

# REPORT TO THE HEALTH & WELLBEING BOARD

(03/04/18)

## Proposed Performance Reporting process

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<b>Received by SSDG:</b>	26/02/18

### **1. Purpose of Report**

To provide the board with an updated performance dashboard. When available, this will be combined with a summary of key progress against HWBB action plan updates (July to December 2017).

### **2. Recommendations**

2. Health & Wellbeing Board members are asked to:-

- Note the performance and action plan updates

### **3. Introduction/ Background**

3.1 The document attached at appendix 1 provides the board with a headline overview of performance, alongside key action plan updates. This supports the board to challenge the respective leads, where progress is not on track to achieve priorities.

3.2 SSDG were consulted on this approach and identified key indicators that align with the board's priorities. These are drawn from nationally available datasets (such as the Public Health Outcome Framework), aligned with the key health and wellbeing priorities for Barnsley. This allows Barnsley's position amongst comparators to be identified. However, it does also mean that data used is often subject to a time lag in reporting.

3.3 Highlights from action plan updates between July and December 2017 are included, alongside an update of performance indicators. This is intended to provide a clear picture of progress, but also supports board members to challenge progress where it may not be on track. This will contribute to identifying areas for further enquiry.

3.5 It is proposed that key risks for the board are included within this approach in future.

### **4. Link to Joint Strategic Needs Assessment**

4.1 The performance indicators included within this report are aligned with data from the JSNA. The board will be provided with updates as and when updated JSNA data profiles are available.

## **5. Conclusion / Next Steps**

- 5.1 This report sets out a comprehensive approach to tracking progress against strategic priorities. Updates will be provided which continue to review key indicator data alongside action plan updates.

## **6. Financial Implications**

- 6.1 No direct financial implications have been outlined in this report. However, this approach is intended to provide an overview of the impact of activities and interventions on headline indicators, which would encompass discussions regarding the effective use of resources.

## **7. Alignment / Delivery of the Health & Wellbeing Strategy**

- 7.1 This report supports the board to review progress against the strategy.

## **8. Alignment / Delivery of the Barnsley Place Based Plan**

- 8.1 This report aligns with key issues identified within the Place Based Plan.

## **9. Stakeholder engagement/ co-production**

- 9.1 The proposed approach has previously been shared with key partners via SSDG.

## **10. Appendices**

- 10.1 Appendix 1 – Health & Wellbeing Board Strategic Priorities – Performance & Action Plan summary

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## H&WB Strategic Priorities – Performance & Action Plan summary

### Reducing harm caused by smoking and alcohol

<b>Performance Data Summary</b>	<p><b>March 2018</b></p> <p style="text-align: center;"><u>Areas for Improvement</u></p> <ul style="list-style-type: none"> <li>• Admission episodes – alcohol related conditions</li> </ul> <p style="text-align: center;"><u>Areas of Strength</u></p> <ul style="list-style-type: none"> <li>• Smoking status at time of delivery</li> </ul> <p><b>October 2017</b></p> <ul style="list-style-type: none"> <li>• Smoking prevalence – routine/manual occupations</li> <li>• Admission episodes – alcohol related conditions</li> </ul>
<b>Making a Difference</b>	<ul style="list-style-type: none"> <li>• Illicit Tobacco officer post in Trading Standards now permanent</li> <li>• Funding for BHFNT Specialist Stop Smoking extended and increased to support two Midwives, which will allow all pregnant smokers to be seen within 48 hours</li> </ul>
<b>Work in progress</b>	<ul style="list-style-type: none"> <li>• Smokefree Schools – now due to be launched in April 2018 at Sandhill and Laithes primary schools.</li> <li>• Smokefree Barnsley nominated for 2018 LGC Awards</li> <li>• Barnsley to be first northern town to have a Smokefree market</li> <li>• Tobacco Alliance action plan refreshed to incorporate recommendations from CleaR peer assessment and latest national guidance.</li> <li>• Best Bar None launched last November with 15 venues signed up to date</li> <li>• Update to SSDG in February on progress towards creating a sensible drinking culture in Barnsley.</li> </ul>
<b>Areas for further enquiry</b>	<ul style="list-style-type: none"> <li>• April 2018 - Potential impact of known issues with data on smoking at time of delivery</li> <li>• October 2017: Action to tackle smoking prevalence of adults with Serious Mental Health issues</li> <li>• October 2017: Action to tackle smoking in routine/manual occupations</li> <li>• October 2017: Action to tackle harmful levels of drinking in the home environment</li> </ul>

### Improving services for older people

<b>Performance Data Summary</b>	<p><b>March 2018</b></p> <p style="text-align: center;"><u>Areas for Improvement</u></p> <ul style="list-style-type: none"> <li>• Emergency hospital admissions due to falls</li> <li>• Permanent admissions to residential / nursing care (2016/17 data)</li> </ul> <p style="text-align: center;"><u>Areas of Strength</u></p> <p><b>October 2017</b></p> <ul style="list-style-type: none"> <li>• Dementia: Rate of Emergency Admissions</li> <li>• Emergency hospital admissions due to falls</li> </ul> <ul style="list-style-type: none"> <li>• Permanent admissions to residential / nursing care (2015/16 data)</li> </ul>
<b>Making a Difference</b>	<ul style="list-style-type: none"> <li>• CCG analysis of hospital admissions from care homes between April and November 2017 shows a 34% reduction on same period in 2016. Further analysis being undertaken to identify influencing factors. No equivalent reduction in non elective admissions.</li> <li>• Links between Hospital and Memory service improved to support patients with a memory problem within the Hospital. Also improvements noted between primary care and memory service, resulting in shorter diagnosis times and improved diagnosis rates.</li> </ul>

<b>Work in progress</b>	<ul style="list-style-type: none"> <li>• Back on your feet - new concept for falls service in development. Training of staff at 3 care homes taken place with the aim of improving confidence and skills to provide a first line of treatment following a fall. A three month pilot will start shortly.</li> <li>• Safe and Well checks, delivered by Fire Safety officers, due to start early in 2018. These will raise awareness, reduce hazards, modify behaviour and reduce harm through early warning.</li> <li>• Dementia Action Plan Review - the Multi-Agency Dementia Group has completed refresh of the action plan.</li> <li>• Work ongoing to develop a Dementia webpage, supported by the Mayor's Challenge. This will provide easy access to information and events relevant to people with dementia and their carers.</li> </ul>
<b>Areas for further enquiry</b>	<ul style="list-style-type: none"> <li>• April 2018 – Further information on increase in permanent admissions and forecasts for 2017/18 and beyond</li> </ul>

### Improving early help for mental health

<b>Performance Data Summary</b>	<p><b>March 2018</b></p> <p style="text-align: center;"><u>Areas for Improvement</u></p> <ul style="list-style-type: none"> <li>• Suicide rate</li> </ul> <p><b>October 2017</b></p> <ul style="list-style-type: none"> <li>• Prevalence of depression and anxiety</li> <li>• Long term mental health problems</li> <li>• Employment of people with mental illness or learning disabilities</li> <li>• Hospital admissions as a result of self harm (10 to 24 year olds)</li> </ul> <p style="text-align: center;"><u>Areas of Strength</u></p> <ul style="list-style-type: none"> <li>• Self-reported wellbeing</li> <li>• Prevalence of severe mental illness</li> <li>• Positive satisfaction with life amongst 15 year olds</li> </ul>
<b>Making a Difference</b>	<ul style="list-style-type: none"> <li>• Phase 3 of Licensed Thrive Practitioner training completed in November, with involvement of 23 staff from 10 schools. Phase 4 underway with 24 staff from 17 schools. 3 people have also now completed 'train the trainer' courses.</li> <li>• Eating disorder pathway review completed, including implementation of new GP and paediatric protocols.</li> <li>• 4<sup>th</sup> Future in Mind stakeholder event held last October, following priorities agreed for 2018: <ul style="list-style-type: none"> <li>○ Improve support to all children during transition from primary to secondary school.</li> <li>○ Further develop early help offer (specifically support provided to children in the range 0 – 5 years and their parent(s) / families)</li> </ul> </li> <li>• Child in Care CAMHS service pathway has been updated and published.</li> </ul>
<b>Work in progress</b>	<ul style="list-style-type: none"> <li>• Workshop held last November to identify issues and gaps re mental health. A number of recommendations were proposed, including: <ul style="list-style-type: none"> <li>○ Develop a mental wellbeing action plan based on Mental Health Prevention Concordat 'what good looks like'; linking in with early help action plans for 2018/19.</li> <li>○ Establish a group to review current position against Concordat</li> <li>○ Develop a zero suicide ambition</li> <li>○ Develop a Mental Health First Aid workplace wellbeing toolkit.</li> <li>○ Adopt the Prevention Concordat for Better Mental Health.</li> <li>○ Hold an annual workshop to review progress and determine future priorities.</li> </ul> </li> <li>• Work begun on mapping current training offer re mental health, further to discussions re system wide workforce development.</li> <li>• CAMHS clinician seconded to Springwell school last October for 12 month trial period.</li> <li>• CAMHS introduced process for review and management of risk for children and young people whilst waiting. Open day with 60 families held last December.</li> </ul>

<b>Areas for further enquiry</b>	<ul style="list-style-type: none"> <li>• April 2018 – share findings from evaluation of first cohort of schools completing Licensed Practitioner training</li> <li>• October 2017 - Work of the area councils to improve wellbeing</li> <li>• October 2017 - Early help and prevention for adults</li> <li>• October 2017 - Services for long term mental health</li> <li>• October 2017 - Actions to address employment gap for adults with mental illness / learning disabilities</li> <li>• October 2017 - Further information on suicide prevention</li> </ul>
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### Building strong and resilient communities

<b>Performance Data Summary</b>	<p><b>March 2018</b></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Areas for Improvement</u></td> <td style="text-align: center; border: none;"><u>Areas of Strength</u></td> </tr> <tr> <td style="border: none;"> <ul style="list-style-type: none"> <li>• Excess winter deaths</li> </ul> </td> <td style="border: none;"> <ul style="list-style-type: none"> <li>• Childhood obesity</li> </ul> </td> </tr> </table> <p><b>October 2017</b></p> <ul style="list-style-type: none"> <li>• Childhood obesity</li> <li>• Utilisation of outdoor space for exercise / health reasons</li> <li>• Children in low income households</li> <li>• Patient experience of accessing primary care</li> </ul>	<u>Areas for Improvement</u>	<u>Areas of Strength</u>	<ul style="list-style-type: none"> <li>• Excess winter deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood obesity</li> </ul>
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<ul style="list-style-type: none"> <li>• Excess winter deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood obesity</li> </ul>				
<b>Making a Difference</b>	<ul style="list-style-type: none"> <li>• My Best life - Social prescribing service has operated for 10 months, during which time: <ul style="list-style-type: none"> <li>○ There have been over 850 referrals</li> <li>○ Service has been extended within A&amp;E and Yorkshire Ambulance Service</li> <li>○ Strong local links established, including with area council teams.</li> </ul> </li> <li>• Private sector housing plan in place with supporting activity, including: selective licensing, housing &amp; migrations services, empty homes programme.</li> <li>• Live Well Barnsley - the local online directory service being developed. Details of community services and groups available for people with care and support needs now available via <a href="http://www.livewellbarnsley.co.uk">www.livewellbarnsley.co.uk</a></li> <li>• Tooth brushing clubs being rolled out to early years settings. Dental packs issued by health visitors at age related health checks, as well as at food banks and extraction appointments.</li> <li>• Physical activity partnership launched with a focus across all ages.</li> <li>• Alexandra Rose vouchers scheme regularly supporting 142 families; will shortly be extended to Dearne and South Area Councils.</li> <li>• Digital Champions providing drop-in support re Universal Credit at Barnsley, Goldthorpe and Wombwell Job Centres.</li> </ul>				
<b>Work in progress</b>	<ul style="list-style-type: none"> <li>• Local approach to 'Making every contact count' currently being developed</li> <li>• Services for diabetes/MSK currently being recommissioned with self-care as a key theme.</li> <li>• Work on track to determine local voluntary, community and social enterprise offer. New service due to be in place by April 2018.</li> <li>• Tendering process for a new carers service underway, with an expected start in August 2018.</li> <li>• Healthy Weight Alliance no longer being progressed, work instead is being overseen by a smaller task and finish group. This will focus on a calories project, encouraging food outlets to display calorie information. Work is also underway to review school food offer, including packed lunch policies.</li> <li>• Two significant bids for funding in process, one focussing on active travel and the other focussing on sport and physical opportunities for families, with a specific focus on areas of deprivation.</li> <li>• Anti-Poverty priority themes agreed in partnership with Stronger Communities Partnership. Two themes now active, focussing on food access and financial resilience.</li> </ul>				
<b>Areas for further enquiry</b>	<ul style="list-style-type: none"> <li>• October 2017 - Healthy eating policies in schools</li> <li>• October 2017 - Increasing use of outdoor space</li> <li>• October 2017 - Experiences of primary care</li> <li>• October 2017 - Information on the quality of private housing</li> </ul>				

## H&WB Strategic Priorities – Performance update

The tables below provide the latest position for Barnsley against a range of indicators, using the latest datasets which allow comparisons with national averages and our comparator group\*. Where indicators have been refreshed since last autumn, the analysis below has been updated. Where indicators have not been refreshed, the analysis is shown in grey text.

Data below also includes a comparison of Barnsley's position against the national average, identified in the 'significance' column. In line with the methodology used by Public Health England, where it is clear that a high value is good or bad, the significance is shown as '**worse**', '**same**' or '**better**'. Where it is less clear, the significance is shown as '**lower**', '**same**' or '**higher**'. There are also a handful of indicators where Barnsley's position against the national average is not compared by Public Health England.

\*The tables below include a rank for Barnsley amongst our closest comparators. These are our statistical neighbours, e.g. those local authorities identified as the closest match in terms of population size / composition, deprivation etc. The comparator groups can vary depending on the indicator, e.g. our comparator group for indicators relating to children is not identical to our comparator group for indicators relating to adults. For each rank, the area ranked 1 is the worst performing area.

### Improving Population Health & Wellbeing and Reducing Inequalities

#### Reduce harm caused by smoking & alcohol

##### Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	<b>Worse</b>	15 yrs	10.7	8.2	N/A	4/16
Smoking Prevalence in adults - current smokers (APS)	2015	<b>Worse</b>	18+ yrs	21.2	16.9	↑	3/16
	2016	<b>Worse</b>	18+ yrs	20.6	15.5	↑	2/16
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2015	<b>Worse</b>	18-64 yrs	33.0	28.1	↓	2/16
	2016	<b>Worse</b>	18-64 yrs	33.8	26.5	↓	3/16
Smoking prevalence in adults with serious mental illness (SMI)	2014/15	<b>Worse</b>	18+ yrs	43.7	40.5	N/A	7/15
Smoking status at time of delivery	2014/15	<b>Worse</b>	All ages	20.4	11.4	↑	3/15
	2015/16	<b>Worse</b>	All ages	17.6	10.6	↑	7/15
	2016/17	<b>Worse</b>	All ages	15.4	10.7	↑	8/16
Admission episodes for alcohol-specific conditions	2014/15	<b>Worse</b>	All ages	738.0	576.0	↓	5/16
	2015/16	<b>Worse</b>	All ages	750.0	583.0	↓	5/16
	2016/17	<b>Worse</b>	All ages	787.0	563.0	↓	2/16

- 2014/15 data on the number of young people smoking shows a higher prevalence of smoking amongst 15 year olds in Barnsley, compared to the national average. Barnsley was also among the group of worst performing areas in our comparator group.
- 2016 data shows a reduction for the second consecutive year in smoking prevalence (current smokers). Nationally, there has been a continued decrease for four consecutive years. Barnsley remained in the group of three worst performing local authorities between 2013 and 2016.
- The same data source shows an increase in Barnsley in smoking amongst adults in routine and manual occupations, compared to a decrease nationally, leading to a widening of the gap. Having occupied a mid-table position amongst comparators in 2012, Barnsley's position has worsened and was among the three worst performing areas in 2015 and 2016.
- Barnsley has a higher prevalence of smoking amongst adults with serious mental illness, when compared with the national average. Within our comparator group, Barnsley is in line with the average.
- Update - 2016/17 data shows a reduction in smoking status at time of delivery, further narrowing the gap between Barnsley and the national average. Barnsley's position amongst our comparators improved slightly in 2016/17.
- Update - Barnsley continues to see high numbers of admission episodes for alcohol-specific conditions. 2016/17 data shows improvement nationally but decline locally. Barnsley now ranks as the second worst performing area amongst our statistical neighbours.

## Improving services for older people

### Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Dementia: DSR of emergency admissions	2014/15	Higher	65+	4235.3	3305.7	↓	5/16
	2015/16	Higher	65+	4402.5	3387.1	↓	6/16
Estimated dementia diagnosis rate	2017	Same	65+	70.6	67.9	N/A	7/16
Permanent admissions to residential & nursing care homes per 100,000	2014/15	Worse	65+	697.5	658.5	↑	12/15
	2015/16	Worse	65+	685.1	628.2	↑	11/15
	2016/17	Worse	65+	718.1	610.7	↓	7/15
Emergency hospital admissions due to falls	2014/15	Worse	65+	2871.3	2198.8	↓	3/16
	2015/16	Worse	65+	2753.0	2169.4	↑	5/16
	2016/17	Worse	65+	2818.0	2114.0	↓	1/16

- Dementia related emergency admissions in Barnsley increased between 2014/15 and 2015/16. The national average also increased but at a lower rate. Barnsley's position amongst comparators in 2015/16 was the 6<sup>th</sup> highest of 15 areas, which is largely unchanged since 2012/13.
- 2017 data shows Barnsley to have a slightly higher dementia diagnosis rate than the national average. Amongst our comparator group, Barnsley's performance was below average.
- Update - The gap between Barnsley and the national average for the rate of permanent admissions to residential and nursing homes (over 65s) widened again in 2016/17. Barnsley's position amongst our comparator group also declined in 2016/17.
- Update - Rates of emergency admissions linked to falls (65+) decreased nationally but increased in Barnsley in 2016/17, widening the gap. Barnsley's rate remains well above the national average and our position amongst comparators has worsened further, with Barnsley now the worst performer in 2016/17.

## Improving early help for mental health

### Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Self-reported well-being - high happiness score: % of respondents	2014/15	Not compared	18+	72.4	74.5	↑	9/16
	2015/16	Not compared	18+	72.8	74.7	↑	11/16
Depression and anxiety prevalence (GP Patient Survey): % of respondents	2014/15	Higher	18+	16.3	12.4	↓	2/16
	2015/16	Higher	18+	15.6	12.7	↑	4/16
Severe mental illness recorded prevalence (QOF): % of practice register	2014/15	Lower	All ages	0.74	0.88	↓	16/16
	2015/16	Lower	All ages	0.75	0.90	↓	16/16
Long-term mental health problems (GP Patient Survey): % of respondents	2014/15	Higher	18+	6.3	5.1	↑	5/16
	2015/16	Higher	18+	7.3	5.2	↓	2/16
Suicide: age-standardised rate per 100,000 population (3 year average)	2012-14	Same	10+	11.6	10.0	↓	9/16
	2013-15	Same	10+	10.6	10.1	↑	10/16
	2014-16	Same	10+	10.8	9.9	↓	6/16
Employment of people with mental illness or learning disability	2015 Q1	Not compared	18-65	17.8	38.9	↓	3/15
	2016 Q1	Not compared	18-65	27.5	40.1	↑	4/14
Hospital admissions as a result of self-harm: DSR per 100,000 population	2014/15	Higher	10-24	497.9	398.8	↑	5/11
	2015/16	Higher	10-24	602.9	430.5	↓	4/11
Positive satisfaction with life among 15 year olds	2014/15	Same	15	66.1	63.8	N/A	6/11

- Barnsley has a slightly lower level of self-reported well-being, when compared to the national average, but the gap narrowed in 2015/16. Barnsley's position amongst comparators has improved since 2012/13.
- There is a higher prevalence of depression and anxiety in Barnsley, compared to the national average, but the gap narrowed in 2015/16. Barnsley's position amongst comparators has improved, but remains within the worst performing areas.
- The recorded prevalence of severe mental illness increased slightly in 2015/16, but remains well below the national average. Barnsley had the lowest prevalence amongst our comparator group in 2015/16.
- There is a higher rate of long-term mental health problems in Barnsley, compared to the national average, with the gap widening in 2015/16. Barnsley's position amongst comparators deteriorated in 2015/16, with Barnsley having the second highest rate.

- Update - The three year average suicide rate in Barnsley (2014-16) increased slightly in 2014-16, compared with a decrease nationally. This is therefore a widening of the gap from the previous period. Barnsley's position amongst comparators has declined.
- Adults with a mental illness or learning disability in Barnsley are less likely to be in employment, when compared to the national average. Data from Q1 2016 does however show a narrowing of the gap to the national average. Barnsley remained within the group of worst performing areas amongst our comparators in Q1 2016.
- The rate of hospital admissions as a result of self-harm (10 to 24 year olds) increased both locally and nationally in 2015/16, but the gap to the national average widened significantly. Barnsley occupies a relatively high position amongst comparators, but the rate locally is well below the worst performing areas.
- Barnsley 15 year olds had a slightly higher positive satisfaction with life in 2014/15, when compared to the national average. Amongst comparators, Barnsley occupies a mid-table position.

### **Building strong and resilient communities**

#### **Key Performance indicators and Analysis**

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Child excess weight	2014/15	Better	4-5	20.0	21.9	↑	11/11
	2015/16	Same	4-5	23.6	22.1	↓	9/11
	2016/17	Better	4-5	16.8	22.6	↑	11/11
Child excess weight	2014/15	Same	10-11	31.6	33.2	↑	11/11
	2015/16	Same	10-11	35.1	34.2	↓	10/11
	2016/17	Better	10-11	31.2	34.2	↑	11/11
Utilisation of outdoor space for exercise/health reasons	2014/15	Same	16+	19.1	17.9	↑	11/14
	2015/16	Same	16+	14.5	17.9	↓	6/16
Children in low income families	2013	Worse	Under 16	23.8	18.6	↑	6/11
	2014	Worse	Under 16	24.6	20.1	↓	8/11
Proportion of workless households	2015	Worse	All ages	20.5	15.3	↑	tbc
	2016	Worse	All ages	18.9	15.1	↑	tbc
Access to dental services	2015/16	Same		96.8	94.7	N/A	9/16
Percentage of people who said they had good experience when making a GP appointment	2015/16	Worse	All ages	69.2	73.4	N/A	1/16
Housing affordability ratio	2016	Lower	N/A	4.4	7.2	N/A	12/16
Fuel Poverty - low income, high cost model	2013	Not compared	All ages	9.2	10.4	↑	13/16
	2014	Not compared	All ages	11.3	10.6	↓	8/16
	2015	Not compared	All ages	11.3	11.0	↔	6/16
Excess Winter Deaths	2011-14	Worse	All ages	18.8	15.6	↓	4/16
	2012-15	Worse	All ages	22.8	19.6	↓	5/16
	2013-16	Worse	All ages	24.3	17.9	↓	2/16

- Update - The latest childhood obesity data (2016/17) shows significant improvement in Barnsley, particularly at reception age but also at year 6 age. Barnsley is now the best performing area amongst our statistical neighbours for both childhood obesity indicators. The latest data does also highlight an increase in the number of underweight children.
- Latest data from 2015 shows a reduction in the proportion of people in Barnsley using the natural environment for health or exercise purposes. The same data shows no change in the national average. Barnsley position amongst comparators has worsened in the latest data.
- Barnsley continues to have a higher proportion of children in low income families, compared to the national average. Over the 9 years this data has been available, the relative position of most areas within our comparator group has remained largely unchanged. Barnsley's position has however improved slightly.
- Barnsley has a higher proportion of workless households, compared to the national average. From 2010 onwards, there has been a reducing trend in Barnsley, as well as nationally. However, it is only the most recent data which shows a narrowing of the gap.
- Access to dental services in Barnsley is just above the national and comparator group average, according to data from 2015/16. For the same period however, 69.2% of Barnsley people had a good experience when making a GP appointment, this is below the national average and the worst performance in our comparator group.
- On average, people in Barnsley could expect to pay 4.4 times their annual income on purchasing a home in 2016. This is well below the national average of 7.2 and amongst the lowest in our comparator group.

- Update - Following discussions with the Place directorate, two new indicators are included in this report. The first of those relates to fuel poverty, which shows that Barnsley's performance is similar to the national average, with no change in the latest data (but a slight decline in our position compared to statistical neighbours).
- Update - The second new indicator relates to excess winter deaths. This shows a worsening picture locally, with the gap between Barnsley and the national average widening noticeably in 2013-16. Barnsley's position amongst statistical neighbours is now amongst the worst performing areas.

## Integrating Health & Social Care / Changing the way we work together

### Better Care Fund

#### Key Performance indicators and Analysis

Indicator Name	Time period	Significance	Age	Barnsley	England	Trend	Comparator Rank
Total Delayed Days per day per 100,000 population	2/17-4/17	Better	18+	2.3	14.5	N/A	16/16
	7/17-9/17	Better	18+	1.3	13.3	↑	16/16
NHS Delayed Days per day per 100,000 population	2/17-4/17	Better	18+	1.9	5.2	N/A	14/16
	7/17-9/17	Better	18+	0.7	7.4	↑	16/16
Social Care Delayed Days per day per 100,000 population	2/17-4/17	Better	18+	0.29	2.4	N/A	15/16
	7/17-9/17	Better	18+	0.35	4.9	↓	14/16
Emergency Admissions (65+) per 100,000 population	3/16-2/17	Worse	65+	30157.5	24091.8	N/A	1/16
	9/16-8/17	Worse	65+	31643.3	25009.4	↓	2/16
Proportion of older people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	2015/16	Better	65+	90.4	82.7	↑	15/16
	2016/17	Better	65+	84.1	82.5	↓	9/16
Proportion of discharges (following emergency admissions) which occur at the weekend	10/15-9/16	Same	All ages	18.9	19.7	N/A	10/16
	4/16-3/17	N/A	All ages	19.4	N/A	↑	13/16

#### Update

The data presented above is taken from the NHS Social Care Interface dashboard; this is a new tool provided to support tracking Better Care Fund performance. Data issued by the NHS earlier this year has been used to inform the current performance framework for the Better Care Fund. An updated dashboard was issued last autumn.

- Barnsley continues to be amongst the best performing areas nationally for minimising delayed transfers of care. Performance has improved for overall and NHS related delays, but declined slightly for those attributable to social care. Performance for the latter however remains well below the national average.
- Conversely, Barnsley continues to see high numbers of emergency admissions for the over 65s, when compared to the national average and our statistical neighbours.
- Barnsley's performance has declined in relation to the proportion of people still at home 91 days after discharge from hospital into reablement or rehabilitation services. Having been one of the best performing areas in 2015/16, Barnsley now occupies a mid table position amongst comparators.
- Between October 2015 and September 2016, Barnsley's rate of discharges (following emergency admissions) occurring at the weekend improved slightly, alongside an improved ranking amongst our comparators. The national average is not currently available for this indicator.