

# Bath and North East Somerset JSNA – 2012 – Executive Summary

## Overview & Trends

- Population
- Mortality and life expectancy
- Disability and Long Term Conditions (LTCs)
- Mental Health

### Background

Increase in population over time (primarily students), 50/50 men women, population just under 180,000 in 2010, and low levels of ethnic diversity

Increase in births (more mothers over 30), expected increases in some young people ranges and older people.

7% have physical disability, 12% sensory impairment, 1% autism, 16% mental health

### Assets

- Low rates of long term conditions, and key disorder
- Vaccination rates for people with LTCs are high
- Emergency bed days, smoking levels are low amongst people with Long Term Conditions
- SEN pupils are achieving well
- Prevalence of mental health conditions are generally lower or in line with national rates
- Suicide rates are low

### Needs

- Conditions of the heart, cancer, lungs and diseases of the digestive system are the most common forms of death (in line with national)
- Cancer incidence increasing
- High rates of asthma amongst young people
- Excess winter mortality is high, but this is not down to an increase in winter deaths
- Self-harm and depression prevalence high (1000 more depression cases than expected)
- Dementia highlighted as a concern by Healthy Conversation
- BME population identified as at risk of mental health problems

- Service Use & Quality
- Safeguarding
- Carers

### Assets

- Low rates of outpatient attendances, planned & unplanned admissions, low weighted prescribing costs, death rates in RUH low
- 11% of population self-define as a carer, and evidence of carer satisfaction with services
- High user satisfaction with social services
- Over 700 voluntary sector agencies, delivering a wide range of service

### Needs

- Ambulance service quality recorded as weak by CQC
- Referrals into children's services increasing, Child Protection Plans increasing (increasing complexity in cases), but may relate to increased awareness following Baby P.
- Year on year increase in adult safeguarding, national evidence of under-reporting and demographic trends suggest this increase will continue
- 11 care institutions measured by CQC have improvement notices (out of 500 within 20 miles of Bath.)
- Evidence of internal pressures across health and care system

### Costs

- Older people's social care has low spend compared to comparable areas
- Schools, child welfare and children's service all have low levels of spend.
- Total NHS spend per head is higher than other areas and expenditure has increased by 34% since 06/07
- Adult care costs are comparably high

- Health Improvement and Protection
- Health Determinants

### Assets

- Low rates of infectious diseases
- Lower level admissions for injuries than nationally
- Reducing no. road traffic collisions
- Low no. abortions, increase in contraceptive prescribing
- Child health & immunisation uptake is generally good
- 84% of adults know how much exercise they should be doing, (4% cycle to work, 19% walk)
- No. of adults registered with GP as obese is low.
- High fruit & veg consumption
- Smoking rates are low, 56% would like to quit and evidence of cessation effectiveness
- Rates of alcohol attributable hospital admissions are low compared to other areas but rising
- Illicit drug use is stable and acquisitive crime is low, hospital admissions for CYP substance misuse is also low

### Needs

- Chlamydia screening uptake increasing, but lower than national, % positive is lower than national
- Increasing births placing strain on education places,
- Increase in respiratory tract infections in <1 year olds
- Significant GP practice variation in MMR
- Significantly higher rate of overweight amongst children starting school, childhood obesity rate is still increasing – but this is in line with national and regional rates.
- Between 74-90% adults not taking enough exercise – Cost and time main barrier to organised events, driver behaviour & road safety main reasons for not cycling more
- Smoking a significant cause of death and higher in some groups than others
- Alcohol specific admissions in U18s are higher than national, but most admissions still occur in over 25's. For men the highest rate of admissions is in 40-49yr olds.
- Significant crime and disorder impacts of alcohol, and significant determinant of mental health problems
- Proportion of drug users completing treatment low but rising

- Social Determinants & Natural Environment

### Assets

- High levels of education achievement, bullying in line with national levels, absence low
- No. benefits claimants and no. NEET are low
- Highly skilled residential workforce
- Overall child poverty levels are low
- Historically low levels of crime and adult and youth reoffending levels are reducing
- Evidence of untapped social capital
- 53% of those in care feel they have good community connections
- Interventions which boost individual social functioning have been highlighted as an opportunity by the care forum
- Good access to natural environment
- Reducing no. calls with regards environmental issues

### Needs

- 1/3 of pupils do not feel their school deals effectively with bullying
- Benefit claimants and NEETs increasing over time, teenage mothers and those with learning difficulties are highly represented.
- Older people and those with mental health conditions likely to be affected by disability benefit changes
- Significant evidence of under-reporting of Domestic Violence (78% victims recorded as women).
- House prices and affordability is a significant challenge and benefit changes will increase pressure. High % of people aged 65+ are residents of nursing and care homes
- Different approaches to social capital required in different areas.
- Poor air quality in some areas which has been linked to poor health outcomes
- Severe weather risk, fuel and utility price increases linked to climate change – 30,000 houses (over 40%) currently improperly insulated.

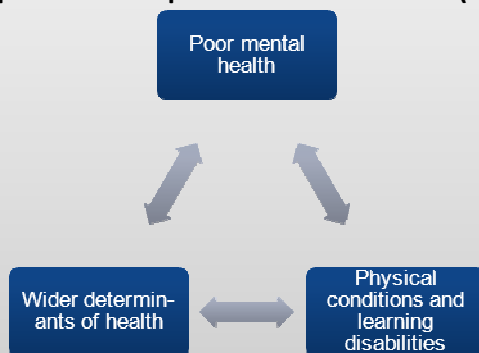
- **Cross-cutting Themes**

- Complex Families
- Aging Population
- People with multiple conditions or needs (co-morbidity)
- Social and Economic Differences
- Rural Areas

### Complex families

- The Government estimates that there are 220 families in Bath and North East Somerset experiencing a range of needs and who are costing services between £250k and £330k each per year.
- Early work has identified 500 individuals in B&NES who are within a complex family
- There are notable geographical concentrations of these families

### People with multiple conditions or needs (co-morbidity)



- There is a strong relationship between conditions.
- 46% of people with mental health problems have a long term condition and 30% of those with long term conditions have a mental health problem.

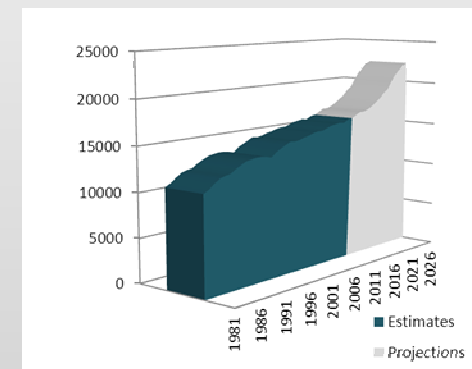
- Further relationships with sensory impairment and dementia.
- Higher rates of poverty and unemployment (and at risk of benefits changes) and people with mental health problems considered a particular risk group.
- 80% of homeless people have physical health conditions and 70% have mental health conditions
- Relationship between alcohol misuse and mental health conditions and also with a range of criminal behaviour, both as victims and offenders

### Social and Economic Differences

- 20% of the population live in certain communities where there is:
  - Shorter life expectancy, increased prevalence of long-term conditions.
  - Poorer general health, lower breastfeeding levels, higher admissions for self-harm and poisoning
  - Poor dental health, higher rates of smoking and more than four times as likely to be admitted to hospital for alcohol specific conditions.
  - Significant relationship between unemployment, offending and education achievement.
  - Strong relationship between lower levels of social capital and inequality, however small area studies have shown strong willingness to be more involved.

### Aging Population

- Increases in life expectancy will change the local population



- 7% of the population 75+ in 1981, increasing to 11% in 2026, (3% - 7%, 80+)
- Changes to disease profile and causes of death. For example, 85% of 85+ have moderate or severe hearing loss. Older people with LTC felt less confident in managing health
- Pressure on care provision (over 4700 elderly carers by 2026) and suitable accommodation (including affordable warmth)
- Strong desire to play more of a role in managing own health, care forum highlights need for activities to support independence

### Rural Areas

- Certain rural areas have been identified as specifically high risk for fuel poverty and impacts of severe weather
- A number of complex families live in rural areas, and care forum consultation has raised accessing clients in rural areas as a barrier to service provision.
- Rural communities have been identified as possessing a greater than average level of social capital.