

**DRAFT (5/8/11)**

**North Somerset  
Joint Strategic Needs Assessment**

**Executive Summary 2011**

## **Acknowledgements**

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## **Introduction**

### What is the Executive Summary?

The North Somerset Joint Strategic Needs Assessment for 2011 examines 25 different topics impacting on health, each topic forming an individual chapter.

The Executive Summary pulls together the main findings and key challenges from these 25 chapters. More detailed information can be found on the JSNA website and can be accessed as either:

- **Topic Highlights** – one page summaries of the main findings and key challenges from each of the 25 chapters.
- **Full chapters** – detailed analysis, key challenges, and links to further information and data for each of the 25 chapters.

The website can be accessed on the North Somerset Partnership website at:

<https://www.n-somerset.gov.uk/Community/Partnerships/jsna>

### What is a Joint Strategic Needs Assessment?

A Joint Strategic Needs Assessment (JSNA) has been described as the local “Big Picture” of health needs. It is a process, rather than a product. It identifies the current and future health and wellbeing needs of the North Somerset population. The JSNA provides an understanding of the health and social care needs in the short term (three to five years) and the longer term (five to 10 years).

It involves local agencies, including the Council and NHS, jointly identifying current and future health and wellbeing needs and then analysing these. This information is then used to agree overarching priorities on health and wellbeing.

JSNAs should present both the needs of the local population alongside the “strengths” and by bringing these together achieve a comprehensive understanding of what needs to be done, and the means available to deliver it<sup>1</sup>.

Although it has been in existence since 2007, the process has been evolving, and it is now a central part of the new health and social care policy changes. The JSNA will have a key role in underpinning and informing the new Health and Wellbeing Strategy.

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<sup>1</sup> Local Government Improvement and Development. ‘Joint Strategic Needs Assessment: a springboard for action’. <http://www.idea.gov.uk/idk/core/page.do?pagelId=26995274>

### Underlying principles of the JSNA

A number of underlying principles underpin what is included within a JSNA and who is involved in the process:

1. **The JSNA is about population needs, not individual needs.** The JSNA is one of a number of tools and sources of information which are used, for example, to help identify groups where needs are not being met and that are experiencing poor outcomes. It is not about individual needs of particular people.
2. **The JSNA process is based on partnership working** particularly across the local council and NHS. It is widely recognised that improving health is not just about providing more health services and monitoring levels of illness.
3. **The JSNA includes the views of the local community** and works to actively engage with them. The JSNA endeavors to include the voice of the local population, particularly vulnerable groups.
4. **The JSNA promotes evidence-based practice** by identifying best practice, innovation and research to inform how needs are best met.

Recent guidance has suggested that the data included in the JSNA should include:

- **Population level** e.g. total growth, birth, gender, age, ethnicity;
- **Social and place** e.g. vulnerable groups, crime, education;
- **Lifestyle determinants of health** e.g. diet, alcohol, smoking;
- **Epidemiology** e.g. deaths, life expectancy, long-term conditions;
- **Service access and utilisation** e.g. emergency admissions, welfare;
- **Evidence of effectiveness** e.g. NICE guidance, good practice;
- **Community perspectives**<sup>2</sup>.

### The North Somerset approach

The development and maintenance of the North Somerset JSNA is overseen by a steering group. The current membership of this group is listed in appendix A.

The first North Somerset JSNA was published in 2008/9 and the document was refreshed in 2009/10. Information contained in the JSNA has been used to inform planning and policy decisions across North Somerset Council, NHS North

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<sup>2</sup> Local Government Improvement and Development. 'Joint Strategic Needs Assessment: a springboard for action'. <http://www.idea.gov.uk/idk/core/page.do?pagelId=26995274>

Somerset, and other local organisations. It has provided the evidence base for the North Somerset Sustainable Community Strategy, the North Somerset Council Corporate Plan, and the Strategic Framework for NHS North Somerset.

Drawing on national guidance and lessons learnt from the first two years of production, in 2010 the JSNA steering group has also adopted a number of local principles for the development of the JSNA and identified core topics to be covered over time. Details of these are contained in appendices B and C. The actions resulting from last year's JSNA are contained in appendix D.

### Changes in 2011

A new approach has been adopted to developing the 2011 North Somerset JSNA refresh. The main changes are:

- **Improved accessibility** with the development of a new website allowing more details to be incorporated;
- **Different formats** with information presented in different levels of complexity in the JSNA executive summary, topic highlights, full chapters containing links to further information.
- **More emphasis on the wider determinants of health** with contributions in areas such as crime, housing, transport, employment, economy, environment and education;
- **More information relevant to the Local Strategic Partnership themes** with chapters organised around the four delivery partnerships (see below);
- **A common structure to each topic** incorporating key facts, details of service provision, community voice; and links to the evidence base;
- **Contributions from both PCT and North Somerset Council** with contributions from many departments and services within both organisations.

### North Somerset Partnership

North Somerset has a strategic partnership which works to develop a common and strategic vision and plan for the district. The North Somerset Partnership (NSP) is the local strategic partnership for the district. The partnership brings together a range of representatives from the public, private, voluntary and community sectors to tackle important issues in the community in a co-ordinated way. Members of the partnership include the council, the local NHS, the police, business representatives, further and higher education and the voluntary sector.

The partnership has worked together to develop and implement a vision and plan that will lead to better opportunities and quality of life for all residents in North Somerset. The vision and plan are set out in its Sustainable Community Strategy 2008 – 2026. The vision is

*“Sustainable, inclusive, safe, healthy, prosperous communities thriving in a quality environment”.*

To achieve this vision six shared priorities have been developed. These are:

- Tackling disadvantage and promoting equality of opportunity.
- Developing strong inclusive communities.
- Ensuring safer communities.
- Improving health and wellbeing.
- Developing a prosperous economy and enterprising community.
- Living within environmental limits.

Under the North Somerset Partnership Board and Executive there are four delivery partnerships which focus respectively on

- Children and young people
- Health and wellbeing
- Safer and stronger communities
- Transport, economy and the environment.

### Topics for the 2011 JSNA

The topics chosen for the 2011 North Somerset JSNA reflect the wide range of areas affecting health that are being addressed by the four delivery partnerships of the North Somerset Partnership. The JSNA encompasses both new and existing needs assessments.

The chapters of the executive summary are organized around the four delivery partnerships of the North Somerset Partnership. In addition, there are two chapters on the ‘Changing Population and an ‘Overview of Health’, the findings for which have implications for all the delivery partnerships.

The JSNA covers all issues under a broad definition of health and well-being. Some areas have been considered in greater detail to date, but as the JSNA progresses all topics will receive this detailed analysis. A wide range of sources and information has been used in compiling the information used in this JSNA.

## **Overall findings**

This first section presents the main findings from the 'Changing Population and 'Overview of Health' chapters, and the key health issues emerging from the 2011 JSNA.

Challenges specific to each of the four North Somerset Partnership Delivery Partnerships are contained in subsequent sections.

### **Changing Population**

In 2009, the Office for National Statistics estimated the population of North Somerset was 209,100. Over two thirds of people live in the four towns of Weston-super-Mare, Clevedon, Portishead, and Nailsea. The remaining 33% live in villages and countryside. In 2010 there were an estimated 90,198 households, an increase of 10,202 since 2001. There are currently an estimated 2.32 people per dwelling, a fall from 2.36 in 2001.

The proportion of 0-15 year olds in North Somerset (18.1%) is slightly lower than the national average (18.7%). The working age population in North Somerset (58%) is lower than the national average (61.8%). Older people make up 23.8% of North Somerset's population compared to 19.5% nationally. The proportion of older people in North Somerset wards ranges from 11.6% to 35.1% with the highest proportions in Clevedon wards.

Between 1999 and 2009, the population of North Somerset grew by 12%, with most growth seen in the over 65s age group (17%). In this period the over 85s grew by 32%. Most of the population growth is due to people moving to North Somerset from elsewhere in the UK. The recession has led to a decline in migration. The number of births has been increasing and at a faster rate than the national average.

By 2033, the population of North Somerset is projected to increase by 40%, higher than the national average of 18%. The biggest growth is expected in the over 65s (80%), however increases are also expected in children aged 0-15 (34%), and those of working age (26%). By 2026, 13,400 homes are due to be built, two thirds of these in Weston-super-Mare and Weston villages.

The proportion of black and ethnic minority groups (ethnic groups other than white) in North Somerset has increased from 1.4% in 2001 to 3.7% in 2007 and 5.1% in 2009, below the England average for 2009 of 12.5%. A higher proportion of ethnic minorities are in younger age groups. There is a substantial Gypsy, Roma and Traveller population, although to date there is no reliable estimate of overall numbers. There is also a need to understand the outcomes for the black and ethnic minority population, particularly in relation to health and social care.

In terms of the Indices of Deprivation (ID) 2010, North Somerset has 15 areas in the most deprived quartile in the country. All of these areas are in Weston-super-Mare. For the first time in North Somerset we have areas within the most deprived 1% nationally, and the least deprived 1% nationally. This results in North Somerset having the 7<sup>th</sup> largest inequality gap in the county, which has worsened from the 11<sup>th</sup> largest gap in 2007 (calculated using the difference between the highest and lowest score in a unitary authority).

### Overview of Health

The 2011 Health Profile of North Somerset shows that the health of the North Somerset population is generally better than the England average. However rates of hospital stays for self harm are higher than the England average. Previous Health Profiles have flagged up rates of incapacity benefits for mental health reasons and alcohol-related hospital stays as problematic. Local analysis suggests that these areas are still of concern in North Somerset.

Early deaths from heart disease, stroke and cancer have fallen in the last 10 years and remain better than the England average. Levels of childhood obesity, and estimates of increasing and higher risk drinkers, healthy eating, physical activity and obesity in adults are similar or better than England.

The prevalence of key diseases such as CHD and diabetes are significantly higher in North Somerset than England. However this is likely to be due to a higher proportion of older people in North Somerset. A&E attendance rates are lower and hospital admission rates similar to the England average.

The Marmot indicators show key indicators of the social determinants of health, health outcome and social inequalities. Both male and female life expectancy at birth is higher than the England and South West average. However the gap in life expectancy and disability-free life expectancy between the 10<sup>th</sup> most affluent and deprived areas is worse than England.

## Key Health Issues

Although the health of North Somerset is generally good, the 2011 JSNA has identified some areas where over recent years North Somerset has consistently performed worse than either the national or the South West average. These key health issues in order of priority are:

### **1. Inequalities in health and employability**

- Particularly poor health outcomes and joblessness in certain geographical areas, especially Weston-super-Mare Central and South wards.
- Poor outcomes in certain vulnerable groups, including those with a mental illness and on low incomes.
- North Somerset has the 7<sup>th</sup> widest inequality gap in the country, with the gap between the most and least deprived areas increasing (Indices of Deprivation, 2010).
- Areas in Weston-super-Mare South ward are now in the 1% most deprived nationally (Indices of Deprivation, 2010).

### **2. Changing Population**

- Older people make up a higher proportion of the population than the national average.
- Projected population growth is considerably higher than the national average.
- North Somerset has an increasing ethnically diverse population.

### **3. Mental health:**

- High levels of hospital admissions for deliberate self harm and historically high levels of mental health related incapacity benefit.

### **4. Substance misuse:**

- High levels of problematic drug users and alcohol-related hospital admissions.

## **Children and Young People**

This section presents the main findings and challenges for consideration by commissioners from the chapters contained in the Children and Young People's chapters of the JSNA.

The main findings from the Child Health Profile for North Somerset are<sup>3</sup>:

- The health of children in North Somerset is generally better than or similar to the England average. Infant and child mortality rates are similar to the average, and breastfeeding initiation levels are better than average
- A quarter of the population of North Somerset is under the age of 20. Around 6% of school children are from a black or minority ethnic group and 15% of children under 16 are living in poverty.
- 9% of children in Reception and 15% of children in Year 6 are classified as obese. 50% of children participate in more than three hours of sport a week.
- Child hospital admission rates for alcohol specific stays and injury attendances are better than the England averages, whilst admission rates to hospital for substance misuse are similar to the England average. The percentage of children who say they use drugs and those who say they have been drunk recently are similar to the England averages.

Key findings from the individual chapters in the Children and Young Peoples section are:

### **Breastfeeding**

77% of women breastfed their babies at birth in North Somerset compared to 73% nationally. By the time the baby was 6 weeks old, 49% of North Somerset babies were breastfed.

The proportion of breastfed babies has been increasing steadily over the last few years. There are large variations in rates across the North Somerset, with 37% of babies in Weston South ward breastfed at six weeks compared to 60% in the North district. Younger parents, and those on low incomes, are less likely to breastfeed. Recent research suggests that breastfeeding has significant long

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<sup>3</sup> Child and Maternal Health Observatory. <http://www.chimat.org.uk/profiles>

term benefits, which go beyond physical health with improved cognitive outcomes and reduced behaviour problems.

### Childhood Immunisations

Over 95% of our children receive the immunisations due by their first birthday. North Somerset is failing to meet national targets of uptake for immunisations due by the time children reach their second and fifth birthday.

Groups with the lowest uptake rates in North Somerset include children of mothers under 25 years old, and over 35 years old, and children living in Central Weston. There is substantial variation between GP Practices in uptake of immunisations.

### Childhood Disability

The precise number of children with disabilities in North Somerset is unknown. There were 697 children and young people aged 0–19 in North Somerset who either received a service from the Disabled Children's Team and/or have Statements of Special Educational Needs, with a large majority receiving both. Of these children 70% are male and 78% are aged 9-19.

In 2010, there were 493 (1.7%) children attending a North Somerset school with a statement of Special Educational Needs, lower than the England (2.7%) and regional (2.7%) average. Children with Aspergers Syndrome have been identified as a group of young people who have historically missed out on services.

### Emotional Health and Wellbeing

Based on national prevalence data It is estimated that in North Somerset there may be 1,508 children with conduct disorders; 1,223 with emotional disorders; 398 with hyperactive disorders; and 370 with less common disorders. The total number of these children is 3,498.

Estimates of the number of children requiring different tiers of mental health treatment services in North Somerset have identified a potential 6,777 children with mild early stage problems requiring tier one services; 3,388 with moderately severe problems requiring attention from professionals trained in child mental health (Tier two services); 1,129 with severe and complex problems requiring multi-disciplinary team working (Tier three services); and 212 with very serious problems requiring specialist treatment (Tier four services).

A range of services in a variety of settings across North Somerset support children and young people's emotional health and well-being. Specialist Child and Adolescent Mental Health Service (CAMHS) are provided by Weston Area

Health Trust. In 2009, 925 referrals were made to CAMHS, 60% from the South team. Since 2005, there has been a 31% increase in referrals, the largest increase from the South team (57%).

### Education and Skills

Overall educational attainment in North Somerset schools is good and has been improving, remaining about the regional and national average. 52% of pupils in North Somerset taking GCSEs achieved 5 or more A\*-C grades including English and maths. However, this masks large differences between schools, areas and groups within the district. In 2008, only 16% of children eligible for free school meals achieve this compared to 53% of those not eligible for free school meals.

The attainment gap between those pupils eligible for free school meals and other pupils is significant and getting wider. By the GCSE stage the gap is the widest in England. The gap is widest in more rural schools. Educational outcomes for looked-after children are particularly poor.

Based on progress at Key Stage 2 and 4 and taking account of factors beyond school's control such as poverty, most schools in North Somerset perform around the national average.

In 2010, 3.7% of young people aged 16-18 in North Somerset were not in education, employment or training (NEET), lower than the England average of 6.7%. However one in 10 young people living in the Weston South Locality were not in education, employment or training. A survey of local businesses highlighted skill gaps in literacy, numeracy and time keeping in 16–19 year olds.

### Child Poverty

Based on data from HM Revenue and Customs in 2010, 14% of North Somerset children live in poverty compared to 22% in England. This ranges from 2% in Clevedon Walton to 44% in Weston-super-Mare South. The rate in Weston-super-Mare south ward is the third highest of any electoral ward in the South West of England (these figures are based on the national definition of households below 60% of median income).

In North Somerset a local source of information on child poverty has been developed based on the households with dependent children claiming Household Benefit and/or Council Tax Credit. In October 2010, approximately 4,800 households (approximately 8,400 children) met this criterion.

Child Poverty is an issue across North Somerset. Just under two thirds of those claiming Household Benefit and/or Council Tax Credit live in the Weston-super-Mare and Worle area. Particular concentrations can be seen in South Weston,

but also significantly to the east, including Milton, Worle, St Georges and particularly Locking Castle. There are pockets of child poverty in other parts of North Somerset, both urban and rural.

To tackle child poverty, broader social issues need to be understood. Education outcomes for those on free school meals at all assessment stages are significantly below other children and below the national average. Levels of debt and benefit claims related enquires to the Citizens Advice Bureau have increased. The number of Job Seekers Allowance claimants has risen more sharply in more deprived areas. Demand for housing in North Somerset outstrips supply. Transport for children in deprived rural areas remains a challenge. Children and Young People are concerned about many aspects of poverty.

### Teenage Pregnancy

In 2009, 123 under 18 year old girls became pregnant. The North Somerset teenage conception rate for 2007-09 was significantly lower than the England average but has risen in recent years. Since 1998, teenage conception rates locally have fallen by 2.5% compared to 18.1% in England. The highest rates are found in the in Weston-super-Mare and are closely linked with levels of poverty.

### Obesity (childhood)

In 2009-10, 13.2% of 4 and 5 year old children at school in North Somerset were overweight and 8.9% obese. In line with national trends, the proportion of obese children rises as they get older - of our children aged 10 and 11, 14.1% are overweight and 15.4% obese.

The rates of overweight and obese children in North Somerset taken together mirror the picture seen in the rest of the South West and England as a whole. In common with the rest of England and the South West, there appears to have been a recent slowing in the increase in the prevalence (level) of childhood obesity, but there is no evidence that prevalence is actually decreasing.

### Smoking and Housing

These smoking and housing issues related to children and young people are contained in the next section on health and wellbeing section.

Key challenges for consideration - Children and Young People:

1. Planning for the expected rise in the number of young children and young people over the next 20 years, particularly in Weston-super-Mare.
2. Increasing the uptake of immunisations, particularly in children with young or older mothers, and those living in Weston-super-Mare.
3. Improving breastfeeding rates, especially in younger mothers, those on low incomes, and those living in Weston-super-Mare.
4. Raising the educational attainment of children and young people, particularly those of free school meals, looked after children, and those living in Weston-super-Mare.
5. Reducing the rising levels of childhood obesity, particularly in areas of deprivation.
6. Reducing teenage pregnancy rates, particularly in areas of Weston-super-Mare with high levels of teenage conceptions.
7. Reducing the proportion of young people not in education, employment or training (NEET) in areas with high levels, such as Weston South Locality.
8. Reducing the level of child poverty, particularly in Weston-super-Mare.
9. Preventing young people from starting smoking, and protecting them from tobacco-related harm.
10. Meeting the need for affordable housing for families and young people.
11. Preventing young people aged 16/17 years and families from becoming homeless.
12. Improving the emotional health and wellbeing of children.
13. Think family - improving the outcomes of children by supporting the whole family, especially in relation to alcohol, mental health and substance misuse.

## **Health and Wellbeing**

This section presents the main findings and key challenges for consideration by commissions from the chapters contained in the Health and Wellbeing chapters of the JSNA.

### **Alcohol**

In North Somerset alcohol is estimated to cost the NHS over £3m in healthcare costs each year. An estimated 27% of adults drink more than the sensible drinking limits. In North Somerset, this equates to 45,079 adults. Of these 5,737 are dependent drinkers. An estimated 24,611 adults in North Somerset binge drink, that is drinking more than double the daily limit on one occasion. High risk groups for alcohol-related harm include young people, people with multiple risk factors for cardiovascular disease, people with mental health problems, and unborn children.

The rate of alcohol related hospital admissions in North Somerset is significantly higher than the England average, and reflecting national trends has been steadily rising. Alcohol-related admissions are higher in more deprived areas. The highest admission rates are in the wards of Weston-super-Mare South, Central and West. There are considerable variations in hospital admissions between GP practices, ranging from 828 per 100,000 to 2,907 per 100,000.

### **Carers**

It is estimated that there are 20,000 carers in North Somerset, of whom a significant proportion are young carers. Crossroads is currently working with over 300 young carers aged under 18. A higher concentration of young carers lives in Weston-super-Mare. Expected rises in the numbers of over-65s and people with dementia over the next five to 10 years and young people with complex impairments surviving to adulthood will see the number of carers and ageing carers, in North Somerset increase.

### **Coronary Heart Disease**

CHD is the second leading cause of death in North Somerset after cancer. Many deaths are preventable through a healthy lifestyle that includes not smoking, a balanced diet and regular physical activity. CHD is closely linked to deprivation and contributes significantly to a gap in life expectancy.

Death rates from CHD have halved in the past 10 years in North Somerset in line with national trends and are lower than the national and South West averages. As a result, more people are living with the condition.

In North Somerset in 2009/10, 7,975 people (3.8%) were known by their GPs to have CHD. A further 4,700 people were estimated to have CHD but have not been identified by their GPs, the largest proportion of undiagnosed patients living in the most deprived areas. 1,800 people suffer heart failure as a consequence of a heart attack or persistent hypertension.

### Housing

There are 86,085 households in North Somerset, 78.8% of which are owner occupied compared to 68.3% nationally. Social housing accounts for only 9.4% of all housing stock compared to 17.7% nationally.

In 2005, a private sector housing conditions survey found 41.7% of vulnerable households lived in non-decent homes. The poorest housing conditions in the private sector are concentrated in the oldest housing stock and in the private rented sector. Pre-1919 housing stock is concentrated in the Old Weston area, but is also above average in rural areas. There is a correlation between physical housing condition problems and socio-economic disadvantage. Older and young single households and those on low incomes are most affected.

Rates of fuel poverty are above average in Old Weston and Nailsea, in pre-war dwellings, houses in multiple occupation and the private rented sector. Lower levels of energy efficiency are found also in Old Weston, rural areas, self contained flats by conversion and in park homes. 39.2% of non-decent homes are occupied by older people.

Lower quartile house prices in North Somerset are 7.9 times greater than lower quartile earnings, compared to an average of 6.28 in England. 50.6% of younger households (those under 35) cannot afford to buy or rent in North Somerset's private housing market. The 2009 housing market assessment identified a backlog of 3,619 households in housing need. Problems associated with affordability are exacerbated in rural areas. Changes in government legislation may reduce availability of affordable homes.

As at March 2011, there were 7,918 households on the HomeChoice register whilst on average only 600 social housing properties become available each year. A shortfall in provision for Gypsy and Traveller accommodation has also been identified. The three largest groups facing homelessness are those with dependent children; people with mental health problems; and 16/17 year olds. The foremost reason for homelessness is the ending of an assured shorthold tenancy. There is limited supported housing for those with significant mental health problems. There is also a need to expand housing options for older people and people with learning disabilities to enable more people to live independently and avoid the need for residential care, where appropriate.

There are 68 families on the HomeChoice register who are lacking one or more bedrooms and who require a four or five bedroom property. There are very few four or five bedroom social housing properties in North Somerset, which means that larger families can have to wait a long time to be housed.

### Sensory Impairment

There is limited information about the number of people with sensory impairment in North Somerset. While registration of visual impairment with the local authority is statutory registration of hearing impairment is not. As of February 2011, there were 715 people registered blind and 668 partially sighted. The majority (83%) of blind and partially sighted (86%) are older adults. Most blind (62%) and partially sighted people (63%) are female. By 2050, the number of people with sight loss is set to double due to increases in risk factors such as obesity, diabetes and age.

A total of 153 people were registered either deaf or hard of hearing, and six appeared on both registers. National estimates indicate 100 people in North Somerset have dual sensory loss. Most people with a hearing impairment (74%) were older adults and female (61%).

### Sexual Health

Chlamydia is the most commonly diagnosed sexually transmitted infection in North Somerset. Many of those infected have no symptoms, but complications include pelvic inflammatory disease, ectopic pregnancy and infertility.

In 2009, 649 cases of Chlamydia were diagnosed in people under the age of 25 in North Somerset. The rate of diagnosed Chlamydia infection in 15-24 year olds locally is significantly higher than the England average. The peak of infection peaks occurs in 20-24 year old men and 15-19 year old women.

Fewer than five new HIV infections were diagnosed between 2005 and 2009 in GUM clinics in North Somerset with no new infections in three of these years. The diagnosed prevalence (level) of HIV in North Somerset is significantly lower than the England average. 50% of infections were acquired heterosexually.

In 2009, there were 455 abortions in North Somerset. The North Somerset rate is lower than the England average. There has been little change in the rate over the last 5 years. Abortions in North Somerset peak in the 20-24 year olds. In the under 25s, one in five abortions are repeat abortions, lower than the England average of one in four. The proportion of late abortions (>12 weeks) in North Somerset (11%) has declined over recent years and is lower than the England average (9%).

### Smoking

Each year approximately 300 North Somerset residents die unnecessarily from smoking-related illness. Smoking results in considerable use of NHS services, with more than 1,000 hospital admissions in North Somerset attributable to smoking in 2008/09. Health damage from second-hand smoke is substantial.

Estimated levels of smoking in North Somerset (18%) are significantly lower than England (22%) however this still equates to over 31,000 smokers. Some groups are more likely to smoke than others including those on low income; men; certain ethnic minority groups; age group 16 -25; and those with serious mental illness. 11% of pregnant women in North Somerset smoke, significantly lower than the England average. Since 2000, levels of smoking in adults and children have declined.

### Suicide

In 2009, there were 18 deaths from suicide and injury undetermined in North Somerset, a reduction from the previous year when there were 26 deaths. Male deaths outnumber female deaths by 3.8 to 1. Mortality rates from suicide and undetermined injury in North Somerset are much higher in more deprived areas. The majority of deaths were as a result of hanging and most suicides occur in the age group 35-64.

Since 1993, the mortality rate in North Somerset has been lower than the national average with the exception of the most recent years (2006-08 and 2007-09). Mortality rates in North Somerset are currently higher than the national average but not significantly different. The cause of this recent rise is unclear.

An audit of coroners' records in 2009 identified the three most commonly cited contributing factors in North Somerset as relationship issues (67%), depression (61%) and alcohol (33%). The majority of those who died were unemployed (58%), either separated or divorced (55%), and living alone (55%) Other contributing factors cited included co-morbid physical conditions and insomnia.

### Obesity

Obesity levels in the UK have been increasing over recent decades for both adults and children. Estimates of levels of obesity in North Somerset (23.6%) are lower than in the rest of England (24.2%). In childhood, levels of obesity rise with age from 8.9% in four to five year olds to 15.4% in 10 to 11 year olds. Groups at high risk for obesity include people with diabetes; pregnant women; children of obese mothers; and those living in deprived areas or from low income households.

### Older People

It is widely recognised that we live in an ageing society. In North Somerset older people make up a larger portion of the population than the average nationally. In 2010, those aged 65 and over made up 20.3% of the population in North Somerset, compared to 16.5% nationally and these numbers are expected to increase significantly in coming years. Particularly large growth is expected in those aged 85 and over. By 2030, it is expected that in North Somerset there will be a 91% increase in the over 65s with dementia compared to the level in 2009.

The growing number of older people is an issue for North Somerset because the growing numbers will mean greater demands on services and more people becoming carers. Services for older people are the largest area of spending for Adult Social Services and are a key area of spend also for the health service. North Somerset has a high number of nursing home beds. In 2010 there were 79 bed spaces per 10,000 population locally compared to 38 per 10,000 nationally.

Key challenges for consideration - Health and Wellbeing

1. Planning for a growing population, particularly the increase in the number of older people and growth around Weston-super-Mare.
2. Enabling a greater proportion of older people and people with learning disabilities to live independently in the community and reducing the over reliance on residential and nursing care.
3. Reducing the high levels of alcohol-related harm, particularly in deprived areas.
4. Supporting the rising number of carers.
5. Further reducing deaths from coronary heart disease, particularly in deprived areas.
6. Meeting the accommodation needs of Gypsy and Traveller communities.
7. Supporting vulnerable residents in the private sector and private landlords to bring their properties up to the Decent Homes Standard.
8. Meeting the housing and support needs for those with challenging mental health needs.
9. Addressing the needs of the growing numbers of older people with dementia and continue to support people to self care and thereby manage their own long-term condition.
10. Meeting the needs of older people living in park homes, particularly in relation to energy efficiency.
11. Supporting the needs of the increasing numbers of people with sensory impairment with a specific focus on those young people in transition.
12. Reducing the number of abortions, rising levels of sexually transmitted infections and variations in sexual health service provision.
13. Reducing the rising levels of obesity, particularly in deprived areas and high risk groups including pregnant women and diabetics.
14. Reducing the levels of smoking, protecting people from tobacco related harm, and stopping young people smoking, particularly in deprived areas.
15. Reducing the number of those who die as a result of suicide.

## **Safer and Stronger Communities**

This section presents the main findings and recommendations for consideration by commissioners from the chapters contained in the Safer and Stronger Communities chapters of the JSNA.

### **Adult Drugs Misuse**

It is estimated that there are approximately 1,291 problematic drug users (PDUs) (heroin or crack cocaine) in North Somerset. This is equivalent to a rate of 9.84 PDUs per 1,000 population and is slightly higher than the rates for both the South West (8.2 per 1,000) and the UK (9.41 per 1,000).

There has been a relatively stable use of crack and benzodiazepines among the treatment population over the last three years (27 – 30% and 16 – 19% respectively), and a rising trend in steroid use. The main cause of drug-related deaths is opiate overdose.

The percentage of injecting drug users within the treatment population (18% in 2009/10) has fallen, and is lower than the South West (24%). There is a concentration of drug-related hospital admissions, deaths, and treatment in Weston-super-Mare.

There has been little change in the demographics of drug users over recent years. The majority of treatment users are white British males however the age of individuals in treatment, drug related hospital admissions and deaths has risen.

The commissioning focus for the treatment system is recovery and social reintegration. There is a need to increase engagement of groups with identified unmet need and to improve data collection in some areas to facilitate a better understanding of unmet need.

### **Crime and Anti-social Behaviour**

In 2010, there were 12,842 recorded crimes in North Somerset, a rate of 62.7 crimes per 1,000 population. This is lower than the previous year when 13,799 crimes were recorded. Levels of crime are closely related to levels of deprivation, with the highest crime rates in Weston Town Centre (201.7 per 1,000) and South ward (93.2 per 1,000).

There were 2,812 recorded violent crimes in 2010 although the number of injuries resulting from these offences is unknown. Many violent assaults are unreported. 31% of recorded violent crimes occur within the Weston Town

Centre area. In Weston Town Centre 56% of incidents are linked to the weekend night time economy and 61% of these to alcohol.

In 2010 domestic violence cost the North Somerset economy just under £40 million. Police were called to 2,483 incidents of domestic violence, 44% of which were serious enough to be recorded as crime. 251 victims were referred to the Independent Domestic Violence Advisors (IDVAs) of whom 179 received support. Gemini, the refuge and North Somerset Against Domestic Abuse were funded by Supporting People to support 24 people fleeing domestic abuse at any one time. Both agencies worked to full capacity throughout most of the year.

In 2010, there were 9,652 incidents of anti-social behaviour (ASB) recorded by the police although many incidents remain unreported. The 2008 Place Survey found that North Somerset had lower levels of 'problematic' anti-social behaviour than the national average. In 2009 a Citizen's Panel survey found 8% had been a victim of anti-social behaviour in the past six months, with a higher rate in 30-60 year olds, non-whites and carers.

The 2008 Place Survey found that overall levels of feeling safe in North Somerset are higher than the national average, both in the day and (especially) after dark. However, 25% of adults in the district feel very or fairly unsafe in their local area after dark, including 8% feeling very unsafe. 3% feel unsafe in the day.

The highest levels of feeling unsafe in the day are in Weston-super-Mare South (20%), Clevedon Yeo (13%) and Weston-super-Mare Central (13%). Those most likely to feel unsafe are those on low incomes, living in deprived areas, residents of Weston-super-Mare or in town centres. At night, those aged over 75, women and disabled people were more likely to feel unsafe.

### Offenders

Offenders suffer disproportionate levels of poor physical and mental health. Many factors increase the risk of starting offending, and often contribute to the continued cycle of re-offending. These factors also contribute to poor health, and include homelessness; stress, domestic violence; substance misuse; and low educational attainment. Women offenders face disproportionately high needs. The level of severe mental illness in offenders is particularly high.

Several factors in childhood increase the risk of offending, including truanting, being excluded from school, and taken into care. Offending also has a negative impact on the health of their families and on the victims of crime. Children of offenders are three times more likely to have mental health problems or to engage in anti-social behaviour than their peers. Fear of crime impacts negatively on populations increasing levels of anxiety.

The health needs of North Somerset's offender population are difficult to establish, however the needs of those managed by probation are known. Most offenders in North Somerset are male, the peak age group of 20-24. The three main criminogenic needs are thinking and behaviour; alcohol misuse; and education, training and employment. The level in North Somerset is higher than the South West in eight of the 10 categories.

### Stronger Communities

Strong communities are those where people have pride in where they live, where people are confident, welcoming, resilient and able to respond positively to the challenges that they face. There is a need to strengthen communities in order to improve health and address inequalities. North Somerset has one of the widest ranges of inequality in terms material deprivation and health inequalities in England.

There is limited data specifically relating to stronger communities. At a North Somerset level, 59% of adults feel they belong (very or fairly strongly) to their immediate neighbourhood similar to the national average. The percentage of adults doing voluntary work in a typical week is 13% and in a typical month is 27%. This is higher than the national average (monthly) figure of 23%. North Somerset scores above average on the four measure levels of respect and social cohesion in the area contained in the Place Survey.

Key challenges for consideration - Safer and Stronger Communities

1. Reducing crime, anti-social behaviour and the fear of crime and increasing public confidence particularly for individuals and communities where rates of crime, anti-social behaviour or the fear of crime are disproportionately high or where there is low public confidence.
2. Securing sustainable domestic abuse support services and addressing areas of unmet need.
3. Reducing alcohol misuse and related crime.
4. Reducing the risk and cycle of offending by addressing offenders health needs – especially those that are greater in North Somerset.
5. Increasing successful drug treatment outcomes including reintegration opportunities.
6. Targeting a higher proportion of resources to communities experiencing the greatest need e.g. South and Central Wards of Weston-super-Mare.
7. Increasing the proportion of communities participating in voluntary activities.
8. Increasing the proportion of people who feel able to influence local decisions and services especially in deprived and vulnerable communities such as Weston-super-Mare South and Central wards.

## **Transport, Economy and Environment**

This section presents the main findings and key challenges for consideration by commissioners from the chapters contained in the Transport, Economy and Environment chapters of the JSNA.

### **Transport**

Transport has direct and indirect impacts on health through transport-related accidents, active travel (cycling and walking) and public transport, air quality and access to a range of services. The negative effects of transport are more likely to affect people living in more deprived neighbourhoods and the effects of lack of access to transport particularly affect those in rural areas.

The number of road related deaths and injuries in North Somerset has declined over the last 10 years. Road safety is an integral consideration in the design and management of the transport network including the review of speed limits.

Nationally walking has decreased; no local data is available. Locally cycling has increased by 31.6% since 2003/4. In North Somerset 28,235 school children aged 5-16 years travel to school each weekday, however only 51.1% walk to school. Bus patronage in North Somerset increased by 15.7% between 2003/4 and 2009/10, to just under five million journeys per year. Rail use has almost doubled over the last decade.

North Somerset has a higher rate of car ownership when compared to the average for England, 18% of private households locally have no car compared with 27% nationally. High levels of car use can contribute to sedentary lifestyles with increased risk of heart disease, stroke, and cancers. The two most deprived wards have the highest proportion of households with no cars (45% and 42%).

### **Economy**

There are estimated to be 74,300 jobs in North Somerset; retail, health and social care are the sectors with the highest numbers of jobs. The district continues to be a net exporter of workers on a daily basis with major employment opportunities being provided in Bristol and the northern fringe. This leads to unsustainable traffic movements and related health impacts.

In North Somerset the proportion of adults with qualifications from levels NVQ1-4 is higher than the average for England and those with no qualifications is lower than the England average at 7.3%. 58% of the North Somerset population are of working age; 82% of these are economically active with 5.7% unemployed. 5.3%

of men and 4.1% of women of working age are unable to work due to permanent sickness. Claimant counts for job seekers allowance increased in 2008/9.

Whilst generally an affluent area with a ready supply of employment opportunities, the 2010 Index of Multiple Deprivation confirms the continuation of high levels of unemployment and those on income support in South and Central wards of Weston-super-Mare; comparable with the worse performing areas of deprivation nationally.

Over 97% of businesses employ less than 50 people. In 2009/10 there were 341 injuries to workers in North Somerset, of which the majority (79.5%) were in the services sectors. Opportunities are available in North Somerset for businesses and individuals to receive support in training and employment. Businesses can also access support to promote employee health in relation to physical activity, not smoking, health eating and health and safety.

### Environment – Climate change and planning

There is significant evidence that the quality of the environment people live in greatly influences people's physical and mental health and factors such as access to open space, the ability to lead an active lifestyle, access to health care facilities, community cohesion through the provision of facilities and services within neighbourhoods and good-quality housing and design all impact on people's health and wellbeing. These can all be influenced through planning policy and development and how we manage our built and natural environments.

The total population of the district is expected to grow by around 40% over the next 20 years, and around 13,400 new homes are expected to be delivered by 2026. Over 5,000 of these new homes are expected to come forward at the proposed Weston Villages major mixed-use development, and the majority of the rest will come within the existing Weston-super-Mare urban area. Accommodating growth in the most sustainable manner and protecting and enhancing the environmental quality of both the built and natural environment will be critical to achieving broader health outcomes.

There is also overwhelming evidence that greenhouse gas emissions from human activity are changing the global climate, which is likely to have a significant effect on the local natural environment, people's health and wellbeing and affecting our quality of life in the future. Rising global temperatures will bring changes in weather patterns, rising sea levels and increased intensity and frequency of extreme weather events.

Incidences of extreme weather events will increase the likelihood of inland flooding across the district. North Somerset may be particularly susceptible to any adverse impacts in relation to flooding, having a significant coastline (with potential net rise in sea level of between 20cm and 80cm by the 2080s) and

areas within the defined Environment Agency flood zones and a large quantity of low lying land.

#### Environment – environmental protection

**Air Pollution:** Air quality standards are set at EU level and incorporated into national standards, these limit concentrations of the major air pollutants that impact on public health as well as those such as ozone, which is also a potent greenhouse gas and can be transported great distances by weather systems.

Road transport is the main source of local air pollution, the current economic downturn has led to the ‘moth balling’ or closure of some businesses and has resulted in the continued decline locally in industrial emissions.

The principle pollutant associated with road transport is nitrogen dioxide, monitoring around the district at various road and kerbside locations confirmed that levels were below or well below the government-set objective at all relevant sites. Air quality within North Somerset complies with the nationally set guide values and objectives, consequently there are no requirements to introduce Air Quality Management Areas or Air Quality Action Plans.

**Bathing Water:** There are four designated bathing beaches in North Somerset, these are currently classed as good or excellent based upon the microbiological assessment of the water. Significant investment in the treatment of sewage will deliver substantial improvements by the 2013 bathing season.

**Noise:** Excessive noise can have a serious adverse effect on people’s health and wellbeing, it can disturb sleep, harm health, as well as reduce performance and changes in social behaviour. In 2010 we dealt with more than 1,700 noise complaints, with South and Central wards in Weston-super-Mare accounting for approximately 25-30% of all noise complaints.

**Contaminated Land:** Many parts of the country are faced with the legacy of historical industrial development, pollution of land and water courses can cause significant risk to health and the environment and pose a threat to sustainable development.

Key challenges for consideration - Transport, Economy and Environment:

Transport and environment

1. Ensuring future development accords with the sustainable development principles outlined in the Core Strategy.
2. Ensuring development provides essential community infrastructure which supports and promotes healthy and active lifestyles.
3. Protecting and developing green infrastructure and encouraging its wider use to support healthy and active lifestyles.
4. Developing the local response to climate change particularly the vulnerability of the older population to extreme weather occurrences and the need to manage the risk of flooding.
5. Continuing to improve bathing water quality at our designated bathing beaches.
6. Reducing incidents of noise nuisance across the district particularly in South and Central wards of Weston-super-Mare.
7. Addressing potentially contaminated land sites that have been identified as posing potentially high risk to human health or eco-systems.
8. Achieving sustainable travel and related health outcomes.
9. Sustaining a focus on children's health and safety aimed at reducing injuries and promoting active travel, increasing the proportion of children walking and cycling.
10. Maintaining and developing community transport provision and targeted solutions to provide access to transport.
11. Providing access to transport for young people and those on low incomes or income support remains a key challenge.

Economy and Employment

12. Securing the effective delivery of employment led regeneration in Weston-super-Mare and maximizing opportunities for those with low skills to access the labour market
13. Tackling inequality in employment, skills and employability in South and Central wards of Weston-super-Mare.
14. Improving the health of employees, including increasing the proportion returning early from sickness absence, decreasing levels of smoking, and increasing levels of physical activity in the workplace.
15. Creating local job opportunities when healthcare services are commissioned.

## **Next steps**

### Cross-cutting themes

In developing this refresh of the JSNA it was recognised that organising the document under the Delivery Partnerships of the North Somerset Partnership could run the risk of a "silo" approach. To address this a number of "cross-cutting" themes have been identified.

These are themes that cut across one or more of the delivery partnerships, have been identified as having a significant impact on health and wellbeing of North Somerset, and require a strategic response to address them. How this will be achieved will be agreed and implemented during 2011-12.

- Carbon reduction;
- Tackling unemployment and employability;
- Supporting deprived communities and tackling disadvantage;
- Supporting the family;
- Planning for a growing population;
- Black and other minority ethnic groups;
- Volunteering.

### Changes in national policy

The Government has set out a new approach to health and wellbeing, with significant changes to the NHS, public health, adult social care and local government. Responsibility for local health improvement and the reduction in health inequalities has been placed with local government. Public health will move from the NHS to local councils.

At a local level, an important development will be the establishing of statutory Health and Wellbeing Boards. The boards will bring together the local authority, public health, GP commissioners and patient and public involvement representatives. The new Health and Wellbeing Board will be part of the North Somerset Partnership structure and will be set up in line with the Government's timetable of April 2012.

The core purpose of the new boards is to improve local health and social care, and reduce health inequalities. One of the key tasks of the board will be to develop a Joint Health and Wellbeing strategy for the district. The Government has made it clear in its plans for the Health and Wellbeing Boards that the JSNA will be a key source of information from which the strategy will be developed and that local commissioners must take in to account the JSNA in their commissioning decisions.

## Local development of the JSNA

The North Somerset JSNA will continue to evolve to meet the needs of its users. As a live document, it will be continually updated as new information comes to light and feedback from users is obtained. Immediate priorities for development of the JSNA are:

### **1. Consult with JSNA users**

During the second half of 2011, members of the NHS and local authority will consult with users of the JSNA on the structure, content and impact on commissioning of services. Feedback from these consultation events will be crucial in determining the development of the JSNA.

### **2. Fill in the gaps**

The JSNA steering group will develop plans to fill in the gaps in knowledge, both in terms of writing chapters where there is currently no information, and identifying areas for further inquiry in existing chapters.

Improved data collection or introduction of data collection in some areas would enable a better understanding of need and degree to which services address unmet need. This includes the health needs of black and ethnic minority groups including Gypsy, Roma and Travellers; deliberate self harm; sexual health; emotional health and disability in children; and sensory impairment. In most topic areas predictions about the future needs are lacking.

The priorities for future inclusion in the JSNA have yet to be determined. Key knowledge gaps that need addressing are:

- Better information on community voice;
- More accurate data on the future short and long-term needs;
- Better evaluation of existing services;
- Filling in the gaps in the core JSNA topics (see appendix B).

### **3. Improve accessibility**

The JSNA website is crucial to improving access to information, and in 2011 there are plans to migrate the website to a new platform which will increase the flexibility and accessibility of the website.

#### **4. Review the JSNA process**

New guidance on the JSNA has recently been released by the Local Government Improvement and Development. The North Somerset JSNA principles and priorities will be reviewed in light of this guidance.

**Appendix A – Membership of the JSNA steering group**

The core membership of the North Somerset JSNA steering group is

- Director Adult Social Care, North Somerset Council
- Director Public Health, NHS North Somerset
- North Somerset LINK / Healthwatch
- GP Commissioning Consortium
- Development and Environment, North Somerset Council
- Assistant Director Children and Young People Services, North Somerset Council
- Community Safety and Drug Action, North Somerset Council
- Corporate Services, North Somerset Council
- Performance Management, North Somerset Council and NHS North Somerset
- Public Health Consultant, NHS North Somerset
- Planning and Policy Manager, North Somerset Council

## **Appendix B: Gaps for future work**

Over time, the North Somerset JSNA should aim to contain information on the following topics.

### **Population:**

Health of ethnic minority groups, including Gypsy, Roma and Travellers and people from different faiths.

### **Children and Young People:**

Maternity; oral health; injuries; physical and sensory impairment; parenting; safeguarding; looked-after children; physical activity; diet and nutrition.

### **Health and wellbeing:**

Diabetes; stroke; respiratory; mental health; cancer; end of life; musculoskeletal; unintended injury (including falls); communicable diseases; excess winter deaths; dementia; learning disability; physical impairment; autistic spectrum disorders and for adults; oral health; physical activity; diet & nutrition; health of veterans; pharmaceutical needs assessment; safeguarding; frail elderly.

### **Safer Stronger Communities:**

Community cohesion.

### **Transport, economy and environment:**

None identified.

**Appendix C: Principles of the North Somerset JSNA**

The principles underpinning the development of the North Somerset JSNA are:

- **Continuous Cycle:** The JSNA is a "live document" with an annual summary.
- **Contributing to evidence base.** Build local evidence base of problems and solutions, the process should identify research questions and evaluations.
- **Forecast future:** Identify short, medium and long term needs of the population.
- **Inform decision making:** Aligned to existing work priorities and delivery plans in both the PCT / practice-based consortia (PBC) and local authority.
- **Improve production:** Result in streamlined data gathering, analysis, and dissemination process between the JSNA partners.
- **Improved access:** Central point for public health information, with the information easy to access and interpret.
- **Promotion:** Programme to continually promote results within partner organisations, particularly within the council and NHS.
- **Jointly produced:** Input should be jointly between the PCT / public health departments and the council, with a named contributor for each relevant chapter.
- **Evaluation:** Underpinned by an evaluation process that informs the development of the future JSNA.

**Appendix D. Progress on recommendations from the 2010 JSNA.**

<b>JSNA Joint Action Plan March 2010</b>	<b>APPENDIX 1</b>
This table identifies progress against the new recommendations agreed as part of the 2010 JSNA.	

Status Comple ted In Progress New	Recommendations	Lead NSP Delivery Partnership/ s	NHS NS actions NSC actions
1	Maintain commitment to the delivery of the recession action plan developed by the NSP.	All	Progress has been made across all key areas of the recession action plan. The NSP is currently reviewing its priorities as part of a review that is being undertaken. Even though some key areas of work within the recession plan will still be maintained there may not be a requirement to continue with the action plan as currently presented.
2	All agencies be aware of more recent projections showing an even bigger population increase over the next 20 years or so than previously.	Transport, Economy and Environment  Health and Well-being	Core Strategy Publication version (January 2011) took account of the latest population projections when identifying the proposed district housing requirement for the plan period, although the proposed approach challenged the trend-based assumptions underpinning these figures and sought to identify a housing figure which better reflected employment growth and local needs. The document identifies Weston Villages as the main area of strategic growth to 2026, and will be formally considered at examination in the autumn. The Council published a Development Contributions Supplementary Planning Document Consultation Draft in November 2010. This proposed a standard tariff approach to development contributions. This document will be revised later this year to take account of viability and deliverability issues and to ensure consistency with emerging guidance on the Community Infrastructure Levy.

<b>Status</b> Complet ed In Progress New	<b>Recommendations</b>	<b>Lead NSP                      Delivery                      Partnership/                      s</b>	<b>NHS NS actions                      NSC actions</b>
3	Review mental health services to identify any specific gaps giving high levels of disability locally.	Health and Well-being	<p>NHS North Somerset has been working jointly with the Local Authority and Avon Wiltshire Partnership developing a model of suggested care pathways for mental health derived from the care clusters model developed in Yorkshire. This work has been developed with wide involvement from Users/Carers, local GPs, local clinicians Social Care and third sector voluntary representation</p> <p>The draft model has a number of potential benefits to assist in commissioning mental health services, planning services and negotiating the care for individuals and their families and carers.</p> <p><b>Overview of the structure of the draft pathway model</b></p> <p>The structure of the model begins from 20 clusters of needs, grouped in terms of non-psychotic conditions, psychotic conditions and organic conditions. This is being developed in line with the Department of Health's approach to Payment by Results for Mental Health.</p> <p><b>Quality and outcome indicators</b></p> <p>To assist with developing the pathways and building a better understanding of their benefits we are developing framework of quality and outcome indicators for the pathways.</p>

Status Comple ted In Progress New	Recommendations	Lead NSP Delivery Partnership/ s	NHS NS actions NSC actions
4	Ensure services for identifying people with diabetes are robust.	Health and Wellbeing	Plans have been developed to roll out the health checks programme to more practices in North Somerset in 2011/12.
5	Improved co-ordination and monitoring of community pharmacies.	Health and Wellbeing	<p>Waste campaign has been on going since November 2010. Some training has occurred to direct community pharmacists to do medication use reviews (MURs) in certain therapeutic areas to ensure concordance and appropriate use e.g; asthma, PPI prescribing. Plans for 2011/12 is to extend training and direct MURs in other areas e.g; pain management, hypertension, general concordance in all long-term conditions</p> <p>In 2010/11 practice pharmacists have focused work on conducting level 4 medication reviews in this cohort of patients. This will be extended in 2011/12. Other plans include training workshops for care homes, improving communication on medicines related issues between care homes, GP practices and community pharmacists and developing an information pack focusing on medicines management issues. Care home staff and North Somerset Council will be included in development of training and other developments.</p>
6	Match community pharmacy provision to identified needs and gaps in provision.	Health and Wellbeing	<p>Pharmacy steering group has assessed and published public feed back from the Pharmacy Needs Assessment.</p> <p>Liaison with Local Pharmacy Committee to identify needs and attend Local Pharmacy Committee meetings will continue in 2011/12.</p>

Status Comple ed In Progress New	Recommendations	Lead NSP Delivery Partnership/ s	NHS NS actions NSC actions
7	Review Single Plan for Children and Young People to reflect identified needs from JSNA.	Children's Trust Management Board	The requirement to publish a single Children and Young People's Plan has been abolished by the Government, however the Children and Families Partnership Board (which has replaced the Children's Trust Management Board) has published a fully updated plan. The plan reflects the children's needs analysis which itself forms part of the refreshed JSNA.
8	Commissioning Framework for children should be developed.	Children's Trust Management Board	New strategic commissioning arrangements for children's services have been agreed, including a replacement for the Children's Trust Management Board. The new partnership has agreed to establish a Joint Commissioning Board and a initial membership and terms of reference have been agreed.
9	All agencies providing support services to adults should ensure issues relating to the transition of children into adult services are built into strategic targets.	Children's Trust Management Board  Health and Wellbeing	Transitions protocol recently reviewed. Revised version agreed and signed off by all partners.  Person-centred planning training undertaken by representatives from CYPS and there are plans to undertake some person-centred reviews in the special schools over the coming year Multi-agency transition governance group monitors demographic data and potential expenditure for all young people in transition.
10	Close monitoring of joint replacements to ensure rates do not fall behind elsewhere.	Health and Wellbeing	Orthopaedic activity for North Somerset patients is always high on the agenda for commissioners. Whilst an annual formal review has not been undertaken on rates, for example per thousand population, this data and the whole range of orthopaedic activity is discussed at both the BNSSG Orthopaedic Steering Group and the BNSSG 'No Delays' Meeting; hip and knee replacement activity forms a significant part of these discussions. In addition, performance of orthopaedic activity into Emersons Green Treatment Centre is reported weekly and monitored. Finally, regular discussions occur with local acute providers regarding their individual performance.

Status Completed In Progress New	Recommendations	Lead NSP Delivery Partnership/ s	NHS NS actions NSC actions
11	Review of care pathways and referral patterns for joint replacements.	Health and Wellbeing	Since August 2010, a joint 'Integrated Orthopaedic Project' between NHS North Somerset, North Somerset Musculoskeletal Service and Weston Area Health Trust has been in place and has produced an Integrated Orthopaedic Pathway. Detailed work is now underway to determine how this pathway can best be implemented.
12	Maintain a level of access to cataract surgery commensurate with the needs of the population.	Health and Wellbeing	Additional choice for patients with introduction of new provider in Emersons Green AGW ISSTC. The capacity plan based on needs of the population for orthopaedics is produced annually, and regularly reviewed in the ways already mentioned in status 10 above. Emersons Green is an additional choice and has been since October 2009. Patients in North Somerset regularly choose Emersons Green as first choice for their procedure.
13	Explore opportunities for improved local cataract provision in deprived communities.	Health and Wellbeing	The option of satellite clinics was discussed. However, as the PCTs now have robust referral pathways in place and with the current utilisation rate at 85%, there is no longer a need for these clinics, which were intended to increase activity into Emersons Green.
14	Improvement in childhood immunisation rates.	Health and Wellbeing  Children's Trust Management Board	Action plan revised based on recommendations of review conducted in January 2010. Intervention of specialist public health nurse working with practices to contact those who did not attend to be piloted (with a bank nurse) June 2011. Media campaign to be launched May 2011.