

Joint Strategic Needs Assessment Summary 2015/16: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 9 March 2016

Author:	Public Health Senior Information Analyst
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon and is the principal work stream to inform the Health and Wellbeing Strategy (HWS). The Swindon JSNA is an on-going iterative process led by Swindon Borough Councils public health team and involving a wide range of stakeholders.
- 1.2 The JSNA informs decisions about how services are commissioned and designed.
- 1.3 The 2015/16 JSNA Summary (Appendix one) provides an overview of the current and future health and wellbeing needs of people in Swindon and provides an update to the 2014/15 JSNA Summary published January 2015. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources. This report presents key facts, intelligence and issues for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and needs for many of these topics are examined in more detail in separate JSNA reports.

2. Recommendations

The Board is recommended to:

- 2.1 Note the 2015/16 Joint Strategic Needs Assessment Summary report for 2015-2016 attached as Appendix 1 to the report.
- 2.2 Endorse its use in commissioning and strategy preparation, including the Health and Wellbeing Strategy.

3. Detail

Statutory duty

- 3.1 The production of an annual JSNA was made a statutory requirement in the establishment of the Local Government and Public Involvement in Health Act,

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2007. In April 2013, the statutory responsibility for producing JSNAs passed to HWBs. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon.

Purpose and use

- 3.2 The JSNA work programme is commissioned by the HWB and supports an overall approach to using evidence and intelligence to identify priorities in order to help us all improve health and wellbeing in Swindon.
- 3.3 The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities. Users of JSNA include partnership bodies such as the HWB and commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group as well as a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.
- 3.4 The JSNA is used to guide strategy including the Swindon Health and Wellbeing Strategy. This summary document provides an overview of key issues and should be used alongside other JSNA reports and bulletins and other supporting evidence

JSNA Framework

- 3.5 This summary report is only one part of the JSNA framework. The JSNA suite of documents and sources of information also includes:
- More detailed JSNA reports and bulletins on specific topics
 - Demographic profiles and population projections
 - Evidence reviews
 - Health and wellbeing profiles and key documents from Public Health England
- 3.6 The JSNA website hosts these documents and can be found online at <http://www.swindonjsna.co.uk>

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- 3.7 The report includes a one page summary of 25 health and wellbeing topics following a set template which includes a key fact; 2 key indicators; key information and key issues.
- 3.8 The 25 topics are:
- Population
 - Life expectancy
 - Deprivation and health inequalities

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- Long term conditions
- Cardiovascular disease
- Diabetes*
- Cancer
- Communicable disease and immunisation
- Physical and sensory disabilities
- Mental health and wellbeing
- Learning disabilities
- Dementia
- Falls and bone health, accidents and injuries
- Maternity and breastfeeding
- Obesity, healthy eating and physical activity
- Sexual health
- Substance misuse
- Safeguarding
- Carers
- Community safety
- Housing, transport and the environment
- Education, skills and the economy
- Leisure, arts and culture
- Children and young people summary
- Equalities

3.9 Key Facts

- 3.9.1 Swindon Council projections estimate that Swindon's population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031.
- 3.9.2 In Swindon, in 2012-14, average life expectancy was 79.5 years for males and 83 years for females, which is similar to England
- 3.9.3 In the most deprived areas of Swindon, men die on average around 9 years earlier and women around 3 years earlier than those in the least deprived areas
- 3.9.4 People with Long Term Conditions (LTCs) account for half of all GP appointments; two-thirds of outpatient appointments and almost three-quarters of all inpatient bed days
- 3.9.5 Stroke is the single largest cause of adult disability in England
- 3.9.6 Around 18,500 people in Swindon have blood sugar levels indicating a high risk of developing Type 2 Diabetes

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- 3.9.7 One in two people born after 1960 will be diagnosed with some form of cancer during their lifetime
- 3.9.8 In 2013/14, in Swindon, almost 97% of girls aged 12-13 received all three doses of the HPV vaccine, the highest coverage in the country
- 3.9.9 In Swindon LA, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability
- 3.9.10 Mental illness is the largest single cause of disability and represents 28% of the national disease burden in the UK
- 3.9.11 People with a Learning Disability are 3 times more likely than the general population to have a death classified as potentially avoidable through the provision of good quality healthcare
- 3.9.12 One in six people over 65 will develop dementia at some stage during their lifetime
- 3.9.13 In Swindon it is estimated that 10,000 people over the age of 65 will fall each year and approximately 4,000 people will fall twice or more
- 3.9.14 Almost 3,000 babies were born in Swindon UA in 2014, 29 of these were born to women aged under 18 and 102 to women aged 40 or above
- 3.9.15 Surveys found that in 2014, just over half of adults in Swindon were physically active and around one-third were physically inactive
- 3.9.16 In Swindon, in 2014, just over a quarter of abortions in women aged under 25 were repeat abortions
- 3.9.17 Alcohol is the most common cause of liver disease in England
- 3.9.18 Neglect and Emotional abuse are the main categories leading to a child protection plan
- 3.9.19 The 2011 Census indicated there were almost 20,000 people in Swindon providing unpaid care
- 3.9.20 In Swindon, between October 2014 and September 2015, domestic abuse accounted for a little over one-third of 'Violence Against the Person' crimes
- 3.9.21 22,000 new homes will be built in Swindon between 2011 and 2026
- 3.9.22 Around one-third of the working age population in Swindon have an NVQ4+; less than the English average

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3.9.23 Sport provides around an estimated £80m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided

3.9.24 Only about 4% of 15 year olds in Swindon are regular smokers, less than the national average

3.9.25 In Swindon schools, the main foreign languages spoken are Konkani, Polish, Portuguese and Nepali

Key issues from data

- 3.10 Evidence suggests that in many ways the health of Swindon's population is similar to England as a whole. This in itself presents many challenges. While average life expectancy and smoking levels are improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.
- 3.11 Like other places across the country, Swindon people have been damaged by the economic recession and by growing problems of obesity and physical inactivity and the rise in Type 2 diabetes. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future, incidents of domestic abuse, chlamydia screening in the 15-24 age group, and a worrying number of young people being admitted to hospital for reasons connected to alcohol, substance misuse and self-harm.
- 3.12 The increasing prevalence of long term conditions is also highlighted, in particular people having two or more conditions. The financial pressures facing the public sector in the coming years indicate a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.
- 3.13 There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

4. Alternative Options

- 4.1 There are no alternative options proposed.

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5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The JSNA programme is delivered within the current financial position. There are no known financial implications.

Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.
- 5.3 The Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012, places a statutory obligation on the Council, in cooperation with its partners, to prepare an assessment of relevant needs within the Council's area. The Joint Strategic Needs Assessment meets this obligation.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 There should be no significant staffing or other implications arising from this report.

Diversity Impact Assessment

- 5.5 Equality and diversity issues were considered within the JSNA. All JSNA documents are in the public domain.

Risk Management

- 5.6 No specific risks were identified.

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1. Joint Strategic Needs Assessment (JSNA) Summary 2015/16: An Overview of Health and Wellbeing in Swindon