

# Topic Paper 10: Human Health

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## Policy Context

Overall aim or purpose of document	Objectives / targets
PPG17 - Planning for Open Space, Sport and Recreation (ODPM, 2002)	
Open spaces, sport and recreation all underpin people's quality of life. Well designed and implemented planning policies for open space, sport and recreation are therefore fundamental to delivering broader Government objectives.	<p><b>Objectives</b> Does not contain a specific set of objectives, but does state that open spaces, sport and recreation all underpin people's quality of life. Well designed and implemented planning policies for open space, sport and recreation are therefore fundamental to delivering broader Government objectives.</p> <p><b>Targets</b> Does not contain any specific targets.</p>
The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11(NHS South West, 2008)	
This document sets out the strategic objectives and delivery programme to provide a high quality health care system which meets national standards in the South West.	<p>The priorities for improving health in the South West are listed as:</p> <ul style="list-style-type: none"> <li>• Staying healthy</li> <li>• Maternity and newborn care</li> <li>• Children and young people</li> <li>• Long-term conditions</li> <li>• Mental health and wellbeing</li> <li>• Learning disability</li> <li>• Planned care</li> <li>• Acute care</li> <li>• End of life care</li> </ul> <p><b>Targets</b> No specific targets.</p>
West Somerset Council Corporate Plan 2009-2012	
The corporate plan sets out the vision, business principles and core values that will drive the authority until 2012.	<p>The document has the following key performance indicators:</p> <ul style="list-style-type: none"> <li>• BVPI 119a: Customer satisfaction with sports and leisure services</li> <li>• % of the population who are within 20 minutes travel time of 3 different sporting facilities.</li> </ul>
West Somerset Sustainable Community Strategy 2007-2010	
The Sustainable Community Strategy sets out what the key priorities are for the people of West Somerset and sets out an action plan of how to achieve those aspirations.	<p>Targets include:</p> <ul style="list-style-type: none"> <li>• To reduce the gap in all cause all age mortality between the 20% most deprived and the remaining 80% of the population.</li> <li>• To reduce health inequalities, including smoking quit rates, blood pressure and cholesterol.</li> <li>• Reduce the proportion of adults who do less than one session of moderate strenuous physical activity a week.</li> <li>• To increase the number of children participating in sports, dance and movement and active transport (at the one hour level of exercise a day).</li> </ul>

## Baseline Review

The topic paper will review baseline information relating to health for the West Somerset district. Issues relating to social inclusion and deprivation are addressed in the Population and Social Inclusion topic paper.

## Overall General Health of the Population

The 2001 Census asked people to describe their own health over the preceding 12 months as 'good', 'fairly good' or 'not good' (see Table 10.1).

**Table 10.1: Percentage of resident population in each group, April 2001**

	West Somerset	South West	England and Wales
Good	64.72	68.86	68.55
Fairly Good	25.54	22.63	22.23
Not Good	9.74	8.51	9.22

(Source: ONS)

Interestingly, despite living longer (see population and social inclusion topic chapter), a lower proportion of the people living in West Somerset described their health as 'good' whilst a greater percentage perceived their health as being 'not good', compared to the regional and national averages.

## Limiting Long-Term Illness

During the 2001 Census, the respondents were also asked if they had any limiting long-term illness, health problem or disability that restricted their daily activities or the work they could do. 22.3% of the population in West Somerset were suffering from a limiting long-term illness. This is greater than the regional and national averages of 18.1% and 18.2% respectively (Source: ONS).

## Hospital Episodes

A 'hospital episode' is defined as a single continuous stay in hospital, administered by a consultant. Counts of hospital episodes are therefore an indicator of demands on the NHS (statistics do not include outpatient appointments, or births). Table 10.2 and 10.3 shows the number of cases, by age and sex, of the major causes of hospital episodes in West Somerset between April 2002 and March 2003 (Table 10.2) and April 2006 to March 2007 (Table 10.3). As can be seen from the two tables, hospital admissions have risen over the last four years, especially in females over the age of 65. The largest figure in both years is for cancer and it is the figures for cancer that have risen the most in the intervening period.

**Table 10.2: Hospital episodes in West Somerset, April 2002 – March 2003**

	Males 0-64	Females 0-64	Males 65+	Females 65+
Coronary Heart Disease (CHD)	120	37	390	339
Cerebrovascular Disease (including Stroke)	x	X	99	108
Cancer (excluding non-melanoma skin cancer)	118	274	461	257
Falls	x	X	x	143
Coronary Artery Bypass Graft (CABG)	9	X	14	x
Hip Replacement	18	9	21	23

Knee Replacement	x	10	x	x
Cataract operation	18	20	130	213
<b>Total Episodes</b>	<b>1703</b>	<b>2209</b>	<b>2082</b>	<b>1982</b>
Notes:				
1) The stated figures may exceed the total number of people treated because some patients may have had more than one hospital episode during the year.				
2) The number of episodes of each medical type may not add up to the overall total number of episodes for each age/sex category. This is because the overall totals also include episodes caused by other diagnoses / operations than those listed.				
3) Data shown as 'x' have been suppressed in order to protect the confidentiality of individual information and the potential statistical instability caused by low counts.				

(Source: ONS)

**Table 10.3: Hospital episodes in West Somerset, April 2006 – March 2007**

	<b>Males 0-64</b>	<b>Females 0-64</b>	<b>Males 65+</b>	<b>Females 65+</b>
Coronary Heart Disease (CHD)	147	65	528	330
Cerebrovascular Disease (including Stroke)	23	11	108	112
Cancer (excluding non-melanoma skin cancer)	329	388	522	436
Falls	x	X	74	174
Coronary Artery Bypass Graft (CABG)	28	X	x	x
Hip Replacement	9	18	23	49
Knee Replacement	9	15	37	38
Cataract operation	27	16	152	210
<b>Total Episodes</b>	<b>2075</b>	<b>2550</b>	<b>2373</b>	<b>2538</b>
Notes:				
1) The stated figures may exceed the total number of people treated because some patients may have had more than one hospital episode during the year.				
2) The number of episodes of each medical type may not add up to the overall total number of episodes for each age/sex category. This is because the overall totals also include episodes caused by other diagnoses / operations than those listed.				
3) Data shown as 'x' have been suppressed in order to protect the confidentiality of individual information and the potential statistical instability caused by low counts.				

(Source: ONS)

## Benefits

There are two important health associated benefits paid to people who need help with personal care: Disability Living Allowance and the Attendance Allowance (Source: ONS).

The Disability Living Allowance is paid to people who are disabled, and need help with personal care and/or getting around. It is only paid to people who become disabled before the age of 65, but those who receive it can continue claiming it for the rest of their lives (unless their disability ceases). In August 2004, 1,520 people in West Somerset received this benefit. This represented 4% of the total population; roughly the same as the equivalent rate for England.

In August 2007 1,770 people in West Somerset received this benefit. This has increased to 5% of the population of West Somerset (using ONS population estimates). However, the equivalent rate for England also increased to almost 5%.

Attendance Allowance is paid to people who are disabled, either physically or mentally, and who need supervision or assistance with personal care over a prolonged period of time. Claimants must be aged 65 or over, and must not be claiming Disability Living Allowance

already. In August 2004, 1,335 people in West Somerset received this allowance, which represented 14% of all those people aged 65 or over. This is below the equivalent rate for England at 15%. Please note that attendance allowance data is no longer available on the ONS website at the local authority level. However, data for February 2005 have been found on the Department for Work and Pensions website and showed that in February 2005 1,100 people claimed this allowance, a slight decrease.

### **Somerset Primary Care Trust**

NHS Somerset was established on 1 October 2006, replacing the four former Primary Care Trusts, Taunton Deane, Somerset Coast, Mendip and South Somerset. West Somerset was covered previously by the Somerset Coast PCT.

Much of the data collected in the previous topic paper relating to the Somerset Coast PCT remains true so has been included here.

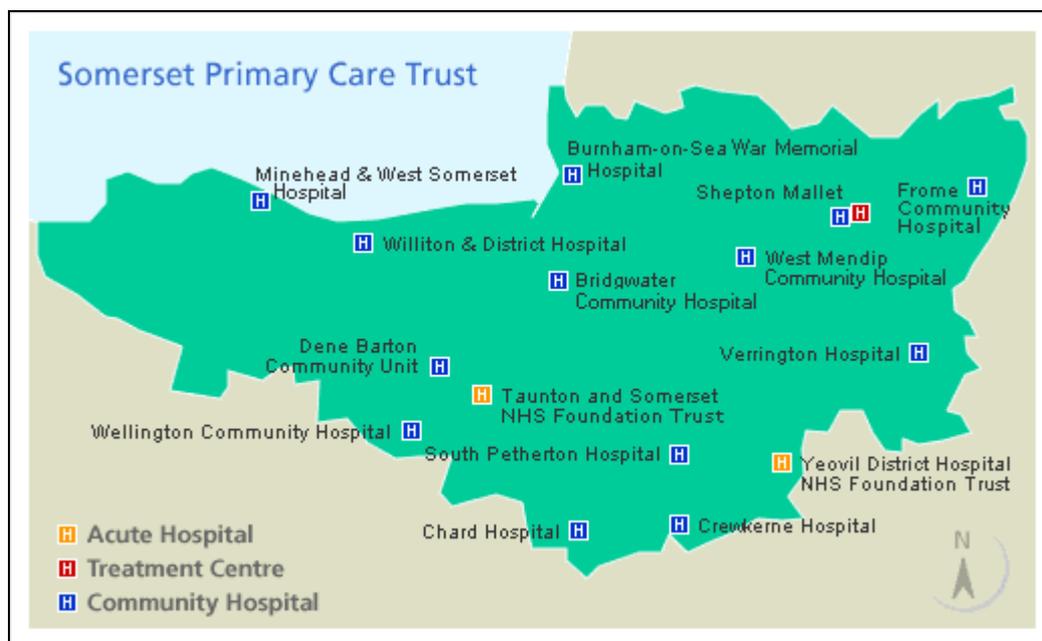
The population of West Somerset fluctuates during the year and large seasonal influxes can double the local population during the summer months putting pressure on health services. Between 1981 and 2004, the area covered by the old Somerset Coast PCT saw a population increase of 18%, whilst Somerset as a whole grew by a slower rate of 16% over the same period. The population within West Somerset is expected to continue to grow over the next 20 years. Overall the profile of the population as a whole is ageing. The population within West Somerset is slightly older than the England and Wales average with 11.7% over 75 years old, compared to 9.4% nationally.

In West Somerset NHS Somerset commissions services from local NHS Trusts, independent and voluntary sector providers, and its own provider arm. The main acute hospital covering West Somerset is Musgrove Park in Taunton and a number of community hospitals dealing with outpatient clinics, maternity and minor injuries<sup>1</sup>. Table 10.3 below shows the services provided by the four community hospitals. Figure 10.1 shows the locations of the main health facilities in Somerset.

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▪ <sup>1</sup> <http://www.connectingforhealth.nhs.uk/systemsandservices/depsupport/casestudies/westsom>

Figure 10.1: Health facilities serving Somerset



(Source: Somerset NHS Primary Care Trust, Joint Strategic Needs Assessment, 2006)

Table 10.4: Community hospitals serving West Somerset

Hospital Name	Description	Services
Bridgwater Community Hospital	Total 66 beds: 50 rehabilitation beds and 8 beds and 8 cots in the maternity unit. Catchment population: 64,000	<ul style="list-style-type: none"> <li>• Maternity wing</li> <li>• Minor injuries Unit</li> <li>• X-ray</li> <li>• Physiotherapy</li> <li>• Occupational Therapy</li> <li>• Rehabilitation Unit</li> <li>• Outpatients Department</li> </ul>
Burnham-on-Sea Memorial Community Hospital	Total 23 beds Catchment population: 46,000	<ul style="list-style-type: none"> <li>• Minor Injuries Unit</li> <li>• Physiotherapy</li> <li>• Occupational Therapy</li> <li>• Outpatients Department</li> <li>• Day Hospital</li> </ul>
Minehead Community Hospital	Total 34 beds Catchment population: 20,000 (Seasonal increases)	<ul style="list-style-type: none"> <li>• Day Hospital</li> <li>• Physiotherapy</li> <li>• Occupational Therapy</li> <li>• Outpatients Department</li> <li>• X-ray</li> <li>• Minor Injuries Unit</li> <li>• Operating Theatre</li> <li>• Day Surgery</li> </ul>
Williton Community Hospital	Two Wards of 20 and 25 beds: Stroke and orthopaedic Rehabilitation (for whole PCT area) Catchment population: 12,000 (2,500 of which are 65+)	<ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Occupational Therapy</li> <li>• Palliative Care</li> </ul>

There are plans to build a HealthPlex in Minehead consisting of the following elements.

- Community Hospital with the following elements.
  - Diagnostics.
  - Augmented diagnostics, day surgery and outpatients.
  - Inpatients (20 beds) including a Clinical Assessment Unit.
  - On-demand services including Minor Injuries Unit and Patient Support Centre.
- Mental Health day facility.
- Ambulance Station.
- Social Services and Financial Assessment and Benefits team on site.

### Obesity and Physical Activity

According to the NHS Annual Health Survey for England (2007), between 1993 and 2007 the proportion of adults with a normal BMI decreased from 41% to 34% among men and from 50% to 42% among women. Among men the proportion who were overweight (BMI 25 to less than 30) decreased from 44% in 1993 to 41% in 2007. However, there was a marked increase in the proportion of adults who were obese, a proportion that has gradually increased over the period examined. The proportion who were categorised as obese (BMI 30 or over) increased from 13% of men in 1993 to 24% in 2007 and from 16% of women in 1993 to 24 %in 2007.

Work on obesity in Somerset is being driven by the Somerset Obesity Forum, a multi agency steering group. In Somerset 34.7% of adults are overweight and 13.5% are obese. The Somerset Obesity Forum has targets specifically for childhood obesity and Table 10.5 below sets out the current performance for childhood obesity prevalence in Somerset.

**Table 10.5: Obesity in Somerset**

	Current Performance 2007-2008	Target 2008-2009
Reception year	Obesity: 8.7% Recording: 91.01%	Obesity: 8.67% Recording: 91.05%
Year 6	Obesity: 15% Recording: 85.01%	Obesity: 14.86% Recording: 85.75%

By current definitions, physical activity recommendations consist of undertaking a minimum of 30 minutes of at least moderate intensity activity at least five times a week. For both men and women the proportion achieving this level of physical activity has increased from 32% in 1997 to 40% in 2006, and 21% to 28% respectively (figures for England). For both sexes the proportion reaching this high activity level fell steadily with age (NHS Annual Health Survey for England (2007)).

The Somerset Active People's survey showed that in Somerset 21.9% of adults took part in at least three sessions of activity a week (Somerset NHS Primary Care Trust, Joint Strategic Needs Assessment, 2006).

## Substance Misuse

In Somerset the work to tackle the harm associated with drugs and alcohol is co-ordinated through the Drug and Alcohol Action Team (DAAT) a strategic partnership of public sector agencies.

The Somerset DAAT Adults Needs Assessment 2007/2008 states that there are an estimated 2,137 problematic drug users in Somerset. Comparing this to population data suggests that 1 in 100 adults in Somerset experience problems with drugs.

In 2004, according to the Somerset Crime Reduction & Drugs Strategy there were approximately 2,700 problematic drug users living in Somerset. This would appear to suggest a decrease in drug users over time. However, the 2004 figures appear to be an estimate.

Of the 2,137 users about 1,020 were reported as having engaged in structured treatment. The age profile of people having treatment has remained the same, with the majority of people in treatment aged 20-39. It is worth noting that the proportion of those aged over 40 in drugs treatment is increasing.

Treatment centres are located in 4 main towns across the county – Taunton, Bridgwater, Glastonbury/Wells and Yeovil. Shared Care also takes place in various GP surgeries around the county, but this type of treatment is usually only available to patients of that surgery. There is specialist substance misuse treatment available one day per week in Minehead (Source: Somerset Crime Reduction & Drugs Strategy). GPs within the area are being offered specialised training in how to help patients with substance misuse issues.

Alcohol abuse is a significantly bigger issue in Somerset with an estimated 15% of the population in Somerset regularly binge drinking (Somerset NHS Primary Care Trust, Joint Strategic Needs Assessment, 2006). Levels of harmful drinking are estimated to be lower in Somerset than they are for the rest of the South West.

## Sources of Data

- NHS Annual Health Survey for England (2007). The Information Centre (NHS) <http://www.ic.nhs.uk/pubs>
- South West Public Health Observatory <http://www.swpho.nhs.uk/>
- Somerset DAAT Adults Needs Assessment 2007/2008
- Somerset NHS Primary Care Trust, Joint Strategic Needs Assessment, 2006
- Office for National Statistics (ONS): <http://www.statistics.gov.uk/>
- Somerset Crime Reduction & Drugs Strategy (2005-2008) [www.somerset.gov.uk](http://www.somerset.gov.uk)

## Data Gaps

None

## Trends

- The ageing population will put further pressure on health services.

- The % of people who are obese in Somerset is increasing but the amount of people taking regular exercise is increasing. The amount of people taking regular exercise in Somerset is lower than England as a whole.

### Key Issues Identified

- West Somerset has an ageing population, the problems of which will be exacerbated in the future by a low total fertility rate and an increasing life expectancy.
- Limiting long term illness in West Somerset is greater than the regional and national averages.
- The potential implications of better health and increased life expectancy on housing numbers and types.
- The impact of large seasonal influxes of people during the summer months can double the local population in the area, putting pressure on services.
- In Somerset 34.7% of adults are overweight and 13.5% are obese.

### Implications for the plan and the SA

The links between planning and healthcare are not immediately obvious, but the plan has a part to play in ensuring good links between residential areas, greenspace and recreational facilities. The plan also needs to consider how the provision of housing types and location will need to respond to the indirect effects of improving health and life expectancy.

### Suggested SA Objectives and Indicators

SA objectives	Appraisal questions. Will the plan lead to...
To improve the health and well being of the population and improve access to health services for all.	<ul style="list-style-type: none"> <li>• Healthier lifestyles?</li> <li>• Improved access to healthcare?</li> </ul>