

Weston-super-Mare South Ward

Health Needs and Assets Assessment

2014

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Executive Summary

This document presents an overview of health needs among South Ward residents and makes an assessment of the physical, organisational and community assets, or strengths, within the area that can promote health. South Ward includes some of the most deprived areas in North Somerset and accordingly a wide range of health needs are identified, however incorporating a strengths-based approach helps to recognise existing features of the community that can be built upon to further promote health.

South Ward has a younger population than the North Somerset average and almost 1 in 10 residents are from non-white British backgrounds. Whilst there are proportionally less older people in the ward than North Somerset over a third of pensioners in the area live alone and may be at risk of social isolation. Poverty affects almost half of children and a third of older people living in the area.

Educational achievement at primary schools in South Ward has recently improved to around the North Somerset average; however GCSE attainment and adult qualification levels remain below the local average. Unemployment is high among local residents although few adults have never worked. Over a third of young people (aged 18-24) in the area are unemployed.

The main social housing provider has made improvements to the quality and energy efficiency of their housing stock in the area. The quality of privately owned housing in South Ward appears to be in relatively poor condition and simple measures may be available to improve energy efficiency and hence reduce fuel bills for private residents.

There are high rates of criminal damage, violent crimes and anti-social behaviour in South Ward. Additionally reported crimes and safeguarding activity suggest domestic violence and sexual abuse is higher South Ward than the North Somerset average.

Emergency admissions and death rates for circulatory diseases and respiratory diseases, as well as lung cancer mortality have been high in recent years. Additionally there appears to have been a disproportionately high number of suicides among South Ward residents in 2008-2012; South Ward residents accounted for 8% of suicides in this period compared to 5% of the population of North Somerset.

A quarter of South Ward residents report they have a limiting long-term illness and there is a high prevalence of informal care provision in South Ward.

Improving breastfeeding rates and engagement with good quality parenting support programmes are likely to improve childhood development and reduce childhood obesity in the local area. Additionally teenage conceptions are relatively high in South Ward, compared to the North Somerset average; good access to sexual health services for young people in the area and support for young parents are key to ensuring children have the best start in life.

A relatively high incidence of low birth weight babies suggests a need to promote healthy lifestyles during pregnancy. This fits with estimates of high smoking prevalence among adults in South Ward and, whilst access to the local Stop Smoking Service is relatively good, quit rates among those accessing the service via the Locality Health Centre (For All Healthy Living Centre) could be improved. GP referrals from the health centre into the service could be improved and greater use of local Health Trainers could be made to support individuals to stop smoking. Improving the capacity of and access to the Health Trainer service more generally may help to reduce the burden on GP services as well as promoting healthier lifestyles among residents.

Alcohol-related hospital admissions and binge drinking behaviour is relatively high among South Ward residents, as are the numbers of dependant drug users in treatment.

Access to and consumption of healthy foods is relatively low and access to weight management support for South Ward residents, particularly “Slimming on Referral” activity for patients from the Locality Health Centre, could be improved.

Emergency admissions for injuries in children appear high for South Ward residents, particularly in 0-4 year olds. There also appears to be high demand on primary care services on South Ward related both to health needs and low levels of confidence in health skills.

Mental health needs in the area are high with high rates of diagnosed depression and admissions for self-harm. The local dementia prevalence is low which may in part be due to the younger age profile of the area but may also indicate a level of unmet need in the community.

On the basis of the needs assessment the following priority areas have been identified:

- **Reducing the impact of poverty:** High rates of income deprivation affecting children and older people need to be addressed. Reducing unemployment, particularly youth unemployment, and teenage conceptions may help to reduce poverty in the area.
- **Improving private sector housing conditions:** Housing conditions and energy efficiency is being improved across the social housing sector; private home owners and landlords need to be encouraged to do the same.
- **Mental health and well-being:** high rates of self-harm, depression and suicides highlight the importance of promoting mental health and wellbeing in South Ward. Childhood injuries may also be reduced through improved maternal mental health.
- **Promoting healthier lifestyles:** Low estimated levels of fruit and vegetable consumption, high rates of childhood obesity and high smoking prevalence highlight the need to promote healthier lifestyles among residents.
- **Reducing substance misuse:** high rates of alcohol- and drug-related hospital admissions highlight the need to address substance misuse in the area, including preventing young people taking up risk taking behaviours.
- **Tackling crime and anti-social behaviour:** violent crime and incidents of domestic violence are higher than average in South Ward.

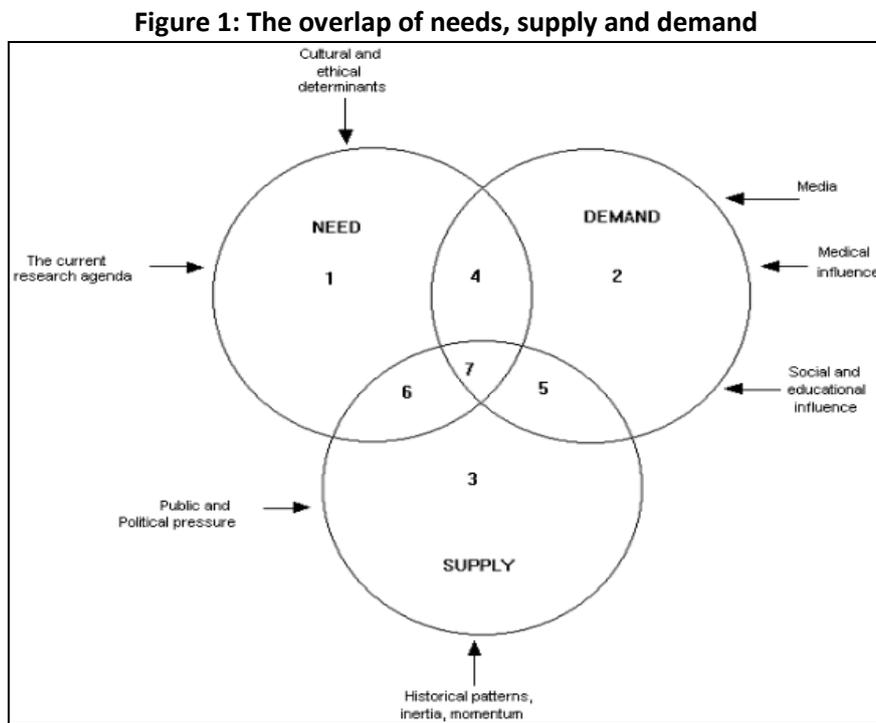
An early review of local physical, organisational and community assets has identified a number of public, voluntary and social enterprise organisations operating in the area to improve the quality of life for South Ward residents. Improving co-ordination among these organisations may lead to greater benefits for residents. Physical assets could be more widely used for distributing health promotion materials. Developing skills and confidence for self-care may help to reduce demand on primary care and promoting social networks can provide a lay-health referral system improving appropriate access to services. Further development of a strengths-based approach could be accomplished by piloting “asset-based community development” in the area. This involves engaging with local residents to recognise their skills and passions and using these to build positive social networks, improve individual self-esteem and forge stronger communities and in doing so tackling the causes of many of the priority needs listed above.

1.0 Background

1.1 Introduction

This document aims to give an overview of the population of South Ward and pulls together data using both a “deficits” and an “assets” based-approach. That is to say both the needs (deficits) and strengths (assets) of the community are considered in terms of impacts on the health and well-being of the community.

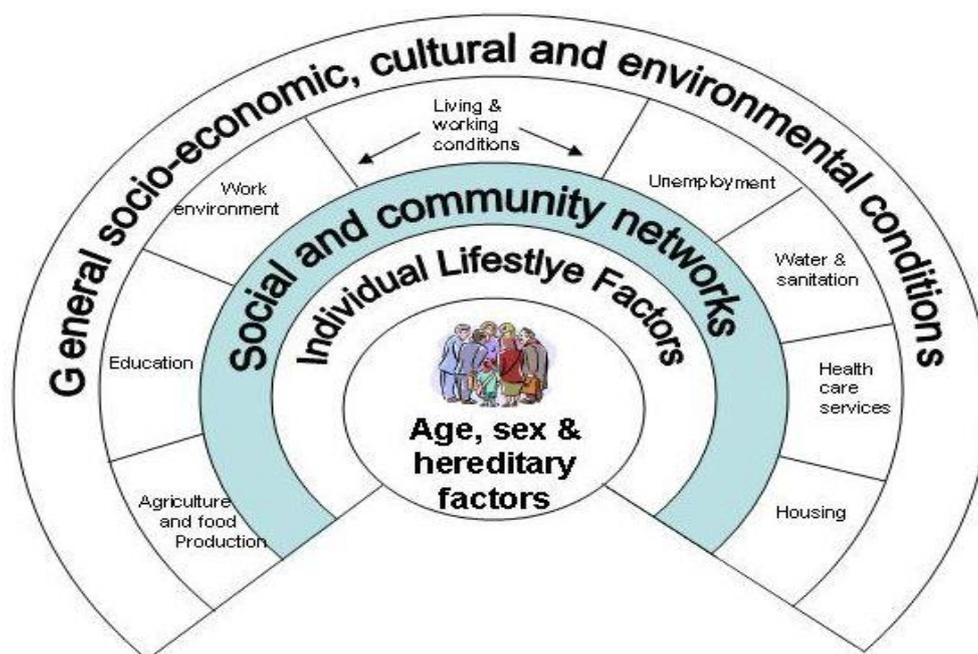
The consideration of population needs provides the traditional basis for planning public health interventions. The aim of a health needs assessment is to more closely align the needs of the population with service provision and public demand. A need is defined as the ability to benefit from a given service or intervention, supply relates to historical patterns of service provision and demand can be influenced by external influences such as the media (figure 1). The overlap between and influences upon needs, supply and demand is depicted below.



Source: www.healthknowledge.org.uk

This document presents a summary of the health needs, and determinants of health, for residents in Weston-super-Mare South Ward. In addition, a summary of ‘health assets’ are also presented in order to begin incorporating an emerging approach to health promotion and community development which focuses on the strengths (or assets) of a community which can support positive health behaviours and promote well-being. Both the sections on health needs and health assets consider the wider determinants of our health and wellbeing. Not all of the determinants presented in figure 2 are covered in this report but it is important to reflect on the breadth of factors that can affect our health and wellbeing when designing any population level intervention.

Figure 2: The wider determinants of Health (Dalghren and Whitehead 1991)



1.2 Introducing an asset-based approach in South Ward

Weston-super-Mare South Ward encompasses areas which are classed within the most deprived 1% nationally. North Somerset has the 7th largest range of inequalities of all 326 English Authorities¹. Only Weston-super-Mare Central ward has a lower average deprivation score locally², however it should be noted the population size in South Ward is larger than Central ward (by over 4,000 residents) and over three times as many children in poverty³ High levels of social housing and unemployment have contributed to a negative perception of the area by outsiders and to a certain extent local statutory agencies. There is a view held by some locally that much has been invested in the area over recent years with few results to show. This document, after presenting a summary of local health needs, hopes to go some way to shift perceptions by highlighting results of an early assessment of local health assets. When viewed through the lens of the deficit model indeed there are many needs within the area, as presented in the first part of this document. Such needs include; child poverty and poor child health, low aspirations and/or expectations in young people, high prevalence of alcohol and substance misuse, poor mental health, high unemployment, high smoking prevalence, poor cardiac health and high premature mortality. Efforts to tackle such a range of needs can seem daunting, however changing the lens and viewing the area through a strengths-based approach can reveal existing opportunities for promoting health and wellbeing. For instance there are already a number of health promoting assets in the area including community focused schools, a vibrant Healthy Living Centre, a library, a youth centre, football grounds and a number of other green spaces including allotments, to name but a few. There are also local residents committed and connected to the area who are passionate about the ward's people and places.

¹ The English Indices of Deprivation 2010: Briefing Note June 2011. North Somerset Council

² Association of Public Health Observatories: Index of Multiple Deprivation 2010: summary scores for 2010 electoral wards

³ Public Health England, Local Health Profiles, 2011 data.

1.3 An introduction to asset-based working

A growing appreciation of the impact of the wider determinants of health (figure 2) including social support on health and wellbeing⁴ has led to an increased recognition of the potential for positive health impacts offered by “asset-based” approaches within health spheres. Traditionally services have taken a “deficit” approach which identifies the problems and needs among communities. Within the NHS, Health Needs Assessments predominantly use quantitative data from hospital admissions, deaths registrations and local surveys of health, or risk, behaviours to identify the level of “met” and “unmet” need in local areas. These can paint negative pictures of communities and focuses services’ attention on identifying interventions to address these identified needs. Asset-based approaches aim to identify positive, health promoting aspects of areas and communities which can be celebrated, protected and built upon. Asset-mapping is an essential first step in taking such an approach⁵. Whilst mapping may conjure up images of a physical environment asset-mapping is also about capturing positive features of the social, political and economic landscape. Additionally “mapping” activities should capture local perceptions on the value of local assets, if these are not valued, they are not health-assets⁴. This process can identify hidden assets and help communities, local and statutory agencies identify new ways of working together that build on community values. It has been argued that working within an asset-based approach is health promoting in itself as focusing on the positive helps to promote well-being and empowers individuals, be they residents of “deprived” areas, those working with local residents or commissioning services. Improving well-being is the primary aim of using asset-based approaches to promote health. A key relationship between health and well-being is that individuals with better well-being are more likely to recognise and seek help for health problems and are more likely to be compliant with treatment or self-help methods.^{4,6} The impact of social support on well-being is also recognised by this approach. A meta-analysis based on data from 308,849 individuals from 148 studies found an association between levels of social support, mortality and morbidity argued to be as strong as relationships between health and smoking, alcohol or body mass index⁷. Mechanisms through which this is theorised to occur include “stress buffering” where social support can promote adaptive neuroendocrine responses to stressors. The positive persuasion of social relationships and the lay-health referral system which social networks provide may promote adoption of healthy behaviours, improve access to services and ultimately promote health and well-being.

⁴ Marmot, M. Allen, J. Goldblatt, P. Boyce, T. McNeish, D. Grady, M. and Geddes, I. (2009). Fair Society, Healthy Society, Marmot Review.

⁵ What makes us healthy? The asset approach in practice: evidence, action, evaluation. Jane Foot 2012.

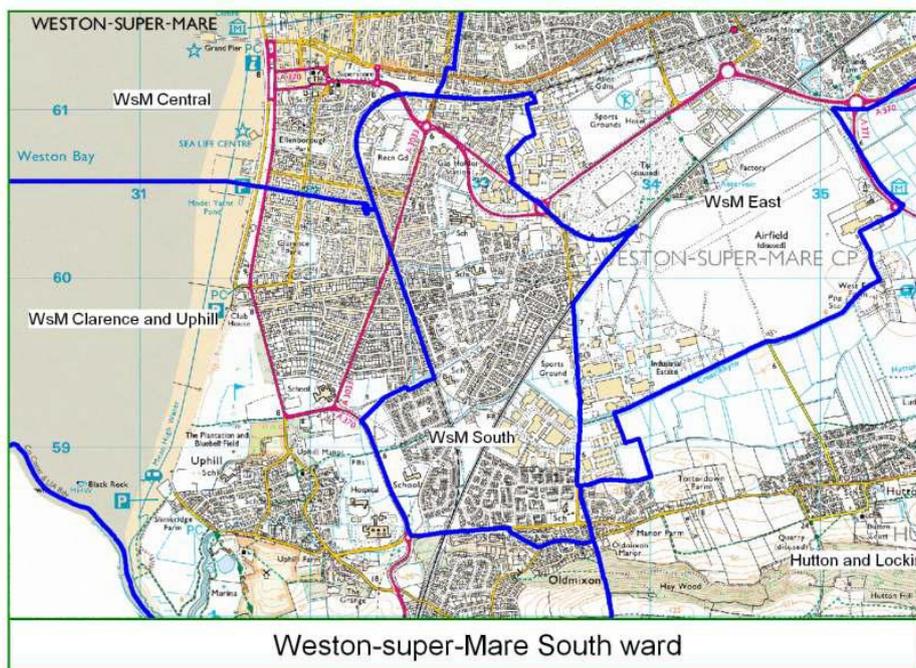
⁶ Prince, M, Patel, V, Saxena, S, Maj, M, Maselko, J, Phillips, R and Rahman, A. No Health Without Mental Health. The Lancet, doi:10.1016/S0140-6736(07)61238-0

⁷ Social relationship and mortality risk; a meta-analytical review. Holt-Lunstadt, Smith, Bradley Layton. Plos Medicine (2010), volume 7, issue 7. www.plosmedicine.org doi:10.1371/journal.pmed.1000316

2.0 The population and determinants of health

South ward sits just outside Weston-super-Mare town centre and borders Weston-super-Mare Central and Clarence and Uphill wards (figure 3). The ward is comprised of four estates, the Potteries, Old Mixon, the Coronation and Bournville, with each estate having its own community identity.

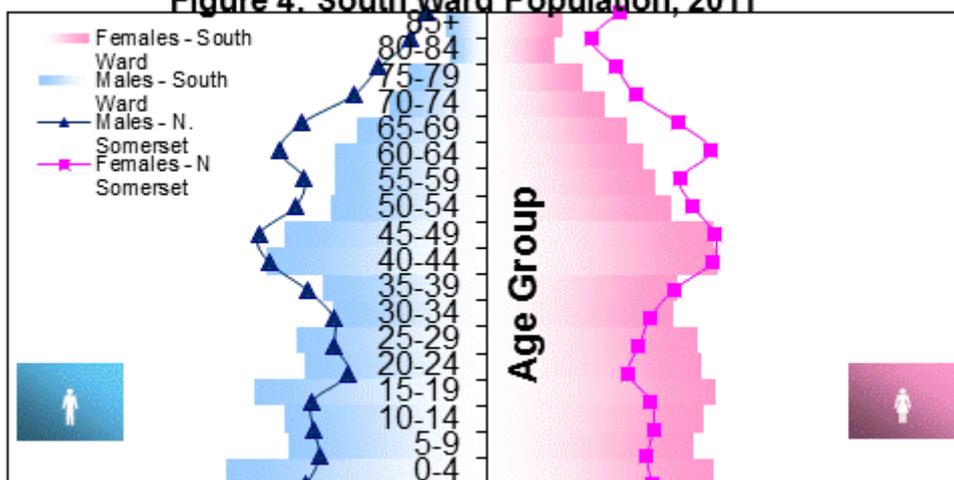
Figure 3: Weston-super-Mare South Ward Boundary



2.1 Population

Weston-super-Mare South Ward has a population of around 10,400 living in almost 4,800 dwellings⁸. The ward has a higher proportion of young people compared to North Somerset as a whole (figure 4).

Figure 4: South Ward Population, 2011



Source: ONS Census 2011 Estimates

⁸ Census 2011

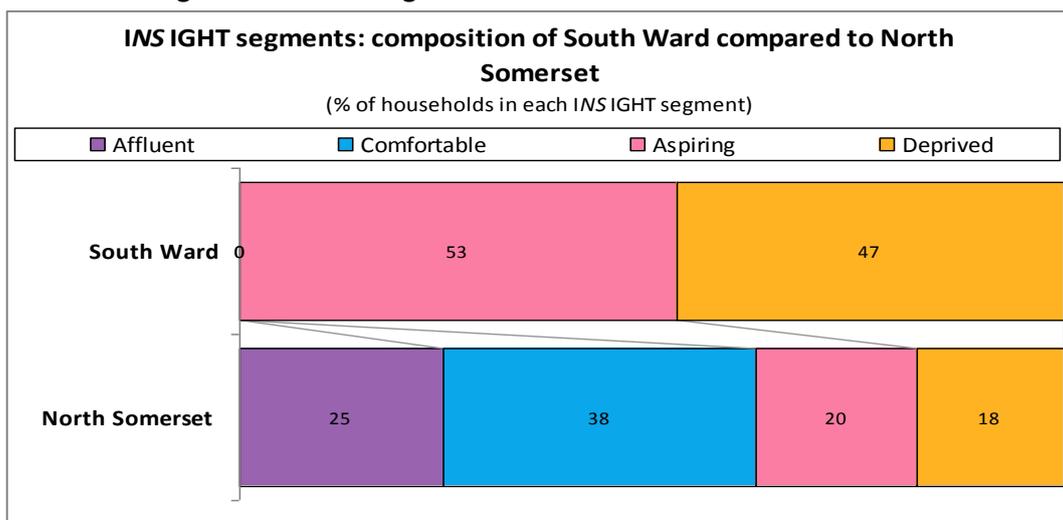
Approximately a third of the South Ward population are aged 0-24 years and another third are aged 25-49 and around a quarter are aged 50-74 years. There is a relatively small but important number of older people (aged 75 and over) living in South Ward (table 2).

Table 1: South Ward population by age group

Age Group	Males		Females	
	Count	%	Count	%
0-24	1863	37.7%	1897	34.8%
25-49	1616	32.7%	1810	33.2%
50-74	1193	24.1%	1331	24.4%
75+	273	5.5%	414	7.6%
Total	4,945		5,452	

The North Somerset *INSIGHT* profiling tool groups residents in by their primary characteristics and socioeconomic status. 57% of South Ward residents are classified as “Aspiring” and the remainder classified as “Deprived”. This contrasts with 38% of North Somerset residents fitting into these profile groups (figure 5). Aspiring groups are those on average to below average incomes, whilst deprived groups are those who rely heavily on state support.

Figure 5: *INSIGHT* segments in South Ward and North Somerset



2.2 Ethnicity

There is a higher percentage of non-white British residents⁹ compared to the North Somerset average (8% and 6% respectively) and a lower proportion compared to the England average (20%). Additionally a small but important number of residents speak little English.

2.3 Faith groups

Approximately 52% of South ward residents defined themselves as Christian compared to 61% across North Somerset. Around 40% did not identify with any religion compared to 30% across North Somerset. A small proportion of South ward residents identified themselves as belonging to other religions including Buddhist, Hindu, Jewish, Muslim, Sikh⁸.

⁹Census 2011: NB. “Non-white British” includes Black and minority ethnic (BME) and White other categories.

2.4 Deprivation

South Ward is one of the most deprived areas in England, with two “Lower Super Output Areas” (LSOAs, geographical areas with an average population of 1,500) that are classified in the most deprived 1% of area in England. The 2010 Indices of Deprivation shows the area has high levels of deprivation across all domains (health and disability; crime; education skills and training; employment; living environment) other than the barriers to housing and services domain.

The proportion of South Ward residents experiencing income deprivation is higher than the North Somerset average (32% and 11% respectively), as is the proportion of children living in income deprived families (45% and 14% respectively) and the proportion of older people affected by income deprivation (31% and 13% respectively).

2.5 Education

There are three primary schools with in South Ward; Bournville School, Old Mixon School and Windwhistle School, and one secondary school, Hans Price Academy. Additionally a campus of Weston College sits on the border of South Ward and Clarence and Uphill Ward, which offers further education and adult learning opportunities.

Table 2: Summary of school needs and attainment in South Ward

School	All pupils (approximately)	Special educational needs or on school action plus*	Free School Meals Eligibility	Educational attainment record
Bournville Primary	400, aged 3-11	15%	54%	78% (2013, Key Stage 2)
Old Mixon Primary	230, aged 3-11	5%	34%	84% (2013, Key Stage 2)
Windwhistle Primary	425, aged 3-11	10%	52%	78% (2013 Key Stage 2)
North Somerset – Primary schools	15,781 (aged 3-11)	6%	13%	77% (2013 Key Stage 2)
Hans Price Academy (secondary)	725, aged 11-16	12%	32%	45% (5 A*-C grades including maths and English)
North Somerset – Secondary schools	12,555, aged 11-16	5%	11%	58.5% (5 A*-C grades including maths and English)

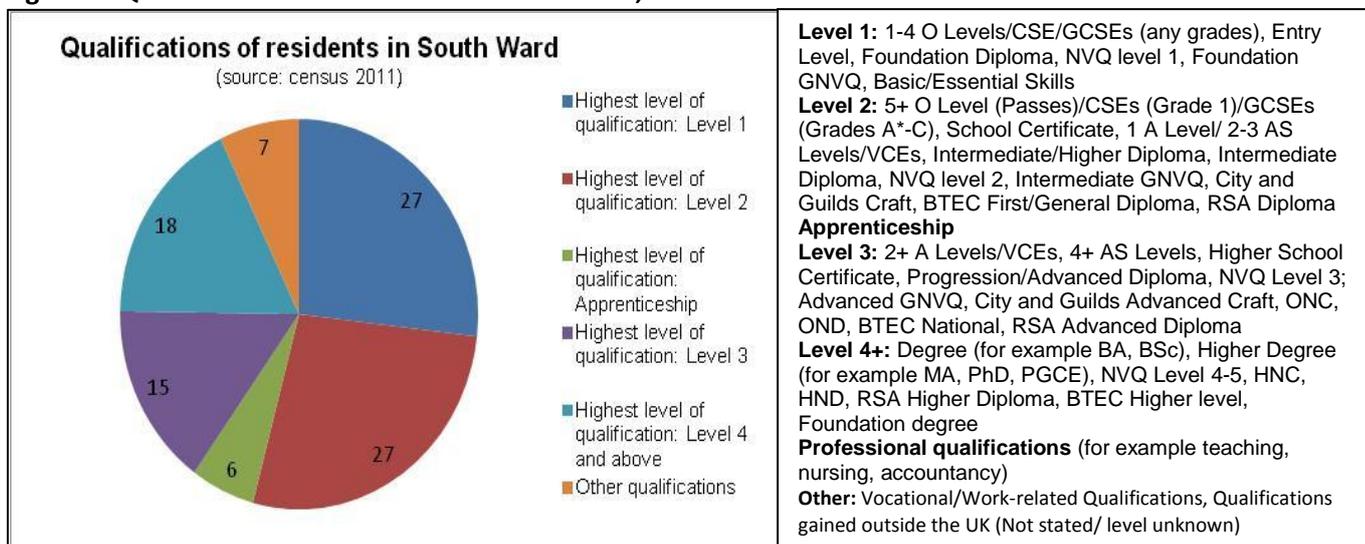
*A statement of Special Educational Needs leads to “Schools Action” for extra help for the pupil, “School Action Plus” is the next level of support when external or additional support may be required to support the pupils’ progress.

Educational performance at each of the local primary schools improved in 2013 as compared to 2012. At Bournville school performance on Key Stage 2 (KS2) attainment rose from 57% in 2012 to 78% in 2013, reaching a similar level to the North Somerset average (77%). 84% of pupils from Old Mixon Primary achieved KS2 in 2013 compared to 76% in 2012. Performance on KS2 at Windwhistle primary increased from 58% in 2012 to 78% in 2013¹⁰. Hans Price Academy is the only secondary school within the ward. In 2013/14 Hans Price Academy had 725 pupils aged 11 to 16; 12% had a SEN statement or were on School Action Plus, 32% were eligible for Free School Meals. In 2013 41% of pupils achieved 5 A*-C grades at GCSE including English and maths, compared to 59% across North Somerset as a whole⁸. Weston College’s University Campus is on the border of South Ward and provides Creative Arts, Sixth Form and University Courses. The campus also has a library, bistro, sports pitch, a shop and a social area. Local intelligence from professionals working with families suggests that both shift work and low self-confidence can be a barrier to accessing adult education and training, particularly for those who have not been engaged in education for sometime.

¹⁰ Source: Department for Education

Adults in South Ward tend to have lower levels of education than the North Somerset average. For example in 2011 the highest level of qualification for 27% of South Ward residents was level 1¹⁰ (GCSE/equivalent) compared to 17% across North Somerset; 18% of South Ward residents had level 4 (degree/equivalent) and above compared to 35% of North Somerset residents.

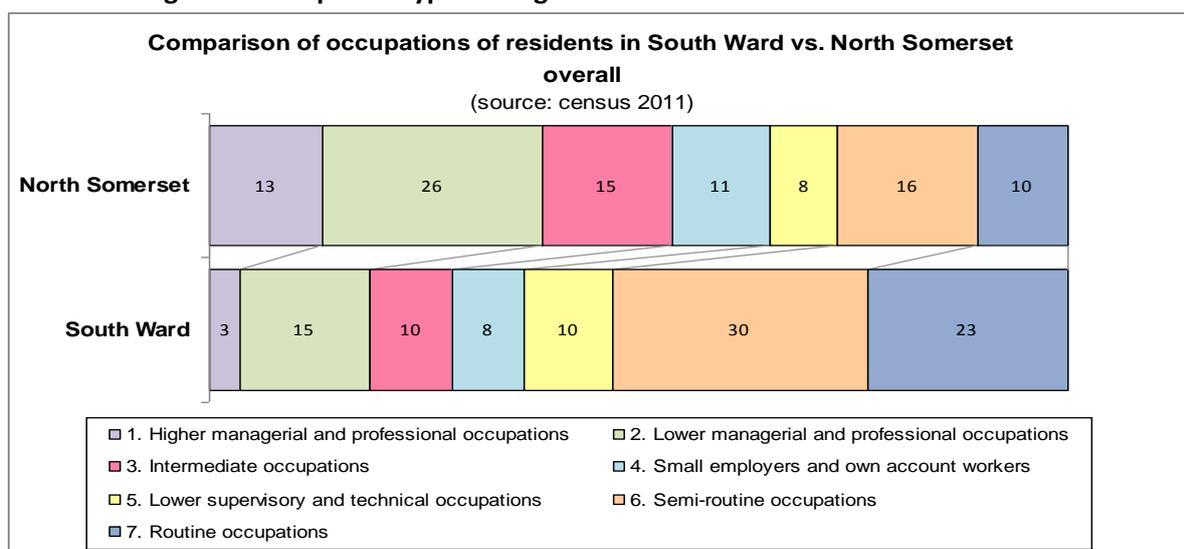
Figure 6: Qualification level of adults in South Ward, 2011



2.6 Employment

In 2011 approximately 7,300 residents were aged 16-74, of these almost 4,500 (61%) were classed as economically active¹¹; i.e. they were working or looking for work in the week before the Census. This compares to 71% across North Somerset as a whole. Approximately 50% residents were in full or part-time work; of those in work around 10% were self-employed, this the North Somerset total of 59% in employment, of which 16% are self-employed. 0.8% (58) of South Ward residents were classed as “never worked”, compared to 0.3% across North Somerset as a whole. The biggest sector of employment in North Somerset is in the lower managerial and professional occupations, whereas in South Ward it is within the semi-routine occupations. 53% of South Ward residents are employed in routine or semi routine occupations, compared to 26% across North Somerset (figure 7).

Figure 7: Occupation type among adults in South Ward and North Somerset



¹¹ Census 2011.

In December 2013 South Ward had the highest number (351) of Job Seekers Allowance (JSA) claimants of all wards in North Somerset; this had reduced from 500 JSA claimants in December 2012. Table 3 reflects the high proportion of residents claiming JSA compared to the North Somerset and the national average, it also highlights the high level of youth unemployment in South Ward¹².

Table 3: Job seekers allowance claimants, December 2013

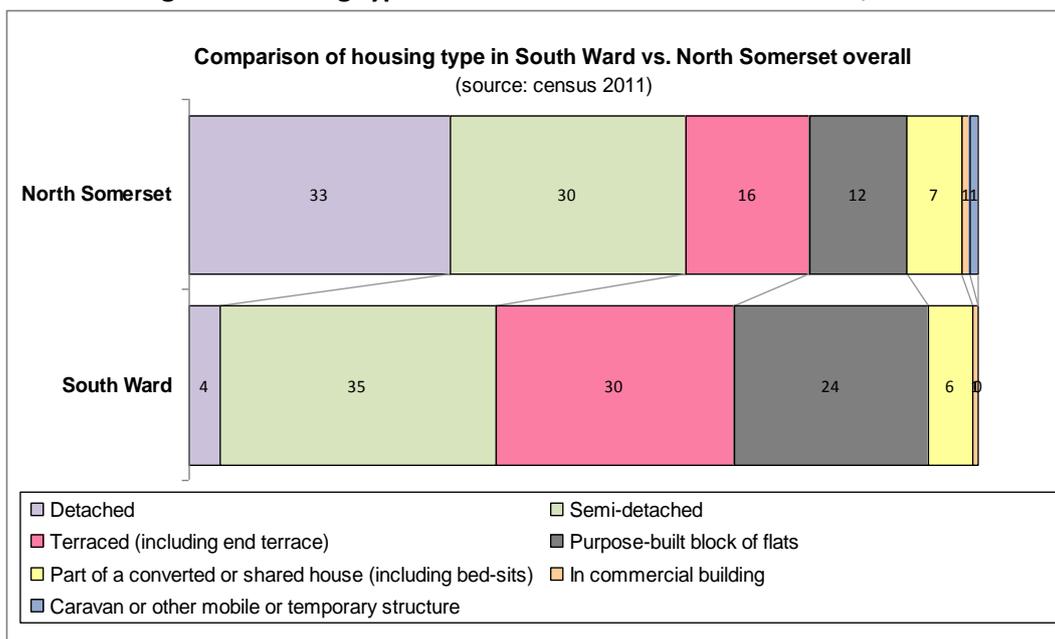
Indicator	South Ward	North Somerset	Great Britain
% of working age population claiming Job Seekers Allowance	5.1%	1.9%	2.9%
% of claimants aged 18-24yrs	34%	24%	24.9%

As of December 2013 over 40% of claimants in South Ward had been claiming JSA for over 6 months. In addition around 15% of the working age population were in receipt of Employment and Support Allowance and incapacity benefits and approximately 10% were claiming support for being a lone parent, carer, bereaved or other income related benefits.

2.7 Housing and amenities

4% of houses in South Ward are detached homes compared to 33% across North Somerset (figure 8). Approximately two thirds of houses South Ward are semi-detached or terraced and around a quarter are flats. Much of the housing in South ward is owned by housing associations¹².

Figure 8: Housing types in South Ward and North Somerset, 2011

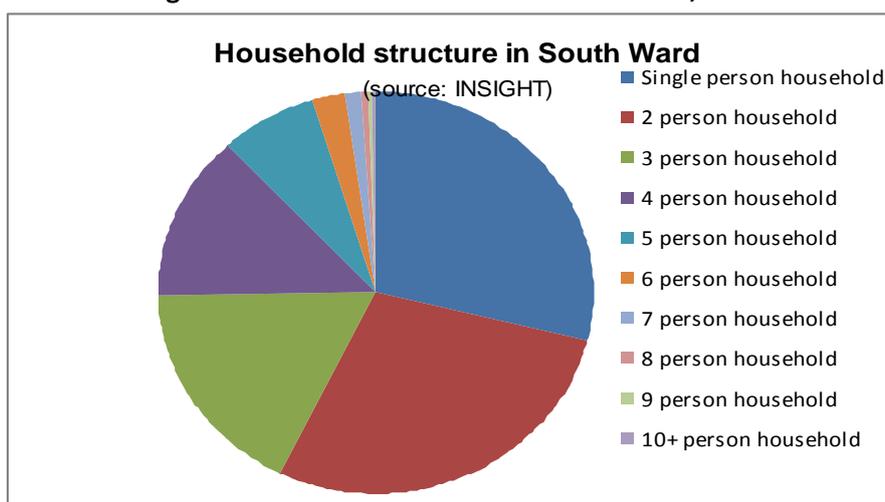


1 and 2 person households make up 57% of households in South Ward (figure 9). There is a smaller proportion of older people in South Ward compared to the North Somerset average however a higher proportion live alone; 35% compared to 29% across North Somerset as a whole¹³.

¹² NOMIS: Official labour market statistics, Office for National Statistics.

¹³ Census 2011

Figure 9: Household structure in South Ward, 2011



According to the 2011 Census a similar proportion of South ward residents live in houses with central heating to those across North Somerset as a whole (97.5% and 98.2% respectively). Levels of overcrowding in South Ward are higher than the North Somerset average (6.3% and 4.6% respectively) and lower than the England average (8.7%).

2.7.1 Social housing

The major social housing provider in South Ward is Alliance Homes; their data presented below summarises the demographics of residents across areas of the ward (table 4). The area within the Bournville estate (1 to 4) are reported as having the highest needs (areas are mapped in appendix one). Bournville areas 1 to 3 have high levels of rent arrears, as does the Town Centre and The Potteries. Bournville area 4 has the highest proportion of older people (65 and over) and those classified as disabled. The proportion of residents that are recorded as carers is highest in Bournville area 4 and the Coronation (9% in both areas).

Table 4: Demographics of Alliance Homes tenants, 2014

Alliance Homes Area	% BME	% disabled	% receiving housing benefit	% of carers	% under 25	% 25-65	% over 65	% in arrears	Average arrears value
Bournville Area 1	2%	21%	80%	5%	40%	49%	11%	38%	£661.45
Bournville Area 2	3%	20%	77%	4%	37%	47%	15%	34%	£558.66
Bournville Area 3	1%	20%	74%	5%	38%	50%	12%	34%	£536.26
Bournville Area 4	4%	36%	78%	9%	21%	46%	32%	21%	£345.17
Coronation	2%	26%	75%	9%	37%	47%	17%	25%	£314.26
Oldmixon	2%	18%	74%	6%	44%	44%	11%	38%	£473.94
Town Centre & The Potteries	5%	24%	83%	6%	36%	45%	20%	30%	£599.88
Grand Total	2%	22%	77%	6%	37%	47%	15%	32%	£519.95

Source: Alliance Homes database extract/

Recent turnover in occupancy on the Bournville estate is relatively high with latest figures showing turnover at 17%. This is an increase on the usual levels of around 8% due to under-occupancy and the introduction of the housing benefit size restrictions criteria.

Alliance homes has implementing a programme of home improvements including kitchen refurbishments and improving the energy efficiency of their housing stock. Improved insulation and installation of photovoltaic panels to generate electricity have been leading to a reduction in bills for many tenants; further roll out across South Ward is planned.

2.7.2 Private sector housing

A local survey of private sector housing carried out in 2011/12 found that the majority of private homes in South Ward were single dwellings (70%), purpose built flats (23%) or converted flats (3%)¹⁴. 49% of surveyed homes in South Ward were classified as “fails decent state of repair standard” compared to 30% for North Somerset as a whole. This measure combines an assessment of the age of elements of a home, such as the roof and windows, and to what degree they have reached the end of their life expectancy; it gives an indication of the need for refurbishment. 12% of surveyed homes were classified as “in a state of disrepair” compared to 8% across North Somerset. There was also a slightly higher than average proportion of homes assessed as having one or more category one hazard¹⁵; this is based on an assessment of 29 risks which combines the likelihood and severity of harm occurring. The most common hazards are cold, falls on the stairs and falls on the level (table 5).

Table 5: Indicators for private housing conditions in South Ward and North Somerset

Household indicator	South Ward	North Somerset
Number of homes surveyed	73	993
Fails decent state of repair standard	49%	30%
In a state of disrepair	12%	8%
One or more category one hazard*	18%	15%
In fuel poverty	14%	14%
SAP rating below 35	4%	6%

Source: West of England Partnership Stock Condition Survey 2011/12

Levels of fuel poverty among people living in private households in South Ward appear to be similar to those living in the private rented sector across North Somerset, however at 14% around 1 in 7 household in the private rented sector are living in fuel poverty which is of concern. Fuel poverty reflects both the affordability of energy, the energy efficiency of homes and household income. The survey also found that 4% of homes in South Ward had a poor energy efficiency rating with a “Standard Assessment Procedure” (SAP) below 35. This appears to compare favourably with the North Somerset average of 6% however it should be noted there may be different causes of poor energy efficiency in South Ward and across the whole of North Somerset. North Somerset has a number of Victorian homes which can costly to heat due to their age and design. Most homes in South Ward have been built since the 1950s and hence poor energy efficiency is more likely to be related to modifiable factors such as poor insulation and inadequate heating systems.

2.8 Crime and Antisocial Behaviour

The most common types of crime reported in South Ward (police area “Bournville Beat”) in 2013 were violence against the person (320 incidents), theft and handling (299 incidents) and criminal damage (256 incidents). Additionally there were 173 incidents tagged as domestic violence and 1,216 incidents of anti-social behaviour. Given that South Ward represents approximately 5% of the population of North Somerset there appears to be higher than average levels of crime in the ward; over 5% of each of the major crime types are reported as occurring in South Ward (figure 10). This is particularly true for domestic violence, criminal damage, violence against the person, anti-social behaviour and sexual offences. For example almost 20% of reported domestic violence incidents occur in South Ward, suggesting South Ward residents are

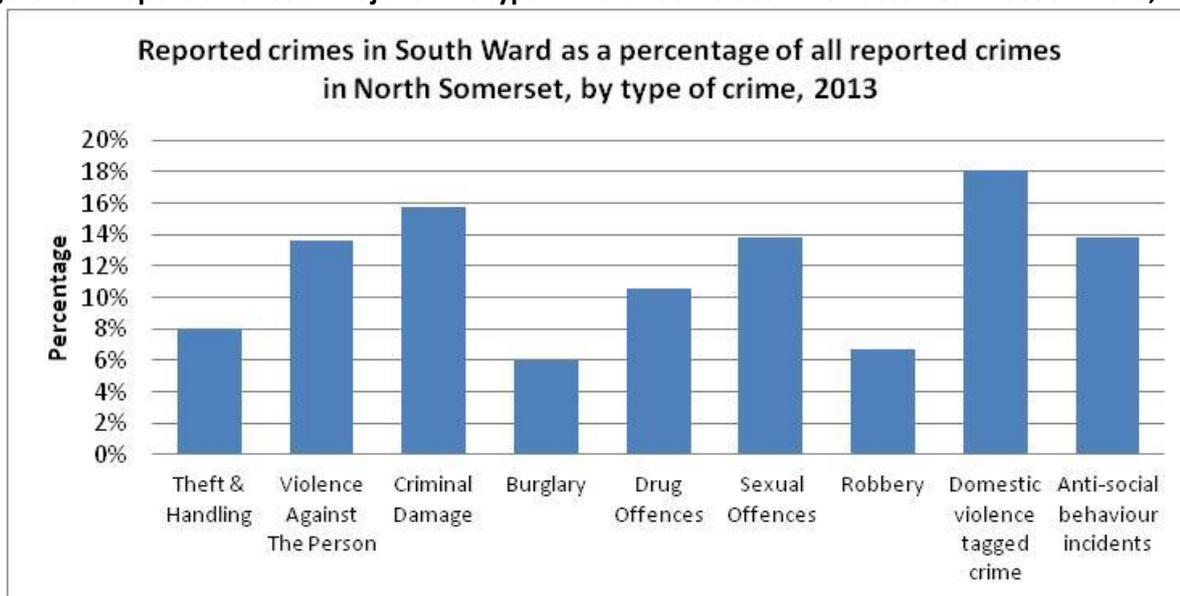
¹⁴ West of England Partnership Stock Condition Survey 2011/12

¹⁵ North Somerset Survey of Private Housing Conditions 2011/12

NB: Category one hazards include: excess cold, falls on stairs, falls on the level, electrical hazard, fire, flames and hot surfaces, damp and mould growth, entry by intruders, crowding and space, excess heat, lighting, water supply, food safety, personal hygiene, operability of amenities, uncombusted fuels, explosions, carbon monoxide, domestic hygiene, structural collapse, and noise.

almost four times as likely to experience domestic violence than if incidents were distributed evenly across North Somerset.

Figure 10: Proportion of each major crime type in North Somerset which occurred in South Ward, 2013



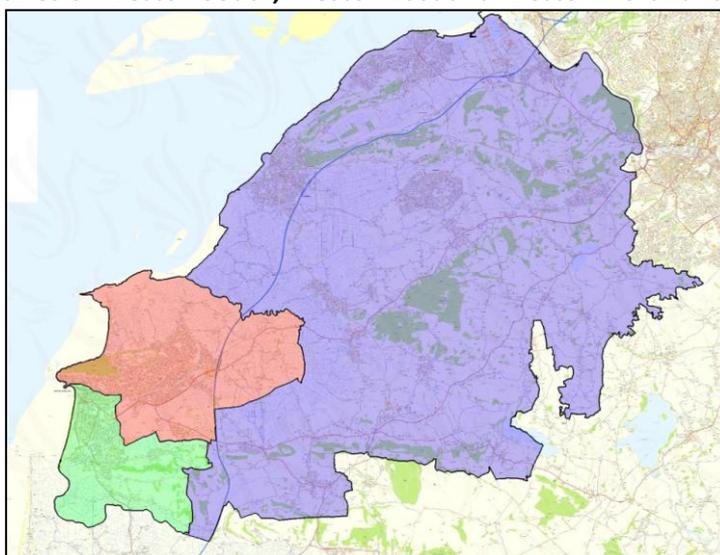
Source: Avon and Somerset Police: North Somerset reported incidents, 2013

2.9 Safeguarding activity

Child safeguarding

The data below shows recorded safeguarding activity for Children living in the Weston South locality, as shown in green in the map below (figure 11); this includes Weston-super-Mare South Ward but is a larger geographical area.

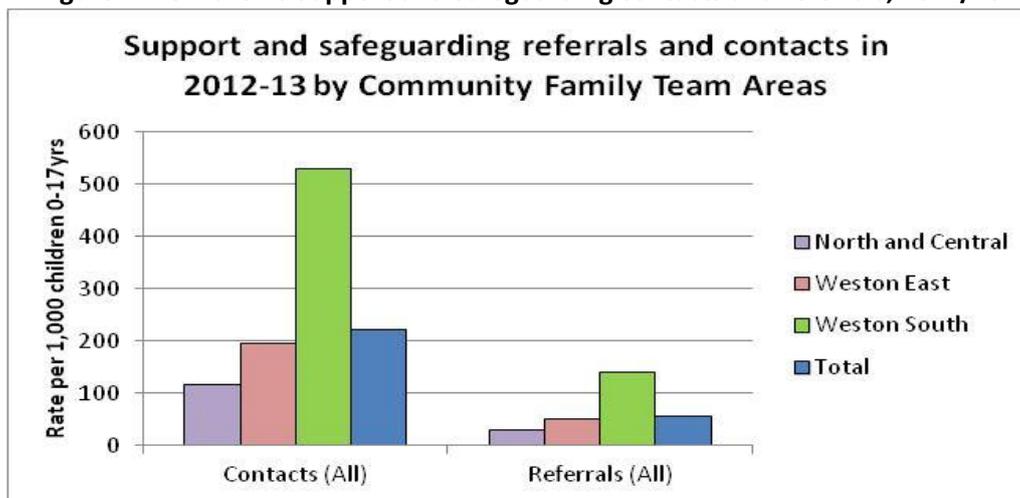
Figure 11: Boundaries of Weston South, Weston East and Weston North and Central Localities



Weston South is over-represented in terms of children’s safeguarding activity. There were 530 contacts per 1,000 children aged 0-17 years in Weston South compared to 220 per 1,000 in North Somerset as a whole. These contacts relate to any form of contact with the Children’s Referral and Assessment team, be it a phone

call or letter from individuals seeking advice, support or providing information. Around a quarter of contacts within each locality led to a formal referral to child protection services (figure 12).

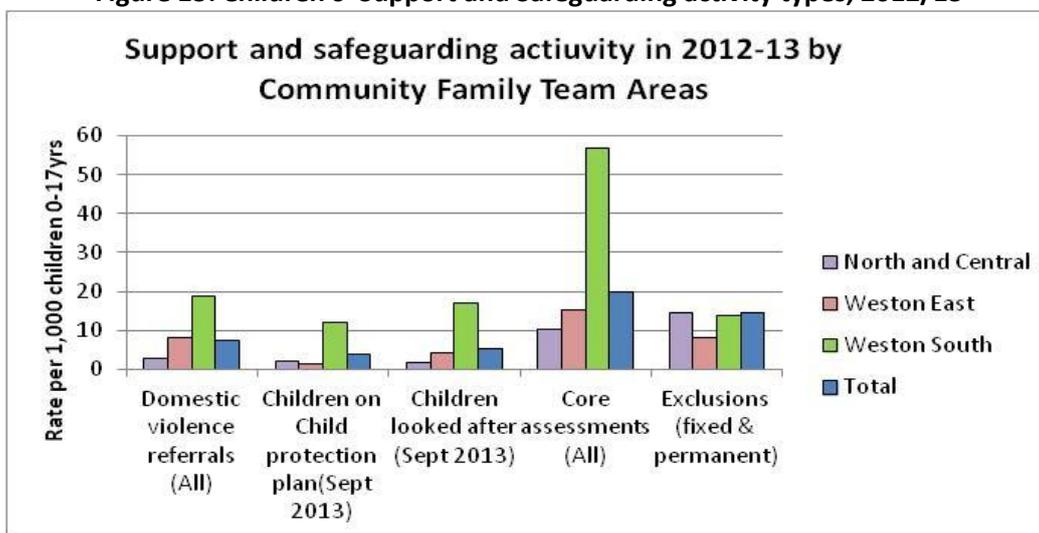
Figure 12: Children’s Support and Safeguarding contacts and referrals, 2012/13



Source: North Somerset Child safeguarding team, 2012/13 recorded activity

In terms of safeguarding activity Weston South also has higher than average rates of; domestic violence related referrals to child protection services; children on child protection plans and looked after children. Additionally almost three times as many detailed core assessments are carried for children from Weston South than the North Somerset average (figure 13).

Figure 13: Children’s’ Support and Safeguarding activity types, 2012/13



Source: North Somerset Child safeguarding team, 2012/13 recorded activity

Anecdotal evidence from schools in Weston-super-Mare South suggests there are high rates of school exclusions in the area; this is not reflected in data for the whole of the Weston South locality. Analysis of exclusions at a smaller geographical level is required to assess the validity of this anecdotal evidence.

Adult safeguarding

Data from the North Somerset Adult Safeguarding team indicates higher levels of safeguarding referrals for individuals living in South Ward compared to the North Somerset average. A safeguarding referral occurs after an alert has been recorded and is triaged by a practitioner to be followed up under safeguarding procedures. Not all alerts received as safeguarding need to be followed up under safeguarding procedures.

For the purpose of this report and in order to provide meaningful comparisons referrals where the location of alleged abuse was a care home, day care centre, or hospital have been excluded; only referrals where the alleged abuse occurred in a person's own home, in the alleged perpetrators home, in a public place or other location have been included. The data relates to where an alleged individual at risk was living at the time of the Safeguarding Referral however the location of the abuse may have been outside of South Ward.

In 2011/12 there were 120 referrals across North Somerset where the location of abuse was not a care home, hospital or day care centre, this equates to 7 per 10,000 population (aged 18 or over). With 11 referrals in 2011/12 the rate of referrals for South Ward residents was slightly higher at 12 per 10,000 adult population. In 2012/13 the referral rates for North Somerset and South Ward were 9 and 12 per 10,000 adult population respectively. In both years there were higher proportions of alleged physical and sexual abuse among South Ward residents compared to the North Somerset average. In 2011/12 there was also a high proportion of emotional/psychological abuse in South Ward compared to the North Somerset average, this was not reflected in 2012/13 data; comparisons should be handled with care given the relatively low number of referrals at ward level.

In terms of the alleged perpetrator of abuse this was most commonly a partner or family member, both across North Somerset as a whole and for South Ward. Health or care staff accounted for 20-15% of alleged instances of abuse in North Somerset in 2011/12 and 2012/13; in both years this proportion was lower among South Ward residents.

SUMMARY

- **South Ward has a younger population than the North Somerset average.**
- **Almost 1 in 10 residents are from non-white British backgrounds.**
- **Approximately 70% of residents report following a faith, with Christianity being the most common.**
- **Almost half of children and a third of older people living in the area are affected by poverty and deprivation.**
- **Educational achievement at primary schools in South Ward has recently improved to around the North Somerset average; GCSE attainment and adult qualification levels remain below the local average.**
- **Unemployment rates among South Ward residents are more than double the North Somerset average, with people aged 18-24 being over-represented.**
- **Whilst there are proportionally less older people in the ward than North Somerset as a whole there is a higher rate of pensioners living alone and at risk of social isolation.**
- **The quality of private housing in South Ward appears to be in poorer condition than social housing in the area and private housing across North Somerset.**
- **Reported crimes and safeguarding activity suggest domestic violence is higher than average within South Ward.**

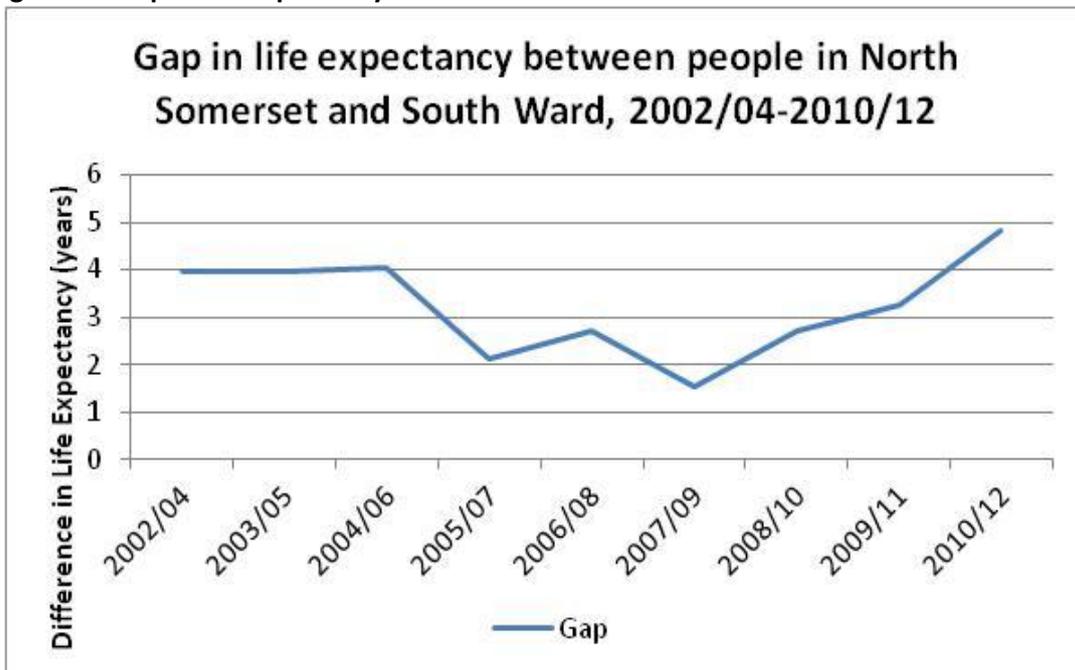
3.0 Health needs and outcomes

3.1 Life expectancy

Combined data from 2006-2010 shows South ward has the fifth lowest life expectancy in North Somerset, at 80years; Weston-super-Mare (WsM) Central, WsM West, WsM Clarence and Uphill and Pill ranked lower than South Ward. In 2009-05 South ward had the fourth lowest life expectancy by ward in North Somerset and third lowest in 2004-08. This suggests life expectancy for residents in South ward has increased more quickly than other deprived wards in recent years.

Analysis of the difference between life expectancy in South Ward and the North Somerset average, using 3-year rolling averages, suggests the gap in life expectancy was beginning to close prior to the recent economic downturn. Since 2009 the gap seems to have been increasing (figure 14). The relatively small numbers of deaths at the ward level mean this trend should be viewed with caution but it gives an indication of how the health of South Ward residents may have been fairing compared to the North Somerset average.

Figure 14: Gap in life expectancy between South Ward residents and the North Somerset Average

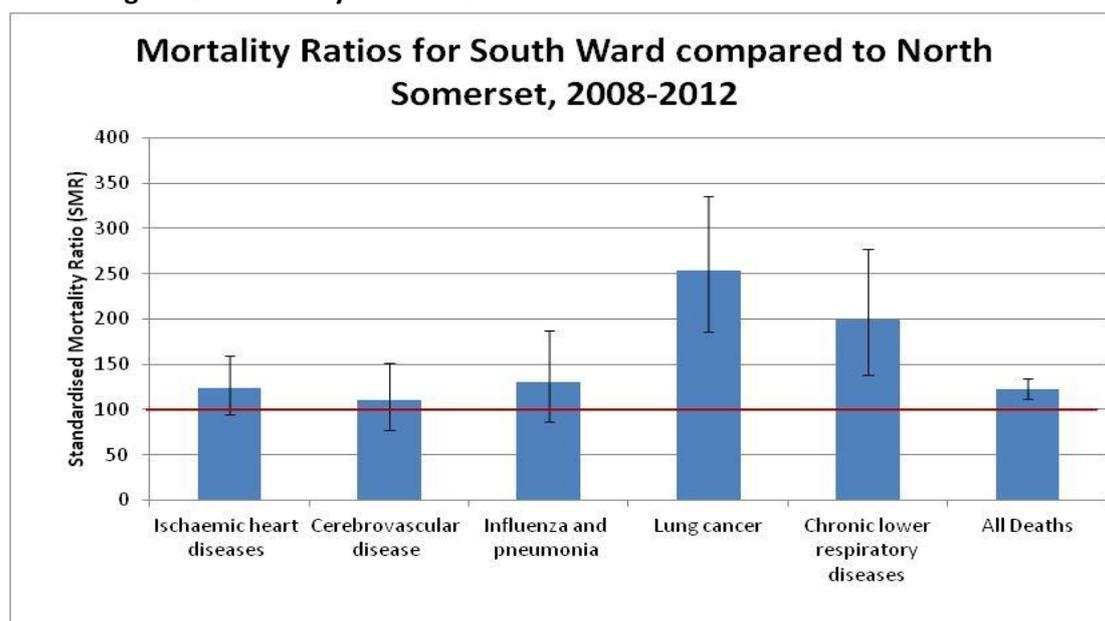


Source: ONS mortality files 2002-2012, analysis by Public Health England Knowledge and Intelligence

3.2 Mortality

In the five years of 2008 to 2012 the death rate in South Ward was 23% higher than the average death rate for North Somerset. The most common causes of death among South Ward residents of all ages were Ischaemic Heart Disease, Cerebrovascular Disease, Lung Cancer, Chronic Lower Respiratory Disease and Influenza, and Pneumonia. The death rates for Chronic Lower Respiratory Disease was twice that of the North Somerset rate for the same period and deaths from Lung Cancer were around 2.5 times higher in South Ward (figure 15).

Figure 15: Mortality in South Ward: Main causes of death



Source: ONS mortality files 2002-2012, analysis by Public Health England Knowledge and Intelligence

Around half (49%) of deaths of South Ward residents in 2008-12 were among those aged under 75 years. The main causes of death were similar to those for all ages; the top four causes were Ischaemic Heart Disease, Lung Cancer, Chronic Lower Respiratory Disease, and Cerebrovascular Disease. However, suicide was the fifth most common cause of death in under 75s. There were 9 suicides among South Ward residents in 2008-2012, this accounted for 8% of all suicides in North Somerset for this time period. This is high considering South Ward residents account for 5% of the population aged under 75 years living in North Somerset.

3.3 Self-reported health and caring responsibilities

At the time of the 2011 census self-reported health was poorer among South Ward residents than residents of North Somerset as a whole. 9.1% of South Ward residents classed themselves as in “bad or very bad health” compared to 5.3% across North Somerset. Additionally around a quarter (25.5%) stated having a limiting long term illness or disability, compared to around fifth (19.1%) of all North Somerset residents. Additionally 1,157 people reported providing informal care of at least an hour a week. This equates to around 11% of the population. A smaller proportion (3.6%) were providing 50 hours or more of unpaid care, this is higher than the North Somerset average of 2.3%¹⁶.

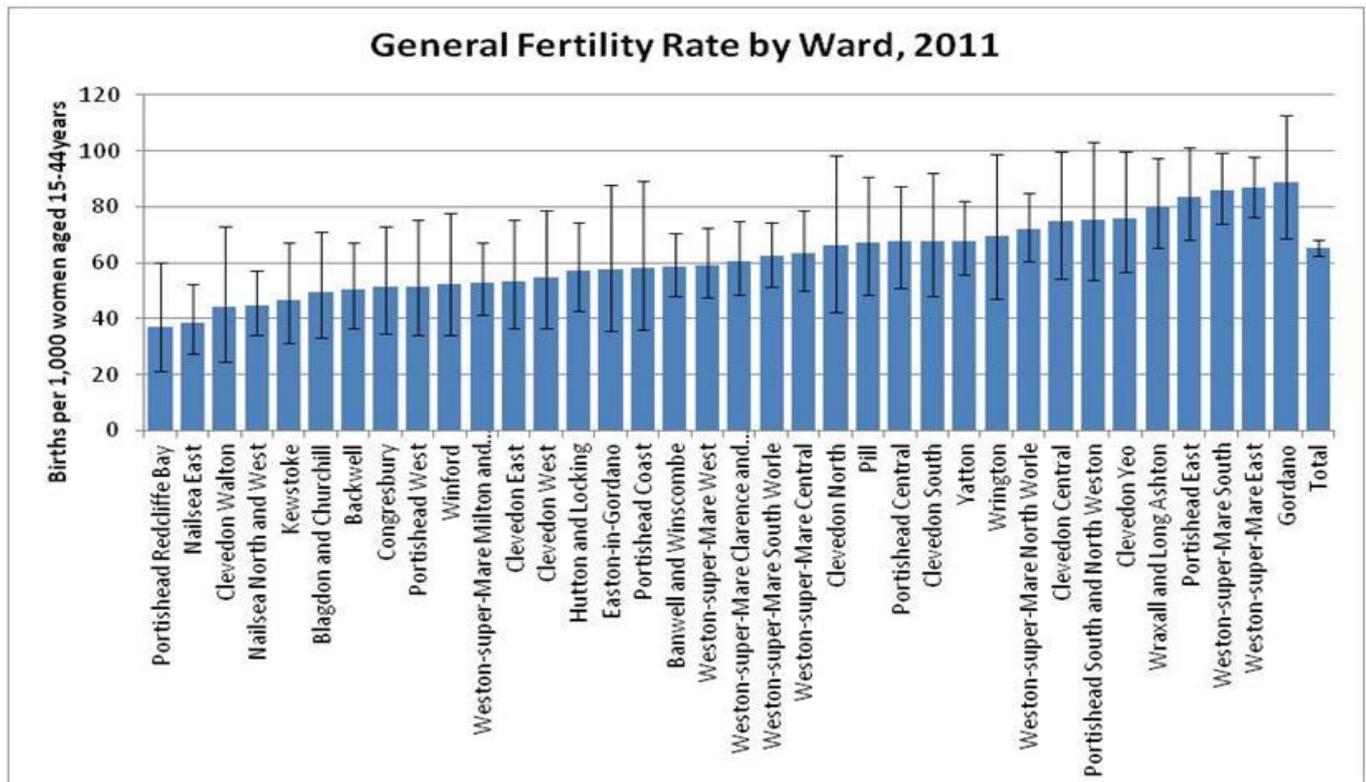
3.4 Births

The general fertility rate in South Ward were relatively high in 2011 at 86 per 1,000 women aged 15-44 years (figure 16). This compares to 65 per 1,000 than the average rate for women in North Somerset in 2011¹⁷. To some extent this reflects the relatively young population in South Ward as well as indicating that women in the ward are having more children than the North Somerset average. This highlights the importance of good access to maternity services and parenting support for women in South Ward.

¹⁶ Census 2011

¹⁷ North Somerset Public Health Intelligence Team

Figure 16: Fertility rate by ward 2011



Source: Public Health Intelligence Team, North Somerset Council

3.5 Child Health

Birth weight

Over the 5 years from 2007 to 2011 there were 59 low birth weight babies born to mothers living in South Ward. This equates to 7.1% of all births and whilst the figure is similar to the England average for the same time period (7.4%), it is higher than the incidence of low birth weight babies across North Somerset which was 5.6%¹⁸.

Child Development

Levels of child development at age 5 (Early Years Foundation Stage) are poorer among those living in South Ward than those across North Somerset as a whole. In 2010/11 43% of 5 year olds in South Ward were classified as achieving “a good level of development” compared to 64% across North Somerset and 59% within England as a whole¹³.

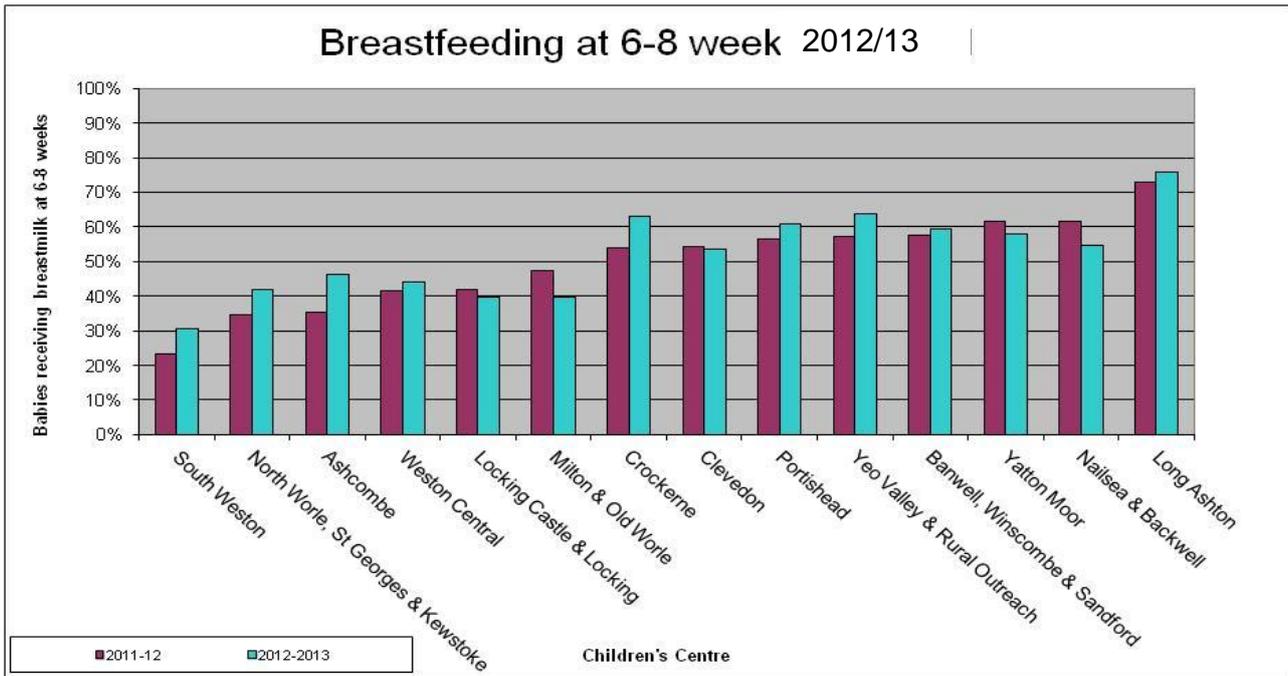
Breastfeeding

In 2012/13 around 30% of eligible mothers living in the South Weston Children’s Centre area were recorded as breastfeeding their child at the 6-8wk check (figure 17). Whilst this was a slight increase from 2011/12 figures rates of breastfeeding in the area are the lowest of other parts of North Somerset¹⁹.

¹⁸ Public Health England Local Health Profile

¹⁹ Public Health Intelligence Team, North Somerset Council

Figure 17: Breastfeeding prevalence by Children’s Centre area, 2012/13

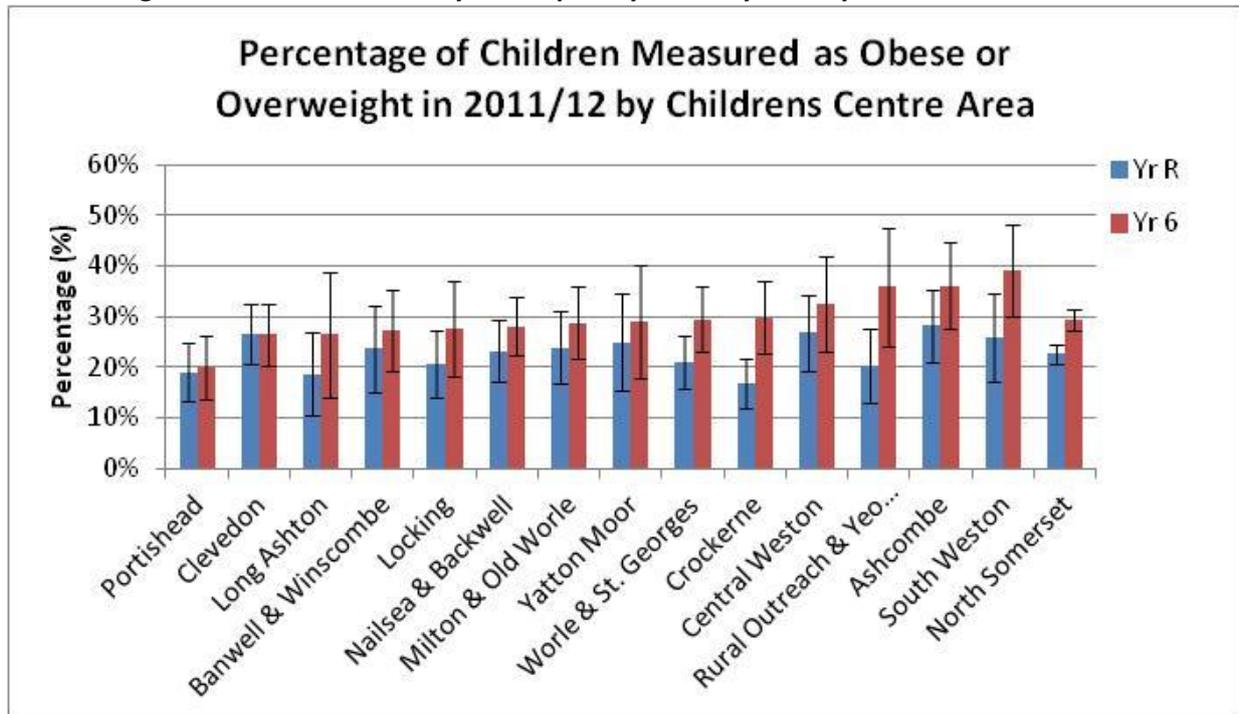


Source: Public Health Intelligence Team, North Somerset Council

Childhood obesity

In 2011/12 Approximately a quarter (26%) of reception year children who lived in the South Ward Children’s Centre area were classified as obese or overweight, compared to 23% across North Somerset as a whole (figure 18). The proportion of obese/overweight children year 6 was 39%, compared to 29% across North Somerset²⁰.

Figure 18: Childhood obesity in reception year and year 6 by Children’s Centre area



Source: National Child Measurement Programme, Public Health, North Somerset Council

²⁰ Source: National Child Measurement Programme, Public Health, North Somerset Council

Teenage Conceptions

The teenage conception rate in South Ward has been consistently higher than the North Somerset average. Whilst the relatively small numbers of events at ward level make it difficult to make firm statistical inferences, however recent teenage conception rates in South Ward have tended to be lower than in rates Central ward, which has a similar level of deprivation²¹. Local analysis of teenage conceptions indicates that around 70% lead to a birth compared to around half of teenage conceptions in North Somerset as a whole.

SUMMARY

- **There were high death rates from circulatory and respiratory diseases, as well as lung cancer among South Ward residents in 2008-2012.**
- **There appears to have been disproportionate number of suicides among South Ward residents in 2008-2012.**
- **A quarter of South Ward residents report they have a limiting long-term illness.**
- **There is a high prevalence of informal care provision in South Ward.**
- **There is a need to promote healthy lifestyles during pregnancy to reduce the incidence of low birth weight babies.**
- **Improving breastfeeding rates and engagement with good quality parenting support programmes are likely to improve childhood development and reduce childhood obesity.**
- **Teenage conceptions in South Ward are higher than the North Somerset average and are more likely to lead to a birth.**

4.0 Health Behaviours

4.1 Smoking

Estimates suggest smoking prevalence is around 40%²² in South Ward, compared to 16%²³ across North Somerset as a whole. Access rates by South Ward residents to the SmokeFree North Somerset service are fairly high however outcomes (quit rates) are worse than expected. Between January to December 2013 148 patients from the Locality Health Centre set a quit date with the Stop Smoking Service and 34% had quit at their four week check, this compares to 51% of all patients who set a quit date with the service (figure 19).

The lower quit rate among patients from the Healthy Living Centre may reflect higher levels of stress and lower levels of resilience among residents in the ward; many face financial challenges and there is some evidence to suggest this can place a significant burden on mental capacity, making healthy choices more difficult²⁴. However the higher lost to follow rate suggests engagement and follow up of patients accessing the service could be improved. Additionally a lower proportion of patients from the Healthy Living Centre were referred into the SmokeFree North Somerset service by GPs than the North Somerset average (22%

²¹ Public Health Intelligence Team, North Somerset Council

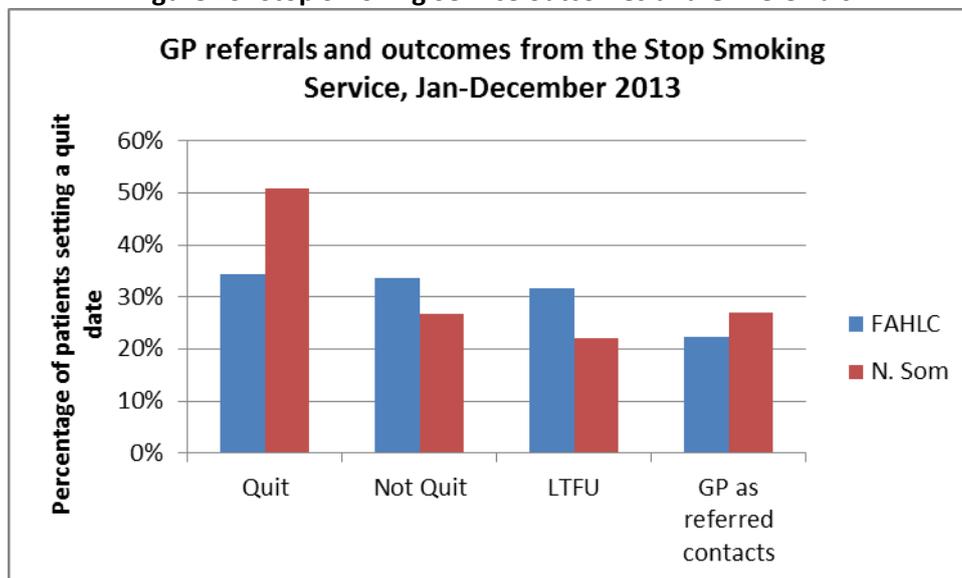
²² North Somerset Stop Smoking Service Health Equity Audit Review, March 2013. Public Health, North Somerset Council.

²³ North Somerset 2012 Community Health Profile, Public Health Observatories (now Public Health England).

²⁴ Poverty Impedes Cognitive Function. Mani, A. et. al. *Science*, 341(3149). DOI: 10.1126/science.1238041

and 27% respectively, see figure 19), better engagement with local GPs may help increase the number of people accessing the service and reduce lost to follow up rates. Few patients from the healthy living centre were seen by Health Trainers located within the practice, better use of local Health Trainers to support those wanting to quit smoking could also help improve engagement whilst reducing the burden on GPs.

Figure 19: Stop Smoking Service outcomes and GP referrals



Source: North Somerset Stop Smoking Service database extract for Jan-December 2013

4.2 Alcohol and substance misuse

Alcohol-related hospital admissions among South Ward residents are over 50% higher than the England average, however figures on the amounts of alcohol consumed by individuals are difficult to come by. Modelled data from the Department of Health suggests around 1 in 6 adults in South Ward binge drink,²⁵ a behaviour which poses both short and long term risks to physical and mental health.

The majority of drug related hospital admissions in 2010-11 were for residents of Weston super Mare Central and South Wards.²⁶ The main demographic in treatment for substance misuse in North Somerset are White British males, aged 35-44 who use opiates. The Locality Health Centre works in partnership with Addaction, a local addiction recovery service, to increase access to support through advice drops in and provision of two clinics a week. Consideration of the often complex needs of people using problematic drugs is important for successful recovery; these often include unemployment, housing and health problems. Preventing young people engaging in substance misuse is vital but can be challenging; key to this is building self-confidence and self-esteem, raising aspirations and promoting positive health behaviours. Ensuring there are sufficient “distraction activities” that provide young people attractive alternatives is important. Anecdotally there is some concern among professionals in South Ward that there has been a recent increase in the number of young people smoking cannabis.

4.3 Healthy diets and adult excess weight

Official recommendations for healthy diets are that individuals should consume 5 portions of fruit and vegetables per day. Modelled lifestyle estimates suggest that South Ward residents consume the lowest levels of fresh fruit and vegetables compared to residents of other wards in North Somerset. Only around

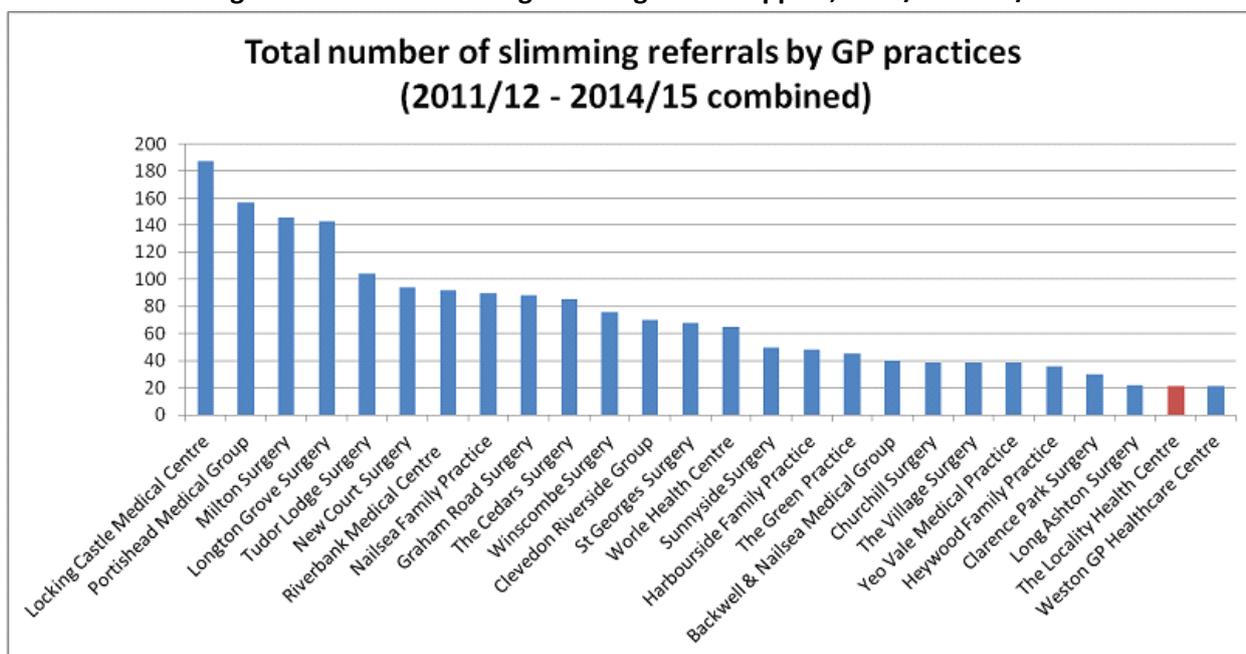
²⁵ Synthetic Estimates of Healthy Lifestyle Behaviours at Ward Level, 2000 – 2002, Information Centre for Health and Social Care.

²⁶ North Somerset Joint Strategic Needs Assessment; Adult Drug Misuse Chapter.

15% of adults and 25% of children in South Ward were estimated to be eating “5 a day” in 2000-2002²⁴. Additionally there is a national trend toward higher densities of fast food outlets in areas of higher deprivation which may have a negative impact on healthy diets of people in more deprived areas such as South Ward²⁷.

Across North Somerset as a whole around 62% of adults over 16 years are estimated to be obese or overweight (BMI over 25kg/m²)²⁸. Estimates for lower level geographies (ward or GP practice populations) are not reliable however it is likely that residents in South Ward have a similar or higher prevalence of excess weight given that rates tend to increase with increasing levels of deprivation. However in recent years referrals of patients from the Healthy Living Centre (Locality Health Centre in the chart below) to weight management support have been low compared to referrals from other practices in North Somerset (figure 20).

Figure 20: Referral to weight management support, 2011/12-2014/15



SUMMARY

- **Smoking prevalence is high in South Ward; quit rates among those accessing the local Stop Smoking Service could be improved and lost to follow up rates reduced.**
- **Alcohol-related hospital admissions and binge drinking behaviour is relatively high among South Ward residents.**
- **The numbers of dependant drug users in treatment is higher in South Ward than other wards in North Somerset.**
- **Access to and consumption of healthy foods by South Ward residents is low.**
- **Access to weight management support for South Ward residents could be improved.**

²⁷ Public Health England Fast Food Outlets Report, May 2013.

²⁸ Public Health England; Adult excess weight prevalence estimates based on self-report height and weight measures from the 2012 Sport England Active People Survey.

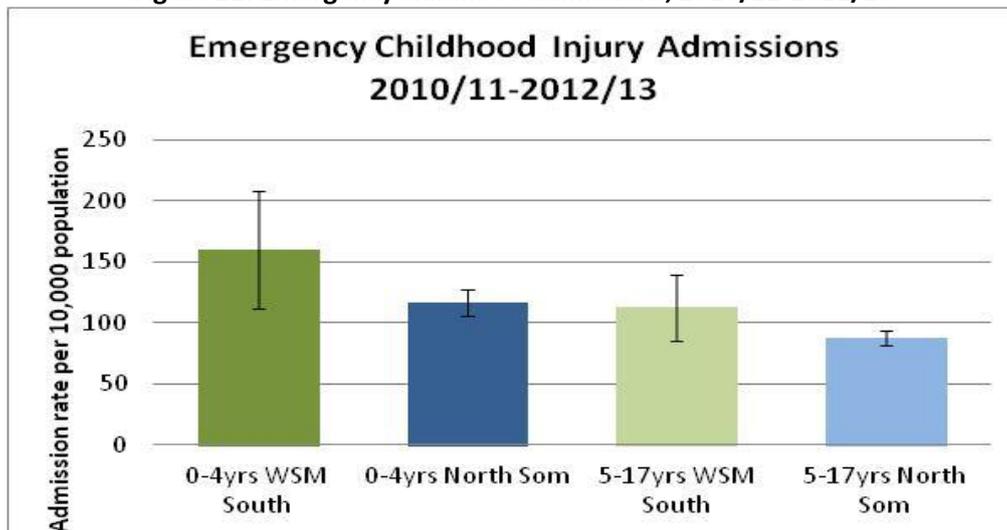
5.0 Health Services

5.1 Hospital admissions

During 2006/07 to 2010/11 South Ward residents had high rates of emergency hospital admissions for all causes combined. South ward rates were around 14% higher than the England average whereas rates for all North Somerset residents were around 18% lower than the England average. Emergency admissions for coronary heart disease and stroke were both around 20% higher in South Ward than the England average, whilst emergency admissions for myocardial infarction (heart attacks) and chronic obstructive pulmonary disease were around 40% higher than the England average. Self-harm admission rates among South Ward residents of all ages were more than double the rates seen across England as a whole during 2006/07 to 2010/11²⁹.

The rate of emergency admissions for childhood injuries for children aged 0-4 and 5-17 years living in South Ward appear higher than the North Somerset average (figure 21), however differences were not statistically significant at the 95% confidence level, in part due to relatively small numbers of events at the ward level (41 admissions to 0-4 year olds and 65 0-17yr olds)³⁰.

Figure 21: Emergency childhood admissions, 2010/11-2012/13



Source: Emergency hospital admissions SUS database extract; Bristol Public Health Intelligence Unit on behalf of North Somerset Public Health

Across North Somerset the predominant reasons for emergency admissions among 0-17 year olds are falls, intentional poisoning/self harm and transport accidents/collisions. For children under 5 injuries are often related to accidents in the home, whereas among older children road accidents are more common. In children aged 11-18 years self harm becomes a significant cause of emergency admissions³¹.

²⁹ Public Health England: South Ward Local Health Profile, 2012

³⁰ Local emergency hospital admissions SUS database extract; Bristol Public Health Intelligence Unit on behalf of North Somerset Public Health

³¹ North Somerset Joint Strategic Needs Assessment, Unintentional Childhood Injuries Chapter, 2012.

5.2 Primary Care

The Locality Health Centre within the For All Healthy Living Centre is located on the Bournville Estate and is the main GP surgery for residents of South Ward. Approximately 5,000 residents are registered with the GP practice, with a higher proportion of young people than the Somerset average, reflective of the ward population profile. Around a third of the practice population are aged under 18yrs, compared to a fifth of all North Somerset registered patients. There is a high, and increasing, level of demand for primary care services among South Ward residents; in 2012/13 there were around 35,000 clinical consultations (including GP, nurse and telephone consultations), in 2013/14 this rose to around 42,000. Whilst, as shown in this document, there are high levels of health needs among South Ward residents, there may also be other contributory factors. A high turnover of residents (and hence registered patients), and the relatively high levels of social housing in the area, leads to a constant stream of new patients with high and complex health needs. Additionally the practice reports high levels of demand for basic interventions, such as paracetamol, suggesting limited knowledge and skills for self-help. The data below highlights the high levels of health needs among the population registered with the Locality Health Centre; data has been sourced from Public Health England³².

The prevalence of “long-standing health conditions” in 2011/12 was high among the practice population (70% compared to 56% across North Somerset), as is the percentage of patients with “health-related problems in daily life” (72% compared to 49% in North Somerset). Around 15% of patients were recorded as having caring responsibilities in 2011/12, similar to the proportion reported by South Ward residents in the 2011 Census.

Circulatory disease

Throughout 2012/13 2.3% of the practice population were listed on the Coronary Heart Disease (CHD) register. This is estimated to be approximately half of the actual prevalence of CHD among the practice population; representing the lowest estimated level of met need for CHD in North Somerset. These estimates take account of age, gender, ethnicity, deprivation and smoking rates in the area³³. Those patients that are on the register tend to be well managed with the last blood pressure reading for 90% of CHD patients being under 150/90 and 85% with cholesterol below 5mmol/l. Additionally 97% of CHD patients received a flu vaccination last winter. In terms of stroke 1.1% of patients were on the 2012/13 stroke register which is estimated to represent around 62% of the estimated prevalence of strokes among the practice population. Again among those on the register blood pressure (90% under 150/90) and cholesterol (73% under 5mmol/l) are fairly well managed and flu vaccination rates are high (94%).

10.7% of the practice population were on the hypertension register, this is estimated to account for 57% of the actual prevalence of hypertension among the practice population. 84% of new cases of hypertension diagnosed in 2012/13 were recorded as having been given lifestyle advice.

Diabetes

The prevalence of diabetes among the practice population in 2012/13 was 7%, higher than the average prevalence for the North Somerset registered population (5.5%). 53% of those on the Healthy Living Centre diabetes register had a HbA1c reading of less than 7.5 in the last 15 months compared to 67% in North Somerset patients as a whole.

Respiratory diseases

In 2012/13 3.3% of the practice population were on the disease register for Chronic Obstructive Pulmonary Disease (COPD). This is higher than the North Somerset average which fits with a higher smoking prevalence

³² Public Health England; National General Practice Profiles <http://fingertips.phe.org.uk/profile/general-practice>

³³ CHD prevalence modelling briefing document, H. Walford and L. Ramsey, ERPHO, 2011.

among the practice population (estimated at 37% compared to 16% among North Somerset patients). Asthma prevalence is also higher among the practice population than the North Somerset average (8% and 6.6% respectively).

Mental Health

During 2012/13 0.7% of the whole practice population were recorded on a mental health register for forms of psychosis (including schizophrenia, bipolar disorder and other psychoses). This is similar to the prevalence of serious mental health problems among all North Somerset patients (0.8%). The crude prevalence of depression among the practice population is 13.5%, double the prevalence for North Somerset as a whole (7%).

The recorded prevalence of dementia is lower among the practice population than across North Somerset as a whole (0.4% and 0.8% respectively). This is likely to be explained at least in part by the smaller proportion of older people living in the South Ward area. Although the prevalence of dementia appears low for this practice population it is important to remember a greater proportion of people are likely to be affected by dementia in terms of providing informal care for sufferers.

5.3 Health Trainers

Health Trainers support individuals wanting to change their behaviour and develop healthier lifestyles. Health Trainers are currently located in Weston-super-Mare Town Hall for 5 days a week and within the For All Healthy Living Centre (Locality Health Centre) for 3 days per week. 62 individuals registered at the Locality Health Centre accessed the Health Trainer service in 2012, which was available between 2 to 5 days a week with variance due to staff illness, representing 21% of all clients seen that year. During January to mid-May 2013 there was no Health Trainer capacity at the Healthy Living Centre due to staffing difficulties; from mid-May to December 2013 31 individuals were seen at the Healthy Living Centre. Whilst this only represents 9% of Health Trainer clients seen in 2013, given the reduced service provision the numbers for 2013 indicate a similar level of activity to 2012. An additional 7 Locality Health Centre patients were seen at another venue in 2013.

Not all South Ward residents are registered at the Locality Health Centre; a total of 83 South Ward residents had a Health Trainer consultation (at any location) in 2013, representing 24% of all clients. This is the highest proportion of clients by Ward of residence; Central ward was second highest at 21%, followed by Clarence and Uphill at 18%³⁴.

SUMMARY

- **South Ward displays high rates of emergency admissions for circulatory and respiratory diseases.**
- **Hospital admissions for self-harm among South Ward residents are high**
- **Emergency admissions for injuries in children appear high for South Ward residents, particularly in 0-4 year olds.**
- **High demand on primary care services in South Ward relates both to high health needs and low levels of confidence in health skills.**
- **There is estimated to be a high level of undiagnosed circulatory disease in South Ward, known appear to be well managed by primary care.**
- **Diabetes and respiratory disease prevalence is higher among Healthy Living Centre patients than the North Somerset average.**
- **Diagnosed rates of depression are high; diagnosed dementia prevalence is low.**
- **Capacity and consistency of Health Trainer provision in South Wards needs improving.**

³⁴ North Somerset Health Trainer Service

7.0 Summary of Health Assets in South Ward

This section presents a summary of an early review of “health assets” in, or bordering, South Ward. Health assets are anything within the community that can positively support health and wellbeing, a broad definition of health was used and the impact of the wider determinants considered when compiling the list of physical, institutional and community assets. It should be noted this early review of assets in South Ward has not gone down to the level of mapping the skills and interests of individuals living in the area.

7.1 Summary of key health assets in South Ward

There are a number of organisations working within South Ward to encourage community activities and individual development, only the larger ones are discussed here; the tables on the following page includes smaller groups but is not exhaustive.

Weston Works is a key asset for supporting individuals to access training and employment, including a current priority “digital inclusion” project. This will support individuals to develop IT skills in order to access council services (including benefits) online, as well as developing skills for future employment.

Alliance Homes is the major social housing provider in the area and since April 2013 have had a “Bournville Area Team” working from the Information Station on the Bournville Estate. The team includes a Community Project Worker, one Financial Inclusion Officer and two income officers. Community development activities led by Alliance Homes includes “Growing Together” projects which promote gardening skills and team work and can lead to level 1 and 2 horticulture certificates for participants. Whilst the activities of the Bournville Area Team are focused on the most deprived part of South Ward (the centre of the Bournville estate) Alliance Homes also have a mobile office, named “Molly”, which is used for outreach work to residents of the other estates in the Ward. Alliance Homes also provide “Supporting People” services within North Somerset, including South Ward. These services are provided to help people to live independently and range from help managing finances, accessing training or employment or liaising with health services.

The For All Healthy Living Centre opened in 2005 and has since been an important health asset for residents. As well as providing GP Services it hosts a library, children’s centre, community cafe, church, Health Trainer Service, High Impact team and social workers. A recent lottery funded well-being project funds two wellbeing worker roles, one leads on organising group activities including Tai Chi, singing, photography, crafts and more. The other post provides one-to-one support to promote individual wellbeing. This support is available to those whose mental health challenges are not severe enough to meet the threshold for structured treatment. The Centre also has a lunch club for older people, a fruit and vegetable stall, a clothing and bric-a-brac stall and issues food bank parcels. The Centre is highly valued by those that use it.

The local schools are also valuable health assets; they are community focused, offering support to children and their families. Local primary schools, the XTND charity and the South Ward Activities Network, provide a range of activities for children and parents in school terms and holiday times. A number of previous activities have addressed diet and cooking skills, health, relationships, finances.

The Sports Active Seagulls Community Trust is part of the Football Conference Trust and has been based at Woodspring Stadium since 2012. Their aim is to promote sports participation and healthy lifestyles within the local community. They have set up a youth club for 11-14 year olds which meets at Woodspring Stadium and they have been running a project (supported by the local authority and the local police) aimed at young people at risk of offending to promote sports, positive behaviours and lifestyles and respect for others. They also run “Street Games” in local parks across the ward. The Conference Trust hosts 2 charity football

matches a year at Woodspring Stadium which provides a focus for “Community Days” where local businesses and the voluntary and community sector are invited to hold stalls.

A number of activities for young people are available locally, such as Our Way Our Say (based at Weston Youth Centre) which provides support and activities for children, young people and their parents. Activities including BMX biking, football coaching and fitness sessions. The group is working with Seagulls Community Trust to promote sports and physical activity through the “Street Games” initiative and run outreach activities in local parks. Passionate youth workers have developed good relationships with local young people but highlighted a need for outdoor spaces where young people can gather safely and shelter in poor weather. They also reported being contacted by a local parents who were interested in helping co-ordinate activities for young people but who lacked the confidence to do so. Weston Youth Centre also houses b_creative, a social enterprise which currently provides 4 creative apprenticeships to promote skills in creative digital media. Current b_creative projects include a campaign using film and graffiti to tackle unhealthy behaviours, a film about cycling and its positive health benefits and a poster competition for 7-10 year olds to create a “healthy living poster” for the Locking Rd GP Practitce.

These are just some of the local health assets, or strengths in the community. A fuller list is presented on the following page.

Alliance Homes: Bournville Area Team: Project Manager, Community Warden, Housing Officer, Income Officer x2, Estate Manager x2, Financial Inclusion Officer; Community development worker.

Months of Action for 2014: Money Matters – Christmas Debt; Energy Efficiency and Fuel Poverty; Gardening and Communal Areas; Money Matters – Welfare Reform; Home Move; Environmental; World Cup Recycling

For All Healthy Living Centre

Allotment Group, Singing Group, Dance Group, Chatterbooks Book and Film Club, Swimming Group, Seated Exercise, Photography Group, Hans Price Sports, Health walks, Table Tennis, Crafty Chats, Cycling group, Running group, Weekend Ramble, Badminton, Stretch and Flex 60+, Yoga.

Healthy Connections 1:1 support.

Health Trainer support

Our Way Our Say

Soccer Tots, Your Space Youth Sessions, Wheels (indoor and outdoor cycling activities), Fitness Fun 15+, Street Games, Football Coaching, Support for parents.

South Weston & Old Mixon Children’s Centre What On 2014: Family Support Workers x2, Health Visitors, Midwives, Mental Health First Aid Trainer, Breastfeeding Peer Support Workers x16

Springboard, Ante Natal Clinics, Young Parents Support Group, PEEP on the Wild Side, Ante Natal PEEP, Baby PEEP, Stay and Play, RugRats, Family walks with buggies, Job Centre Plus drop-in, Thrive, Health Visitor drop-in, Mind Out – Child Minder drop-in, Fresh and Fruity, Thrive.

b_creative: Based in Weston Youth Centre

Provide creative apprenticeships through Weston College; potential for apprenticeship projects to be used in social marketing campaigns and promoting local activities.

Support ad hoc creative arts events with other community groups in the area.

Sports Active Seagulls Community Trust:

Street Games (Jubilee Park, Conniston Park, Bournville School, Brue Close, YMCA, Grove Park).

Youth Club promoting sports.

Charity matches and community days at WSM AFC

Institutional assets:

Primary Schools (Windwhistle, Old Mixon, Bournville)
 Secondary School (Hans Price)
 Weston College University Campus
 For All Healthy Living Centre (Primary Care, Social Care, Well-being project workers, Health Trainers)
 Children's Centres (Health Visitors, Family Support Workers)
 Community Nursery (Little Waves)
 Library (with free wifi) & a mobile library
 Police Office (in Bournville Primary Schools)
 Alliance Homes
 Knightstone Housing
 Weston Works
 Information Station
 Citizens Advice Bureau
 Credit Union
 Sanctuary Housing
 High Impact Families project

Physical Assets:

Allotments
 Parks with childrens' play equipment
 Skate Park (Jubilee Park)
 Football pitches (St. Johns and Woodspring Stadium)
 Sports Hall (Woodspring Stadium)
 Cricket Grounds
 Rugby & recreation ground
 Millenium Park (The Potteries)
 Green spaces within each estate
 The Rhynes
 Community Meeting rooms (For All Healthy Living Centre, Bournville School, Churches, The Substation)
 Weston Youth Centre
 The Chocolate Garden
 Children's' indoor play (Jumping N Jacks))
 Community Kitchen facilities (Bournville School)
 "Molly" the van (Alliance Homes)

Community Assets:

Community activities hosted by the For All Healthy Living Centre
 Our Way Our Say (Weston Youth Centre)
 WOW (Counselling & activities for young people)
 St Loyes Foundation (Family Action Programme and Wider Families)
 Community activities and support by Bournville Area Team (Alliance Homes)
 Training and employment support from Weston Works
 b_creative (creative apprenticeships)
 Seagulls Sports Active Community Trust
 Weston super Mare Association Football Club
 St. Barnabus Church (faith and community groups)
 Bethesda Church (faith and community groups)
 St. Andrews Church (faith and community groups)
 Friends of Jubilee Park
 St Andrews Indoor Bowls Club
 Weston Aerobics Gymnastics (The Potteries)
 Weston Amateur Boxing Club (St. Johns)
 Combat Gym
 Community Martial Arts
 Scouts (and Scout Hut)
 South Ward Activities Network (SWAN)
 Kick Start Enterprise
 16-25 Independent People
 XTND (Charity organising activities in school holidays)
 Bournville Area Residents Association
 Old Mixon Residents Association
 FREE (free running group)
 Breastfeeding Peer Support Volunteers
 Young Parents Partnership
 StreetSpace
 Somerset Wood Recycling Ltd.
 House of Objects and the Children's Scrapstore
Community Events
 Weston AFC Charity Matches and Community Days
 For All Healthy Living Centre - Summar Fair
 For All Healthy Living Centre – Winter Warmer (early December)
 Breastfeeding Week

7.2 Communication channels

The *INSIGHT* profile for the main groups living in South Ward indicates that the most appropriate communication channel for deprived groups is through social media such as Facebook and Twitter, as well as local newspapers. For those in the Aspiring group social media is less useful and local radio and television news is preferred. Some in the aspiring group and few in the deprived group read North Somerset Life.

INSIGHT profiling suggests that over 80% of people in deprived and affluent groups have access to broadband at home and that a similar proportion feel fairly or very confident using the internet. However it should be noted that this data relates to members of these *INSIGHT* groups across the whole of North Somerset. Anecdotal information from workers in South Ward indicates access to the internet, and confidence using it, is much lower for residents of South Ward in particular. Additionally a survey of 1,500 Alliance Homes tenants in February 2014 (with a response rate of 44%) found that 45% of their tenants did not have access to the internet, this was higher among supported housing tenants with 62% not having access to the internet, compared to 41% of tenants with general needs. Around half (48%) of those without access to the internet stated they did not want it, a quarter (25%) said the cost of equipment was a barrier and a fifth (21%) felt access costs were too high. Additionally over a quarter (28%) of tenants did not feel confident enough or felt they lacked the necessary skills to use the internet.³⁵

8.0 Summary

This document presents a range of health needs in South Ward. The incorporation of a review of existing health assets highlights existing activities and opportunities for promoting health and well-being. A number of health-promoting assets are clearly already available in South Ward, the challenge to professionals, community organisations and residents is to identify where these are working well, how successes can be built on and new solutions found to maximise their health-promoting potential.

Building on existing assets, promoting partnership working among professionals and the voluntary and community sector, as well as promoting volunteering is likely to strengthen the impact of individual organisations. It should be noted that in terms of a community assets assessment this document presents an incomplete picture from an early attempt at asset mapping. A more complete picture of local assets will only be obtained through engagement with the local community to identify “hidden gems” that the community value such as informal networks of shared interests or hobbies and the skills of local residents that can contribute to community development.

Community building is a key part of asset-based approaches; the aim of asset-based community development is to shift conversations with community members from talking about “what is wrong to what is strong”, helping individuals to recognise their skills and how they can contribute to their community. This approach can build individual self-confidence and social cohesion within communities which in turn can promote health and well-being and help mitigate against the negative impacts of deprivation. Building social connections can also improve access to health services through improved lay-health referral systems.

³⁵ Alliance Homes, Tennant Survey, Feedback Services, National Housing Federation. February 2014.

8.1 Priorities for action

- **Reducing the impact of poverty:** High rates of income deprivation affecting children and older people need to be addressed. Reducing unemployment, particularly youth unemployment, and teenage conceptions may help to reduce poverty in the area.
- **Improving private sector housing conditions:** Housing conditions and energy efficiency is being improved across the social housing sector; private home owners and landlords need to be encouraged to do the same.
- **Promoting mental health and well-being:** high rates of self-harm, depression and suicides highlight the importance of promoting mental health and wellbeing in South Ward. Childhood injuries may also be reduced through improved maternal mental health.
- **Promoting healthier lifestyles:** Low estimated levels of fruit and vegetable consumption, high rates of childhood obesity and high smoking prevalence highlight the need to promote healthier lifestyles among residents.
- **Reducing substance misuse:** high rates of alcohol- and drug-related hospital admissions highlight the need to address substance misuse in the area, including preventing young people taking up risk taking behaviours.
- **Tackling crime and anti-social behaviour:** violent crime and incidents of domestic violence are higher than average in South Ward.

Key opportunities and recommendations

Develop strengths within South Ward: A network of committed professionals work in the area and there are good links between key organisations; the For All Healthy Living Centre, Weston Works, Alliance Homes, Primary Schools and Children’s Centres. However it seems that wider links with smaller groups could be further developed. As charities these organisation spend a lot of time writing funding bids, often for relatively small amounts. More sustainable sources of funding would help alleviate this burden and enable them to focus on their primary objectives of improving outcomes for the local community. There is also scope to promote volunteering among residents; a number of residents volunteer at the Healthy Living Centre and are clearly committed to supporting their local community through volunteering and this can be built upon.

Asset based community development (ABCD) in South ward may provide a means to further identify local assets, namely in encouraging individuals to recognise their skills and passions and to use them to promote their own development as well as that of their community. This may help to buffer against the negative impacts of poverty and deprivation, improve social cohesion and tackle some of the causes of crime and anti-social behaviour, develop skills and confidence required for accessing employment and improve wellbeing among residents. Introducing a pilot ABCD project in the area will provide a way to test the benefit of this approach locally.

Improve coordination of projects across South Ward: A significant number of voluntary and community sector organisations and professionals are working to improve the quality of life of local residents; there could be improved co-ordination between these groups. The police are currently establishing a multi-agency “One Team” project to improve integrated, build trust with the local community and address crime and anti-social behaviour. Linking with this project will be vital to addressing the wider determinants of health and well-being for South ward residents. Greater co-ordination of frontline staff and volunteers in the area could also be improved by developing a monthly forum where individuals can network, share projects and identify opportunities for joint working and joint funding bids. Such a forum could also provide a hub for health-assets to be further identified and developed, for example through delivery of training events.

Promote positive mental health: Key aspects of promoting good mental health includes improving access to early interventions and primary care, reducing social isolation/promoting social support and developing resilience among individuals which begins with a positive start in life. Maternal mental health is associated with the quality of maternal care, including childhood vaccinations, prompt help seeking for childhood illness and injury prevention.³⁶ Support for parents is key to this and can be achieved through building on the support provided by local schools, Children’s’ Centres, the For All Healthy Living Centre, the introduction of the Family Nurse Partnership, Our Way Our Say and b_creative, among others. Opportunities for promoting self-esteem and self-confidence, such as engaging in creative activities should also be further explored and developed. There is growing evidence supporting the use of participative arts activities to promote wellbeing, self-confidence, skills development and social captial³⁷. The national No Health Without Mental Health strategy promotes helping individuals to engage in positive activities such as the arts³⁸. In terms of self-help Positive Step provide online resources, courses and books to promote self-esteem and well-being, these should be promoted in the area. Additionally the New Economics Foundation has developed “5 ways to wellbeing”, these are; Connect, Be Active, Take Notice, Keep Learning and Give. Individual uptake of the 5 Ways can be encouraged through promoting community activities which promote social connections, physical activity, skills development and volunteering. Activities that promote engagement with the natural environment can also have positive impacts on mental health³⁹.

The national campaign to reduce mental health stigma, “Time to Change” could be promoted locally. This alongside providing Mental Health First Aid training to professionals and volunteers working with adults and young people and Mental Health Awareness training with local employers is likely to increase identification and early intervention for those suffering from mental health challenges.

Promote healthy lifestyles: Improving diets is clearly recognised as an important issue in the area and the local primary schools have offered a number of programmes to promote cooking skills and healthy diets. These are important preventative measures and should be supported to find

³⁶ Prince, M., Patel, V., Saxena, S., Maj, M., Masilko, J., Phillips, M. R. and Rahman, A. (2007). No health without mental health. *The Lancet*. 370:859-877. Global Mental Health Series 1.

³⁷ Stuckey, HL. and Nobel, J. The connection between art, healing, and public health: a review of current literature. *American journal of public health*, 2010; 100(2), 254–63.

³⁸ Department of Health. No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages. (2011) London: Department of Health.

³⁹ Public Health and Landscape; Creating Healthy Places. The Landscape Institute. 2013.

sustainable funding. However there is a gap in provision of support for families with overweight children to help them return to a healthy weight and maintain healthier lifestyles. Promoting physical activity is also key to reducing excess weight. Health walks provided by the For All Healthy Living Centre and activities for young people provided by Our Way Our Say could be further promoted.

The use of local allotments by the For All Healthy Living Centre and the Alliance Homes “Growing Together” projects are significant health assets. Such projects could be built upon to create attractive communal areas and further promote physical activity, opportunities to connect with others socially and with the natural environment, as well as increasing access to fresh fruit and vegetables. Increasing the number of trees in the area may also have a positive impact on respiratory health^{40,41}.

Provision of the SHINE programme to support women in pregnancy to lose weight and develop healthier lifestyles will benefit the health of both mothers and their children. Children’s Centre staff should build on the success of activities in 2013 for “Breastfeeding Week” and the work of family support workers and peer supporters.

Increasing access to Health Trainers through the use of different physical and community assets is likely support healthier lifestyles. For example there could be greater health trainer presence at the Oldmixon Children’s Centre (particularly involvement with Thrive programmes and during Breastfeeding Awareness Week), outreach activities using Alliance Homes’ “Molly” the van and joining community events such as Seagulls Community Trust Community Days.

Reduce risk taking behaviours: Working with primary and secondary schools to prevent uptake of smoking among children is important. Additionally promoting the smoke free homes initiative with social landlords in the area may help to change social norms around smoking behaviour.

Evidence suggests 1 in 8 individuals receiving brief intervention and advice in relation to alcohol misuse will reduce their alcohol consumption⁴². Providing training for delivery of brief interventions and advice in relation to alcohol consumption to professionals working in populations with high prevalence of alcohol misuse, such as social housing providers may help to reduce problematic drinking.

An important part of reducing risk taking behaviours is to promote positive behaviours and the availability of distraction activities. Local schools, XTND, SWAN, Seagulls Community Trust and Our Way Our Say work to ensure there are positive activities for children to engage in outside of school hours. Local views of a recent increase in young people smoking cannabis is concerning and highlights the importance of maintaining and building on these activities for young people. It would be useful to engage with young people in the area to understand what activities they are interested in and would like to see more of locally. Identifying and promoting positive role models from the local area may also help to improve aspirations of young people and encourage development of positive behaviours.

⁴⁰ Public Health and Landscape; Creating Healthy Places. Landscape Institute, 2013

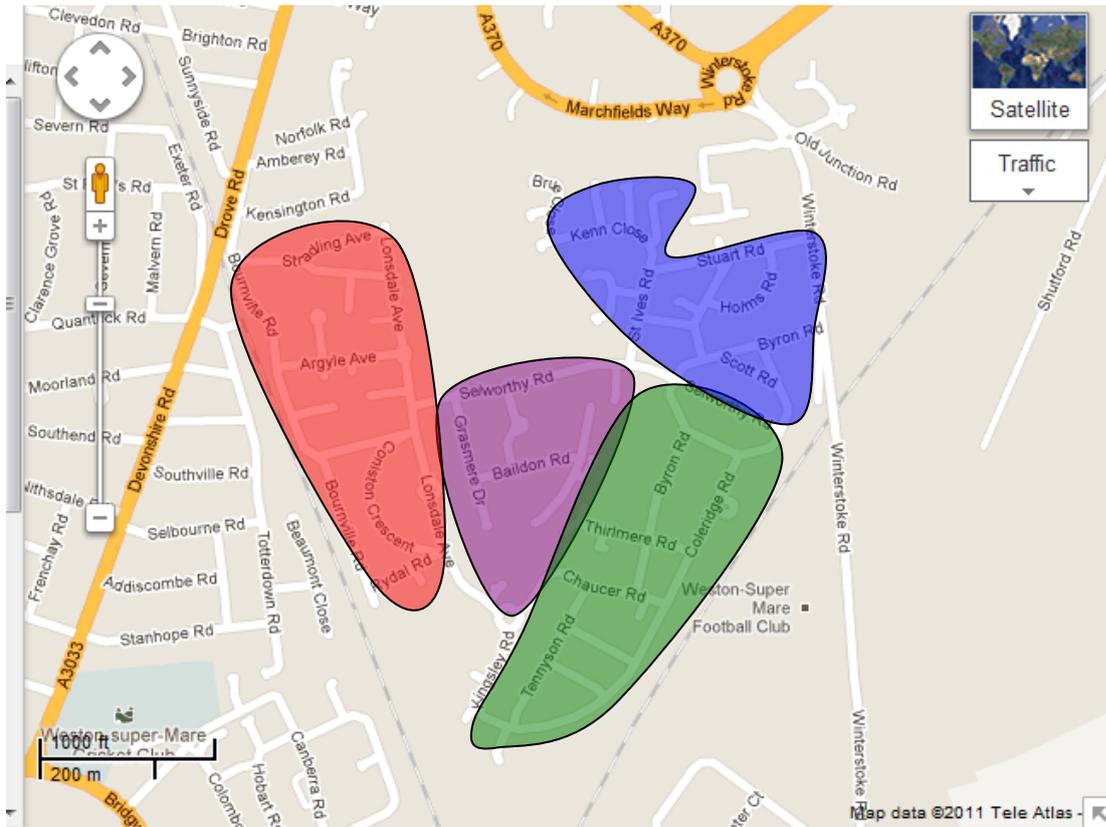
⁴¹ Donovan GH, Butry DT, Michael YL, et. al. 2013. The relationship between trees and human health: evidence from the spread of the emerald ash borer. *American Journal of Preventative Medicine*, 44(2):139-45.

⁴² Alcohol Learning Centre

Distribution of Health Promotion Materials: The review of assets has highlighted venues which could be used to distribute health promotion materials to residents of South Ward. These venues, such as Woodspring Stadium, St. Johns Football Club and Jumping Jacks Indoor Play could be used to help increase the reach of health promotion messages within the community.

Promoting appropriate use of services and self-care: Promoting skills for and confidence in self-care is important for reducing demand on primary care for those conditions that can be effectively managed by patients, with support from professionals when required. Building social support also provides a system of lay-health referrals which can improve self-care and appropriate access to services. The other side of the story relating to appropriate use of services is ensuring those that would benefit from services can access them. Removing barriers to access may involve providing community transport or outreach services to those who do not have access to transport, ensuring information on services is accessible and ensuring staff are welcoming to patients.

Appendix 1



Key:

-  = Bournville Estate Area 1 (Zone 26)
-  = Bournville Estate Area 2 (Zone 27)
-  = Bournville Estate Area 3 (Zone 28)
-  = Bournville Estate Area 4 (Zone 29)