

Joint Strategic Needs Assessment

An Overview of Health and Wellbeing in Swindon

JSNA Summary 2015/16



Swindon Health and Wellbeing Board

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Authorship

This report has been produced on behalf of and at the request of the Swindon Health and Wellbeing Board by Cherry Jones, Director of Public Health, Swindon Borough Council.

Introduction

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 workstream to inform the Joint Health and Wellbeing Strategy (JHWS).

The JSNA Summary 2015/16 provides an overview of the current and future health and wellbeing needs of people in Swindon. 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.

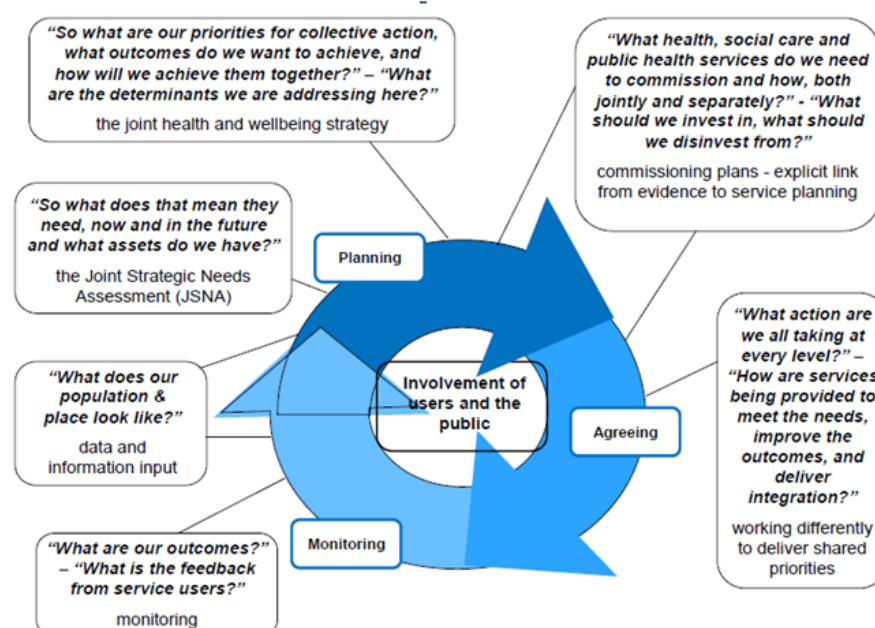
Purpose and use

The JSNA supports an overall approach to using evidence and intelligence to identify priorities in order to help us all improve health and wellbeing in Swindon – it is not an end in itself.

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 One Swindon, commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group and a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.

The JSNA is used to guide strategy. This summary document provides an overview of key issues and should be used alongside other JSNA reports and bulletins and other supporting evidence. Whilst it is hard to summarise complex forces that interact with each other, it provides an important focus for strategy development.

Figure 1 shows how the commissioning cycle and JSNA and JHWS fit together



Shared priorities

The following agreed priorities for Swindon have been articulated in the JHWS:

- Every child and young person in Swindon has a healthy start in life.
- Adults and older people in Swindon are living healthier and more independent lives.
- Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders).
- Improved mental health, wellbeing and resilience for all.
- Creation of sustainable environments in which communities can flourish.

Priorities for One Swindon, NHS Swindon CCG, Swindon Borough Council, Public Health England and NHS England can be found in Appendix A.

JSNA Framework

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

The documents comprising the JSNA framework for Swindon can be found on the Swindon JSNA website: www.swindonjsna.co.uk

JSNA Summary 2015/16: An overview of health and wellbeing in Swindon

The summary document is arranged in 3 parts:

- Part 1: a short introduction which explains what the document is for and what it contains along with a selection of key facts and issues and priorities.
- Part 2: a 1 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.
- Part 3: a separate further information appendix which signposts readers to key resources, including the existing suite of JSNA topic reports.
tinyurl.com/SwindonJSNA-Resources

Main sources of information

Important resources that have been used to compile the JSNA include:

- Swindon JSNA website: www.swindonjsna.co.uk
- Public Health Outcomes Framework (PHOF): <http://www.phoutcomes.info/>
- Public Health England (PHE) knowledge and data gateway: <http://datagateway.phe.org.uk/>
- PHE General Practice profiles: <http://fingertips.phe.org.uk/profile/general-practice>
- National Child and Maternal Health Intelligence Network (Chimat): <http://www.chimat.org.uk/>
- Children and young people's health benchmarking tool: <http://fingertips.phe.org.uk/profile/cyphof>
- Quality and Outcomes Framework (QOF): <http://www.hscic.gov.uk/qof>
- Projecting Adult Needs and Service Information (PANSI): <http://www.pansi.org.uk/>
- Projecting Older People Population Information (POPPI): <http://www.poppi.org.uk/>
- Health and Social Care Information Centre website: <http://www.hscic.gov.uk/> and Indicator Portal: <https://indicators.ic.nhs.uk/webview/>
- Office for National Statistics: <http://www.ons.gov.uk/ons/index.html>
- Swindon Borough Local Plan 2026: <http://ww1.swindon.gov.uk/ep/ep-planning/planningpolicy/ep-planning-localdev/Pages/ep-planning-localdev-localplan.aspx#>
- Nomis (official labour market statistics): <http://www.nomisweb.co.uk/>
- English Indices of Deprivation 2015: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>
- South West Webinar Series: Using data tools and evidence to improve public health outcomes: <http://www.swpho.nhs.uk/resource/browse.aspx?RID=116744>

Additional background information, data and intelligence for each of the 25 topics can be found in the accompanying 'Further Resources' appendix.

tinyurl.com/SwindonJSNA-Resources

Acknowledgements

The JSNA summary has been compiled by Tom Frost (Senior Public Health Intelligence Analyst) and Debbie Stott (Public Health Intelligence Analyst) with the able assistance of a multitude of colleagues from the Public Health team and other teams in Swindon Borough Council. A full list of contributors and reviewers is appended to the further resources document.

Key facts

Swindon Council projections estimate that Swindon's population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031

In Swindon, in 2012-14, average life expectancy was 79.5 years for males and 83 years for females, which is similar to England

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

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

Stroke is the single largest cause of adult disability in England

Around 18,500 people in Swindon have blood sugar levels indicating a high risk of developing Type 2 Diabetes

One in two people born after 1960 will be diagnosed with some form of cancer during their lifetime

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

In Swindon LA, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability

Mental illness is the largest single cause of disability and represents 28% of the national disease burden in the UK

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

One in six people over 65 will develop dementia at some stage during their lifetime

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

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

Surveys found that in 2014, just over half of adults in Swindon were physically active and around one-third were physically inactive

In Swindon, in 2014, just over a quarter of abortions in women aged under 25 were repeat abortions

Alcohol is the most common cause of liver disease in England

Neglect and Emotional abuse are the main categories leading to a child protection plan

The 2011 Census indicated there were almost 20,000 people in Swindon providing unpaid care

In Swindon, between October 2014 and September 2015, domestic abuse accounted for a little over one-third of 'Violence Against the Person' crimes

22,000 new homes will be built in Swindon between 2011 and 2026

Around one-third of the working age population in Swindon have an NVQ4+; less than the English average

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

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

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

Key issues

Introduction

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.

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.

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.

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.

Key issues from topic sections

This report contains 25 topic pages which each highlight some key issues for that topic. The following pages provide a summary of some of these issues grouped under six broad headings. They are not the only, nor necessarily the most important ones, but are shown in this format to highlight the range of issues that Swindon is facing at the present time and how they are interconnected.

General

The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.

Increase the length of time and percentage of life spent in good health, adding life to years not just years to life.

Reduce health inequalities by taking action on six policy objectives:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

The population of Swindon is becoming more ethnically diverse and may require services more sensitive to the risk profile and needs of different groups.

Good start in life

Ensure that effective early intervention in Swindon is giving children the best start in life and full and effective delivery of 'The Healthy Child programme: pregnancy and the first five years of life.

Tackle the leading, preventable causes of death and serious long-term harm in children under the age of five: choking, suffocation and strangulation, falls, poisoning, burns and scalds, and drowning.

Continue to develop and coordinate strategies and action plans to tackle child sexual exploitation and female genital mutilation, linking with the Local Safeguarding Children Board (LSCB).

Raise educational attainment in Swindon at the end of secondary school to the England average and address the attainment gap between disadvantaged pupils and their peers.

Improve the transition from young people's to adult services, particularly for mental health services.

Healthy and risky behaviours

Reduce risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating which all increase the risk of developing long-term conditions, cancer and dementia.

Make physical activity and healthy eating part of everyday life and tackling perceived barriers around eating healthier and doing more physical activity, e.g. price of healthy food and lack of time to exercise

Reduce overall smoking prevalence, the number of people starting smoking, those smoking during pregnancy and the higher prevalence rates in routine and manual occupation groups.

Increase the number of HIV tests amongst women and heterosexual men to reduce the proportion of late HIV diagnoses.

Identify and assist people with drug and alcohol misuse problems who also have mental health issues (dual diagnosis).

Improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities.

Promote healthy ageing including physical activity and other healthier lifestyle choices as protective factors for falls and osteoporosis, and ensure those at high risk of a fall are identified and considered for their ability to benefit from interventions to improve strength and balance.

Mental health and wellbeing

Promote and implement the 'Five ways to Wellbeing' (connect; be active; keep learning; take notice; and give), as part of strategy to prevent mental health problems and develop mental resilience of the population.

Ensure people with learning disabilities have access to supported housing and residential care.

Raise awareness of dementia for everyone by promoting the Dementia Friends Initiative.

Burden of ill-health

With increasing prevalence of long term conditions, in particular people having two or more conditions, and the financial pressures facing the Health Services in the coming years, a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.

Identify and support people in Swindon with undiagnosed diabetes.

Support carers to care effectively and safely; look after their own health and wellbeing, fulfil their education and employment potential, and have a life of their own alongside caring responsibilities.

Health protection and safeguarding against harm

Increase Pneumococcal Polysaccharide Vaccine (PPV) coverage to the target levels (previous year's England value) and increase percentage of at risk individuals vaccinated against seasonal flu to the target of 75%.

Respond to changing online behaviours of young children and the associated risks.

Reporting of domestic abuse is increasing, enabling more effective harm reduction interventions. However, given its hidden nature the levels could be much higher than currently reported.

Notes on the data

Detailed information on the data sources used in this report will be published separately alongside any methodological notes. However, please note the following:

- All data refers to Swindon Unitary Authority area unless otherwise stated.
- All data is the most recent data at the time of compilation (November 2015); newer data may have been published since that time.
- All differences labelled as statistically significant or significant have been tested at a 5% significance level.

A Data Guide to the JSNA Summary 2015/16 has also been compiled to show where all the data used in the Summary has originated. This will be published alongside the Summary.

1. Population



Key fact

Swindon Council projections estimate that Swindon's population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031



Key indicator

Area	Population	Period
Swindon Unitary Authority (people living within the SBC boundaries)	215,799	Mid 2014
Swindon CCG residents (people living within the SBC boundaries or in Shrivenham ward)	221,040	Mid 2014
Swindon CCG registered patients (patients registered with a Swindon CCG GP, irrespective of where they live)	229,870	1/04/2015

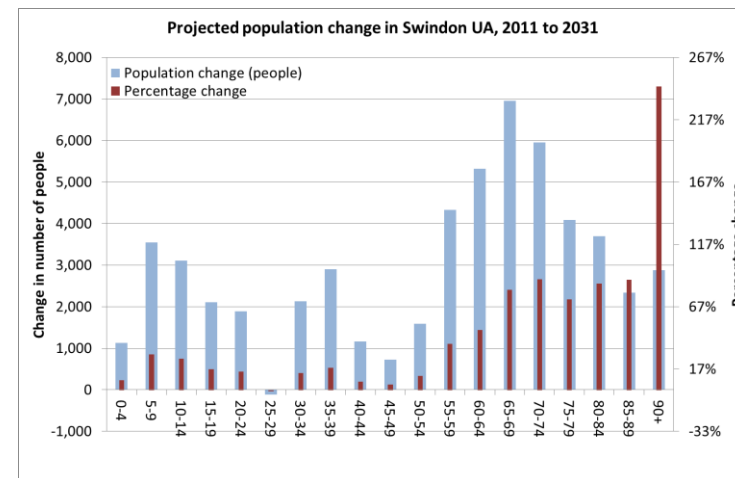


Key information

- Estimates for the resident and GP registered population in Swindon show that numbers are increasing and are currently around 220,000.
- Figures from mid-2014 for Swindon UA show that there were 48,604 under 18s (22.5%); 134,958 aged between 18 and 64 (62.5%) and 32,237 aged 65 or older (14.9%).
- Policy-led projections produced by Swindon Borough Council indicate that almost half (25,900 people) of the population growth between 2011 and 2031 will be in the 65 plus age group. Population increases are driven by people living longer and (net) internal migration.



Key indicator



Key issues

- The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.
- The challenge of providing appropriate services, without a large increase in available resources and of providing more ways of helping the population to be more resilient.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.



Key resources: tinyurl.com/SwindonJSNA-Resources

2. Life Expectancy

All life expectancy and healthy life expectancy figures quoted on this page are for Swindon Unitary Authority. Figures for Swindon CCG were within 0.1 years of the UA values in 2010-12.

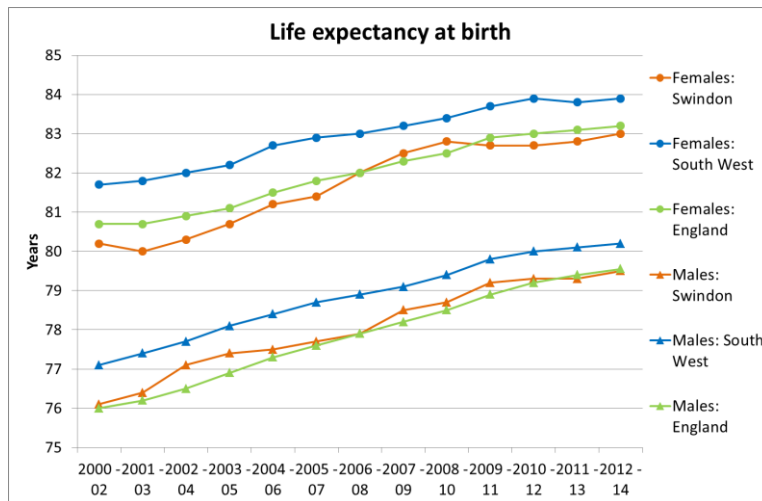


Key fact

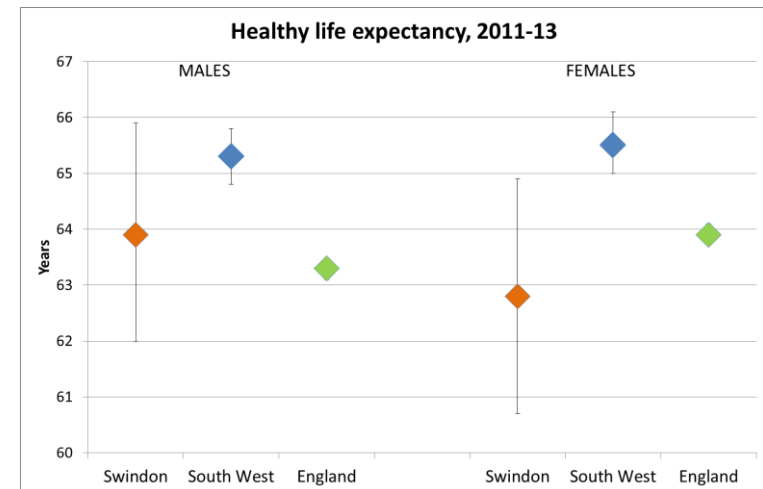
In Swindon, in 2012-14, life expectancy was 79.5 years for males and 83.0 years for females, which is similar to England



Key indicator



Key indicator



Key information

- Males in Swindon will spend 80.7% of their lives in good health, whereas women will only spend 75.8% in good health.
- At age 65, life expectancy for males in Swindon is an additional 18.5 years compared to 21.1 years for females. However, there is almost no difference between sexes in the remaining length of time spent in good health (9.4 years compared to 9.8 years).
- Causes of premature mortality in Swindon are changing. In 2001-03, 36% of deaths under 75 were from cancer and 30% from cardiovascular disease (CVD) but by 2012-14, 41% were from cancer and 23% from CVD.



Key issues

- Increasing the length of time and percentage of life spent in good health, adding life to years not just years to life.
- As life expectancy is a key health indicator, maintaining an upward trend is important.
- Reducing the inequality in life expectancy between men and women.
- Maintaining the downward trend in infant mortality rates and remaining significantly lower than England



Key resources: tinyurl.com/SwindonJSNA-Resources

3. Deprivation and health inequalities

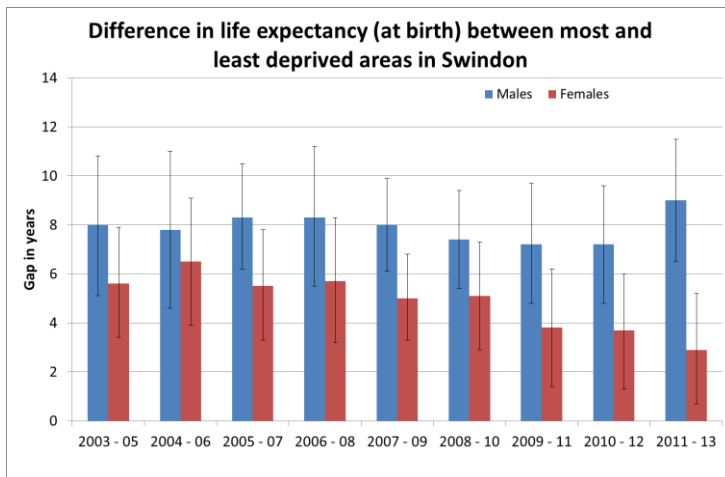


Key fact

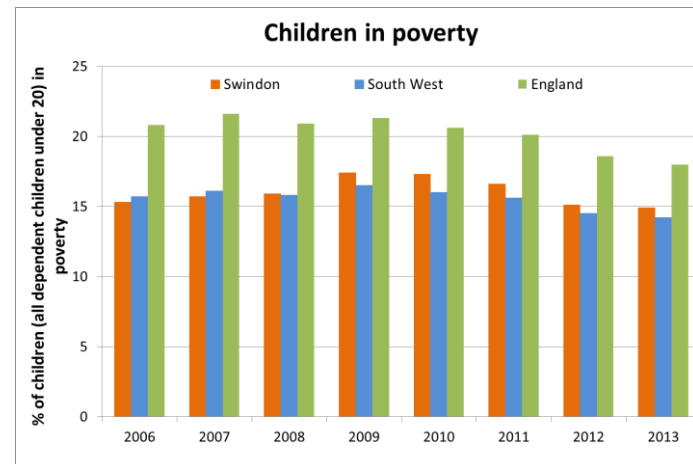
In the most deprived areas of Swindon, men die on average 9.0 years earlier and women 2.9 years earlier than those in the least deprived areas



Key indicator



Key indicator



The UK Government defines child poverty as children living in households with less than 60% of the median UK income. Other definitions are used elsewhere.



Key information

- The Index of Multiple Deprivation (IMD) combines over 30 indicators to rank the 32,844 Lower Layer Super Output Areas (LSOAs) in England in terms of their deprivation. The IMD 2015 shows 15.2% of people in Swindon live in areas amongst the 20% most deprived nationally.
- In Swindon, as in England as a whole, people in more affluent groups have better life chances and better health than deprived people.
- People in the most deprived groups have a shorter life-expectancy, more emergency hospital admissions before retirement age, and more long term illness before retirement age, compared with more affluent people.



Key issues

- The Marmot strategic review of health inequalities in England concluded that reducing health inequalities will require action on six policy objectives:
 - Give every child the best start in life
 - Enable all children young people and adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure a healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill-health prevention



Key resources: tinyurl.com/SwindonJSNA-Resources

4. Long-term conditions (LTCs)

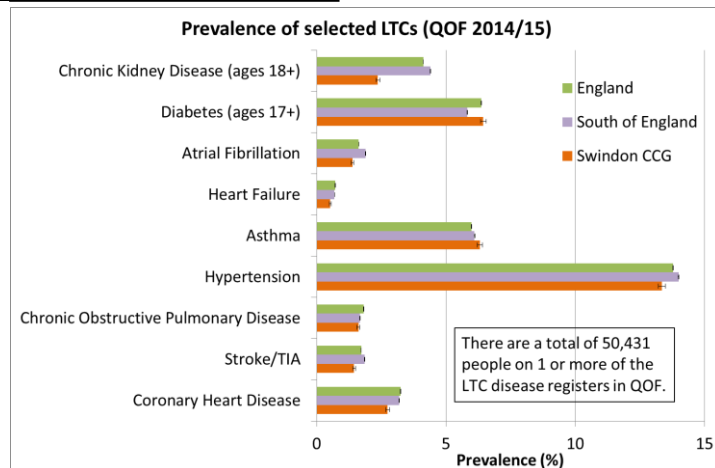


Key fact

People with LTCs account for 50% of all GP appointments; 64% of outpatient appointments and 70% of all inpatient bed days



Key indicator

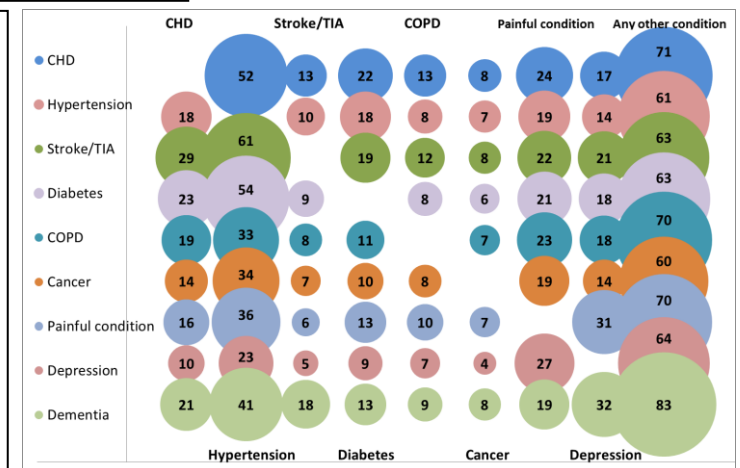


Key indicator

% of people with conditions on the left...

...who also have conditions across the top and bottom.

E.g. 52% of CHD patients also have hypertension (data from Scotland TSSPCMRP)



A LTC is a condition that cannot be cured, at present, but can be controlled by medication and other therapies.

This overview looks at some individual LTCs and the overall picture. Other LTCs are also considered in other sections, e.g. cancer, CVD, diabetes and mental health.



Key information

- The two key factors for developing a LTC are lifestyle and ageing. 14% of those aged under 40 report having an LTC and 58% of those aged 60+ report having an LTC, with 25% having two or more. 70% of those aged 80 or over have at least one LTC.
- People with physical LTCs often have psychological distress too and NICE recommends psychological interventions to relieve distress and improve coping skills. In Swindon, GP's can refer to LIFT Psychology who offer various courses and interventions.
- Calculations based on national prevalence figures estimate that 2,900 people in Swindon are living with the neurological conditions of Multiple Sclerosis, Parkinsons, Motor Neurone Disease and epilepsy.



Key issues

- In order to improve understanding of people with LTCs we are working with local and regional colleagues to look at characteristics of those with and those who develop LTCs to better target public health programmes.
- Prevention, delaying onset and slowing progression of LTCs can happen through improved public health, messaging/targeting personalised care planning, information and supported self-care.
- Reduce risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating which all increase the risk of developing a long-term condition.



Key resources: tinyurl.com/SwindonJSNA-Resources

5. Cardiovascular disease

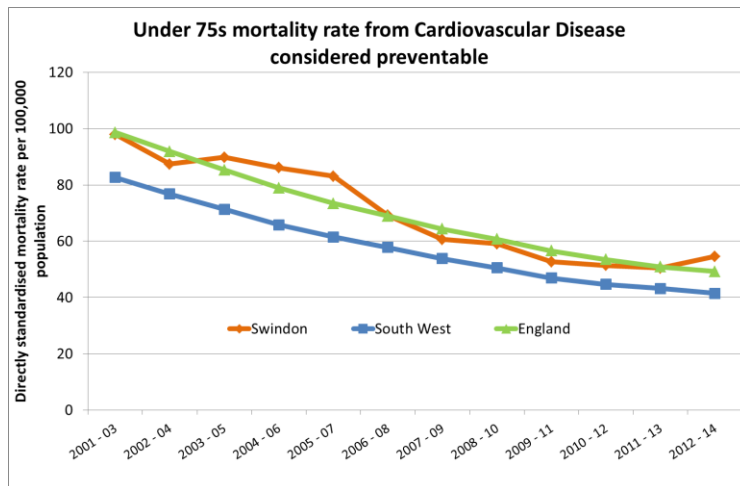


Key fact

Stroke is the single largest cause of adult disability in England



Key indicator

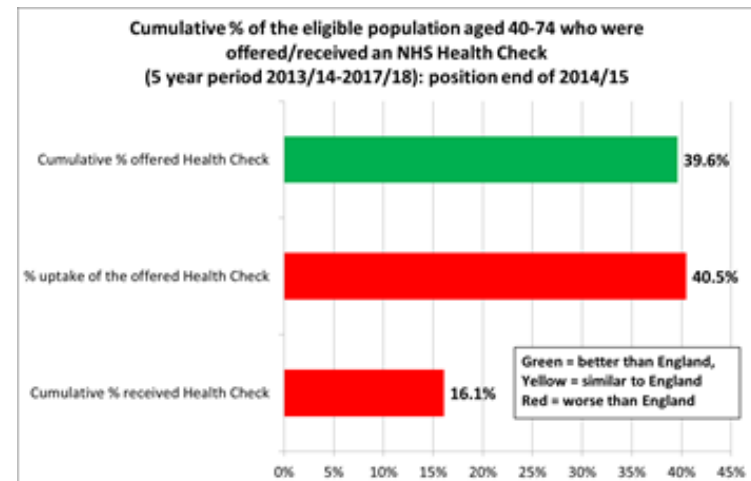


Key information

- In 2014/15, there were 6,301 people with diagnosed Coronary Heart Disease in Swindon CCG (2.75%). Over the same period there were 3,372 people with diagnosed stroke in Swindon CCG (1.47%).
- 389 people under 75 died from CVD in Swindon UA in 2012-14, a rate of 81.9 per 100,000, similar to England. 259 people under 75 died from CVD considered preventable, a rate of 54.6 per 100,000, also similar to England.
- Hospital admissions for heart disease and stroke have decreased between 2011/12 to 2013/14 and rates are now lower than England which suggests Swindon is managing these conditions better.



Key indicator



Key issues

- The 5 year Strategic Plan for Swindon CCG identified using statins and anti-hypertensive medication to reduce cholesterol and lower blood pressure for those at high risk as the key cost-effective intervention to drive down premature death from CVD in deprived areas.
- Continue to more positively encourage uptake of Health Checks.
- Tackling the behavioural risk factors that are responsible for 80% of heart disease and strokes and preventable by addressing activities such as tobacco use, unhealthy diet, obesity and physical inactivity.



Key resources: tinyurl.com/SwindonJSNA-Resources

6. Diabetes

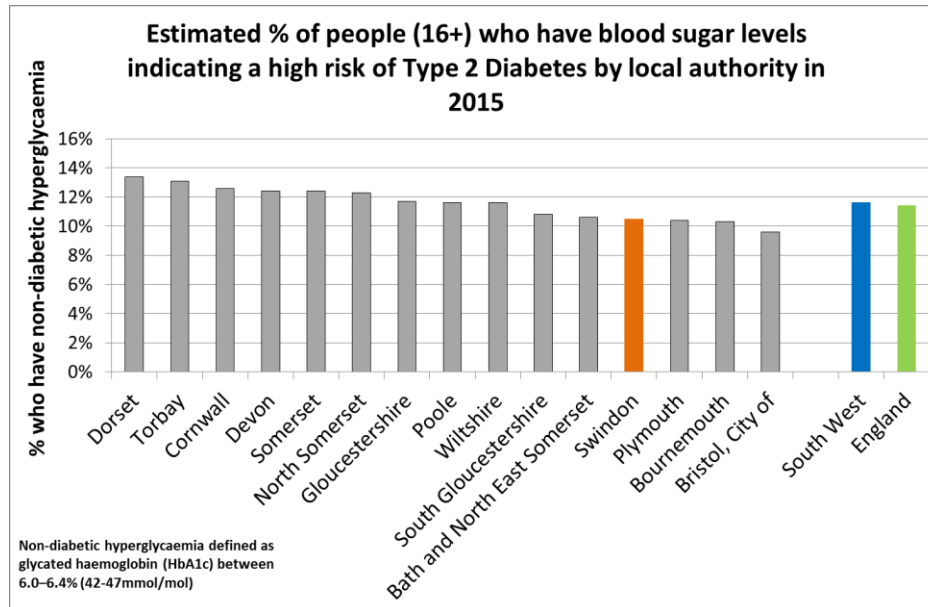


Key fact

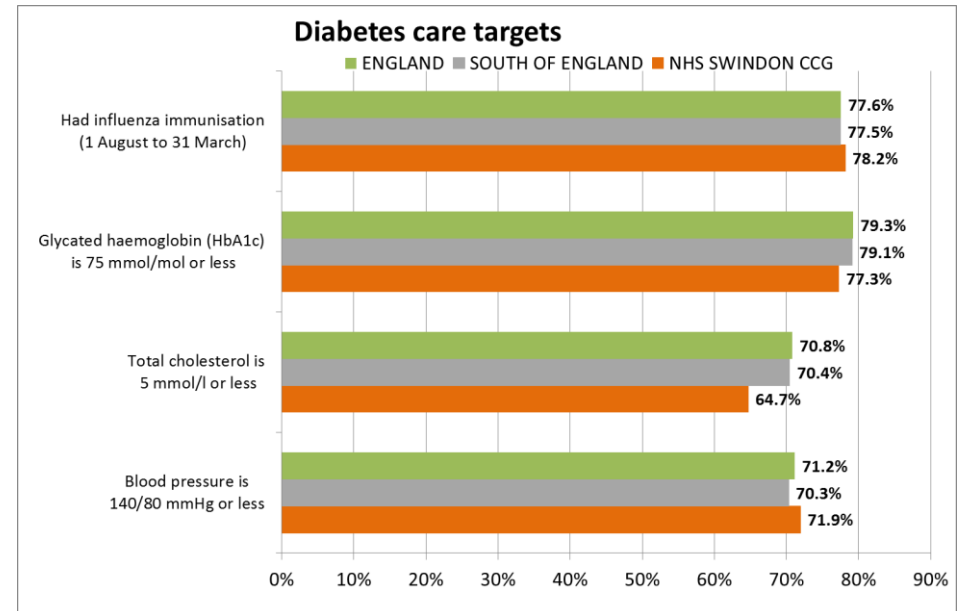
18,535 people in Swindon have blood sugar levels indicating a high risk of developing Type 2 Diabetes



Key indicator



Key indicator



Key information

- At the end of 2014/15, 12,378 adult Swindon CCG patients were living with diagnosed diabetes. It is likely there are around 1,000 more people in Swindon who have undiagnosed diabetes.
- If current trends in obesity continue, in Swindon UA there will be around 13,422 people with diabetes by 2020 and 16,993 by 2030. If obesity trends stay at 2010 rates, the increase by 2030 will be 1,200 people lower.
- NICE recommend 9 care processes/treatment targets for primary care patients with diabetes. 55% of Swindon CCG patients received 8 out of these 9 in 2012/13, slightly lower than the England level of 59.9%.



Key issues

- Identify and support people in Swindon who have diabetes that has not been diagnosed.
- Tackling preventable risk factors for Type 2 Diabetes including being overweight or obese and being physically inactive.
- Reduce the risk of complications from diabetes such as blindness, kidney failure, foot ulcers and amputations, heart attacks, heart failure and stroke by following NICE recommended treatment targets.
- Support the roll out of the NHS Diabetes Prevention Programme in 2016 which will focus on weight loss, physical activity and diet.



Key resources: tinyurl.com/SwindonJSNA-Resources

7. Cancer

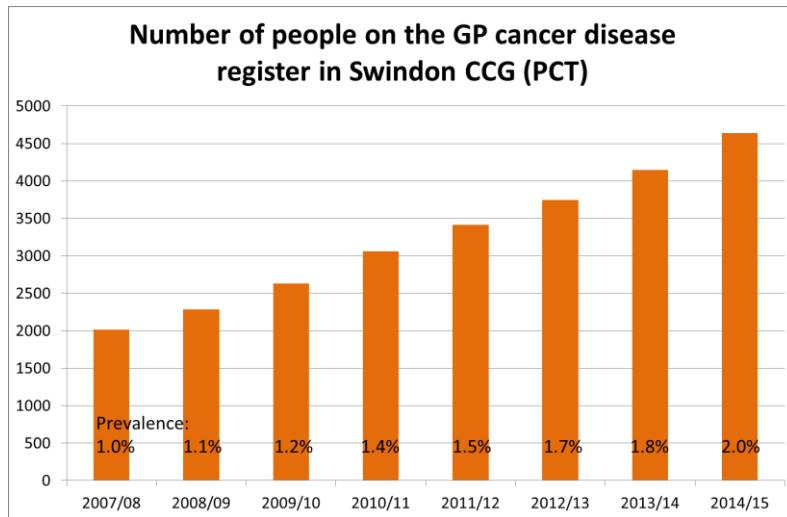


Key fact

1 in every 2 people born after 1960 will be diagnosed with some form of cancer during their lifetime



Key indicator



Key information

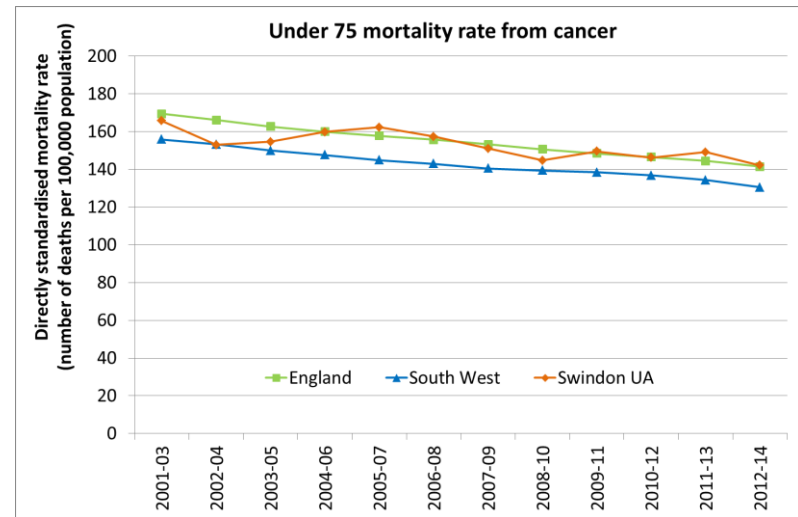
- Cancer is the leading cause of death in Swindon. 480 people in the LA area died from cancer in 2013, 29% of total deaths. Breast, prostate, lung, oesophageal, pancreatic and colorectal (bowel) cancer are the most common cancers.
- Incidence is stable over the last 20 years but mortality rates are falling. This is mainly due to earlier detection and better treatment and means there are more cancer survivors needing support.
- Around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and obesity.
- Early awareness of symptoms and early detection, e.g. by screening, is also important. Cervical screening coverage was significantly lower in Swindon (72%) than nationally (74%) in 2015.



Key resources: tinyurl.com/SwindonJSNA-Resources



Key indicator



Key issues

- Primary prevention through healthy lifestyle messages and services.
- Raising public awareness of the early symptoms of cancer and encouraging people to seek medical advice.
- Raising awareness of the public on availability and eligibility for cancer screening programmes and empowering health professionals to promote awareness and early diagnosis.
- Increasing capacity for diagnosis and treatment, including development of a new Radiotherapy Unit at GWH.
- Supporting those who survive cancer to live active healthy lives.
- Predicting growth in numbers of cancer patients in Swindon.

8. Communicable disease and immunisation

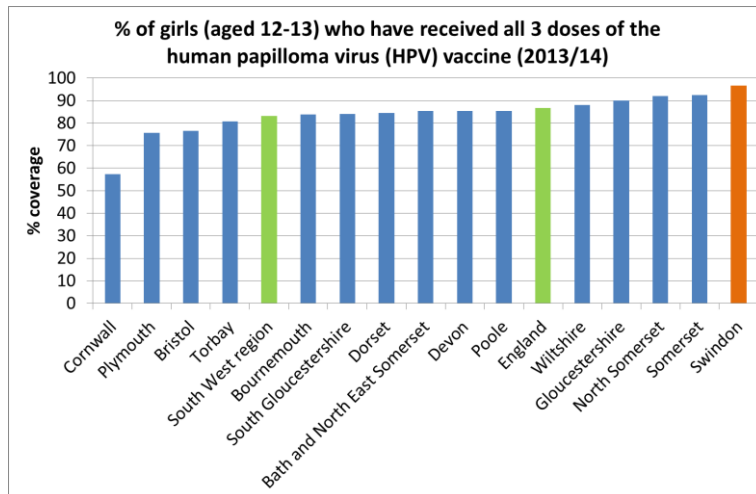


Key fact

In 2013/14, in Swindon, 96.6% of girls aged 12-13 received all 3 doses of the HPV vaccine, the highest coverage in the country



Key indicator



Key information

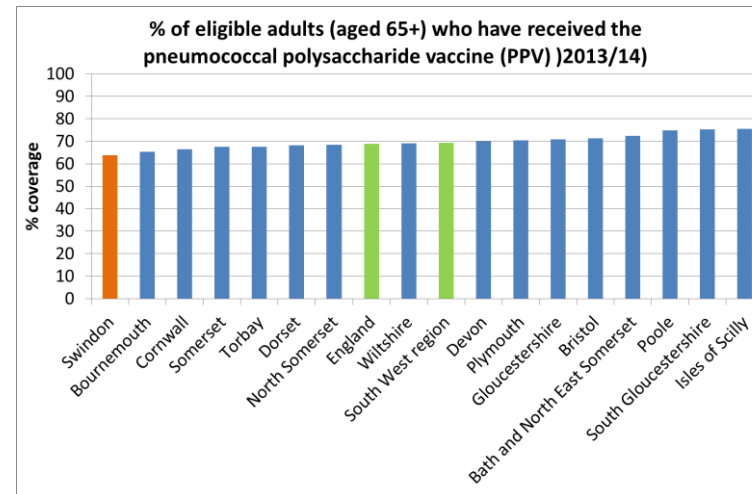
- In Swindon, in 2012-14, there were 356 deaths from communicable diseases which is equivalent to 74.1 per 100,000 people and significantly higher than the England rate (63.2 per 100,000). This is due to higher mortality rates from pneumonia in Swindon than nationally. However, mortality rates from communicable diseases have fallen by 22% in Swindon between 2008-10 and 2012-14.
- Swindon has significantly higher coverage rates than England for the majority of routine immunisations (e.g. MMR and Dtap / IPV / Hib.)
- There were 65 cases of TB in Swindon in 2012-14, significantly less than nationally.



Key resources: tinyurl.com/SwindonJSNA-Resources



Key indicator



Key issues

- Maintain high rates of HPV coverage.
- Increase PPV coverage to the target levels (previous year's England value).
- Increase percentage of at risk individuals vaccinated against seasonal flu to the target of 75%.
- Maintain low incidence of TB.
- Investigate and address reasons for high rates of mortality from pneumonia.
- Testing and diagnosis of hepatitis B and C needs to expand, and access to treatment needs to improve, in order to prevent further infections and unnecessary liver disease and deaths.

HPV: Human Papilloma Virus

TB: Tuberculosis

PPV: Pneumococcal Polysaccharide Vaccine

MMR: measles, mumps and rubella

Dtap: Diphtheria, pertussis (whooping cough) and tetanus

IPV: inactivated polio vaccine

Hib: Haemophilus influenzae type b

9. Physical and sensory disabilities

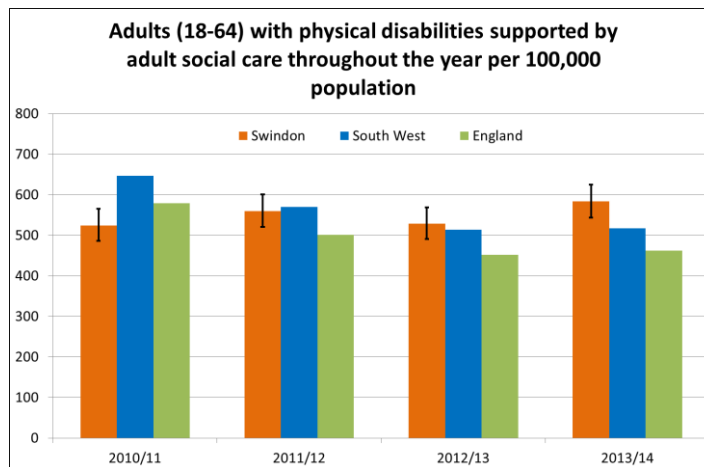


Key fact

In Swindon LA, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability



Key indicator

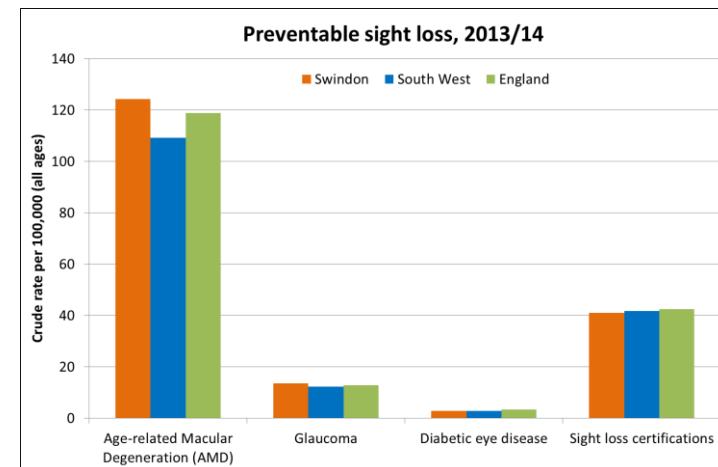


Key information

- Swindon social services support a significantly higher % of adults (18-64) with physical disabilities than England or the South West.
- The 2011 Census found long term health problems or disability limited the day to day activities of 15.4% (32,302) of people in Swindon.
- There are an estimated 5,300 people (2.5%) living with sight loss in Swindon which compares to an estimated UK prevalence of 2.95%. In Swindon, there are an estimated 88 blind or partially sighted children aged 0-16 and 45 aged 17-25.
- In Swindon, there are an estimated 18,597 people with a moderate or severe hearing impairment and 395 with a profound impairment.



Key indicator



Key issues

- Responding to the increasing numbers of elderly people with a range and a combination of disabilities in need of health and care services.
- Prevent sight loss by diagnosing and treating eye problems in a timely fashion.
- Diagnosis of hearing loss in adults is opportunistic and ad hoc. On average, there is a 10 year delay in people seeking help.
- Improving awareness of the need for eye tests amongst young people and their parents / carers.



Key resources: tinyurl.com/SwindonJSNA-Resources

10. Mental Health and Wellbeing

This section includes both measures of the overall wellbeing of the population as well indicators for clinically diagnosed common mental health disorders.

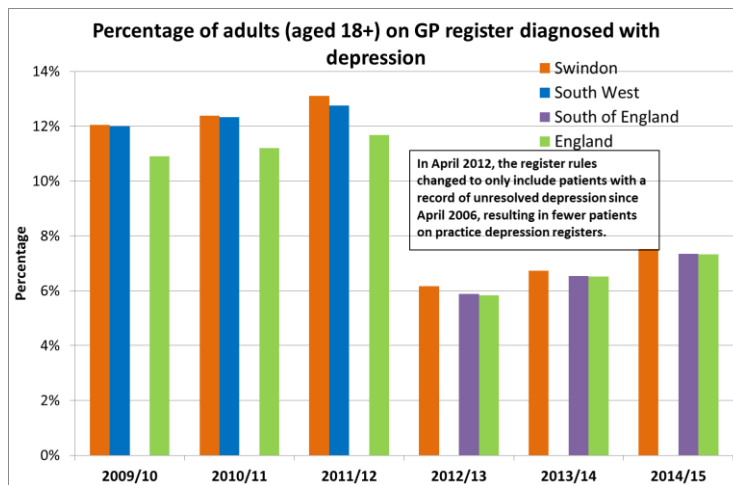


Key fact

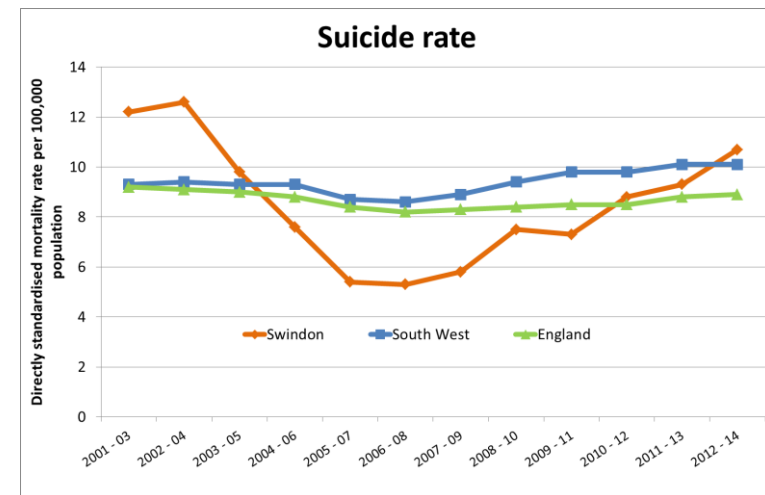
Mental illness is the largest single cause of disability and represents 28% of the disease burden in the UK



Key indicator



Key indicator



Key information

- In Swindon, there are an estimated 25,000 individuals with depression or common mental health problems.
- Data indicates Swindon has higher rates of depression than the national and regional average, which could be linked to better recording of depression and access to psychological therapy services.
- In Swindon LA, in 2013/14, the rate of emergency hospital admissions due to self-harm was significantly higher than the England rate.
- 53.6% of 15 year olds surveyed in Swindon reported being bullied in the past few months which was less than in England (55.0%) and the South West (57.6%).



Key issues

- Promote and implement the 'Five ways to Wellbeing' (connect; be active; keep learning; take notice; and give), as part of strategy to prevent mental health problems and develop mental resilience of the population.
- Ensure Mental Health Services are accessible to all equality and marginalised groups including: black and minority ethnic groups, those with disabilities, sight or hearing loss or learning disabilities; those living in areas of deprivation and those who are homeless.
- Reduce hospital admissions for self-harm, in young people and the general population.



Key resources: tinyurl.com/SwindonJSNA-Resources

11. Learning Disabilities (LD)

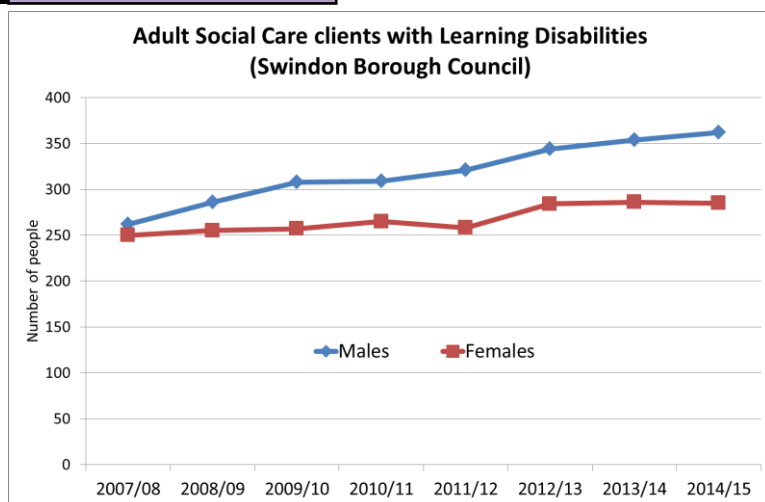


Key fact

People with a LD are 3 times more likely than the general population to have a death classified as potentially avoidable through the provision of good quality healthcare



Key indicator

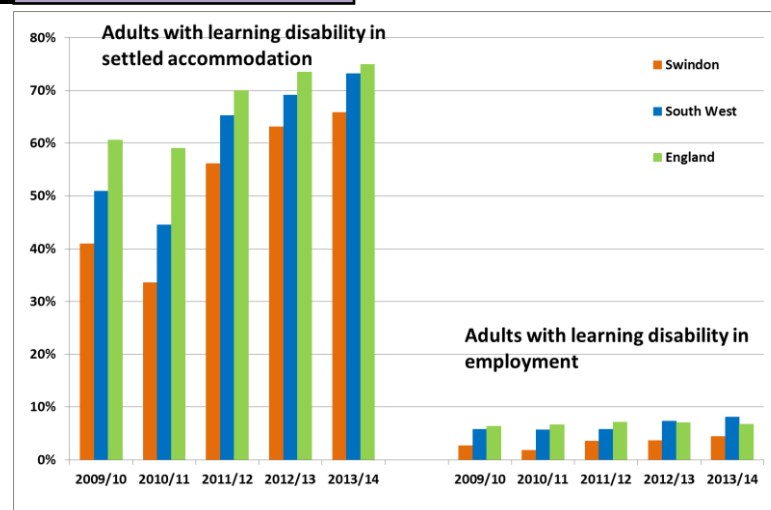


Key information

- There are about 4,000 adults with Learning disabilities (LD) in Swindon ranging from mild to severe disability. Only a proportion of people with LD need support from social care services.
- Swindon Adult Social Care had around 650 clients with learning disabilities in March 2015. Most of these would have been people with moderate or severe LD. 31% of those receiving a service are placed in residential or nursing care with 57% of these being outside Swindon.
- 65.8% of adults in Swindon with LD live in settled accommodation which is significantly lower than England (74.9%) and the South West (73.2%).



Key indicator



Key issues

- Raise employment rates for people with learning disabilities.
- Tackling unhealthy behaviours such as poor diet, unhealthy teeth and gums, obesity and diabetes and drug resistant epileptic seizures.
- Addressing challenging behaviours (aggression, destruction, injury) and mental health problems.
- Ensure people with learning disabilities have access to supported housing and residential care.
- Ensure people with learning disabilities do not suffer discrimination in terms of their physical healthcare.



Key resources: tinyurl.com/SwindonJSNA-Resources

12. Dementia

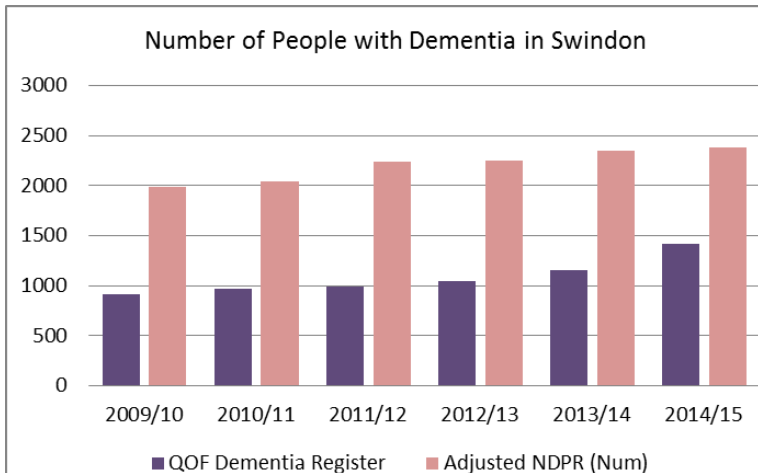


Key fact

One in six people over 65 will develop dementia at some stage during their lifetime.



Key indicator



Quality Outcomes Framework (QOF) data is collected by GPs on diagnosed cases.

The Adjusted National Dementia Prevalence Rate (ANDPR) models expected prevalence based on age and gender.



Key indicator



Key information

- Estimates suggest there are about 2035 people aged 65+ with dementia in Swindon based on the Dementia UK 2007 Consensus Report, nearly half of whom are over 85. This equates to about 7% of the total population over 65.
- There is some evidence the incidence of dementia is decreasing although prevalence is increasing as there are more older people and age is the biggest risk factor for dementia.
- Research suggested people wait an average of 3 years after first symptoms of dementia before contacting their GP.
- Research estimates two thirds of people with dementia have three or more other conditions. People with dementia often have high levels of depression and an increased risk of falling.



Key issues

- Reducing risk through healthy lifestyle messages about smoking, diet and exercise.
- Improving timely diagnosis and ensuring support services are in place for people who need them post diagnosis
- Raising awareness of dementia for everyone by promoting the Dementia Friends Initiative
- Increasing community clinical support for people living with dementia
- Providing information and support for carers
- Reducing avoidable hospital and care home admissions and reducing length of stay
- Safeguarding people living with dementia.



Key resources: tinyurl.com/SwindonJSNA-Resources

13. Falls and bone health, accidents and injuries

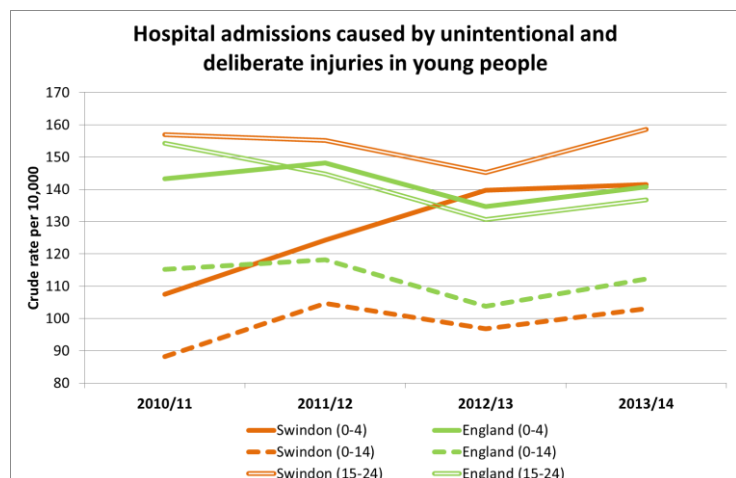


Key fact

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



Key indicator

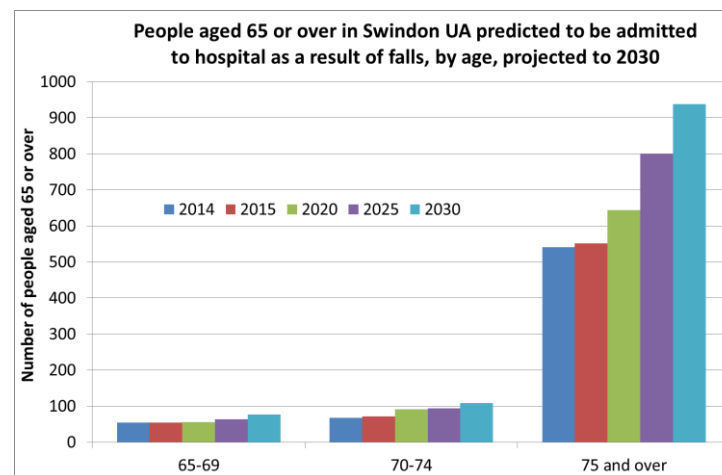


Key information

- In Swindon, in 2013/14, there were 2,081 hospital admissions for injuries due to falls in people aged 65 plus per 100,000 population. For the 80 plus age group, the rate was 5,071 per 100,000. Both of these were similar to the England rate.
- In Swindon, in 2013/14, there were 415 hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14. The rate of these admissions was similar to the England rate. In those aged 15-24, the number of admissions was 389. The rate of admissions in this age group is significantly higher than the England rate.
- Over 2012-14, 213 people from Swindon were killed or seriously injured in road collisions. This equates to 33.2 per 100,000 and is significantly lower than the England rate of 39.3 per 100,000.



Key indicator



Key issues

- Promote healthy ageing including physical activity and other healthier lifestyle choices as protective factors for falls and osteoporosis, and ensure those at high risk of a fall are identified and considered for their ability to benefit from interventions to improve strength and balance.
- Tackle the leading, preventable causes of death and serious long-term harm in children under the age of five: choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning.
- Reduce road traffic injuries by the continued provision of road safety and awareness training and campaigns, to the public, and especially for children travelling to and from school.



Key resources: tinyurl.com/SwindonJSNA-Resources

14. Maternity and breastfeeding



Key fact

2,923 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



Key indicator

Estimated prevalence of perinatal mental illnesses in Swindon

Perinatal psychiatric disorder	Rate per 1,000 maternities	Estimated numbers in Swindon based on approx. 3,000 maternities/year
Postpartum psychosis	2	6
Chronic serious mental illness	2	6
Severe depressive illness	30	90
Mild-moderate depressive illness and anxiety states	100-150	300-450
Post-traumatic stress disorder	30	90
Adjustment disorders and distress	150-300	450-900

Source: Joint Commissioning Panel for Mental Health Guidance for commissioners of perinatal mental health services.

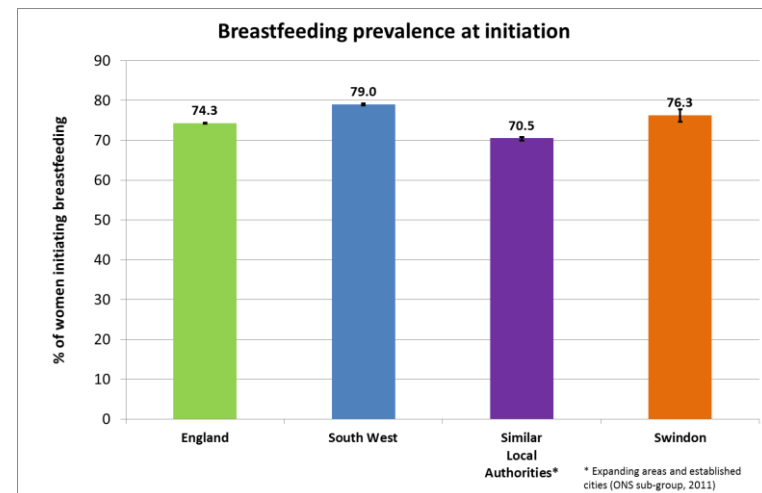


Key information

- Swindon's general fertility rate in 2014 was 67.9 births per 1,000 women aged 15-44. This was higher than England (62.2). Multiple births account for around 3% of live births nationally.
- Between 2011 and 2013, 21 infants under 1 died in Swindon. Swindon's infant mortality rate was significantly lower than England's.
- 2.9% of term babies born in Swindon in 2014 weighed less than 2.5kg (deemed low birth-weight) which was the same as England overall.
- Smoking at the time of delivery was down from 14.1% in 2013/14 to 12.7% in 2014/15 which is significantly higher than England (11.4%).



Key indicator



Key issues

- Increase the number of women who initiate breastfeeding and support those who start to sustain breastfeeding for longer, especially in areas of deprivation which have lower breastfeeding prevalence rates.
- Maintain continuity of care and appropriate staffing levels despite a rising birth rate, increasing complexity and financial constraints.
- Improve maternal nutrition and reduce maternal obesity levels.
- Improve the care pathway for women with maternal mental health difficulties including those with chronic low-level problems.
- Reduce smoking in pregnancy to 9% by 2020 and 6% by 2025.



Key resources: tinyurl.com/SwindonJSNA-Resources

15. Obesity, health eating and physical activity

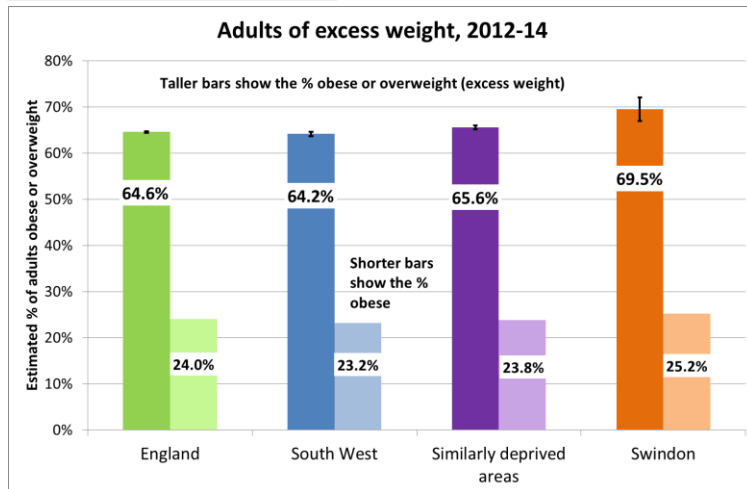


Key fact

Surveys found that in 2014, 55.9% of adults in Swindon were physically active and 31.0% were physically inactive



Key indicator

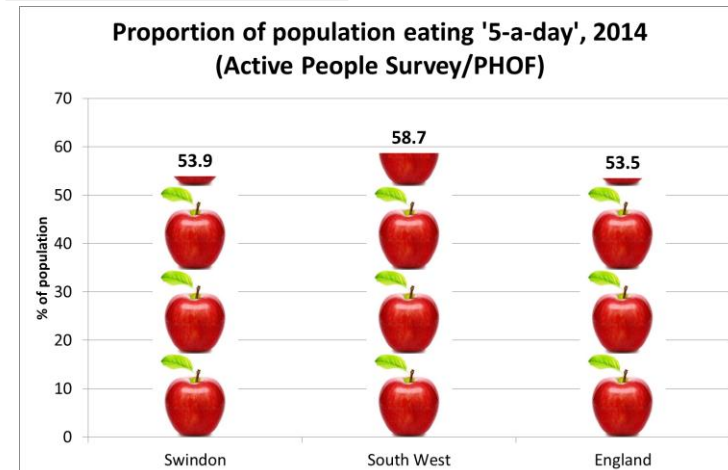


Key information

- Swindon has comparatively high percentages of people with excess weight. The data suggest that it is in the “overweight, not obese” category where Swindon fares poorly.
- Nationally, more women (45%) than men (33%) do not meet the current Chief Medical Officers (CMO) recommendations for physical activity.
- Nationally, people living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.
- People in Swindon eat an average of 2.5 portions of fruit a day and just over 2 portions of vegetables. This is similar to England but lower than the South West.



Key indicator



Note that dietary data presented here from the Active People Survey cannot be compared with other sources / surveys.



Key issues

- The high rates of obesity in Swindon (and associated hospital admissions).
- Making physical activity and healthy eating desirable and part of everyday life.
- Influencing the built environment so that being active becomes an easy choice for Swindon residents
- Encouraging physical activity and healthy eating within Swindon’s workplaces
- Tackling perceived barriers around eating healthier and doing more physical activity, e.g. price of healthy food and lack of time to exercise.
- Engendering an ethos of taking responsibility for the health of yourself and your family with support when needed.



Key resources: tinyurl.com/SwindonJSNA-Resources

16. Sexual health

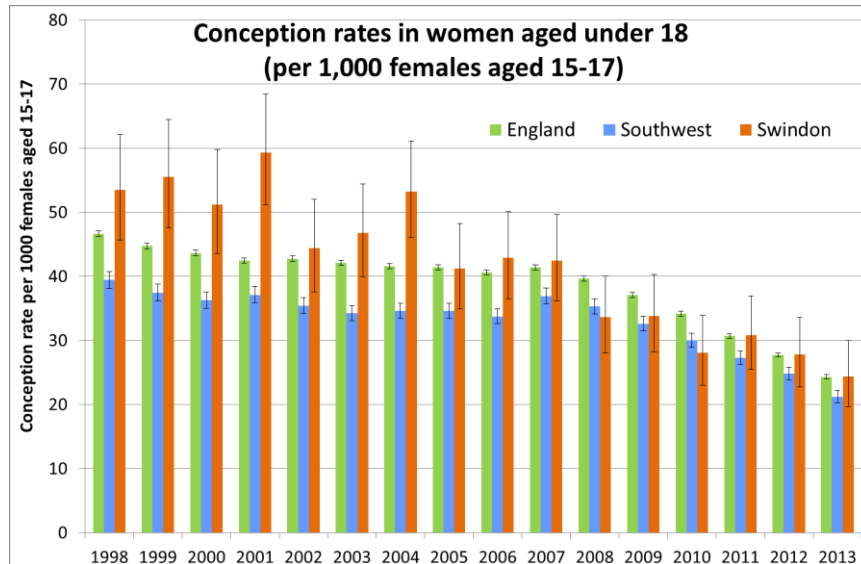


Key fact

In Swindon, in 2014, 26.4% of abortions in women aged under 25 were repeat abortions



Key indicator

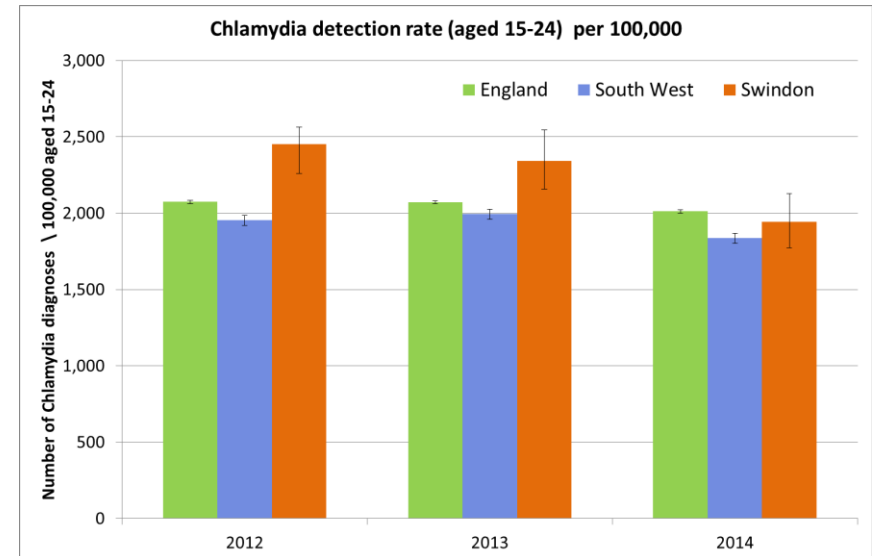


Key information

- Sexual health covers a wide range of areas including contraception, sexually transmitted infections (STIs), teenage pregnancy, abortions and sexual offences and is important across the whole life course.
- There were 1,635 new STI diagnoses in Swindon in 2014, and the diagnosis rate is significantly down from 2013, when 1,879 new STIs were diagnosed.
- In Swindon, there were 11 new cases of HIV diagnosed in 2014. However, between 2012 and 2014, 63.6% of those newly diagnosed, had a late diagnosis. This is significantly higher than England (42.2%).
- In Swindon, the under 16 conception rate fell for the 3rd year running to 2.9 per 1,000 girls aged 13-15 in 2013, lower than England (4.8) and the South West (3.8).



Key indicator



Key issues

- Continue to commission and deliver high quality sexual health services in Swindon
- A greater proportion of 15-24 year old young people need to be taking part in chlamydia screening.
- Increase the number of HIV tests amongst women and heterosexual men to reduce the proportion of late HIV diagnoses.
- Encourage more organisations within Swindon to achieve the Young People Friendly accreditation.
- Continue to develop and coordinate strategies and action plans to tackle child sexual exploitation and female genital mutilation, linking with the Local Safeguarding Children Board (LSCB).

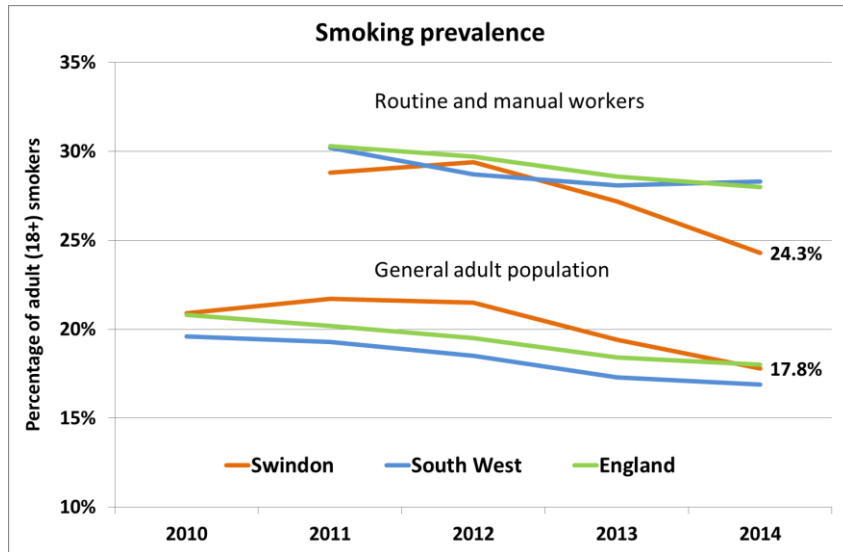


Key resources: tinyurl.com/SwindonJSNA-Resources

17. Substance misuse



Key indicator



Key information

- Overall smoking prevalence in adults in Swindon in 2014 was 17.8% down from 21.5% in 2012. Smoking amongst routine and manual workers was also down from 29.4% in 2012 to 24.3% in 2014.
- 32% of Swindon clients in drug treatment has a child living with them at least some of the time compared with 30% nationally.
- 9% of opiate users and 47% of non-opiate users in Swindon successfully completed their drug treatment in 2014/15, above the national averages.
- In 2013/14, alcohol related admissions for males in Swindon were significantly lower than the England rate; however admissions for females were slightly higher than England.



Key resources: tinyurl.com/SwindonJSNA-Resources

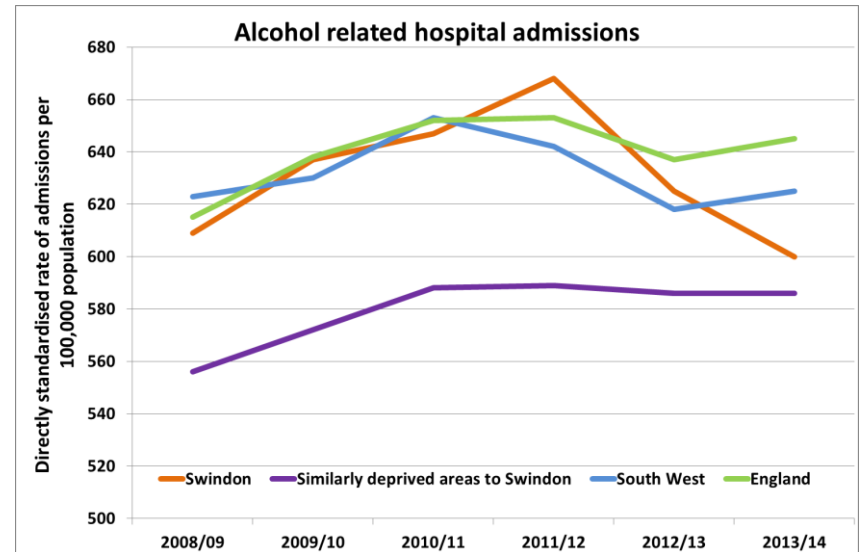


Key fact

Alcohol is the most common cause of liver disease in England



Key indicator



Key issues

- Reducing
 - overall smoking prevalence
 - the number of people starting smoking
 - those smoking during pregnancy
 - higher prevalence rates in routine and manual occupation groups.
- The increasing use of Novel Psychoactive Substances (legal highs).
- People with drug and alcohol misuse problems who also have mental health issues (dual diagnosis).
- Reducing the harm caused by alcohol, in particular to stop the rise in the number of alcohol related deaths from liver disease.
- Monitoring and managing the safe use of e-cigarettes as a means of reducing the prevalence of smoking.

18. Safeguarding

For the reporting period covered by this summary, an Adult at Risk is someone who is 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. The Care Act 2014, which came into effect on 1st April 2015, puts safeguarding adults onto a statutory footing.

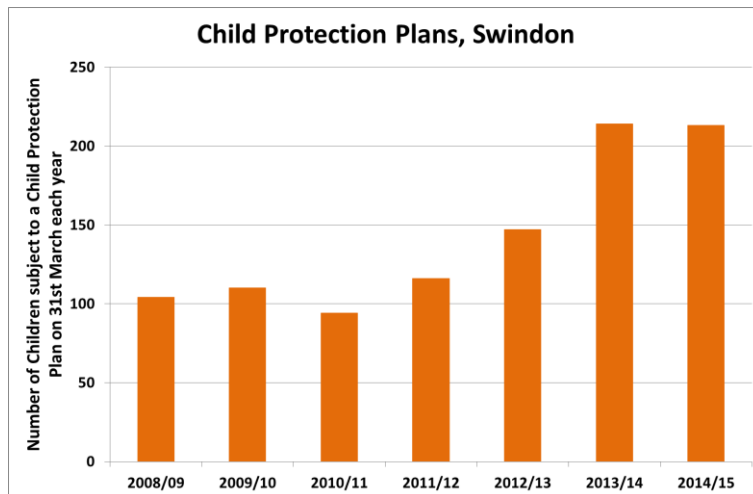


Key fact

Neglect and Emotional abuse are the main categories leading to a child protection plan



Key indicator

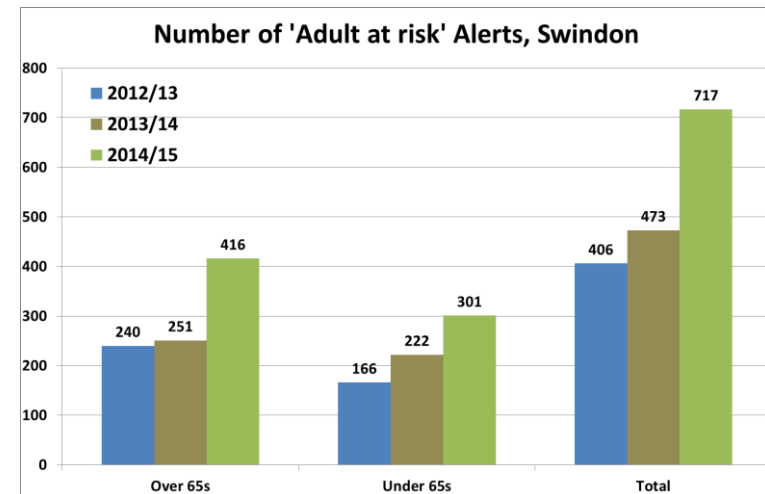


Key information

- 213 children were subject to a child protection plan at 31st March 2015, about the same as 214 in 13/14. Swindon has a higher rate (44.5 per 10,000 population under 18) than the national average (42.1) and statistical neighbours (40.1).
- The number of alerts reported to adult services for further investigation rose by 51% between 2013/14 and 2014/15. Other local authorities are reporting continued increases too, and this increase is still be attributed to improved awareness, rather than an increase in the amount of abuse taking place.



Key indicator



Key issues

- Ensuring effective implementation of the Care Act that puts safeguarding adults on a 'legal footing'.
- Respond to the changing online behaviours of young children and the associated risks.
- For the Local Safeguarding Children Board to foster a closer working relationship with all education providers but particularly secondary school head teachers/ principals.
- Embed the Make Safeguarding Personal (MSP) initiative in practice and procedures.



Key resources: tinyurl.com/SwindonJSNA-Resources

19. Carers



Key fact

The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care

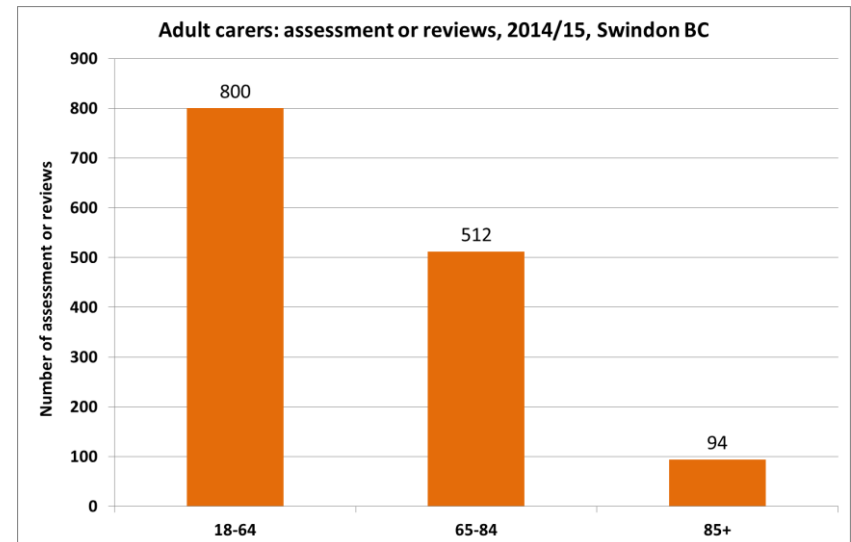
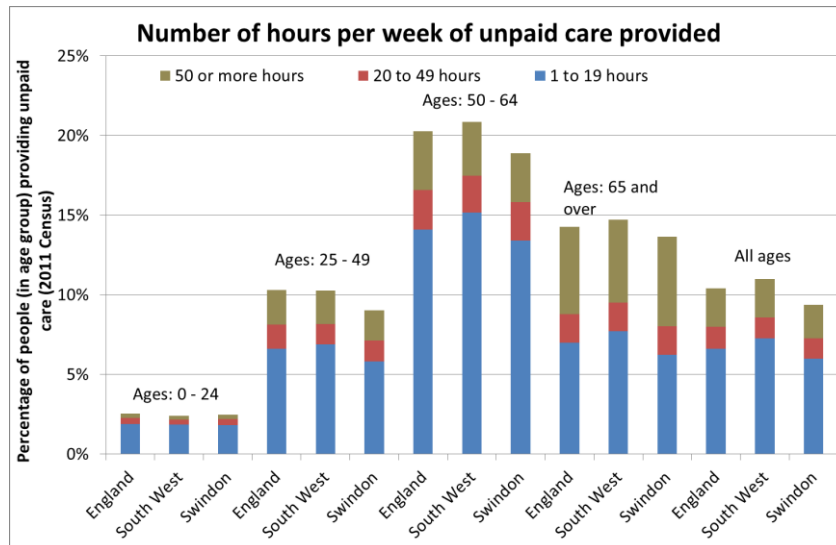


Key indicator



Key indicator

Young carers are under 18s who provide regular or on-going care and emotional support to a family member.



Key information

- Carers provide unpaid care to a child, relative or friend needing help due to age, addiction, mental/physical impairment or illness.
- 57% of carers in Swindon are men. 8% are under 25; 72% between 25 and 64 and 20% are 65 or above. The estimated number of carers in Swindon has grown by 3,700 (23%) between 2001 and 2011.
- An estimated 1,000 people have multiple caring roles. 161 carers in Swindon aged under 25 provide 50 hours or more of care per week.
- There were 1,406 adult carer assessments or reviews in Swindon in 2014/15, 1,374 in 2013/14, 1,381 in 2012/13 and 1,414 in 2011/12.
- The true number of carers is higher than in the Census. E.g. based on national survey data there are an estimated 3,000 young carers (under 18) in Swindon.



Key issues

- Support carers to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities.
- A young carer becomes vulnerable when the level of care-giving and responsibility becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances.
- Support adult carers to provide care for as long as they wish to.
- Support carers for multiple people, e.g. disabled child and aged parent.
- Respond to an increasing number of carers and the new legal rights to assessment of their needs the 2014 Care Act provides.



Key resources: tinyurl.com/SwindonJSNA-Resources

20. Community Safety

The years defined in the "Crime Rates per 1000 Population" chart below refer to 12-month periods Oct to Sept. Figures quoted are validated and reported by IQanta.

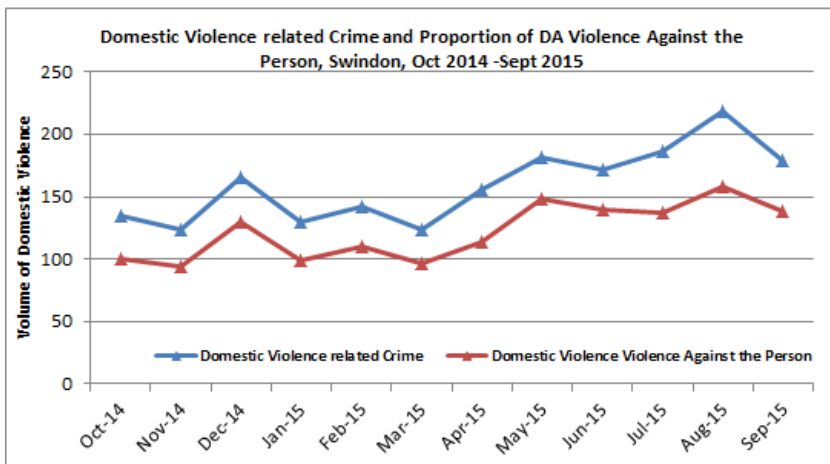


Key fact

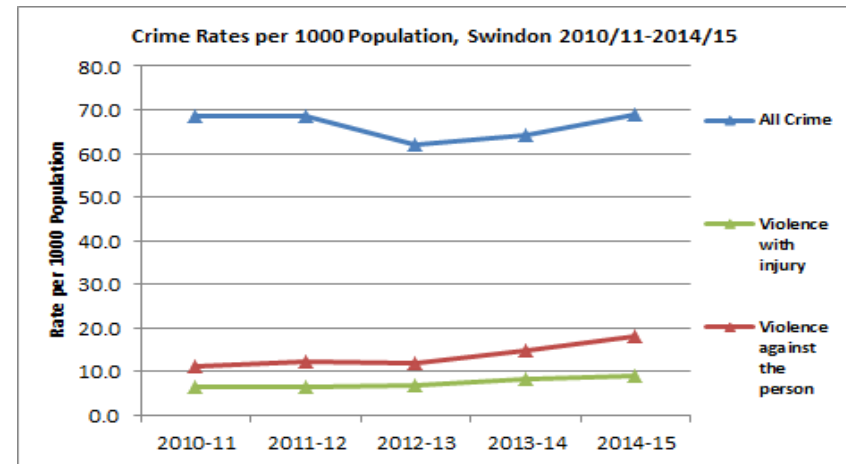
In Swindon, between October 2014 and September 2015, domestic abuse accounted for 38% of "Violence Against the Person" crimes



Key indicator



Key indicator



Key information

- Comparisons between Sep – Oct 2013/14 and 2014/15 show:
 - "Violence With Injury" increased by 7%;
 - "Violent Crime" increased 28%;
 - "Violence Against the Person" incidents increased 28% overall;
- Levels of Anti-Social Behaviour (ASB) decreased by 28% from Sept 2014 to Sept 2015, however the September 2014/15 Year to Date figure shows overall ASB incidents have increased by 14% from the previous year.



Key issues

- There has been a steady increase in domestic abuse crime from March 2015, with a significant dip in September. The same pattern can be seen with domestic abuse: violence against the person crimes.
- Reporting of domestic abuse is increasing, enabling more effective harm reduction interventions. However, given its hidden nature the levels could be much higher than currently reported.
- The hidden harm of abuse within the home significantly impacts the health and well-being of children witnessing violent acts; on the mental health of victims; risk of suicide; and substance misuse issues, including smoking.



Key resources: tinyurl.com/SwindonJSNA-Resources

21. Housing, transport and the environment

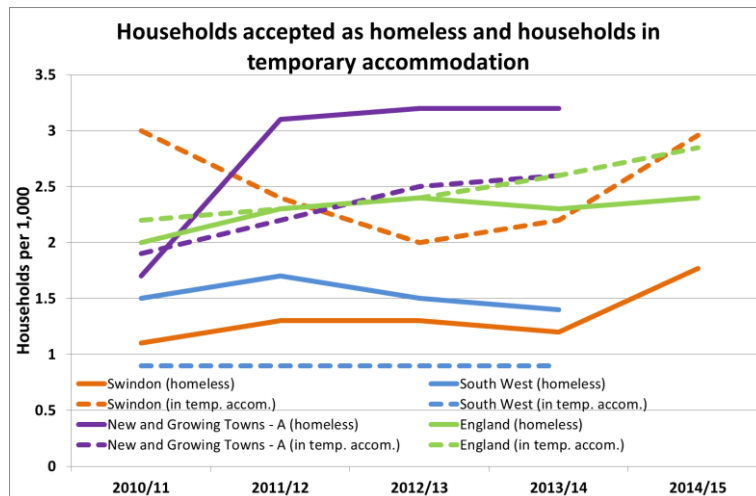


Key fact

22,000 new homes will be built in Swindon between 2011 and 2026



Key indicator

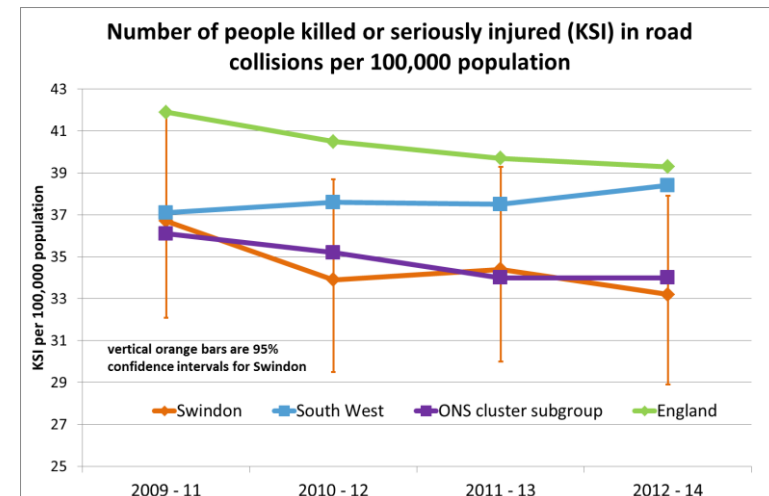


Key information

- Single person households are set to increase by 15% between 2011 and 2021, and lone parent households are set to increase by 32%.
- 163 households were accepted as homeless in 2014/15 and on 31/03/2015 there were 273 households in temporary accommodation.
- The number of possession orders granted to mortgagors rose to a peak of 435 in 2008 at the height of the recession, but have since fallen back to pre-recessionary levels (164 in 2013)
- In 2013/14, there were 1,416 noise complaints in Swindon; 6.6 per 1,000 people, which was significantly lower than England (7.4).



Key indicator



Key issues

- Development of physical, green and social and community infrastructure to support increases in population, employment and housing.
- Reducing homelessness and limiting the use of temporary accommodation.
- Improving partnership working to prevent homelessness for those with care/complex needs and to support those already homeless.
- Transport is a means to an end. If managed properly it can act as an “enabler” to allow Swindon to achieve its wider aims and ambitions.
- Encouraging active travel, alternatives to vehicle use and sustainable travel and minimise the level of carbon emissions.



Key resources: tinyurl.com/SwindonJSNA-Resources

22. Education, Skills and the economy

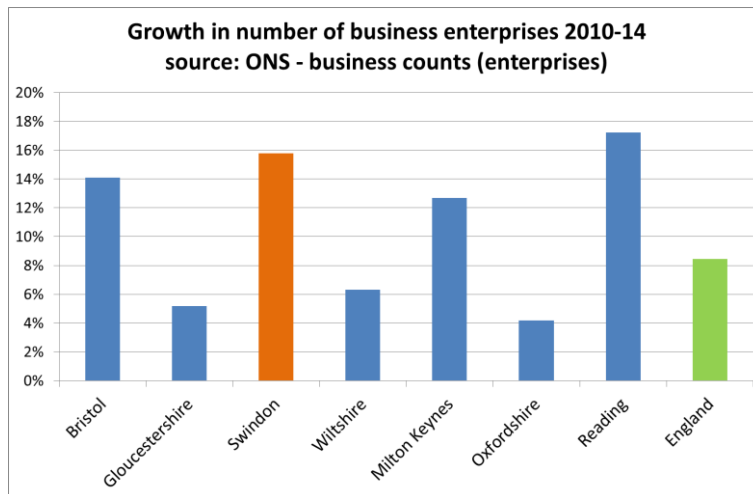


Key fact

31% of the working age population in Swindon have an NVQ4+; this is much lower than the English average of 36%



Key indicator

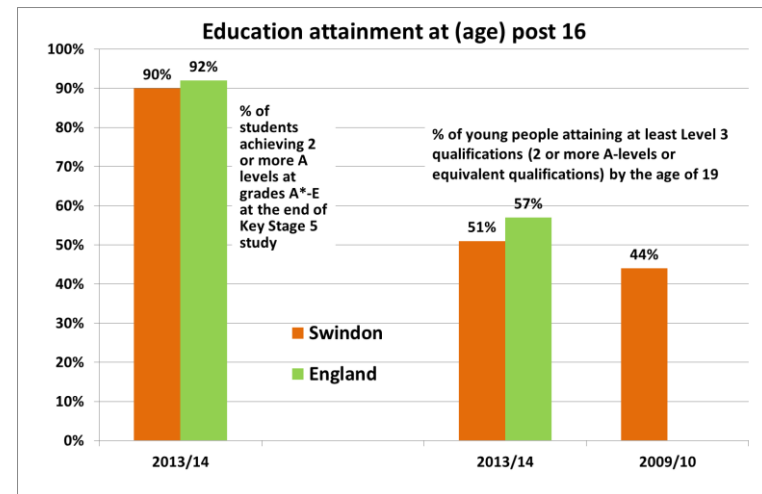


Key information

- The number of businesses in Swindon has grown over 15% since 2010, twice as fast as the national average and productivity per worker is 10% higher in Swindon compared to the English average.
- 80.8% of those aged 16-64 in Swindon UA are economically active and 85.8% of employee jobs are in the service industries.
- Swindon's attainment gap (between disadvantaged pupils and their peers) at the end of Year 11 was 26 % points in 2013/14, slightly better than 27 % points in 2012/13 and in line with the national average.
- 52% of Swindon pupils achieved 5 or more A*-C GCSEs or equivalents (including English and Maths) in 2013/14, compared to 56% in England and 50% in Swindon in 2009/10.



Key indicator



Key issues

- The rate of housing completions may restrict continued population growth
- Swindon's growth, inward investment and high GVA are all dependent upon the higher skills levels of the available workforce and growth in particular is constrained by lack of available employment land.
- An unattractive town centre that requires regeneration to match the ambitions of the Council
- Increase the number of business employing young people as an apprentice.
- Raise educational attainment in Swindon at the end of secondary school to the England average and address the attainment gap between disadvantaged pupils and their peers.



Key resources: tinyurl.com/SwindonJSNA-Resources

23. Leisure, arts and culture

The most popular sports for adults in Swindon are:



Gym



Swimming



Cycling



Athletics



Keep Fit classes



Key fact

Sport provides an estimated £78.6m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided



Key indicator

How active is Swindon's community?

55.9%	of adults undertake 150 minutes of moderate intensity physical activity compared to 57.0% nationally.
36.8%	Adults (14+) take part in sport at least once a week compared to the national average of 36.5%: that's 39.6% of men and 33.9% of women in Swindon.
21.8%	adults take part in sport and active recreation three times a week compared 23.9% nationally. that's 25.8% of men and 17.8% of women in Swindon.
43.1%	of adults in Swindon, who are inactive, want to take part in sport, demonstrating there is an opportunity to increase participation.

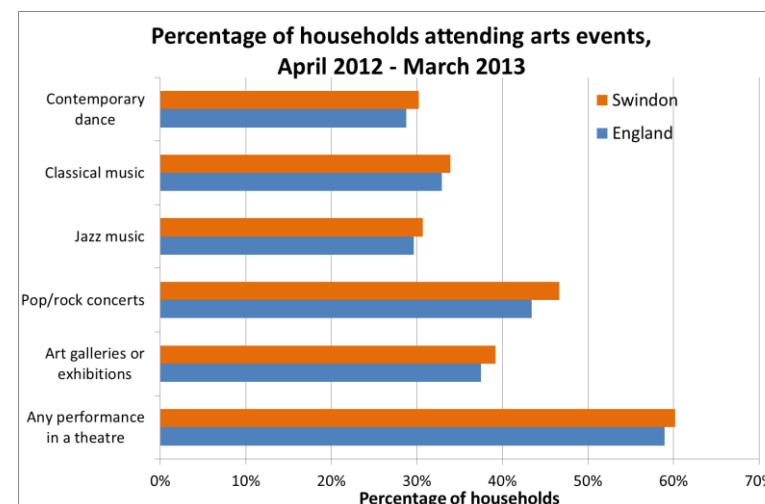


Key information

- Sport, leisure and cultural opportunities offer a positive and rewarding experience to the most vulnerable individuals in society e.g. improving mental health; reducing social isolation, stress, depression and anxiety; lowering blood pressure and reducing the need for medication.
- Swindon has a lower number of arts, museums, libraries, sports and heritage assets per person than the England average.
- Swindon Museum and Art Gallery Trust has been established with support from SBC to develop and deliver a new museum and art gallery at the heart of the emerging cultural quarter.



Key indicator



Key issues

- Improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities and by supporting neighbourhoods, communities and voluntary organisations with initiatives.
- Secure a new museum and art gallery that can showcase the high quality arts and exhibits Swindon possesses.
- Support the development of a new regional leisure destination and North Star.
- Improve the number, size and quality of the arts, leisure and cultural facilities in Swindon and find new ways of accurately measuring participation and satisfaction in arts and cultural activities.
- Better publicise Swindon's community based arts and cultural offer.



Key resources: tinyurl.com/SwindonJSNA-Resources

24. Children and young people

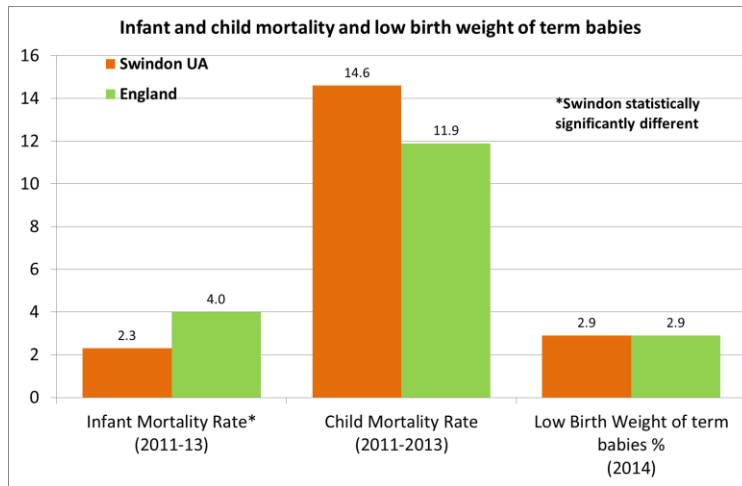


Key fact

Only 4.2% of 15 year olds in Swindon are regular smokers, compared to 5.5% nationally



Key indicator

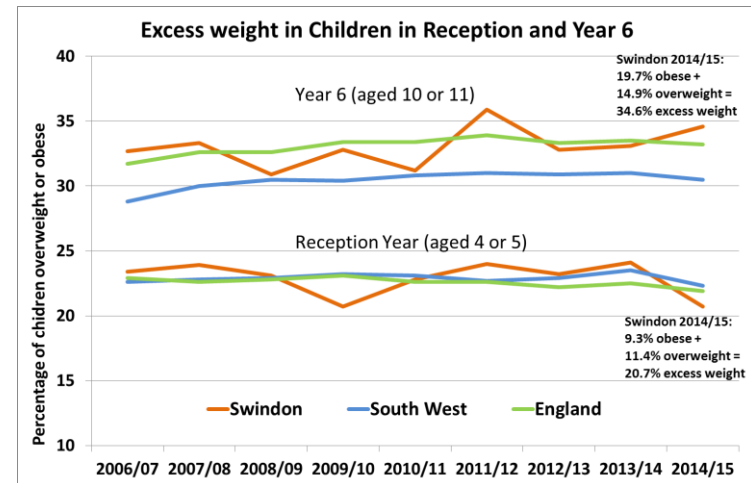


Key information

- The infant mortality rate in Swindon (2011-2013) is significantly lower than the national figure and the child mortality rate (2011-2013) and the low birth weight % for term babies (2014) are similar to those for England.
- In 2014/15, 7.5% of 15 year olds in Swindon are regular smokers, lower than the South West value of 9.8% and similar to the England value of 8.2%.
- In 2011/12-2013/14, in Swindon, there were 85 admissions to hospital due to alcohol specific conditions (in under 18s) and 93 for substance misuse (in 15-24 year olds). These figures equate to higher rates than England overall.
- 20 children (under 15) from Swindon were killed or seriously injured on the roads over the period 2011 to 2013. A lower casualty rate than nationally.



Key indicator



Key issues

- Increase the resilience in families and communities to support those most vulnerable.
- Ensure full and effective delivery of 'The Healthy Child programme to give children the best start in life and continue to reduce health inequalities.
- Improve the transition from young people's to adult services, particularly for mental health services.
- Increase the number of foster carers in Swindon so that every 'looked after child' who should be, is placed in their home borough.
- Secure a range of options to access higher education in Swindon.



Key resources: tinyurl.com/SwindonJSNA-Resources

25. Equalities



Key fact

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



Key indicator

The Equality Act 2010 makes it unlawful to discriminate against people with a 'protected characteristic'

9 'protected characteristics' (Equality Act, 2010)



Key information

- The proportion of Black Minority Ethnic (BME) people in Swindon UA, in approximate terms, doubled from 8.5% (15,344 people) in 2001 to 15.4% (32,128 people) in 2011.
- In the 2011 Census, 120,287 people (57.5%) reported being Christian, while the next most common categories were Muslim (3,538 people, 1.7%) and Hindu (2,597, 1.2%). 31% reported having no religion.
- 2,296 people (1.1%) reported in the 2011 Census that they could not speak English well or at all. This is likely to be an under-estimate.
- Around 6% of Swindon's population are thought to be Lesbian, Gay or Bisexual.
- Around 2 in 10,000 people in the UK have had or are seeking gender reassignment surgery.

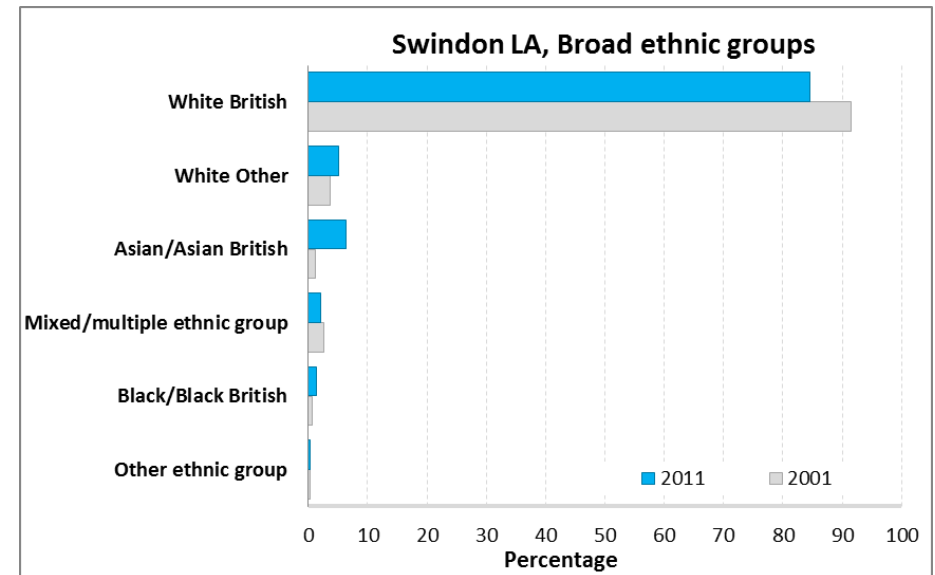


Key resources: tinyurl.com/SwindonJSNA-Resources



Key indicator

* Konkani is a language spoken in the Indian states of Goa, Karnataka, Kerala and Maharashtra



Key issues

- The population of Swindon is becoming more ethnically diverse and may require services more sensitive to the risk profile and needs of different groups.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.
- Bias/hostility experienced by disabled people, Gypsies, Roma and Travellers, transgender people and immigrants.
- People with serious mental illness or a learning disability and homeless men and women die earlier than the general population.
- Challenging stereotypes and assumptions and working with people as individuals.
- Lack of data on prevalence of people with protected characteristics.

Appendix A: Priorities

Swindon Joint Health and Wellbeing Strategy

The following agreed priorities for Swindon have been articulated in the JHWS:

- Every child and young person in Swindon has a healthy start in life.
- Adults and older people in Swindon are living healthier and more independent lives.
- Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders).
- Improved mental health, wellbeing and resilience for all.
- Creation of sustainable environments in which communities can flourish.

Swindon Borough Council

The Vision for Swindon 2030 sets out how the Council will shape the Borough, and deliver growth that allows communities to prosper, families to live healthy and happy lives, and children to fulfil their potential.

The Council Vision is:

“By 2030, Swindon will have all of the positive characteristics of a British city with one of the UK’s most successful economies; a low-carbon environment with compelling cultural, retail and leisure opportunities and excellent infrastructure. It will be a model of well managed housing growth that supports and improves new and existing communities. Swindon will be physically transformed with existing heritage and landmarks complemented by new ones that people who live, work and visit here would recognise and admire. It will remain, at heart, a place of fairness and opportunity where people can aspire to and achieve prosperity, supported by strong civic and community leadership.

and is underpinned by four priorities:

- Improve infrastructure and housing to support a growing, low-carbon economy.
- Offer education opportunities that lead to the right skills and right jobs in the right places.
- Ensure clean and safe streets and improve our public spaces and local culture.
- Help people to help themselves while always protecting our most vulnerable children and adults.

NHS Swindon CCG

NHS Swindon Mission Statement:

To optimise the Health and Wellbeing of the people of Swindon and Shrivenham in order to ensure that everyone lives a health, safe, fulfilling and independent life and by delivering the following set of outcomes:

- Children and young people have a healthy start in life
- Adults and older people are living healthier and more independent lives and enjoy improved mental health, wellbeing and resilience.
- Improved health outcomes are delivered for all but especially disadvantaged and vulnerable communities.
- Sustainable environment are created in which thriving, connected and supportive communities can flourish.

One Swindon

The One Swindon Partnership priorities are:

- We can all benefit from a growing economy and a better Town Centre.
- I like where I live.
- Everyone is enjoying sports, leisure and cultural opportunities.
- Living independently, protected from harm, leading healthy lives and making a positive contribution.

Public Health England

The current Public Health England (PHE) priorities¹ are:

- Tackling obesity particularly among children
- Reducing harmful drinking and alcohol-related hospital admissions
- Reducing the risk of dementia, its incidence and prevalence in 65-75 year olds
- Achieving a year-on-year decline in tuberculosis incidence
- Reducing smoking and stopping children starting
- Tackling the growth in antimicrobial resistance
- Ensuring every child has the best start in life

NHS England

In its 2013/14 – 2015/16 business plan, NHS England set out an 11 point scorecard reflecting its priorities, the external facing ones are²:

- Satisfied patients.
- Preventing people from dying prematurely.
- Enhancing quality of life for people with long term conditions.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.
- Promoting equality and reducing inequalities in health outcomes.

¹ From evidence into action: opportunities to protect and improve the nation's health, Public Health England, © Crown Copyright, October 2014. <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>

² Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16
<https://www.england.nhs.uk/pp-1314-1516/>