

North Somerset Joint Strategic Needs Assessment

2008/09

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North Somerset Joint Strategic Needs Assessment

1. Scope of the Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is a framework that identifies the current and future health, wellbeing and social care needs of the local population; it will help commissioners, including practice based commissioners, to set priorities to improve outcomes and reduce inequalities. It also allows providers to shape services to address the identified needs.

The North Somerset JSNA will inform the priorities and targets set by Local Area Agreements (LAA) and will also help to prioritise agreed commissioning of services.

Since April 2008 all local councils and Primary Care Trusts (PCTs) are required by law to undertake a Joint Strategic Needs Assessment for their local population and this is the first time such a comprehensive assessment has been undertaken for North Somerset.

1.1 The Joint Strategic Needs Assessment process

The Joint Strategic Needs Assessment process is overseen by a steering group which meet regularly and includes: Max Kammerling, Director of Public Health; Jane Smith, Director of Adult Social Services and Housing; David Turner, Director of Planning and Environment; Colin Diamond, Director of Children's and Young People's Services and James Foster, Strategic Policy and Development manager for North Somerset Council.

In the process we have reviewed and shared existing information about the local population and have included key findings from other joint work streams, either completed or ongoing, including the

- Sustainable Community Strategy
- Single Plan for Children and Young People
- Children's Centres Development Programme
- Older People Needs Assessment
- Findings of the Somerset Race Equality Council (SREC) project to review changes in black and ethnic minority populations North Somerset

The JSNA is a continual process which will be regularly updated as more detailed information about the local population becomes available. We will ask the North Somerset Research Group to help with this task.

For the data analysis we used a national dataset of approximately 150 key indicators which can be used to compare North Somerset with other areas. A 'traffic light' summary of these key indicators is contained in Appendix 1 and identifies areas that require further attention. Some of these indicators are presented at ward level in Appendix 4.

As well as this summary we will share the Older People Joint Strategic Needs Assessment in full and make available the detailed analyses which lie behind this summary.

The recommendations will be taken to existing and evolving partnership fora to ensure that the needs identified in the JSNA are reflected in the prioritisation and commissioning processes. The needs of children and young people will further be

assessed through the Annual Performance Assessment and commissioning activities by the Children's Trust.

1.2 Areas for further research

Developing this report has highlighted areas where more research is necessary to give a better overview of the needs of:

- Adults with mental health problems
- People with physical and sensory impairments
- Children and young people; a collation of recent analyses undertaken for the planning of locality services and for the Single Plan in combination with a mental health needs assessment for children and young people would enable a more comprehensive view of need.
- People living in the most deprived area (Weston-super-Mare Central Ward)

Local partners will need to decide the order and time table for undertaking this work.

2. **The changing population**

2.1 North Somerset in brief

In 2008 North Somerset has an estimated population of 205,100¹ who mainly live in the coastal towns of Weston-super-Mare (40%), Clevedon and Portishead and the small market town of Nailsea (30%). However, nearly one in three people live in rural villages and settlements (30%).

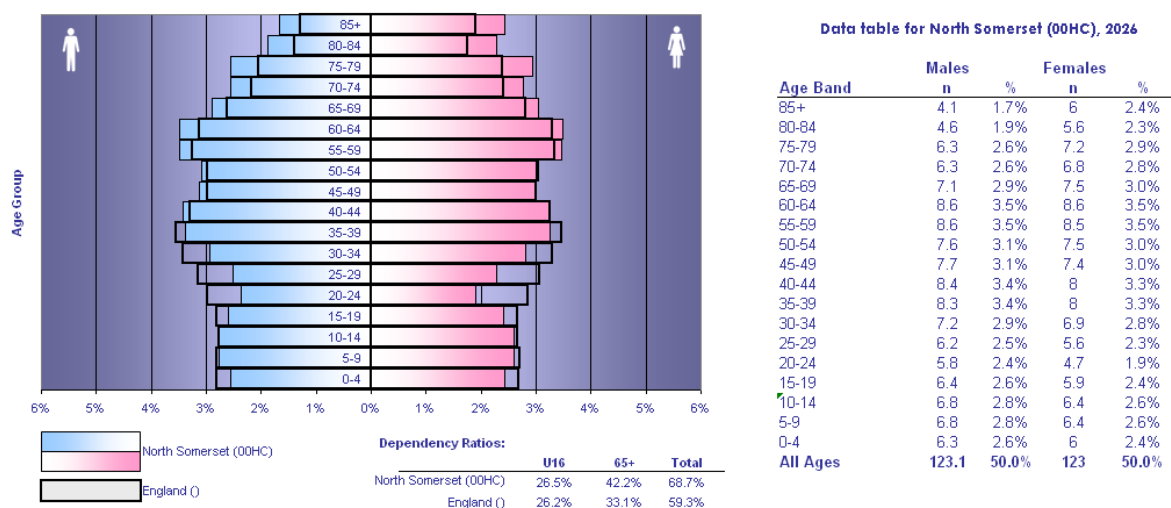
2.2 Predicted changes in population

The population of North Somerset has grown over the last ten years at twice the national rate and overall it is projected that the population of North Somerset will increase by a further 22% to 246,000 by 2026. This represents a growth rate of 1% a year.

North Somerset has a higher proportion of people over the age of 50 compared with the South West or England and fewer children and young adults under 34. Predictions show that this pattern will remain until 2026.

¹ This is consistent with the number of patients registered with North Somerset GPs, which was 205, 358 at 31st March 2008.

Population Pyramid for North Somerset (00HC) compared to England (), 2026



Source: Revised 2004-based Subnational population projections, ONS (see "About" page for links to ONS website and dataset)
 1 City of London is included within the total for the London GOR but is not shown separately as the projections produced are not robust enough for such a small area. 2 Isles of Scilly is included within the total for the county of Cornwall but is not shown separately as the projections produced are not robust enough for such a small area. Figures may not sum due to rounding

The table below illustrates projected changes in population by 2026 for different age groups within North Somerset. By 2026 the number of people aged over 65 is projected to increase by nearly 60%, resulting in one in four people being aged over 65.

We know that health and social care needs increase with age and if current patterns of disease continue services will need to plan for a growth around 2.5% a year. Government policy is encouraging a shift in care of older people from residential and nursing care in institutions to care in the community and this will require an even greater growth in capacity.

We currently have a lower than average proportion of children and younger people in North Somerset. A significant increase is expected over the next 20 years, although because of the large increase in the older age groups their proportionate share will remain around about the same (25%).

Table 1 North Somerset population prediction by age group (in 1000s)

Age group	2006	2026	Change between 2006-2026
0-14	34,000	38,700	14%
15-24	21,600	22,800	6%
25-44	51,200	58,600	14%
45-64	54,800	64,600	18%
65-74	19,200	27,700	44%
75+	19,600	33,700	72%
All	200,500	246,100	23%

2.3 Ethnicity

The ethnic diversity within North Somerset also appears to be changing. The recent pattern in the UK of economic migration from Eastern Europe is mirrored in North Somerset.

In the 2001 census 99% of the population classified their ethnicity as white. Of these 2% classified themselves as either White Irish or White other. However, due to

changing migration patterns it has been recognised that the 2001 census is a less accurate picture of ethnicity than was previously the case.

The Somerset Race Equality Council has produced a report looking at the ethnic profile of North Somerset. Using ethnicity data from hospital admissions, the school census, NI registrations and births it estimated that since the census the Black and Minority Ethnic population has probably doubled. Research also suggests that this increase seemed focused in the younger working age groups and families with young children.

3. Social and environmental factors in North Somerset

3.1 Social Deprivation

North Somerset is generally prosperous with some of the wealthiest communities in the country. In 2005 around 14% of children in North Somerset lived in a household dependent on workless benefits, compared to 22% nationally. Some people living here experience economic, social or environmental disadvantage, or social isolation through geographical location, or are vulnerable through their individual circumstances. North Somerset is in line with national trends in benefit claims, but with a very high proportion of people in our most deprived area claiming benefit.

However, North Somerset has the biggest social inequalities gap in the south west and the 11th biggest inequalities gap in the country; only 10 other local authority areas have a wider gap between their wealthiest and poorest communities. Some areas within Weston-super-Mare are in the 2% most deprived areas in England.

Table 2: Relative social deprivation by selected electoral wards

Electoral Ward	Position of ward in national ranking (lowest percentage indicates most deprived)
Weston-super-Mare	
- Central	2%
- South	3%
- West	20%
- Clarence and Uphill	37%
- East	38%
North Somerset least deprived ward	
Nailsea East	98%

People living in areas of high social deprivation experience poorer health, lower educational achievements, poorer employment opportunities and are more likely to become victims of crime and violence.

At the opposite end of the scale the relative wealth of some of North Somerset’s residents may mask some of the true levels of need. Because deprivation is often measured at geographical level, small pockets of deprivation in rural communities may not be apparent from these statistics.

3.2 Housing

In North Somerset we have a higher than national and regional average of owner occupiers. Overall overcrowding and homelessness is low and in the last census we had low rates of older people living in accommodation without central heating. The average house price in North Somerset is now almost nine times the average income of those working in the district and the number of people seeking social housing is

rising. In 2007 there were 5,093 applicants on the Housing Needs Register and more than 50% of those waiting for appropriate accommodation are single people.

A recent 'Private Housing Stock Condition Survey' determined that around 21,000 homes are classed as "unfit" due to the presence of dampness and mould, inadequate heating, intruder entry or fire/dwelling defects. These properties are spread across North Somerset but the majority are concentrated in Weston-super-Mare Central, Weston Clarence and Uphill and Weston West, the Portishead wards and the rural area.

North Somerset has been identified as an area for significant new housing growth as part of the Regional Spatial Strategy. An additional 26,000 new homes are expected to be built in North Somerset by 2026. Most of this development will be to the south west of Bristol and in an urban extension to Weston-super-Mare. It is not clear yet what impact the additional housing will have on population numbers or the future age structure. It is possible that the extra houses will merely provide for the additional people from population growth, and an anticipated decrease in household size. However, over 20 years, changes in market forces, economic issues and the wider environment could lead to new housing attracting very different age groups- more young families or people of working age, for example.

In planning these new communities we will need to consider how we can help to create healthy environments which encourage and support people to walk and cycle safely, children to play out of doors and have some independence. We also need to make sure that services are either delivered locally or affordable public transport supports people to use both their own car less and to be able to access facilities with ease.

Recent economic factors and the slowing down of the property market may have a disproportionate impact in North Somerset owing to the fact that owner occupation is higher than the national average. If this continues it may place the newer settlements at higher risk of negative equity and may have an effect on the older population if they are unable to sell property to move into more suitable; accessible, sheltered or supported accommodation.

3.3 Transport

Car ownership in North Somerset is currently above the national average at 82%, whilst walking and cycling rates are amongst the lowest in the South West.

Car ownership is lower amongst older people. As our population profile becomes older the importance of public transport is likely to increase. Results from the latest census showed that about 300 pensioners lived in areas where access to services was judged to be low and did not have access to any means of transport, highlighting the importance of public transport even further.

Traffic congestion is a growing problem and tackling congestion hot spots and improving traffic management around Junctions 21 and 19 of the M5 are significant issues.

3.4 Employment

Young people in North Somerset achieve above average results in GCSEs though there is an achievement gap between those in Weston-super-Mare and the other parts of North Somerset.

There is a lack of appropriate high-level employment opportunities locally. Approximately 36% of residents out-commute for work each day causing significant congestion and pollution in some parts of the district.

30% of the resident working age population in North Somerset have no qualifications and 7% are on Incapacity Benefit. In comparison, only half of all people living in Weston-super-Mare South Ward had a qualification and 20% receive Incapacity Benefit.

4. Lifestyle factors in North Somerset

Lifestyle factors that influence our population’s health and well being are broadly in line with, or better than, national and regional trends.

4.1 Smoking

Around 33,000 adults living in North Somerset smoke cigarettes. This is just over a fifth of the population over the age of 16 years.

Both the number of smokers and the deaths from smoking are lower than national or regional rates. This is not cause for complacency; although smoking rates and deaths due to smoking are below the national and regional rates smoking related diseases have a major impact on health and disability.

The patterns in lifestyle factors indicate that the three wards, Weston Central, Weston South and Weston West have the highest proportion of smoking within the population. It is estimated that within Weston south 40% of the population smoke. This is almost double the rate for the rest of North Somerset.

Patterns in quitting smoking show that whilst large numbers of people in Weston South understand the need to quit and access support to stop they are less successful than people in more affluent areas in quitting for four weeks.

Table 3: Proportion of successful attempts to quit smoking

Ward	Percentage prevalence of adults smokers	Percentage of smokers seeking support to quit in 2002 to 2006	Percentage of all smokers who have quit during 2002 to 2006
Weston-super-Mare South	40.1	26.4	11.4
Weston-super-Mare Central	34.7	22.1	8.1
Weston-super-Mare West	31.9	13.3	6.7
Clevedon Walton (Ward with lowest prevalence)	9.9	20.9	12.4

4.2 Obesity

National concerns about the increasing numbers of people who are obese are mirrored in North Somerset. Three out of ten adults whose BMI has been recorded by their GP are classed as obese- a figure slightly higher than the rest of the South West. We have fewer adults participating in sport than the regional comparator: However, this figure does not take into account the relatively low number of young adults in North Somerset. In terms of improving health and wellbeing, less intensive

exercise than measured by this indicator is valuable, and we have no measure of this.

Between starting and leaving primary school there is an increase from 9% to 14% of children being classed as obese. Even though we have fewer obese children than nationally, if these children remain obese into adulthood, then this equates to around 300 new people each year having increased risk of diabetes, cancer, coronary heart disease and back and joint problems in later life.

4.3 Alcohol

Admissions to hospital for alcohol related conditions are broadly in line with national trends however the trend is giving cause for significant concern nationally and locally because national and local rates for deaths from liver disease (consequence of alcohol misuse) are rising. National data comparing alcohol specific mortality among those aged under 75 years tells us that men living in the most deprived quintile are between five and six times more likely to die from an alcohol related condition than those in the last deprived quintile. Our knowledge of local deprivation suggests that this pattern is likely to be present in North Somerset.

The alcohol related mortality rate for women in North Somerset is increasing.

4.4 Drug misuse

Weston-super-Mare houses around 10% of all the national drug rehabilitation beds. People who manage to change their lifestyles and give up drug misuse may choose to make their homes locally. Should they relapse in future, they add to the numbers requiring treatment.

5. The burden of ill health in North Somerset

As described earlier most of the indicators of ill health across North Somerset as a whole are either better than or in line with regional and national rates. Life expectancy is higher than national rates and very similar to rates across the south west.

Our overall mortality rate across all ages and all causes is lower than the regional rate. However, we have the biggest gap in mortality rates between the most and least deprived areas of any region in the South West. This is not surprising given the social divide described earlier but recent figures indicate a widening of the absolute and relative gap in mortality rates.

Between 2004 and 2006 there were 6461 deaths in North Somerset, an average of 2154 deaths per year. Table 4 shows the main causes of death of overall population and of those who died prematurely (before reaching their 75th birthday).

Table 4: Top five causes of death by different age groups, North Somerset, 2004-2006

Condition	All ages		Under 75s	
	% of deaths	Rank	%of deaths	Rank
All Cancers	25%	1	40%	1
Coronary Heart disease	17%	2	16%	2
Stroke	12%	3	5%	4
Circulatory diseases other than CHD or stroke	9%	4	8%	3
Pneumonia	6%	5	2%	8
Bronchitis and emphysema and other chronic obstructive pulmonary disease	4%	7	3%	5

A disease specific overview is attached in Appendix 2.

5.1 Hospital admissions

For those over the age of 45, our level of emergency admissions is one of the lowest in the South West, and our level of elective admission is slightly above the regional average.

Amongst people under 45, the commonest causes of admission are those relating to pregnancy and childbirth, both for electives and non-electives. Amongst the 45-64 year age group, heart conditions and the acute abdomen are the commonest cause for emergency admissions, and diagnostic procedures on the gastro-intestinal tract, and chemotherapy for breast, blood and digestive system cancers the commonest for elective care. In people over 75 years of age treatment for cataracts is the most common cause of elective admissions. Emergency admissions in this age group are often due to urinary infections, respiratory problems, heart disorders and collapse and stroke.

5.2 Local differences

GP practices in North Somerset jointly commission services with the PCT. All but one practice work together through two Practice Based Commissioning Clusters: Weston and Woodspring. The two areas are broadly similar in regard to the age standardised rate of emergency admissions, but the Woodspring area has a higher rate for elective care.

A new tool to identify the causes of health inequalities identified that coronary heart disease, accidents and chronic obstructive airways disease are the most significant conditions which affect the higher number of premature deaths of men in Weston-super-Mare South and Central wards. For women the conditions are coronary heart disease, other cardiovascular disease and stroke (Appendix 3)

5.3 Small area data

Three electoral wards stand out as having a population with the poorest health outcomes in North Somerset. These are all situated in the Weston-super-Mare area. The following tables show how local areas differ in death rates for different conditions.

Table 5: Death rates for all causes

Three worst wards and comparisons	Mortality rate per 100 000 population
Weston Central	561
Weston South	491
Weston West	434
Best ward (Winford)	168
North Somerset	283
England	310

5.3.1 Cancer deaths

The wards with the highest rates of cancer are spread across the area. The three wards most affected are given below. 15 out of 36 wards have higher rates than the national average.

Table 6: Death rates for cancers

Three worst wards and comparisons	Mortality rate per 100,000 population
Weston Central	163
Weston South	162
Clevedon Yeo	160
Best ward (Gordano)	66
North Somerset	112
England	117

5.3.2 Strokes

The proportion of people in North Somerset dying from strokes is below the English average but some areas have more than twice as many stroke deaths than expected.

Table 7: Death rates for strokes

Three worst wards and comparisons	Mortality rate per 100 000 population
Weston West	31
Weston Central	28
Portishead East	24
Best ward (Winford, Gordano)	0
North Somerset	13
England	16

5.3.3 Coronary heart disease (CHD)

The death rate for CHD is comparable to that in England as a whole. But rates differ between area by as much as a factor of eight.

Table 8: Death rates for CHD

Three worst wards and comparisons	Mortality rate per 100,000 population
Weston South	103
Weston Central	97
Clevedon South	74
Best ward (Backwell)	13
North Somerset	47
England	48

5.3.4 Accidents

The proportion of people dying from accidents is significantly higher in one of the most deprived areas of North Somerset but overall is slightly better than the national average.

Table 9: Death rates for accidents

Three worst wards and comparisons	Mortality rate per 100,000 population
Weston Central	55
Pill	30
Portishead East and Clarence and Uphill	20
Best wards (Blagdon and Churchill, Clevedon North, Kewstoke, Portishead Central and Winford,	0
North Somerset	10
England	11

5.4 Mental health

There is a lack of robust local data that can be used to measure mental health and illness. Mental Health needs assessments rely on estimates from research and surveys carried out nationally being applied to local population numbers.

In North Somerset we estimate that more than 28,000 adults and more than 3,000 children and young people have a mental health problem at any one time.

We expect around 370 mental health inpatient admissions a year, of which almost 58% are from the Weston area and 42% from the Woodspring area.

Depression is both common and disabling and based on our local population we can expect 7037 people registered with Weston practices and 8900 registered with Woodspring practices to be suffering from depression or a mix of depression and anxiety.

6. The needs of older people

A separate Needs Assessment for older people has been conducted and we summarise the key points here.

- By 2026 there will be a 58% (20,000) increase in people aged over 65, and 74% (almost 4,000) in people over 85 over the 2006 baseline.

- In the next 20 years it is anticipated that the population of those living alone aged over 75 years will increase by 58% in total. The increase is even more pronounced in men where we expect 80% more men to live on their own in old age.
- Many of the risk factors that contribute to poor health in the older population are the same as those for the general population. These include low income, poor housing, poor nutrition, obesity and lack of physical exercise.
- Healthy life expectancy is not increasing in line with life expectancy.
- Inequalities in health mean that people in our most deprived ward will live on average with 9 years of poor health at the end of their life. In contrast people living in one of our more affluent wards will live only 5.4 years in poor health.
- A combination of loss of physical mobility for 1 in 4 of the over 75's and the fact that some of the rural areas and villages fall in the bottom 10% for barriers to housing and services indicates that for people living in this area public transport will be particularly important
- The costs of caring for older people with dementia will increase substantially, as the numbers of people suffering from this condition increase, and the shift in population structures mean there will be relatively fewer informal carers.
- Diseases such as heart disease, cancer, stroke, cataracts and fractured femur account for a substantial proportion of hospital care, and the demands for these services will increase.
- Compared to other similar authorities North Somerset has the highest number of care home places for older people when compared to the over 75 population but dementia facilities are comparatively low.
- Approximately 60% of Care Homes residents are responsible for funding their care, the majority of whom receive no help or advice regarding the availability of services or choosing a placement.
- There is a disproportionate amount of care homes in Weston when compared to the population profile. Proportionately more people in nursing homes than in residential homes received funding by the local authority for their care.
- North Somerset has a relatively low rate of supported accommodation for older people.
- When compared to the over 75 population, North Somerset has more carers receiving services than any other authority in its comparator group, is higher than the average for England and close to the average for all authorities in the South West.
- In North Somerset, there are an increasing number of claimants of carer's allowance year on year. North Somerset has the 4th highest number of claimants of carer's allowance within its peer group of comparator authorities.
- North Somerset has a very high rate of people being offered free nursing care and a relatively low rate of provision of continuing care. More work is needed to clearly understand the implications of this.
- The number of district nurses is one of the lowest in the south west, though a recent increase will go some way to improving the situation,

- There is evidence that some people enter care without considering other options. Better information and choice about services needs to be provided especially at vulnerable times such as bereavement.

7. The needs of children and young people

We listed the key issues affecting our children and young people that have been identified in the Annual Performance Assessments, the preparation of the Single Plan for children and young people and from work to re-model children's services.

The headline issues which have emerged are as follows:

- 22% of North Somerset's population are children under the age of 19 (approximately 44,000 young people)
- The proportion of 16–24 year olds is low, only 8.6% of the total population compared to 10.3% nationally. This is, in part, explained by the high proportion of older residents, and by the fact that many young people leave the local area for either higher education or employment opportunities not available locally. This is particularly the case in Weston-super-Mare so North Somerset Council and partner agencies are consulting on the long term strategy for Weston-super-Mare to address social regeneration and employment opportunities.
- The impact of inequalities in Weston-super-Mare South and Central wards means that there are significant levels of unemployment, impacting on household income and potentially on children and young people if their parents or carers are not economically active.
- Black and Minority Ethnic children and young people form a relatively small proportion. However, numbers have grown in recent years, particularly in relation to young people from Eastern Europe, reflecting similar growth in the adult population. The Council has recently increased funding support to reflect this increase.
- Teenage pregnancy rates are low, - currently showing the third largest reduction in the country. Because of our relatively small population size, the numbers can fluctuate significantly from year to year simply through statistical variation.
- The number of asylum seeking children is traditionally very low (on average 4 to 6 per year).
- The number of Looked After Children is low compared to national and local comparisons, but has recently risen to its highest point in the last 10 years to approximately 180 children. This is because of increased levels of need, awareness raising and better identification.
- There are approximately 145 young carers, supported by provision. Many of these young carers have parents with drug and/or alcohol problems. Despite the support they are offered many of the children of parents with drugs and alcohol problems are taken into care. Those who are not may experience significant stress and anxiety and find themselves parenting their parent(s).
- There are in excess of 700 disabled children and numbers have increased as a consequence of demographic growth, better medical interventions with children staying alive for longer and earlier identification of needs with a

requirement to provide support to these young people for longer than has been the historical norm.

- There are approximately 1,100 children identified as having needs under the social care framework of assessment.

8. Recommendations

The recommendations below support the long-term aspirations of the North Somerset Sustainable Community Strategy and the Local Area Agreement for the area. It is intended that existing partnership strategies are used to address the needs identified in the Joint Strategic Needs Assessment. The Joint Strategic Needs Assessment recommendations will be taken to each of the North Somerset Partnership Delivery Partnerships for consideration in light of existing priorities, commitments and resources. The Director of Public Health and the Director of Adult Social Services and Housing will act as champions for the JSNA and will work with Partnerships to ensure that the recommendations are fully considered.

8.1 Recommendations for responding to changes in population

We recommend addressing the impact of the changing population in the following way:

- Capacity for universal services such as general practitioners, schools, leisure and cultural facilities, public transport should be increased and pressure on roads considered. But the uncertainty about population projections means that there will need to be flexibility in planning these services.
- The greater diversity of the population needs to be reflected in how services are delivered and additional support offered to those who need it.
- The growing black and ethnic minority population should be involved in the development of an action plan and multi-culturalism should be promoted in North Somerset.

8.2 Recommendations on how to improve the lives of those living in deprived areas

- We recommend that services and other resources will be focused on the areas of greatest need
- We need to jointly address all areas of social deprivation: income, health, employment, barriers to housing and services, living environment, education, and crime
- We recommend targeting the specific causes of death which most contribute to our inequalities in life expectancy. For example, uptake of cancer screening should be very strongly encouraged in deprived areas. Additional efforts should be made in these areas to improve heart disease and stroke prevention, reduce accidents and improve respiratory health.

8.3 Recommendations to support people to have healthier lifestyles

We recommend that all people are supported to reduce their risk of ill health and live healthy lifestyles. This can be achieved by:

- Reducing the uptake of smoking and increasing our rates of smoking cessation

- Encouraging adults to become more active with better information through Go4Life.
- Supporting schools to encourage healthy eating and activity for children and young people
- Improving weight loss services for the growing number of people who are overweight
- Providing support for families where obesity is a problem including treatment services for overweight children
- Encouraging people to avoid binge drinking and reduce the number of hospital admissions of intoxicated people
- Reducing the number of under age drinkers
- Improving alcohol treatment services for the growing number of people drinking alcohol at harmful level by delivering brief interventions and a specialist treatment service

8.4 Recommendations to reduce the burden of illness

- We recommend implementation of the National Stroke Strategy with a targeted focus in deprived areas
- We suggest reviewing our current spending on key diseases, focussing initially on stroke, to identify more cost effective ways for spending on prevention, treatment, rehabilitation and palliative care.
- We propose systematically identifying and assessing those most at risk of coronary heart disease

8.5 Recommendations to address the needs of older people

- The increasing numbers of older people, now and in the future, are a challenge to services. We recommend focusing more on improving health and quality of life, together with more effective ways of working. The Council already has an Older People's Strategy. We propose the development of a joint strategy with partner agencies and with older people themselves that reflects the findings of this needs assessment and will be reported to the North Somerset Strategic Partnership.
- We also recommend the development of a joint commissioning strategy for health and social care that promotes independence and rehabilitation
- As soon as an enhanced information system for community health service activity is implemented data should be analysed to further update the Joint Strategic Needs Assessment.
- We urge the improvement of the support for mobility, vision, and continence to allow more older people to continue a fulfilling independent life
- We suggest that the target groups of health promoting initiatives (such as stop smoking, reducing alcohol intake and improving diet and exercise) include older people.
- Although North Somerset has a high number of care homes overall, the number of places for people with dementia is relatively low, and places are

concentrated in Weston. We need to improve equality of access across the area, and increase the care available for people with dementia.

- A wider range of supported accommodation options should be made available to take into account the aspirations of the high proportion of older people who are owner occupiers
- We need to improve the range of services, information, advice and support available to the significant numbers of people who finance their own care.
- We recommend the development of a joint strategy for older people with mental health problems that encompasses the needs of carers and the National Dementia Strategy.
- Primary Care and Social Services should be integrated to ensure a consistent approach to promoting choice and independence for older people.

8.6 Recommendations to address the need of children and young people

- We recommend to improve services to address the emotional health and wellbeing of children and young people and focus on those that are more vulnerable (looked after children, Children in Need, disabled children)
- Continue to reduce the number of teenage pregnancies and support young parents
- Improve the support for young carers who care for family members and offer better access for parents to treatment for addictions
- We advise that the predicted rise in the number of children and young people is reflected in the number of school places and access to primary care.
- We recommend producing protocols for adult mental health and drug misuse services that consider the needs of any children of service users and to inform the relevant agencies.

Appendix 1. Summary of key data for JSNA

Indicator description	North Somerset	South West	England	Source
DEMOGRAPHY				
Birth rate per 1000 females 15-44	58	56	60	ONS, 2006
Percentage of non white population	3	4	11	ONS, Ethnicity Experimental statistics estimates, 2005
Number of years people are estimated to live a disability free life	65	65	63	ONS, 2004-2006
Percentage of working age population who are disabled	15	18	18	Annual Population Survey, 2007
Percentage of people stating religion as: Christian	75	74	72	2001 Census
Percentage of people stating religion as: Buddhist	0.2	0.2	0.3	2001 Census
Percentage of people stating religion as: Hindu	0.1	0.2	1.1	2001 Census
Percentage of people stating religion as: Jewish	0.1	0.1	0.5	2001 Census
Percentage of people stating religion as: Muslim	0.2	0.5	3.1	2001 Census
Percentage of people stating religion as: Sikh	0.0	0.1	0.7	2001 Census
Percentage of people stating religion as: Other	0.4	0.4	0.3	2001 Census
Percentage of people stating religion as: No religion	17	17	15	2001 Census
Number of resident population	201,400	5,124,100	50,762,900	ONS 2006 Mid Year Estimate
Net change in the number of people moving in/out of area from outside UK	70	22,270	168,630	ONS, 2006 Mid Year Estimates
Net change in the number of people moving in/out of area from within UK	2,790	28,590	-17,850	ONS, 2006 Mid Year Estimates
NINo registrations to adult overseas nationals entering the UK	1,114	38,900	636,890	National Insurance Recording System 2007/08
SOCIAL AND ENVIRONMENTAL				
Average IMD score	15	Not applicable	Not applicable	2007 IMD Rank 215 out of 354 (1 = most deprived)
Percentage of people who privately own their home	79	73	69	2001 census
Percentage of people living in socially rented accommodation	9	14	13	2001 census
Percentage of people living in privately rented accommodation	11	19	12	2001 census

Indicator description	North Somerset	South West	England	Source
Percentage of households judged to be overcrowded	1	1	2	Neighbourhood Statistics ONS from 2001 census
Percentage of older people living alone	44	44	46	2001 census
Percentage of older People with no central heating	5	10	10	2001 census
Percentage of adults with learning difficulties living in residential care	44	32	25	North Somerset Council performance monitoring
Percentage of adults with learning difficulties living in the community and receiving services	56	68	69	North Somerset Council performance monitoring
Percentage of people with no access to a car	18	20	27	2001 Census
Percentage of economically active people who are employed	83	78	74	Annual Population Survey 2007
Percentage of economically active people who are unemployed	3	4	5	Annual Population Survey 2007
Percentage of working age population who are claiming job seekers allowance	1	2	2	Annual Population Survey 2007
Percentage of working age population who are claiming incapacity benefits	7	6	7	Annual Population Survey 2007
Percentage of working age population who are claiming lone parent benefits	1	2	2	Annual Population Survey 2007
Percentage of working age population who are claiming carer benefits	0.8	0.9	1	Annual Population Survey 2007
Percentage of working age population who are claiming other income related benefits	0.3	0.4	0.5	Annual Population Survey 2007
Percentage of working age population who are claiming disability benefits	0.8	0.9	1	Annual Population Survey 2007
Percentage of working age population who are claiming bereavement benefits per 1000 population	0.3	0.3	0.3	Annual Population Survey 2007
Crude rate of people claiming benefit allowance due to mental or behavioural problems	33.6	Not available	27.5	Health Profile, 2006
Percentage of population claiming benefits in Weston-Super-Mare South ward	34	12	14	Annual Population Survey 2008
Percentage of population claiming benefits in Weston-Super-Mare Central ward	34	12	14	Annual Population Survey 2008

Indicator description	North Somerset	South West	England	Source
Percentage of adults in contact with secondary mental health services in employment	Not available	21	20	Final quarter of 2005-06 from survey of users of community mental health services
Gross weekly pay for full time workers	£498	£433	£459	Annual Population Survey 2007
Number of homeless people per 1000 households	0.3	0.5	0.7	Department of Communities and local Government
Number of violent crimes per 1,000 population	19	17	19	Home Office, 2006/07
LIFESTYLE				
Smoking Prevalence (Age 15-75)	20.0	25.0	26.0	Neighbourhood statistics, 2000-2002
Percentage of people who quit at four weeks	51	53	52	Information Centre, 2007/08
Directly standardised rate of deaths due to smoking	189	Not available	225	South West Public Health Observatory 2004-06
Percentage of mothers breastfeeding at 6-8 weeks	43	Not available		Avon Public Health Network, 2006
Rate of alcohol harm related hospital admissions per 100,000 pop	1,492	1,323	1,400	North West Public Health Observatory 2006/7
Percentage of adults estimated to binge drink	14	16	18	Neighbourhood statistics, 2000-2002
Percentage of residents who reported being physically active.	10	13	12	Active People Survey 2005/06
Rate of conceptions for under 18's per 1000 females	25	34	41	Office for National Statistics 2004-06
Estimated percentage of people suffering from hypertension	34	Not available	29	APHO estimate for 2006 based on results from 2003/04 Health Survey
Recorded percentage of patients suffering from hypertension	15	14	13	Quality and Outcomes Framework 2007/08
Estimated percentage of patients suffering obesity	19	19	22	Patients 15-75 with a BMI of 30 or above as a percentage of the total number age 15-75 with BMI recorded
Percentage of people whose BMI was recorded by the GP	27	30	Not available	2007/08, quarter 4. South West Public Health Performance Management Report
Percentage of Reception year children defined as obese	9	9	10	2006/07 National Child Measurement Programme
Percentage of Year Six children defined as obese	14	15	17	2006/07 National Child Measurement Programme
BURDEN OF ILL HEALTH AND DISABILITY				
All age all cause mortality (under 75) per 1000 population	546	552	610	NCHOD Rates are directly standardised against the European Population, 2004-06

Indicator description	North Somerset	South West	England	Source
Rate of infant deaths per 1,000 live births	3	4	5.0	Office for National Statistics, 2004-06
Life expectancy at birth Males	79	79	77	2004-2006, Health Profile
Life expectancy at birth Females	83	83	82	2004-2006, Health Profile
Percentage of people who had bad health	9	9	9	2001 census
Percentage of people with a limiting long term illness	19	18	18	2001 census
Healthy life expectancy at birth (male)	71	71	69	ONS 2001
Healthy life expectancy at birth (female)	74	74	72	ONS 2001
Mortality rate of causes considered amenable to healthcare (under 75 years) per 100,000 population	91	94	112	NCHOD Rates are directly standardised against the European Population, 2004-06
Percentage of people estimated as having diabetes	5	5	4	Association of Public Health Observatories
Percentage of patients who are recorded as having diabetes	4	4	4	Percentage of practice population from QMAS 2007/08
Mortality rate from all circulatory diseases (under 75 years) per 100,000 population	71	69	84	NCHOD Rates are directly standardised against the European Population, 2004-06
Mortality rate per 100,000 population from all Coronary Heart Disease (under 75 years)-males	64	62	75	
Mortality rate per 100,000 population from all Coronary Heart Disease (under 75 years) - females	16	18	24	
Hospital admission rate for Myocardial Infarction	98.5	91.4	102	Directly standardised admission rate 2005/06 Yorkshire and Humber Public Health Observatory
Mortality rate per 100,000 population from strokes (under 75 years)-males	55	53	55	2004-06 directly standardised rate
Mortality rate per 100,000 population from strokes under 75 years) - females	53	51	51	2004-06 directly standardised rate
Stroke admissions	103	101	99.00	Directly standardised emergency episodes rate 2006/7 Yorkshire and Humber Public Health Observatory
Mortality rate from all cancer (under 75 years) per 100,000 population	100	108	117	NCHOD Rates are directly standardised against the European Population, 2004-06
Incidence rate from all cancer (under 75 years) -all	324	298	285	NCHOD Rates are directly standardised against the European Population, 2002-04

Indicator description	North Somerset	South West	England	Source
Percentage of people estimated to suffer from COPD	3.1	Not available	3.6	Eastern Region Public Health Observatory, updated October 08
Percentage of patients who are recorded as suffering from COPD	1.6	1.5	1.5	Percentage of practice population with COPD recorded in QMAS 2007-08
Rate of new cases of tuberculosis per 100,000	3	Not available	15	2004-06 North Somerset Health Profile 2008
Rate of new cases of gonorrhoea per 100,000 population	27.16	15.6		GUM clinics, 2006
Number of new cases of HIV/aids	6	303	7109	Health Protection Agency. 2007
Percentage of children who have experience of tooth decay	44	40	38	Dental Caries Experience of 5-year-old Children in Great Britain 2005 / 2006
The mean number of decayed, missing or filled teeth in children who have experienced decay	1.7	1.6	1.6	Dental Caries Experience of 5-year-old Children in Great Britain 2005 / 2006
Percentage of people aged 65+ with dementia	9	Not available	Not available	Dementia UK
Mortality rate from suicide and injury of undetermined intent per 100,000 population	5	9	8	NCHOD Rates are directly standardised against the European Population, 2004-06
Emergency hospital admissions: fractured proximal femur	88	91	100	NCHOD Indirectly age and sex standardised rate per 100,000, 2004-06
Number of people killed or seriously injured (KSI) on roads	77	2,493	27,551	2006 KSI returns
Hospital admissions for all deliberate or unintentional injuries to children	94	Not available	123	2006-07 Emergency admissions per 10,000 population under 19
Rate of hip replacements per 100,000 population; episodes for all hip procedures	118	121	111	Yorkshire and Humber Public Health Observatory, 2006/7
Rate of Knee replacement per 100,000 population; episodes for all knee procedures	96	95	90	Yorkshire and Humber Public Health Observatory, 2006/7
SERVICES				
Older people with disability, frailty and sensory impairment clients in social services (65+)	3,730	118,000	1,065,000	crude number 2006-07
Learning disabilities- number of clients	500	14,000	137,000	crude number 2006-07
Learning disabilities- number receiving services in the community	420	11,000	106,000	crude number 2006-07
Number of substance misuse clients	50	1,000	13,000	Information Centre 2006/7
Problematic drug users per 1,000 head of population	12.11	9.07		2005/6 North Somerset CDRP

Indicator description	North Somerset	South West	England	Source
People supported to live independently through social services (total number, not rate)	4,560	171,000	1,522,000	2006-07
Number of adults supported to live independently through social services, plus those supported through organisations that receive social services grant funded services.	2,348	2,329	2,563	Information Centre 2005/6
Percentage of persons aged 65 and over immunised against influenza	76	74	74	Immunised during October 2007 - January 2008
Percentage of children who have completed MMR immunisation by their second birthday	91	88	85	Information Centre, 2007-08
Percentage of children who have completed DTP/Hib+Pertussis immunisation by their second birthday	99	96	94	Information Centre, 2007-08
Percentage of children who have completed MMR immunisation by their fifth birthday	83	82	74	Information Centre, 2007-08
Percentage of children who have completed DTP/Hib+Pertussis immunisation by their fifth birthday	88	87	78	Information Centre, 2007-08
Percentage of attendees offered GUM clinic appointment within 48 hours	98	87	85	HPA Clinics Waiting Times Audit 2007
Percentage of women aged 53-64 screening within three years of their last test	78	79	76	Information Centre, March 2007
Percentage of women aged 25-64 receiving a cervical screen within 5 years of their last adequate test	80	81	79	Information Centre, 2007-08
Percentage of population (15-24 years) screened for Chlamydia	2	4	5	National Chlamydia Screening Programme 2007/08
Percentage of people who have seen an NHS dentist within past two years	53	47	49	2005/07
Percentage of children who have seen an NHS dentist within past two years	77	71	70	2005/07

Key

	Values better than national and regional averages
	Values not clearly better or worse than national and regional averages
	Values worse than national and regional averages

Appendix 2: Disease specific issues

Coronary heart disease

Heart disease remains a key cause of death and poor health throughout the adult years and into old age. More people will survive heart attacks, but may suffer from increasing disability through heart failure.

Mortality rates from heart disease are lower in North Somerset than in the South West, our comparator group, and are on a long term downward trend. However, deaths from acute myocardial infarction are higher than expected, and the implication of this with an overall low rate is unclear. Access to revascularisation procedures are low in North Somerset and have been for many years.

Preventive activity focuses on not smoking diet and exercise. Once people have been diagnosed with heart disease, these factors remain important and appropriate clinical treatments can significantly reduce the rate of heart attacks in the future. Interventional treatments, such as heart surgery or angioplasty will continue to be important, and there will be a major drive to change the acute treatment of heart attacks so that angioplasty becomes an urgent and acute treatment.

Identifying and managing people with signs of heart disease, and who are at risk of a future heart attack will become of increasing importance, especially people in deprived areas who are less likely to be on the correct medication.

Cancer

Cancer is a disease whose incidence increases as people age. The longer people live, the more likely they are to be diagnosed.

Our cancer mortality rates are lower than those elsewhere in the South West or in our comparator group, although the incidence of cancer in North Somerset is very similar to the regional average.

Survival rates with cancer are increasing, which will lead to increased numbers of people suffering relapse at a later stage.

Increasing screening and awareness is leading to more cancers being diagnosed, including some which, if not found, might not have impacted on a person's life, but, once diagnosed, require treatment.

Treatments are constantly under development, and new treatments are often very expensive with limited evidence of benefit. Demand for these is likely to increase.

Cancer Screening Programmes

The breast screening programme has struggled to meet its target of offering eligible women breast screening every three years. It is now achieving this target, and the proportion of women being screened is very similar to the regional average.

The cervical screening programme continues to meet its targets, with 80% of eligible women being screened. There has been a decline in uptake recently in women aged under 40 years which probably reflects the major reduction in publicity concerning cervical screening now that quality scandals are a thing of the past. The number of deaths from cervix cancer across Avon is now very low indeed with approximately 15 deaths each year occurring from cervix cancer.

Regular bowel cancer screening is to be implemented by December 2008.

Diabetes

Diabetes affects around 4% of the population- and rates in North Somerset are similar to national rates. It is a serious disease that can lead to dangerous health problems, including serious chronic ill health, disability and premature mortality. Prevalence increases with increasing age, rising to 12% in men and 8% in women aged 65-74.

Increasing obesity rates mean that cases of diabetes which are related to a person's weight are increasing, and being seen at younger ages than previously.

Stroke

Stroke is a major cause of death and disability. A major programme to increase the quality of stroke care is currently in hand. This will involve improving preventive activity, improving the quality of immediate treatment of the acute stroke, and improving the rehabilitation of stroke victims.

Stroke mortality in North Somerset is similar to national rates, and slightly above the south west average. Our overall incidence of stroke seems high, but this is based on general practice data, and the anomalies in this have already been discussed.

Chronic Obstructive Pulmonary Disease

Damage to the lung can result in bronchitis and long term damage. This can be profoundly debilitating, and is a cause of long term chronic illness. As well as preventive activity- largely about avoiding smoking - treatments to help people manage their chest complaints proactively can maintain a much better quality of life with fewer demands on other services. Targeted care from community matrons and support for individuals through pulmonary rehabilitation are both valuable components of care for sufferers.

COPD mortality in North Somerset is lower than in the South West or nationally, although the recorded incidence from GP data is higher than either

Fractured neck of femur

Hip fracture is a common and serious injury often caused by older people falling. This condition can have serious implications for older people often leading to a loss of mobility and independence. However the rate of hip fracture admissions across North Somerset is lower (422 per 100,000 pop), than for England (479 per 100,000 pop). This represents around 234 cases per year in the over 65's.

There is currently an integrated falls service working across North Somerset to identify people at risk of falling and to offer them support and help- such as advice on reducing risks in the home, and gentle exercise classes to improve balance and co-ordination.

Sexual health

North Somerset had a small peak of gonorrhoea in 2006, associated with a specific outbreak in Weston. Since then, numbers of cases have reduced to very low levels.

There is now rapid access to sexual health services, with everyone being offered an appointment within 48 hours.

Teenage pregnancy rates are low and reducing, and we currently have the third greatest reduction in teenage pregnancies in the country. Because of the small

numbers involved, we can anticipate significant year on year variation, but our long term trend is strongly downwards.

Our Chlamydia screening programme has been slow to start, but now, we anticipate meeting national targets of having screened 17% of under 25's in 2008/9/

Dental health in Children

Children's tooth decay is a noticeable problem locally, with a greater percentage of children with decayed teeth than nationally. There is a campaign currently in place to help mothers help their children to learn good dental hygiene. Access to dentistry for children does not seem to be a specific local issue. We shall explore whether we need to consult widely on the possibility of proposing fluoridation.

Injuries in children

We have fewer hospital admissions for injuries to children than nationally. However, safeguarding children remains a key priority for all local agencies.

Immunisations

Our uptake rates for early childhood immunisations are as good as the rest of the South West, and better than nationally. However, we have recently noted that recording of immunization boosters in the teenage years is much poorer, and we are embarking on a programme to increase these.

A new vaccine for the human papilloma virus, which increases the risk of developing cervical cancer, is being introduced this year. The vaccination programme will start in the autumn of 2008 and will be available to teenage girls.

Flu vaccine is offered to people over the age of 65, and those with conditions that put them most at risk for developing serious complications should they catch flu. Our uptake is better than the national or south west rates.

Arthritis

The most prevalent chronic disease in older people is arthritis. It can affect any joint and may cause pain, loss of function or deformity. Its impact on hips and knees may affect mobility and in the hands, it can impair the ability to perform activities of daily living. Prevalence increases with age, and around 50% of women and 35% of men over 85 have been diagnosed as having arthritis.

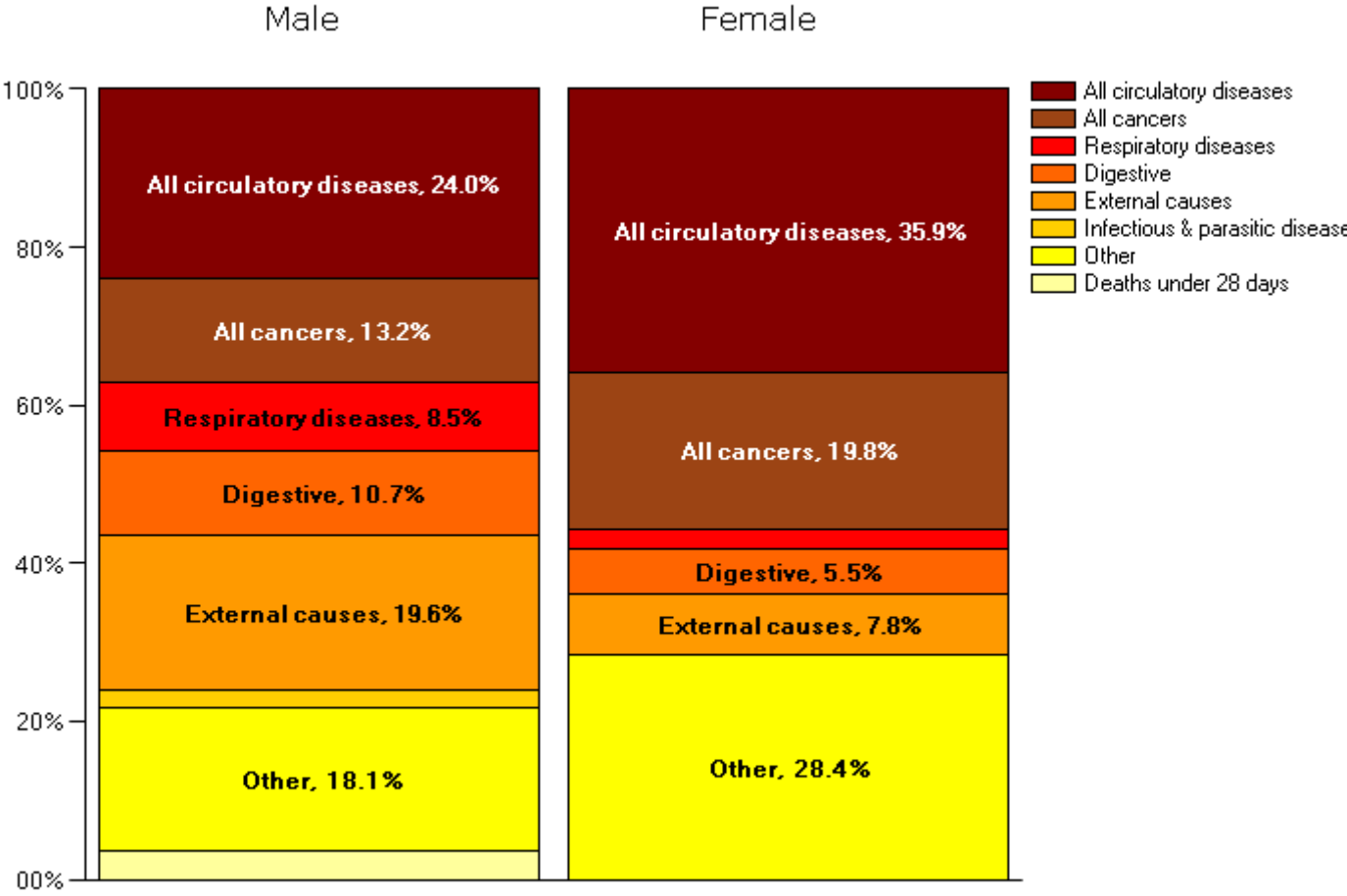
Arthritis can lead to the need for joint replacements. The rate of joint replacement in North Somerset is higher than nationally.

Substance misuse

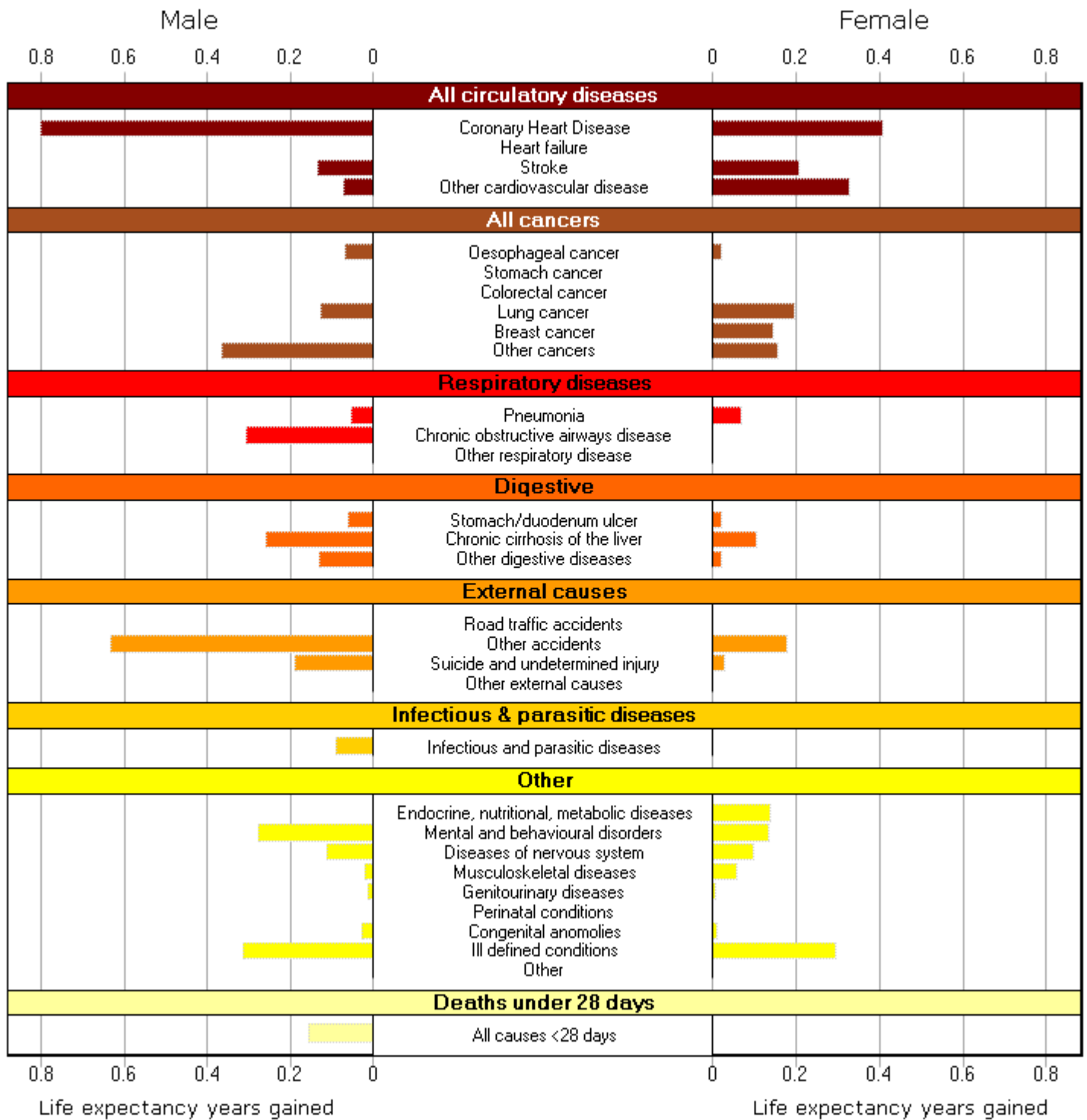
North Somerset is home to 11 % of all drug rehabilitation places, and other areas place drug users into these facilities, sometimes without appropriate links to local services. Some drug users may choose to stay locally after their treatment. Even if not using drugs at the time, they may relapse later. This is evidence that our substance misusing population is older and more likely to have injected than the national picture. Drug misuse is closely related to local deprivation and a significant contributor to community safety and child protection issues.

Appendix 3. Reasons for the life expectancy gap

The chart below shows the breakdown of life expectancy gap between the Most Deprived Quintile (MDQ) of North Somerset UA and the England average by cause of death.



The table below tells us that the Life expectancy years gained if the Most Deprived Quintile (MDQ) of North Somerset UA had the same mortality rate as the England average for each cause of death.



Source: London Health Observatory-Health Inequalities Intervention Tool; life expectancy estimates from 2001-2005 (<http://www.lho.org.uk>)

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