

**SOMERSET JOINT  
STRATEGIC NEEDS  
ASSESSMENT  
(JSNA)**

**2012**

**OVERVIEW**



**CONTENTS**

<b>CONTENTS</b>		<b>Page</b>
<b>1</b>	<b>INTRODUCTION</b>	<b>1</b>
<b>2</b>	<b>BACKGROUND</b>	<b>2</b>
	LEGAL DUTIES	2
	NHS CONSTITUTION	3
	THE EQUALITY DELIVERY SYSTEM (EDS)	3
	GP DATA COLLECTION	4
	SOMERSET COUNTY COUNCIL (SCC) CONTRACT MONITORING AND PROCUREMENT	5
<b>3</b>	<b>PROGRESS OF WORK</b>	<b>5</b>
<b>4</b>	<b>DEMOGRAPHY, SOCIAL AND PLACE AND HOUSING UPDATE</b>	<b>6</b>
<b>5</b>	<b>HEALTH NEED UPDATE</b>	<b>8</b>
<b>6</b>	<b>'DELIVERING EQUALITY' - LESBIAN, GAY, BI-SEXUAL, TRANSGENDER RESEARCH REPORT</b>	<b>9</b>
<b>7</b>	<b>STONEWALL RESEARCH - HEALTH NEEDS AMONGST THE LESBIAN, GAY, BISEXUAL (LGB) COMMUNITY</b>	<b>10</b>



### 1 INTRODUCTION

Welcome to the Joint Strategic Needs Assessment (JSNA) 2012 for Somerset.

This JSNA builds on work undertaken in the full refresh of the county-wide needs assessment undertaken in 2011 and updates existing data to highlight changes and trends over the past year. It also starts a process to include additional information required under the Equality Act 2010. Everyone should be treated fairly and equally across the course of their lives and health and social care has a strong role to play in promoting this principle.

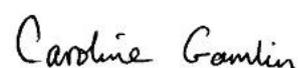
Somerset's new shadow Health and Wellbeing Board takes responsibility for the JSNA and approved a paper earlier this year outlining the proposal of work for 2012. We agreed that the JSNA would benefit from the inclusion of information concerning the nine 'protected characteristics' as set out in the Equality Act 2010 (age; disability; gender reassignment; marriage and civil partnerships; pregnancy and maternity; race; religion or belief; sex; sexual orientation).

The JSNA is an important resource not just for commissioners but also for wider audiences such as community groups and voluntary organisations. It also informs our new Health and Wellbeing Strategy for Somerset produced this year. On behalf of the shadow Health and Wellbeing Board, we would like to express our sincere gratitude to all the contributors to the JSNA who have supported its development for this year.

Our JSNA is available as an e-tool, with data accessible via the INFORM website ([inform.sine.org.uk](http://inform.sine.org.uk)) and commentary via the SINE website ([www.sine.org.uk](http://www.sine.org.uk)). Key information will be available in the form of a paper summary and will be distributed widely across Somerset.



Christine Lawrence  
Chair – Shadow Health and Wellbeing Board



Dr Caroline Gamlin  
Joint Director of Public Health

### 2 BACKGROUND

2.1 <sup>1</sup>The draft guidance, 'JSNAs and Health and Wellbeing Strategies Explained', states "The Health and Wellbeing board will have a duty to involve users and the public in the development of both the JSNA and the joint Health and Wellbeing Strategy, and pay *due regard to the Public Sector Equality Duty*."

2.2 It was recognised that for the JSNA to be used to its full potential and provide the most robust data for decision-making across service planning and provision, equality data and information needed to be improved and therefore a more well-rounded data bank could be accessed.

### LEGAL DUTIES

2.3 <sup>2</sup>Under the Human Rights Act 1998 and the Equality Act 2010 everyone has the right to be treated fairly and with dignity and respect. The Equality Act 2010 places a duty on organisations to offer protection from discrimination based on the 'protected characteristics' of:

- age
- disability
- gender re-assignment
- marriage and civil partnerships
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

2.4 Somerset County Council also has four additional 'locally identified' protected characteristics which are: rurality, carers, military status, low income.

2.5 The Act replaces previous anti-discrimination legislation such as the Disability Discrimination Act 2005 and the Race Relations Act (Amendment) 2000. It simplifies the law by removing inconsistencies and makes it easier for people to understand and comply with it. It imposes

---

<sup>1</sup> Extract from paper to Health and Wellbeing Board May 2012

<sup>2</sup> NHS Somerset's Equality and Diversity Strategy 2012 - 2014

obligations on everyone who provides services to the public, whether they are in the private, public or voluntary sectors.

- 2.6 The Act includes the Public Sector Equality Duty which requires public sector organisations not only to eliminate unlawful discrimination, but to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.
- 2.7 The Public Sector Equality Duty (PSED) also asks public sector organisations to pay due regard to the PSED. This includes how decisions and changes to services could positively or negatively affect different parts of the community or the duties.
- 2.8 To support and evidence compliance with the PSED there are two specific duties. These duties ask public sector organisations to publish information that evidence compliance with the PSED and a set of objectives to improve the PSED and compliance with them.

### NHS CONSTITUTION

- 2.9 The NHS Constitution establishes the principles and values of the NHS in England. It sets out the rights to which patients, public and staff are entitled and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. This includes how patients access health services, the quality of care patients receive, the treatment available to patients, confidentiality and the right to complain if things go wrong.
- 2.10 All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions. The pledges the NHS makes to patients can be viewed by downloading the [NHS Constitution](#).

### THE EQUALITY DELIVERY SYSTEM (EDS)

- 2.11 To meet their statutory and moral duties, NHS Somerset has developed an Equality and Diversity Strategy (E&DS) based on the Equality Delivery System (EDS). The EDS was designed nationally by patients and staff to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. It is a tool that has helped NHS Somerset - in engagement with patients, staff and the public – review its equality performance and will help embed equality into services through identifying future priorities and actions.

- 2.12 The Somerset EDS Cluster Group has been developed to ensure a combined commissioner and provider approach to implementing the EDS across Somerset. The group is led by NHS Somerset and has representation from all Somerset healthcare providers: Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust. This commissioner and provider set up will aid engagement opportunities with our local interests in Somerset, which is further enhanced by Somerset Local Involvement Network's (LINK) membership on the group. There is representation from Somerset County Council to promote partnership working and sharing of best practice. In addition, there is representation and involvement from the Clinical Commissioning Group. The group's agendas and minutes are available to all on the NHS Somerset website under [Equality & Diversity Publications](#).
- 2.13 Additionally, the EDS Implementation Group has been established within NHS Somerset to ensure a robust approach across the organisation to implementing the EDS and its resulting actions and objectives. There is representation from every directorate within NHS Somerset and representation and involvement from the Clinical Commissioning Group.

### GP DATA COLLECTION

- 2.14 Read codes are assigned to patients' records. These describe diseases, symptoms and conditions and activity relating to the patient. They can also describe demographic and social characteristics. They are used on General Practice clinical computer systems and can be thought of as similar to the International Classification of Disease codes, which describes the same factors on hospital records.
- 2.15 Working with Public Health, the Patient and Public Involvement (PPI) team at NHS Somerset are investigating what is included in the Read Codes. Clinical computer systems providers are being written to, to ask how they have included information for collecting data on the nine protected characteristics and practice managers have been asked what data they already include on initial registration forms.
- 2.16 When these responses have been gathered, training will be provided for GP practices to access, on the importance of the Equality Act and why collecting this data is important. Additionally, a best practice template will be produced, with involvement and approval from practice managers, to use for initial registration forms.

### SOMERSET COUNTY COUNCIL (SCC) CONTRACT MONITORING AND PROCUREMENT

- 2.17 Somerset County Council's (SCC) contract clauses are set up in such a way that a request can be made by the commissioner for any information from the provider. Because of this SCC can satisfy itself that the contract provider is meeting equality legislation and specific equality clauses within the contract. These clauses do not specifically ask for monitoring data on staff or on service users. However the contract does not preclude the ability to ask for this information. The main emphasis of SCC's contract clauses are that they must have a purpose, make a difference to either service users or the wider community and that they can be enforced.
- 2.18 The Equality Act makes clear that public bodies can use procurement to drive equality and take measures to meet the particular needs of disadvantaged groups. This means, in part, that SCC must make sure through their contracts (and the wording of them) that they are working with organisations that follow this ethos.
- 2.19 Example of an Equality Contract Clause:
- 'The *Contractor*, on request, provides the *Employer* with information and access to such documents as the *Employer* may require to enable it to satisfy itself that the *Contractor* complies and will continue to comply with all current legislation in respect of equality and diversity.'

## 3 PROGRESS OF WORK

- 3.1 Whilst the JSNA 2011 contained information on age, sex, disability, race, religion and carers, it did not include information relating to all of the nine protected characteristics under the Equality Act 2010. Work has progressed this year to start to fill these gaps and raise awareness of the need to ensure all groups are included on an ongoing basis to inform the JSNA.
- 3.2 Data updates related to health, social care and the wider determinants that affect the general population's health and wellbeing have been undertaken to provide a current and meaningful view of Somerset's situation. Census data has been included as it has become available.
- 3.3 Research commissioned by NHS Somerset and Somerset LINK has been undertaken to document the health and social care needs of Somerset's Lesbian, Gay, Bi-sexual and Transgender communities.

3.4 The JSNA webpage is supported by additional reports reflecting other protected characteristics in relation to Somerset:

- Sensory loss appraisal
- Mental health client profile
- Adult social care and support directory
- Social care user survey summary
- Blue Badge consultation
- Youth housing strategy
- Children and Young People's Plan
- Stonewall SW survey results (Lesbian, Gay, Bi-sexual)
- '2BU' (a report on young people questioning their sexuality)
- Rape Crisis report (includes NHS Somerset response)
- Updated needs assessment register and summary

3.5 A resource of equality information is available at Somerset County Council's webpage through this link:

<http://www.somerset.gov.uk/irj/public/council/goalsandvalues/goalandvalue?rid=/wpccontent/Sites/SCC/Web%20Pages/Council/Goals%20and%20values/Equality%20Act%20-%20Information>

3.6 The production of information has again been driven primarily by the JSNA Technical Working Group whose membership includes staff from the NHS and county council, police, fire service, the Local Involvement Network (LINK) and other representatives as appropriate, for example from district councils or voluntary organisations. The work has been overseen and supported by Somerset's shadow Health and Wellbeing Board.

3.7 The results of the 2011 census will continue to be added to the JSNA as it becomes available.

## 4 DEMOGRAPHY, SOCIAL AND PLACE AND HOUSING UPDATE

4.1 Section 1 of the JSNA is a report looking at changes and trends in data as well as new information, and has been compiled by the Partnership Intelligence Unit at Somerset County Council.

### HEADLINES

- **Changing Demography:** new Census estimates confirm an increasing number of older people in Somerset with West

Somerset's population the oldest in the country. There is also a rising number of primary school-age children leading to increased demand for places and other support

- **Migration:** the number of overseas migrants in Somerset applying for national insurance numbers (NINos) to work is increasing. This is expected to accelerate if and when the Hinkley Point C construction project is approved, which will impact upon West Somerset and Sedgemoor districts in particular over the next three to five years
- **Effects of the economic downturn:** most industry sectors saw a decline in the number of active businesses in 2011. Youth unemployment is growing in Somerset; in Sedgemoor, almost one in twelve 18-24 year-olds are out of work and claiming Job Seeker's Allowance. The number of housing benefit claimants has continued to increase. Potentially, many face having to pay more as a result of the Government's proposed welfare reforms
- **Housing:** homes are becoming less affordable relative to income in West Somerset. However, a record number of affordable homes were completed across the whole of Somerset last year. The Government-sponsored Montague review recommends various ways of expanding investment in the private rental sector, including a relaxation in local requirements of developers to build a proportion of affordable housing. Latest figures (at 2010) indicate a decline in fuel poverty but with fuel prices rising ahead of income inflation in 2012, this is expected to increase again, with implications for public health
- **Home improvements:** the number of dwellings improved to Decent Home standard increased in the past year. In the past ten years, the Warm Front scheme has delivered more than 13,000 installations (ranging from advice to boiler replacements and new heating systems) in Somerset. Since 2008, the Warm Streets scheme has delivered more than 4,000 cavity wall/ loft installations in the county and in the last six years, 300 home improvements/repairs have been facilitated by Wessex Home Improvement Loans
- **Homelessness:** the number of people accepted as being homeless and in priority need advanced sharply in the past few years, in line with national trends
- **Community safety:** despite the well-publicised M5 accident in November 2011, the number of serious road casualties continued to

fall. This could in part be a result of local initiatives but also the estimated decline in traffic

levels on major routes. Levels of reported hate crime incidents have been increasing.

- **Educational achievement:** in 2011, attainment at GCSE and across the Early Years Foundation Stage (EYFS) has improved but in each case remains below the national average
- **Social care needs:** there has been a rise in the number of Children Looked After and completed core assessments, reflecting an increase in more complex cases being referred. However, there has been a marginal dip in the number of children with Special Educational Needs (SEN). The number of adults receiving social care services is stable

## 5 HEALTH NEED UPDATE

5.1 Section 2 of the JSNA is compiled by the Head of Public Health Intelligence for NHS Somerset and profiles the health needs of Somerset's population. It includes statistical information on current and projected numbers of disease conditions, the main causes of hospital admissions and future projections and the main causes of death. It also provides information on preventive services and lifestyle issues affecting health.

### HEADLINES

- **Disease prevalence:** crude prevalence rates for most chronic conditions have risen over the past year but this can partly be explained by the increasing elderly population
- **Life expectancy:** life expectancy at birth continues to rise for both males and females although inequalities persist between the most and least deprived areas
- **Mortality:** the percentage of people dying at home is increasing while the percentage of people dying in hospital is decreasing
- **Screening:** screening rates for breast cancer (for women aged 53-64), cervical and bowel cancer are generally higher across Somerset

compared to regional and national rates. However, Somerset rates have decreased over the past year

- **Immunisations:** all child immunisation and seasonal influenza vaccination rates have increased over the past year
- **Hospital activity:** rates of hospital admissions and first outpatient attendances have increased in 2010/11 so that they are now similar to regional and national rates
- **Teenage conceptions:** the under 18 teenage conception rate has continued to fall in the past year
- **Alcohol:** admissions for alcohol-related diseases have increased over the past year

## 6 'DELIVERING EQUALITY' - LESBIAN, GAY, BI-SEXUAL, TRANSGENDER RESEARCH REPORT

- 6.1 Section 3 of the JSNA documents the results of research undertaken by the Diversity Trust and jointly commissioned by NHS Somerset and Somerset LINK. The research explores the views of Lesbian, Gay, Bisexual and Trans (LGBT) people's regarding their experiences of health and social care in Somerset. Some headlines from the 'Delivering Equality' report are accompanied by direct quotes from participants.

### HEADLINES

- **Making assumptions:** A common theme from the research is about the assumptions (health and social care) professionals make about people's gender and sexual identity

*"There is an assumption everyone is heterosexual ('heterosexism') and it is left up to the individual to 'come out' (disclosing sexual orientation). Sometimes I feel safe to 'come out' and sometimes I don't. When I do 'come out' I am unsure of what their (healthcare professionals) reaction will be."*

- **'Coming out':** (disclosing gender identity or sexual orientation). An individual's ability to feel safe when accessing services would be increased when staff within health and social care overcome assumptions about gender identity and sexual orientation. When people feel safe to 'come out' and have confidence, and feel their gender identity or sexual orientation won't compromise their access

to services, they have a more positive experience of receiving health and social care services

- **Confidentiality:** confidentiality is another significant issue for participants. People often choose to go out of county to access health and social care services for fear of being 'outed' (having gender identity or sexual orientation disclosed without consent), or having to disclose their gender identity or sexual orientation, when they may or may not feel safe to do so
- **Information:** getting information out to people has also played a significant part in the story, as this online survey respondent puts it;

*"I would like to walk in to my GP practice, hospital or social service, and know staff there will be aware of LGBT issues. The premises will display an 'LGBT friendly' sign. They will signpost me to local LGBT friendly organisations for support. GPs, doctors, nurses and other health and social care professionals will be LGBT aware. I will be able to discuss my sexuality, openly and safely, and I will be listened to."*

## 7 STONEWALL RESEARCH - HEALTH NEEDS AMONGST THE LESBIAN, GAY, BISEXUAL (LGB) COMMUNITY

- 7.1 A large body of research<sup>3</sup> has shown that LGB people experience unique social and health care needs, beyond sexual health. In recent years, Stonewall have run major health surveys of gay, lesbian and bisexual people. Results from the national surveys were based on responses of well over 12,000 people in total and the main findings relating to physical and mental health inequalities are as follows:

### HEADLINES

- **Substance misuse:** lesbian, gay and bisexual men and women are more likely than people in general to have smoked, taken drugs and to be drinking frequently
- **Suicide and self harm:** they are much more likely than people generally to have attempted suicide or self-harmed

---

<sup>3</sup> ([http://www.stonewall.org.uk/documents/reducing\\_health\\_inequalities\\_review.doc](http://www.stonewall.org.uk/documents/reducing_health_inequalities_review.doc))  
[http://www.stonewall.org.uk/documents/stonewall\\_gay\\_mens\\_health\\_final\\_1.pdf](http://www.stonewall.org.uk/documents/stonewall_gay_mens_health_final_1.pdf)  
[http://www.stonewall.org.uk/documents/prescription\\_for\\_change.pdf](http://www.stonewall.org.uk/documents/prescription_for_change.pdf))

- **Eating disorders:** lesbian and bisexual women are more than likely than the average woman to say they have an eating disorder
- **Domestic abuse:** half of gay and bisexual men have experienced at least one incident of domestic abuse from a family member/partner since 16, compared with one in six of all men. Four in five of those LGB men or women who have suffered domestic abuse never reported it
- **STD testing:** less than half lesbian and bisexual women have never been tested for any sexually transmitted infection (STD)
- **HIV testing:** three in ten gay and bisexual men have never had an HIV test in spite of early diagnosis now being a public health priority

7.2 The results highlight some of the ways in which LGB people experience particular health needs and problems with the healthcare system.

---

### ACCESS

If you would like the information in the JSNA overview document in another language or format, please ask us.

Se deseja obter informação noutra idioma ou formato, diga-nos.

Se desiderate ricevere informazioni in un'altra lingua o in un altro formato, siete pregati di chiedere.

Informationen können auch in anderen Sprachen oder Formaten angefordert werden.

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

如欲索取以另一语文印制或另一格式制作的资料，请与我们联系。

**Tel:** 01823 357270  
**Email:** [jo.purvis@somerset.nhs.uk](mailto:jo.purvis@somerset.nhs.uk)  
**Address:** Freepost RRKL-XKSC-ACSG,  
NHS Somerset  
Wynford House  
Lufton Way  
Yeovil BA22 8HR