

# Joint Strategic Needs Assessment Summary 2016/17: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 15<sup>th</sup> March 2017

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Wards:	All
Locality Affected:	All
Parishes Affected:	All

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## 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 Joint Health and Wellbeing Strategy. 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 2016/17 JSNA Summary (attached at Appendix 1) provides an overview of the current and future health and wellbeing needs of people in Swindon and provides an update to the 2014/15 and 2015/16 versions. 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 2016/17 Joint Strategic Needs Assessment Summary report attached at Appendix 1 to the report.
- 2.2 Endorse its use in commissioning and strategy preparation, including the Joint 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>.

## JSNA Summary 2016/17: An overview of health and wellbeing in Swindon

- 3.7 The report includes a one page summary of 26 health and wellbeing topics following a set template which includes a key fact; two key indicators; key information and key issues. The topics are the same as during 2015/16 apart from the addition of Ageing Well.
- 3.8 The 26 topics are:
  - Population
  - Life expectancy

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- Deprivation and health inequalities
- 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
- Ageing well
- Children and young people summary
- Equalities

## 3.9 Key Facts (\*data updated, \*\* new key fact)

- 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 2013-15, average life expectancy was 79.6 years for males and 82.8 years for females, which is similar to England\*
- 3.9.3 In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas\*\*
- 3.9.4 Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives\*\*
- 3.9.5 Four in five people aged over 30 in England have a heart age older than their chronological age, making them more at risk of a heart attack or stroke\*\*

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- 3.9.6 Around 18,500 people in Swindon have blood sugar levels indicating a high risk of developing Type 2 Diabetes
- 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 2014/15, in Swindon, 96% of girls aged 12-13 received one dose of the HPV vaccine\*
- 3.9.9 In Swindon, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability
- 3.9.10 Four in ten people aren't getting enough sleep, while one in five sleep poorly most nights, representing the second most common health complaint after pain\*\*
- 3.9.11 People with learning disabilities are at increased risk of developing dementia as they age, compared with others without a learning disability\*\*
- 3.9.12 Physical activity is the most effective intervention to reduce the risk of dementia\*\*
- 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 2015, 25 to women under 18 and 101 to women aged 40 or above\*
- 3.9.15 Surveys found that in 2013-15, 71% of adults in Swindon were categorised as having excess weight; for those aged 65 plus it is around 80%\*\*
- 3.9.16 In Swindon, there were 13 conceptions to under 16s in 2014\*\*
- 3.9.17 In Swindon, smoking prevalence among routine and manual workers is now lower than it was in the overall Swindon population just eight years ago\*\*
- 3.9.18 Physical abuse and neglect are the main types of alleged abuse of adults with care and support needs\*\* Neglect and Emotional abuse are the main categories leading to a child protection plan
- 3.9.19 Three in five people will be carers at some point in their lives\*\*
- 3.9.20 In Swindon, approximately 1,000 children and young people are exposed to domestic abuse each year\*\*

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3.9.21 340 new affordable homes are needed each year in Swindon to meet demand\*\*

3.9.22 47% of those with 10 or more GCSEs from Swindon do not progress to Higher Education by the age of 19 compared with 26% in England\*\*

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 There are 33,000 people over the age of 65 years living in Swindon, 15% of the population\*\*

3.9.25 In Swindon, 28% of 5-year olds have experienced dental decay and these children have an average of around 3 decayed, missing or filled teeth. This is similar to England\*\*

3.9.26 In 2015/16, in the Wiltshire and Swindon Police Force area, hate crimes were up 58% compared to 2014/15\*\*

## 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, on the whole, 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 associated austerity measures and also 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, high levels of inactivity and excess weight amongst adults, a low uptake of the NHS Health Check, 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

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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.

## **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 Corporate Director, Resources and Transformation (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

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## **7. Background Papers**

7.1 None.

## **8. Appendices**

8.1 Appendix 1 – Joint Strategic Needs Assessment Summary 2016/17: An Overview of Health and Wellbeing in Swindon.