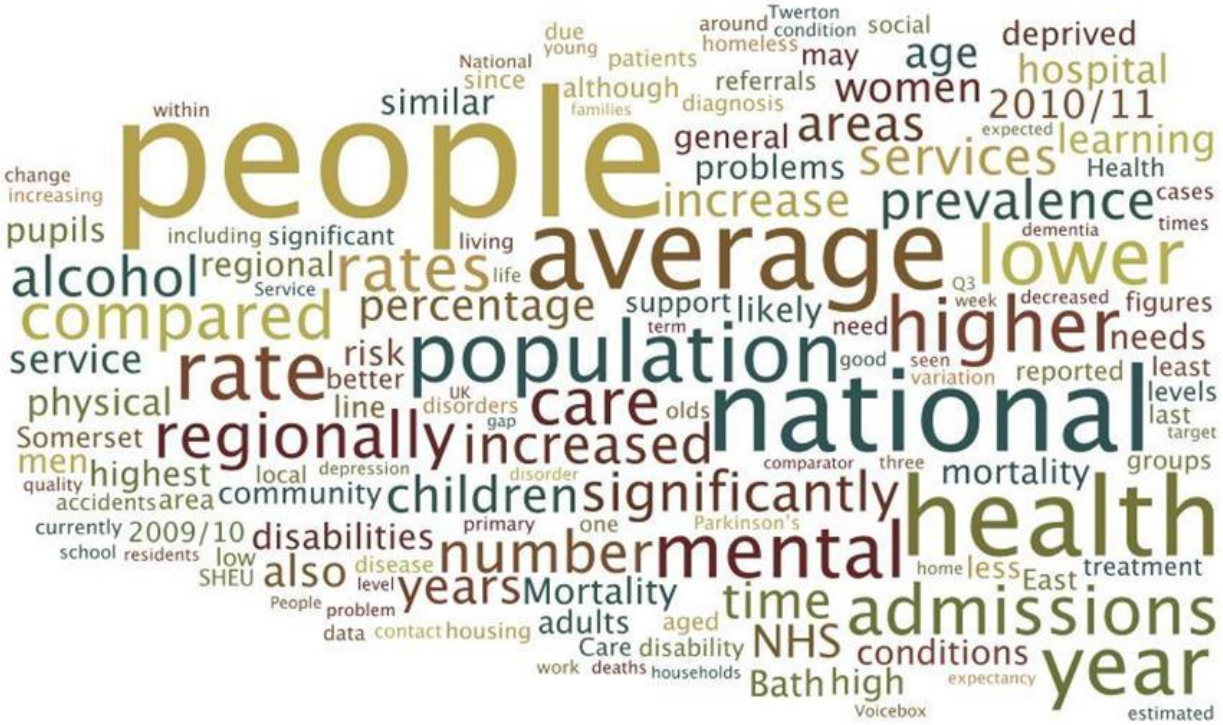
Bath and North East Somerset Joint Strategic Needs Assessment

Technical Summary



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V1.1

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General overview and trends

1.1 The Population at a Glance [1]

There were 179,900 residents in Bath and North East Somerset in 2010, an increase of 1.1% (2000 people) since 2009. This compares to 0.8% increases for the UK and the South West.

- Following a correction for adjusted migration data in 2008, the area has experienced a small increase since 2009, slightly above that of local and regional trends. This increase has been largely due to net in-migration
- The age and sex profile remains largely consistent compared to previous years, with a 49%/51% male/female split
- The age profile is largely consistent with the UK as a whole, except for the 20-24 age range, which represents the significant student population
- The local population has grown by 7.7% between 1981 and 2009 (from 161,000 to the current figure)
    - This is greater than the UK as a whole, but lower than the South West Region
- This increase has been largely experienced due to 'migration and other' factors. In particular, the number of students in the two Universities doubled between 1995 and 2009
- Bath and North East Somerset is less ethnically diverse than the UK as a whole but more so than the South West. 88% of residents are likely to define their ethnicity as White British. White other (3.66%) is the most significant non-white British ethnicity by volume which is likely to include EU Accession state residents, followed by "Asian Indian" (1.97%), "Other ethnic background" (0.96%) and "Black African" (0.9%)

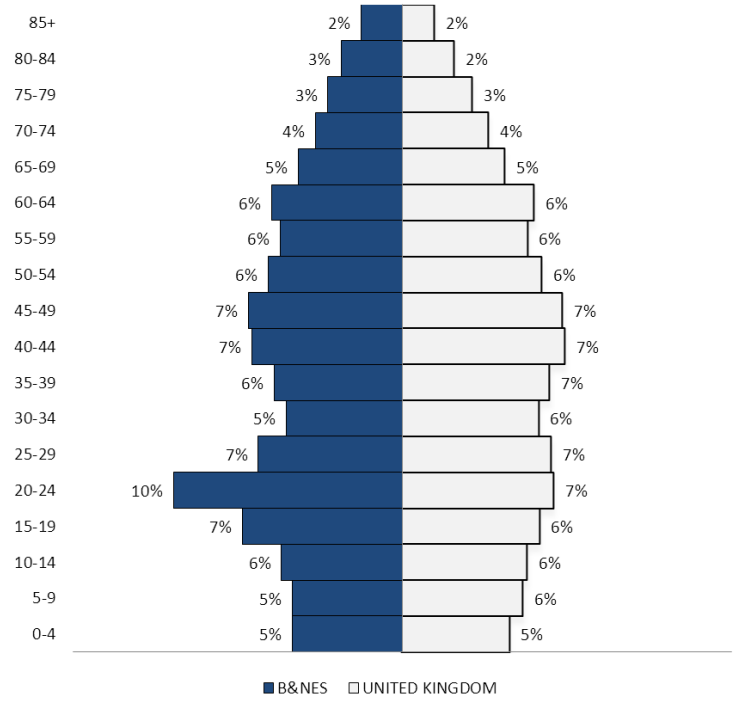


Figure 1. Comparative Population distribution, B&NES and UK 2010

Make sure community plans help improve deprivation and always take into consideration a person's age/gender/ethnicity

Right Care Best Value Public Consultation Feedback Report, Jan 2011

1.2 Demographic Change [2]

- The ONS project that the Bath and North East Somerset population will increase by 12% to 198,800 by 2026.
    - It is likely that this figure will change slightly following the publication of the Core Strategy which will allow more accurate estimation of the impact on housing growth on population change
    - This increase is expected to mainly be experienced in older people; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026
    - The exact makeup of these population changes is likely to be influenced strongly by the type of housing that is developed over this period
    - An above average population increase is also expected in the 4-11 age range, which is projected to increase from 14,500 to 16,900

1.3 Mortality and Life Expectancy

- The health of people in Bath and North East Somerset is generally better than the England average [3]
- Life expectancy at birth in B&NES is 80 years for males and 84 years for females (2007-09)
    - For males, this was statistically significantly higher than the South West (79 years) and England (78 years).
    - For females life expectancy in the South West is 83 years and B&NES is significantly higher than England (82 years) [4]
- In line with the national trend, life expectancy has been increasing in B&NES [5]
- There are geographical differences in life expectancy within B&NES (see inequalities in mortality and life expectancy section)

1.3.1 General mortality

- All-Cause mortality has decreased from 732 per 100,000 in 1993 to 495 per 100,000 in 2010, a percentage decrease of 32%; this downward trend is reflected in England and the cluster average as life expectancy increases and people live longer [6]

Table 1: Age standardised mortality rates 2010 [6]

	males	females
B&NES	586.38	414.83
South West	586.53	416.75
England	636.07	454.83

- In addition, rates of all-cause mortality have also decreased in under 75's from 377 per 100,000 in 1993 to 234 per 100,000 in 2010. The latest B&NES rate is lower than national, regional and comparator areas [7]
- Mortality from causes amendable to healthcare is significantly lower than England average [8]

1.3.2 Inequalities in mortality & life expectancy

- There are significant inequalities in all age mortality, premature mortality[9] and life expectancy [4] between the most and least deprived residents of B&NES (See figure 2)

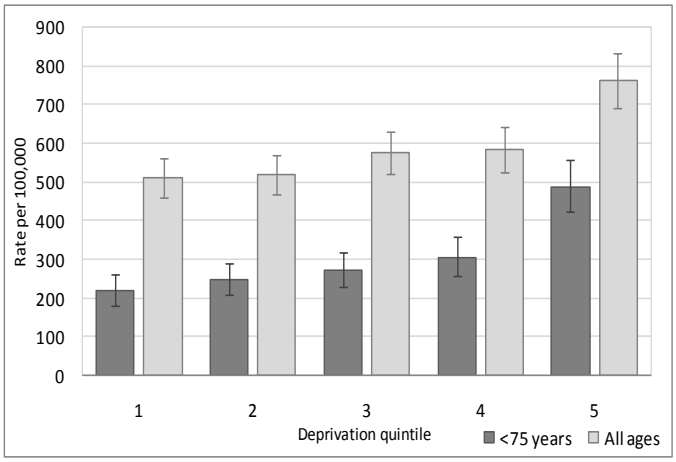


Figure 2. All causes mortality by deprivation quintile, 2008 – 2010. Directly standardised rate per 100,000.Males [9]

- A man living in the most deprived area of B&NES can expect to die 6.3 years earlier than a man in the most affluent area of B&NES. For women, the gap in life expectancy by area is smaller, though a woman living in the most deprived area can expect to die 3.5 years earlier than a women living in the most affluent area

- For men, life expectancy is significantly lower than the B&NES average in Twerton. As this is the only ward where life expectancy for men is statistically significantly lower, much of the inequalities in life expectancy for men across B&NES are linked to this area. Life expectancy for women is significantly lower than the B&NES average in High Littleton, Mendip and Paulton [10]

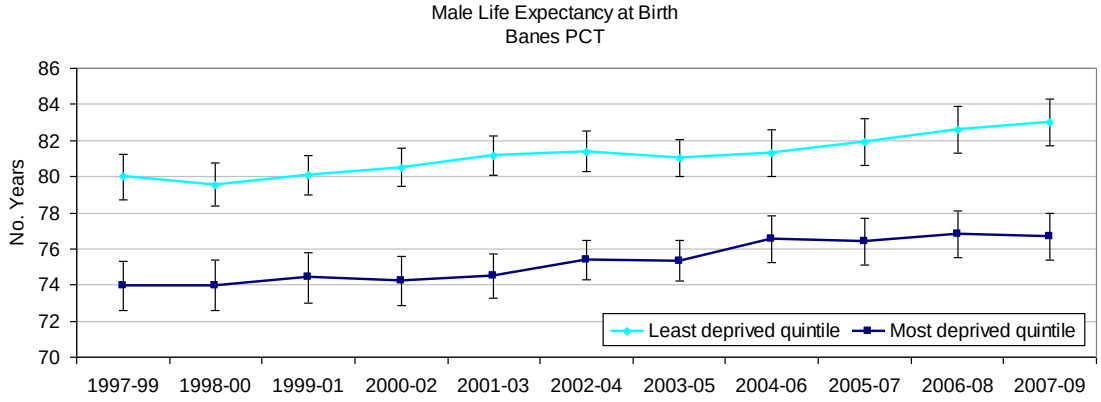


Figure 3. Male life expectancy in Bath and North East Somerset by deprivation and time

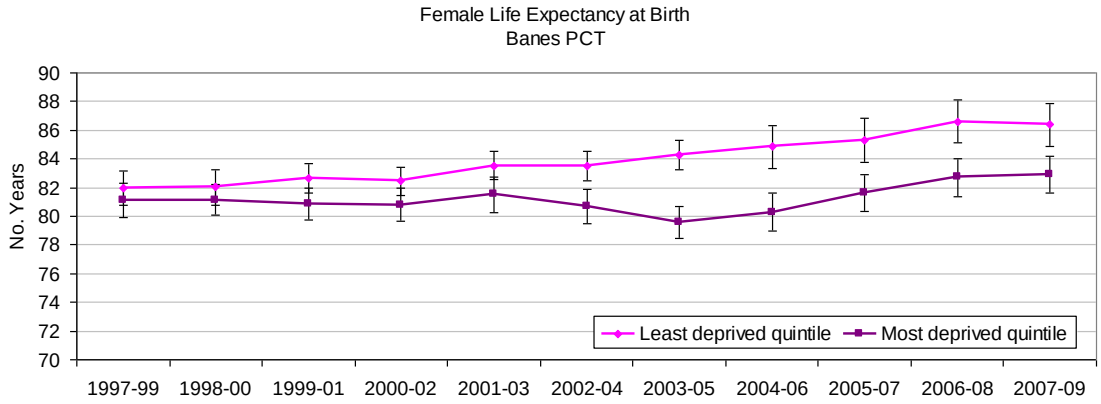


Figure 4. Female life expectancy in Bath and North East Somerset by deprivation and time

Figures 3 and 4 demonstrate how the gap between groups has remained consistent for men and has increased for women over time.

- If everyone in B&NES had a similar health experience than the least deprived in B&NES we could prevent:
  - 40% of the premature deaths in males or 195 males dying prematurely over a three year period
  - 9% of the premature deaths in females or 34 females dying prematurely over a three year period (based on 2008-10 data) [11]

1.3.3 Infant & child mortality

- Infant mortality rates are similar to the England average and child mortality rates are lower.
  - Infant deaths 2.3 rate per 1,000 live births 2008-2010 (4.4 nationally)
  - Infant mortality rates are decreasing as are rates regionally and nationally
  - Between 2007-09 and 2008-10 B&NES rate dropped by 0.9 per 1000 compared with 0.2 per 1000 nationally and regionally [12]

1.3.4 Focus on the Excess Winter Mortality (EWM) Index [13]

- For B&NES the EWM index peaked between 2006/07 and 2008/09 and at this point was significantly above the England and South West figures and the highest of the four closest ONS comparators (third highest index figure nationally)
- Since 2008/09 the B&NES figure has dropped considerably and so it is unlikely that it will be significantly higher at the next release of comparator figures
- When viewing the number of deaths in summer and winter, the rise in EWM index is caused by a very slight rise in winter deaths in this period but a larger drop in summer deaths, making the difference between the two bigger. When the EWM lowered in 2009/10 this is partly due to a drop in winter deaths but a larger rise in summer deaths has contributed more

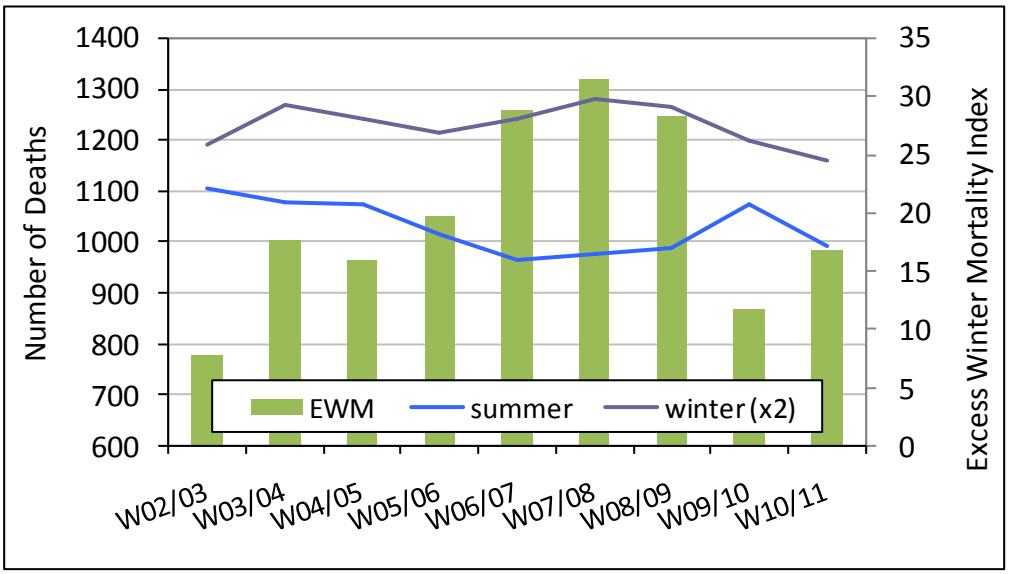
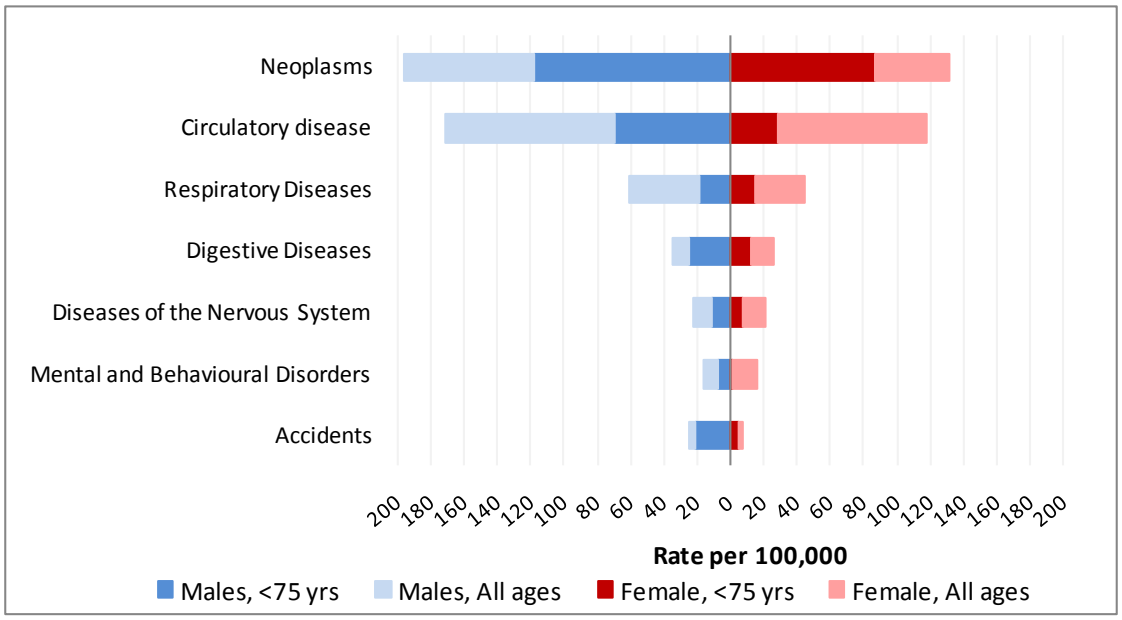


Figure 5. Excess Winter Mortality in Bath and North East Somerset over time

- Women in B&NES have a higher EWM ratio than men almost every year. The ratio also increases with age from 65+
- The EWM ratio is consistently lower for people living in the most deprived communities than in all other communities in B&NES, so there is an inverse relationship with deprivation
    - Nevertheless, areas that are more deprived are often slightly younger in age profile than those which are less deprived [13], thus we would expect them to have lower EWM

1.3.5 Leading causes of mortality [14]

- The four leading causes of mortality in B&NES are diseases of the circulatory system (e.g. heart disease), followed by neoplasms (Cancer), respiratory diseases (conditions affecting the lungs) and digestive diseases (conditions affecting the bowels, liver, kidney, stomach). These are also the four leading causes of mortality for England and Wales (and in the same order) and as with overall rates, levels of all these conditions are lower than England and South West rates (mortality report Silke) (figure 6). See topic specific chapters for more detail on these conditions



	2008-10	Males			Females		
	Cause	**all ages**	**<75 yrs**	**% premature deaths**	**all ages**	**<75 yrs**	**% premature deaths**
1	**Diseases of the circulatory system**	722	191	**26%**	854	90	**11%**
2	**Neoplasms**	744	326	**44%**	632	252	**40%**
3	**Respiratory Diseases**	271	52	**19%**	304	46	**15%**
4	**Digestive Diseases**	116	60	**52%**	152	38	**25%**
5	**Diseases of the Nervous System**	92	29	**32%**	132	23	**17%**
6	**Mental and Behavioural Disorders**	67	18	**27%**	139	4	**3%**
7	**External causes of morbidity and mortality: Accidents**	74	53	**72%**	42	13	**31%**

Figure 6. Top causes of mortality and premature mortality in Bath and North East Somerset (2008-10) by gender

1.4 Long Term Conditions and Disability

- Long term conditions (LTCs) are those which cannot currently be cured but can be controlled with the use of medication and/or other therapies
    - The proportion of people with a limiting long term condition in work is a third lower than those who don't
    - Long term conditions fall more heavily on the poorest in society: people in the lowest social class have 60% higher prevalence of long term conditions and 60% higher severity of conditions than those in the highest social class
    - People with long term conditions are far higher users of health and social care services than average[15]
- For long term conditions, the health of people in Bath and North East Somerset is generally better or in line with the England average
    - Prevalence of all conditions is rising, in line with national and regional rates [16]
    - Depression in general and depression in those with coronary heart disease/diabetes are significantly higher than national rates [17]
    - Although this may be attributed to increased diagnosis
    - Diabetes is significantly lower than national rates (4.4% B&NES, 5.5% nationally) [18]
    - For coronary heart disease (CHD), COPD and stroke, it is suggested that there are good levels of diagnosis [19]
- There is a likely gap in diagnosis of hypertension (big difference between reported and expected counts) [20]
- The number of obese residents is lower than the national average (7.9% B&NES, 10.5% nationally (QOF Prevalence) [21]
    - Actuals are lower than expected which may suggest under-diagnosis [22]
- The level of residents with long term conditions who smoke is less than national and regional averages [23]
- Emergency bed days for long-term conditions are consistently lower than regional and national levels [24]. This is likely to represent good management of conditions in the community
    - There is variation at a GP level, with the lowest number of emergency bed days being 498 per 100,000 and the highest 10,252 per 100,000 (B&NES resident population average 6,353 per 100,000)
    - There is no correlation between standardised rates of emergency bed days and deprivation [25]
- Secondary School Survey results showed 9% of pupils had a long standing illness/condition [26]

- *Older residents have reported feeling less confident in managing their own health (50%) compared to clients as a whole (37%)*
- *Those under 75 were more likely to respond that they were not able to get the support that they wanted*
- *Depression and dementia sufferers are most likely to feel they are not getting the support or information they need to manage their own health.*

Long Term Conditions survey 2011

1.4.1 Health checks[27]

- The NHS Health Check is for adults in England between the ages of 40 and 74, who has not already been diagnosed with heart disease, stroke, kidney disease or diabetes, will be invited (once every five years) to have a check to assess their risk of these conditions and will be given support and advice to help them reduce or manage that risk

- The data from Q2/Q3(2010/11) shows that of those offered an appointment, 38% completed a check and of these approximately 6.5% were identified as having a 'high risk' of developing cardiovascular disease over the next ten years (206 individuals)
- The uptake figures are expected to almost double as the checks progress though as it is still early days
- Gap: Projecting what this means in terms of prevention and therefore saving on costs etc.

1.4.2 Cancer

- Cancer incidence is rising in England, the South West, the Prospering Smaller Towns ONS cluster and in B&NES
- Since 1993 cancer incidence has risen in B&NES from a directly standardised rate of 318.59 per 100,000 (732 people) to a rate of 373.74 per 100,000 (933 people) in 2009 [28]
- Cancer mortality is nevertheless decreasing in all the above mentioned areas.
- In general, B&NES has lower rates of mortality from cancer than comparator areas
- In 1993 the B&NES DSR was 197.25 per 100,000 (484 people), in 2010 it had decreased to 160.64 per 100,000 (464) [29]
- Cancer mortality in under 65's is also decreasing in B&NES although less steeply than some of the competitors.
    - In 1993 the rate was 78.14 per 100,000 (105) and in 2010 it had decreased to 60.29 per 100,000 (96) and is currently in line with national rates, but slightly higher than regional rates (~58 per 100,000) [30]
- The incidence of **colorectal** cancer in B&NES is similar to comparator areas and has risen slightly between 1993 and 2009
    - The B&NES rate was originally slightly lower than comparators and is now equivalent to them and slightly higher than the national rate (2009 national rate 48.32 per 100,000)
    - In 1993 the rate was 42.81 per 100,000 residents and in 2009 it was 52.02 per 100,000 residents [31]
- Bowel screening uptake is average for the South West at about 55%. In 2010/11 99% of people were offered an appointment within 14 days of being referred for an assessment, and 87% were seen within 14 days between assessment and 1st colonoscopy [32]
- Mortality from colorectal cancer is decreasing, although the rate in B&NES has not decreased at the same rate as the comparator areas and since 2004 is at a similar rate whereas pre 2004 it was lower
    - In 1993 the rate was 22.59 per 100,000 (53) and in 2010 it was 20.62 per 100,000 (62)
    - There is significant year on year variation in the B&NES rate with a low of 11.69 per 100,000 in 1999 and a high of 24.21 in 2005
    - Mortality rate is currently higher than regionally and nationally (16.9 per 100,000 nationally and 17.2 per 100,000 regionally (2010) compared with 20.6 for B&NES) [33]
- **Lung cancer** incidence and mortality in B&NES is lower than nationally, regionally and comparator areas and decreasing in line with comparator areas
    - Incidence decreased from a rate of 49.15 per 100,000 in 1993 to a rate of 30.12 per 100,000 in 2009 [34]and mortality from a rate of 43.26 per 100,000 (104) in 1993 to a rate of in 26.14 per 100,000 (71) in 2010 [35]
- **Breast cancer** incidence in B&NES is slightly higher than comparators and since 1998 has been rising at a similar rate, although there is significant variation in individual years and currently slightly lower than regional and national rates
    - In 1993 the rate was 77.77 per 100,000 and in 2010 it was 100.24 per 100,000 (124 per 100,000 nationally, 125 per 100,000 regionally) [36]
- Mortality from breast cancer is decreasing in B&NES and comparator areas

    - In 1993, rates were 35.38 per 100,000 (50) and in 2010 they had decreased to 18.82 per 100,000 (27) (nationally 24 per 100,000)
    - There is a lot of year on year variation in B&NES compared with nationally and regionally from a low point of 17.64 per 100,000 in 2006 to 33.53 per 100,000 three years later in 2009 [37]
- Breast screening rates for 53-70year old women have risen to 77% in 2010/11 (regionally 80%, nationally 77%) [38]. Nevertheless rates for 53-64yr old women reached a peak of almost 80% in 2005/06 and have not reached that level since, currently being 76% [39]
    - The breast screening programme is meeting all of its national targets, so that women are being invited for screening, are receiving their results, and are being offered a follow up appointment and attend this within the recommended timescales
    - Despite uptake improving, B&NES has the second lowest coverage amongst South West PCTs. There is wide variation at practice level [40]
- Incidence of **cervical** cancer is higher than regionally and nationally (14.5 per 100,000 B&NES, 9.8 per 100,000 nationally, 9.5 per 100,000 regionally)
    - Incidence has decreased over time in B&NES, regionally and nationally but there is greater year on year variation within B&NES [41]
- Mortality from cervical cancer is decreasing in B&NES as it is regionally and nationally
    - In 1993 rates were 2.4 per 100,000 and in 2010are down to 1.1 per 100,000, this is currently slightly lower than regionally and nationally (2.2 per 100,000 nationally, 2.4 per 100,000 regionally) [42]
- Rates of cervical screening have increased over the past five years in line with the other Avon PCT's
    - Younger women (25-64) in B&NES still have lower screening rates (76%) than is recommended (80%) (2010/11)
    - Percentage of 25-64 year olds screened less than 5 years since their last test is 80.1% in B&NES and 78.6% nationally (2010/11) [43]

1.4.3 Circulatory Conditions

Hypertension

- The observed prevalence for hypertension in Bath & North East Somerset is 55% of the estimated prevalence. This compares to 54% for England
    - QOF prevalence 12.8%, nationally 13.5% [44]
    - Sum of Hypertension register 24,253 2008/09 (137 per 1000 population) [45]

Coronary heart disease (CHD)

- The observed prevalence for CHD in Bath & North East Somerset is 73% of the estimated prevalence. This compares to 72% for England.
    - QOF prevalence 3.0%, nationally 3.4% [46]
    - Sum of CHD QOF register is 5,916 2008/09 (33 per 1000 population) [47]
- The emergency admission rates for CHD are lower than England and South West rates
- Admissions for men are significantly higher than rates for women; this represents true prevalence rather than a reporting gap
- Emergency admission rates for CHD are significantly higher for more deprived communities; however the gap has decreased significantly since 03/04 [48]
- Gap: accurate co-morbidity – particularly relationship with broader determinants
- NHS B&NES is in-line regionally and above national with respect to the percentage of GPs prescribing low cost Statins, which are used to treat cardiovascular disease (B&NES and South West 78%, Nationally 76%) [49]

Stroke

- The observed prevalence for stroke in Bath & North East Somerset is 92% of the estimated prevalence. This compares to 83% for England.

- QOF prevalence 1.8%, nationally 1.7% [50]
- Sum of Stroke or Transient Ischaemic Attacks (TIA) Register 3,480 2008/09 (20 per 1000 population) [51]

More information needed for carers of stroke victims when patient is still in hospital plus follow up advice.

Not very good support for those suffering from stroke at a later date, immediate care is good but not long term.

B&NES Link: Have Your Say Survey, 2009

- Variation of prevalence at PCT cluster level – 1.1% Bath Central, 2.26% Chew/Keynsham but Bath Central has lower ratio of recorded:expected, whereas Chew/Keynsham has very high recorded:expected prevalence [50]
- The emergency admission rates for strokes are higher than England and the South West
- There is a lower proportion of stroke patients 75 years and over discharged back to their home or usual place of residence compared to the national picture.
- Emergency admission rates for strokes are higher for more deprived communities; however the gap has decreased since 03/04
    - 98.2 directly standardised rate for most deprived quintile in B&NES compared with 79.9 directly standardised rate for the least deprived quintile in B&NES
    - This is 1.2 times greater in the most deprived compared with the least deprived, but this gap is smaller than nationally (1.7 times greater nationally)[52]

Mortality from circulatory disease

- Mortality from circulatory disease (all ages and under 65s) has been decreasing since 1993; B&NES rates have decreased in line with comparator areas
    - In 1993 the rate in B&NES (all ages) was 319.05 per 100,000 (930 persons), in 2010 the rate was 144.9 per 100,000 (531) [53]
    - mortality rate in under 65s in 1993 was 61.12 per 100,000 (88) and in 2010 the rate was 21.61 per 100,000 (39) [54]
- Mortality from **coronary heart disease** (CHD), **Acute Myocardial Infarction** (AMI) (Heart Attack) and **stroke** in B&NES has decreased since 1993
- AMI mortality in 1993 was 121 per 100,000 compared with 23 per 100,000 in 2010 and shows a similar trend to regionally and nationally [55]
- CHD decreased at a similar rate to comparators and is slightly lower than regional and national rates (1993 181.8 per 100,000 (523 persons) and in 2010 58.28 per 100,000 (201)) (nationally 74.2 per 100,000, regionally 64 per 100,000) [56]
- Mortality from CHD in the under 65's is lower in B&NES than comparator areas and is also decreasing at a similar rate (1993 rate was 40.19 per 100,000 (57), 2010 was 8.56 per 100,000 (14)) (18.8 per 100,000 nationally, 14.8 per 100,000 regionally (2010)) [57]
- Mortality from **stroke** rate has not been as great as comparator areas since 2006 and mortality in B&NES is now at a similar level to comparators (1993 rate was 81.58 per 100,000 (249) and in 2010 45.74 per 100,000 (180) (nationally and regionally about 45 per 100,000) [58]
- Mortality from stroke in under 65 year olds is also decreasing although in B&NES this decrease is less marked than in comparator areas and there is also significant year on year variation making it difficult to discern a reliable trend, whereas nationally and regionally there is a more distinct downward trend
    - Currently 6 per 100,000 (nationally 6 per 100,000, regionally 5 per 100,000) [59]

1.4.4 Diabetes

- 6,672 people on GP register diagnosed with diabetes 2009/10 (38 per 1000 population) [60]
    - There is a gap between expected and observed prevalence, in 2008-09 there were 6,432 people living with diagnosed Type 1 or 2 diabetes in B&NES but a further 2,864 people expected to have Type 1 or 2 diabetes [61]
    - QOF prevalence 4.4% B&NES, 5.5% National [62]

- Retinopathy:
    - Retinal screening in last 15mths 93.3% B&NES, 91.6% National [63]
    - Retinal Screening for diabetes in B&NES both the uptake (89.3%) and coverage (80.7%) of screening are above the national average (2010/2011).
    - A key quality issue for the screening program is to build in better failsafe systems to track patients from the screening program in to the hospital eye service and then back again
- Prevalence is expected to increase by approximately 150-200 p.a. which relates to an approximately 34% increase from 2005 to 2025.
- Some of this increase, particularly Type 2 diabetes has been linked to childhood obesity [64]
- Admissions for diabetes are lower than regionally and nationally (0.6 per 1000, 1.1 per 1000 nationally and regionally 2010/11), and overall costs for all admissions are lower, however, cost per admission is higher [65]

1.4.5 Respiratory Conditions

Chronic Obstructive Pulmonary Disease (COPD) - A range of diseases which limit lung function (e.g. Bronchitis)

- The observed prevalence for COPD in Bath & North East Somerset is 65% of the estimated prevalence. This compares to 56% for England.
    - QOF prevalence 1.3% B&NES, 1.6% nationally [66]
    - Sum of COPD QOF register 2,425 2008/09 (14 per 1000 population) [67]

Asthma

- The prevalence of asthma (all ages) in B&NES for 2010/11 is 6.2%, which is higher than the England average of 5.9% [68]
- Sum of QOF asthma register 12,065 2008/09 (68 per 1000 population) [69]
- Admissions better than regionally and nationally; 0.8 per 1000 population in B&NES, 1.0 regionally, 1.2 nationally (2010/11) [70]
- Cost per admission in line with nationally and better than regionally £953 (2010/11 B&NES, £946 nationally, £1,018 South West) [71]
- Mortality from **asthma** in B&NES has decreased since 1993 in line with comparator areas but there is large year on year variation in rates, although rates in general are low
    - Lowest rate was in 1993 (~2.8 per 100,000), in 2010 the rate was only just above 0.5 per 100,000 (~1.1 per 100,000 nationally and about 1 per 100,000 regionally) [72]

Respiratory mortality trends

- Mortality from **Pneumonia** is decreasing in B&NES and comparator areas.
    - In 1993 the rate in B&NES was 36.31 (122 persons) and in 2010 the rate was 16.15 per 100,000 (71) (nationally ~24 per 100,000 and regionally ~22 per 100,000) [73]
- Mortality from **COPD** has seen a slight decrease but has remained relatively flat. Rates in the South West, prospering smaller towns and B&NES remain lower than England. In 2003 the rate was 26.59 per 100,000 (73) and in 2010 the rate was 18.67 per 100,000 (63) (nationally 25 per 100,000, in line regionally) [74]

Other mortality

- Mortality from **chronic liver disease** including cirrhosis has increased with time (6 per 100,00 1993, 10 per 100,000 2010), inline nationally and regionally
    - The rate is increasing at a slower rate than regionally and nationally [75]
- Mortality from **gastric, duodenal and peptic ulcers** has decreased with time (7.5 per 100,000 1993, 3.6 per 100,000 2010), in line regionally and nationally and decreasing at a similar rate [76]
- Mortality from **chronic renal failure** has shown very little change with time, rates are overall very small (1993 0.2 per 100,000, 2010, 0.6 per 100,000), regionally and nationally around 1 per 100,000

- More year by year variation in B&NES than regionally and nationally, peak 1.9 per 100,000 in 1996 [77]

1.4.6 Epilepsy [78]

- Mortality from epilepsy has remained relatively flat since 1993
- Rates in B&NES experience very large year on year variance and so it is difficult to quantify a trend although if a logarithmic trend line is added it shows that there has been a slight decrease in B&NES rates
- Generally rates are low, with the highest being 4 per 100,000 in 1995, and currently being around 1 per 100,000

1.4.7 Neurological

- Total admissions for long term neurological conditions slightly lower than regionally and nationally (2010/11) 5.3 per 1000 population; 5.6 regionally; 5.9 nationally
- Total admissions under neurological budget category consistently below South West and national average since 2005/06 (17.1 per 100,000 compared to 21.8 for South West and 24.2 for the national average (2010/11))
- Total admission costs consistently lower than South West and national averages [79]
- The majority of people with neurological problems in B&NES are referred to RUH. A small number of these will be sent to, or ask for a second opinion in, Frenchay, Oxford or London [80]

Motor neurone disease (MND) [81]

- According to the Motor neurone disease association charity there are currently about 5,000 sufferers in the UK. Although it can affect adults at any age, it most commonly develops between the ages of 50 and 70.
- Anticipated number of people in B&NES with MND according to national prevalence figures (7:100 000) (population of B&NES 177 700) - 12
- Actual number of people with MND known to the MND Association in B&NES - 14
- National male:female ratio (national figures) 3:2
- Male:female ratio in B&NES 11:3
- The nearest tertiary centre is the MND clinic at Frenchay Hospital.
- Community health services are commissioned by NHS B&NES predominantly from the neurological rehab service which is based at St Martin's Hospital. This integrated health care team generally provides a good service within the community.
- Specialist respiratory support (i.e. non-invasive ventilation and cough-assist) is usually provided for people living in B&NES by United Bristol Hospitals Trust
- The main gap is the capacity of the neurologists at RUH. There are only two of them, and so they are unable to provide the level of service that would be optimal for people with MND
- Overall services in B&NES for people with MND are very good – largely due to the integrated neurological rehabilitation team, who provide an excellent service

Parkinson's disease

- Although it typically develops after the age of 65, about 15% of people with the condition develop "young-onset" Parkinson's disease before reaching age 50 [82]
- Affects around 120,000 people in the UK
  - 1:500 population have Parkinson's [83](~350 in B&NES)
  - 1:20 of whom are working age [84]
  - Slightly more prevalent in men than women (63% of finished consultant episodes are for men [85]
- Parkinson's UK have 12 information and support workers in South West one covers B&NES

Points raised by professionals:

- The newly diagnosed - numbers, one consultant is seeing on average 2-3 new patients per month, a death or house move to different area is the only way patients come off the list
- The need for reviews to be held more locally
- The aim of working within NICE guidelines is becoming more difficult, as there tends to be a knock on effect of Parkinson Disease reviews being delayed, as there is often trouble shooting with delayed consultant follow ups
- Increasing demand for therapy services around Parkinson's disease, currently there is only one day per week solely for Parkinson's disease patients in Clara Cross Rehabilitation Unit
- Delays in information transfer when a patient has been admitted and discharged from RUH
- Sirona's specialist Neurology nurses have unmanageable caseloads. There is only one nurse for Movement Disorders (PD, PSP, MSA etc.) and one for MS and MND. Their caseloads are in excess of 300 each as they support people from diagnosis to EoLC. They are relied upon very heavily by the Neurologists and GPs and are currently expected to manage the backlog of out-patients needing follow up who are struggling to get Consultant appointments. We also struggle with administration support available for the specialist nurses in terms of organising clinics, transport and the huge volume of phone calls and letters generated
- The RUH really needs 2 more Neurologists and more specialist Neurology nursing support
- The Community Neurology & Stroke Service who supports people who are unable to attend out-patients for therapy are also working well over capacity, which is resulting in an increase in their waiting list and obviously impacts on the timeliness with which someone can enter therapy
- We have huge issues trying to access wheelchairs in a timely way for people whose condition is rapidly deteriorating which is extremely frustrating for service users, their families and clinicians (this is currently being addressed)
- Clinical teams have limited access to medical advice from Consultants for community service users, especially those who are housebound and require home visits
- There are big gaps in Neurology Out-patients across the whole area for this client group, especially those living in the BA1 area, although this is less so for people with PD because they can access Clara Cross Unit

- The Community Neurological Rehabilitation team at St Martins have a specialist movement disorders nurse
    - Patients with Parkinson's claim access to a specialist nurse is a priority
    - NICE guidelines suggest 1 nurse per 300 population (B&NES around 350 Parkinson's sufferers and 1 specialist nurse)
    - Parkinson's UK will help fund new specialist nurses for 2 years [86]
- Issues around quality of inpatient care - specific issues around Parkinson's medication and timing as some sufferer's medication is very time sensitive and if not given on time, sufferers can "freeze"
    - Parkinson's UK promote self-medication where possible and involvement of the carer [86]
- In a survey nine out of ten nurses felt that patients with Parkinson's can experience clinical problems or an extended hospital stay as a result of missed or late administration of their medication.
- Recent analysis of hospital admissions data for England 2005/6 revealed that people with Parkinson's admitted to hospital stayed in hospital for on average 5 days longer than a comparable population [87]
- Another important part of care for Parkinson's sufferers is to have a clear care pathway from diagnosis through to end of life that everybody is signed up to and so that services can be co-ordinated [86]

Multiple Sclerosis (MS)

- Around 100,000 people in the UK have MS. It's normally diagnosed in people between the ages of 20 and 40, and affects almost twice as many women as men
- Once diagnosed, MS stays with you for life, but treatments and specialists can help manage the symptoms [88]

1.4.8 Learning Disabilities

- Data suggests there are likely to be 3500 people in B&NES with a learning disability (2010 estimates) [89]. That's 20 people in every 1000 adults. National figures suggest that local services will probably only be aware of about 1 in 4 of these people [90] which is 815 people
- According to QOF Registers there were 658 people on GP learning disabilities registers in 2010/11
- QOF prevalence learning disability 18+ same for B&NES as nationally (0.4%)
- GPs have a similar level of caseload for people with Learning disabilities when compared to national levels [91]
- The percentage of people with learning disabilities receiving community based support is amongst lowest nationally
    - In 2008/09 165 per 100,000 people with learning Disabilities (aged 18 years and over) in B&NES received community care
    - This is the lowest rate amongst local authorities in the South West (Bristol 215 per 100,000, Gloucestershire 250 per 100,000) [92]
- People with learning disabilities have a shorter life expectancy than other people.
    - Mean life expectancy is estimated to be 74, 67 and 58 for those with mild, moderate and severe learning disabilities respectively
    - The mean life-expectancy of people with Down's syndrome, which has been estimated at 55 years (more than 80 years if no Learning Disabilities) [93]
- Life expectancy is increasing, in particular for people with Down's syndrome, with some evidence to suggest that for people with mild learning disabilities it may be approaching that of the general population
- All-cause mortality rates among people with moderate to severe learning disabilities are three times higher than in the general population, with mortality being particularly high for young adults, women and people with Down's syndrome.
- They also have poorer physical and mental health and can experience issues with wider health determinants, in particular the following risk factors have been identified[94]:
    - CHD &Respiratory – Smoking & obesity
    - Psychiatric disorders (over 3 times more prevalent)
    - Not in stable accommodation (has increased to 63% living in settled accommodation 2011/12 compared with 35% 2010/11 from a combination of supporting more people to move into their own homes and improving data collection, in-line nationally [95])
    - Paid employment (has also increased recently from 2% in 2008/9 to 8% in 2011/12, in-line nationally [95], increase thought to be from more people getting jobs and also improved performance in relation to the number of people who have been assessed or reviewed [96])
- The Partnership Board Progress Report 2010 indicates that B&NES JSNA does not contribute to understanding and commissioning
- B&NES has a comprehensive learning disability housing needs analysis that is part of the local authority housing strategy
- 52.7-60% of people with learning difficulties in B&NES live in their own home or with family (average across partnership boards 65%)
- £46,700+ spent per adult with learning difficulty (higher than average)
- Half adults receiving care have personal budgets, target for 100% [97]
    - Gap: Who, why & what do they think about it?

Learning Disability and Comorbidity

- Rates for dementia, of whatever cause, using DSM-IV criteria were 13.1% in those 60 years and over with a learning disability (and 18.3% in those 65 years or over). This compares to prevalence rates in the general population of 1% for 60- to 65-year-olds to 13% for 80- to 85-year-olds and 32% for 90 to 95-year-olds [98]

- There is a high prevalence of helicobacter pylori, a class 1 carcinogen linked to stomach cancer, gastric ulcer and lymphoma, among people with learning disabilities. Coronary heart disease is a leading cause of death amongst people with learning disabilities (14%-20%), with rates expected to increase due to increased longevity and lifestyle changes associated with community living [99]
- Nationally about 30% of people with learning disabilities have significant sight impairment and 40% have significant hearing problems
- Up to 30% of people with learning disabilities also have physical disabilities, most often owing to cerebral palsy [100]

Down's Syndrome [99]

- Children with Down's syndrome are at particularly high risk of leukaemia compared to the general population, although the risk of solid tumours, including breast cancer, is lower
- Almost half of all people with Down's syndrome are affected by congenital heart defects

Respiratory Disease [99]

- Respiratory disease is possibly the leading cause of death for people with learning disabilities (46%-52%), with rates much higher than for the general population (15%-17%)
- People with asthma and learning disabilities were found to be twice more likely to be smokers than patients with learning disabilities who do not have asthma. More than half of women with learning disabilities and asthma are also obese

Mental health [99]

- The prevalence of psychiatric disorders is 36% among children with learning disabilities, compared to 8% among children without learning disabilities, with children with learning disabilities accounting for 14% of all British children with a diagnosable psychiatric disorder. Increased prevalence of psychiatric disorder is particularly marked for autistic spectrum disorder
- There is some evidence to suggest that the prevalence rates for schizophrenia in people with learning disabilities are approximately three times greater than for the general population, with higher prevalence rates for South Asian adults with learning disabilities compared to White adults with learning disabilities
- The prevalence of dementia is higher amongst older adults with learning disabilities compared to the general population (22% vs. 6% aged 65+), and is associated with a range of potentially challenging behaviours and health problems. People with Down's syndrome are at particularly high risk of developing dementia, with the age of onset being 30-40 years younger than that for the general population
- Amongst people with moderate to profound learning disabilities, deaths from dementia are more common in men than women

Epilepsy

- The prevalence rate of epilepsy amongst people with learning disabilities has been reported as at least twenty times higher than for the general population, with seizures commonly multiple and resistant to drug treatment. Uncontrolled epilepsy can have serious negative consequences on both quality of life and mortality
- 13–24% of people with a learning disability are affected by epilepsy [101]

1.4.9 Physical Impairment

- Gap: children and young people, maternity, congenital conditions.
- Estimated 7% of population (8603) aged 18-64 with a moderate physical disability and 2% (2507) with serious physical disability (2010) [102]
- PANSI predicts that there would be 4,534 people in 2010 with a physical disability and be permanently unable to work. [103] This is lower than the number claiming disability living allowance (6,340) [104]

- Estimated that there will be an approximate increase of 6% in the number of people with physical disability (aging population) by 2030 (11,110 to 11,760)
- B&NES is predicted an increase of 5% by 2030 (from 1,288 to 1,347) of 18-24 year olds with a moderate of severe disability compared with 0% regionally and 1% nationally [102]
- Social care:
- Aged 18-64 - 335 clients with physical disabilities (27% of all personal budgets) the majority are in community care
- Aged 65+ - 1650 clients with physical disabilities (73% of all personal budgets). 74% of those are in community care
- There is a gap between the number of people receiving care for physical disabilities (450 18-64 year olds) and PANSI estimates (1152) (2010) [105]
    - Gap: national comparison
- People with disabilities (e.g. physical impairments such as cerebral palsy, multiple sclerosis, spinal cord injury etc.) are just as likely as the general population to experience mental health problems. They may be even more likely than the general population to need and use mental health services [106]

- *Overall score 64/100, n=207 (nationally overall score =61/100)*
- *This has increased slightly since 2008/9 from 62/100 (59 nationally)*
- *In general sub indicators looking at health, education and family support services around information, assessment, transparency, participation and feedback are in line with or better than nationally*

Parental experiences of services provided to disabled children survey: 2009-10

- Possible reasons for this may include – higher rates of poverty and unemployed amongst disabled people which are themselves associated with poor mental health; the greater risks of abuse experienced by disabled children and adults and, some people with mental health support needs may be more likely to become physically disabled as a result of accidents or attempted suicide
- There is also increasing acknowledgement that long-term mental health problems are correlated with conditions such as heart disease and diabetes

Consultation carried out by Short Breaks for disabled children found:

- *Children enjoy engaging in a range of activities*
- *Concerns over transport and money was a recurring theme*
- *Older children wanted to partake in activities allowing them more independence*
- *For activities to be accessible to a wider group of children and young people as well as those with disabilities*
- *Quality of staff is the biggest priority for parents, wanting staff capable of building good relationships while providing a safe environment and understanding the needs of individual children*
- *Parents in mainstream schools have less knowledge/information about short breaks. What might be in question is whether they would recognise their child as being 'disabled' and therefore eligible*

- It is suggested that people with physical impairments and mental health support needs tend to be overlooked by policy-makers and commissioners of services

- Medication given for mental health needs can have a negative impact upon a persons' disability, alternatively, medication relating to a physical impairment can have a negative impact upon mental health [107]
    - Gap: voluntary sector – meeting need – what is the voluntary sector providing beyond our commissions?

- Bath & North East Somerset Council Private Sector Housing Stock Condition Survey 2011 based on a survey of 1000 properties has estimated that 12.5% dwellings are occupied by least one person who considered themselves disabled or who having a long term illness
- The survey has estimated that to provide all the adaptations and equipment that this group needs would cost in the region of £15million. Current annual spend by the Council on disabled facilities grants for eligible applicants is in the region of £1 million per year for about 250 grants. In general these grants pay for adapted bathrooms and stair lifts [108]

1.4.10 Sensory impairment

- 3.1% of primary school children with special educational needs (SEN) have hearing impairment, this is higher than England (2.1%) and South West (2.3%) however, 1.9% of secondary school children with SEN have a hearing impairment compared with 2.4% nationally and 2.3% regionally
- 1% of primary school children with SEN have visual impairment, this is less than England (1.3%) and South West (1.4%) however this 2.3% of secondary school children with SEN have visual impairment compared with 1.3% nationally and 1.4% regionally [109]
- 12% of adult population with moderate or severe hearing loss (estimated) (in line with South West and England), 0.28% (n=~400) with profound hearing loss (also in line with South West and England)
    - Increases predicted in all adults
    - Significant increases by age (19% of 65-74 year olds have moderate or severe hearing loss increases to 85% of the 85+ population) (942 under 75, 1,984 75+)[110]
    - Moderate/ severe hearing impairment - 18,286 in 2010 to 24,901 in 2030
    - Profound hearing impairment – 416 in 2010 to 616 in 2030
- It is predicted that hearing loss will increase by around 44% by 2030 in B&NES (64% regionally, 58% nationally) [111]
- Visual impairment – 3,950 in 2010 to 5,673 in 2030[112]
- PANSI synthetic estimates (2010) suggest that there are around 2.6% of the adult population of B&NES has a visual impairment (regional 2.9%, national 2.1%) [112]
- 2011 NHS figures indicate that 450 people are registered with B&NES council with Adult Social Services Responsibilities as blind, and another 480 people as partially sighted, this is equivalent to 0.51% of the population (mid-year estimates 2010 all ages) (0.57% regionally and nationally) [113]
- There are 55 people registered as hard of hearing with B&NES council with Adult Social Services Responsibilities (31st March 2011) this is 0.03% of the population compared with 0.28% regionally and 0.41% nationally [114]
- 49 people registered as deafblind with B&NES (Sirona) although there are many that the Sirona team are not aware of. Sense estimate 1077 deafblind people in B&NES in 2010 increase to 1,704 deafblind people in B&NES in 2030 [115]
    - These figures indicate that many people may have a sensory impairment and not accessing services
- Locally the Sensory Support Service currently provide support for children with hearing and vision needs from early years and through their time at school
- Current figures for children registered with the Sensory Support Service are broken down as follows:
    - Visual Impairment total 51; 19 have additional SEN needs
    - Hearing Impairment total 121; 28 have additional SEN needs

> *There was a concern that people with disabilities should receive mainstream recognition and that effort should be made by the majority towards supporting the minority. Signing should be part of everyone's set of communication skills.*
>
> Secondary School Youth Parliament 2010

    - Multi-Sensory Impairment - total 13; 6 have additional SEN needs [116]
- NDCS (national deaf children society) says that about 40% of deaf children develop mental health issues [117]
- Hospital admissions for problems with vision are higher (for activity and costs higher) than South West and National, whilst admissions for problems with hearing are lower [118]
- Nationally 29% of those registered blind and 28% of those registered partially sighted were also recorded with an additional disability, excluding those councils who supplied no figures for the additional disability section of the return
    - Of those people registered as blind with an additional disability, 4% have a mental health problem, 8% have a learning disability, 60% have a physical disability and 27% have a hearing impairment
    - Of those people registered as partially sighted with an additional disability, 4% have a mental health problem, 4% have a learning disability, 61% have a physical disability and 30% have a hearing impairment [119]
- Over 90% ratings of good or better for the quality of service provided according to families and schools or early years settings - evaluation questionnaires. National and formal quality assurance processes for the new-born hearing screening have consistently rated the service as a well above average with a culture of continuous improvement [120]

1.4.11 Special Educational Needs (SEN)

- In 2011 there were 716 pupils with statements (formal identification of condition and action needed) of Special Education Needs attending schools in Bath and North East Somerset (2.5% of all pupils, 2.8% nationally, 2.7% regionally). There are 4055 pupils defined as SEN without statements
- Decreased by 0.3% since 2007 whereas national figures have remained constant.(14% of all pupils, 17.8% nationally, 17.4% regionally) [121]
- Generally, education achievement for SEN statement pupils is higher than national, (and increased from 5-14% (5+ A-C including Maths & English) (2008-2009)
- Of those with special educational needs but without a statement (School Action and School Action Plus), 17% achieved 5+ A-C including English and maths in 2009. This is lower than the national figure of 19% and for similar authorities (17.8%)
- Boys' achievement (18%) matched the national average and outperformed girls (16%) who attained below the national average of 20%

Table 2. Primary needs of pupils with statements of special educational needs or at school action plus (as at Jan 2009)

	Primary			Secondary		
	B&NES	South West	England	B&NES	South West	England
Specific learning difficulty	11.5%	11.2%	10.3%	14.7%	19.5%	16.6%
Moderate learning difficulty	15.5%	17.8%	26.3%	25.7%	18.8%	25.2%
Severe learning difficulty	0.7%	1.8%	1.6%	x	1.1%	1.0%
Profound & multiple learning difficulty	x	0.4%	0.4%	x	0.1%	0.1%
Behaviour, emotional & social difficulties	20.4%	20.3%	18.5%	26.2%	29.4%	30.6%
Speech, language & communication needs	27.9%	30.1%	25.2%	10.4%	9.1%	7.4%
Hearing impairment	3.1%	2.3%	2.1%	1.9%	2.3%	2.4%
Visual impairment	1.0%	1.2%	1.3%	2.3%	1.4%	1.3%
Multi-sensory impairment	x	0.2%	0.2%	0.0%	0.1%	0.1%
Physical disability	3.3%	4.7%	4.0%	5.1%	4.6%	3.3%
Autistic spectrum disorder	8.0%	5.9%	6.2%	8.3%	7.6%	5.9%
Other difficulty/disability	7.8%	4.2%	3.9%	4.6%	6.1%	6.1%

- Over 25% of pupils with SEN statements or at school action plus in Primary School have speech, language and communication needs, however, this decreases to 10% in Secondary School (table 2) [122]

1.4.12 Autism

- Prevalence 1,666 in 2010 (1% of population, men 1.8%)[123]
- Increased prevalence of psychiatric disorder is particularly marked for people with autistic spectrum disorder [124] (55% of those with ASD have an IQ below 70%) [125]
- The percentage of school children with Autism Spectrum Disorder in B&NES is higher than the regional average and is in the second highest quintile nationally
    - 8.2 per 1000 pupils, in-line nationally [126]

1.5 Mental Health

The top 2 specific conditions that the community is concerned about are:
- Dementia/Alzheimer's: 28%, Mental health: 24%
Mental health and Alzheimer's issues are both on the increase and have a huge effect on family/carers.

A lot of illnesses and social problems stem from mental ill health. It is vital this is improved.

B&NES Link: Have Your Say Survey, 2009

- Low hospital admissions generally [127], but high in pockets:
    - High for elective admissions for adults in B&NES and regionally compared with nationally (0.5 per 1000 population, 0.65 regionally, 0.39 nationally) (equates to 96 admissions in B&NES 2010/11) [128]
    - High for self-harm [129]
- Varying diagnosis by GP Practice and so varying identification and management of metal health conditions in primary care.
- Elective and emergency admissions are below regional and national average [130]
    - An estimated 74% of Europeans are affected by mental illness but remain untreated (2009) [131]
- Outpatient attendances below national and regional rates in general since 2005
    - Currently below national rates but above regional rates (B&NES 17 outpatient mental health attendances per 1000 population, regionally 12.5 per 1000 and nationally 35 per 1000) [132]
    - above national and regional averages in 2009/10 and 2010/11 for child and adolescent psychiatry [133]
      –x-ref SEN

Opinions amongst B&NES PCT Mental Health practitioners are:

- *There is a lack of mental health services and provision in the Norton Radstock area*
- *There is a gap in primary care services for people with personality disorders*
- *The same applies for eating disorder support services*

- There are gaps in prevalence
- Around 2505 out of work benefit claimants with mental health as a primary diagnosis [134] against 1380 adult social care clients with primary mental health diagnosis receiving services in 10/11 [135]
- NHS B&NES spend on mental health is increasing, and spend is above average compared to similar PCTs, though similar to the South West and national average. B&NES has a combination of above and below average mental health outcomes [136]

- PANSI estimates 18,570 people aged 16-64 have a mental health problem 2011 (16% of the working age population)
- And 8,337 have 2 or more psychiatric disorders [137]
- There were 3734 adults accessing NHS Specialist Mental Health Services in B&NES, 2009/2010 [138]
    - This indicates a high number are possibly not accessing services

Suggestions for improving well-being in the elderly (a report on research with elderly)

- *A general desire to play a more active role in improving their own well-being.*
- *Many feel they would need the help and support of others to achieve this.*
- *Getting involved in groups and activities, volunteering, campaigning and shaping services and policies.*
- *Support for black and minority ethnic older people, better access for older people with physical and sensory impairments and reliable/accessible public and community transport.*
- *Treat older people with respect and equality and to improve communication, build trust, give people more time.*
- *Offer practical help and support in people's own homes by reliable, competent and trustworthy people, help with small jobs about the house and garden and shopping.*
- *Provide support at critical times such as following bereavement, failing health, dealing with, and coming to terms with, impairments.*
- *Participants call for more intergenerational work to build positive understanding.*
- *Provide relevant and accessible information and promoting this information effectively to older people. This includes information on entitlements. There is also a need to challenge the assumption that all older people can use or have access to the internet.*
- *Personal finance – such as help with on-going financial information about pensions, investments and savings*

Improving Access to Psychological Therapies (IAPT) [139]

- IAPT services seen a noticeable rise in referrals for service users in the 18-25 age brackets.
- Referrals from GPs and self-referrals have increased, with the biggest percentage increase in self-referrals (from 3 to 14% between 2009/10 and 2010/11. 2011 data is suggesting a further much higher increase in self-referrals (i.e. 67% for May 2011)
- Based purely on indicators, the quality of primary mental health services is generally in-line or better than national average
- The service has achieved the highest mean combined reduction in anxiety and depression scores of the 14 IAPT services in the south west. (IAPT Report, 2010/11)
- 29% of service users who were on sick pay or benefits at their initial contact with the service had moved off these benefits at the time they were discharged from the service. The service has exceeded its target of 5
- Responses indicate high levels of satisfaction with the IAPT service with 89% reporting that they were satisfied or very satisfied with the service.

1.5.1 Depression[140]

- Depression prevalence high
    - 12.8% for 2010/11 (national 11.2%) (18+)
    - This equates to around 1,000 more people with depression than we would expect from national rates

1.5.2 Psychosis

- The prevalence of reported psychosis in B&NES in 2010/11 (for all ages) is the same as the national average (0.8%) [141]

- Men and women are equally affected by the condition, but in men, schizophrenia usually begins between the ages of 15 and 30; in women, schizophrenia usually occurs later, beginning between the ages of 25 and 30 [142]
- PANSI estimates 461 people aged 16-64 in B&NES have a psychotic disorder [143]

1.5.3 Personality disorder

- Directly age standardised rates of personality disorders in the PCT are 36 per 10,000 which reflects 691 cases [144]
  - A research study that found nationally 'The weighted prevalence of personality disorder was 4.4%' based on a mental health survey (n=626) [145]
  - Although a little out-dated this report indicates a figure much higher B&NES prevalence figures and may represent people that had symptoms whereas B&NES figures represent people that have been diagnosed by a GP

1.5.4 Dementia

- Dementia cases are expected to increase by 23% for females and 43% for males between 2010 and 2025 in B&NES (34% and 58% respectively nationally)
  - Females 1549 – 1916; males 853 – 1225 [146]
- The prevalence of reported dementia in B&NES in 2010/11 (for all ages) is lower (0.4%) than the national average (0.5%) [147]
- In B&NES reported figures are much below expected (reported 793 vs. expected 2,397 (2008/09) [148]
- Dementia is the commonest cause of hospital admission for older people with mental health problems [149]
- The diagnosis of dementia (comparing prevalence versus predicted prevalence) varies widely between GP practices, suggesting that some are much better/poorer than others at identifying people with this condition [147]
- Evidence suggests that residents in nursing homes have multiple complex medical needs and over 50% have dementia or other mental health needs as the primary clinical need or in addition to complex physical disabilities [150]
- The South West Care Services Improvement Partnership's regional consultation on dementia brought out three themes from carers, users, and the general public.
  - Improving information and raising awareness
  - Promoting early diagnosis and intervention
  - Improving care for people with dementia [149]
- The B&NES Care Network facilitated a focus group which highlighted the benefits for the carers and the person they care for of earlier diagnosis (being able to plan and prepare for the future better, treating the affected person better); QV need for better/earlier diagnosis
- There is still a significant problem of poor experience of people with dementia in acute hospitals once their physical needs are met
- The majority of people with a dementing illness are not cared for by specialist services but managed in primary care and by generic social work teams [149]
- The Health and Well-Being Partnership has identified that engagement with people with dementia and their carers is an area of weakness and needs to be strengthened going forward [151]
- Vulnerable groups
  - People living alone with dementia
  - BME groups where uptake of services are variable (There are lower levels of awareness of problems such as depression and dementia within BME communities) [149]

1.5.5 Eating disorders

- The number of admissions for eating disorders in B&NES has increased although this may be due to changes in diagnosis rather than an actual increase in prevalence [152]
- Highest prevalence in 16-24 year old girls
- Nationally the number of stays for eating disorders nationally increased 11% to 2,579 in the year to June 2010 compared to the same period a year earlier when they stood at 2,316

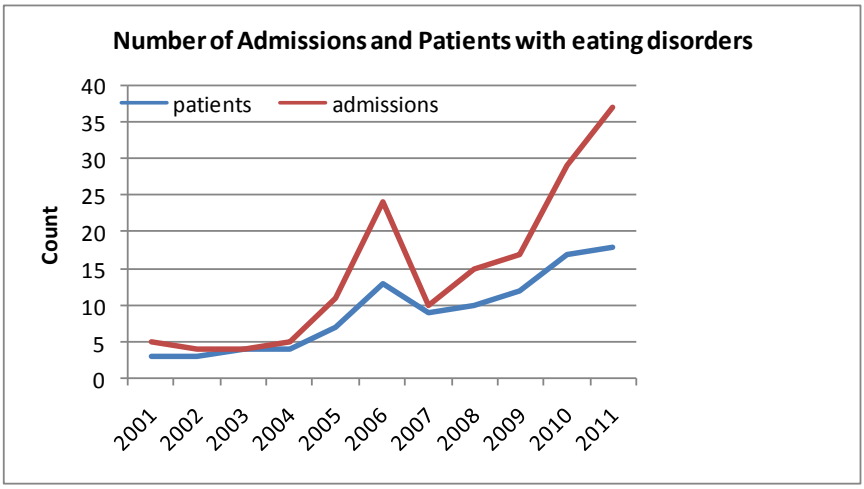


Figure 7. Number of hospital admissions and number of patients with eating disorders over time in Bath and North East Somerset [153]

- Anorexia was the most common primary condition among those treated in hospital for an eating disorder and it made up around three quarters of all cases
- The region with the highest rate of hospital stays per 100,000 of the population, for all eating disorders, was the South West Strategic Health Authority
- Stays for eating disorders lasted an average of 38 days [154]
- Overall, 6.4% of adults screened positive for a possible eating disorder in 2007 (this equates to 11,500 people in B&NES)
- Ethnicity and equivalised household income were not significantly associated with screening positive for an eating disorder
- 81% of adults who screened positive for a possible eating disorder were not in receipt of any treatment for a mental or emotional problem at the time of interview
- Around one in four adults who screened positive (24%) reported using health care services for a mental or emotional reason, compared with one in ten (10%) of those who screened negative [155]

1.5.6 Self-harm [156]

- Emergency admissions for self-harm are statistically significantly higher for both men and women in B&NES (229 per 100,000) compared to the national average (198 per 100,000) for 2009/10. This has been consistent over time
    - 906 emergency department attendances 2010/11
    - About 500 unplanned admissions p/a (469 2010/11)
    - Between 2004 and 2011 828 women and 558 men were admitted once (~75%)
    - 306 women and 160 men were admitted more than once
    - Over 6 years (2004-2011) 55 women accounted for 604 admissions and 23 men accounted for 216 admissions

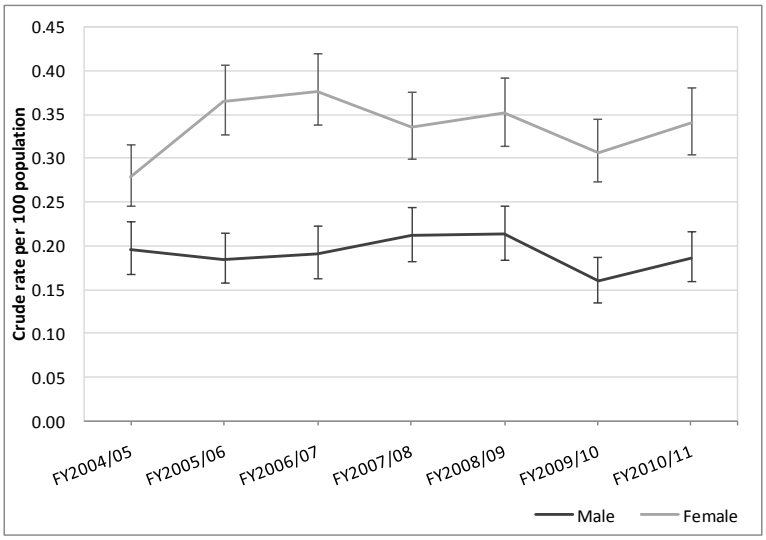


Figure 8. Hospital admissions due to self-harm between 2004/05 and 2010/11 for men and women, all ages

- 35% of men and 26% of women who were admitted to hospital for self-harm also had alcohol mentioned in one of the secondary diagnoses fields (ICD 10 code X65 = Intentional self-poisoning by and exposure to alcohol)
- Intentional self-poisoning was the most common form of self-harm, in both men (91%) and women (92%). Alcohol was involved in 38% of the self-poisoning cases in men and 28% of the self-poisoning cases in females
- There is a significant relationship with deprivation

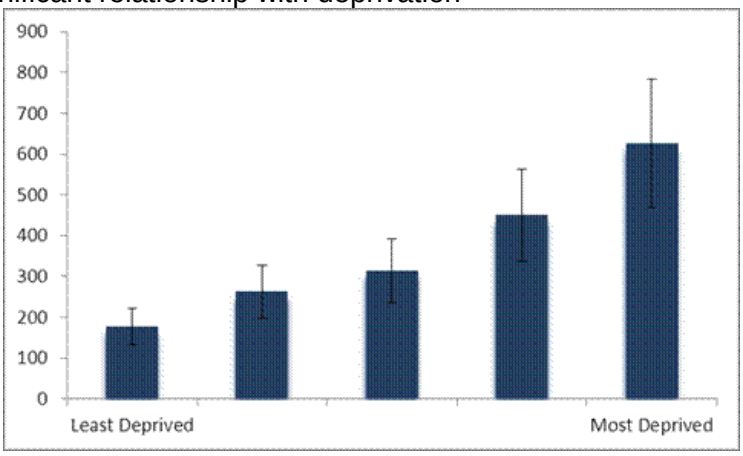


Figure 9. Number of hospital admissions for self-harm 2004-09 by income deprivation (2010)

1.5.7 Suicide [157]

- Suicide rates (does not include attempted suicide) are lower than regional and national average and have fallen overall in the last decade (B&NES ~10 cases each year) (1993 5.4 per 100,000, 2010 4.5 per 100,000, nationally and regionally 6 per 100,000)
    - Mortality from suicide has shown a gradual decrease in time following national and regional trends
    - Most cases are men not in current contact with the mental health service but many of whom had depression and out of work and with some history of self-harm
    - Male cases continue to drop and are dropping at a greater rate than similar ONS clusters, female cases have levelled in line with other ONS cluster groups

1.5.8 Mental health and physical illness comorbidity

- 46% of people with a mental health problem have a long term condition
- 30% of people with a long term condition have a mental health problem
- APHO indicator - depression case finding in CHD and/or diabetes patients, 90% B&NES, 89% Nationally [158]
- The number of patients suffering from a long term condition and also suffering from co-morbid mental health problems such as anxiety and depression are set to rise by a third over the next decade [159]
- A chronic physical health problem can both cause and exacerbate depression [160]
- Depression can also exacerbate the pain and distress associated with physical illnesses and adversely affect outcomes, including shortening life expectancy Furthermore, depression can be a risk factor in the development of a range of physical illnesses, such as cardiovascular disease [161]
- The cost to the health system and to wider society of mental health problems among people with physical illnesses is considerable. By developing a more integrated response to patients' multiple needs, there is scope to reduce these costs while improving quality of care [162]
- Co-morbid mental health problems raise total health care costs by at least 45% for each person with a long-term condition and co-morbid mental health problem. The presence of poor mental health increases the average cost of NHS service use by each person with a long-term condition from approximately £3,910 to £5,670 a year (using the more conservative 45% estimate for excess costs) [159]
- Depression is approximately two to three times more common in patients with a chronic physical health problem than in people who have good physical health and occurs in about 20% of people with a chronic physical health problem [160]
- Of all those who responded to the Long Term Conditions Survey 2011 who had depression, also suffered from another long term condition. (100 responses, 11 had dementia, all also suffered from another long term condition)[163]
- Deaf children have an increased prevalence of mental health problems (45–50% *v*. an average of about 25% for the general population [162]
- The prevalence of psychiatric disorders is 36% among children with learning disabilities, compared to 8% among children without learning disabilities nationally
    - Indicating that around 1,460 children in B&NES are potentially suffering from both learning disabilities and psychiatric disorders
- Increased prevalence of psychiatric disorder is particularly marked for people with autistic spectrum disorder
- The prevalence of dementia is higher amongst older adults with learning disabilities compared to the general population (22% vs. 6% aged 65+) [164]
- Hearing loss has significant personal and social costs and can lead to high levels of social isolation and consequent mental ill health. It more than doubles the risk of depression in older people [165]
- Physical illness was a risk factor for the later development of depression. In clinical populations, the year after the diagnosis of cancer and after first hospitalisation with a heart attack are associated with a particularly high rate of new onset of depression or anxiety – approximately 20%
- In prospective population-based cohort studies, depression has been shown to predict the later development of colorectal cancer, back pain, irritable bowel syndrome and multiple sclerosis depressed patients were three times more likely to be non-compliant with treatment recommendations than non-depressed patients [160]
- There is evidence that the relationship between having multiple long-term conditions and experiencing psychological distress is exacerbated by socio-economic deprivation a greater proportion of people in poorer areas have multiple long-term conditions
- Research suggests it may be possible to reduce the number of people with long-term conditions who go on to develop mental health problems. A number of cost-effective

interventions exist for promoting mental health and preventing the development of mental illness

- Co-morbid mental health problems can reduce ability and motivation to self-manage, and people with these forms of co-morbidities may need particular support if they are to do so effectively. Recent evidence indicates that people with co-morbid mental health problems can gain particularly large benefits from inclusion in self-management support programmes, suggesting that they should be targets for referral
- Greater co-ordination between all primary care, social care and mental health services – and other key partners such as schools in regards to the prescribing of medication for mental health needs and physical impairments is needed [166]

1.6 Safeguarding

1.6.1 Children and Young People

- In 2008/09 there were 369 referrals to Children's Social Care with the presenting issue 'notification of domestic violence'. There were also another 595 initial contacts recorded with the issue 'notification of domestic violence'. The recording has now been standardised and henceforth the trend in numbers of notifications will be clearer [167]
- Care leavers in suitable accommodation slightly off target, but Care leavers in suitable accommodation - provisional figure of 87% year to March 2011. This just missed the target. Does reflect fact that some young people are in custodial settings and this is not 'suitable accommodation'[168]
- There has been a steady increase in the number of children with protection plans throughout 2010/11 with a marked increase in the final quarter (n=106)
    - Child Protection Plans are a lower rate than that of similar authorities and of England as a whole, however this is the highest number in B&NES since the late 1990's (B&NES 30 per 10,000 under 18 population, regionally 34 per 10,000, nationally 39 per 10,000 population). An increase has also been seen regionally and nationally [169 &170]
    - The Children's Service has investigated this position and determined that the increase has been the result of a combination of factors and are taking action to address:
        - complexity of new cases and risks being identified:
        - cases where long standing but low-level concerns have increased to become risks of significant harm:
        - the quality of some assessments and multi-agency evaluations of the risk of harm resulting in cautions decisions about the need for some protection plans)
        - however, the authority did not experience the levels of increased numbers reported by many Local Authorities following Baby Peter [167]
    - Some variation by ethnicity over time, but historical fluctuation and small actual numbers
    - Second time Child Protection Plans higher than similar authorities and national, but very small numbers [171]
    - In 2010/11 10% of Child Protection Plans had lasted 2 or more years (lower figures better). This is higher than nationally (6%) and regionally (5%)

Table 3. Main category of abuse recorded as reason for Child Protection Plan for those starting in 2010/11 [172]

Category of abuse	England	South West	Statistical neighbour average	Bath and North East Somerset (numbers)
Neglect	42%	44%	44%	43
Physical Abuse	13%	14%	13%	<5
Sexual Abuse	6%	7%	7%	<5
Emotional Abuse	27%	30%	31%	46
Multiple	12%	5%	5%	0

1.6.2 Adults [173]

- From 2005 to 2011 there have been year-on-year increases in the number of safeguarding referrals
    - 41 referrals were made from 2005/06
    - 186 received in 2009/10 increasing to 293 for 2010/11 (58%)
- 39 safeguarding cases were open on 1st April 2010, a further 293 referrals were received during the financial year. 281 cases were terminated/closed during the period. In 2010/2011 referral concerns were highest for physical abuse. Of note is also the significant rise proportionately in neglect referrals
- Proportionately adults with learning difficulties had the highest number of cases with the outcome of substantiated
- Demographic trends alone indicate that safeguarding referral numbers will continue to rise as the older population continues to grow. Advances in medicine will increase longevity and the number of people living with complex health needs (including dementia), and disability is expected to rise

1.7 Carers

> *Supporting carers particularly if more services are being delivered at home and more vulnerable people are being helped in the community continues to be a key concern to the public.*
>
> Right Care Best Value Public Consultation Feedback Report, Jan 2011

- 11% of the adult population have self-defined as a carer through the Voicebox 15 survey
- There are 1462 carers known to the Council [174]
- One of the main local challenges continues to be engaging with carers who are traditionally described as 'hard to reach', whether because they belong to an ethnic minority group, are living in secluded rural areas of Bath & North East Somerset or have never had any contact with social services in relation to their care needs [175]
- Gap – hard to reach groups – ethnic minorities, rural areas particularly with respect to Carers
- There are currently 155 young carers registered with the Young Carers Service in this area (more unrecorded)[176]. This is 0.52% of the 0-15 year population compared with 2.1% estimate nationally [177]

> *One of the risks for Chinese and other BME groups is their different cultures and language barriers. Chinese culture is very different – the men do not want to trouble people, so when they are offered a package they refuse, and depend on their families. The wife, who is also elderly, agrees to this, and they both become silent sufferers as the wife gets increasingly run down, and then two people need support.*
>
> Care Forum meeting, 1st July 2009, p. 11

- This could represent a lack of child carer identification within B&NES
- 23% of secondary school survey respondents and 12% of primary school
- respondents said they cared for family members after school on the day before the survey [178]
- In general indicates a gap between carer's and using services

- *The majority of respondents are satisfied with the support provided by social services (3.5% dissatisfied)*
- *78% feel that the support or services received by the person is caring for has received in the last 12 months has not made any difference to the carer, (11% feel that it has made things worse, 11% better)*
- *In general carers are happy with the support and services offered.*
- *Respondents in general feel they have a good/alright quality of life (time, space, control, safety, health and social contact*

Carer's survey 2009/10 B&NES

1.8 Service Use and Quality

1.8.1 NHS Demand and uptake of acute services

- Significantly lower rate of overall outpatient attendances than the England average
  - 629 per 1000 population, nationally 823 per 1000 population, regionally 700 per 1000 population [179]
- Even lower rate of subsequent attendances (follow ups) – for 2007/08
- Planned admissions to hospital are significantly less than England average (2003/04 to 2007/08)
- Emergency (unplanned) admissions are significantly less than England (2003/04 to 2007/08)
- Planned and unplanned admissions significantly lower for (2003/04 to 2007/08)
- Planned admissions significantly higher for hip replacements (108.7 compared to England average of 100 between 2003/04 and 2007/08)
- Unplanned admissions significantly higher for stroke (121.6 compared to England average of 100 for 2003/04 to 2007/08)
- Elective admissions for knee replacements are similar to the England average (94.6 compared to the England average of 100 for 2003/04 to 2007/08) [180]

It is best to avoid admission to hospital, provided that the appropriate organisation and procedures are in place to ensure that Doctors and all of the necessary supporting social and community care are aware, in good time, that home support is required for an individual and that their unique needs are known and met (Corston Parish Council).

Right Care Best Value Public Consultation Feedback Report, Jan 2011

The number of patients who died following treatment at the RUH in 2010/11(1,914) was lower than the number expected to die (2,020) given the hospitals caseload and case-mix. The Trust performs better than the England average for lower than expected deaths [181]

NHS Trust Performance Indicators
The Care Quality Commission's Annual Health Check gives all NHS organisations a two-part annual performance rating [182]

Healthcare organisation	Overall quality of services*	Financial Management score*
Royal United Hospital Bath NHS Trust	Good	Good
Bath & North East Somerset PCT	Good	Good
Avon & Wiltshire Mental Health Partnership NHS Trust	Fair	Good
Great Western Ambulance Service NHS Trust	Weak	Fair
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	Good	Fair

CYP Service use [183]

- There were 1,406 referrals to B&NES children's social care service in 2010/11, a rate of 411 per 10,000 children, this is lower than regionally (504 per 10,000) and nationally (557 per 10,000)
    - Nationally and regionally have seen an increase from 2008-2011 whereas there has been a slight decrease in B&NES referrals between 2009/10 and 2010/11
    - Percentage of core assessments completed within 35 working days is lower than nationally (75%) and has decreased from 78.5% in 2009/10 to 59% in 2010/11
- In 2008/09, there were 333 re-referrals within 12 months of a previous referral. This was around 29% of referrals where needs may not have been satisfactory met following the previous referral, or where needs have changed. The rate of re-referral rate is higher than the average for similar authorities and the figure for England as a whole
- 160 children in care in 2010/11 increasing from 140 in 2009/10 and 120 in 2008/09, although figures have seen an increase greater than that seen regionally and nationally, figures per 10,000 under 18 population are lower than regionally and nationally
- Reasons for being in care vary from regionally and nationally with 45% being for family dysfunction (18% nationally, 17% regionally) compared with 20% for abuse/ neglect (54% nationally, 50% regionally)

1.8.2 Adult Social Care [184]

- General trends:
    - Increase in 18-64 service users and a reduction in 65+ (figure 10)
    - A rise in the number of females aged 18-64 years being referred
    - The number of mental health service users referred for safeguarding has significantly increased
    - Mental health referrals are higher than the average across the South West
    - Increase in referrals for adults with learning difficulties
- Safeguarding annual report 2010-11
    - 293 referrals
    - 151 physical disability, frailty or sensory impairment
    - 83 mental health
    - 55 learning disability

Top 3 social/community issues:
- Elderly care 45%
- Home/respite care 14%
- Carers 12%

B&NES Link: Have Your Say Survey, 2009

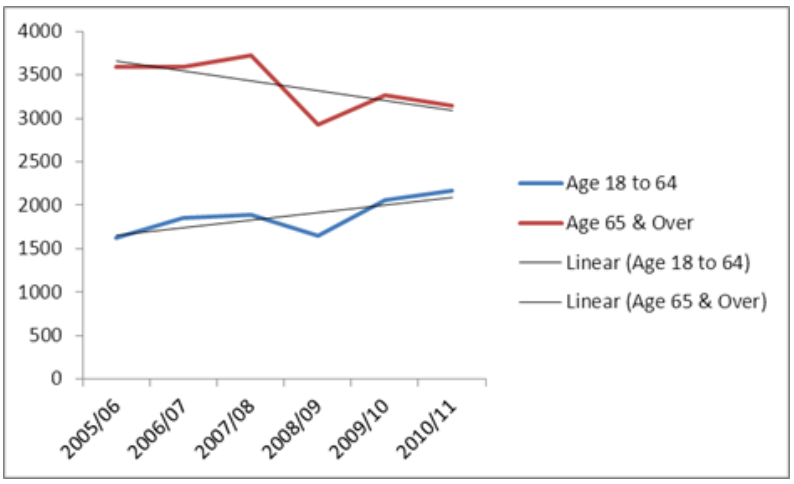


Figure 10. Number of adult social care service users over time

- Large proportion of adult care clients have physical disability and mental health problems (figure 2 below)

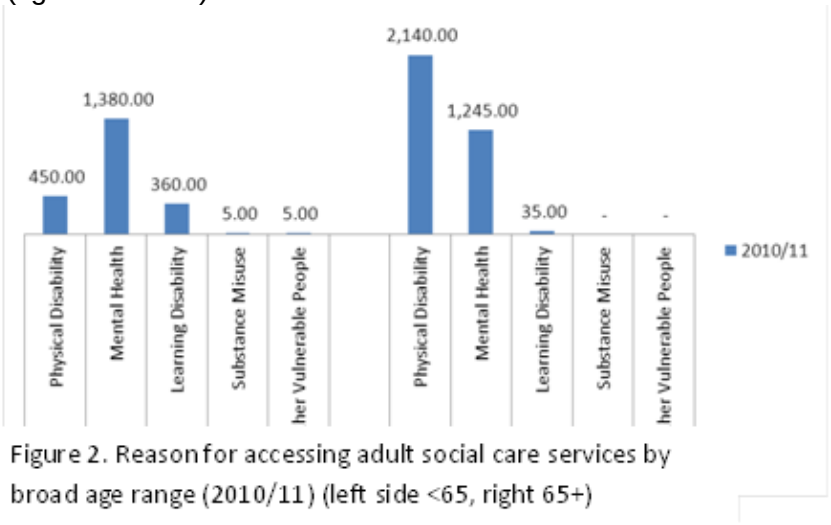


Figure 2. Reason for accessing adult social care services by broad age range (2010/11) (left side <65, right 65+)

- Health and Social Care is increasingly being provided in people's own homes with an emphasis on personalisation. There is little current evidence that personalisation increases safeguarding risks. However, as more vulnerable people are given the opportunity to arrange their own care, additional support may be required to reduce the risk of abuse — for example: safe recruitment practices, managing finances safely, setting standards of care and monitoring the quality of support
- In 2008 there were 1,175 contact hours of home help and home care per 10,000 households provided across all sectors (1,995 nationally, figures rounded)
    - 370 contact hours of home help and home care per 10,000 households provided by the local authority (375 nationally)
    - 150 households per 10,000 households across all sectors (160 per 10,000 nationally)
    - Of those households receiving more than 10 contact hours and 6 or more visits during the week
        - 87% of households 65 and over (73% nationally)
        - 7% physical difficulties 18-64 (11% nationally)
        - 5% learning difficulties 18-64 (13% nationally)
        - 1% mental health problems 18-64 (2% nationally)

- Community budgets (2011) [185]

Age Group	Total Number Clients	Number Clients Community Care	Number Clients Residential care	Number Clients Nursing Care	PB	All % PB	Community care % CB
18 to 64	1227	1081	149	19	524	43%	48%
65 & Over	2231	1515	406	488	895	40%	59%

- *In general the percentage of positive responses from B&NES respondents is in line with or a little higher than the national average*
- *Overall 63.6% of respondents from Bath and North East Somerset are satisfied with the care and support services they receive (60.9% nationally)*
- *Rating quality of life is slightly lower in B&NES than nationally. 51.7% stated their quality of life as a whole was good or better (53.4% nationally, 54.3% regionally) however 9.4% stated that their quality of life as a whole was bad or worse (11.4% nationally) so there is a larger cohort compared with nationally considering themselves neither good nor bad but "alright".*
- *76% of respondents would go to their family if they did not feel safe or were worried about something with respect to care and support services, perhaps demonstrating strong access to wider support networks.*
- *40.1% buy additional care or support privately or pay more to 'top up' their care and support (38.1% nationally, 39.6% regionally)*

Adult social care survey 2010/11

Care Quality Commission inspections [186]

- 11 care institutions measured by CQC have improvement notices (out of 500 within 20 miles of Bath)
  These are shown in Appendix a, table 6

1.8.2 Referrals - Community section

In general low did not attend rate – ADHD (Attention deficit hyperactivity disorder service "Did not attend" rate 22% (Q3 2011)

Table 4. Community Services, referral information, figures for Q3 2011/12 [187,188]

Service	No. referrals	% BME	F/M	Majority length of stay on caseload	Majority contact with team
Mental Health Liaison service	A&E 70-90 Acute 40-60	A&E 11.4% Acute 9%	60/40	<1 month	< once year
Community Mental Health Team – Older Adults	670 (2011) 848 caseload	8.2%		12 months +	50% seen once every 2 weeks and once a month
Community Mental Health Team – Working Age Adults	330 950 caseload	12.4%	56/44	40% 12mths+	61% once every 2 weeks – once month
ADHD Service	41 (2011)	17%	33/67	40% 12mths+	73% 6 monthly or less
Community Eating Disorders Service	71 (2011)	16.7%	94/6	64% 0-3 mths	42% every two weeks or more regularly, 36% < once a year

Court Assessment and Referral Service	112 (2011)	12.5%	19/81	< 1 month	55% every 2 weeks or more regularly, 23% < once year
Prison in-reach service	105 (2011)	8.7%	9/91	88% up to 3 months	38% < once year, rest at least once month or more regularly
Early Intervention	59 (2011) 72 caseload		67/33	67% 6 months or longer	
Crisis team	156 208 caseload	17%	50/50	82% up to a month	82% seen at least once a week or more regularly

ADHD service [189]

People with ADHD use on average 4 times more general medical resources (visits to GP, physical ill health, accidents etc.) than other people. They are 8 times more likely to collect driving offences and accidents, and 5 times more likely to misuse substances than the general population. In prison populations, untreated adult ADHD is more closely associated with violent incidents than any other disorder, including psychopathy. The condition responds well to treatment and once stabilised on medication, individual functioning improves significantly.

Approximately 60% of individuals with ADHD mature out of the condition during adolescence with the remainder requiring ongoing treatment as adults.

The service treats individuals who were diagnosed with ADHD during childhood and who require ongoing treatment beyond the age of 18 and those seeking a diagnosis and treatment as adults.

The ADHD Service is a community based team that delivers the following functions:

I. Treatment for individuals who reach adulthood with ongoing needs for ADHD treatment
II. Accurate diagnosis and treatment service for adults with newly identified ADHD.
III. Assessment of social needs with signposting, as appropriate
IV. Specific post diagnostic support for people with ADHD

Developing an Autism Spectrum Service February 2012, review service to date to inform objectives and priorities

- According to levels of assessed need:
  - **Signposting, advice and onward referral** (straight to the secondary care service where this is clinically indicated)
  - **Brief intervention**
  - **Guided/self-help** using the principles of CBT and validated materials
  - **Programmes of CBT** up to 22 weeks, tailored to need
  - **Group work** to help service users to prepare for more formal structured treatment
  - Expert 'on-site' consultancy for GPs to help with pre-referral decision-making and the on-going management of people with eating disorders

Service go-live: 1st April 2012 across Bristol, B&NES, South Gloucester [190]

- Targets generally reached and general improvement from 2010/11 (Q3 2011/12)
- Improved Management of dual diagnosis - SDAS clients with mental health diagnosis target 35% actual 29%
- Improved Management of dual diagnosis - Adult clients with a drugs/alcohol diagnosis target 35% actual 27%
- Carers receiving a service, target 16% actual 13% (performance improving)[191]

B&NES Mental Health Modernisation plan [192]

Current service provision:

Community Services

- 1 adult Crisis Service
- 1 adult Assertive Outreach Service
- 1 adult Early intervention service
- 2 adult CMHTs
- 1 older adult CMHT
- Acute hospital liaison at RUH
- OP liaison/in-reach to care homes and Community Hospitals

In-patient Services

- 23 acute mental health beds[1] (Sycamore, at Hill View Lodge)
- 6 high dependency beds (Cherries, Hill View Lodge)
- 1.6 Psychiatric Intensive Care Unit beds (PICU) based in our specialist units in Bristol
- 5 Rehab beds at Whittucks Road
- 20 older adult beds for dementia at St Martin's Hospital

Quality outcomes

- Fewer people will need admission to an inpatient bed
- More people will be supported to continue to live at home as part of their communities
- Primary Care will get more support to better manage mental health issues
- Community Hospitals & Nursing Homes will get more support to better manage dementia care
- Adults with a mental health issue in B&NES will feel well supported and able to make choices about their care and support

- Development of **Step-down inpatient services** – to return people with complex needs who have been placed out of area back to B&NES and support their reintegration into the community
- Expand the **Early Intervention Team** – designed to engage with young adults in a range of community settings and manage emerging psychoses
- Comprehensive **primary care liaison services** – providing expert advice to GPs on management of patients; as well as specialist (and sometimes joint e.g. IAPT) assessment and allocation to either brief intervention or structured treatment services for those with secondary care and complex needs (see appendix one)
- Enhanced community services – **Intensive Services** for those in acute crisis and **Recovery Services** – care planning and review for those with longer term treatment needs (see appendix two)
- Comprehensive **in-reach service in care homes and community hospitals** – providing assessment and on-going treatment and care for older adults with mental health problems in residential settings (see appendix three)
- Strengthened **A&E and Ward Based Liaison in RUH** – all age assessment and referral services in A&E and treatment services for people on acute wards to manage mental health difficulties and reduce potential delayed transfers of care

1.8.3 Supported care

SOMER housing support (All Somer Housing not just B&NES)
Somer provide:

- Sheltered housing – preventative support and community alarm to 1924 people living in 1631 properties (2011)
- Extra Care – where people in their own flat are provided with 24 hour support on site and a meal a day – 90 people living in 3 sites in partnership with who provide the care [193]
- Independent Living Service (for the whole B&NES population but provided by Somer) - Started in January 2011. Had 280 customers in 2011 and includes 15 % self-funders for people who pay for the service

[1] Comprising 20 beds for adults of a working age and 3 for older adults 65+.

- Hard-to-reach groups at present are:
  - BME groups
  - 21% from rural areas [194]
- The home improvement agency (HIA) is currently delivering services across the West of England region with 591 service users in B&NES
- Demand increasing esp. with aging population [195]
- There is a need for preventative care

The Independent Living Survey reported that:

- *52% of the 60% of respondents who live alone have regular contact with friends and family and, considering the sample as a whole, 53% feel they have good community connections*
- *47% of those who live alone claim to not have regular contact with friends or family and 36% do not have good community connections*
- *Almost 30% of respondents feel that they could benefit from regular contact with someone who knows them and cares about their well-being now and 62% in the future*

1.8.4 Overall NHS spend and value for money [196]

- Overall NHS B&NES spent £1,834 per head on healthcare in 2010/11. The average for PCTs with similar socio-economic backgrounds was £1,724
- Total expenditure has increased (between 2006/07 and 2009/10) from £136 million per 100,000 population to £182 million per 100,000. This is an increase of 34%
- Over the last 5 years the five areas of highest NHS spend are mental health, services provided by general practices, problems of circulation, cancers and tumours, and problems of the musculoskeletal system
- The *care setting* with the highest area of spend is secondary care, though NHS B&NES spend in this care setting is lower than similar PCTs, South West and national averages. Spend is higher than the similar PCTs, South West and national averages in the "GP, dental and ophthalmic care settings", and in "health and social care in other settings"

Specific programmes:

- NHS B&NES spend on mental health is increasing, and spend is above average compared to similar PCTs, though it is similar to the South West and national averages. B&NES has a combination of above and below average mental health outcomes
- NHS B&NES spend on services provided by general practice is increasing and is significantly above similar PCTs, the South West and national average spend
- NHS B&NES spend on "problems of circulation" is lower than similar PCTs, the South West and national averages. B&NES is achieving good outcomes (better than average) for its spend suggesting that the programme is achieving good value for money
- NHS B&NES spend on the musculoskeletal system is higher than average
- NHS B&NES spend on palliative and end of life services for people with cancer and other diseases is above average and is increasing over time. In general, B&NES has lower rates of mortality from cancer than the comparator areas, and is generally performing better than average, though there are specific areas where outcomes are below average

Primary care services

- B&NES has the second lowest prescribing cost per weighted prescribing unit in the South West, approximately 19% less than NHS England, 8% less than NHS Southwest and 4% less than NHS Wiltshire
- If NHS B&NES prescribers were prescribing at the same cost per weighted prescribing unit to NHS England, it would be costing our health community an additional £4.56 million respectively a year [197]

GPs commissioning services require a tremendous understanding of all services and professionals available in order to make appropriate referrals

Care Forum meeting, 9th Feb 2011, p 9.

1.9 Health Improvement and Protection

1.9.1 Infectious diseases

- In general there are very low levels of infectious diseases in B&NES
- Evidence suggests that a large amount of food poisoning goes unreported [198]
- Nationally hospital admissions for infectious and parasitic disease increased by 10% to the previous year – the biggest rise of any disease group[199]
- Mortality from infectious and parasitic disease has shown a slight increase with time, although this may be due to a national, regional and local peak from 2004 to 2008. (1993 4 per 100,000, 2004-8 10-12 per 100,000, 2010 4 per 100,000), trend has followed regional and national trends, currently lower than regional and national rates [200]
    - Years of life lost due to mortality from infectious and parasitic disease 151 (2008-10) (crude rate per 10,000 under 75 population) [201]
- Influenza vaccines are consistently higher take up amongst over 65s in B&NES compared with nationally and in line regarding vaccinations of residents with long term conditions. There is variation at practice level – Number 18 significantly low regarding CHD, diabetes and COPD patients and The Pulteney Practice significantly low regarding CHD and stroke patients; Riverside and Westfield for diabetes patients and Somerton House for COPD patients [202]
- Vaccinations are now delivered by practice nurses rather than health visitors
- At 89% (2010/11), B&NES is not meeting the national target is for 95 per cent of children to be immunised with their first MMR jab just after their first birthday [203]
- For the first half of 2011 immunisation uptake of MMR by 2nd birthday was however above regional and national averages
- Significant variation between practices – between 55% and 100% by 5th birthday
    - MMR uptake figures by 2 years (Sep 2011) variation between practice 72.4% Grosvenor surgery and 75.9% Riverside Health Centre (86% Oldfield Surgery) to 100% for St James and the University Medical Centre [204]
- *C. difficile* (the most serious cause of antibiotic-associated diarrhoea) April 10 – March 11 B&NES PCT 96 cases, 55.1 per 100,000 (national 43 per 100,000)
    - Decrease with time both B&NES and nationally [205]
- Antibiotic resistance poses a significant threat to public health. Resistant infections are often more severe, leading to longer hospital stays and increased costs for treatment. One way of helping to prevent antimicrobial resistance is through reduced and appropriate prescribing
    - NHS B&NES has the third lowest level of prescribing on antibiotics in the SW, suggesting that it is good in this area
    - However, for the antibiotics quinolones and cephalosporins, B&NES has one of the highest prescribing rates in the South West
- There are long standing and well recognised safety concerns with Nonsteroidal Anti-inflammatory Drugs (NSAIDs), which are medications used primarily to treat

inflammation, mild to moderate pain, and fever such as ibuprofen. Risks include gastrointestinal and renal adverse effects, and increased thromboembolic risks.

- NHS B&NES has the lowest prescribing levels of NSAIDs in the South West
- Use of NSAIDs has declined over the last 3 years [206]

1.9.2 Emergency Preparedness [207]

The Civil Contingencies Act 2004 defines NHS B&NES as a Category 1 responder to a local emergency. This means that in partnership with local authorities, emergency services and other health bodies, we are part of the first line of response in any emergency affecting our population. NHS B&NES therefore has a major role to play in preparing for, mitigating against and responding to any serious incident, such as Olympic preparedness, pandemic, major incident, terrorist attack, disruption to road fuel supplies, floods, heat wave or severe weather. Although all of us hope that incidents like these won't happen, the trust does a lot of work behind the scenes to make sure we are ready if the worst does happen.

The trust has plans in place to make sure health services continue to function in a crisis, and to let the public know what to do if they are affected. The PCT is part of a multi-agency group called the Local Resilience Forum (LRF), which helps local councils, health and emergency services and other organisations plan for and work together to respond to a major incident.

During a major incident, NHS B&NES will be responsible for several key areas including:

- The co-ordination of NHS resources
- Mobilising health care for those affected by the incident, including psychological support
- Assisting acute (hospital) trusts to release patients from hospitals to allow the hospital to treat people who are acutely ill as a result of the major incident
- Obtaining emergency medication for people should they have to leave their home as a result of the incident

The ultimate objectives being to:

- Minimise the effects of an emergency as far as possible
- Contain the immediate effects
- Preserve essential services
- Protect the population and the environment and
- Restore normality as quickly as possible

1.9.3 Sexual Health [208]

- Poor awareness amongst young people - 28% get information about sexually transmitted diseases from their family, 20% from doctor/nurse, 25% aware of GUM clinic

Chlamydia [209]

- Chlamydia in B&NES has increased (23% in 2010/11), but is lower than the national average (25%)
  - Screening coverage is high compared to South West, but low compared to national
  - Some geographical variation – but may be related to how tests are conducted
  - Significant variation between men and women identified at a national level 73% Chlamydia tests conducted in 15-24 year olds are for women
  - B&NES average 5.9% positivity (5.7% men, 6.8% women)
  - A higher percentage positivity amongst girls but also more girls being tested (i.e. 16% of women tested in Lambridge, 9.5% of men tested
  - Q1-3 2011/12 B&NES slightly lower positivity than national (B&NES 6%, national 7.3% (community tests and GUM) [210]

Table 4. Number and percentage of positive chlamydia tests by ward showing top 6 wards in Bath and North East Somerset

Ward	Chlamydia test result - Positive	Percept Positivity
Lambridge	12	14.6
Timsbury	4	13.8
Chew Valley North	4	12.5
Radstock	10	11.1
Twerton	17	10.7
Combe Down	10	10.4

(Rate of Positivity of Chlamydia tests performed in B&NES in 2010 by postcode on Form)

HIV [211]

- 77 diagnosed HIV patients in B&NES, and it is estimated that there are a further 19 individuals in B&NES with HIV that are undiagnosed and so have "unmet" needs (however early diagnosis is better than national and regional average

HPV [211]

- HPV vaccine uptake (84%) is comparing well with national levels (but below DOH target)
- The percentage of uptake of all 3 doses of the HPV vaccine was below the national target in March 2011 (83.7% compared to 90%), but there is an increasing trend in uptake (as at January 2012, the percentage uptake of Dose 1 was 94.1%, and Dose 2 92.6%)

Long Acting Reversible Contraceptives (LARCS) [211]

- The rate of GP prescribed LARCS per 1,000 registered female population aged 15-44 years in B&NES PCT has increased from 49.8 per 100,000 in 2008/09 to 54.5 per 100,000 in 2009/10. This is lower than the regional rate (60.8) but higher than the national rate (46.9). The rate has increased by 14.3% between 2007/08 and 2009/10
- The percentage of practices offering LARCs (59.3%) is slightly higher than the South West average (58.2%)
- Practices do not prescribe the full range of LARCS

Sexual Assault

- There were over 100 incidents reported to the police Sept 2010-Aug 2011 that were classified as "sexual offences" [212]
- There were 35 B&NES clients referred to Avon and Somerset Sexual Assault Referral Centre (SARC) during 2011. This equates to 10% of their caseload [213]
- PANSI estimates 4,144 men and 9,072 women are predicted to be survivors of childhood sexual abuse in B&NES (2011) [214]

Abortion [215]

- 374 abortions were carried out in B&NES in 2010
- Age standardised rate of abortions (10 per 1,000 resident women) is lower than the South West (14 per 1000) and national average (18 per 1000) across all age groups, with the exception of 30-34 and 35+ year olds where the rate is similar to the South West
- The percentage of repeat abortions for 2010 was 29.9%, which was lower than the South West and England, though higher than 2009 figures

- B&NES (81%) is above the regional (74%) and national (76.9%) average for the percentage of abortions carried out between 3-9 weeks. The percentage reported for 2009 was 69.8% and the percentage change between 2009 and 2010 was 16; this was the largest increase in the region
- The percentage of medical abortions (which indicates early access) undertaken in 2010 was 35%, which is slightly above the regional average (34.7%) and below the national average (42.2%), and higher than 2009

1.9.4 Injuries

- B&NES generally has lower rates of admissions in under 18's from unintentional injuries than the south west and England
- There is a relationship between deprivation and emergency hospital admissions for falls of patients aged 65+ with more falls occurring in residents of more deprived areas [216]
- Mortality from **accidents** has remained relatively stationary over time (1993 96 per 100,000, 2010 92 per 100,000, nationally 100 per 100,000) and generally lower than regionally or nationally, although variation at a B&NES level is greater than regionally and nationally [217]
- A high proportion of all deaths from accidents are premature (72% for men and 31% for women) [218]
- Mortality from **accidents <15 yrs** has shown a decrease with time regionally and nationally, but this is more difficult to determine at a B&NES level due to year on year variation (minimum 0 per 100,000 (as 2010) maximum 424 per 100,000 in 2000) national currently 100 per 100,000 [219]
- Mortality from accidents (ages 65+) has seen an increase with time (nationally equivalent increase but currently decreasing which is not seen regionally or at a B&NES level)
    - In B&NES 1993 35 per 100,000, 2010 63 per 100,000
    - Rates are currently higher than regionally and nationally (63 per 100,000, nationally 56 per 100,000, regionally 54 per 100,000 (2010)) [220]
- Mortality from accidental falls in line regionally and nationally has remained relatively stationary with time whereas regional and national rates have risen slightly. (1993 5 per 100,000, 2010 3 per 100,000, nationally 3.5 per 100,000) [221]

Under 18 admissions

- In 2010/11 there were 387 emergency admissions to hospital for under 18 year olds equating to 1% of the under 18 population in B&NES, which is lower than South West
- The number of hospital admissions of under 18 year olds (per 10,000 children) caused by unintentional and deliberate injuries to children and young people have reduced from a recent high of 434 in 2005/06 to 393 in 2008/09. Reductions have been seen for the 10 – 14 and 15 – 17 age bands. The rate locally is better than for the South West [222]
    - 13% of cycling accidents involve children (20 in last 36 months) [223]
    - 17% of falls are from playground equipment (26, 2008-09)

Table 5. Number and rate of hospital admissions for injuries by age range in 2008

age	number admissions for injuries	rate per 1000 population
age under 5	99	11.4
age 5-9	88	9.6
age 10-14	92	9
age 15-17	99	14.9

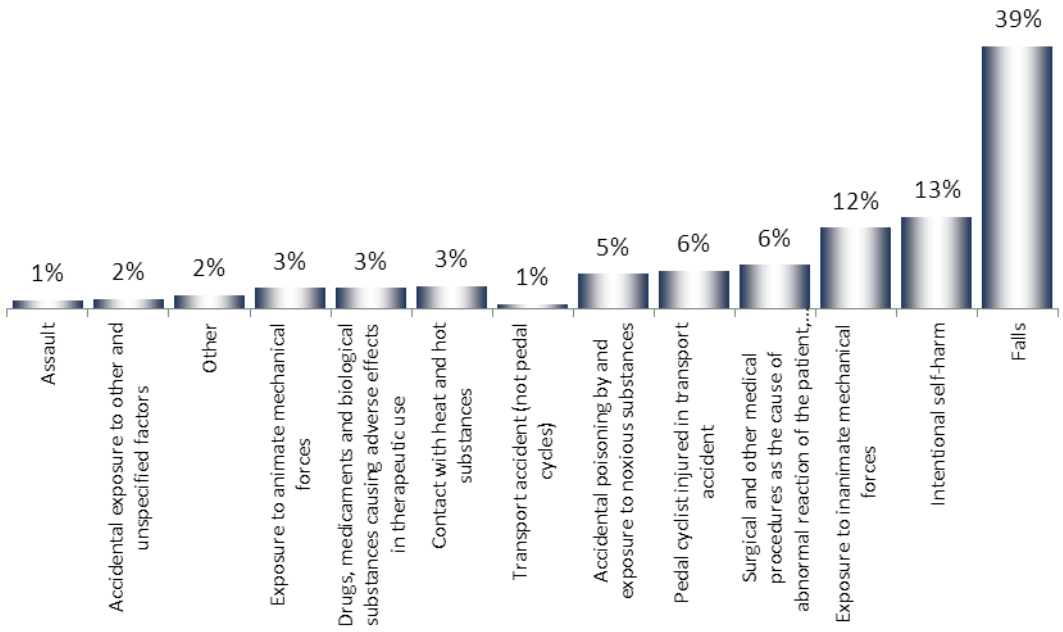


Figure 11. Main causes of under 18 emergency hospital admissions for injuries in 2010/11

- Secondary school survey - 50% of 11-15 year olds said they were treated for an accident by doctor or at a hospital within the last year
- 16% said they had 3 or more accidents requiring medical attention – boys most likely from playing sport, girls "other information"
- Primary school survey - 35% reported that they had had an accident in the last 12 months that was treated by a doctor or at a hospital [224]

Emergency hospital admissions for injuries of under 5s (2006-11) [225]

- Overall there has been a slight increase over time of emergency hospital admissions for injuries of under 5s (2006-11) (peak 2009/10) (1.06% of under 5 population in 2006/7, 1.26% in 2009/10, around 100 p.a.)
- There is no significance between deprivation quintile although the lowest deprivation quintile does have the highest rate of hospital admissions for injuries of under 5s (lowest quintile 10 per 1,000; highest quintile 14 per 1000) (2006/07- 2010/11)
- Falls were recorded as the major cause of injury

Admissions for Assault

- Overall decrease in emergency hospital admissions for assault over time 258 admissions 2004-06 rolling year, 239 admissions 2007-09 [226]
- Age standardised hospital emergency admission rate for assault, people aged under 35 years, 2009/10
    - There are significantly less emergency admissions for assault in people aged under 35 years in B&NES (62 per 100,000) compared to the national average (96 per 100,000)
    - The rate of admissions has varied between a low of 42 per 100,000 to a high of 62 per 100,000 in the last 6-7 years
    - In 2004-09 in B&NES there were 420 men admitted for assault; 77 women
    - There are significantly fewer men under 35 years of age in B&NES that are admitted for assault (114 per 100,000) compared to the national average (159 per 100,000). (Don't have breakdown for women) [227]

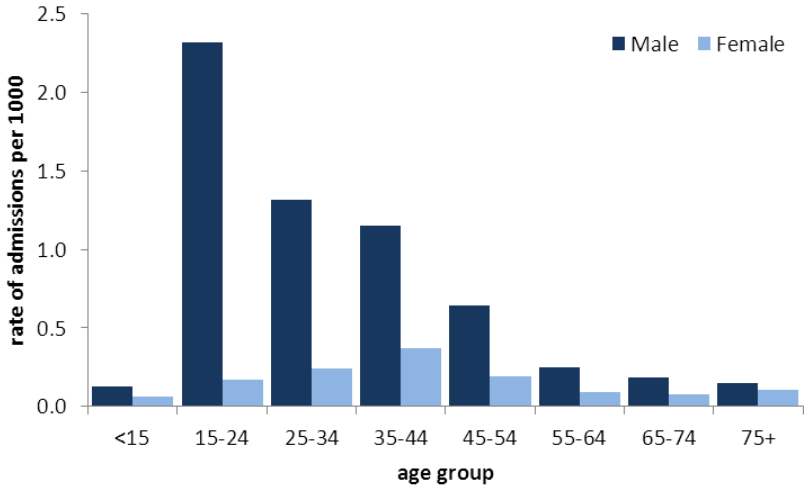


Figure 12. Rate of emergency hospital admissions for assault by age

Hip fractures

- 393 emergency admissions for hip fractures in 2009 and 2010
    - Largely in line with national and local averages
    - 356 (90%) of these were for 65+ population, given current trends in population change, this number may rise to 637 by 2025/6 [228]
    - Mortality from hip fractures lower than nationally and regionally (0.5 per 100,000 compared with above 2.5 per 100,000 nationally and 2 per 100,000 regionally (2008-10)). This may be due to good prevention measures or a difference in coding of primary cause of death [229]

1.9.5 Road Traffic Collisions

- Mortality from **land transport accidents** has remained relatively stationary with time whereas nationally and regionally rates have decreased, although there is increased year by year variation at a B&NES level compared with regionally and nationally and so this distinction is less clear. Currently rates are in line with regional and national rates (1996 6.5 per 100,000, 2010 3.5 per 100,000) [230]
- 1,165 traffic collisions recorded by Transport and Highways in 36 months prior to December 2011
    - Accidents involving pedal cyclists has increased with time however is currently within expected levels of change, levels of accidents are kept under regular review
    - Significant wards for bicycle accidents (highest first) Widcombe, Kingsmead, Lyncombe, Abbey, Keynsham East [231]
- Overall there has been little change in emergency admissions for road traffic accidents over time (peaked in 2006) (average 191 per annum)
    - The number of emergency admissions involving bus occupants has increased with time although this is unlikely to be significantly.
    - Hotspot – Abbey and Kingsmead (City Centre)[232]
- Number of road traffic casualties per 100,000 population in 2009 = 317.4/100,000 for B&NES, which is below the national rate of 361/100,000 and is believed to be significantly low over time, meaning that increased rates may be experienced in the future [233]
- Number of people killed or seriously injured in road traffic accidents per 100,000 population in 2009 = 24.2/100,000 for B&NES which is below the national average of 41.7/100,000 [234]
- Average annual rate of reported child (age 0-15) road traffic casualties per 100,000 population (2007-2009)
  - For Pedal cyclists: 22.3/100,000 for B&NES and 33.7/100,000 for England

- For pedestrians: 53.5/100,000 for B&NES and 84/100,000 for England [235]

- Number of pedestrian casualties per 100,000 population in 2009 = 43.9 per 100,000 compared to 45/100,000 for England [236]
- Higher percentage of people killed or seriously injured in traffic accidents involve cyclists compared with nationally (10% of accidents in B&NES (8/79), 7% nationally, 6% regionally) (2003)
- Slightly higher percentage of people killed or seriously injured in traffic accidents involve elderly casualties than nationally (8% B&NES (6/79), 5% nationally, 6% regionally) (2003)
- Child casualties – 11% nationally, 7% regionally, 9% B&NES (7/79) (2003)
- 20% of road traffic accidents involve pedestrians (21% nationally, 16% regionally) (2003) (16/79) [237]
- There were 24 hospital admissions for non-collision bicycle accidents in 2009
    - There has been no notable change over time [238]
    - NHS Bristol, Cycling City and the West of England Road Safety Partnership have been working together to conduct and publicise the results of a survey into the causes and circumstances of non-collision incidents.
      The top three causes are:
        1. Slipping on ice (26% of all reported NCIs)
        2. Slipping on wet road (8% of all reported NCIs)
        3. Slipped on soil, mud, gravel, wet rock (7% of all reported NCIs) [239]
- The Council met its 40% reduction target set for all people killed or seriously injured in road traffic accidents, together with a 50% reduction target for children (2010/11) [240]
- A survey of 11-15 year olds indicate that 16% do of pupils do not wear a helmet
- A survey of primary school children indicates that 92% of the pupils have a bike
    - 29% said they wear a cycle helmet 'never or almost never' when cycling [270]
- Satisfaction with road safety has, in general, increased from 2010-11 except with respect to safety while walking
- Satisfaction with the safety of children cycling to school and road safety education increased by 11% and 12.6% respectively
- However, it is still slightly below national average for both children cycling and walking to school and with respect to road safety training/education

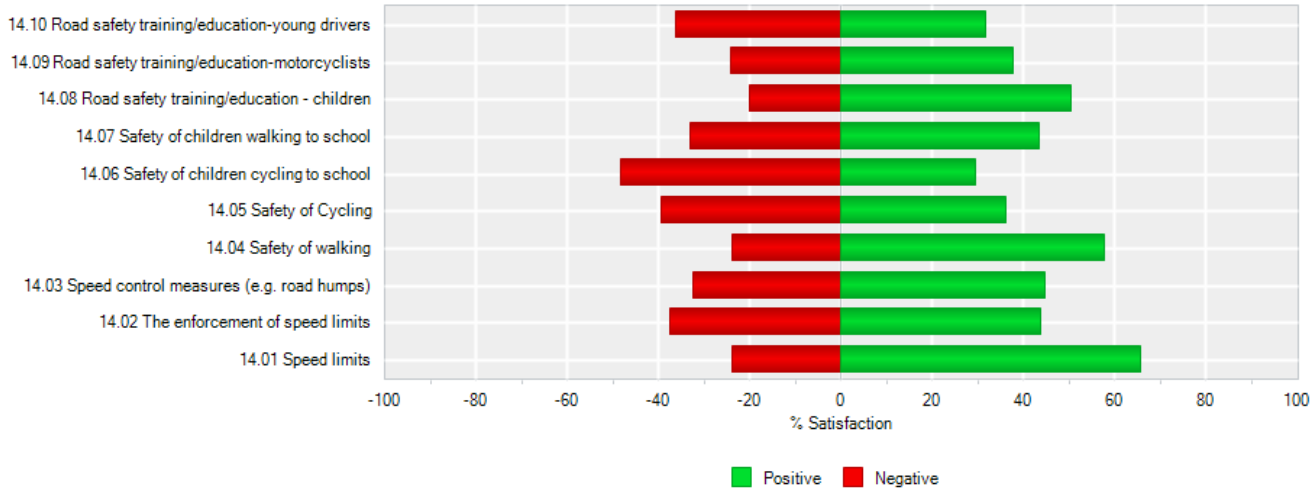


Figure 13. Satisfaction results for road safety by B&NES respondents

- Safety of cycling – satisfied – 36%
- Safety of children cycling to school – satisfied 30%
- Safety of children walking to school – satisfied 44% [241]

1.10 Lifestyle Determinants

Healthcare professionals need to spend time educating people to change their lifestyles. People need to learn more about how to help themselves, what can be done and where to go for minor health conditions

Right Care Best Value Public Consultation Feedback Report, Jan 2011

1.10.1 Pregnancy and maternity

- Teenage conception rates are significantly lower than national rates and the lowest in the South West, A reduction of 21.9% since the 1998 baseline – although there are some neighbourhoods that are significantly higher. However, teenage conceptions ending in abortion are higher than the England average [242]
- 49% of teenage mothers (16-19) are NEET (February 2012) [243]
- 59% of live births the mother is aged 30+ (2010) (49% South West, 48% nationally)
- 772 live births the mother is aged under 30, 1,078 live births the mother is aged 30+ (2010) [244]
    - As women get older, both mothers and babies face an increased risk of pregnancy-related complications and health problems. These are due to changes in the reproductive system and the increased likelihood of general health problems that comes with age.
- Problems include:
    - Greater difficulty in initially conceiving a child
    - Increased risk of complications for both mother and infant during pregnancy and delivery (although the actual size of the risk may be small)
    - Greater risk of general maternal health problems, such as high blood pressure, which can contribute to complications
    - Higher risk of miscarriage in women above the age of 35
    - Higher risk of having twins or triplets, which is itself associated with higher risk of complications
    - Increased chance of having a baby with a congenital abnormality, such as Down's syndrome
    - Increased risk of pre-eclampsia
    - Increased risk of complications during delivery, such as prolonged labour, need for assisted delivery or Caesarean section, or stillbirth [245]
- No. births is increasing:
    - Percentage increase 2009-10: B&NES 6%, South West 3%, nationally 2%
    - Percentage increase 2004-2010: B&NES 13%, South West 15%, nationally 13%
    - There was a bigger drop in 2009 than regionally and nationally
    - There were 1834 live births in 2010 [246]
- Lower fertility rate per 1000 women aged 15-44 in B&NES compared with regionally and nationally, in 2010 rate about 57 per 1000 in B&NES, 62 per 1000 nationally and 72 per 1000 regionally
- England fertility rate increasing greater over time than B&NES (figure 14) [247]
- Higher elective caesarean rate
- Higher number of mothers giving birth at home compared with regionally and nationally (5% in 2011, under 4% regionally and 2.5% nationally in 2010) [248]

A high percentage (91%) of women feel that they have reasonable access to a home birth and most have access to a midwife-led birth centre and an obstetric unit in a hospital

NCT Survey 2008

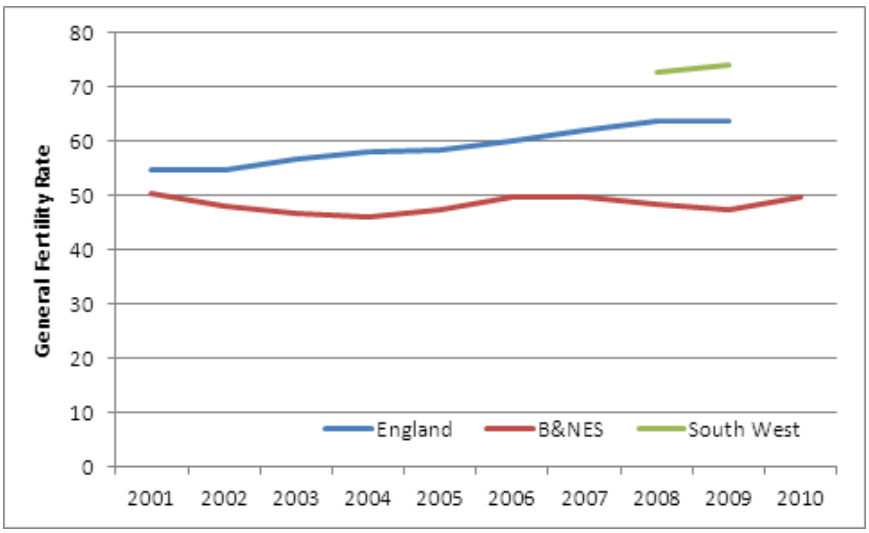


Figure 14. General fertility rate over time

"I cannot fault the medical staff who dealt with an extremely difficult emergency situation amazingly. The support following the birth was also good with midwives/health visitors providing an excellent aftercare service."

"There is a real issue with a lack of continuity of care in Bath. Had this been better, with more frequent longer visits with continuity of care, it is likely that my birth would have not been such a difficult one."

B&NES Link: Have Your Say Survey, 2009

- In a survey of secondary school pupils over 70% of year 10 pupils knew where to get condoms free of charge [249]

Breastfeeding initiation and continuation

- Breastfeeding initiation is highest in the region and above national average, but 1 in 3 who start have stopped by 6 weeks [250]
    - Breastfeeding is initiated in 82.1% of maternities in 2010/11 in B&NES (nationally 73.7%, South West 76.9%) [251]
    - 62.7% of infants where breastfeeding status is known are breastfeeding (partial or total) at 6-8 weeks (Q3 2011/12) (breastfeeding status is known in 99% of infants), this compares with 49.4% nationally and 51.4% in the South West [252]
    - Nationally initiation figures increased over time, B&NES figures have remained static from 2006/7; 6-8 week prevalence static nationally and locally [253]
    - Younger mothers are less likely to be partially or totally breastfeeding at 6-8 weeks (under 19 about 20%, 19-25yr olds, 32%, 26-39yr olds, 68% and 40+ 82%) (figure 15)
    - Socio-economic variation – percentage of women breastfeeding at 6-8 weeks highest in the least deprived areas and lowest in the most deprived areas (least deprived quintile 68%, most deprived 47%). As more deprived areas also have more younger mothers this potentially is confounded by age [254]
- Babies born to mothers from more deprived backgrounds are also more likely to have lower birth weight linked to maternal factors (e.g. diet) [255]
- Lower levels of breastfeeding are linked to a range of conditions, including obesity and diabetes [256]

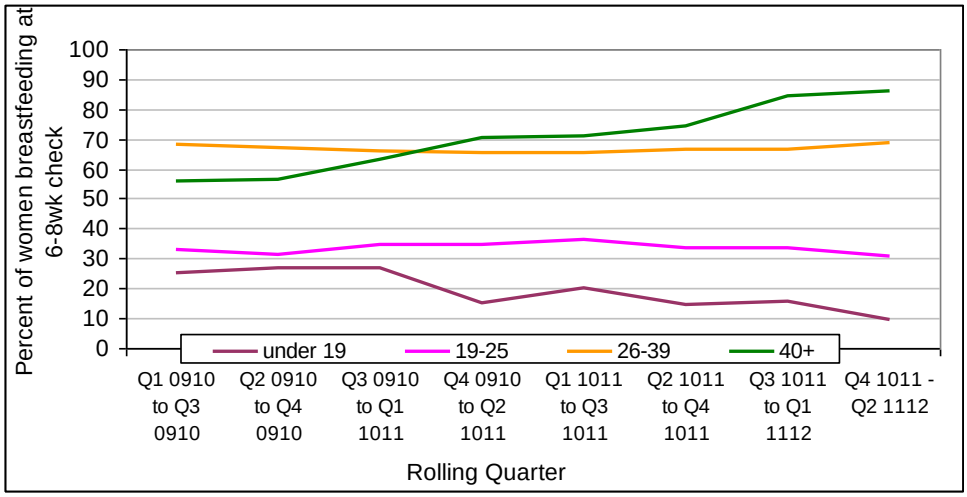


Figure 15. Percentage of women breastfeeding at 6-8 week check by age [257]

Smoking during pregnancy

- 10% of expectant mothers smoke during pregnancy (around 40% of those have not been referred to cessation services) [258]
- Varies by deprivation quintile from 3% in the least deprived quintile of mothers to almost 20% in the most deprived quintile of mothers
- Young mothers (under 18) are significantly more likely to be smokers at delivery than older mothers (25+) (35% vs. 6%)
- There is no significant difference in the rates of smoking at delivery in young mothers from more or less deprived areas (figure 16) [259]

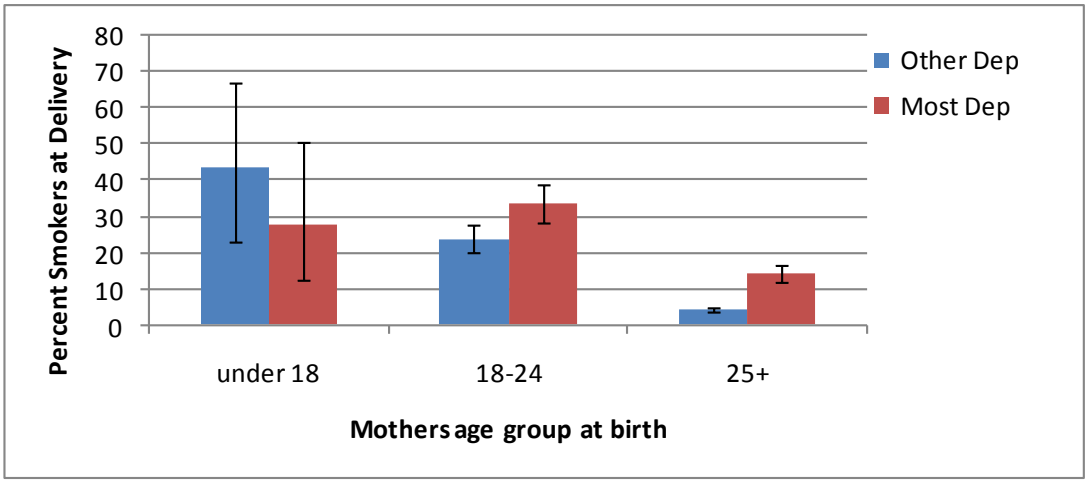


Figure 16. Percentage of mothers who smoke at delivery by age group and deprivation in Bath and North East Somerset

- All smokers are referred to the specialist stop smoking midwife at booking but not everyone attends their appointments
    - From November 2011 – March 2012 the stop smoking midwife has had 104 referrals - of these she has seen 61 people (59%). Of the 61 seen the majority (45/61) have engaged with the service and set a quit date. Twelve did not engage beyond the first appointment or set a quit date and 4 were not appropriate referrals [260]

Premature births

- In B&NES 5.4% of births were premature* (before 37 weeks), this represents approximately 90 births per year[261] (8% nationally[262])
  * please note that the births data is from Wiltshire and so will not represent babies that were born in Bristol. It covers over ¾ of births to B&NES mothers. The same will apply to the smoking in pregnancy data
- There are a group of young women and women from more complex families who are at risk of a range of negative factors
  - Smoking, excessive alcohol consumption, substance misuse (all higher in more deprived groups and complex families) are contributing factors to premature births [263]
  - Stress and anxiety are also contributing factors to premature births – we would expect this to be fairly high in families experiencing domestic violence and those suffering from mental health issues [264]
- Figure 17 indicates that most premature babies are of low birth weight, although there are a number of full term babies also of low birth weight, although non with extremely low birth weight which is pretty much restricted to very premature babies [265]

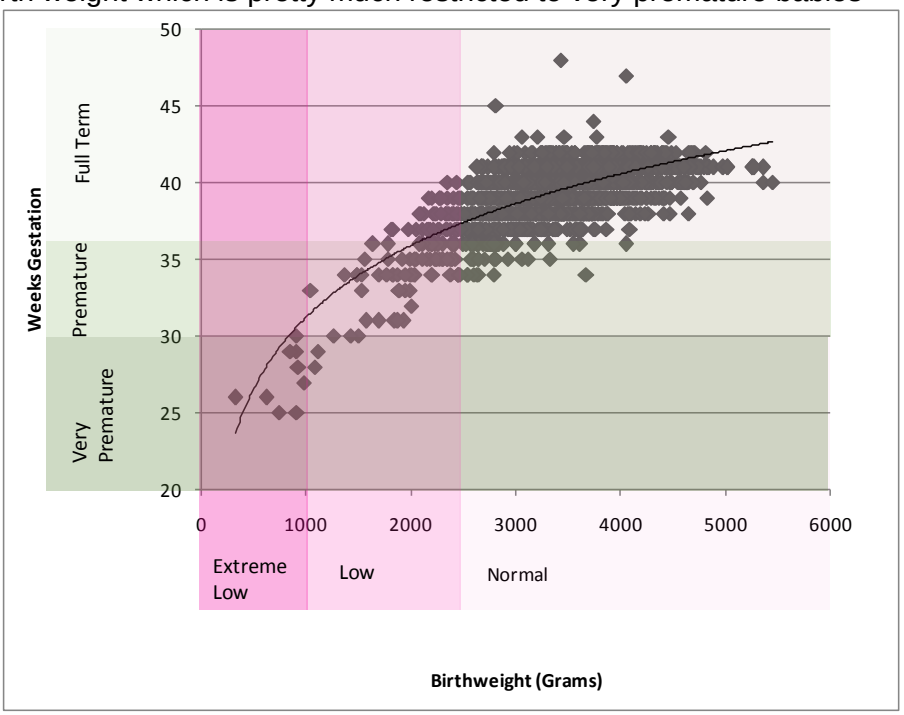


Figure 17. Comparing birth weight with gestation period

1.10.2 Child health

- The health of children is generally better or in line with national average
- Childhood mortality is better than national rates, infant mortality in line with national (QV mortality) [266]
- There has been a year on year increase in respiratory tract infections (throat, chest, tonsils etc.) for <1 year olds (2006-10) [267]
- 27% of respondents in a survey of 12 year olds have 1 or more DMF teeth (89,000 pupils, 161 in B&NES 2008/9) (nationally 33%) [268]
- Poor dental/oral health in certain wards for decayed missing or filled teeth [269]
- Secondary School Survey results indicate that 91% of pupils reported having visited the dentist in the last 6 months, as recommended
- Primary School Survey results suggest that 13% of pupils reported that they have asthma, 16% of pupils reported having a filling last time they visited the dentist [270]
- More children are seen by a dentist in B&NES than in other PCTs in the South West and England (consistently higher than average between 2006 and 2011)

    - 83% in 2010/11 compared to the national average of 71%, and ranked 9th out of 151 PCTs in 2010
    - Children in B&NES also have better access to dentists compared to the South West and England (63 Dentists per 100,000 population compared to 49 per 100,000 in the South West and 44 per 100,000 in England in 2010/11), and there has been an increase in the number of dentists practicing in B&NES (an increase of 22% between 2009/10 and 2010/11) [271]
- Despite good access to NHS Dentists, there is a perception that many people may not be accessing NHS dental treatment because they believe that there are no NHS dentists
- "It's a reasonable assumption to make that if people are neglecting treatment because of a perceived lack of NHS dentists this could have a knock on affect to their dental health." Bathampton Dentist, 2010 [272]
- B&NES generally has similar uptake rates for childhood immunisations in comparison to other areas in the South West, and has high levels of uptake for children in care. South West is better than average compared with the rest of the UK. There are pockets of poor uptake [273]

1.10.3 Obesity, Physical Activity and Diet

Obesity (BMI 30+)

- Obesity reduces life expectancy by an average of three years, or eight to ten years in the case of severe obesity (BMI over 40)
- Obesity is implicated in the genesis of many diseases and disorders including diabetes, heart disease, stroke, osteoarthritis, raised blood pressure, gallstones, infertility and depression [274]
- Obesity age reported prevalence 16+ (2008/9) count 12,135; percentage prevalence 7.45%, regionally 9.29%, nationally 9.91%
    - Prevalence has increased over the past 3 years nationally, regionally and within B&NES
    - Reported vs. expected prevalence ratio is lower than regionally and nationally 0.33 B&NES, 0.40 South West, 0.44 nationally (reported count 12,135, expected 36,337) – suggesting possible under-diagnosis [275]
- Nationally, men and women have a similar prevalence of obesity, but men are more likely to be overweight (41% compared to 32%) (2008) [276]

Child Obesity [277]

- Prevalence of obesity has increased over the 5 years that the NCMP has been run in year 6 (11-12 year olds) but stayed approximately the same for reception year (4-5 year olds) between 2006/07 and 2010/11. Both are lower than national rates
- Prevalence of unhealthy weight (obese or overweight) has increased in year 6 (30.6% currently unhealthy weight in B&NES, 33.4% nationally), but remained approximately the same for reception year although reception year figures are higher than national figures (24% unhealthy weight in B&NES, 22% nationally)
- The percentage of pupils from Year 6 who are obese is higher than the target of 12.5% at 17% 2009/10 and has remained the same for 2010/11 (19% nationally, 17% regionally)
- NCMP data shows no notable difference by gender

Table 6. Number of pupils in B&NES who are obese/over-weight in reception year and Year 6

2010/11	Unhealthy weight	Of which are obese
reception year	406	141
year 6	477	264

Physical Activity

- Between 74% of adults are not currently taking enough exercise to maintain their health
    - Active people survey 2010-11 indicate 20% of B&NES population undertake 30 minutes of moderate intensity exercise on 3 or more days a week (16% national, South West 17%)
    - At a national level men 21%, women 12%; no difference by ethnicity [278]
    - Voicebox 18 – 24% 5+ 30minutes a week (national guidelines); 52% 3+ 30 minutes a week

A significantly high number of respondents would like beginner sports classes and running groups available in their local area.

Cost and time are significant reasons for both male and female respondents for not taking part in more physical exercise.

Voicebox 18/19

- 84% of adults have an idea that they should at least be doing 3-4 (30mins) exercise a week i.e. doing more exercise than they are doing [279]
- Physical activity also can extend years of independent living, reduce disability and overall has the significant potential to impact upon the quality of life of all older people [280]

- *Parents have a significant effect on young people's physical activity levels.*
- *Barriers identified included:*
    - *Fears of parenting skills being judged*
    - *Not knowing other parents or workers attending play sessions,*
    - *Cost*
    - *Lack of awareness of services.*
    - *Parents tended to react badly to the receipt of information that their child was overweight. This appeared to stem from the perception that having an overweight child was equated with being a bad parent.*

Consultation on uptake and engagement with services that promote a healthy diet and regular physical activity to children, 2011 – University of Bath and B&NES NHS

Travel to school/work

- Barriers to cycling and walking – lack of confidence, driving behaviour and road safety and increase in traffic related cycling accidents, poor quality of footpaths and pavements (Q.V road traffic collisions)
- 4% of Voicebox 19 respondents travel to work by bicycle (34 respondents); 19% walk; 1% cycle for educational purposes including taking their children to school, 35% walk; 15% take part in recreational cycling; 12% of respondents cycle daily [281]
- Crosscutting access to services/transport costs
- Decrease in satisfaction with sports and leisure facilities
    - Peak 57% satisfaction Voicebox 13 March 07 to current 38% Voicebox 19 May 11
- Voicebox 20 – leisure activities [282]
    - 28.3% of men take part in sports at least once a week compared with 17.1% of women and 19.4% of women have never taken part in sports compared with 12.8% of men
    - 64.4% of men compared with 55.9% of women take part in physical leisure activities (walking, cycling swimming) at least once a week or more often
- Primary School Survey indicates that 50% of pupils walked to school on the day of the survey [283]

Diet

- Bath and North East Somerset generally has a higher than national known fruit and veg consumption prevalence in England. Model based estimates suggest that around 30% of the population of Bath and North East Somerset consume 5 pieces of fruit and veg a day (26% England) [284]
    - Notable variation linked to social inequalities at a national level [285]
    - Older people noted as being particularly at risk. particularly malnutrition & food poisoning [286]
- There were large rises in food prices between June 2007 and February 2009. This included a 23% rise in vegetable prices and an 11% rise in fruit prices. All food price rises put pressure on food shopping choices [287] (X-ref climate change)

Malnutrition

- People who are malnourished may experience a range of negative effects on their body as a result of a lack of nutrients in the body. Their symptoms may include one or more of the following:
    - Impaired immune response
    - Impaired thermoregulation
    - Breathing difficulties
    - Depression
    - Poor libido (sex drive) and fertility problems
    - Fatigue
- According to NHS Direct, the three most likely causes of malnutrition in the UK are an inadequate diet, stomach or intestinal conditions, and alcohol dependency [288]
- Malnutrition affects 23% of people under 65. This increases to 32% over the age of 65 [289]
- In B&NES there are significantly higher numbers of hospital admissions for malnutrition for patients aged 75+
    - There has been a recent increase in the number of diagnoses of malnutrition.
    - Given the national evidence for an under-recording of malnutrition this may be due to increased diagnosis rather than increased prevalence
    - There were 88 hospital admissions for malnutrition in B&NES (2009-11) [290]
- National research indicates that in care homes the percentage of residents who were considered to have malnutrition:
  Under 70 years old - 22%; 70-84 years 36%; over 85 years 41%; Overall 37% (Total base: N = 821) [291]
- Malnutrition in Sheltered housing in Wiltshire and B&NES (n-1353) - 12% of individuals were 'at risk' of malnutrition. More than 1 in 10 tenants are therefore at risk of malnutrition (equates to around 200 people in B&NES) [292]
- In 2006, the estimated cost of malnutrition to the NHS was £7.3 billion a year [293]
- Malnourished patients stay in hospital for much longer, are three times as likely to develop complications during surgery and have a higher mortality rate [294]
- Although malnutrition is common in hospital admissions, it has been reported as undiagnosed in up to 70% of cases [295]
- Malnourished elderly [people] run a dramatically increased risk of fracturing their neck of femur, usually by falling due to a lack of strength [296]

1.10.4 Smoking

- The smoking prevalence of adults in B&NES is 18.4%, 33.3% ex-smokers and 48.3% never smoked (April 2010-March 2011) (compared with 20.7%, 33.1% and 46.3% respectively nationally and 19.8%. 37.4% and 42.8% respectively regionally [297]
    - This equates to 26,765 smokers aged 18+ in B&NES (using 2010 mid-year estimates)
- There are fewer deaths and all smoking related diseases aside from strokes in B&NES (strokes in line with English average) [298] – Q.V. Long term conditions.

- 56% would like to stop smoking, however 1/4 do not believe that it is harmful to their health [299]
    - Significant inequalities – high percentage of those in manual and routine industries smoke compared to other groups [300] – these groups are highest proportion of quitters through GP services [301]
        - Rate of smoking in routine and manual groups (32%) is higher than national (30%) and regional (28%) equivalent [i]
    - From 2008-11, 3917 people joined the quit smoking service. 41% of these (1621) are verified as having quit smoking and an additional 15% self-reported as quit (591)
    - The percentage of people who have signed up with the stop quitting service (2008-11) and have not quit increases with deprivation quintile – 30% not quit in the least deprived quintile, 40% in the most deprived quintile (figure 18)
    - Although there is no significant variation by deprivation with respect to the percentage who have been verified as having quit, there is still a lower percentage quitting in the lowest deprivation quintile compared with the highest.
    - When these figures are added to the percentage who self-report that they have quit, this trend becomes significant [302]

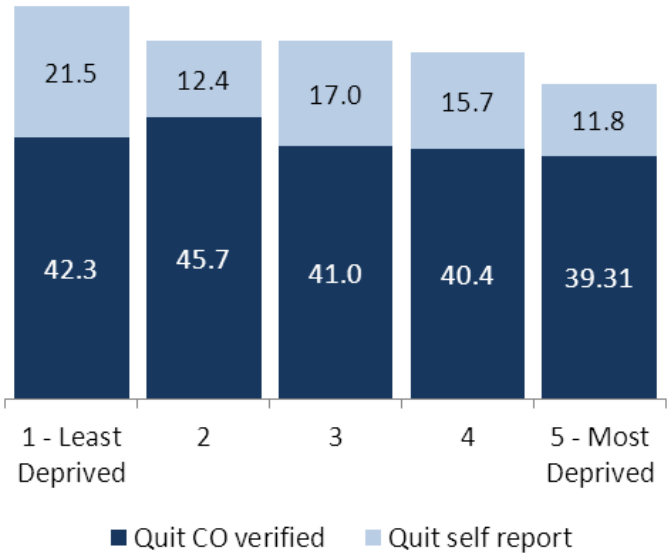


Figure 18. Percentage of Stop Smoking Service clients who have quit 2008-2011

- Smoking remains one of the leading causes of premature death in the area for all
    - 224 estimated premature deaths in B&NES (2003-05)
    - 30.1 per 10,000 (32.7 per 10,00 South West) [303]
- Some evidence of success of national and local activity to reduce smoking prevalence and associated illnesses (e.g. reduction in lung cancer)
- However more hospital admissions for smoking related conditions, considered to be a consequence of living longer with conditions
- Positive outliers with respect to smoking attributable deaths and cancers and with respect to quitters/completing stop smoking services
- Within average bounds on cost & prescribing compared with nationally [304]
- Smoking attributable mortality is significantly lower than England average
    - Smoking related deaths 167 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 (216 nationally) [305]

MOSAIC analysis

	MOSAIC Group	B&NES	National
M	Residents of isolated rural communities	5%	4%
N	Residents of small and mid-sized towns with strong local roots	10%	9%
O	Wealthy people living in the most sought after neighbourhoods	7%	4%
P	Successful professionals living in suburban or semi-rural home	11%	8%
Q	Middle income families living in moderate suburban semis	11%	11%
R	Couples with young children in comfortable modern housing	5%	6%
S	Young, well-educated city dwellers	9%	5%
T	Student Living	6%	2%
U	Couples and young singles in small modern starter homes	6%	7%
V	Lower income families in older or social housing	4%	17%
W	Owner occupiers in older-style housing in ex-industrial areas	9%	7%
X	Residents with sufficient incomes in right-to-buy social housing	6%	9%
Y	Active elderly people living in pleasant retirement locations	5%	4%
Z	Elderly people reliant on state support	6%	6%

- Residents with sufficient incomes in right-to-buy social housing and middle income families in the suburbs had the highest percentage signing up for the quitting smoking service (11% of the group population). The lowest signup was from the well-off and retired (1.2% sign up)
- Of those who signed up, a significantly high number who did not quit were likely to be couples/young singles in small modern starter homes, those with sufficient incomes in right-to-buy social housing and the poor elderly (above 35%)
- Of those who signed up rural dwellers and wealthy had the highest percentage of those likely to be verified as having quit (significantly high percentage) (23% and 25% respectively) (these are also the groups with the highest percentage quitting when the self-reported quitting figures have been added (70% and 65% respectively)
- Lowest percentages verified as having quit are the elderly poor (10%) (significantly low) although when the percentage of self-reported quitters have been added to those verified those with significantly low percentages of quitters are likely to be from those with sufficient incomes in right-to-buy social housing, those on lower incomes and couples/young singles in small modern starter homes [306]

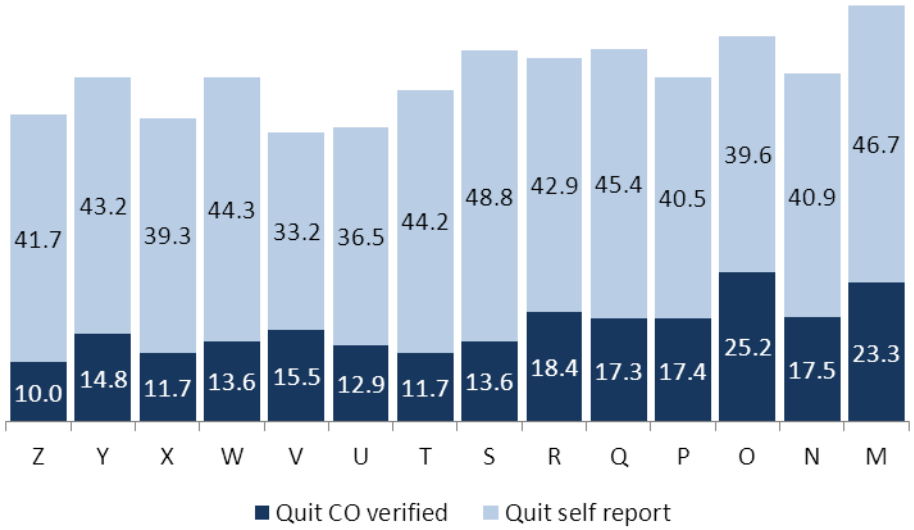


Figure 19. Percentage of clients in the stop smoking service who have quit by MOSAIC group

- Secondary School survey suggests that less than national average of children in years 8 and 10 have ever smoked, however the percentage of occasional/regular smokers is in line with national average
- Of regular smokers, 45% would like to quit
- 1/3 of pupils say that at least 1 person in their household smokes indoors. (check veracity) (Does this mean parents are a more critical cohort/ increased prevalence)
- Primary School survey indicates that 86% think they will not smoke when they are older, while 13% said they think they may smoke [307]

Client Stop Smoking Survey 2010 B&NES Stop Smoking Service
Nearly all (93%) would recommend the service to other smokers who want to stop smoking. The majority of clients felt it was easy to access services and the length of time for an appointment was acceptable. Time of appointment and venue were answered positively by the respondents but most clients said they did not get contacted by the service prior to the first appointment to encourage them to attend. Some clients complained that they had been kept waiting at appointments and even had them cancelled at short notice. The Advisors received high satisfaction levels when it came to the support they gave a client. Nearly half of respondents had smoked since their last appointment which would indicate that a proportion of those that had been quit at four weeks were now smoking again.

1.10.5 Poisoning [308]

- Decrease in admissions 2005-9 (892, 08/09)
    - Concentration in certain geographical areas
    - No apparent correlation with students
    - Strong link with deprivation
    - Rates nearly doubles for 10-24 year olds
- 47% of all overdose admissions are for consumption of painkillers
- No significant variation against regional or national averages

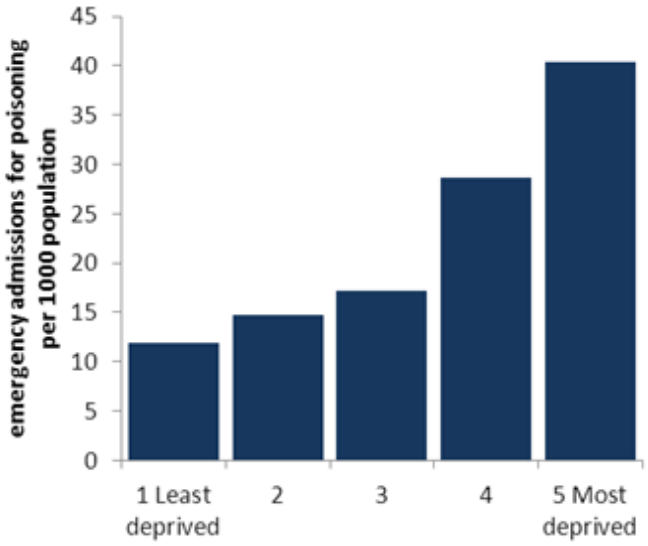


Figure 20. Rate of emergency hospital admissions for poisoning per 1000 population by deprivation quintile (2004-2009)

1.10.6 Alcohol

- Estimates suggest that B&NES has 7,021 people aged 18-64 dependent on alcohol and 3,968 dependent on drugs in 2011[309]
    - Estimates suggest that about 600 people are thought to have significant problems [310]

The Sustainable Community Strategy sets out what type of place Bath & North East Somerset should become. **Top priorities for local residents include the need for activities for teenagers, reducing the level of crime, cleanliness of streets, and the level of pollution. Alcohol misuse can impact adversely on all of these.**
(B&NES Alcohol Harm Reduction Strategy)

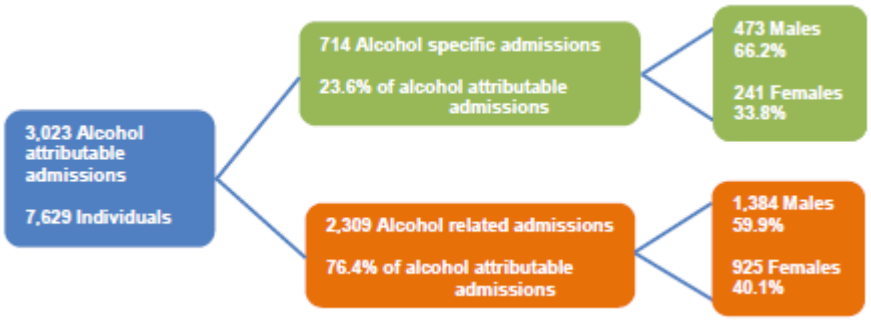


Figure 21. Hospital admissions due to alcohol in Bath and North East Somerset, 2009/10, at a glance [311]

- In 2009/10, 7,629 individuals in Bath and North East Somerset were admitted to hospital either wholly or partly due to alcohol
- This was equivalent to 3,023 admissions, made up of 714 wholly due to alcohol (alcohol specific) and 2,309 partially due to alcohol (alcohol attributable)[312]
- 364 adults in alcohol treatment in B&NES 2010-11
    - Between 30 and 50 individuals each month are referred to specialised alcohol services in Bath and North East Somerset [313]
- Females in the age group 15-19 percentage of admissions for ethanol poisoning more than twice that of males in the same age group [314]
- Estimates based on national figures suggest that around 800 children (11-15 year olds) in B&NES are estimated to be drinking to get drunk every week (8% of the 11-15 population (2010 mid-year estimates)) [310]
    - School surveys indicate that B&NES is in-line nationally with number of children who have drunk alcohol in the last week
    - 24% of girls got drunk at least once in the last week compared with 16% of boys in year 10
    - Alcohol was most often consumed at home or a friend's home
    - Of those who drink at home 57% of parents always know that their children drink alcohol at home; 3% never know [270]
    - Referrals to specialised drug and alcohol services for young people (under 18 years) in B&NES are currently at a rate of 5-6 per month for primary alcohol misusers (around 15 referrals a month are for children abusing alcohol with other drugs) [315]

It is very hard to find treatment from people suffering from alcohol problems. It is much easier to get help for drug users, why is this when alcohol cost society much more than drugs?

B&NES Link: Have Your Say Survey, 2009

- In 2009 data suggests that B&NES was worse than nationally and regionally with respect to the percentage of children who had reported they had been drunk one or more times in the last 4 weeks (20% B&NES, 15% England) [316]

Alcohol Specific Admissions (for conditions entirely caused by alcohol)

- Lower rate of alcohol specific admissions compared to the national average and significantly lower than the South West average (2009/10) [317]
- Alcohol-specific admissions (does not include attendance at A&E) 2007/08-2009/10, directly standardised rates:
  - Males = 371/100,000 (South West average = 398.6/100,000)
  - Females = 190.6/100,000 (South West average = 197.4/100,000)
  - 65.8% male and 34.2% female [318]
- The peak age for men is in those aged 40–49, and the peak for women is in the 15–19 age group
  - This difference in gender is likely to come from the high rate of 15-19 year old women admitted for ethanol poisoning (QV poisoning)
- The 714 alcohol specific hospital admissions in 2009/10 involved 503 individuals, 19.8% individual repeat admissions [318]
- There were 139 hospital admissions (125 individuals) for alcohol specific conditions in under 18 year olds who were resident in B&NES between 2007 and 2011. Of these admissions, 59 were to under 16 year olds (57 individuals)
  - In under 18 year olds, most of the admissions are either mental and behavioural conditions caused by alcohol or ethanol poisoning
  - At 78.9 per 100,000, B&NES has the 4th highest rate of alcohol specific hospital admissions in under 18's out of the 11 South West local authorities [319]

School survey results indicate that (figures in square brackets are national):

- 30% [36%] had an alcoholic drink in the last week. (43% year 10's [43%], 19% of year 8's [24%])
- 9% [12%] drank alcohol on more than one day in the last week, 15% of year 10's
- 10% of pupils got drunk in the last week, 24% of year 10 females
- 9% [7%] of pupils drank over the advised weekly limit for adult females of 14 units [320]

- The leading cause of admission for alcohol specific conditions was mental and behavioural disorders due to use of alcohol, accounting for 62.6% of all alcohol specific admissions. Alcoholic liver disease was the second largest cause of alcohol specific admissions (18.3%), followed by ethanol poisoning (14.8%)
- People living in the most deprived areas were over four times more likely to be admitted to hospital for alcohol specific conditions than those living in the least deprived areas. Rates in the two most deprived quintiles are statistically significantly higher than in the three less deprived quintiles
  - This is also the case with 13-17 year olds [318]
- Regionally the following groups of people contributed the highest number of alcohol specific hospital admissions in 2008/9: Working Singles, Struggling Single Parents, Students and Young Parents [321]

Alcohol attributable admissions (conditions wholly or partially caused by alcohol)

- B&NES has a significantly lower rate of alcohol admissions attributable to alcohol than the South West and the national average. 1,386 per 100,000 population (2009/10) (standardised for age and sex) [318]
- However, admissions attributable to alcohol are increasing over time, and increasing at a faster rate than the South West average. In B&NES the average year on year increase in admissions is 13%, compared to 8% for the South West (since 2002/03) [317]
- Whilst the data shows a 136% rise in alcohol attributable admissions between 2002/03 and 2009/10, most of this increase occurred in the first year, when B&NES were the lowest PCT in the South West on this measure. To get the figures into context, B&NES

are currently the second lowest PCT for alcohol related admissions in the South West region [322]

- Alcohol-attributable hospital admissions (does not include attendance at A&E), 2009/10:
    - Males = 1187.7/100,000 (South West average = 1284/100,000)
    - Females = 670.6/100,000 (South West average = 725.3/100,000)
    - Males increased over time1,009/100,000 2005/6 to 1,188/100,000 2009/10
    - Women not seen such an increase 601/100,000 2005/6 to 671/100,000 2009/10 [317]
- The rate of alcohol attributable admissions in the most deprived area was over twice that of the least deprived area. People living in the most deprived quintile are statistically significantly more likely to be admitted to hospital for alcohol attributable conditions than all the other quintiles
- 58.7% of alcohol attributable admissions were in people aged 60 and over.
- The main causes of alcohol attributable admissions were:
    - hypertensive diseases (35.8%) (34.8% South West)
    - cardiac arrhythmias (18.2%)
    - mental and behavioural disorders due to use of alcohol (14.8%)
    - epilepsy and status epileptics (7.3%)
    - alcoholic liver disease (4.3%)
- More alcohol attributable admissions were via emergency (59.9%) than elective (37.1%) or any other method of admission
- 28.4% of individuals admitted for alcohol attributable admissions had repeat admissions during 2009/10 [318]
- X-ref mental health
- In 2008/09 there were 904 alcohol-specific admissions, caused by 322 individuals, which required overnight stays (using a total of 5,167 bed-days). There were a further 460 admissions by 294 individuals where an overnight stay was not required [323]
- Gap: understanding the wider impacts and harms of alcohol

Night time economy

- Bath City Centre has a "gold standard" recognising the safest and most appealing cities at night. The award also acknowledges the diversity of entertainment and hospitality that Bath has to offer [324]
- Over 3000 of the Bath and North East Somerset workforce are employed in around 280 restaurants, clubs and pubs which equates to nearly 4% of the workforce (table 7) [325]

Table 7. Number and percentage of workforce employed in selling alcohol

	number employed including owners	% of B&NES workforce
Licensed Restaurants	1238	1.55%
Licensed Clubs	407	0.51%
Public Houses	1446	1.81%
Total	**3091**	**3.87%**

- 32% of all violent crime is recorded during Night Time Economy hours (Friday and Saturday 9pm-3am) [326]
- 22% (45 of 203 known 2008-09) of Southside Family Project clients for Domestic Violence also attend BADAS/New Highway – for drug and alcohol problems. No up to date information although suggests that uptake is low and there has been a great improvement in working relationship with the Specialist Drugs and Alcohol Service, and there is excellent support and services from Libra and Julian House

- 42% of domestic violence crimes reported to the police are recorded as involving children which compares with 28% of households in B&NES [327]
- The 2011 Hate Crime Problem Profile indicates that hate crime is strongly correlated with both night time economy and anti-social behaviour
- There is a correlation between night time economy and antisocial behaviour [328]
- There is a correlation between night time economy and domestic violence [326]

Drinking and Driving

- Avon and Somerset's Road Policing Unit annual summer drink-drive campaign in June 2010 stopped 27,689 vehicles; breathalysed 1,819 people; and arrested 139 people (7.6% of those breathalysed). This compared with rates of arrests for drink-driving for England and Wales that were around 8-9% of those breathalysed [329]

Alcohol and mental health

- People who drink heavily are far more likely to suffer from mental illness. Drinking alcohol is linked to both anxiety and depression [330]
- A 2006 survey by the Mental Health Foundation found that people suffering from anxiety or depression were twice as likely to be heavy or problem drinkers [331]
- Increased alcohol use changes the psychology of the brain and reduces its ability to deal with anxiety naturally. This can lead to more alcohol being needed to experience the same reduction in anxiety
- Similarly with depression, levels of serotonin – a chemical in your brain that helps to regulate your mood – are depleted through regular drinking. That means feeling more depressed, and probably drinking more to deal with it
- Alcohol has also been linked to self-harm, suicide and psychosis
- It is estimated that up to two thirds of suicides in the UK are linked to excessive drinking. As many as 70% of successful male suicides are alcohol related, according to the Mental Health Foundation
- As well as suicide, alcohol and self-harm are also linked
    - A survey of self-harm patients at Scottish accident and emergency departments found that nearly two thirds (62%) of males and half (50%) of females had consumed alcohol immediately before or while self-harming
    - "Most people that self-harm have taken substances, and that usually involves alcohol,". "Alcohol often makes people lose their inhibitions. It increases impulsivity, which might lead them to take actions they might not otherwise have taken, including self-harm and suicide "
- Drinking more than 30 units per day for several weeks can occasionally cause 'psychosis', a severe mental illness where hallucinations and delusions of persecution develop. Psychotic symptoms can also occur when very heavy drinkers suddenly stop drinking
- People who start drinking at a young age, sometimes 12 or 15 years-old, are more at risk of mental impairment, because the brain is still developing until the age of 18 or 19 [332]
- In more severe cases mental illness and alcohol problems carry a potential risk of violence or suicide, a high relapse rate and can lead to serious personal and social problems, in particular criminal offending and homelessness
- 35-38% of the homeless population in the UK have some form of mental health problem (1999)
- Of those prisoners who engaged in hazardous drinking in the 12 months prior to going to prison, 71% of male remand prisoners and 59% of male sentenced prisoners were assessed as having 2 or more mental health or behavioural disorders. Among female prisoners, 87% of remand prisoners and 77% of sentenced had an additional 2 or more comorbid disorders (1999)
- In many cases anxiety is a consequence of heavy drinking rather than a cause. While low doses may appear to cheer people up higher doses increase psychological distress so drinkers become progressively more depressed and anxious during chronic intoxication [333]

1.10.7 Illicit Substance Misuse

Adults

- Lower than national opiate and/or crack users (842, 7.1 per 1000 15-64 population, 8.9 nationally) [334]
- The drugs market in B&NES is well understood by the police; however there has been no decrease in drug demand [335]
- The proportion of drug users who complete their treatment free of dependency is generally lower in B&NES than nationally
    - Successful completions as a proportion of the total number in treatment is 11% (14% nationally) however there have been significant improvements since 2009/10
    - B&NES has a higher than national proportion of drug users in treatment who have had a hepatitis B vaccination and current or past injectors who have been tested for hepatitis C.
    - B&NES has a higher than national percentage of adults who are in treatment for prescription-only medicines (POM) or over the counter medicines (OTC) dependency – 157, 22% (16% nationally)
    - Drug users who live with children in B&NES is in line with nationally [336]

Young People

- Hospital admission rates for substance misuse for children and young people compared to regional and national average are better than national and regional average
    - 53 per 100,000 15-24 year old population (63.5 per 100,000 nationally)
- In 2009 data suggests that B&NES was worse than nationally and regionally with respect to the percentage of children (years 8 and 10) who reported that they had used cannabis or skunk one or more times in the last 4 weeks (6% B&NES, 4% England) [337]
- 2/3 of all young people in treatment at Project 28 from 2004 to 2010 were also recorded as Children and Family Services' clients, 44 had a care history, 12 were looked after at the time of referral to Project 28 [310]
    - But this may be an example of successful referrals
- The bi-annual report of the Child Protection Conference Chair notes that in 50% of cases that come to conference, one or other parent has a history of alcohol problems and in 35% of families there is a history of drug use (Dec 09 – June 10) [338]
- Secondary school survey indicates that - 33% of children are 'fairly sure' or 'certain' that they know someone who uses drugs that are not medicines (over 50% for Year 10)
- For those who have taken drugs at some time, the average age when they tried drugs for the first time is 13
- 19% [17%] of pupils have been offered cannabis
- 4% [12%] of pupils have been offered other drugs
- 9% [9%] said they have taken some form of illegal drug themselves
- 4% said they have taken some form of illegal drug in the last month
- Primary school survey indicates that 15% of primary school children are 'fairly sure' or 'certain' that they know someone who uses drugs (not as medicines) [339]
- Gap: Young drug users outside of complex families

1.11 Social Determinants and Wider Wellbeing

1.11.1 Education

- *26% of children and young people think that more interesting lessons at school would make a difference to their life*
- *45% would like more safe places*
- *21% would like more organised activities and things to do*
- *26% would like more choices and control over their life*
- *8% think that friends they can trust would make a difference to their life*

Parents and carers identified groups of Children and Young People who may need more help than others included children at risk of domestic abuse, bereaved children, children in care and children whose parents misused drugs and alcohol, children living in poverty, and children at risk of any abuse at home.

Children and Young People's Consultation 2010

Early Years Foundation stage

- Pupils in Foundation stage, key stages 1, 2 and 4 continue to attain well compared with other local authorities and beyond national expectations
- Attainment gap in achievement with regards to deprived communities (as defined by FSM), BME groups and boys vs. girls [340]
    - Very good progress has been made in narrowing the gap between the lowest attaining 20% of children and their peers. This is now 28% in 2011 compared to 29% in 2010 [341] (gap 31% nationally [342])
    - Gap with regards most deprived narrowing (x-ref CYP safeguarding) - Results for the children living in the 30% most deprived small areas (super output areas) have also improved significantly since 2010. Improvements for boys are particularly evident in the areas of emotional development, language for communication and thinking, writing and linking sounds and letters [343]
- Percentage of children attaining a "good level of achievement" at Foundation Stage has remained consistent 2009-2011 (57% 2009, 58% 2011) compared with an increase regionally and nationally (52% 2009, 59% 2011) and is currently in line with both national and regional percentages [344]

GCSE

- Gender gap:
    - Overall attainment boys vs. girls 5+ A*-C (2008-09) boys average of data available 79.5% girls 84.6%
    - 5+ A*-C including Mathematics and English – boys 49%, girls 62%[345]

Post 16 education

- Participation in Post 16 education by young people in Bath and North East Somerset stands at 88.7% (July 2011). This is substantially higher than national participation and Bath and North East Somerset is first among its statistical neighbours [340]

Exclusions

- 413 pupils excluded, twenty permanent exclusions by head teachers of which thirteen have been upheld by Governors with one outstanding. This compares with eight permanent exclusions over the same period last year
    - Exclusion data now does not include academies and developing information sharing should be a significant future priority [346]

Bullying

- Bullying complaints, both "traditional" and "cyber bullying" are in line with national and comparable authorities
    - 22% of pupils reported they feel afraid of going to school because of bullying at least 'sometimes'
    - 20% of pupils responded that they have received a chat message that scared them or made them upset, over double more girls than boys (an indication of cyber bullying)
    - Cyber bullying is thought to have the same outcomes as "traditional" bullying[347]
    - 23.5% of the Children and Young People's consultation (2010) feel that less bullying would make a difference in their life [348]
    - 94% of the Parents and Carers, Children and Young People's consultation (2010) feel that cyber bullying is something adults need to learn about [349]

Absence 2009-10[350]

- Maintained Primary Schools – better than national and regional average
    - Overall absence - 4.7% of half days missed (5.17% regionally, 5.2% nationally)
    - 0.9% of persistent absentees (1.2% regionally, 1.4% nationally)
- State-funded Secondary Schools – in-line with nationally and regionally – overall absence 6.9%, regionally 6.8%, nationally 6.9%
    - Percentage of persistent absentees 4% (same as regionally and nationally) This is a similar pattern with respect to Maintained Secondary Schools
- Special Schools – higher percentage of unauthorised absence than regionally and nationally (4.5% of half days missed, 2.0% regionally and nationally)
    - 16.2% of persistent absentees, 10.3% regionally, 10.5% nationally. This is a similar pattern with respect to Maintained Special Schools
- Percentage point change 08/09 to 09/10 of percentage of half days missed due to overall absence in maintained Secondary Schools is -0.16% compared with -0.26% regionally and -0.41% nationally, indicating little change in absence between 08/09 and 09/10 and less change than regionally and nationally
- Percentage point change 08/09 to 09/10 of percentage of persistent absentees in Maintained Secondary School is -0.2% (-0.5% regionally, -0.7% nationally) indicating very little change between 08/09 and 09/10 with respect to percentage of persistent absentees. The percentage of persistent absentees in all school has seen little change since 2006/7 (3.7% in 2006/7, 3.4% in 2008/9). Unauthorised absence has also seen very little change in this time

Pupil voices [351]

- Tellus: In the 2008/09 survey, nearly half of children (48%) reported that they felt that their school dealt 'not very well' or 'badly' with bullying. In 2009/10 SHEU survey this has improved to 27%
- 14% of pupils responded that they enjoy 'hardly any' of their lessons at school; 31% said they enjoy 'most' or 'all' of their lessons at school (36% of pupils across the country said the same)[347]
- 11% of pupils said they don't know what GCSEs they are going to take, if any, while 1% said they don't expect to take any GCSEs
- 53% expect to take several GCSEs and get mostly good grades (A-C); among Year 10 pupils nationally 56% of boys and 58% of girls had expectations of achieving good grades at GCSE
- 46% want to continue in full time education at the end of year 11, 29% get a job immediately and 40% get training for a skilled job
- From the 2009 national sample, 66% of Year 10 females (56% B&NES) and 50% of Year 10 males (49% B&NES) wanted to continue in full-time education. 24% and 29% respectively wanted to get training for a skilled job when they leave school (34% B&NES)

1.11.2 Not in Education, Employment or Training (NEET)

- 4.8% of current 16-18 year old are NEET (February 2012). Numbers have increased, although remain lower than similar areas and nationally. NEET numbers are expected to increase whilst job opportunities are limited
- Higher in specific groups (16-19 year olds) – 49% of teenage mothers, 11% of those with learning difficulties and 39% of 19 year old care leavers are NEET [352]
- Children and Young People Plan consultation (2010) feel that it is a priority to Support all children and young people to engage in employment, education and training from 16-19, including increases in:
    - work place skills
    - job placements
    - diplomas
    - opportunities for disabled young people

Highlighting the importance of volunteering
The transferability of CRB's (remove obstacles)
And the importance of access to a programme of activities to support employability [353]

1.11.3 Child Poverty and Social Inequalities

- Child poverty in Bath and North East Somerset has increased from 12.4% to 13.3% between 2008 and 2009
- Child poverty – lower than regionally and nationally, however percentage increase between 2008-09 is higher (7% B&NES, 4% South West and 2% Nationally)
- Twerton has the highest percentage of child poverty (36%) followed by Southdown (25%) and Radstock (21%)
- 60% of families in receipt of Child Tax Credits or Income Support or Job Seekers Allowance have 2 or 3 children and in 63% of families the child is aged 10 or under [354]
- B&NES lower proportion of children who are eligible for Free School Meals than national average (12% B&NES; 15% national) (age 4 -11 - lower = better)
- Proportion of children in Out of Work Benefit households lower = better
    - Age 0-4 - Overall increase in the number of families with children aged 0-4 in receipt of out of work benefits from 2008-10 (12.3% 2008, 14.4% 2010)
    - Twerton Children's Centre area highest in 2010 (37% compared with 14% B&NES) (significantly higher than average) [355]
- The government believes that there are 220 complex families in Bath and North East Somerset. It is estimated that these families cost public services between **£55 and £72 million** p.a. (National estimates suggest the cost of these families is £330,000 per annum (although research by Somerset CC suggests this may be nearer £250,000)) [356]
- As an example of the complex issues between families Southside Family Project have produced a diagram showing the relationships and complexities between 3 families with whom they work (figure 22) [357]

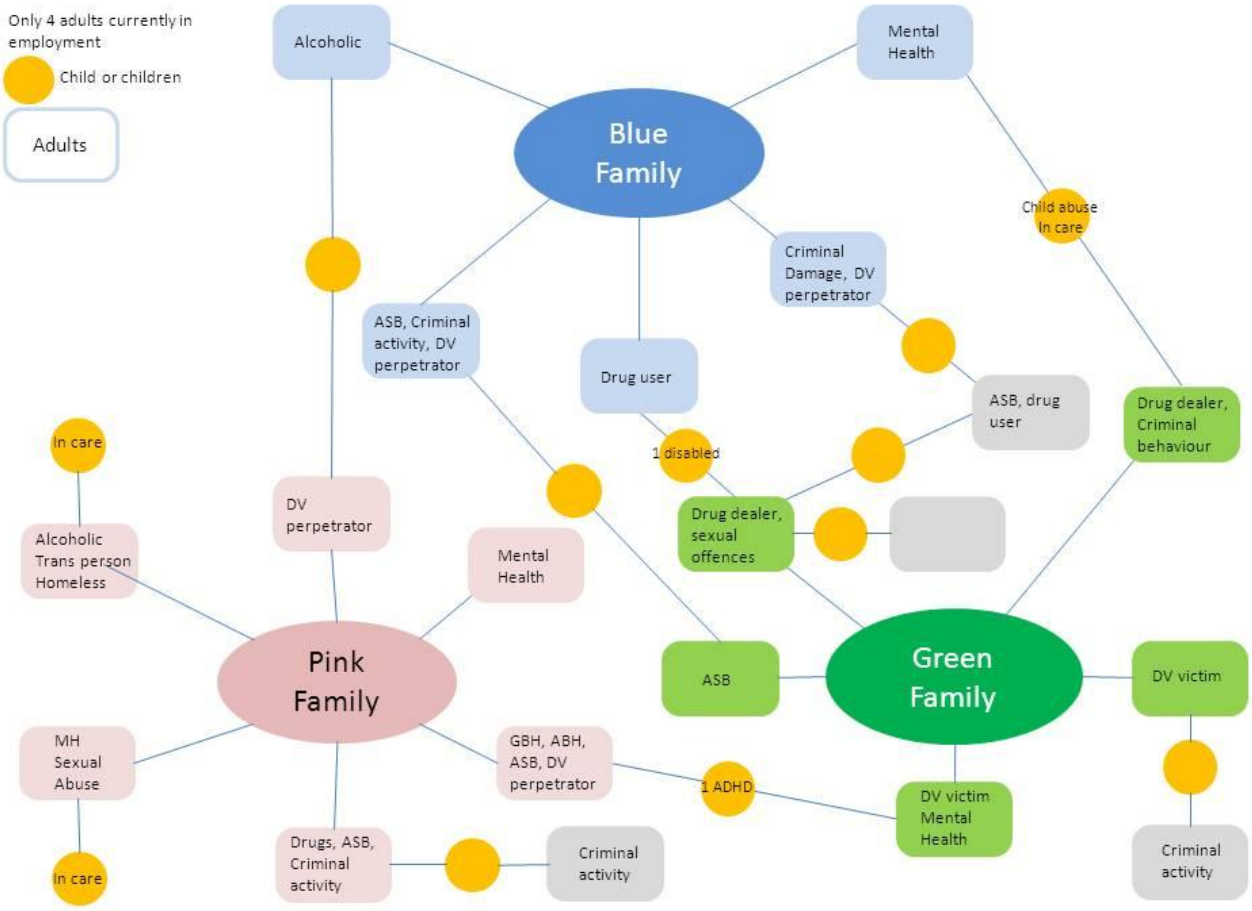


Figure 22. Diagram indicating the complex issues between three families known to Southside Family Project

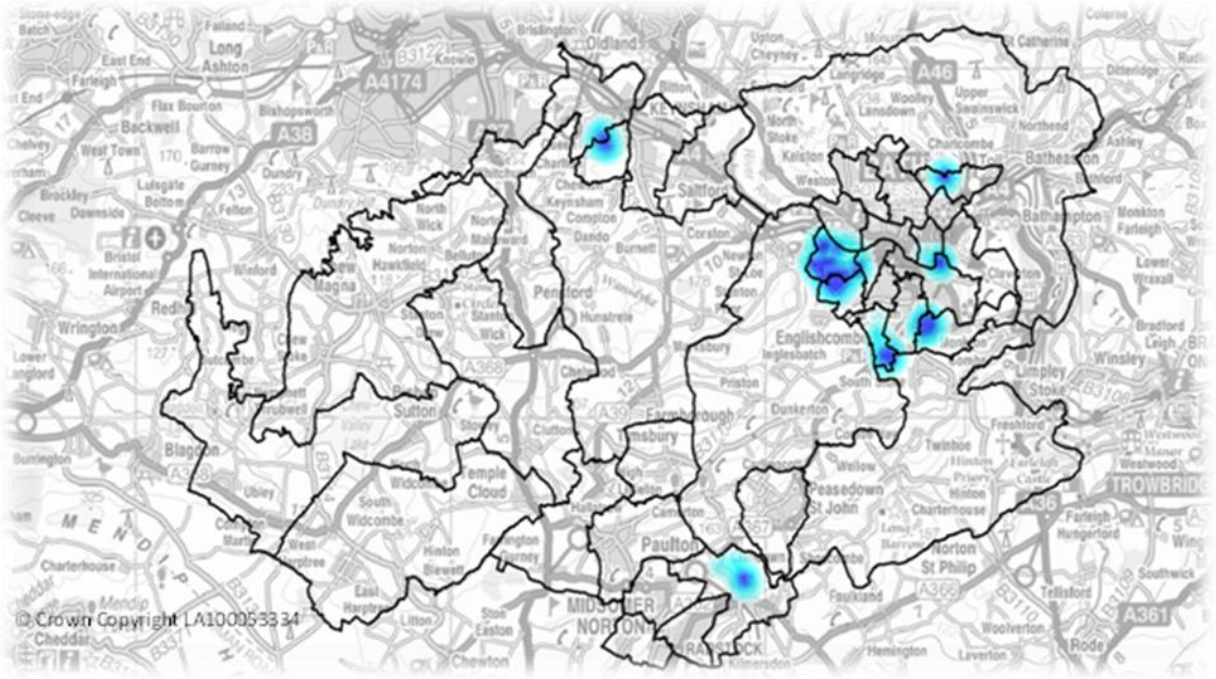


Figure 23. Hotspot of areas where there are likely to be concentrations of households which contain benefit claimants, with dependent children, care needs and who are likely to be finding it difficult to cope on their current income

The Marmot report

- Marmot indicators suggest that Bath and North East Somerset is generally significantly higher than nationally and is also generally better than regionally. The only indicator where this is not the case is with respect to children achieving a good level of development at age 5. For this indicator B&NES is inline nationally and regionally [358]
    - It is estimated that inequality in illness accounts for productivity losses, lost taxes and higher welfare payments and NHS healthcare costs in the region of £60 billion per year nationally
    - Creating a sustainable future is entirely compatible with action to reduce health inequalities: sustainable local communities, active transport, sustainable food production, and zero-carbon houses will have health benefits across society
    - Economic growth without reducing relative inequality will not reduce health inequalities
    - Inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life. Central to this is the acquisition of cognitive and non-cognitive skills, which are strongly associated with educational achievement and with a whole range of other outcomes including better employment, income and physical and mental health
    - For each occupational class, the unemployed have higher mortality than the employed. Insecure and poor quality employment is also associated with increased risks of poor physical and mental health
    - At present only 4% of NHS funding is spent on prevention. Yet, the evidence shows that partnership working between primary care, local authorities and the third sector to deliver effective universal and targeted preventive interventions can bring important benefits [359]

Social Inequalities [360]

- The government produces statistics which compare small areas across England on a number of different data sources which have been identified as representing social inequalities
- Bath and North East Somerset is one of the least deprived authorities in the country, ranking 247 out of 326 English authorities. It is ranked 49 out of 56 Unitary authorities. Despite these relatively low levels of social inequality, there are small geographical areas with notable issues (figure 24)
    - Overall, five areas are within the most notable 20% of the country across a range of data:
      • Twerton West
      • Whiteway
      • Twerton
      • Fox Hill North
      • Whiteway West
    - 7428 residents live in these areas, representing 4.35% of the total population. This is less than England as a whole, where 5% of the population live in this group
- With regards more deprived areas; the greatest change observable is in the movement of Kingsmead (Kingsmead Ward) LSOA from the most deprived 20% to the most deprived 40% between 2007 and 2010. Whiteway West and Twerton (Twerton ward) have both moved from the most deprived 30% in 2007 to the most deprived 20% in 2010
- 32 of the 115 small areas analysed are within the most notable 20% for one or more individual domains of social inequality. 14 of these areas are recorded as being in the most notable 20% for the Access to Housing and Services domain alone. This can be seen to reflect the overtly rural nature of significant proportions of the area

- Of the remaining small areas, there are a number of cases where areas are in the most notable 10% (or lower):
    - Whiteway (Southdown Ward) is in the most notable 1% for Education, Skills and Training
    - West Twerton (Twerton ward) is in the most notable 5% for Employment and Deprivation
    - Whiteway (Southdown ward), Whiteway West, West Twerton and Twerton (Twerton ward) are in the most notable 10% for Crime
    - Whiteway West (Twerton ward) and Fox Hill North (Combe Down ward) are in the most notable 10% for Education, Skills and Training
- Engagement with practitioners working in Twerton and Southdown (two wards which have areas experiencing notable social inequalities) has suggested that alcohol misuse and mental health are significant factors for this group. Cost and physical access to services were identified as important [361]

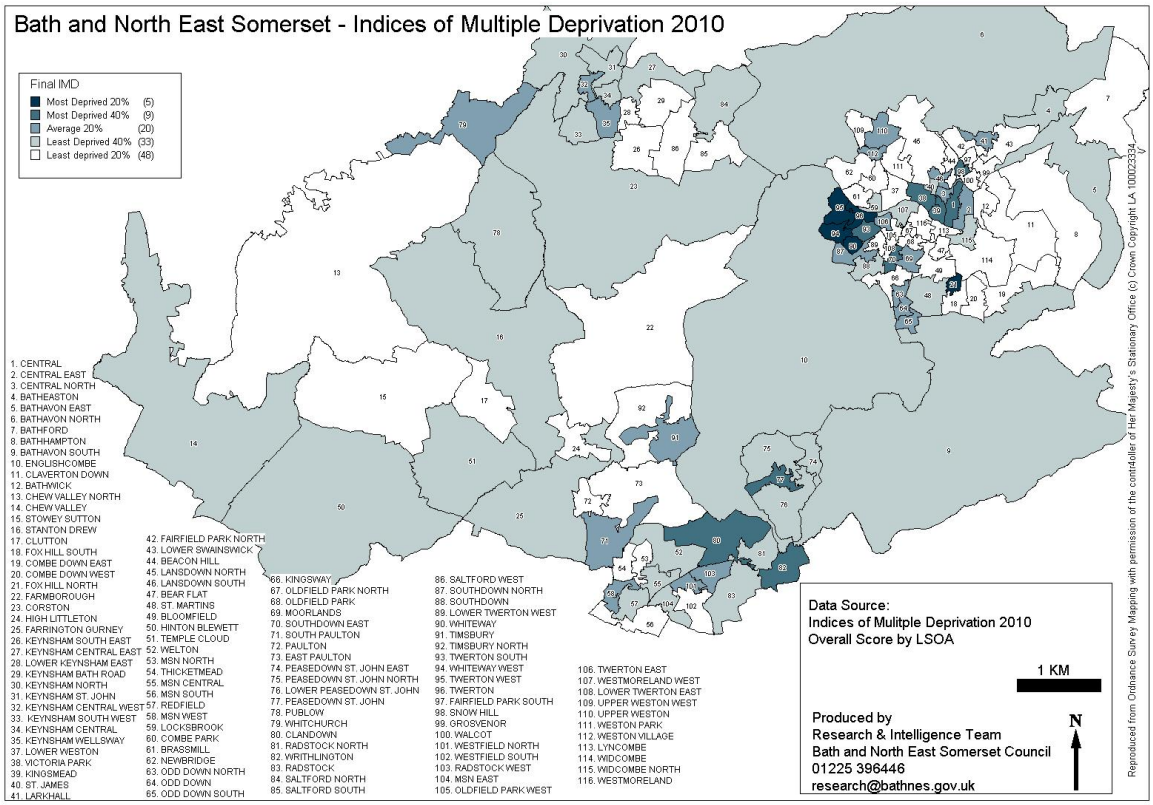


Figure 24. Overall Indices of Multiple Deprivation by Lower Super Output Area in Bath and North East Somerset (2010)

1.11.4 Benefits and Employment

- In general B&NES has lower percentages of the population claiming benefits than the South West Region as a whole and compared with the UK
- Benefits are in line and following national trends
- Of those who are claiming the majority of Out of Work Benefit claimants have claimed for 5 or more years [362]
- Around 50% who claim Incapacity Benefit claimants for mental health issues [363]
- Vulnerable groups:
    - May become more vulnerable through current legislative changes
    - Long term unemployed claiming inactive benefits (not JSA) (4040 claimants on ESA/IB/SDA for 2 or more years [364])
        - 30% expected to move off benefits altogether as a result of the new Work Capability Assessment (WCA) (~1200)
        - 50% to move onto equivalent JSA (~2000) [365]

- 25-60 year olds with mental health issues (2505 ESA/IB/SDA claimants for mental health reasons [366])
  - It is thought that around 893 individuals claiming ESA/IB will be found "fit to work" and a further 386 placed in the "Work Related Activity Group" under the new WCA [367]
- Older cohort recently unemployed – lack of transferable skills and experience of modern job market (210 JSA claimants aged over 50 claiming for less than 6 months [368])
- Lone parents (unknown how many lone parents need support, 970 on lone parent allowance [369], but an unknown number claiming JSA)
- Young people with low skills, a lack of job experience and those NEET (216 NEET [370])

- The Work Programme is currently being rolled out, replacing all previous welfare-to-work schemes. The National Audit Office estimate that this will help around 25% of unemployed over 25s back into work (Government figures estimate 40%) [371]
- There are geographical concentrations with high rates of benefit claimants accessing services

Table 8. Wards with the highest overall numbers and rates of out of work benefit claimants in Bath and North East Somerset (May 2011)

Ward	**Out of work benefits**		**Employment support allowance and incapacity benefits**	
	numbers	% or working age population	numbers	% of working age population
GB		12.1%		6.5%
B&NES		7.3%		4.3%
Twerton	740	20.6%	415	11.6%
Abbey	505	11.8%	365	8.5%
Radstock	435	11.8%	235	6.4%
Keynsham South	330	11.3%	180	6.2%
Combe Down	365	10.7%	195	5.7%
Southdown	395	10.5%	220	5.9%
Keynsham North	325	10.3%	190	6.0%
Timsbury	140	8.9%	80	5.1%
Odd Down	335	8.6%	175	4.5%
Kingsmead	375	8.5%	255	5.8%
Weston	255	8.4%	155	5.1%
Walcot	365	8.2%	200	4.5%
Paulton	245	7.8%	145	4.6%
Oldfield	345	7.3%	220	4.7%

    - Other wards with higher than average percentage of working age population claiming ESA/IB are Midsomer Norton Redfield and Westfield
    - 5 LSOAs with the highest rates of out of work benefits per 1000 working age population (May 2011) are:
        - Twerton West (276)
        - Fox Hill North (270)
        - Twerton (268)
        - Whiteway (250)
        - Whiteway West (231)
        - Compared with Claverton Down (12 per 1000 population, Lyncombe and Widcombe (24 per 1000 population) and Bathwick (25 per 1000 population)
        - B&NES average 61 per 1000 population
        - England 108 per 1000 working age population [372]
- There are more people than jobs in B&NES – people going elsewhere for work, not sustainable for our economy

Claimants Views

- *Biggest barrier to accessing work was perceived to be a lack of jobs in the area*
- *Many respondents would like access to training and support coming off benefits and starting work*

Clean Slate Aspiring to More Survey (April 2009)

Employers Views

- *Weak customer demand is seen as the largest issue restricting business growth*
- *Over 70% of businesses feel that high speed broadband is very important for business operation*
- *In general businesses are not interested in training employees or taking apprentices*

Business West Survey (2011)

- There are a number of notable industries in the area.
    - Manufacturing: Paper production and Printing and the reproduction of recorded media
    - Environmental-related industries: Water supply, Sewerage and Remediation and waste management activities
    - Professional business services: Architectural and engineering consultancy, technical testing & analysis, and Rental and leasing activities and
    - Accommodation, Publishing, Education and Creative, arts and entertainment activities
        - The strongest growing sectors across B&NES in recent years have been Business administration and support services, Finance and insurance and Wholesale and retail
    - Despite public sector reform, the sector will remain a significant employer.
- The threat of an ageing population, meaning that the working-age population decreases as a proportion of the total economy
- The three 'high level' occupation groups, including managers, professionals and associate professionals, account for 48.5% of employed residents in B&NES, similar to the West of England but above the regional and national average. There is evidence that the B&NES resident-based economy is more advanced than its workplace economy [373]
- Weekly wages are less than UK and West of England sub-region demonstrating a notable the size of the tourism sector in the area[374]

1.11.5 Housing

- Bath and North East Somerset is an area of high housing demand but housing growth is constrained. In consequence average house prices are over 21% above the national average. B&NES has a significant rental sector; 16% of households live in social rented homes, 17.7% in private sector tenancies [375]

Housing conditions

- B&NES has a significantly above average proportion of older housing with 30% built before 1919. Older properties are harder to maintain and insulate and are more expensive to keep warm which increases the risk of excess cold and falls hazards for occupiers. Analysis has shown correlation between falls related hospital admissions and non-decent housing [376]
- 24.5% of private sector housing non decent
- 33.3% of vulnerable private sector households living in non-decent homes
- 11.9% of private sector dwellings have a significant health and safety hazard
- 17.3% of private sector households in fuel poverty [377]
- No site provision for gypsy and travelling communities in the area[378]

Affordable housing supply and demand

- The Strategic Housing Market Assessment 2009 found that over 54% of newly formed households were in need of affordable housing [379]
- Numbers of people applying for affordable housing have increased annually and 9% of B&NES households are on the register for social housing (10,344 in April 2011 of which 20% were non B&NES residents/students)
- Annual lettings are 500/600 and waiting times are typically in excess of 18 months
- Applications are prioritised by risk to health, safety and well-being
- 7% of applicants have medium or urgent housing priority (736 having urgent/significant need) [380]

Changes to Housing Benefit will decrease the number of affordable private rentals available to those claiming Housing Benefit. It is estimated that the number of homes that will be lost is **3100**, leaving **4123** properties available to rent for **3180** recipients. Whilst this seems to still leave a surplus in available housing, local factors (such as volume of students in the affordable rental market or other factors we know about) might impact on this [381]

Older people housing need [382]

- Rates of medium or urgent housing need are much higher amongst older people with 18.5% of over 60s being in that category
- More evidence is needed about the impact of B&NES ageing population on local housing supply
- Key to Independence 2008-13 needs to be reviewed/brought up to date
- Things to consider include:
    - Increase in numbers of people needing supported accommodation
    - The needs of increased number of people with dementia (including ex homeless single people – old before time with high levels of drug/alcohol misuse)
    - The change in aspirations about the sort of housing needed and requirement for independence (room for carers/key ring schemes/community hubs)
    - High rates of under-occupation by older people in social housing

People living in residential care: - B&NES has a higher than average number of people aged 65 and over who are permanent residents of residential and nursing care homes (92 people per 10,000, 2009/10) [383]

- A lower than average percentage of all people discharged from hospital are discharged directly to a residential home (2009/10) [384]
- The percentage of people that die their own homes is higher than average (20%, 2009/10) [385]

Homelessness

- Homeless applications increasing
- 450 homeless applications 2008-2011 [386]
- The 3 main causes of homelessness are being asked to leave by friends and family, being given Notice to Quit a private tenancy and relationship breakdown and have increased from 2010 to11
    - The number of those approaching for mortgage repossessions has not increased [387]
- Young people are at particular risk and 50% of homelessness applications in B&NES are from people aged under 25 [388]
- 60% homeless applications in Q3 2011/12 have dependent children or pregnant [380]
- In 2010/11 357 households were prevented from becoming homeless[389]; preventative strategies include provision of early advice and commissioning housing related support for vulnerable people [390]
- Numbers of rough sleepers is low
- National evidence shows that 8 in 10 single homeless people have one or more physical health condition
    - For over half this is a chronic problem
    - 7 in 10 of single homeless people have one or more mental health condition
    - Some of the causes of poor health are more prevalent in the single homeless population: for example, 77% single homeless people smoke compared to 21% general population [391]

1.11.6 Stronger communities

- There is capacity in all areas of B&NES for communities to do more to help themselves, however, different methods will prove effective in different communities and some will need more intensive support to realise this [392]

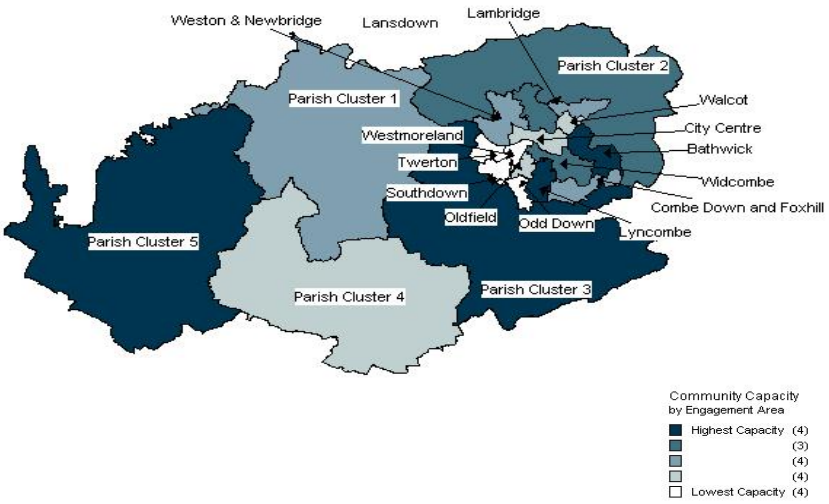


Figure 25. Community Capacity by Parish Cluster and Bath Ward

- In the future there will be an increased demand for local services to be provided within the community
    - 22% of respondents agree that they can influence decision making in their area [393] however, this has decreased from 34% in 2010 [394]. Until 2011 the percentage of respondents who feel they can influence decision making has overall increased with time although there has been a reduction from 37% in 2009 to 33% in 2010 and the recent decrease of 12% from 2010-2011 [395]
    - The older population feel less able to influence decision making than the younger population [396]

    - A study in one small area of B&NES has suggested that a substantial proportion of residents in these areas want to be more involved in their local area, but do not feel they have a say at the moment – however these perceptions can vary on a street-by-street basis [397]
    - 32% know how to find out about getting things done
    - 34% think their community can get things done when it needs to [393]
- Just under a third of Voicebox respondents have volunteered regularly in the last 12 months [393]
- A substantial proportion of the older population do not have regular access to, or do not regularly use the internet (with 31% regularly accessing). However this appears to be changing as 64% of the 45-74 year old population are regularly using the internet [398]
- Almost half the respondents have more than 5 hours of free time a day at weekends. Over 1/3rd of respondents have between 2 and 4 hours of free time per day during the week. 42.2% of respondents have less than 2 hours of leisure time per day during the week
- Quite large variation by gender
- Respondents were then asked about which factors they look for in a leisure activity. Main responses were: fun, relaxation/ comfort, amusement/ humour, healthy and being outdoors (>30% response), although to some extent or a small amount, most options scored highly
- Socialising with friends and family whether or not in the home is important in people's leisure time. Watching TV/ films, the internet, reading and writing and taking part in physical activity are also undertaken by the majority of respondents at least once a month [393]
- With regards people in care, 52% of the 60% of respondents who live alone have regular contact with friends and family and, considering the sample as a whole, 53% feel they have good community connections [399]
- A majority of the 3rd sector in B&NES believes that their work is not valued or understood by statutory organisations [400]
- 704 community and volunteer organisations recorded [401]
- 22% volunteer their time with community groups [393]

1.11.7 Crime and Disorder

- Historically low levels of crime and low compared other areas
- Strong relationship between crime and deprivation
    - City/town centre hotspots for Night Time Economy
- Relationship between Night Time Economy, Antisocial behaviour and also with Hate Crime and with Domestic Violence [402]
- The number and proportion of young people sentenced to custody reduced significantly in 2010-11
    - Lowest annual number of youth custodial sentences in Bath and North East Somerset since 2000
    - The rate of re-offending in the latest cohort of young people to be monitored fell by 14.9% compared with the 2005 baseline [403]
- Fear of crime and age – on average 26% of those 70+ feel fairly or very unsafe in their local area at night compared with 16% of those under 70. Only a small percentage of people feel unsafe in their local area during the day (1% under 70, 4% 70+)
    - 64% feel safe (answering very safe and fairly safe) in their local area at night (66% of residents under 70 (70% 18-29 year olds), 53% over 70)
    - 96% of respondents feel safe during the day [404]
- PACT priorities tend to be around nuisance parking and speeding apart from in Widcombe where problems are ASB and HMO orientated [405]

- **Domestic Violence** remains a significant volume of crime (6% of all crime in B&NES)
    - 42% of Domestic Violence cases recorded as involving children; increases in number of children with "Notifications of children with Domestic Violence"
    - 78% women, 22% male victims; offenders 82% male, 18% female (Jan-Dec 2011)
    - Under reporting (there is about 17-20% reporting)
    - Offenders tend to be young and male (61% under 30)[406]

Pupil voices [407]:

NB – weapons question – 83% stated mobile phone

- In secondary schools:
    - 5% of pupils carry a weapon with a blade as a first item, 6% as a second item; 4% carry knuckle dusters as a second item and 7% ninja stars as a second item, 13% other
    - 54% have seen images on the internet which were for adults only
    - 59% of boys and 10% of girls said they have looked online for pornographic or violent images, films or games
    - 20% have met someone they met online
    - 22% [22%] of pupils reported they feel afraid of going to school because of bullying at least 'sometimes'.
    - 63% [55%] of pupils said they think their school takes bullying seriously, while 15% [20%] don't think their school takes bullying seriously
- In primary schools:
    - 70% of pupils said that they had experienced at least one of the negative behaviours listed at least a 'few times' in the last month.
    - 29% of boys and 44% of girls reported they feel afraid of going to school because of bullying at least 'sometimes'.
    - 37% of boys and 29% of girls said they have seen pictures online that were for adults-only

1.11.8 Cultural Activities

- The area's cultural sector is a significant industry and the city of Bath is designated a world heritage site.
- Take-up low amongst certain socio-economic groups [408]
- 42.2% of respondents have less than 2 hours of leisure time per day
- 70-80% of residents attend art galleries and museums, although approximately 12% are regular (monthly attenders) [409]

1.11.9 Climate change

- By 2020, summers warmer and dryer, winters wetter. Extreme weather events increase including winter cold snaps [410] - directly affect health and wellbeing, but indirect health impacts from changes to our global economy will likely be greater [411]
- Oil shortages, insecurity of supply and price volatility could destabilize economic, political and social activity potentially by 2015 [412]

In 2009 83% of residents had already acted to reduce their energy use, and there was a willingness to act further

Voicebox 15

- Rising fossil fuel prices, oil, gas and electricity prices - increasing fuel poverty and ill effects of cold homes (see the Housing theme)
- Many of our district's homes are not properly insulated; an estimated 22,300 lofts have insufficient insulation, 27,900 wall cavities remain unfilled and 29,100 of our homes could have solid wall insulation [413]
- As climate and oil impacts intensify, so will food poverty and its health impacts
- Affect the poorest and most vulnerable residents, those in energy inefficient homes, rural areas relying on oil-fuelled transport[414] and heating and those living in affected

geographic areas such as the central Bath and Chew Valley flood zones and steep slopes where the risk of subsidence is increased by extreme weather. This is within the context of an increasing and ageing population

- Aiming to reduce greenhouse gas emissions, and reduce reliance on fossil fuels. Global emissions in 2010 - highest on record [415] although in our district, carbon emissions have fallen from 6.4 tonnes to 5.3 tonnes per capita from 2005-9[416]. Some attributable to the economic downturn and much work will be needed to continue this decrease to meet the local and national target of a 45% cut in carbon by 2026
- Priorities - reduce domestic emissions and development of clean energy sources
- Our district has a thriving network of community groups including five Transition groups which explicitly tackle peak oil
- Needs survey of 14 community groups working on climate change - requested technical and funding advice, equipment lending and a networking website – being provided
- Gaps in work - Sustainable food; high demand for a coordinated approach to local and sustainable food; existing work on fresh and sustainable food - could be built on to form a strategic approach to enabling our food supply to meet future challenges
- Environmental issues have traditionally been considered "market failures" which the market alone cannot address. Tighter regulations and Government incentives for renewable energy and energy efficiency have been stimulating the market and bringing down costs but this is not enough. Changes need to be driven by the council and its partners enabling community groups, residents and businesses to act [417]

1.11.10 The natural and built environment

Green Infrastructure

- In urban areas people are more likely to rate their health as good if there is a safe and pleasant green space in their neighbourhood: an increase from 48% to 58%
- 60% of interviewees thought pleasant local green spaces would improve their overall physical health, 48% thought it could improve their mental health, and 46% thought it would make them feel better about their relationships with family and friends
- 91% of people believe that public parks and open spaces improve quality of life
- It is important to provide green spaces that are appropriate for people of different ages
- Young people aged between 16 and 24 report lower quality across all indicators analysed for the study: 15% thought their local parks and open spaces were the aspect of their areas that needed most improvement, compared with 8 per cent of 55-74 year olds.
- From a sample of 2077 under 16's, 56% visit parks and green spaces at least once a week and 37% visit most or very day during the summer months
- 16 to 19 year olds 44% report at least weekly summer visits and 28% daily or most days

Understanding the Contribution Parks and Green Spaces can make to Improving People's Lives (2010) http://www.green-space.org.uk/downloads/GreenLINK/Blue%20Sky%20Green%20Space%20-%20Full%20Report.pdf

- Studies demonstrate that there are strong positive links between our health and levels of contact with natural and green spaces
- Cycle England have reported that a 20% increase in cycling by 2015 could save the NHS £52m through reduced obesity, increased physical fitness and lower incidence of respiratory diseases [418]
- Access to the natural environment can also have positive effects on mental health

- People living in areas with high levels of greenery are thought to be three times more likely to be physically active and 40% less likely to be overweight or obese than those living in areas with low levels of greenery
- Alzheimer's patients with regular access to a garden are less troubled by negative reactions and fits of anger than those without access to a garden [419]
- Studies show that where workplaces include trees, employees are more productive and have a greater sense of job satisfaction
- Need increased provision of allotments to meet existing and future projected needs
- There are over 900km of Public Rights of Way - Footpaths, Bridleways and Byways Open to All Traffic. This network provides a vast range of opportunities to explore the great outdoors. The ROWIP (Rights of Way Improvement Plan) research identified the need for high quality walking and cycling routes connecting housing to schools, shops, employment, recreation and sports facilities [420]
- 1108 Allotment plots provided by the Council and a further 650 by other agencies.
- Average waiting list of 1-4 years [421]
- Satisfaction with play provision is joint highest in South West [422]
- Parks and green spaces contribute to all aspects of health and well-being including increasing levels of physical activity which could alleviate pressures on the NHS. Simply being outside in a green space can promote mental well-being, relieve stress, overcome isolation, improve social cohesion and alleviate physical problems so that fewer working days are lost to ill health
- A brisk walk every day, in your local park, can reduce the risk of heart attacks by 50%, strokes by 50%, diabetes by 50%, fracture of the femur by 30%, colon cancer by 30%, breast cancer by 30% and Alzheimer's by 25%
- Evidence suggests that participants in exercise programmes based in outdoor green environments are more likely to continue with their programme than if it is based within a gym or leisure centre
- Within the field of care for the elderly, studies show that patients exposed to outdoor green environments became happier, slept better, were less restless, more talkative, and needed less medication. A study showed that every green environment improved both self-esteem and mood. The mentally-ill had one of the greatest self-esteem improvements
- Natural views – of elements such as trees and lakes – promote a drop in blood pressure and are shown to reduce feelings of stress
- Apart from the ability of urban green space to reduce pollution, and the build-up of particulates, SO_2 and NO_2 that can aggravate respiratory diseases such as asthma and bronchitis, green space contributes significantly to stress reduction, the alleviation of depression and dementia
- A permanent reduction of 1% unit in the UK sedentary population (from 23% to 22%) is estimated to deliver a social benefit of up to £1.44 billion per year. Regents Park provides opportunity for physical activity and saves £3.1million and £463,000 to the economy and NHS respectively each year
- The plant life and trees found within urban parks and green space play an important role in improving the air quality in urban environments and reducing pollutants. A tree's ability to offset carbon emissions is determined by size, canopy cover, health, and age, but large trees can help lower carbon emissions in the atmosphere by 2-3%. An 80-foot beech tree has been shown to remove daily carbon dioxide amounts equivalent to that produced by two single-family dwellings. In the right circumstances, when trees are strategically planted to provide either shade or to act as wind breaks, they can generate 10-50% savings in cooling expenses and 4-22% savings of heating costs. This reduces the amount of carbon-based fuels used, therefore reducing the emissions that reduce air quality [423]

Play Pathfinder themes identified by children and young people in B&NES:

- Fear bullying and/or feel more could be done about this
- Want safe places to play and hang out and things to do
- Want to participate in many services
- Not always clear about the support available to them and want to be better informed about services
- Access to confidential support important
- Getting around the area can be a problem
- Drugs and crime are a concern
- Looking after the environment was important

The Play Rangers identify that they are building children and young people's skills, self-confidence and self-esteem. From the feedback, children feel respected, valued, validated as individuals, and listened to.

Parents highlighted fear of crime, stranger danger and traffic as reasons for their reluctance to encourage their children to go out and play.

Environmental Services

- Over the past 3 years there has been little change in satisfaction with Environmental services [424]. Overall 34% believe the provision of environmental services is good/very good [425]
- Highest satisfaction is with parks and open spaces (~65%) and garden waste collection (~50% satisfied)
- Highest dissatisfaction is with on street parking (~45% dissatisfied) [426]

Environmental Protection

- Calls to the council about environmental cleansing and protection have decreased over time, including fly tipping, street sweeping and emptying litter bins
    - Significant geographic concentration in City and Town centres (x-ref night time economy) [427]
- Bath has been awarded a 'purple flag' for good city centre environmental management [428]
- Water safety has been raised as a concern
    - Specific significant concerns about riverside safety in Bath City. (Early evidence that short-term actions have mitigated this risk)[429]

Food Safety

- There are 1,837 establishments in B&NES requiring food safety inspections
- 2% have not been rated for intervention (5% nationally)
- B&NES has a slightly higher percentage of broadly compliant premises with respect to food hygiene compared with nationally(including unrated & outside) 89.9% (84.8% nationally)
- There is low compliance of premises in Categories A (0%) & B (42%) (these are businesses of highest risk); categories C 87%, D 98%, E 100% compliance
    - (As comparison Bristol: A 25%, B 42%, C 87%, D98%, E 99.7%)[430]
- Food Safety now operates the national Food Hygiene Rating Scheme (FHRS)

Gap: Contaminated land

1.11.11 Air quality [431]

- Areas within B&NES are identified as having Nitrogen dioxide (NO_2) concentrations greater than the Government's objectives (Annual average NO_2 concentration greater than 40 µg/m^3) – These have been designated an AQMA – Air Quality Management Area.
    - It can be seen that in areas where the national air quality objectives are exceeded, there needs to be a reduction of between 4.9 and 73.3% in emissions of nitrogen oxides in order to meet the objectives across the Air Quality Management Area
    - There is currently an AQMA in Bath (figure 16) and a smaller one covering the main road through Keynsham. There is a proposed AQMA for a small section of the A4 in Saltford
    - Results from nitrogen dioxide show exceedences of the annual average objective at various locations. These locations are either within current or proposed Air Quality Management Areas
    - Road traffic contributes up to 92% of the total NOx concentration, with Heavy Duty Vehicles contributing 24 - 57.1%.
    - The highest concentration of NO_2 was recorded at Lambridge (just east of the junction with the old Gloucester Road) with an annual mean of in excess of 80µg/m^3 in 2009 (target 47µg)
- Link between increased exposure to particulate matter and increased risk of death, hospital admissions, symptoms and other effects; can irritate lungs, inflame airways, affect lung function and may cause increased incident of acute respiratory illness depending on levels of exposure. The effects on life expectancy are bigger than public smoking and motor vehicle accidents
- Children, the elderly and those already suffering from respiratory illnesses are more vulnerable
- NO_2 can be controlled without reducing other gases, so mitigation should not just focus on reducing nitrogen, but rather the source of this and other pollutants
- Levels of carbon monoxide, benzene, sulphur dioxide and particular matter do not present a problem

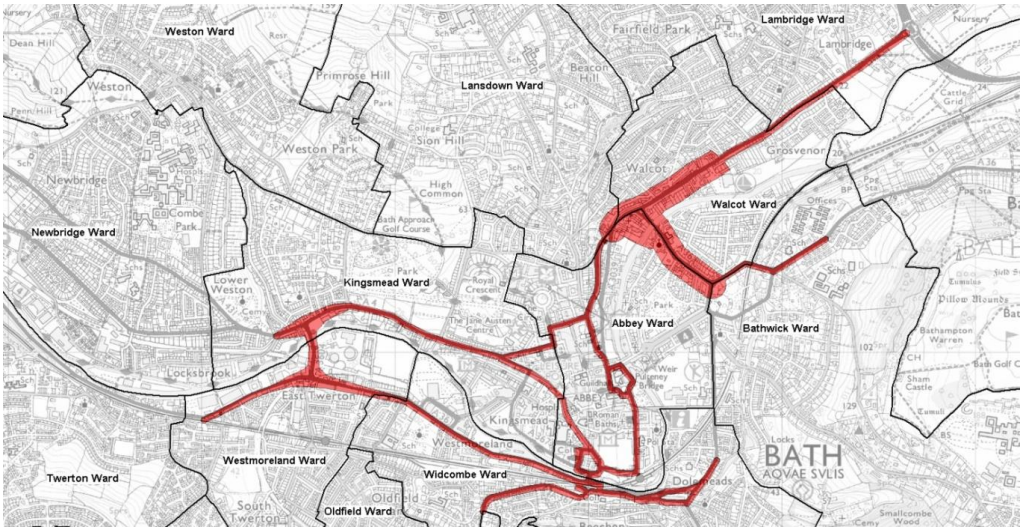


Figure 26. Air Quality Management Area in Bath City Centre

Glossary

ADHD	Attention deficit hyperactivity disorder
AMI	Acute Myocardial Infarction (heart attack)
APHO	Network of Public Health Observatories
AQMA	Air Quality Management Area
ASB	Anti-Social Behaviour
ASD	Autism Spectrum Disorder
B&NES	Bath and North East Somerset
BADAS	Bath Alcohol and Drugs Advisory Service
BME	Black and Ethnic Minority
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CYP	Children and Young People
DMF	Decayed, missing or filled (teeth)
DoH	Department of Health
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders
EoLC	End of Life Care
ESA	Employment Support Allowance
EU	European Union
EWM	Excess Winter Mortality
FSM	Free School Meals
FY	Financial Year
GP	General Practitioner
HES	Hospital Episode Statistics
HIV	Human immunodeficiency virus
HMO	Houses of Multiple Occupancy
HMRC	Her Majesty's Revenue and Customs
IAPT	Improving Access to Psychological Therapies programme
IB	Incapacity Benefit
ICD	International Classification of diseases
JSA	Job Seekers Allowance
JSNA	Joint Strategic Needs Assessment
LARCS	Long Acting Reversible Contraceptives
LTC	Long Term Condition
MMR	Measles, Mumps and Rubella
MND	Motor Neuron Disease
MS	Multiple Sclerosis
MSA	Multiple System Atrophy
NCDS	National Deaf Children's Society
NCMP	National Childhood Measurement Program
NEET	Not in Education, Employment or Training
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NSAIDS	Non-steroidal anti-inflammatory drugs
ONS	Office of National Statistics
p.a.	Per annum
PACT	Parents and Children Together
PANSI	Projecting Adult Needs and Service Information
PCT	Primary Care Trust
PD	Parkinson's Disease
PSP	Progressive supranuclear palsy
QOF	Quality and Outcomes Framework
RUH	Royal United hospital
SARC	Sexual Abuse Referral Centre

SDA	Severe Disablement Allowance
SEN	Special Education Needs
SHEU	Schools Health Education Unit
UCL	University College London
UK	United Kingdom
WCA	Work Capability Assessment

Appendix A: Care Quality Commission inspections [432]

Table 6. Hospitals and care homes needing improvement in at least one area of inspection in B&NES

Institution	date inspected	LSOA	ward	Standards of treating people with respect and involving them in their care	Standards of providing care, treatment & support meeting people's needs	Standards of caring for people safely & protecting them from harm	Standards of staffing	Standards of management
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	16/11/2011	Central	Abbey			X		
Rosewell	11/01/2012	High Littleton	High Littleton		X	X		
RV Care Somerset Limited	02/12/2011	St Martins	Lyncombe					X
Safe & Sound Homecare Services	06/10/2011	Radstock	Radstock		X		X	X
Cedar Park Nursing Home	04/01/2012	Oldfield Park	Oldfield		X			
Dimensions - Theobald House 46 Dartmouth Avenue	13/01/2012	Oldfield Park West	Westmoreland			X		
Newbridge Towers	09/11/2011	Combe Park	Newbridge		X	X		
Sunnymede	01/08/2011	Keynsham Central East	Keynsham East				X	
Treetops	21/03/2011	Keynsham Central	Keynsham South		X			
Manor Farm Residential Home	08/12/2011	Radstock	Radstock		X	X	X	X
Lynwood House	19/10/2011	Midsomer Norton South	Midsomer Norton Redfield					X

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