Mendip

Public Health
District Needs Profile

To inform the commissioning and delivery of services to improve the Health and Wellbeing outcomes for children and their families

Produced by:

Public Health at Somerset County Council **February 2015**

Introduction

Public Health has produced this Health and Wellbeing Needs Profile, in collaboration with the getset service, to inform the commissioning and delivery of services to improve outcomes for children and their families.

'**getset**' Somerset is all about narrowing the gap in achievement. We want to do this by bridging the equalities gap to make sure all children, young people and their families are able to achieve their full potential.

Our Vision is to offer high quality, easily accessible local services which target those who need them most. We want to ensure that:

- Children, young people and their families receive services that they need, when they need them and where they can easily access them.
- Service providers work together to provide coherent, flexible and integrated Early Help services for children and young people and their families when they need them and so reducing the likelihood of the development of more complex needs
- Commissioners work together across sectors and services to meet need in the best way possible and achieve the best value for money
- The services provided make a difference to the lives of children, young people and their families and local communities.

This profile contains data and statistics at a District Authority level. There are some Health and Wellbeing indicators which are only available at a county-wide level that are not currently included.

Please note that the getset service is currently (March 2015) producing a series of getset Data Summary documents (a county-wide summary and a summary for each getset Service Area) to support the getset 0-4 (Children's Centre) service.

Contents

Summary

There are 26,177 children and young people (aged 19 and under) living in Mendip. These young people make up 24% of the overall population, which is the highest proportion for any of Somerset's district.

It is estimated that 14.0% of children (aged 15 and under) in Mendip are living in poverty which is a significantly smaller proportion than the county average.

The Income Affecting Children index (IDACI) 2010 and Index of Multiple Deprivation (IMD) 2010 suggest that Mendip children experience more deprivation in the urban areas, namely, Frome, Wells, Shepton Mallet, Glastonbury and Street.

The 2011 Census indicated that Mendip had the highest percentage of lone parent households and, more specifically, lone-parent households with dependent children for any of the five districts.

Mendip has the highest rate of under 18 conceptions in Somerset, although this difference is not significantly different. Conversely Mendip has the lowest rate of teenage deliveries to mothers aged 19 and under. Street North was the only ward in Mendip to have been a hotspot for conceptions in 2010-12.

The area around Shepton Mallet had some of the highest levels of obesity in Reception aged children between 2009/10 and 2013/14. The area west of Glastonbury and Street was within the 20% of Somerset areas with the highest proportion of obese children in Year 6.

Mendip pupils were the least likely to know an adult they could trust to talk to if they were worried about something of any district and the least likely to say their school had a health clinic.

The indirectly age/sex standardised rate of hospital admissions of under 18 year olds following an accident is significantly lower in Mendip than the Somerset average.

Infant mortality in Mendip is at a higher rate (5.1 per 1,000) than any other district in the county and the same was true of childhood (aged 15 or less) mortality (48.5 per 100,000). However, neither of these values were significantly worse than the Somerset average.

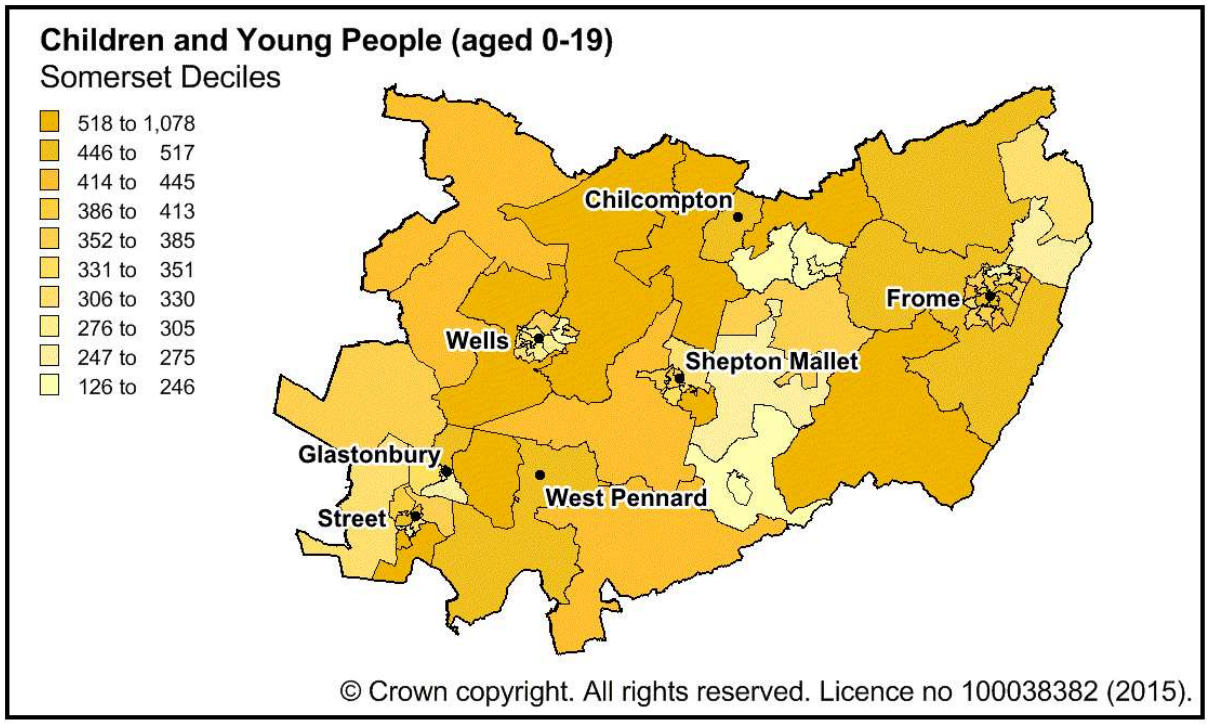
1. Population

The map below shows the number of children and young people aged between 0 and 19 by Lower Layer Super Output Area (LSOA). Each LSOA contains around 1,500 people and there are 327 in the whole of Somerset.

See Appendix B: Census Geographies for a full description of LSOAs.

The LSOA to the south of Street had a population of 1,078 children and young people. This will be linked to presence Millfield School.

MAP 1.1: Number of children and young people aged between 0 and 19 resident in Mendip district by LSOA, 2013.



Source: ONS Mid-Year 2013 population estimates.

There are 26,177 children and young people aged 0 to 19 in Mendip and they make up 24% of the total population. This is the highest proportion of any of the Somerset districts.

TABLE 1.1: Number of children and young people aged between 0 and 19 resident in Somerset by district, 2013.

Area	0-4	5-9	10-14	15-19	Total	Proportion of total population aged 0-19
Mendip	**5,937**	**6,190**	**6,477**	**7,573**	**26,177**	**24%**
Sedgemoor	6,690	6,385	6,591	7,211	26,877	23%
South Somerset	9,110	8,887	8,938	9,484	36,419	22%
Taunton Deane	6,290	6,189	6,132	6,953	25,564	23%
West Somerset	1,459	1,400	1,511	1,709	6,079	18%
Somerset	29,486	29,051	29,649	32,930	121,116	23%

Source: ONS Mid-Year 2013 Population Estimates.

Please note that the getset Data Summary documents will provide a more up-to-date breakdown for the 0-4 year age group base on GP registered populations.

2. Deprivation

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.[1]

The national Public Health Outcome Framework (PHOF), produced by Public Health England, contains a wide range of indicators at district, county, regional and England level. It is designed to benchmark performance and levels of health in different communities across England. Indicator 1.01ii shows the percentage of children (aged 15 and under) who are living in poverty. This is defined as children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income.

In Mendip the proportion of children (aged 15 and under) living in poverty is significantly better than the Somerset average. Additionally the level of child poverty in Somerset is lower than both the South-West and England averages.

TABLE 2.1: Percentage of children (aged 15 and under) in poverty, 2011.

Area	Number	Percentage
Mendip	**2,755**	**14.0%**
Sedgemoor	3,665	17.9%
South Somerset	3,720	13.2%
Taunton Deane	2,840	14.6%
West Somerset	800	16.6%
Somerset	13,780	14.9%
South West	148,105	16.2%
England	2,026,465	20.6%

District is significantly better than the Somerset average

District is significantly worse than the Somerset average

Source: Public Health England, Public Health Outcomes Framework (PHOF)

Please note that the getset Data Summary documents will provide detail of the deprivation measures for the 0-4 population.

[1] Public Health England, Public Health Outcomes Framework (PHOF)

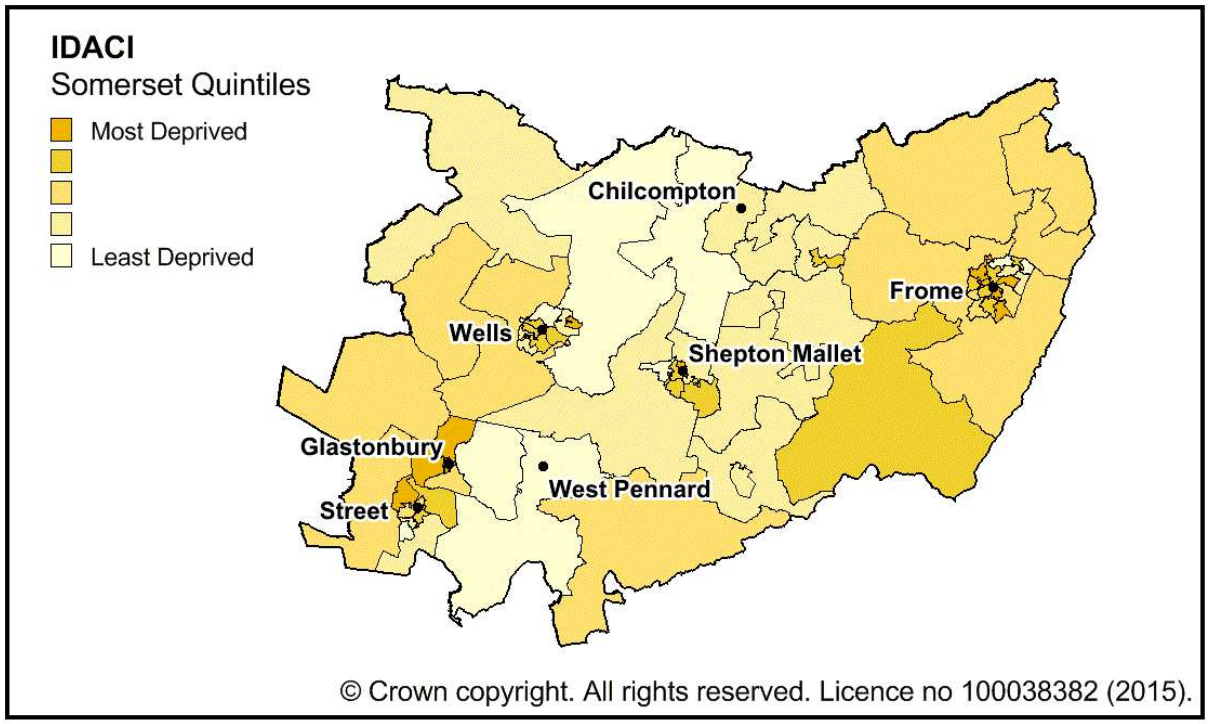
The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all-cause mortality, smoking prevalence and self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.[2]

The Income Deprivation Affecting Children Index (IDACI) 2010 is published by the Department for Communities and Local Government. It scores and ranks each LSOA in the country based on the amount of income deprivation children experience. For a description of deprivation measures please see Appendix A: Deprivation Indicators at the end of this report.

The map below highlights each LSOA in Mendip based on its IDACI score, relative to all 327 LSOAs in Somerset. The LSOAs are grouped into five bands (quintiles) from most deprived (darker shading) to least deprived (lighter shading).

The map shows that, in Mendip, children in some of the larger towns (Frome, Glastonbury and Street) and Wells are more likely to experience greater income deprivation than other more rural areas.

MAP 2.1: Income Deprivation Affecting Children Index (IDACI) 2010 by LSOA and Somerset quintiles.



Source: Department for Communities and Local Government, Indices of Deprivation 2010.

[2] Public Health England, Health Profiles

The Index of Multiple Deprivation (IMD) 2010 is also published by the Department for Communities and Local Government. It scores and ranks each LSOA in the country based on the amount of overall deprivation experienced by the population.

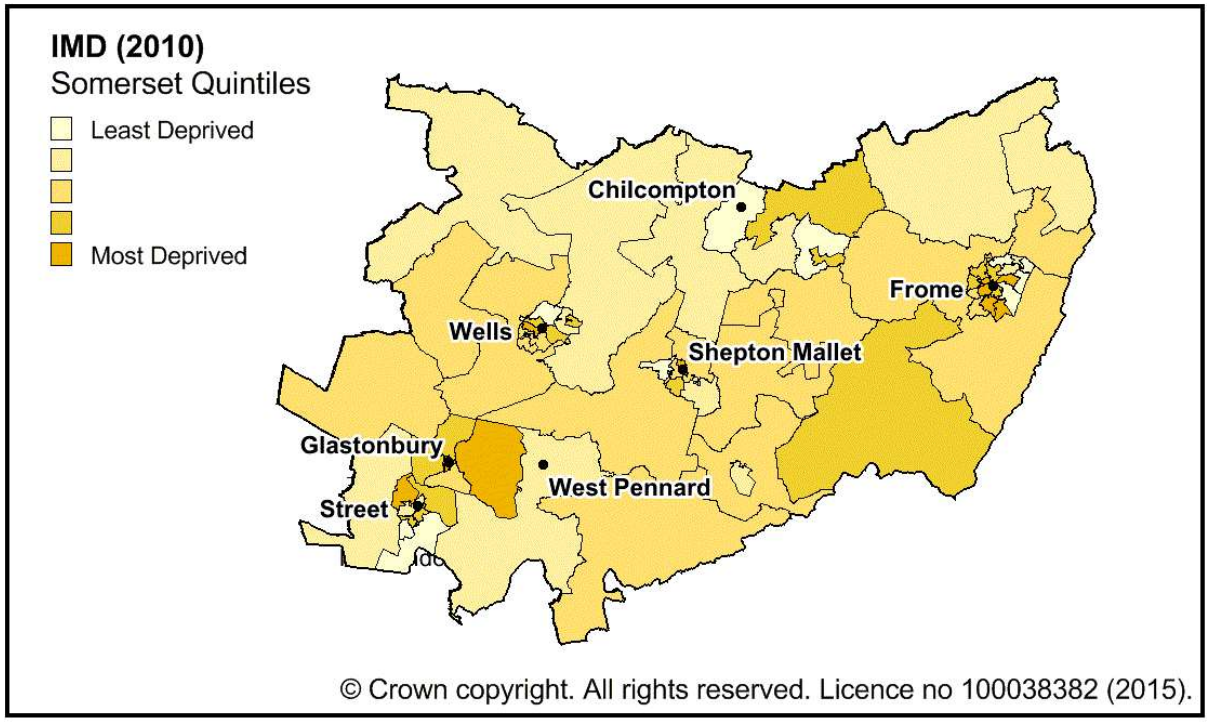
The map below highlights each LSOA in Mendip based on its overall IMD score relative to all 327 LSOAs in Somerset. Again the LSOAs are grouped into five bands (quintiles) from most deprived (darker shading) to least deprived (lighter shading).

As with the IDACI the highest levels of deprivation in the district were centred on the larger towns (Frome, Street and Glastonbury) and Wells.

The IMD Somerset quintiles in Mendip follow a very similar to those of the IDACI. There were a couple of exceptions for LSOAs in Wells, Frome and the area east of Glastonbury. In these places there was a relatively high IDACI score but a relatively low IMD score when compared with the rest of Somerset.

Please note these maps compare the score relative to the other LSOAs in the county and so a higher relative score in a specific area for the IMD or IDACI does not necessarily mean the score was actually higher.

MAP 2.2: Index of Multiple Deprivation (IMD) 2010 by LSOA and Somerset quintiles.



Source: Department for Communities and Local Government, Indices of Deprivation 2010.

3. Lone Parent Households

At the time of the 2011 census Mendip had the highest proportion of lone-parent households of any district in Somerset. In particular Mendip had the highest proportion of lone-parent households with dependent children.

TABLE 3.3: Percentage of lone parent households, Census 2011.

Area	Percentage with dependent children	Percentage with only non-dependent children	Total Percentage of Lone Parent Households
Mendip	**6.1%**	**2.9%**	**9.0%**
Sedgemoor	5.8%	3.0%	8.8%
South Somerset	5.2%	2.6%	7.8%
Taunton Deane	6.0%	2.9%	8.9%
West Somerset	4.2%	2.7%	6.9%
Somerset	5.6%	2.8%	8.4%

Source: http://www.somersetintelligence.org.uk/census-datasets/

4. Births

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty. [3]

The rate of under 18 conceptions in Mendip was the highest for any district. However, the rates for all five districts are statistically similar to Somerset.

Overall the rate in Somerset is lower than the South-West and England averages.

TABLE 4.1: Under 18 conceptions rate per 1,000 females aged 15-17, 2012.

Area	Number	Rate per 1,000
Mendip	**64**	**28.1**
Sedgemoor	53	24.5
South Somerset	74	25.4
Taunton Deane	43	20.1
West Somerset	10	20.2
Somerset	244	24.4
South West	2,292	24.8
England	26,157	27.7

District is significantly better than the Somerset average

District is significantly worse than the Somerset average

Source: Public Health England, Health Profiles.

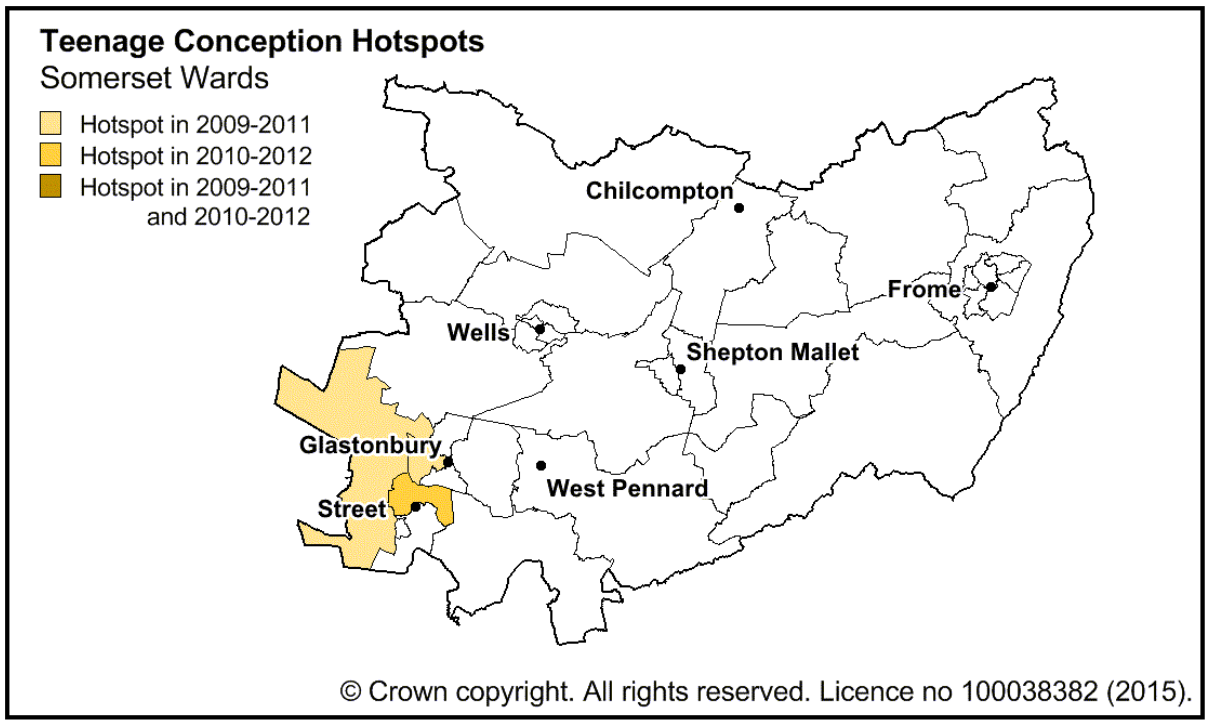
The map below shows Mendip wards that were hotspots for teenage conceptions in the 2009-2011 and 2010-12 rolling three year periods. Hotspots were identified as any Ward with a significantly higher rate than England or that was within the 20% highest in Somerset.

No wards in Mendip were county hotspots in both 2009-11 and 2010-12.

Street North was the line Mendip ward in 2010-12 and Moor and Glastonbury St benedict's wards had been hotspots in 2009-11.

[3] Public Health England, Health Profiles

MAP 4.1: Teenage conceptions hotspots by ward, 2009-11 (pooled) and 2010-12 (pooled), based on rates per 1,000 females aged 15-17.



Source: ONS

Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.[4]

The table below shows that the number of deliveries to mothers aged 18 and under in Mendip was the lowest Tuesday of any of any of Somerset's districts.

TABLE 4.2: Teenage deliveries (to mothers aged under 19 years) in hospital, rate per 1,000 females aged 15-17 between 2007/08 and 2013/14 (pooled).

Area	Rate Per 1,000
Mendip	**13.4**
Sedgemoor	20.6
South Somerset	**20.8**
Taunton Deane	18.7
West Somerset	16.0
Somerset	18.2

Source: Secondary Uses Service (SUS).

[4] Public Health England, Health Profiles

5. Breastfeeding

The PHOF gives the number and proportion of infants initially breastfed and the prevalence of breastfeeding at the 6-8 week check-up after a baby is born.

NHS England also publish statistics at GP Practice level and these can be accessed at www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/

In Mendip the proportion of infants initially breastfed is slightly above the Somerset average although this was not statistically significant. Overall Somerset has higher rates than the South West and England.

TABLE 5.1: Infants initially breastfed, 2013/14.

Area	Number	Percentage
Mendip	**876**	**83.7%**
Sedgemoor	982	80.1%
South Somerset	1,346	81.5%
Taunton Deane	989	85.3%
West Somerset	231	85.2%
Somerset	4,424	82.6%
South West	44,312	78.6%
England	449,063	73.9%

District is significantly better than the Somerset average

District is significantly worse than the Somerset average

Source: Public Health England, Public Health Outcomes Framework (PHOF)

The prevalence of breastfeeding at 6-8 weeks in Mendip was suppressed for data quality reasons. However, the Somerset value is similar to the South-West average indicating higher drop-off rates in the county.

TABLE 5.2: Infants breastfed at the 6 to 8 week check, 2013/14.

Area	Number	Percentage
Mendip	**534**	*****
Sedgemoor	517	40.8%
South Somerset	825	49.0%
Taunton Deane	596	51.9%
West Somerset	127	47.7%
Somerset	2,599	48.5%
South West	26,231	49.3%
England	278,590	*

District is significantly better than the Somerset average

District is significantly worse than the Somerset average

*data not published due to data quality reasons.

Source: Public Health England, Public Health Outcomes Framework (PHOF)

6. Healthy Weight

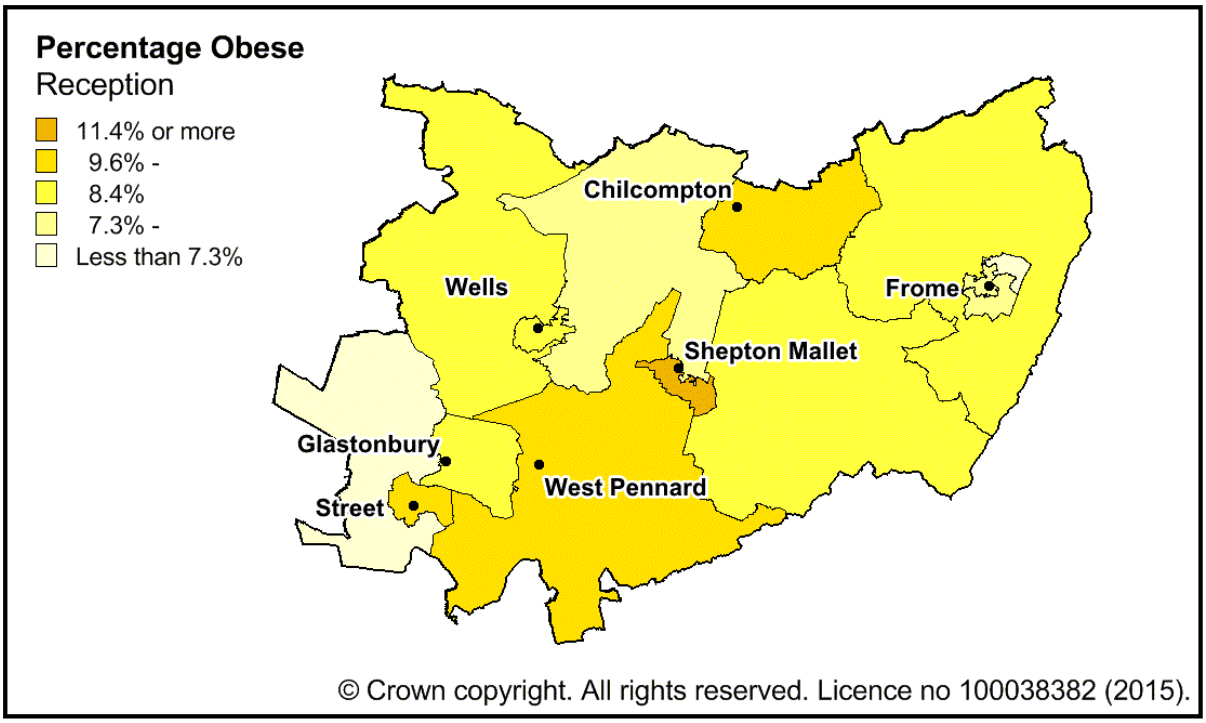
The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems like social isolation, low self-esteem, teasing and bullying.[5]

The National Child Measurement Programme (NCMP) for England records height and weight measurements of children in Reception (typically aged 4-5 years) and Year 6 (aged 10-11 years).[6]

The maps below show the proportion of children who have been measured as obese at Reception and Year 6 by Middle Layer Super Output Area (MSOA) over the past five years for which data are available. See Appendix B: Census Geographies for a description of MSOAs.

Some of the highest levels of obesity in Reception aged children across the county were found in Shepton Mallet. Additionally there were above average levels of obesity in around Street, West Pennard and Chilcompton.

MAP 6.1: Percentage of children in Reception measured as obese by MSOA and Somerset quintiles, 2009/10 to 2013/14 (pooled) academic years.



Source: National Child Measurement Programme (NCMP)

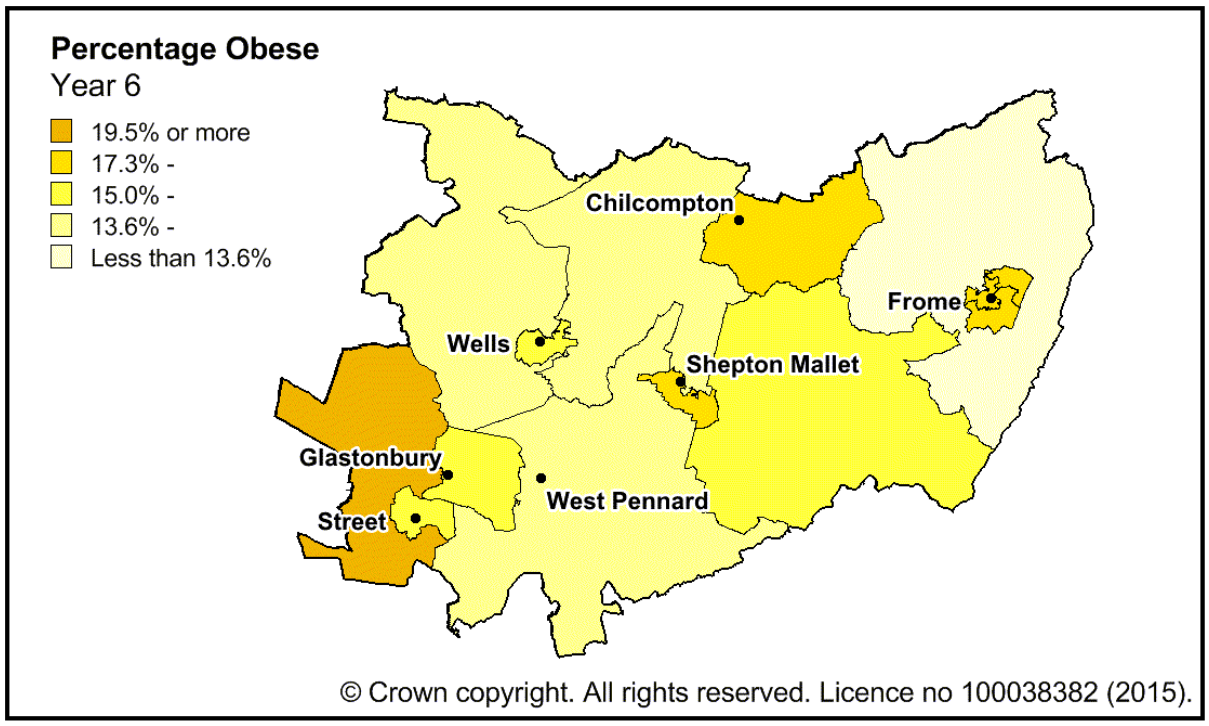
[5] Public Health England, Public Health Outcomes Framework (PHOF)
[6] http://www.somersetintelligence.org.uk/obesity.html

The map below shows the proportions of obesity measured in Year 6 children over the past 5 years. Please note that because the proportions of children in Year 6 measured obese were generally higher than those in Reception, the ranges for each quintile in the map below are higher than they were in the map above.

The area to the west of Glastonbury and Street (containing Mere and Westhay) had some of the highest levels of obesity in Year 6 children, in Somerset, over the past five years. Interestingly this MSOA had some of the lowest levels of obesity in Reception age children over the same period.

The MSOAs around Chilcompton and Shepton Mallet and all areas in Frome had above average levels of obesity for the county as well.

MAP 6.2: Percentage of children in Year 6 measured as obese by MSOA and Somerset quintiles, 2009/10 to 2013/14 (pooled) academic years.



Source: National Child Measurement Programme (NCMP)

7. Awareness of help and support

In conjunction with teachers across the county, the Somerset Children and Young People Survey (SCYPS) was commissioned from the Schools Health Education Unit (SHEU) by the Somerset Health and Wellbeing in Learning Programme as a way of collecting robust information about young people's lifestyles.[7]

Mendip pupils were the least likely to know an adult they could trust to talk to if they were worried about something of any district and the least likely to say their school had a health clinic.

TABLE 7.1: Percentage of secondary school pupils who responded to say they were aware of where to get help and support, 2014.

Question	Mendip	Sedgemoor	South Somerset	Taunton Deane	West Somerset
If you wanted information or support about alcohol or drugs, would you know where to go?	**48%**	47%	46%	48%	46%
If you were worried about something, do you know an adult you trust that you can talk to about it?	**23%**	28%	30%	33%	29%
Is there a health clinic in your school?	**34%**	47%	52%	48%	41%
Do you know who your school nurse is?	**48%**	38%	42%	44%	51%
Do you know how to get to see you school nurse?	**57%**	53%	62%	54%	63%

Source: Somerset Children and Young People Survey (SCYPS)

[7] http://www.somersetintelligence.org.uk/scyps/

8. Hospital Admissions

The table below shows the indirectly age/sex standardised rate of hospital admissions of children and young people (aged 17 and under) that can be identified as having been caused by an accident.

For a description of standardised rates please see Appendix C: Rates at the end of this profile.

The indirectly age/sex standardised rate for Mendip was significantly lower than the Somerset average.

TABLE 8.1: Hospital admissions of children aged 0 to 17 for accidents between 2009/10 and 2013/14 (pooled), indirectly age/sex standardised rate per 1,000.

Area	Number	Rate per 1,000
Mendip	**1,207**	**9.7**
Sedgemoor	1,133	9.4
South Somerset	1,889	12.0
Taunton Deane	1,349	11.4
West Somerset	268	10.3
Somerset	5,846	10.7

District is significantly better than the Somerset average

District is significantly worse than the Somerset average

Source: Secondary Uses Service (SUS).

9. Mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.[8]

Overall the rate of infant mortality in Somerset is in line with the region but lower (better) than the England average.

In Mendip the rate of infant mortality was higher than the Somerset, South West and England rates. However the Mendip rate was not significantly above the county average due to wide confidence intervals.

TABLE 9.1: Infant mortality rate per 1,000 babies aged under 1 year old between 2010 and 2012 (pooled).

Area	Number	Rate per 1,000
Mendip	**18**	**5.1**
Sedgemoor	5	1.3
South Somerset	19	3.7
Taunton Deane	10	2.6
West Somerset	6	6.9
Somerset	58	3.4
South West	628	3.4
England	8,505	4.1

District is significantly better than the Somerset average

District is significantly worse than the Somerset average

Source: Public Health England, Health Profiles.

[8] Source: Public Health England, Health Profiles

The Health and Social Care Information Centre (HSCIC) provide a directly age standardised rate of childhood mortality based on ONS statistics.

For a description of standardised rates please see Appendix C: Rates at the end of this profile.

Mendip had the highest directly standardised rate of childhood mortality of any of the districts but the rate was not significantly worse than the Somerset average.

TABLE 9.2 Childhood mortality directly age standardised rate per 100,000 aged less than 15 years old between 2010 and 2012 (pooled).

Area	Number of deaths	Rate per 100,000
Mendip	**27**	**48.5**
Sedgemoor	9	14.9
South Somerset	28	33.3
Taunton Deane	16	27.3
West Somerset	6	43.4
Somerset	907	32.1
South West	86	31.5
England	11,823	37.4

District is significantly better than the Somerset average

District is significantly worse than the Somerset average

Source: Health and Social Care Information Centre (HSCIC), Indicator Portal.

Appendix A: Deprivation Indicators

Index of Multiple Deprivation (IMD)

The Index of Multiple Deprivation 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation.

The IMD (2010) was made up of seven domains: Income Deprivation Domain, Employment Deprivation Domain, Health Deprivation and Disability Domain, Education, Skills and Training Deprivation Domain, Barriers to Housing and Services Domain, Crime Domain, Living Environment Deprivation Domain.

Income Deprivation Affecting Children Index (IDACI)

The IDACI is a supplementary index of the IMD. The IDACI is the percentage of children aged 0 - 15 in each lower super output area (LSOA) living in families that are income deprived – that is in receipt of income support, income based jobseeker's allowance or pension credit, or those not in receipt of these benefits but in receipt of Child Tax Credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs.[9]

Appendix B: Census Geographies

Lower Layer Super Output Area (LSOA) and Middle Layer Super Output Area (MSOA)

The Office of National Statistics (ONS) created LSOAs for the 2001 census and they were revised for the 2011 census. They are small, relatively homogeneous areas that usually contain around 1,500 people. There are 327 LSOAs in Somerset. MSOAs are similar to LSOAs however they are larger, containing around 7,500 people and there are 71 MSOAs in Somerset.

Appendix C: Rates

Crude Rates

A crude rate is the number of events divided by the population.

[9] LG Inform

Standardised Rates

Rates of disease, death or admissions to hospital (events) usually increase with age and often different between the genders. This means that if you are looking at the number of events per 1000 people a population with more elderly people would have higher values just because of the population structure. Standardisation is a way of comparing results in populations to allow for any differences in population structure. There are two main methods of standardisation: indirect and direct.

Indirectly Standardised Rates

The description that follows is for admissions to hospital in a district in Somerset.

Age/sex specific rates in Somerset (the Standard population) are applied to the population of the district to work out what the expected number of admissions would be if the rates were identical across the whole county. The observed number of admissions is expressed as a percentage of the expected number to give the standardised ratio. A value less than 100% means that the district has fewer admissions than expected and hence has a lower standardised rate than Somerset and a value of more than 100% that the area has more admissions than expected and a higher standardised rate than Somerset. This standardised ratio is multiplied by the overall crude rate in Somerset to give the indirectly age/sex standardised rate in the district.

Indirect standardisation is usually used when numbers of events are small or the age/sex breakdown of events is unknown in the area being considered but the total number is known. The Standard population can be the sum of the areas being compared (for example, Somerset is the sum of the five districts). Standardised rates for areas can be compared but only if they are calculated using the same Standard.

Directly Standardised Rates

The description that follows is for deaths in a district.

A directly age-standardised rate is calculated by working out the crude death rate for each age group in the district. These rates are then applied to the European Standard Population (ESP) (the Standard population) and summed across the age/sex groups to give the crude rate that would be observed in the ESP if the district's death rates applied.

Direct standardisation is used for larger numbers and is used for national and international comparisons. One drawback is that the ESP does not necessarily reflect the true population distribution of an area and the resulting standardised rate may not be at all close to the crude rate. For example the ESP has more children and fewer older people than the Somerset population and so rates standardised to the ESP will, in general, be much lower than the crude rates.