

Health and Social Needs in Somerset 2007



Fourth report

SUMMARY

This is the fourth public report of the Somerset Health and Social Needs Analysis Group. The group, established in October 1998, published its first report in 1999 following the successful development of a multi-agency information set for Somerset. Data on a wide range of issues, including accidents, benefit dependency, crime and disorder, education, employment, health, housing and social service use, were mapped out at ward level. Three deprivation measures were also developed for Somerset, an all ages measure, a children's measure and an older age measure. Second and third reports were published in 2003 and 2005 respectively.

This report follows a further updating of the information set. New variables have been added and the deprivation measures have been recalculated. This gives an up-to-date picture of health and social need in Somerset and, as with the previous reports, provides an essential tool with which to assess levels of health and social need. It provides a holistic picture of patterns of poverty and deprivation and identifies neighbourhoods that suffer the most multiple and intense deprivation.

Since the first three reports were produced, the information contained in the dataset has been used by a wide variety of agencies to assess needs, identify priority areas for investment, allocate resources and plan services. It has been used to prepare bids for funding and has succeeded in raising funds to provide access to new services and resources in some of the most deprived areas in Somerset.

Section 1 of this report outlines the background to the work of the group, and gives details of the deprivation measures. It also gives some examples of how the data has been used, outlines local and national developments since the last report and summarises the findings of the new analysis. Section 2 gives a summary of how to use the data, which is then presented in a series of appendices.

**Health & Social Needs Analysis Group (HSNAG) for
Somerset Intelligence Network (SINe), 2008**

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Section One

HEALTH AND SOCIAL NEEDS IN SOMERSET 2007

Since 1998 the Health and Social Needs Analysis Group has successfully combined a wide range of information from a number of partner agencies. This represented an exciting advance in our attempts to measure and tackle poverty and deprivation in Somerset. This fourth report presents further analysis from the updated database. We hope that it will continue to be useful to a wide range of organisations and individuals living and working in Somerset.

1. INTRODUCTION

This is the fourth public report of the Somerset Health and Social Needs Analysis Group (HSNAG). The Group was established in October 1998 and has successfully developed a multi-agency information set for Somerset. The second and third reports were produced in 2003 and 2005 respectively and they have been widely disseminated and well received.

The initial report was the first time that such a wide spectrum of data had been brought together in this way. The HSNAG report provides an essential tool with which to assess levels of health and social need, giving a holistic picture of patterns of poverty and deprivation and identifying neighbourhoods that suffer the most multiple and intense deprivation.

This report presents both Somerset and district analyses of the updated database. Since the last report, the four PCTs (Somerset Coast, Mendip, South Somerset and Taunton Deane) have merged to become Somerset PCT. The PCT boundary is coterminous with the county boundary. Information is now available on a large number of issues including accidents, admissions to hospital, benefit dependency, crime and disorder, education, employment, health (including public health), housing and social service use.

The agencies involved in the work (and others) are using the dataset to identify priority areas for investment, to allocate resources and plan services on the basis of need. The dataset will also be of use to other statutory agencies, community groups and individuals for a variety of purposes.

Section 1 of the report introduces and outlines the work of the group, discusses the use of the database, highlights uses of HSNAG, some policy developments since the last report, and summarises the findings from the new analyses. Section 2 gives a summary of how to use the data and presents some of the data as a series of appendices. The report is available as a paper copy, on CD-ROM or electronically. Individuals from organisations represented on HSNAG have received training in the use of the database, and can offer support and advice on using the data. Their details are provided at the end of the report.

The data is mapped out at electoral ward level. In the first round of analysis, the group developed three deprivation measures for Somerset: an all ages measure, a children's measure and an older age measure. Updated data is presented with revised scores calculated for these measures. The content of the measures has had to be revised slightly as some variables were no longer available; some had changed and other new variables became available. Comparisons are given with the rankings of wards in the previous two reports. A second version of the measures is used to assist in ranking all wards and not just the most deprived ones. Comparison is also made with the ranking of wards using the Index of Multiple Deprivation (IMD) 2007.

This report is also available via the South West Public Health Observatory: www.swpho.nhs.uk and accessible via the Somerset Intelligence Network (SINe) website www.sine.org.uk and the Somerset Primary Care Trust website www.somersetpct.nhs.uk

2. BACKGROUND

2.1 The Health and Social Needs Analysis Group (HSNAG)

The Health and Social Needs Analysis Group (HSNAG) is a multi-agency group and a subgroup of the Somerset Intelligence Network (SINe) with representation from the following agencies:

- Somerset County Council
- District/Borough Councils and Local Strategic Partnerships (LSPs): Mendip, Sedgemoor, South Somerset, West Somerset and Taunton Deane
- Somerset Primary Care Trust
- Crime and Disorder Reduction Partnerships (CDRP)/Drug and Alcohol Action Teams (DAAT)
- Emergency services: Devon and Somerset Fire and Rescue Service and Avon and Somerset Police Constabulary (data provision)
- Atkins

Further details about the work of SINe can be found on page 26.

HSNAG was initially established in October 1998. The Government White Paper *The New NHS: Modern and Dependable* (Department of Health, 1997) identified that a key function of Health Authorities (as they then were) was to assess the health needs of the local population. The process included the collection of data about the local population by each statutory organisation, providing an insight into the needs of that population from different perspectives. This information was then used to draw up the Health Improvement Programme (HImP), a local strategy for meeting the needs identified.

Locally, HSNAG looked specifically at what was meant by “health and social need”. It was recognised early in the process that for this type of partnership to work, each partner agency needed to understand exactly what was meant when using these terms.

The tasks identified by the subgroup were:

- To establish a database of routinely available data from all participating agencies

- To devise a means of identifying areas in district /county organisations which were affected by multiple factors associated with greater health need in order to enable greater targeting of resources and action

HSNAG took on the responsibility of developing these tasks further.

2.2 Poverty and Deprivation

Poverty and deprivation are closely linked and, although the terms are often used interchangeably, they are distinct concepts. Poverty is the lack of income or other resources; deprivation arises from the conditions experienced by those who are poor.

Relative definitions of poverty are now preferred, where poverty is described as the situation in which resources are so far below those commanded by the average individual or family that the poor are in effect excluded from ordinary living patterns, customs and activities.

Townsend (1979) has defined deprivation as the absence of resources or life changes, or the presence of barriers that prevent individuals from participating fully or at all in the customary behaviour and activities enjoyed by wider society (Lee *et al* 1995). The terms material and social deprivation are defined differently. Social deprivation relates to lack of social contacts and membership of society, whilst material deprivation is concerned with lack of resources, amenities, goods, services and the physical environment. Thus, some may be socially deprived without being materially deprived and vice versa, whilst others may experience both types of deprivation.

Although poverty and deprivation are separate concepts, they are generally measured together. A number of deprivation indices have been developed for this purpose, all based on census variables (Carstairs 1995, Lee *et al* 1995). As none of the census questions were specifically designed to measure poverty or deprivation, these indices are at best proxy indicators of deprivation (Gordon 1995). They are also limited by the fact that the census is only undertaken every 10 years. The 2001 census data is the latest one available for inclusion in this report. Further information about the census is available from the Office for National Statistics (ONS) website www.statistics.gov.uk/census2001/default.asp

Deprivation indices have mostly been developed with an urban focus. Whilst evidence suggests that some are applicable in semi-rural areas, problems may be encountered in more rural communities due to differences, for example, in patterns of housing, car

ownership and benefit uptake (Chapman *et al* 1998, Cloke *et al* 1994, Shucksmith *et al* 1996). Furthermore, the nature, experience and impact of deprivation may differ, making it difficult to measure deprivation in the same way across the two areas (Chapman *et al* 1998, Cloke *et al* 1994, Shucksmith *et al* 1996, Phillimore & Reading 1992, Reading *et al* 1993). In rural areas, deprivation is more dispersed and ward level measures may therefore miss small pockets of rural deprivation. The measurement of deprivation across both rural and urban areas is therefore complex.

The first Indices of Deprivation (ID2000) consisted of a new set of indicators, developed by the Department of Social Policy and Social Work at Oxford University and published by the then Department of the Environment, Transport and the Regions for England and Wales (DETR) in September 2000. Among the indices was an overall score, known as the Index of Multiple Deprivation (IMD). Revamped Indices of Deprivation (ID2004, ID2007), using more and different indicators, were released in 2004 and 2007; again there was an overall score known as the IMD. For further information on the Indices of Deprivation, see page 19.

3. THE WORK OF HSNAG

3.1 HSNAG Dataset

Prior to the production of the first report, HSNAG identified which aspects of need and deprivation it wished to measure. Data variables covering these aspects were collated from a wide number of Somerset agencies and other sources and combined in a single database, although some gaps could not be filled. To be included, data had to be available at (or able to be aggregated to) ward level and be collected in a consistent way across the county.

Data from the 2001 census and deprivation indices calculated using this census data, have replaced the original data from the 1991 census and old deprivation indices. However, Breadline Britain, Jarman and the Index of Local Conditions are no longer available, and Townsend has been recalculated. Further information about deprivation indicators can be found in Appendix 2.

For the first report, all data was analysed at ward level using 1991 ward boundaries as this was common to the majority of data variables obtained. However, wards change their boundaries over time as communities develop and in the second report, data was analysed at ward level using 1991, 1998 and 1999 ward boundaries.

Somerset ward boundaries in 2004 were the same as they were in 1999 and also at the 2001 census; therefore the third report only showed results for the 2004 ward boundaries. The Somerset ward boundaries changed slightly in some areas in April 2007; however, as the data included is from before this change, the fourth report uses the same boundaries as the third report. Analysis at a smaller geographical level has not yet been done, although data is held for a large number of the variables at a lower level.

Two new aggregations have been introduced for the fourth report; Settlements and Deprivation Quintiles. Settlements are the major towns and have been defined in districts for other purposes and comprise groups of wards. Not all wards fall into a Settlement. Deprivation Quintiles are groupings of wards into five categories based on IMD income score. Category 1 is the most income deprived fifth of wards and category 5 the least income deprived.

The income score was used because the composition of the overall IMD score includes many aspects of deprivation that would be the same as some of the indicators collated in HSNAG. Comparison of these HSNAG variables and overall IMD quintile would therefore, by definition, show a relationship.

It had been hoped to include information for the Localities used by the Children and Young People's Directorate, but unfortunately the boundaries were not agreed in time.

Where there is a count of fewer than five for a ward, the number and rate based on that number is suppressed. This follows the ONS guidelines for confidentiality. The exceptions are where the data is already in the public domain and an individual cannot be identified.

There is a comparison with the second and third reports and with the revised IMD.

The full HSNAG database containing more than 300 variables is available on the CD-ROM. Included in the database are:

- Help in accessing the data
- Ward, district, Somerset, settlement and deprivation quintile values for all the variables (except those suppressed)
- The scores (all ages, children's and older age measures; "original" and "full" scores) for Somerset, districts, settlements and deprivation quintiles (including the variable values that make up the scores). See following text for description of measure content and definitions of types of score.
- A simple graphical option to plot 2 indicators against each other
- A description of the method used for ranking the variables
- A map showing Somerset, district and ward boundaries
- Further maps showing the distribution of scores across the county
- A table to enable users to look up wards (to assist, for example, in finding out which district, settlement or deprivation quintile a ward is in)
- A method of looking up postcodes to find out which ward, district, settlement and deprivation quintile they are in
- A way of printing out information for a ward on a set of variables
- A description of the variables (similar to Appendix 1 but not as extensive)

3.2 Three HSNAG Deprivation Measures

In order to facilitate the use of the information obtained, HSNAG developed three measures of deprivation:

- An all ages measure
- A children's measure
- An older age measure

Age-based measures were developed as many agencies focus their work around specific age groups. It was felt that the nature of deprivation and the geographic areas in which it clusters might be different for these different age groups.

The measures were developed by selecting and combining small subsets of variables from the dataset. Variables that would give the best reflection of poverty and deprivation in the three age groups and be relevant to both urban and rural areas were selected. The selection was modified using statistical analysis to ensure that the most appropriate variables were included in each measure and to prevent double counting.

For this report, some variables were no longer available, some had changed slightly and others were newly available. A description of the changes in the contents of the measures is given in Section 2.

Each of the three deprivation measures serves a different purpose (see Table 1). Each measure can be applied across the county to identify the most intensely deprived wards in Somerset, or within each district area to identify the most multiply deprived wards in each area (see Table 2). This report shows the ranking using the "original" score in the tables in the appendices; however, "full" scores and ranks are shown and analysis of the data using "full" score is possible within the database.

As in the third report, wards are ranked to show the top ranking (most deprived) wards within each district or Somerset. This has been done using the original methodology of the first report ("original" score) and also the extended sum-of-the-ranks method of the second report ("full" score). This is explained further in Table 2.

Table 1: Purpose of the three HSNAG Deprivation Measures

Measure	Purpose
All Ages Measure	To identify areas where poverty and multiple deprivation are experienced across all age groups
Children's Measure (under 18 years)	To identify areas where poverty and deprivation are experienced by children
Older Age Measure (over 65 years)	To identify areas where social deprivation/isolation is experienced by those of older age (over 65 years). [Research suggests that the elderly are most prone to experience rural deprivation (Chapman et al 1994, Shucksmith et al 1996) and an increasing body of evidence shows that social isolation has a detrimental impact on health (Broadhead et al 1983, Kawachi et al 1996). Social isolation was therefore felt to be a particularly important issue for older age groups in Somerset].

Table 2: Using HSNAG Deprivation Measure

Area of Analysis	Measure	How the measure is calculated	Using the measure
County wide analysis	Original score	Ward values for each variable in the deprivation measure are calculated. For each variable the wards are ranked from most to least deprived. Any ward that is one of the most 10 deprived scores one point. These points are added together across the variables to give a final score for each ward. The wards are then ranked from most to least deprived on the basis of this score.	Identifies intense deprivation: to appear in the top 10 of the 144 wards in Somerset (ie in the top 6%) for one of the variables in the deprivation measure, a ward must be experiencing intense deprivation for that variable. This analysis therefore identifies wards with intense deprivation over a few variables.
District analysis	Original score	As above for the county wide analysis with the original measure, except that a ward needs to be one of the five (rather than 10) most deprived for it to score a point for a variable.	Identifies multiple deprivation. Each district has between 18 and 39 wards. To be in the top 5 most deprived wards for one of the variables in the deprivation measure, a ward only needs to be in the top 13-28% most deprived wards within that district. The district analysis therefore identifies wards with less intense deprivation over more variables.
County wide analysis	“Full” score	Using the ranking as described above, the full score is defined as the sum of the ward’s ranks across all the variables in the measure. Wards are then ranked from most to least deprived on the basis of this score.	The original measure does not allow the ranking of <u>all</u> the wards within the county, as most of the wards score 0. This measure does allow such a ranking. Note however that the order of the wards can be different to that obtained using the original measure. This is because the average rank can be overly affected by a few variables for which the ward’s ranking does not match the usual pattern for that ward. (For example, Frome Park is ranked = 1 st in the original older age score but 12 th with the “full” older age score. For five of the nine variables Frome Park is in the most deprived 10 wards in Somerset but for two variables it is in the least deprived half. The other two variables are in the middle third). This measure therefore may pick out wards with consistently higher deprivation across variables, in preference to wards that have a mixture of very high and not so high deprivation.
District analysis	“Full” score”	As above for county wide analysis	As for the county measure, identifies wards with consistently higher deprivation (relative to the rest of the district).

4. USE OF HSNAG

HSNAG data has been, and will continue to be, used to understand need and to help set priorities.

4.1 How HSNAG has been used

HSNAG has been used extensively for funding bids and in community development work. Some examples of the use of the 2004 edition include:

4.1.1 Local Area Agreements (LAA)

Supporting the evidence needs of their LAAs is a principle function of all Local Intelligence Networks. The Somerset Strategic Partnership (SSP), which hosts SINE, is responsible for the delivery of the LAA in Somerset.

Launched in 2006, the Somerset LAA is a 3-year agreement between local partners which aims to tackle issues around the themes (blocks) of:

- Children and Young People
- Economic Development and Enterprise
- Healthier Communities
- Older People
- Safer Communities
- Stronger Communities

HSNAG has been a useful source of evidence and understand about the communities of Somerset, due to the wide range of data being made available at ward level. This has been instrumental in the development of the LAA in Somerset.

The LAA has been refreshed each year since its launch. This has provided an opportunity to amend existing targets, identify new targets and change the way funding is allocated between the blocks. HSNAG data has been used as part of the refresh process and has also been used during the re-negotiation of the LAA in 2008.

The dataset has also formed the basis of a comparison exercise between the Somerset LAA and district-based Community Strategies – for example, in Sedgemoor. Targets from each of the documents were compared to find out the degree of “match” between the two, to enable the Sedgemoor in Somerset Partnership to prioritise its activities to deliver both their Community Strategy and the Somerset LAA. Along with the ID2004, HSNAG was useful in assessing whether there was any justification for targeting resources to meet need in specific geographic areas, or across the district.

4.1.2 Joint Strategic Needs Assessment (JSNA)

HSNAG has been used in the development of the JSNA. The JSNA provides a joint assessment by the PCT and local authorities of the future health and care needs of the local population, and an overview of plans to help meet these needs (see para 5.1.10). The JSNA is underpinned by HSNAG.

4.1.3 Local Development Framework (LDF) Documents

A key element of preparing LDFs is the robustness of its evidence base. All development plan documents prepared as part of the LDF will be independently examined and tested against the credibility of the evidence base. Integral to the new system of plan making is the requirement of LDFs to be subject to formal sustainability appraisal as a means of assessing their potential social, environmental and economic effects and ensuring that policies reflect sustainable development principles. For example, in Sedgemoor, data from HSNAG has been used to provide essential benchmark data, particularly on social elements. In addition, in Sedgemoor the variables within HSNAG dataset are used as part of an Annual Monitoring Report for the LDF.

4.1.4 Area Profiling

HSNAG data has been used to develop a range of different area profiles based on selected ward geographies – either for individual wards, or aggregated into towns or other settlement areas. Some examples of these profiles include:

- Bridgwater town profile contributing towards the “Building Schools for the Future” bid for Bridgwater
- Ward profiles used in the induction of newly elected district Councillors

- Beat profiles for use by new Beat Managers appointed by Avon and Somerset Constabulary
- Parish cluster profiles for use by the Sedgemoor Area Working Panel

4.1.5 Sustainable Community Strategy

In Taunton Deane HSNAG data was used to inform their Sustainable Community Strategy (SCS). It was used for background information, and also to pick indicators for performance management. HSNAG was also used to inform area profiles of Taunton East and Taunton North, which in turn fed into the SCS.

4.1.6 Health Trainers

The PCT has established a team of health trainers who are based in local communities, able to offer health-related advice and support to people who want it, to enable them to improve their health and wellbeing. HSNAG has provided evidence for targeting these services in priority areas across the county.

4.1.7 Project Support and Funding Bids – Statutory and Voluntary Sector

South Somerset District Council's (SSDC) Sports, Arts and Leisure Service used HSNAG data to prioritise communities for project support and funding bids, including:

- **Active England Project** – Secured £225K towards the delivery of 11 youth facility projects in the areas with the highest health needs
- **Active Communities Project** – Strategic prioritisation of communities for healthy lifestyles programmes. Over £200k has been secured via external financing to support this
- **Crewkerne Aqua Centre** – Healthy Lifestyle Centre extension – justification to secure external investment
- **Young People Programmes** – Strategic prioritisation of communities for programmes to develop opportunities for young people

SSDC also used HSNAG data to support their lottery bids for the Chard Healthy Living Centre and the Balsam Healthy Living Centre in Wincanton.

The Somerset Community Food Projects Network used HSNAG in a successful bid to the Big Lottery Fund to establish its “Nourishing Capacity” project, particularly to help identify which communities the Nourishing Capacity workers would support. HSNAG will continue to be used by Somerset Community Foods to help evidence future funding bids.

5. DEVELOPMENTS SINCE THE THIRD REPORT

5.1 National Developments

5.1.1 Neighbourhood Statistics

The Neighbourhood Statistics Service (NSS) was established in response to the report of the Policy Action Team 18: Better Information. The PAT18 report recognised the critical role of statistics for small areas to target resources towards those areas in England most in need. The report produced 20 recommendations covering access to information for all and the promotion of a confidentiality-assured, one-stop shop for small area statistics. The Government accepted all the recommendations and commissioned a programme of work.

The ONS and the Department for Communities and Local Government (DCLG) are jointly responsible for this cross-government initiative, which supports the Government's National Strategy for Neighbourhood Renewal (NSNR). The aims of this strategy are:

- To bridge the gap between the most deprived neighbourhoods and the rest of England
- To bring about lower long-term worklessness in the poorest areas
- To reduce crime
- To improve health
- To increase the number of people with qualifications
- To improve housing and physical environments

The NSS was established to support evidence-based policy making and to contribute to the NSNR, promoting community engagement and fostering social inclusion. The NSNR continues to be focused on improving social outcomes for neighbourhoods in relation to jobs/worklessness, crime, education, health, housing and the environment.

Since NSS started, policy has developed and new initiatives have come to the fore, so a process has been put in place to ensure that these changes are reflected in the data released via the website. In particular, over the last year [2005/06], it has been recognised that increasing attention needs to be given to a number of new policy drivers, including the LAA, Local Enterprise Growth Initiative, the Mixed Communities Initiative, and the Respect Agenda.

The original vision of the NSS, published in the Programme Business Plan in 2002, has been extended to 2008 and beyond. This vision has underpinned the work carried out during the period of this report.

“By 2006 the NSS will provide a timely, relevant and comprehensive set of statistics, indicators and analyses that describe the characteristics of a neighbourhood consistently over space and time. The service will be used by regeneration professionals to plan neighbourhood renewal policies and monitor their effectiveness, and will be widely respected as the natural home for small-area statistics in the UK.

The NSS will go on developing beyond the life of the formal programme and by 2008 will be at the centre of a modernised repository of UK sub-national data, appealing to a much wider audience than the core professional customers. NSS will play a central role in the build up and integration of administrative source data, at both micro and aggregate levels, which will result over time in less reliance on traditional survey and census methods to paint a picture of life in the UK.

Beyond 2008, the service will reach maturity as a central component of the modernised ONS statistical systems and will be viewed as truly world class.”

From the NSS Annual Report to Ministers 2005-2006. The full report can be found at: http://neighbourhood.statistics.gov.uk/HTMLDocs/Images/NeSS-Report_2005-06_tcm97-51089.pdf

Consistent with this longer-term vision, there have been three high-level programme outcomes that have underpinned the work carried out during the last year [2005/06]:

1. To provide timely and relevant information and analysis about small areas which are consistent over space and time and used routinely in policy development, planning, delivery, evaluation and for monitoring progress.
2. To improve understanding of the patterns of deprivation and neighbourhood change in the country
3. To act as a pathfinder for change in the infrastructure and statistical practice in the Government Statistical Service and beyond

It has been suggested that HSNAG would be superseded by NSS, but to date the data currently available centrally is not as comprehensive and locally owned as that which can be

obtained from the agencies within Somerset. However, some of the data within HSNAG comes from NSS.

The webpages containing NSS data can be found through the ONS website at www.statistics.gov.uk.

The Statistics and Registration Service Act (SRSA) came into effect in April 2008 and a new “governing body” for National Statistics has been established – the United Kingdom Statistics Authority (UKSA). The Act aims to make the national statistics system in the UK more independent, by the establishment of the UKSA, whose role is to promote and safeguard the production, quality and comprehensiveness of official statistics. To achieve this independence, the UKSA operates as a non-Ministerial Department accountable directly to Parliament. The UKSA’s remit covers the whole UK statistical system, including England, Scotland, Wales and Northern Ireland. The new UKSA has absorbed the operations of the ONS.

For more information about the SRSA, visit the Office of Public Sector Information (OPSI) website: www.opsi.gov.uk/acts/acts2007a. Further details about the UKSA can be found at www.statisticsauthority.gov.uk

5.1.2 The 2001 Census

The census is undertaken every 10 years with the 2001 results being the most recent. Data is produced for a range of geographies, including ward and local authority. The census form framed questions slightly differently than in 1991 and added some questions on general health. Ward boundaries have also been revised between censuses.

Some variables are suppressed for small wards: there are three wards in West Somerset (Dunster, Exmoor and Brompton Ralph and Haddon) that do not have results for some of the variables used in this report. Further information is available from:

www.statistics.gov.uk/census2001/default.asp

5.1.3 Indices of Deprivation (ID) 2007

The ID2007 are an update to the ID2004 and are measures of deprivation for every census Lower Layer Super Output Area (LSOA) and local authority area in England, developed by the Department of Social Policy and Social Work at Oxford University, commissioned by the

DCLG. The indices are based on routine, updatable sources of information (not just census variables) that are available at LSOA level and are multi-dimensional, thus reflecting different aspects of deprivation.

The ID2007 comprise seven domains (Income; Employment; Health Deprivation and Disability; Education, Skills and Training; Barriers to Housing and Services; Crime and Disorder; Living Environment) which are combined into an overall IMD. The income domain also contains two indices; an income deprivation affecting children index and an income deprivation affecting older people index. ID2007 is an update of ID2004 using very similar methodology. This means that a direct comparison between the scores in the two time periods is acceptable.

LSOAs are defined in such a way as to have a population of at least 1000 and on average a population of 1500. Hence they are in general smaller than electoral wards. However, in West Somerset, because of the small population sizes, there are three instances of an LSOA covering two wards. For this report, estimates of ID2007 scores for each ward, district, settlement, (income) deprivation quintile and Somerset were made using population weighted averages of the LSOA scores comprising the relevant area. These scores can be regarded as the average scores of a person within the ward (or district etc) and while not wholly statistically valid, this method does give an indication of the ranking of deprivation across the geographies.

Further information can be obtained from the DCLG website:

www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07

5.1.4 National Indicator Set

Following on from the Local Government White Paper *Strong and Prosperous Communities* published in October 2006, a new set of streamlined national indicators for public authorities was introduced. The National Indicator Set (NIS) aims to reflect national priorities for local authorities working alone or in partnership.

The national set includes 198 indicators, which will be the only measures central Government will use to monitor and performance manage local councils and their partners and will therefore replace all other performance indicators including Best Value Performance Indicators and Performance Assessment Framework indicators.

From April 2008, some of these targets will be included in the new LAAs within each local area. New LAAs must include up to 35 targets drawn from the NIS, and complement these with other statutory targets for educational attainment and early years, along with locally defined targets.

Consultation on the definitions for the 198 indicators ended in December 2007 and formed the basis of the “National Indicators for Local Authorities and Local Authority Partnerships: Handbook of Definitions”, published in early 2008. For more information about the national indicator set, visit:

www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/nationalindicators

5.1.5 Place Surveys

Out of the 198 indicators in the NIS, 25 are defined as Citizen Perspective Indicators (CPIs). These measure people’s attitudes about the quality of life in their local area. The Government is proposing to measure 20 of these CPIs through the introduction of new Place Surveys.

It is proposed that the Place Surveys will take place every two years and replace the former Best Value User Satisfaction Surveys (BVUSS) which were carried out every three years. They are designed to change the emphasis of the survey to measure people’s perceptions about the area they live in, rather than the perceptions of their local council.

Local authorities will be responsible for administering the surveys, and in two tier areas it is expected that they will be administered collaboratively. In Somerset, there is already positive experience of taking this approach; the most recent BVUSS were commissioned jointly by SINE on behalf of all the Councils in Somerset.

The DCLG consulted on the methodology at the beginning of 2008, with the aim of introducing pilots in April and funding the first Place Surveys in autumn 2008. For more information about the Place Surveys, visit:

www.communities.gov.uk/publications/localgovernment/newplacesurvey

5.1.6 Local Area Agreements (LAAs)

LAAs were initially introduced in 2004 and set out the priorities for a local area as agreed between central Government, a local authority, its Local Strategic Partnership (LSP) and other key partners at the local level.

LAAs simplify some central funding, aiming to join up public services more effectively and allow greater flexibility for local solutions to local circumstances. The reward funding element of LAAs replaces the former Local Public Service Agreement funding (LPSA).

The Local Government White Paper *Strong and Prosperous Communities* published in October 2006 set out fundamentally different arrangements for the next round of LAAs.

Newly negotiated LAAs will replace the multiple national performance frameworks under which local authorities operate. The new arrangements aim to give a stronger role for local authorities to lead their communities, shape their areas and with other local service providers to innovate and respond to local needs.

To this end a newly negotiated LAA will be adopted in 2008 and will include up to 35 designated targets which local authorities and their partners negotiate with central Government. These targets are drawn from both the new NIS and local targets agreed between the local authority and partners. In addition to the up to 35 designated targets, all areas will also agree 16 statutory education and early years' targets with Government.

For more information about LAAs, visit

www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/localareaagreements/

5.1.7 Comprehensive Area Assessments (CAA)

From 2009, CAAs will replace the Comprehensive Performance Assessment (CPA) regime for statutory organisations. CAAs aim to assess how well run local public services are and how effectively they use their resources. A new aim of CAA will be making the assessment process more relevant to the local area context, by focusing on issues that are important to the local communities served by these public organisations. CAAs aim to assess the challenges facing a local area as a whole, rather than focusing on a few specific issues.

In 2007 the Audit Commission published a series of consultation documents about the proposed new CAA model, including those relating to the transition between CPA and CAA. There will be further consultation about transitional arrangements later in 2008. For more information about CAAs, visit: www.audit-commission.gov.uk/cpa/cpatransition.asp

5.1.8 Equality Act 2006

The Equality Act 2006 serves three main purposes:

- It created a single Commission for Equality and Human Rights (CEHR) which replaced the Equal Opportunities Commission (EOC), the Commission for Racial Equality (CRE) and the Disability Rights Commission (DRC).
- It created a duty for public bodies “to ensure that people’s ability to achieve their potential is not limited by prejudice or discrimination, and each individual has an equal opportunity to participate in society”
- It made it unlawful to discriminate against certain groups in the provision of goods, facilities and services, the management of premises, education and the exercise of public functions

The Act defines a “group” as a “group or class of persons who share a common attribute in respect of any of the following matters”. These groups are:

- Age
- Disability
- Gender (including proposed, commenced or completed reassignment of gender)
- Race
- Religion or belief
- Sexual orientation

Local authorities and their public sector partners are now under a legal obligation to ensure equalities in all that they do, and are obliged to develop Equality Schemes to outline how they will meet their new obligations under the Act.

There are numerous implications of this new duty for research, intelligence, monitoring and consultation. SINE will play a key role in supporting public sector bodies in their information and consultation needs arising from their obligations under the Equality Act.

The Act is available in PDF format from the OPSI by visiting:

www.opsi.gov.uk/acts/acts2006/pdf/ukpga_20060003_en.pdf

5.1.9 Health Equity Audits (HEAs)

“Health inequality” describes differences in health experience and health outcomes between different population groups – according to socioeconomic status, geographical area, age, disability, gender or ethnic group. In contrast, “health inequity” describes differences in opportunity for different population groups which result in unequal life chances, access to health services, nutritious food, adequate housing and so on. These can lead to health inequalities.

HEAs focus on how fairly resources are distributed in relation to the health needs of different groups. The overall aim is not to distribute resources equally, but rather in relation to need. Changes in investment and services as a result of HEAs aim to reduce avoidable health inequalities and promote equal opportunity to the determinants of good health, access to health and other services.

HEA is a process by which partners systematically review inequalities in the causes of ill health, and access to effective services and their outcomes, for a defined population. They aim to ensure that further action is agreed and incorporate into policy, plans and practice. Actions taken are reviewed to assess whether inequalities have been reduced. For example, HEA identified that patients with heart disease in the Mendip area were less likely to receive appropriate treatment than patients elsewhere in Somerset. Following this work, the PCT invested resources to improve access for Mendip residents.

Further information about HEAs can be found on the following websites:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084138

<http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/p101.jsp>

<http://www.nice.org.uk/niceMedia/documents/equityauditfinal.pdf>

5.1.10 Joint Strategic Needs Assessment (JSNA)

A JSNA is the means by which PCTs and local authorities will describe the future health, care and wellbeing needs of local populations and the strategic direction of service delivery to meet those needs. JSNAs form the basis of a new duty to co-operate for PCTs and local authorities that is contained in the currently Local Government and Public Involvement in Health Bill. This HSNAG report underpins the JSNA. The reason for doing a JSNA is to develop the whole health and social care response so it more closely meets the wants and needs of local people. It will provide an opportunity to look three to five years ahead and support and direct the change that needs to happen in local service systems so that:

- Services are shaped by local communities
- Inequalities are reduced
- Social inclusion is increased
- These outcomes are maximised at minimum cost

Good JSNAs will:

- Provide analyses of data to show the health and wellbeing status of local communities
- Define where inequalities exist
- Use local community views and evidence of effectiveness of interventions to shape the future investment and disinvestment of services
- Define achievable improvements in health and wellbeing outcomes for the local community
- Send signals to existing and potential providers of services about potential service change
- Support the delivery of better health and wellbeing outcomes for the local community
- Inform the next stages of the commissioning cycle
- Aid better decision-making
- Underpin the LAA and the choice of local outcomes and targets

Further information about JSNA can be found on the following websites:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

<http://www.swpho.nhs.uk/default.aspx?RID=35084>

<http://www.readiness-tools.com/tool-full.aspx?toolguid=1be51da7-ecd7-4a72-90c0-9d413370c303>

5.2 Local Developments

5.2.1 South West Observatory (SWO)

The SWO is made up of six Thematic Modules, seven sub-regional Local Intelligence Networks (LINs) and a co-ordinating Core Unit. The Network is working to a common vision; that policy making in, and about, the south west region should be based on sound evidence. It is the Observatory's aim to be the automatic first port of call for intelligence about the south west region and its parts, with any one of the constituent bodies being a portal to the entire network of experts and resources.

A major priority for 2007/08 has been the need to raise awareness of the benefits and strengths of the SWO network, particularly with policy makers. The Core Unit will be working with the LINs (of which SINE is one) and modules to highlight its work and role within the SWO to as wide an audience as possible across the region.

For example: the South West Public Health Observatory (SWHPO) is part of the wider public health programme and operates as the Public Health theme module of the SWO. It is based in Bristol, with a Director, Public Health Information Specialists and administrative support providing a high level of management and epidemiological expertise. It also represents a user-friendly point of access. The substance of the SWPHO will be in a network of collaborators, with members of the network feeding in the work they are doing to the co-ordinating unit. They will also use other outputs of the SWO, contribute to the work programme and collaborate with other members of the network.

To see a visualisation of the network's constituent parts with contact and resource details, visit this link: www.swo.org.uk/corenetwork/network.html

The need for accurate, timely and validated data has never been greater, whether it is for policy development or performance target monitoring. The SWO continues to work towards

developing a shared on-line repository of data and research information, with the involvement of SINE.

Meanwhile, the SWO has produced a *State of the South West Report for 2008*: an online version is available on their website.

5.2.2 Somerset Intelligence Network (SINE)

SINE was established in 2001 as part of the SWO, and is currently hosted by the SSP.

In 2006, SINE merged with the Somerset Joint Consultation Strategy Group (JCSG) and redefined its terms of reference to establish a network of professionals from local organisations whose roles reflect a broad range of research and/or consultation expertise.

The purpose of SINE is to share and disseminate research and intelligence and to carry out targeted research and consultation, in order to provide contextual information against which the SSP and its respective partners can plan and measure performance.

The aim is that this will support the planning, implementation and monitoring of major strategies, plans and programmes, primarily through the LAA, but also contributing to:

- Sustainable Community Strategies
- Local Development Frameworks
- Comprehensive Engagement Strategies
- Regional Spatial Strategy
- Community Cohesion Strategy
- Joint Strategic Needs Assessment
- Integrated Regional Strategy
- Local Transport Planning
- Local Delivery Plan

SINE has three areas of focus:

- Consultation
- Research and intelligence
- Advice and best practice

SINe's consultation focus is to contribute to a co-ordinated approach to consultation across Somerset where appropriate, reducing duplication and developing joint ways of facilitating effective engagement for the SSP and its partners. Part of this involves identifying the common consultation requirements of the members and collaborating to fulfil these where it adds value or efficiency.

The research and intelligence focus of SINe involves:

- Providing advice about available intelligence and undertaking or commissioning research and consultation about specific issues to fill gaps where appropriate
- Interpreting research and intelligence for a wide, varied audience and disseminating findings through a variety of means as required
- Working with the SWO to contribute local information to the regional body of research and intelligence, in order to build up a fully rounded picture of the region

The third focus of SINe is advice and best practice. This involves:

- Sharing information and best practice about research and consultation to promote common standards and provide better value for money
- Submitting bids for research funding in collaboration with other local intelligence networks in the region, where appropriate
- Providing advice about the value of good quality research and consultation practice
- Co-ordinating responses to national and regional consultations about relevant issues

The SINe working group meets bi-monthly, with additional meetings of the subgroups, including HSNAG, which are convened as required to discuss specific issues and carry out particular projects. For further information, visit: www.sine.org.uk

5.2.3 LSPs and Sustainable Community Strategies (SCSs)

LSPs and Community Strategies were introduced as a result of the Local Government Act 2000. Their broad aim was to improve economic, social and environmental quality of life within their local areas. The context within which each LSP operates has become

increasingly complex since their inception, and greater expectations are being placed upon them.

In 2006, the Government raised a discussion paper examining the current and future role of LSPs, their governance and accountability, and their capacity to deliver Sustainable Community Strategies and LAAs.

The future role of LSPs is central to the Government's vision for the future of local decision making, especially for developing a strong leadership role for local councils. LSPs are intended in the future to be crucial in achieving better quality neighbourhood engagement, including defining and delivering local priorities across the area rather than work being carried out by separate agencies. LSPs will play a vital role in agreeing and delivering LAAs.

The vision for Community Strategies is that they will evolve into SCSs. These will be based on firm evidence, add value to other local plans, be spatially relevant and robust enough to set the agenda for priorities in LAAs. There is a key role for SINE in enabling and supporting this process.

It is intended that proposed changes to the focus and role of LSPs will lead to collaboration between partners as the best way to achieve success. To achieve this, LSPs are expected to shift their focus from the process of community planning, to the delivery of outcomes through the introduction of performance management.

Each LSP is required to develop a SCS for its locality, using a bottom-up approach of consulting with local people, and including the issues identified in its parish and town community plans. It must also have regard for regional and sub-regional plans and strategies. It provides an overarching framework for the activities of the partners to address local needs and aspirations.

SCSs are expected to set the agenda and vision for the outcome-focused LAAs as well as providing the context for LDPs. For more information about the changing role of LSPs, visit www.communities.gov.uk/publications/localgovernment/localstrategicpartnerships

Information about community planning and LSPs in each local authority area is available from each council's website.

5.2.4 Community Engagement and Empowerment

The [Strong and Prosperous Communities - The Local Government White Paper](#) was published in October 2006. The White Paper is on the side of individuals and families who want to make a difference, both to their own lives and to the communities in which they live. The vision is to revitalise local authorities, working with their partners, to reshape public services around the citizens and communities that use them. This means changing the way local authorities work to:

- Give citizens and communities a bigger say
- Enable local partners to respond more flexibly to local needs
- Reduce the amount of top-down control from central Government
- Enable citizens and communities to play their part

Community empowerment is the process of enabling people to shape and choose the services they use on a personal basis, so that they can influence the way those services are delivered. It is often used in the same context as community engagement, which refers to the practical techniques of involving local people in local decisions and especially reaching out to those who feel distanced from public decisions. A new statutory “duty to involve” local people comes into force in 2009.

5.2.5 Regional Spatial Strategy (RSS)

The organisation and location of development is arranged through the development plan system, which is given statutory weight by the 2004 Planning and Compulsory Purchase Act.

RSSs draw together Government development planning policy, population and economic forecasts and the advice from local authorities on the best broad locations for development in their areas. RSSs look 20 to 30 years ahead. They are prepared by regional planning bodies – in the case of Somerset, this is the South West Regional Assembly (SWRA) – and then finalised by Government.

The RSS is the framework development plan document for a region on which local planning authorities, such as district councils, base their local development policies and proposals to form a LDF.

The SWRA has updated the current RSS, which will look to 2026. The draft of this new RSS was reviewed by an independent Government Panel in spring 2007 through a public enquiry mechanism called an Examination in Public (EiP). Invited representatives and experts from all parts of the planning spectrum discussed the proposals in detail. The Panel has published a report of its findings from the EiP discussions, for public information. This Panel report forms advice to the Government. In the light of this advice, and any other considerations it considers necessary, the Government will publish proposed changes to the draft RSS for public consultation in the summer of 2008. Completion of the new RSS is expected in the winter of 2008/09.

The advice from local authorities that is given to regional planning bodies during the preparation of the RSS includes key information drawn from the databases and analysis of local information networks. Population and economic research are particularly important in shaping the pattern and scale of development needs and assessing the effect of new policy to help future reviews.

5.2.6 Crime and Disorder Reduction Partnerships (CDRP) in Somerset

In 1998, the Crime and Disorder Act was introduced. The purpose of this Act was to tackle the problems of crime and to help create safer communities. Following its introduction, CDRPs in Somerset were formed based on district boundaries. The Act states a list of responsible agencies that have to participate in the work in reducing crime and disorder within the communities.

In Somerset, the main partnership agencies involved are:

- Avon and Somerset Constabulary
- Avon and Somerset Police Authority
- Avon and Somerset Probation Service
- Somerset County Council
- Mendip, Sedgemoor, South Somerset, Taunton Deane and West Somerset District Councils
- Somerset PCT
- Somerset DAAT
- Devon and Somerset Fire and Rescue Service
- Somerset Youth Offending Team

Other voluntary organisations, including Victim Support, are also involved.

The agencies have the responsibility of auditing local crime and disorder problems and producing a strategy and action plan every three years.

In 2002, an amendment to the Crime and Disorder Act was made by the Police Reform Act to include Drugs Misuse in the auditing and the production of the strategies. The Police and Justice Bill (2007) now requires that three-yearly audits are replaced by six-monthly strategic assessments, looking at crime and disorder issues as well as:

- Misuse of drugs, alcohol and other substances
- Antisocial behaviour
- Behaviour adversely affecting the environment

The SSP strategic assessment is a county wide document summarising research, evidence and intelligence provided by all partner agencies to identify and prioritise potential community safety issues and threats that Somerset may face in the coming year. This aims to form a joint partnership strategy with specific action plans to tackle the identified priorities.

HSNAG provides a useful tool for the CDRP work as it helps all partner agencies to identify areas of deprivation, and recognise if a correlation exists between community safety issues (such as crime, drug and alcohol misuse, arson etc) and deprivation. It also helps identify which specific contributors to deprivation (for example, income, benefits, education) are highly correlated to these phenomena and target areas where services could be needed.

6. RECOMMENDATIONS FOR THE FUTURE OF HSNAG REPORTS

As in previous years, a number of difficulties were encountered during the preparation of this report. Obtaining data, inconsistent means of collecting data, and changes in definitions of localities were the most significant issues, together with limited dedicated time within partner agencies to retrieve data and contribute to the process of compiling the report. To assist in this process in future, the following recommendations are proposed:

- SINE should seek to identify and resolve issues that impact on data collection sharing, both for HSNAG and in general
- HSNAG members should include a representative of each district council, the PCT and core directorates within the county council
- HSNAG members should have HSNAG incorporated in their job description
- Briefing notes should be prepared by each agency to detail the process of data collection and collation; who and what was involved
- Early involvement of stakeholders is required so that approval for data collection and release can be agreed
- Details and ramifications of the Data Protection Act and the Freedom of Information Act need to be understood by all agencies involved
- Key staff (especially SINE members) should be familiar with the HSNAG database and be in a position to advise on its use, and disseminate it widely
- HSNAG should report through SINE to the SSP
- HSNAG report and database should be promoted and endorsed by the SSP to all partner agencies
- SINE should be resourced adequately to provide an appropriate evidence base for the SSP – including the production of HSNAG reports
- The collection of data should be kept under review, in conjunction with the production of online statistics, to ensure the HSNAG report and database are still of value and there is no duplication

7. FINDINGS FROM THE FOURTH ANALYSIS

7.1 HSNAG Dataset

The updated dataset now contains a large number of variables, including many that are new since the previous report. In particular, there are many new public health variables. Care should be taken interpreting some of the values, particularly those that are modelled using national results from the Health Survey for England and local demographic profiles. This means the values shown are estimates of what you might expect rather than what is actually happening.

More variables will enable more detailed profiles of each ward and area. See Appendix 1 for a full list and further information about the variables (please note that caveats concerning completeness, comparability and limitation are included for some variables); and Appendix 2 for information about the uses of the data variables and additional references.

7.2 The Three HSNAG Deprivation Measures

Using HSNAG deprivation measures, a number of wards are identified as being the most deprived in each of the three age groups. Many of the wards identified have previously been highlighted as priority areas.

HSNAG deprivation measures enable a full picture of the components of deprivation in each area to be established and indicate clearly why each area has been identified as deprived. This is illustrated in Section 2, Appendices 5-9. The tables give ward values for the variables in each deprivation measure. The shaded cells indicate where the ward value falls in the five most deprived within that district for that variable – this means that the problem issues for each area can be identified at a glance. Reference to the cells at the bottom of the page indicates how each ward compares with the rest of the district and county. Three new appendices appear in this report: summaries for the districts, settlements and deprivation quintiles.

7.3 Using the Data

Section 2, Part A, explains how to use and interpret the data. Part B contains some further information to answer queries that may arise when using the data. Part C gives more details of HSNAG deprivation measures.

The data itself is presented in a series of appendices. The final appendix is a map of Somerset outlining district and ward boundaries. Not all the variables can be presented in this report and Section 2 therefore concentrates on the most relevant variables. A copy of the whole MS Access 2003 database is available on CD-ROM.

Using the electronic database, each variable and score can be examined across the county and within each district. Settlement and Deprivation Quintile values can also be found. As can be seen from Section 1, 4.1 “How the Information has been Used” (page 13), there are many ways in which statutory and voluntary agencies, community groups and individual practitioners can use this data.

The new priority wards for the districts are shown on the following pages. In 7.7 the ranking is by the “original” score and in 7.8 by the “full” score. The tables show the wards ranked 1 to 5 in each area. A comparison with the second and third reports is added here. In appendices 3 and 4 these tables are combined and a comparison made with the IMD ranking. In those tables, wards that were previously in the lowest five, but are no longer so, are also shown. The scores were calculated before small numbers were suppressed and allowance was made for missing data. Hence no ward was advantaged or disadvantaged.

7.4 Advice and Help on Using the Database

The database is written in Access 2003, which you need to have installed on your computer. The database on the CD-ROM should be copied onto your computer and the properties of the database altered so that you can write to it. This is because some of the options require tables to be created in the background and this cannot be done on the CD-ROM. Double clicking on the file name will open the main menu. There is a section of the flyer included with the report that guides you through what you have to do and there is a section of the database that will guide you through using the database itself.

Advice and help on using the database/report can be obtained from any of the people on HSNAG contact list at the end of the report.

7.5 Postcode Level Data

Since the last report was produced, both the database and deprivation scores have been updated to look at health and social need, based on the most recently available data.

Approximately half the care data was collected at postcode level. The data released to the public will, however, only be available at ward (or higher) level.

7.6 Confidentiality

The recommendation from the ONS is that counts of less than five (and rates based on them) should not be released. The only exception is for data that is already in the public domain and where an individual cannot be identified. The report and database follows this guidance.

7.7 Priority wards 2007 (“original” score)

Somerset

All Ages		Children		People aged 65+	
1 (1/1)	Taunton Halcon	1 (1/2)	Taunton Halcon	1 (14/2)	Yeovil East
2 (2/1)	Bridgwater Hamp	2 (3/2)	Bridgwater Sydenham	1 (3/48)	Frome Park
2 (4/5)	Bridgwater Sydenham	3 (2/2)	Bridgwater Hamp	3 (3/1)	Taunton Lyngford
4 (3/3)	Bridgwater Victoria	3 (5/5)	Bridgwater Victoria	3 (14/4)	Glastonbury St Benedict's
5 (5/3)	Taunton Lyngford	3 (5/11)	Alcombe East	3 (14/25)	Taunton Blackbrook & Holway
5 (6/6)	Yeovil East			3 (1/4)	Bridgwater Hamp

(Rank in 2004/2002 reports shown in brackets). For a full list see Appendix 3.

Mendip district

All Ages		Children		People aged 65+	
1 (6/6)	Street North	1 (3/19)	Street North	1 (1/1)	Street North
2 (1/6)	Shepton East	2 (1/2)	Shepton East	2 (3/11)	Frome Park
2 (2/2)	Frome Welshmill	3 (5/6)	Glastonbury St John's	2 (8/3)	Glastonbury St Benedict's
4 (3/2)	Glastonbury St Benedict's	3 (3/3)	Frome Welshmill	2 (3/8)	Street South
5 (5/4)	Glastonbury St John's	3 (2/1)	Frome Keyford	5 (3/1)	Wells St Cuthbert's
				5 (3/11)	Glastonbury St John's
				5 (3/6)	Wells Central
				5 (8/3)	Frome Keyford

(Rank in 2004/2002 reports shown in brackets)

Sedgemoor district

All Ages		Children		People aged 65+	
1 (1/1)	Bridgwater Victoria	1 (1/2)	Bridgwater Sydenham	1 (4/3)	Burnham South
1 (2/2)	Bridgwater Hamp	2 (3/1)	Bridgwater Hamp	2 (1/1)	Highbridge
3 (3/3)	Bridgwater Sydenham	2 (4/4)	Highbridge	2 (1/3)	Bridgwater Hamp
4 (5/4)	Highbridge	4 (1/2)	Bridgwater Victoria	4 (1/1)	Bridgwater Victoria
4 (4/5)	Bridgwater Eastover	5 (5/6)	Bridgwater Eastover	4 (5/6)	Bridgwater Sydenham

(Rank in 2004/2002 reports shown in brackets)

South Somerset district

All Ages		Children		People aged 65+	
1 (1/1)	Yeovil East	1 (1/2)	Yeovil East	1 (1/4)	Chard Jocelyn
2 (5/3)	Chard Avishayes	2 (4/3)	Chard Avishayes	2 (4/1)	Yeovil East
3 (3/5)	Chard Holyrood	2 (4/3)	Chard Holyrood	3 (1/1)	Yeovil West
4 (3/3)	Yeovil Central	4 (2/1)	Yeovil West	3 (6/7)	Langport and Huish
5 (2/2)	Yeovil West	5 (3/5)	Yeovil Central	3 (8/4)	Chard Avishayes
5 (6/5)	Chard Jocelyn				

(Rank in 2004/2002 reports shown in brackets)

Taunton Deane district

All Ages		Children		People aged 65+	
1 (1/1)	Taunton Halcon	1 (2/1)	Taunton Halcon	1 (1/1)	Taunton Lyngford
1 (3/1)	Taunton Lyngford	1 (1/3)	Taunton Pyrland & Rowbarton	2 (5/6)	Taunton Pyrland & Rowbarton
3 (4/5)	Taunton Blackbrook & Holway	3 (4/2)	Taunton Lyngford	3 (10/2)	Wellington Rockwell Green and West
4 (2/3)	Taunton Pyrland & Rowbarton	3 (3/3)	Taunton Blackbrook & Holway	3 (7/4)	Taunton Blackbrook & Holway
5 (5/8)	Taunton Eastgate	5 (5/5)	Wellington North	5 (4/4)	Taunton Halcon

(Rank in 2004/2002 reports shown in brackets)

West Somerset district

All Ages		Children		People aged 65+	
1 (1/2)	Williton	1 (1/1)	Williton	1 (2/2)	Alcombe West
2 (1/1)	Watchet	2 (3/3)	Alcombe East	1 (6/5)	Williton
3 (4/4)	Alcombe West	3 (1/6)	Watchet	1 (1/1)	Watchet
3 (5/4)	Minehead North	4 (5/7)	Alcombe West	4 (10/9)	Carhampton and Withycombe
5 (3/4)	Alcombe East	5 (9/3)	Carhampton and Withycombe	4 (2/5)	Alcombe East
				4 (6/2)	Dulverton and Brushford
				4 (2/2)	Minehead North

(Rank in 2004/2002 reports shown in brackets)

7.8 Priority wards 2007 (“full” score)

Somerset

All Ages		Children		People aged 65+	
1 (3/4)	Taunton Halcon	1 (1/2)	Bridgwater Sydenham	1 (8/1)	Taunton Lyngford
2 (1/1)	Bridgwater Victoria	2 (4/3)	Taunton Halcon	2 (19/26)	Chard Jocelyn
3 (2/3)	Bridgwater Hamp	3 (2/1)	Bridgwater Hamp	3 (21/14)	Taunton Pyrland & Rowbarton
4 (4/2)	Bridgwater Sydenham	4 (3/5)	Bridgwater Victoria	4 (5/5)	Yeovil East
5 (5/4)	Taunton Lyngford	5 (6/9)	Highbridge	5 (14/16)	Alcombe West

(Rank in 2004/2002 reports shown in brackets)

Mendip district

All Ages		Children		People aged 65+	
1 (7/4)	Street North	1 (4/5)	Street North	1 (1/1)	Street North
2 (5/5)	Shepton East	2 (3/2)	Shepton East	2 (4/6)	Frome Park
3 (2/6)	Glastonbury St John's	3 (5/4)	Glastonbury St John's	2 (7/3)	Glastonbury St Benedict's
4 (4/3)	Glastonbury St Benedict's	4 (1/3)	Frome Welshmill	4 (5/8)	Street South
5 (1/2)	Frome Welshmill	5 (2/1)	Frome Keyford	5 (2/2)	Wells St Cuthbert's

(Rank in 2004/2002 reports shown in brackets)

Sedgemoor district

All Ages		Children		People aged 65+	
1 (2/1)	Bridgwater Victoria	1 (2/2)	Bridgwater Sydenham	1 (1/1)	Highbridge
2 (1/2)	Bridgwater Hamp	2 (1/1)	Bridgwater Hamp	2 (2/4)	Burnham South
3 (3/3)	Bridgwater Sydenham	3 (3/3)	Bridgwater Victoria	3 (4/3)	Bridgwater Hamp
4 (4/4)	Highbridge	4 (4/4)	Highbridge	4 (2/2)	Bridgwater Victoria
5 (5/5)	Bridgwater Eastover	5 (5/6)	Bridgwater Eastover	5 (5/5)	Bridgwater Quantock

(Rank in 2004/2002 reports shown in brackets)

South Somerset district

All Ages		Children		People aged 65+	
1 (1/1)	Yeovil East	1 (1/1)	Yeovil East	1 (5/4)	Chard Jocelyn
2 (2/6)	Chard Holyrood	2 (4/4)	Chard Avishayes	2 (3/2)	Yeovil East
3 (7/2)	Chard Avishayes	3 (2/2)	Yeovil West	3 (2/1)	Yeovil West
4 (4/4)	Yeovil Central	4 (5/3)	Chard Holyrood	4 (1/3)	Chard Combe
5 (3/3)	Yeovil West	5 (2/5)	Yeovil Central	5 (8/7)	Langport and Huish

(Rank in 2004/2002 reports shown in brackets)

Taunton Deane district

All Ages		Children		People aged 65+	
1 (1/1)	Taunton Halcon	1 (1/1)	Taunton Halcon	1 (1/1)	Taunton Lyngford
2 (2/2)	Taunton Lyngford	2 (2/4)	Taunton Pyrland & Rowbarton	2 (4/4)	Taunton Pyrland & Rowbarton
3 (6/3)	Taunton Blackbrook & Holway	3 (3/2)	Taunton Lyngford	3 (7/5)	Wellington Rockwell Green and West
4 (2/5)	Taunton Pyrland & Rowbarton	4 (4/3)	Taunton Blackbrook & Holway	4 (8/6)	Taunton Blackbrook & Holway
5 (5/6)	Taunton Eastgate	5 (5/5)	Wellington North	5 (4/3)	Taunton Halcon

(Rank in 2004/2002 reports shown in brackets)

West Somerset district

All Ages		Children		People aged 65+	
1 (1/1)	Williton	1 (1/1)	Williton	1 (1/4)	Alcombe West
2 (2/2)	Watchet	2 (3/2)	Alcombe East	2 (4/5)	Williton
3 (4/3)	Alcombe West	3 (2/5)	Watchet	3 (8/7)	Carhampton & Withycombe
4 (5/5)	Minehead North	4 (4/6)	Dunster	4 (2/1)	Watchet
5 (3/7)	Alcombe East	5 (6/7)	Alcombe West	5 (3/2)	Alcombe East

(Rank in 2004/2002 reports shown in brackets)

7.9 Priority wards 2007 (IMD score)

Somerset

IMD		Income deprivation affecting children index		Income deprivation affecting older people index	
1 (2)	Bridgwater Sydenham	1 (3)	Bridgwater Sydenham	1 (3)	Bridgwater Hamp
2 (1)	Bridgwater Victoria	2 (4)	Taunton Halcon	2 (2)	Yeovil East
3 (3)	Bridgwater Hamp	3 (1)	Bridgwater Hamp	3 (1)	Frome Welshmill
4 (5)	Taunton Halcon	4 (5)	Williton	4 (4)	Bridgwater Eastover
5 (8)	Carhampton & Withycombe	5 (2)	Alcombe East	5 (6)	Glastonbury St Benedict's

(Rank of IMD 2004 shown in brackets)

Mendip district

IMD		Income deprivation affecting children index		Income deprivation affecting older people index	
1 (1)	Glastonbury St Benedict's	1 (2)	Frome Welshmill	1 (1)	Frome Welshmill
2 (2)	Glastonbury St Edmund's	2 (3)	Glastonbury St Edmund's	2 (2)	Glastonbury St Benedict's
3 (4)	Frome Welshmill	3 (4)	Glastonbury St John's	3 (8)	Street North
4 (7)	Glastonbury St John's	4 (1)	Frome Keyford	4 (6)	Coleford
5 (3)	Shepton East	5 (6)	Glastonbury St Benedict's	5 (3)	Frome Park

(Rank of IMD 2004 shown in brackets)

Sedgemoor district

IMD		Income deprivation affecting children index		Income deprivation affecting older people index	
1 (2)	Bridgwater Sydenham	1 (2)	Bridgwater Sydenham	1 (1)	Bridgwater Hamp
2 (1)	Bridgwater Victoria	2 (1)	Bridgwater Hamp	2 (2)	Bridgwater Eastover
3 (3)	Bridgwater Hamp	3 (3)	Bridgwater Victoria	3 (3)	Bridgwater Victoria
4 (5)	Highbridge	4 (5)	Highbridge	4 (5)	Highbridge
5 (4)	Bridgwater Eastover	5 (4)	Woolavington	5 (7)	Bridgwater Sydenham

(Rank of IMD 2004 shown in brackets)

South Somerset district

IMD		Income deprivation affecting children index		Income deprivation affecting older people index	
1 (1)	Yeovil East	1 (2)	Yeovil East	1 (1)	Yeovil East
2 (2)	Yeovil Central	2 (1)	Chard Holyrood	2 (2)	Yeovil Central
3 (5)	Chard Avishayes	3 (3)	Yeovil West	3 (4)	Chard Jocelyn
4 (4)	Yeovil West	4 (6)	Chard Jocelyn	4 (5)	Wincanton
5 (3)	Chard Holyrood	5 (4)	Yeovil Central	5 (8)	Chard Holyrood

(Rank of IMD 2004 shown in brackets)

Taunton Deane district

IMD		Income deprivation affecting children index		Income deprivation affecting older people index	
1 (1)	Taunton Halcon	1 (1)	Taunton Halcon	1 (5)	Taunton Eastgate
2 (2)	Taunton Lyngford	2 (3)	Taunton Pyrland & Rowbarton	2 (2)	Taunton Halcon
3 (3)	Taunton Eastgate	3 (2)	Taunton Lyngford	3 (1)	Wellington North
4 (5)	Taunton Pyrland & Rowbarton	4 (4)	Taunton Blackbrook & Holway	4 (4)	Taunton Lyngford
5 (6)	Taunton Blackbrook & Holway	5 (8)	Taunton Eastgate	5 (3)	Taunton Blackbrook & Holway

(Rank of IMD 2004 shown in brackets)

West Somerset district

IMD		Income deprivation affecting children index		Income deprivation affecting older people index	
1 (2)	Carhampton & Withycombe	1 (2)	Williton	1 (2)	Alcombe West
2 (3)	Williton	2 (1)	Alcombe East	2 (1)	Williton
3 (1)	Watchet	3 (3)	Watchet	3 (7)	Carhampton & Withycombe
4 (9)	Dulverton & Brushford	4 (4)	Carhampton & Withycombe	4 (4)	Watchet
5 (4)	Minehead North	5 (7)	Minehead South	5 (6)	Dulverton & Brushford

(Rank of IMD 2004 shown in brackets)

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Department of Health:

www.dh.gov.uk

Department of Communities and Local Government

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www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/

Comprehensive Area Assessments

www.audit-commission.gov.uk/cpa/cpatransition.asp

Equality Act

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Local Strategic Partnerships

www.communities.gov.uk/publications/localgovernment/localstrategicpartnerships

Local Area Agreements

www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/localareaagreements/

National Indicator Set

www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/nationalindicators/

Place surveys

www.communities.gov.uk/publications/localgovernment/newplacesurvey

Somerset County Council

www.somerset.gov.uk

SINe webpage

www.sine.org.uk

Somerset Facts and Figures webpage on Somerset County Council website

www.somerset.gov.uk/somerset/statistics/IMD_2004.cfm

Somerset PCT

www.somersetpct.nhs.uk

Office for National Statistics
www.statistics.gov.uk

United Kingdom Statistics Authority (UKSA)
www.statisticsauthority.gov.uk

Neighbourhood Statistics
www.neighbourhood.statistics.gov.uk

Census homepage on ONS website
www.statistics.gov.uk/census2001/default.asp

South West Observatory
www.swo.org.uk

South West Public Health Observatory
www.swpho.nhs.uk

Joint Strategic Needs Assessment

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<http://www.nice.org.uk/niceMedia/documents/equityauditfinal.pdf>

Section Two

Part A: List of Appendices and How to Use Them

Appendix	Content	How to use it
Appendix 1	List of data variables in the database	<p>This appendix lists the variables contained in the database by the type of data (for example, accidents, benefits, health) and gives the source and the time period to which the data refers. The variable name is that which appears in the database and the other appendices. Notes and caveats on the data items are also given.</p> <p>The initials of the person responsible for providing the data are also given. The person can be identified from the list of at the end of the appendix.</p> <p>Finally the last column shows if the variable is one that is used in one or more of the deprivation measures.</p>
Appendix 2	Use of the data variables/useful references	<p>Contains further information on some of the data variables and outlines some possible uses and associations of the data. The information is given under headings for groups of variables as used in appendix 1. This appendix should be used in conjunction with appendix 1. References for further information or reading area also given.</p>
Appendix 3	List of wards selected using county wide analysis of the three HSNAG deprivation measures	<p>Lists the most intensely deprived wards in Somerset as identified using each of the three HSNAG deprivation measures (see Table 2). There is a separate table for each of the measures.</p> <p>Using the original score methodology, wards are ranked from most to least deprived (1 = most deprived).</p> <p>The columns show:</p> <ol style="list-style-type: none"> 1 rank using the “full” score across all wards in the county. Where more than one ward has the same score they are ranked equally 2 rank of the “original” score 3 rank of the IMD 2007 score 4 rank of the “full” score in the 3rd report 5 rank of the “original” score in the 3rd report 6 rank of the “full” score in the 2nd report 7 rank of the “original” score in the 2nd report 8 ward name 9 district the ward is in 10 settlement the ward is in 11 deprivation quintile the ward is in

Appendix	Content	How to use it
Appendix 4	List of wards selected using district analysis of the three HSNAG deprivation measures	<p>Identifies the wards ranked 1 (most deprived) to 5 in each district for multiple deprivation (see Table 2). Ranking is based on the “original” score.</p> <p>The districts are shown in the far left column and the deprivation measures across the top row of the table.</p> <p>Where more than one ward has the same score they are ranked equally; hence more than 5 wards may be listed for each district.</p> <p>Within each measure are:</p> <ol style="list-style-type: none"> 1 rank using the “full” score across all the wards in the districts 2 rank of the “original” score 3 rank of the IMD 2007 score 4 rank of the “full” score in the 3rd report 5 rank of the “original” score in the 3rd report 6 rank of the “full” score in the 2nd report 7 rank of the “original” score in the 2nd report 8 ward name <p>The wards below the dotted line are those that appeared in the priority wards in the last report but no longer do so. In the majority of cases these wards are still among the most highly ranked in the district if not in the top five.</p>
Appendix 5 a-d	Mendip district	<p>The tables give a picture of the factors contributing to deprivation in each ward and identify where specific problems arise within the area:</p> <ul style="list-style-type: none"> • The top row lists the type of data, the second row lists the variables that make up each of the deprivation measures • The first four left hand columns indicate the scores and ranks for each ward using the different ways of calculating the scores: <ol style="list-style-type: none"> 1 rank of “original” score 2 rank of “full” score 3 “original” score within district 4 “full” score within district • Wards are ranked from most to least deprived using the first column (“original” score) • Ward values for each of the variables in the deprivation measures are shown in the cells of the table
Appendix 6 a-d	Sedgemoor district	As for Mendip appendices 5a-d

Appendix	Content	How to use it
Appendix 7 a-d	South Somerset district	As for Mendip appendices 5a-d
Appendix 8 a-d	Taunton Deane district	As for Mendip appendices 5a-d
Appendix 9 a-d	West Somerset district	As for Mendip appendices 5a-d
Appendix 10	Districts	<p>The tables give a picture of the factors contributing to deprivation within each district and identify where specific problem areas arise within the area:</p> <ul style="list-style-type: none"> • The top row lists the type of data, the second row lists the variables that make up each of the deprivation measures • District values for each of the variables in the deprivation measures are shown in the cells off the table • The shaded cells indicate the district with the worst value • The table also shows the Somerset summary of the variables <p>The tables also indicate how often each district is the most deprived.</p>
Appendix 11	Settlements	As appendix 10, but for settlements
Appendix 12	Deprivation Quintiles	As appendix 10, but for (income) Deprivation Quintiles
Appendix 13	Map	Map of Somerset showing district and ward boundaries.

Part B: NOTES TO APPENDICES

B1. Glossary and Abbreviations

APHO	Association of Public Health Observatories
Atkins	Agency responsible for highways in Somerset
BVUSS	Best Value User Satisfaction Surveys
CAA	Comprehensive Area Assessment
CABG/PTCA	Coronary Artery Bypass Graft Percutaneous Transluminal Coronary Angioplasty (treatments for coronary heart disease)
Capita EMS	Capita Extended Management System – a pupil database
CDRP	Crime and Disorder Reduction Partnership
CEHR	Commission for Equality and Human Rights
Census	A survey of the whole population of the UK that takes place every 10 years.
CHD	Coronary Heart Disease
CPA	Comprehensive Performance Assessment (to be replaced by CAAs).
CPI	Citizen Perspective Indicators
CPR	Child Protection Register
CRE	Commission for Racial Equality
Crude Rate	The number of events recorded, divided by the denominator (can be expressed as a percentage or “rate per 1000” etc).
CVD	Cerebrovascular Disease
DAAT	Drug and Alcohol Action Team
DC	District Council
DCLG	Department for Communities and Local Government. Published ID2007.
DCSF	Department for Children, Schools and Families (formerly DfES)
Denominator	The base of the rate, what the number of events is “out of” or “per”.
DETR	Department of the Environment, Transport and the Regions for England and Wales. Published ID2004.
DfES	Department for Education and Skills
DG	David Gordon, Professor at Bristol University who devised the Low Cost Budget indicator

DH	Department of Health
District Rank	The rank of the ward's value within its district
DLA	Disability Living Allowance
Domain	Groups/categories of variables
DRC	Disability Rights Commission
DWP	Department for Work and Pensions
EiP	Examination in Public
EOC	Equal Opportunities Commission
Exeter system	List of all patients registered with a GP (maintained by DH)
FE	Further Education
HEA	Health Equity Audit
HH	Households
HImP	Health Improvement Plan
HNC	Higher National Certificate
HND	Higher National Diploma
HRP	Household Reference Person (used in census to identify the "head of the household")
HSNAG	Health and Social Needs Analysis Group
IC	Information Centre (formerly Health and Social Care Information Centre)
ICD10	Tenth revision of the International Classification of Diseases published by the World Health Organisation
ICD9	Ninth revision of the International Classification of Diseases published by the World Health Organisation
ID2000	Indices of Deprivation – calculated at ward level
ID2004	Indices of Deprivation (includes IMD, IDACI and IDAOPI and seven domain scores) at LSOA level with summaries at district level
ID2007	Indices of Deprivation (includes IMD, IDACI and IDAOPI and seven domain scores) at LSOA level with summaries at district level
IDACI	Income deprivation affecting children index (part of ID2004 and ID2007)
IDAOPi	Income deprivation affecting older people index (part of ID2004 and ID2007)
IMD	Index of Multiple Deprivation

Inpatient file	Details from patient activity system (hospital inpatient activity), files maintained by Trusts and collated by the PCT)
JSCG	Joint Consultation Strategy Group (now part of SINE)
JSNA	Joint Strategic Needs Assessment
KS1-4	Key Stage 1-4 in Education
LAA	Local Area Agreement
LBWB	Low birth weight babies (<2500g)
LCB	Low Cost Budget – used to create indicator to identify poverty in households with children
LDF	Local Development Framework
LPSA	Local Public Service Agreement (now replaced by LAA)
LSC	Learning and Skills Council
LSOA/SOA	Lower layer Super Output Area. Census construct of about 1500 people, in general smaller than electoral wards
LSP	Local Strategic Partnership
NIS	National Indicator Set
NSNR	National Strategy for Neighbourhood Renewal
NSS/NeSS	Neighbourhood Statistics Service
NS-SEC	National Statistics Socio-Economic classification
Number	The number of events recorded
NVQ	National Vocational Qualification
ODPM	Office of the Deputy Prime Minister. Publishers of ID2004
ONS	Office for National Statistics
OPSC4	Fourth revision of the classification of procedures/operations published by what was the Office of Population Censuses and Surveys (now ONS)
OPSI	Office of Public Sector Information
Outpatient File	Details from patient activity system (hospital outpatient activity), files maintained by Trusts and collated by the PCT)
PAT18	Policy Action Team 18: Better Information. Part of the Government's neighbourhood renewal work
PCG	Primary Care Group
PCT	Primary Care Trust
PLASC	Pupil level annual school census

RSS	Rural Services Survey
SCS	Sustainable Community Strategy
SEN	Statement of Educational Need
SINe	Somerset Intelligence Network
SMR	Standardised Mortality Ratio. A measure of death rate in communities, adjust to take account of differing age and gender structures of their population. A value of 100% is the average for Somerset.
Somerset Rank	The rank of the ward's value within Somerset
SRSA	Statistics and Registration Service Act
SS	Social Services
SSDC	South Somerset District Council
SSP	Somerset Strategic Partnership
Standardisation	<p>A statistical method of adjusting the rate in an Index population (for example, an electoral ward) to take account of differences in its age and gender structure, compared to a Standard population. There are two methods used in the report: indirect and direct standardisation.</p> <p>Indirect standardisation (for example the SMR) is usually presented as the activity level in the Index population expressed as a percentage of the activity level in the Standard population, with 100% implying the rates are the same in both populations.</p> <p>Direct standardisation (for example, the variables in the admissions section) is usually expressed as the rate that would be seen in the Standard population if the Index population rates applied.</p>
SWID/SWID2	South West Information Databank/ South West Information Databank2
SWIFT	Computer system for referrals to Somerset Social Services
SWO	South West Observatory
SWPHO	South West Public Health Observatory
UKSA	The United Kingdom Statistics Authority
Variable	Unit of data
WBL	Work-based learning
Weighted Average	An estimated value for an area obtained by taking a population weighted average of values for smaller areas that make up the larger area. For example: if ward W comprises 100 people who live in LSOA A (with IMD score 20), 200 people who live in LSOA B (with IMD score 15) and 500 people who live in LSOA C (with IMD score 10) then the estimated score for the ward is $((100 \times 20) + (200 \times 15) + (500 \times 10)) / (100 + 200 + 500) = 12.5$
YOT	Youth Offending Team

B2. Data Names

For this report a naming convention has been introduced as shown in the table below.

The first three characters indicate which domain the indicator is in. The second section is a very brief description of the indicator. The third section indicates which sort of denominator is used in the rate. The fourth section indicates which element of the indicator group it is and the fifth is the type of ranking (only used for the rank elements). Each name section is separated by an underscore (_).

Most indicators have five elements in their group:

- the numerator (number of events counted):
- the denominator (the base for the number of events):
- the rate (number of events divided by the base expressed as a percentage or a rate per 1,000 etc)
- the rank of the rate within Somerset; and
- the rank of the rate within the district the ward is in.

The indicators which have standardised rates or weighted averages do not have a denominator in the database.

Section of name	Description	List	
First	Domain	ACC ADM BEN CRI DEM DEP EDU ENV HEA HOU INC POP PUB SOC	Accidents Admissions Benefits Crime Demography Deprivation Education Environment Health Housing Income/Employment Population Public Health Social Services
Second	Brief description		

Section of name	Description	List	
Third	Type of denominator	0+ <18 35-64 (other ages)... HH HHDC EA16-74 Pupils	All ages Those aged less than 18 Those aged 35-64 (other age ranges) Households Households with dependent children Economically active aged 16-74 Pupils of the relevant age
Fourth	Element of indicator	N D CR WA Q E DR SR	Numerator Denominator Crude rate (=numerator/denominator) Weighted average Quintile Expected Directly standardised rate Indirectly standardised rate
Fifth	Type of rank	RS RD	Rank in Somerset Rank in District

Examples:

BEN_Income Support+ Pension Credit_0+_CR

is the **crude rate** of the **benefits** indicator about the levels of **income support and pension credit** for people of **all ages**.

EDU_5 GCSE A*-C inc English and Maths_pupils_N

is an **education** indicator giving the **number** of **pupils** who have achieved **5 GCSEs at Grades A*-C including English and Maths**.

CRI_YOT Referrals_10-17_CR_RS

is a **crime** indicator giving the **rank in Somerset** of the ward value of the **crude rate** of **referrals to the Youth Offending Team per population aged 10-17**.

More details about the indicators, for example whether the rate is a percentage or per thousand, are in Appendix 1.

B2.1 Variables are not available for some wards

Census data is not released for small populations for reasons of confidentiality. This only affects the more rural wards in West Somerset.

B2.2 Overcoming missing data

Adjustment for missing data has been made in the calculation of the scores. Therefore no ward has been disadvantaged because of missing data.

B3. CALCULATING SCORES

Some of the data necessary to calculate the scores was subject to suppression for confidentiality reasons. Scores were calculated prior to the suppression (so wards were not advantaged or disadvantaged), but the values of the variables are not shown in the Appendices or in the database.

B4. Caveats

Where counts are for *reported* incidents (for example, crime) to be aware that an increase (or decrease) in counts for these indicators might be the result of an increase (or decrease) in *reporting*, rather than in the *actual* number of incidents. Care should therefore be taken when drawing conclusions, because an increase in the count could be a *positive* outcome. For example, a domestic violence awareness-raising campaign that highlights the work of victim support services could result in greater numbers of cases being reported due to improved victim confidence.

B5. District Council Data

One of the founding principles of HSNAG has been to include data from a wide range of sources, making it as useful as possible to a broad audience. Inclusiveness is central to the operation of SINE as a body of organisations working in partnership by sharing expertise and intelligence for the benefit of its members and the wider communities in which they operate. To this end all members have the opportunity to contribute appropriate data to HSNAG dataset.

In the past, data from district councils has included Housing Benefit and Council Tax Benefit data, and this was sought again for the 2007 edition. In addition, the opportunity was taken to look at other routinely collected district council data to see if it met the criteria for inclusion in HSNAG. The intention was to broaden the 2007 dataset even further to enhance its usefulness. Unfortunately, the process came across a number of barriers:

- Outsourced data holders who would have made a charge to extract the data that was considered unreasonable to the district representatives
- Data not readily available at ward level – either not available at all, or would need time spent on it to extract or manipulate the data beyond what was considered reasonable by district representatives
- Data not collected or measured in the same way in each district
- Data holders not willing to make data publicly available.

As a result of these, and other data suitability issues, regrettably no district council data has been included in the 2007 edition.

This process highlights the difficulties experienced as a result of not having a co-ordinated and open approach to collecting and publishing data and intelligence across the county. SINE has a role in addressing some of these barriers in the future through improved collaboration and understanding between partner organisations.

Part C: Details of HSNAG Deprivation Measures

C1. The Choice of Variables and Deprivation Indices for the Combined Deprivation Measures

Details on how the three deprivation measures are calculated are available in the 1999 report. The table below (Table 3) gives summary details. The analysis for this report includes the “full” score introduced in the second report. For the first report each of the scores were ranked to show the top ranking (most deprived) wards by Primary Care Group (PCG) or district council. For the second report this was repeated but in addition a ranking of the sum-of-the-ranks across all the variables was done (the ‘full score’). See Table 2 (page 11).

Some variables were no longer available for this report, others had changed slightly or could have similar variables substituted for them and other variables had become newly available.

Table 3: How the deprivation measures are calculated (summary details)

Measure	No. of variables	Details
All ages	15	The four components of the Townsend score (no car, unemployment, inadequate space, not owner occupied) are included in the measure. Each component is scored separately.
Children	15	The six census variables (households with dependent children that are rented, have inadequate space, are headed by a lone parent, have no car, have no central heating, have no earners) which were used in David Gordon’s index of the ‘Percentage of households with children (<18) that are below the poverty line’ are included in the measure. Each variable is given equal weight.
Older Age	9	No existing deprivation index is included.

C2. Changes in Variables in Measures

The variables in each measure and the changes since the last report are shown in the table below. Where a substitute variable appears this time it has been checked to make sure it satisfies the statistical considerations applied in the first report. A full description of the variables can be found in appendix 1.

2007 variables	2004 variables	Comments
ALL AGES measure		
CRI_Criminal Damage_0+_CR	Criminal Damage per 1000 population	Now reported per 100,000 population
BEN_Income Support+ Pension Credit_0+_CR	Income support claimants as a % of households in 2001	Now using population of all ages rather than households in the denominator. Income support is now claimed until age 60 then Pension Credit can be claimed instead.
CRI_Domestic Violence_HH_CR	domestic violence incidents in families per 1000 households	Now reported per 100 households
CRI_YOT Referrals_10-17_CR	Youth Justice referrals per 1000 pop 10-17	Now reported per 100,000 population aged 10-17
DEM_Lone Parent_HH_CR	% lone parent households	No change in definition
DEM_Social Class_HH_CR	HRPs in NS-SEC group 6 or 7	No change in definition
DEM_No car_0+_CR	% residents with no access to car/van	No change in definition
EDU_fixed exclusions_pupils_CR	Number of fixed exclusions per 1000 pupils	Now reported per 100 pupils
EDU_SEN total_pupils_CR	total SEN pupils per 1000 total pupils	No change in definition
INC_Unemployed_EA16-74_CR	% unemployed people aged 16-74 of those economically active	No change in definition
HEA_Long term limiting illness <75_SR	Standardised limiting long-term illness aged <75 ratio	No change in definition
HOU_Inadequate space_HH_CR	% of households with inadequate space	No change in definition
HOU_Social Housing_HH_CR	Housing association / council housing as % of households in 2001	No change in definition
HOU_Rented_HH_CR	% rented households	No change in definition
SOC_Homecare clients_18+_CR	Homecare clients aged 18+ per 1000 pop 18+	No change in definition
CHILD measure		
BEN_Income Support_0-18_CR	Children 0-19 in families on Income Support as % of pop 0-19	Previously the data was collected for children 0-19. However, the data now collected and held by DWP is Surestart data and covers ages 0-18
CRI_Domestic Violence_HH_CR	domestic violence incidents in families per 1000 households	Now reported per 100 households
CRI_YOT Referrals_10-17_CR	Youth Justice referrals per 1000 pop 10-17	Now reported per 100,000 population aged 10-17
DEM_Social Class_HH_CR	HRPs in NS-SEC group 6 or 7	No change in definition
DEP_DG1:Lone Parent_HHDC_CR	DG1:% Lone Parent HHs	No change in definition
DEP_DG2:No heat_HHDC_CR	DG2: % No Heat	No change in definition
DEP_DG3:Rented_HHDC_CR	DG3: % Rented	No change in definition
DEP_DG4:Inadequate space_HHDC_CR	DG4: % Inadequate space	No change in definition
DEP_DG5:No car_HHDC_CR	DG5: % No Car	No change in definition
DEP_DG6:No Earner_HHDC_CR	DG6: % No Earners	No change in definition
EDU_fixed exclusions_pupils_CR	Number of fixed exclusions per 1000 pupils	Now reported per 100 pupils
EDU_SEN total_pupils_CR	total SEN pupils per 1000 total pupils	No change in definition

2007 variables	2004 variables	Comments
HOU_Social Housing_HH_CR	Housing association / council housing as % of households in 2001	No change in definition
SOC_SS Clients_<18_CR	Referrals to SS aged 0-17 per 1000 pop 0-17	Referrals to Social Services are now identical to Social Services Clients
PUB_Teenage births <18_15-17_CR	hospital teenage births per 1000 females aged 15-17	No change in definition
OLDER AGE measure		
BEN_Pension Credit_60+_CR	Income support claimants in receipt of the MIG as % of pop 60+	Pension Credit was previously known as Income Support for those aged 60 and over. MIG no longer exists.
BEN_Attendance Allowance_65+_CR	Attendance Allowance claimants as a % of population aged 65+	No change in definition
DEM_Lone Pensioner_HH_CR	% lone pensioner households	No change in definition
DEM_No car_HH_CR	% households with no access to car/van	No change in definition
ADM_Emergency_75+_DR	admission rate emergencies 75+	No change in definition
HEA_Long term limiting illness_HH_CR	% households with long term limiting illness	No change in definition
HOU_Social Housing_HH_CR	Housing association / council housing as % of households in 2001	No change in definition
SOC_Homecare Clients_65+_CR	Homecare clients aged 65+ as % of pop 65+	No change in definition
SOC_SS Clients_65+_CR	Referrals to SS aged 65+ as % of pop 65+	Referrals to Social Services are now identical to Social Services Clients
OTHER		
	cyclist casualties rate	Small numbers, remains in the database
	pedestrian casualties rate	Small numbers, remains in the database
	Housing Benefit Claims per 100 households	No data from districts in this report
	Council Tax Benefit Claims per 100 households	No data from districts in this report
BEN_Disability Living Allowance_HH_CR	DLA claimants as % of households in 2001	No change in definition
BEN_Incapacity benefit_HH_CR	Incapacity Benefit claimants as % of households in 2001	No change in definition
DEM_Population density_Area_CR	Density (Number of persons per hectare)	No change in definition
	Townsend score	Remains in the database
DEP_IMD 2007 score_0+_WA DEP_IMD score_0+_WA	IMD overall score	2007 version and 2004 version now included. Other domains and indices in database
HEA_Low birth weight babies_live births_CR	% LBWB	No change in definition
HEA_All causes_<75_SR	SMR <75	No change in definition
HOU_No central heating_HH_CR	% of households with no central heating	No change in definition
ADM_Depression/Self harm_0+_DR	admission rate depression / self harm	No change in definition
	FE % of 16-19 yr olds	Variable now not defined the same on Connexions database

2007 variables	2004 variables	Comments
CRI_Acquisitive Crimes_0+_CR	Acquisitive Crime Rate per 100,000 population	No change in definition
ADM_Asthma (MAIN)_0+_DR		Wanted a variable to show a disease that is associated with deprivation
EDU_5 GCSE A*-C inc English and Maths_pupils_CR		Child education achievement variable now available
EDU_NEETs_16-19_CR		Young people education variable now available
POP_Persons 85+_Persons 0+_CR		Wanted a variable to show the impact of increase in the elderly
PUB_Fuel poverty_HH_CR		Indicator on fuel poverty now available

C3. Measuring Rural and Urban Disadvantage

Given the differing nature of disadvantage in rural and urban areas, it is extremely difficult to develop a deprivation measure that accurately compares levels of deprivation in the two areas. The work of HSNAG has been an attempt to overcome problems with measuring rural disadvantage by avoiding existing indicators with an urban bias. This has meant the development of a tool that attempts to measure social isolation in the elderly and includes the variables included in the index developed by David Gordon as part of the children's deprivation measure.

It should be noted that the older age measure looks at social rather than material deprivation.

The tables in sections 7.7 and 7.8 show how little the most deprived wards change over time. A comparison of the analysis with the IMD ranking in 7.9 shows some differences but many similarities, with many of the same few wards appearing (albeit in differing orders) in the three HSNAG measures and in the IMD.