

GLASTONBURY AND STREET JOINT NEEDS ASSESSMENT

Introduction

Welcome to the Joint Needs Assessment for Glastonbury and Street.

This analysis of health and social care within these two Mendip communities follows on from the publication of Somerset's Joint Strategic Needs Assessment in October 2008.

The needs assessment describes factors that affect the health and wellbeing of local people and provides an important source of information to those responsible for providing, improving and commissioning services. It gives a better understanding of issues, to influence local delivery and an opportunity for both communities and agencies to make a difference to the way services are provided.

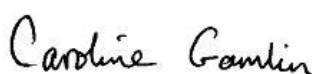
Data has been drawn from a variety of sources, based on where and how services are delivered, for example, through GP surgeries, schools, police, housing and community organisations to assess the over-arching health and wellbeing needs in Glastonbury and Street. *Please note that numbers less than five (<5) have been suppressed to ensure no individual can be identified (with the exception of data concerning deaths, which is already in the public domain).*

Under some headings, information has been given separately for each town and in other cases it has been combined to make the overall picture more complete and meaningful. Some small tracts of text have been duplicated to ensure that it is taken into account for both communities.

The background to this targeted assessment is contained in the next section, which is followed by information regarding the social and environmental context of Glastonbury and Street. This includes aspects of life like housing, environmental factors, community safety, leisure and an overview of health services. A detailed analysis of how needs are met is contained separately in one section and then is expanded in more detail in the 'Health and Wellbeing' section with issues including smoking, teenage pregnancy, dementia, obesity and screening. Also included is information about mental health and some community services such as Citizens' Advice and Active Living.

Recommendations follow the 'Voices' of local people – both young and old - and we are most grateful to have these local opinions to contribute to the needs assessment. Thanks to staff at Glastonbury Surgery, Crispin Community Focus and the Somerset Youth Volunteering Network for making this possible.

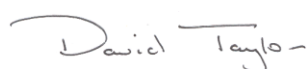
We would also like to express our thanks to staff at Somerset County Council, NHS Somerset, staff within partnership organisations with whom we work closely, and especially at Mendip District Council who were so helpful in providing existing information to use and updating us with relevant details as work progressed.



Joint Director of Public
Health



Corporate Director
Community



Corporate Director for
Children's Services

**NHS SOMERSET AND
SOMERSET COUNTY COUNCIL**

**GLASTONBURY AND STREET JOINT NEEDS
ASSESSMENT**

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BACKGROUND - LINKS TO SOMERSET'S JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

¹The Department of Health's Draft Commissioning Framework for Health and Wellbeing (March 2007) proposed to establish a duty on upper tier Local Authorities and Primary Care Trusts to produce a Joint Strategic Needs Assessment (JSNA).

The duty to undertake a JSNA was also described in Section 166 of the Local Government and Public Involvement Act (2007) and set out in the draft statutory guidance, *Creating Strong, Safe and Prosperous Communities*. The duty commenced on 1 April 2008.

In June 2008, a steering group was established to drive the development of Somerset's JSNA. The group is currently made up of the Joint Director of Public Health, the Corporate Director – Community, Director of Children's Services, Head of Environment and Regeneration for Somerset County Council and commissioners from NHS Somerset, with the Director of Primary Care Development and Director of Secondary Care Development. There is representation from the NHS Somerset Professional Executive Committee and a finance representative, as appropriate.

The function of the JSNA steering group is to:

- Agree and finalise the JSNA process and timeframe
- Ensure involvement of key stakeholders in the JSNA working group and subgroups
- Provide strategic support and advice
- Ensure partner and public views are considered within the ongoing JSNA process
- Agree content of the final document
- Identify, highlight and explore key local health inequalities
- Make recommendations through the JSNA and the Health and Wellbeing Group with regard to changes in commissioning and delivery of children's and adult services

A technical working group was established to progress the data collation needed to support the written evidence in the JSNA and provide supplementary local level information to the core data set.

In October 2008, Somerset County Council and NHS Somerset produced the first JSNA for Somerset. It looked at the whole county; at what worked in terms of health and social care and its influences, where the gaps were and what could be done to

¹ Somerset Joint Strategic Needs Assessment October 2008

close them; it looked at what Somerset people said about their local health and social care services, what mattered to them in these terms and what made a difference.

The JSNA has been called a ‘driver for change’ and is certainly an ongoing process by which we can describe the future health, care and wellbeing needs of the local population (over the short term – three to five years and long term - five to ten years). It informs the services that are bought, the Local Area Agreement (LAA), Sustainable Community Strategy and underpins the Comprehensive Area Agreement (CAA). On one level, it is a tool, a methodology for strategic analysis of an area and an important one precisely because of its scope. On another, it captures the change of culture across health and social care.

- Points about the:

The Local Area Agreement (LAA)

Local Area Agreements set out the priorities for a local area agreed between central government and the local authority, the Local Strategic Partnerships and other key partners like PCTs, at the local level. LAAs simplify some central funding, help join up public services more effectively and allow greater flexibility for local solutions to local circumstances.

Sustainable Community Strategy (SCS)

Somerset County Council, with its partners in the Somerset Strategic Partnership (SSP) has developed the Sustainable Community Strategy. This brings together a *collective* ‘Vision for Somerset’ for 2026, the challenges faced over the next fifteen years or so and the priorities to make sure these challenges are met. The Strategy, published in February 2009, sets out a framework for service delivery.

Mendip has its own Community Strategy, prepared by Mendip Strategic Partnership (MSP) to help achieve the Vision for Mendip, which is “By 2026, Mendip will be a thriving, just and sustainable place to live work in and visit”.

The Comprehensive Area Assessment (CAA) is in two parts:

²**Area assessment** will assess the extent to which councils and their partners are delivering improvements on the issues that matter to people within the local area. It will consider whether the priorities set in the area reflect those of the people who live there. Area assessment will also look at how effectively the

² www.communities.gov.uk

improvements are being delivered, and will assess the future prospects for improvement.

Organisational assessment will focus on the individual public bodies within an area, to make sure they are accountable for quality and impact. It will involve two assessments:

- Managing performance
- Use of resources, consisting of three themes: managing finances, governing the business and managing resources

Glastonbury and Street Needs Assessment

- In February this year, following detailed discussion concerning the ongoing process of the JSNA, the steering group decided that a targeted needs assessment should be carried out in the Glastonbury and Street areas to gather a better understanding of local need. The group concluded, having completed the initial high level work for the JSNA, that there would be benefit in focusing on information at this local level.
- Glastonbury and Street provided an area of good population size, with the opportunity to link with GP practice data, where an in-depth analysis of health, well-being and social care need had not been done previously. Information from the needs assessment will inform the local commissioning and improvement of services and the Commissioning Plan for the West Mendip Health Group of GP practices.

DEMOGRAPHY - GLASTONBURY



Glastonbury area includes the wards of Glastonbury St Benedict's, Glastonbury St Edmund's, Glastonbury St Mary's, Glastonbury St John's, Avalon and part of Moor. The first four wards comprise the town itself. The estimated population of the Glastonbury area is 13,302 with 8,784 in the town. There is quite a good distribution of population throughout the age bands. About 30% of people in the area are in the 45-64 years age band. The 65 and over and 0-14 years age bands both have around 17% of the population with 36% in the 15-44 years band.

In 2001 there were 5,208 households within the area and 3,697 households within the town. The average household size in the area is 2.3 with Glastonbury's St Benedict's ward having the highest percentage of single person households at nearly 40%. The ethnicity profile of the town confirms that most residents are of White British origin with an average for the area of approximately 95%. Those from White Other background or heritage account for around 3.5%. Therefore there are very few residents from other ethnic backgrounds.

DEMOGRAPHY - STREET



Street area includes the town wards of Street North, Street South and Street West and also part of Moor ward. The estimated population of the Street area is 13,307 with about 12,000 in the town. The average age in the area is 40 years which is just about the same as the district and national average; it is slightly lower than the average for Somerset (43 years). Street North ward and the part of Moor ward in the area have a higher proportion of residents aged under 15 years than the other two wards but Street South has a higher proportion of residents over 65 years (about 20%). In 2001 there were a total of 4,945 households with 4,459 in the town. Almost half of the town households were located in the Street North ward. Street West ward had the lowest number of households of the town wards, less than half of Street North. The number of individuals per household is roughly in line with the regional and national average. Household sizes in Street West and Moor are larger than the district average, though still below three persons per household.

However the proportion of single person households in Street West is virtually half that of the other town wards, at 16.8% compared with 33% for Street North and 31% for Street South, and is more like Moor which has 19.5% single person households. The rate in Mendip and Somerset is 28% and 29% respectively. Street West also has the lowest percentage of single pensioner households within the town, but there is an even lower percentage in Moor.

1.7% of Street's population do not classify themselves as white. The majority of this proportion of the population is located in Street North and Street South wards.

DEMOGRAPHY – GLASTONBURY AND STREET

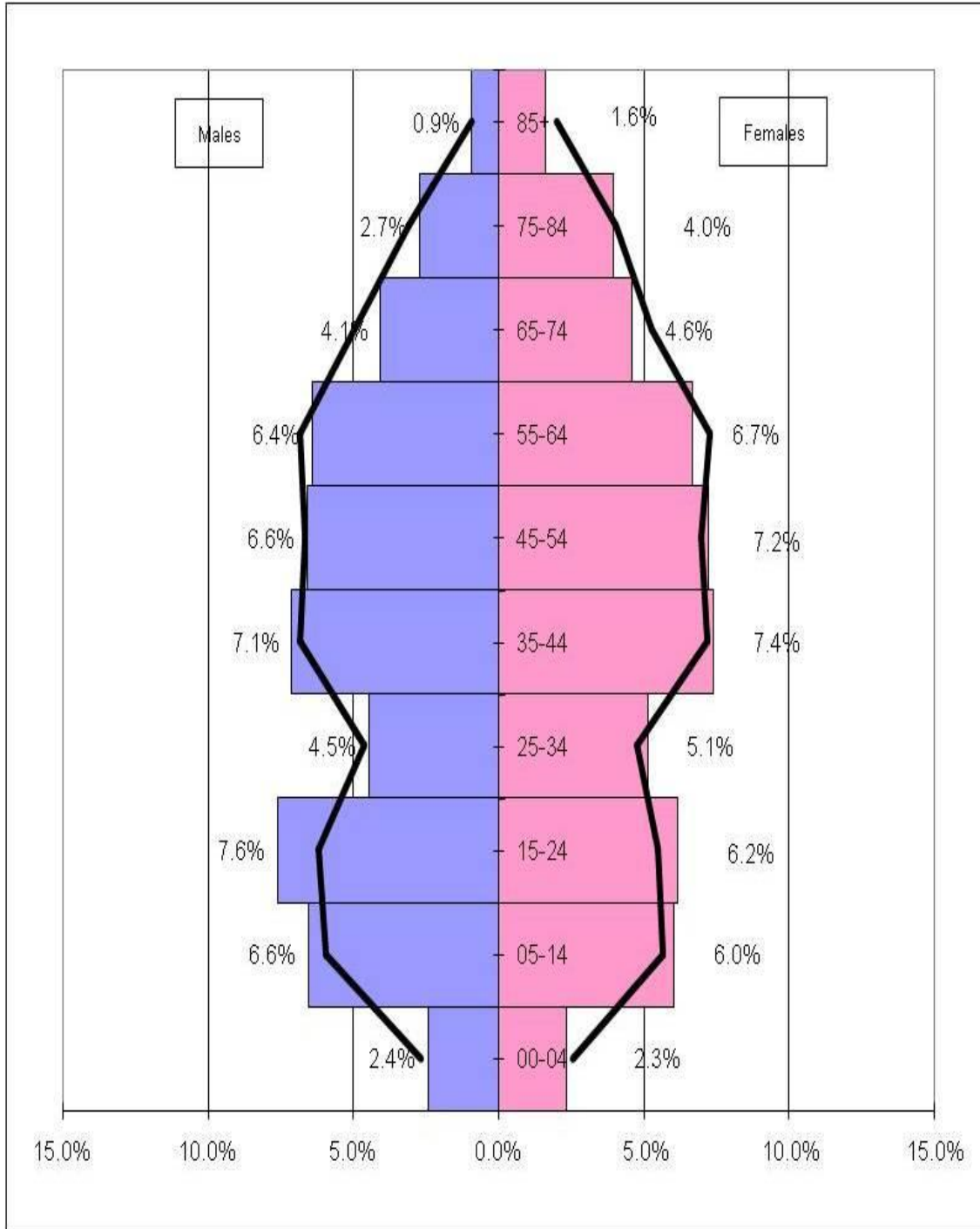
Table 1: Population Data 2008 – Glastonbury and Street

Age/sex group	Glastonbury		Street		Glastonbury and Street combined		Somerset		England	
	Number	%	Number	%	Number	%	Number	%	Number	%
F 00-04	232	1.7	390	2.9	621	2.3	13,500	2.6	1,528,100	3.0
F 05-14	776	5.8	833	6.3	1,609	6.0	29,900	5.7	3,096,400	6.0
F 15-24	681	5.1	963	7.2	1,644	6.2	29,100	5.5	3,458,400	6.7
F 25-34	637	4.8	728	5.5	1,365	5.1	25,300	4.8	3,523,700	6.8
F 35-44	1,047	7.9	920	6.9	1,967	7.4	38,100	7.2	3,821,500	7.4
F 45-54	1,059	8.0	860	6.5	1,919	7.2	36,900	7.0	3,128,100	6.1
F 55-64	1,009	7.6	768	5.8	1,776	6.7	38,400	7.3	2,943,900	5.7
F 65-74	616	4.6	611	4.6	1,226	4.6	27,800	5.3	2,238,600	4.3
F 75-84	527	4.0	527	4.0	1,053	4.0	21,400	4.0	1,655,400	3.2
F 85 and over	210	1.6	216	1.6	426	1.6	10,700	2.0	767,000	1.5
M 00-04	284	2.1	363	2.7	648	2.4	14,100	2.7	1,597,900	3.1
M 05-14	845	6.4	899	6.8	1,744	6.6	31,400	5.9	3,282,400	6.4
M 15-24	775	5.8	1,246	9.4	2,022	7.6	32,800	6.2	3,560,600	6.9
M 25-34	588	4.4	599	4.5	1,187	4.5	24,500	4.6	3,497,700	6.8
M 35-44	1,007	7.6	885	6.7	1,892	7.1	36,200	6.8	3,772,300	7.3
M 45-54	975	7.3	777	5.8	1,752	6.6	35,200	6.7	3,054,200	5.9
M 55-64	972	7.3	738	5.5	1,710	6.4	36,200	6.8	2,942,600	5.7
M 65-74	562	4.2	518	3.9	1,080	4.1	26,200	5.0	2,039,100	4.0
M 75-84	371	2.8	351	2.6	722	2.7	16,400	3.1	1,221,100	2.4
M 85 and over	129	1.0	115	0.9	244	0.9	4,900	0.9	358,600	0.7
Total	13,302	100	13,307	100	26,608	100	529,000	100	51,487,600	100

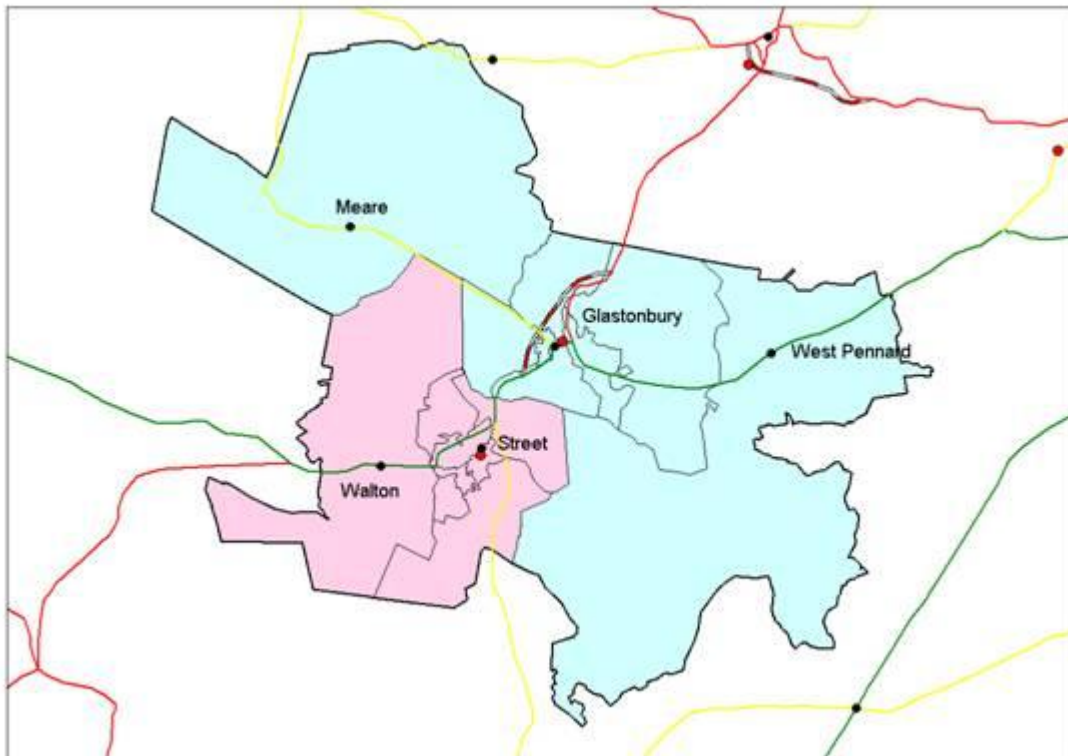
Numbers are estimated and rounded to the nearest number. Glastonbury and Street are reasonably similar in population structure. Glastonbury and Street combined has proportionately fewer older people and more younger people than Somerset as a whole.

Figure 1: Population of Glastonbury and Street I 2008 combined by age and sex

The solid black lines indicate the Somerset population distribution.

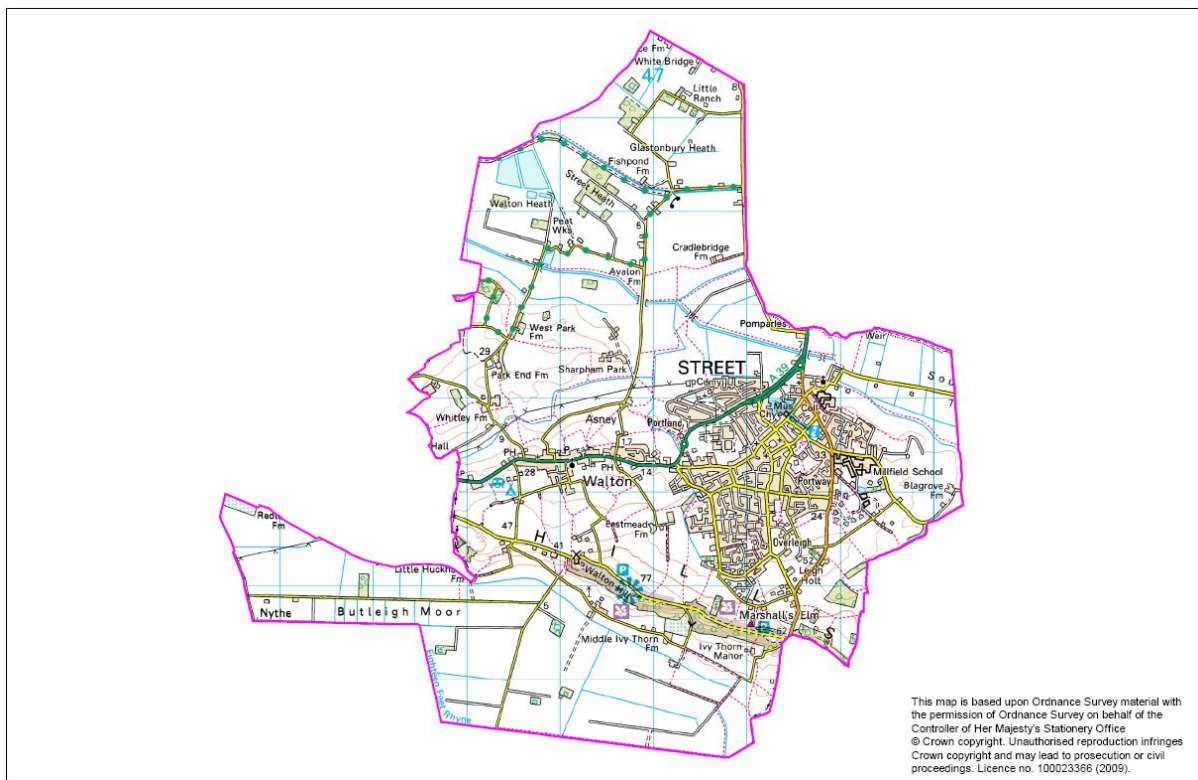


Map 1: Total population area based on LSOA*

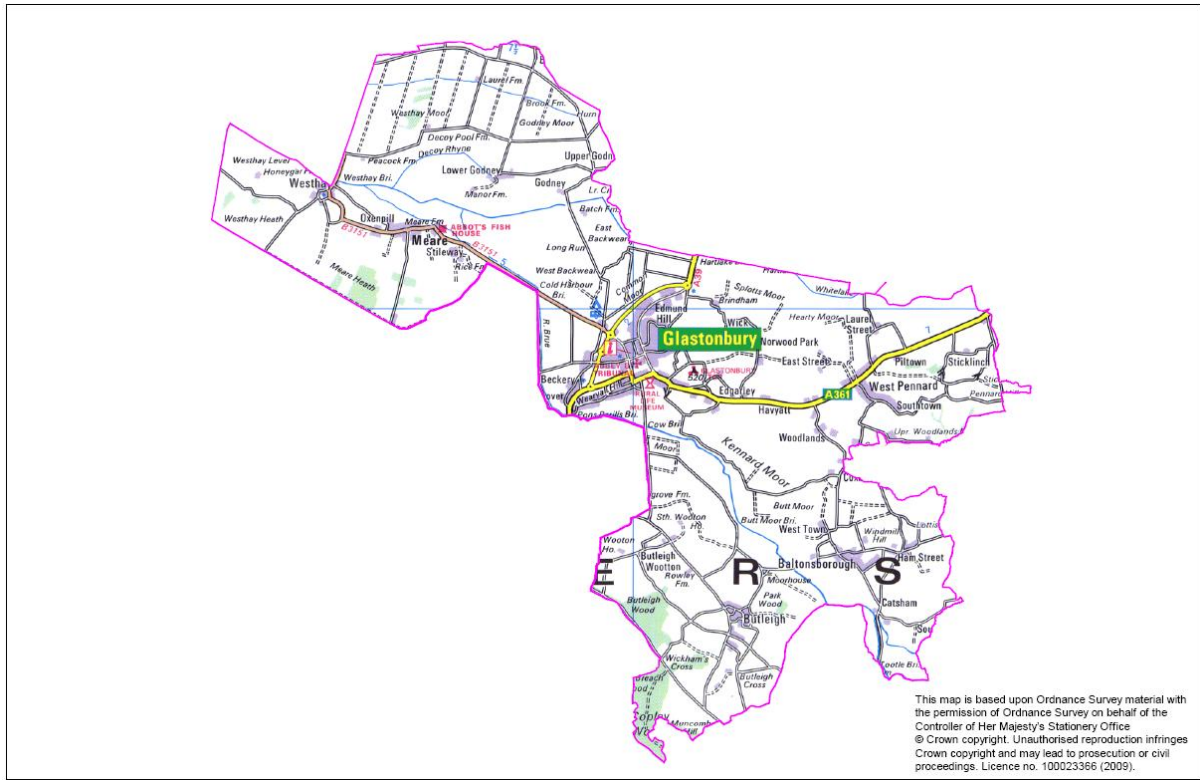


Note: The people registered at the four practices in the areas are virtually the same populations as live in this geographical area.

Map 2: Street population area based on LSOA*



Map 3: Glastonbury population area based on LSOA*



***What is an LSOA?**

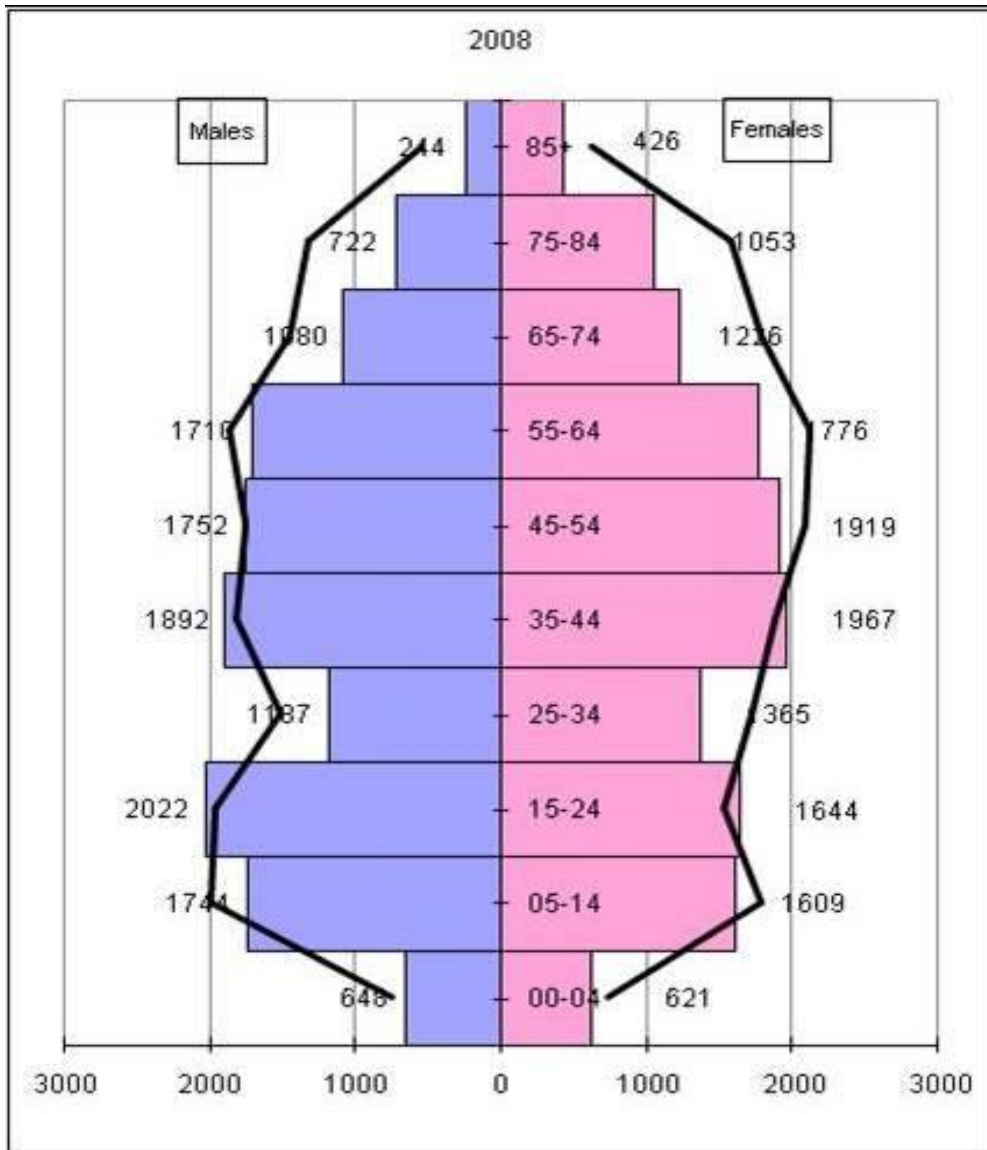
When the Census was conducted, the Government needed to group households together into units which were small enough to provide meaningful statistics, yet large enough to protect the identity of the individuals involved. This unit is known as a Lower Super Output Area –LSOA - and represents about 1,500 people.

Table 2: Projected Population Increase

	Glastonbury and Street combined					Somerset				
	2008	2013		2023		2008	2013		2023	
	Number	Number	Increase since 2008	Number	Increase since 2008	Number	Number	Increase since 2008	Number	Increase since 2008
<15	4,622	4,750	2.8%	5,261	13.8%	88,900	90,600	1.9%	100,000	12.5%
15-64	17,233	17,524	1.7%	18,270	6.0%	332,700	339,600	2.1%	355,800	6.9%
65+	4,752	5,634	18.6%	7,301	53.6%	107,400	125,700	17.0%	158,700	47.8%
Total	26,608	27,908	4.9%	30,831	15.9%	529,000	555,900	5.1%	614,500	16.2%

Figure 2: Population of Glastonbury and Street in 2008 combined by age and sex

The solid black lines indicate the projected population in 2023.



The population is not projected to increase in all age ranges. However, there is likely to be a substantial increase in those aged 65 and above, of more than 50% by 2023. This is a higher increase than that for Somerset as a whole. (These projections are based on the Lower Super Output Area populations - LSOAs.)

SOCIAL AND ENVIRONMENTAL CONTEXT - GLASTONBURY TOWN

³Glastonbury is situated on the western edge of a peninsular of Lias beds of Jurassic age, linked to higher ground to the east by a neck of land nowhere lower than 10m above modern sea level. These Lower Jurassic formations have given rise to an elevated area, known as the Isle of Avalon, which stands out above the surrounding, virtually flat Quaternary deposits of Alluvium Peat.

A number of physical factors have tended to limit urban expansion, except in the form of ribbon development, outside an area broadly circumscribed by a circle of about three-quarters of a mile in diameter, with its centre midway along the High Street. The most significant limitation is the peat/clay boundary to the West. The only significant housing and industrial development on the peat has been along Benedict Street, the Millstream development and the residential development currently taking place north of Wells Road.

BIODIVERSITY

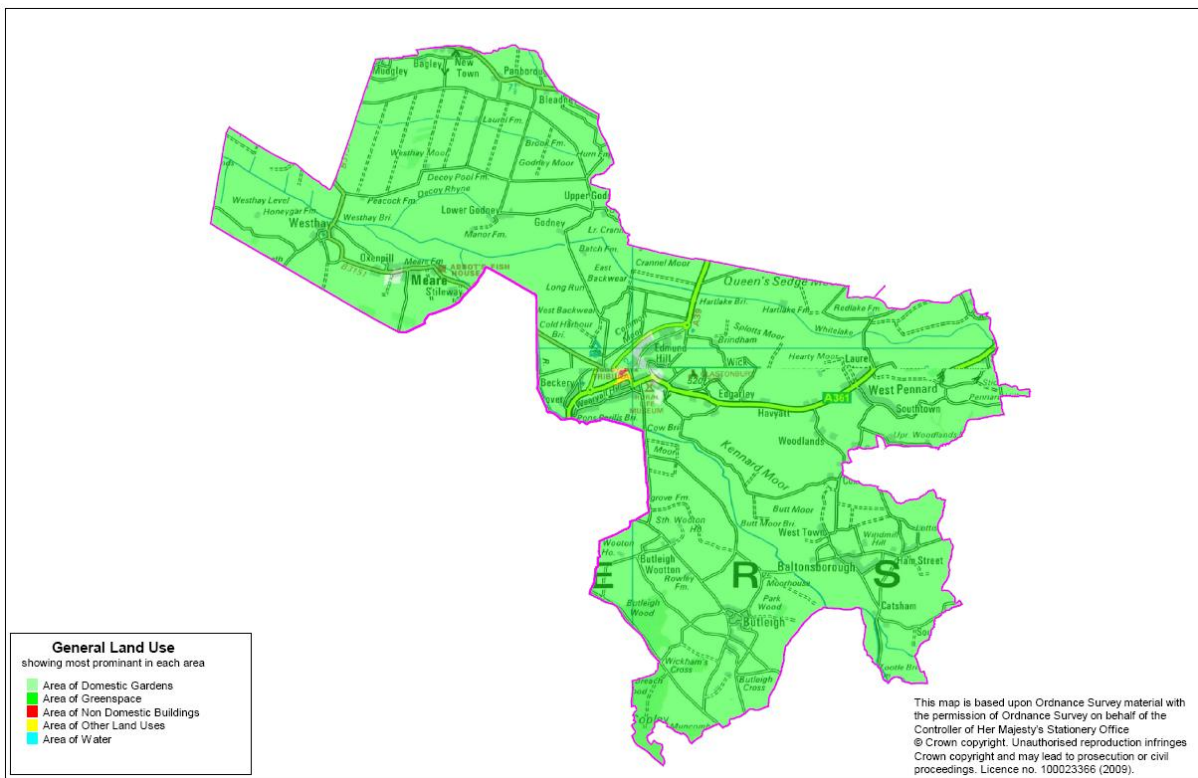
A number of locally designated Local Wildlife Sites can be found around Glastonbury. South Moor runs between the town and Street to the south and is important for aquatic life. To the east of the town lie Glastonbury Tor and The Lynches which is an area of unimproved and semi-improved calcareous to neutral grassland, and Higher Wick Farm a north facing steep unimproved and a fairly steep semi-improved grassland with strip lynchets which are features of ancient field systems. Holywell Fields is a site to the north-east of the town which is an area of semi-improved and unimproved neutral grassland, with marshy grassland, scrub and orchards. Whellers Field, also to the north-east is an area of unimproved neutral to acid grassland. Common Moor Triangle to the north is a site of semi-improved broad-leaved woodland. There are no internationally or nationally designated sites in the direct vicinity of Glastonbury.

The town is surrounded on the north, west and south sides by part of an Environmentally Sensitive Area – the Somerset Levels & Moors. This is the largest lowland grazing marsh system in Britain and is therefore of outstanding environmental interest. The ecological interest here is principally associated with wet, often species-rich pastures and meadows which support overwintering and breeding birds. The network of rhynes is of special interest in terms of aquatic flora and invertebrates.

³ 'A Portrait of Glastonbury' – Time to Plan - December 2008, Mendip District Council and Mendip Strategic Partnership. Background public consultation document to support the preparation of Mendip's Sustainable Community Strategy

Strategic Nature Areas (SNAs) are areas of land where habitat networks could be improved to sustain wildlife as well as enabling it to move more freely across our countryside. The town is surrounded on the north, west and south sides by a large SNA of coastal and floodplain grazing marsh, with a small SNA to the east of limestone grassland. Coastal and floodplain grazing marsh is characterised by meadow and pasture and drainage ditches. Important invertebrate species can be found here alongside breeding wading birds and overwintering birds. Limestone grassland often supports plant communities of lime-loving plants and generally supports a very rich flora including many nationally rare and scarce species. The invertebrate fauna can also be diverse. Declining birds such as the stone curlew and skylark are also often found in such areas as they provide good feeding and/or breeding grounds.

Map 1: Glastonbury needs assessment area – general land use



AIR

Glastonbury has no designated Air Quality Management Areas and although air quality is perceived by some residents to be an issue, air quality objectives in Glastonbury are monitored by Mendip District Council (MDC) and are currently being met.

WATER

Glastonbury lies within the catchment area of the River Brue. Lying adjacent to the Somerset Levels, the Environment Agency ranks the flood risk to the town as being moderate to significant.

Significant flooding events caused by the overtopping of river banks have occurred around Glastonbury on the Glastonbury Millstream. Glastonbury is one of the main areas at risk of flood from the Environment Agency Flood Zone 3.

The Mendip District Council Strategic Flood Risk Assessment contains information from computer modelling that shows how much the flood zone has increased. In Glastonbury the lateral change is estimated at 60m with 32 extra properties affected. The increased area is relatively large but covers mostly agricultural land.

People within Glastonbury have voiced their concern about building on the floodplains and feel that no more should be allowed to take place. Another issue raised is the concreting over of front gardens which can exacerbate drainage problems.

OPEN SPACE AND PLAY SPACE

Glastonbury has two parks, both located in the south-east of the town. The main town park is located directly south of the town centre and is accessible from a large proportion of the town. The exception is the northern end of Glastonbury from St Dunstan's school northwards. The second town park is located on Cinnamon Lane on the south-east corner of the town. This park is less accessible due to its fringe location, yet is still reasonably accessible from large parts of the town. Glastonbury has three neighbourhood parks, located in the north-east and north-west of the town centre.

There are also three main playing fields, two of which are the rugby and football clubs and are located on the north-west fringe of town. The football club is particularly isolated and relatively inaccessible. The main town playing fields are located in the eastern side of town and cover another area within Glastonbury providing a reasonable amount of coverage overall at this level. Glastonbury has three large amenity and two natural open spaces. The natural open spaces are located in the north of the town and the large amenity areas near the town park and near the western and southern edges of the town. The main problem area in Glastonbury with regards to open space and play space is the extreme northern end of the town which has no coverage at a strategic or neighbourhood level. Analysis of population data for this area shows that there are approximately 200 children living in the area.

ECONOMIC CHARACTERISTICS

Glastonbury is the smallest town in the Mendip district and the relative number of jobs found there is correspondingly lower. In 2004 there were 3,428 jobs in the town (excluding the self-employed). No sectors were especially dominant although employment in health, distribution and retailing sectors were marginally higher than may be found in similar sized towns.

The economic past very much mirrors that of Street in that Glastonbury has seen a decline of traditional industries which it has struggled to recover from. The local economy does have a strong tourism dimension based around the historical legend attached to the town with the Abbey and the Tor being highly visible attractions and also the attractive Rural Life Museum. However, although being well placed to links to the natural beauty and biodiversity on the adjacent Somerset Levels, the town has little to retain visitor spending beyond a day trip.

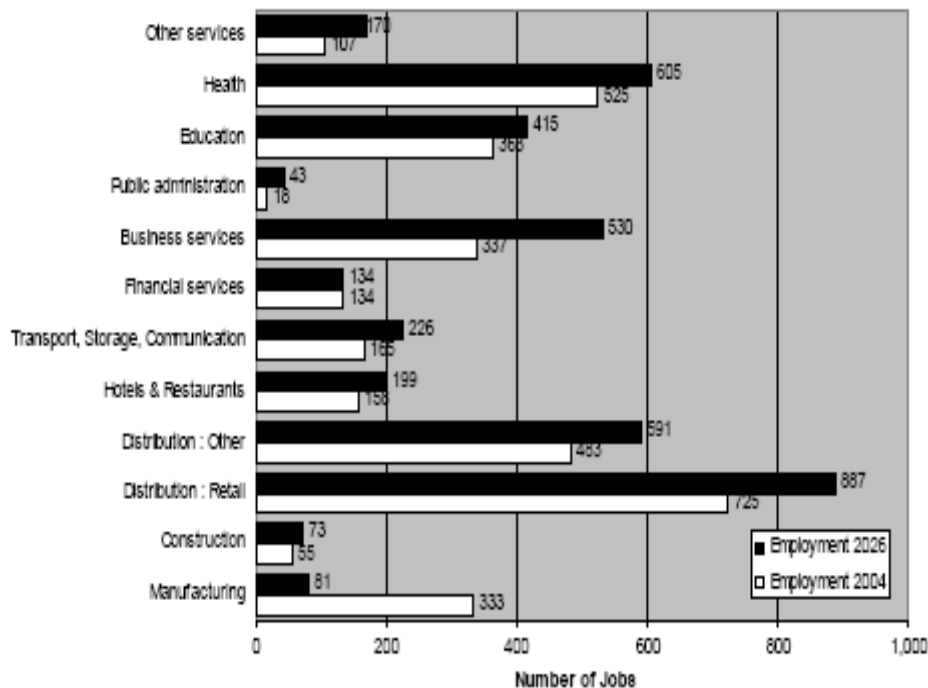
Of those who are economically active, a disproportionate number work on a part-time basis. The Glastonbury Community Development Trust Community Survey of 2004 found that almost half (41%) of those who worked part-time were not interested in full time employment. This suggests that it is not perhaps a lack of suitable full time positions forcing people into part time positions but that people are actively choosing to work part-time.

More than 10% of the economically active population are self-employed and the High Street contains a larger number of independent retailers than is found in most towns of its size. Residents of the town tend to want local jobs and ethical considerations are also of high importance to a relatively large sector of the population. Although many are employed in the retail sector, few people are genuinely interested in working in this sector. There is however a high interest in land-based and environmental occupations. People within the town also have skills, experience and aspirations in creative art/crafts and also socially useful occupations like teaching, counselling and care, but are not currently able to fully utilise them.

EMPLOYMENT GROWTH AND CHANGE

Employment growth over the next 20 years across both Glastonbury and Street is predicted to amount to around 1,650 additional jobs with the largest proportion of these arising from the retail sector, particularly in Street. Changes in other sectors very much mirror the district-wide picture with further decline in remaining manufacturing and modest growth in other sectors across the board.

Figure 1: Projected employment change by sector: Glastonbury town 2004 – 2026



IMPACT OF GLASTONBURY FESTIVAL

In April 2008, a unique report commissioned for Mendip District Council and undertaken by the Bristol-based company, Baker Associates, revealed how the Glastonbury Festival impacts on the worldwide economy to the tune of more than £73 million. The aim of the report was to fully understand the economic effects of the festival and help to support the planning of future years.

The study also reported on other areas linked to the festival's impact on the economy, and how these issues could be looked at in the future to further build on the economic benefits that the Glastonbury Festival could bring to Mendip.

Some of the figures included in the report revealed:

- A crowd of 177,500 people attended the Glastonbury Festival in 2007, with an average spend per person of £293.24.
- Total spending at the festival site in Pilton by revellers and traders was about £25.6million, and off-site spend was about £26.5million, giving a total spend of about £52million directly linked to the festival.
- Estimated spending by Glastonbury Festivals associated with staging the 2007 festival was £21.2million (over the period November 2006 to October 2007).

- Therefore the gross spend linked to the 2007 Glastonbury Festivals (including the Glastonbury Extravaganza and the Equinox 'Pilton' Party) was more than £73million.

ACCESSIBILITY AND TRANSPORT

It has been identified by a Somerset County Council study that a significant number of businesses find it hard to retain employees due to transport problems. Jobcentre Plus confirm this stating that a number of long-term unemployed residents living in Glastonbury have difficulties accessing employment. One fifth of residents in Glastonbury do not have access to a private car.

Glastonbury is served by the Tor Bus – a minibus that runs from the car park next to the Town Hall along Magdalene Street, Bere Lane, Chilkwell Street, Coursing Batch, Ashwell Lane and Basketfield Lane to the Tor. Once purchased, a ticket can be used repeatedly throughout the whole day. This service is run by Mendip Community Transport.

In terms of accessibility for the rural area surrounding Glastonbury, it has been highlighted that villages in this area have poor or no access to major hospitals by public transport (see also 'Access to Hospitals' information in this section). Access to post 16 or adult education by public transport in this area is also an issue of concern, according to the Local Transport Plan 2 (LTP2). Glastonbury has very poor access to rail services. To travel to Castle Cary station by bus takes a minimum of 44 minutes with a minimum of one change. This matter was brought up in the public consultation specific to Glastonbury carried out by Mendip District Council in 2008 as part of the Sustainable Community Strategy preparation.

Glastonbury has been identified in the LTP2 as being a market town with lots of potential to encourage more cycling. Currently the National Cycle Route 3, the West Country Way, runs around Glastonbury.

Congestion within the town is perceived to be a significant problem, especially on Chilkwell Street and Bere Lane. The development of a southern relief road has been put forward by some members of the public as being a solution to this problem but this is not part of the LTP 2: 2006-2011. Another problem is the volume of heavy goods vehicles (HGVs) that travel through the town. It has been suggested that a change in signposting could relieve this problem to some extent by directing HGVs along an alternative route that utilises the wider road between Glastonbury and Wells. It has also been suggested that pedestrianising the High Street would be an advantageous idea, although this is a contentious issue within the town.

ACCESS TO HOSPITALS

In May 2009, the Accessibility Planning Team at Somerset County Council produced a study on access to hospitals from five market towns in Mendip (Wells, Shepton Mallet, Glastonbury, Frome and Street).

Key observations identified that residents in Mendip experience long journey times to hospital facilities despite there being local hospitals located in Glastonbury, Frome and Shepton Mallet.

There is poor accessibility by bus to District General Hospitals from Mendip, mainly because of the long distance involved. The nearest general hospitals, Musgrove Park in Taunton, Weston General Hospital in North Somerset, the Royal United Hospital in Bath and Yeovil District Hospital are located outside the district boundaries. Elective surgery is available at the NHS Independent Treatment Centre in Shepton Mallet.

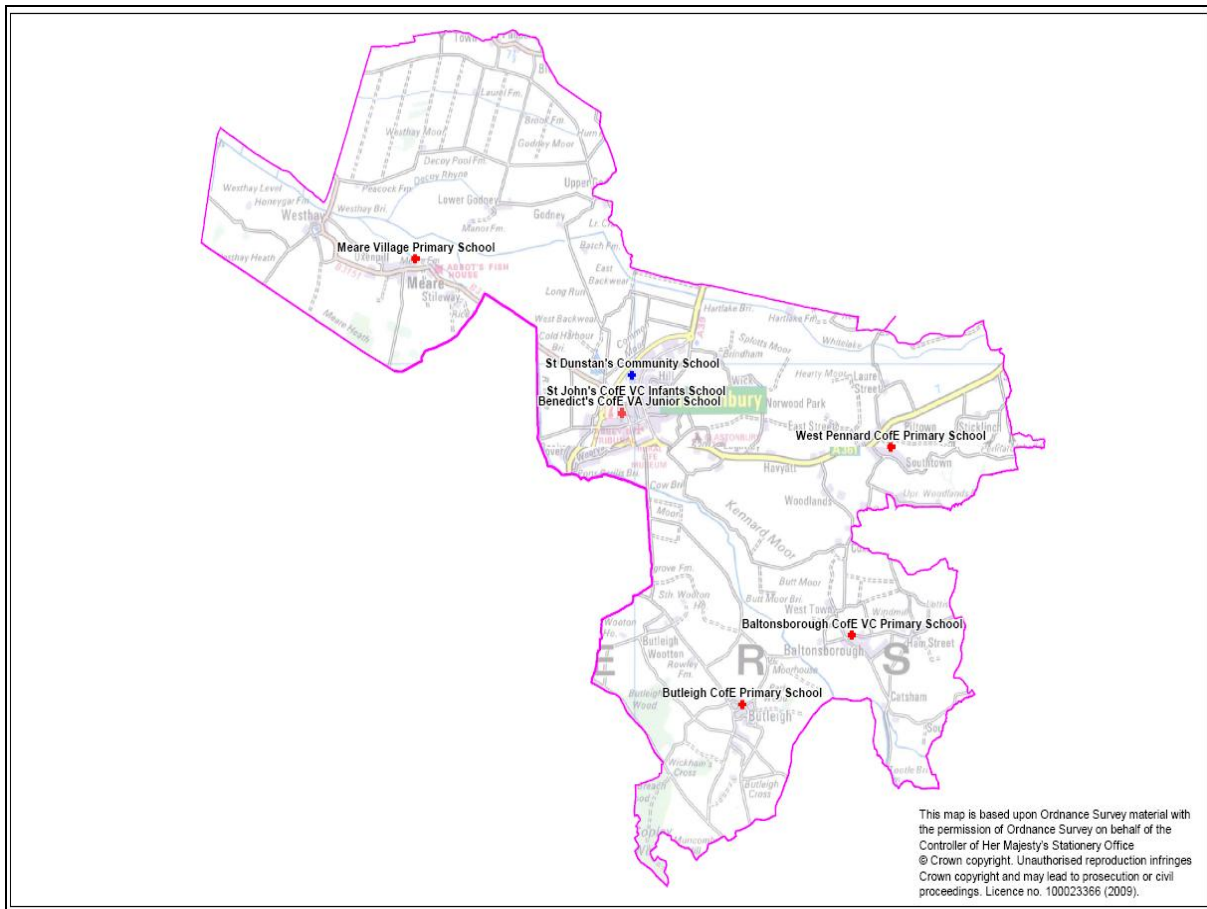
Community hospitals are located in Shepton Mallet, Glastonbury and Frome. Residents of Street and Wells can access the West Mendip Hospital in Glastonbury by a direct bus service .

Accessibility from the rural hinterlands is more limited. Through the accessibility study, Somerset County Council aims to work with partners in the local Primary Care Trusts, NHS Trusts and passenger transport services to improve access to a comprehensive range of medical services, and, where appropriate, improved transport services. Local bus operators and community / demand responsive transport providers also have a role to play in addressing these accessibility issues.

EDUCATION PROVISION

Glastonbury has three community schools and operates a two tier education system. St John's Church of England VC Infants School on the High Street has approximately 229 pupils currently on the roll aged 4-7. St Benedict's Junior School on Benedict's Street is a Church of England VA school accommodating pupils aged 7-11. As of January 2009 St Benedict's had 231 pupils on the school roll. The only secondary school in the town is St Dunstan's Community School on the Wells Road which provides education for 11-16 year olds. As of January 2009, there were 587 pupils on the school roll at St Dunstan's.

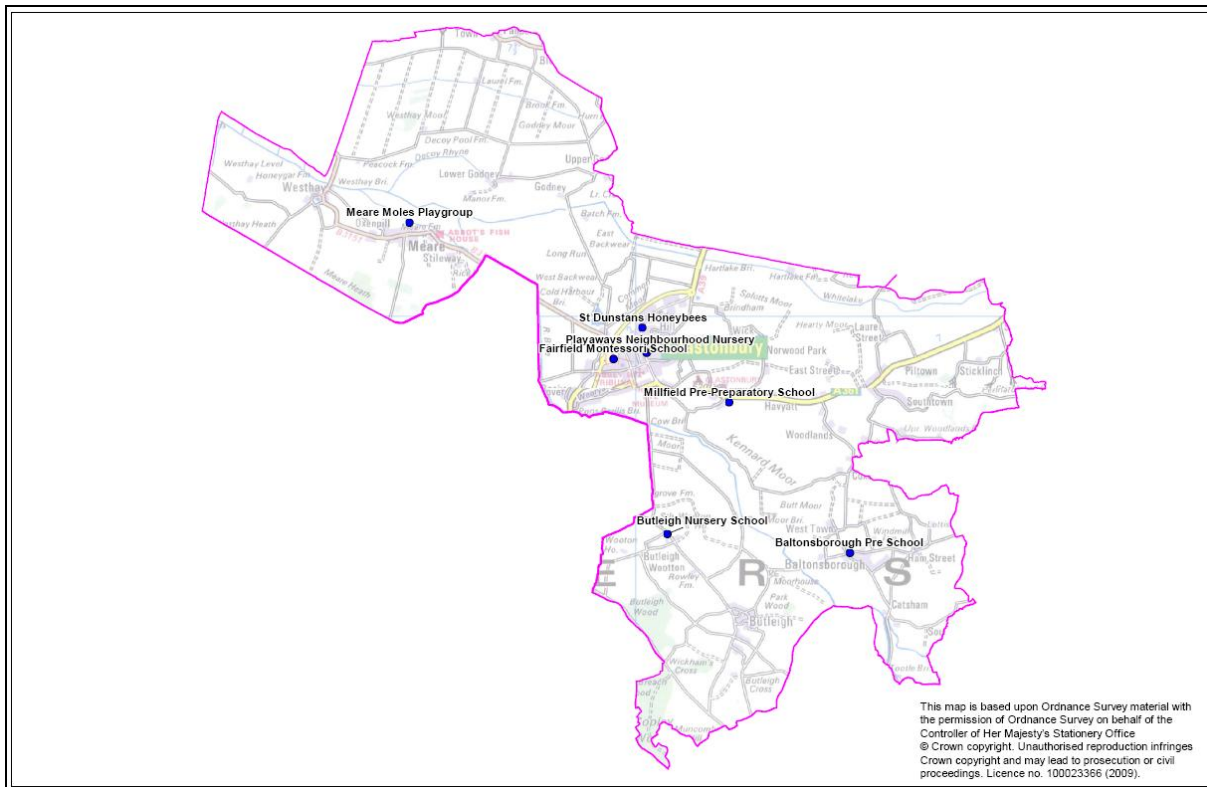
Map 2: Glastonbury needs assessment area – school locations



There is no provision for post-16 education in Glastonbury, so after taking GCSEs students seeking further education travel to Strode College in Street or to other post-16 education provision in Frome, Bridgwater or Yeovil.

In addition to the community schools in the town, Glastonbury is also home to an independent 'prep' school. Millfield Preparatory School, located at Edgerley Hall in Glastonbury is a private preparatory school for pupils aged 2 – 12. There are currently 406 pupils on the school roll. Most pupils move on to Millfield Senior School which is a fee-paying school situated in Street and is well known for its high sporting standards and excellent facilities. There are currently 1,224 pupils on the school roll.

Map 3: Glastonbury needs assessment area – daycare provision



HEALTHCARE PROVISION

Healthcare services in Glastonbury are provided by NHS Somerset and Somerset Community Health, which employs its own health professionals as well as buying in services from other primary care professionals and commercial health care providers.

West Mendip Community Hospital, serving the West Mendip area, is located on the edge of Glastonbury on the Old Wells Road. The hospital opened in April 2005 and combines the facilities formerly available at Butleigh and Wells Hospitals. The West Mendip Community hospital is a purpose-built 36 bed unit, comprising of 24 hour Minor Injury Unit, Outpatient Department, Day Surgery, X-Ray and Ultrasound, Physiotherapy, Podiatry, Audiology and Occupational Therapy departments. Patients are admitted and cared for in the hospital by their own local GPs from practices in Wells, Glastonbury and Street.

The hospital provides rehabilitation for acute and chronic conditions, palliative care and admission from District General Hospitals to complete the pathway to an acceptable discharge.

There are two doctors' practices operating from Glastonbury; the Glastonbury Surgery at Feversham Lane and the Glastonbury Health Centre on Wells Road.

Sexual health services are provided by the Robert Barton Trust on Silver Street, the Young Adults Drop In at the Glastonbury Surgery on Feversham Lane and the Somerset Young People's Centre on Benedict Street. All of these offer a confidential service and sexual health information.

There are three dental practices operating in Glastonbury. The Abbey Dental Health Centre on Magdalene Street is not currently accepting new fee paying NHS patients, children for NHS treatment or charge exempt adults and does not provide urgent dental access slots. The Glastonbury Dental Access Centre on the Wells Road provides a full range of NHS treatments but is not currently accepting new patients. It does, however, provide emergency NHS care for unregistered patients.

The James Main Dental Partnership on Lambrook Street does not accept non fee-paying NHS patients; however it does provide emergency dental care on a rota basis. The nearest dental practice currently accepting non fee-paying NHS patients is The Vine Health Park Dental Surgery on Hindhayes Lane, Street.

There are three pharmacies in Glastonbury; the Alliance Pharmacy and Boots on the High Street and Glastonbury Pharmacy by the surgery on Feversham Lane. There are two optometrists in the town; Robert Frith Optometrists on the High Street and Eye-Tech Opticians also on the High Street. There is also an osteopath and a chiropractor; Gideon Sethries on the High Street and the Glastonbury Chiropractic Clinic on Northload Street, respectively.

As a result of the strong alternative living dimension of the town, Glastonbury also has much to offer in terms of alternative health care and homeopathic remedies, with a number of shops selling natural products.

SOCIAL AND ENVIRONMENTAL CONTEXT - STREET TOWN

⁴Street has developed on the lower part of the dip-slope of the Polden Hills, which forms a much less restricted site than that occupied by nearby Glastonbury. Consequently, the built-up area of Street is less compact than that of its neighbour, with undeveloped spaces still making an important contribution to Street's distinctive character. The northward limits of expansion are set by the peat/clay boundary and this line has been reached in many places. The steeper gradients of the upper dip slope to the south of Street form a further restrictive factor.

The top of the escarpment forms an amenity area which includes both Ivy Thorn Hill and Walton Hill. There are no geological or topographical limitations to urban growth to the west and limited opportunities exist to the immediate south-east. These are the directions in which much of the post-war expansion of Street has taken place, in addition to the infilling of existing development.

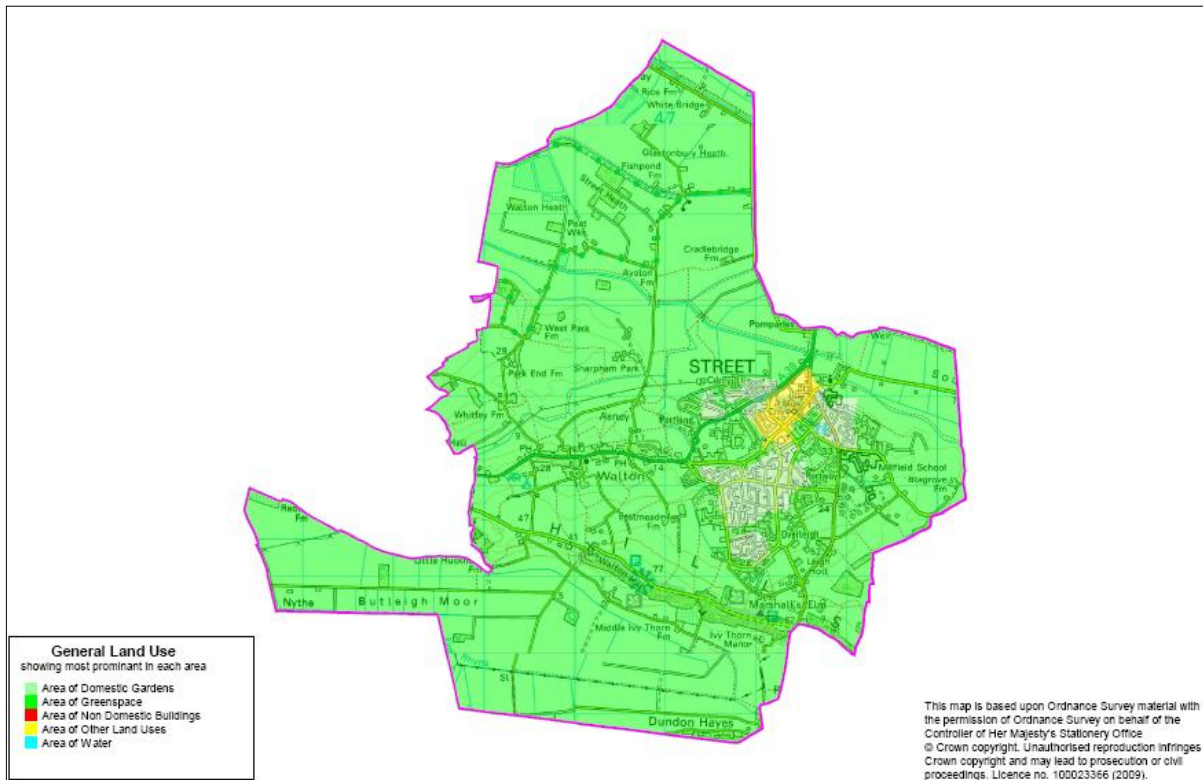
Street is twinned with two European towns and has yearly twinning exchanges with both Notre-Dame-De-Gravenchon in France and Isny im Allgau in Germany.

BIODIVERSITY

A large Local Wildlife Site, South Moor, lies to the north-east of Street providing a divide between the village and Glastonbury. It is a site with species of aquatic importance. There is also a smaller site to the west, Stone Hill and Tucking Mill, which is a species-rich grassland community in a set aside field together with area of plantation with remnant species rich grassland flora.

The Walton and Ivy Thorn Hills Site of Special Scientific Interest (SSSI) lies to the south and south-west of the village. The site supports a complex mosaic of semi-natural habitats which includes unimproved calcareous grassland, dense and scattered shrub and broadleaved woodland. It is also important for a wide range of flora as well as butterflies, leaf-hoppers, spiders and soldier flies.

⁴ 'A Portrait of Street' – Time to Plan - December 2008, Mendip District Council and Mendip Strategic Partnership. Background public consultation document to support the preparation of Mendip's Sustainable Community Strategy

Map 4: Street needs assessment area – general land use

To the north of Street is a large swathe of coastal and floodplain grazing marsh, designated as a Strategic Nature Area (SNA). Strategic Nature Areas are areas of land where habitat networks could be improved to sustain wildlife as well as enabling it to move more freely across our countryside. This is land which is predominantly meadow or pasture with drainage ditches to maintain the water levels. These ditches are often rich in plants and invertebrates. However grazing marshes are particularly important for breeding wader birds such as snipe, lapwing and curlew, and they support important populations of wintering birds.

AIR

There are no Air Quality Management Areas within Street. There are two nitrogen dioxide monitoring sites one in Street and one in Walton. Both of these are monitored by Mendip District Council and are currently meeting their air quality objectives.

WATER

Street lies within the catchment area of the River Brue. To the west and north of the village lie the Somerset Levels which are crisscrossed by a number of drainage ditches known as rynes designed to carry excess water and reduce flooding across the Levels. The Environment Agency Flood Zones within the district border Street

and the Strategic Flood Risk Assessment indicates that these have increased in extent due to climate change. This increase means that the urban area at The Boardwalk, Street now falls under the Flood Zone.

OPEN SPACE AND PLAY SPACE

At a strategic level, the main issue for Street relates to accessibility. The main village park for Street is located in the north-east corner of the town and is accessible from two thirds of Street. However, the need to cross the main road compromises its accessibility. Street has no skate park, and although the Glastonbury skate park is accessible from the northern fringe, its location necessitates walking along a busy road which compromises its accessibility also. In terms of neighbourhood provision, Street has four neighbourhood parks which is more than any other main settlement in the district. These sites are evenly distributed across the southern half of the town.

There are several playing fields but most are related to other uses and therefore have reduced accessibility to the public. Victoria Field in Street, located off the Leigh Road is the home ground of Street Cricket Club. The Street bowling green is located next to the cricket ground and is also accessed from the Leigh Road. Other playing pitches are available at the Woodsbatch Recreation Ground on the Woodsbatch Road. Street Football Club plays its home matches at the Tannery Ground, Middle Brooks, however it is hoping to relocate to better premises. The village also has five large amenity areas; two in the north-east, two which are relatively central and one near the southern edge. The main gap in provision, at a neighbourhood level, relates to the west of the town, immediately south of the West End. However analysis of the population data indicates that the numbers of children living in this area is slightly below the average for the towns at 20%.

Street has a reasonable level of local open spaces. This includes four playgrounds, one pocket park and numerous public realm and small amenity spaces. Merriman Park, for example, is an area of central open space that is important for the community surrounding it. It is a green open space that also includes an under-fives play area, the war memorial and a seating area.

ECONOMIC CHARACTERISTICS

The economy of Street was formerly based around shoe making with the Clarks brand being synonymous with the town. However since during the late 1980s shoe production declined and then in response to global pressures was moved to the Far East. This decline had a considerable effect on the local economy. The Clarks business in Street is now confined to its headquarters, along with stock storage and distribution which is largely concerned with distributing imported shoes. During the 1990s the former Clarks premises were regenerated into a successful discount shopping outlet village (Clarks Village) which has become popular as a sub-regional

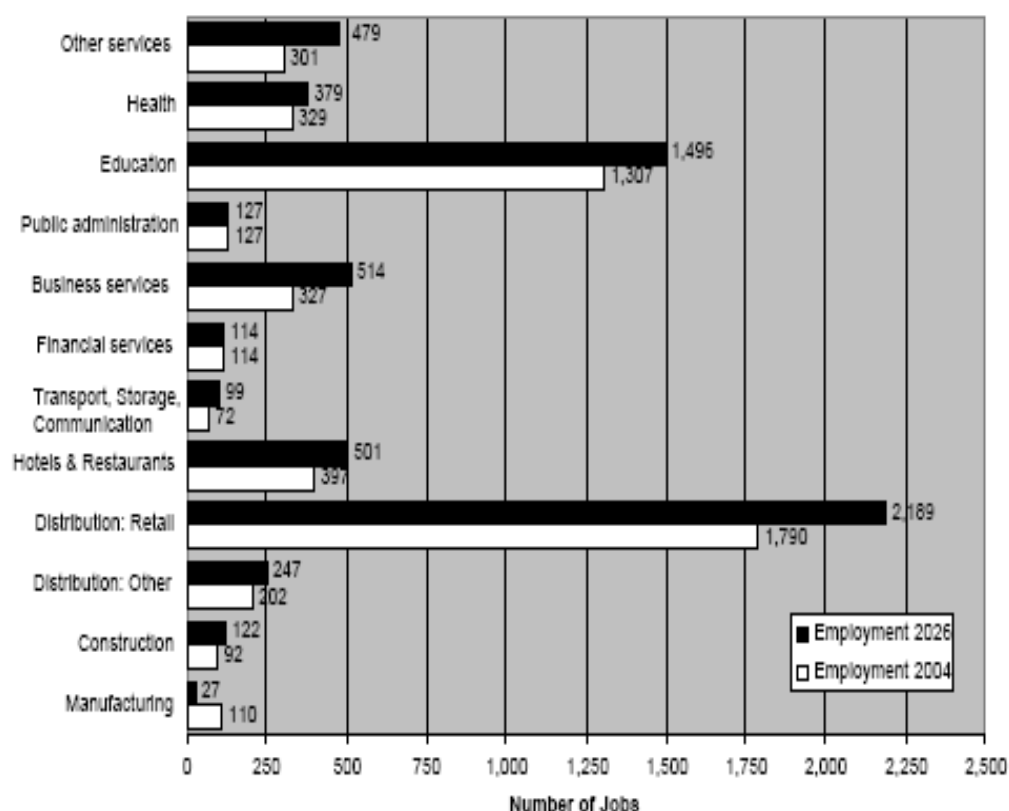
shopping destination. As a result, retailing is now the dominant economic sector in Street, in 2004 employing 1,790 people. This windfall of jobs has provided an economic direction for the town; however there is concern that a lot of the employment is low skilled and as a result paid at a lower than average level.

Education is the other dominant sector in the Street economy with Strode College and Millfield School contributing to higher than average job numbers for this sector – 1,390 in 2004. Millfield School, being a well-regarded private boarding school, enjoys good staffing, with other employment related to pastoral care and extracurricular activity. Strode College is a locally-based college offering both academic and vocational training. As well as employing people locally, it has a major role to play for both Glastonbury and Street, in improving educational attainment and local workforce skills. Away from these sectors, the remaining employment in the local economy is fairly balanced with business services and hospitality providing 300 jobs each.

The key observation to make about Street is that its economy is overly dominated by retailing. More than one job in three is based within this sector. Whilst it is true that this part of the economy brings a lot of visitors to the area, it is fair to observe that few do more than shop in Clarks Village. Over the next 20 year period, the economic priority in Street must be to take advantage of the opportunities that its retail function offers, whilst diversifying the local economy into other areas in order for it to be more resilient to change in the long term, as well as acting to improve skills and, consequently, pay.

Together, Glastonbury and Street provide the second greatest concentration of jobs in the Mendip district. The area has seen significant change in its economic fortunes over the last 20 years and it is likely that further change will be necessary to ensure that local prosperity is resilient to changes across the global economy and, in respect of retailing, sustainable during times of lower consumer spending. In terms of commuting patterns, the number of people living and working locally is fairly high, although there are still flows of people travelling to Bristol, Bath and Yeovil for work.

Job growth (2008) has been strong, however there are concerns that work in the local area is lower skilled and lower paid which, against a backdrop of higher than average deprivation, is not helping to improve quality of life.

Figure 2: Projected employment change by sector: Street Town - 2004-2026**Table 1: Key statistics - Employment growth and change – Glastonbury and Street towns**

Number of jobs (inc. self employed) (2001) – Glastonbury	4,046
- Street	4,855
Size of the economically active population (2001) <i>(i.e. those in full or part time work, self employed or actively seeking work)</i>	4,165
Unemployed (2006) – Glastonbury	120
- Street	100
Commuting Patterns	
<i>Workers travelling into Glastonbury, Street and surrounding villages</i>	4,374
<i>Workers travelling out of Glastonbury, Street and surrounding villages</i>	4,364
<i>Workers living within Glastonbury, Street or its immediate rural surroundings</i>	8,100
<i>Workers resident in Glastonbury and Street travelling to other Mendip towns</i>	1,567
<i>Workers resident in Glastonbury and Street travelling Yeovil and South Somerset</i>	606
<i>Workers resident in Glastonbury and Street travelling to Bristol/Bath Conurbation</i>	401
Recent employment growth – growth in jobs (1998-2004) – Glastonbury	362
- Street	972
Estimated potential for further job growth (2004–2026) – Glastonbury	525
- Street	1,124

Employment growth over the next 20 years across both Glastonbury and Street is predicted to amount to around 1,650 additional jobs with the largest proportion of these arising from the retail sector, particularly in Street. Changes in other sectors very much mirror the district-wide picture with further decline in remaining manufacturing and modest growth in other sectors across the board.

ACCESSIBILITY AND TRANSPORT

A Somerset County Council study has found that a number of businesses find it difficult to retain employees due to transport problems. It has been confirmed by Jobcentre Plus that a number of long-term unemployed residents of Street have difficulties accessing employment. Street residents have a high percentage of car ownership with around only 10% of the population not having access to a private car. Street is relatively well served by bus with approximately ten services daily. Bristol is accessible every half an hour, with services to Taunton and Yeovil every hour. There is also a daily National Express coach service to London Victoria and Heathrow. Although there are bus services that people in Street can access, cost is thought to be a barrier to use.

Public consultation undertaken by Mendip District Council indicated that local people found the fare between Street and Glastonbury was far too high, considering they are so close to each other. Another view expressed was that there is very poor access by bus to West Mendip hospital. Street has access to Castle Cary railway station with direct buses taking approximately 45 minutes. Rural villages outside Street have been identified within Somerset County Council's Local Transport Plan (LTP2) as having poor or no access to major hospitals by public transport.

There is a lack of flexible public transport surrounding Strode College. According to statistics in LTP2 15% of students of the College have considered leaving due to transport problems. This is especially true for those travelling from the rural surrounds of Street and Glastonbury. Street has been identified as being a market town with lots of potential to encourage more cycling (LTP2). Members of the public at a consultation event brought up that they would like better and more direct cycling routes between Street and Glastonbury and between nearby Walton and Street.

Congestion has also been raised as a relevant issue relating to Street. It is most apparent around the schools, particularly on Brooks Road. The recent pilot to close the High Street once a week to have a market will not be continued due to concerns over congestion. However, feasibility studies are being carried out with regard to possible pedestrianisation of the High Street.

ACCESS TO HOSPITALS

In May 2009, the Accessibility Planning Team at Somerset County Council produced a study on access to hospitals from five market towns in Mendip (Wells, Shepton Mallet, Glastonbury, Frome and Street).

Key observations identified that residents in Mendip District experience long journey times to hospital facilities despite there being local hospitals located in Glastonbury, Frome and Shepton Mallet.

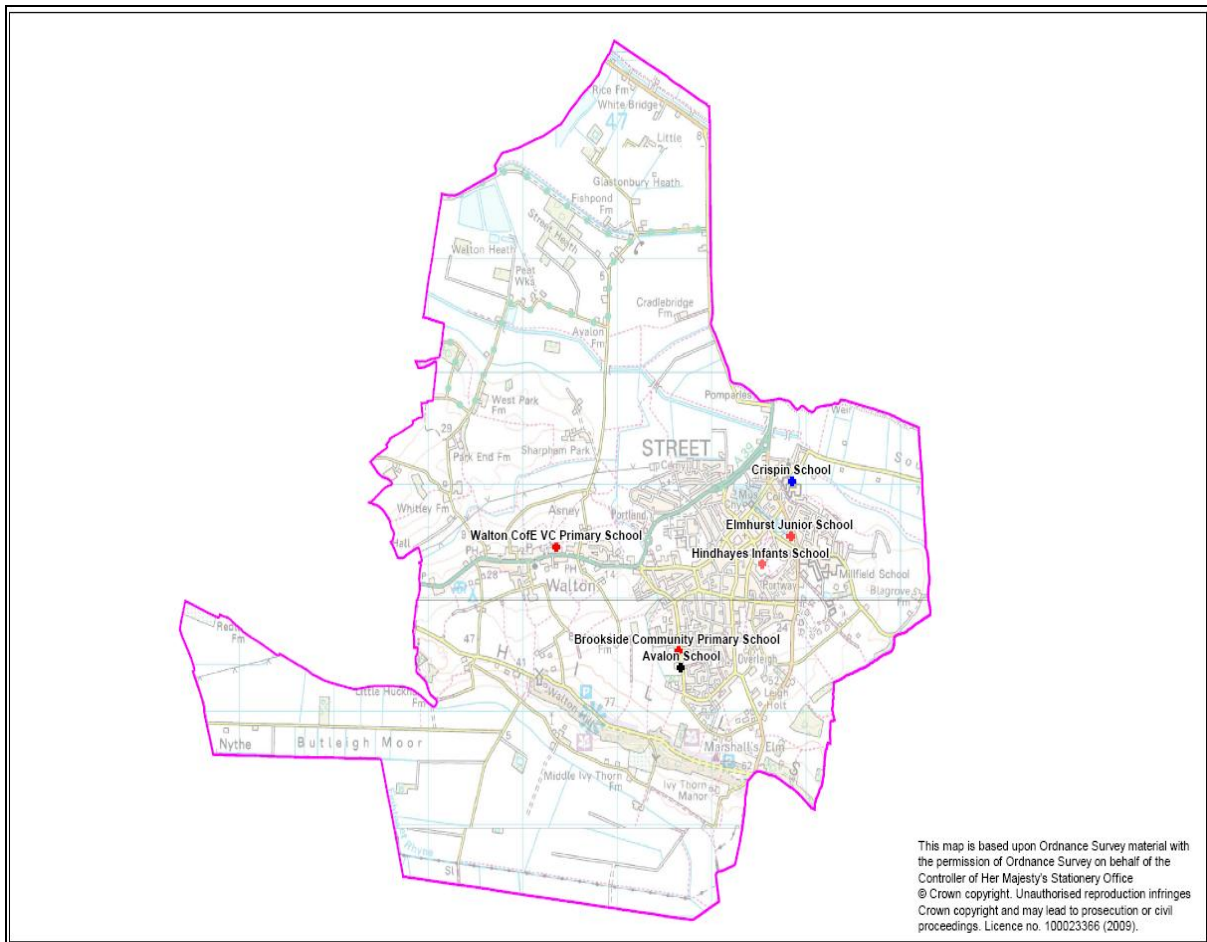
There is poor accessibility by bus to general hospitals from Mendip, mainly because of the long distance involved. The nearest general hospitals, Musgrove Park in Taunton, Weston General Hospital in North Somerset, the Royal United Hospital in Bath and Yeovil District Hospital are located outside the district boundaries. Elective surgery is available at the NHS Independent Treatment Centre in Shepton Mallet.

Community hospitals are located in Shepton Mallet, Glastonbury and Frome. Residents of Street and Wells may be able to access the West Mendip Hospital in Glastonbury by a direct bus service.

Accessibility from the rural hinterlands is more limited. Through the accessibility study, Somerset County Council aims to work with partners in the local Primary Care Trusts, NHS Trusts and passenger transport services to improve access to a comprehensive range of medical services, and, where appropriate, improved transport services. Local bus operators and community / demand responsive transport providers also have a role to play in addressing these accessibility issues.

EDUCATION PROVISION

There are four community schools in the town, as well as one special needs school. Hindhayes Infants School on the Leigh Road accepts pupils aged 4-7 and, as of January 2009, has 183 pupils on the roll. The Brookside Community Primary School, on the Brooks Road is the only primary school in the urban area of Street. It takes pupils aged 4-11 and has 459 pupils on the school roll. The County Council also has a Children's Centre based here. Elmhurst Junior School is located on Elmhurst Lane; it takes pupils aged 7-11 and, as of January 2009, has 264 pupils on its roll.

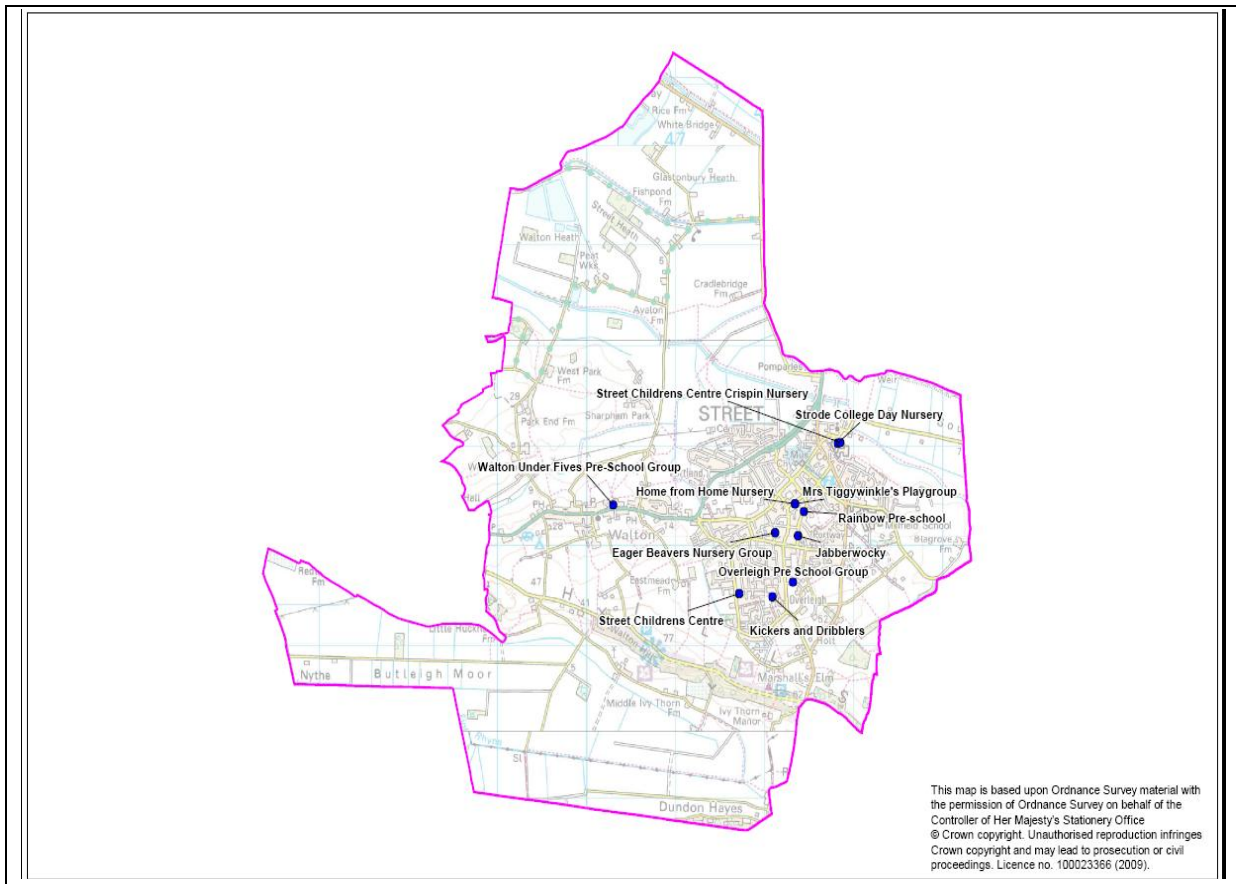
Map 5: Street needs assessment area – school locations

The secondary school serving Street is Crispin School on Church Road. Crispin School has Specialist Technology College and Beacon School status. As of January 2009, there are 1,096 students on the roll, aged 11-16. A-level and other post-16 education is provided by Strode College, which currently occupies a shared site with Crispin School.

In addition, the Avalon School on Brooks Road provides special needs education for pupils aged 4 -16 years although from 2010 the younger pupils will be educated at Brookside school where specialist facilities are currently being constructed. Due to the specialist nature of education provided, it also attracts pupils from beyond its immediate catchment area.

Walton Church of England Primary School on Meadow Lane, has a roll of 144 pupils. Street is also home to one of the most prestigious secondary schools in the country – Millfield School. It is the largest co-educational boarding school and the largest co-educational independent school in the country. Millfield is well known for its sporting excellence and non academic selection criteria. It currently has 1,224 pupils on its roll.

Map 6: Street needs assessment area – day-care provision



HEALTHCARE PROVISION

Health Care services in Street are provided by NHS Somerset and Somerset Community Health both by employing their own health care professionals as well as buying in services from other providers.

There is no community or general hospital in Street. The nearby West Mendip Community Hospital in Glastonbury offers a range of services including a 24 hour minor injury unit. Full accident and emergency services are at Yeovil District Hospital or Musgrove Park Hospital in Taunton.

There are two general practices operating from one surgery building in Street – the Vine Surgery on Hindhayes Lane. This surgery is currently accepting new patients and offers a family planning clinic, an ante-natal clinic, diabetes clinic, mother and baby clinic, asthma clinic and well woman clinic. The Glastonbury Health Centre on the Wells Road and the Glastonbury Surgery on Feversham Lane are both nearby and are accepting new patients.

Sexual health services are provided by two facilities. The Street Young People's Clinic on the Strode Road offers a confidential service without appointments or being registered at any particular practice. Services include emergency contraception,

pregnancy testing, Chlamydia screening and treatment of many sexually transmitted infections. The Street Connexions Centre on the Leigh Road and the Street Young People's Centre on the Strode Road also offer free contraception and a confidential advice service.

There are three dental practices in Street. The Apex Dental Group on the High Street offers NHS services and is currently accepting new charge exempt adults, new NHS fee paying adults, and children aged 0-18. The practice also offers urgent dental access slots via the Somerset Dental Advice Line. The Family Dental Practice on the High Street is currently accepting new children aged 0-18 for NHS treatment. The Vine Health Park Dental Surgery on Hindhayes Lane offers urgent dental access slots and is currently accepting new fee paying NHS patients, charge exempt NHS adults and new children aged 0-18 for NHS treatment.

There are four pharmacies in Street: Boots in Hindhayes Lane near the surgery, Street Pharmacy and Boots on the High Street and Sainsbury's Pharmacy on Gravenchon Way. There are three opticians in the town centre, all of which are located on the High Street. There is one chiropractor in the town, located at the Vine Health Suite, adjacent to Vine Surgery, and one osteopath with a practice on Goswell Road. In addition, Street also has a nutritionist / dietician (Slimming World) which operates from Farm Road.

SOCIAL AND ENVIRONMENTAL CONTEXT – GLASTONBURY AND STREET**HOUSING**

⁵Land values for open market housing, as found across the south of England, increased significantly until 2007, when values ranged from around £1 million to £1.6 million per net developable acre of open market housing, depending on the precise location and suitability to a particular market. The higher values are produced on sites in the most economically buoyant parts of the district. Wells achieves the highest values, followed by Glastonbury/Street, with Shepton Mallet and Frome slightly below the others in terms of sales and land values.

Land values are currently theoretical because of the current problems in the housing market, which means that few, if any, developers are contemplating further land purchases, preferring to build on sites currently under construction. Indeed, some developers are waiting for signs of recovery before making the decision to re-start construction. If, as the Savills land index reports, land values have fallen by almost 50%, the range will be about £400,000 to £800,000 per acre, assuming there are any purchasers who can secure finance. Anecdotal evidence suggests that actually achievable land values might currently be much lower.

Table 2: Housing completions Glastonbury and Street

Town	Financial Year	Total Completions for that Town	Of which (number of subsidised/affordable)
Glastonbury	2005/2006	97	5
Street	2005/2006	29	0
Glastonbury	2006/2007	108	16
Street	2006/2007	66	0
Glastonbury	2007/2008	90	0
Street	2007/2008	19	0
Glastonbury	2008/2009	45	0
Street	2008/2009	134	30

It is **estimated** that the following completions will occur in Glastonbury and Street:-

	Glastonbury	Street
2009/2010	41	76
2010/2011	43	105
2011/2012	46	114
2012/2013	52	125

It is **estimated** that overall in Mendip the number of affordable/subsidised completions will be: (following page)

⁵ Mendip District Council Strategic Housing Land Availability Assessment 2009

Mendip

2008/2009	87
2009/2010	69
2010/2011	164
2011/2012	26

Housing benefit

The number of people claiming housing and/or council tax benefit in Glastonbury is 1038. The number of people claiming housing and/or council tax benefit in Street is 981. The percentage increase for the last eight months for Glastonbury and Street combined 5.6%.

Supporting People – housing related support

Supporting People is a fund administered by Somerset County Council. It funds housing related support that is commissioned from providers who meet a national quality standard, and can be responsive to the needs of vulnerable adults who require support to find a suitable home, or remain secure in their home, and achieve greater levels of independence by accessing other services as and when needed.

Housing related support can help people to move back home following time spent in hospital, a residential home or prison, and it can prevent unnecessary moves into those settings. It can also help in the process of a client moving from their current provision for housing, to more independent accommodation until they are able to sustain independent living. The amount of housing related support a person receives is assessed on need and the client has a personalised support plan.

The support provider will help with tasks such as ensuring that all benefits are claimed and the person can pay for their accommodation and get all the necessary services such as gas, electricity and water supplies. They will help the person understand their responsibilities as a tenant or home-owner and how to keep their accommodation warm, safe and comfortable and deal with repairs and/or improvements to the property. They will also help the person take part in the community, for example build good relationships with their neighbours, access social activities, and find training, work or meaningful activities. Finally they will help the person to access community services when needed, and set up care and support packages so they do not feel trapped or isolated in their accommodation to the point where they no longer wish to live there.

Housing related support increases choice for the individual and prevents more expensive alternatives such as residential care and interventions by health services, the police community safety officers, and fire and rescue services.

DEPRIVATION

Generally, the more affluent people are, the better their health and wellbeing will be. Conversely, the poorer people are, the poorer their health will be, but there are wide differences among social groups⁶. The reasons for these differences are a consequence of differences in opportunity, in access to services, and material resources, as well as differences in the lifestyle choices of individuals. The effects can be passed on from generation to generation.

Table 3: Deprivation

IMD score, domains and indices	Glastonbury	Street	Glastonbury and Street combined	Somerset
IMD score	17.3	13.3	15.7	16.1
Income	0.13	0.11	0.12	0.12
Employment	0.10	0.07	0.09	0.08
Health Deprivation and Disability	-0.25	-0.37	-0.30	-0.34
Education Skills and Training	13.7	16.6	14.9	18.6
Barriers to Housing and Services	23.2	20.2	22.0	23.0
Crime and Disorder	-0.37	-0.77	-0.53	-0.38
Living Environment	18.5	14.6	16.9	18.5
Income Deprivation affecting Children Index	0.15	0.13	0.14	0.15
Income Deprivation affecting Older People Index	0.15	0.15	0.15	0.14

The Indices of Deprivation 2007 (ID 2007) use a group of statistical indicators to rank the 32,482 Lower Layer Super Output Areas (LSOAs) in England in terms of aspects of their deprivation.

Over 30 indicators are combined to produce an overall Index of Multiple Deprivation (IMD). Subsets of these indicators are also used to rank areas within seven different “domains” of deprivation: Income; Employment; Health Deprivation and Disability; Education, Skills and Training; Barriers to Housing and Services; Crime; and Living Environment. In addition, there are “sub domains” within some of these domains.

In general Street is less deprived than Somerset as a whole. Glastonbury has a higher IMD score than Somerset, although greater deprivation is not shown in all domains. With the exception of the Education, Skills and Training domain, Glastonbury has greater deprivation scores than Street. (These scores are based on the patients registered at the Glastonbury and Street practices.)

The number of people claiming housing and/or council tax benefit in Street is 981 and in Glastonbury is 1038.

⁶ Strategy to Improve Health and Reduce Inequalities – Somerset PCT

Although an accurate figure of the projected number of claims for the next 3 years cannot be given, the percentage increase for the last eight months is 5.6%.

Table 4: Households in fuel poverty 2007

	Glastonbury	Street	Glastonbury and Street combined	Somerset
Number	332	318	650	13,306
Proportion	6.4%	6.4%	6.4%	6.3%

A fuel poor household is one which cannot afford to keep adequately warm at reasonable cost. The estimated number of households in fuel poverty (spending more than 10% of disposable income on heating) is similar in Glastonbury, Street and Somerset as a whole.

HOMELESSNESS

It has been identified that both Glastonbury and Street have a high priority need for affordable housing provision. ⁷The Time to Plan Consultation Paper (December 2008) details that Glastonbury, Street and the surrounding villages are the eighth least affordable zone in the West of England Housing Market Area, with only 40.2% of younger households able to buy or rent in the market in 2007. The area will need an average of 117 net additional affordable homes over the period 2009-2021. An additional 480 homes will be needed in Glastonbury and 700 in Street to house the existing population in 2026 due to decreases in household size. Glastonbury faces particular challenges to development as it is severely environmentally constrained with extensive floodplains and high quality landscapes on its boundaries.

Information from a homeless household analysis from October 2008 by Mendip District Council provides a representative figure of homelessness for the Glastonbury and Street area. There were 60 accepted homeless households on the housing register, with 50-60 being the norm at any one time.

The table below gives a snap shot of the areas of the district where the homeless households had requested to live, which also indicates where they originated from as

⁷ : 'Time to Plan Consultation Paper: Sustainable Community Strategy/Local Development Framework Core Strategy (Further Issues and Options)', Mendip Strategic Partnership and Mendip District Council, December 2008)

most households tend to stay in the same area of the district. The information includes the size of home that the household need, indicating whether they are singles/couples (one bed) or families/single parents (two bed+):

Table 5: District areas where homeless households have requested to live

	One bed	Two bed	Three bed	Four bed
Frome	8	3	1	0
Shepton Mallet	1	3	1	2
Sub Total East	9	6	2	2
Glastonbury/Street	10	17	7	2
Wells	0	2	0	0
Sub total West	10	19	7	2
Any where	2	0	1	0
Total	21	25	10	4

Glastonbury Health Inclusion Project

Glastonbury and the surrounding area is unique in Somerset in being an important historical spiritual base for many people. In addition it is popular with festival goers and people seeking alternative lifestyles. As a consequence there are a number of non-bricks and mortar dwellers living in accommodation such as benders, yurts, caravans, converted buses and horse-drawn vehicles in the area, as well as homeless people. Non-housed people experience significant health inequalities partly related to poor access to primary and secondary care health services.

NHS Somerset in partnership with Wyvern Health has funded the Glastonbury Health Inclusion Project at the Robert Barton Trust since April 2008, to specifically address the health needs of non-bricks and mortar dwellers in the area. The Health Inclusion Project provides opportunities for service users to receive advice and support on accessing health services relevant to their needs and in a non-judgemental space that is acceptable to them. The emphasis is on primary prevention, encouraging use of local GP practices rather than hospital services when ill health escalates. A range of health promotion advice and services are also on offer through the project.

The Robert Barton Trust provides an open-door service several times a week, with the Health Inclusion Worker funded for three days a week. The Health Inclusion Worker sees on average 17 individuals a month seeking specific support on health issues, providing an average of 38 contact sessions each month. Issues range from open wounds and burns, alcohol and mental health crises, sexual health and

pregnancy, dental health to emergency care for hospital treatment due to non-attendance at outpatients and a hit-and-run incident.

THE GYPSY AND TRAVELLER COMMUNITY IN AND AROUND STREET AND GLASTONBURY

The Gypsy and Traveller community in and around Street and Glastonbury is made up of a number of groups which include those for whom travelling has been a way of life for generations and those who have adopted travelling as an 'alternative' lifestyle. It should not be assumed that gypsies and travellers make up a homogeneous community. There is significant cultural difference within and between groups.

The District of Mendip is a particular draw for travelling people, being host to Glastonbury Tor, the Pilton Pop Festival and being relatively close to Stonehenge. Reliable figures on the number of travellers resident in the area are not available. However, over recent years there has been a rate of at least one new unauthorised encampment in the Street and Glastonbury area per week between the months of April and October.

This is partly due to the fact that there is a dearth of official sites for travellers in the area. There is only one public site in Mendip for 23 families, which is owned by the County Council and located in Frome. In addition, there are a number of small privately-owned sites and stopping places, although many of these do not have the correct planning permission to allow for legal encampment. The South West Regional Assembly has identified the Districts of Mendip and South Somerset as the greatest areas of need for travelling families in the region.

As a result of the lack of official provision, travelling people in the area face significant challenges in accessing basic health care, education and other public services. Their understanding of how to navigate the system can be extremely limited, and in many cases they are unable to supply the basic information and documents (for example, N.I. numbers) required for entry.

Low levels of literacy amongst all traveller groups can be a barrier to accessing services and/or self-administering medication and treatments. In addition, some groups, particularly 'traditional' gypsies have cultural expectations about wider family attendance at healthcare appointments for individuals, and/or find it difficult to observe hospital visiting times and restrictions. This can add to their general difficulties in accessing health services.

Travelling people in the area can both indulge in anti-social and criminal behaviour, and be the victims of it. There is a high incidence of problem drinking and substance misuse within some elements of the community, which is related to street begging. On the other hand tension with the 'settled' communities in the area has resulted in

travelling people being subjected to hostility. On a more positive note, there is an opportunity to improve provision for travelling people in Mendip at this time, with the availability of recently announced funding at regional level offering the potential to develop more authorised sites and associated services.

COMMUNITY SAFETY

Mendip District Council (MDC) is one of the lead partners in Community Safety, together with:

- South Somerset District Council
- The Police and the Police Authority
- Somerset County Council
- The Fire Service
- NHS Somerset and other agencies and voluntary organisations

MDC works together within the Community Safety Partnership to reduce crime and disorder across the District. The Somerset Community Safety Partnership Plan has been produced and sets out the priorities to be addressed over the three year period 2008-11. Reviewed annually, the six main priorities for the coming year are:

- Reducing the harm caused by drugs
- Limiting the damage of alcohol on our communities
- Preventing young people from entering the criminal justice system and reducing youth re-offending
- Safeguarding vulnerable people
- Making our communities feel safer and reducing anti-social behaviour
- Improving safety on Somerset's roads

Contact Community Safety: **community.safety@mendip.gov.uk**

Table 6: Crime 2008

Number	Glastonbury	Street	Glastonbury and Street combined	Somerset
Violent Offences	174	186	360	7,163
Sexual Offences	7	13	20	470
Drug Offences	37	35	72	1,204
Serious Acquisitive Crime	166	105	271	7,489
Rate per 1000 population	Glastonbury	Street	Glastonbury and Street combined	Somerset
Violent Offences	13.1	14.0	13.5	13.6
Sexual Offences	0.5	1.0	0.8	0.9
Drug Offences	2.8	2.6	2.7	2.3
Serious Acquisitive Crime	12.5	7.9	10.2	14.2

Violent and sexual offences: the rate of violent offences and sexual offences appears similar in Glastonbury, Street and Somerset as a whole.

Drug offences: the rate of drug offences appears only slightly higher in both areas (particularly Glastonbury) compared to Somerset. This small increase in offending overall may be a reflection of the Pilton Festival. Although the festival site itself is outside the area reviewed in this needs assessment and therefore the increased level of recorded drugs offences directly related to the festival does not appear in these figures, there is likely a spill-over of recorded offences into the surrounding area. The preponderance of cannabis offences compared to Class A drugs is not unusual and in this respect is following a pattern which will be seen generally.

Table 7: Hospital admissions for assault 2007/8

	Glastonbury	Street	Glastonbury and Street combined	Somerset
Number of admissions with Assault mentioned in admission summary	10	7	17	394
Crude rate per 1000 population	0.8	0.5	0.6	0.7

Rates are similar in Glastonbury and Street compared to Somerset as a whole.

Table 8: Hospital admissions for substance abuse 2007/8

	Glastonbury	Street	Glastonbury and Street combined	Somerset
Number of admissions with Substance Abuse the main reason for admission	28	12	40	552
Crude rate per 1000 population	2.1	0.9	1.5	1.0

There is a suggestion that admission to hospital for substance abuse might be higher in Glastonbury than in Somerset as a whole. However this data is not adjusted for the differing age structure of the populations.

Serious acquisitive crimes:

The rate of serious acquisitive crimes is higher in Glastonbury than in Street but both rates are lower than the Somerset average. The lower rates compared to Somerset overall may be a reflection of reduced opportunity within the smaller urban areas represented by the two towns compared to the larger urban areas such as Taunton, Bridgwater, Yeovil and Frome which will be included in the overall Somerset rate.

The higher levels/rates of serious acquisitive crime in Glastonbury compared to Street seems to be reflected in both burglary and vehicle crime. While the slightly increased deprivation level of Glastonbury may contribute to this other factors may also have some influence; e.g. differences in population make-up, differences in settled as opposed to transient elements of the population, differences in the make-up of the built-environment. However, Glastonbury and Street combined has a similar level of deprivation to Somerset as a whole.

Table 9: Deliberate fires July 2007 to March 2009

	Glastonbury	Street	Glastonbury and Street combined	Somerset
Number of deliberate fires to which Fire and Rescue called	33	28	61	1,565
crude rate per 1000 population	2.5	2.1	2.3	3.0

Rates are slightly less than, but similar in Glastonbury and Street compared to Somerset as a whole.

Table 10: Domestic Violence (DV) crime and incidents in Street/Glastonbury (Q1 and Apr-Aug 09)

	No of incidents	Repeat victim	Involving Young Person (YP)	Repeat YP victim
DV Incidents – Q1 09/10				
Glastonbury	27	0	<5	0
Street	33	11	<5	<5
DV Incidents Apr – Aug 09				
Glastonbury	56	<5	<5	0
Street	90	14	5	<5

	No of crimes	Repeat victim	Involving Young Person	Repeat YP victim
DV Crimes – Q1 09/10				
Glastonbury	6	0	<5	0
Street	23	10	<5	0
DV Incidents Apr – Aug 09				
Glastonbury	12	<5	<5	0
Street	31	13	<5	0

During the period April to August 09 the total number of reported DV related incidents (crime and no-crime) has risen slightly (+6.5% or 9 incidents) in the Glastonbury/Street area. This is broadly in line with the overall trend within Somerset East, however the increase has been recorded entirely in the Street area, where reporting is up 15.4% compared to the Glastonbury area currently at -5.1% compared to the same period last year.

The overall occurrence of repeat victimisation has remained constant at about 10.2% however the distribution has altered. Glastonbury normally records a lower repeat victimisation rate than Street but this year that differential has changed from about 3% to more than 14% with Street currently recording a 15.5% repeat victimisation rate for incidents.

The number of incidents involving young people has remained about the same (about 10 this year and last) despite the rise in reporting with the repeat victimisation rate therefore falling in real terms.

The recorded crime picture mirrors that of incidents with levels falling in Glastonbury (-47.8%, 11 crimes) whilst rising in Street (+29%, 7 crimes).

The incidence of repeat victimisation for crimes has followed a similar pattern to that of recorded crime with a significant fall in Glastonbury, and rise in Street.

Looking at the number of recorded crimes involving young people the trend is, however, reversed with Glastonbury recording an increase of 33.3% whilst Street is

currently recording a reduction of -57%. There are no instances of repeat victimisation relating to crime involving young people. The same period last year recorded a repeat victimisation rate for young people of more than 2%.

Overall Somerset East has seen an increase of approx 6% (70 incidents), year to date with 3.9% increase in those involving young people.

A comparison of reported DV related crime shows that Somerset East is currently recording a 1.5% (7 crimes) reduction in overall crime and an 11.1% (10 crimes) reduction in those involving young people.

Table 11: Road traffic collisions 2008

Number	Glastonbury	Street	Glastonbury and Street combined	Somerset
Cat. 1&2 (serious injury and fatal)	<5	<5	8	573
Cat. 3 (not serious injury)	34	19	53	5,033
Total	41	20	61	5,606
Rate per 1000 population	Glastonbury	Street	Glastonbury and Street combined	Somerset
Cat. 1&2 (serious and fatal)	-	-	0.3	1.1
Cat. 3 (not serious injury)	2.6	1.4	2.0	9.5
Total	3.1	1.5	2.3	10.6

There appear to be fewer road traffic collisions occurring in Glastonbury and Street per 1000 resident population compared to Somerset as a whole. The majority of accidents are Category 3 (not serious injury) and most of these occur in the urban areas of Street and Glastonbury.

Although the two areas overall do not feature as a particular hotspot, an area to the west of Street carrying the A39 and A372 to the M5 and Bridgwater does feature more highly in relation to Somerset overall for the incidence of road traffic collisions in both categories 2 (serious injury) and 3 (not serious injury). This may, therefore, impact on the population of Glastonbury and Street if these routes are used regularly by members of that population for commuting to and from employment.

Table 12: Ambulance responses January 2008 to May 2009

Number of responses	Glastonbury	Street	Glastonbury and Street combined	Somerset
Assault/ Sexual Assault	37	72	109	1,870
Cardiac or Respiratory	21	12	33	1,101
Chest Pain (Non Traumatic)	163	179	342	7,786
Haemorrhage/Lacerations	70	76	146	3,224
Heart Problems/A.I.C.D.	24	35	59	1,175
Overdose/Poisoning (Ingestion)	76	70	146	2,944
Stab/Gunshot/Penetrating Trauma	<5	0	<5	121
Traffic/Transportation Accidents	44	38	82	3,077
Traumatic Injuries (Specific)	78	76	154	2,957
Total	515	558	1,073	24,255
Crude rate per 1000 population	Glastonbury	Street	Glastonbury and Street combined	Somerset
Assault/ Sexual Assault	2.8	5.4	4.1	3.5
Cardiac or Respiratory	1.6	0.9	1.2	2.1
Chest Pain (Non Traumatic)	12.3	13.5	12.9	14.7
Haemorrhage/Lacerations	5.3	5.7	5.5	6.1
Heart Problems/A.I.C.D.	1.8	2.6	2.2	2.2
Overdose/Poisoning (Ingestion)	5.7	5.3	5.5	5.6
Stab/Gunshot/Penetrating Trauma	-	-	-	0.2
Traffic/Transportation Accidents	3.3	2.9	3.1	5.8
Traumatic Injuries (Specific)	5.9	5.7	5.8	5.6
Total	38.7	41.9	40.3	45.9

The total rate of ambulance responses is slightly lower in Glastonbury and Street, however it is not possible to allow for the younger aged population in those areas as the age of the patients is not recorded. There is a slight suggestion that there are more call outs for assault and sexual assault in Street compared to Somerset.

THE PLACE SURVEY

The Place Survey is a new consultation that all English local authorities are required to carry out. It was designed by central government and replaces the Best Value Performance Indicator Survey.

It asks residents about perceptions of their local area and views about local public services. The survey collects information on 18 national indicators which are used to measure how well the Government's priorities are being delivered by local government. Results for 17 of the 18 indicators could be calculated for the Glastonbury and Street areas.

From 2008, all local authorities have been required to carry out a Place Survey every two years. As part of the new performance framework for local Government, there has been a new focus on improving outcomes for local people and places – rather than on processes, institutions and inputs. It is recognised that no single organisation can achieve success on the complex issues of improving public health, reducing poverty, tackling crime or sustainable economic development.

Central to this is the importance of capturing local people's views, experiences and perceptions, so that the solutions for an area can reflect local views and preferences. The Place Survey is a way of doing this.

Place survey 2008

Table 13: Results for questions relating to local services

Indicator	Glastonbury	Street	Glastonbury and Street combined	Somerset	England
Q8 Percent very or fairly satisfied with...					
...keeping public land clear of litter and refuse	60%	57%	58%	59%	57%
...refuse collection	76%	72%	74%	77%	78%
...doorstep recycling	69%	72%	70%	69%	70%
...local tips/household waste recycling centres	82%	83%	83%	80%	71%
...local transport information	35%	45%	40%	39%	48%
...local bus services	31%	55%	42%	43%	55%
...sport/leisure facilities	46%	59%	52%	46%	46%
...libraries	73%	81%	77%	72%	69%
...museums/galleries	50%	43%	47%	37%	41%
...theatres/concert/halls	43%	73%	57%	41%	43%
...parks and open spaces	62%	66%	64%	68%	69%

Table 14: Place survey 2008

Results for the questions from the national indicator set. Green highlighting implies the area has a significantly better value than the national average.

National Indicator	Glastonbury	Street	Glastonbury and Street combined	Somerset	England
% who agree that their local area is a place where people from different backgrounds get on well together (NI 1)	79%	76%	78%	77%	76%
% who feel they belong to their immediate neighbourhood (NI 2)	65%	60%	63%	63%	59%
% who have been involved in decisions that affect the local area in the past 12 months (NI 3)	23%	16%	19%	17%	14%
% who agree that they can influence decisions in their local area (NI 4)	29%	27%	28%	28%	29%
% who are satisfied with their local area as a place to live (NI 5)	78%	87%	82%	86%	80%
% who have given unpaid help at least once per month over the last 12 months (NI 6)	36%	32%	34%	30%	23%
% who agree that the police and other local public services are successfully dealing with anti-social behaviour and crime in their local area (NI 21)	35%	21%	28%	27%	26%
% who agree that in their local area parents take enough responsibility for the behaviour of their children (NI 22)	35%	27%	31%	33%	30%
% who think there is a problem with people not treating each other with respect and consideration in their local area (NI 23)	25%	40%	33%	26%	31%
% who agree that the police and other local public services seek people's views about anti-social behaviour and crime in their local area (NI 27)	30%	23%	26%	25%	25%
% who feel informed about what to do in the event of a large-scale emergency (NI 37)	16%	8%	12%	16%	15%
% who think that drunk and rowdy behaviour is a problem in their local area (NI 41)	42%	42%	42%	25%	29%
% who think that drug use or drug dealing is a problem in their local area (NI 42)	47%	27%	38%	27%	31%
% who say their health is good or very good (NI 119)	80%	70%	75%	76%	76%
% people aged 65 and over who are satisfied with both home and neighbourhood (NI 138)	73%	88%	81%	88%	84%
% who think that older people in their local area get the help and support they need to continue to live at home for as long as they want to (NI 139)	31%	42%	36%	35%	30%
% who would say that they have been treated with respect and consideration by their local public services in the last year (NI 140)	79%	74%	77%	77%	72%

MET NEED

This chapter sets out data relating to adult social care, children and young people, illness prevalence and includes hospital admission rates, life expectancy, deaths, lifestyle, immunisation and screening rates.

Table 1: Prevalence 2008

Standardised ratio within Somerset (QOF and MIQUEST)	Glastonbury	Street	Glastonbury and Street combined
Coronary Heart Disease	92%	139%	109%
Stroke	98%	167%	122%
Heart Failure	82%	159%	109%
Thyroid	111%	117%	113%
Mental Health	123%	98%	114%
COPD	85%	133%	102%
Asthma	94%	130%	107%
Hypertension	110%	154%	125%
Atrial Fibrillation	111%	138%	120%
Dementia	87%	154%	110%
Obesity (16+)	114%	97%	108%
Diabetes (17+)	87%	141%	106%
Epilepsy(18+)	92%	188%	126%
Chronic Kidney Disease (18+)	130%	235%	167%
Learning Difficulties (18+)	81%	152%	106%
Palliative Care (18+)	22%	150%	67%
Depression	110%	55%	90%

A value of more than 100% implies that the area has a higher prevalence rate than Somerset. Similarly a value of less than 100% implies that the area has a lower prevalence rate than Somerset. However, higher ratios might also reflect better case ascertainment and recording on registers as well as, or instead of a true higher prevalence of disease.

Highlighted cells indicate the where the area has more than 50% higher or lower prevalence than Somerset and where that difference is significant.

In general Street practices have a higher rate than the Glastonbury practices (the few exceptions being for Mental Health, Obesity and Depression).

Glastonbury and Street combined in general has higher rates than Somerset as a whole (the exceptions being for Palliative Care and Depression).

To obtain a national comparison it is necessary to use the crude rates from the Quality Outcomes Framework (QOF) tables.

Table 2: Quality Outcomes Framework (QOF) data

Crude rate per 1000 (QOF)	Glastonbury	Street	Glastonbury and Street combined	Somerset	England
Coronary Heart	30.2	37.0	32.9	39.3	35.0
Stroke	16.8	23.1	19.3	21.0	16.3
Heart Failure	6.1	9.4	7.4	9.2	7.5
Thyroid	31.9	27.7	30.2	32.4	27.1
Mental Health	8.0	5.3	6.9	6.3	7.3
COPD	11.2	14.4	12.5	15.6	14.8
Asthma	59.7	64.5	61.6	62.1	57.5
Hypertension	142.4	164.0	151.0	151.7	127.9
Atrial Fibrillation	16.9	17.1	17.0	17.8	13.0
Dementia	3.1	4.3	3.6	4.6	4.1
Obesity (16+)	90.8	65.1	80.6	87.8	76.5
Diabetes (17+)	36.5	48.9	41.5	47.7	38.7
Epilepsy(18+)	7.2	12.3	9.3	8.1	6.0
Chronic Kidney	49.0	70.6	57.7	45.3	29.4
Learning Difficulties	2.7	4.2	3.3	3.7	2.7
Palliative Care	0.4	1.8	1.0	1.8	1.2
Depression	94.1	95.1	97.1	95.1	66.1
Cancer	10.7	14.3	12.2	14.4	10.8

This table does not show the increased rates of Street over Glastonbury, which reflects the different age profiles of the areas (this table is not age and sex standardised).

The higher rates of Somerset compared to England also reflect the differing age profiles of the population.

Table 3: Projected Numbers in 2008, 2013, 2023

Condition	Glastonbury and Street combined					Somerset				
	2008	2013		2023		2008	2013		2023	
	Number	Number	Increase since 2008	Number	Increase since 2008	Number	Number	Increase since 2008	Number	Increase since 2008
Coronary Heart Disease	898	1,022	14%	1,326	48%	19,922	22,502	13%	28,705	44%
Stroke	534	608	14%	812	52%	11,837	13,370	13%	17,421	47%
Heart Failure	210	240	14%	332	58%	4,676	5,308	14%	7,125	52%
Thyroid	818	891	9%	1,067	30%	17,317	18,826	9%	22,236	28%
Mental Health	200	213	6%	240	20%	4,116	4,384	7%	4,936	20%
COPD	340	386	13%	491	44%	7,490	8,431	13%	10,562	41%
Asthma	1,635	1,710	5%	1,892	16%	32,176	33,801	5%	37,368	16%
Hypertension	4,069	4,525	11%	5,611	38%	88,601	98,288	11%	120,327	36%
Atrial Fibrillation	496	567	14%	766	54%	10,998	12,450	13%	16,387	49%
Dementia	104	118	14%	167	61%	2,340	2,649	13%	3,610	54%
Obesity (16+)	1,696	1,819	7%	2,053	21%	35,111	37,702	7%	42,518	21%
Diabetes (17+)	893	991	11%	1,209	35%	19,326	21,387	11%	25,881	34%
Epilepsy(18+)	199	211	6%	236	19%	4,043	4,306	6%	4,816	19%
Chronic Kidney Disease (18+)	1,294	1,470	14%	1,981	53%	28,571	32,210	13%	42,217	48%
Learning Difficulties (18+)	65	67	3%	71	9%	1,261	1,310	4%	1,384	10%
Palliative Care (18+)	6	7	14%	10	52%	140	158	13%	205	47%
Depression	2,602	2,759	6%	3,120	20%	53,225	56,451	6%	63,581	19%

In Glastonbury and Street combined increases of over 50% are predicted in dementia, atrial fibrillation, heart failure, chronic kidney disease, stroke and palliative care. The predicted increases are similar for Glastonbury and Street combined and Somerset.

Proportion of diseases *not* on register. The proportion of disease not on GP practice registers, based on modelled predicted true levels of disease in areas, and the age structure of population is shown in the table below.

Table 4: Diabetes and dementia

Proportion	Glastonbury	Street	Glastonbury and Street combined	Somerset	England
Diabetes	38%	10%	27%	22%	14%
Dementia	71%	70%	71%	62%	62%

Glastonbury and Street combined appears to have higher rates of under-diagnosis for both diabetes and dementia, particularly so in Glastonbury compared to Street.

Table 5: Uptake of diabetic retinopathy screening

Uptake	Glastonbury	Street	Glastonbury and Street combined	Somerset
Diabetes	90.5%	96.5%	93.3%	95.3%

The percentage of people on the diabetes register being screened for diabetic retinopathy is lower in Glastonbury than in Somerset as a whole.

Hospital activity

Data from the NHS Indicators website

Table 6: First outpatient attendances

year	First outpatients	Glastonbury	Street	Glastonbury and Street combined	SOMERSET	England
2006/7	number	4,704	2,983	7,687	147,742	14,738,034
	rate per 1000	223	223	223	261	274
	% above or below National rate	-18%	-18%	-18%	-5%	0%
2007/8	number	4,715	3,106	7,821	154,234	15,749,502
	year on year increase	0%	4%	2%	4%	7%
	rate per 1000	260	243	253	276	291
	% above or below National rate	-11%	-17%	-13%	-5%	0%
2008/9 Q1+Q2	number per year	5,156	3,054	8,210	157,578	17,175,150
	year on year increase	9%	-2%	5%	2%	9%
	rate per 1000 per year	281	238	263	281	317
	% above or below National rate	-11%	-25%	-17%	-11%	0%

The first outpatient rate is much lower in Glastonbury and Street combined compared to the national rate. In Street it is about 17-25% lower and in Glastonbury about 11-18% lower.

The year on year increase also is less in Glastonbury and Street combined than nationally. However the increase in Glastonbury was similar to the national increase to mid 2008/9.

Table 7: All admissions to hospital (including day cases)

year	All admissions	Glastonbury	Street	Glastonbury and Street combined	SOMERSET	England
2006/7	number	3,384	2,574	5,958	116,373	11,115,342
	rate per 1000	161	188	172	202	206
	% above or below National rate	-22%	-9%	-17%	-2%	0%
2007/8	number	3,332	2,394	5,726	109,011	11,403,426
	year on year increase	-2%	-7%	-4%	-6%	3%
	rate per 1000	185	183	184	192	211
	% above or below National rate	-12%	-13%	-13%	-9%	0%
2008/9 Q1+Q2	number per year	3,320	2,406	5,726	111,726	11,794,366
	year on year increase	0%	1%	0%	2%	3%
	rate per 1000 per year	182	184	182	195	218
	% above or below National rate	-17%	-16%	-16%	-10%	0%

The admission rate is much lower in Glastonbury and Street combined compared to the national rate. In Street it is about 9-16% lower and in Glastonbury about 12-22% lower.

The year on year increase also is less in Glastonbury and Street combined than nationally.

Table 8: Hospital admissions by cause 2008

All admissions	Glastonbury		Street		Glastonbury and Street combined		Somerset	
	Number	%	Number	%	Number	%	Number	%
Malignant Neoplasms	385	9%	394	13%	779	11%	15,096	11%
Symptoms and Signs	455	11%	321	10%	776	11%	14,759	11%
Digestive	501	12%	304	10%	805	11%	14,655	11%
Pregnancy	313	8%	338	11%	651	9%	12,674	9%
Musculoskeletal	360	9%	265	8%	625	9%	11,606	8%
Other Factors	281	7%	209	7%	490	7%	10,218	7%
Circulatory	256	6%	182	6%	438	6%	10,050	7%
Injury and Poisoning	289	7%	219	7%	508	7%	9,109	7%
Genitourinary	241	6%	147	5%	388	5%	7,189	5%
Eye	191	5%	140	4%	331	5%	6,649	5%
Respiratory	226	5%	151	5%	377	5%	6,614	5%
Other Neoplasms	92	2%	59	2%	151	2%	3,269	2%
Nervous	99	2%	54	2%	153	2%	3,010	2%
Skin	96	2%	93	3%	189	3%	2,950	2%
Endocrine	80	2%	75	2%	155	2%	2,048	1%
Blood	61	1%	40	1%	101	1%	2,019	1%
Perinatal period	46	1%	51	2%	97	1%	1,910	1%
Mental health	73	2%	39	1%	112	2%	1,662	1%
Infections	41	1%	27	1%	68	1%	1,286	1%
Congenital	29	1%	21	1%	50	1%	879	1%
Ear	13	0%	19	1%	32	0%	799	1%
All admissions	4,128	100%	3,148	100%	7,276	100%	138,451	100%
Falls	172	4.2%	131	4.2%	303	4.2%	4,430	3.2%
Coronary Heart Disease	71	1.7%	51	1.6%	122	1.7%	3,024	2.2%
Cerebrovascular	36	0.9%	38	1.2%	74	1.0%	1,317	1.0%
COPD	30	0.7%	23	0.7%	53	0.7%	1,100	0.8%
Diabetes	30	0.7%	9	0.3%	39	0.5%	627	0.5%
Asthma	21	0.5%	11	0.3%	32	0.4%	604	0.4%
All admissions	4,128	100%	3,148	100%	7,276	100%	138,451	100%
Those aged 75 and over	1,037	25.1%	872	27.7%	1,909	26.2%	36,473	26.3%
Those aged less than 18	582	14.1%	450	14.3%	1,032	14.2%	17,237	12.4%
All admissions	4,128	100%	3,148	100%	7,276	100%	138,451	100%

The reasons for admissions are very similar for Glastonbury and Street combined and Somerset as a whole.

Figure 1: Hospital admission by cause 2008 Glastonbury and Street

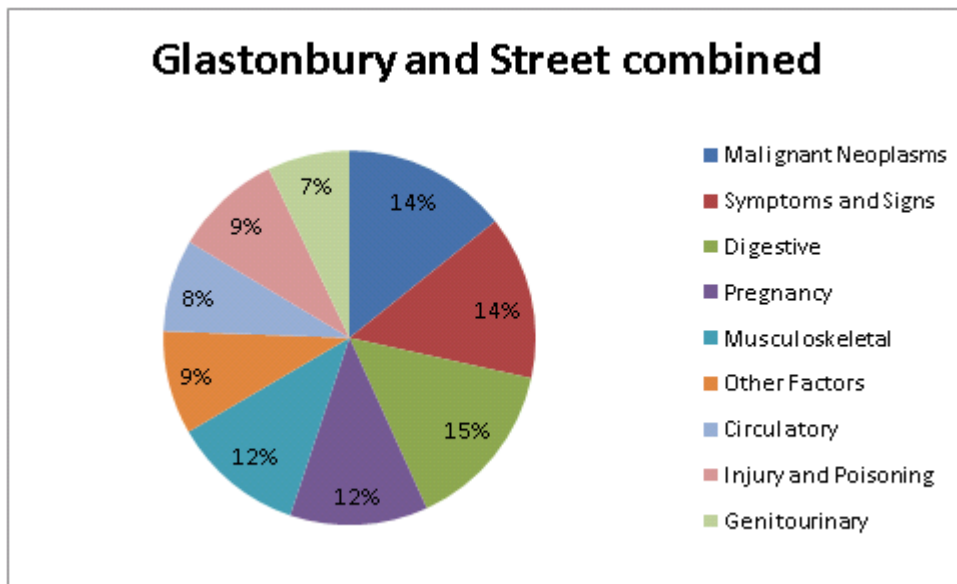


Figure 2: Hospital admission by cause 2008 Somerset

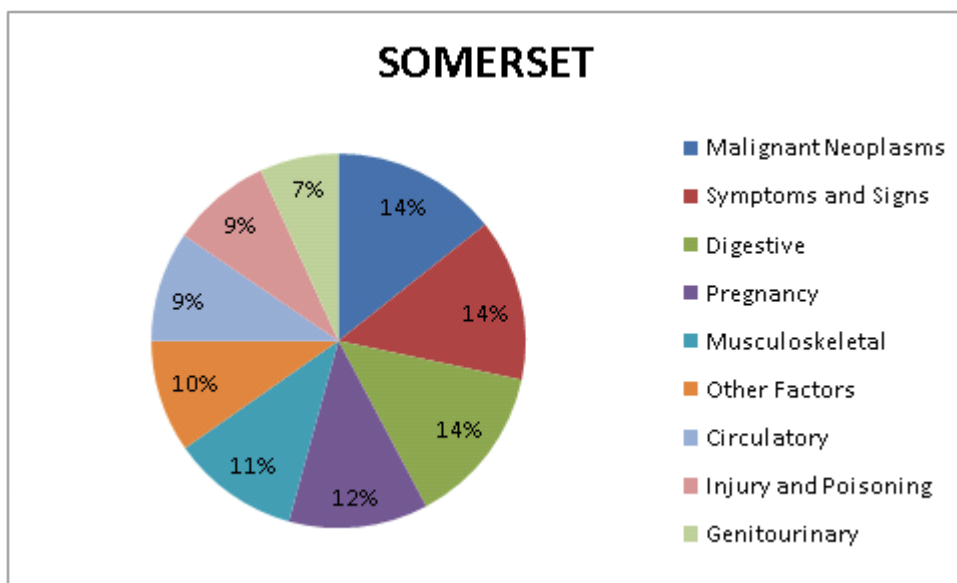


Table 9: Emergency admissions to hospital

year	Emergency admissions	Glastonbury	Street	Glastonbury and Street combined	SOMERSET	England
2006/7	number	1,312	1,058	2,370	42,477	4,417,276
	rate per 1000	62	75	68	72	82
	% above or below National rate	-24%	-8%	-18%	-12%	0%
2007/8	number	1,240	933	2,173	38,397	4,416,865
	year on year increase	-5%	-12%	-8%	-10%	0%
	rate per 1000	69	70	69	66	82
	% above or below National rate	-16%	-15%	-15%	-19%	0%
2008/9 Q1+Q2	number per year	1,280	954	2,234	40,734	4,552,058
	year on year increase	3%	2%	3%	6%	3%
	rate per 1000 per year	70	71	70	70	84
	% above or below National rate	-17%	-15%	-16%	-17%	0%

The emergency admission rate is much lower in Glastonbury and Street combined compared to the national rate. In Street it is about 8-15% lower and in Glastonbury about 6-24% lower.

The most recent year on year increase was the same in Glastonbury and Street combined as nationally but lower than Somerset.

Table 10: Emergency admissions by cause 2008

All admissions	Glastonbury		Street		Glastonbury and Street combined		Somerset	
	Number	%	Number	%	Number	%	Number	%
Symptoms and Signs	313	21%	229	21%	542	21%	10,530	23%
Injury and Poisoning	220	15%	155	14%	375	15%	6,969	15%
Circulatory	134	9%	106	10%	240	9%	5,232	11%
Respiratory	166	11%	124	11%	290	11%	4,988	11%
Digestive	127	9%	115	10%	242	9%	3,939	8%
Genitourinary	79	5%	67	6%	146	6%	2,285	5%
Musculoskeletal	68	5%	47	4%	115	4%	2,051	4%
Malignant Neoplasms	53	4%	42	4%	95	4%	1,758	4%
Skin	43	3%	32	3%	75	3%	1,319	3%
Mental health	58	4%	24	2%	82	3%	1,246	3%
Infections	34	2%	25	2%	59	2%	1,126	2%
Nervous	37	3%	30	3%	67	3%	1,097	2%
Endocrine	45	3%	26	2%	71	3%	973	2%
Pregnancy	16	1%	19	2%	35	1%	728	2%
Other Factors	19	1%	29	3%	48	2%	674	1%
Blood	18	1%	13	1%	31	1%	608	1%
Eye	5	0%	9	1%	14	1%	276	1%
Other Neoplasms	13	1%	<5	0%	17	1%	245	1%
Perinatal period	9	1%	<5	0%	13	1%	239	1%
Ear	<5	0%	<5	0%	<5	0%	129	0%
Congenital	<5	0%	0	0%	<5	0%	85	0%
All admissions	1,462	100%	1,102	100%	2,564	100%	46,497	100%
Falls	131	9.0%	97	8.8%	228	8.9%	3,926	8.4%
Coronary Heart Disease	29	2.0%	23	2.1%	52	2.0%	1,409	3.0%
Cerebrovascular	28	1.9%	29	2.6%	57	2.2%	962	2.1%
COPD	25	1.7%	21	1.9%	46	1.8%	994	2.1%
Diabetes	27	1.8%	8	0.7%	35	1.4%	403	0.9%
Asthma	20	1.4%	10	0.9%	30	1.2%	541	1.2%
All admissions	1,462	100%	1,102	100%	2,564	100%	46,497	100%
Those aged 75 and over	476	32.6%	450	40.8%	926	36.1%	16,847	36.2%
Those aged less than 18	287	19.6%	201	18.2%	488	19.0%	7,386	15.9%
All admissions	1,462	100%	1,102	100%	2,564	100%	46,497	100%

The reasons for emergency admissions are very similar for Glastonbury and Street combined and Somerset as a whole, however admissions of those aged less than 18 appear slightly higher than Somerset as a whole.

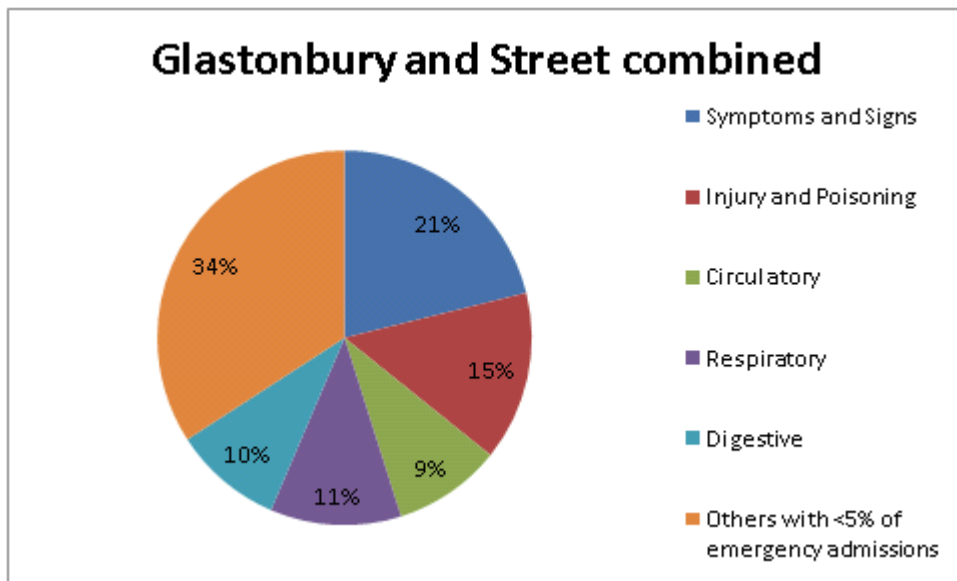
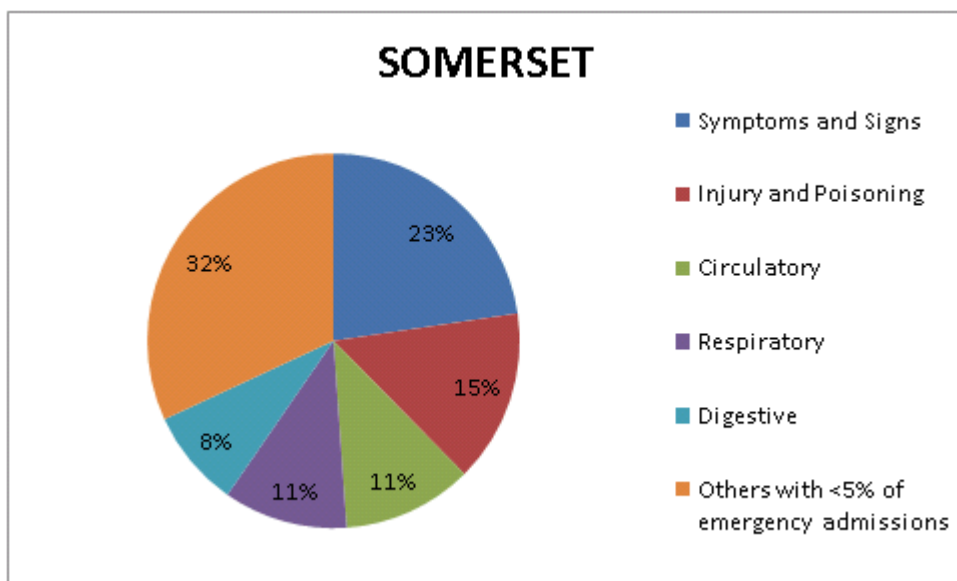
Figure 3: Emergency admissions by cause 2008 Glastonbury and Street**Figure 4: Emergency admissions by cause 2008 Somerset**

Table 11: Projected numbers in 2008, 2013, 2023

Area	Glastonbury and Street combined					Somerset				
	2008	2013		2023		2008	2013		2023	
	Number	Number	Increase since 2008	Number	Increase since 2008	Number	Number	Increase since 2008	Number	Increase since 2008
First outpatient attendances	9,229	9,904	7%	11,386	23%	184,689	197,326	7%	226,382	23%
All admissions	7,674	8,390	9%	9,895	29%	145,420	157,243	8%	184,060	27%
Emergency admissions	2,729	2,990	10%	3,637	33%	49,336	53,546	9%	64,323	30%

All hospital activity is predicted to increase over the next 15 years, based purely on the increase in the age of the population. If age/sex specific rates remain constant then first outpatient attendances are predicted to increase by 23%, all admissions by 27-29% and emergency admissions by 30-33%. The increases in admissions are predicted to be higher in Glastonbury and Street combined than in Somerset as a whole.

Table 12: Deaths 2004-2008

Standardised Morality Ratio within Somerset	Glastonbury	Street	Glastonbury and Street combined	Somerset
All causes – All ages	104%	98%	101%	100%
All causes - <75	105%	95%	101%	100%
All causes – 75 and over	103%	99%	101%	100%
All cancers – All ages	100%	96%	98%	100%
All cancers - <75	115%	92%	105%	100%
All cancers – 75 and over	86%	99%	92%	100%
All circulatory disease – All ages	108%	103%	106%	100%
All circulatory disease - <75	95%	94%	94%	100%
All circulatory disease – 75 and over	112%	106%	109%	100%
Coronary Heart Disease – All ages	100%	103%	101%	100%
Coronary Heart Disease - <75	68%	81%	73%	100%
Coronary Heart Disease – 75 and over	111%	109%	110%	100%
All respiratory disease – All ages	102%	104%	103%	100%
All respiratory disease - <75	72%	93%	81%	100%
All respiratory disease – 75 and over	108%	106%	107%	100%
COPD – All ages	90%	86%	88%	100%
COPD - <75	58%	91%	73%	100%
COPD – 75 and over	101%	84%	93%	100%

NB. The Standardised Mortality Ratios above are not statistically significant to the Somerset average of 100%.

Table 13: Deaths by cause 2004-2008

Underlying cause of death	Glastonbury		Street		Glastonbury and Street combined		Somerset	
	Number	%	Number	%	Number	%	Number	%
Circulatory	275	36%	219	37%	494	36%	9327	35%
Malignant Neoplasms	201	26%	155	26%	356	26%	7034	27%
Respiratory	92	12%	79	13%	171	13%	3334	13%
Digestive	40	5%	26	4%	66	5%	1277	5%
Nervous	25	3%	16	3%	41	3%	979	4%
Other Factors	31	4%	20	3%	51	4%	879	3%
Symptoms and Signs	16	2%	18	3%	34	3%	861	3%
Mental health	17	2%	10	2%	27	2%	827	3%
Genitourinary	18	2%	12	2%	30	2%	563	2%
Infections	18	2%	10	2%	28	2%	386	1%
Endocrine	9	1%	6	1%	15	1%	354	1%
Musculoskeletal	10	1%	8	1%	18	1%	302	1%
Other Neoplasms	7	1%	6	1%	13	1%	205	1%
Skin	2	0%	4	1%	6	0%	87	0%
Congenital	4	1%	1	0%	5	0%	65	0%
Blood	1	0%	1	0%	2	0%	55	0%
Pregnancy							3	0%
Ear							2	0%
Eye							2	0%
Perinatal period							1	0%
All Deaths	766	100%	591	100%	1,357	100%	26,543	100%
Falls	1	0%	3	1%	4	0%	127	0%
Coronary Heart Disease	116	15%	99	17%	215	16%	4235	16%
Cerebrovascular	97	13%	67	11%	164	12%	2770	10%
COPD	29	4%	24	4%	53	4%	1110	4%
Diabetes	6	1%	5	1%	11	1%	277	1%
Asthma	1	0%	1	0%	2	0%	54	0%
All Deaths	1,462	100%	1,102	100%	2,564	100%	46,497	100%
Those aged 75 and over	527	33%	433	41%	960	36%	19,099	36%
Those aged less than 75	239	20%	159	18%	398	19%	7,441	16%
All Deaths	1,462	100%	1,102	100%	2,564	100%	46,497	100%

The causes of death are very similar for Glastonbury and Street combined and Somerset as a whole.

Figure 5: Deaths by cause 2004-2008 Glastonbury and Street

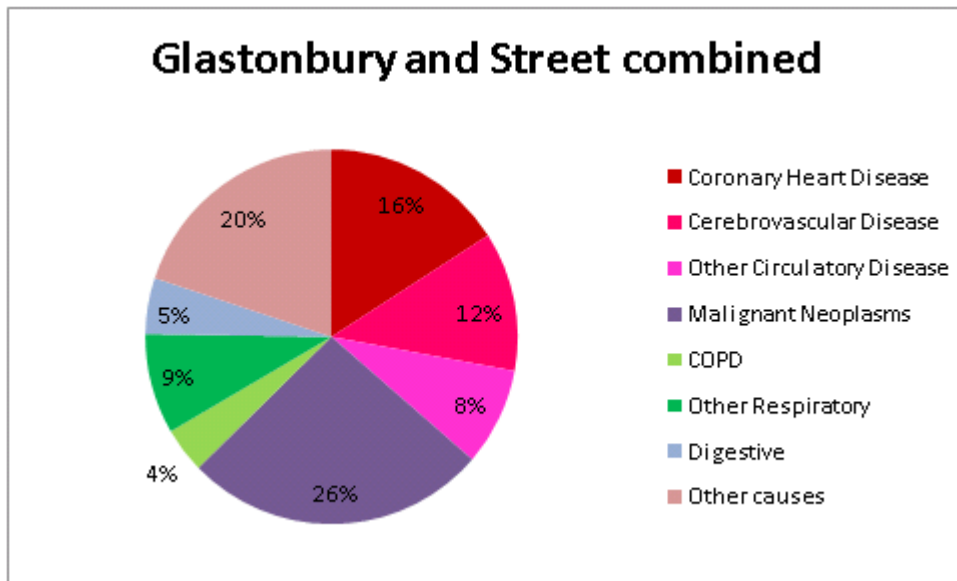


Figure 6: Deaths by cause 2004-2008 Somerset

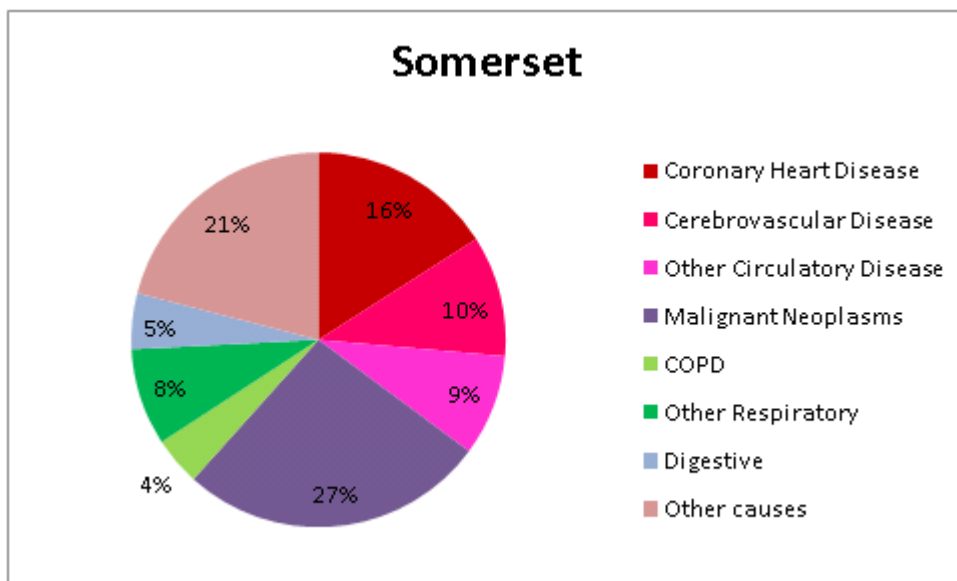


Table 14: Life expectancy at birth (years) 2004-2008

	Glastonbury	Street	Glastonbury and Street combined	Somerset
Life expectancy at birth (Females)	82.5	82.6	82.5	83.5
Life expectancy at birth (Males)	79.7	80.3	80.0	79.6

There are no significant differences in life expectancy between Glastonbury and Street and Somerset as a whole, however there are defined differences between wards, with Glastonbury St Benedict's significantly below Glastonbury St Mary's for both males and females.

Figure 7: Life expectancy

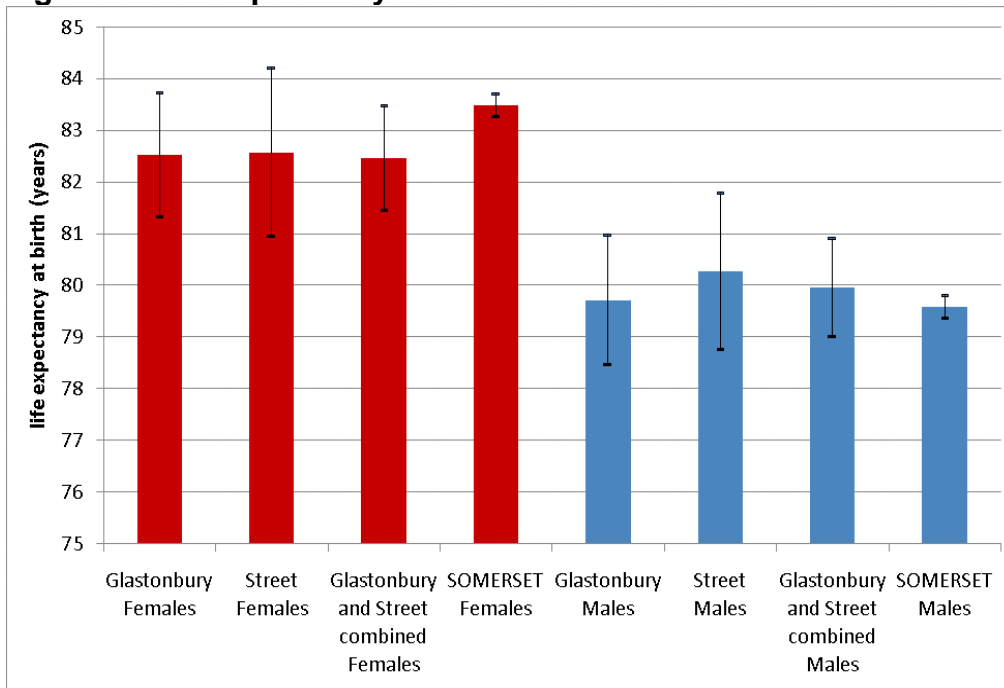


Figure 8: Life expectancy by ward

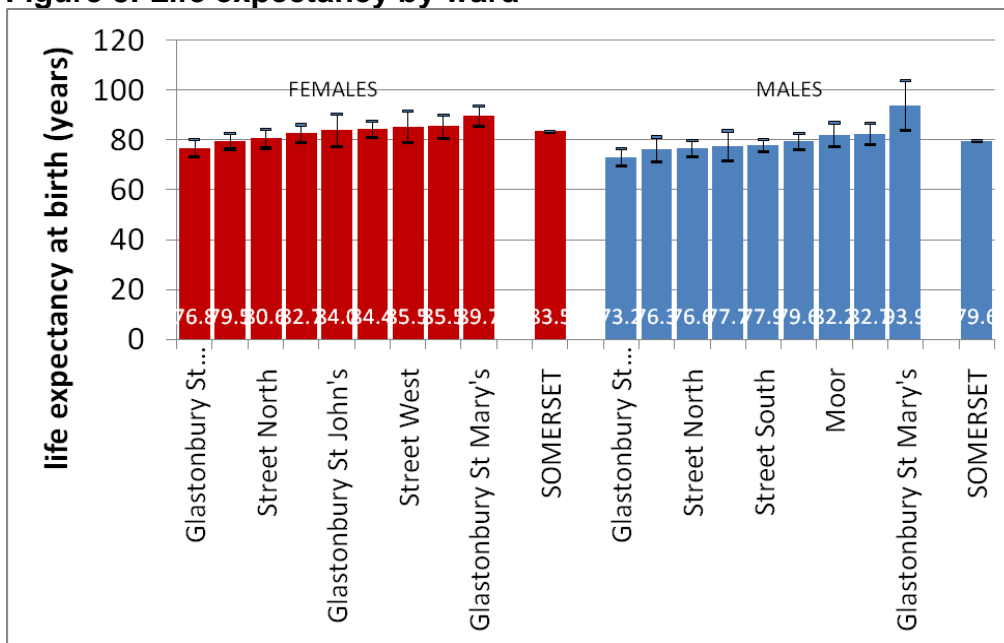


Table 15: Deaths at home 2004-2008

Number	Glastonbury	Street	Glastonbury and Street combined	Somerset
All causes	18.4%	17.7%	18.1%	18.8%
All cancers	23.9%	22.6%	23.3%	24.1%

The proportion dying at home is similar in Glastonbury and Street combined and Somerset as a whole.

Table 16: Deaths in a hospice 2004-2008

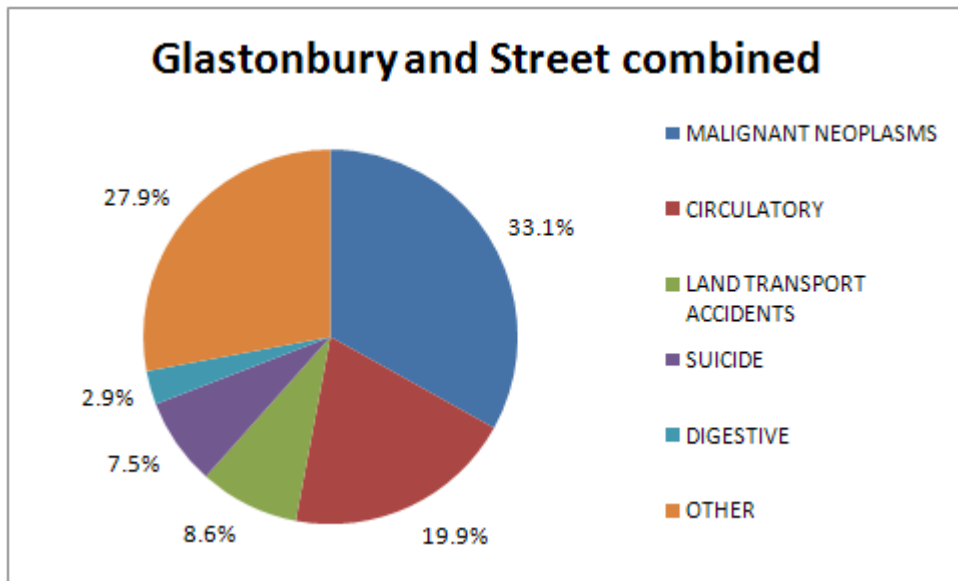
Number	Glastonbury	Street	Glastonbury and Street combined	Somerset
All causes	1.4%	3.9%	2.5%	5.3%
All cancers	5%	12%	8%	18%

The proportion dying in a hospice was lower in Glastonbury and Street combined than Somerset as a whole. The value was particularly low in Glastonbury.

Table 17: Premature deaths: years of life lost before the age of 75 2004-2008
(SYLL = standardised years of life lost per 10,000 population)

Underlying cause of death	Glastonbury		Street		Glastonbury and Street combined		Somerset	
	SYLL	% of total	SYLL	% of total	SYLL	% of total	SYLL	% of total
Malignant neoplasms	148.9	34%	139.1	32%	144.9	33%	136.7	36%
Circulatory	98.4	23%	68.8	16%	87.1	20%	69.1	18%
Land transport accidents	22.1	5%	58.6	13%	37.7	9%	25.3	7%
Suicide	46.6	11%	14.8	3%	33.0	8%	24.3	6%
Digestive	14.1	3%	10.7	2%	12.8	3%	23.6	6%
Nervous	16.9	4%	10.0	2%	14.0	3%	18.3	5%
Respiratory	6.4	1%	14.7	3%	9.8	2%	17.6	5%
Mental health	13.4	3%	4.2	1%	9.6	2%	9.9	3%
Congenital malformations	18.6	4%	19.0	4%	19.9	5%	7.6	2%
Endocrine	6.9	2%	0.3	0%	4.4	1%	6.8	2%
Symptoms	3.9	1%	7.9	2%	5.4	1%	5.7	1%
Infections	4.8	1%	25.7	6%	14.7	3%	5.5	1%
Other neoplasms	7.6	2%	4.4	1%	6.4	1%	4.4	1%
Genitourinary	3.7	1%	4.2	1%	3.8	1%	3.2	1%
Musculoskeletal	0.8	0%	23.7	5%	9.0	2%	2.5	1%
Falls	0.3	0%	0.0	0%	0.1	0%	2.3	1%
Other	19.2	4%	31.8	7%	25.1	6%	18.9	5%
All causes	432.7	100%	437.8	100%	437.8	100%	381.8	100%
Lung cancer	17.9	4%	18.2	4%	17.8	4%	21.3	6%
Breast cancer	25.0	6%	16.4	4%	21.5	5%	15.1	4%
Colorectal cancer	20.9	5%	6.5	1%	15.1	3%	11.8	3%
Leukaemia	1.0	0%	3.2	1%	2.0	0%	6.0	2%
Cervical cancer	1.7	0%	0.0	0%	1.0	0%	1.8	0%
Coronary heart disease	31.5	7%	34.3	8%	32.7	7%	34.7	9%
Stroke	22.4	5%	10.6	2%	17.8	4%	14.4	4%
Hypertensive disease	1.3	0%	6.2	1%	3.3	1%	1.8	0%
Chronic liver disease and cirrhosis	10.5	2%	4.2	1%	8.0	2%	14.1	4%
Epilepsy	3.5	1%	0.0	0%	2.1	0%	3.9	1%
COPD	2.7	1%	10.2	2%	5.8	1%	7.5	2%
Pneumonia	2.0	0%	0.8	0%	1.5	0%	5.7	2%
Asthma	0.0	0%	1.1	0%	0.5	0%	1.2	0%
Diabetes	4.3	1%	0.3	0%	2.7	1%	3.1	1%

**Figure 9: Premature deaths: years of life lost before the age of 75
2004-2008 Glastonbury and Street**



**Figure 10: Premature deaths: years of life lost before the age of 75
2004-2008 Somerset**

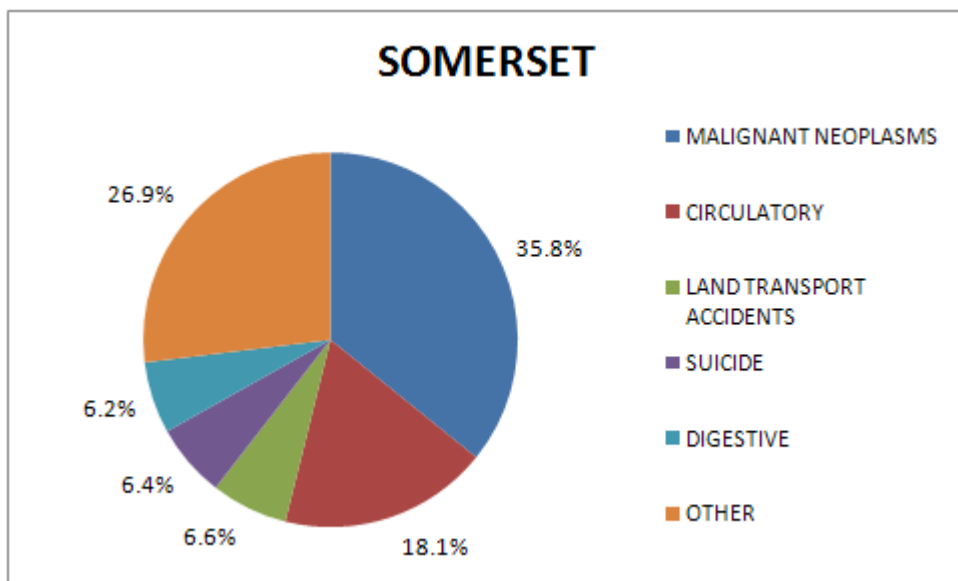


Table 18: Cancer screening 2007/8

Area	Glastonbury	Street	Glastonbury and Street combined	Somerset	England
Breast screening: proportion of women aged 53-64 screened in the last 3 years	75.4%	83.0%	78.4%	82.7%	76.7%
Cervical screening: proportion of women aged 25-64 screened within the last 5 years	80.1%	78.2%	79.3%	81.7%	78.6%
Cervical screening: proportion of women aged 25-49 screened within the last 3 years	66.0%	63.7%	65.1%	67.0%	69.3%*
Cervical screening: proportion of women aged 50-64 screened within the last 5 years	78.4%	78.1%	78.3%	82.7%	80.5%
Cervical screening: proportion of inadequate smears	1.9%	2.9%	2.3%	3.0%	2.9%

*Reported as less than 3 or 3.5 years for England only

The coverage of screening is lower in Glastonbury and Street combined compared to Somerset as a whole.

Glastonbury has a higher uptake of cervical screening for both age categories compared to Street, but Street has a higher uptake of breast cancer screening.

Table 19: Immunisations 2007/8

Vaccination			Glastonbury	Street	Glastonbury and Street combined	Somerset	England
by 1st birthday	DTaP/IPV/Hib	Primary	87.2%	94.4%	90.5%	93.7%	91.3%
	Men C	Primary	85.9%	91.3%	88.4%	93.4%	90.3%
	PCV	Primary	84.5%	94.0%	89.1%	90.0%	83.7%
by 2nd birthday	DTaP/IPV/Hib	Primary	85.9%	96.7%	91.4%	96.1%	93.6%
	MMR	Primary	77.2%	85.0%	81.1%	85.2%	84.6%
	Men C	Primary	85.2%	96.1%	90.7%	95.8%	93.2%
by 5th birthday	DTP	Primary	93.0%	95.3%	94.0%	95.7%	92.6%
	DTPPol	Booster	80.7%	79.5%	80.2%	85.0%	77.5%
	HiB	Primary	91.8%	93.7%	92.6%	94.5%	91.2%
	MMR	1st dose	83.0%	90.6%	86.2%	89.7%	87.0%
	MMR	1st and 2nd dose	76.0%	78.0%	76.8%	79.5%	73.6%
65 and over	Influenza					74.2%	73.5%

The vaccine uptake in Street is similar to Somerset as a whole, but the uptake in Glastonbury is lower.

The uptake in Glastonbury is up to 11% lower than that in Somerset.

Table 20: Lifestyle 2008

Coverage	Glastonbury	Street	Glastonbury and Street combined	Somerset
Smoking prevalence 16+	16.8%	14.1%	15.8%	15.5%
Smoking 4 week quit rate	52.6%	42.2%	48.8%	54.6%
Smoking 52 week quit rate	18.5%	20.9%	19.3%	21.0%
Obesity prevalence 16+	25.1%	34.7%	27.5%	29.0%

The smoking prevalence is similar in Glastonbury and Street combined and Somerset as a whole, but the rate is slightly higher in Glastonbury than Street. The smoking quit rates are slightly lower in Glastonbury and Street combined compared to Somerset.

Table 21: Alcohol related conditions April 2006 to February 2009

	Glastonbury	Street	Glastonbury and Street combined	Somerset	England*
Alcohol specific admissions per year	49	21	70	1,489	
rate per 100,000 per year	247	174	217	264	
Alcohol related admissions per year	254	196	451	8,703	
Rate per 100,000 per year	1,142	1,191	1,164	1,238	1,473

*Rate in 2007/8

The rates are very slightly lower in Glastonbury and Street compared to Somerset as a whole. The rate in Somerset is lower than the national rate.

Obesity

About a third of adults in Street have a Body Mass Index (BMI - a measure of someone's weight in relation to height) of 30 or more. This rate is higher than that in Glastonbury, and also higher than Somerset as a whole. However, this must be interpreted with caution due to low coverage of measurement in the population.

Table 22: Obesity

Childhood obesity NCMP survey 2008	Glastonbury	Street	Glastonbury and Street combined	Somerset*
Number of children in Reception who were measured and found Obese	5	8	13	373
Number of children in Reception who were measured	129	118	247	4,581
Proportion of children in Reception who are Obese	3.9%	6.8%	5.3%	8.1%
Number of children in Yr 6 who were measured and found Obese	10	18	28	747
Number of children in Yr 6 who were measured	103	122	225	4,927
Proportion of children in Yr 6 who are Obese	9.7%	14.8%	12.4%	15.2%

* All children at Somerset schools, they might live outside Somerset.

The Somerset figures are for all children at Somerset schools, the Glastonbury and Street figures are for children living in those areas.

Table 23: Mental Health

MENTAL HEALTH Quality Outcomes Framework (QOF) care indicator	Glastonbury	Street	Glastonbury and Street combined	Somerset
DEP 1: The percentage of patients with diabetes and/or heart disease for whom case finding for depression has been undertaken on one occasion during the previous 15 months using the two standard screening questions	93%	81%	88%	89%
DEP 2: In those patients with a new diagnosis of depression, recorded between the preceding 1 April and 31st March, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care	93%	93%	93%	92%
MH 8. The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses. (size of register)	194	64	258	4,048
MH 9. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a review recorded in the preceding 15 months. In the review there should be evidence that the patient has been offered routine health promotion and prevention advice appropriate to their age, gender and health status	93%	96%	94%	95%
MH 4. The percentage of patients on lithium therapy with a record of serum creatinine and Thyroid Stimulating Hormone (TSH) in the preceding 15 months	100%	100%	100%	98%
MH 5. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months	100%	100%	100%	92%
MH6: The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate	89%	90%	89%	88%
MH7: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance	100%	100%	100%	99%

CHILDREN AND YOUNG PEOPLE'S SERVICES

Table 24: Number of children in need

	Glastonbury	Street	Glastonbury and Street	Somerset	National
Rate per 10,000 children aged 0 – 17 years	334	232	275	263	N/A
Actual number of children	80	77	157	2,894	N/A

In Glastonbury, the number of children in need as a rate per 10,000 aged 0-17 is 334. This is higher than the rate of 232 in Street. The combined rate for Glastonbury and Street is 275, slightly higher than the Somerset figure of 263.

Table 25: Number of children looked after (rate per 10,000 children aged 0 – 17 years)

	Glastonbury	Street	Glastonbury and Street	Somerset	National
Rate per 10,000 children aged 0 – 17 years	33	18	24	36	54
Actual number of children	8	6	14	400	N/A

There were 400 children looked after in Somerset at 31 March 2009, which is a rate of 36 per 10,000 population aged 0 – 17 years. The rate for Glastonbury is 33 (actual number of children is 8) and the rate for Street is 18 (actual number of children is 6) giving a combined rate of 24. Both areas are much lower than the national rate of 54 children looked after per 10,000 children aged 0 – 17 years.

Table 26: Number of children with a Child Protection Plan 2008/09 (Rate Per 10,000)

	Glastonbury	Street	Glastonbury and Street	Somerset	National
Rate per 10,000 children aged 0 – 17 years	58	9	29	21	26
Actual number of children	14	<5	17	230	N/A

There were 230 children in Somerset with a Child Protection Plan at 31 March 2009 giving a rate of 21 per 10,000 population aged 0 – 17 years . The rate in Glastonbury is 58 (actual number of children is 14) which is much higher than the rate of nine in Street (actual number of children is less than five), and the rate in Somerset, and nationally (26 children per 10,000 with a Child Protection Plan). Due to the small numbers of children with a child protection plan, it is necessary to be cautious when interpreting these statistics. The numbers vary over time, and one or two large families can have a significant impact on the rate of children with a child protection plan, especially when looking at small geographical areas.

Table 27: Pupils achieving 5 A* - C GCSEs including English and Mathematics 2007/08 AY**Based on school catchment:**

Glastonbury	Street	Glastonbury and Street	Somerset	National
54%	60%	57.7%	46.8%	47.6%

The percentage of pupils achieving five or more A*-C grade GCSEs in 2007/08 academic year was 54% in Glastonbury and 60% in Street. The combined percentage for Glastonbury and Street was 57.7%. This was higher than both the Somerset average of 46.8% and the national average of 47.6%. These figures are only for children educated in Local Authority schools.

Table 28: Based on pupil postcode:

Glastonbury	Street	Glastonbury and Street	Somerset	National
55.3%	57.4%	56.3%	46.8%	47.6%

The percentage of pupils achieving five or more A*-C grade GCSEs in 2007/08 academic year was 55.3% in Glastonbury and 57.4% in Street. The combined percentage for Glastonbury and Street was 56.3%. This was higher than both the Somerset average of 46.8% and the national average of 47.6%. These figures are only for children educated in Local Authority schools.

Percentage of pupils absent from school 2007/08 AY**Table 29: Based on school catchment:**

Glastonbury	Street	Glastonbury and Street	Somerset	National
8.1%	6.6%	7.2%	7.1%	7.4%

Glastonbury had a high level of pupil absence in 2007/08 academic year at 8.1%. This was higher than the Somerset average of 7.1% and the national average of 7.4%. The level of pupil absence in Street was lower than both Somerset and the national average at 6.6%. The combined pupil absence for Glastonbury and Street was broadly in line with the Somerset and national average at 7.2%.

Table 30: Based on pupil postcode:

Glastonbury	Street	Glastonbury and Street	Somerset	National
7.8%	6.8%	7.2%	7.1%	7.4%

Glastonbury had a higher level of pupil absence in 2007/08 academic year at 7.8%. This was higher than the Somerset average of 7.1% and the national average of 7.4%. The level of pupil absence in Street was lower than both Somerset and the national average at 6.6%. The combined pupil absence for Glastonbury and Street was broadly in line with the Somerset and national average at 7.2%.

Table 31: Percentage of pupils who were persistently absent from school 2007/08 AY (Based on school catchment)

Glastonbury	Street	Glastonbury and Street	Somerset	National
8.6%	5.8%	6.9%	6%	6.6%

The level of persistent absence in Street in 2007/08 academic year was 5.8% which was lower than the Somerset average of 6% and the national average of 6.6%. Glastonbury and Street combined was slightly higher at 6.9% and Glastonbury alone was higher again at 8.6%.

Table 32: Number of permanent exclusions 2008/09 AY (Based on school catchment)

	Glastonbury	Street	Glastonbury and Street	Somerset	National
Rate per 100 pupils on roll	0.16	0.28	0.23	0.22	N/A

The rate of fixed term exclusions for Glastonbury is 0.16 and 0.28 for Street. The combined rate is 0.23 which is slightly higher than the Somerset rate of 0.22 (total permanent exclusions 51). Given the low numbers of permanent exclusions it is not a sufficient sample size to make meaningful conclusions. The number of exclusions can be influenced by each school's policy and may not necessarily be a reflection of wider social issues.

Table 33: Number of fixed term exclusions 2008/09 AY (Rate per 100 pupils on roll) (Based on school catchment)

	Glastonbury	Street	Glastonbury and Street	Somerset	National
Rate per 100 pupils on roll	7.67	10.86	9.68	11.47	N/A
Actual number of exclusion	49	118	167	2610	N/A

The rate of fixed term exclusions for Glastonbury is 7.67 (49 fixed term exclusions) and 10.86 for Street (118 fixed term exclusions). The combined rate was 9.68, lower

than the Somerset rate of 11.47 (total number of fixed term exclusions in Somerset during 2008/9 was 2,610).

Table 34: Number of referrals to Somerset Youth Offending Team 2008/9

	Glastonbury	Street	Glastonbury and Street	Somerset
Rate per 10,000 population aged 0-17	163	148	154	186
Actual number of referrals	39	49	88	2,045

The rate of referrals is slightly higher in Glastonbury than in Street but both areas are lower than the Somerset average. This data is a count of actual referrals and in some cases includes multiple referrals for the same individual.

ADULT SOCIAL CARE

Summary/Overview July 2008 – June 2009

This information concerning adult social care focuses on the Somerset towns of Glastonbury and Street and the identical super output area codes, as employed by health, were used for the analysis. Accordingly we were able to identify those clients resident in either Glastonbury or Street.

The following tables under the adult social care heading illustrate

- The number of clients assessed by Somerset Adult Social Services and those who went on to receive services during the period 1 July 2008 to 30 June 2009.
- The number of clients in residential or nursing care at 30 June 2009. Results are categorised by age banding and client type.

Table 35: Number of clients assessed/receiving services as percentage of the population

All Clients 18+	Glastonbury	Street	Glastonbury & Street	Somerset
Number of clients assessed 18+	468	430	898	15,941
Population 18+	10,728	10,159	20,887	421,530
% Population assessed 18+	4.36%	4.23%	4.30%	3.78%
Number of clients receiving services 18+	254	246	500	8,573
Population 18+	10,728	10,159	20,887	421,530
% Population receiving services 18+	2.37%	2.42%	2.39%	2.03%
Clients 18-64	Glastonbury	Street	Glastonbury & Street	Somerset
Number of clients assessed 18-64	107	88	195	3,076
Population 18-64	8,313	7,821	16,134	314,130
% population assessed 18-64	1.29%	1.13%	1.21%	0.98%
Number of clients receiving services 18-64	45	30	75	1,058
Population 18-64	8,313	7,821	16,134	314,130
% Population receiving services 18-64	0.54%	0.38%	0.46%	0.34%
Clients 65+	Glastonbury	Street	Glastonbury & Street	Somerset
Number of clients assessed 18-64	361	342	703	12,865
Population 65+	2,415	2,338	4,753	107,400
% Population assessed 65+	15%	15%	15%	12%
Number of clients receiving services 65+	209	216	425	7,515
Population 65+	2,415	2,338	4,753	107,400
% Population receiving services 65+	9%	9%	9%	7%

The percentage of clients 18+ assessed by Somerset adult social services in Glastonbury and Street is higher than that of Somerset overall. Correspondingly the number of clients who went on to receive community services is also above the Somerset average for these towns. It is most significant in the 65+ age group, where 3% more clients were assessed and received services than Somerset overall.

Table 36: Number of clients age 18+ assessed/receiving community services per client group

All clients 18+ receiving an assessment 01/07/2008-30/06/2009	Glastonbury	Street	Glastonbury and Street combined	Somerset
Physical disability, fragility and sensory impairment				
Number of clients assessed	414	383	797	14,310
Number of clients receiving community services	228	226	454	8,015
% Assessed receiving services	55%	59%	57%	56%
Learning disability				
Number of clients assessed	13	10	23	299
Number of clients receiving community services	12	10	22	257
% Assessed receiving services	92%	100%	96%	86%
Mental health				
Number of clients assessed	11	8	19	228
Number of clients receiving community services	10	7	17	209
% Assessed receiving services	91%	88%	89%	92%
Substance Misuse				
Number of clients assessed	0	0	0	0
Number of clients receiving community services	0	0	0	0
% Assessed receiving services	0%	0%	0%	0%
Other Vulnerable People*				
Number of clients assessed	30	29	59	1,104
Number of clients receiving community services	<5	<5	7	92
% Assessed receiving services	13%	10%	12%	8%
Total clients assessed 18+	468	430	898	15,941
Total clients assessed receiving services	254	246	500	8,573
Total % assessed receiving services	54%	57%	56%	54%

*Includes carers assessments

When all clients 18+ are separated by primary category type, it is apparent that there are a higher percentage of clients receiving services in Glastonbury and Street within the learning disability and vulnerable people category.

Of the combined total of 59 vulnerable people receiving an assessment, 53 were carers' assessments compared to Somerset 1,104 vulnerable people assessments of which 956 were carers' assessments.

Table 37: Number of clients aged 18-64 assessed/receiving community services per client group

All clients 18-64 receiving an assessment 01/07/2008-30/06/2009	Glastonbury	Street	Glastonbury and Street combined	Somerset
Physical disability, fragility and sensory impairment				
Number of clients assessed	79	59	138	2,200
Number of clients receiving community services	33	22	55	789
% Assessed receiving services	41%	37%	40%	40%
Learning disability				
Number of clients assessed	11	8	19	267
Number of clients receiving community services	10	8	18	226
% Assessed receiving services	91%	100%	95%	85%
Mental health#				
Substance Misuse#				
Other Vulnerable People*				
Number of clients assessed	17	20	37	583
Number of clients receiving community services	<5	0	<5	26
% Assessed receiving services	-	0%	-	4%
Total clients assessed 18-64	107	88	195	3,076
Total clients assessed receiving services	45	30	75	1,058
Total % assessed receiving services	42%	34%	38%	34%

*Includes carers assessments

#details on Mental Health and Substance Misuse are omitted to suppress small identifiable numbers – there are very few such assessments in Glastonbury and Street.

Of the combined total of 37 other vulnerable people assessments in Glastonbury and Street, 36 were carers' assessment compared to Somerset overall, 583 other vulnerable people assessed of which 513 were carers' assessments.

Table 38: Number of clients age 65+ assessed/receiving community services per client group

.All clients 65+ receiving an assessment 01/07/2008-30/06/2009	Glastonbury	Street	Glastonbury and Street combined	Somerset
Physical disability, fragility and sensory impairment				
Number of clients assessed	335	324	659	12,110
Number of clients receiving community services	195	204	399	7,226
% Assessed receiving services	58%	63%	61%	60%
Learning disability				
Number of clients assessed	<5	<5	<5	32
Number of clients receiving community services	<5	<5	<5	31
% Assessed receiving services	100%	100%	100%	97%
Mental health				
Number of clients assessed	11	7	18	202
Number of clients receiving community services	10	7	17	192
% Assessed receiving services	91%	100%	94%	95%
Substance Misuse#				
Other Vulnerable People*				
Number of clients assessed	13	9	22	521
Number of clients receiving community services	<5	<5	5	66
% Assessed receiving services	-	-	23%	13%
Total clients assessed 65+	361	342	703	12,865
Total clients assessed receiving services	209	216	425	7,515
Total % assessed receiving services	58%	63%	60%	58%

*Includes carers' assessments

#details on Substance Misuse are omitted to suppress small identifiable numbers – there are very few such assessments in Glastonbury and Street

For the 65+ client group, the percentage of other vulnerable people assessed and receiving services is considerably higher in Glastonbury and Street than the Somerset figure. Of the 22 vulnerable people assessed 17 were carers' assessments, compared to Somerset overall with 521 other vulnerable people assessed, of which 443 were carers' assessments

Table 39: Number of clients 18+ receiving residential or nursing care at 30 June 2009 as percentage of the population

All Clients 18+	Glastonbury	Street	Glastonbury & Street	Somerset
Number of clients in residential or nursing care	79	42	121	2,522
Population 18+	10,728	10,159	20,887	421,530
% population in residential or nursing care	0.74%	0.41%	0.58%	0.60%

Clients 18-64			Glastonbury & Street	Somerset
Number of clients in residential or nursing care			10	449
Population 18-64			16,134	314,130
% population in residential or nursing care			0.06%	0.14%

Clients 65+			Glastonbury & Street	Somerset
Number of clients in residential or nursing care			111	2,073
Population 65+			4,753	107,400
% population in residential or nursing care			2%	2%

Figures for Glastonbury and Street separately are suppressed because of small numbers.

For all clients 18+ the overall percentage of clients in residential and nursing care is slightly lower in Glastonbury and Street combined at 0.58% than for Somerset overall which is 0.60%.

However, further analysis reveals that the percentage of those in residential and nursing for Glastonbury alone at 0.74%, is actually higher than the Somerset overall figure. These figures emanate from the 65+ client category where the percentage of those in residential and nursing care in Glastonbury is about one and half times that of the Somerset figure overall. For Street, the percentage of those in clients 65+ in residential or nursing care is similar to that for Somerset overall.

Table 40: Number of clients age 18+ receiving residential or nursing care per client group

All clients 18+ in Residential or Nursing Care at 30/06/2009	Glastonbury	Street	Glastonbury and Street combined	Somerset
Physical disability, fragility and sensory impairment				
Residential	29	23	52	1,015
Nursing	34	16	50	885
Total	63	39	102	1900
As a percentage of all Somerset	3.32%	2.05%	5.37%	100%
Rate per 1000 population	5.87%	3.84%	4.88%	4.51%
Learning disability				
Residential	<5	<5	10	324
Nursing	0	0	0	24
Total	<5	<5	10	348
As a percentage of all Somerset	2.59%	0.29%	2.87%	100%
Rate per 1000 population	0.84%	0.10%	0.48%	0.83%
Mental health#				
Rate per 1000 population	0.56%	0.20%	0.38%	0.59%
Substance Misuse#				
Other Vulnerable People#				
Rate per 1000 population	0.09%	0%	0.05%	0.06%
Total clients 18+ in residential care	40	26	66	1,528
Total clients 18+ in nursing care	39	16	55	994
Total clients 18+ in residential or nursing care	79	42	121	2522
As a percentage of Somerset total	3.13%	1.67%	4.80%	100%
Rate per 1000 Population	7.36%	4.13%	5.79%	5.98%

#details are omitted to suppress small identifiable numbers – there are very few such assessments in Glastonbury and Street.

The breakdown by client group of all clients 18+ shows that in Glastonbury there is a higher percentage of clients per 1000 population, with a physical disability, in residential or nursing care (5.87%) than in Somerset overall (4.51%). For the other client groups, the rate per 1000 population is generally the same in Glastonbury as the Somerset overall figure. For Street this figure is consistently lower than the Somerset percentage.

Table 41: Number of clients age 18-64 receiving residential or nursing care per client group

All clients 18-64 in Residential or Nursing Care at 30/06/2009	Glastonbury	Street	Glastonbury and Street combined	Somerset
Total clients 18-64 in residential care	-	-	9	377
Total clients 18-64 in nursing care	0	<5	<5	72
Total all clients 18-64 in residential or nursing care	-	-	10	449
As a percentage of Somerset total	1.78%	0.45%	2.23%	100%
Rate per 1000 Population	0.96%	0.26%	0.62%	1.43%

There are no significant differences between the Somerset overall figure and those of Glastonbury and Street in the 18-64 client groups receiving residential or nursing care. For all client groups the rate per 1000 population is lower in both Glastonbury and Street than for Somerset overall.

Table 42: Number of clients age 65+ receiving residential or nursing care per client group

All clients 65+ in Residential or Nursing Care at 30/06/2009	Glastonbury	Street	Glastonbury and Street combined	Somerset
Physical disability, fragility and sensory impairment				
Residential	29	22	51	973
Nursing	34	15	49	833
Total	63	37	100	1806
As a percentage of Somerset total	3.49%	2.05%	5.54%	100%
Rate per 1000 population	26.09%	15.83%	21.04%	16.82%
Learning disability				
Rate per 1000 population	0.41%	0.43%	0.42%	0.45%
Mental health				
Rate per 1000 population	2.48%	0.86%	1.68%	1.82%
Substance Misuse				
Rate per 1000 population	0%	0%	0%	0%
Other Vulnerable People				
Rate per 1000 population	0.41%	0.0%	0.21%	0.21%
Total clients 65+ in residential care	32	25	57	1,151
Total clients 65+ in nursing care	39	15	54	922
Total all clients 65+ in residential or nursing care	71	40	111	2073
As a percentage of Somerset total	3.42%	1.93%	5.35%	100%
Rate per 1000 Population	29.40%	17.11%	23.35%	19.30%

As noted in Table 42, for clients 65+ the rate per 1000 population in residential or nursing care is higher in Glastonbury than for Somerset overall. A breakdown of the data by client group shows that these figures are mainly derived from those with a physical disability.

The rate per 1000 population in Glastonbury is much higher than for Somerset overall. For Street, in all client groups, the rate of those in residential or nursing care per 1000 population is lower than the Somerset figure.

HEALTH AND WELLBEING – GLASTONBURY AND STREET

This section identifies issues that have been raised from the 'Met Need' data and examines them in more detail. It also focuses on specific projects and services that are working to improve health and wellbeing within both communities.

DIABETES

Diabetes is a condition which is increasing in both incidence and prevalence. Life expectancy is reduced, on average, by:

- At least 15 years in people with type 1 diabetes
- Five years for males and seven years for females with type 2 diabetes (at age 55 years).

The increase in type 2 diabetes is closely associated with rising obesity, with 47% of cases estimated to be attributable to obesity. The risk of developing type 2 diabetes is almost 13 times greater in obese women than women of normal weight, and five times greater for men. Diabetes is also more common in areas of greater deprivation, in people with a family history of the disease, in older people and some ethnic minority populations. Around 2000 people in Glastonbury and Street combined have diabetes, of which about 90% will be type 2.

Diabetes carries with it significant risks of complications:

- Adults with diabetes have heart disease death rates about two to four times higher than adults without diabetes.
- Diabetes is the single largest cause of blindness in the UK.
- The risk for stroke is two to four times higher among people with diabetes.
- Diabetes is the most common cause of non-traumatic lower limb amputation. 15% of people with diabetes develop foot ulcers and 5% to 15% of people with diabetic foot ulcers need amputations.
- Diabetes has become the single most common cause of kidney failure.
- Diabetic neuropathy, or nerve damage, affects about 60% to 70% of people with diabetes, ranging from mild to severe forms of nervous system damage.

Early diagnosis and treatment can reduce the risk of complications. 50% of people with type 2 diabetes have complications on diagnosis, which could have been prevented if diabetes had been detected earlier.

Based on modelled data southern west Mendip would appear to have 27% of actual diabetes cases undetected, but with marked differences between Street and Glastonbury; the former at a level of 10% and the latter at 38%. This compares with 22% for the county and 14% for England.

Over the next few years the new NHS Health Checks programme will call all 40-74 year olds for a health check that will include diabetes detection, which should reduce the proportion of undetected cases. In the interim, GPs, particularly in Glastonbury practices, should consider seeking out undetected cases by screening obese patients for type 2 diabetes. It is important to note that type 2 diabetes is to a degree preventable by lifestyle interventions.

- Diabetes is approximately three times more common in people who have gained around 10kg in weight during adulthood than in those who maintain their weight.
- The risk of developing type 2 diabetes is increased by 30-40% in sedentary people, compared with people who are regularly physically active.
- Lifestyle interventions (such as exercise combined with dietary advice) have been found to reduce the incidence of diabetes by 58%.
- For people who are obese, losing a fairly modest amount of weight (up to 10kg) has been shown to reduce diabetes-related mortality by 30-40%.

People who are overweight or obese, and particularly if they have a family history of diabetes, can substantially reduce their risk of developing the condition if they lose some weight and adopt a more active lifestyle.

(Source: <http://www.yhpho.org.uk/resource/view.aspx?RID=9745>)

DEMENTIA

Based on modelled data this area appears to have more undiagnosed dementia than in the county as a whole (71% v 62%). Dementia is largely a disease of old age in the Street and Glastonbury areas and as the population of both areas ages, so the number of cases is projected to increase by some 61%, from 104 known cases in 2008 to 167 known cases in 2023. Such increases have significant implications for health and social care services in the coming decades. Currently only about one-third of people with dementia receive a formal diagnosis at any time in their illness. When diagnoses are made, it is often too late for those suffering from the illness to make choices. Further, diagnoses are often made at a time of crisis; a crisis that could potentially have been avoided if diagnosis had been made earlier. A core aim of the National Dementia Strategy is therefore to ensure that effective services for early diagnosis and intervention are available for all on a nationwide basis. There is evidence that such services are cost effective, but will require extra initial local investment to be established.

NHS Somerset has made early identification of people with dementia one of its World Class Commissioning priorities and is currently developing options for providing incentivised case finding, as part of a comprehensive Somerset Dementia

Strategy which will provide appropriate care pathways and services for dementia patients and their carers.

TEENAGE PREGNANCY

Teenage pregnancy is strongly associated with the most deprived and socially excluded young people with the negative consequences of teenage pregnancy being disproportionately concentrated among those that are already disadvantaged. Difficulties in young people's lives such as poor family relationships, low self-esteem and unhappiness at school put them at greater risk.

The Somerset target for 2010 is a 50% reduction of the under 18 conception rate from the 1998 baseline (38.8 per 1,000 females aged 15-17). The latest data for Somerset under 18 conceptions (2007) show a 7.8% reduction (35.8 per 1,000 females aged 15-17). The 2004 – 06 aggregated ward data is the latest data that has been released by the Office for National Statistics (ONS) which shows St Benedict's ward in Glastonbury has the highest rate in Somerset. The increase between 2000 – 2002 and 2004 – 2006 is 139%. The conceptions data cannot be grouped because the majority of the wards in the areas have suppressed data. However, during 2004-6 three wards were in the highest 20% nationally: Glastonbury St Benedict's; Glastonbury St John's and Street North.

More timely data is available by delivery data (see below) and can be used as a proxy indicator. Approximately 50% of conceptions, county wide, result in a termination of pregnancy.

Table 1: Number of teenage deliveries April 2000 to March 2009

	Glastonbury	Street	Glastonbury and Street combined	Somerset
Number of teenage deliveries April 2000 to March 2009	32	33	65	1,290
Estimated female population aged 15-17	2,230	3,662	5,892	89,350
Rate per 1000	14.3	9.0	11.0	14.4

The Teenage Pregnancy Partnership Board has identified key priorities for action: school based health clinics; improved sex and relationship education (S&RE); peer education; access to long acting reversible contraception (LARC); improved data. These priorities have been included in the refresh of the Local Area Agreement and the Somerset Children and Young People's Plan.

Crispin and St Dunstan's Schools have been provided with data and a letter (June 09) requesting that they work toward supporting the Teenage Pregnancy Strategy, including developing school based health clinics, targeted work and improving sex and relationship education.

Glastonbury has a number of services where young people can access contraception. St Dunstan's Community School has recently established a school based health clinic which provides information, advice and support on a wide range of health issues, including sexual health. The Local Service Team (LST) and the Somerset Community Health teams support the delivery of the clinic. Targeted girls group work is delivered within the school, focussing primarily on self esteem and is delivered by youth workers. There is also a Contraceptive and Sexual Health service (CASHs) led clinic operating from the Health Centre, Wells Road and a Young People's Drop-In at Glastonbury Surgery. All of these services operate once a week.

There is a young people's clinic based at Street Young People's Centre delivered by CASHs, once a week and has a doctor in attendance who is able to prescribe and administer a range of contraception. Students from Crispin School can access the clinic but need to seek permission to leave the school site.

The C-Card (Somerset condom distribution scheme) is available to young people at Street Young People's Centre, Strode College, Street Children's centre, Glastonbury Young People's Centres, Glastonbury Surgery, Robert Barton Trust, The Mendip Centre Pupil Referral Unit, and Somerset Youth Volunteering Network. Young people are able to sign up to the C-Card and receive information and condoms from trained staff.

Six staff from the LST will be attending a 'Delivering Good Practice in Key Stages 3&4' in the next six months. The training will include the opportunity to explore the 'Learning About Sexual Health In Somerset' (LASHIS) resource which includes a range of learning sessions that uses the county wide young people's sexual health branding.

Recent figures (June 09) show that young people are accessing free emergency hormonal contraception from Boots in Street and the pharmacy in Street Sainsbury's.

Young people can find information on local sexual health services and other related information at www.somersetcsh.co.uk

Priorities

There is a need for more meaningful data sharing between the Taunton and Somerset NHS Trust (midwifery data), NHS Somerset and Somerset County Council in order to establish who is getting pregnant and where. This will involve the formal sharing of named and postcoded data according to an agreed protocol.

There is a need to identify who are the most vulnerable young people/families are and to provide targeted interventions, in and out of school.

It is hoped that Crispin School works toward establishing a school-based health clinic on site. A Somerset toolkit for developing such services has been produced and has been widely distributed. Resources, including staffing, are available from Somerset Community Health and the Local Service Team.

OBESITY

Levels of obesity are rising rapidly. If the current increases continue at the same rate, it is estimated that by 2020 one third of adults, one third of girls and one fifth of boys will be obese. Overweight and obesity are conditions whereby weight gain (which is predominantly fat) has reached the point of endangering an individual's health. Overweight and obesity can have serious health consequences for children and adults.

There is no target in Somerset for the reduction in adult obesity and overweight. The focus is to support the Government's commitment made in *Healthy Weight Healthy Lives: A cross-Government strategy for England*:

“Our ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. Our initial focus will be on children: by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels”.

In Somerset the focus on obesity is through the Local Area Agreement (LAA) NI 56 – to halt the year on year rise in obesity among primary age children in Year 6. The target for 2008/09 was 14.86%. Vital Signs mirrors this target and also includes a target for participation rates by schools.

The table following shows that in Somerset, the adult obesity rate was 29% in 2008. It also highlights a difference between Street and Glastonbury rates.

Table 2: Adult Obesity

Coverage	Glastonbury	Street	Glastonbury and Street	Somerset
Proportion of population 16+ with known BMI	33.5%	17.2%	27%	30.1%
Obesity prevalence 16+	25.1%	34.7%	27.5%	29%

These figures in Table 2 are taken from GP recorded data and it can be seen that the overall percentage of patients with their BMI recorded is low at less than a third. It would be difficult to suggest a reason for this variation in obesity rates but it could be down to local routine recording of data which may not be happening consistently and the possibility that when it is done, that overweight and obese patients as a category, are weighed more often than those of a healthy weight. It could just be that Street residents are more obese than Glastonbury residents, however without complete data, conclusions are hard to make.

In support of the LAA target, NHS Somerset takes part in the National Child Measurement Programme where children in Reception and Year 6 routinely have their height and weight measured and their BMI is calculated. Data for 2007/08 shows that 8% of reception year and 15.2% of year 6 were obese. If this is broken down locally by Children's Centre areas it is notable that the Street area has a slightly higher rate of obesity in Year 6 at 14% compared to Glastonbury area of 12% but this is still lower than the Somerset average of 15.2%.

The Somerset Obesity Forum oversees the implementation of two care pathways that support the maintenance of a healthy weight for both children and young people and adults. Comprehensive action plans for both pathways are being implemented and this would include coverage in the Glastonbury and Street areas.

For example, the ProActive Physical Activity on Referral scheme saw 588 referrals in Mendip in 2008, 295 of included obesity as a reason for referral. Those who took part in the scheme in this area (104) went to approved leisure services in Glastonbury or Street with 32 in Glastonbury and 72 in Street respectively.

Active Somerset which is a physical activity programme designed to encourage community members to try new physical activity classes, set up new activities in both Glastonbury (nine) and Street (four). Many of these classes have been sustainable after the initial 12 weeks of project funding, although this has been an issue in Glastonbury for some of them.

Community food initiatives are prevalent in the Glastonbury and surrounding area with food cooperatives, food growing projects including allotments and community gardens and a community supported agriculture farm scheme just outside Glastonbury itself. This is further enhanced by the Glastonbury Transition Town group which has a particularly active food group. Restaurants and takeaways in Glastonbury are often vegetarian and offer healthier choices than those found in Street.

Priorities

To ensure that the NHS Fresh Steps Health Trainer Service which offers staff that can support an individual to make lifestyle changes, promotes itself fully in both Glastonbury and Street when it becomes operational in January 2010. Over half the referrals to the current service are for weight loss advice and support.

To ensure that Street and Glastonbury are included in the second phase of the referral to commercial slimming club scheme when it is rolled out in Somerset as both Slimming World and Weight Watchers do operate classes in either Glastonbury, Street or Wells.

To encourage the development of local initiatives to support the Change4Life programme which encourages a family based approach to healthier lifestyles.

Continue work on healthy weight healthy lives with all our key partners in Street and Glastonbury areas as a priority and establish any gaps in provision to support those who need help to maintain their weight.

SMOKING CESSATION

Smoking quit rates in Glastonbury and Street are somewhat lower than the county average (49% v 55%). Stop smoking advisors are available in each of the GP surgeries in the towns, and there is also an evening group session provided at the West Mendip Hospital site by the NHS Somerset Stop Smoking Service (SSSS) on Mondays. In addition there are morning and afternoon clinics provided at the hospital outpatients department by the SSSS. Recently, the Glastonbury Pharmacy (next to the surgery) has also begun to provide an advisor-based service.

In 2007/8 the surgeries were contracted to obtain 189 quitters. They achieved 53%. Performance between the surgeries varied substantially, with Glastonbury Health Centre over-achieving at 164%, Vine Surgery achieving 67% of target and Glastonbury Surgery achieving 26% of target. Mendip practices as a whole achieved 82% of their target.

In 2008/9 Glastonbury Health Centre achieved 147% of target (53/36), Vine Surgery 62% (48/78) and Glastonbury Surgery 24% (18/76). Glastonbury Surgery has since appointed a new advisor and current performance (2009/10) is much improved.

The actual success rates for the practices with patients in 2007/8 was around 50% for three of the practices, with Vine (Monro) having the slightly lower quit-rate of 32%.

Patients from these surgeries seen at West Mendip Hospital sessions have a 76% quit rate but the numbers seen are low compared to surgeries. This is a common pattern of success, probably due to the sessions being run by a stop smoking specialist, and the known greater efficacy of group therapy over one-to-one counselling.

Priorities

There is a need to maintain the excellent performance at Glastonbury Health Centre and the West Mendip Hospital sessions. Glastonbury Surgery has recently improved performance and is close to target, and needs to maintain or improve this level of success. The SSSS will work with the surgeries to ensure performance is maintained and improved where necessary.

It is worth noting that all provision in this locality is through clinical settings. It is known that many smokers prefer community settings, so there is scope to explore alternative or additional provision, particularly in Street where stop smoking services are only available at one location at present.

Improved marketing of the service in these localities may also be required, particularly aimed at recruiting population groups where smoking is more prevalent than the local average, such as manual workers and young adults.

CERVICAL AND BREAST SCREENING

Cervical Screening

Cervical screening coverage rates across NHS Somerset have declined over the last three years although they remain above the national target of 80%. The coverage rates across Somerset and each of the practices in Glastonbury and Street, over the past five years, are given in the table following.

Table 3: Coverage rates for cervical screening – Glastonbury and Street

GP Practice	Screened in past five years (Women aged 25-64)				
	04/05	05/06	06/07	07/08	08/09
Somerset	82.9%	83.2%	82.6%	81.7%	81.9%
Glastonbury Health Centre, Glastonbury	77.8%	80.3%	78.9%	78.1%	80.4%
The Glastonbury Surgery, Glastonbury	79.5%	81.7%	82.4%	81.3%	82.5%
Vine Surgery, Street - Dr Davies	81.8%	80.2%	79.2%	78.2%	78.6%
Vine Surgery, Street - Dr Monro	81.8%	81.1%	78.6%	78.0%	79.6%

Cervical screening rates are higher in Glastonbury than in Street. Further analysis of the cervical screening rates reveals that in the 25-49 age group rates have been rising steadily over the past five years as the interval period for smears in this age group changed from five years to three years and that this pattern has been observed across all four practices. For 50-64 year olds the rates have been more stable as the interval period has remained at five years although both Street practices have seen a slight decline in coverage.

Breast Screening

Breast screening rates across NHS Somerset have remained at around 82.5% for the last three years which is consistently higher than that recorded across England as a whole which was 76.7% in April 2008. Wide practice variations result due to the way in which the van operates making it difficult to compare breast screening at a practice level at a given point in time. Rates will be highest for each practice immediately following the visit from the breast screening van after which rates will decline until the next visit.

The highest recorded breast screening coverage for each of the practices in Glastonbury and Street, over the past five years, is given in the following table.

Table 4: Coverage rates for breast screening – Glastonbury and Street

GP Practice	Coverage (Women aged 53-64)
Glastonbury Health Centre, Glastonbury	68.0%
The Glastonbury Surgery, Glastonbury	81.8%
Vine Surgery, Street - Dr Davies	86.9%
Vine Surgery, Street - Dr Monro	84.5%
Glastonbury Health Centre, Glastonbury	68.0% (Lowest across county)
Westlake Surgery (Dr Cox), West Coker	90.3% (Highest across county)

There is a clear difference in coverage between the practices in Glastonbury and the higher rates observed in Street. In particular, Glastonbury Health Centre has the lowest coverage across the whole county which is nearly 10% lower than any other practice.

For both cervical and breast screening further work is needed to provide evidence as to why the rates differ although factors such as age, education level, deprivation and socio-economic class will all impact on coverage. In particular screening is less likely to be taken up in younger women, in women with learning disabilities and in minority ethnic groups. Practice policies and local promotion of breast screening will also impact on coverage and may help explain the difference in breast screening rates observed between the two Glastonbury practices which are likely to have similar populations.

Priorities

Further work is needed to provide evidence as to why the rates differ although factors such as age, education level, deprivation and socio-economic class will all impact on coverage.

IMMUNISATION

Immunisation is the process of acquiring protection against a particular disease by artificial means without having to suffer from the disease itself. Active immunity involves the administration of vaccines which stimulate our immune system to produce antibodies. More than one dose of a vaccine may be needed to ensure adequate immunity. Passive immunity involves the direct receipt of antibodies rather than requiring the body to produce them (for example, in a new-born baby when antibodies are passed from the mother).

If sufficient numbers of people are immunised against a disease, it makes it less likely for that disease to be transmitted to those who are unimmunised. The proportion of the population who need to be immunised against a particular disease to stop its transmission depends on the infectiousness of the disease, the effectiveness of the vaccine and other circumstances such as population mixing patterns. This threshold is referred to as herd immunity. It therefore provides a mechanism for indirect protection of those who cannot be vaccinated. Herd immunity applies only to diseases that are transmitted between humans.

The uptake of MMR has been increasing in Somerset and is now almost 87%. However this level is below the threshold required for herd immunity. Reports of measles and mumps in the UK have increased over the past year, and other parts of the country though have seen steep increases in measles cases. It is important to realise that measles can cause significant illness including death. Mumps has been

seen mostly in older children/young adults; this group had either received no MMR or only a single dose of MMR. While most cases of mumps tend to be mild, it is important to keep in mind that mumps was the single largest cause of viral meningitis before the introduction of the MMR vaccine. The MMR vaccine remains the best method of protection against measles, mumps and rubella and it is essential that children are immunised with two doses of the vaccine.

There has also been an increase in the number of whooping cough cases. This increase has been seen in both children and in adults. Most cases in children have occurred in those who have not been vaccinated and/or live in communities where vaccine uptake rates are low; it is therefore important to ensure that vaccination rates are increased in areas where uptake is low to protect against this disease.

Vaccine uptake in Street is similar to Somerset as a whole however uptake in Glastonbury is 11% lower for primary childhood immunisations.

The following key priorities are identified in the 2008/09 Public health report and it will be important to ensure that there is focus on uptake in the Glastonbury area.

Key priorities 2009/10

1. To support the development of a proactive, programme managed approach for immunisation, including plans to map current immunisation systems and practices across Somerset to identify any gaps, find ways of enabling feedback from parents and staff and through this improve performance.
2. To support the development of a new education and training programme for staff involved in immunisation services.
3. To ensure that the NHS Somerset Immunisation Strategy and Action Plan is developed which recognises the importance of easy access to services and in particular the needs of vulnerable and hard to reach groups.



ACTIVE LIVING

Although there are undoubtedly challenges associated with the proportion of Somerset's population who are aged over 65, it is important to recognise that there are also significant benefits. Older people in Somerset are more likely to undertake regular volunteering than younger residents, and are often the mainstay of the many clubs, groups, associations and societies that contribute so much to the quality of life in Somerset.

In some cases, older people are themselves designing and delivering the services they need to remain active and independent. Somerset was one of only 19 local authorities nationwide to be successful in bidding for two year Partnership for Older People (POPP) funding. Somerset County Council (SCC) received a total of £1.3m during 2006/07 and 2007/08 to develop services that would help older people to maintain their independence and reduce/delay their need for health and social care services. As a result of this funding 52 Active Living Centres were established throughout Somerset to provide a range of opportunities, some of which included:

- Informal drop in café style environments for people aged 50 plus
- Information on local services
- Healthy lunches
- An opportunity to meet and interact with other people in a group setting
- Activities that promote keeping active and healthy, for example, Tai Chi, walking groups, craft sessions, gardening groups.
- Information on healthy life styles and preventing long term illness and dependency – this was provided through the local authority's Active Living Partners within the District Council Lifestyles teams and NHS Somerset. Examples include stroke prevention, maintaining a healthy heart, blood pressure checks and testing for diabetes
- Drop in visits from neighbourhood police and community nurses
- Information and sign posting to other services.

Currently there are three active living groups in the Street area:

Crispin Community Focus – the building is managed through a group of Trustees who have responsibility for its function and development. Linda Stevens who is the Manager of the Centre oversees the use of the centre and the Active Living Opportunities. The Crispin group is a community based Active Living Centre and currently provides an excellent range of opportunities, these include five Tai Chi groups, one sewing group, one gardening club, a lunch group and coffee-morning sessions.

Within the last quarter – April 09 to June 09, 154 people attended activities linked to Active Living. This does not include people who ‘drop in’ for coffee or who attend the lunch club.

A small amount of core funding is provided by SCC to this group, £5,000 for the period April 2009 to March 2010. This funding is to cover room rental, volunteer expenses and insurance costs. The Active Living groups, which run from the centre are nearly all self-sustaining, however the rent is currently covered by the grant SCC has given to the Crispin Community Focus Centre. The Crispin centre has undergone a huge amount of change in the last year with the centre previously being run by another ‘not for profit’ group entitled ‘A Place to meet’. When this group ran out of funding the original Trustees of the building took back control and the Crispin Centre is now running on a voluntary basis. Mendip District Council has a branch office here and the CAB also operate from this building.

The Whithy’s Active Living Group - this group is hosted and supported by Mendip housing staff who run the group and on average has 18 people attending and many other people from the wider community join the group for activities. The group provides a full range of activities (details which can be found on the Somerset Active Living Web site) and the group is run as part of sheltered housing. It does however attract older people in the wider community to sessions and activities. SCC has provided a small amount of core funding to this group to enable them to develop Active Living opportunities.

The Limes and Tannery – both of these are former Mini Day Centres that came under the umbrella of Active Living following a review of day services. They are more traditional centres, with more frail and dependent people attending. The Limes and Tannery are both run mainly through volunteers but with the support of some Active Living staff time. The range of activities are limited – due to members needs, however a lot of work is currently being put into developing these two groups to deliver more well-being activities, however this change process will take some time and the rooms used are part of sheltered housing, only accommodating a small number of people.

SCC currently provides a small grant to both these groups that covers running costs, e.g. rent, volunteer expenses and subsidies for transport costs. Members pay for their lunch and contribute to transport costs. Both groups have on average 12 to 14 members attending each week. Additional money was provided to this group to support them to set up some active living taster sessions.

Across the wider Mendip area there is a range of other groups, one of which is the Glastonbury Opportunity shop. This group is not a traditional Active Living centre, but provides a base from which people can access information on a wide range of opportunities in the community. The shop is a focal point of access for local people.



CITIZENS' ADVICE BUREAU (CAB) PROVISION

Street

Mendip CAB has an office in the Crispin Community Centre which is open for Drop-in advice Tuesday, Wednesday and Friday mornings 10am-1pm and for telephone advice and appointments on Tuesday and Wednesday afternoons 1pm-4pm.

The service is supported by the specialist projects:

- Financial Inclusion Fund Project providing debt advice for low income families with young children,
- Debt Specialist funded by Wessex Water,
- Legal Services Commission (LSC) Welfare Benefits Specialist,
- Home visitors for housebound clients
- Tribunal representation.
- Domestic Abuse Project until April 2009

In 2008, 988 Street residents contacted the Bureau for help with different problems, this represents one person from one in five households. This accounted for 13% of total clients. 44% of these residents came from the Street North ward. The Street CAB actually saw 1,188 clients who contacted the Bureau in total 3,636 times regarding 4,393 issues. 31% of the Street residents who sought help had benefit problems, 14% debt and 10% employment issues. Clients in Street have been affected by reductions in hours of work, lay offs and redundancies.

Clients have been helped with recovering overpaid tax, appealing against overpayments of Tax Credit (in one case resulting in HMR&C writing off £1,500 and in another their paying back £2,300 plus compensation), securing help from Wessex Water's Restart scheme to help with managing water arrears and having bailiffs charges reduced or waived.

Street also has local charities which have provided immediate help for clients with no money, usually to assist them to access benefit offices, as claimants have to travel to Bridgwater or Yeovil from the Mendip area.

Glastonbury

Mendip CAB has an office in Orchard Court, the Library/Social Services building. It is open for Drop-in advice Tuesday 10am – 1pm, and for appointments Monday and Thursday 10am – 4pm and for telephone advice Monday and Thursday 1pm – 4pm. The Glastonbury office offers a higher proportion of appointments than the other offices as a result of local pressure. This is the only office where staff and volunteers regularly suffer abuse from clients who have to wait more than 10 minutes to see an adviser.



The Bureau also offers an Outreach at the Glastonbury Surgery in Feversham Lane on a Monday afternoon. The Bureau also works closely with Turning Point and will visit their offices to help with benefit claims.

As mentioned above the Glastonbury office is also supported by the specialist projects.

Whilst we were delivering the Domestic Abuse Project, Glastonbury had the highest proportion of victims per head of population of all the Mendip towns. The funding for Mendip CAB, to deliver support to high risk victims, on behalf of Somerset Change, ceased in April 2009. The Bureau also delivered the Freedom Program for victims of abuse twice in Glastonbury. This is a 12 week course designed to enable victims of Domestic Abuse to recognise characteristics of, and techniques employed by perpetrators, to dominate and control domestic abuse victims. This course has been separately funded by donation. The Bureau has four trained facilitators for the course. Mendip was the only district in Somerset delivering this program.

1,091 different Glastonbury residents sought help from the Bureau, 15% of all Mendip clients. This represents someone from one in four Glastonbury households. Whilst Benefits accounted for 25% of all enquiries, 44% of all issues relate to debt. 10% of all issues related to Housing. 35% of all clients came from the St Benedict's ward and 25% from St Edmund's.

Glastonbury's social policy work has focused on debt problems, ranging from irresponsible lending, to the recovery of bank charges, to harassment of debtors and failure of companies to abide by the banking code.



MENTAL HEALTH PROMOTION

let's end mental health discrimination

Time To Change Sofa Tour (June 30th – July 10th 2009)

The Somerset 'Time To Change Sofa' Tour was developed to support the National 'Time To Change' Campaign launched in January 2009. Time to Change is England's most ambitious programme to end discrimination faced by people who experience mental health problems.

The aim of the tour was to raise awareness and inspire people to work together to end the discrimination surrounding mental health. The Tour consisted of taking a sofa and trailer around to nine town centres throughout Somerset and setting up the stall with the aim of engaging with as many people as possible about the campaign. Bridgwater College Art and Textiles Department produced a series of cushions for the sofa depicting images and meaning of mental health discrimination. The sofa tour included visiting Glastonbury and Street.

It could also be seen as a 'Get Talking' event. The intention was to get people talking and discuss the impact of stigma and discrimination.

Achievements

1. Over 80 volunteers took part – mainly service users plus staff from MIND, SWEDA and Rethink groups as well as Primary Care Mental Health Workers and some staff from Somerset Partnership.
2. 101 postcards were filled in asking for more information
3. Over 3500 leaflets were given out
4. At least 800 people were spoken to in detail
5. Heart Radio – June 29th – July 10th, two bespoke radio ads were played throughout each day.
6. Mobile Media Ad-van toured around the streets in Taunton and Yeovil
7. Advertisement and editorial in local Mendip newspapers
8. A picture of the Tour was chosen to go on the Homepage of the national Time To Change website
9. A volunteer feedback book was kept where volunteers could write down any comments from the day. Some examples are written below

“Really interesting day and a great idea – the sofa made people stop and ask for information. T-shirts were a good idea – I spoke to approx 150 people.”

“I was very nervous about possible abuse from members of the public but most people took leaflets without any problems and two or three did stop to chat quite comfortably. I am pleased to have done this. It has been a boost to me personally and I enjoyed meeting and listening to some of the other volunteers.”

Volunteers included members of the Somerset ‘1 in 4’ Steering Group, Involve, Open Up – MIND Project, Carers Participation Group, Somerset Partnership, three MIND groups, Service Users, Rethink, Somerset Racial Equality Council and NHS Somerset – Health Promotion Manager – Mental Health.

Practice-based training around tackling domestic abuse

Domestic abuse is a major healthcare concern. The scale and impact it has on the individual, communities and the health service is a problem to which healthcare professionals need to be alert and know how to intervene effectively. The role of the GP has long been acknowledged as key to a multi-agency approach to tackle domestic abuse. Through support from the Government Offices of the South West, funding was granted to run a pilot aimed at GP surgeries to improve domestic abuse awareness and action. There was a particular emphasis on looking at ways to ensure a more consistent approach by GPs in addressing domestic abuse and increasing referrals to specialist domestic abuse services. This was achieved by offering training and specific awareness raising information based on research considering victims views of how doctors can help and recommendations from the British Medical Association (BMA) Board of Science report entitled, ‘Domestic Abuse’, June 2007.

Twenty-two surgeries took part in the pilot which included one surgery in Street and one in Shepton Mallet with seven GPs and 24 practice staff in attendance from both surgeries. In total, 65 GPs attended together with over 100 other practice staff.

Achievements

1. The number of referrals by GPs to Somerset Change have notably increased already. GPs and other practice staff were extremely positive about the training. It was seen as practical, relevant and informative.
2. The idea of providing GPs with free attractive block pads, with the number of the local helpline on it, proved successful and has been one other way referrals to specialist services has increased.

3. Every surgery received 1.5 – 2 hour training delivered by Somerset Change. Each Practice was also given an Information Pack, Posters and Helpline stickers for the surgery. Further packs have been made up and will be circulated to the remaining surgeries in November to mark Domestic Abuse Awareness week.
4. The focus of the whole training was to raise awareness and understanding about effective ways to tackle domestic abuse. In particular, as part of the training 'asking patients questions' was covered and backed up by a handout included in the Information Pack left with each surgery. Informal feedback to date suggests a positive shift in ensuring a more consistent approach to asking patients questions.



Soul walks

This initiative has been developed by the Somerset Physical Activity Group for mental health comprising representatives from: District Councils – Active Lifestyle Teams, MIND, Natural England, Rethink, Skills and Learning Centre, Somerset County Council, Somerset Partnership NHS Foundation Trust, NHS Somerset, Somerset Racial Equality Council and Somerset Wildlife Trust

The aim was to raise awareness and motivation to undertake physical activity to promote mental well-being. The intention has been to set up a series of Soul Walks throughout the county aimed at people with a range of mental health problems. The walks were based on the national 'Walking your Way to Health' initiative and many walks were run by existing walk leaders who received a special briefing for this event. A further ten people from mental health services were trained as walk leaders from Somerset Partnership, Rethink, MIND and Somerset Racial Equality Council. In

the first year 16 walks took place, with 226 walkers. This October 2009, over thirty walks have been planned.

Achievements:

1. Five walks took place in the Mendip area.
2. There was a general sense that walks were good for social inclusion. It generated a lot of discussion and increased awareness about thinking of walking as a way to promote mental health and walkers sharing their own experiences of their mental health problems and how walking and the company had helped them.
3. On-going partnerships have been developed between Active Lifestyle Officers, conservation charities and staff working with people with mental health problems e.g. group from South Somerset MIND now volunteer on a nature reserve, Fishing Group set up by Bridgwater MIND, Somerset Racial Equality Council has set up a badminton and dance group
4. Somerset Partnership is training walk leaders. Some service users have also taken the Walk Leader Training. There has been an increase in walks being offered from the in-patient and day service provisions.
5. There has been a positive media response -10 articles and three radio interviews in the first year
6. A second year of Walks is being organised to focus on World Mental Health Day and to tie in with the Time To Change 'Get Moving' initiative.
7. Active Lifestyle Officers are signing up to attend Mental Health First Aid Courses.

'Mental Health First Aid' Training course

Developing mental health awareness is a key component to Improve Knowledge and Awareness of Mental Health Issues including combating stigma and discrimination. To help meet this need a series of Mental Health First Aid (MFHA) courses have been delivered locally. MFHA is a two-day basic course aimed at people who want to feel more confident, competent and comfortable in dealing with mental health problems. The English MFHA scheme is part of a new national training programme developed and regulated by the National Institute of Mental Health in England and England's Care Services Improvement Partnerships. Local mental health care professionals have been trained to deliver the course. To date three courses have been organised with another six planned before the end of the financial year. One course has been run in Glastonbury. Participants have come from a wide variety of backgrounds such as job centres, district council, health and social care, housing projects, nursing homes, children's centres and hospitals.

Achievements

In reviewing the evaluation to date, people have significantly increased their personal confidence and level of knowledge and understanding of how best to support others with a mental health problem. Further staff are being trained to deliver MHFA courses to help meet the demand for this level of training.

Suicide prevention training courses (ASIST) - participants coming from across Somerset

Most people considering suicide share their distress and their intent. Training can help us see and respond to these invitations for help, which are often subtle and unexpected. **ASIST (Applied Suicide Intervention Skills Training)** is a two day, intensive suicide intervention skills-training workshop aimed at those who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. ASIST will provide practical training for caregivers and is suitable for anyone in a caring role, working with vulnerable people, from teenagers upwards.

Achievements

To date nine courses have been run with two further courses planned this autumn. Four experienced mental health care professionals have been through intensive training to become trainers. Over 140 people across many disciplines have been trained. Noted achievements include; increased confidence to discuss suicidal thoughts and have the language and knowledge to intervene together with sharing skills through modelling good practice.

SPECIALIST CAMHS (Child and Adolescent Mental Health Services)

Specialist Child and Adolescent Mental Health Services are provided for children and young people in the Street and Glastonbury area by the Specialist CAMHS Mendip Team, which has an office and clinical base in Wells.

The Team comprises the following disciplines:

- child and adolescent psychiatry
- clinical psychology
- psychological therapies – including family therapy and art therapy
- social work
- psychiatric nursing

The Community CAMHS Team can, when appropriate, also access more intensive help for children and young people from within the trust; this might include in-patient assessment at Orchard Lodge Residential Unit, the involvement of colleagues in the CAMHS Outreach Team, or, when there are concerns about serious substance

misuse, the involvement of colleagues at On The Level. Also employed within the Team are two Primary Care Link Workers whose task is to clarify the referrals that would not initially appear to require a Specialist CAMHS service, and to link those families up with other appropriate Services, for example, the Local Service Team. Link Workers also provide consultation, support and training to Tier 1/2 professionals in the local area. This is provided as consultation to specific professionals, e.g. Emotional Health and Wellbeing Workers, Health Visitors, GPs, around specific cases. They will also provide consultation and training to service/professional groups such as the Local Service Teams.

Children and Young people seen

Unfortunately, it has not been possible to provide definitive information about the specific numbers of children and young people from Glastonbury / Street area who are accessing CAMHS services. General impressions would suggest that the full range of mental health problems is referred for assessment and treatment. There does seem to have been an increase in the number of young people with eating disorders. However, the reasons for this have not been established. The service is not aware of any specific differences between Glastonbury / Street in terms of who uses services. From 1st April 2009 – 25th September 2009 there were nine referrals from Street and 23 from Glastonbury.

Accessing Services

Specialist CAMHS workers have used local facilities to see families, for example GP surgeries, when this has been necessary, and domiciliary visits are also regularly undertaken by all members of the multidisciplinary team. In other areas of Mendip, we have made arrangements for children and young people to be seen in specific settings, such as Frome Foyer. It may be useful to explore whether there is a local resource in Glastonbury/Street area that might be more helpfully accessed by children and young people.

Service Gaps

A concern in the service is that the forthcoming financial challenges for health and local authority services is likely to result in there being an increasing focus, by specific agencies, on their “core business” and tighter more restrictive referral criteria being developed. This could result in more children/young people not receiving help until such time as their problems have become acute, severe and chronic and, consequently less amenable to treatment.

VOICES - Glastonbury

In July 2009, a focus group was held with members of a Patient Participation Group at Glastonbury Surgery to contribute to the 'Voices' section of this report. The background to the Glastonbury and Street Needs Assessment and how it links to the Joint Strategic Needs Assessment for Somerset (JSNA) was discussed prior to specific questions being put to the group.

The letter of invitation sent to the Practice Manager from the JSNA Project Manager, (this also formed the basis of consultation with other groups) is reproduced below: -

Thank you very much for agreeing to approach the surgery's Patient and Participation Group (PPG) regarding a focus group session to contribute to our needs assessment of Glastonbury and Street.

In October last year, as a statutory requirement of the Department of Health, NHS Somerset and Somerset County Council produced a Joint Strategic Needs Assessment (JSNA) for the county. The JSNA is an ongoing process and whilst this county-wide information will be updated every three years, we are looking at the health, social care and wellbeing needs in detail focussing this year on Glastonbury and Street.

A needs assessment like this will contain a lot of information about the two communities (for example, on health, social care, demography, education, community safety etc), in some cases looking at Glastonbury and Street together, making comparisons between each one and also comparisons with the county as a whole.

The work is in the process of being produced and will be completed mid-way through August. As part of gathering information we are keen to hear views of local people as to the health, social care and wellbeing needs of their communities which is why I would be very grateful for the opportunity to talk to your PPG members.

I should explain that the term 'wellbeing', used frequently now, has been referred to as 'the absence of disease, keeping in balance the physical, psychological, social and environmental factors that affect us all'. One of the aims of a needs assessment such as this is to look at gaps in services and reasons why some people might not be treated as fairly as others. All these aspects I would like PPG members to consider and, if they wish to, seek the views of others, before they come to the focus group. I'm happy to supply further information about the needs assessment in person on the day rather than make this email overlong.

Example (and general) questions for the members to consider are:

- *What factors might influence the health of Glastonbury people?*
- *What do you think is working well in health and social care?*
- *Where do you think there might be gaps?*
- *What is needed to improve health and wellbeing within the community?*

These are broad questions, by no means exhaustive and serve as a starting point.

Thank you again for your help and please do get in touch with me if you would like to discuss anything further or require additional information beforehand. I would need to meet with the PPG members sometime during July and look forward to hearing from you.

The majority of PPG members were able to attend the meeting. One member, who sent apologies, submitted written comments via email. These have been summarised and are marked with an asterisk to identify them as separate from the discussion. The meeting was also attended by a GP and the practice manager.

What factors might influence the health of people in the Glastonbury area?

General

- Low income factors – these can be generational
- Environmental factors affecting health (e.g. air from the Somerset Levels)
- Centres to encourage healthy living should be based in primary schools (“it’s hard to get people to accept they need it”)

Access to hospitals and clinics

- Bus pass restrictions
- Can take a whole day (travelling)
- Parking costs at Musgrove Park Hospital
- Lack of parking spaces at Yeovil District Hospital

Young people

- Lack of activities
- The impact of a lack of activity – particularly binge-drinking and obesity
- ‘Red routes’ – parents put off letting their children cycle to school (for example, Meare to St Dunstan’s) and taking them by car instead
- Children at school should be asked about what they think they need to keep healthy and active

- Funding/support for local projects should be ongoing –not short-term (for example, village youth club shut down but later re-opened through support of local people)
- Family history should be taken into account – this can encourage or discourage activity ongoing
- All schools should undertake a physical training break mid-morning and this should be lead by teachers*
- NHS and Education should take obesity jointly as a high priority*

Leisure

- The effects of inward-migration of people from urban environments – expecting more activity
- Access to activity in towns is poor from rural villages
- Lack of access to appropriate land for recreation in villages

Health and social care - what is working well?

- GP surgery with modern facilities, online booking and range of services
- Can always see a doctor
- Pharmacy on site – consistency of availability of well-trained pharmacy staff
- More doctors involved in complimentary/alternative medicine
- More independent housing made available for young people with learning disabilities and increased activities (through social services and Mendip Housing Association)

Where are the gaps?

- Adaptations for the elderly – length of time between referral and OT assessment too long
- Poor 'Children and Adolescent Mental Health Services' (CAMHs) provision for teenagers with less severe but still chronic problems – waiting times too long. More staff/capacity needed, including to help with drug problems
- Diabetes 'Year of Care, 2009' – new computer system allied to this is not working. More support is needed locally with more and better information for diabetes support groups and increased support for parents with diabetic children
- Better access to the 'DESMOND' (a self-management programme) needed for patients newly diagnosed with diabetes II – and outside the hours of 9am – 5pm
- Health visitor priorities more toward 'at risk' children, to the detriment of others who might develop problems later on

- More diverse sub-speciality clinics needed at West Mendip District Hospital (eg. orthopaedics, with the opportunity to see a consultant involved in operating on that specific patient)
- More regularity of clinics at West Mendip District Hospital to prevent them being booked up so quickly
- No audiology repair clinics in Glastonbury – patients have to go to Bridgwater or Taunton

General comments*

- Doctors, nurses and administrative staff are those best placed to know the inner-management flaws of the service*
- There is too much chat, meetings, debates with copious paper reports and not enough 'professional think-tank' activity followed by positive action*
- Closure of Butleigh Hospital – the site is now a total eyesore, to the anger of local residents. The buildings should have been sold before it was closed down. Waste of tax-payer's money; Government and high-ranking civil servants do not have the experience of knowledge or 'drive' to achieve the most economic solution* (**Note for information:** Butleigh Hospital was sold by Somerset PCT on 16th June, 2008)
- Prescribing: pills prescribed for 28 days (four weeks) by a GP, pharmacist has to cut off two pills from packets of 30 and repack. More waste of material and time.*

VOICES - Street

In September, at the Crispin Community Focus Centre in Street, staff from NHS Somerset set up boards in the entrance hall with questions utilised in the Glastonbury focus group. Many people use this Active Living centre for a variety of activities and were asked to write their thoughts on post-it notes or speak directly with staff concerning the following questions:

What factors might influence the health of people in the Street area?

- More social interaction with staff in smaller shopping stores, rather than larger ones – might be the only social contact people have and important
- Community police – presence in Street reassuring. Need to be more visible in Walton.
- Being able to socialise close to home – very important
- Exercise – helping both physical and mental wellbeing (eg. Tai Chi)
- Availability of support and information (eg. Cruse, CAB, Council Information Point, clinics and staff at Vine Surgery)

- Better utilisation of parks for older children/adults (eg. trim trail. Skateboard park not considered appropriate for that area)

Health and social care - what is working well?

- Eye services in West Mendip working very well
- Housing Associations – a good presence
- *“We don’t hear enough about what’s going right!”*
- Positive experience of using out of hours service
- Crispin Centre itself is good for health – great place to meet. Help available when needed. Good community resource.
- Bus service good for getting to Taunton for hospital appointments
- Community team for adults with learning difficulties
- Good experience of Somerset NHS (*“it saved my life”*)

Where are the gaps, what could be improved?

- Don’t like having to press all the different options to make a GP appointment
- Can’t see the GP you want to see/ your ‘own’ GP - or without a long wait (this was mentioned several times)
- Need more GPs to work full time
- More services needed at West Mendip Hospital (to make the most of it) – A&E rather than an MIU
- Very bureaucratic process for getting accepted for housing association support – lots of form filling needed which is difficult for disabled or older people to do themselves
- Need less complicated housing benefit
- Have to make GP appointment on the day (cannot book in advance which would be better – and could combine with other appointments eg. dentist)
- Need a doctor at West Mendip hospital who can advise patients, so they don’t have to go all the way to Shepton Mallet or Yeovil instead
- Village areas need more facilities/amenities for people to keep healthy mentally and physically
- Waiting times too long for scans/tests after initial appointment with consultant (time drags on after that)
- Proposed removal of Pelican Crossing on the bypass up from West End in Street – this crossing is still needed and although it is not meant to be used anymore, it still is being and there is a safety factor involved with this.
- Out of hours services – should be better/enhanced than services provided during the day to take into account the increased anxiety that goes with having to get help outside normal times.
- Local people will use a hospital more if they can’t get to see a GP

VOICES - Glastonbury and Street consultation with young people

Summary

Somerset Youth Volunteering Network (SYVN) were asked to discuss a number of different points relating to health and well-being in their local area with young people aged from 14 – 25 years old who lived in Glastonbury and Street.

SYVN was established in 1999 to support all young people in Somerset in becoming positively involved in volunteering, community action or active citizenship. They ensure that all young people are given the opportunity to volunteer in a safe, supportive environment, where their experience will be enjoyable, their skills and confidence increase and where their contribution is of value to the community.

SYVN believes that young people should be fully involved in deciding what they do and in the running of the organisation they volunteer with. It is important that young people's voluntary effort is fully recognised and appreciated; that they receive appropriate and responsive training and that best practice is fully networked and adopted throughout the sector.

The young people who took part in this survey were interviewed at Strode College, St. Dunstan's School, Glastonbury as well as Glastonbury Skate Park.

SYVN held two sessions, and worked with groups of two to five young people at a time. At Strode College in Street they questioned people during their lunch break so they were not rushed and could discuss the outcomes with friends and not feel that they were being put on the spot. At St. Dunstan's School in Glastonbury SYVN had some sessions with young people in a class room environment with their teacher and discussed the key questions openly.

The answers given by young people were totally confidential. Overall SYVN talked to 41 young people from the area.

The questions that were asked of the young people were:

- Their age
- Male / Female
- Where they live?
- Their most important health Issues?
- Did they know anyone taking drugs or drinking under age?
- How do you think this should be tackled?
- Do you have an on-going medical condition?
- How do you rate your own Doctors/Clinic/Pharmacies/ local hospital?
- What do you think would improve your health and wellbeing?

Over 60% who were questioned rated their doctor clinics and pharmacies good.

85% of the young people knew someone who was taking drugs or drinking underage.

Smoking, drugs and alcohol came at the top of the list for “Most important health issues that affected young people.”

Below are some of the responses to the questions asked. A table detailing all the results also accompanies this summary.

How should problem issues (eg: smoking and alcohol) be tackled?

- *“Get more police about and stop selling so much alcohol by increasing the age limit of drinking”*
- *“Shops don't sell alcohol and fags to under age kids”*
- *“Visiting a doctor or getting in touch with someone you know who is going to help”*
- *“No drinking zone should be put somewhere e.g. a town”*
- *“Scary videos which show the risks”*

What would improve your health and wellbeing?

- *“Get the needles off the streets and stop all of the drunks off the streets because they start fights.”*
- *“Try not to get drawn into drinking, smoking or drugs etc. and just look after yourself. It's up to you what you do with your life, and don't waste it.”*
- *“Eating healthier, more exercise, more support groups.”*
- *“Maybe more support and more places to go with your problems. Maybe if they came into schools so you know who you are talking to - a familiar face.”*
- *“More money for outside activities. This would keep kids off the streets by giving them something to do.”*

Note: There were a few young people interviewed who were not from Glastonbury and Street and their comments have been included.

Contact: If you would like more information about the work of the Somerset Youth Volunteering Network please telephone them on: 01458 836130.

AGE	M/F	WHERE LIVING	MOST IMPORTANT HEALTH ISSUE	FRIENDS ABUSING	HOW SHOULD THIS BE TACKLED?	ONGOING MEDICAL CONDITION	EXPERIENCE OF USING DRUGS/CLINICS/PHARMACIES (1 BAD - 5 GOOD)	EXPLAIN WHY	WHAT DO YOU THINK WOULD IMPROVE YOUR HEALTH & WELLBEING
14	M	Glastonbury	Bullying, Smoking, Health	My friends don't do it	Sit down & talk to them	No	5	They help you to be healthy	For Glastonbury to be clean e.g streets
14	M	Glastonbury	Bullying, Smoking, Health	My friends don't do it	Sit them down & see what is up with them	No	5	They help with your health & help you through stuff	Get the needles off the streets & stop all of the drunks off the streets because they start fights
15	M	Glastonbury	Smoking, Drugs, Alcohol	Yes	More police, Crimewatch, CCTV, Undercover spy	No	2	Long waiting queue, Once I was in so much agony, they made it worse. Stuck a needle in me without telling me when	Nothing, I'm pretty healthy at the moment
15	M	Glastonbury	Smoking, Drugs, Alcohol	Yes	Talk to them about their problems	No	4	They are not all positive, but most of them are. Most of them are a lot of help	Try not to get drawn into drinking, smoking or drugs etc. & just look after yourself. It's up to you what you do with your life, & don't waste it
15	M	Frome	Drinking, Smoking, Drugs	No		No		They were very helpful	I don't know
14	F	Glastonbury	Drinking, Smoking, Drugs	Yes	Get more police about & stop selling so much alcohol by increasing the age limit of drinking	No	5	They are helpful and there when you need help	Try & stop more crime & drinking by getting more police & increasing the age limit

AGE	M/F	WHERE LIVING	MOST IMPORTANT HEALTH ISSUE	FRIENDS ABUSING	HOW SHOULD THIS BE TACKLED?	ONGOING MEDICAL CONDITION	EXPERIENCE OF USING DRUGS/CLINICS/PHARMACIES (1 BAD - 5 GOOD)	EXPLAIN WHY	WHAT DO YOU THINK WOULD IMPROVE YOUR HEALTH & WELLBEING
14	F	Glastonbury	Drinking, Smoking, Drugs	Yes	Getting more police about & stop selling much alcohol, by increasing the age limit on drinking.	Not sure	5	They are helpful & there when you need help	Try & stop more crime & drinking by getting more police & increasing the age limit on drinking
14	M	Elsewhere	Bullying, Drugs, Smoking	Yes	Shops don't sell alcohol & fags to under age kids	Yes, Asthma	3	The waiting is sometimes ridiculous	Traffic too fast
15	M	Street	Bullying, Drugs, Sexual Health	Yes	Shops don't sell alcohol & fags to under age kids	No	4	I go there all the time to get tablets	Eating healthier, More exercise, More support groups
15	M	Glastonbury	Drugs, Sexual Health	Yes	Shops don't sell alcohol to under 18's. Don't sell fags to kids	No	5	Whenever I go it's always good & clean	Eating healthier, More exercise, More support groups
14	F	Glastonbury	Smoking, Speed on the roads, Drinking	Yes	By not selling so much alcohol or increasing the age limit of drinking	No	4	They are helpful & kind & the rooms are always nice & clean	There isn't really very much to do in my local area, not many people live by me
15	M	Glastonbury	Smoking, Sexual Health, Environment	Yes	Talk to tem about their problems	No	4	I've had some bad experiences at doctors or medical practice, but overall the majority have been positive	Maybe more support & more places to go with your problems. Maybe if they came into schools so you know who you are talking to - a familiar face
14	M	Glastonbury	Bullying, Drugs, Smoking	Yes	Ask if they are doing stuff that harms them. Sit in a quiet room if they want to	Yes, Dyslexia	4	They are kind & help me with my problems	Less drugs & smoking, bullying, alcohol

AGE	M/F	WHERE LIVING	MOST IMPORTANT HEALTH ISSUE	FRIENDS ABUSING	HOW SHOULD THIS BE TACKLED?	ONGOING MEDICAL CONDITION	EXPERIENCE OF USING DRS/CLINICS/PHARMACIES (1 BAD - 5 GOOD)	EXPLAIN WHY	WHAT DO YOU THINK WOULD IMPROVE YOUR HEALTH & WELLBEING
15	F	Glastonbury	Drinking, Smoking, Drugs	No	Visiting a doctor or getting in touch with someone you know who is going to help		3	These people are good to talk to	More police in the streets & looking out for druggies & alcoholics
15	M	Glastonbury	Family problems, Bullying, Financial	No	No drinking zone should be put somewhere e.g. a town	No	5	The doctors & pharmacies are very professional	More money for outside activities. This would keep kids off the streets by giving them something to do
14	F	Elsewhere	Drugs	No	No drinking zone should be put somewhere e.g. a town	No	5	I am treated nicely	Toilets
14	M	Street	Family problems, Drugs, Smoking	Yes	Have a No Drinking zone	Yes	5	Been treated well	More areas you are not allowed to drink or smoke
14	M	Glastonbury	Drugs	Yes	No drinking zone	No	3	It was ok	More safe areas
14	M	Street	Smoking, Drugs & Fast drivers	Yes	Keep them to a limit to where they can do it	No	5	I think they are a really good help to people	People smoke & drink where they are supposed to & not litter
16	F	Glastonbury	Pollution, Binge drinking, Smoking	Yes	More police on patrol & random checks. More information given to youths. Adverts for helplines & people you can talk to	No	3	They took 8 bottles of blood & I felt ill. Waiting rooms are horrible & traumatic places	Not sure

AGE	M/F	WHERE LIVING	MOST IMPORTANT HEALTH ISSUE	FRIENDS ABUSING	HOW SHOULD THIS BE TACKLED?	ONGOING MEDICAL CONDITION	EXPERIENCE OF USING DRUGS/CLINICS/PHARMACIES (1 BAD - 5 GOOD)	EXPLAIN WHY	WHAT DO YOU THINK WOULD IMPROVE YOUR HEALTH & WELLBEING
16	F	Glastonbury	Pollution, Binge drinking, Smoking	Yes	More police on patrol. More support. More education	No	4	Waiting rooms	Don't know
15	F	Glastonbury	Smoking, Binge drinking, Pollution	Yes	More police on patrol. More education on effects of drugs/alcohol	No	4	They were quick at finding the problem, but waiting takes a long time & waiting rooms are horrible	More doctors
17	M	Glastonbury	Drinking, Smoking, Drugs	Yes	Open minded with support via NHS, Connexions	No	3	It's been pretty average, not great but nothing to complain	Better leisure facilities, cheaper deals for students who don't get EMA as students that do
17		Glastonbury	How you eat, What exercise you do	Yes	I don't think it can be tackled	No	3	Not really had much experience	Gym membership could be cheaper
16	F	Glastonbury	Smoking, Drugs, Drinking	Yes	More things for young people to do	No	3	Not many resources for A&E	A better/more local sports centre
18		Walton	Drugs, Alcohol, Smoking	Yes	Promotions to improve awareness	Yes	4	Doctors have always been understanding & helpful when I have visited them	Working towards increasing awareness of substance use etc.
17	M	Street	Drug abuse, Domestic abuse, Animal abuse	Yes	More police	No	4	They have always been kind and care & respectful	Cheaper gyms, More sports clubs, Boxing gym

AGE	M/F	WHERE LIVING	MOST IMPORTANT HEALTH ISSUE	FRIENDS ABUSING	HOW SHOULD THIS BE TACKLED?	ONGOING MEDICAL CONDITION	EXPERIENCE OF USING DRUGS/CLINICS/PHARMACIES (1 BAD - 5 GOOD)	EXPLAIN WHY	WHAT DO YOU THINK WOULD IMPROVE YOUR HEALTH & WELLBEING
19	M	Glastonbury	Sexual Health, Anti-social behaviour, Emergency Services	Yes	Police should know local drug deals. Crack down on people selling them. Parents know what kids are doing on a weekend	No	4	Get free healthcare other places don't. Lucky	If I stopped smoking. More access to leisure activities
18	F	Street	Drugs, Pregnancy, My GP isn't available enough	Yes	There should be somewhere for young people to go & have fun without drugs or alcohol to discourage them from going clubbing or raving	Yes	2	My GP is hard to get hold of & I always find the staff in the surgery & the attached pharmacy rude & like I'm not worth their time	Services more available, more helpful & polite staff. Cheaper healthy food & more expensive junk food. Get rid of Envy
18	F	Street	Car pollution, Broken glass on High Street, Too many fast food restaurants - not enough healthy options	Yes	Youth centre or some place for young people to go instead of taking drugs	No	4	My doctors surgery always has appointments for me & are always friendly & non-judgmental	More open green spaces & gardens

AGE	M/F	WHERE LIVING	MOST IMPORTANT HEALTH ISSUE	FRIENDS ABUSING	HOW SHOULD THIS BE TACKLED?	ONGOING MEDICAL CONDITION	EXPERIENCE OF USING DRUGS/CLINICS/PHARMACIES (1 BAD - 5 GOOD)	EXPLAIN WHY	WHAT DO YOU THINK WOULD IMPROVE YOUR HEALTH & WELLBEING
18	F	Glastonbury	Drugs, Pregnancy,	Yes	I don't - it is up to them. If close friend ask to get help, talk to someone. Not sure of help you can get	No	3	Some doctors are quite rude. A nurse was quite harsh. Reception asks what is wrong with you. Never get to see own doctor - annoying. Dentist is fine, love my dentist	Hippies being on town - feel threatened. Glastonbury shops all the same. Nothing to do : no decent restaurants, have to travel every where. Ice skating - travel to Bristol. More variety of jobs if can't travel. Buses are too expensive. Shopping centre on Morlands
17		Glastonbury	Drug abuse. Sexual transmitted diseases. Swine flu	Yes	More police	No	4	Many places to be treated, Short queus	Ban drugs (Ketamine)
17		Elsewhere	STD's, Drugs, Diet	Yes	More awareness workshops etc.	No	5	A lot of support & advice. General help	Stricter on drinking out
17	F	Street	Drugs, Diet, Drinking	Yes	Could be tackled through more severe punishments through law etc.	No	4	I've never had problems getting appointments with health services, but sometimes it takes a while to get in.	Less access to fast food places. Stricter on drinking in the streets etc.
17	F	Street	Smoking, Drinking, Drugs	Yes	Scary videos which show the risks	Yes	3	I've only been there once	More people coming to talk to us
16	M	Glastonbury	Drinking, Smoking, Drugs	Yes	Support network, Someone to talk to	Yes	4	They have good advice, able to see me quickly	More doctors

AGE	M/F	WHERE LIVING	MOST IMPORTANT HEALTH ISSUE	FRIENDS ABUSING	HOW SHOULD THIS BE TACKLED?	ONGOING MEDICAL CONDITION	EXPERIENCE OF USING DRUGS/CLINICS/PHARMACIES (1 BAD - 5 GOOD)	EXPLAIN WHY	WHAT DO YOU THINK WOULD IMPROVE YOUR HEALTH & WELLBEING
16	F	Glastonbury		Yes		Yes	3	Diagnosis often not made. Long waits for doctors appointments. Appointments unable to be made out of college hours	Don't know
17	F	Glastonbury	Drugs, Diet, Drinking	Yes	More places to go & things to do. Less advertising for fast food	No	5	No problems - always helpful	
16	F	Shapwick	Drinking, Smoking, Drugs	Yes	Promoting awareness, Support groups	No	3	Getting appointments are difficult	More things at college etc. (Talks, presentations)
18	M	Street	Obesity, Alcohol, STI's	Yes	More police patrols, They are lazy & people have no respect for them	No	4	I generally get better after seeing them, but appointments are poor & you have snobby & rude doctors	Increase the funding & size of the medical centre. Vine Surgery
18	M	Glastonbury	Smoking, Drinking, Drugs	Yes	More awareness about the services out there	No	5	Compared to home (Lebanon) the services are a lot more reliable	Do not know
18	F	Street	Smoking, Drinking, Drugs	Yes	Go get help. Advertising	No	3	Waiting rooms. Seeing different people	More clubs
17	F	Glastonbury	Smoking, Drugs, Alcohol	Yes	Get help, advertising	No	3	Waiting room - not keen on waiting. Different people	More clubs

GOING FORWARD FOR GLASTONBURY AND STREET

KEY ISSUES AND RECOMMENDATIONS

Glastonbury and Street lie in a rich bio diverse landscape with the Somerset levels to the North, West and South of the towns. In the low lying areas, particularly around Glastonbury, there is a risk of flooding.

The population of the Glastonbury area is 13,302 (8,784 in town) and Street area is 13,307 (12,000 in town). There is a slightly younger population compared to the rest of Somerset with 17.9% over 65 (20.3% for Somerset). However, the over 65s in the areas are set to increase by 53.6% by 2023 (compared with 47.8% for Somerset). Life expectancy is not significantly different from the rest of Somerset; however, between wards in the towns there are significant differences, with Glastonbury St. Benedict's significantly below Glastonbury St. Mary's.

Based on the Index of Multiple Deprivation, Glastonbury is slightly more deprived than Somerset as a whole and Street is slightly less deprived. Glastonbury and Street have the eighth least affordable housing in the West England Housing market area. The area has a significant gypsy and travelling community.

Access to public transport is a challenge, particularly in Glastonbury where one in five people do not have access to a car (compared with Street which is one in 10).

Employment in Street is mainly around education and retail with Clarks Shopping Village. Employment in Glastonbury centres on tourism, health, distribution and retail. The Glastonbury Festival, although held at Pilton, generates significant income within the local area.

Obesity levels in school age children in Glastonbury are lower than those seen across the rest of Somerset. GCSE attainment in both Glastonbury and Street are higher than the rest of Somerset. Immunisation uptake in Glastonbury is up to 11% lower than the Somerset average. Although overall rates for teenage pregnancy are low, three wards, Glastonbury St. Benedict's, Glastonbury St. John's and Street North are in the highest 20% nationally. Smoking prevalence is similar to Somerset rates.

Road injuries and deaths are lower in Glastonbury and Street than Somerset as a whole, however, the A39 commuter link has a high casualty rate.

The percentage of clients 18+ assessed by Somerset Adult Social Services in Glastonbury and Street (4.3%) is higher than Somerset overall (3.8%). The number of clients who received community services is also above the Somerset average and is most significant in the 65+ age group. Clients in residential and nursing care in Glastonbury are one and a half times higher than Somerset overall.

Highlights from the Place Survey show that residents of Glastonbury and Street are more likely to undertake voluntary work at 34%, compared with 30% for Somerset and 23% for England. However, the percentage of people who think drunk and rowdy behaviour is a problem in their areas is higher (42%) than Somerset (25%).

There are variations in GP practice detection of diabetes, dementia and breast and cervical screening. Deaths in hospice care are low; Glastonbury 5%, Street 12% and Somerset 18%.

The rate of people on the GP Quality and Outcomes Framework (QOF) register with a known mental health diagnosis is higher in Glastonbury than the Somerset rate, although not statistically significant.

RECOMMENDATIONS FOR ACTION

- Increase the number of affordable homes (NI 155, NI 154, NI 166)
- Increase employment opportunities (NI 171, NI 151, NI 163 and NI 165)
- Improve access to public transport (NI 115)
- Ensure tried and tested multiagency plans in place to tackle flooding (NI 185, NI 188)

Children

- Increase uptake of childhood immunisations in Glastonbury
- Reduce teenage pregnancy in local hotspots (NI 112)
- Improve access to CAHMS (NI 51)

All Ages

- Improve mental health through targeted provision of community based services
- Ensure travelling community have fair access to health and social care
- Address variation in screening uptake and provision of smoking cessation services by GP practice
- Improve the detection and management of diabetes (NI 121, NI 137)
- Halt the rise in obesity (NI 56)

Older People

- Improve detection and management of dementia (NI 139)
- Increase the number of people dying in their chosen place for end of life care

Useful links and resources

The full Joint Needs Assessment for Glastonbury and Street and a summary of the document is available online at the website for Mendip District Council, Somerset County Council and NHS Somerset. Search on 'joint needs assessment'.

Mendip District Council
Canards Grave Road
Shepton Mallet
Somerset BA54 5BT
Tel: 01749 343 399
www.mendip.gov.uk

www.mendipstrategicpartnership.org.uk

Somerset County Council
County Hall
Taunton TA1 4DY
Tel: 0845 345 9166
www.somerset.gov.uk

NHS Somerset
Wynford House
Lufton Way
Yeovil
Somerset BA22 8HR
Tel: 01935 384 000
www.somerset.nhs.uk

Online guide to Glastonbury – www.glastonbury.co.uk
Street tourism information – www.streetic.co.uk

Glastonbury Health Centre – www.glastonburyhealthcentre.co.uk
Tel: 01458 834 100

Glastonbury Surgery – www.glastonburysurgery.co.uk
Tel: 01458 833 666

Vine Surgery, Street – www.vinesurgery.co.uk
Tel: 01458 841 122

West Mendip Hospital
Tel: 01458 836 450

Sexual health services for young people www.somersetcsh.co.uk

NHS Direct – 0845 46 47
www.nhsdirect.nhs.uk

Walking the Way to Health
www.whi.org.uk

www.ramblers.org.uk

Active Somerset
www.customerservices@mendip.gov.uk

www.smokefreesomerset.co.uk

www.somersetactiveliving.co.uk

www.alltheschools.com/street
www.alltheschools.com/glastonbury
www.millfieldschool.com

ACCESS

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

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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: 01935 385020

Fax 01935 384079

Email: translations@somersetpct.nhs.uk

Address: Freepost RRKL-XKSC-ACSG,
Equality and Diversity Lead
NHS Somerset
Wynford House
Lufton Way
Yeovil
BA22 8HR

FEEDBACK

We would like to hear from you about what you think of the Joint Needs Assessment for Glastonbury and Street. What are your views on how services in these communities could progress and develop?

Please write to: (no stamp required)

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NHS Somerset
Wynford House
Lufton Way
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BA22 8HR*

Or email: jo.purvis@somerset.nhs.uk