

The impacts of cold weather on morbidity and excess winter mortality in Barnsley

Barnsley Intelligence Cell

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BARNSELY
Metropolitan Borough Council

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Top Lines

Barnsley's Excess Winter Death rate in 2018/19 was

17.7%



2019/20 data (expected November 2021) is expected to show an increase in EWDs following the national trend.

Covid-19 has had an impact on excess mortality from all causes.

There were two peaks in 2020 where deaths from all-causes in England were **consistently higher compared to a 5-year average**



Barnsley follows a similar trend to the National data and there are **several MSOAs in Barnsley with significantly higher percentages of excess deaths**

Levels of Excess Cold in Barnsley Housing Stock are higher in Penistone East, Penistone West and Darfield.




The predominance of excess cold in the rural areas is likely to be a result of older, detached properties

Respiratory Diseases

are the main underlying cause of excess winter deaths in Barnsley



In the most recent period there were **75.5%** more deaths from influenza and pneumonia and **75.4%** more deaths from chronic lower respiratory disease

Fuel Poverty

Barnsley has a significantly higher proportion of homes considered **fuel poor at 18.6%, compared to the England average of 13.4%**



The highest concentrations of fuel poor households are in **Dearne North, St Helens, Kingstone and Monk Bretton.**

Falls



Barnsley has **higher rates of hospital admissions due to falls** in people aged 65 or over (2019/20 data) and the rate is on an increasing trend



Levels of fall hazards in Barnsley housing stock are notably worse compared to the average for England. The wards with the highest levels of fall hazards are **Kingstone, Old Town and Dearne North**

Barnsley has higher rates of mortality than England for Cardiovascular Disease and Respiratory diseases.

Rates of mortality from respiratory diseases are particularly high in **St Helens, North East, Dearne South, Stairfoot and Central Wards.**




Rates of mortality from Cardiovascular disease are particularly high in **Dearne North, Worsbrough and Kingstone.**

A & E attendances in Barnsley

are higher for respiratory conditions compared to cardiac and vascular conditions. There are higher rates of admissions from wards around the **town centre, North East and the Dearne**



Emergency hospital admissions

for Cardiovascular related conditions are higher in the 75+ population. For women, rates of admissions are significantly higher in **Kingstone** and for men, admissions are higher from **Dearne North, Darton East and Central Ward.**



The direct and indirect health effects of winter weather



Direct effects include increased incidence of heart attack, stroke, respiratory disease, influenza, falls and injuries, hypothermia.

Indirect effects include mental health effects from depression, reduced educational and employment attainment, and risk of carbon monoxide poisoning.

The onset of cold weather leads to an almost immediate increase in weather-related deaths which can remain raised for **up to four weeks**.

Impacts of cold weather on health and wellbeing

Groups at greater risk of harm from cold weather

Many of these groups are also at greater risk of severe illness from COVID-19



- older people, especially those over 65 years old, particularly those who are otherwise frail and/or socially isolated
- people with pre-existing chronic medical conditions such as cardiovascular and respiratory conditions (in particular COPD and asthma) and diabetes
- children
- people with cognitive impairment, mental health conditions or learning difficulties

- people assessed as being at risk of or having had recurrent falls
- people who are housebound or otherwise have low mobility
- people living in deprived circumstances
- people who are living in cold homes and/or are experiencing fuel poverty
- people experiencing homelessness or rough sleeping
- pregnant women



Many of these groups are also at greater risk of severe illness from COVID-19, as well as other winter illnesses such as flu. Therefore, it is **more important than ever** that those most vulnerable are supported this year.

Groups at greater risk of harm from cold weather

How COVID-19 can amplify cold weather-related health risks

The potential interactions between cold weather and COVID-19 include:



shared risk factors amongst population sub-groups affected by both cold temperatures and COVID-19



clinical impacts arising due to concurrence of cold weather and COVID-19



social isolation and reduced access to support networks and resources



increased exposure to cold temperatures due to changes in patterns of energy use at home, fuel poverty and reduced access to warm public spaces

system level risks related to concurrency of impacts, change in patterns of health and social care use, access and delivery and health seeking behaviour

Clinical risk factors that have been linked with severe illness from COVID-19 that are also risks for cold-related harms include:

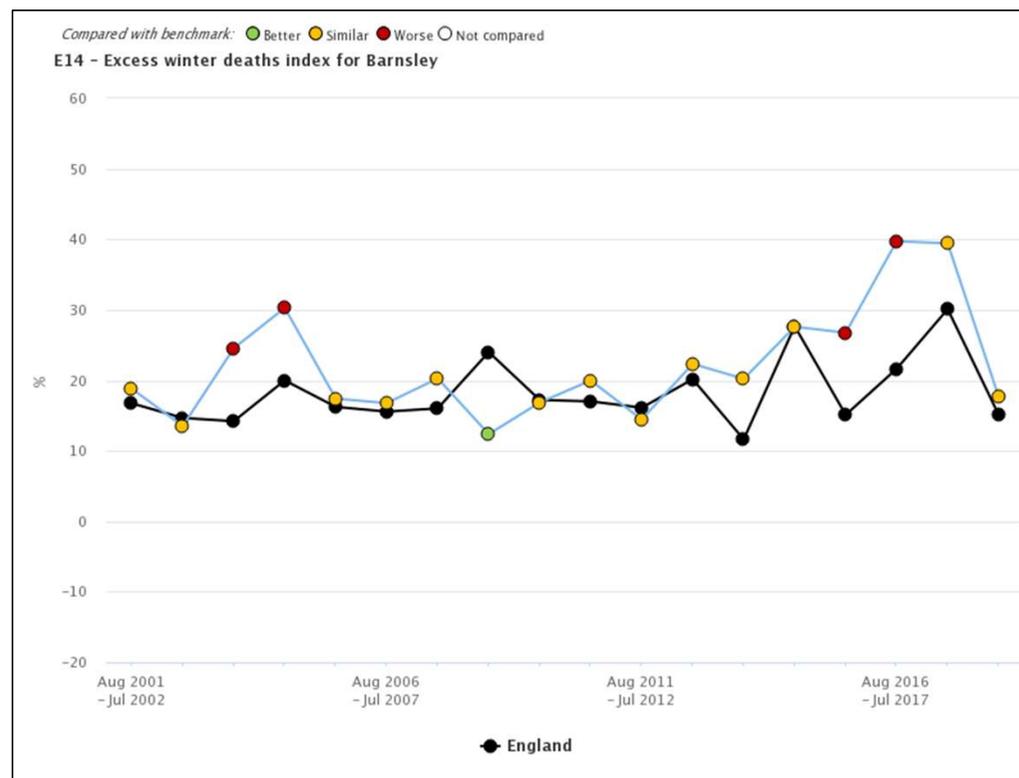
- older age, risks for both cold and COVID-19 increase with age
- underlying health conditions, particularly chronic respiratory and cardiovascular disease
- diabetes
- pregnancy

Impact of Covid-19

2. Excess Winter Deaths in Barnsley - Headlines

Barnsley's **2018-2019** excess winter deaths rate (17.7%) is not significantly different to the England rate of 15.1%. When compared to nearest neighbours, Barnsley's rate is the joint 6th highest.

- The most recent rate of 17.7% is less than half what it was in the previous two time points.
- During 2012–2019, there were **75.5% more deaths from influenza and pneumonia in winter months** than in non-winter months.
- Excess winter deaths are higher in the older age bands, this reflects the national picture.
- Large geographical differences exist within Barnsley. During the period 2012–2019, rates of excess winter deaths **ranged from 8.5% in Old Town ward to 53.9% in Darton East ward.**

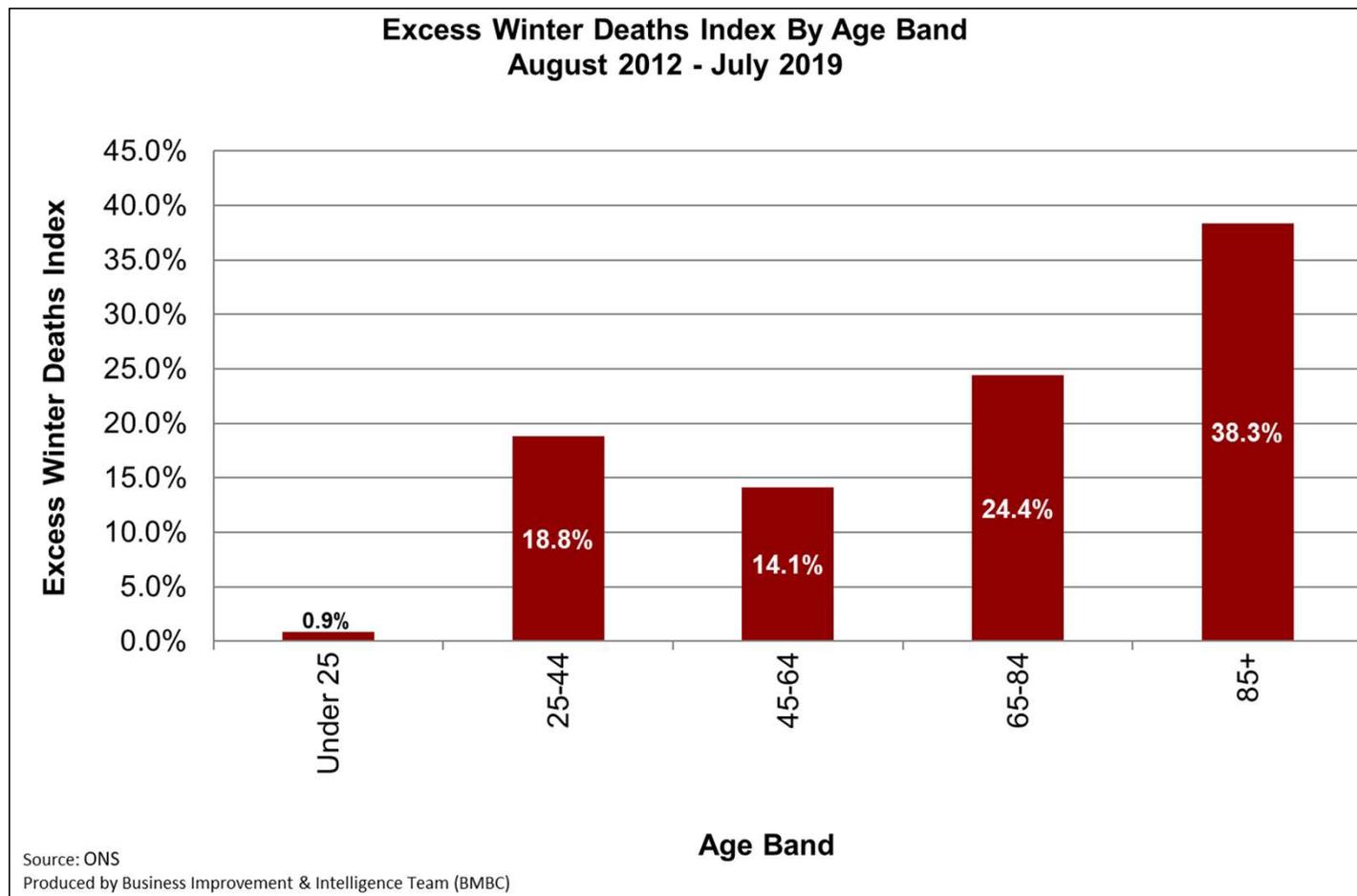


Excess Winter Deaths: Barnsley compared to nearest neighbours and England



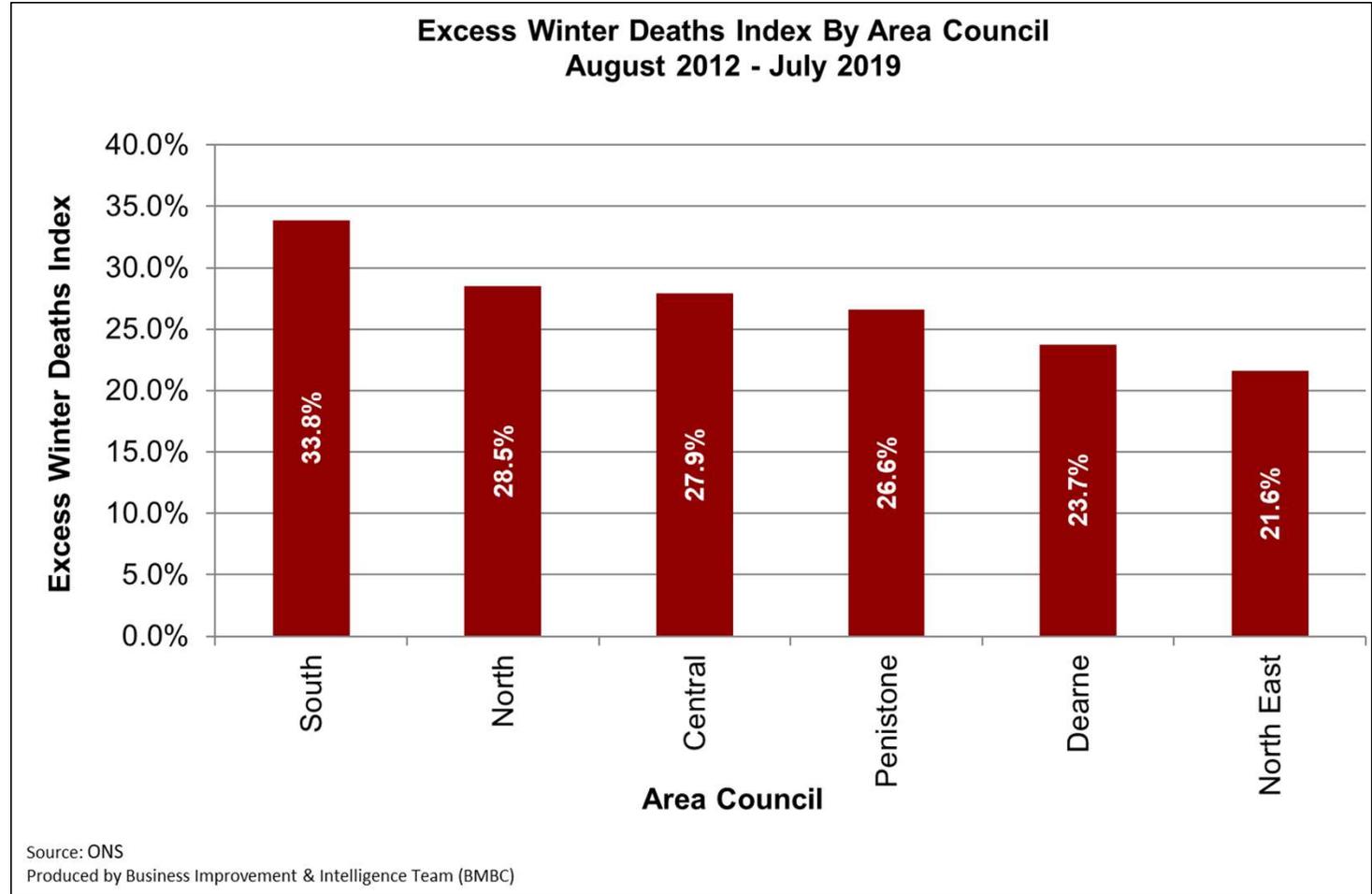
E14 - Excess winter deaths index New data Aug 2018 - Jul 2019						Ratio - %	
Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	-	-	23,014	15.1	H	14.4	15.8
Neighbours average	-	-	-	-		-	-
Stockton-on-Tees	-	14	160	28.5		17.0	41.1
Rotherham	-	1	213	25.6		16.2	35.7
Kirklees	-	10	260	22.0		14.2	30.2
Rochdale	-	13	110	18.7		8.1	30.3
Walsall	-	12	149	18.2		9.1	28.0
Wigan	-	5	174	17.7		9.5	26.6
Barnsley	-	-	138	17.7		8.4	27.7
St. Helens	-	4	103	16.9		6.6	28.3
Doncaster	-	2	163	16.8		8.6	25.7
Dudley	-	9	161	16.1		8.0	24.8
Bury	-	15	81	15.2		4.3	27.2
Wakefield	-	3	164	15.1		7.4	23.4
Tameside	-	8	96	13.8		4.3	24.1
Telford and Wrekin	-	7	63	13.3		1.9	26.0
Calderdale	-	6	66	10.9		0.9	22.0
Halton	-	11	-8	-2.0		-13.3	10.7

Excess Winter Deaths are higher in the older age-bands. This reflects the National picture.



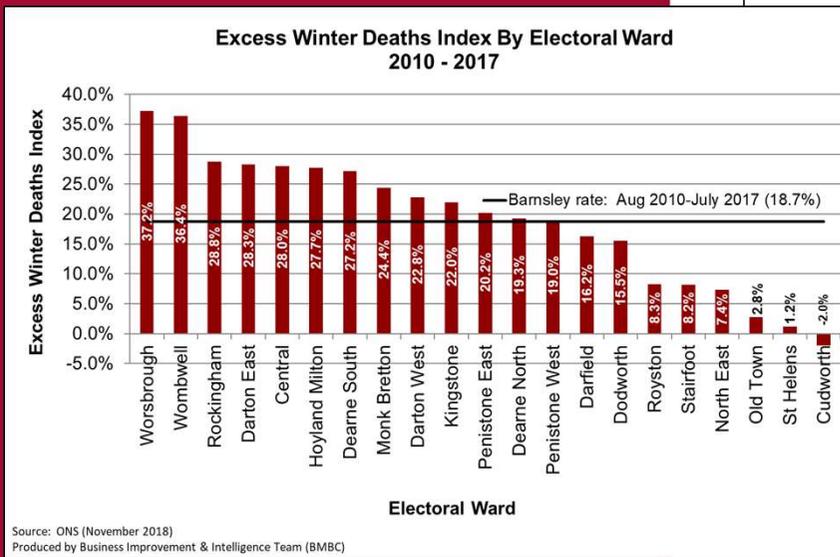
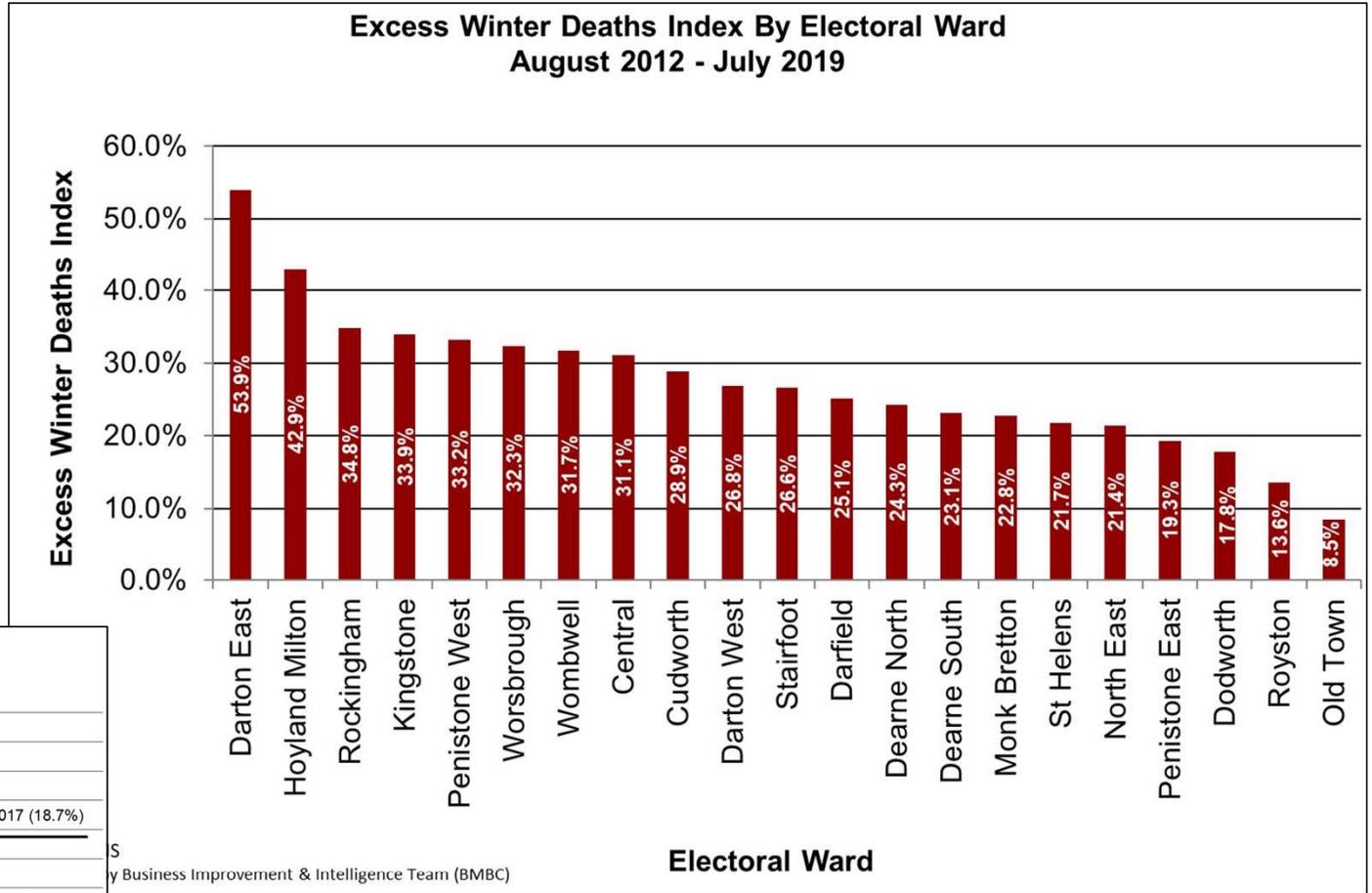
Excess Winter Deaths by Area Council

At Area Council level, in 2012-2019, rates ranged from 21.6% in North East Area Council to 33.8% in South Area Council.



During the period 2012-2019, rates of excess winter deaths ranged from 8.5% in Old Town ward to 53.9% in Darton East ward.

Darton East ward is the ward with the largest drop-off in rate when care home residents are removed (from 47.4% to 28.3%).



NOTE: At lower levels of geography, a seven year data period is used to maintain a robust sample size.



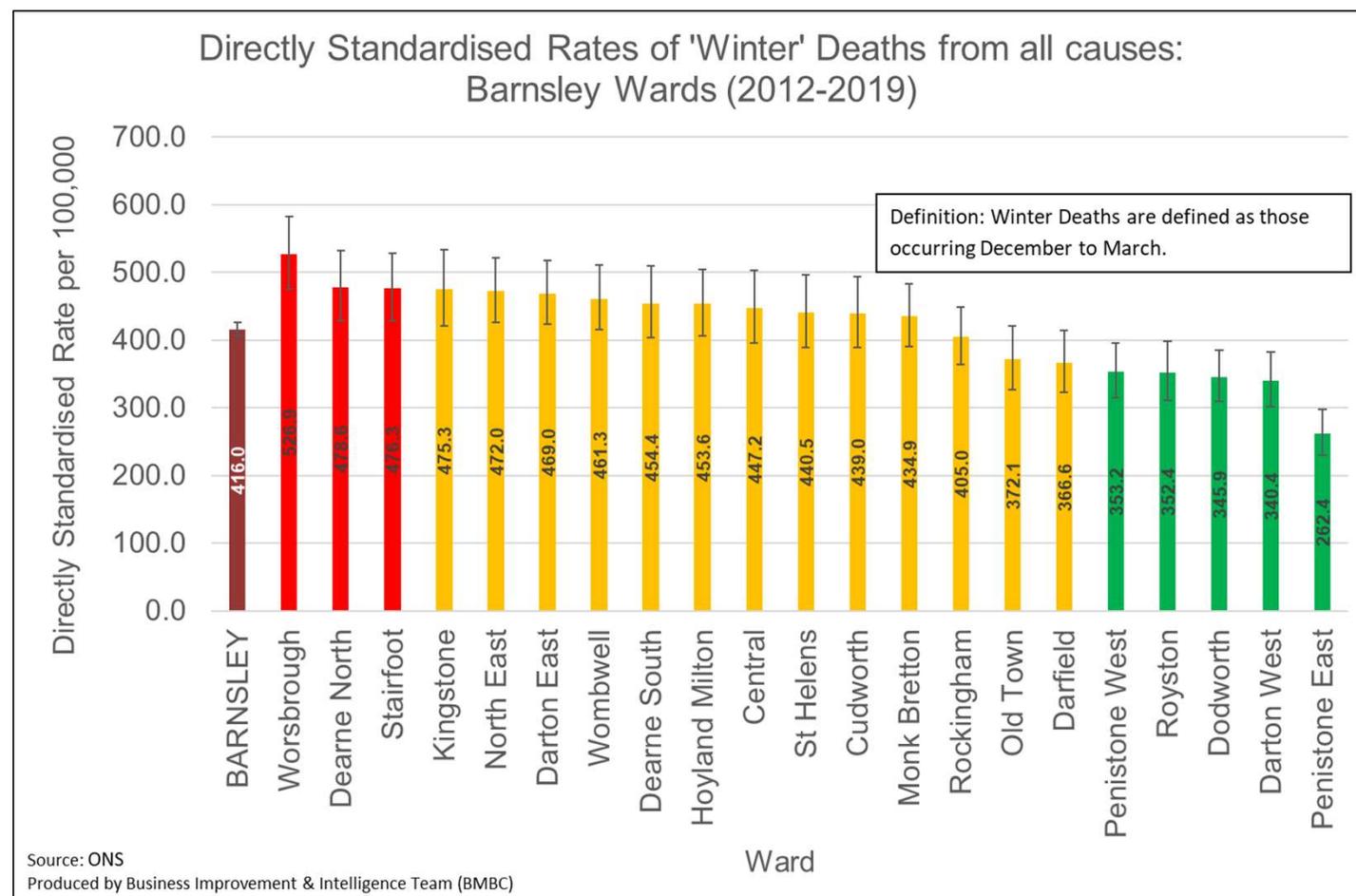
- Rates have fluctuated in each ward during the period 2006-13 to 2012-19.
- One ward (Darton East) had rates in the bottom (worst) quartile at each time point during the period.
- One ward (Royston) had rates in the top (best) quartile at each time point during the period.
- Previous analysis has revealed there **no direct correlation** between increased levels of deprivation and higher levels of excess winter deaths.

Trend in Excess Winter Deaths by Electoral Ward

Ward	2006-2013	2007-2014	2008-2015	2009-2016	2010-2017	2011-2018	2012-2019
Central	27.1	29.4	34.0	34.9	28.8	32.2	31.1
Cudworth	5.5	5.8	13.9	17.5	14.6	19.0	28.9
Darfield	23.0	14.4	15.6	16.7	16.7	23.9	25.1
Darton East	27.1	28.1	34.2	37.3	47.4	55.4	53.9
Darton West	17.0	21.1	23.9	28.4	25.0	28.0	26.8
Dearne North	26.3	31.8	31.5	26.3	21.8	25.8	24.3
Dearne South	28.3	31.7	36.0	30.7	30.2	30.2	23.1
Dodworth	12.9	14.7	22.9	19.9	19.7	21.0	17.8
Hoyland Milton	15.4	17.7	32.5	36.1	29.3	39.2	42.9
Kingstone	5.5	11.8	21.4	20.2	27.4	32.5	33.9
Monk Bretton	24.1	31.6	35.3	34.3	19.7	16.3	22.8
North East	20.7	20.2	18.6	15.8	18.6	19.1	21.4
Old Town	18.4	20.1	19.0	18.0	6.2	3.7	8.5
Penistone East	7.7	2.8	11.3	19.9	19.5	20.7	19.3
Penistone West	5.4	4.8	17.1	14.3	18.2	27.2	33.2
Rockingham	11.1	11.8	22.1	36.2	37.7	38.7	34.8
Royston	8.1	0.7	5.3	13.5	6.5	7.5	13.6
St Helens	14.8	5.9	10.9	12.0	4.4	17.1	21.7
Stairfoot	15.7	12.8	24.2	28.6	25.5	25.2	26.6
Wombwell	18.1	19.0	28.2	33.7	39.3	42.5	31.7
Worsbrough	20.5	23.2	38.7	44.6	36.4	34.3	32.3

Key
Top 25%
Bottom 25%

- During the period 2012-2019, standardised rates of 'winter' deaths (those occurring December to March) per 100,000 ranged from 262.4 in Penistone East ward to 526.9 in Worsbrough ward.
- When compared to the overall Barnsley rate, the rates in Worsbrough, Dearne North and Stairfoot wards were significantly higher; the rates in Penistone West, Royston, Dodworth, Darton West and Penistone East were significantly lower.



DSR analysis is undertaken on the total number of winter deaths. It is not possible to ascertain from the individual level deaths data which deaths are 'excess' deaths.

3. Associated Factors - Headlines

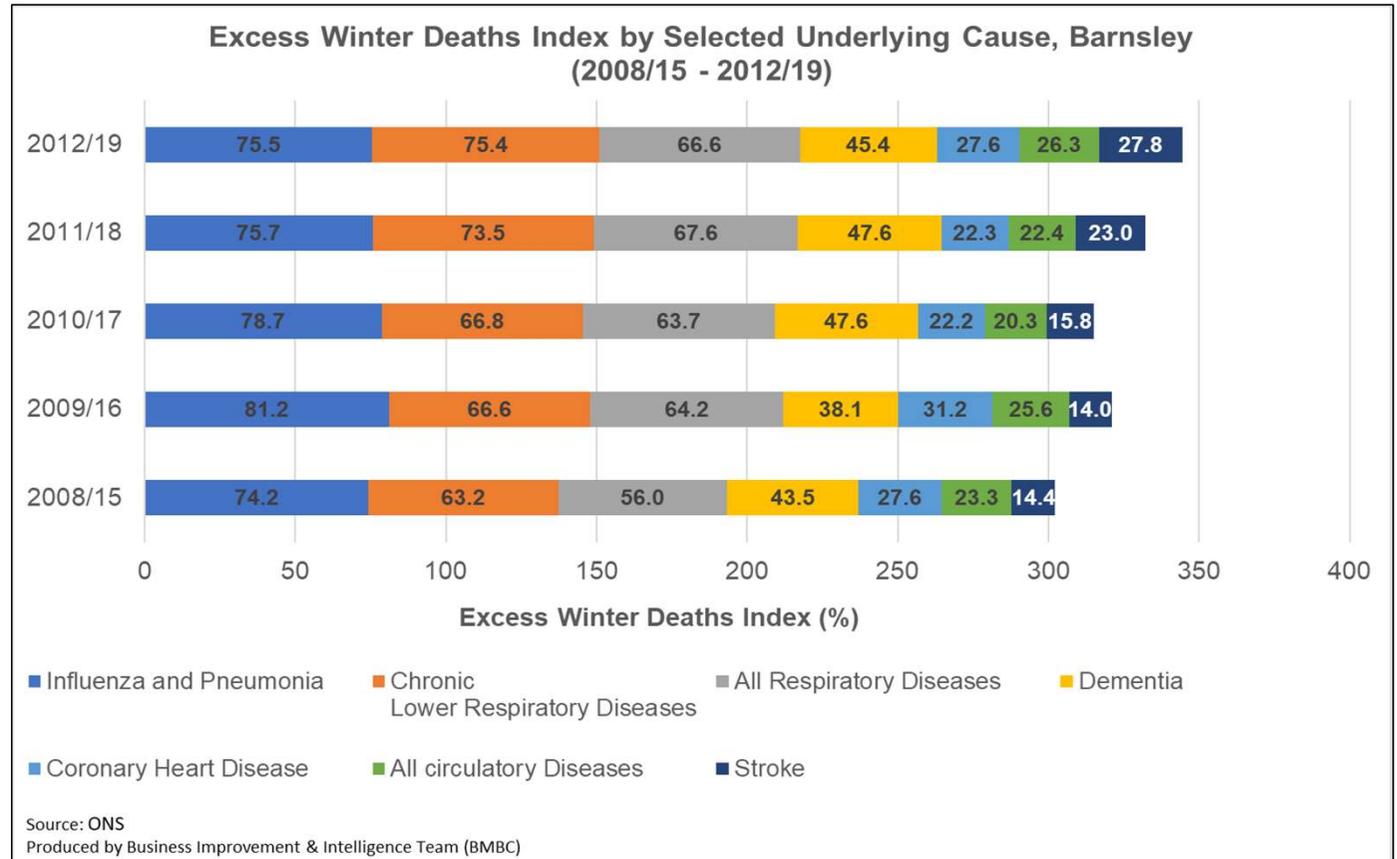


- The main underlying causes of excess winter deaths in Barnsley are **respiratory diseases**.
- In the most recent period (2012-19) there were **75.5% more deaths from influenza and pneumonia and 75.4% more deaths from chronic lower respiratory disease** in winter months than in non-winter months. This trend has been consistent over time and provisional data for England and Wales 2019/20 shows that respiratory illnesses continue to be the leading cause of excess winter deaths.
- Data also shows there were **45.4% more deaths as a result of dementia**, though further dementia deaths could be masked by the code recorded on the death certificates. Dementia could be recorded as a secondary cause or as frailty/old age.
- Barnsley has **higher mortality rates** than England for Cardiovascular Disease (CVD) and respiratory diseases. Rates of mortality from respiratory diseases are particularly high **in St Helens, North East, Dearne South, Stairfoot and Central Wards**.
- Rates of mortality from Cardiovascular disease are particularly high in **Dearne North, Worsbrough and Kingstone**.

Associated Factors - trends

- Across the time periods, the main underlying causes of excess winter deaths are **respiratory diseases**.
- In the most recent period (2012-19) there were **75.5% more deaths from influenza and pneumonia** and **75.4% more deaths from chronic lower respiratory disease** in winter months than in non-winter months.
- **Data shows there were 45.4% more deaths as a result of dementia.** It is likely that this figure is not accurate as the data is reliant on the coding used on death certificates. There are up to 20 causes of death that can be recorded, and dementia may be recorded as a secondary cause of death. In some circumstances the cause of death may also be recorded as old age/frailty which could 'mask' further numbers of death due to dementia.

Trends over time – underlying causes



Barnsley mortality rates from disease



Area	Ward	Deaths from all cancer, all ages, standardised mortality ratio	Deaths from all cancer, under 75 years, standardised mortality ratio	Deaths from all causes, all ages, standardised mortality ratio	Deaths from all causes, under 75 years, standardised mortality ratio	Deaths from causes considered preventable, all ages, standardised mortality ratio	Deaths from circulatory disease, all ages, standardised mortality ratio	Deaths from circulatory disease, under 75 years, standardised mortality ratio	Deaths from coronary heart disease, all ages, standardised mortality ratio	Deaths from respiratory diseases, all ages, standardised mortality ratio	Deaths from stroke, all ages, standardised mortality ratio
England	England	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Barnsley	Barnsley	109.0	112.7	112.5	114.2	111.0	110.6	120.0	119.8	127.8	105.9
Central	Central	116.8	126.4	120.9	126.1	138.7	108.2	87.8	139.7	152.0	85.0
Central	Dodworth	95.4	93.3	96.7	84.8	80.8	93.6	98.2	100.5	99.4	98.1
Central	Kingstone	99.9	105.9	125.2	146.7	134.0	126.1	163.1	141.6	136.0	109.2
Central	Stairfoot	138.8	138.7	138.0	140.1	142.1	119.4	111.9	133.0	151.5	128.0
Central	Worsbrough	113.7	110.2	141.2	128.5	119.5	152.6	157.8	148.7	158.2	182.2
Dearne	Dearne North	117.4	151.8	127.9	157.4	153.0	139.9	187.6	149.0	139.6	129.3
Dearne	Dearne South	118.9	120.7	119.1	121.5	109.2	118.5	139.0	133.4	163.7	103.8
North	Darton East	101.5	100.8	116.8	101.0	100.6	112.3	100.5	106.8	105.9	112.4
North	Darton West	93.6	79.1	90.7	75.2	64.5	91.0	58.9	100.9	111.9	79.1
North	Old Town	98.0	114.2	109.9	117.3	117.9	100.0	139.5	100.6	129.1	79.1
North	St Helens	119.1	128.0	120.4	139.8	144.3	129.9	184.5	134.8	184.0	117.3
North East	Cudworth	119.3	114.4	115.8	101.5	100.7	112.6	112.3	113.2	143.3	111.4
North East	Monk Bretton	129.1	130.3	125.8	139.8	116.9	131.9	157.4	137.9	144.3	144.4
North East	North East	124.9	114.0	132.0	134.6	115.3	120.1	137.1	141.4	160.7	118.4
North East	Royston	97.7	100.6	95.5	94.6	99.2	88.6	108.8	91.8	112.5	88.1
Penistone	Penistone East	82.7	71.1	72.9	62.1	56.7	78.6	68.4	73.3	73.1	84.0
Penistone	Penistone West	85.8	79.6	93.4	78.5	82.0	93.7	70.9	110.4	91.1	73.1
South	Darfield	114.6	140.5	99.8	126.9	126.6	92.2	115.1	100.3	117.0	73.8
South	Hoyland Milton	118.0	120.5	112.4	114.0	121.0	110.9	133.9	126.7	143.6	65.2
South	Rockingham	100.2	119.4	105.6	110.3	115.8	105.8	108.6	127.4	113.6	101.9
South	Wombwell	117.3	132.8	123.3	131.1	130.2	118.0	135.9	128.8	107.9	146.1

Barnsley has **higher mortality rates** than England for CVD and respiratory diseases.

- Rates of mortality from **respiratory diseases** are particularly high in St Helens, North East, Dearne South, Stairfoot and Central Wards.
- Rates of mortality from CVD are particularly high in Dearne North, Worsbrough and Kingstone.

4. Hospital Admissions - Headlines

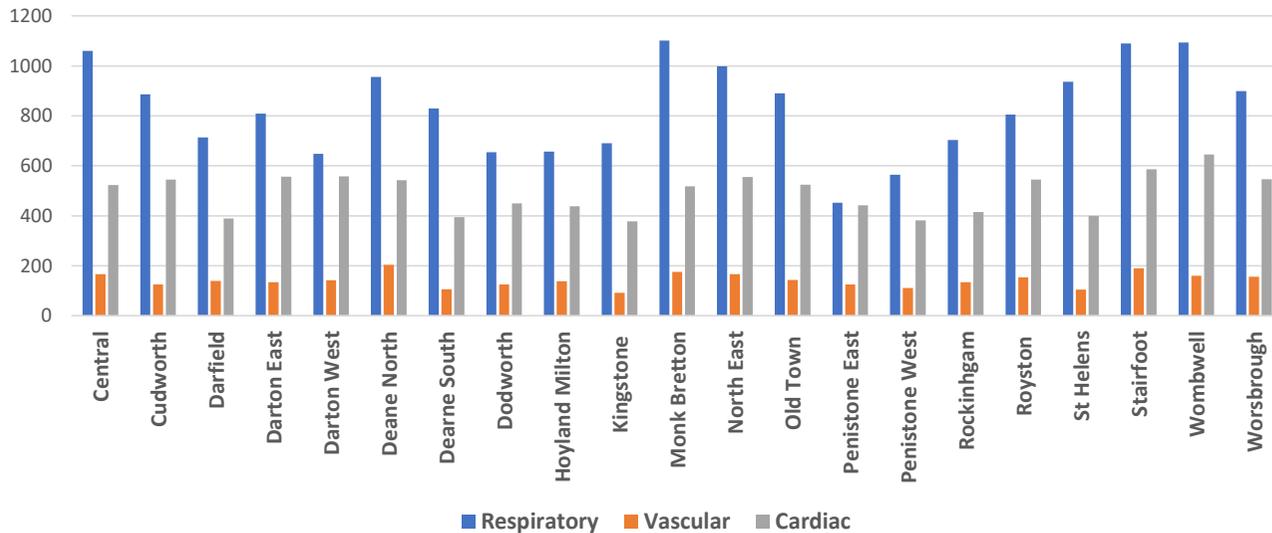


- Emergency admissions for all causes in Barnsley are **4% higher in winter months** compared with non-winter months; **for respiratory conditions they are 42% higher**, for cardiovascular diseases less than 1% higher and for falls they are 3% higher.
- Attendances at A&E overall are higher for respiratory conditions, with **higher rates of admissions from wards around the town centre, North East and Dearne areas.**
- Women aged 75+ **in Kingstone Ward** have a significantly higher rate of emergency admissions for CVD related conditions. Men aged 75+ **in Dearne North, Darton East and Central Ward** have significantly higher rates of emergency admissions.
- Previous analysis shows that **hospital rates are significantly higher for all causes in the under 5's** population
- Analysis on excess emergency winter admissions (EEWA) **shows no direct correlation** between EEWA and excess winter deaths.
- Barnsley has **higher rates of hospital admissions due to falls** in people aged 65 or over (2019/20 data), and the rate is on an increasing trend.

Emergency attendances for Cardiac, Vascular and Respiratory conditions

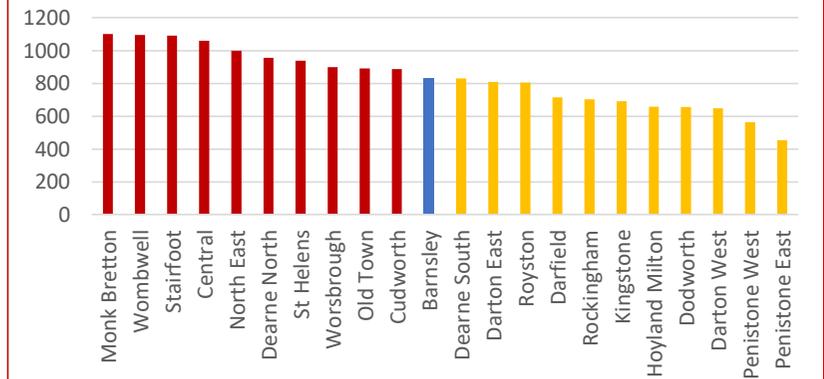


A and E Attendances for Cardiac, Vascular and Respiratory Conditions - Barnsley



Hospital admissions data (Q1 19/20 to Q4 2020/21). Emergency Care Data Set (ECDS)

Admissions: Respiratory



Overall, emergency attendances are higher for respiratory conditions, with several wards having admission rates higher than the Barnsley average (second chart). The top five areas for admissions are Monk Bretton, Stairfoot, Central, North East and Dearne North Wards.

Emergency admission rates for CVD Related conditions

Emergency Admission Rates per 10k population for CVD Related Conditions Jan - May 2021									
Female Admissions				Male Admissions					
		45-64	65-74	75+		45-64	65-74	75+	
	Central	26.6	61.8	149.3		Central	31.4	41.2	193.2
	Dodworth	9.2	57.7	127.7		Dodworth	13.8	67.3	10.6
	Kingstone	7.3	75.4	308.2		Kingstone	25.6	53.9	92.4
	Stairfoot	13.3	25.8	119.9		Stairfoot	59.8	34.3	79.9
	Worsbrough	12.6	65.6	71.0		Worsbrough	28.3	43.8	102.6
	Dearne North	10.5	36.2	153.5		Dearne North	66.6	18.1	236.1
	Dearne South	19.9	32.8	34.9		Dearne South	22.8	41.1	93.0
	Darton East	21.5	7.6	145.1		Darton East	18.5	45.8	196.2
	Darton West	20.9	39.9	123.7		Darton West	44.7	53.2	41.2
	Old Town	30.7	8.4	51.2		Old Town	24.5	50.5	61.4
	St Helens	8.0	20.1	171.1		St Helens	36.1	60.2	171.1
	Cudworth	26.1	80.7	123.9		Cudworth	42.4	89.7	111.5
	Monk Bretton	20.6	14.8	181.8		Monk Bretton	32.4	74.2	81.8
	North East	27.5	81.0	162.3		North East	35.0	27.0	90.2
	Royston	21.9	103.5	101.6		Royston	18.8	31.8	122.0
	Penistone East	9.6	10.5	50.1		Penistone East	23.9	79.0	136.1
	Penistone West	10.8	27.0	162.0		Penistone West	13.5	27.0	72.0
	Darfield	24.1	52.8	130.4		Darfield	28.1	61.6	152.2
	Hoyland Milton	29.0	51.5	115.3		Hoyland Milton	26.1	43.0	69.2
	Rockingham	14.1	40.7	216.8		Rockingham	14.1	24.4	72.3
	Wombwell	24.0	52.9	130.7		Wombwell	33.6	105.8	122.0

The highest rates for admissions are in the over 75 population

Female Admissions

Women aged 75+ in Kingstone Ward have a significantly higher rate of emergency admissions for CVD related conditions. The rate is much higher compared to the second highest ward (Rockingham)

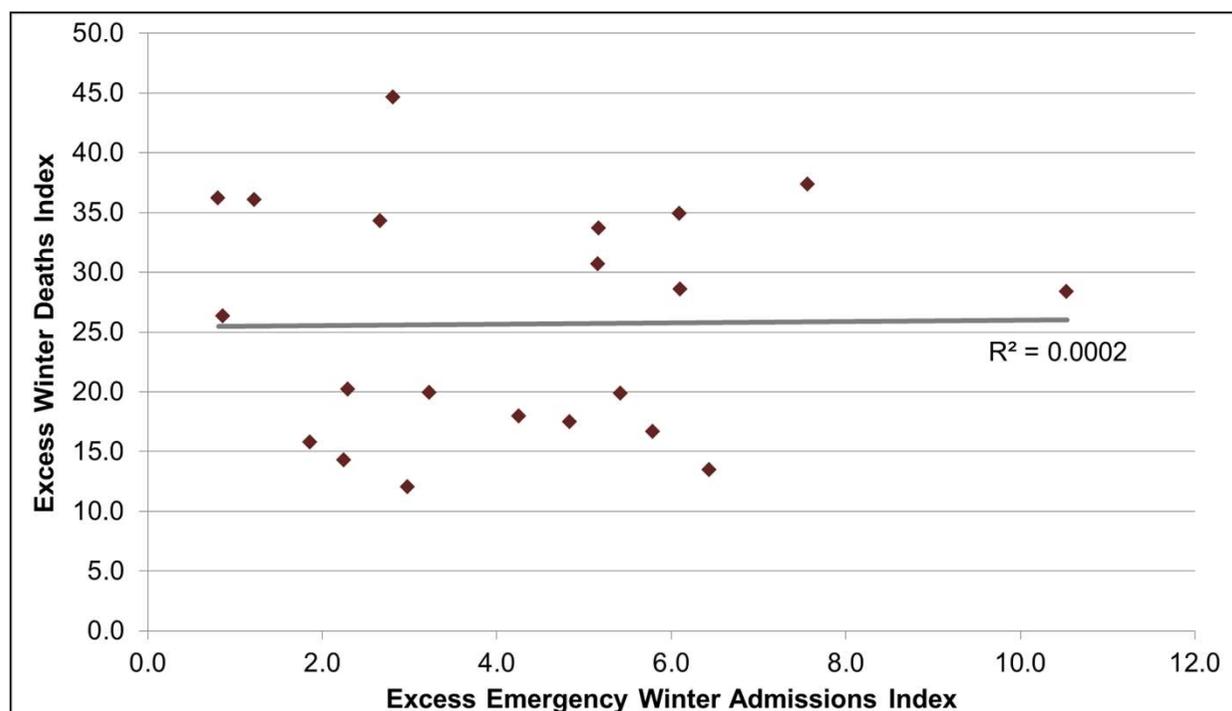
Male Admissions

Men aged 75+ in Dearne North, Darton East and Central Ward have significantly higher rates of emergency admissions.

Rates in the over 75 population are significantly lower in Dodworth and Darton West for men and in Dearne South for women.

Excess emergency winter admissions (EEWA) vs excess winter deaths (EWD)

Previous analysis has shown that there is no direct correlation between excess emergency winter admissions (all causes) and excess winter deaths (all causes)



Source: Public Health England.
Hospital Episode Statistics (HES), NHS Digital.
NHS Digital is the trading name of the Health and Social Care Information Centre.
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All conditions: Of the five wards with the highest rates of EWD, only two are in the top five wards with the highest rates of EEWA

Respiratory: Of the five wards with the highest rates of EWD for respiratory diseases, only one is in the top five wards with the highest rates of EEWA for respiratory diseases

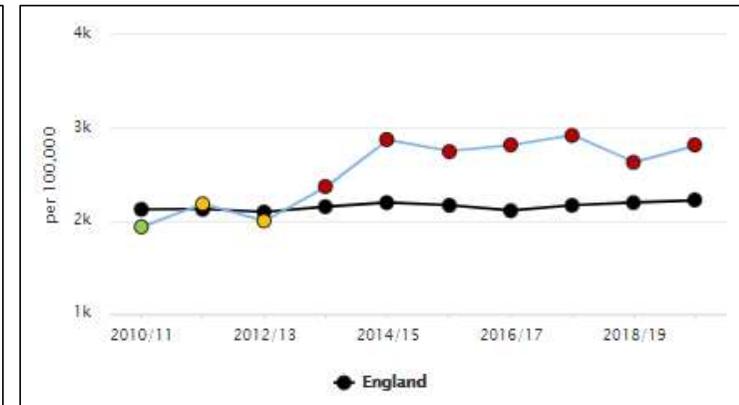
CVD: Of the five wards with the highest rates of EWD for cardiovascular diseases, only two are in the top five wards with the highest rates of EEWA for cardiovascular diseases.

Emergency hospital admissions due to falls



Barnsley has higher rates of hospital admissions due to falls in people aged 65 or over (2019/20) and the rate is on an increasing trend. Compared to the rest of the Yorkshire and Humber region, Barnsley's rate is the highest.

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	234,793	2,222	2,213	2,231
Yorkshire and the Humber region	→	21,575	2,097	2,069	2,126
Barnsley	→	1,305	2,811	2,659	2,968
Calderdale	↑	985	2,571	2,413	2,738
York	→	1,010	2,444	2,294	2,600
Doncaster	→	1,380	2,363	2,239	2,492
Bradford	↑	1,875	2,317	2,213	2,425
Leeds	→	2,855	2,310	2,226	2,397
Kingston upon Hull	↓	815	2,176	2,028	2,332
Kirklees	→	1,630	2,144	2,041	2,252
Sheffield	→	1,975	2,007	1,920	2,098
Rotherham	→	990	1,949	1,829	2,075
East Riding of Yorkshire	→	1,705	1,944	1,852	2,039
North Yorkshire	→	2,845	1,826	1,760	1,895
Wakefield	→	1,150	1,781	1,679	1,887
North Lincolnshire	→	545	1,525	1,399	1,659
North East Lincolnshire	→	505	1,504	1,375	1,642

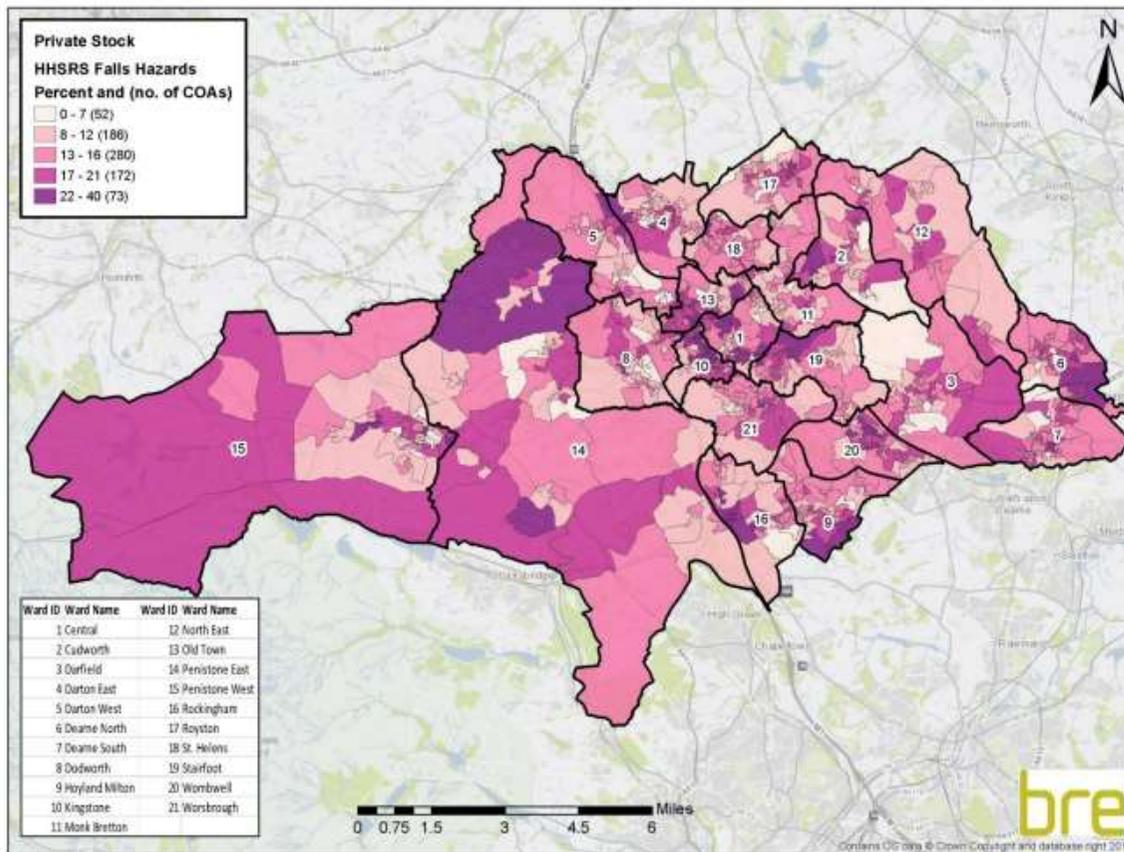


Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year; England, Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population; Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Housing stock in Barnsley and fall hazards



Map 6: Percentage of private sector dwellings in Barnsley with the presence of a HHSRS category 1 hazard for falls



Levels of fall hazards are notably worse in Barnsley compared to the EHS average for England, which may be due to higher proportions of older dwellings and relatively low proportions of flats

The higher concentrations are scattered across the borough, with some of the higher concentrations found across central and eastern wards. **The wards with the highest levels of fall hazards are Kingstone, Old Town and Deane North.**

5. Fuel poverty and Cold Homes - Headlines



- Barnsley has a **significantly higher proportion of homes considered fuel poor** under the new Low Income, Low Energy Efficiency measure at 18.6% compared to the England average of 13.4%
- The highest concentrations of fuel poor households are in **Dearne North, St Helens, Kingstone and Monk Bretton.**
- 2015 data showed 66.5% of Barnsley's private rented stock falls into EPC ratings bands below Band C.

Fuel Poverty in Barnsley - Low Income, Low Energy Efficiency Metric



On 11th February 2021, the UK Government released the updated Fuel Poverty Strategy for England titled “Sustainable Warmth: Protecting Vulnerable Households in England”. This confirmed a change to the fuel poverty indicator. The new metric – **Low Income Low Energy Efficiency (LILEE)** counts a household as fuel poor if:

- The household has a residual income below the poverty line (after accounting for required fuel costs) **AND**
- Lives in a home that has an energy efficiency rating below Band C

Barnsley has a significantly higher proportion of households that are considered fuel poor under the LILEE measure.

		2011	2012	2013	2014	2015	2016	2017	2018
Low Income High Cost (LIHC) Measure	ENGLAND	10.9%	10.4%	10.4%	10.6%	11.0%	11.1%	10.9%	10.3%
	YORKSHIRE AND HUMBER	11.0%	10.8%	10.6%	11.8%	12.4%	12.1%	10.6%	10.1%
	BARNSELY	10.9%	9.7%	9.2%	11.3%	11.3%	12.2%	10.7%	9.7%

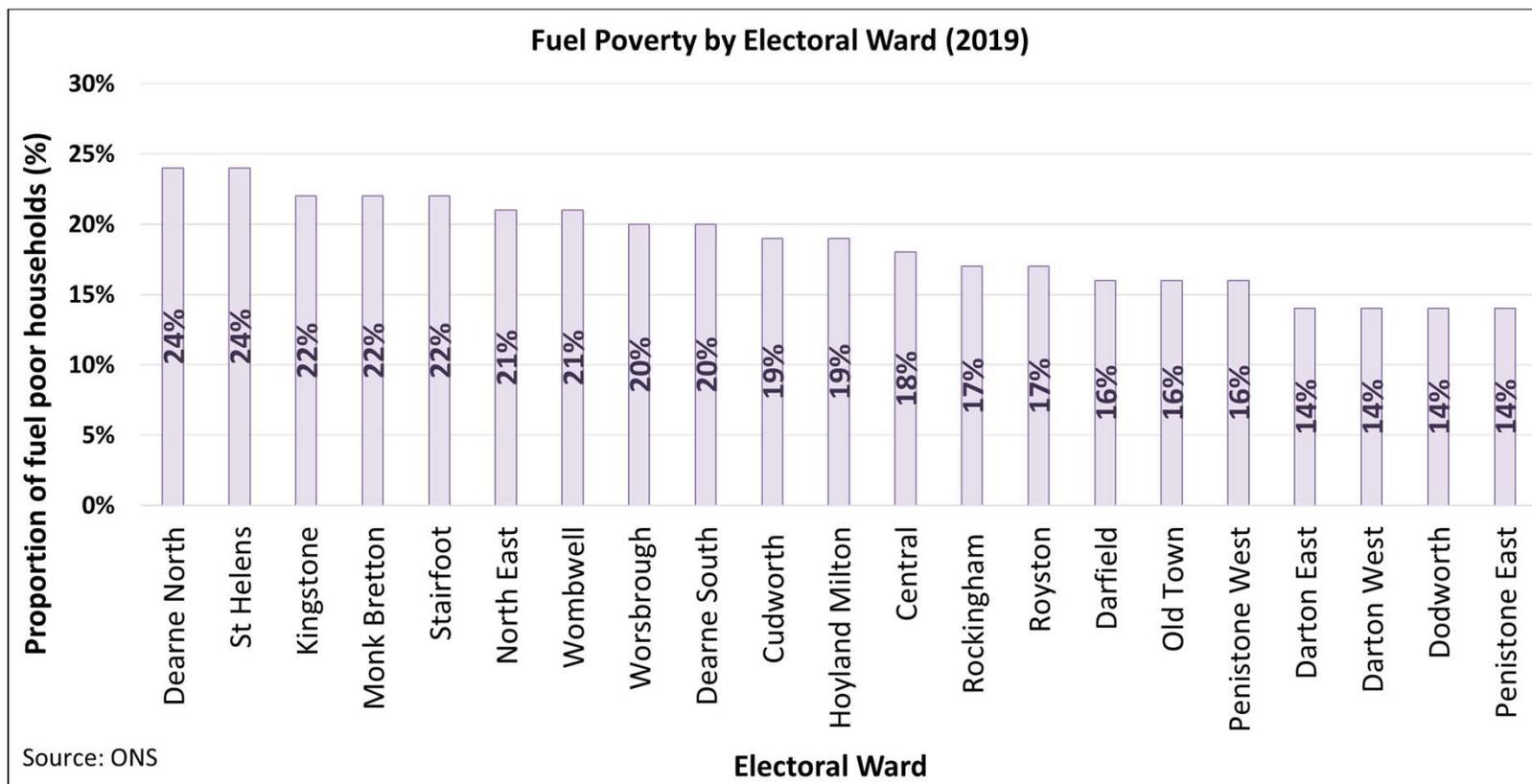
LILEE	
2019	
13.4%	Low Income Low Energy Efficiency (LILEE) Measure
16.8%	
18.6%	

Number and percentage of Barnsley's private rented stock falling into each of the EPC ratings bands (based on SimpleSAP)

	Barnsley		2015 EHS England
	Count	Percent	Percent
(92-100) A	0	0.0%	1.2%
(81-91) B	108	0.5%	
(69-80) C	7,093	33.0%	25.3%
(55-68) D	9,754	45.4%	49.1%
(39-54) E	3,847	17.9%	18.1%
(21-38) F	551	2.6%	4.5%
(1-20) G	130	0.6%	1.8%

2015 data showed 66.5% of Barnsley's private rented stock falls into EPC ratings bands below Band C.

Fuel Poverty – Ward Breakdown



Area Name	% fuel poor households	% Change from LIHC to LILEE(+)
New Lodge	30%	16
Thurnscoe East	33%	14
Lundwood	32%	14
Athersley North East	32%	14
Thurnscoe North East	29%	14
Cudworth	29%	14
Darfield Road	29%	14
Worsbrough Common West	31%	13
Wombwell Copeland Road	28%	13
Burton Grange	29%	13
Kendray West	29%	13

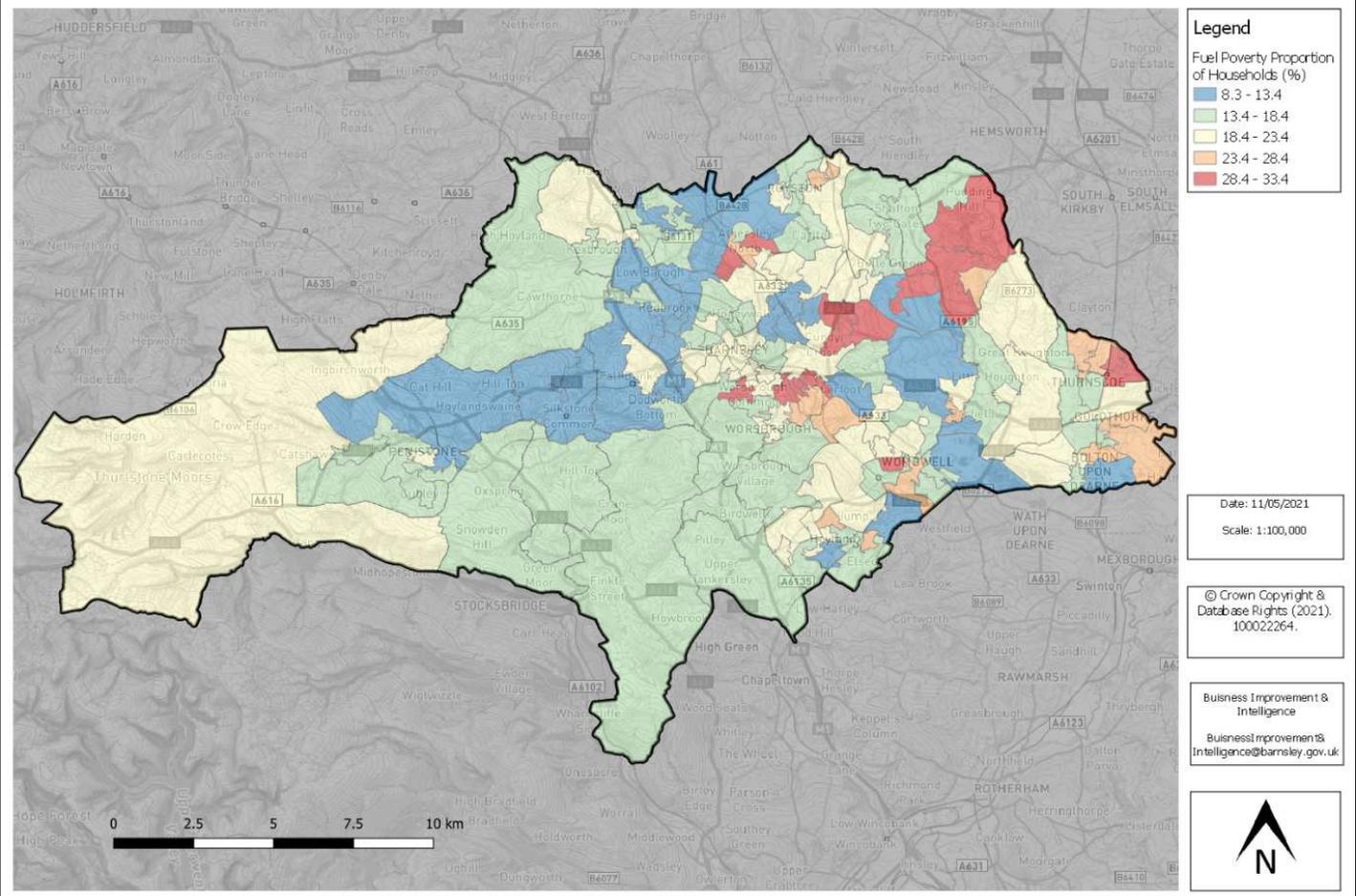
Fuel Poverty – LSOA level

The highest concentrations of fuel poverty in the private sector are found in the wards of **Kingstone, St Helens and Dearne South**

For **excess cold** the highest concentrations are in **Penistone East, Penistone West and Darfield.**

(Housing Stock Condition Survey 2020)

Barnsley Fuel Poverty Ratings (2021 Data)



BARNSLEY
Metropolitan Borough Council

5. Housing Stock - Headlines

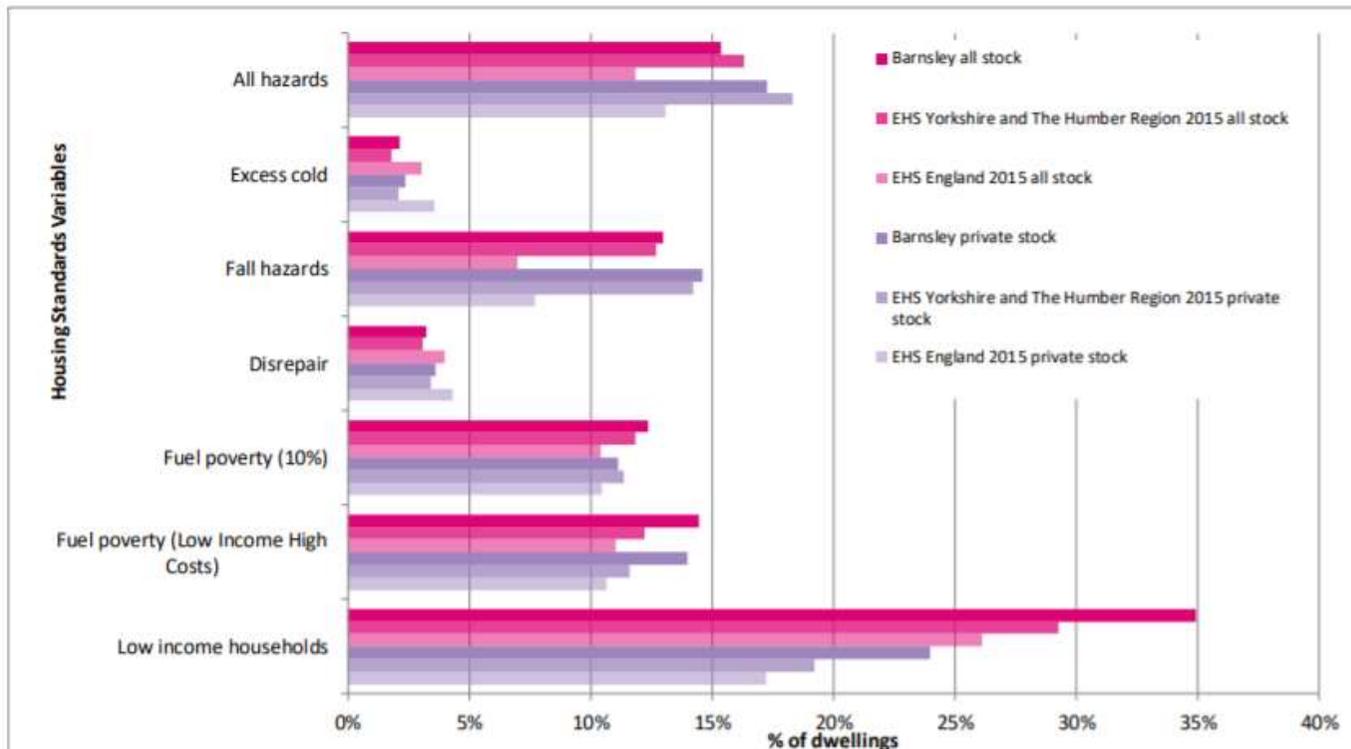


- The data shows the performance of the housing stock in Barnsley is mixed compared to the EHS England average. Barnsley performs slightly better for excess cold and disrepair, but **worse for all hazards, fall hazards, fuel poverty (both definitions) and low income households.**
- The private rented sector **generally performs worse** than the social sector, with the exception of fuel poverty (10% definition) and low income households. Compared to the owner occupied sector, the private rented stock is generally worse, although levels of excess cold and fuel poverty (10% definition) are higher in the owner occupied stock.
- **3.2% of dwellings in the private rented sector are estimated to have an EPC below band E.** Under the legislation these properties would not be eligible to be rented out to new or renewal tenancies. From 1 April 2020 this also applies to existing tenancies.
- Looking at the hazard of excess cold in Barnsley the highest levels overall are in **Penistone East, Penistone West and Darfield.**
- The wards with the highest levels of fall hazards are **Kingstone, Old Town and Dearne North.**
- Poor housing in Barnsley is estimated to cost around 338 quality-adjusted life-years (QALYs).

Housing Standards



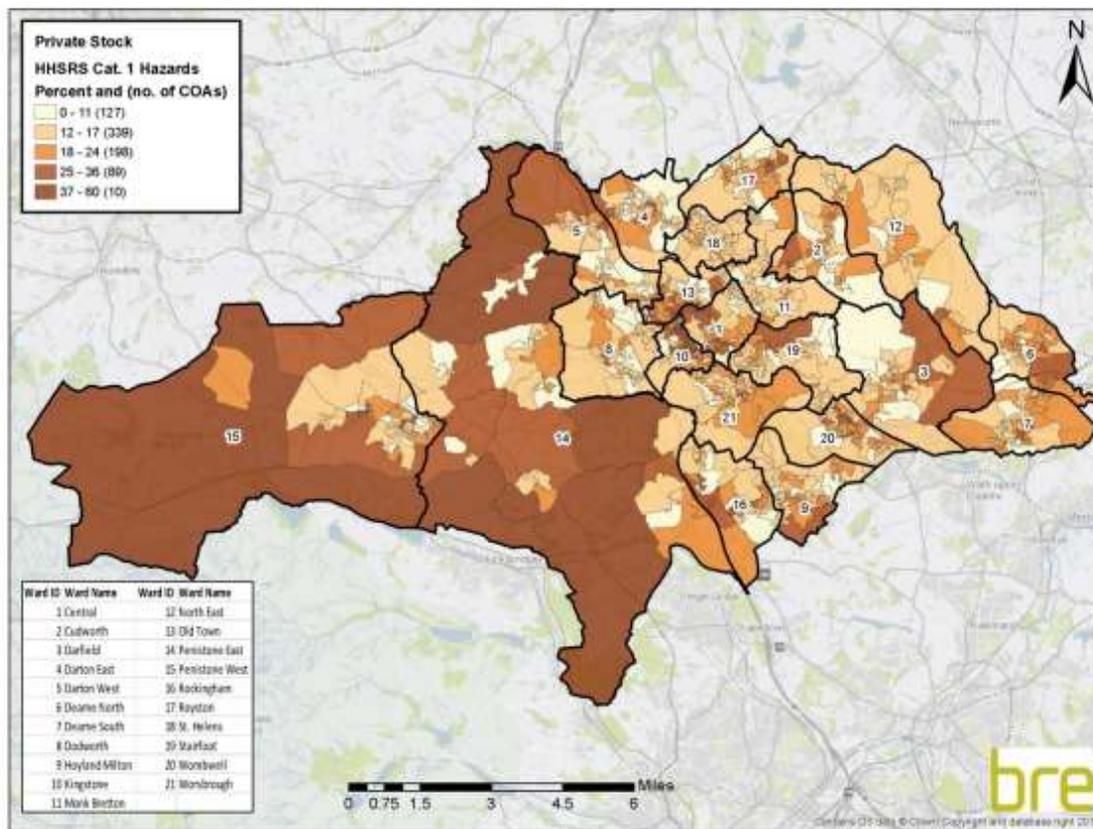
Housing Stock Condition Survey



- The chart shows the results for 7 of the Housing Standards Variables in Barnsley compared to regional data and England (EHS 2015) - split into all stock and private sector stock.
- The data shows that the performance of the housing stock in Barnsley compared to the EHS England average is **mixed with Barnsley performing slightly better for excess cold and disrepair, but worse for all hazards, fall hazards, fuel poverty (both definitions) and low income households.**
- Compared to the regional average the picture is slightly different with **Barnsley performing better for all hazards but similarly for excess cold and disrepair.**

Housing Health and Safety - Category 1 hazards

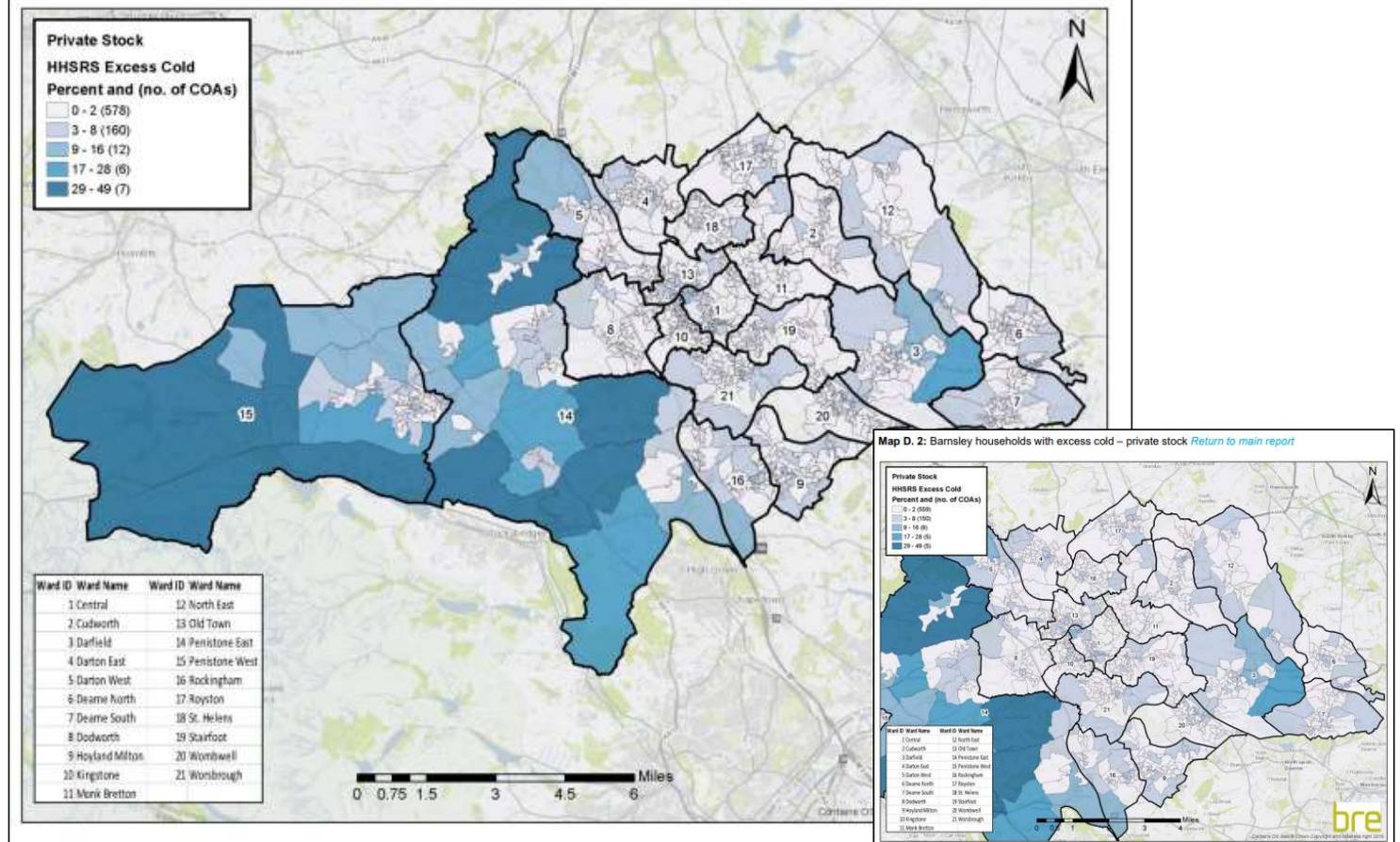
Percentage of private sector dwellings in Barnsley with the presence of a HHSRS category 1 hazard



The map shows the distribution of category 1 hazards, as defined by the Housing Health and Safety Rating System (HHSRS). **The highest concentrations are mainly in central parts of the Barnsley area as well as the more rural areas to the west.** The data behind the map shows that the highest levels overall are in the wards of Kingstone, Penistone East and Central.

Excess Cold

Map 5: Percentage of private sector dwellings in Barnsley with the presence of a HHSRS category 1 hazard for excess cold



Looking at the hazard of excess cold in Barnsley there are **higher concentrations in the more rural areas to the west of the borough, with a couple of small pockets to the rural east .**

The data behind the map shows that the highest levels overall are in **Penistone East, Penistone West and Darfield.**

The predominance of excess cold in the rural areas is likely to be a result of **older, detached properties which will have a greater heat loss area and may also be off the gas network.** These properties are also more likely to be owner occupied and therefore energy efficiency upgrades may not have been undertaken.

Map D.2 looks more closely at the east of the borough to show the **higher levels of excess cold are to the east of Darfield ward.**

Analysis of Quality Adjusted Life Years (QALYs) relating to housing hazards

- A QALY takes into account both the quantity and quality of life generated by health influencing activities.
- There are an estimated total number of hazards in private sector housing in Barnsley of 21,237, which are estimated to result in 970 incidents requiring medical intervention per year. The greatest numbers of hazards are for **falling on stairs and falling on level surfaces** etc.
- The most vulnerable group associated with these hazards is the **over 60 year olds**. This is the fastest growing age group within the population which has implications for future health costs caused by hazards in dwellings

Table 14: The QALY benefit and ICER of reducing HHSRS category 1 hazards to an acceptable level
N.B. where shown as zero, there is very small decimal number

Housing hazard type	QALY years for all stock (years)			ICER before work
	Before work	After work	Saving	
Damp and mould growth	6	0	6	£217,771
Excess cold	61	6	55	£172,281
Crowding and space	27	0	27	£41,467
Entry by intruders	2	0	2	£73,689
Domestic hygiene, Pests and Refuse	0	0	0	£1,528,116
Food safety	0	0	0	£1,863,389
Personal hygiene, Sanitation and Drainage	0	0	0	£779,988
Falls associated with baths etc	38	0	38	£21,139
Falling on level surfaces etc	18	2	16	£239,883
Falling on stairs etc	164	16	148	£80,695
Falling between levels	10	0	10	£62,183
Electrical hazards	1	0	1	£111,400
Fire	9	0	9	£102,106
Flames, hot surfaces etc	2	0	2	£184,014
Collision and entrapment	2	0	2	£28,151
TOTAL	338	24	314	£5,288,272

Analysis using methodology developed by BRE to estimate the cost of poor housing in terms of QALYs. It suggests that if all category 1 hazards in the private sector were mitigated, around 314 QALYs could be realised.

7. Impact of Covid-19 on excess mortality - Headlines



- So far in England and Wales, there have been **two time periods during the Covid-19 pandemic when weekly and monthly registrations of deaths from all causes were consistently higher compared to a 5-year average** (also known as “Excess Deaths”). The periods above average were from March to July 2020 and then from September 2020 to March 2021.
- Looking at age-standardised mortality rates, data for Barnsley follows a **similar trend to the National data** – with a first peak in April, and a second peak in November 2020 (occurring before the National peak in January). In both of these peaks mortality rates in Barnsley were higher than both regional and National averages.
- MSOA level data provided by the ONS, shows several MSOAs in Barnsley with significantly higher percentages of excess deaths within these two peaks.
- Provisional data for England and Wales in 2019/20 **shows an increase in Excess Winter Deaths** which were 19.6% higher than winter 2018 to 2019 (excluding deaths from Covid-19). Respiratory diseases continued to be the leading cause of excess winter deaths that occurred in 2019 to 2020. Local data for 2019/20 is expected November 2021, and it is likely that we will see an increase in Excess Winter Deaths in Barnsley, following the National trend.

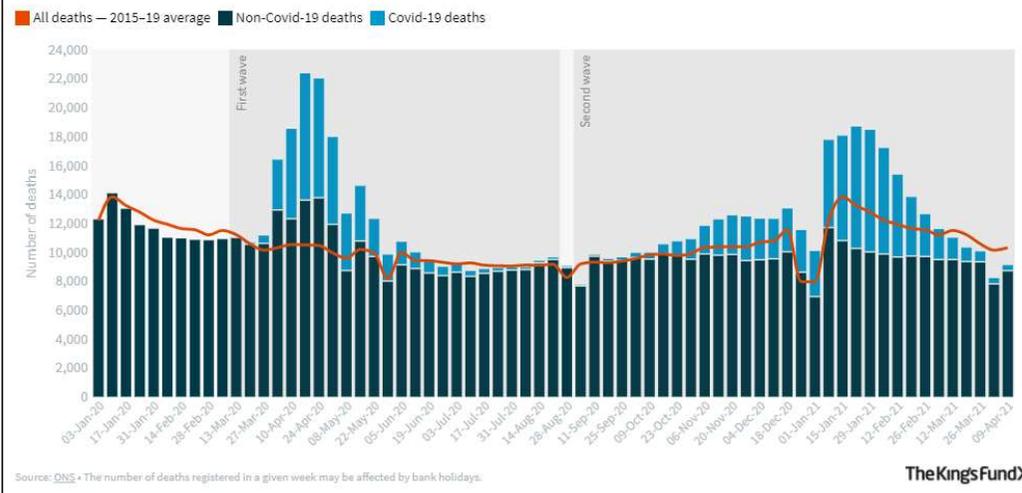
Impact of Covid-19 on Excess Winter Mortality

Excess deaths (from all causes) are the clearest way to compare the likely impact of the pandemic over time. So far in England and Wales, there have been **two time periods during the Covid-19 pandemic when weekly and monthly registrations of deaths from all causes were consistently higher compared to a 5-year average** (also known as “Excess Deaths”).

The periods above average were from March to July 2020 and then from September 2020 to March 2021.

Figure 1 Number of deaths registered by week from week ending 3 January 2020 to week ending 9 April 2021

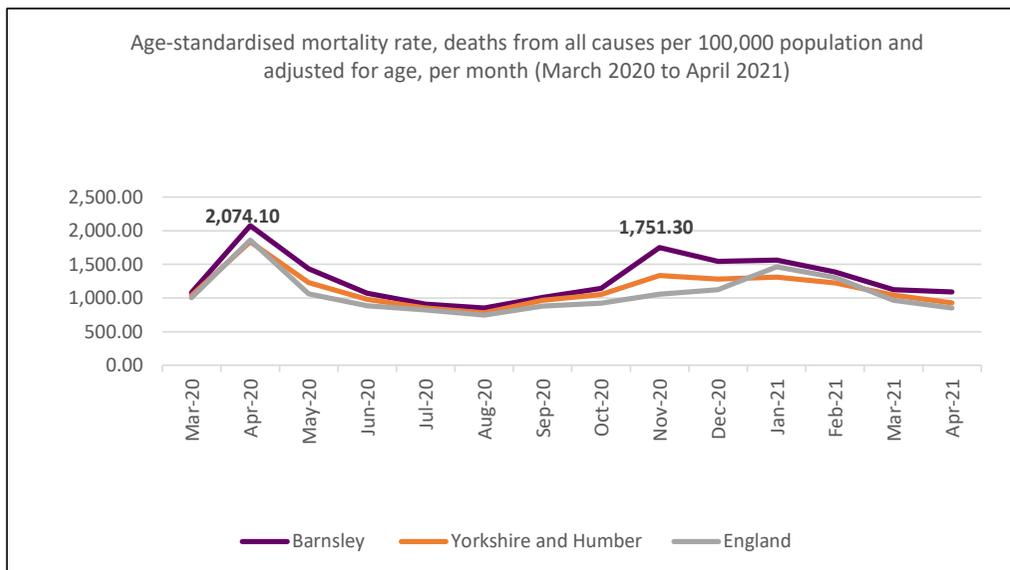
England and Wales



Key Points:

- Total deaths were below or very similar to five-year average levels earlier in 2020, possibly because of the relatively mild winter and low levels of circulating flu.
- The first peak of excess deaths in April was likely driven by Covid-19 deaths (but where Covid-19 was undiagnosed).
- Higher numbers of deaths in earlier weeks could also have contributed to the lower levels seen in later weeks. Some people who may have otherwise died in the later weeks could have died prematurely a few weeks earlier. This effect is referred to as “mortality displacement”.
- When infections and deaths due to COVID-19 increased again in the autumn of 2020, total deaths registered in England and Wales remained above average for seven months.

Impact of Covid-19 on Excess Winter Mortality



Looking at age-standardised mortality rates, data for Barnsley follows a similar trend to the National data – with a first peak in April, and a second peak in November 2020 (occurring before the National peak in January). In both of these peaks mortality rates in Barnsley were higher than both regional and National averages.

March 2020 to July 2020	
Barnsley MSOA	Percentage Excess Deaths
Mapplewell and Staincross	111.9%
Cudworth Village	100%
Wombwell North	84%
Shafton and Upper Cudworth	68%
Worsbrough Common	65.7%
Wombwell South	65%
Ingbirchworth, Dunford Bridge	60%
Grimethorpe and Brierley	56.3%
Ardley and Stairfoot	53.1%
Goldthorpe	52.4%

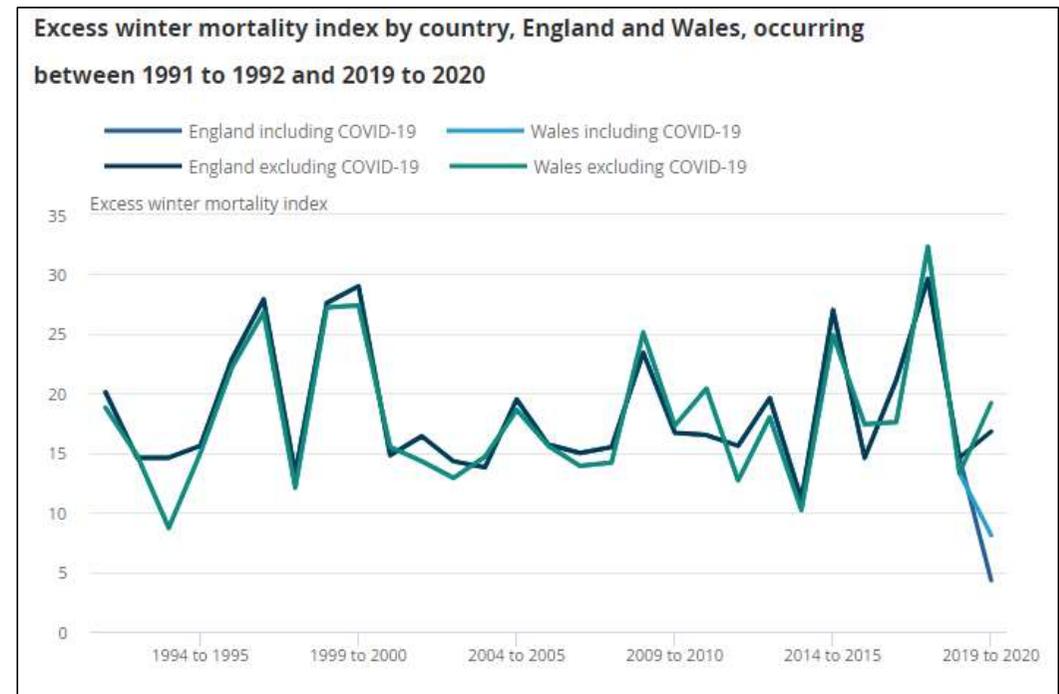
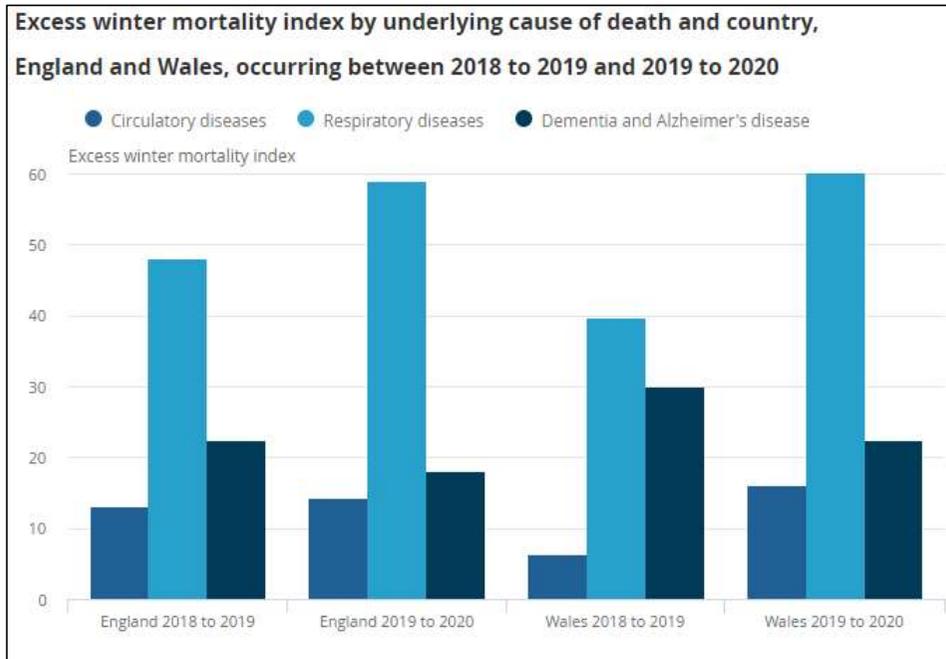
September 2020 to March 2021	
Barnsley MSOA	Percentage Excess Deaths
Wombwell North	75.7%
Ardley and Stairfoot	75%
Grimethorpe and Brierley	65.2%
Bolton Upon Dearne	64.6%
Silkstone, Hoylandswaine	61.3%
Elsecar	55.3%
Shafton and Upper Cudworth	51.2%
Royston and East Carlton	48.3%
Royston West	42.9%
Wilthorpe and Barugh Green	34.8%

It is possible that care homes could impact on the MSOA data since data for England and Wales shows that excess mortality ration in care homes was 3.37 in the first peak in April compared with an overall ratio of 2.21

Excess winter mortality in England and Wales: 2019 to 2020 (provisional)



- An estimated 28,300 excess winter deaths occurred in England and Wales in winter 2019 to 2020, which was 19.6% higher than winter 2018 to 2019 (excluding deaths from Covid-19).
- Respiratory diseases continued to be **the leading cause of excess winter deaths** that occurred in 2019 to 2020.



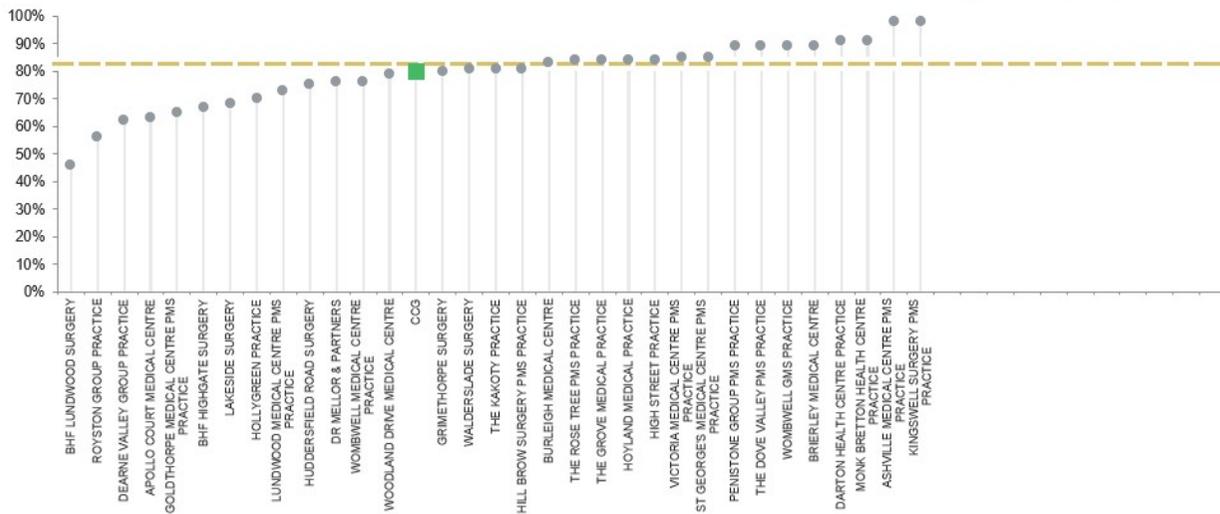
Local data for the 2019/20 period is expected November 2021

GP Patient Survey



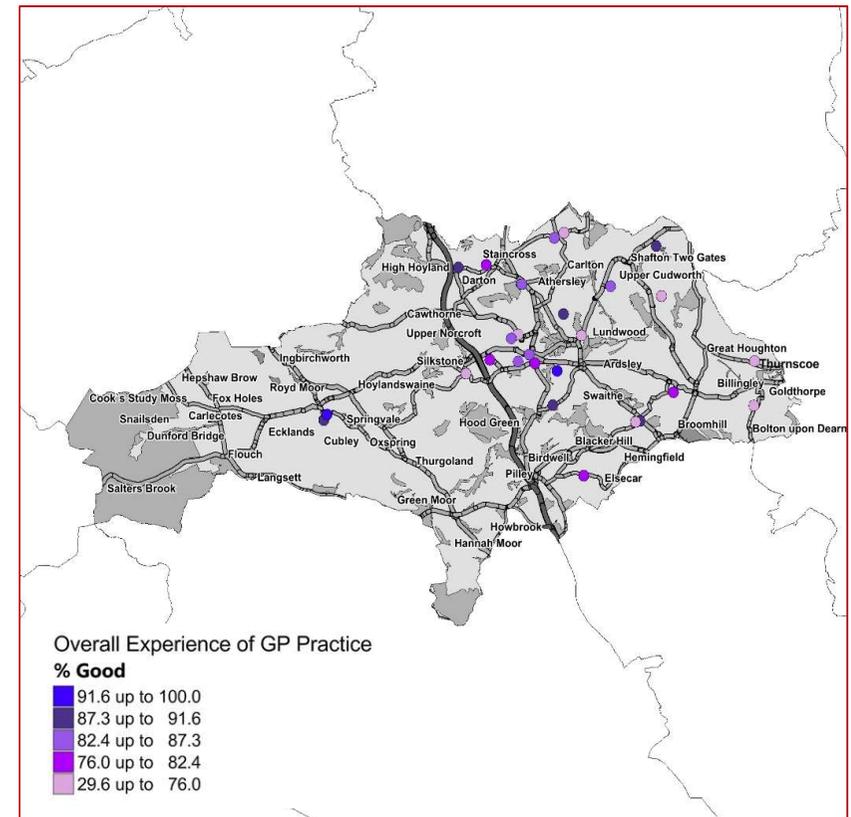
Q30. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'

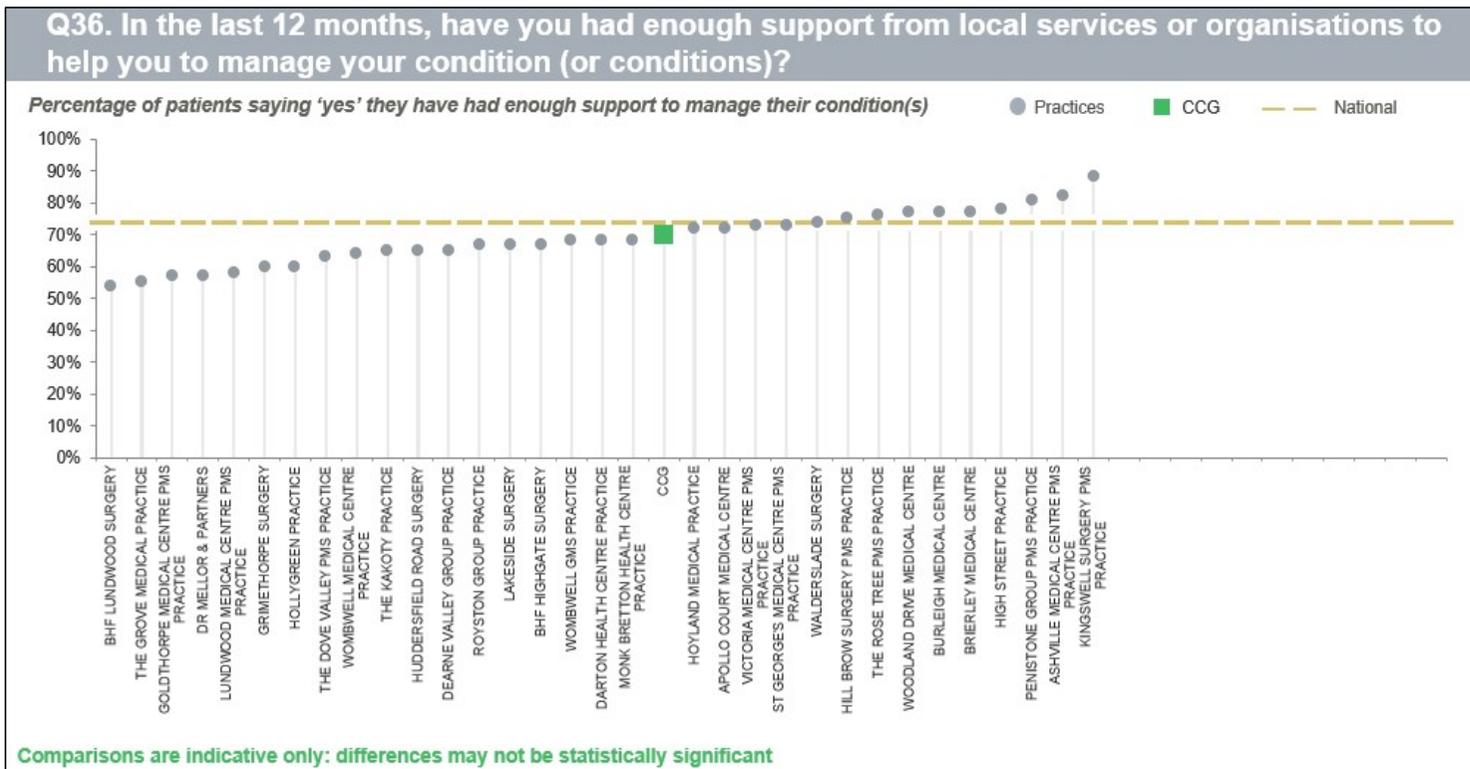


Comparisons are indicative only: differences may not be statistically significant

There are a number of GP practices in the Borough (above) where the percentage of patients rating their experience as "good" is lower than the National and Barnsley average. The majority of these are located around the Central, North East and Dearne areas of the Borough.



GP Patient Survey



In terms of support from local services to manage conditions, there are a greater number of GP surgeries where patients report lower levels of satisfaction compared to CCG and National averages.

Appendices

At Risk Groups – Population aged 65+

Ward	Population (aged 65+) (mid-year 2019 population estimates)	
	Number	% of total population
Penistone East	3181	26.3
Dodworth	2784	26.2
Darton West	2535	23.6
Rockingham	2621	23.4
Worsbrough	2179	22.3
Darton East	2482	22.2
Monk Bretton	2521	20.8
Darfield	2307	20.5
Penistone West	2651	20.5
BARNSELEY	48162	19.5
Royston	2188	19.5
Stairfoot	2446	19.3
Hoyland Milton	2260	18.3
Dearne North	2014	18.0
North East	2433	17.7
Wombwell	2267	17.4
Old Town	1927	17.2
Cudworth	1922	16.7
St Helens	1832	16.6
Dearne South	2017	16.3
Central	1944	15.4
Kingstone	1651	13.9