

Introduction

The production of a Joint Strategic Needs
Assessment (JSNA) is a statutory duty and from
1st April 2013, through the Health and Wellbeing
Board, both Barnsley Council and the Barnsley
Clinical Commissioning Group (CCG) have an
equal and explicit obligation to prepare the JSNA
for Barnsley.

The purpose of a JSNA is to use all available data and information to assess the current and future health, social care and wellbeing needs of the local resident population to guide local strategies and plans.

The main audience for the JSNA are health and social care commissioners and service providers who use it to plan services, as it identifies the health and wellbeing issues of the Barnsley population.

Population

The latest mid-year population estimates from the Office for National Statistics (ONS) show that the population of Barnsley in 2015 was approximately 239,300 which is an increase of 7.5% from 2005.

In 2015 the population consisted of 18.4% aged under 16, 62.9% of working age and 18.7% aged 65 and over. The latest data from the 2011 Census shows that 97.9% of the Barnsley resident population were from a white ethnic background, 0.7% were from mixed/multiple ethnic groups, 0.7% were Asian or Asian British, 0.5% were Black/African/Caribbean or Black British and 0.2% were from other backgrounds.

The Department for Work and Pensions (DWP) figures regarding non-British nationals that have been issued with a National Insurance Number (NINO), show that there were a total of 1,980 people who moved to Barnsley from other countries during 2015, of these, 58.7% were from Romania, 27.1% were from Poland.

In July 2016 the Gypsy, Roma and Traveller Census that took place showed that there were 130 adults and 89 children (aged under 16 years) who were known to the Council to be currently living within a small group of static and mobile encampments within the Barnsley borough.

There are groups within the population for whom we do not have accurate and up to date information. One such group is the number of unpaid carers. The 2011 Census indicated that over 7,600 Barnsley residents were providing 50 or more hours of unpaid care a week to a friend, relative or neighbour who has a disability or health problem. Another group are the Lesbian, Gay, Bisexual and Transgender (LGBT) communities. Population estimates for Barnsley show approximately 14,400 LGBT residents living within the borough.

What are the issues that cause poor health and wellbeing within Barnsley?

Determinants of health illustrate the relationship between health and the physical, social and economic environment, many of which are distributed unevenly within the population.

Life expectancy in Barnsley, although lower than the England average, has slowly increased. Life expectancy is 78.4 years for men and 81.8 years for women. Whilst life expectancy has increased for men and women since 1991/93, the proportion of life spent in "good health" for both men and women has decreased. Healthy life expectancy at birth for men in Barnsley during 2009/11 to 2012/14 has increased by 0.2 years. However, due to life expectancy at birth increasing at a greater rate during the period, the proportion of life spent in "good" health has decreased from 74.1% to 73.4%.

Not all communities within Barnsley experience the same health and wellbeing issues. For example those residents from Black and Minority Ethnic communities are reported nationally to experience higher rates of poverty than White British in terms of income, benefits use, worklessness, lacking basic necessities and area deprivation.



Lifestyle factors have contributed to a variety of health problems for Barnsley residents.

These include:

- Smoking
- Excess Weight
- Alcohol Consumption
- Unhealthy Eating
- Inactive Lifestyle

Other factors also contribute to health inequalities. These include:

- Poor Education Attainment
- Lack of Digital Skills
- Unemployment
- Poor Housing Conditions including Fuel Poverty
- Poverty
- Deprivation

What are the health conditions that our residents experience?

The health of Barnsley residents is generally poorer than the national average. There are significant health inequalities across Barnsley. This creates growing pressures on health services, social care, informal care, supported housing and other services.

Some long term conditions are preventable by modifying lifestyles and behaviours and promoting healthy living. Long term conditions impact on quality of life, contribute to inequalities and become more common as people get older. As people are living longer, more of them are expected to be diagnosed with long term conditions over time.

The main health conditions are:

- Cancer
- Coronary Heart Disease
- Respiratory Disease
- Diabetes
- Dementia
- Poor Mental Health

How do service users view the health and social care that they receive?

Barnsley Council and our partners have carried out a number of consultations with service users, the need for improved 'personalisation' of services emerged as a priority:

- Medical professionals need to establish the person's communication needs, record these and make sure that all follow up discussions or correspondence properly meet that individual's personal needs.
- Everyone should be treated with respect and be spoken to directly rather than through a third party.



What are the potential health and wellbeing issues for Barnsley in the future?

The latest population projections based on the mid-2014 population estimates show that the number of Barnsley residents is expected to increase by 6.1% and reach approximately 247,600 by 2020 of which 20% will be aged 65 and over.

To accommodate these extra people the Local Plan has proposed that an extra 14,790 dwellings are to be built across the borough between 2014 and 2033. If left, the current lack of housing options will further impact on resident's wellbeing, including poorer housing conditions, higher housing costs, more people in fuel poverty and higher levels of overcrowding.

The number of older people is expected to rise significantly and the current housing offer may not be able to cope with the demand for suitable or specialist housing to meet the needs despite the additional planned dwellings.

As a result of an ageing population, the number of people experiencing particular illnesses or conditions will also increase. Information suggests that in the next few years more Barnsley residents will:

- Suffer from Dementia
- Suffer from Depression
- Suffer a fall, particularly those aged 75 and over
- Suffer a stroke, particularly those aged 75 and over and particularly males
- Be unable to take care of themselves or move around independently
- Be living with long term illnesses
- Be living alone
- Have obesity issues

What have services already done to help to improve health and/or wellbeing, and what are they developing for the future?

Barnsley Council and our partners are working together to address the health and wellbeing issues within the borough and a variety of projects have already taken place and are starting to have positive outcomes. This partnership working will continue to address the issues outlined in the Joint Strategic Needs Assessment through its strategies and local plans.