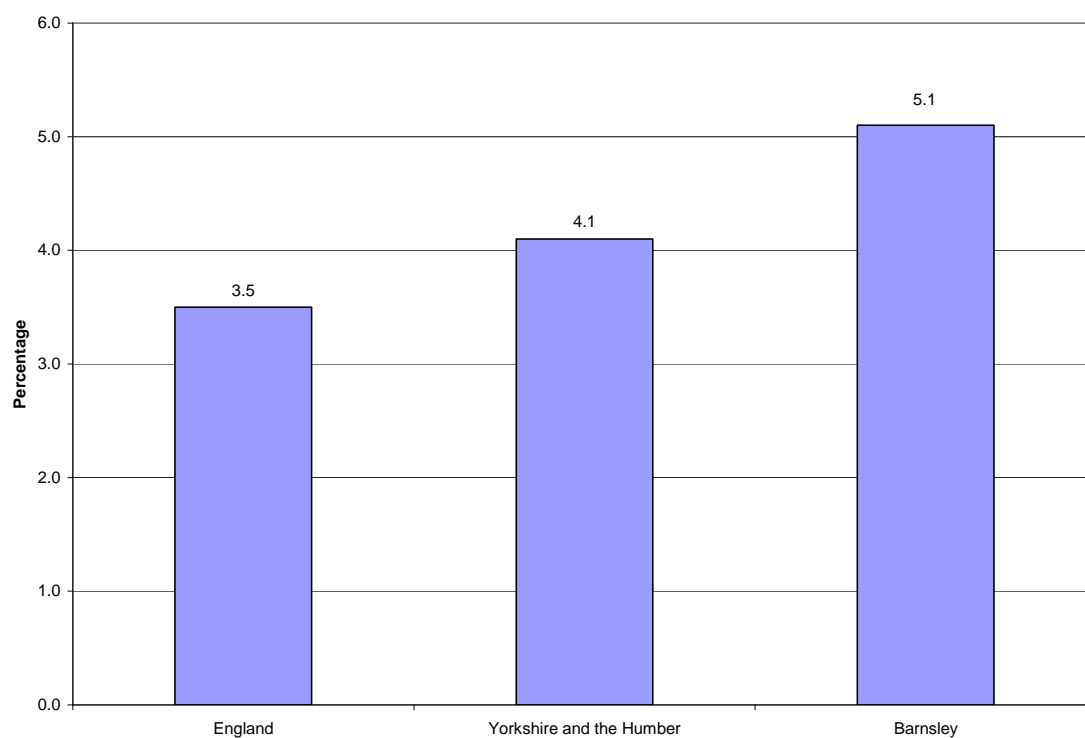


Figure 5.6.4 Proportion of patients aged 18 and over with Dementia in a GP registered population, 2008/2009

Source: NHS Information Centre (prevalence is sum of registers for all practices/sum of list sizes for all practices, expressed as a percentage)

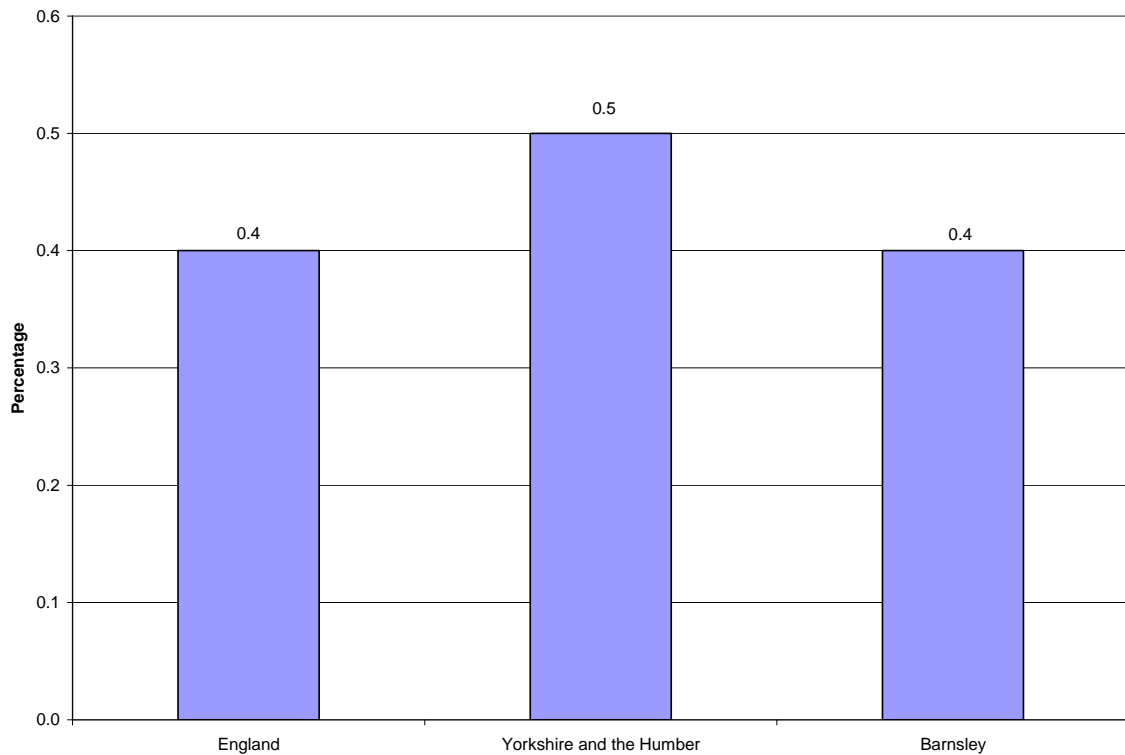


Figure 5.6.5 Proportion of patients aged 17 and over with Diabetes in a GP registered population, 2008/2009

Source: NHS Information Centre (prevalence is expressed as sum of age specific registers as a percentage of an estimate of the sum of appropriate practice list sizes)

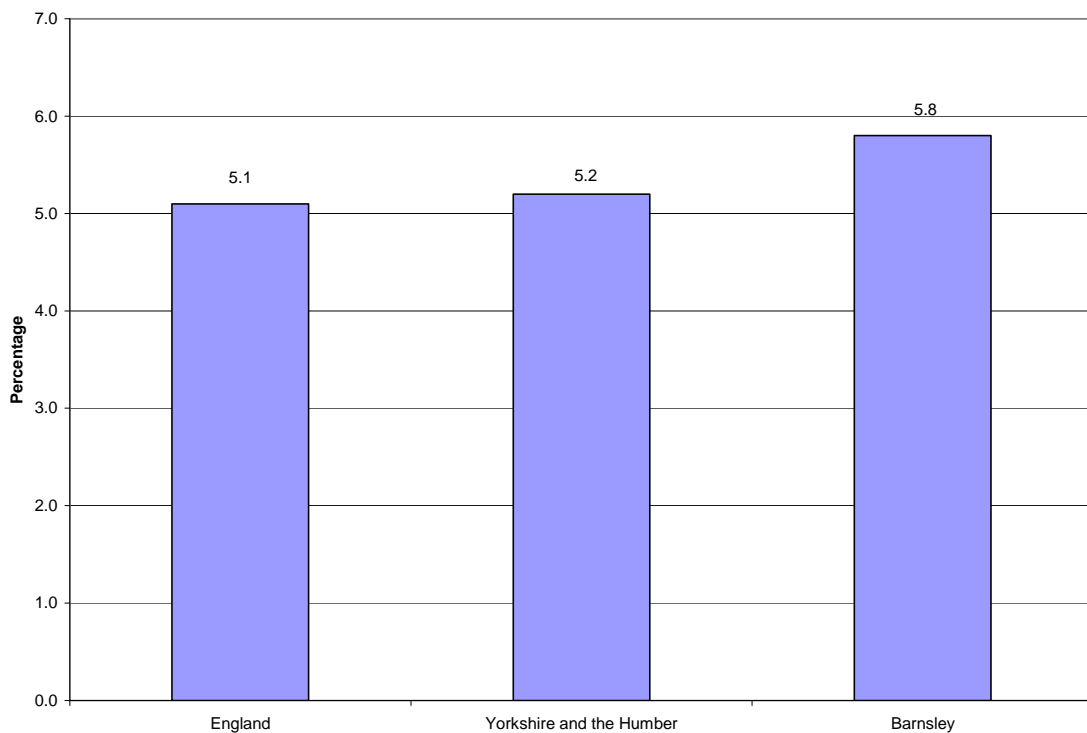


Figure 5.6.6 Proportion of patients aged 18 and over with Heart Failure in a GP registered population, 2008/2009

Source: NHS Information Centre (prevalence is sum of registers for all practices/sum of list sizes for all practices, expressed as a percentage)

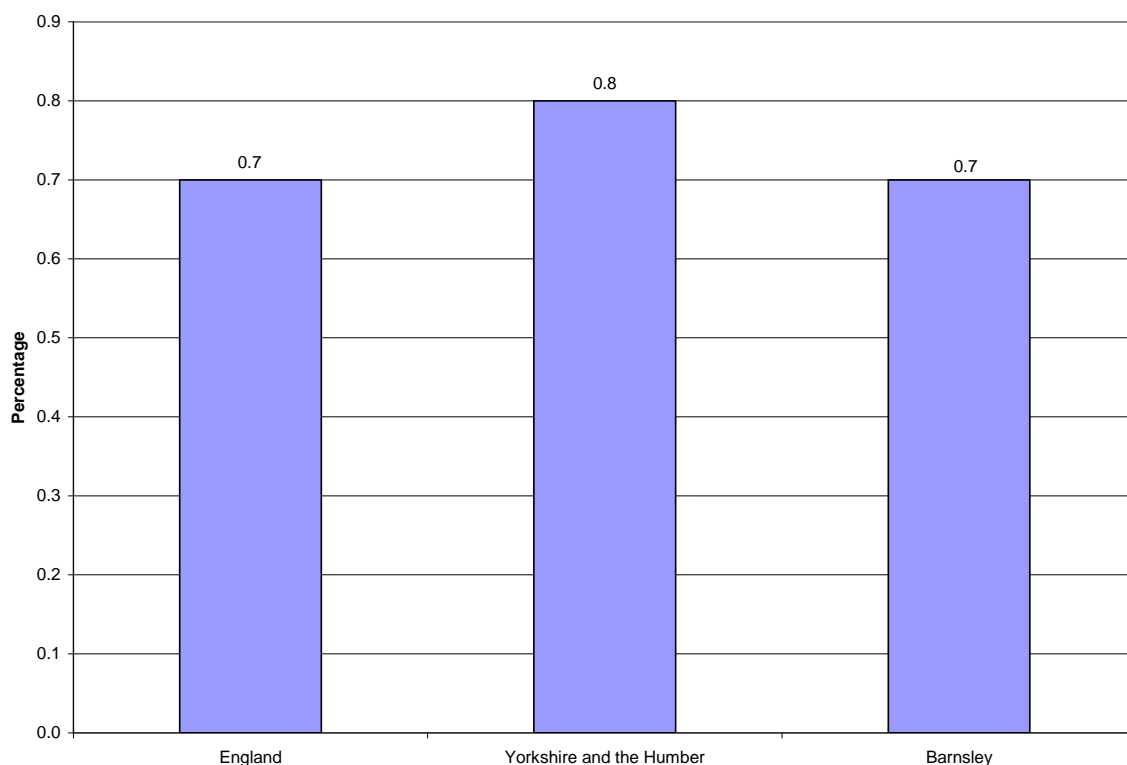


Figure 5.6.7 Proportion of patients aged 18 and over with Hypertension in a GP registered population, 2008/2009

Source: NHS Information Centre (prevalence is sum of registers for all practices/sum of list sizes for all practices, expressed as a percentage)

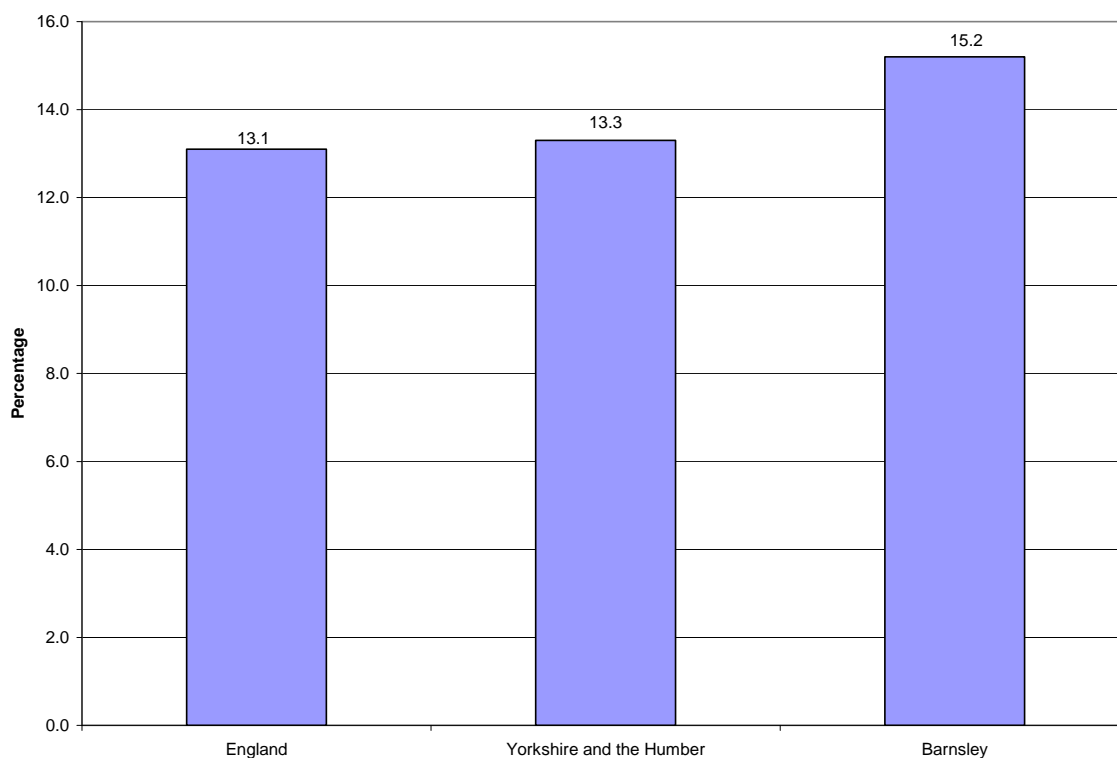
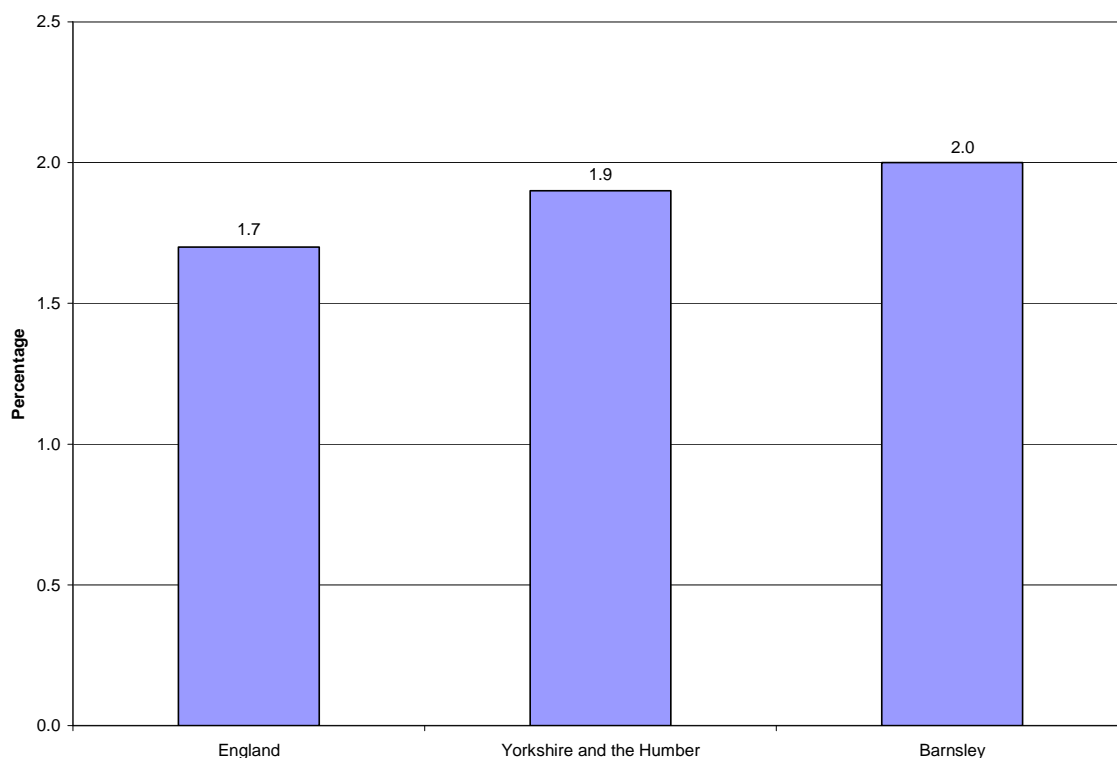


Figure 5.6.8 Proportion of patients aged 18 and over with Stroke or Transient Ischaemic Attacks in a GP registered population, 2008/2009

Source: NHS Information Centre (prevalence is sum of registers for all practices/sum of list sizes for all practices, expressed as a percentage)



5.7 Hospital admissions

Emergency Hospital Admissions

Figure 5.7.1 and Figure 5.7.2 illustrate emergency admissions to hospital for Barnsley residents during 2008-09. The main causes for children and young people are viral infections (16.4%) and acute upper respiratory infection (13.4%). The main reasons for emergency admission for adults are chest pain (20.5%) and Chronic Obstructive Pulmonary Disease (COPD) (14.2%).

Figure 5.7.1 Top 10 causes of emergency admissions children and young people aged 0-19 Barnsley 2008-09

Source: HPS, Commissioning Information Team, NHS Barnsley

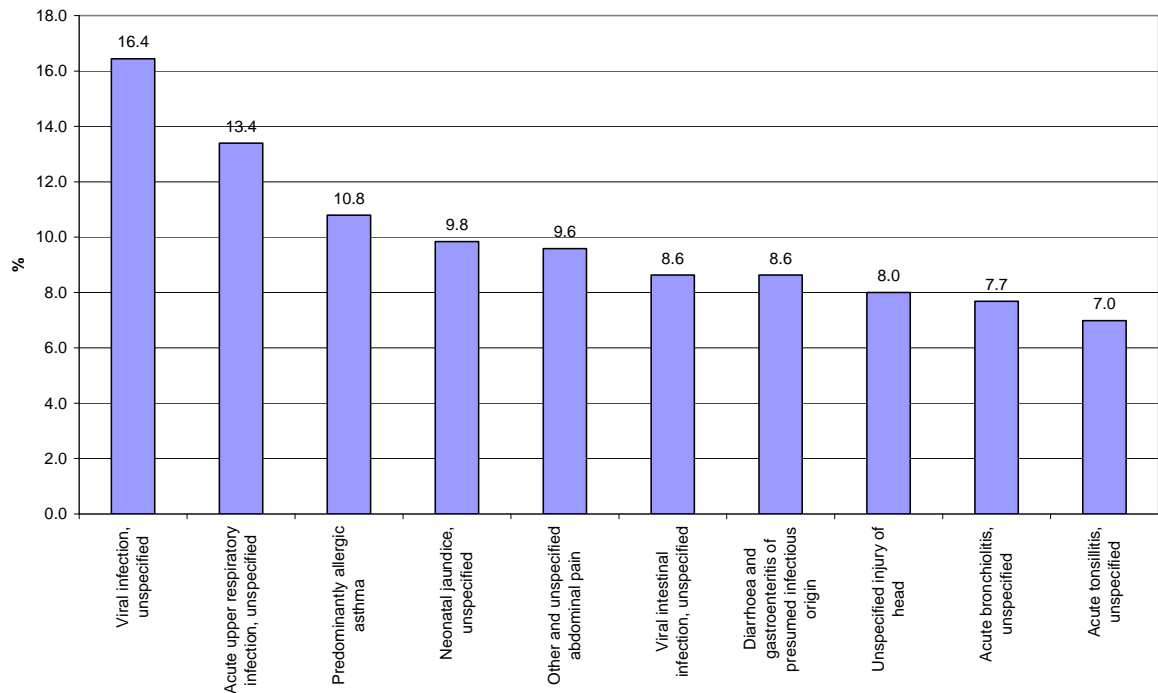
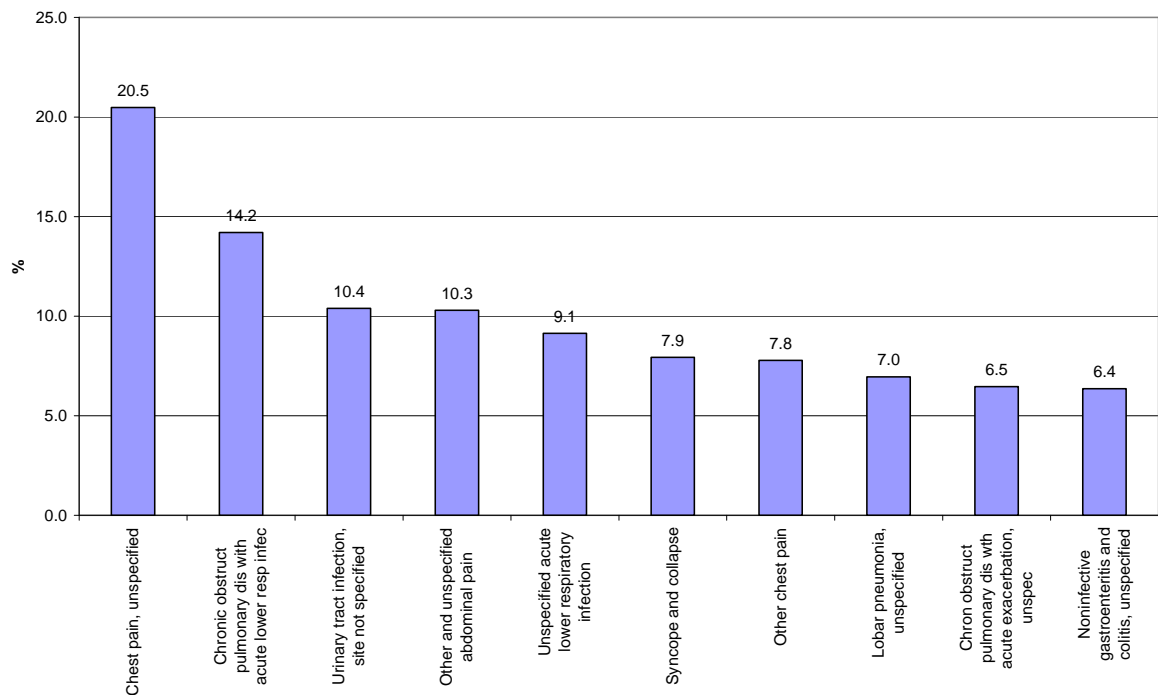


Figure 5.7.2 Top 10 causes of emergency admissions adults aged 20 and over Barnsley 2008-09

Source: HPS, Commissioning Information Team, NHS Barnsley



Length of Hospital stay

Figure 5.7.3 and Figure 5.7.4 show the top 10 diagnoses having the longest length of hospital stay for Barnsley children and young people and adults.

Figure 5.7.3 Top 10 diagnoses consuming most bed days - average, and range of length of stay Barnsley 2008-09. Children and Young People Aged 0-19 years

Source: HPS, Commissioning Information Team, NHS Barnsley

Diagnosis	Total Days	Average	Shortest	Longest
Singleton, born in hospital	1,091	1.38	0	9
Other low birth weight	887	22.74	1	80
Epidural haemorrhage-cl.	295	295	295	295
Acute tonsillitis, unspecified	243	0.86	0	14
Neonatal jaundice, unspecified	211	1.07	0	23
Gastroschisis	197	49.25	33	80
Viral infection, unspecified	193	0.76	0	8
Acute bronchiolitis, unspecified	192	1.69	0	26
Extremely low birth weight	183	30.5	0	80
Other and unspecified abdominal pain	166	1.09	0	6

Figure 5.7.4 Top 10 diagnoses consuming most bed days - average and range of length of stay Barnsley 2008-09. Adults Aged 20 years and over

Source: HPS, Commissioning Information Team, NHS Barnsley

Diagnosis	Total Days	Average	Shortest	Longest
Cerebral infarction, unspecified	7,083	22.55	0	142
Urinary tract infection, site not specified	5,610	7.92	0	159
Chronic obstruct pulmonary dis with acute lower resp infec	5,607	7.83	0	101
Fracture of neck of femur-cl.	5,398	23.99	3	95
Lobar pneumonia, unspecified	3,589	10.25	0	95
Congestive heart failure	3,222	12.11	0	72
Unspecified acute lower respiratory infection	2,902	7.46	0	78
Stroke, not specified as haemorrhage or infarction	2,669	15.98	0	106
Petrochanteric fracture-cl.	2,211	24.82	0	115
Acute myocardial infarction, unspecified	1,994	8.34	0	98

IMPLICATIONS FOR SERVICES

Adult Health and Social Care services are committed to responding to the ill-health and disability experienced locally by:

- Focusing on prevention and early detection of problems
- Enabling people to take control of their own health and wellbeing
- Giving people increased choice about their health and care support services
- Ensuring rapid access to high quality, cost effective services
- The development of short term recover rehabilitation and enablement services
- Providing longer term care and support for those with complex and enduring needs
- Provision of universal information, advice and advocacy services for all citizens

NHS Barnsley's five year commissioning strategy, 'Healthy Expectations' identifies cardiovascular disease, cancer and lifestyle issues as where action and investment will be focused.

The Local Development Framework sets the planning strategy for the long term physical development of Barnsley. It includes policies to ensure provision of adequate community infrastructure including health facilities.

Highways and Engineering

- Highways and Engineering will proactively ensure that junctions are fit for use by physically impaired users.

6 Children & Young People

Are children in Barnsley getting a good start in life?

Key Headlines

- Approximately 8,700 children in Barnsley are living in the 20% of areas in England with the lowest child wellbeing.
- Barnsley experiences slightly lower infant mortality rates than the national average and the same percentage of low birth weight babies as the national average.
- One in five new mothers were smokers during pregnancy.
- Breastfeeding initiation is lower than the national average.
- A third of Barnsley children are overweight or obese and 20% of children at the end of primary schooling are obese
- There is an indication of improvement in the dental health of five year old children.
- Teenage conception rates in Barnsley are higher than the national average. Barnsley's rates have declined by 16.3% since 1998, although the borough is not on track to achieve its 2010 target.
- 23.9% of all dependant Barnsley children (aged under 16) are living in poverty, higher than the England average of 19.7%. One in four (26.4%) of Barnsley children aged 0 to 4 years are living in poverty, again this is higher than the England average
- 34.4% of Year 10 pupils reported that they were daily smokers.
- 32.3% of Year 10 pupils reported that they drank alcohol often.
- The number of children who were subject to a Child Protection Plan has increased but is in line with a normal range
- GCSE results are improving but are still below the national average
- Number of pupils eligible for Free School Meals has slightly increased.
- Numbers of young people claiming Disability Living allowance and Carers Allowance have increased.

6.1 Child Wellbeing Index

The Department of Communities and Local Government released the Local Index of Child Wellbeing (CWI) at Lower Super Output Area Level (LSOAs). It is made up of seven domains and there are also summary measures of the CWI presented at local authority level. The CWI generally represents how well children are doing in a number of different domains in their life.

The CWI is based on the approach, structure and methodology that were used in the construction of the Indices of Deprivation 2007 and the indicators relate to 2005.

The seven domains included in the CWI are:

- Material Wellbeing
- Health
- Education
- Crime
- Housing Environment
- Children in Need

This is an index of child wellbeing rather than an index of deprivation, because it contains variables that are not strictly related to deprivation. This index covers the major domains of a child's life that have an impact on child wellbeing.

6.1.1 Results at District Level

Each of the 354 local authority districts has been assigned a score (using a 'population weighted average' of the LSOA scores) and a rank for the local authority (out of the 354 local authorities). The rank is ordered from 1 - the authority with the highest child wellbeing to 354 - the authority with the lowest child wellbeing.

Figure 6.1.1 Barnsley District level Ranks of Child Wellbeing Index 2009

Source: Communities and Local Government

	Rank of Barnsley (1 = highest wellbeing)
CWI Rank of Average Scores	257
CWI Rank of Average Ranks	257
Material Wellbeing Rank of Average Scores	277
Health & Disability Rank of Average Scores	282
Education Rank of Average Scores	334
Crime Rank of Average Scores	255
Housing Rank of Average Scores	16
Environment Rank of Average Scores	141
Children in Need Rank of Average Scores	319

Figure 6.1.1 above illustrates that Education and Health are problem areas for children in Barnsley.

6.1.2 Results at Lower Super Output Area¹³ Level

- 18% of LSOAs in Barnsley are among the 20% of areas in England with the lowest child wellbeing (using CWI) this is slightly below the England average of 20% and 10% lower than the regional average of 28%.
- 6% of the LSOAs in Barnsley are among the 20% of areas in England with the highest child wellbeing (using CWI) this is both below the England average of 20% and the regional average of 13%.
- The Child Wellbeing Index map shows that parts of Dearne, North East, St Helens, Monk Bretton, Worsbrough and Stairfoot wards consists of the areas with low child wellbeing primarily a result of education, health and disability, crime and Children in Need.
- Areas within Penistone, Darton, Darfield, Dodworth, Stairfoot have high levels of child wellbeing.

6.1.3 Number of Children

Figure 6.1.2 shows the number of children living in Barnsley areas that are in the top 10%, 20% and 30% of areas in England with the lowest levels of child wellbeing

Figure 6.1.2 Number of Children in areas with the lowest levels of Child Wellbeing in England 2009

Source: Communities and Local Government

Percentile	CWI	Material Wellbeing	Health & Disability	Education	Crime	Housing	Environment	CiN
0-10 (Lowest)	5229	4304	4098	12295	3981	0	1946	9608
10-20	3462	5839	8539	8041	7948	0	2917	5904
20-30	7097	5947	8373	4898	3988	0	3114	6612

There are approximately 8,700 children in Barnsley living in the 20% of areas in England with the lowest child wellbeing, whereas 2,400 children live among the 20% of areas in England with the highest child wellbeing.

For more information please go to:

http://www.barnsley.gov.uk/Barnsley_Briefing_CWI2009.pdf

6.2 Be Healthy

6.2.1 Infant Mortality

Infant mortality (deaths under one year) is a key national and international measure of infant health. One of the key national targets for improving health and reducing health inequalities relates to infant mortality. The national target is:

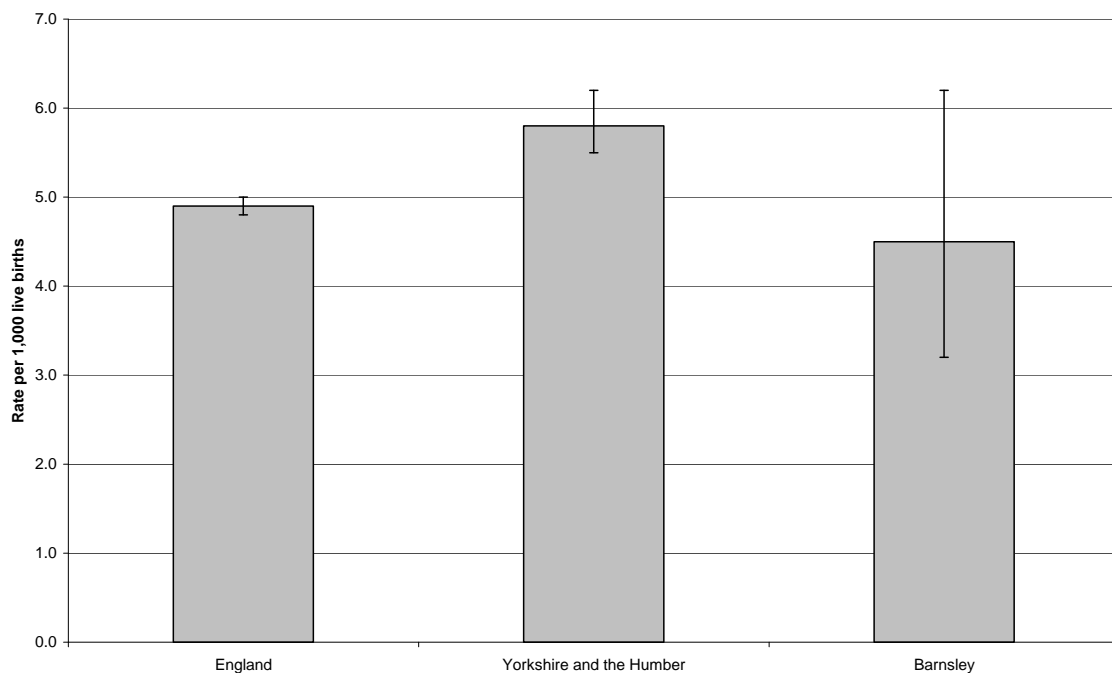
¹³ LSOAs are a statistical geography derived from the Output Areas used in the 2001 Census. They contain approximately 1,500 people each. In Barnsley there are 147 LSOAs and much of the small area data from ONS is now published at this level.

Starting with children under one year, by 2010 to reduce the gap in mortality by at least 10% between 'routine and manual' groups and the population as a whole

The data shows that in Barnsley for the three year period 2005-07 there were 36 infant deaths. The chart below shows that Barnsley is experiencing slightly lower than the national average mortality; 4.5 deaths per 1000 live births, despite issues that may affect the rate locally such as deprivation, low birth weight and age of mother. Although numbers are small, there is still potentially scope to reduce infant mortality rates further. Other countries such as Austria, Iceland and those in Scandinavia have rates of 3-4 deaths per 1000 live births.

Figure 6.2.1 Infant Mortality Rates 2005-07 (under one year of age)

Source: *Compendium of Clinical and Health Indicators*



6.2.2 Low Birth Weight

In 2007 Barnsley had the same percentage of low birth weight (<2500 grams) babies as England. The proportion of babies born in Barnsley weighing less than 2500 grams was 7.5%. The percentage of very low birth weight (<1500 grams) babies in 2007 in Barnsley was 1.5% which is similar to the England average.

6.2.3 Smoking During Pregnancy

The data shows that in 2008/09 24.8% of new mothers smoked when they were discharged from hospital. This is an increase of 0.9% from 2007/08.

A recently commissioned social marketing intervention project aims to reduce the prevalence of smoking in pregnant women.

6.2.4 Breastfeeding

In 2008/09, 63.0% of new mothers initiated breastfeeding at the time of discharge from hospital. This is an increase of 6% from 2007/08, although behind the national position of 69.9% in 2007/08 and the current regional average of 66.8%.

Data for Qtr 4 2008/09 shows that 33.4% of mothers were breastfeeding at 6-8 weeks compared to an England average of 50% from the UK Infant Feeding Survey 2005. In the Yorkshire and the Humber region, only 7 PCTs were able to submit information that met the Department of Health's data quality standard. This data is illustrated in the table below.

PCT	% of mothers breastfeeding at 6-8 weeks
Sheffield	44.9%
Bradford & Airedale	44.4%
Leeds	41.0%
East Riding of Yorkshire	40.6%
Wakefield	34.3%
Barnsley	33.4%
North Lincolnshire	28.5%

By comparing the Barnsley 2008/09 Qtr4 breastfeeding initiation rate (64.2%) and the 2008/09 Qtr4 6-8 week rate (33.4%) there is a 30.8% drop off rate from birth to 6-8weeks.

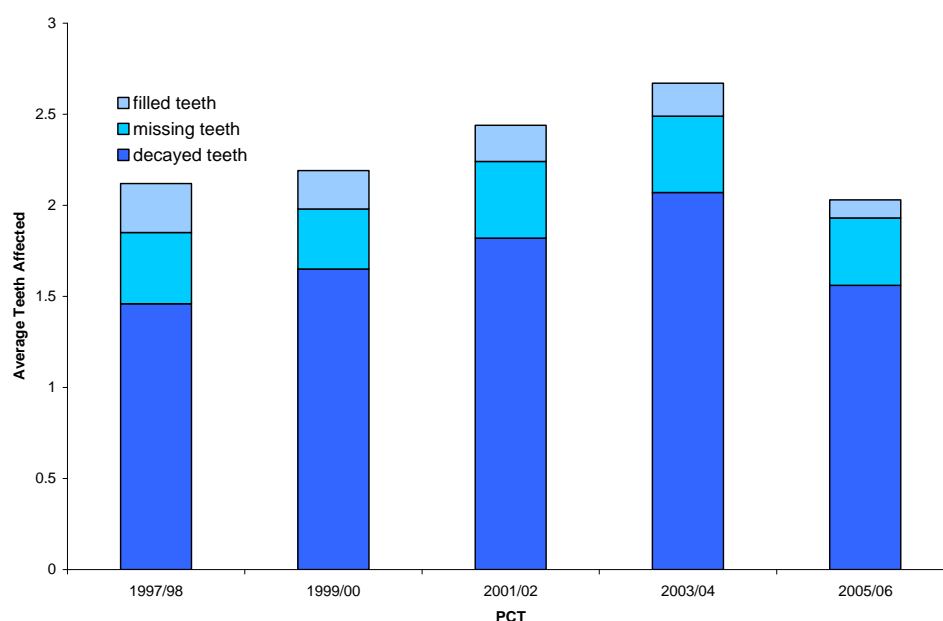
Dental Decay

Dental decay is a common childhood disease, and yet is preventable. The level of dental decay can be reduced through promoting good oral hygiene and encouraging a reduction in the amount and frequency of intake of sugar-containing foods.

Dental health in Barnsley has been assessed for many years by clinical examinations of school children. Figure 6.2.2 illustrates the dental health of 5 year old children over the past five years. The data shows that dental health has deteriorated from 1997-98 to 2003/04, however the latest figures for 2005/06 indicate an improvement in the dental health of five year olds.

Figure 6.2.2 Decayed, missing and filled teeth in 5 year old Barnsley children 1997-98 to 2005-06

Source: British Association for the Study of Community Dentistry



6.2.5 Teenage Conceptions

Under 18 conception statistics for 2007 illustrate that Barnsley's rate has risen slightly from 49.7 per 1000 girls aged 15-17 in 2006 to 50.4 per 1000 girls aged 15-17 in 2007.

The 2007 rate for Barnsley represents an overall decline of 16.3% since 1998 – the baseline year for the Teenage Pregnancy Strategy; this overall decline is higher than the England average of 10.7%. Barnsley's rate is the joint lowest in South Yorkshire with Sheffield (50.4), Rotherham (50.7) and Doncaster (60.2) and ranked 7th out of 14 Unitary and Metropolitan Borough Councils in the Yorkshire and the Humber Region. It is better than the average for statistical neighbours.

However, Barnsley is currently not on course to meet the Public Service Agreement 2010 target of reducing teenage conceptions by 50% to 30.7%. There was a further increase in the first two quarters of 2008, and although local intelligence indicates that the figures may have improved in the following three quarters, this will not however be sufficient to close the gap with the trajectory. In order to meet the 2010 target there will need to be 114 fewer conceptions in women aged under 18 years in 2010 than there were in 1998. Much work has been undertaken over the past year to strengthen the teenage pregnancy programme in the light of recommendations from the Teenage Pregnancy Unit of the Department of the Health.

Barnsley Council, NHS Barnsley and the Children and Young People's Trust are working closely together to deliver teenage pregnancy and sexual health strategies, agreed by key statutory and voluntary partners that strongly support young people and families in Barnsley. There is a robust teenage pregnancy strategy action plan in place with senior level commitment which is continually

being informed by national guidance and best practice. Progress is being monitored in more detail by the Teenage Pregnancy Strategy Expert Group which has been recently revised and strengthened in terms of the membership, chair and accountability to the Children and Young People's Trust Executive Group. Key interventions in the last year have included a prominent social marketing campaign, the launch of college based services and the collation of locally based intelligence and data.

The challenge of achieving the target cannot be underestimated since it involves cultural and behavioural shifts which are difficult to achieve in the short term. There are strong links with deprivation, an acceptance of teenage pregnancies locally and a range of risk factors prevalent in Barnsley – for example uptake of alcohol, low aspirations, educational attainment, etc. These contribute to a complex picture. Notwithstanding these factors every effort is being made to address the issue.

As part of the strategy review, the revised Teenage Pregnancy Self Assessment Toolkit for Prevention and Support has been used to see if there are any other approaches that could be adopted to 'turn the curve'. Interventions are based on best practice and the implementation of national strategies; more is being done than ever done before. These additional interventions should provide some immediate impact and may restore the downward trend. However the effect of actions taken may well be longer term. Progress is being made in Barnsley but the challenge cannot be underestimated.

6.2.6 Sexually Transmitted Infections

In 2008/09 466 young people aged 19 years and under attended the Department of Genitourinary Medicine at Barnsley Hospital NHS Foundation Trust for treatment.

National targets for the percentage of the resident population aged 15-24 accepting a test/screen for Chlamydia. The target set by the Department of Health for 2008/09 is 17%, for 2009/10 it is 25% and by 2010/2011 it is 35%. Figures reported for 2008/09 illustrated a coverage rate of 19.4% for Barnsley, compared to rates of 17.8% and 15.9% for Yorkshire and The Humber and England, respectively.

Significant progress has been made over the last year to modernise local sexual health services to improve when and where they are available, who delivers them and the facilities available. For example: enhanced local CASH services in Barnsley across three broad areas: the C-Card Scheme; Level 2 Sexual Health Services (6 additional community clinics) and at Barnsley College – increasing CASH presence; introduction of daily drop in sessions, and emergency contraception provision. - the 'Clinic in a Box' initiative in Secondary Schools enabling school nurses to offer a more comprehensive sexual health support for young people at the point of contact.

National targets for Chlamydia are based on the percentage of the resident population aged 15-24 accepting a test/screen for Chlamydia. Figures reported for 2008/09 illustrated a coverage rate of 19.4% for Barnsley, achieving our target set by the Department of Health for 2008/09 of 17%.

6.2.7 Lifestyle and risk taking behaviours

The Barnsley Young People's Health Survey is a unique survey that identifies the health needs and behaviours of Year 10 pupils across Barnsley. The following are the key headline figures from the analysis of the 2008 survey:-

- 89.5% of the young people reported that their health was good, very good or excellent.
- 55.5% of the young people reported that they had never smoked.
- Of the smokers 34.4% reported that they smoked daily, 54.2% reported they smoked occasionally and 11.4% said they smoked often.
- 17.2% of young people had eaten no fruit and vegetables on the previous day. 11.1% had eaten five or more portions of fruit and vegetables on the previous day.
- 3.5% reported that they drank alcohol daily, 58.4% reported they drank alcohol occasionally and 32.3% said they drank alcohol often.
- 78.9% of the young people reported that they had never tried illegal drugs.

The following findings show improvements in some areas since the 2006 survey and highlight key areas for further development.

Improvements

- Barnsley young people are reporting that their general health is better than in 2006.
- More young people know how to contact their school nurse than in 2006.
- Physical activity levels have increased; almost 60% of young people are spending one to six hours per week doing physical activity per week, compared to 30% in 2006.
- Fewer young people are regular smokers.
- More young people are eating the recommended five portions of fruit and vegetables.
- More young people report that they get on well with staff at their school.
- More young people feel that sex education in school was the most helpful way to receive information.
- More young people are aware of sexual health services in Barnsley.

Areas for Action

- Slightly more young people are drinking alcohol occasionally or daily.
- Slightly more pupils are experiencing bullying.
- More females are having sex and not using condoms.

A PDF version of this report is available on the Fit for the Future website:

www.barnsleyfit4thefuture.co.uk

6.3 Staying Safe

6.3.1 Accident and Emergency Attendances

In the six month period 1st January 2009 to 30th June 2009 there were 10,432 attendances at Barnsley Hospital NHS Foundation Trust A&E by young people aged 0 -19. This accounts for 28.6% of all attendances at A&E during this six month period.

A&E attendances were higher for males in all age groups. Highest attendances were children under-five years (32%) and 15-19 years (30%) – see Figure 6.3.1.

Figure 6.3.1 Attendances at Barnsley Hospital NHS Foundation Trust A&E, 1st January 2009 to 30th June 2009 – 0-19 year olds.

Source: A&E Commissioning Dataset

	0 to 4	5 to 9	10 to 14	15 to 19	Grand Total
Female	1,481	736	989	1,407	4,613
Male	1,861	904	1,328	1,725	5,818
Not stated	0	0	0	1	1
Grand Total	3,342	1,640	2,317	3,133	10,432
%	32.0	15.7	22.2	30.0	100

The vast majority of incidents for 0-19 year olds occurred in the home (38.5%) – see Figure 6.3.2.

Figure 6.3.2 Incident Location Attendances at Barnsley Hospital NHS Foundation Trust A&E, 1 September 2008 to 28 February 2009 – 0-19 year olds.

Source: A&E Commissioning Dataset

Incident Location	Number	%
Home	4,019	38.5
Other	3,205	30.7
Public place	2069	19.8
Educational Establishment	973	9.3
Work	166	1.6
Total	10,432	100

The majority of incidents for 0-19 year olds were categorised as ‘other than above’ (47.7%) – see Figure 6.3.3 below.

Figure 6.3.3 Other than above

Source: A&E Commissioning Dataset

Patient Group	Number	%
Other than above	4,975	47.7
Other accident	4,945	47.4
Deliberate self-harm	217	2.1
Assault	197	1.9
Sports injury	98	0.9
Total	10,432	100

Long-term disability or illness

In Barnsley, the 2001 Census shows that 2,178 children aged under-16 have a “long term disability” or illness which significantly limits their daily lives.

However the true picture of children and young people with additional, special and/or complex needs and their use of or need for services has still to be established across all agencies and providers.

Different definitions of disability define access to services from different agencies and the accurate collection and collation of service information is therefore very challenging and is a key area for further development. The transfer from children’s services into adult services also requires attention.

6.3.2 Youth Crime Data

The Youth Offending (YOT) Team in Barnsley works to ensure that very high quality programmes are in place to prevent offending and reduce re-offending by children and young people.

There is a range of targeted prevention activities, including Youth Inclusion Support Programme, Parenting Work and Safer Schools Partnerships involving police presence in schools, delivered through the Youth Offending Team (YOT). This has reduced re-offending rates from 41.8% to 36.5%, which is below the national average. There is now a new way of calculating reoffending rates based on the number of young offenders within a cohort and the number of new offences committed. For example if a cohort contained 200 young people who committed a total of 300 offences, this would yield a recidivism rate of 1.5. Applying this calculation, the baseline rate for the 2005 cohort was 1.84. There are signs of significant improvement amongst young people in the 2008 cohort, where the rate after three quarters (the most recent figure available) was 1.14, a figure 24% below the baseline cohort rate after nine months. Although this is highly encouraging, the rate is still higher than that across the region (0.90), statistical family (0.87) and nationally (0.85).

Substantial progress has been made in reducing the number of first time entrants (NI 111) to the youth justice system from the 2004-05 baseline of 520 to 367 in 2008-09. This gives a rate per 10,000 of 1562 for the year, a reduction of 29.9%. The average baseline rate for the region was 2100 and for family YOTs 2000, whilst in Barnsley the rate was 2730. This is clear evidence that – proportionately – far more young people were being drawn into the formal youth justice system. The reasons for this differential are likely to be complex and multifaceted, related perhaps to enforcement practice. However the figures now are well below baseline performance and the revised target agreed with the Youth Justice Board

Overall crime in Barnsley is down and there have been fewer reported incidents of anti-social behaviour and in the numbers of reprimands and final warnings that have been imposed. The level of disposals has reduced dramatically (846 in 2008-09 compared to 1167 in 2007-08, a drop of -27.5% compared to a drop of -17.9% regionally and -12.9% nationally) as have the total number of offences committed by young people (999 in 2008-09 compared to 1577 in 2007-08, a drop of -36.7% compared to a drop of -15.7% regionally and -12.5% nationally).

Despite falls in other offences, the number of Violence Against the Person offences involving young people rose from 242 in 2006-07 to 314 the following year, an increase of about 30%. This trend appears to be independent of any specific targeted operations. One clear fact is that more work needs to be conducted on another aspect of these figures. What is evident is that in the four years from 2003-04 to 2007-08, there has been a steady rise in the proportion of young women involved in these offences. This has increased from just over 25% in 2003-04 to just over 35% in 2007-08. The YOT will respond by reviewing its intervention programmes and ensuring that they are appropriate for and suited to, the specific needs of young women, and that they specifically address this particular type of offending.

Racial Harassment

During 2008/9 there were 17 Victims aged 0-16 and 19 Victims aged 17-24.

Multi-Systemic Therapy

Barnsley has been selected by the Department of Health as one of only 10 pilot sites trialling Multi-Systemic Therapy (MST) in the UK. The model is a licensed, manual-based programme, rooted in evidence-based cognitive, cognitive-behavioural and pragmatic family therapy interventions. The licensors, MST Services (based in South Carolina) emphasise the need for programme integrity and insist on close adherence to their ethos, systems of operation, and regular telephone supervision with MST staff.

There is a robust and ever increasing body of research (mainly from the United States), using a randomised control group methodology, which shows the efficacy of MST in significantly reducing juvenile offending, anti-social behaviour and promoting improvements in family functioning.

MST operates by focusing not just on the young person, but the key networks (or systems) within which they live and operate. Hence there is a clear emphasis on working with parents, carers and siblings as well as peer groups, schools and others. Interventions are generally short-term (typically four to six months), but are highly intensive and service users will have on-call access to an MST Therapist 24/7. For this reason caseloads are small, with MST Therapists holding no more than four or five cases at any one time.

Barnsley's MST Project is operationally led by an MST Supervisor, a Clinical Psychologist. Four MST Therapists have been recruited and are now in post. Referral systems are in place and are closely linked to Children's Services' systems of triage including the newly established Children's Resource Allocation Group (CRAG). The YOT Head of Service provides line management to the MST Supervisor and is responsible for the project management and development of the scheme. It is anticipated that the MST project will support up to 50 families each year.

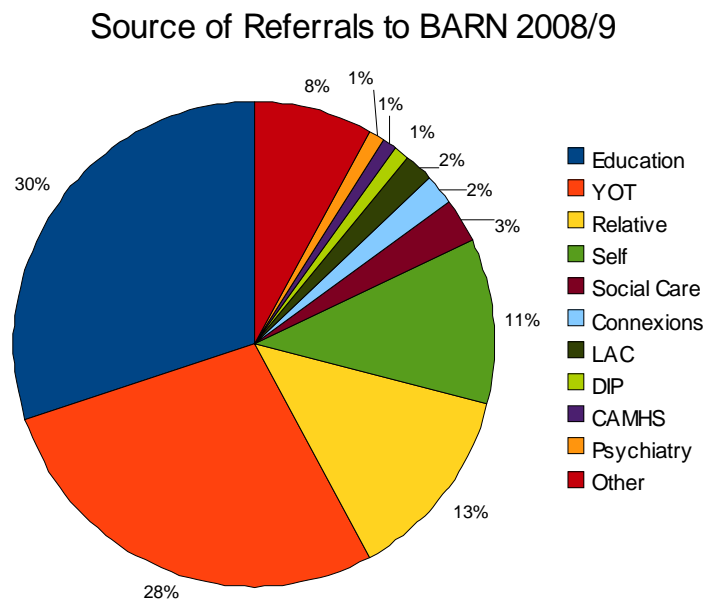
6.3.3 Substance Misuse

In 2008/9 there were 283 referrals to the BARN. This includes 202 referrals to the core team, of which 154 (130 individual young people) referrals for TYS/Treatment

and 48 for drug/alcohol awareness as group work. There were 81 referrals to the Youth Offending Team (see Figure 6.3.4).

Figure 6.3.4 Source of Referrals to the BARN 2008/9

Source: *The BARN 2009*

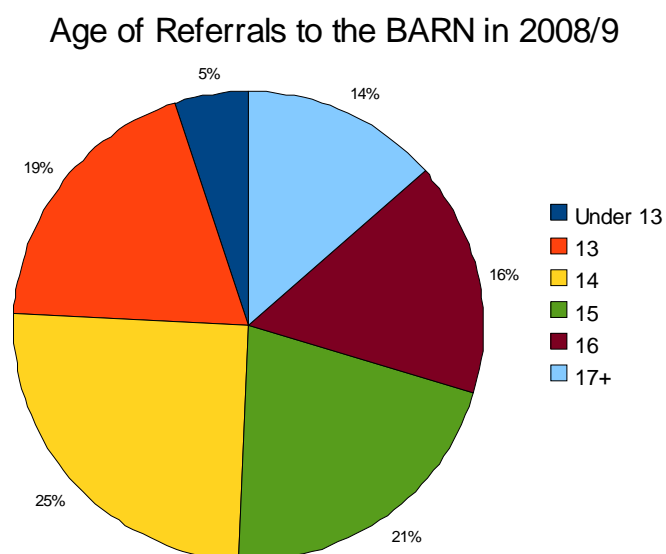


There were slightly more male than female referrals to the BARN: Male 58% Female 42%. However in 2007/8 there had been a greater proportion of males than females (66% to 34%).

The main age group for referrals to the BARN core team was the 14 and 15 year old age group which accounted for 46% of referrals; five percent were under 13 (see Figure 6.3.5).

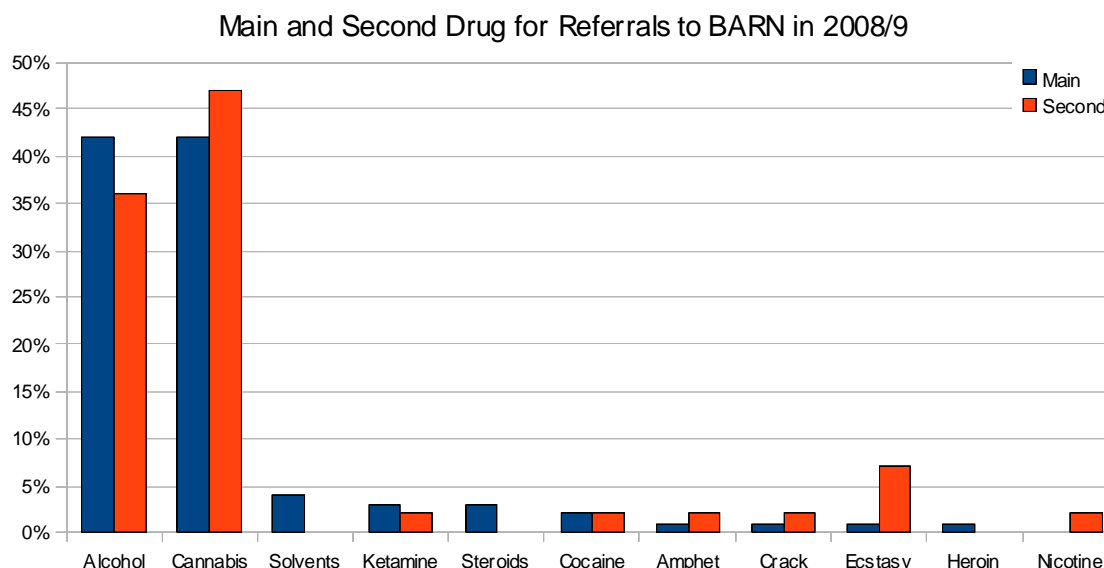
Figure 6.3.5 Age of Referrals to the BARN 2008/9

Source: *The BARN 2009*



By far the greatest drugs for referrals were Alcohol and Cannabis which can be seen from Figure 6.3.6. All other drugs accounted for less than five percent of the total except for Ecstasy as a second drug (7%).

Figure 6.3.6 Main and Second Drug for Referrals to BARN 2008/9



During 2007/8 there were 13 Victims aged 0-16 and 18 Victims aged 17-24. The under 16s and the 17-24s were the age ranges of the predominant age ranges for offenders.

6.4 Services

6.4.1 Youth Service

The Youth Service improves the wellbeing of young people and secures access to educational and recreational leisure activities and facilities. Its remit is to work with 13 to 19 year olds. Between 1st April 2008 and 31st March 2009, 6,749 young people between 13 and 19 years of age were involved in activities organised by the BMBC Youth Service across the whole of the borough. This amounts to 32.9% of the 13-19 year old population (national target 25%). 3,416 young people participated in youth service activities for six hours or more and of these, 1,098 gained an accredited award (32.1%) and 2,193 achieved a recorded outcome (64.2%). In all sections Barnsley's achievements and outcomes were higher than the National indicators.

6.4.2 Social Care Services

Children, Young People and Families Social Care services received 8,013 contacts in 2008/09 from which there were 2,251 referrals. This was a considerable increase in contacts from the 6,872 contacts in 2007/08 whereas the numbers that converted into referrals went down from the 2,480 referrals in 2007/08.

These resulted in 1,664 initial assessments and 414 core assessments completed in 2008/09, a decrease from the number of initial assessments (1791) in 2007/08 and an increase from the number of core assessments (352) in 2007/08.

On March 31 2009 there were 1,292 active children's cases; this had grown from 1,167 in April 2008. This growth continued and peaked in July at 1516, it is currently (October 2009) stable at just over 1300 service users. These active cases include assessments as well as child protection, children in care and family support cases.

The number of children subject to a Child Protection Plan increased from 149 to 169 during 2008/2009. Although this was an increase this is still less than four years ago.

168 children were made subject to a child protection plan during 2008-9 compared to 157 the previous year. There were 22 (13.09%) individuals who became subject to a child protection plan for a second or subsequent time in 2008/09, compared to 27 (17.2%) individuals in 2007/08.

On 31st March 2009, 266 children and young people were looked after by the Council compared with 257 the previous year. The number of children who had three or more placements during the year was 11.7% in 2008/09 the same as the year before.

There are approximately 30 unaccompanied young asylum seekers in the care system in 2009. This number has increased over the last three years. It represents roughly 10% of the care population; they are largely housed in independent living and due to the nature of shared living arrangements are more likely to experience multiple placements within a single year.

A snapshot of children in care shows 25% 0-5 years old, 18% 6-11 years old and 57% 12 -18 years old. A similar snapshot of children subject to a child protection plan shows 60% 0-5 years old, 31% 6-11 years old and 9% 12-18 years old. 12.8% of children in care were fostered by relatives or friends and 85.4% of children in care aged 10 to 15 were fostered or placed for adoption.

At July 2009, 209 disabled children and young people were in direct contact with a social worker. Of these children, 37 have a family support worker, 4 have short breaks with foster carers, 43 receive a direct payment and arrange their own care/services, 21 have care packages from an independent agency, 18 receive the sponsored childminding service and 72 have short breaks or day care on a residential basis. The numbers of children receiving short breaks and the type of provision is increasing due to additional investment from the Aiming High for Disabled Children programme.

The Common Assessment Framework is also becoming embedded in practice and the number of Common Assessments completed on young people is 566 for 2008-09, which demonstrates a continuing growth over previous years (374 in 2007/8 and 159 in 2006/7) All newborns in Barnsley have a pre CAF assessment by midwife. 356 staff across the borough were trained during 2008/9 in completion of the assessments and this notably includes staff from adult services. Again this demonstrates advances on previous years (470 in 2007/8 and 218 in 2006/7).

The growth in the use of CAF increases the assurance that young people and their families are directed to the appropriate prevention agencies and sources of support, advice and guidance, and this is reflected in a reduction of referrals to social care. The Team Around the Child process ensures the involvement of all relevant agencies in a holistic manner.

6.4.3 Childcare

As at 31 March 2009, Barnsley had 5,693 childcare places¹⁴ (age 0-14 years) compared to 6,711 the previous March. This reduction has been predominantly in the childminding sector, where over 50 childminders have de-registered over the past year, mainly due to Ofsted's data cleanse where childminders are no longer operating. In addition, the Families Information Service cleansed their database to remove all playgroups that were dual registered as day nurseries.

In order for childcare places to be meaningful, they need to be measured against the actual number of children by ward. Overall the borough has an average of 15 childcare places per 100 Children for the under fives, this is significantly higher, at 25 places per 100 children; and 12 places per 100 children for school aged 5-14 (17 with a disability) – December 2008 figures.

6.4.4 Young Carers

Of those known of by the authority, there were a total of 65 children and young people, from across the Barnsley borough, who accessed the service supporting young carers in 2008. The average age of young carers in Barnsley was twelve years of age; the youngest young carer was five years old and the oldest was seventeen years of age. The majority of young carers (69%) were living in a single parent household; other young carers lived in household with two Parents or Grandparents. The main disabilities for the person being 'cared for' were physical disabilities, mental and substance misuse.

6.5 Enjoy and Achieve

GCSE Attainment

The percentage of young people achieving five A*-C passes that include GCSE English and mathematics is the main indicator for Key Stage 4 attainment. Overall, 33.1% of pupils achieved this measure in 2008. In Barnsley, 36.2% of girls achieved five or more A*-C GCSEs including English and Mathematics or equivalent compared to 30.2% of boys.

Unvalidated results in 2009 show that 39.1% of pupils achieved 5 A*- C including English and maths, an increase of 6% on 2008. There has been a 21% increase since 2003. The percentage of pupils achieving 5 A*- C in English has increased by 5.7% from 2007 and in maths the increase is 5.5%.

The percentage of pupils achieving 5 good GCSEs increased by 5.3% to 60.5%.

Special Education Needs

To assist with the educational development of pupils, some children in Barnsley have been classified as having Special Educational Needs (SEN). SEN can be further divided into three areas of support: School Action, School Action Plus and pupils with educational statements. Across Barnsley in January 2009, there were

¹⁴ The calculation for childcare places is based on counting out of school provision as separate: breakfast/after school/holiday places, although they are all at the same facility. For comparable calculations, the same format has been used this year, but it has been recognised that this should be reviewed over the forthcoming year.

approximately 7,000 pupils identified as SEN (18.8% of all primary pupils and 24.4% of all secondary).

Pupils Eligible for Free School Meals

In January 2009 across Barnsley as a whole there were approximately 5,800 pupils eligible for FSM, 21.3% of all pupils in primary schools (an increase of 1.0% from 2008) and 16.8% in secondary schools (an increase of 0.6% from 2008).

Attendance

8.3% of pupils missed more than 15% of school sessions.

In primary schools, the absence rate in 2007/08 (5.21%) is below the national average (5.26%) and the Yorkshire and The Humber (Y and H) region (5.29%). Absence in primary schools has continued to reduce since 2005/06.

In Secondary Schools absence rates in 2007/08 (7.53%) are below Y and H Region (7.8%) and above national averages (7.34%). Since 2006, the LA has reduced significantly absence in secondary schools to be almost in line with the region and England.

The persistent absence percentage has been reduced from 6.8% in 2006/07 to 6.2% by 2007/08. This is lower than the regional average of 6.7% but higher than national average of 5.6%. Further intelligence for 2008/09 indicates that this gap with the national average may have widened.

6.6 Economic Wellbeing

Disability allowance

As at August 2008, there were 1,270 children under 16 in receipt of Disability Living Allowance (2.8% of under 16 population), a slight increase (+0.4%) on the August 2004 rate.

Disability living allowance (16 –24 year olds)

In Barnsley, as at August 2008 there were 760 DLA claimants aged 16-24 (3% of the 16-24 population) – only up very slightly on the 2004 figure (2.8%).

Carers allowance to under 24s

As at August 2008, there were 160 people under 24 caring for a severely disabled person in Barnsley. This is 3.2% of the total number of carers in Barnsley – greater than the GB average (2.5%) but about the same as the South Yorkshire average (3.1%). However, expressed as a rate per 1,000 population aged 16-24, Barnsley has a rate (6.2 per '000) more than twice the national average (3.2 per '000) and the highest in South Yorkshire.

Young people not in education employment or training

External pressures and specifically the economic downturn will affect the ability to achieve continued improvement in relation to NI 117 - 16 to 18 year olds who are

not in education, training or employment (NEET). The most recent annual recorded figures continued the previous significant improvement to give an average for November 2008 to January 2009 of 7.9%.

IMPLICATIONS FOR SERVICES

Detailed priorities are set out in the Barnsley Children and Young People's Plan (CYPP) 2009 – 2012, which aims to ensure that all children and young people achieve the five outcomes set out in the Children Act 2004. These are: being healthy; staying safe; enjoying and achieving; making a positive contribution and achieving economic well being.

In relation to health inequalities and the promotion of healthy lifestyle choices the highest priorities for action are:

- To deliver the new Barnsley Healthy Child Programme 0 -5 which provides early assessment and support for families
- To reduce childhood obesity through healthy diets, breast feeding and more high quality exercise. We will focus on promoting changes in lifestyles for families as a whole
- To reduce misuse of alcohol and cannabis
- To reduce teenage conception rates and increase sexual health, increasing access to health and wellbeing services for young people
- To provide integrated health services and personal social, health and economic education
- to increase emotional wellbeing and mental health with early intervention and improved access to services

Other priorities are to:

- Keep children safe from abuse and neglect
- Ensure children with additional needs are supported as early as possible
- Promote aspiration and enterprise and increase educational achievement
- Support young carers
- Develop a child poverty strategy and action plan

The Local Development Framework sets the planning strategy for the long term physical development of Barnsley and will include policies to support existing and future educational provision.

Barnsley's Highways and Engineering service will work with schools and through publicity campaign to prevent road accidents

Further information and supporting data to this section is available at www.barnsleyfit4thefuture.co.uk

<http://www.barnsley.gov.uk/barnsleyindepthreports>

7 Insights (Social Marketing)

In order to understand the health needs of a population, we are committed to developing a deep understanding of what motivates and influences individuals, communities and organisations to behave the way they do. Using a social marketing approach we are able to identify actionable insights, which allow us to drill down from a wider understanding of *what* people are doing, to focus on identifying *why* and *how* people are making decisions about their own health.

We are also able to segment our population in ways other than age, gender or geography for example. We are now looking at common attitudes, beliefs and norms which influence, and may be predictors of, an individual's health and wellbeing status. (See Figure 2.3.8 in the Demography chapter)

This segmentation data provides us with additional information with which to prioritise activity. Using the behaviours and lifestyle factors of those with current health conditions for example, we can predict, to a greater degree, where future need is likely to be. It also means we can design services and programmes to meet the differing needs of the population.

Listed below are just some of the areas where current data is available both in qualitative and quantitative form.

- Obese and overweight men aged 50 -64.
- Alcohol consumption in hazardous and harmful drinking - females aged 18-35
- Young women's attitudes to cervical cytology.
- Young women's attitudes to breastfeeding
- Attitudes to physical activity across four segments of our sedentary population – two female and two male
- Illicit tobacco - consumption and control
- Change4life segmentation data
- Sport England physical activity segmentation data

These insight reports will be available on www.barnsleyfit4thefuture.co.uk

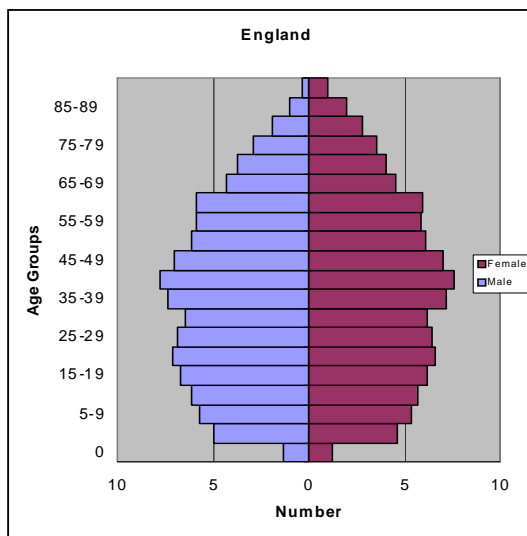
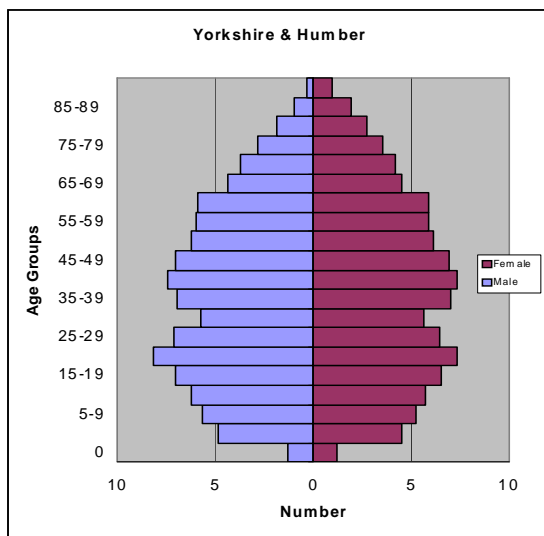
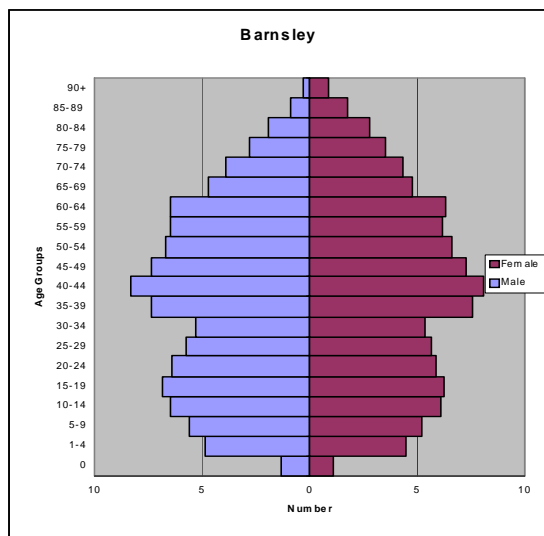
List of appendices

- 1 Population Statistics
- 2 The JSNA Indicator Set
- 3 Community Health Profile
- 4 'Know Your Gaps' Profile
- 5 Contribution to life expectancy causes
- 6 Prevalence rates for selected diseases and conditions
- 7 Causes of death in Barnsley in 2008
- 8 Projecting Older People Population Information (POPPI)

Appendix 1

Population statistics

Population structure, 2008 (Source: ONS)



	Males				Females				All Persons					
	Barnsley		Yorkshire & Humber		Barnsley		Yorkshire & Humber		Barnsley		Yorkshire & Humber		England	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
0	1,500	1.4	1,300	1.3	1,300	1.1	1,200	1.2	1,200	1.2	2,800	1.2	1,300	1.3
1-4	5,400	4.9	5,400	4.9	5,200	4.5	5,400	4.5	4,600	4.6	10,600	4.7	4,700	4.8
5-9	6,200	5.6	6,200	5.6	6,000	5.2	6,200	5.2	5,300	5.3	12,100	5.4	5,400	5.5
10-14	7,200	6.5	7,200	6.2	7,000	6.1	7,200	5.8	5,700	5.7	14,200	6.3	6,000	5.9
15-19	7,600	6.9	7,600	7.1	7,200	6.2	7,200	6.5	6,200	6.2	14,800	6.6	6,800	6.5
20-24	7,100	6.4	7,100	8.2	6,800	5.9	6,800	7.4	6.6	6.6	13,900	6.2	7,800	6.9
25-29	6,400	5.8	6,400	7.2	6,500	5.6	6,500	6.4	6.5	6.5	12,900	5.7	6,800	6.7
30-34	5,900	5.3	5,900	5.8	6,200	5.4	6,200	5.7	6.2	6.2	12,100	5.4	5,700	6.3
35-39	8,200	7.4	8,200	6.9	8,700	7.5	8,700	7.0	7.2	7.2	16,900	7.5	7,000	7.3
40-44	9,200	8.3	9,200	7.5	9,300	8.1	9,300	7.4	7.6	7.6	18,500	8.2	7,400	7.7
45-49	8,200	7.4	8,200	7.0	8,400	7.3	8,400	7.0	7.0	7.0	16,600	7.3	7,000	7.1
50-54	7,400	6.7	7,400	6.3	7,600	6.6	7,600	6.1	6.1	6.1	14,900	6.6	6,200	6.1
55-59	7,200	6.5	7,200	6.0	7,100	6.2	7,100	5.9	5.9	5.9	14,200	6.3	5,900	5.9
60-64	7,200	6.5	7,200	5.9	7,300	6.3	7,300	5.9	5.9	5.9	14,500	6.4	5,900	5.9
65-69	5,200	4.7	5,200	4.4	5,500	4.8	5,500	4.5	4.5	4.5	10,700	4.7	4,500	4.4
70-74	4,300	3.9	4,300	3.8	5,000	4.3	5,000	4.2	4.0	4.0	9,400	4.2	4,000	3.9
75-79	3,100	2.8	3,100	2.8	4,100	3.6	4,100	3.6	3.5	3.5	7,300	3.2	3,200	3.2
80-84	2,100	1.9	2,100	1.9	3,200	2.8	3,200	2.8	2.8	2.8	5,300	2.3	2,300	2.4
85-89	1,000	0.9	1,000	1.0	2,000	1.7	2,000	1.9	2.0	2.0	3,000	1.3	1,500	1.5
90+	300	0.3	300	0.3	1,000	0.9	1,000	1.0	1.0	1.0	1,300	0.6	0,700	0.7
All Ages	110,500	100.2	110,500	100.0	115,400	100.0	115,400	100.0	100.0	100.0	225,900	100.0	225,900	100.0

A Table to show the Population Change for England and Barnsley from 2006-2016 and 2006-2031

Source: ONS 2006 based projections

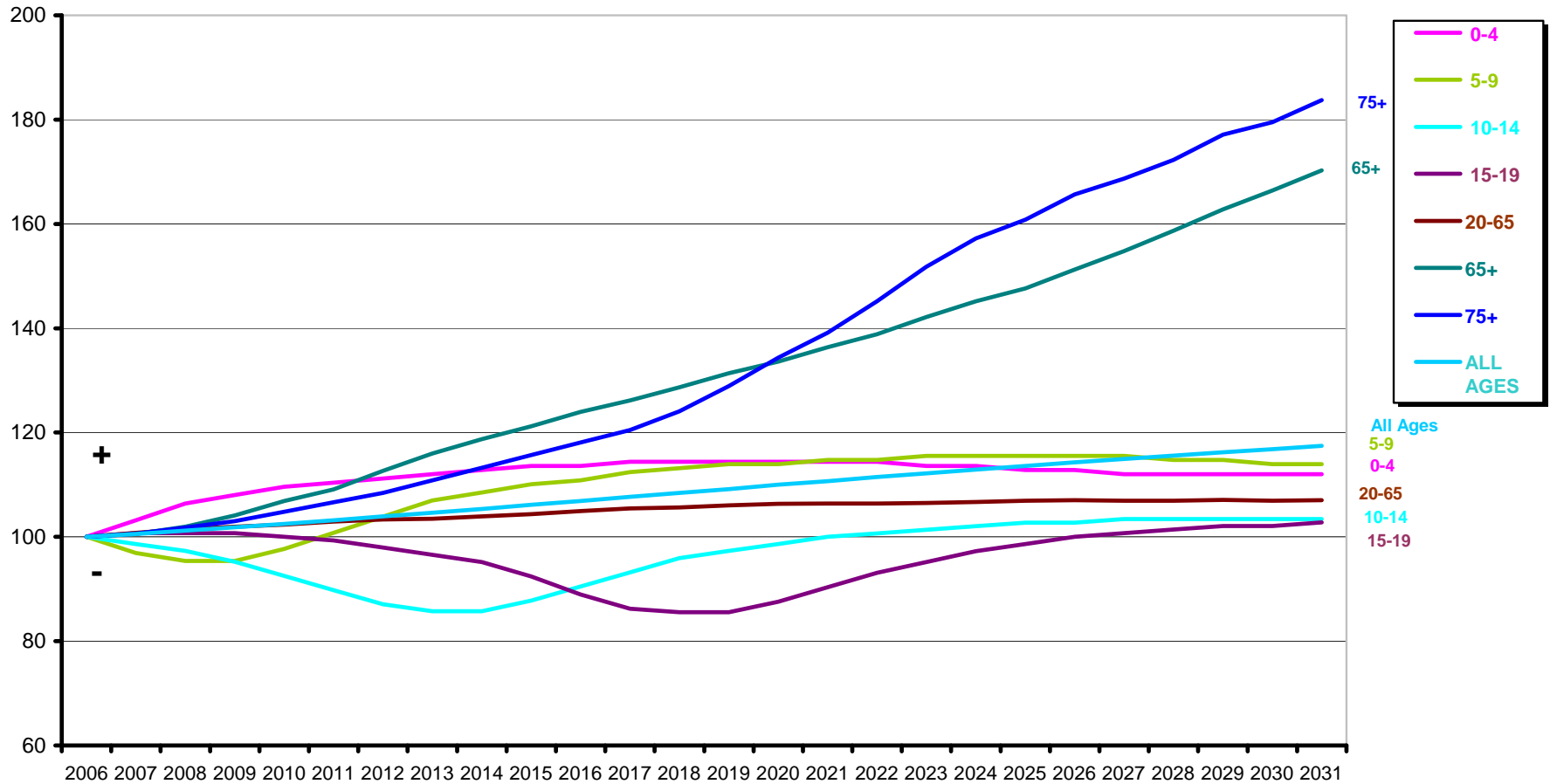
Barnsley Projected Population	2006	2016	2031	% Change 2006-2016		% Change 2006-2031	
				Barnsley	England	Barnsley	England
0-4	12,500	14,200	14,000	13.6	15.2	12.0	15.1
5-9	12,900	14,300	14,700	10.9	13.9	14.0	17.4
10-14	14,700	13,300	15,200	-9.5	-5.1	3.4	10.4
15-19	14,500	12,900	14,900	-11.0	-10.4	2.8	4.4
15-64	147,200	152,200	156,900	3.4	4.4	6.6	9.9
65+	36,300	45,000	61,800	24.0	22.3	70.2	62.5
75+	16,600	19,600	30,500	18.1	17.1	83.7	75.3
All Ages	223,500	238,900	262,500	6.9	7.8	17.4	19.0

The population of Barnsley is projected to increase by 17.4% between 2006 and 2031: slightly lower than the regional (22.9%) and national projections (19.0%).

There is a wide variation in the projections for age groups:

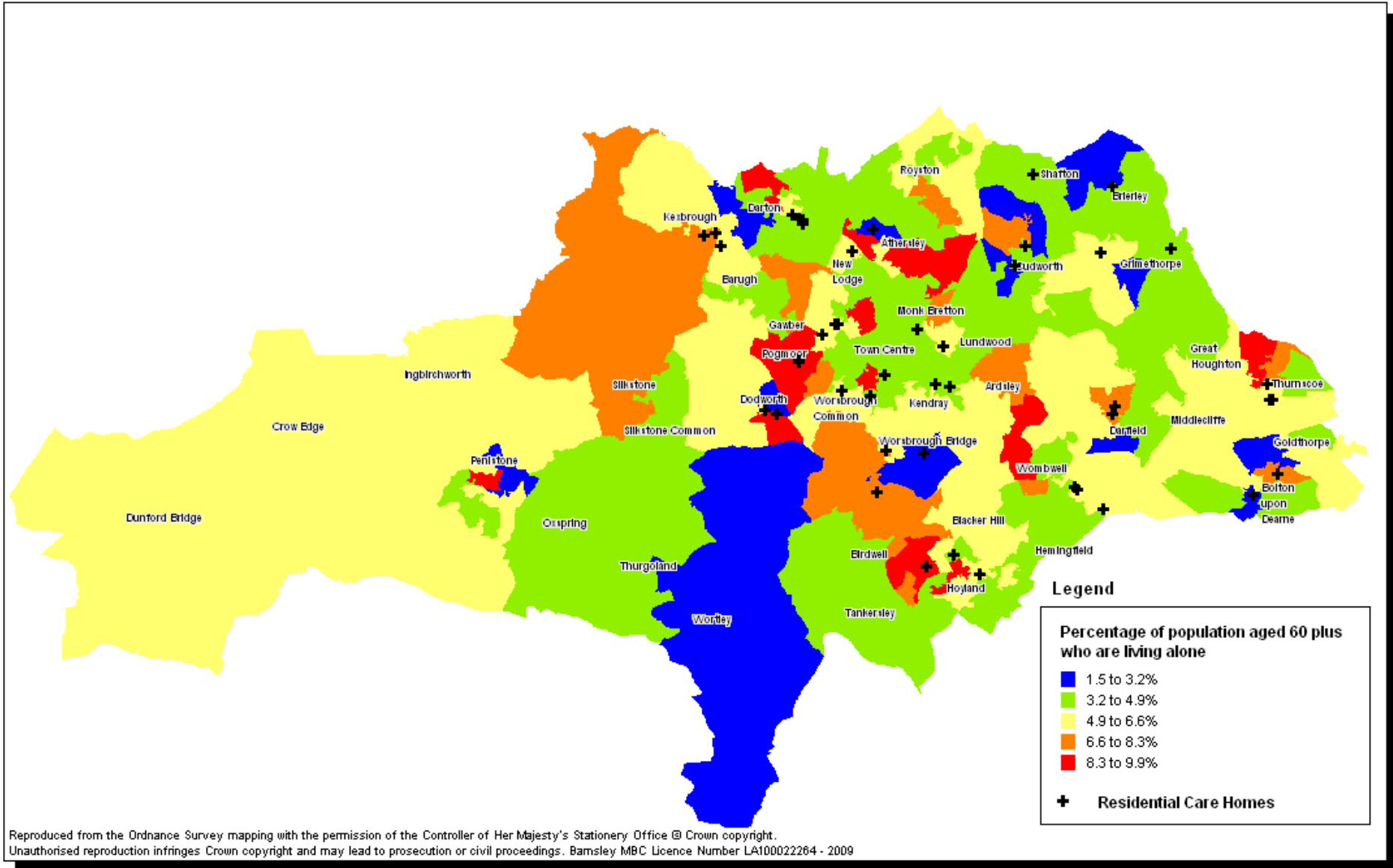
- Pre-school (0-4) ages are projected to increase slightly: less than the regional and national increases.
- School age populations (5-19) the 5-9 group is projected to rise slightly and the 10 to 19 age group to fall then increase to similar level to at present: mirroring the regional and national projections.
- The working age population is projected to increase slightly by 6.6%, in line with regional and national projections.
- The most significant increase is projected for the population of retirement age (65+). Between 2006 and 2016, this age group is projected to increase by 24% - a slightly larger increase than regionally or nationally. This increase is even greater between 2006 and 2031 when this age group is projected to increase by 70.2% - a slightly larger increase than regionally or nationally.

**Change in Barnsley Population by Selected Age Groups Relative to Age Group Population
(2006 Population= 100)
(Source:2006-Based Population Projections, ONS 2008)**



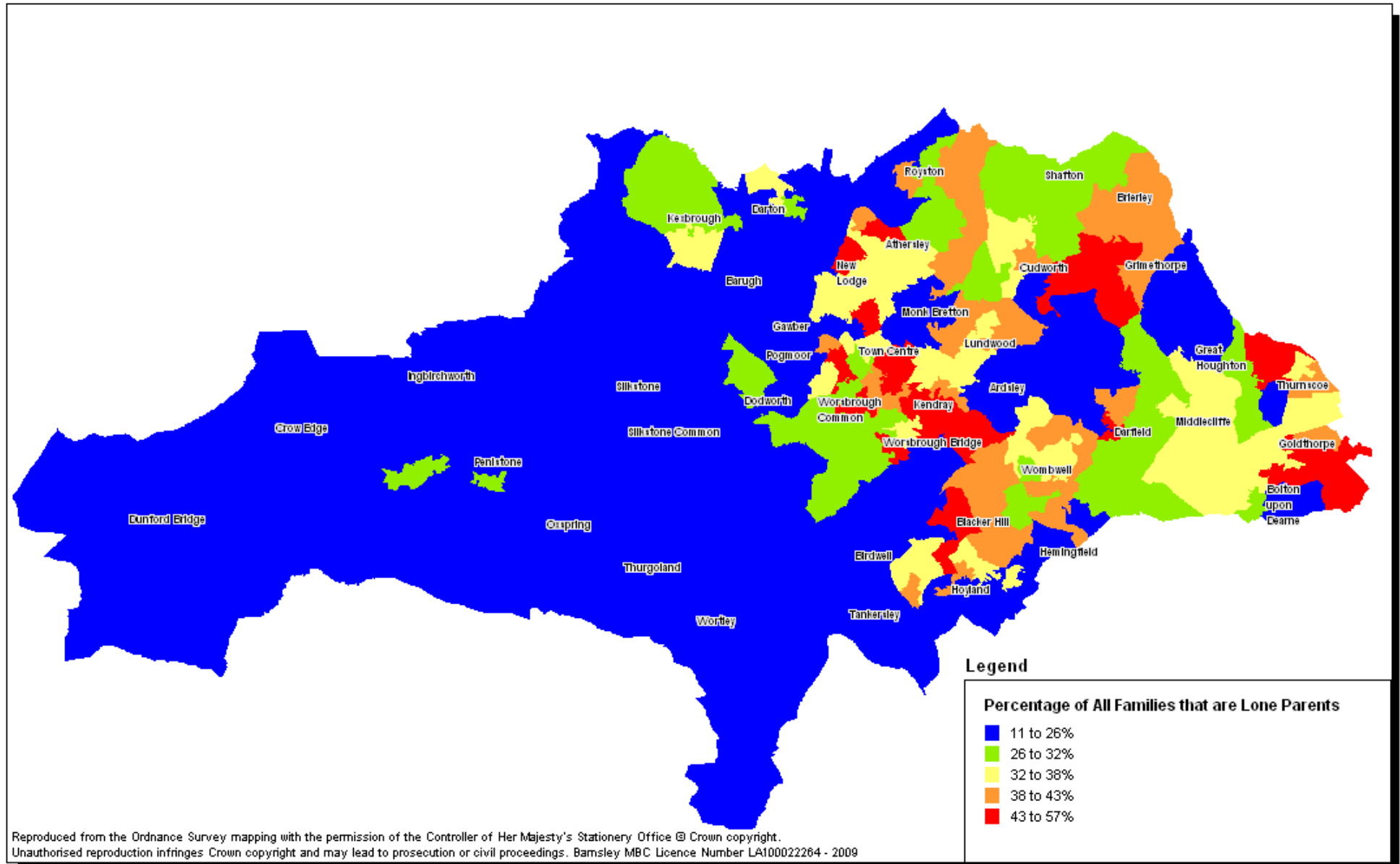
Percentage of population who are aged 60 plus and living alone in Barnsley

Source: NHS Barnsley, GP Register of Barnsley Residents, July 2009



Percentage of All Families that are Lone Parents in Barnsley 2007

Source: HM Revenue & Customs, Child Tax Credits, 2006/7



Appendix 2

The JSNA Indicator Set

			Measure	Age group	Time period	Barnsley	Yorks & The Humber	England
Demography								
POPULATION								
1.	Population	Estimated population mid 2008	Number	All	2008	225,900	5,213,200	51,446,200
2.		Projected population (2006 based)	Number	All	2015	237,200	5,572,000	54,319,200
3.	Ethnicity	Proportion of population who are non-white (2007 Based Experimental Stats)	%	All	2007	2.8	9.6	12.0
4.	Living alone	Population aged 75 and over predicted to live alone	Number	75+	2010	8,127	-	1,906,903
5.	Births	Number of live births	Number	Births	2007	2,751	64,191	655,357
6.	Fertility Rates	General fertility rate per 1,000 women aged 15-44 yrs	1,000	15-44	2007	61.45	60.35	62.1
7.		Total period fertility rate	Number	11-49	2007	2.02	1.88	1.9
LIFE EXPECTANCY								
8.	Life expectancy	Life expectancy at birth - Males	Years	All	2006-08	76.0		77.9
9.		Life expectancy at birth - Females	Years	All	2006-08	80.1		82.0
10.	Healthy life expectancy	Healthy life expectancy at age 65 - Males (NI 137 and Vital Sign)	Years	65+	2001	9.9	11.7	12.5
11.		Healthy life expectancy at age 65 - Females (NI 137 and Vital Sign)	Years	65+	2001	11.8	13.6	14.5
DISABILITY								
12.	Disability free life expectancy	Disability-free life expectancy at age 65 - Males	Years	65+	2001			8.1
13.		Disability-free life expectancy at age 65 - Females	Years	65+	2001			9.1
14.	Deaf	People registered as deaf or hard of hearing	Number	All	2007	600	28,590	219,100
15.	Blind	People who are registered blind or partially sighted	Number	All	2003	3,030	35,085	309,265
16.	Learning difficulties	Learning Disabilities (unadjusted prevalence)	%	18+	2008/09	0.4%	0.4%	0.4%
Wider determinates of health								
HOUSING								
17.	Statutory homelessness	Crude rate per 1,000 households	1,000	Households	2007/08	1.1	3.3	2.8
18.	Housing	NI 154 – Net additional homes provided	Number	Households	2008/09	860		
19.	Housing	NI 155 – Number of affordable homes delivered (gross)	Number	Households	2008/09	119		
20.	Housing	NI 158 – Percentage of non-decent council homes	Percentage	Households	2008/09	5.12%		
21.	Housing	NI 187 – Tackling fuel poverty – percentage of people receiving income based benefits living with a low energy efficiency rating; SAP < 35 and SAP > 65	Percentage	Households	2008/09	SAP < 35 = 11.24% SAP > 65 = 16.37%		
TRANSPORT/ENVIRONMENT/CRIME								
22.	Car ownership	Households with no cars or vans	%	Households	2001	32.2%	30.3%	26.8%
23.	Carbon emissions	Domestic CO2 emissions	Tones CO2	Per resident	2007	2.41	2.38	2.33

			Measure	Age group	Time period	Barnsley	Yorks & The Humber	England
Lifestyle/risk factors								
CHOICES								
24.	Smoking	Current smoking (modelled data)	%	16+	2003-05	24.4%	25.5%	24.1%
25.		Current smoking rates at GP practice level	%	16+ with smoking record in last 15 mths	March 2009	20.1%		
26.		Smoking status of women at time of delivery	%	All maternities	2008-09	24.8%	No data	No data
27.		Self-reported 4-week smoking quit numbers	Number	16+	2008-09	2,720	36,514	337,054
28.		Self-reported 4-week smoking quit rates (NI 123 and VSB05)	%	16+	2008-09	48%	53%	50%
29.		Deaths from smoking	100,000	35+	2005-07	276.9	235.0	210.2
30.	Eating habits	Consumption of 5 or more portions of fruit and veg a day (modeled data)	%	16+	2003-05	19.4%	24.7%	26.3%
31.	Breast feeding	Mothers initiating breastfeeding	%	All maternities	2008-09	63.0%	66.8%	69.9% (2007/08)
32.		Mothers breastfeeding at 6-8 weeks	%	Infants due for 6 wk check	2008-09	29.5%	No data	No data
33.	Alcohol	Binge drinking (modelled data)	%	16+	2003-05	22.2%	22.0%	18.0%
34.		Alcohol specific admissions	100,000		2008	Males: 388.8 Females: 147.4	Males: 368.2 Females: 173.6	Males: 369.0 Females: 176.1
35.		Rate of hospital admissions for alcohol related harm (NI 39)	100,000		2007-08	1,744	1,413	1,473
36.	Sexual behaviour	Teenage conception rates <16 yrs	1,000	<16	2005-07	10.6	9.6	7.9
37.		Teenage conception rates <18 yrs (NI 112 and Vital Signs)	1,000	<18	2005-07	51.4	47.3	41.2
38.	Obesity	Obesity age reported prevalence >=16 (recorded on GP systems)	%	16+	2008-09	14.1%	10.7%	9.9%
39.		Obesity in adults (modelled data)	%	16+	2003-05	28.5%	24.1%	23.6%
40.		Obesity among primary school age children in Reception year (NI 55 and Vital Sign)	%	5 yrs	2007-08	10.4%	9.8%	9.6%
41.		Obesity among primary school age children in Year 6 (NI 56 and Vital Sign)	%	11 yrs	2007-08	21.2%	18.9%	18.3%
42.		Physically active adults	%	16+	2007-08	8.3	11.4	10.8
43.		Physically active children	%	5-16	2007-08	88.0	88.8	90.0

			Measure	Age group	Time period	Barnsley	Yorks & The Humber	England
OPPORTUNITIES								
44.	Low-weight births	Live births under 2,500 grams	%	Births	2007	7.5%	8.1%	7.5%
45.	Unemployment	Unemployment rates for residents (Annual Population Survey)	%	Working age	Dec 2008	8%	6.5%	6%
46.	Workless	Proportion of working age population who are not in work (Annual Population Survey: Economically Inactive + Unemployed)	%	16+	Dec 2008	47%	42%	40%
47.	Out of work benefits	Number of working age people on out-of-work benefits (NI 152)	Number	Working age	4 Quarter Ave (Q3 08)	23,560	389,820	3,592,080
48.		Proportion of working age people on out-of-work benefits (NI 152)	%	Working age	4 Quarter Ave (Q3 08)	17.0	12.5	12.1
49.		Working age people claiming out-of-work benefits in the worst performing neighbourhoods (NI 153)	%	Working age	4 Quarter Ave (Q3 08)	29.3	28.9	28.8
50.	Annual earnings	Average (median) annual gross pay (all workers)	£s	All working age	2008	£18,788	£19,338	£21,147
51.	Weekly earnings	Average (median) weekly gross pay (all workers)	£s	All working age	2008	£355	£360	£396
52.	Poverty	Indicator of Multiple Deprivation (IMD) national rank (Rank 1 = most deprived LA area in England)	Rank/ 354	All	2007	43rd	-	-
53.		Percentage of LSOAs within National most deprived 10% overall IMD score	%	All	2007	18%	17%	10%
54.		Percentage of LSOAs within National most deprived 10% Income Deprivation Affecting Children Index (IDACI)	%	All	2007	8%	10%	10%
55.		Percentage of LSOAs within National most deprived 10% Income Deprivation Affecting Older People Index (IDAOPI)	%	All	2007	3.4%	12%	10%
56.	Children in Poverty	% of under 16s living in low income households	%	<16	2007	24.6	23.0	22.4
57.	Literacy	Low literacy levels amongst adults	%	Adults	2001	??	??	24%
58.	Numeracy	Low numeracy levels amongst adults	%	Adults	2001	??	??	24%
59.	GCSE attainment	% achieving 5A*-C inc Eng and Maths	%		2007-08	33.1	44.4	47.6

		Measure	Age group	Time period	Barnsley	Yorks & The Humber	England	
Burden of ill health								
SICKNESS								
60.	Limiting long term illness	Limiting long-term illness	%	All	2001	24.6%	18.9%	17.3%
61.		Over 65s 'not in good health'	%	65+	2001	32.3	25.0	21.5
62.	Dental	Decayed, missing or filled teeth (dmft) (5-year old)	% Ave:	5	2005/06	45.4% 2.03	38.8% 1.82	38.0% 1.47
63.		Decayed, missing or filled teeth (dmft) (11 year old)	Ave:	11	2004/05	2.35	Data not available	2.09
64.	Mental health	Mental Health (unadjusted prevalence)	%	All	2008/09	0.6%	0.7%	0.7%
65.		Dementia (unadjusted prevalence)	%	All	2008/09	0.4%	0.5%	0.4%
66.		Total population aged 65 and over predicted to have dementia per 100,000	100,000	65+	2010	2,561	-	611,205
67.		Incapacity benefits for mental illness	1,000	Working age pop'n	2007	44.5	28.4	27.7
68.	Accidents	Serious accidental injury relating to hospital admissions	100,000	All	2006/07	382.77	323.02	325.82
69.		Serious accidental injury relating to hospital admissions	100,000	65 and over	2006/07	1708.53	1387.73	1471.44
70.	Falls	Population aged 65 and over predicted to attend hospital A&E departments as a result of falls	Number	65+	2010	2,337	-	533,057
71.		Population aged 65 and over predicted to be admitted to hospital as a result of falls	Number	65+	2010	790	-	182,461
72.		Emergency hospital admissions: fractured proximal femur males	100,000	All	2007/08	77.50	72.40	66.42
73.		Emergency hospital admissions: fractured proximal femur females	100,000	All	2007/08	122.29	128.34	120.96
74.	Musculo-skeletal	Primary hip replacement	100,000	All	2007/08	128.86	110.12	109.88
75.		Hip fracture in over 65s	100,000	65+	2006-07	602.2	483.9	479.8
76.	CHD	Number on Coronary Heart Disease Register	Number	All	2008/09	12,365	224,326	1,886,406
77.		Coronary heart disease (unadjusted prevalence)	%	All	2008/09	5.1%	4.1%	3.5%
78.		Percentage of patients with CHD in whom the last blood pressure reading (measured in the previous 15 months) is 150/90 or less	%	All	2008/09	89.3%	89.9%	89.7%
79.		Percentage of patients with CHD whose last measured total cholesterol (measured in the previous 15 months) is 5 mmol/l or less	%	All	2008/09	82.3%	82.2%	82.1%

			Measure	Age group	Time period	Barnsley	Yorks & The Humber	England
80.	Heart failure	Heart failure (unadjusted prevalence)	%	All	2008/09	0.7%	0.8%	0.7%
81.	Atrial Fibrillation	Atrial fibrillation (unadjusted prevalence)	%	All	2008/09	1.4%	1.4%	1.3%
82.	Stroke/ Transient Ischaemic attack	Number on Stroke and Transient Ischaemic Attack (TIA) Register	Number	All	2008/09	4,786	102,515	901,323
83.		Stroke and TIA (unadjusted prevalence)	%	All	2008/09	2.0%	1.9%	1.7%
84.		Percentage of patients with a history of TIA or stroke in whom the last blood pressure reading (measured in the previous 15 months) is 150/90 or less	%	All	2008/09	87.2%	88.0%	87.9%
85.		Population aged 65 and over predicted to have a longstanding health condition caused by a stroke	Number	65+	2010	973	-	222,366
86.		Emergency hospital admissions: stroke	100,000	All	2007/08	120.79	124.69	115.39
87.		Hypertension	Number on Hypertension Register	Number	All	2008/09	36,953	721,605
88.	Hypertension (unadjusted prevalence)		%	All	2008/09	15.2%	13.3%	13.1%
89.	Percentage of patients with hypertension in whom the last blood pressure (measured in the previous 9 months) is 150/90 or less		%	All	2008/09	78.9%	78.6%	78.6%
90.	Diabetes	Number aged 17+ on Diabetes Register	Number	17+	2008/09	11,227	225,280	2,213,138
91.		Diabetes (age specific prevalence)	%	17+	2008/09	5.8%	5.2%	5.1%
92.	COPD	Number on Chronic Obstructive Pulmonary Disease (COPD) Register	Number	All	2008/09	6,672	100,389	834,312
93.		COPD (unadjusted prevalence)	%	All	2008/09	2.7%	1.9%	1.5%
94.		The percentage of patients with COPD receiving inhaled treatment for whom there is a record that inhaler technique has been checked in the previous 15 months	%	All	2008/09	90.5%	91.1%	91.6%
95.	Asthma	Number on Asthma Register	Number	All	2008/09	14,015	330,096	3,197,726
96.		Asthma (unadjusted prevalence)	%	All	2008/09	5.8%	6.1%	5.9%
97.		The percentage of patients with asthma who have had an asthma review in the previous 15 months	%	All	2008/09	77.4%	78.9%	78.5%

			Measure	Age group	Time period	Barnsley	Yorks & The Humber	England
98.	Smoking advice	The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD or asthma who smoke whose notes contain a record that smoking cessation advice or referral to a specialist service within the last 15 mths	%	16+	2008/09	91.2%	92.4%	92.8%
99.	Bronchitis and emphysema	Population aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	Number	65+	2008	854	-	188,557
100.	Lower respiratory tract infections	Emergency hospital admissions: children with lower respiratory tract infections	100,000	<16	2007/08	425.60	399.05	335.27
101.	All Cancers	Incidence of all cancers	100,000	<75	2004-06	323.48	302.32	293.38
102.		Cancer (unadjusted prevalence)	%	All (except non-melanotic skin cancers)	2008/09	1.4%	1.3%	1.3%
103.	Palliative care	Palliative care (unadjusted prevalence)	%	All	2008/09	0.1%	0.1%	0.1%
104.	Hypothyroidism	Hypothyroidism (unadjusted prevalence)	%	All	2008/09	3.0%	2.9%	2.8%
105.	Epilepsy	Epilepsy (unadjusted prevalence)	%	18+	2008/09	0.9%	0.8%	0.8%
106.	Kidney disease	Chronic Kidney Disease (age specific prevalence)	%	18+	2008/09	6.3%	4.3%	4.1%
107.	HIV/AIDS	HIV infection prevalence	1,000	15-59	2007	0.54		
108.	Tuberculosis	New cases of tuberculosis	100,000	All	2004-06	4.0	11.9	15.0
DEATH								
109.	All causes	All-age, all-cause mortality persons (NI 120 and Vital Sign)	100,000	All	2007	707.46	620.80	579.40
110.		All-age, all-cause mortality - Males	100,000	All	2007	854.04	726.66	688.76
111.		All-age, all-cause mortality - Females	100,000	All	2007	596.31	532.35	488.71
112.	All circulatory diseases	Mortality rate from all circulatory diseases	100,000	All	2005-07	246.57	205.20	193.25
113.		Mortality rate from all circulatory diseases <75 yrs of age (NI 121 and VSB05)	100,000	<75	2005-07	107.56	86.05	79.14
114.		Mortality rates from stroke	100,000	All	2005-07	56.08	53.45	50.02
115.	All cancers	Mortality rate from all cancers <75 yrs of age (NI 122 and VSB05)	100,000	<75	2005-07	134.70	121.02	115.48
116.	Respiratory	Mortality from bronchitis, emphysema and other COPD (ICD10 J40-J44):	100,000	All	2005-07	34.86	31.50	26.82
117.	Suicide	Suicide and injury undetermined - mortality rate -Males	100,000	All	2005-07	13.89	11.96	12.09
118.		Suicide and injury undetermined - mortality rate -Females	100,000	All	2005-07	2.81	3.76	3.84
119.	Winter deaths	Excess winter death rate	%	All	2007-08		16.1%	16.1%
120.	Still births	Stillbirth rate	1,000	Births	2007	5.3	5.8	5.3
121.	Infant mortality	Infant mortality rate	1,000	Births	2007	3.6	5.6	4.8
122.	Road injuries	Killed or seriously injured casualties	100,000	Res pop'n	2005-07	52.3	63.3	54.3

Services								
			Measure	Age group	Time period	Barnsley	Yorks & The Humber	England
SOCIAL CARE								
123.		Achieving independence for older people through rehabilitation / intermediate care (NI 125) ¹⁵	%	65+	2008/09	78.8	No Data	78.1
124.		Social Care clients receiving Self Directed Support during the year per 100,000 population (Direct payment and individual budgets) (NI130)	Number	18+	2008/09	235	241.6	294
125.		Timeliness of social care assessment within 28 days from first contact (NI 132)	%	18+	2008/09	77.6	79.0	80.9
126.		Timeliness of social care packages within 28 days of assessment (NI 133)	%	65+	2008/09	85.3	89.4	90.8
127.		Carers receiving needs assessment or review during the year and a specific carer's service, or advice and information (NI 135)	%	All	2008/09	14.9	19.1	23.1
128.		People supported to live independently through social services (NI 136)	100,000	16+	2008/09	4,048.67	3,339.93	3,351.33
129.		Adults with learning disabilities (18-64) in settled accommodation (NI 145)	%	18-64	2008/09	100	73.2	69.5
130.		Adults with learning disabilities (18-64) in employment (NI 146)	%	18-64	2007/08	3.3	7.8	9.0
131.		Adults in contact with secondary mental health services (1869) in settled accommodation (NI 149)	%	18-69	2007/08	No data	No data	No data
132.		Adults in contact with secondary mental health services (1869) in employment (NI 150)	%	18-69	2007/08	No data	No data	No data
Physical disabilities, frailty and sensory impairment								
133.	Physical disabilities, frailty and sensory impairment	Number of Social Service clients with physical disabilities, frailty and sensory impairment	Number	18+	2008/09	7,595	134,740	1,230,800
134.		Number of Social Service clients with physical disabilities, frailty and sensory impairment receiving services in the community	Number	18+	2008/09	6,850	116,800	1,081,230
135.	Blind & partially sighted	Males & females aged 75 and over registered blind or partially sighted	Number	75+	2008	1,590	22,135	201,615
136.	Mental health	Number of Social Service clients with mental health problems	Number	18+	2008/09	1,770	31,380	327,165
137.		Number of Social Service clients with mental health problems receiving services in the community	Number	18+	2008/09	1,490	25,915	274,385
138.	Learning difficulties	Number of Social Service clients with learning difficulties	Number	18+	2008/09	535	14,045	136,970
139.		Number of Social Service clients with learning disabilities receiving services in the community	Number	18+	2008/09	505	11,670	107,590
140.		Predicted number of people aged 50 and over with a learning disability	Number	50	2010	804	-	177,286

¹⁵ This indicator was collected for the first time in 2008-09 and so is not shown for previous years. The first year of collection should be treated with caution as it may not be as robust as information that has been collected for a number of years. For 2008/09 the collection of the denominator was a three month period (1st October 2008 to 31st December 2008) with a three month follow-up for the numerator. From 2009/10, the collection of the denominator will be over a six month period (1 July 2009 to December 2009) with follow up for the numerator from October 2009 to March 2010.

			Measure	Age group	Time period	Barnsley	Yorks & The Humber	England
Drugs								
141.	Drug treatment	Number of drug users recorded as being in effective treatment (VSB14) (NI 40)	Number	18+	2008/09	1,095	23,417	163,127
142.	Drug misuse	Estimated prevalence of drug users (Crack &/or Opiates)	100,000	15-64	2006-07	12.1	11.8	9.8
CRIME								
143.	Offenders	Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence (NI 143)	%	18+	2007/08	84.3	77.9	77.4
144.		Offenders under probation supervision in employment at the end of their order or licence (NI 144)	%	18+	2007/08	31.7	37.4	37.1
145.	Violent crime	Recorded violence against the person offences	1,000	All	2007/08	16.2	18.0	17.6
HEALTH SERVICES								
146.	Flu jab uptake	Uptake rates for Flu jabs – persons aged over 65 yrs	%	>65	2008-09	72.5%	74.9%	74.1%
147.		Uptake rates for Flu jabs – persons aged under 65 yrs deemed to be at risk	%	<65	2008-09	51.3%	48.3%	47.1%
148.	MMR vaccination rate	Uptake rates for MMR vaccine	%	<2 years	2008-09	88.0%	87.0%	85.0%
149.	Breast cancer screening	Breast cancer screening uptake	%	53-70	2007-08	82.8%	76.1	75.9%
150.	Cervical screening uptake rates	Cervical cancer screening uptake	%	25-64	2007-08	80.4%	79.8%	78.6%
151.	Bowel cancer	Bowel cancer screening uptake	%	60+	Apr 09	55%	N/A	57.1%
152.	Chlamydia screening	Number of people screened for Chlamydia	Number	15-24	2008-09	5,462	130,520	1,064,431
153.		Proportion of population screened for Chlamydia	%	15-24	2008-09	19.4%	17.8%	15.9%
154.	Dental	Care Index (Ratio filled teeth to decayed, missing and filled teeth) for 5 year-old children	%	5	2005/06	5%	8%	11%
155.		Care Index (Ratio filled teeth to decayed, missing and filled teeth) for 11 year-old children	%	11	2004/05	26.2%	Data not available	39.9%

Appendix 3

Community Health Profile 2009

Barnsley

This is a Spearhead area

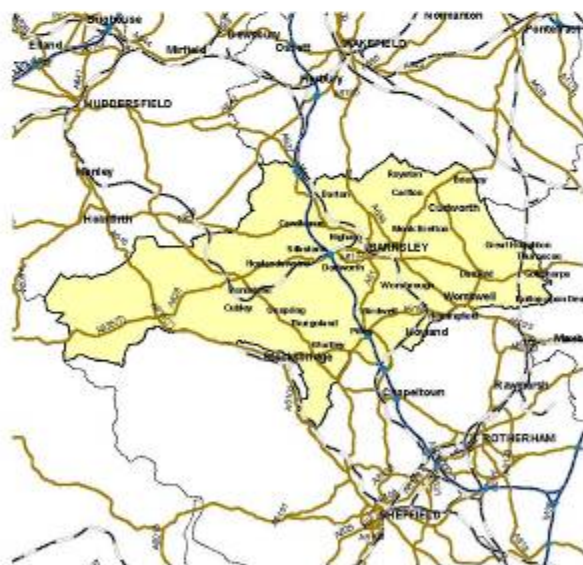
This profile gives a snapshot of health in your area. It is designed to help local government and primary care trusts tackle health inequalities and improve people's health.

Health Profiles are produced annually by the Association of Public Health Observatories and funded by the Department of Health.

Visit the Health Profiles website to:

- View profiles for other areas
- Use interactive maps
- Access updated information
- See more indicator data

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OH 100020290 2009. Other map data © Collins Bartholomew.

POPULATION 224,600

Mid-2007 population estimate

Source: National Statistics website: www.statistics.gov.uk



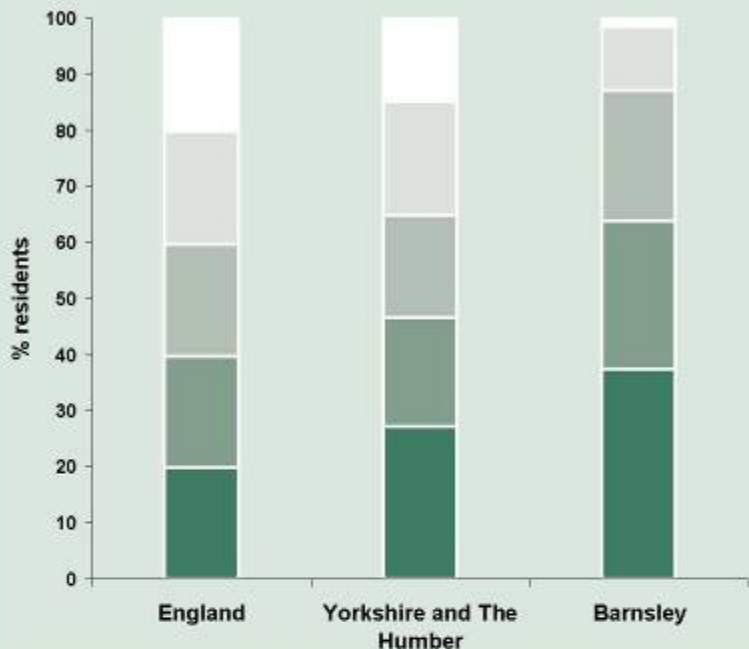
Barnsley at a glance

- Although the health of people in Barnsley is improving it is generally worse than the England average. Life expectancy, deaths from smoking, early deaths from heart disease and stroke and from cancer all appear worse than the England average.
- There are health inequalities within Barnsley by gender and deprivation. Men and women living in less deprived areas are more likely to live longer than those living in deprived areas.
- Over the last ten years rates of deaths from all causes, and early deaths from cancer, heart disease and stroke have all decreased, but remain consistently higher than the England average.
- Children in Barnsley have worse GCSE achievement than the England average, although overall GCSE results have risen for the past six years.
- Smoking in pregnancy and breast feeding initiation are worse than the England averages, however trend data shows improvements. Estimates also suggest that adult smoking prevalence may have fallen.
- Rates of violent crime and statutory homelessness appear better than the England average.
- The Barnsley Local Area Agreement has prioritised tackling deaths from circulatory disease in the under 75s, obesity in year 6 primary school children, and teenage pregnancies.
- Further details on the health and wellbeing of the population is available from: www.barnsley.gov.uk and www.barnsleyfit4thefuture.co.uk



Deprivation

This chart shows the proportion of residents within England, the region and the local authority living in neighbourhoods belonging to each of the five national deprivation quintiles. These quintiles were derived by arranging all the small areas (Lower Super Output Areas) in England in rank order according to the deprivation scores in the Index of Multiple Deprivation 2007 and dividing them into five equal groupings. The resident numbers are based on the 2005 population figures.

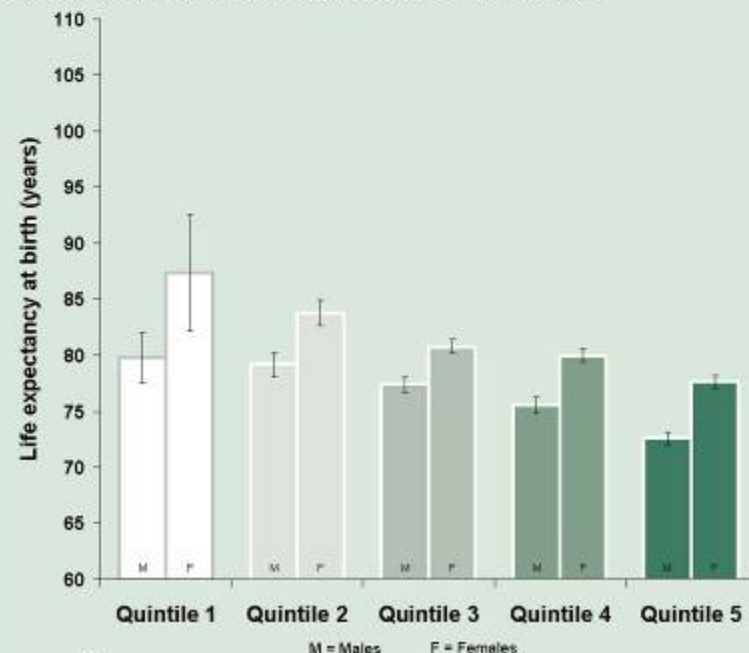


Quintile	Residents %	Residents Number
1	1.5	3,252
2	11.5	25,461
3	23.2	51,681
4	26.4	58,728
5	37.4	83,196
All	100.0	222,318

Barnsley

Health inequalities: life expectancy

This chart shows the life expectancy at birth for males and females (2003-2007) within the local authority by national deprivation quintiles. Note the figures in this chart are based on data for five years. The life expectancy figures presented in the health summary chart are based on data for three years.



Quintile	Male Years	Female Years
1	79.8	87.3
2	79.2	83.8
3	77.4	80.8
4	75.5	80.0
5	72.6	77.6
All	75.3	79.7

Barnsley

Where the total male or female population (2003-2007) is less than 5,000 the life expectancy figures are not shown (n/a).

95% confidence interval. These indicate the level of uncertainty about each value on the graph. Longer/wider intervals mean more uncertainty.

Health inequalities: changes over time

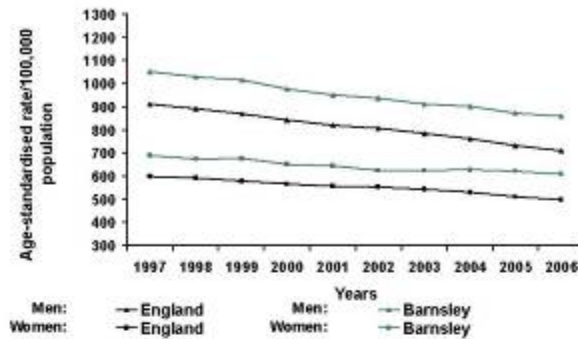
These trend graphs show how changes in health for this local authority compare with changes for the whole of England. Data points are mid-points of 3 year moving averages of annual rates e.g. 1997 represents the 3 year period 1996-98.

Trend 1 compares death rates (at all ages and from all causes) in this local authority with those for England.

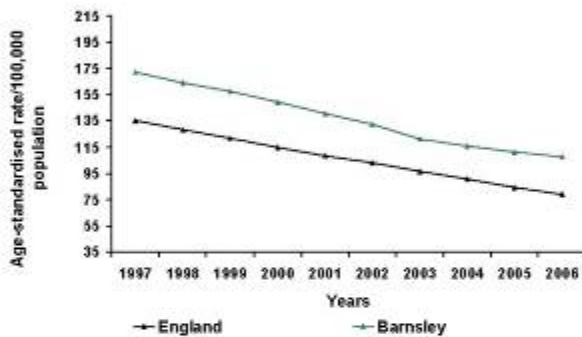
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this local authority with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this local authority with those for England.

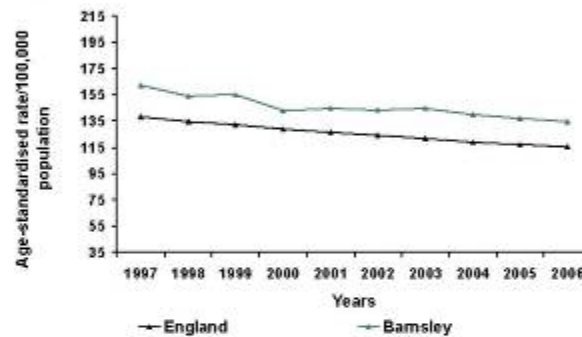
Trend 1: All age, all cause mortality



Trend 2: Early death rates from heart disease and stroke

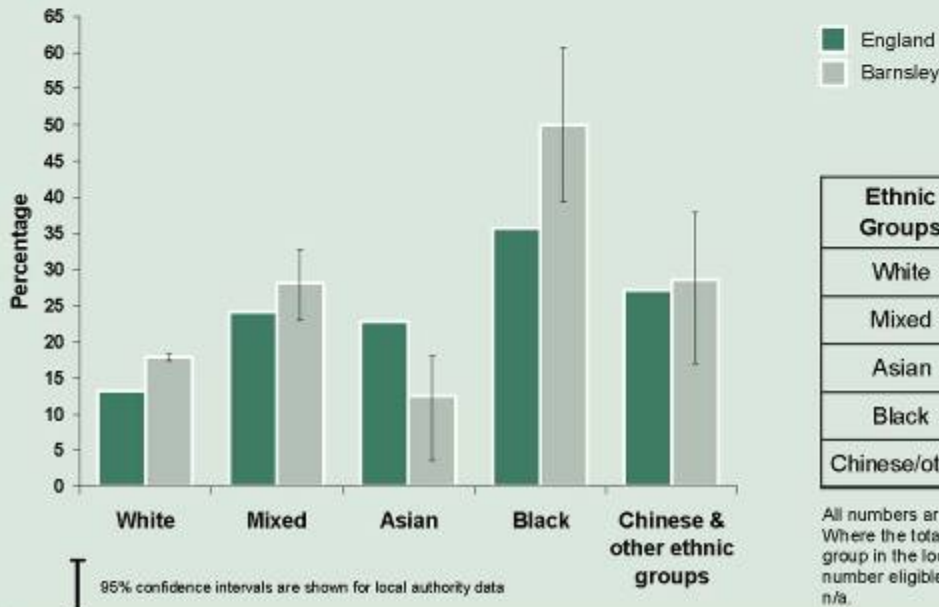


Trend 3: Early death rates from cancer



Health inequalities: ethnicity

This chart compares the percentage of children in each ethnic group who are eligible for free school meals (2008). Eligibility for free school meals is an indicator of deprivation, and people who suffer more deprivation tend to have poorer health. Comparing deprivation by ethnic group helps identify potential health inequalities between the groups.



Ethnic Groups	% eligible	Number eligible
White	17.9	5,060
Mixed	28.1	90
Asian	12.5	10
Black	50.0	40
Chinese/other	28.6	20

All numbers are rounded to the nearest 10. Where the total school population in an ethnic group in the local authority is less than 30, or the number eligible is less than 5, the table shows n/a.

Health summary for Barnsley

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

* relates to National Indicator Set 2009



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	83186	37.4	19.9	89.2	[Bar with red circle]	0.0
	2 Children in poverty *	10888	24.6	22.4	69.5	[Bar with red circle]	8.0
	3 Statutory homelessness	103	1.1	2.8	8.8	[Bar with grey circle]	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths) *	948	33.1	48.3	26.5	[Bar with red circle]	73.3
	5 Violent crime *	3637	16.2	17.6	38.4	[Bar with green circle]	4.8
	6 Carbon emissions *	1681	7.5	7.2	15.7	[Bar with grey circle]	4.8
Children and young people's health	7 Smoking in pregnancy	650	23.8	14.7	37.8	[Bar with red circle]	3.7
	8 Breast feeding initiation *	1555	56.9	71.0	32.5	[Bar with red circle]	92.2
	9 Physically active children *	25024	88.0	90.0	77.5	[Bar with red circle]	100.0
	10 Obese children *	222	10.4	9.6	16.2	[Bar with yellow circle]	3.9
	11 Children's tooth decay (at age 5)	n/a	2.8	1.5	3.2	[Bar with red circle]	0.0
	12 Teenage pregnancy (under 18) *	224	51.4	41.2	79.1	[Bar with red circle]	15.0
Adults health and lifestyle	13 Adults who smoke *	n/a	24.4	24.1	40.9	[Bar with yellow circle]	13.7
	14 Binge drinking adults	n/a	22.2	18.0	28.9	[Bar with red circle]	9.7
	15 Healthy eating adults	n/a	19.4	28.3	15.8	[Bar with red circle]	45.8
	16 Physically active adults	n/a	8.3	10.8	4.4	[Bar with red circle]	17.1
	17 Obese adults	n/a	28.5	23.8	31.2	[Bar with red circle]	11.9
Disease and poor health	18 Over 65s 'not in good health'	11135	32.3	21.5	32.5	[Bar with red circle]	13.5
	19 Incapacity benefits for mental illness *	6150	44.5	27.7	59.4	[Bar with red circle]	8.7
	20 Hospital stays for alcohol related harm *	4531	1743.8	1472.5	2615.1	[Bar with red circle]	839.9
	21 Drug misuse	1777	12.1	9.8	27.5	[Bar with red circle]	1.3
	22 People diagnosed with diabetes	10610	4.7	4.1	6.3	[Bar with red circle]	2.8
	23 New cases of tuberculosis	9	4.0	15.0	102.1	[Bar with green circle]	0.0
	24 Hip fracture in over-65s	259	602.2	479.8	699.8	[Bar with red circle]	219.0
	25 Excess winter deaths	181	21.2	17.0	30.3	[Bar with yellow circle]	4.0
Life expectancy and causes of death	26 Life expectancy - male *	n/a	75.5	77.7	73.2	[Bar with red circle]	83.7
	27 Life expectancy - female *	n/a	79.8	81.8	78.1	[Bar with red circle]	87.8
	28 Infant deaths	12	4.5	4.9	9.6	[Bar with yellow circle]	1.3
	29 Deaths from smoking	456	276.9	210.2	330.2	[Bar with red circle]	134.4
	30 Early deaths: heart disease & stroke *	274	107.6	79.1	130.5	[Bar with red circle]	39.6
	31 Early deaths: cancer *	330	134.7	115.5	164.3	[Bar with red circle]	75.7
	32 Road injuries and deaths *	116	52.3	54.3	188.3	[Bar with yellow circle]	19.4

Notes (numbers in bold refer to the above indicators)

1 % of people in this area living in 20% most deprived areas of England 2007 2 % of children living in families receiving means-tested benefits 2007 3 Crude rate per 1,000 households 2007/08 4 % at Key Stage 4 2007/08 5 Recorded violence against the person crimes crude rate per 1,000 population 2007/08 6 Total end user CO2 emissions per capita (tonnes CO2 per resident) 2006 7 % of mothers smoking in pregnancy where status is known 2007/08 8 % of mothers initiating breast feeding where status is known 2007/08 9 % 5-16 year olds who spent at least 2 hours per week on high quality PE and school sport 2007/08 10 % of school children in reception year 2007/08 11 Average number of teeth per child age 5 which were actively decayed, filled or had been extracted 2005/06 12 Under-18 conception rate per 1,000 females (crude rate) 2005-2007 13 % Modelled estimate from Health Survey for England 2003-2005 14 % Modelled estimate from Health Survey for England 2003-2005 15 % Modelled estimate from Health Survey for England 2003-2005 16 % aged 18+ 2006/07 17 % Modelled estimate from Health Survey for England 2003-2005 18 % who self-assessed general health as 'not good' (directly age and sex standardised) 2001 19 Crude rate per 1,000 working age population 2007 20 Directly age and sex standardised rate per 100,000 population 2007/08 21 Crude rate per 1,000 population aged 15-64 2006/07 22 % of people on GP registers with a recorded diagnosis of diabetes 2007/08 23 Crude rate per 100,000 population 2004-2006 24 Directly age-standardised rate for emergency admission 2006/07 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.04-31.07.07 26 At birth, 2005-2007 27 At birth, 2005-2007 28 Rate per 1,000 live births 2005-2007 29 Per 100,000 population age 35+, directly age standardised rate 2005-2007 30 Directly age standardised rate per 100,000 population under 75 2005-2007 31 Directly age standardised rate per 100,000 population under 75 2005-2007 32 Rate per 100,000 population 2005-2007

More information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.apho.org.uk

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Appendix 4

'Know Your Gaps' Profile

Life Expectancy Gaps

- Life expectancy gaps by cause
- Life expectancy gaps by age

Making sense of the life expectancy charts ('scarf' charts)

What contributes to the gap in life expectancy?

These are shown in the so-called 'scarf' charts on each page.

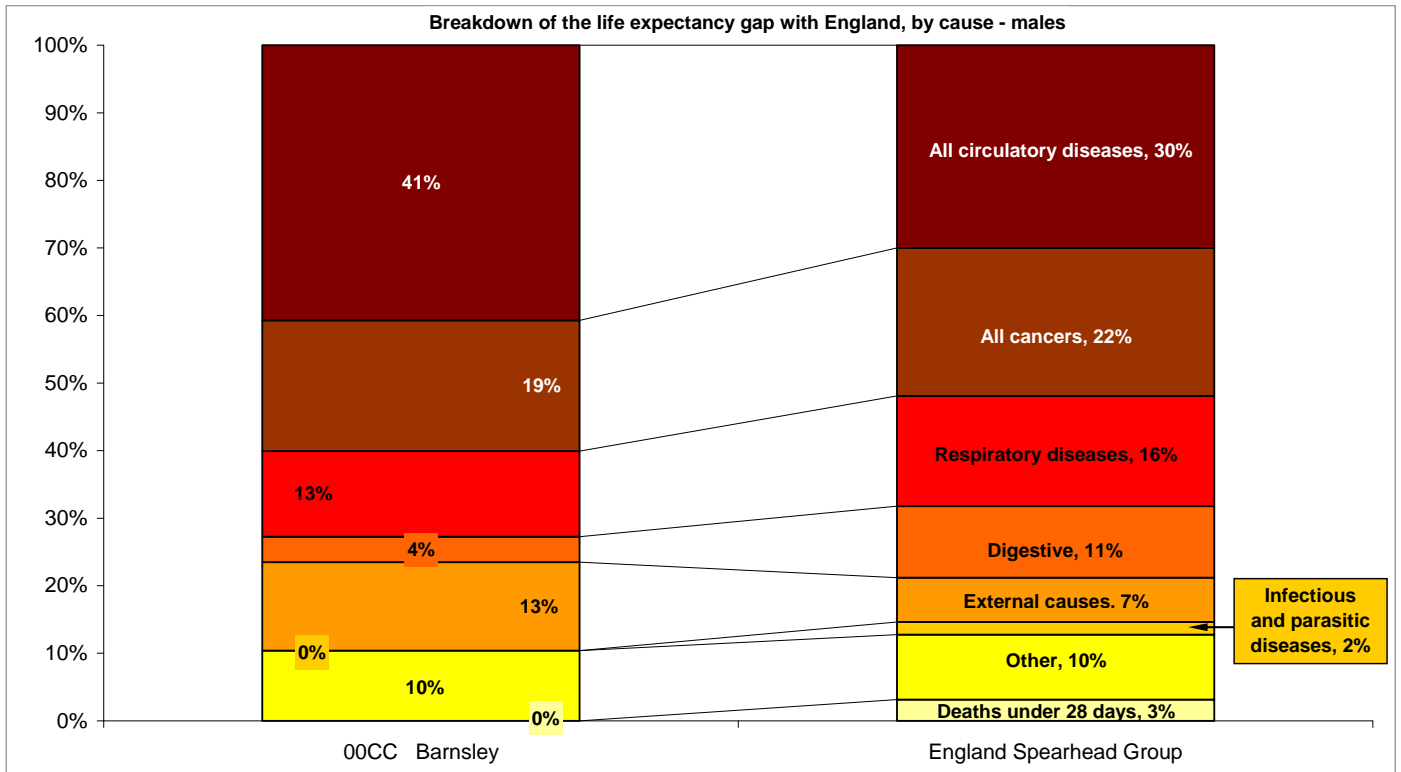
The underlying causes of the life expectancy gap in Barnsley are shown compared to those for the 'Spearhead' areas of England as a whole. In some areas there are big differences. The stripes of the scarf are proportions and do not include the same numbers of people. The small numbers of deaths of younger people, especially babies, will contribute a disproportionately larger contribution to the gap because more years of life are lost.

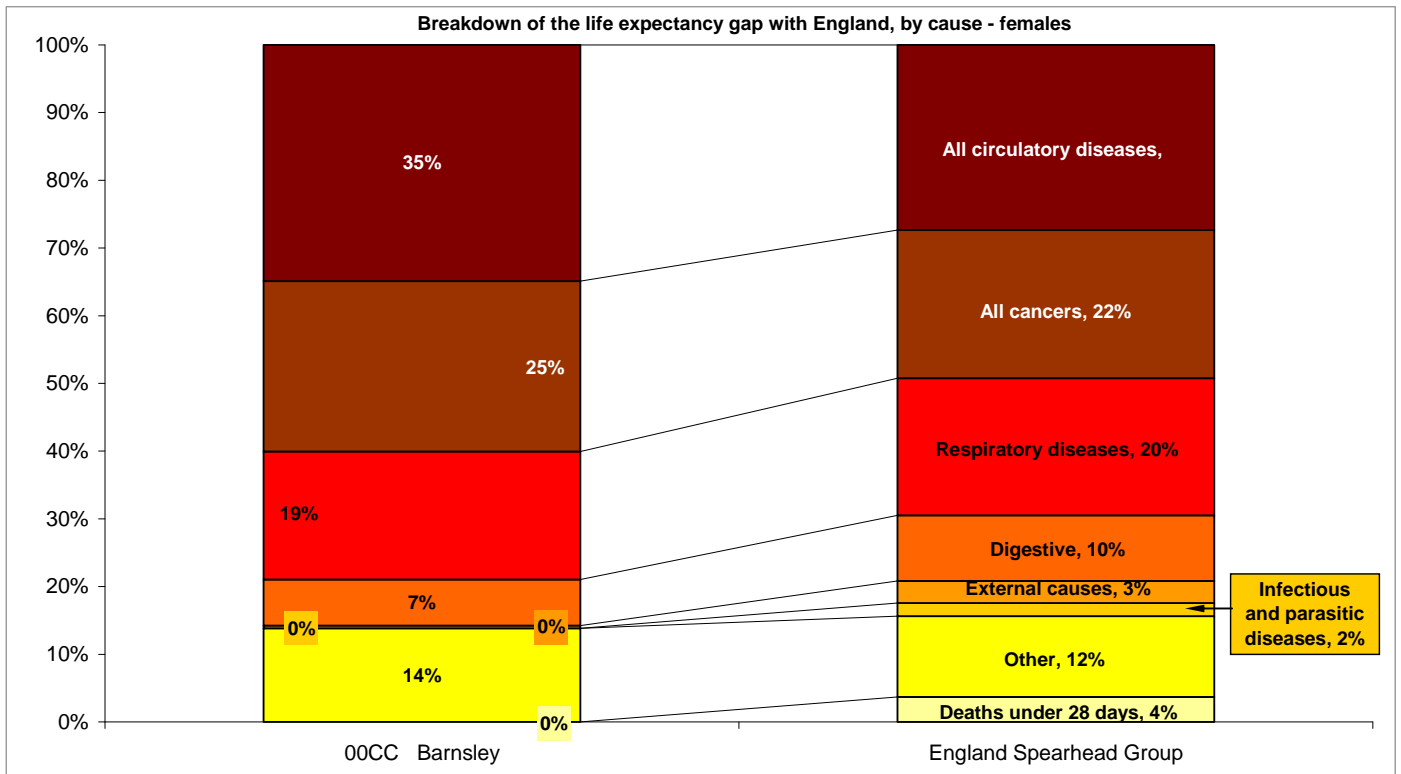
These charts show that the main contributions to the gap are circulatory diseases, cancers and external causes and that most of this burden falls in the population aged under 30 and over 70 years (males) and over 70 years (females).

Life expectancy gaps by cause (Barnsley)

What things contribute most to shorter life expectancy?

These charts show the contributions of various diseases to the gap in life expectancy for Barnsley (and the comparison with the England 'Spearhead' group). In Barnsley, premature deaths from circulatory diseases, cancers and external causes account for a large fraction of shorter life expectancy.

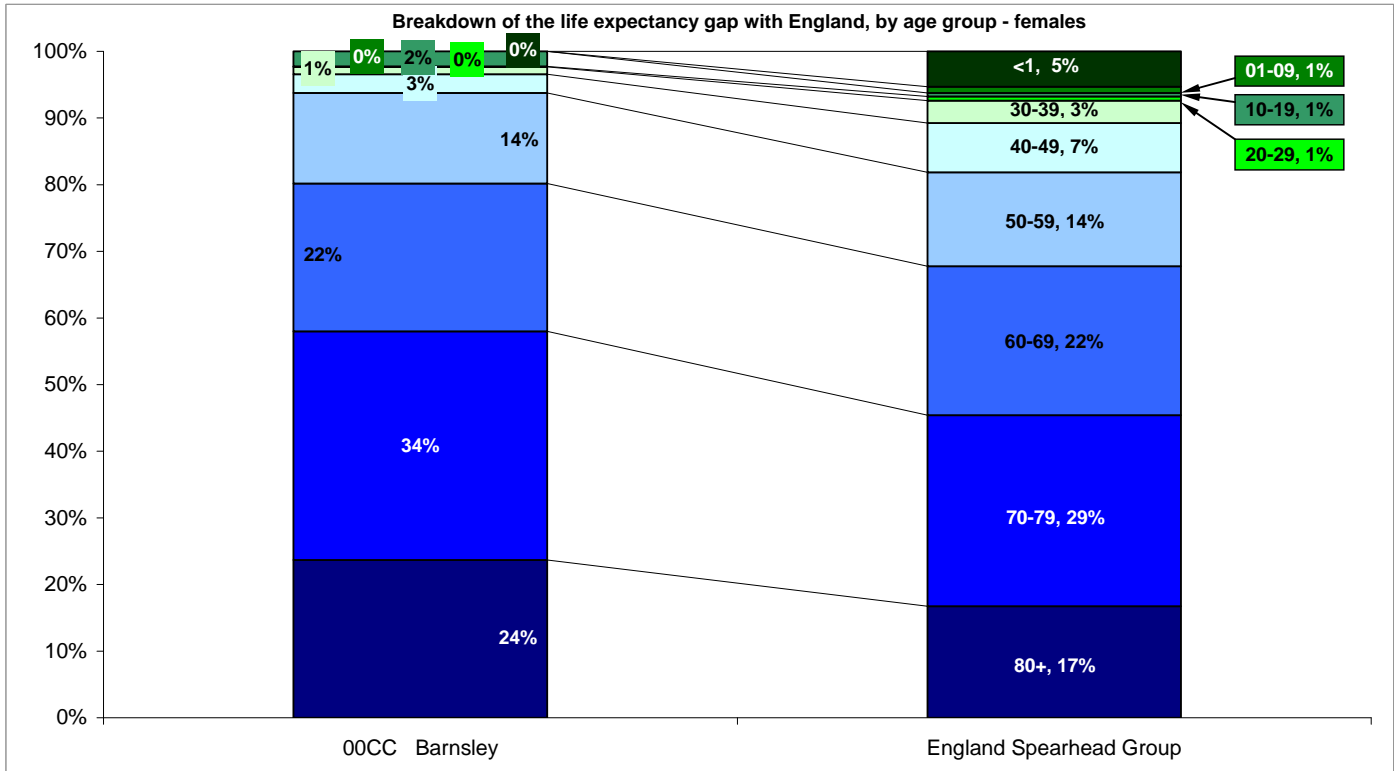
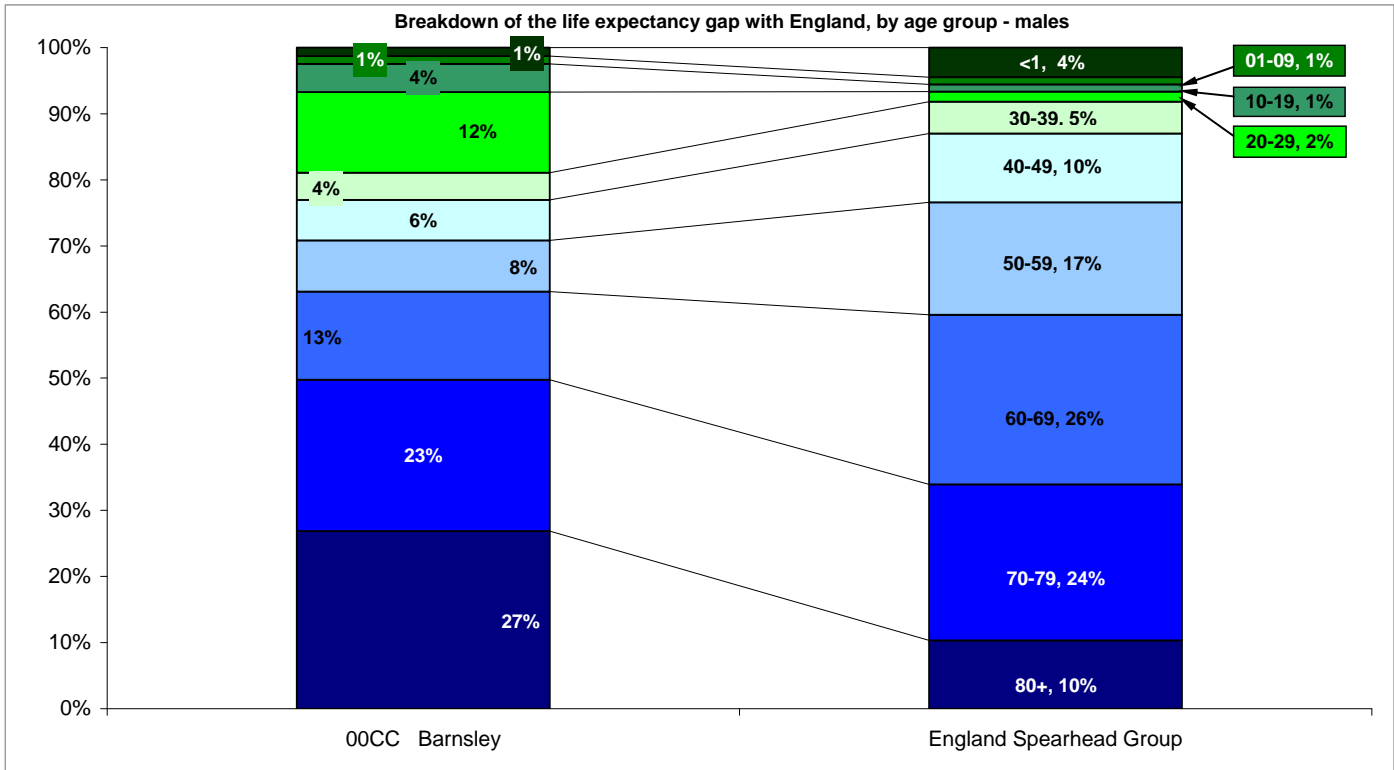




Life expectancy gaps by age (Barnsley)

What age groups contribute most to shorter life expectancy?

These charts show the contributions of various age groups to the gap in life expectancy for Barnsley (and the comparison with the England 'Spearhead' group). In Barnsley, deaths of males aged under 30 years and over 70 years and deaths of females aged over 70 years account for a large fraction of shorter life expectancy.



MALES

Spearhead	Life expectancy (years)	Relative gap with England ¹	Rank ²	Spearhead	Life expectancy (years)	Relative gap with England ¹	Rank ²
England	77.9						
Spearhead Group	75.8	2.7%					
Blackpool	73.6	5.5%	1	Walsall	75.8	2.7%	36
Manchester	73.8	5.3%	2	Birmingham	75.9	2.6%	37
Liverpool	74.3	4.6%	3	Hackney	75.9	2.6%	38
Sandwell	74.3	4.6%	4	North East Lincolnshire	75.9	2.6%	39
Blackburn with Darwen	74.4	4.5%	5	Wirral	75.9	2.6%	40
Corby	74.4	4.5%	6	Barnsley	76.0	2.4%	41
Salford	74.5	4.4%	7	Bradford	76.1	2.3%	42
Halton	74.8	4.0%	8	Doncaster	76.1	2.3%	43
Kingston upon Hull, City of	75.0	3.7%	9	Bolsover	76.2	2.2%	44
Islington	75.1	3.6%	10	Gateshead	76.2	2.2%	45
Nottingham	75.1	3.6%	11	Lewisham	76.2	2.2%	46
Preston	75.2	3.5%	12	South Tyneside	76.2	2.2%	47
Hartlepool	75.3	3.3%	13	Haringey	76.3	2.1%	48
Hyndburn	75.3	3.3%	14	Sedgefield	76.3	2.1%	49
Tower Hamlets	75.3	3.3%	15	Wakefield	76.3	2.1%	50
Greenwich	75.4	3.2%	16	Wansbeck	76.3	2.1%	51
Middlesbrough	75.4	3.2%	17	Barking and Dagenham	76.4	1.9%	52
Oldham	75.4	3.2%	18	Barrow-in- Furness	76.4	1.9%	53
Stoke-on-Trent	75.4	3.2%	19	Blyth Valley	76.4	1.9%	54
Sunderland	75.4	3.2%	20	Pendle	76.4	1.9%	55
Bolton	75.5	3.1%	21	Stockton-on-Tees	76.4	1.9%	56
Burnley	75.5	3.1%	22	Coventry	76.5	1.8%	57
Knowsley	75.5	3.1%	23	Rotherham	76.5	1.8%	58
Leicester	75.5	3.1%	24	Bury	76.6	1.7%	59
Rochdale	75.6	3.0%	25	Lincoln	76.6	1.7%	60
Wear Valley	75.6	3.0%	26	North Tyneside	76.6	1.7%	61
Wigan	75.6	3.0%	27	Derwentside	76.7	1.5%	62
Lambeth	75.7	2.8%	28	Nuneaton and Bedworth	76.7	1.5%	63
Newcastle upon Tyne	75.7	2.8%	29	Warrington	76.8	1.4%	64
Rossendale	75.7	2.8%	30	Chester-le-Street	76.9	1.3%	65
Tameside	75.7	2.8%	31	Carlisle	77.1	1.0%	66
Wolverhampton	75.7	2.8%	32	Redcar and Cleveland	77.2	0.9%	67
Easington	75.8	2.7%	33	Southwark	77.2	0.9%	68
Newham	75.8	2.7%	34	Tamworth	78.2	-0.4%	69
St. Helens	75.8	2.7%	35	Hammersmith and Fulham	78.3	-0.5%	70

¹ Absolute difference in life expectancy between England and each local authority, as a percentage of England's life expectancy.

² Spearhead areas ranked by size of relative gap. 1 = Largest, 70 = Smallest. Negative values indicate where local life expectancy is higher than the England average. Relative gaps were calculated using unrounded life expectancy figures.

FEMALES

Spearhead	Life expectancy (years)	Relative gap with England ¹	Rank ²	Spearhead	Life expectancy (years)	Relative gap with England ¹	Rank ²
England	82.0						
Spearhead Group	80.4	2.0%					
Blackpool	78.8	3.9%	1	Rossendale	80.4	2.0%	36
Halton	78.8	3.9%	2	Sunderland	80.4	2.0%	37
Liverpool	78.8	3.9%	3	Tower Hamlets	80.4	2.0%	38
Manchester	78.9	3.8%	4	Bolsover	80.5	1.8%	39
Hartlepool	79.0	3.7%	5	Gateshead	80.5	1.8%	40
Salford	79.0	3.7%	6	Wolverhampton	80.5	1.8%	41
Burnley	79.1	3.5%	7	Barking and Dagenham	80.6	1.7%	42
Knowsley	79.2	3.4%	8	Newcastle upon Tyne	80.6	1.7%	43
Oldham	79.4	3.2%	9	North Tyneside	80.6	1.7%	44
Blackburn with Darwen	79.5	3.0%	10	Wakefield	80.6	1.7%	45
Kingston upon Hull, City of	79.5	3.0%	11	Warrington	80.6	1.7%	46
Wear Valley	79.5	3.0%	12	Rotherham	80.7	1.6%	47
Easington	79.6	2.9%	13	Barrow-in-Furness	80.8	1.5%	48
Tameside	79.6	2.9%	14	Chester-le-Street	80.8	1.5%	49
Middlesbrough	79.8	2.7%	15	North East Lincolnshire	80.8	1.5%	50
Rochdale	79.8	2.7%	16	Bury	80.9	1.3%	51
Stoke-on-Trent	79.8	2.7%	17	Doncaster	80.9	1.3%	52
Wansbeck	79.8	2.7%	18	Nuneaton and Bedworth	80.9	1.3%	53
Wigan	79.8	2.7%	19	Stockton-on-Tees	80.9	1.3%	54
Bolton	79.9	2.6%	20	Birmingham	81.0	1.2%	55
Leicester	79.9	2.6%	21	Islington	81.0	1.2%	56
Hyndburn	80.0	2.4%	22	Lambeth	81.0	1.2%	57
Preston	80.0	2.4%	23	Lewisham	81.0	1.2%	58
Sandwell	80.0	2.4%	24	Wirral	81.0	1.2%	59
Barnsley	80.1	2.3%	25	Coventry	81.1	1.1%	60
Bradford	80.1	2.3%	26	Redcar and Cleveland	81.1	1.1%	61
Nottingham	80.1	2.3%	27	Tamworth	81.2	1.0%	62
Blyth Valley	80.3	2.1%	28	Walsall	81.3	0.9%	63
Sedgefield	80.3	2.1%	29	Carlisle	81.4	0.7%	64
South Tyneside	80.3	2.1%	30	Pendle	81.4	0.7%	65
St. Helens	80.3	2.1%	31	Greenwich	81.7	0.4%	66
Corby	80.4	2.0%	32	Hackney	82.2	-0.2%	67
Derwentside	80.4	2.0%	33	Southwark	82.4	-0.5%	68
Lincoln	80.4	2.0%	34	Haringey	83.1	-1.3%	69
Newham	80.4	2.0%	35	Hammersmith and Fulham	84.3	-2.8%	70

¹ Absolute difference in life expectancy between England and each local authority, as a percentage of England's life expectancy.

² Spearhead areas ranked by size of relative gap. 1 = Largest, 70 = Smallest. Negative values indicate where local life expectancy is higher than the England average. Relative gaps were calculated using unrounded life expectancy figures.

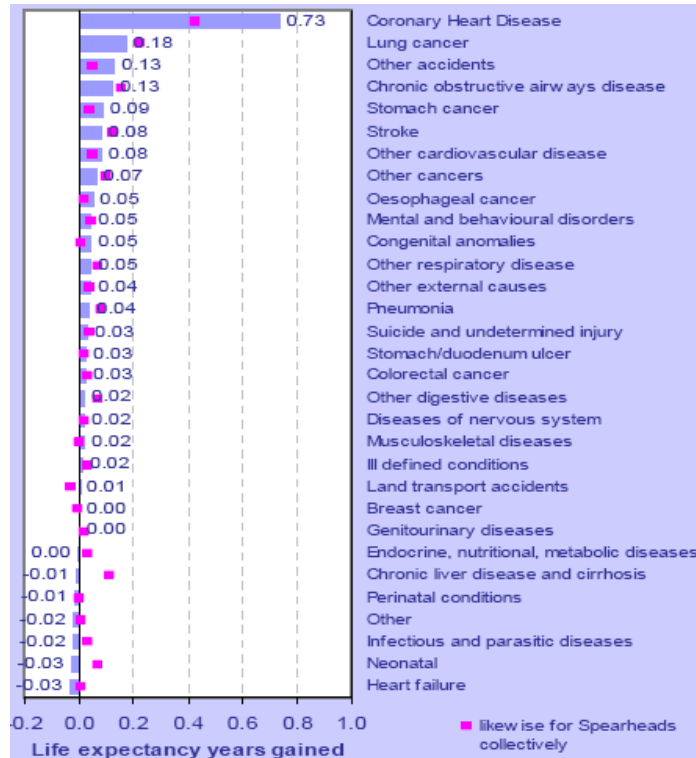
Appendix 5

Contribution To Life Expectancy Causes

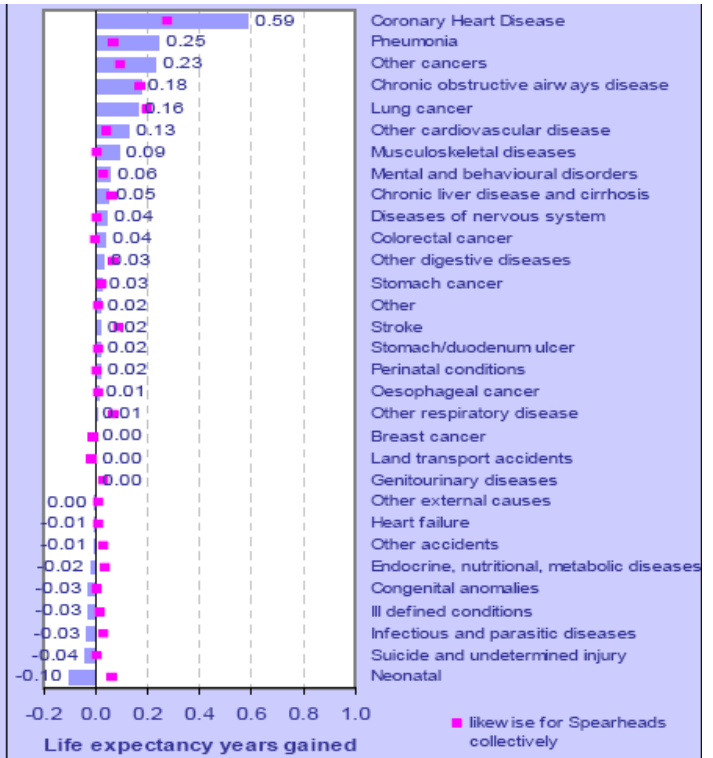
**Life expectancy by cause
(quintile and England comparisons)**

Life expectancy years gained (or lost) if males/females in Barnsley had the same mortality from each cause as in England as a whole

Males

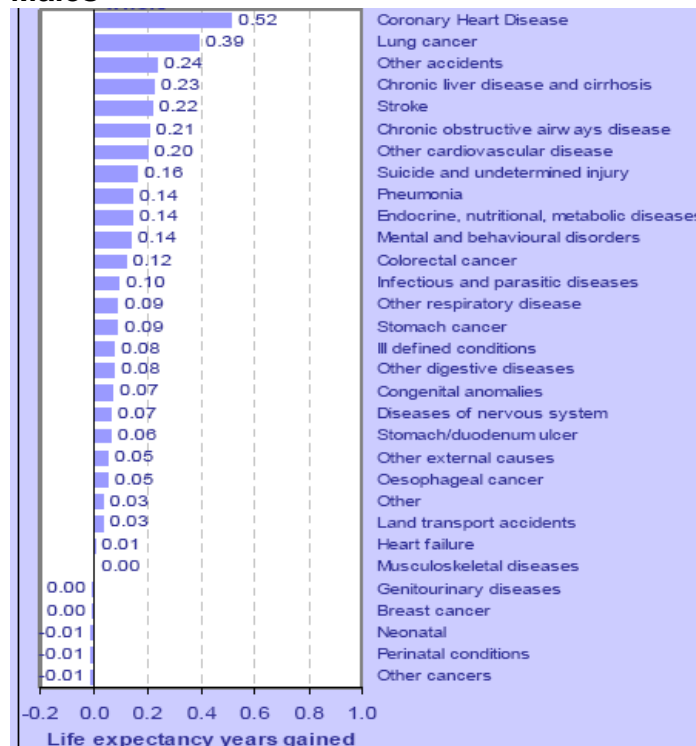


Females

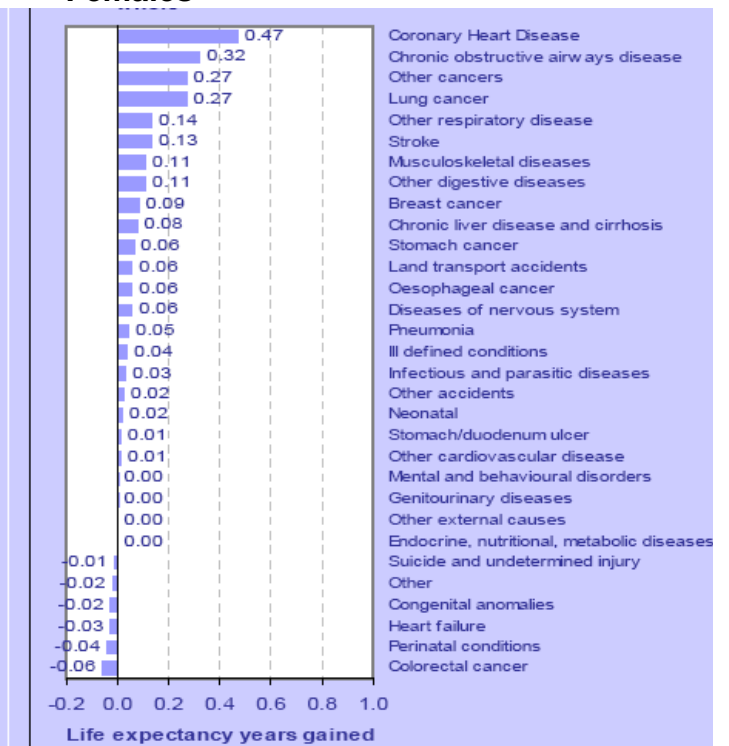


Life expectancy years gained (or lost) if males/females in the most deprived quintile of Barnsley had the same mortality from each cause as in Barnsley as a whole

Males



Females



MAIN CAUSES OF DEATH IN BARNLSLEY

Males			
Cause	Average Number per year		
	2003-07	2001-05	Difference
CHD	286	314	-28
Other cancers	167	165	2
Lung cancer	91	90	1
Stroke	87	86	1
Other cardiovascular disease	72	68	4
COPD	72	85	-13
Pneumonia	54	51	3
Other	347	330	17
Total	1176	1189	-13

Females			
Cause	Average Number per year		
	2003-07	2001-05	Difference
CHD	230	254	-24
Other cancers	150	154	-4
Stroke	123	133	-10
Pneumonia	115	110	5
Other cardiovascular disease	90	89	1
COPD	65	62	3
Lung Cancer	65	61	4
Other	450	428	22
Total	1289	1291	-2

Source: Yorkshire & The Humber Public Health Observatory

Appendix 6

Prevalence Rates For Selected Diseases And Conditions

Prevalence rates for selected diseases/conditions

	Barnsley	Yorkshire and The Humber	England
Hypo-thyroidism Unadjusted Prevalence	3.0%	2.9%	2.8%
Chronic Obstructive Pulmonary Disease Unadjusted Prevalence	2.7%	1.9%	1.5%
Epilepsy Unadjusted Prevalence	0.9%	0.8%	0.8%
Palliative Care Unadjusted Prevalence	0.1%	0.1%	0.1%
Coronary Heart Disease Unadjusted Prevalence	5.1%	4.1%	3.5%
Learning Disabilities Unadjusted Prevalence	0.4%	0.4%	0.4%
Chronic Kidney Disease Age specific Prevalence	6.3%	4.3%	4.1%
Hypertension Unadjusted Prevalence	15.2%	13.3%	13.1%
Obesity Unadjusted Prevalence	14.1%	10.7%	9.9%
Stroke and Transient Ischaemic Attack Unadjusted Prevalence	2.0%	1.9%	1.7%
Heart Failure Unadjusted Prevalence	0.7%	0.8%	0.7%
Asthma Unadjusted Prevalence	5.8%	6.1%	5.9%
Diabetes Age specific Prevalence	5.8%	5.2%	5.1%
Atrial Fibrillation Unadjusted Prevalence	1.4%	1.4%	1.3%
Cancer Unadjusted Prevalence	1.4 %	1.3%	1.3%
Mental Health Unadjusted Prevalence	0.6%	0.7%	0.7%
Dementia Unadjusted Prevalence	0.4%	0.5%	0.4%

Key 20% worse than the England value
 Within 20% of the England value
 20% better than the England value

Source: Quality and Outcomes Framework 2008/09

Appendix 7

Causes Of Death In Barnsley, 2008

Barnsley deaths, 2008 (Source: Public Health ONS Mortality File 2008)

			Number of deaths	Proportion (%) of all deaths
Chapter 1	Certain infectious and parasitic diseases	A00-B99	26	1.1
Chapter 2	Neoplasms	C00-D48	722	30.5
	Malignant neoplasms	C00-C97	707	29.9
	Malignant neoplasms of lip, oral cavity and pharynx	C00-C14	11	0.5
	Malignant neoplasms of oesophagus	C15	28	1.2
	Malignant neoplasms of stomach	C16	26	1.1
	Malignant neoplasms of colon, rectosigmoid junc. rectum & anus	C18-C21	66	2.8
	Malignant neoplasm of trachea bronchus and lung	C33-C34	175	7.4
	Malignant neoplasm of breast	C50	40	1.7
Chapter 3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	--	--
Chapter 4	Endocrine, nutritional and metabolic diseases	E00-E90	46	1.9
	Diabetes mellitus	E10-E14	40	1.7
Chapter 5	Mental and behavioural disorders	F00-F99	82	3.5
Chapter 6	Diseases of the nervous system	G00-G99	85	3.6
	Meningitis (excluding meningococcal)	G00-G03	--	--
	Parkinson's disease	G20	21	0.9
	Alzheimer's disease	G30	36	1.5
Chapter 7	Diseases of the eye and adnexa	H00-H59	0	0
Chapter 8	Diseases of the ear and mastoid process	H60-H95	0	0
Chapter 9	Diseases of the circulatory system	I00-I99	718	30.3
	Hypertensive diseases	I10-I15	479	20.2
	Ischaemic heart disease	I20-I25	10	0.4
	Cerebrovascular diseases	I60-I69	187	7.9
	Aortic aneurysm and dissection	I71	24	1.0
Chapter 10	Diseases of the respiratory system	J00-J99	367	15.5
	Influenza and pneumonia	J10-J18	150	6.3
	Bronchitis, emphysema and other COPD	J40-J44	128	5.4
Chapter 11	Diseases of the digestive system	K00-K93	117	4.9
Chapter 12	Diseases of the skin and subcutaneous tissue	L00-L99	8	0.3
Chapter 13	Diseases of the musculoskeletal system and connective tissue	M00-M99	28	1.2
Chapter 14	Diseases of the genitourinary system	N00-N99	42	1.8
Chapters 15-17	Pregnancy, childbirth and puerperium, Certain conditions originating in the perinatal period, Congenital malformations, deformations and chromosomal abnormalities	O00-Q99	7	0.3
Chapter 18	Symptoms, signs and abnormal clinical and laboratory findings, NEC	R00-R99	41	1.7
	Senility without mention of psychosis	R54	38	1.6
Chapter 20	External causes of morbidity and mortality	U509, V01-Y89	71	3.0
	Land transport accidents	V01-V89	15	0.6
	Falls	W00-W19	12	0.5
	Intentional self harm and event of undetermined intent with inquest verdict 'open'	X60-X84, Y10-Y34	14	0.6
	All causes of death, all ages		2,366	100.0
Total population – Barnsley (2008 mid year estimate)		225,900		

3 deaths <28 days not included in above breakdown but included in overall number of deaths

-- indicates data suppressed due to low numbers

Appendix 8

POPPI (Projecting Older People Population Information)

Projecting Older People Population Information System (POPPI) is a web site developed by the Department of Health Care Services Efficiency Delivery (CSED) Programme with the Institute of Public Care, Oxford Brookes University.

It has been designed to provide forecasts for the numbers and characteristics of older people in local authority areas to assist in service planning and demand management.

The population projections relate to people aged 65 and over and are given for 2008, and every five years between 2010 and 2025.

POPPI contains information, mainly from the 2001 Census, showing characteristics of the local area. Calculations are automatically applied to population figures to estimate projected numbers of older people by living status, support arrangements and health.

Information for Barnsley and Comparison with England

Living Status

	2008	2010	2015	2020	2025	% Change Barnsley (2008 to 2025)	% Change England (2008 to 2025)	% Difference (Barnsley-England)
Total population aged 75 and over predicted to live alone	7,984	8,127	8,910	10,181	12,154	52.2	47.7	4.5
Total population aged 65 and over living in a care home with or without nursing	1,605	1,686	1,874	2,167	2,592	61.5	58.6	2.9

Support Arrangements

	2008	2010	2015	2020	2025	% Change Barnsley (2008 to 2025)	% Change England (2008 to 2025)	% Difference (Barnsley-England)
Total population aged 65 and over providing unpaid care to a partner, family member or other person	4,201	4,421	5,053	5,476	5,878	39.9	35.3	4.6
Total population aged 65 and over unable to manage at least one domestic task on their own	12,936	13,488	15,168	16,992	19,272	49.0	44.1	4.8
Total population aged 65+ unable to manage at least one self-care activity on their own	11,858	12,364	13,904	15,576	17,666	49.0	44.1	4.8

Health

Total population aged 65 and over with a limiting long-term illness	32,725	34,463	39,332	42,817	46,345	41.6	42.0	-0.4
People aged 65 and over predicted to have depression: lowest estimated level of prediction	3,700	3,880	4,400	4,850	5,360	44.9	40.0	4.9
People aged 65 and over predicted to have depression: highest estimated level of prediction	5,550	5,820	6,600	7,275	8,040	44.9	40.0	4.9
People aged 65 and over predicted to have severe depression: lowest estimated level of prediction	1,110	1,164	1,320	1,455	1,608	44.9	40.0	4.9
People aged 65 and over predicted to have severe depression: highest estimated level of prediction	1,850	1,940	2,200	2,425	2,680	44.9	40.0	4.9
Total people aged 65 and over predicted to have dementia	2,493	2,561	2,846	3,274	3,850	54.4	51.1	3.3

	2008	2010	2015	2020	2025	% Change Barnsley (2008 to 2025)	% Change England (2008 to 2025)	% Difference (Barnsley- England)
Total population aged 65 and over predicted to have a longstanding health condition caused by a heart attack	2,578	2,699	3,072	3,408	3,787	46.9	41.5	5.4
Total population aged 65 and over predicted to have a longstanding health condition caused by a stroke	935	973	1,098	1,253	1,446	54.7	49.4	5.2
Total population aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	811	854	978	1,082	1,191	46.9	41.2	5.6
Total population aged 65 and over predicted to attend hospital A&E departments as a result of falls	2,250	2,337	2,615	2,966	3,396	50.9	46.1	4.9
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	764	790	879	1,009	1,172	53.4	48.5	4.9
Total population aged 65 and over unable to manage at least one mobility activity on their own	5,664	5,888	6,592	7,448	8,560	51.1	46.3	4.9
Total population aged 65 and over with a BMI above 30	9,054	9,461	10,740	11,829	13,074	44.4	38.9	5.5
People aged over 75 predicted to have a moderate or severe visual impairment	2,096	2,158	2,381	2,765	3,311	58.0	52.8	5.2
People aged over 75 predicted to have registrable eye conditions	1,082	1,114	1,229	1,427	1,709	57.9	52.8	5.2

Learning Disability

Total population aged 65 and over predicted to have a learning disability	766	804	914	1,014	1,117	45.8	41.0	4.9
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Multiple Characteristics

People aged 65-74 with good or fairly good health who do not provide care to another person	11,937	12,709	14,728	15,559	15,975	33.8	27.9	5.9
People aged 65-74 with good or fairly good health who provide unpaid care to a partner, family member or other person	2,222	2,366	2,742	2,897	2,974	33.8	27.9	5.9
People aged 65-74 with poor health who do not provide care to another person	4,971	5,292	6,133	6,480	6,653	33.8	27.9	5.9
People aged 65-74 with poor health who provide unpaid care to a partner, family member or other person	773	823	953	1,007	1,034	33.8	27.9	5.8
People aged 75-84 with good or fairly good health who do not provide care to another person	6,783	6,891	7,591	8,775	10,390	53.2	46.1	7.1

	2008	2010	2015	2020	2025	% Change Barnsley (2008 to 2025)	% Change England (2008 to 2025)	% Difference (Barnsley- England)
People aged 75-84 with good or fairly good health who provide unpaid care to a partner, family member or other person	714	725	798	923	1,093	53.1	46.1	7.0
People aged 75-84 with poor health who do not provide care to another person	4,079	4,144	4,565	5,277	6,248	53.2	46.1	7.1
People aged 75-84 with poor health who provide unpaid care to a partner, family member or other person	376	382	420	486	575	52.9	46.1	6.9
People aged 85 and over with good or fairly good health who do not provide care to another person	1,774	1,898	2,105	2,476	3,054	72.2	69.9	2.2
People aged 85 and over with good or fairly good health who provide unpaid care to a partner, family member or other person	71	76	84	99	123	73.2	69.9	3.3
People aged 85 and over with poor health who do not provide care to another person	1,414	1,512	1,677	1,973	2,433	72.1	69.9	2.1
People aged 85 and over with poor health who provide unpaid care to a partner, family member or other person	46	49	54	64	79	71.7	69.9	1.8
People aged 65-74 - Not providing any care	16,907	18,001	20,861	22,039	22,627	33.8	27.9	5.9
People aged 65-74 - Provide care for between 1 and 19 hours per week	1,389	1,479	1,714	1,810	1,859	33.8	27.9	5.9
People aged 65-74 - Provide care for between 20 to 49 hours per week	364	388	449	475	488	34.1	27.9	6.1
People aged 65-74 - Provide care for 50 or more hours per week	1,242	1,322	1,532	1,619	1,662	33.8	27.9	5.9
People aged 75-84 - Not providing any care	10,862	11,035	12,155	14,052	16,638	53.2	46.1	7.1
People aged 75-84 - Provide care for between 1 and 19 hours per week	359	365	402	465	550	53.2	46.1	7.1
People aged 75-84 - Provide care for between 20 to 49 hours per week	126	128	141	163	193	53.2	46.1	7.1
People aged 75-84 - Provide care for 50 or more hours per week	604	614	676	781	925	53.1	46.1	7.1
People aged 85 and over - Not providing any care	3,188	3,411	3,781	4,449	5,487	72.1	69.9	2.2
People aged 85 and over - Provide care for between 1 and 19 hours per week	33	36	40	46	57	72.7	69.9	2.8
People aged 85 and over - Provide care for between 20 to 49 hours per week	10	11	12	14	18	80.0	70.0	10.0
People aged 85 and over - Provide care for 50 or more hours per week	74	79	87	103	126	70.3	69.9	0.3

	2008	2010	2015	2020	2025	% Change Barnsley (2008 to 2025)	% Change England (2008 to 2025)	% Difference (Barnsley- England)
People aged 65-69 with a limiting long-term illness, living alone	1,247	1,363	1,617	1,525	1,686	35.2	29.0	6.2
People aged 70-74 with a limiting long-term illness, living alone	1,706	1,761	1,981	2,384	2,256	32.2	26.8	5.5
People aged 75-79 with a limiting long-term illness, living alone	1,972	2,054	2,243	2,594	3,107	57.6	50.4	7.1
People aged 80-84 with a limiting long-term illness, living alone	1,943	1,906	2,126	2,456	2,859	47.1	40.2	7.0
People aged 85 and over with a limiting long-term illness, living alone	1,801	1,926	2,136	2,513	3,099	72.1	69.9	2.1
Total population aged 65 to 74 with a limiting long term illness, living alone	2,953	3,124	3,598	3,909	3,942	33.5	27.7	5.8
Total population aged 75 and over with a limiting long term illness, living alone	5,716	5,886	6,505	7,563	9,065	58.6	54.3	4.2

Performance Figures

Number of older people helped to live at home	5,800	6,083	6,898	7,603	8,403	44.9	40.0	4.9
Number of households receiving intensive home care for people aged 65 and over	648	679	770	849	938	44.8	40.0	4.8
Number of older people receiving community-based services provided or commissioned by the CSSR	6,837	7,170	8,131	8,963	9,905	44.9	40.0	4.9
Total number of older people in residential and nursing care during the year, purchased or provided by the CSSR	1,333	1,398	1,585	1,747	1,931	44.9	40.0	4.9
Number of older people admitted to supported permanent residential and nursing care	244	256	290	320	353	44.7	39.9	4.7
Number of carers aged 65 and over receiving services	659	691	784	864	955	44.9	40.0	5.0

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