

Overall Health Profiles

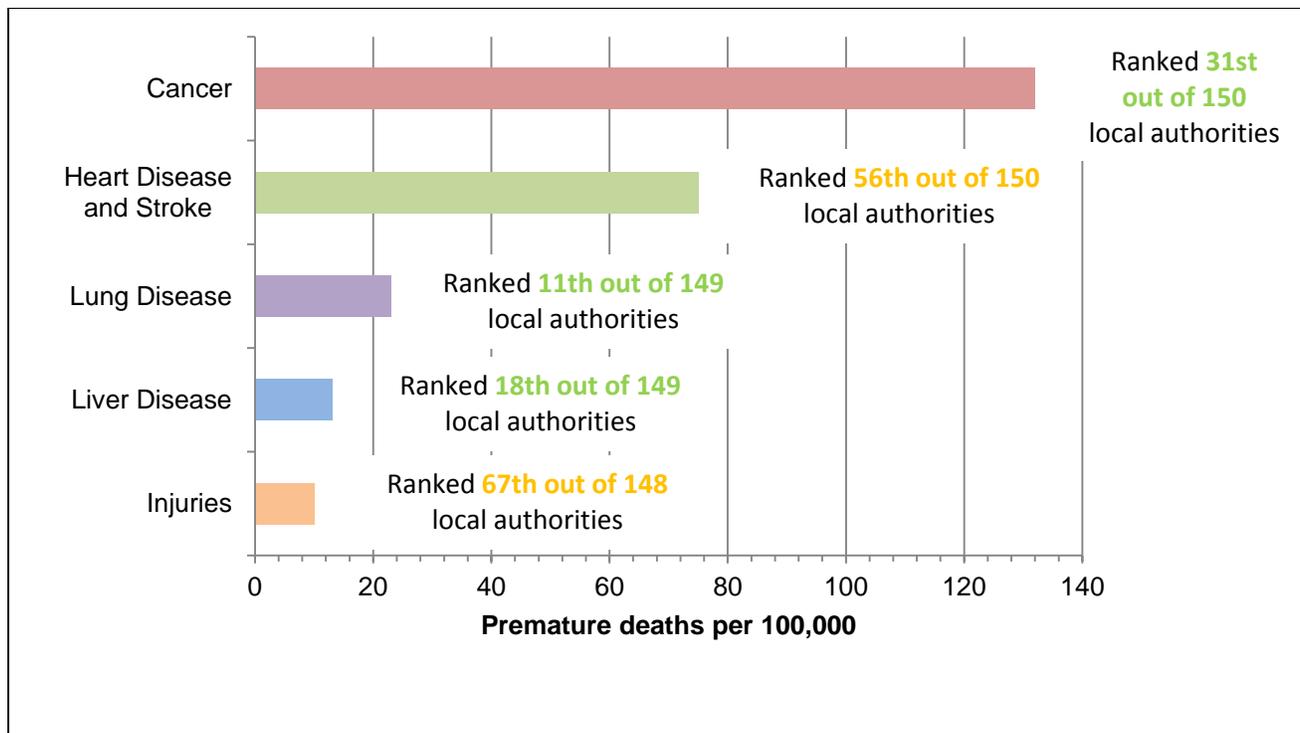
Executive Summary

A number of profiles describing the health and wellbeing of the North Somerset population have been produced. Some provide broad overviews and others focus on particular topics such as inequalities, diabetes, and child health. Many of these profiles are referred to in individual chapters in the Joint Strategic Needs Assessments.

The 2015 Health Profile of North Somerset shows that the health of the population is varied compared with the England average. There are large inequalities between the most and least deprived areas in North Somerset; life expectancy is 9.0 years lower for men and 6.5 years lower for women in the most deprived areas than in the least deprived areas.

Early deaths from cancer have fallen in the last 10 years and remain better than the England average. In contrast, premature mortality from cardiovascular diseases has increased slightly in 2011-13 and is now similar to the England average. The biggest causes of premature mortality in North Somerset are cancer and circulatory diseases (including heart disease and stroke) (Figure 1).

Figure 1: The leading causes of premature death in North Somerset and rankings compared to other local authorities in England, 2011-2013



Source: Public Health England - Longer Lives Mortality Rankings, 2011-2013

The prevalence of coronary heart disease is slightly higher in North Somerset than England. However this is likely to be due to a higher proportion of older people in North Somerset. At a population level in North Somerset, the leading contributors to disability and morbidity is mental health. This was the focus

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of the 2013 Director of Public Health report and in 2014 a public mental health strategy for North Somerset was launched. There are a greater proportion of individuals diagnosed with depression in North Somerset in comparison to the national average.

Previous Health Profiles have flagged up hospital stays for alcohol related harm as an issue however rates have fallen in the last few years and remain better than the England average. Alcohol specific hospital stays for those aged under 18 are similar to England as are teenage conceptions. The proportion of Year 6 children who are carrying excess weight is lower than the England average. However, North Somerset is performing below average for the number of reception aged children (4-5 year olds) carrying excess weight. In addition, self-harm admissions to hospital are worse than the England average and are worse than in previous years. The prevalence of diabetes is lower in North Somerset in comparison to the national average.

The Public Health England (PHE) National GP profiles provide data for every GP practice in England. For example, one indicator shows that patients in North Somerset were more likely to see/speak to the nurse or GP on the same or next day than the average for England.

Programme budgeting is a well-established technique for assessing investment in health programmes. In 2014 North Somerset's highest spend areas, excluding 'other', were £157 per head per year on Mental Health, £132 on Circulation and £121 on Musculoskeletal. North Somerset is an outlier on mental health, with lower spend and poorer outcomes.

The Marmot indicators show key indicators in social inequalities. Male life expectancy at birth is higher than the England and South West average; however, for females it has reduced slightly and is now similar to the average for England. Males living in the most deprived areas of North Somerset have a life expectancy of 73.6 years and males living in the most affluent areas have a life expectancy of 82.6 years. For females this is 80 and 86.5 years respectively, highlighting inequalities.

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Summary of Key Profiles

Many of the above profiles are referred to throughout the individual summaries, but a short summary of each of the following are offered below:

- 2015 Health Profile
- GP Practice Profile
- Spend and Outcome Factsheet
- Marmot Indicators for Local Authorities in England
- Public Health Outcomes Framework
- 2011 Census

2015 Health Profile of North Somerset

The health of the people in North Somerset is varied compared with the England average. Early deaths from cancer, coronary heart disease and stroke have fallen in the last 10 years and remain better than the England average. The biggest causes of premature mortality in North Somerset are circulatory diseases (including heart disease and stroke) and cancer. Figure 2 on the next page, shows different indicators in a spine chart for North Somerset, with the values benchmarked against England.

There were an estimated 989 users of opiate and/or crack cocaine living in North Somerset, equating to a rate of 7.9 per 1,000 resident population in 2011/12. This rate has improved over the last year and is now better than the England average. The prevalence of diabetes is lower in North Somerset in comparison to the national average. Alcohol specific hospital stays for those aged under 18 are similar to England as are teenage conceptions.

Life expectancy at birth in males has improved in North Somerset (80.1 years), with the England figure also increasing to 79.4 years. Despite the England increase, North Somerset are significantly higher than the England average for males. For females the figure is 83.4 years which is similar to the England average. There are large inequalities in health within North Somerset. Men living in the most deprived areas live over 9.0 years less than those in the least deprived areas, for females this figure is 6.5 years.

The estimated rates of physical activity, smoking and excess weight (includes overweight and obese) in adults are all similar to the England average. The number of obese Year 6 children has increased since last year and is now similar to the England average, at 17.5%. Rates of smoking during pregnancy are similar to the England average, with 259 women in North Somerset still smoking during pregnancy, an increase over last year. Breastfeeding initiation is significantly higher than the average for England, with 8 out of 10 new mothers initiating breastfeeding.

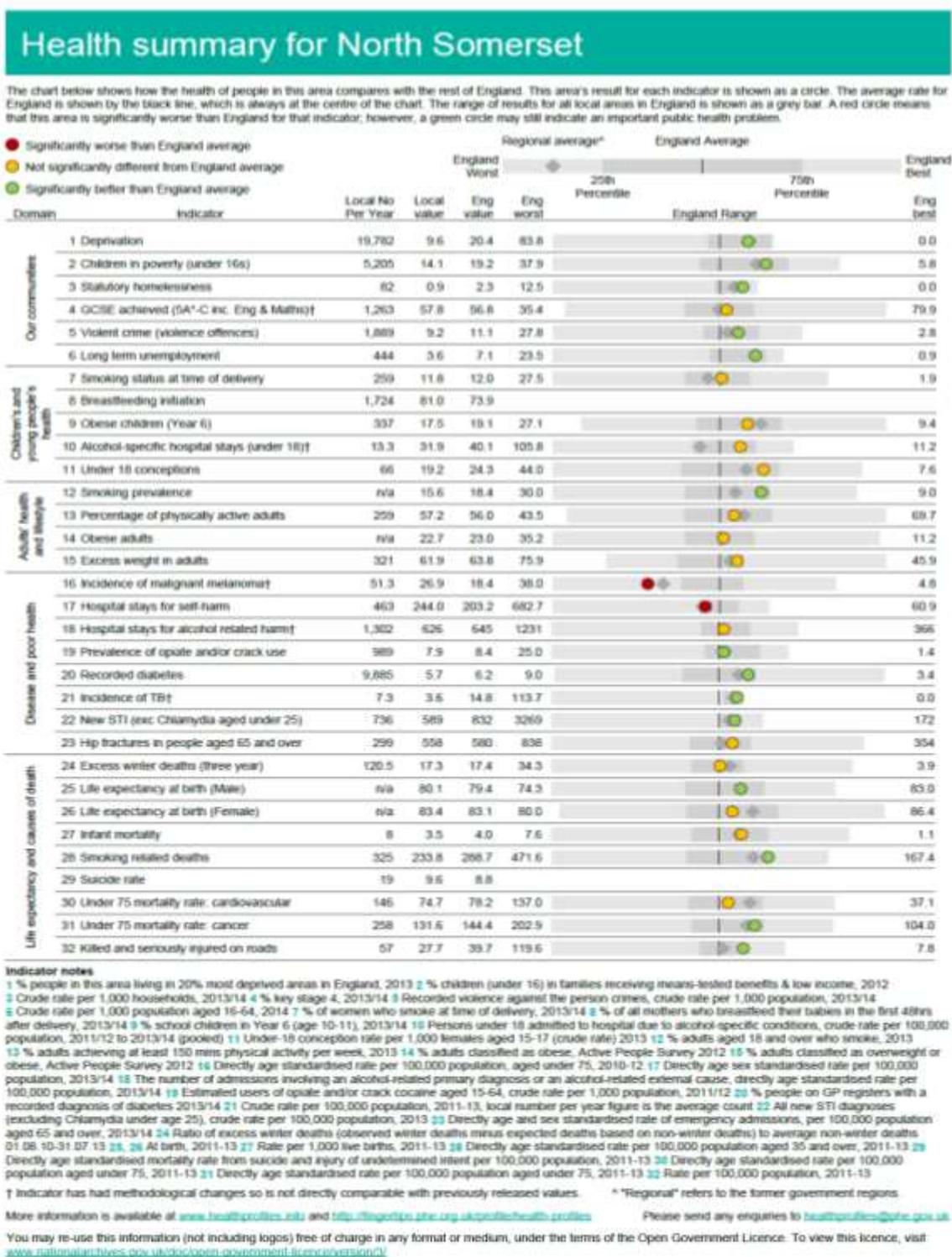
Outliers for North Somerset

In 2010/12 there was an estimated 26.9 per 100,000 population aged under 75 with malignant melanoma, which is significantly higher than the average for England (18.4 per 100,000 population). The South West has higher levels of malignant melanoma and when North Somerset is benchmarked against the South West, they are within the expected range for the region. Due to methodological changes it cannot be directly compared to the previous years' figure.

244 per 100,000 population were admitted as an emergency for self-harm in 2013/14. This is significantly worse than the England average and is worse than previous years – 168 per 100,000 population in 2012/13.

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Figure 2: Spine chart showing the health summary for North Somerset, 2015



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General Practice Profiles

Public Health England has developed profiles for all the GP practices in England. The indicators in the profiles include:

- Local demographics
- Estimated prevalence rates for coronary heart disease, heart failure, diabetes, asthma, COPD and mental health
- Quality and Outcomes Framework (QOF) indicators
- Admission rates
- Patient satisfaction

Results can be viewed at a Clinical Commissioning Group (CCG) and practice level. Data was last updated in December 2014.

Below are the highlights from North Somerset. All of which can be investigated at the practice level.

- North Somerset patients were more likely to see/speak to the nurse or GP on the same or next day than the average for England.
- Patients in North Somerset are slightly less likely to be satisfied with phone access than patients on average in England. Patients are slightly more likely to be satisfied with the opening hours of the practice. In terms of recommending the practice, North Somerset patients reported similar figures to the average for England.
- The prevalence of coronary heart disease is slightly higher in North Somerset than England (3.7% and 3.3% respectively). However these are crude prevalence estimates and fail to take into account the population structure of North Somerset which is significantly older than England. Estimated prevalence of hypertension, a risk factor for coronary heart disease, is higher in North Somerset than for England as a whole (15.5% and 13.7% respectively).
- The prevalence of diabetes¹ is slightly less than for England as a whole, with less hospital admissions for diabetes.
- There is a higher prevalence of individuals with depression² in North Somerset in comparison to the national average (7.8% and 6.5% respectively).
- Accident and Emergency attendance and admission rates are lower in North Somerset than England. In contrast elective admissions are slightly higher in North Somerset, whereas day case admissions in North Somerset are slightly lower than England.
- There is a lower rate of outpatient attendances in North Somerset than England and associated expenditure is lower. In contrast, GP referrals to General Medicine are higher for North Somerset than the national average.

¹ Of people aged 17 and above

² Of people aged 18 and above

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- Whilst the rate of respiratory disease, diabetes, long-term neurological condition and chronic condition admissions are lower or similar in North Somerset in comparison to England, North Somerset has a higher rate of cancer admissions (26.9%, in comparison to 21.7% for England).
- There are a greater proportion of people in nursing homes in North Somerset in comparison to England.

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Spend and Outcome Factsheet 2014

Programme budgeting is a well-established technique for assessing investment in health programmes rather than services. All Primary Care Trusts in England have submitted a programme budget return since 2003/4. Since 2013 data has been available at the CCG level.

NHS England commissioned PHE to produce a fact sheet for each CCG in England. The factsheet presents an overview of spend and outcomes for North Somerset. The factsheet presents:

1. A diagram that categorises each programme into 4 quadrants in terms of spend and outcome to allow easy identification of those areas that require priority attention by the CCG.
2. A spine chart that shows variation in spend and outcomes compared to similar CCGs, the old Strategic Health Authorities and England, and allows instant visual identification of programmes which may benefit from further review.
3. A bar chart which shows spend by programme compared with CCG's in the same Office for National Statistics (ONS) cluster.

North Somerset's highest spend areas, excluding 'other', are £157 per head per year on Mental Health, £132 on Circulation and £121 on Musculoskeletal (Table 1).

Table 1: Top 10 areas by spend per head, North Somerset, 2014

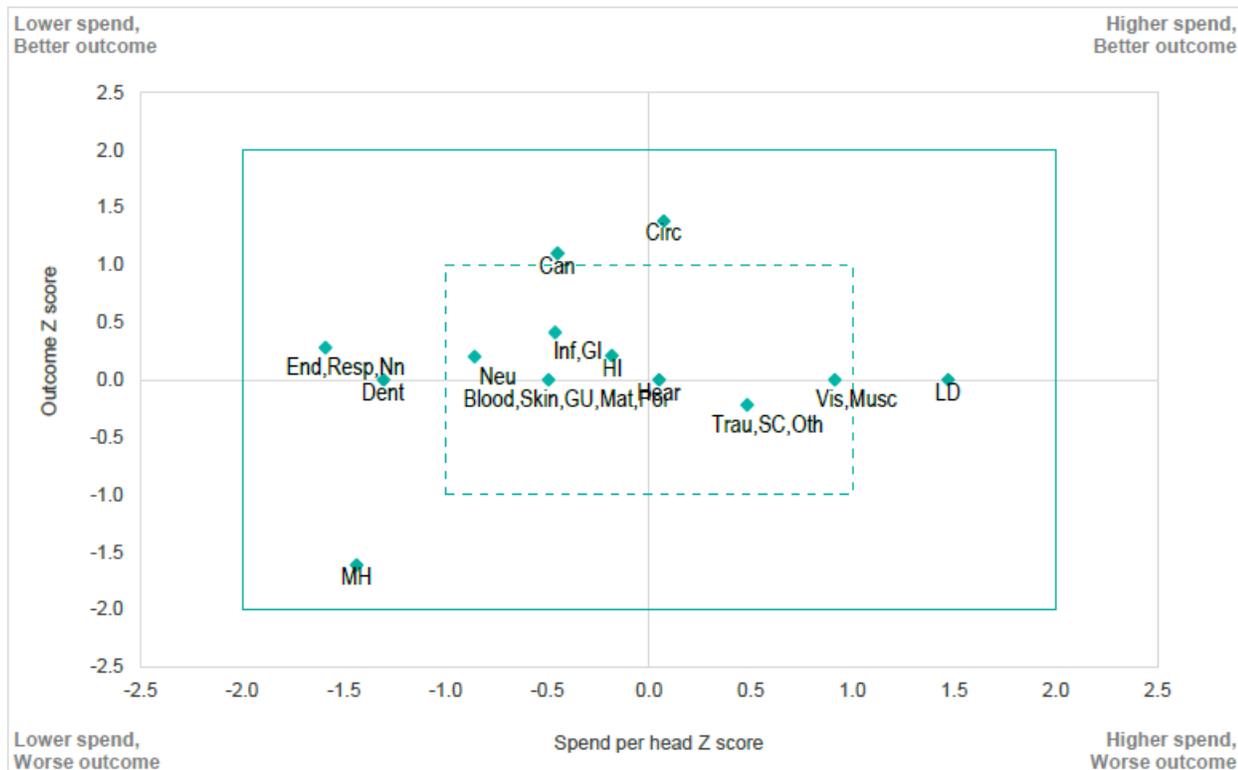
Programme	Spend
Total	£1,703
Other	£332
Mental Health	£157
Circulation	£132
Musculo-skeletal	£121
Cancers	£98
Genito Urinary	£86
Gastro Intestinal	£84
Trauma and Injuries	£77
Social Care	£76
Respiratory System	£76

Source: YHPHO

Mental health spend per head is actually lower than comparator areas and mental health is an outlier both in terms of lower spend and poorer outcome for the CCG area as demonstrated by the Spend and Outcome Tool (Figure 3).

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Figure 3: Spend and Outcome Tool: Quadrant Chart for all Programme Budget Categories in North Somerset, 2014



Source: YPHO

CCG chart quadrant key			
Inf	Infection	GI	Gastro Intestinal
Can	Cancers	Skin	Skin
Blood	Blood	Musc	Musculo Skeletal
End	Endocrine	Trau	Trauma and Inj.
MH	Mental Health	GU	Genito Urinary
LD	Learning Dis.	Mat	Maternity
Neu	Neurological	Nn	Neonates
Vis	Vision	Poi	Poisoning...
Hear	Hearing	HI	Healthy Individ.
Circ	Circulation	SC	Social Care
Resp	Respiratory Sys.	Oth	Other
Dent	Dental		

A z score essentially measures the distance of a value from the mean (average) in units of standard deviations. A positive z score indicates that the value is above the mean, whereas a negative z score indicates that the value is below the mean. A z score below -2 or above +2 may indicate the need to investigate further. Each dot represents a programme budget category.

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Marmot Indicators for Local Authorities in England

The Marmot indicators show key indicators of the social determinants of health, health outcomes and social inequalities that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives (published in February 2010). The following indicators are included in the spine chart for each local authority in England:

- Healthy life expectancy at birth
- Life expectancy at birth
- Inequality in life expectancy at birth
- People reporting low life satisfaction
- Good level of development at age 5
- Good level of development at age 5 with free school meal status
- GCSE achieved (5A*-C including English & Maths)
- GCSE achieved (5A*-C including English & Maths) with free school meal status
- 19-24 year olds who are not in employment, education or training
- Unemployment % (ONS model-based method)
- Long-term claimants of Jobseeker's Allowance
- Work-related illness
- Households not reaching Minimum Income Standard
- Fuel poverty for high fuel cost households
- Percentage of people using outdoor places for exercise/health reasons

A brief summary of some of the main indicators are reported below for North Somerset.

Male Life Expectancy

Male life expectancy at birth in North Somerset (79.6 years) is lower than the South West (80 years) but higher than the England average (79.2 years). However, the inequality in male life expectancy between the 10th most affluent and the 10th most deprived areas in North Somerset (9.8 years) is higher than the England average (9.1 years).

Female Life Expectancy

Female life expectancy at birth in North Somerset (83.5 years) is lower than the South West (83.9 years) but higher than the England average (83.0 years). However, the inequality in female life expectancy between the 10th most affluent and the 10th most deprived areas in North Somerset (6.6 years) is lower than the England average (6.9 years).

Social Determinants

In North Somerset, the percentage of people unemployed is similar to the South West but lower than the England figure. Compared to the South West and England averages, North Somerset has a significantly:

- Higher level of children achieving a good level of development at age 5;
- Lower level of young people Not in Education, Employment or Training (NEET);
- Lower proportion of people living in households that experience fuel poverty.

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The Public Health Outcome Framework (PHOF)

The PHOF has been produced by the network of Knowledge and Intelligence Teams (KITs) in England. The framework sets out overarching objectives for public health, the desired outcomes and the indicators that will help us understand how well public health is being improved, protected and the extent to which inequalities are being narrowed over time. The tool contains data for 66 public health indicators split over four domains, as follows:

Domain 1: Wider determinants of health

North Somerset performs well in this domain. However there is room for improvement in indicators relating to offending and noise complaints, where rates are higher than the national average.

Domain 2: Health improvement

North Somerset faces many challenges in this domain. Although levels of smoking are lower than the national average, it remains the single biggest risk factor for premature death and disability. With this in mind, the percentage of mothers smoking during pregnancy is on the rise and is now similar to the England average. There has been little change in the levels of overweight and obesity, with 26.5% of 4–5 year olds and 30.9% of 10–11 year olds either overweight or obese. Hospital admissions for alcohol have remained high over recent years, particularly for females. Uptake of the health checks programme has been low compared to the national average.

Domain 3: Health protection

Health protection is concerned with protecting the population's health from major emergencies and remaining resilient to harm. This includes climate change as well as emergency preparedness from factors such as pandemic flu, flooding and terrorism. In 2012, a national outbreak of whooping cough led to the deaths of nine babies and resulted in the establishment of a temporary vaccination programme of pregnant women. An outbreak of measles has also occurred in the Gypsy and Traveller population and areas of Wales. Flooding remains a significant issue within the North Somerset area. Compared to the national average North Somerset performs poorly on indicators concerning people presenting with Human Immunodeficiency Virus (HIV) at a late stage of infection. Vaccine coverage of Pneumococcal Polysaccharide Vaccine (PPV) has also been decreasing and is now worse than the England average.

Domain 4: Healthcare and premature deaths

The biggest causes of premature death in North Somerset are cancer and circulatory diseases (includes heart disease and stroke). The single biggest cause of disability is mental health. The Department of Health has estimated that 267 lives could be saved every year in North Somerset if a number of evidence based interventions were fully implemented. Suicide rates are now similar to the national average, with 56 deaths between 2011 and 2013. However, fluctuation is expected due to low numbers. There has been little change in premature mortality from liver and respiratory disease, and excess winter mortality.

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2011 Census health information

Respondents' self-perception of health in North Somerset is very similar to that of people in England, with approximately 80% of individuals considering themselves to be in very good or good health, 14% in fair health and 5% in bad or very bad health. There is variability in individuals' health between Wards in North Somerset, as shown in the table below:

Level of health	Percentage range between North Somerset Wards
Very good health	35 – 55%
Good health	31 – 38%
Fair health	9 – 21%
Bad health	2 – 8%
Very bad health	1 – 2%

Approximately 80% of individuals in North Somerset and England as a whole are not limited in day-to-day activities by their health. Approximately 10% of people are limited in activities a little and approximately 8% of people are limited a lot. As people get older they are more likely to have a limiting illness.

There is considerable variation in the extent to which health limits activities across North Somerset Wards, as seen in the table below:

Health impact on day-to-day activities	Percentage range between North Somerset Wards (all ages)
Not limited	69 – 87%
Limited a little	7 – 16%
Limited a lot	5 – 15%

In North Somerset and England as a whole, approximately 7% of people provide 1 – 19 hours of unpaid care to others, 1% provide 20 to 49 hours and 2% provide over 50 hours of unpaid care. Variability in the percentage of people providing unpaid care varies between North Somerset Wards as below:

Hours of unpaid care	Percentage range between North Somerset Wards (all ages)
1 – 19%	5 – 10%
20 – 49%	1 – 2%
50% or more	1 – 4%

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List of published Health Profiles

Several profiles on the health and well-being of people at local authority level have been produced. Below is a list of all those that have been published to date:

Profile Name	Publisher	Publication Date	Smallest Geographical Area	Link ¹
Adult Social Care	PHE	Jan 2015	LA	http://fingertips.phe.org.uk/profile/adultsocialcare
Atlas of Variation	Right Care Programme	2011	PCT	http://www.rightcare.nhs.uk/index.php/nhs-atlas/
Breastfeeding Profiles	CHIMAT	Mar 2013	PCT	http://atlas.chimat.org.uk/IAS/dataviews/breastfeedingprofile
Cardiovascular Disease (CVD) profiles	South East KIT	2013	LA	http://www.sepho.org.uk/NationalCVD/NationalCVDProfiles.aspx
Cardiovascular Disease (CVD) profiles	PHE	Aug 2014	LA	http://fingertips.phe.org.uk/profile/cardiovascular
Child Health Profiles	CHIMAT	2013	LA	http://atlas.chimat.org.uk/IAS/dataviews/childhealthprofile
Children and Young People's Health Benchmarking Tool	PHE	Jan 2014	LA	http://fingertips.phe.org.uk/profile/cyphof
Commissioning for Value	NHS	Oct 2013	CCG	http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/
Community Mental Health Profiles	Northern and Yorkshire KIT	2013	LA	http://www.nepho.org.uk/cmhp/

¹ All links accessed on 13th February 2015

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Profile Name	Publisher	Publication Date	Smallest Geographical Area	Link ¹
Diabetes Community Health Profiles	Northern and Yorkshire KIT	Mar 2012	CCG	http://www.yhpho.org.uk/default.aspx?RID=8470
Diabetic Foot Disease Profiles	Northern and Yorkshire KIT	Jan 2013	CCG	http://www.yhpho.org.uk/default.aspx?RID=116836
Diabetes Profile	PHE	2014	LA	http://fingertips.phe.org.uk/diabetes
Disease prevalence estimates	PHE	Nov 2011	LA	http://www.apho.org.uk/diseaseprevalencemodels
End of Life Care Profiles	NEoLCIN	May 2012	LA	http://www.endoflifecare-intelligence.org.uk/profiles.aspx
European Health Profile Tool	Northern and Yorkshire KIT	2008	Region	http://www.nepho.org.uk/atlas/euro-comparators/
Excess Winter Deaths	West Midlands KIT	2013	LA	http://www.wmpho.org.uk/excesswinterdeathsinenglandatlas/
General Practice Profiles	PHE	Dec 2012	GP	http://www.apho.org.uk/PracProf/Profile.aspx
Health Impact of Physical Inactivity (HIPI)	PHE	2013	LA	http://www.apho.org.uk/resource/view.aspx?RID=123459
Health Profiles	PHE	Feb 2013	LA	http://fingertips.phe.org.uk/profile/health-profiles
Health Protection Profiles	HPA	2012	PCT	http://profiles.hpa.org.uk/IAS/dataviews/report?reportId=22&viewId=24&geoId=25&geoSubsetId
Health Protection Profiles	PHE	Jan 2015	LA	http://fingertips.phe.org.uk/profile/health-protection

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Profile Name	Publisher	Publication Date	Smallest Geographical Area	Link ¹
Healthy Schools Profiles	CHIMAT	2013	LA	http://atlas.chimat.org.uk/IAS/dataviews/healthyschoolsprofile
Infant Mortality Profiles	CHIMAT	2013	LA	http://atlas.chimat.org.uk/IAS/dataviews/infantmortalityprofile
Injury Profiles	South West KIT	Mar 2012	LA	http://www.apho.org.uk/addons/115501/atlas.html
Inhale - Interactive Health Atlas of Lung conditions in England	PHE	Dec 2014	LA	http://fingertips.phe.org.uk/profile/inhale
Learning Disability Health Profiles	Learning Disabilities Observatory	Mar 2012	LA	http://www.improvinghealthandlives.org.uk/profiles/
Liver Disease Profiles	South West KIT	Oct 2014	LA	http://fingertips.phe.org.uk/profile/liver-disease
Local Alcohol Profiles for England	North West KIT	Aug 2012	LA	http://www.lape.org.uk/LAProfile.aspx?reg=k
Local Health Profiles	PHE	June 2012	MSEA	http://www.localhealth.org.uk/#v=map4;l=en
Local Tobacco Control Profiles	PHE	Feb 2013	LA	http://www.lho.org.uk/LHO_Topics/AnalyticTools/TobaccoControlProfiles/profile.aspx?
Longer Lives	PHE	2013	LA	http://healthierlives.phe.org.uk/topic/mortality
Marmot Indicators	London KIT	March 2012	LA	http://www.lho.org.uk/LHO_Topics/NationalLeadAreas/Marmot/MarmotIndicators2014.aspx

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Profile Name	Publisher	Publication Date	Smallest Geographical Area	Link ¹
Mental Health Dementia and Neurology	PHE	2015	LA	http://fingertips.phe.org.uk/profile-group/mental-health
NCMP Local Authority Profiles	PHE	2014	LA	http://fingertips.phe.org.uk/profile/national-child-measurement-programme
NHS Health Checks	PHE	2014	LA	http://fingertips.phe.org.uk/profile/nhs-health-check-detailed
Older People Profiles	West Midlands KIT	March 2013	LA	http://www.wmpho.org.uk/olderpeopleatlas/atlas/atlas.html
Public Health Outcomes Framework	PHE	May 2013	LA	http://www.phoutcomes.info/
Quality and Outcomes Framework	HSCIC	2005	LA	https://indicators.ic.nhs.uk/webview/
Sexual Health Profiles	PHE	2012	LA	http://fingertips.phe.org.uk/profile/sexualhealth
Spend and outcomes framework and tool	Northern and Yorkshire KIT	May 2013	LA	http://www.yhpho.org.uk/default.aspx?RID=49488
Violence Indicator Profiles	North West KIT	Nov 2012	LA	http://www.eviper.org.uk/LAProfile.aspx?reg=k
Cancer Profiles				
Cancer Commissioning Toolkit Profiles	NCIN	March 2012	GP	https://www.cancertoolkit.co.uk/Profiles (need log in details)
Cancer Mortality Profiles	South West KIT	Jan 2012	LA	http://www.swpho.nhs.uk/resource/browse.aspx?RID=76240

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Profile Name	Publisher	Publication Date	Smallest Geographical Area	Link ¹
Gynaecological cancer profiles (incorporating Cervical Screening & Cancer e-Atlas)	National Cancer Intelligence Network	Sept 2012	PCT	http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/gynaecological_cancer/gynaecological_cancer_hub/profiles.aspx
Skin Cancer Profiles	South West KIT	May 2012	LA	http://www.swpho.nhs.uk/skincancerhub/resource/view.aspx?QN=SCPR_DEFAULT
Urological Cancer Profiles	South West KIT	2012	LA	http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/urological_cancer/urological_cancer_hub/profiles.aspx

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Version Control

Author	Version	Amended Sections	Summary of Change	Changes to recommendations
Helen Yeo	2.0	All sections – update with	Data included from the following updated profiles: Spend and Outcome factsheet and Marmot Indicators.	None
Isobel Tudge	3.0 (March 2013)	Overall health profiles, GP profiles, PHOF, 2011 Census, List of published health sources	Renewed GP Profiles with current data. Added PHOF and 2011 Census section. Checked links for health sources and added one extra.	Removed
Nina Robery	4.0 (Jul 2015)	Overall Health Profile, NS Health Profile, GP profiles, PHOF, SPOT, Marmot indicators, list of published health sources	Renewed health profiles, GP Profiles, PHOF, SPOT and Marmot indicators with current data. Checked links for health sources and added extra sources.	N/A

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