

Joint Strategic Needs Assessment

An Overview of Health and Wellbeing in Swindon

JSNA Summary 2016/17



Swindon Health and Wellbeing Board

Publication date

March 2017

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.

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 data guide document.

Photo credits

Students at Holy Family Catholic Primary School (HFCP) celebrating Change 4 Life sugar swaps: As part of the Change 4 life campaign HFCP decided to reduce whole school sugar intake by trialling the sugar swaps programme for almost 12 weeks. It produced fantastic results, such as improving concentration in the classroom, improved lunch boxes, improved snack choices in the canteen and some staff weight reduction. HFCP recently achieved their Silver healthy schools award on the basis of running this project and are now aiming for the Gold HS award by sustaining this project next term and introducing a daily 10min 'shake-up activity'.

SOBS – Survivors of Bereavement by Suicide (<http://uk-sobs.org.uk/support-group/swindon/>): SOBS is the only national charity providing dedicated support to adults who have been bereaved by suicide. SOBS is a self-help organisation and aims to provide a safe, confidential environment in which bereaved people can share their experiences and feelings, so giving and gaining support from each other.

Swindon Mind Innovation and Learning Enterprise (SMILE) training day: Swindon Mind (<http://swindonmind.org/>) provide a range of mental health and dementia related training via SMILE. Swindon Mind works for better mental health in Swindon and provides advice, support and services to empower anyone experiencing a mental health problem in Swindon. They campaign to improve services, raise awareness and promote understanding.

Participants in Be Active Football in the Community course: This free 10 week course delivered by Swindon Town Football Club is one of a range of activities that are part of the new Swindon Mind Be Active programme which aims to offer access to physical activity for people in Swindon in order to aid wellbeing and support good mental health. <http://swindonmind.org/be-active/>

Mental Health Awareness Day at TWIGS (therapeutic work in gardening in Swindon): As part of mental health awareness week TWIGs (<http://twigscommunitygardens.org.uk/>) held an event at Manor Garden Centre involving a number of local charities (Mind, Rethink, Samaritans and Survivors of Bereavement by Suicide). The day included relaxation sessions, planting seedlings and a performance from youngsters from Crowdys Hill special school.

Contents

Introduction	4
Main sources of information	6
Key facts	7
Key challenges	10
Notes on the data	13
Topics	14

1	Population
2	Life expectancy
3	Deprivation and health inequalities summary
4	Long-term conditions (LTCs)
5	Cardiovascular disease (CVD)
6	Diabetes
7	Cancer
8	Communicable disease and immunisation
9	Physical and sensory disabilities
10	Mental health and wellbeing
11	Learning disabilities
12	Dementia
13	Falls and bone health, accidents and injuries
14	Maternity and breastfeeding
15	Healthy weight, healthy eating and physical activity
16	Sexual health
17	Substance misuse
18	Safeguarding
19	Carers
20	Community safety
21	Housing, transport and the environment
22	Education, skills and the economy
23	Leisure, arts and culture
24	Children and young people
25	Ageing Well
26	Equalities

Appendix A: Priorities	40
-------------------------------	-----------

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 2016/17 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 challenges 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.

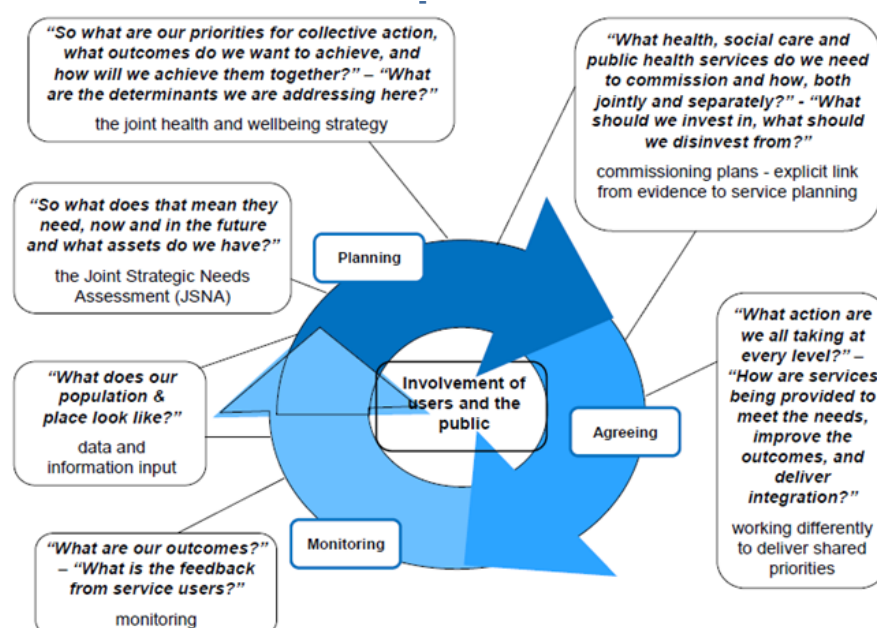
Purpose and use

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 challenges 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



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 and 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, NHS England and Bath and NE Somerset, Swindon and Wiltshire STP 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 2016/17: 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 challenges and priorities.
- Part 2: a 1 page summary of 26 health and wellbeing topics following a set template which includes a key fact; two key indicators; key information and key challenges.
- 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/>
- Local authority interactive tool (LAIT) (An interactive spreadsheet for comparing data about children and young people across all local authorities in England): <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>
- Quality and Outcomes Framework (QOF): <http://content.digital.nhs.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://content.digital.nhs.uk/home> and Indicator Portal: <https://indicators.hscic.gov.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>

Additional background information, data and intelligence for each of the 26 topics can be found in the accompanying 'Further Resources' appendix.

tinyurl.com/SwindonJSNA-Resources

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 2013-15, average life expectancy was 79.6 years for males and 82.8 years for females, which is similar to England

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

Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives

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

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 2014/15, in Swindon, 96% of girls aged 12-13 received one dose of the HPV vaccine

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

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

People with learning disabilities are at increased risk of developing dementia as they age, compared with others without a learning disability

Physical activity is the most effective intervention to reduce the risk of dementia

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 2015, 25 to women under 18 and 101 to women aged 40 or above

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%

In Swindon, there were 13 conceptions to under 16s in 2014

In Swindon, smoking prevalence among routine and manual workers is now lower than it was in the overall Swindon population just eight years ago

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

Three in five people will be carers at some point in their lives

In Swindon, approximately 1,000 children and young people are exposed to domestic abuse each year

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

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

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

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

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

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

Key challenges

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, on the whole, 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 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.

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 challenges from topic sections

This report contains 26 topic pages which each highlight some key challenges for that topic. The following pages provide a summary of some of these challenges 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.

The ambition of increasing the length of time and percentage of life spent in good health, adding life to years not just years to life, needs to be delivered.

Action to reduce health inequalities will need continued investigation to understand and address:

- The extent and causes of deprivation in the Swindon LSOAs experiencing the most extreme and persistent deprivation.
- The extent and causes of education, skills and training deprivation in Swindon.

- The specific reasons for health service usage being higher in more deprived communities.

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

The challenges facing children and young people with Special Educational Needs and Disabilities need to be better understood along with why they experience poorer outcomes.

A key prevention priority around domestic abuse is to tackle the hidden harm of abuse within the home that 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.

The effectiveness of the response to children and young people who are at risk from criminal exploitation including, but not limited to, child sexual exploitation must be continued to be developed.

Educational attainment in Swindon needs raising at the end of secondary school to the England average and the attainment gap between disadvantaged pupils and their peers addressing.

Healthy and risky behaviours

The NHS Diabetes Prevention Programme will be rolled out in 2017 which will focus on weight loss, physical activity and diet.

The built environment needs to be designed so that being active becomes an easy choice for Swindon residents.

There needs to be open access to contraceptive services and specialist young people sexual and reproductive health outreach services.

The overall smoking prevalence, the number of people starting smoking, those smoking during pregnancy and the higher prevalence rates in routine and manual occupation groups all needs to be reduced.

Through the Active Swindon Partnership, health and wellbeing should be improved for all by increasing and widening participation in sports, leisure and cultural activities.

Healthy ageing including physical activity needs promoting along with other healthier lifestyle choices as protective factors for falls and osteoporosis. Those at high risk of a fall need identifying and considering for their ability to benefit from interventions to improve strength and balance.

Mental health and wellbeing

There needs to be a focus on young women, who have emerged as a high-risk group, with high rates of common mental disorders (CMDs), self-harm, and positive screens for post-traumatic stress disorder (PTSD) and bipolar disorder.

The care pathway for women with maternal mental health difficulties including those with chronic low-level problems needs improving.

There is a need to coordinate early, multi-agency engagement with young people to plan their transitions to adulthood, considering ambitions, skills and support needs to enable each individual to fulfil their potential.

Dementia needs diagnosing in a timely fashion and support services must be in place for people who need them post diagnosis.

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.

The percentage of patients with a serious heart attack who are reached by ambulance services and provided with primary angioplasty treatment within the 150 minute target needs to be increased to the England average.

The public's awareness of the availability and eligibility for cancer screening programmes should be raised and health professionals empowered to promote awareness and early diagnosis.

Health services need to respond to the increasing numbers of older people with a range and a combination of disabilities.

There is increasing demand for social care: promoting being active, strength and balance and good social networks will allow people to be more resilient and live independently for longer.

Carers need to be supported 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

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

Homelessness need to be reduced and prevented and the use of temporary accommodation limited by focusing on those exiting the private rented sector.

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 2016); 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 2016/17 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

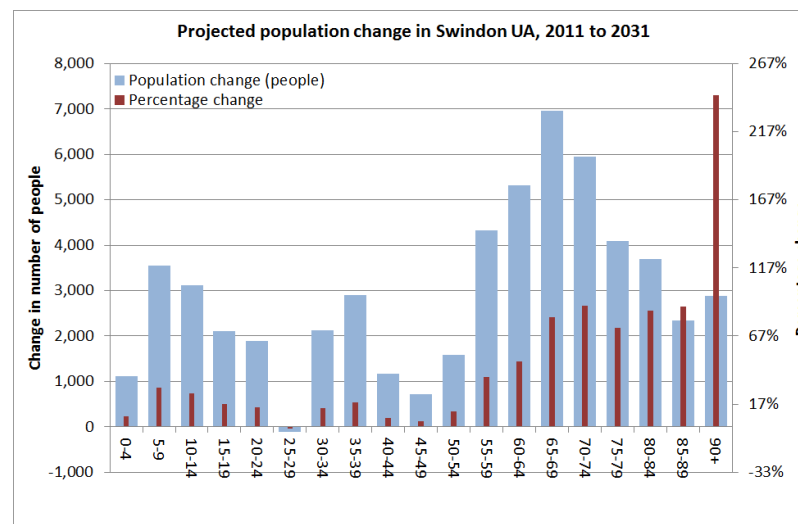
ONS population estimates

Area	Population	Period
Swindon Unitary Authority (people living within the SBC boundaries)	217,160	Mid 2015
Swindon CCG residents (people living within the SBC boundaries or in Shrivenham ward)	222,769	Mid 2015
Swindon CCG registered patients (patients registered with a Swindon CCG GP, irrespective of where they live)	230,844	1/04/2016

Key Information

- Figures from mid-2015 for Swindon UA show that there were 49,026 under 18s (22.6%); 135,068 aged between 18 and 64 (62.2%) and 33,066 aged 65 or older (15.2%).
- 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.
- In 2013, it was estimated that the catchment population for the Great Western Hospitals NHS Foundation Trust was 371,663.

Key Indicator



Key Challenges

- The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.
- Providing appropriate services, without a large increase in available resources, and helping residents live healthily and independently for longer.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.

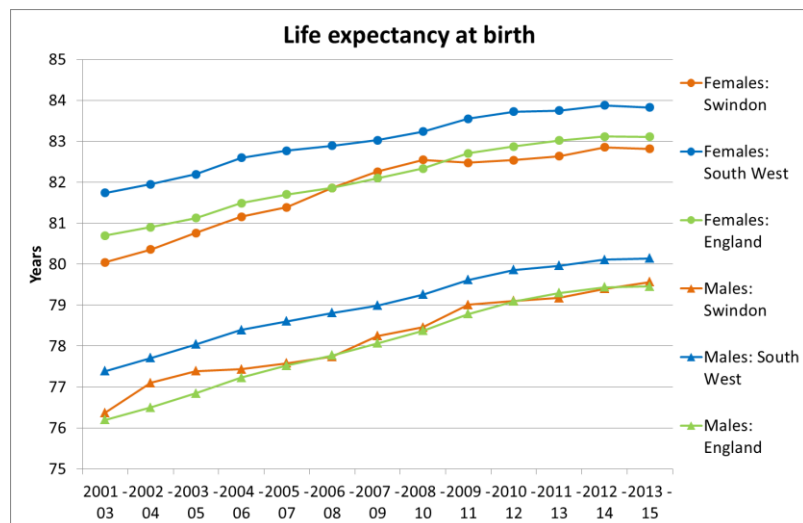
Key resources: tinyurl.com/SwindonJSNA-Resources

2. Life Expectancy

Key Fact

In Swindon, in 2013-15, life expectancy is 79.6 years for males and 82.8 years for females, which is similar to England

Key Indicator

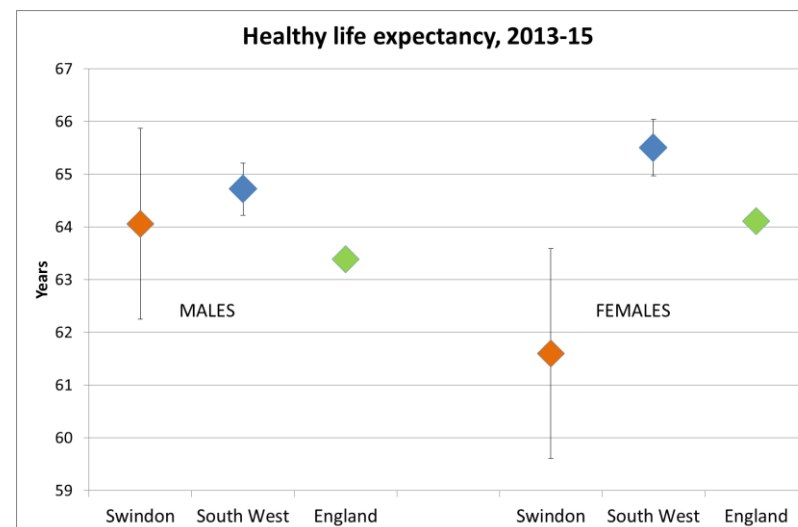


Key Information

- Males in Swindon will spend 80.5% of their lives in good health, whereas females will only spend 74.4% in good health.
- At age 65, life expectancy for males in Swindon is an additional 18.5 years compared to 20.9 years for females. Again, males will spend more of their remaining time in good health than females (12.2 years for males compared to 11.2 years for females).
- 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 Indicator

Healthy life expectancy is an estimate of how many years a person can expect to spend in "Very good" or "Good" health and is based on survey data on how individuals perceive their general health.



Key Challenges

- 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.
- Increasing the length of time and percentage of life spent in good health, adding life to years not just years to life. The apparently low HLE for females in Swindon has been investigated. It was found to be mainly a result of poor self-reported health confined to the youngest age group surveyed and within expected limits, but which has disproportionately impacted the overall figure.

Key resources: tinyurl.com/SwindonJSNA-Resources

3. Deprivation and health inequalities

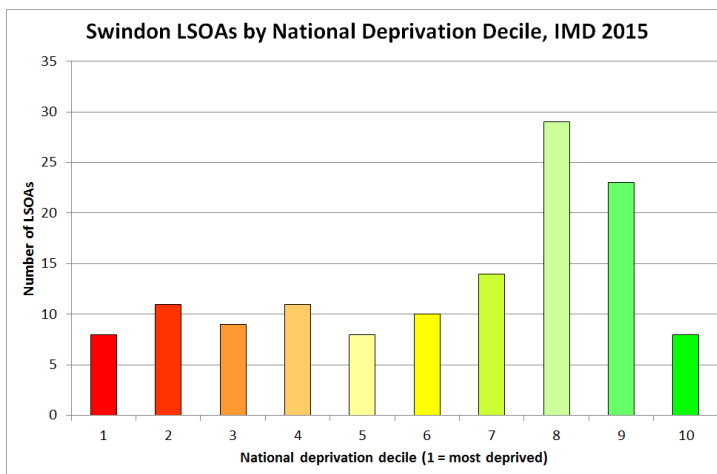


Key Fact

In the most deprived areas of Swindon, men live on average 14.1 years less in good health and women 12.1 years less than those in the least deprived areas



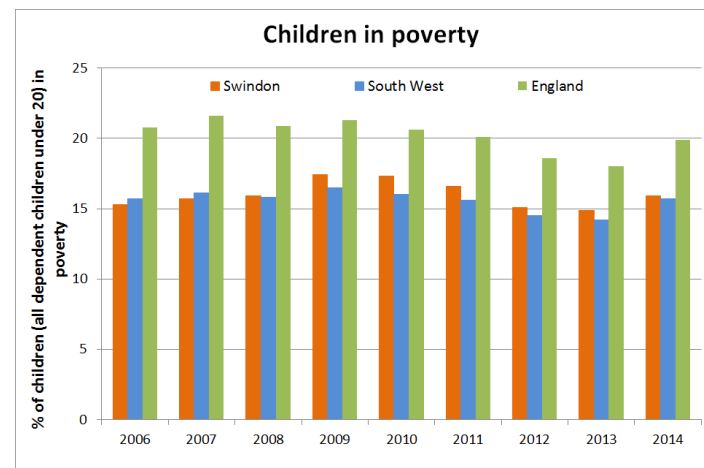
Key Indicator



Lower Super Output Areas (LSOAs) contain around 1,500 people and are standard geographical units created and used by the Government and Office for National Statistics (ONS).



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) ranks the 32,844 Lower Super Output Areas (LSOAs) in England in terms of deprivation. The IMD 2015 shows 19 Swindon LSOAs are in the most deprived 20% nationally.
- In Swindon, as in England as a whole, people in more affluent groups have better life chances and better health than deprived people.
- In the most deprived areas of Swindon, men die on average 9.7 years earlier and women 4.0 years earlier than those in the least deprived areas.
- 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.
- In Swindon, being a child in a lone parent family increases the likelihood of child poverty from 9% to 64%.



Key Challenges

- Continue to investigate, understand and address the extent and causes of deprivation in the Swindon LSOAs experiencing the most extreme and persistent deprivation.
- Continue to investigate, understand and address the extent and causes of education, skills and training deprivation in Swindon.
- Investigate the specific reasons for health service usage being higher in more deprived communities and address them.
- Consider how to evaluate current services and interventions in Swindon that are designed to reduce inequalities so that effectiveness and cost-effectiveness can be determined and compared.



Key resources: tinyurl.com/SwindonJSNA-Resources

4. Long-term conditions (LTCs)

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

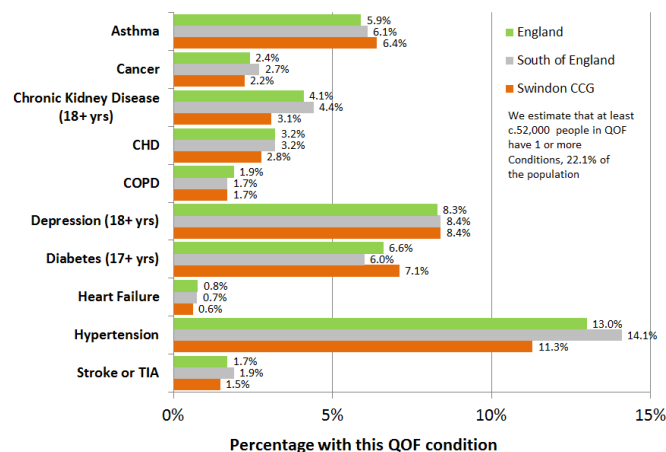
This overview looks at some individual LTCs and the overall picture. Specific LTCs are also considered in other sections, e.g. cancer, CVD, diabetes and mental health.

Key Fact

Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives

Key Indicator

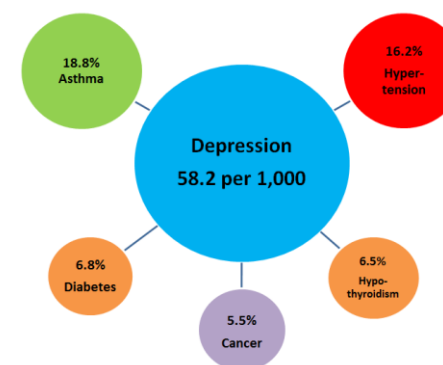
Prevalence of People of All Ages with Selected QOF Conditions 2016



Key Indicator

Locally modelled statistics suggest that about a third of people with LTCs, (11.2% of the population) have co-morbidities, i.e. at least 2 LTCs. This chart estimates the morbidities that people with depression in the Swindon population are also living with.

Prevalence of Depression with its five most common Co-Morbidities in Swindon UA 2015



Locally modelled data suggests that 47% of people in Swindon with depression also have 1 or more other conditions.

Source: Imputed through Symphony Matrix Model 2015.

Key Information

- The two key factors for developing a LTC are lifestyle and ageing.
- There are various ways of estimating the prevalence of LTCs. Clinically-based QOF data suggests 22% of people have a LTC. However, local modelled statistics suggest this could be higher (32%).
- The modelled statistics also suggest that 69% of people aged 65+ years have a LTC.
- People with physical LTCs often have psychological concerns too. In Swindon, GPs can refer them to the LIFT Psychology service.
- Calculations based on national prevalences estimate that 2,900 people in Swindon are living with the neurological conditions of Multiple Sclerosis, Parkinson's, Motor Neurone Disease or epilepsy.

Key Challenges

- In order to improve understanding of LTCs, we are working with local and regional colleagues to look at characteristics of people who develop LTCs, to better organise health and social care services, including public health programmes.
- Focus on prevention by making healthy choices and reducing risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating which all increase the risk of developing a LTC.
- Delaying onset and slowing progression of LTCs can happen through improved public health, messaging/targeting, personalised care planning, information and supported self-care.

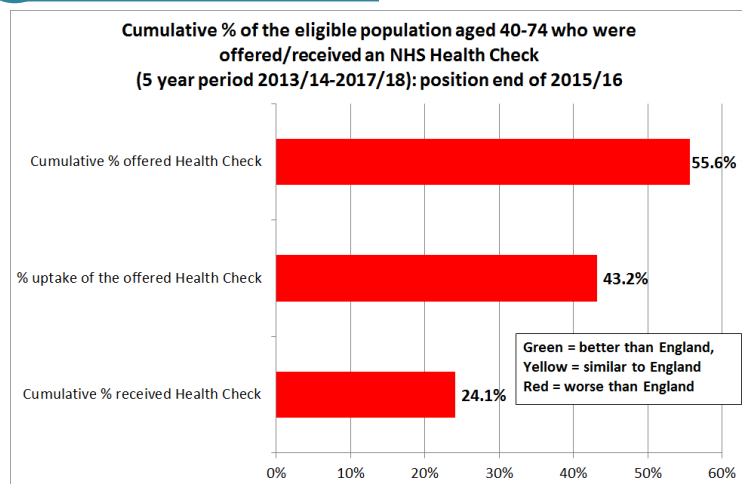
Key resources: tinyurl.com/SwindonJSNA-Resources

5. Cardiovascular disease

Key Fact

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

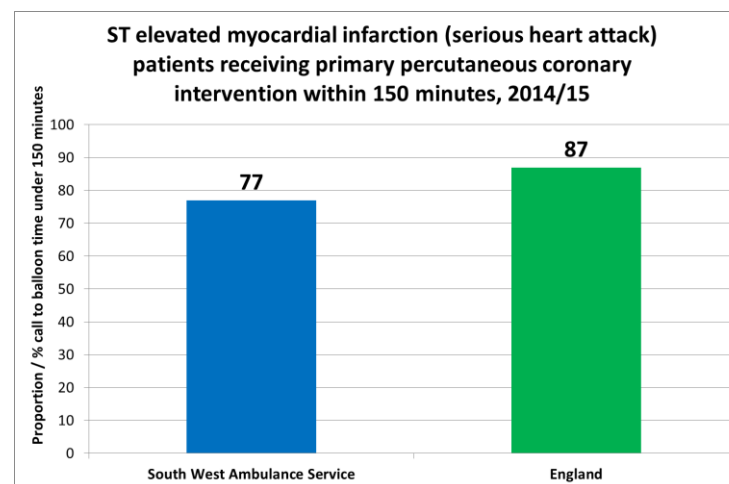
Key Indicator



Key Information

- In 2015/16, in Swindon CCG, there were 6,370 people with diagnosed Coronary Heart Disease (2.76%) and 3,395 people with diagnosed stroke (1.47%).
- 371 people under 75 died from cardiovascular disease (CVD) in Swindon UA in 2013-15, a rate of 75.9 per 100,000, similar to England. Of these, 243 people died from CVD considered preventable, a rate of 49.9 per 100,000, also similar to England.
- Hospital admissions for heart disease and stroke have decreased between 2011/12 to 2014/15 and rates are now significantly lower than England which suggests Swindon is managing these conditions better.

Key Indicator



Key Challenges

- 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.
- Continue to more positively encourage uptake of Health Checks.
- Promote the use of statins and anti-hypertensive medication to reduce cholesterol and lower blood pressure for those at high risk to drive down premature death from CVD in deprived areas.
- Increase the percentage of patients with a serious heart attack who are reached by ambulance services and provided with primary angioplasty treatment within the 150 minute target.

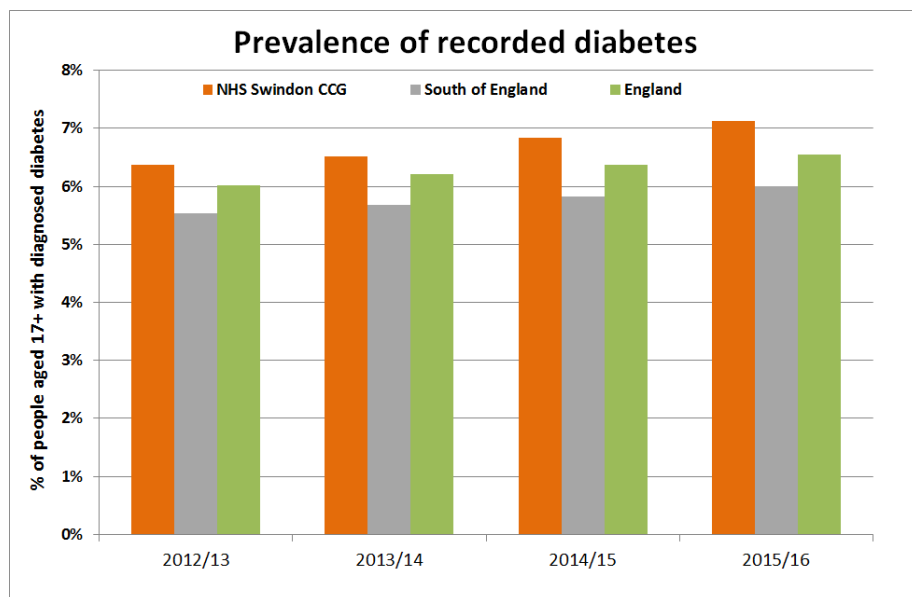
Key resources: tinyurl.com/SwindonJSNA-Resources

6. Diabetes

Key Fact

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

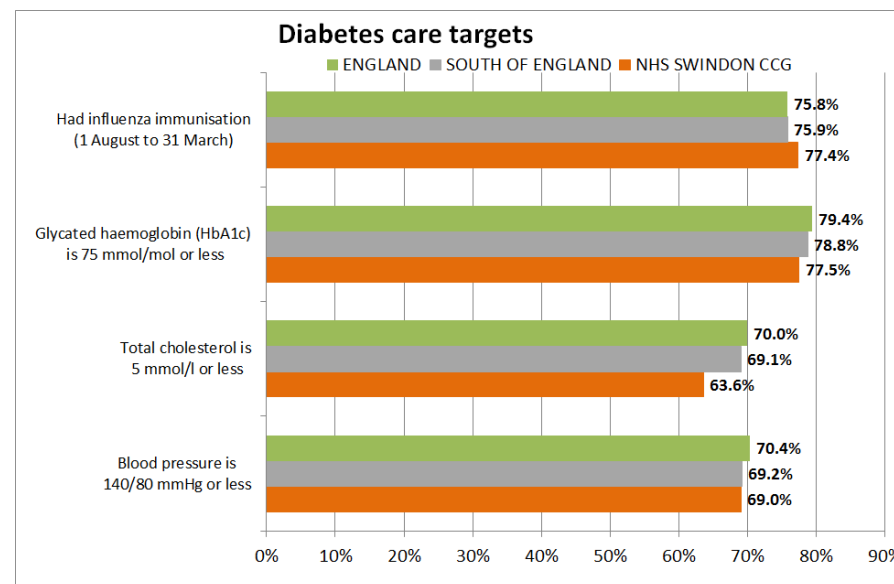
Key Indicator



Key Information

- At the end of 2015/16, 12,924 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 levels of obesity continue, in Swindon UA, there will be around 18,850 people with diabetes by 2035. However, if the current level of obesity increases by 5% each 5 years, the number could be 1,700 (9%) higher.
- NICE recommend 9 care processes for primary care patients with diabetes. 62% of Swindon CCG Type 2 diabetes patients received 8 out of these 9 in 2014/15, higher than the England level of 59%. However, the levels varied by GP practice from 17% to 85%.
- In 2014/15, 74% of diagnosed type 2 diabetes patients in Swindon were offered structured education (79% in England) with less than 1% having a record of attending (6% in England).

Key Indicator



Key Challenges

- Tackling preventable risk factors for Type 2 Diabetes including being overweight or obese and being physically inactive.
- Identify and support people in Swindon who have diabetes that has not been diagnosed.
- Reduce inequalities by ensuring services enable all people to reduce their risk of diabetes and the complications of diabetes by following NICE recommended treatment targets and supporting access to structured education on diabetes.
- Support the roll out of the NHS Diabetes Prevention Programme in 2017 which will focus on weight loss, physical activity and diet.
- Supporting and planning for on-going care and improved self-management for young people with diabetes transitioning to adult services.

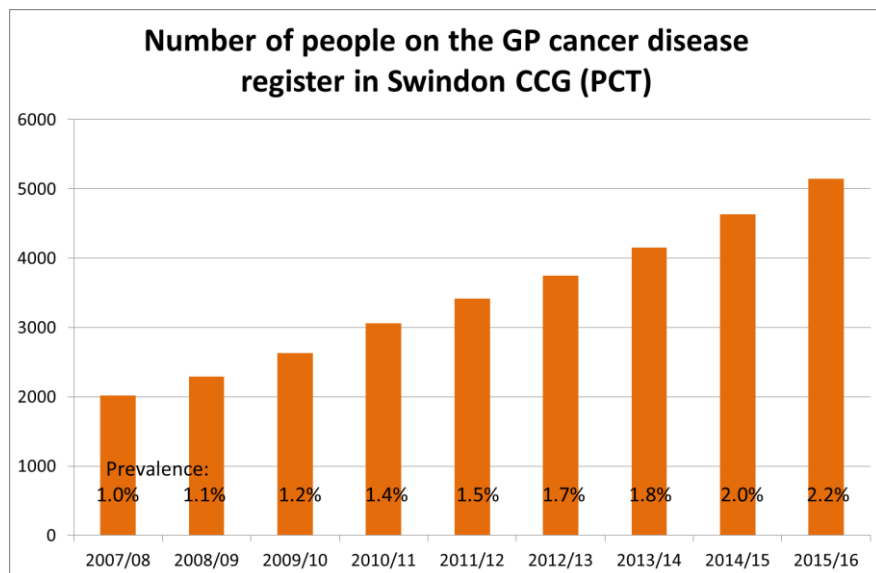
Key resources: tinyurl.com/SwindonJSNA-Resources

7. Cancer

Key Fact

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

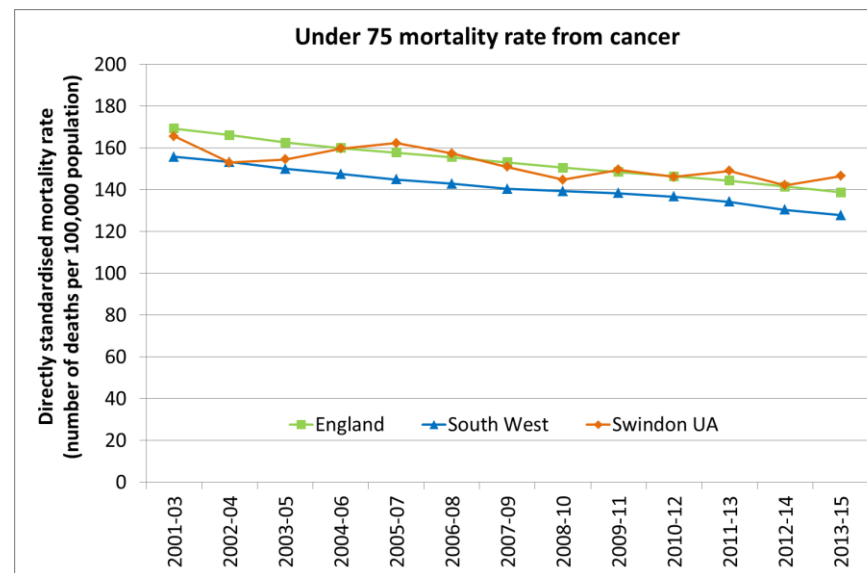
Key Indicator



Key Information

- Cancer is the leading cause of death in Swindon. In 2014, 480 people in the LA area died from cancer, 30% of total deaths. Lung, breast, prostate, oesophageal, pancreatic and rectal 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 physical activity.
- Early awareness of symptoms and early detection, e.g. by screening, is also important. Cervical screening coverage was lower in Swindon (72.4%) than England (72.7%) and the South West (75.1%) in 2015/16.

Key Indicator



Key Challenges

- 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.

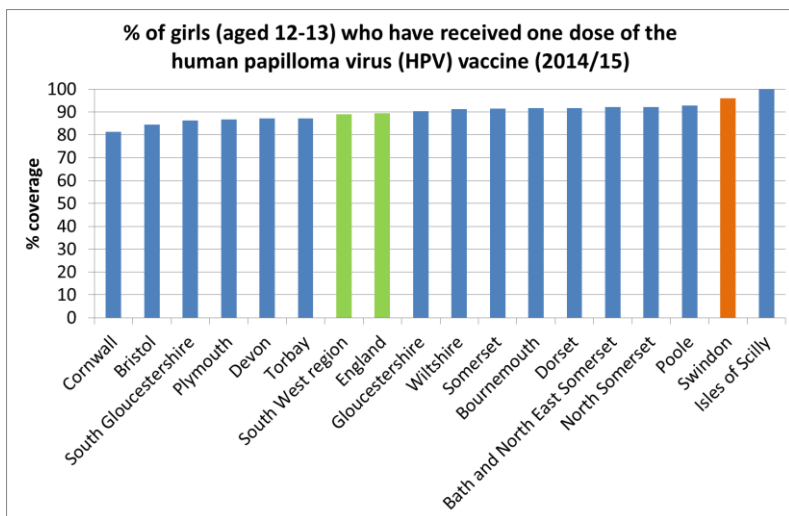
Key resources: tinyurl.com/SwindonJSNA-Resources

8. Communicable disease and immunisation

Key Fact

In 2014/15, in Swindon, 96.1% of girls aged 12-13 received one dose of the HPV vaccine

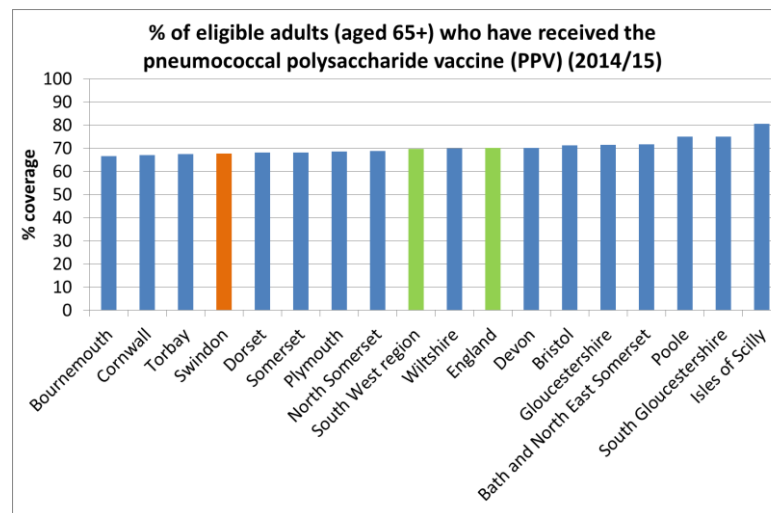
Key Indicator



Key Information

- In Swindon, in 2013-15, there were 70 deaths from communicable diseases which is equivalent to 14.1 per 100,000 people and significantly higher than the England rate (10.5 per 100,000).
- Swindon has significantly higher coverage rates than England for the majority of routine immunisations (e.g. MMR and Dtap / IPV / Hib.)
- There were 69 cases of TB in Swindon in 2013-15, the rate (10.7 per 100,000 people) is similar to the England average (12 per 100,000 people).
- In Swindon, 61% of people newly diagnosed with HIV (2013-15) are diagnosed at a late stage, this is worse than the England average (40.3%).

Key Indicator



Key Challenges

- 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.
- 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.
- Develop a plan to reduce to reduce late diagnosis of HIV.

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

Key resources: tinyurl.com/SwindonJSNA-Resources

9. Physical and sensory disabilities

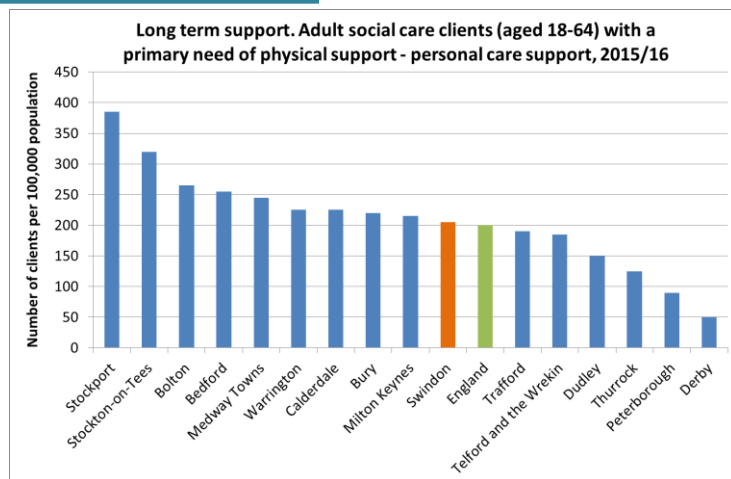


Key Fact

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



Key Indicator

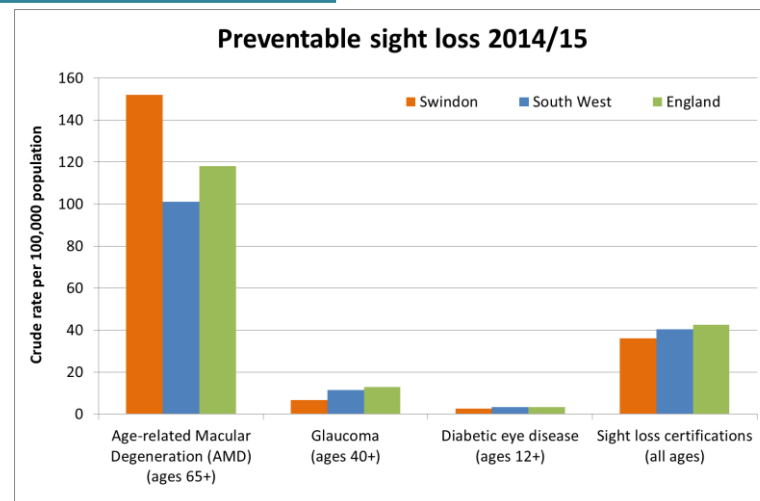


Key Information

- Each year Swindon Social Services receive requests for support for new clients. In 2015/16 there were 4310 new requests per 100,000 adults, which is slightly higher than the England value of 4200.
- 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 6,050 people (2.8%) living with sight loss in Swindon compared to 3.1% across England. There are an estimated 91 blind or partially sighted children aged 0-16 and 45 aged 17-25.
- In Swindon, there are an estimated 19,000 people with a moderate or severe hearing impairment and 410 with a profound impairment.
- Let's Loop Swindon is a community project that was established to improve both awareness and the provision of hearing loops in the town.



Key Indicator



Key Challenges

- Responding to the increasing numbers of older people with a range and a combination of disabilities
- Prevent sight loss by diagnosing and treating eye problems in a timely fashion.
- Improving awareness of the need for eye tests amongst young people and their parents / carers.
- People with hearing loss are less likely to seek help: on average people wait 10 years before seeking help and it is estimated three times as many people could benefit from hearing aids as have them.



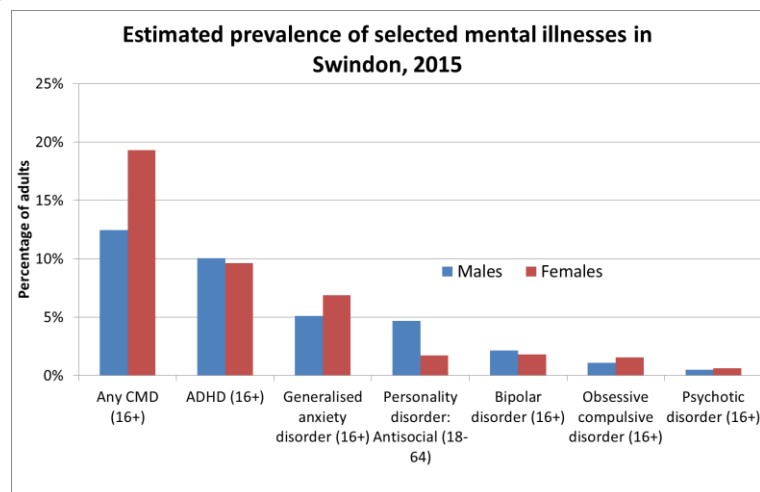
Key resources: tinyurl.com/SwindonJSNA-Resources

10 Mental Health and Wellbeing

Key Fact

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

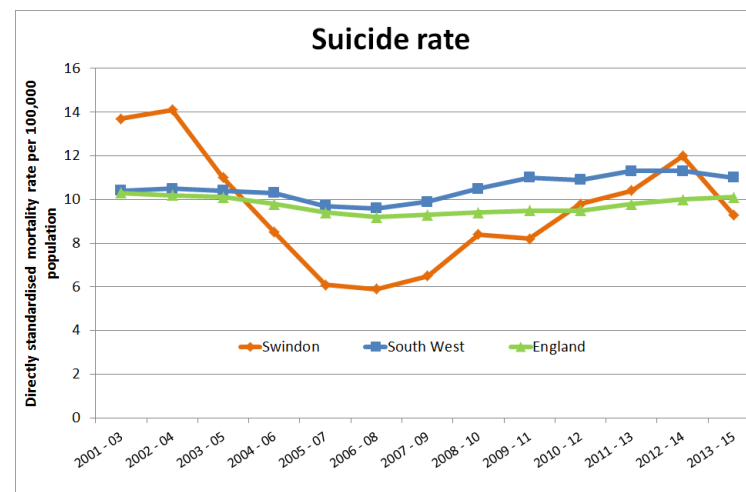
Key Indicator



Key Information

- In Swindon, there are an estimated 16,900 females and 10,700 males with common mental health problems of a level likely to benefit from identification and possible intervention. Six percent of these suffer from a general anxiety disorder and 2.5% from phobias.
- Data indicates that in 2015/16, Swindon had around 15,000 people with diagnosed depression (8.4% of adults), an increase of over 1,500 from 2014/15.
- In Swindon, between 2012/13 and 2014/15, the rate of emergency hospital admissions due to self-harm was significantly higher than the England rate.
- In Swindon, 9.2% of 5 to 16 year olds are estimated to have a mental health disorder, which is similar to England.

Key Indicator



Key Challenges

- 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.
- Focus on young women, who have emerged as a high-risk group, with high rates of common mental disorders (CMDs), self-harm, and positive screens for post-traumatic stress disorder (PTSD) and bipolar disorder.
- Reduce hospital admissions for self-harm in young people and the general population. Focus on men to prevent suicidal intent.
- Ensure access to high quality mental health services for all those who require them, and particularly those with a history of self-harm and/or recorded suicide intent.

Key resources: tinyurl.com/SwindonJSNA-Resources

11 Learning Disabilities (LD)

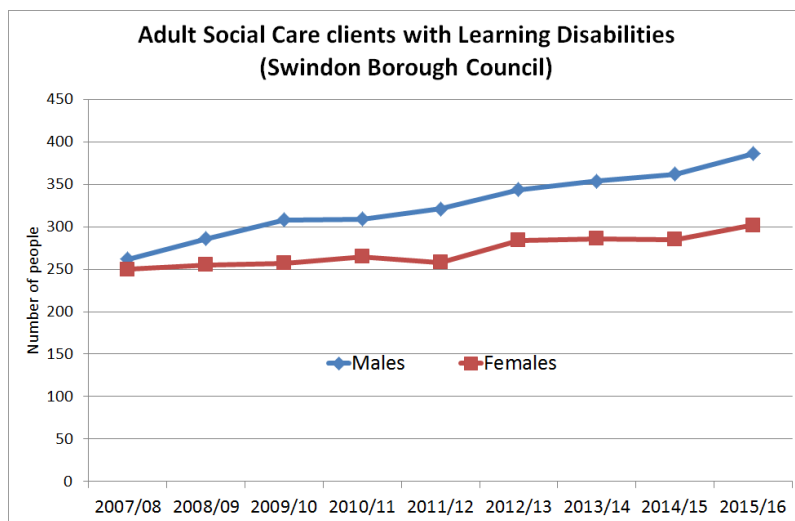


Key Fact

People with learning disabilities are at increased risk of developing dementia as they age, compared with others without a learning disability



Key Indicator

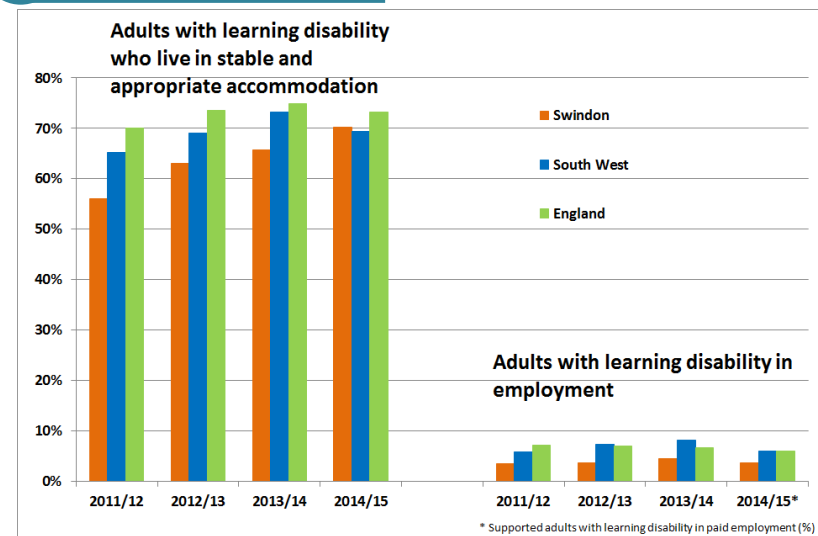


Key Information

- 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 almost 700 clients with learning disabilities in March 2016. Most of these would have been people with moderate or severe LD. Of those receiving a service, 28% are placed in residential or nursing care with 54% of these being outside Swindon.
- In Swindon, 70.3% of adults with LD live in stable and appropriate accommodation which is similar to England (73.3%) and the South West (69.4%).



Key Indicator



Key Challenges

- Early, multi-agency engagement with young people to plan their transitions to adulthood, considering ambitions, skills and support needs to enable each individual to fulfil their potential.
- Addressing challenging behaviours and mental health problems.
- Increase in people with LD who are in sustainable employment.
- Ensure people with learning disabilities have access to housing with the appropriate level of support.
- 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

Physical activity is the most effective intervention to reduce the risk of dementia

Key Indicator

Risk factors for developing dementia

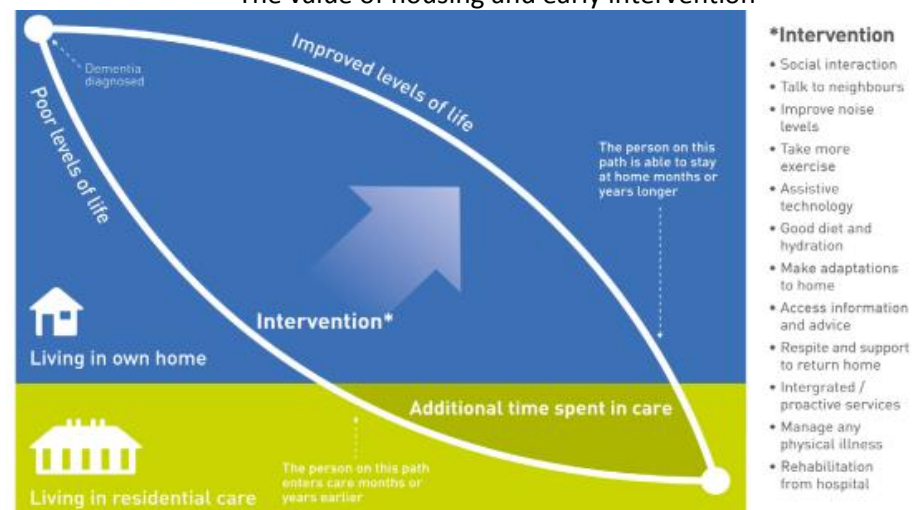


Key Information

- Estimates suggest there are about 2,300 people aged 65+ living with dementia in Swindon based on the Dementia UK Update 2014 Report, nearly half of whom are over 85. This equates to about 7% of the total population over 65.
- In Swindon, 1,395 people are recorded as living with dementia; 76% of whom have had their care reviewed by their GP in the last 12 months.
- Research suggests people wait an average of 3 years after first symptoms of dementia before contacting their GP.
- 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.
- There are nearly 3,500 people signed up to be a Dementia Friend in the Swindon area.

Key Indicator

The value of housing and early intervention



© Dementia Services Development Centre 2013

Key Challenges

- Improving timely diagnosis and ensuring support services are in place for people who need them post diagnosis
- Raising awareness of dementia for everyone to try and make Swindon a Dementia Friendly Community.
- Increasing community clinical support for people living with dementia.
- Providing information and support for carers of people living with dementia.
- Reducing avoidable hospital and care home admissions and reducing length of stay.
- Safeguarding people living with dementia.

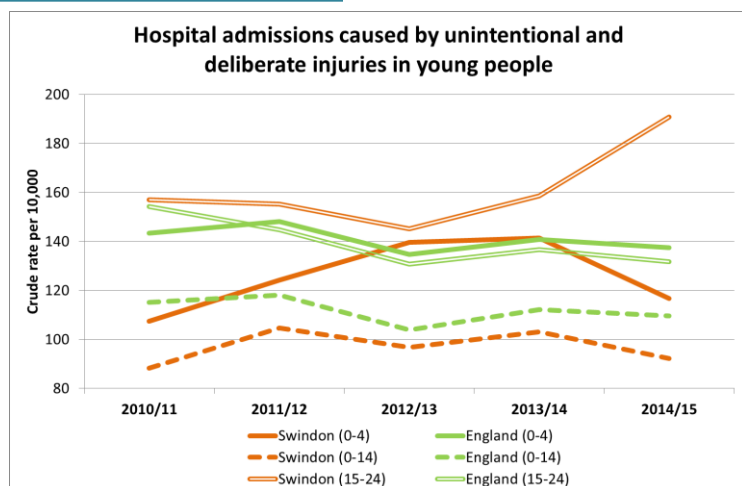
Key resources: tinyurl.com/SwindonJSNA-Resources

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

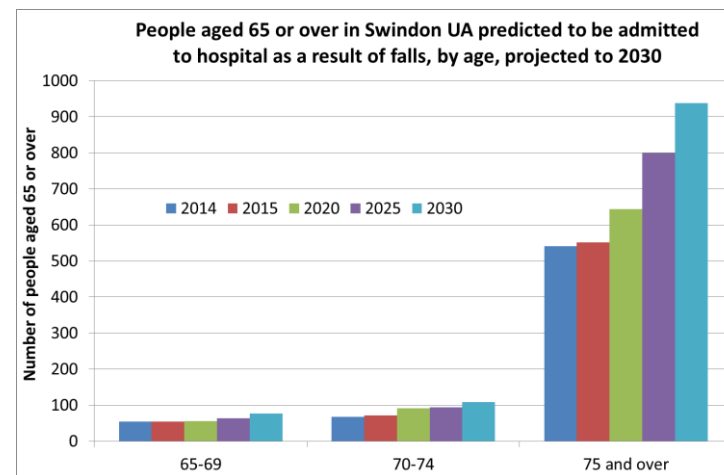
Key Indicator



Key Information

- In Swindon, in 2014/15, there was a rate of 2,071 hospital admissions (per 100,000 population) for injuries due to falls in people aged 65 plus. For the 80 plus age group, the rate was 5,141 per 100,000. Both of these were similar to the England rate.
- In Swindon, in 2014/15, there were 377 hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14. The rate of these admissions was below the England rate. In those aged 15-24, the number of admissions was 463. 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 Challenges

- 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

2,847 babies were born in Swindon UA in 2015, 25 of these were born to women aged under 18 and 101 to women aged 40 or above

Key Indicator

Estimated prevalence of perinatal mental illnesses in Swindon

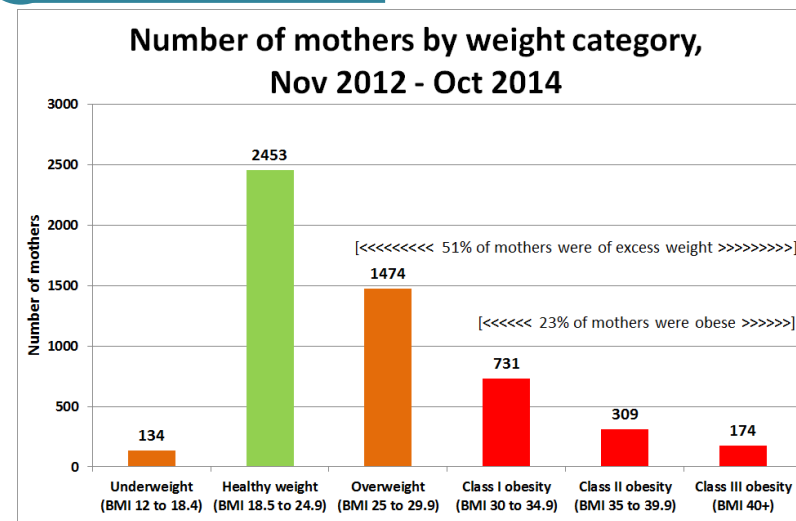
Perinatal psychiatric disorder	Rate per 1,000 maternities	Estimated numbers in Swindon based on approx. 3,000 maternities/year
Postpartum psychosis	2	6
Chronic serious mental illness	2	6
Severe depressive illness	30	90
Mild-moderate depressive illness and anxiety states	100-150	300-450
Post-traumatic 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 total fertility rate in 2015 was 1.97 – this is average number of children a woman in Swindon is estimated to have. This was higher than England (1.82). In Swindon, 53.5% of births were within marriage or a civil partnership; similar to England (52.5%).
- Smoking at the time of delivery was down from 14.1% in 2013/14 to 11.4% in 2015/16 which is similar to England (10.6%).
- In Swindon in 2014/15, 76.3% of women initiated breastfeeding (higher than the England rate (74.3%)). However, by the 6-8 week health visitor check only 47.8% of babies were being breastfed in Swindon in 2015/16 – similar to the national rates.

Key Indicator



Key Challenges

- 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.

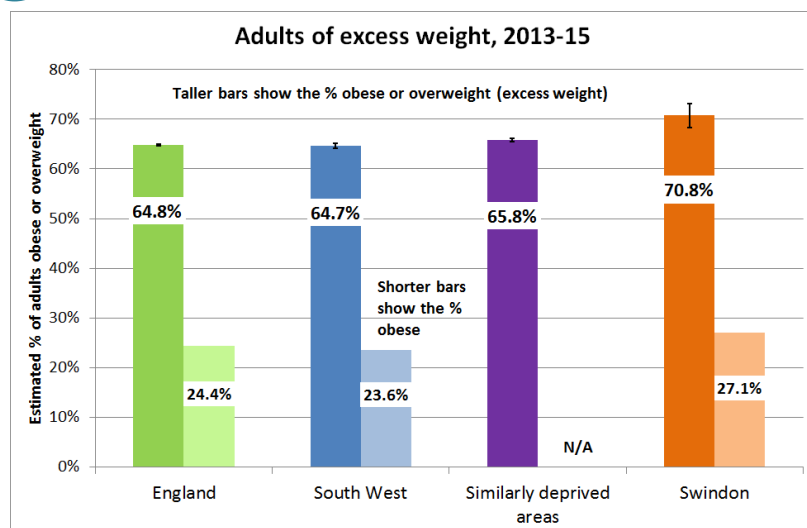
Key resources: tinyurl.com/SwindonJSNA-Resources

15 Healthy weight, health eating & physical activity

Key Fact

Surveys found that in 2013-15, 70.8% of adults in Swindon were categorised as having excess weight; for those aged 65 plus it is around 80%

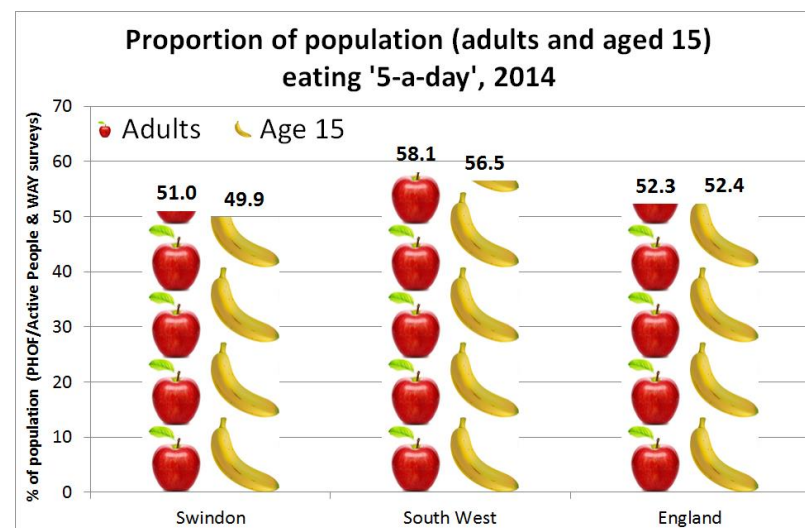
Key Indicator



Key Information

- Surveys found, in 2015, 56.4% of adults in Swindon were physically active (up from 52.9% in 2012) but 27.4% were inactive (down from 32.7% in 2012). These rates are similar to national and regional averages.
- People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.
- Adults in Swindon eat an average of two and a half portions of fruit a day and two and a third portions of vegetables. This is similar to England but lower than the South West. These consumption levels are slightly higher than those for 15-year olds in Swindon.

Key Indicator



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

Key Challenges

- The high rates of obesity in Swindon and resulting ill health.
- 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.
- Developing an ethos of taking responsibility for the health of yourself and your family with support when needed.

Key resources: tinyurl.com/SwindonJSNA-Resources

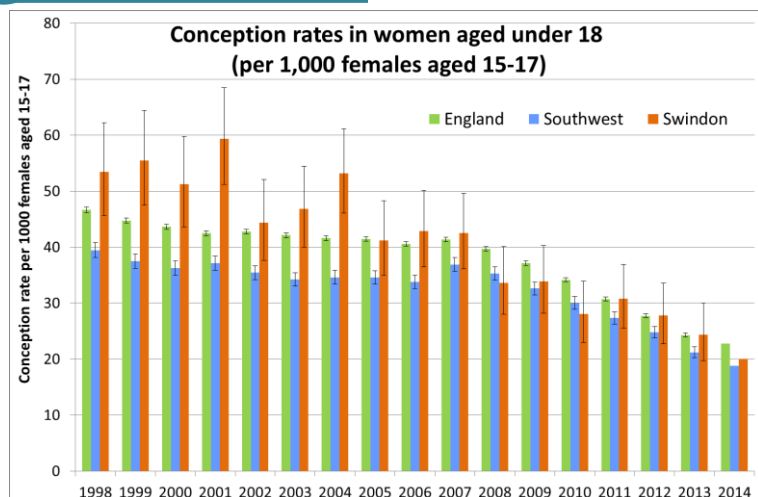
16 Sexual health

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.

Key Fact

In Swindon, there were only 13 conceptions to under 16s in 2014

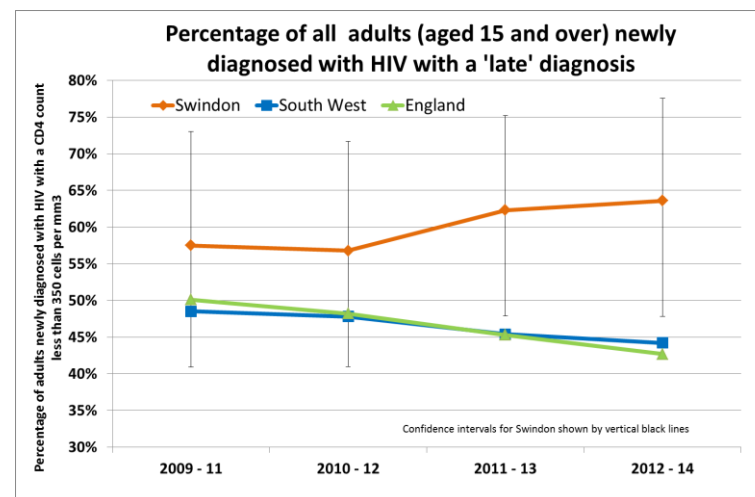
Key Indicator



Key Information

- There were 1,581 new STI diagnoses in Swindon in 2015. The diagnosis rate is significantly down from 2013 when 1,879 new STIs were diagnosed.
- In Swindon, in 2015/16, 480 young people (aged 15-24) received Chlamydia treatment after testing positive, a similar detection rate to England.
- In Swindon, there were 9 new cases of HIV diagnosed in 2015 and 206 people with diagnosed HIV being seen at Swindon HIV services. HIV testing was accepted in 71.9% of cases it was offered in genitourinary clinics.
- In Swindon, in 2015, 27.3% of abortions in women aged under 25 were repeat abortions; similar to 26.5% in England overall.
- The rate of GP prescribed long acting reversible contraception (LARC) (excluding injections) was 32.0 per 1,000 women (aged 15-44); similar to the England rate (32.3 per 1,000).

Key Indicator



Key Challenges

- Ensuring open access to contraceptive services and specialist young people sexual and reproductive health outreach services.
- Ensuring high quality, progressive sexual and reproductive education in Swindon schools.
- Aspiration to test 100% of men who have sex with men for HIV through continuous engagement. Continue to increase the overall coverage rate for HIV testing with a broader focus than men who have sex with men.
- Reduce the percentage of late diagnoses of HIV.
- Work with primary care to improve the proportion of young people aged 15 – 24 screened for Chlamydia.
- Ensuring access and rapid treatment for sexually transmitted infections along with high partner notification rates to reduce onward infection.

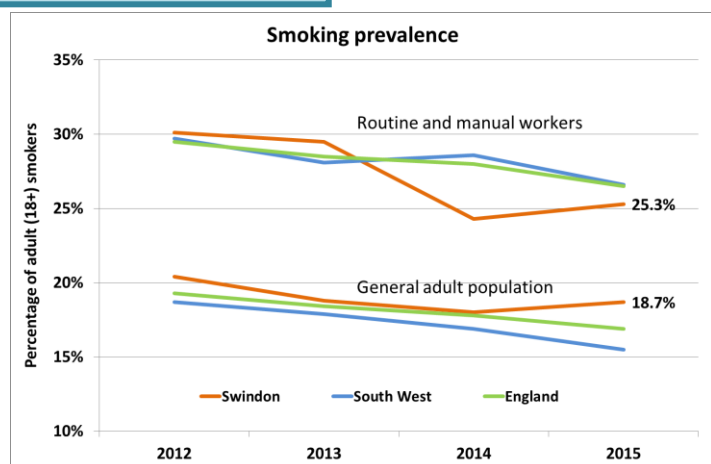
Key resources: tinyurl.com/SwindonJSNA-Resources

17 Substance misuse

Key Fact

In Swindon, smoking prevalence among routine and manual workers is now lower than it was in the overall Swindon population just eight years ago.

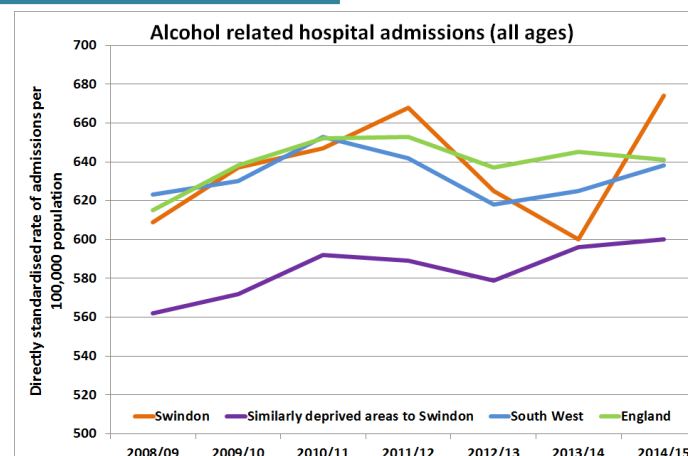
Key Indicator



Key Information

- Smoking prevalence in adults in Swindon in 2015 was 18.7%, down from 20.4% in 2012. Smoking amongst routine and manual workers was also down from 30.1% in 2012 to 25.3% in 2015 representing a narrowing of the inequalities gap between occupational groups.
- In Swindon, 20% of clients entering drug treatment were living with children (either their own or other) compared with 19% nationally.
- In Swindon, 9.5% of opiate users and 41.5% of non-opiate users successfully completed their drug treatment in 2015/16, above the national averages.
- There were 371 admissions to hospital related to alcohol for over 65s from Swindon. This equates to a rate of 225 per 100,000 people and is significantly higher than England (191 per 100,000) and the South West (183 per 100,000).

Key Indicator



Key Challenges

- Reducing the overall smoking prevalence; the number of people starting smoking; those smoking during pregnancy and prevalence rates in routine and manual occupation groups.
- Increased focus on systematic prevention, brief and early interventions.
- Improve understanding and response of increasing new opiate presentations.
- Build a prevention and treatment strategy which can adapt to changing profiles of drug use and with regard to diversity
- Improve partnership work including data sharing to inform prevention strategy and use remaining resources in the best way.
- Tackling the harms associated with long-term alcohol overuse.
- Monitoring and managing the safe use of e-cigarettes as a means of reducing the prevalence of smoking.

Key resources: tinyurl.com/SwindonJSNA-Resources

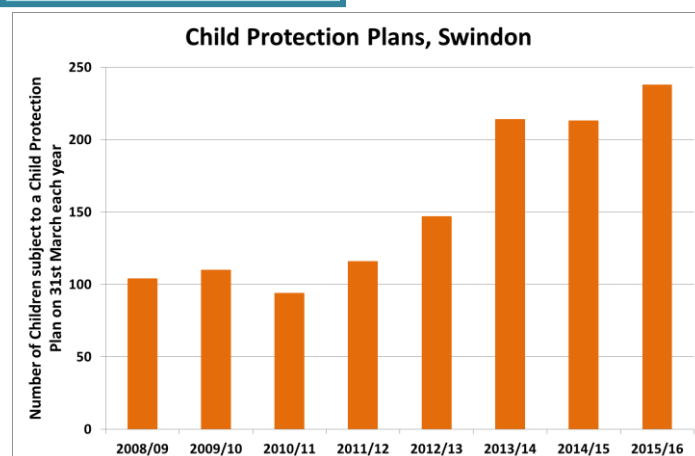
18 Safeguarding

The Care Act 2014, which came into effect on 1st April 2015, puts safeguarding adults onto a statutory footing. The safeguarding duties apply to an adult who: has needs for care and support (whether or not the local authority is meeting any of those needs); is experiencing, or is at risk of, abuse or neglect; and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Key Facts

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.

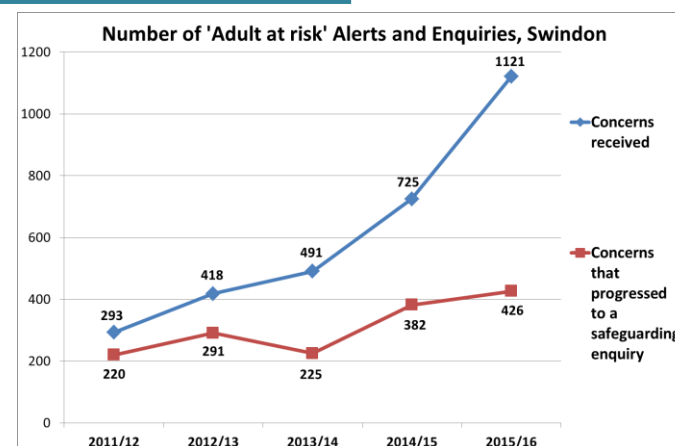
Key Indicator



Key Information

- 238 children were subject to a child protection plan at 31st March 2016, a small rise from 213 in 2014/15. Swindon has a higher rate (50.4 per 10,000 population under 18) than the national average (42.8) and statistical neighbours (41.7).
- The number of alerts reported to adult services for further investigation rose by 283% between 2011/12 and 2015/16. 57% of these were for over 65s. However, overall, the number of alerts requiring Local Authorities to carry out enquiries or ensure others do has increased by 93%. In some cases this illustrates the confusion between safeguarding and the need for a social care service and in some cases over-cautiousness where alerters feel they must report every incident – however minor.

Key Indicator



Key Challenges

- Ensure that children and families receive timely and effective 'Early Help' from all agencies.
- To continue to develop the effectiveness of our response to children and young people who are at risk from criminal exploitation including, but not limited to, child sexual exploitation.
- Embed the Make Safeguarding Personal (MSP) initiative in practice and procedures for adult safeguarding.
- Educate care providers to use their own procedures, e.g. incident reporting, disciplinary procedures or complaint action where appropriate rather than being over cautious and raising safeguarding alerts.

Key resources: tinyurl.com/SwindonJSNA-Resources

19 Carers

Key Fact

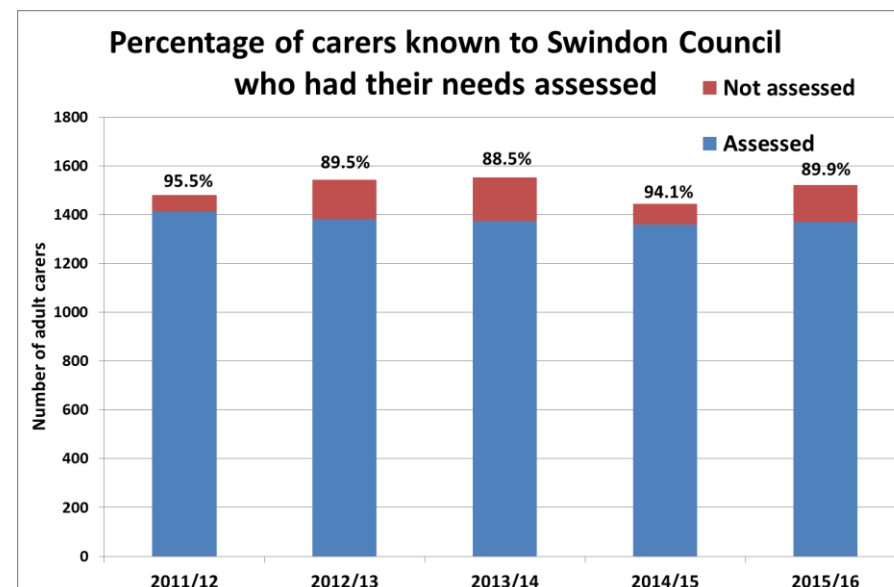
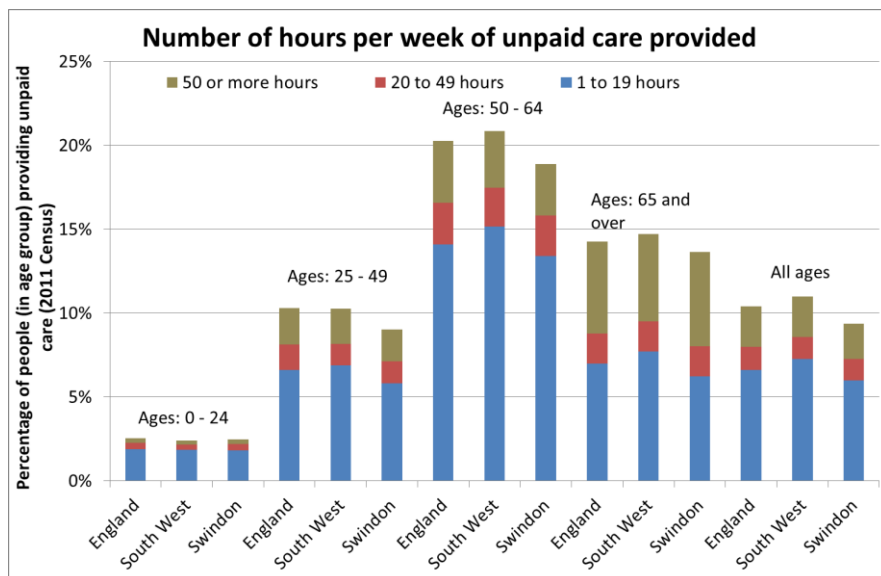
Three in five people will be carers at some point in their lives

Key Indicator

Carers provide unpaid care to a child, relative or friend needing help due to age, addiction, mental/physical impairment or illness.

Key Indicator

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



Key Information

- The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care. Approximately, 57% of carers in Swindon are men, 8% are aged under 25, 72% are between 25 and 64 and 20% are 65 or above. The estimated number of carers rose 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.
- 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.
- In 2015/16, 1,369 carers had their needs assessed in Swindon. Of these, 756 (55%) were aged 18-64, 512 (37%) between 65 and 84 and 83 (6%) 85 or over.

Key Challenges

- 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. It can impact on his or her emotional or physical wellbeing 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.

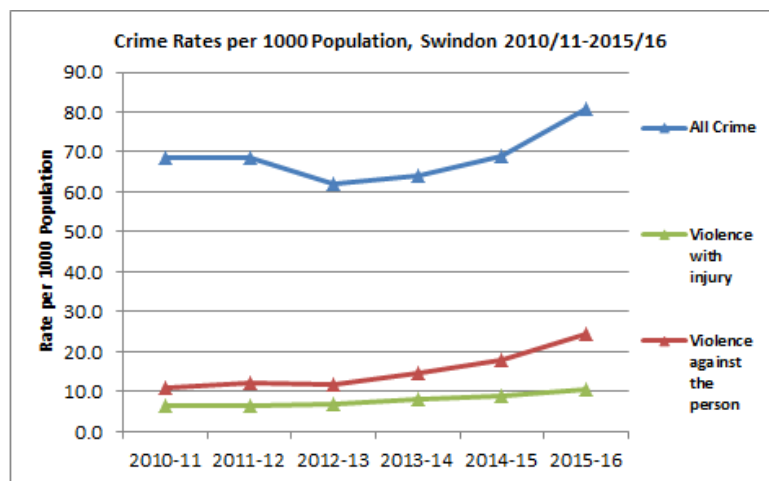
Key resources: tinyurl.com/SwindonJSNA-Resources

20 Community Safety

Key Fact

In Swindon, just considering reported incidents, approximately 1,000 children and young people are exposed to domestic abuse each year

Key Indicator

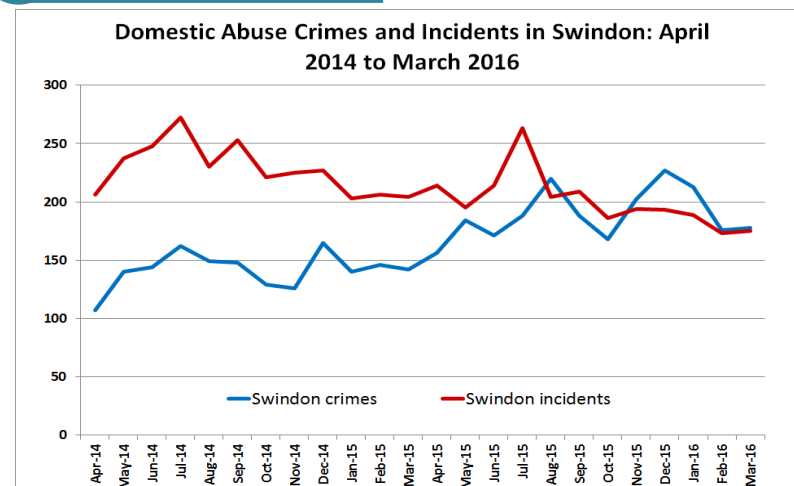


Key Information

- Comparisons between Sep – Oct 2014/15 and 2015/16 show:
 - "Violence With Injury" increased by 21%;
 - "All Crime" increased 20%;
 - "Violence Against the Person" incidents increased 38% overall.
 A significant factor in these rises is considered to be compliance with new crime recording standards.
- Levels of Anti-Social Behaviour (ASB) increased by 7% from Sept 2015 to Sept 2016. However, the September 2015/16 Year to Date figure shows overall ASB incidents have decreased by 11% from the previous year.
- Domestic abuse incident rates are currently relatively stable but are higher than similar Community Safety Partnership areas.

Key Indicator

An incident may be reported to the Police which does not meet the definition of a crime



Key Challenges

- Four key issues to prevent and tackle domestic abuse have been identified:
 - Increasing numbers of children in care, linked to domestic abuse.
 - Build on opportunities to work with potential perpetrators.
 - Better delivery of support to the non-abusing parent.
 - Improve early (school-level) intervention around domestic abuse.
- The hidden harm of abuse within the home significantly impacts the health and well-being of children witnessing violent acts, the mental health of victims, risk of suicide and substance misuse issues including smoking.
- Local communities and community safety partners working together to prevent and reduce crime and anti-social behaviour.

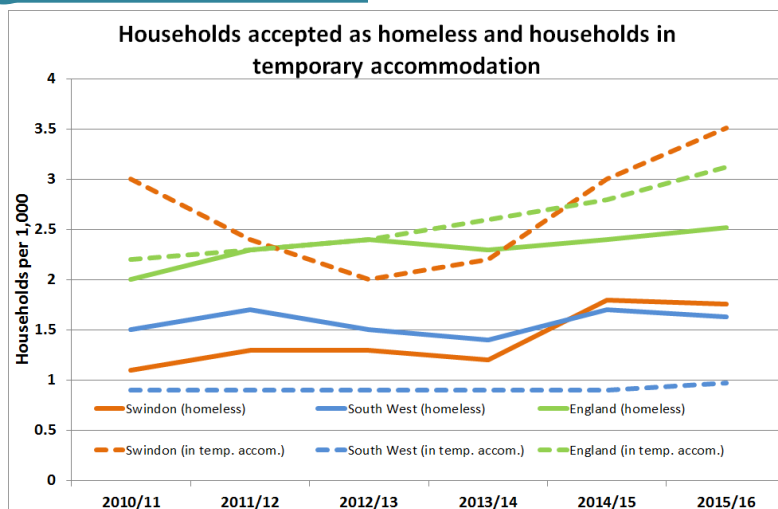
Key resources: tinyurl.com/SwindonJSNA-Resources

21 Housing, transport and the environment

Key Fact

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

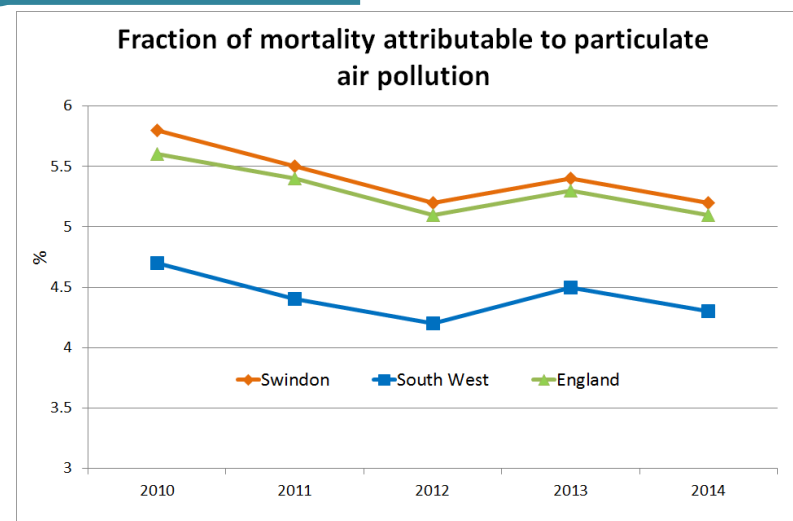
Key Indicator



Key Information

- In Swindon, 22,000 new homes will be built between 2011 and 2026.
- In Swindon, 3,500 households are in urgent need of housing and are on the waiting list for Council or Housing Association properties.
- In 2015/16, 165 households were accepted as homeless and on 31/03/2016 there were 329 households in temporary accommodation.
- In Swindon, in 2015/16, the main reasons for homeless households losing their last settled home were termination of assured shorthold tenancy (33%) and parents no longer willing or able to accommodate (19%).
- There were 212 people from Swindon killed or serious injured in road collisions between 2013 and 2015. This equates to a significantly lower rate per 100,000 than England.

Key Indicator



Key Challenges

- 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 by focusing on those exiting the private rented sector.
- Improving the condition and quality of homes in the private rented sector.
- 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.

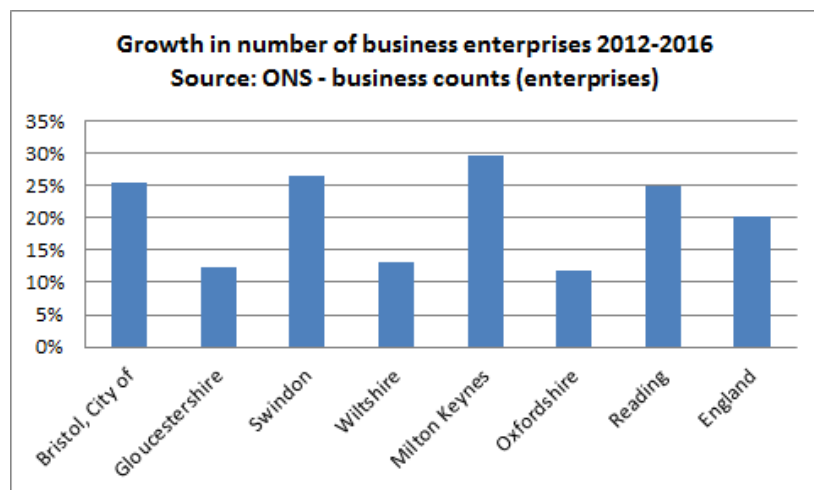
Key resources: tinyurl.com/SwindonJSNA-Resources

22 Education, Skills and the economy

Key Fact

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

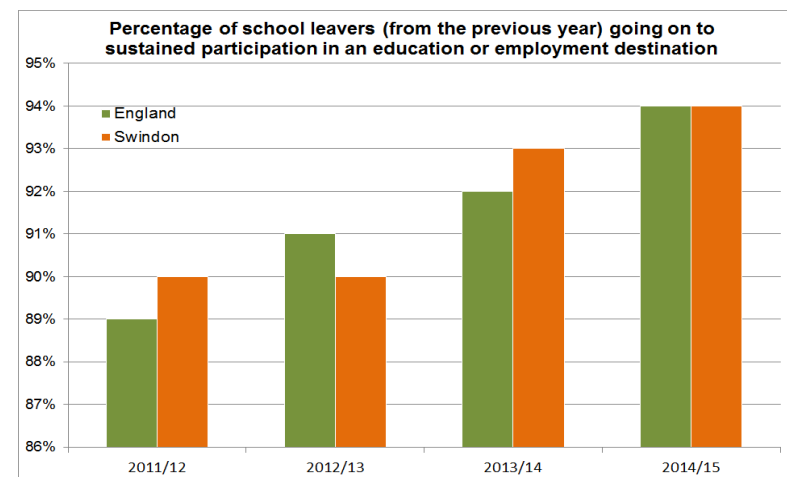
Key Indicator



Key Information

- The number of businesses in Swindon has grown 26% since 2012 and productivity per worker remains 7th highest in the UK.
- In Swindon UA, 81.8% of those aged 16-64 are economically active and 4% of these are unemployed.
- Provisional figures for 2015/16 show 54% of Swindon pupils achieved 5 or more GCSEs A*-C or equivalents (including English and maths), compared to 57% in England and 53% in Swindon in 2014/15.
- The number of pupils passing both English and maths (A*-C) improved by 6% over 2014/15, narrowing the gap to the national average to 2%. However, the percent of Swindon pupils achieving the English Baccalaureate decreased to 17% (25% in England as a whole).

Key Indicator



Key Challenges

- 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 businesses employing young people as apprentices.
- 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

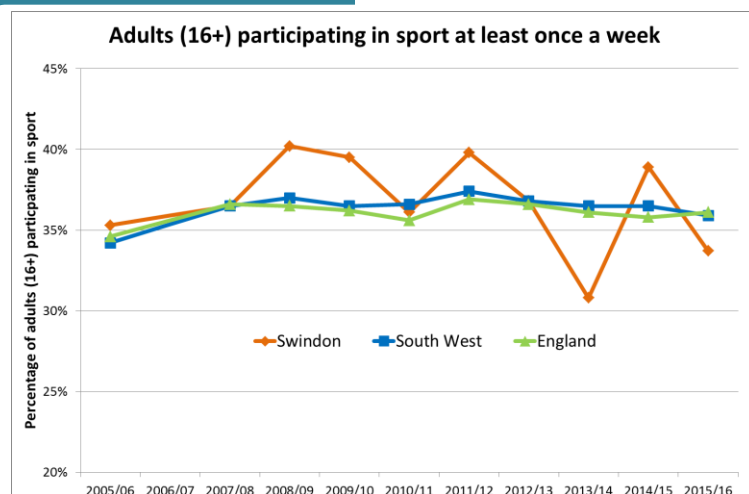


Keep Fit classes

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

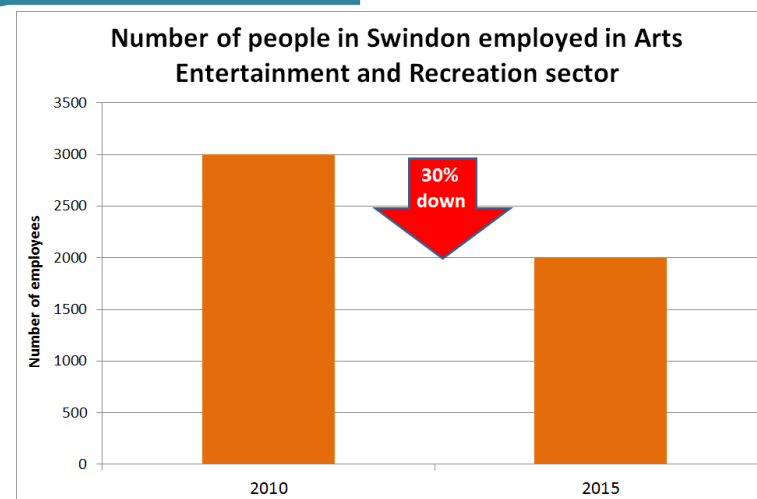
Key Indicator



Key Information

- In Swindon, Artsmad partners support 125,000 young people, 5,000 workshops, 500 performances and exhibition days, reaching audiences of over 50,000.
- There has been a 14.5% increase in employment and a 6% increase in the number of food and licensed beverage businesses in Swindon since 2010.
- 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 announced a target opening date of late 2021 for the planned new museum and art gallery at the heart of the emerging cultural quarter.

Key Indicator



Key Challenges

- Through the Active Swindon Partnership, improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities.
- Secure a new museum and art gallery that can showcase the high quality arts and exhibits Swindon possesses.
- Support the creation of a new regional leisure destination at North Star and the development of the County Ground and Moredon Recreation Ground.
- 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.

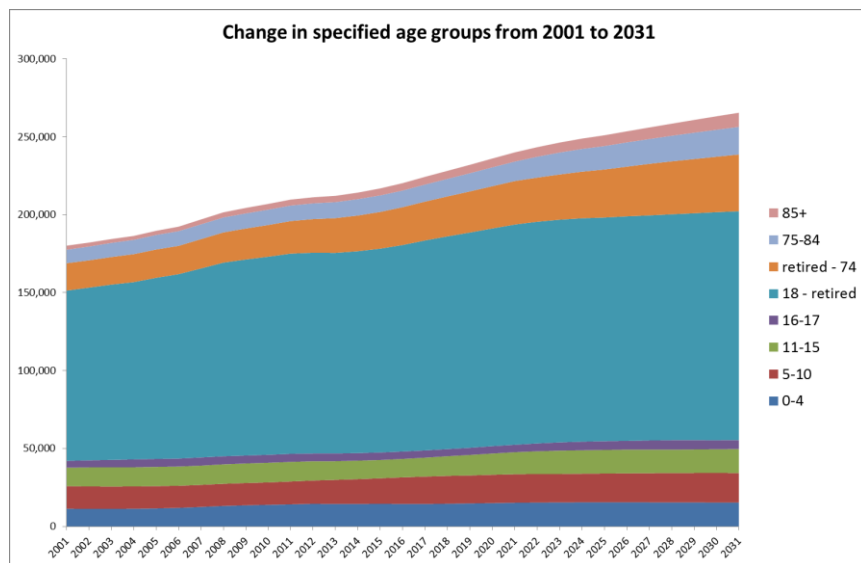
Key resources: tinyurl.com/SwindonJSNA-Resources

24 Ageing well

Key Fact

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

Key Indicator



Key Information

- Numbers of older people likely to live alone are likely to increase between now and 2030 by 52% for people aged 65 to 74 and 70% aged 75+.
- Wellbeing scores for older people suggest that whilst people can be happier and more satisfied as they get older, those over 80 have the lowest worthwhile scores.
- Around one in seven older people in Swindon are providing unpaid care according to the census. Over 36% of people aged 65+ nationally participate in voluntary activities at least once a month.
- Inequality affects older people significantly. Looking locally the difference in the proportion of older people experiencing income deprivation varies from 4% in an area of Liden to 48.7% in a part of Central ward.

Key Indicator

Limitation of daily activities, by age group in household residents in Swindon

	Age 65 to 74	Age 75 to 84	Age 85 and over
Day to day activities limited a lot	2,267 (15%)	2,806 (29%)	1,765 (53%)
Day to day activities limited a little	3,369 (22%)	3,085 (32%)	1,037 (31%)
Day to day activities not limited	9,435 (63%)	3,718 (39%)	538 (16%)

Key Challenges

- As people get older they are less likely to be physically active: 1 in 5 65+ report taking part in sport in the last month and 47% classed as inactive (< 30 minutes of activity per week).
- The significant increase forecast in the number of older people living alone has implications for the type and nature of housing needed in the future.
- Physical health itself isn't necessarily seen as a barrier to ageing well; it becomes a barrier when it stops people keeping mobile, accessing transport, seeing friends and family or doing what they enjoyed.
- There is increasing demand for social care: promoting being active, strength and balance and good social networks will allow people to be more resilient and live independently for longer.



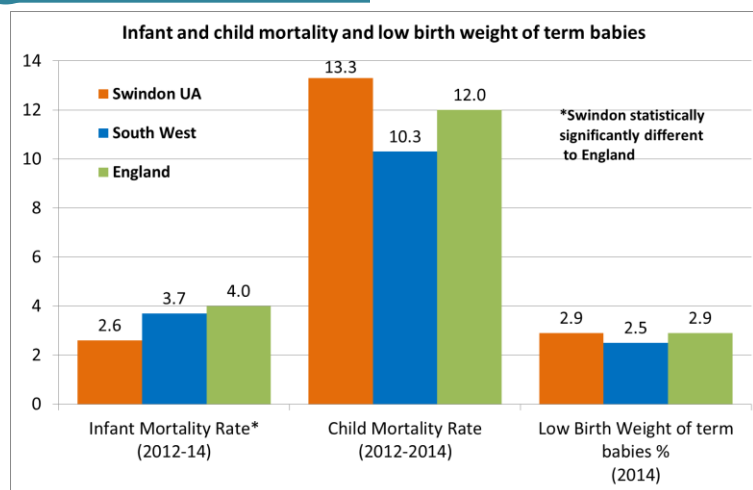
Key resources: tinyurl.com/SwindonJSNA-Resources

25 Children and young people

Key Fact

In Swindon, 28% of 5-year olds have experienced dental decay and these children have an average of 2.8 decayed, missing or filled teeth. This is similar to England

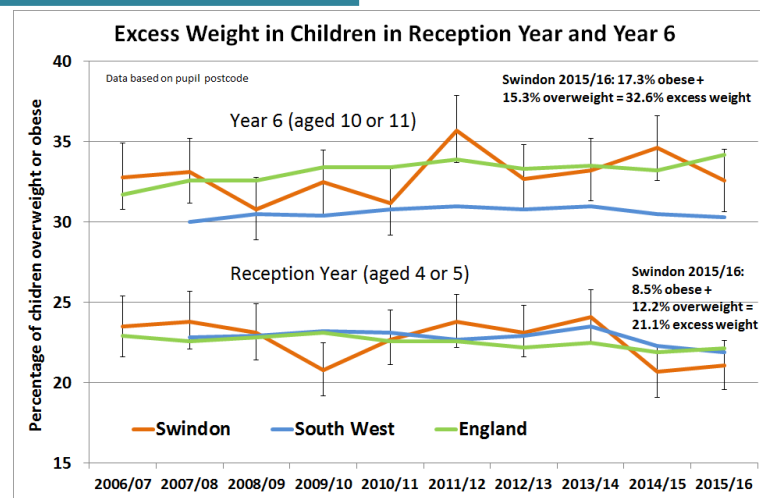
Key Indicator



Key Information

- The infant mortality rate in Swindon (2012-2014) is significantly lower than the national figure and the child mortality rate (2012-2014). The low birth weight % for term babies (2014) are similar to those for England.
- In 2014/15, only 4.2% of 15 year olds in Swindon are regular smokers, compared to 5.5% nationally.
- In 2012/13-2014/15, in Swindon, there were 62 admissions to hospital due to alcohol specific conditions (in under 18s) and 112 for substance misuse (in 15-24 year olds). These figures equate to a similar rate to England overall for alcohol, but a higher rate for substance misuse.
- Over the period 2013 to 2015, 13 children (under 15) from Swindon were killed or seriously injured on the roads. This is down from 20 in 2011-13.

Key Indicator



Key Challenges

- Better understand the challenges facing children and young people with Special Educational Needs and Disabilities and why they experience poorer outcomes.
- 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

26 Equalities



Key Fact

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



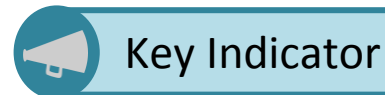
Key Indicator

9 'protected characteristics' (Equality Act, 2010)

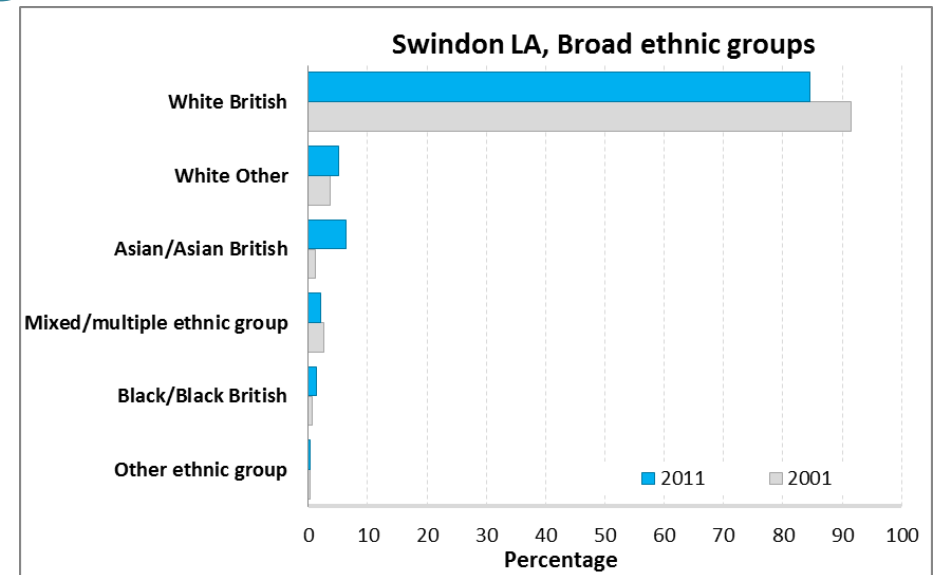


Key Information

- 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.
- In Swindon schools, the main foreign languages spoken are Konkani (Indian origin), Polish, Portuguese and Nepali
- Based on a 2015 national survey, around 1.1% of Swindon's population are likely to describe their sexual identity as Lesbian or Gay and 0.6% as Bisexual, although other sources put the combined estimate at 6%.
- Around 2 in 10,000 people in the UK have had or are seeking gender reassignment surgery.



Key Indicator



Key Challenges

- 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.



Key resources: tinyurl.com/SwindonJSNA-Resources

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.

Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Plan¹

The emergent priorities for the next five years have been agreed as:

- Creating locality based integrated teams supporting primary care.
- Shifting the focus of care from treatment to prevention and proactive care.
- Developing an efficient infrastructure to support new care models.
- Establishing a flexible and collaborative approach to workforce.
- Enabling better collaboration between acute providers.

Within the Prevention and Proactive Care workstream the following key objectives have been identified:

- Ageing Well
- Proactive management of long term conditions
- Tackling obesity
- Workforce wellbeing

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) priorities² 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

¹ B&NES, Swindon and Wiltshire: Sustainability and Transformation Plan. Emergent plan, December 2016. <http://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2016/04/BSW-STP-Final-14-12-16.pdf>

² 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>

- 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 2016/17 business plan, NHS England set out 10 priorities³:

- Improving the quality of care and access to cancer treatment
- Upgrading the quality of care and access to mental health and dementia services
- Transforming care for people with learning disabilities
- Tackling obesity and preventing diabetes
- Strengthening primary care services
- Redesigning urgent and emergency care services
- Providing timely access to high quality and elective care
- Ensuring high quality and affordable specialised care
- Transforming commissioning
- Controlling costs and enabling change.

³ NHS England Business Plan 2016/17 <https://www.england.nhs.uk/wp-content/uploads/2016/03/bus-plan-16.pdf>