SOMERSET JOINT STRATEGIC NEEDS ASSESSMENT (JSNA 2011)

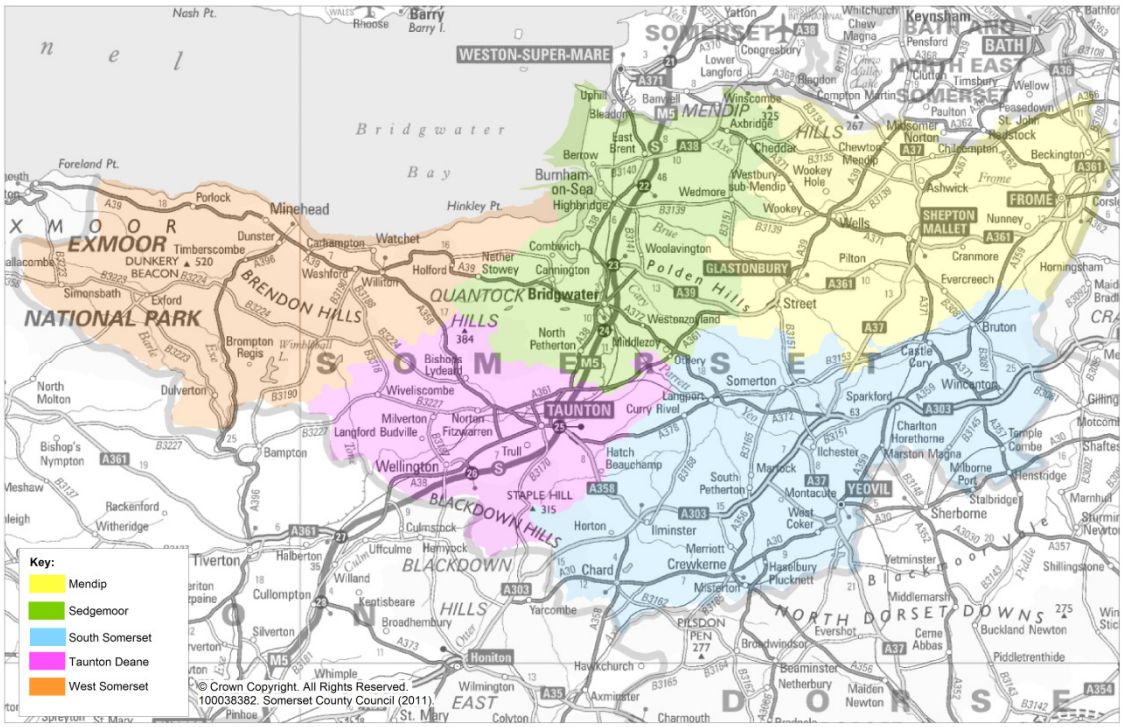
SUMMARY
Includes issues by District
and
changes following JSNA 2008

1 DEMOGRAPHY

Geography and population

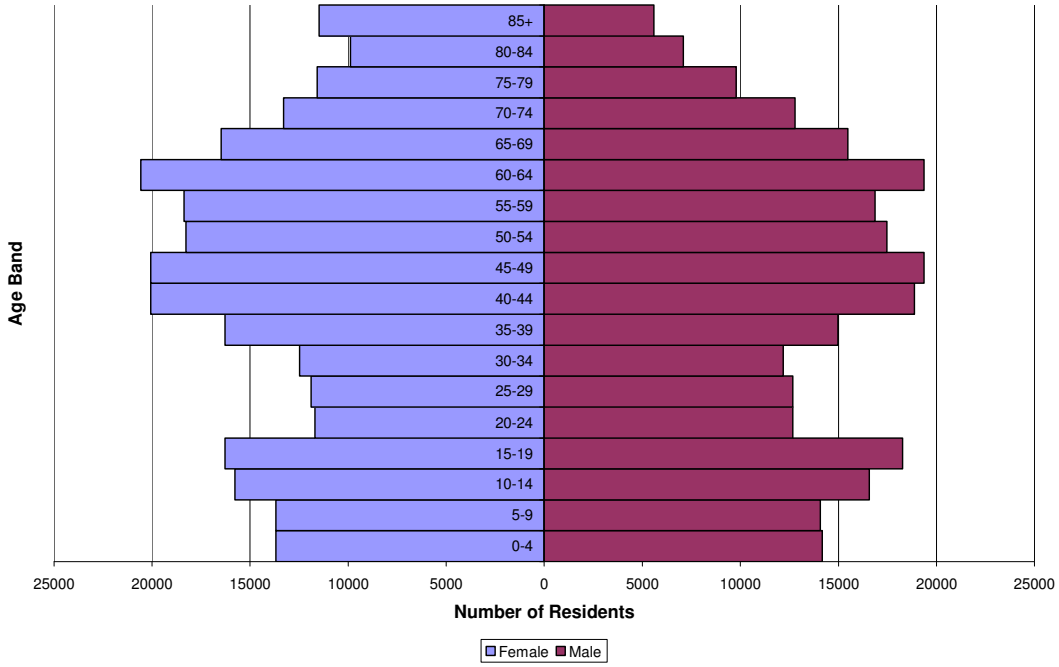
Somerset has a population of about 530,200 people (based on 2010 population estimates) and covers an area of 3,452 km². The county has a dispersed settlement pattern with a relatively low population density. The county is split into five districts; Mendip, Sedgemoor, South Somerset, Taunton Deane and West Somerset. The population density is highest in Taunton Deane (238 people per sq. km) and lowest in West Somerset (48 people per sq. km). About one in four people live in one of Somerset's three largest towns, Taunton (58,200 people, 11% of the population), Yeovil (41,800 people, 8% of the population) and Bridgwater (35,200 people, 7% of the population).

Map 1: Somerset showing, Mendip, Sedgemoor, South Somerset, Taunton Deane and West Somerset.



The population pyramid for Somerset (Figure 1 following) shows the proportion of men and women being similar until about the age of 65, after which the proportion of women to men increases steadily. This reflects the higher life expectancy of women in older age groups. The pyramid shows a slight bulge in the 35-54 age group, reflecting the 'baby boom' of the 1960s and early 1970s. There is a narrowing of the 25-34 age group, reflecting lower fertility rates during the late 1970s and early 1980s.

Figure 1: Somerset's population pyramid based on 2010 NHS population estimates



Source: Office for National Statistics/NHS Somerset March 2010

18% of Somerset's population is under 16, which is in line with the regional and national average. Somerset has fewer 20 to 29 year olds in comparison to national figures; this is thought to be due to young people leaving the county to attend University or for employment. Somerset has a smaller working age population than seen regionally or nationally; 61% of Somerset's population is aged 16 to 64 compared to 65% nationally and 63% regionally.

Somerset has a relatively high proportion of older people compared with the rest of the country. People aged 65 years and older make up about 21% of Somerset's population. This is slightly more than the South West regional proportion of 20% (which has the highest proportion in the country) and greater than the national average of 17%. This distribution is not uniform across Somerset. West Somerset has the highest proportion of people aged 65 and over compared to the rest of Somerset. Overall, the proportion of the population aged over 65 tends to be higher in the more rural areas.

The ONS mid-2009 population estimates by ethnic group indicate that 7% of Somerset's population was non-white British, lower than the regional (9%) and national averages (17%). Somerset's non-white British population is estimated to have more than doubled in the last decade, from 3% in 2001 to 7% in 2009. This is a much larger increase than seen regionally and nationally. The largest non-white British group is the 'White Other' category, associated with an influx of migrant workers and their families from the 'A8' states of Eastern Europe after 2004.

In Somerset's schools, the five most common first languages after English have remained the same over the last 3 years, with Polish the most common, followed by Portuguese, Bengali, Malayalam and Tagalog/Filipino.

In January 2011 there were 503 gypsy and traveller caravans in Somerset,[1] an increase of 8% since January 2009. 78% of the caravans were on authorised gypsy and traveller sites; this is greater than the regional average of 73%.

Migration

The Office for National Statistics internal migration estimates[2] based on GP registration data, show that between 2008 and 2009 16,540 people migrated out of Somerset and 18,170 people migrated in to the county, a net increase of 1,600[3]. 50% of Somerset's residents who migrated out of the county went to another location within the South West and 46% of people who migrated into Somerset came from other parts of the South West.

Nearly all of the outward migration in the county is within the 16 to 24 year old age group. Interestingly, although Somerset is seen as a retirement destination, the 65 and over age group has the lowest level of inward migration. Highest levels of inward migration are seen in the under 16s, which may be due to people moving out of cities to bring up their children.

In 2010, 2,450 overseas nationals registered for a National Insurance Number (NINo) in Somerset. 53% (1,310) of registrations came from A8 nationals, 24% (580) came from other European nationals and 14% (350) came from non European nationals. Of the A8 group in 2010, 63% of registrations were from Polish nationals, 20% from Lithuanian nationals and 12% from Latvian nationals. South Somerset had the highest number of registrations, followed by Taunton Deane, Sedgemoor, Mendip and West Somerset. The highest number of NINo registrations in Somerset from outside the European area came from Indian nationals.

Data from the A8 Migrant Worker Scheme and NINo indicates that between 2007 and 2009 there has been a decline in the number of migrant workers entering Somerset, with a small increase in registrations between 2009 and 2010, mainly within Sedgemoor.

[1] http://www.communities.gov.uk/publications/corporate/statistics/caravancountjul2010
[2] Internal migration within England and Wales http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15148
[3] This figure does not include moves within Somerset (between districts)

Population projections

The Office for National Statistics 2008-based Sub-national Population Projections for England (SNPP)[4] give an indication of future trends in population for the period 2008-2033.

In 2033, the Somerset population is projected to be 619,400, an increase of 18% from 2008. The largest increase is projected to be in Somerset's older population, in particular, the 90+ population, which will increase by 267% from 5,100 in 2008 to 18,700 in 2033.

Table 1: Somerset's population projections 2008 to 2033 by age

Age group	2008	2033	Population change 2008 to 2033 (%)
0-4	27.4	28.5	4.0
5-9	28.1	31.1	10.7
10-14	33.3	34.0	2.1
15-19	35.5	33.1	-6.8
20-24	23.5	23.7	0.9
25-29	23.8	26.4	10.9
30-34	24.8	27.2	9.7
35-39	34.2	32.3	-5.6
40-44	39.4	37.0	-6.1
45-49	37.5	37.4	-0.3
50-54	34.5	35.1	1.7
55-59	36.3	34.5	-5.0
60-64	38.3	42.8	11.7
65-69	29.2	46.5	59.2
70-74	24.8	41.6	67.7
75-79	21.3	34.3	61.0
80-84	16.5	30.3	83.6
85-89	10.7	25.0	133.6
90+	5.1	18.7	266.7
All ages	**524.2**	**619.4**	**18.2**

The Somerset School Population Forecast for 2010[5] produced by Somerset County Council shows the predicted increase in pupil numbers between 2010 and 2019 (2015 for primary schools). The forecasts suggest that primary school aged pupil numbers are forecast to increase, although the increase is not evenly spread across Somerset. The forecasts show a particular demand for additional primary school

[4] http://www.statistics.gov.uk/statbase/Product.asp?vlnk=997
[5] http://www.six.somerset.gov.uk

places in Bridgwater, Burnham-on-Sea, Frome, Taunton and Yeovil over the next few years.

2 ENVIRONMENTAL AND SOCIAL CONTEXT

Economy and employment

Following a decline between 1999 and 2008, the number of key 'out of work' claimants has risen in Somerset from 27,090 (8.4% of the working age population) in August 2008 to 30,090 (9.5% of the working age population) in November 2010. The Somerset figure is similar to the regional figure of 9.9% and less than the national figure of 12.2%. This claimant group includes job seekers, disabled people claiming employment support allowance and incapacity benefits, lone parents and others on income related benefits.

The majority of the increase since August 2008 (around the start of the economic downturn) can be attributed to an increase in the number of people claiming Job Seekers Allowance (JSA). In April 2011[6], 2.2% of Somerset's working age population were claiming JSA, compared to 2.6% regionally and 3.7% nationally. The percentage of the working age population claiming JSA varies across the county, from 8.9% in Bridgwater Fairfax to 0.3% in Ruishton and Creech.

Youth unemployment is of particular concern, with 5.8% of 18 to 24 year olds claiming JSA in Somerset, compared to 2.3% of 25 to 49 year olds and 1.1% of 50 to 64 year olds. The issue of youth unemployment is reflected at a regional and national level also.

Table 2 shows that Sedgemoor has the highest level of youth unemployment in the county at 7.4% and West Somerset the lowest at 4.5%.

Table 2: Percentage of JSA claimants by age band (April 2011)

	18 to 24 (%)	25 to 49 (%)	50 to 64 (%)
Mendip	6.4	2.3	1.2
Sedgemoor	7.4	3.0	1.4
South Somerset	4.8	1.8	1.0
Taunton Deane	5.6	2.3	1.1
West Somerset	4.5	2.4	1.1
Somerset	**5.8**	**2.3**	**1.1**

Source: Nomis

[6] NOMIS https://www.nomisweb.co.uk/reports/lmp/la/1967128607/report.aspx?town=somerset

In 2010[7] there were 1,009 16 to 19 year olds in Somerset Not in Education, Employment or Training (NEET). Taunton Deane has the highest percentage of 16-19 year old NEETs in Somerset at 4.1% and Mendip the lowest at 3.1%.

At Lower Super Output Area (LSOA)[8] level, Eastgate Ward in Taunton has the highest percentage of NEETs in the county, with 16% of 16 to 19 year olds not in employment education or training, followed by Taunton Halcon (15%).

In December 2010[9], the majority of Somerset's residents were employed within the service industry. However, Table 3 shows that a smaller percentage of people work in the service sector compared to the regional and national average, this is particularly true within banking, finance and insurance. A higher percentage of people in Somerset work in agriculture, fishing and manufacturing compared to the regional and national average.

Table 3: Percentage of 16 to 64 year olds in Somerset by sector of employment (December 2010)

Sector	Somerset (number)	Somerset (%)	South West (%)	Great Britain (%)
Agriculture and fishing	11,400	4.9	1.8	1.0
Energy and water	4,300	1.8	1.5	1.6
Manufacturing	31,800	13.8	11.1	9.9
Construction	15,100	6.5	7.6	7.6
Service	166,800	72.3	77.4	79.3
Distribution, hotels and restaurants	*51,100*	*22.2*	*18.8*	*18.5*
Transport and communications	*12,500*	*5.4*	*7.3*	*8.5*
Banking, finance and insurance	*25,000*	*10.8*	*14.4*	*16.1*
Public admin. education and health	*65,100*	*28.2*	*31.2*	*30.7*
Other services	*13,200*	*5.7*	*5.6*	*5.5*

Source: Nomis

Somerset has a higher percentage of business employing 0 to four employees than observed regionally or nationally. This is particularly evident in West Somerset, where 76.2% of businesses employ between 0 and four people. Half of all

[7] Children and Young People's Directorate, Somerset County Council
[8] An LSOA is a statistical boundary containing on average 1500 people in 2001
[9] NOMIS https://www.nomisweb.co.uk/reports/lmp/la/1967128607/report.aspx?town=somerset

businesses in Somerset have been in existence for 10 or more years; this is greater than the regional (47%) and national (42%) average.

Deprivation

Although Somerset as a whole is relatively less deprived compared to the country, there are pockets of considerable deprivation. As part of the JSNA process, a local index of deprivation has been developed specifically for Somerset. The local index called 'priority areas' complements the national Indices of Multiple Deprivation (IMD) 2010 (see below) however, the indices follow different methodologies and contain different variables.

The local index and information on the differences between the two indexes can be found on the sine website http://www.sine.org.uk/jsna/

Index of Multiple Deprivation 2010

The Index of Multiple Deprivation (IMD)[10] is used to measure deprivation at local levels. The IMD ranks each LSOA[11] in England using 38 indicators, split into seven domains; Income, Employment, Health Deprivation and Disability, Education, Skills and Training, Barriers to Housing and Services, Crime and Living Environment.

There are 327 LSOAs within Somerset, 14 of which fall within the 20% most deprived nationally. These 14 LSOAs contain approximately 21,200 people and can be found in Taunton, Bridgwater, Highbridge, Williton, Shepton Mallet and Yeovil.

Comparing the IMD 2010 with the 2007 version shows that in some of the 'most' deprived areas of Somerset deprivation has increased:

- five of the 14 20% most deprived LSOAs also fall into the 10% most deprived nationally, three[12] more than in 2007. Together, these five LSOAs represent around 7,700 people

- two of the 14 20% most deprived LSOAs also fall within the 5% most deprived nationally; there were no LSOAs in this category in 2007. These LSOAs are in Bridgwater Sydenham (1,600 people) and in Taunton Halcon (1,700 people)

Within Somerset, the most prevalent form of deprivation is barriers to housing and services. 87 out of 327 LSOAs in this category in Somerset fall into the 20% 'most' deprived nationally, affecting 130,500 people. Looking at this domain in more detail,

[10] http://www.communities.gov.uk/publications/corporate/statistics/indices2010
[11] An LSOA (Lower level Super Output Area) is a statistical boundary comprising roughly 1500 people.
[12] Highbridge (South West), Taunton Halcon (West), Taunton Lyngford (North)

people living in these areas are more likely to suffer from 'geographic barriers' (distance to services) due to the rurality of the county, rather than household overcrowding, homelessness and lack of access to affordable homes.

Table 4: Number of LSOAs in Somerset that fall into the 20% most deprived nationally, by domain (IMD 2010).

Domain	Number of LSOAs	Population[13]
Income	16	24,000
Employment	29	43,500
Health Deprivation and Disability	16	24,000
Education Skills and Training	42	63,000
Barriers to Housing and Services	87	130,500
Crime	22	33,000
Living Environment	26	39,000

In the other six domains, the most significant pockets of deprivation relate to Education, Skills and Training, with 63,000 people living in one of the 20% most deprived LSOAs nationally.

Child Wellbeing Index 2009

The Child Wellbeing Index (CWI)[14], measures the wellbeing of children aged 0 to 16 (or 18 if in full-time education) at local levels. Similar to the Index of Multiple Deprivation, each LSOA in England is ranked against a number of indicators split into seven domains (Material wellbeing, Health, Education, Crime, Housing, Environment and Children in Need).

14 LSOAs in Somerset rank amongst the 20% worse in England for child wellbeing, accounting for 4,500 children[15]. These areas are located within Bridgwater, Taunton, Yeovil and Highbridge. Of these, Bridgwater Sydenham Central ranks amongst the lowest 5% in England and Taunton Lyngford Central ranks amongst the lowest 10%.

At district level, none of the districts fall within the 20% worse nationally overall. However, within the seven domains, West Somerset is ranked in the worse 20% nationally for housing (see Table 5). The indicators that make up this domain are:

[13] Assuming each LSOA contains 1,500 people
[14] http://www.communities.gov.uk/publications/communities/childwellbeing2009
[15] Assuming each LSOA contains 350 people age 0 to 18

- access to housing
- overcrowding
- shared accommodation
- homelessness
- quality of housing
- lack of central heating

Mendip appears in the top 20% nationally in the health and disability domain, while West Somerset appears in the best 20% nationally in the crime domain.

Table 5: Child Wellbeing Index 2009 ranking for Somerset, by district and domain[16].

	Mendip	Sedgemoor	South Somerset	Taunton Deane	West Somerset
Material Wellbeing	131	175	112	142	235
Health and Disability	32	163	151	253	147
Education	121	218	188	162	192
Crime	155	142	149	101	42
Housing	201	254	210	179	316
Environment	94	185	127	226	227
Children in Need	121	179	125	142	240
Overall	**95**	**182**	**146**	**158**	**220**

Fuel poverty

A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime (usually 21ºC for the main living area, and 18ºC for other occupied rooms).

Within Somerset, higher levels of fuel poverty are seen outside of the main urban areas, people in these areas (with the exception of Exmoor) are generally not on lower incomes than people living in urban areas, therefore the costs to heat their homes must be greater, e.g. less fuel efficient, not on mains gas.

[16] Rank out of 354 local authorities (1 is the best)

Community cohesion and safety

Results from the 2008 Place Survey show that 77% of Somerset's residents believe people from different backgrounds get on well together in their local area. This is slightly lower than the national average of 79%.

However, there are differences by age, type of tenure and ethnicity. Among those aged 65+, 86% perceive that their local area is a place where people from different backgrounds get on well together, as do 80% of those aged 55-64; this figure falls to 67% in the 25 to 34 age group. Owner occupiers (78%) were more likely to agree that people from different backgrounds get on well together than those in social housing (73%). 78% of non-BME (Black and Minority Ethnic) respondents agree that people from different backgrounds get on well together, compared to 66% of BME respondents.

The 2008 Place Survey also showed that 63% of Somerset's residents feel very strongly or fairly strongly that they belong to their immediate neighbourhood. This is greater than the national average of 59%. Again, there were differences by age, type of tenure and ethnicity.

Residents aged 65 and over were the most likely to feel they belonged to their local area very or fairly strongly (76%). In comparison, only 41% of 18-24 felt strongly they belonged to their local area. Residents in private rented accommodation were significantly less likely to feel that they belonged (46%) compared with all other tenure types (owner occupiers 65%; social housing 61%). Residents from BME groups were less likely to feel they belonged to their neighbourhood compared to residents from non-BME groups (51% BME, 64% non-BME).

The Somerset Community Cohesion Strategy 2004-2014 outlines the challenges to community cohesion in Somerset and the plans on how these are going to be overcome between 2004 and 2014.

The 2008 Place Survey also found that 92% of people in Somerset felt very safe or safe outside in their local area during the day; this figure fell to 62% after dark. Women, under 25s, people with a limiting disability and those in social housing were the most likely to feel unsafe[17].

[17] 2008 Place Survey http://www.sine.org.uk/publications/place-survey/

The 2010 Community Safety Strategic Assessment identified four key community safety priorities for Somerset in 2011:

- reducing anti-social behaviour (ASB), crime and re-offending
- road safety
- protection of vulnerable groups
- substance misuse

Anti-social behaviour (ASB)[18] affects more people in Somerset than any other community safety issue and is a local and national priority. While levels of overall crime have been falling year-on-year in Somerset (from 35,000 in 2006/7 to 30,500 in 2010/11), the overall decline in crime has slowed down over the last year mainly due to rising levels of low level acquisitive crime e.g. targeted theft from motor vehicles (possibly linked to the economic downturn):

Examples of low-level acquisitive crimes:

- shoplifting
- theft, other
- theft from a motor vehicle
- theft of metal
- shed/garage break ins
- bilking[19]

Travel and transport

Outside Somerset's main towns, the county is characterised by a dispersed pattern of settlement and a relatively low population density. Transport and the relative ease of movement within the region are therefore major issues which influence the social, environmental and economic life of the county.

Census data shows that in 2001, 18% of households in Somerset did not have access to a car or van. This is lower than the regional and national average. The Department for Transport 2010 Accessibility Statistics[20] provide a local-level measure of the availability of transport to key services including; food stores, education, health care, town centres and employment centres. On average, the minimum travel time to the nearest key service in Somerset is 16 minutes by public transport/walking, 11 minutes by walking and six minutes by car.

[18] Source: sanitised information / summaries from the RESTRICTED Avon and Somerset Constabulary, Internal Strategic Assessment (F&G - Somerset), June 2011
[19] Making off without payment
[20] http://www2.dft.gov.uk/pgr/statistics/datatablespublications/accessibility/index.html

Within Somerset, 83% of residents can reach a medium (500 jobs) sized Employment Centre within a reasonable travel time by car. However, this figure drops to 58% if residents have to walk or travel by public transport. Larger (5,000 jobs) Employment Centres are less accessible with only 45% of residents being able to access one by car within a reasonable travel time. This figure drops to 15% if residents have to use public transport or walk.

66% of residents in Somerset can access a hospital within a reasonable travel time by car, this figure drops to 36% if residents have to use public transport or walk.

Natural environment

The natural environment offers many benefits to health and wellbeing. It can reduce stress and improve mental health, encourage people to be more active and it has also been shown to reduce health inequalities between the most and least deprived communities.

Within Somerset, 68% of people are satisfied with parks and open spaces in their local area. This is in line with the national average of 69%. At district level, West Somerset residents are the most satisfied (76%) and Sedgemoor residents are the least (59%) satisfied with parks and open spaces in their local area[21].

The county is home to seven species threatened on a global scale, including the UK's strongest site for the large blue butterfly (the result of an innovative re-introduction project) and over 200 species on the UK Biodiversity Action Plan list of "priority species", including the otter, water vole and hairy click beetle[22].

Within Somerset, there are many European, national and locally designated wildlife sites, including: eight special areas of conservation; two Ramsar Convention/special protection areas; 12 national nature reserves; 124 sites of special scientific interest and 2,080 local wildlife sites.

In Somerset, the threats to biodiversity include unavoidable climate change, habitat loss and fragmentation, intensification of farming systems (increasingly driven by rising global food demand), changes in agricultural support grants, changes in land ownership patterns, unsympathetic development, issues of water quantity and quality and aerial nitrogen pollution.

[21] Place Survey 2008 http://www.sine.org.uk/publications/place-survey/
[22] 2008-2018 'Wild Somerset' Somerset Biodiversity Strategy produced by the Somerset Biodiversity Partnership http://www.somerset.gov.uk/irj/go/km/docs/CouncilDocuments/SCC/Documents/Environment/Countryside%20and%20Coast/Somerset_biodiversity_strategy_final%20version.pdf

Climate change and energy challenges

Somerset County Council's 2008 report "Responding to Climate Change in Somerset" identifies flooding as the single biggest threat to Somerset posed by climate change.

However, climate change will impact on many different areas of the local economy; it will lead to changes and instabilities of weather, heat waves could mean people are unable to work and flooding events could disrupt local transport links and cause physical damage to businesses.

High transport costs are likely to increase the demand for locally produced food and amenities. There will also be opportunities for new business in low-carbon technologies to develop. This has been seen in Somerset over the last year with an increase in solar energy projects. The largest commercial project in Somerset during 2010/11 was at Worthy Farm in Pilton (home of Glastonbury festival) where 1,116 solar panels have been installed.

Currently one of the biggest energy projects in Somerset is the proposed construction of the new nuclear reactor at Hinkley Point Power Station in West Somerset. The project is expected to create up to 5,000 new jobs during the construction phase and 900 permanent jobs during the 60 year operation of the plant.

Although it is likely that some of the new workers will be from outside the local area, EDF Energy (who own Hinkley Point) have committed to help prepare local people for the new jobs by developing a construction skills centre in Sedgemoor and an apprenticeship skills hub in West Somerset.

A report by the Oxford Institute for Sustainable Development estimates that the project could input on average £100 million per year into the local economy during construction and £40 million per year during operation. This would come mainly from salaries spent in the area by workers and from local contracts let for the project[23].

[23] http://hinkleypoint.edfenergyconsultation.info/key-benefits/

3 HEALTH NEED

In general, the population of Somerset enjoys relatively good health in comparison to national figures. The average life expectancy for people in Somerset is better than the national average.

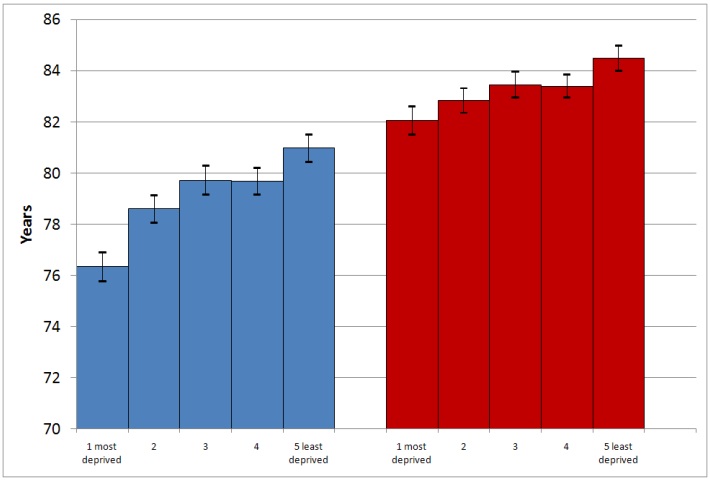
Table 6: Life expectancy at birth (years)

	Somerset	South West	ENGLAND
Males	79.4	79.2	78.3
Females	83.5	83.3	82.3

Source: 2007-9, NCHOD website

However, on average men live 4.6 years less and women 2.4 years less in the most deprived areas compared to the least deprived areas.

Figure 2: Life expectancy by IMD2007 quintile within Somerset 2005-9



Blue for males, red for females

Prevalence

Table 7 shows the recorded prevalence of specific conditions on primary care registers in Somerset, along with comparisons to the South West region and England.

Table 7: On disease registers in primary care

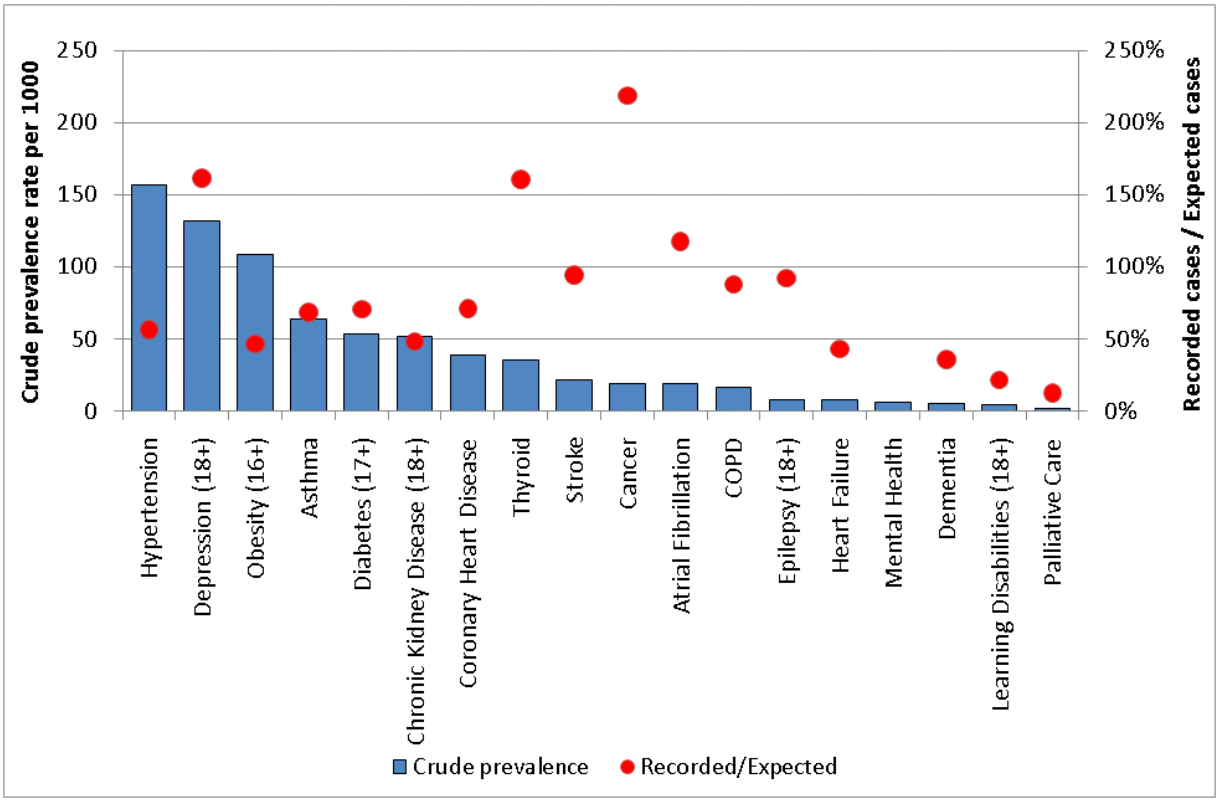
Condition	Somerset		South West	England
	Number (thousands)	Prevalence	Prevalence	Prevalence
Asthma	34.3	63.8	64.3	59.4
Atrial Fibrillation	10.3	19.1	17.4	13.9
Cancer	10.4	19.4	17.1	14.1
Chronic Kidney Disease (18+)	22.2	52.3	47.1	42.7
COPD	9.1	17.0	15.7	15.7
Coronary Heart Disease	20.9	38.8	35.9	34.4
[24]Dementia	2.9	5.4	5.2	4.5
Depression (18+)	55.8	131.7	119.9	109.1
Diabetes (17+)	23.1	53.7	51.4	54.0
Epilepsy (18+)	3.5	8.3	8.1	7.8
Heart Failure	4.4	8.2	8.1	7.2
Hypertension	84.1	156.6	142.0	133.5
Learning Disabilities (18+)	1.9	4.6	4.9	4.2
Mental Health	3.6	6.6	7.1	7.7
Obesity (16+)	47.6	109.0	98.9	105.2
Palliative Care	.9	1.7	1.4	1.4
Stroke	11.7	21.9	19.8	16.8
Thyroid	19.3	36.0	31.4	29.2

Source : Crude prevalence per 1000 population, Quality Outcomes Framework (QOF) 2009/10

[24] GP register data on dementia gives relatively low rates however, only 36% of people (in line with national rates) are diagnosed with the condition at present.

In general, the crude prevalence rates for a number of chronic conditions are higher in Somerset than in the region and England; however, this can be partly explained by the fact that Somerset has a higher proportion of older people.

Figure 3: Recorded number of cases/expected number of cases compared to the crude prevalence

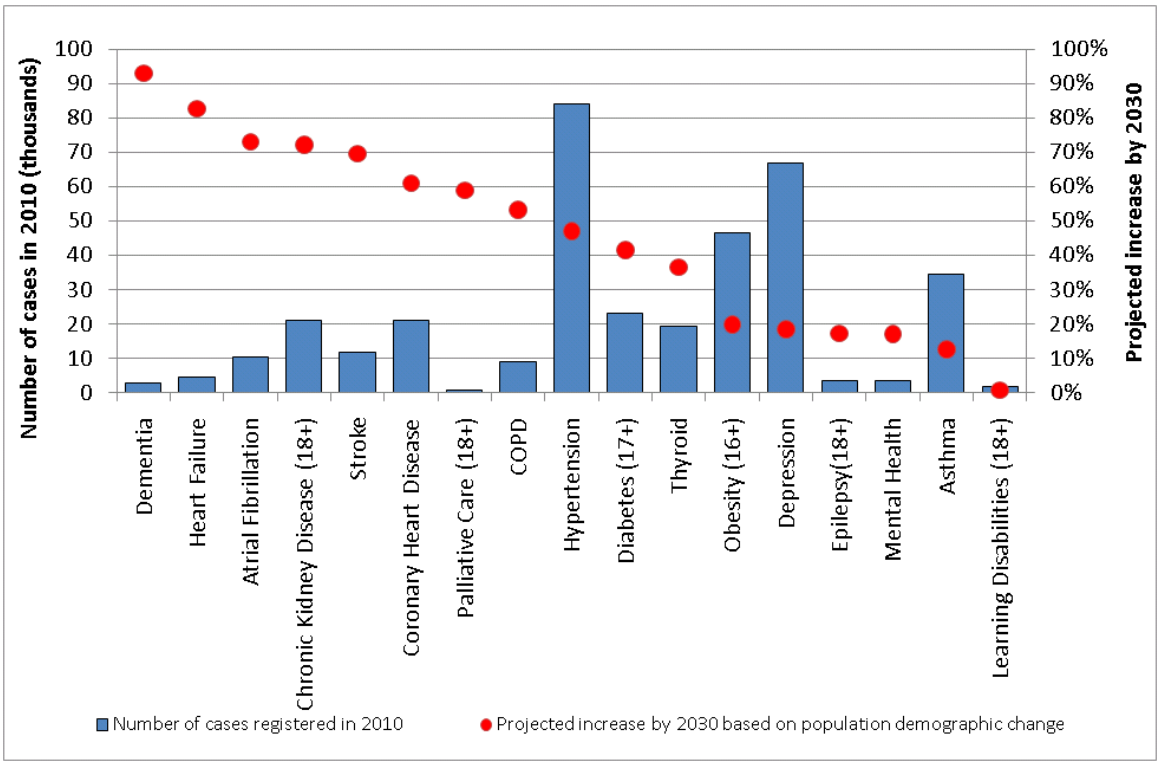


Source: based on NHS Comparators models with the exception of Diabetes which is based on the model the York and Humberside Public Health Observatory model. The value for Somerset is slightly different to that on the YHPHO website because the modelling was done locally and for each GP practice separately and summed.

The proportion of cases diagnosed, compared to the number of expected cases across a range of conditions, is broadly similar to the pattern in 2008/9, which in turn was broadly similar to England. There were, however, some differences; the proportion of cases for dementia and diabetes were significantly lower than the national figures and they remain lower this year.

It appears as though some conditions are 'over-diagnosed', with more observed cases than the model predicts and some are 'under-diagnosed'. Some of this could be due to issues with the models being used in the prediction. The under-diagnosis could also reflect 'unmet' need and could suggest a need for efforts to increase the number of cases diagnosed.

Figure 4: Number of cases in 2010 and projected increase in cases by 2030



All projections have been calculated using models describing prevalence and population projections to 2030 and published on the 'Projecting Older People Population Information' System (POPPI) or the 'Projecting Adult Needs and Service Information' system (PANSI).

The projections, based solely on demographic change, suggest increases in numbers for all conditions. Some predicted increases are very large: for instance, almost double for the numbers with dementia and heart failure. However, it must be noted that smaller increases in conditions that are more common (e.g. hypertension) can have a bigger impact on the burden of disease. These increases do not make any assumptions about the effects of changes in factors affecting health and wellbeing, such as weight and physical activity or changes in completeness of case finding or new treatments.

The ageing population has particular implications for services in Somerset. Projected estimates suggest that the number of those over 65 years with limiting long-term illness will increase by almost 14% by 2015. A similar figure is expected for those aged over 65 years living in a care home (with or without nursing care). There are increases predicted for diabetes, obesity, heart attacks, stroke and chronic obstructive pulmonary disease (COPD) as well as conditions such as falls, dementia, depression, visual and auditory impairments.

Hospital activity

Figures 5 and 6 show the numbers of admissions and emergency admissions by cause in all age groups.

Figure 5: Number of admissions (elective and emergency) by cause, all ages, 2010/11

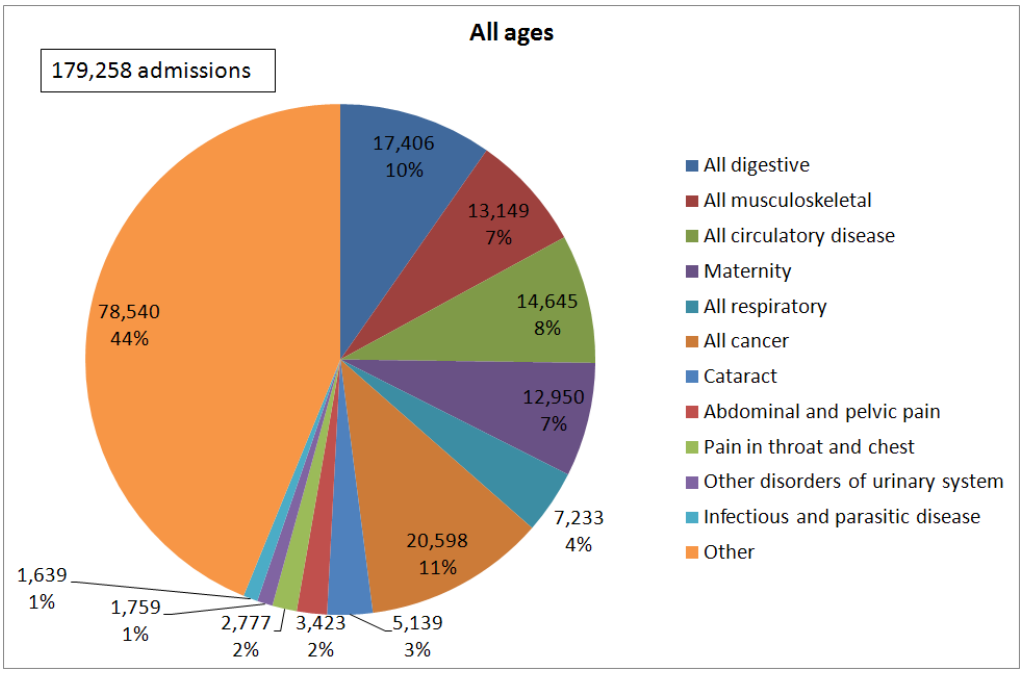
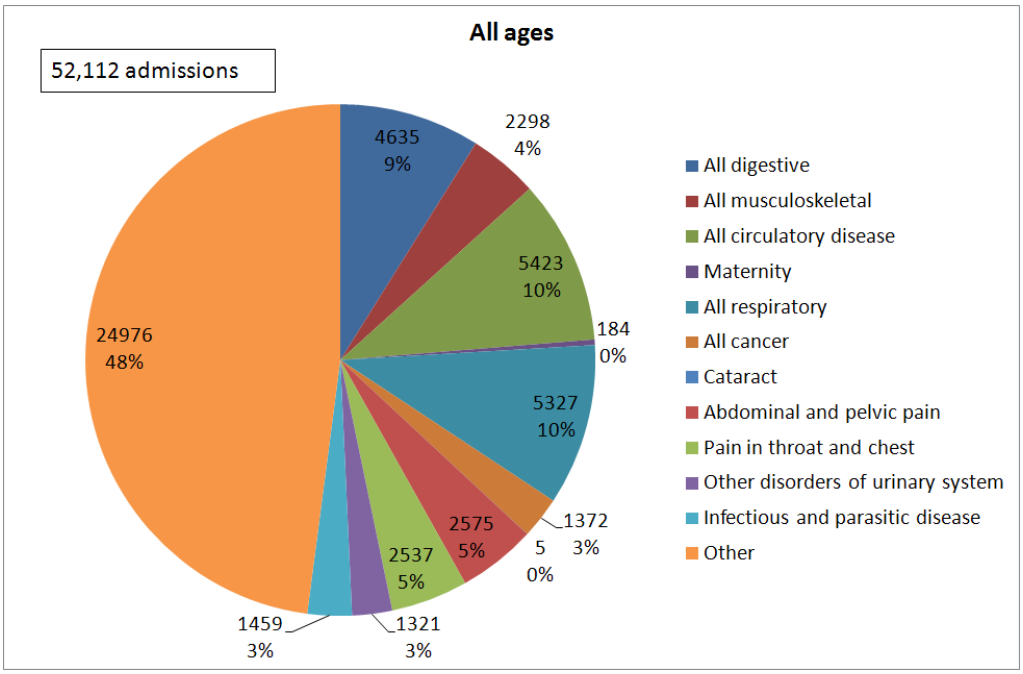


Figure 6: Number of emergency admissions by cause, all ages, 2010/11



Cancer and digestive, musculoskeletal and circulatory disease are the main causes of admission, while digestive, circulatory and respiratory disease are the main causes of emergency admissions.

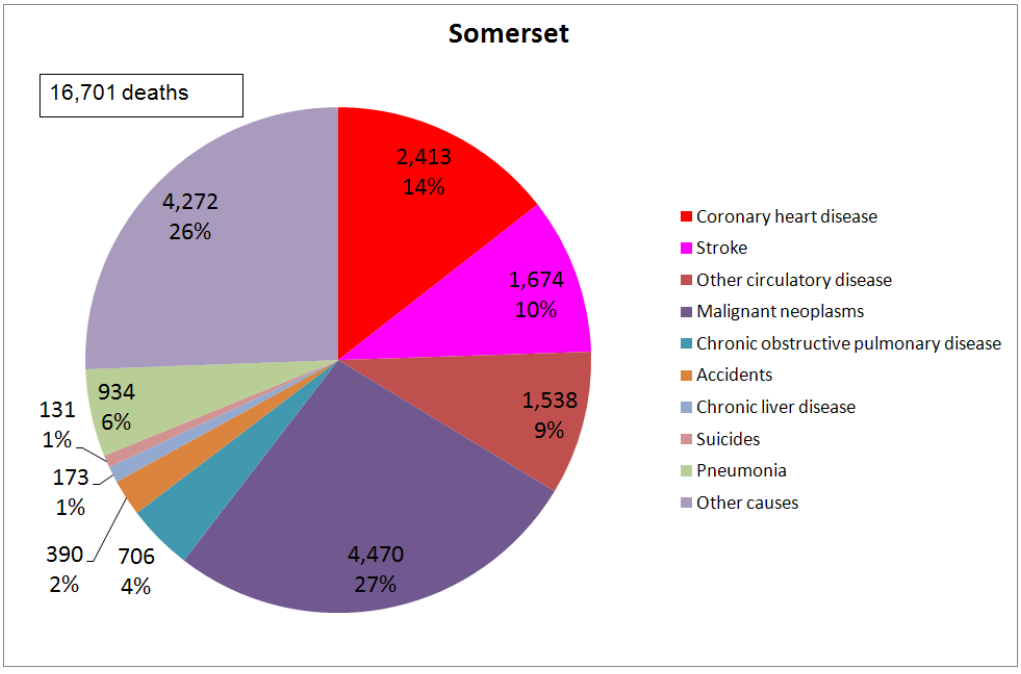
The rate of outpatient and inpatient admissions is lower for Somerset in comparison to the region and country averages. This trend has been occurring over the last three years.

Projections of hospital activity for the future suggest that some of the biggest increases are likely to be in chronic conditions such as circulatory disease and cancers, which would increase in an ageing population.

Mortality

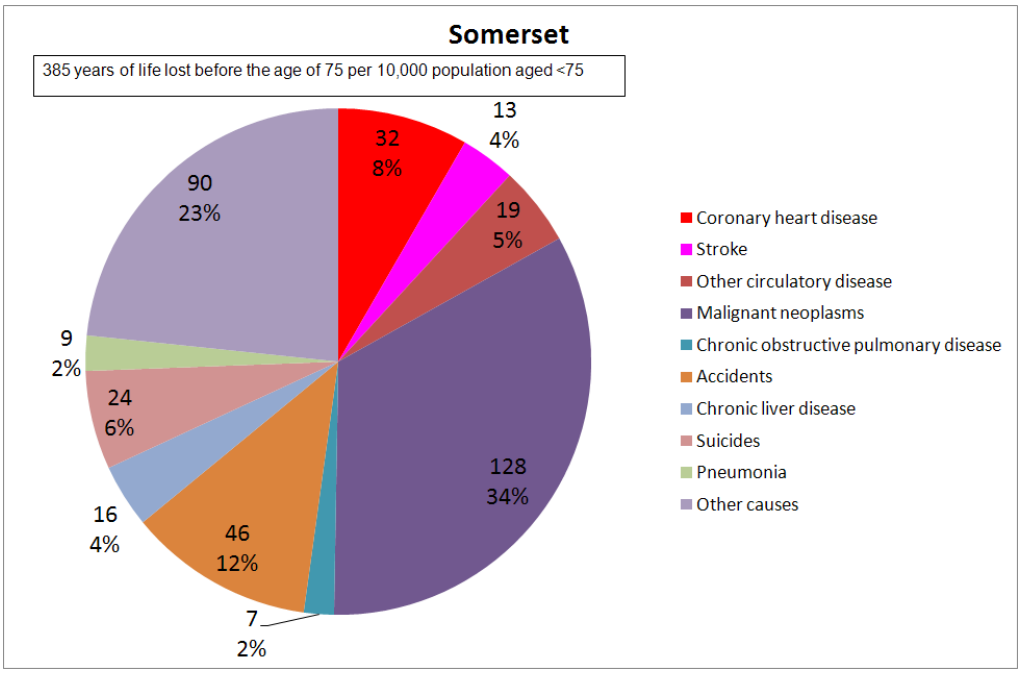
Figures 7 and 8 show the main causes of all mortality in Somerset and the main causes of premature mortality (death in those under the age of 75 years).

Figure 7: Deaths by cause, all ages, 2007-9



There are no significant differences in terms of cause of death between Somerset, the region and England and Wales as a whole. All circulatory diseases and cancers remain the main cause of death.

Figure 8: Years of life lost before the age of 75 per 10,000 population 2007-9



The maximum numbers of premature deaths (before the age of 75 years) are due to circulatory diseases and cancers, in line with the regional and national figures. Although accidents and suicides account for a significant proportion of years of life lost (due to being affected at young ages), circulatory diseases and cancers account for the most years of life lost due to large numbers being affected.

Table 8: Where people die 2005-9

	Care/nursing Home	Elsewhere	Home	Hospice	Hospital
Males	14%	3%	23%	5%	54%
Females	28%	1%	16%	5%	49%
Persons	22%	2%	19%	5%	52%

More men die at home than women. This could be because they are more likely to die younger and therefore more likely to have someone at home to look after them.

Most people die in hospital and there is a slight suggestion that the more deprived areas have a greater proportion of deaths in hospital. It is unclear whether this is due to a lack of access to care homes and hospices, or whether people are more likely to need hospital admission for management.

The Excess Winter Deaths Index (EWDI) is higher for women than for men and older women appear to have the highest rate of excess winter deaths. There is no evidence that increasing deprivation increases the index. Nationally, it is suggested that tackling fuel poverty would decrease excess winter deaths. In Somerset, there is not a wide disparity in fuel poverty across the county and little evidence that the small difference between the most and least fuel poverty alters the excess winter deaths. This would mean that, in Somerset, it is unlikely that targeted measures to tackle fuel poverty alone would reduce excess winter deaths.

Prevention

Cancer screening rates are better than the regional and national averages, although the proportion of inadequate cervical cancer tests is worse than the national average.

In general, immunisation rates in Somerset are higher than the national average. However, there are still many people who could benefit by receiving protection from MMR and influenza vaccines.

Although estimated rates of smoking, obesity, diet and physical activity are similar to the rest of the region and in general better than the national figures, the rates for dangerous daily drinking are higher than the national average.

4 HEALTH INEQUALITIES

Please note: the content of this section is primarily updated information from health inequalities documented in Somerset's JSNA 2008. As with the first JSNA, it starts with birth and moves forward through to older age. It is written by individuals with specialist knowledge of the subject area which has been summarised here.

The Health Inequalities section contains information under the following headings:

- Children and young people
- Teenage pregnancy and sexual health
- Substance misuse
- Mental health
- Learning disabilities
- Obesity

- Smoking
- Diabetes
- Coronary Heart Disease and stroke
- Older people
- Health protection

The Marmot Review into health inequalities in England, published in 2010, stated that many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total between, 1.3 and 2.5 million extra years of life[25].

In Somerset, the following are important issues impacting on health inequalities:

- access
  - rurality in Somerset can mean long journeys to access services or activities
  - poor geographical spread of service delivery points e.g. health, social activities
  - transport routes may not exist or services may be infrequent and restrict access to services

- financial inclusion and economic issues
  - benefit take up is varied and not claiming full entitlement can leave people (particularly the elderly) and families with insufficient income to meet their needs
  - money management skills are inadequate and can lead to debt
  - credit unions can support people to safely borrow money to overcome debt and to establish saving habits
  - fuel poverty results from people and families having insufficient income to heat their homes and there can be high meter costs in private rented accommodation
  - opportunities to develop skills through training and into employment
  - opportunity to be part of the community and to contribute e.g. through volunteering

- housing
  - housing needs to be the right home, in the right place and with the right tenure to suit individual circumstances and needs
  - housing needs to be affordable with the ability to maintain it and keep it warm
  - use of disabled facilities grants to enable adaptations to be made

[25] Frontier Economics (2009) Overall costs of health inequalities. Submission to the Marmot Review ww.ucl.ac.uk/gheg/marmotreview/Documents; Suhrcke M (2009)

- smoking
  - reducing smoking rates in disadvantaged groups and areas is a critical factor in reducing the health inequalities gap
  - smoking rates are highest in the routine and manual group, lower socio-economic groups and certain minority and vulnerable groups
  - with around 18% of adults in Somerset still smoking, it remains the major driver of premature death and morbidity
  - smoking is also by far the single largest factor responsible for the differences in life expectancy between rich and poor

Children and young people

Breastfeeding

Women from disadvantaged or minority groups and teenage mothers are less likely to breastfeed. Whilst new mothers may initiate breastfeeding, a large number do not continue, with a significant decline in the weeks following birth. This is particularly so for young mothers and mothers from more deprived areas, increasing health inequalities. Many mothers who do breastfeed, but give up early, would have liked to have continued for longer if they had more support. Babies that are not breastfed have an increased risk of infection and respiratory disease leading to hospitalisation, as well as a higher risk of obesity in childhood. Longer term, there is an increased risk of higher blood pressure and blood cholesterol and type-2 diabetes in adulthood. For mothers, breastfeeding is associated with a reduction in the risk of breast and ovarian cancers.

In 2006, the Somerset Maternity Services Liaison Committee produced the Somerset Breastfeeding Strategy and Implementation Framework. The aim of the strategy is to enable mothers to feel confident and competent to breastfeed; it hopes to do this by encouraging a change in cultural norms regarding infant feeding and ensuring a co-ordinated network of professional and peer support available for mothers whenever they need it. The aim is to increase and sustain high initiation rates and to decrease the drop-off rate between initiation and 6-8 weeks. In Q4 2008/09, the initiation rate for Somerset was 79.1% (compared to just over 76% in 2006/7) and the prevalence rate at 6-8 weeks was 48.3% (total and partial breastfed).

Mothers often cite a return to work as the reason they stop breastfeeding. Guidance published in 2008 recommended that workplaces should have policies in place to support breastfeeding mothers. A recent audit undertaken on behalf of the Somerset Children's Trust demonstrated that whilst some of the statutory partners had arrangements for breastfeeding mothers, these were often limited and it has been

recommended that improvements are needed to promote a Breastfeeding Welcome culture.

Dental health

The dental health of children and young people has improved over the past 30 years, but research shows that the levels of decay in Somerset's five year olds are increasing.

Analysis of dental attendance rates across Somerset in 2011 identified the surprising finding that rates were declining in children. This finding, coupled with an apparent increase in dental decay rates in Somerset, is a cause for concern. A survey of 12 year olds in 2008/09 showed that on average these children have 2.28 teeth either with active decay, fillings or extracted due to dental decay. This is slightly worse that the England average of 2.21 teeth affected by decay. The breakdown by district reveals that West Somerset, Taunton and Sedgemoor are the areas with the poorest dental health.

The impact of fluoride schemes should improve dental health in the future, but it will take several years for improvements to be confirmed by survey results.

Children Looked After (CLA)

Figures for 2010/11 reveal that there are 110,539 children under 18 living in Somerset. Of these, 3,512 children are classed as 'in need', 451 are children looked after and 301 children are subject to a child protection plan (as of 31 March 2011). Approximately 200 CLA in Somerset are placed here by other local authorities. There are 201 foster care households caring for just under 70% of CLA and nine children's residential centres.

Health, wellbeing and educational achievement in schools

The implementation of Healthy Schools Plus (HS+) is in three cohorts spread across three financial Comprehensive Spending Review (CSR) years. The overall South West target was for 50% of all schools to be working at HS+ level. As of March 2011 this target has been exceeded and 51% of schools are engaged in HS+ in Somerset.

At Key Stage 2 in 2010, 75% of 11 year olds achieved level 4 in both English and mathematics, an increase of 4% on 2009 results. Provisional 2011 figures suggest a similar value, in line with the national average. Levels of attainment at GCSE have increased over recent years. In 2010, the percentage of pupils gaining 5+A*-C grades including English was 54%, higher than the national average of 53.1%.

Provisional results for 2011 show a further increase to 57%, though national figures are still awaited.

Teenage pregnancy and sexual health

Teenage pregnancy

Somerset has made considerable progress in reducing teenage conceptions, with an overall reduction of 22.7% in 2009 since the baseline year 1998, higher than both the regional and national reduction (17.8% in the South West and 18.1% in England). The most recent provisional data shows that the teenage conception rate for Somerset stands at 30.01 per 1,000 15-17 year olds.

There is strong partnership working between Somerset County Council and NHS Somerset, with a recent focus on six priority action areas. These actions were identified following the initial downward trend in teenage conceptions reversing in 2006. The future focus should be on reducing any inequalities in relation to teenage conceptions, as it is known that whilst teenage conceptions have reduced overall, the reduction is often less in the areas of highest need. In addition, whilst some districts have made significant reductions e.g. Sedgemoor has reduced by 34.6%, there are other districts where the reduction has been far less (e.g. South Somerset and Mendip).

Sexual health

The most vulnerable groups in society experience the poorest sexual health, with particular population groups experiencing disproportionately high levels of poor sexual health. In Somerset as elsewhere, there are certain groups at high risk of poor sexual health, including women, young people, men who have sex with men and people from some African and Eastern European communities. In addition, people living with Human Immunodeficiency Virus (HIV), sex workers, victims of sexual and domestic violence and abuse and other marginalised or vulnerable groups are more at risk.

The aim is to support people to have positive sexual relationships, which are mutual and pleasurable and free from harm, disease and unwanted pregnancy. This requires people to be informed about all aspects of sex and relationships and to have access to all forms of contraception and testing and treatment for sexually transmitted infections, including partner notification.

Somerset has established a sustainable Chlamydia Screening Programme for 15-24 year olds in the county. The screening coverage has increased from 4.4% in 2007/8 to 20.9% in 2010/11. However, this is against a current target to screen 35% of all

15-24 year olds. The focus in the future will be to reduce the prevalence of chlamydia by targeting the high risk groups of young people and identifying positive cases, rather than mass screening.
The rate of new HIV diagnoses in Somerset remains low, but numbers of people living with HIV in the county continues to rise year on year. There are now 167 people living with HIV in Somerset, nearly double the number from 2005. Of these, 76% were of white ethnicity, with 17% of black/African ethnicity. The main route of transmission in Somerset remains men who have sex with men, although heterosexual transmission continues to increase. Of particular concern is the level of late diagnoses, which in 2009 was 67% (53% in South West and 52% in England). NHS Somerset is leading an HIV needs assessment in 2011/12 which will inform future commissioning intentions for HIV prevention and health and social care for NHS Somerset and Somerset County Council.

NHS Somerset aims to implement an Integrated Sexual Health Service, delivering more tier 2 sexual health services in the community. This will increase the capacity for more identification and treatment of sexually transmitted infections in community settings, alongside contraceptive services and information and advice. Such a service would enable better access to services for more marginalised and vulnerable groups, particularly young people and men who don't traditionally use contraceptive and sexual health services.

Access to genito-urinary medicine (GUM) services within 48 hours in Somerset is good, but currently we are not meeting the NHS South West ambition of access within 48 hours seven days a week, which requires a weekly Saturday clinic. The Taunton GUM service is reviewing the current fortnightly Saturday provision in Bridgwater with the aim of a weekly service in future.

Substance misuse

The 2010 British Crime Survey[26] estimates are that 24,622 16-59 year olds in Somerset have used an illegal drug in the last year. The majority of this use can be attributed to cannabis (18,896 16-59 year olds). Research carried out by Centre for Drug Misuse Research at the University of Glasgow[27] estimates that there are 1,811 heroin and crack cocaine users in Somerset, about 90% of which are using heroin or other opiates (1,600). Whilst this compares reasonably well to other parts of the South West as a percentage of the population, it is still a significant number of people who may at some point seek help with their drug misuse. 47% of this estimated number of heroin and crack cocaine users are in treatment and a further

[26] The BCS drug misuse estimates are produced from responses to a self-completion module which was completed by 25,000 households in England and Wales in 2009/10.
[27] National and Regional Estimates of the Prevalence of Opiate and/or Crack Cocaine Use 2008/9: A Summary of Key Findings'; Gordon Hay, Jane Casey, The Centre for Drug Misuse Research, University of Glasgow.

18% have accessed Somerset treatment services in the past. Of this "known" population, it is emerging they:

- are slightly older with a proportional increase in those over 35 years old
- are less likely to be injecting drugs (more likely to have stopped injecting or never injected)
- show an increased likelihood of acute housing problems – particularly those younger drug users in the 18-24 year old age bracket

LSOA level data provided by Turning Point (Somerset's adult drug and alcohol treatment service) indicates that clients in treatment during 2009/10 were more likely to live in deprived areas. Data from Turning Point indicates that that the service received 931 new referrals in 2010, an increase of 8% on 2009. This increase is in part a response to the changed service structure in that Somerset, as of April 2008, commissions an integrated drug and alcohol treatment service. What is important to consider is that the planned exit rate for adults from alcohol treatment is much higher than for drugs at 64%, for tier 2 clients and 73% for tier 3. Data from the Accident and Emergency Alcohol Pilot Project at Taunton and Somerset NHS Foundation Trust shows that alcohol brief intervention work can reduce alcohol-related harm. On average, people who received brief advice and/or were referred to a specialist alcohol worker attended accident and emergency 2.44 times in the six months prior to contact and 0.84 times in the six months after contact.

Data[28] on the rate of hospital admissions amongst young people for alcohol specific conditions in Somerset indicate that it is rising: in 2006/7 the rate was 52.9 per 100,000 population, in 2007/8 it had risen to 65.5 and by 2009/10 it stood at 72.0. Referral data from local young people's drug and alcohol services shows few referrals of young people from the five most deprived areas in Somerset, which does not correlate with what should be expected in line with national research about the links between deprivation and drug/alcohol misuse[29].

In Somerset, the work to tackle the harm associated with drugs and alcohol is co-ordinated through Somerset Drug and Alcohol Partnership (SDAP). It aims to ensure that effective partnership responses are developed and delivered to tackle drugs and alcohol issues for people resident within the county boundary of Somerset.

Mental health

There appears to be a relationship between deprivation (as measured by the index of deprivation) and prevalence of poor mental health and dementia in Somerset with

[28] Local Alcohol Profiles (LAPE) 2010, NWPHO
[29] Somerset Young People's Substance Misuse Needs Assessment 2010, PIU on behalf of SDAP, November 2010

an apparent gradient of higher levels of mental illness in the most deprived practices and lower levels in the least deprived. Mental illness also affects men and women differently – in Somerset there are about 2.5 male hospital admissions for schizophrenia and acute psychotic illness for every 1 female admission.

The Somerset and Wessex Eating Disorders Association estimates around 5,000 in Somerset will have a clinical eating disorder and a further 5,000 have an eating disorder which has a significant impact on their life and health: 90% of these will be women.

Services to support those with mental illness and promote mental wellbeing are provided in both secondary and primary care in Somerset. There are also over 40 voluntary and third sector organisations that promote and/or address mental illness. Work in Somerset seeks to ensure that service users have a seamless experience of service provision regardless of provider and that transition between services is appropriate and effective.

The implementation of the Child and Adolescent Mental Health Services (CAMHS) Service Specification has led to improvements to access the service. A series of "launch events" have taken place over a number of months where CAMHS managers and practitioners have met with groups of stakeholders (including GPs, Local Service Teams, Locality Teams, Children's Social Care managers, Special Educational Needs Co-ordinators (SENCOs) for primary and secondary schools, head teachers and pastoral leads) to share information about the service, including the access pathway which sets out the significant expansion of agencies/professionals who can now refer directly to CAMHS, rather than via primary care.

Two aspects of service delivery within CAMHS have now been integrated:

- the Additional Needs Resource has been established to meet the needs of children and young people with learning disabilities alongside mental health needs
- the specialist substance misuse service for children and young people (formerly On The Level) has now been integrated into the generic community CAMHS teams, with effect from 1 April 2011

Learning Disabilities (LD)

People with learning disabilities[30] have a shorter life expectancy and increased risk of early death when compared to the general population. Demographic estimates for Somerset indicates that there are currently 1,975 people aged 18 and over[31,32] with a moderate to severe learning disability. Of these, 435 people aged between 18 and 64 years[33] are estimated to have a severe learning disability[34]. The number of adults with LD in Somerset, with a moderate to severe learning disability, is expected to increase by 13% over the next twenty years.

Although the needs of some people already in receipt of services will increase each year, thereby necessitating a sometimes very significant increase in the care they receive, the main reasons for someone who has not previously accessed any adult social care services to do so are:

- transition from children's services
- moved into Somerset
- carer crisis

Of these three reasons, the largest pressure on services results from young people moving into adulthood as they frequently have severe and complex disabilities that may have made them less likely to survive into adulthood in the past. In addition, as many people with LD are living longer, their carers are also ageing, resulting in increased demand for services among older people with learning disabilities.

Obesity

The Somerset Lifestyle Survey (2009) stated that 33.3% of adults self reported themselves as overweight and 16% reported themselves as obese[35]. Modelled data from the National Obesity Observatory states a figure of 24.5% of the adult population being obese in Somerset, which is similar to the national obesity levels for England.

[30] Health Inequalities & People with Learning Disabilities in the UK: 2010

[31] Projecting Adult Needs and Service Information system (PANSI)
[32] Predicting Older People Population Information system (POPPI)
[33] Projecting Adult Needs and Service Information system (PANSI)
[34] Projecting Adult Needs and Service Information system (PANSI). Figures stated do not include placements made in Somerset by other Local Authorities. No estimates are currently available for people with severe learning disabilities who are aged over 65.
[35] Somerset Lifestyle Survey 2009

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 calculated. In 2009/10 9.7% of children in Reception were obese and 15.7% of children in Year 6.

Rising obesity levels have been brought about by behavioural and environmental changes, resulting in the consumption of high calorific foods and a more sedentary way of life. Specific priority groups have been identified within the Healthy Weight Healthy Lives Obesity Strategies for Somerset. The strategies focus on healthy weight with a particular emphasis on addressing inequalities in health.

The Integrated Lifestyle Service began in April 2011. This service offers a high quality accessible Integrated Lifestyle Service (ILS) that provides information, advice and support, including treatment where appropriate, to people wishing to change to a healthier way of life. For those who are self motivated with low health risks, the ILS will signpost them to a wide range of lifestyle related information and opportunities available throughout the county. For those with specific health needs, who are receptive to change but need more support to make a lifestyle change, they may be given specific information on activities available within their community and may also be referred to other appropriate services:

Smoking

Smoking prevalence overall is lower in Somerset than for the country, but with around 18% of adults in Somerset still smoking, it remains the major driver of premature death and morbidity. Smoking related death rates are two to three times higher in low-income groups than in wealthier social groups. As smoking is more prevalent in lower income communities, tobacco is a key driver of poverty in the more deprived areas of Somerset. The areas with higher smoking prevalence broadly relate to the communities where more people are classified as being within routine and manual working groups. This also relates to areas where people are likely to be living in relative deprivation.

In 2010/11 stop smoking advisers in Somerset helped 3,661 people to stop smoking for at least four weeks, exceeding the Department of Health target of 3,478 by 5.3%. This means that about 4-5% of smokers were helped to quit in the county last year, but it is important to note that the majority of these will relapse, with about a quarter actually maintaining ex-smoker status. This is because most smokers need several attempts to achieve a permanent smoke-free state. Nevertheless, if these numbers of quitters can be maintained, the smoking population of Somerset should decline by 1-2% a year as a result of this service. However, the real rate of decline will be much higher as only a minority of people who quit smoking currently do so through NHS Stop Smoking Services.

Smoking cessation services have been shown to be less successful in supporting people from more deprived areas to quit. If these behaviours are retained in significant numbers then these populations will continue to live shorter, less healthy lives and it is likely that their economic circumstances will not improve.

Mapping of the uptake of stop smoking services shows that uptake in some high prevalence areas is lower than average. Areas of note include Taunton, Bridgwater, Crewkerne and much of rural Mendip. Recently, efforts have been made by stop smoking services to target these localities with, for example, new clinics set up in Halcon, Hamp and Sydenham, and a stop smoking group in Crewkerne Aquacentre. A smoking health equity audit is being carried out which will identify priority areas for enhancing service provision.

Diabetes

At the time of the last JSNA, in 2005-6 18,317 people (3.6%) in Somerset had diagnosed diabetes; by 2010 this had already risen to 23,099 (4.3%). In 2011 this figure is estimated to have increased to 24,564, which is an increase of over 6,000 in just five years. A projection based on a model for Somerset residents shows the numbers are expected to continue increasing by another 8.2% by 2015. Practice level data shows significantly higher than average rates of diabetes in Burnham, Highbridge, North Taunton, Bridgwater, Chard and Yeovil. Modelling suggests that there may be more undiagnosed diabetes in rural areas in comparison to town populations.

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.

Over the next few years the new NHS Health Checks programme will call all 40-74 year olds for a health check that should reduce the proportion of undetected cases. A new integrated Model of Care for Adults with Diabetes is currently being introduced in Somerset.

Cardio-vascular disease (CVD), Coronary heart disease (CHD) and stroke

In Somerset, CVD accounts for 27.1% of all deaths for men under 75 and 19.2% for women. There is a relationship between CVD mortality and prevalence, and geographical patterns of deprivation. A higher prevalence and mortality of CVD in Somerset can be identified in those areas with higher deprivation.

Although there has been a decline in CVD mortality overall, including in the deprived groups, the relative gap has increased between the least and most deprived.

Somerset is engaged with a number of programmes designed to reduce an individual's risk of developing CVD as well as improving the outcomes for those patients who have been admitted for CHD or stroke.

Older people

Although the older population of Somerset is relatively healthy, the percentage of older people is rising rapidly and we must acknowledge how this may contribute to health inequalities for this group. Data suggests that there are small numbers and a low proportion of older people living in the most deprived areas of Somerset. As this is using the national quintiles, small numbers would be expected in the most deprived quintile (all ages as well as older ages) as there are proportionately fewer people in that quintile in Somerset than nationally.

Deprivation is not the only indicator of vulnerability in the older population. Older people living alone are known to be often more vulnerable. A variety of contributing factors such as the lack of close, personal companionship, an increased sense of isolation, depression and physical fragility can indicate these older people may greatly benefit from the support of a broader range of health and social care services.

Health protection

Nationally and in Somerset, there have been concerns about the resurgence of measles due to fall in the uptake of the measles, mumps and rubella (MMR) vaccine below herd immunity levels. We have seen an increase in the number of both clinical and laboratory confirmed cases in Somerset during the last couple of years. In Somerset, rates of MMR had dropped to around 80% in the earlier half of the previous decade. Although rates of MMR uptake differ across local authority and GP federation areas within Somerset, there are no obvious associations with deprivation. Rates started gradually increasing during the second half of the last decade and are now approximately 90%. Although this is still below the ideal herd immunity level of 95%, the trend is encouraging. Initiatives such as adding MMR to the school leaver programme, running a catch-up campaign, targeted work with GP practices and raising awareness have all contributed to the increase in MMR uptake rates. The Somerset Immunisation Strategy identifies issues for further work and outlines an approach to continue to maintain and increase immunisation uptake rates across the county.

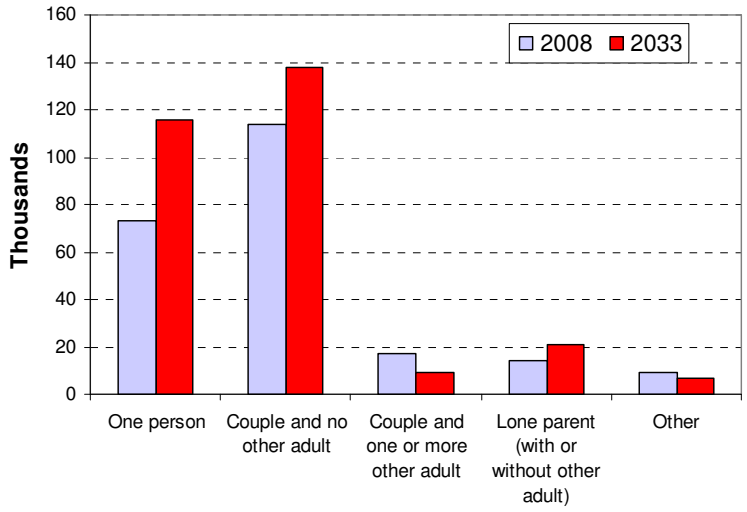
5 HOUSING

Housing cuts across many other themes relating to health and wellbeing, from giving people a good start in life to dealing with mid-life emergencies and caring for the older sector of the population. The 2011 Somerset JSNA incorporates a separate section on housing which identifies the key issues surrounding housing in Somerset. It focuses on:

- the size of the housing market
- affordable housing
- social housing
- housing vulnerable people
- views of residents and organisations
- housing strategy - what is being done nationally and locally?
- ongoing work

The number of households in Somerset is projected to increase by 65,000 (29%) to 291,000 by 2033. Most of this growth will be for older people and single-person households. Current construction programmes will fall well short of meeting this growth in demand, especially for affordable housing.

Figure 9: Projected change in household types, Somerset



Demand for social housing is rising steadily, with more than 21,000 households[36] on the housing register at 30 June 2011. All district councils have been increasing provision of affordable homes in the private sector and construction of new market housing has been maintained in some areas. However, the housing market remains

[36] Housing policy and IT changes requiring people to re-register, have caused fluctuations to figures in the autumn period

weak, with increasing pressure on the rental market from people in need, whether they are facing homelessness, moving for employment or care, looking for more bedroom space, downsizing or many other reasons.

The ratio of house price to earnings is greater in all Somerset's districts than the national average. It is particularly high in West Somerset where, even in an economic downturn, house prices at the market entry levels are almost nine times the average earnings figure. This makes it almost impossible for young people to get onto the property ladder or move into the area for employment.

At present, there is a net emigration of young adults from Somerset and, if this situation continues, there will not be enough people of working age to meet the needs of predicted growth in employment opportunities in Somerset over the next twenty years.

In recent years, supported by the Somerset Homelessness Prevention Strategy, the number of homelessness applications in Somerset has declined, in line with the England average. However, in 2009-10, there was an increase in applications and acceptances.

Stress caused by actual or fear of homelessness does affect people's health and wellbeing, both physically and mentally. Quality of housing is another important issue and a substantial proportion of private homes in Somerset fail to meet the Decent Homes Standard, although much is being done to improve accommodation. A large number of areas within the county also experience fuel poverty, which transcends income deprivation. It is often the older, larger, under-occupied homes in rural communities that require a greater proportion of income to heat adequately. Cold, damp housing conditions impact on health, morbidity and mortality, especially amongst older people, but also indirectly affect physical and emotional wellbeing amongst all age groups.

Supported housing is a vital service to help vulnerable groups, such as the elderly, those with dementia, learning disabilities and people with problems related to substance and alcohol misuse. Somerset County Council and its partners have long adopted a policy of floating support, which improves outcomes by promoting independent living wherever possible and reduces the need for residential care. This has the effect of benefiting the lives of individuals and being a more cost-effective model.

The borough and district councils in Somerset have the statutory responsibilities for housing and in 2010 a Strategic Housing Vision for Somerset was agreed with their partners, which addresses the key issues identified in this JSNA. It involves a joined-

up approach in which the three strands of housing, health and social care all pull together.

Multi-agency thematic groups covering older people, young people, those with learning disabilities and the socially excluded have produced recommendations for the way forward in the current economic climate. The approach harnesses health, housing, care, support and the voluntary sector, so that vulnerable people are able to draw on the services they need to meet their individual needs and help them to move on. The challenge is to commission, across the whole system, services which provide people with the information they need to make choices and exercise control through their individual pathway.

6 HEALTH AND WELLBEING IN THE OLDER POPULATION

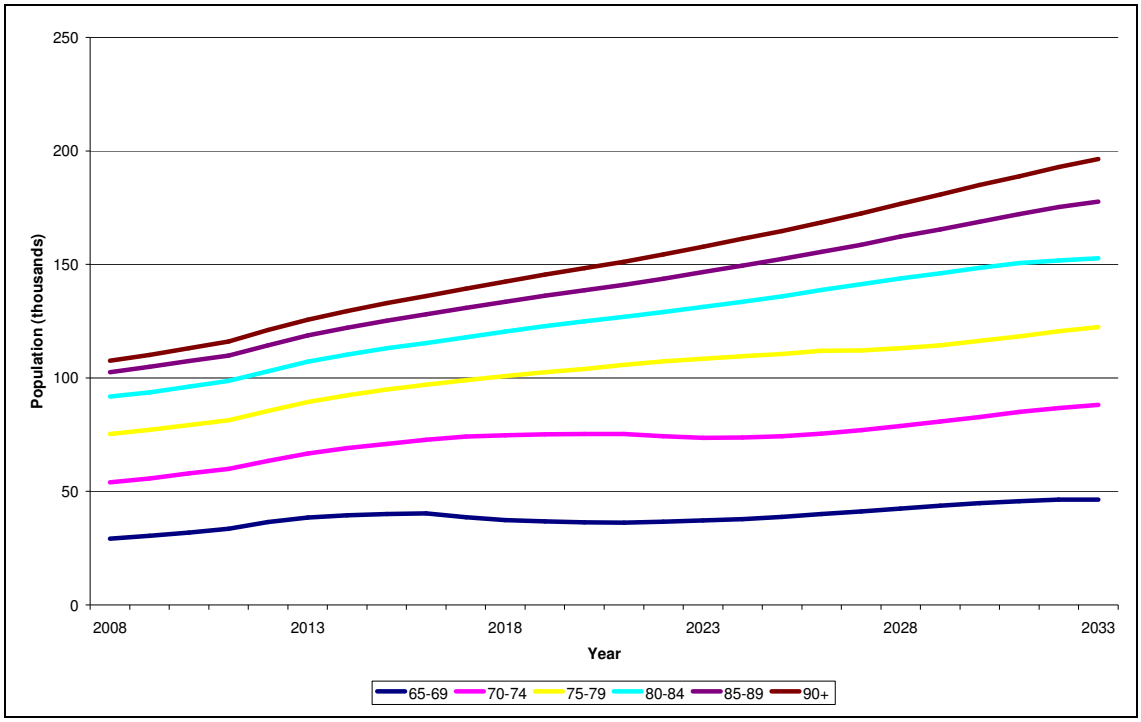
In comparison with many other areas, Somerset has a relatively old population. In addition, we are witnessing a rise in the very elderly (those aged 85 years or older) and this is expected to rise dramatically over the next 25-30 years. The 2011 Somerset JSNA incorporates a separate section on the health and wellbeing in the older population which identifies key issues so that service providers and those planning for services understand the needs of this population.

Demography

In 2010 there were 17,076 people aged 85 years and over were living in Somerset. South Somerset has the largest resident population aged 85 years or older, whilst West Somerset has the highest proportion of 85 + relative to the whole population. More than two-thirds of those aged 85 years and over live in a home they own, although they also account for the largest portion of those living in care or residential homes – 3,126 of the total 4,751. About a third of all those aged 85 years and over are living on low incomes and claim pension tax credit.

In 2033 Somerset's population is projected to be 619,400, an increase of 18% from 2008. The largest increase is projected to be in Somerset's older population in particular the 90+ population, which will increase by 267% from 5,100 in 2008 to 18,700 in 2033.

Figure 10: Somerset older people population projections for 2008 to 2033, by age.



In the 65 years and over population, 16% are economically active, which is twice the national average. With the phasing out of the default retirement age of 65 years, this is set to rise.

The ONS 2009 mid-year population estimates by ethnic group[37] indicate that 96% of Somerset's older population[38] is White British. The largest ethnic group after White British is 'white other' accounting for 1,800 people or 1% of Somerset's older population. This is followed by White Irish which accounts for 1,300 people or 1% of Somerset's population. Numbers of older people in the remaining ethnic groups is relatively low.

Somerset saw a net inflow of older people in 2010. In total, 2,400 people aged 65 years and over moved here from outside of the county. 700 of these moved into South Somerset.

The projected increases in the older population have significant implications for carers as they become older themselves. There are issues with accurate estimates of the numbers, as many of them do not identify themselves as carers, but solely as a family member. Older people in households may be both carers and cared for and

[37] http://www.statistics.gov.uk/statbase/product.asp?vlnk=14238
[38] Women aged 60 and over and men aged 65 and over

an event such as hospital illness means a solution has to be found for both. Independence is valued by this group and to address their future needs, issues such as raising awareness of their entitlements and ensuring they are accessed are important.

Health status

The average life expectancy at age 65 for people in Somerset is similar to that in the region and better than the national average. There is little difference depending on deprivation once someone has reached the age of 85. Amongst the very elderly, circulatory diseases remain the single largest cause of death. More men die in hospital or at home than women, who are more likely to die in a care or nursing home. The Excess Winter Deaths Index (EWDI) is higher for women than for men and older women appear to have the highest rate of excess winter deaths.

Amongst those in the very elderly group (aged 85 years and over) circulatory disease and cancer account for a significant proportion of the burden of disease. Projected estimates suggest that the number of those over 85 years with limiting long term illness will increase by almost 15% by 2015. A similar figure is expected for those aged over 85 years living in a care home (with or without nursing care). There are increases predicted for diabetes, obesity, heart attacks, stroke and COPD as well as conditions such as falls, dementia, depression, visual and auditory impairments.

During 2010/11 in Somerset there were 14,333 admissions to hospital amongst those aged 85 years and over – a substantial number when considered alongside the total 85+ population of 17,076. More than a half of these (8,172) were emergency admissions. The growing population of those aged 85 years and over is likely to place very heavy demands on all types of hospital activity in the future. Projections show that there are likely to be considerable increases in most conditions which would increase in an ageing population. Admissions (both non-emergency and emergency) for respiratory, 'other disorders or urinary' and infectious diseases are set to rise at a slightly higher rate than other cases, whilst musculoskeletal and circulatory diseases show marked rises in respect of emergency admissions.

There are also a number of proactive initiatives aimed at older people to support the maintenance of good health, including screening and health checks, promoting 'active living' and falls prevention. These initiatives will assume increasing importance as the population ages.

7 VOICE

Engagement with stakeholders, individuals and the third sector makes an important contribution to Somerset's JSNA. Focusing on the key themes, as well as raising awareness of the JSNA itself, involved the Bridgwater Senior Citizens' Forum, a Compass Disability event, interviews with carers over 85, work by the Local Involvement Network (Somerset LINk) and Somerset Racial Equality Council (SREC) and Black and Ethnic (BME) Minority Mental Health team. We would like to thank all contributors for their support in the development of the JSNA.

Bridgwater Senior Citizens' Forum - discussion on health and wellbeing in older people and older people who are carers

Key points:

- the importance of being able to access health and social care services
- concerns regarding the changes to the way the NHS will be run and eligibility for social care
- the impact of difficulties with transport (including to hospital appointments)
- the need for clear, appropriate communication, practical advice and help - particularly for those with caring responsibilities
- concern regarding the perceived emphasis on an older person's financial situation over the suitability of care
- the importance of available activity, both physical, social and mental, in maintaining health and wellbeing in older people

Compass Disability workshop - a presentation from LINk and NHS Somerset respectively, raising awareness of the JSNA and how the voluntary sector and individuals could become involved. The merits/pitfalls in the process of engagement

Key points:

- consultation should be timely and defined, with the appropriate audience given a sense of ownership and the 'whole picture' in terms of outcomes
- *"The users voice is not just about gathering things you need to know"*
- recognition of difficulties people with sensory needs have in accessing consultations
- the importance of feedback in making people valued and encouraging further involvement in the future

Interviews with individual carers aged over 85

All carers had help that they paid for and some support from family, friends and/or neighbours. The main theme running through all conversations was the importance of independence as a couple, being able to stay together and the unexpressed, but obvious, dedication and commitment of the carers to their situation.

Carer 1 - key points:

- the difficulty of ageing as a carer and the concern caring brings
- the importance of being able to be independent, to stay in own home and maintain own way of life
- the enjoyment of being able to socialise at a day centre
- the importance of help – but as it's needed - *"It would be helpful to have someone within the care system (a health visitor or nurse) visit once a month or more to just make sure we were all right."*

Carer 2 - key points:

- health is affected by changes in his wife's condition *"Dementia is like a roller-coaster."*
- respite is extremely important "*Without it a carer is on duty 24 hours – sorting out the medication, looking after my wife, making tea, meals washing up, laying the table"* and night care is exhausting
- routine plays an important role in caring
- communication difficulties with the GP surgery can result in a lot of concern for both carer and patient
- praise for 'Wheels' voluntary driver service

Carer 3 - key points:

- health is affected by not being able to leave his wife and go to GP when needed
- finding out about services was considered long-winded, fragmented and tiring – communication is better face to face or by letter
- rules of care found stringent and inflexible in terms of respite – far more useful to be ad hoc
- independence and staying together very important *"I would rather have my wife with me than without me."*

SCREC and BME Mental Health Team housing based case studies

The team works with individuals, families, carers, communities and service providers to help people gain access to mental health services and encourages people to look after their emotional health and wellbeing to improve their quality of life.

The six case studies together demonstrate the need for effective and timely partnership working between agencies when support is needed for vulnerable families and individuals, in many aspects of their lives. The studies give a broader picture of the role that appropriate and safe housing can play in terms of health and wellbeing whilst documenting the experiences of clients supported by the team in the resolution of often complex and/or threatening situations.

Somerset LINk - supported housing providers survey

As part of the development of the housing theme for the JSNA, the LINk undertook a survey of supported housing providers to ask their views on supported housing needs in Somerset.

Key points:

- strong concern about reductions to funding and how the current financial climate will impact upon both clients and providers over the next three years
- in general housing providers have good relationships between each other and with commissioners, although it was felt that more joined-up partnership working would improve efficiencies and services to clients
- providers felt that their services were providing significant cost benefits for statutory services, for example in reducing the need for residential care, hospital admissions and police interventions, as well as reducing the need for supported housing when preventative services found alternative solutions for clients
- insufficient affordable moving-on housing available, inconsistency of service provision across the county
- short-term and insecure funding impacts on staff; resulting in staff feeling unsettled and therefore increasing turnover.
- loss of preventative services for low-risk client groups (for example, people with low or moderate learning difficulties); the loss of specialist services for high-risk client groups (for example, people with mental health difficulties

Carers' champion evaluation

A survey carried out by Somerset LINk in July 2011 to evaluate the pilot Carers' Champion project.

88% of GP practices across Somerset participated in the Carers' Champion scheme and 82% have a Carers' Champion as a result of the scheme.

Key points:

- surgeries with Carers' Champions increased the number of carers on their carers' register by an average of 56% over one year
- 90% of Carers' Champions that had received feedback from patients had received positive feedback
- 91% of participating surgeries have a Carers' Noticeboard
- 96% of Carers' Champions have been able to give carers relevant information;
- 89% of Carers' Champions have enjoyed the role
- 90% of Carers' Champions that had received feedback from staff had received positive feedback

Recommendations from the evaluation included:

- sustainable funding to be planned as a matter of urgency
- a dedicated Carers' Champion Co-ordinator role to be put in place
- scheme should be formally included in the job description of an existing member of staff
- local community access to carer support and information should be commissioned via the Carers' Champion model
- recognition of the benefits of continued support for Carers' Champions in increasing the number of registered carers

8 KEY ISSUES BY DISTRICT

Demography

- South Somerset has the highest number of National Insurance Registrations in Somerset reflecting people who migrate into the area from outside the UK
- population projections show that the larger towns of Taunton, Bridgwater, Yeovil, Frome and Burnham-on-Sea will have additional demand for primary school places
- while South Somerset has the highest number of people aged 65+, West Somerset has the highest proportion of over 65s relative to the total population

Social and place

- Youth unemployment is an issue overall with 5.8% aged 18-24 claiming Job Seekers Allowance:

  - Sedgemoor has the highest rate within Somerset at 7.4%
  - Taunton Deane has the highest percentage of 16-19 year old NEETs in Somerset at 4.1%
  - while Somerset as a whole has a high proportion of businesses employing 0-4 workers, West Somerset has the highest within rate within the county at 76.2%

- Within Somerset, the most prevalent form of deprivation is barriers to housing and services

  - 14 LSOAs in Somerset fall within the 20% most deprived nationally; these 14 LSOAs contain approximately 21,200 people and can be found in Taunton, Bridgwater, Highbridge, Williton, Shepton Mallet and Yeovil. Two of these fall within the 5% most deprived nationally - Bridgwater Sydenham (1,600 people) and Taunton Halcon (1,700 people
  - 14 LSOAs in Somerset rank amongst the 20% worse in England for child wellbeing, accounting for 4,500 children. Of these, Bridgwater Sydenham Central ranks amongst the lowest 5% in England and Taunton Lyngford Central ranks amongst the lowest 10%
  - Mendip has the highest percentage of adults receiving home care (18+) and of people aged 65+ receiving home care
  - South Somerset has the highest rate of criminal damage and percentage of community service recipients aged 65+
  - Taunton Deane has the highest application rate for housing on Homefinder
  - West Somerset has the highest rate of pupils not obtaining 5 GCSE passes, highest percentage of families with children claiming income support, highest rate of Social service clients under 18 and highest rate of single pensioners claiming pension credit
  -

9 RECOMMENDATIONS FOR ACTION HIGHLIGHTED IN THE 2008 JSNA AND NOTES ON PROGRESS

General

- **Increase the number of affordable homes**

  The number of additional affordable homes has increased more during the last few years than at any time in the past decade, particularly in Mendip, Sedgemoor and South Somerset. Data between 2006-7 to 2009-10 shows an approximate 40% rise in the number of additional affordable homes. However, projections suggest that this will still meet only about two-thirds of the demand over the next decade

- **Improve employment opportunities**

  Following a steady decline between 1999 and 2008, the number of key 'out of work claimants has risen in Somerset from 27,090 (8.4% of the working age population) in August 2008 to 30,090 (9.5% of the working age population) in November 2010, peaking in February 2010 at 31,860 (10.0% of the working age population).

- **Improve access to public transport particularly for isolated and vulnerable groups**

  53% of residents in Somerset are satisfied with local buses, which is below the locally set target of 58%. 80% of buses are on time at intermediate turning points, which is again below the locally set target of 87%.

- **Reduce the number of people killed or seriously injured in road traffic collisions**

  See Somerset Casualty Report 2008-2010:
  http://roadsafetysomerset.org.uk/downloads.html

- **Ensure tried and tested multiagency plans in place to tackle flooding and other major incidents**

  Plans are in place.

Children

- **Targeted improvements in dental health**

  Dental attendances among children are declining and there has been a deterioration in oral health in 12 year old children according to data from the 2008-9 survey. Since then, a number of initiatives have been introduced and subsequent surveys will allow us to assess their impact.

- **Increase uptake of Measles, Mumps, and Rubella (MMR)**

  There has been a steady increase in MMR uptake rates with current rates for children under 2 receiving one dose of MMR around 90%. This compares with a rate of about 80% in 2004-5.

- **Reduce teenage pregnancy through peer education, increased communication, targeted work in high rate areas and increased uptake of long acting reversible contraception**

  Rates of teenage pregnancy have declined in Somerset with current rates just over 30 per 1000 (provisional data). The decline in Somerset since 1998-99 (baseline year) is greater than the national average. Further work needs to be targeted in areas of highest need.

- **Improve access to Child and Adolescent Mental Health Services (CAMHS)**

  The service specification for CAMHS has resulted in increased access; the service has focussed on providing better information as well as training.

- **Improve uptake of medical assessments for Children in Care**

  Over 90% of Children Looked After (CLA) had assessments reviewed on time. Over 86% of CLA had a dental check-up.

All Ages

- **Improve Sexual Health through promotion of services, targeted work in high prevalence areas, improve uptake of Chlamydia screening and access to termination of pregnancy services**

  - The Chlamydia screening coverage has increased from 4.4% in 2007/8 to 20.9% in 2010/11. However, this is against a current target to screen 35% of all 15-24 year olds. The focus in the future will be to reduce the

prevalence of chlamydia by targeting the high risk groups of young people and identifying positive cases, rather than mass screening.

- The rate of new diagnoses in Somerset remains low, but numbers of people living with HIV in the county continues to rise year on year. There are now 167 people living with HIV in Somerset, nearly double the number from 2005. NHS Somerset are leading an HIV needs assessment in 2011/12 which will inform future commissioning intentions for HIV prevention and health and social care for NHS Somerset and Somerset County Council.

- Somerset has made improvements in the numbers of abortions carried out within nine weeks gestation, at 67.5% in 2009 compared with less than 50% a few years ago. This has been largely due to the commissioning of third sector providers and opening access. However, this remains one of the lowest levels in the South West and nationally (73.5% in South West and 75.1% in England). In addition, the number of medical versus surgical abortions is one of the lowest with only 20% medical abortions in Somerset in 2009 (33% in South West and 39% in England). These figures suggest that women in Somerset find it hard to access services, and when they do they may experience unnecessary wait times. In response to this, NHS Somerset have commissioned a Central Booking Service from August 2011 to provide pregnancy advisory services and bookings for terminations for all NHS and private providers through one telephone number.

- Access to GUM services within 48 hours in Somerset is good, but currently we are not meeting the NHS South West ambition of access within 48 hours seven days a week, which requires a weekly Saturday clinic. The Taunton GUM service is reviewing the current fortnightly Saturday provision in Bridgwater with the aim of a weekly service in future.

- **Reduce Substance Misuse through implementation of the DAAT action plans**

  - The Partnership work programme to tackle drugs and alcohol is set out in the annual plans of Somerset Drug & Alcohol Partnership. The documents can found on http://somersetdaat.org.uk

  - Also embedded within Somerset's Local Area Agreement (LAA) were two indicators within the LAA focus on substance misuse specifically:

  - NI 39: Reducing alcohol related admissions to hospital
  - NI 40: Increasing the number of drug users in effective treatment

- Somerset's performance is 'good' (on target and up to 10% above target) in respect to both of these indicators.

- **Improve Mental Health through provision of a community based service for less severe mental illness and roll out mental health promotion strategy**

  - The National Mental Health Strategy identifies a number of groups for whom Primary Care Trusts are required to provide services for, many of which highlight potential inequality via increased vulnerability, difficulties with accessing services and barriers through lifestyle. These include carers, veterans and service personnel, prisoners, alcohol and drug users, and people with long term conditions. All of these will be included in the Somerset Mental Health Commissioning Strategy which is being developed.

  - Services to support those with mental illness and promote mental well being are provided in both secondary and primary care in Somerset. There are also over 40 voluntary and third sector organisations who promote and / or address mental illness. Work in Somerset, including development of the Dementia Strategy, Maternal Mental Health Strategy and Mental Health Promotion Strategy, seeks to ensure that service users have a seamless experience of service provision regardless of provider and that transition between services is appropriate and effective.

- **Improve health assessments for those with Learning Disabilities (LD) through hearing, vision and targeted screening tests**

  Access to routine hearing and vision testing is limited. A one-off testing programme was offered to all known service clients in 2010/11 but take up was limited. There is a need to ensure that in future primary care services provide adequate assessment during annual health checks and appropriate follow up.

- **Halt the rise in obesity, particularly focusing on children**

  Obesity levels have been increasing. 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 calculated. The target for the number of children being measured through the programme has been exceeded with good participation rates. However, obesity levels exceed the targets for both Reception and Year 6 children. Obesity levels in Reception age children have increased by 1%, and the Year 6 levels have decreased 1% on the 2009 figures (These figures do not show a statistically significant difference). Both figures are below the England average of 9.8% and 18.7% respectively.

- **Increase the number of people who stop smoking particularly pregnant women and those in manual groups by targeting areas of greatest need**

  In 2010/11 stop smoking advisers in Somerset helped 3,661 people to stop smoking for at least four weeks, exceeding the Department of Health target of 3,478 by 5.3%. Smoking cessation services have been shown to be less successful in supporting people from more deprived areas to quit. There are some data collection issues around smoking in pregnancy which are being investigated.

- **Improve the detection and management of Diabetes Coronary Heart Disease and Stroke and ensure rapid access to appropriate care and treatment**

  - A new integrated Model of Care for Adults with Diabetes is currently being introduced in Somerset. The aim of the Model of Care is to increase the capacity and capability of the healthcare system as a whole to meet the needs of growing numbers of people with diabetes, ensuring equity of access and the highest possible standards of care.

  - Somerset is engaged with a number of programmes designed to reduce an individual's risk of developing CVD as well as improving the outcomes for those patients who have been admitted for CHD or stroke. Significant activities include:

    - NHS Health Checks: Individuals aged between 40 to 74 will be invited every five years to receive a free health assessment of their

risk of developing CVD. Those individuals with potential risk factors will be offered support to reduce their risk or be referred to their GP if medical intervention is required

- South Petherton Community Hospital: Re-opened in June 2011, the new hospital is a purpose built, state of the art facility providing a centre of excellence for stroke patients who require on-going multi-disciplinary therapy services in a community hospital. The hospital provides inpatient and outpatient services

- Early Supported Discharge (ESD): One of the key markers of quality care in the National Stroke Strategy, ESD was launched in Somerset in November 2010. The programme enables those stroke patients who no longer require hospital care but still require on-going specialist therapy to be discharged home to receive their rehabilitation in their own home. Eligible stroke patients receiving ESD are shown to make a better overall recovery (both physically and psychologically) when they are able to receive specialist therapy in their homes

Older People

- **Improve information about services, volunteering, job opportunities and ways to improve health**

  Whilst the economic situation has gradually impacted in this area, the work over the last three years has provided a firm foundation for the provision of services and opportunities for volunteering. The joint commissioning by local authorities and NHS Somerset of the Citizens Advice Bureaux and the Home Improvement Agency are both examples of good practice across the county.

- **Develop the Active Living Network**

  There are over 100 Active Living groups across Somerset providing an opportunity for anyone over the age of 50 to take part in a range of activities. The key elements of Somerset Active Living are to improve access to community support and information, with particular emphasis on prevention, alongside promoting healthy lifestyles and social opportunities, therefore enabling people to maintain independence in later life.

- **Reduce falls and improve bone health**

  The Somerset Bone Health and Falls Prevention Commissioning Strategy (2009-2014) aims to reduce the occurrence of falls, osteoporosis and fractures for Somerset residents through increased identification of people who may fall, by reducing fracture rates, increasing activity levels and identifying those with osteoporosis or those who are at risk of developing it. There has been a reduction in the number of hip fractures experienced by Somerset residents and a reduction in emergency admissions in both the over 65 and over 85 age groups.

- **Improve detection and management of dementia**

  Currently only 36% of people in Somerset with dementia will have a diagnosis and this is also reflected nationally. Work is taking place to actively increase this percentage, as early diagnosis enables people to plan for their futures, improves their quality of life and enables them and their families to seek the services and support they need.

- **Greater use of "telecare" technology to support older people in their own homes.**

  The use of assistive technology has grown across Somerset in recent years. More residents are receiving Community Alarm Services to support them when they are discharged home from hospital under the Safe at Home scheme. Increased numbers are also being supported with one-off items delivered through the Community Equipment Service. Added to this is the successful pilot of telehealth equipment, to support patients with chronic illnesses to learn to manage their conditions for themselves. This is now being rolled out across Somerset.

- **Tackle fuel poverty**

  There are no clear associations between excess winter deaths and fuel poverty or deprivation within Somerset. Older women have the highest rate of excess winter deaths and measures to tackle fuel poverty need to be complemented with education to reduce excess winter deaths. For example, the distribution of thermometer cards by local authorities and NHS Somerset and the Home Improvement Agency has supported this approach along with the provision of information on schemes such as Warm Front.

- **Increase choice at the end of life for all adults, irrespective of the condition they are suffering from, to live and die in a place of their choice**

  Men are most likely to die in hospital. However, more men also die at home than women. Women are more likely than men to die in a care or nursing home. Work on the end of life care pathway has progressed well in Somerset.

10 SUMMARY

Somerset has a population of just over 530,000 people and has a dispersed settlement pattern with a low population density. While rurality has advantages, it also presents challenges in terms of equity and access to health and social care services.

Population size and distribution play an important role in the demand for health services overall. As population increases, there will be increasing demand on public services and infrastructure. If the increase is mainly in economically active people, the potential income generated may ease the strain on service provision. In Somerset, the projected increase in the 65 and over age group is about five times that of the overall population. The largest increase is projected to be in the 90+ population, which will increase by 267% from 5,100 in 2008 to 18,700 in 2033. The projected increase in this age group coupled with an ageing population living longer will have implications for health and social care services in the future. The impact of migration also has implications for service provision particularly in terms of access.

The increase in the number of people claiming Job Seekers Allowance (JSA) since the start of economic downturn has implications. Youth unemployment is of particular concern, with 5.8% of 18 to 24 year olds claiming JSA in Somerset.

Although there are pockets of socioeconomic deprivation within the county, overall the population is relatively well off compared to the national average. However, comparing the IMD 2010 with the 2007 version shows that in some of the 'most' deprived areas of Somerset deprivation has increased:

- five of the 14 20% most deprived LSOAs also fall into the 10% most deprived nationally, three[39] more than in 2007. Together, these five LSOAs represent around 7,700 people

[39] Highbridge (South West), Taunton Halcon (West), Taunton Lyngford (North)

- two of the 14 20% most deprived LSOAs also fall within the 5% most deprived nationally; there were no LSOAs in this category in 2007. These LSOAs are in Bridgwater Sydenham (1,600 people) and in Taunton Halcon (1,700 people)

Within Somerset the most prevalent form of deprivation is barriers to housing and services.

While there is a good sense of community cohesion and a feeling of belonging to the local area, there are differences based on age, type of housing tenure and ethnicity.

The number of households in Somerset is projected to increase by 65,000 (29%) to 291,000 by 2033. Most of this growth will be for older people and single-person households. Current construction programmes will fall well short of meeting this growth in demand, especially for affordable housing.

The population of Somerset is relatively healthy in terms of disease and death rates when compared to the national average. Life expectancy at birth is greater than the national average for both men and women. There is little difference depending on deprivation once someone has reached the age of 85. Over the past decade, death rates from all causes have decreased and rates of death from coronary heart disease and cancer are lower than national averages. However, there are some health issues that are important to the population of Somerset. In line with the rest of the country, cardiovascular disease and cancers are responsible for a significant burden of disease in Somerset. They account for the largest proportion of deaths and also for the largest proportion of years of life lost before the age of 75. Projections suggest that cardiovascular disease (and its risk factors) and cancer will continue to be the major issues in the future. Amongst the very elderly, circulatory disease and cancer account for a significant proportion of the burden of disease in this age group. Projected estimates suggest that the number of those over 85 years with limiting long term illness will increase by almost 15% by 2015. A similar figure is expected for those aged over 85 years living in a care home (with or without nursing care).

Issues linked to lifestyle such as smoking, obesity and substance misuse are also significant issues and are also linked to inequalities; tackling health inequalities will therefore remain a key issue into the future.