

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 9 March 2016

Committee Room 6, Civic Offices

At 2.00 p.m.

Contact Officers:

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AGENDA

- 1. Apologies for Absence**
- 2. Declarations of Interest**
Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
- 3. Public Question Time**
Please refer to the explanatory notes below.
- 4. Minutes** (Pages 3 - 8)
To receive the minutes of the meeting held on 9 December 2015.
- 5. Indices of Deprivation 2015** (Pages 9 - 64)
- 6. Joint Strategic Needs Assessment Summary 2015-2016** (Pages 65 - 108)
- 7. Children and Young People - Best Start Joint Strategic Needs Assessment**
(Pages 109 - 122)
- 8. Swindon and Wiltshire Strategy to reduce Domestic Abuse 2015-2017**
(Pages 123 - 136)
- 9. Swindon Clinical Commissioning Group Operational Planning 2016/17 - 2020/21** (To Follow)
- 10. Transforming Care Partnership Service Model Plan** (To Follow)
- 11. Better Care Fund** (To Follow)

12. Healthwatch Swindon Retender Update (Pages 137 - 140)

13. Joint Commissioning Group - Minutes for information and comment
(Pages 141 - 152)

Date of Despatch: 01 March 2016

Public Question Time - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above, or to the Director of Law and Democratic Services. We will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available from the Committee Officer named above or on the Council's Website at:

<http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>.

Access Arrangements - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you have any special requirements to enable you to attend the meeting, or would like to receive any of the pages contained in this agenda in a larger print size, please contact the Committee Officer as soon as possible prior to the date of the meeting.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 9 DECEMBER 2015

PRESENT:- Councillors David Renard (Chair), Brian Mattock, Fionuala Foley and Ray Ballman (Swindon Borough Council), Nicki Millin (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), Kieran Kilgallen (Office of the Police and Crime Commissioner), Cherry Jones (Director of Public Health, Swindon Borough Council) and John Gilbert (Board Director – Commissioning, Swindon Borough Council).

Also in attendance were: Kate Liddington (NHS Swindon Clinical Commissioning Group), Pete Rowe (Healthwatch Swindon), Matt Bywater (Swindon Borough Council), Mike Ash (Swindon Borough Council), and James Graham (Swindon Borough Council).

An apology for absence was received from Debra Elliott (NHS England), Iain Watts (Healthwatch Swindon), Dr Peter Crouch (Vice-Chair) (NHS Swindon Clinical Commissioning Group), Angus Macpherson (Police and Crime Commissioner), and Gavin Jones (Chief Executive, Swindon Borough Council).

31. Declarations of Interest

The Chair reminded members of the need to declare any known interests in any matter to be considered at the meeting. No declarations were made.

32. Public Question Time

No public questions were received prior to or during the meeting.

33. Minutes

Resolved – That the minutes of the meeting held on 21 October 2015 be confirmed as a correct record.

34. Homelessness Strategy

The Board considered this report which provided an opportunity to comment on the draft Homelessness Strategy for Swindon 2016 to 2021, which is a statutory requirement as set out in Schedule 1 of the Homelessness Act 2002.

Mike Ash, Head of Housing and Community Safety, introduced the report and noted that the draft Strategy aims to meet one of the actions of the Housing Strategy 2015 for Swindon to achieve the Government's Gold Standard for homelessness service. The Board also noted the four priorities for action which are: ensuring victims of Domestic Abuse are appropriately housed; improving partnership working to support homeless people with complex needs; preventing homelessness for people with care needs; and ensuring best use is made of social housing to minimise homelessness.

Following the presentation of the report and the draft Homelessness Strategy

attached at Appendix 1, Board members asked questions and made observations on the following issues:

- Potential links between those in temporary accommodation and those with housing debts.
- Possible causes behind the recent increases in the numbers of homeless people.
- The linkages between the Housing Team and the Police, with particular regard to those begging and rough sleeping.
- The rights of referral to the homeless refuge in Swindon.
- The potential impact on housing availability of the proposals to increase stamp duty on Buy-To-Let and second homes.
- The level of engagement of those with complex needs in to the Strategy, and ensuring their experiences of accessing services are reflected in it.
- The need for improved partnership working and information sharing in this area, particularly to address repeat problems.
- The Public Space Protection Order about to be launched in the town centre.

Resolved – (1) To note the draft Homelessness Strategy and the priorities it sets out.

(2) To recommend to Cabinet and the Governing Body of the Swindon Clinical Commissioning Group that they approve the draft Homelessness Strategy.

(3) To recommend to Cabinet that they amend the Allocations Policy to offer a proportion of social housing voids in a targeted way to homeless households as set out in Priority 4 of the Draft Strategy.

35. Swindon Sexual & Reproductive Health Strategy 2015-2020

The Board considered a report on the new Sexual and Reproductive Health Strategy 2015 – 2020 for Swindon which supersedes the previous NHS Swindon Sexual Health Strategy 2010 – 2014. The Council has a duty to improve the sexual health of its population under the Health and Social Care Act 2012 and the new Strategy will provide strategic focus to achieve this duty.

Cherry Jones, Director of Public Health, introduced the report and noted that the Strategy has been developed as agreed by this Board at its meeting on 7 January 2015 (Minute 23, 2014-2015 refers). The Strategy recognises that good sexual health is important throughout the life course, and that safeguarding is essential. It aims to balance future demand against high quality supply with diminished resources, and has set out the vision for sexual health and wellbeing in Swindon with priority outcomes.

Following the presentation of the report and the draft Swindon Sexual and Reproductive Health Strategy 2015 – 2020 attached at Appendix 1, Board members asked questions and made observations on the following issues:

- The issue of setting out 16 – 24 year olds as ‘young people’ within the Strategy when in safeguarding terms it is 18 – 24 year olds. The Strategy will be amended to reflect this.
- Working to encourage primary care services to report any suspicious circumstances when children are presenting with sexually transmitted diseases.

- The reporting mechanisms for giving updates on progress towards actions in the Strategy.
- The lack of baseline figures in the action plan which will now be included for ease of reference.
- The percentages and associated numbers of people being diagnosed late with HIV in Swindon between 2011 and 2013.

Resolved – (1) To endorse and support the Sexual and Reproductive Health Strategy 2015 – 2020 for Swindon.

(2) To recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they adopt the Swindon Sexual and Reproductive Health Strategy 2015 – 2020.

36. Restorative Youth Services Plan 2015-2016

The Board considered a report on the Restorative Youth Services Plan for 2015-2016. The report noted that the Youth Offending Team is required to produce a Plan which reflects on previous performance and addresses priorities and business risks for the year ahead. The Plan also incorporates strategies for meeting Government and local targets for reducing first time offending, re-offending, remand, custodial rates and substance misuse.

Matt Bywater, Service Manager for Restorative Youth Services, introduced the report and highlighted that local authority approval for the Plan is usually sought mid-year before the Plan is submitted to the Youth Justice Board but that this had been delayed in 2015 as a result of the Her Majesty's Inspectorate of Prisons inspection. The Board also noted that the confidential youth counselling service On Trak and the youth alcohol and drug misuse service U-Turn now come under the direct management of the Youth Offending Team Manager.

Following the presentation of the report and the Restorative Youth Services Plan for 2015/16 as attached at Appendix 1 to the report, Board members asked questions and made observations on the following issues:

- The governance for sign off on the Plan and ensuring local member approval is sought.
- Congratulations from the Board were expressed to members of the team for their successful inspection.

Resolved – (1) To note and approve the Restorative Youth Services Plan for 2015/16.

37. Swindon Mental Health Crisis Care Concordat - review of implementation

The Board received a report regarding the national Mental Health Crisis Care Concordat which sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The Swindon declaration was agreed in December 2014 and uploaded to the national website. Since then the Swindon Clinical Commissioning Group have led on the development of an Action Plan which will be reviewed, updated, monitored and progress tracked.

Nicki Millin, Accountable Officer for the Swindon Clinical Commissioning Group, introduced the report and noted the progress so far towards achieving the 52 Actions which have now reduced to 15.

Resolved – (1) To approve the Swindon Mental Health Crisis Care Concordat Action Plan.

(2) To request that the Swindon Clinical Commissioning Group monitor the delivery of the multi-agency Action Plan through established bi-monthly meetings.

38. People detained under Section 136 MHA taken to Police Custody

Kieran Kilgallen, Chief Executive of the Wiltshire and Swindon Office of the Police and Crime Commissioner, gave a verbal presentation to the Board in the absence of Angus Macpherson, the Police and Crime Commissioner, on people detained under Section 136 of the Mental Health Act taken to Police Custody. The Board were given a hand out containing information on the numbers detained in Swindon from April to November 2015, and noted that the funding for the mental health professional has been a good investment as the figures are encouraging. Any future exceptional issues will be reported to the Board.

The Board thanked Mr Kilgallen for the update.

39. Healthwatch Swindon

The Board received a report providing an update on the progress of Healthwatch Swindon with examples of ways in which they are contributing to the Board's work to improve the health and wellbeing of the local population and reducing health inequalities. The Board has agreed at a previous meeting to receive regular updates from Healthwatch Swindon.

Pete Rowe, Manager of Healthwatch Swindon, introduced the report and highlighted that their recruitment of Board members is still on-going. The Board members recruited so far have been working on defining the work plan and supporting the paid staff. The Board also noted the current priorities of Healthwatch Swindon which include: using the Patient Participation Group (PPG) framework to support PPGs and GP Surgeries; being part of a central point of information and signposting for health, wellbeing and social care through 'My Care My Support'; ensuring people and patient voices are heard in the monitoring, planning and design of services; and defining the Independent Complaints Advocacy Service.

Resolved – (1) To note the update from Healthwatch Swindon.

40. Children and Young People's Quality Account 2014/15

The Board received a report on the Quality Account for Swindon Borough Council community Health services for children and young people.

John Gilbert, Board Director of Commissioning at Swindon Borough Council, introduced the report and noted that a Quality Account is an annual report that all providers of healthcare services must publish to inform the public about the quality of the services being provided. The Board noted the various frontline services which

have been organised into local teams, the notable health service achievements during 2014 – 2015, and the statement from the Care Quality Commission who have not taken any enforcement action against the Council during this year.

Following the presentation of the report and the Quality Account for the year 2014 – 2015 as set out in Appendix 1, Board members asked questions and made observations on the following issues:

- Learning points from incidents that have occurred that were not registered as 'serious' incidents.

Resolved – (1) To note the Quality Account for Swindon Borough Council community health services for children and young people.

41. Joint Commissioning Group Minutes and performance update on the Better Care Fund and Joint Commissioning Intentions

The Board noted the minutes of the Joint Commissioning Group meetings held on 6 October and 2 November 2015. The Board also noted the Quarter 2 Better Care Fund (BCF) data collection figures for 2015-2016 and the update on the Joint Commissioning Intentions for 2015-2016.

Board members made the following comments and observations:

- The additional BCF funding being made available.

Resolved – (1) To note the minutes of the meetings of the Joint Commissioning Group held on 6 October and 2 November 2015.

(2) To note the Better Care Fund Quarter 2 2015-2016 data collection figures.

(3) To note the updated Joint Commissioning Plan for 2015-2016.

42. Future meeting dates of the Board

The Board received a report concerning the proposed meeting dates for the 2016-2017 Municipal Year.

Resolved – (1) To agree the proposed dates as set out in paragraph 3.3 of the report.

(2) To note that the final dates will be subject to sign-off by Council in May 2016 as part of the Meetings Calendar for 2016-2017.

43. Any Other Business

Cherry Jones, Director of Public Health, provided an update to the Board on the creation of a Providers Forum. She noted that the Forum is well established with a good cohort of stakeholder attendees, and that once their Terms of Reference have been established they will be circulated to Board members for information.

Resolved – To add an item to the Work Programme for March 2016 on the greater involvement of the Forum in the work of this Board.

The Board also received an update from Cherry Jones on the NHS Healthy New Towns bid and noted that the Swindon bid is one of 16 bids shortlisted. Feedback and suggestions for improvements to the bid have been provided which will be taken on board as part of a presentation in January 2016.

Indices of Deprivation 2015

Health and Wellbeing Board

Date: 09 March 2016

Author: Senior Public Health Intelligence Analyst

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To provide a summary of the Indices of Deprivation 2015 focusing on data and results for the Swindon Health and Wellbeing Board area.
- 1.2 To gain approval from the Board to make a suite of reports, data and analyses available on the Joint Strategic Needs Assessment (JSNA) website (<http://swindonjsna.co.uk/dna/ID>) to the Council and its Partners in order to know communities better, target resources, plan and monitor services and understand the relationship between deprivation, behaviour, service utilisation and outcomes.
- 1.3 The report is necessary to provide a common evidence base for measuring and understanding area deprivation in Swindon.

2. Recommendations

The Board is recommended:

- 2.1 To note the contents and main findings of the summary report attached at Appendix 1 and the other associated reports and resources.
- 2.2 To adopt the report and its findings as the preferred evidence base for measuring and understanding area deprivation in Swindon.
- 2.3 To promote the reports, data and analyses through publication on the Joint Strategic Needs Assessment website.
- 2.4 To approve the dissemination of ward 'packs' to staff and members working at a local level.

3. Detail

- 3.1 The government, through the Department for Communities and Local Government (DCLG), has produced a set of data to aid the assessment of relative levels of deprivation across England: 'The English Indices of Deprivation 2015' (ID 2015) were released on 30 September 2015 and update the indices previously presented in 2000, 2004, 2007 and 2010.

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

Indices of Deprivation 2015

Health and Wellbeing Board

Date: 09 March 2016

Domains and LSOAs

- 3.2 Lower Level 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). There are about six LSOAs in each electoral ward in Swindon, however, LSOA boundaries are sometimes not the same as ward boundaries and some LSOAs overlap more than one ward.
- 3.3 The Indices provide scores and ranks for all 32,844 LSOAs in England for seven domains of deprivation and for a combined Index of Multiple Deprivation (IMD). The seven domains are: Income; Employment; Health Deprivation and Disability; Education, Skills and Training; Barriers to Housing and Services; Crime, and Living Environment. There are also two supplementary indices for income deprived children and older people. Each of these domains is based on a basket of indicators. As far as is possible, each indicator is based on data from the most recent time point available; in practice most indicators in the Indices of Deprivation 2015 relate to the tax year 2012/13.
- 3.4 The LSOAs are ranked with 1 being the most deprived and 32,844 being the least. In Swindon, the rankings go from 1 being the most deprived to 132 being the least deprived. For many analyses the LSOAs are categorised into deciles (10ths) or quintiles (5ths).

Measuring deprivation

- 3.5 The neighbourhood-level Indices provide an assessment of area level deprivation areas, but this description does not apply to every person living in those areas. Many non-deprived people live in deprived areas, and many deprived people live in non-deprived areas. Those areas that are not identified as deprived by the neighbourhood-level Indices are not necessarily affluent areas. It may also be the case that some highly deprived areas contain pockets of affluence; that is, an area might contain both deprived and affluent people. This is because the IMD is designed to identify aspects of deprivation, not affluence.

Relative and absolute change

- 3.6 Changes in deprivation levels over time are relative to other areas. For example, it would be valid to state that an area showed an increased level of deprivation, relative to other areas, if it was ranked within the most deprived 20% of areas nationally based on the 2010 Indices but ranked within the most deprived 10% according to the 2015 Indices. However, it would not necessarily be correct to state that the level of deprivation in the area had increased on some absolute scale, as it may be the case that all areas had improved, but that this area had improved more slowly than other areas and so been 'overtaken' by those areas.
- 3.7 Similarly, the overall rank of an area may not have changed between the 2010 and 2015 Indices, but this does not mean that there have been no changes to the

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Indices of Deprivation 2015

Health and Wellbeing Board

Date: 09 March 2016

level of deprivation in the area. For example, in the situation where the absolute levels of deprivation in all areas were increasing or decreasing at the same rate, the ranks would show no change.

- 3.8 The Indices measure area deprivation but people can move areas between versions of the Indices. Therefore, the socio-economic status of individuals in an area may improve or worsen but if these people leave then the area deprivation may remain unchanged. Likewise individuals moving into a community can improve or worsen the area deprivation.

The main findings are:

- Swindon is less deprived than the average Upper Tier Local Authority (UTLA) and lies in the second least deprived quintile of these authorities.
- Overall, relative deprivation levels in Swindon have changed little since 2010. However, further analysis is required to explore changes in individual domains and at smaller geographical levels.
- There are pockets of deprivation in Swindon. Eight Swindon Local Super Output Areas (LSOAs) are in the most deprived 10% nationally (compared to nine in 2010).
- The most deprived LSOA in Swindon is Penhill north in Penhill and Upper Stratton ward.
- Swindon's relative deprivation is most severe in the education, skills and training domain where it is 47th most deprived out of 152 UTLAs. The driver appears to be children and young people's indicators. Penhill central LSOA in Penhill and Upper Stratton ward ranks 33rd most deprived in England in this domain.
- NHS Swindon Clinical Commissioning Group (CCG) is ranked 138th most deprived out of 209 CCGs, i.e. there are 137 more deprived CCGs and 71 less deprived.
- Swindon and Wiltshire Local Enterprise Partnership (LEP) is the 33rd most deprived LEP out of 39 in the country, i.e. there are 32 more deprived LEPs and six less deprived.
- Nationally, the main story is how areas of London near to the 2012 Olympic park and facilities have become relatively much less deprived.

Ward level issues

- 3.9 Ward 'packs' have been produced for all 20 wards in Swindon. These contain information (tables, charts and maps) on the deprivation levels experienced in each LSOA in the ward on the overall Index of Multiple Deprivation and the

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Indices of Deprivation 2015

Health and Wellbeing Board

Date: 09 March 2016

domains of deprivation including change over time. Specific issues for each ward are identified and analysed, e.g. the most deprived LSOA in the ward; the domain showing most deprivation; adverse trend over time or geographical differences within the ward. A ward pack with example data is attached in Appendix 2.

4. Alternative Options

- 4.1 No alternative measure of area deprivation for small areas is available for local and national geographies.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 None.

Legal and Human Rights Implications

- 5.2 None.

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

- 5.3 None.

Diversity Impact Assessment

- 5.4 None.

Risk Management

- 5.5 None.

6. Consultees

- 6.1 The reports have been presented to and discussed by the JSNA steering group at the meeting in January 2016.
- 6.2 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1: Indices of Deprivation 2015: Swindon Summary Report
- 8.2 Appendix 2: Example ward pack

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

Indices of Deprivation 2015: Swindon Research Report



Swindon Health and Wellbeing Board

Contents

Contents	2
Executive Summary.....	4
Introduction.....	5
Domains and LSOAs.....	5
Higher-level geographies	5
Measuring deprivation	5
Uses	6
Interpreting change over time	6
Relative and absolute change	7
Simple guide	8
Swindon Local Authority level analysis	9
Introduction.....	9
Indices of Deprivation 2015	9
Swindon is less deprived than average	9
Thematic domains of the Indices of Deprivation.....	11
NHS Swindon Clinical Commissioning Group.....	12
Swindon and Wiltshire Local Enterprise Partnership	13
Swindon LSOA and Small Area Analysis.....	14
Indices of Deprivation 2015	14
Ethnicity	16
Comparing the ID 2015 with previous ID versions.....	17
Domains and sub-domains.....	19
Income Domain	19
Employment Domain	19
Income and Employment deprivation	20
Education, Skills and Training Domain.....	22
Health Deprivation and Disability Domain	23
Crime Domain	24
Barriers to Housing and Services Domain	24
Living Environment Domain	25
Swindon electoral ward analysis.....	27
Summary of issues for individual wards	29
Blunsdon and Highworth	29
Central	29
Covingham and Dorcan	29
Eastcott	29
Gorsehill and Pinehurst.....	29
Haydon Wick.....	30
Lawn and Chiseldon.....	30
Liden, Eldene and Park South	30
Lydiard and Freshbrook	31
Mannington and Western	31
Old Town.....	31
Penhill and Upper Stratton	31
Priory Vale	32

Ridgeway	32
Rodbourne Cheney	32
Shaw	32
St Andrews.....	33
St Margaret and South Marston	33
Walcot and Park North	33
Wroughton and Wichelstowe	33
Shrivenham	34
The national picture.....	35
National distribution of deprivation	35
Deprivation at a Local Authority Level.....	37
The distribution of deprivation in Local Enterprise Partnerships	38
Resources	39
Swindon JSNA website	39
DCLG publications	39
Swindon Borough Council resources	41
Apps and externally produced resources	41
Areas for further consideration	43
List of Tables.....	44
List of Figures	44

Executive Summary

In all cases the lower the ranking, the more deprived an area is, e.g. a ranking of 1 = most deprived.

- The English Indices of Deprivation 2015 (ID 2015) were published on 30 September 2015 and provide data on relative deprivation for small areas in Swindon and nationally.
- Swindon is less deprived than the average Upper Tier Local Authority (UTLA) and lies in the second least deprived quintile of these authorities.
- Overall, relative deprivation levels in Swindon have changed little since 2010. However, further analysis is required to explore changes in individual domains and at smaller geographical levels.
- There are pockets of deprivation in Swindon. Eight Swindon Local Super Output Areas (LSOAs) are in the most deprived 10% nationally (compared to nine in 2010).
- The most deprived LSOA in Swindon is Penhill north in Penhill and Upper Stratton ward. Please see Figure 1 for further details.
- Swindon's relative deprivation is most severe in the education, skills and training domain where it is 47th most deprived out of 152 UTLAs. The driver appears to be children and young people's indicators. Penhill central LSOA in Penhill and Upper Stratton ward ranks 33rd most deprived in England in this domain.
- NHS Swindon Clinical Commissioning Group (CCG) is ranked 138th most deprived out of 209 CCGs, i.e. there are 137 more deprived CCGs and 71 less deprived.
- Swindon and Wiltshire Local Enterprise Partnership (LEP) is the 33rd most deprived LEP out of 39 in the country, i.e. there are 32 more deprived LEPs and six less deprived.
- Nationally, the main story is how areas of London near to the 2012 Olympic park and facilities have become relatively much less deprived.

Introduction

The government, through the Department for Communities and Local Government (DCLG), has produced a set of data to aid the assessment of relative levels of deprivation across England: 'The English Indices of Deprivation 2015' (ID 2015)¹. The ID 2015 were released on 30 September 2015 and update the indices previously presented in 2000, 2004, 2007 and 2010.

LSOAs and domains of deprivation

Lower Level 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). There are about six LSOAs in each electoral ward in Swindon, however, LSOA boundaries are sometimes not the same as ward boundaries and some LSOAs overlap more than one ward.

The Indices provide scores and ranks for all 32,844 LSOAs in England for seven domains of deprivation and for a combined Index of Multiple Deprivation (IMD). The seven domains are: Income; Employment; Health Deprivation and Disability; Education, Skills and Training; Barriers to Housing and Services; Crime, and Living Environment. There are also two supplementary indices for income deprived children and older people. Each of these domains is based on a basket of indicators. As far as is possible, each indicator is based on data from the most recent time point available; in practice most indicators in the Indices of Deprivation 2015 relate to the tax year 2012/13.

The LSOAs are ranked with 1 being the most deprived and 32,844 being the least. In Swindon, the rankings go from 1 being the most deprived to 132 being the least deprived. For many analyses the LSOAs are categorised into deciles (10ths) or quintiles (5ths).

Higher-level geographies

The Indices of Deprivation are designed primarily to be small-area measures of relative deprivation. But the Indices are commonly used to describe relative deprivation for higher-level geographies. To facilitate this, a range of summary measures are available for higher-level geographies: local authority districts and upper tier local authorities, local enterprise partnerships and clinical commissioning groups. These summary measures are produced for the overall IMD, each of the seven domains and the supplementary indices.

Measuring deprivation

The neighbourhood-level Indices provide a description of areas, but this description does not apply to every person living in those areas. Many non-deprived people live in deprived areas, and many deprived people live in non-deprived areas. Those areas that are not identified as deprived by the neighbourhood-level Indices are not necessarily affluent areas. It may also be the case that some highly deprived areas contain pockets of affluence; that is, an area might contain both deprived and affluent people. This is because the IMD is designed to identify aspects of deprivation, not affluence.

¹ <https://www.gov.uk/government/collections/english-indices-of-deprivation>

Uses

This report outlines the main results from the ID 2015, including the overall IMD 2015. The Indices can be used very widely for a variety of purposes, including:

- Identifying the most deprived areas.
- Exploring the domains of deprivation.
- By local policy makers and communities for the effective targeting of resources.
- Identifying places for prioritising resources and more effective targeting of funding.
- Developing the evidence base for setting a range of local strategies and service planning, including helping understand current need and model future demand for services.
- Supporting local growth through local economic assessment and growth strategies.
- Helping assure the equality of access to local health and other services.
- Researching and analysing the challenges and performance of different areas, and to support policy and delivery.
- Understanding the relationship between pupil attainment and neighbourhood deprivation, and analysing local deprivation as a risk factor for behaviours such as smoking.
- Assessment of programme reach and impact e.g. to identify whether the most disadvantaged areas are receiving more support under various programmes than others; and assessment of the impact of programmes, albeit at the neighbourhood rather than the individual level.
- As an analytical resource to support commissioning by local authorities and health services, and in exploring inequalities
- In bids for funding, as they are recognised by commissioners as an authoritative, nationally comparable measure of deprivation. This includes bids made by councillors for their neighbourhoods, and from voluntary and community sector groups.

Interpreting change over time

The ID 2015 have been produced using the same approach, structure and methodology used to create the previous Indices of Deprivation. The purpose of the Indices is to measure as accurately as possible the relative distribution of deprivation at a small area level, and that this comes at the expense of 'backwards' comparability with previous versions of the Indices. However, keeping a consistent methodology allows some comparisons to be made over time between the ID 2015 and previous versions, but only in terms of comparing the rankings as determined at the relevant time point by each of the versions. The versions of the indices should not be construed as a time-series. Other changes limit the ability to make comparisons over time:

- Changes to the data used to construct the indicators, including changes to eligibility criteria for certain benefits used to measure income deprivation and employment deprivation;
- Revisions to the population denominator data;
- Changes to the area definitions

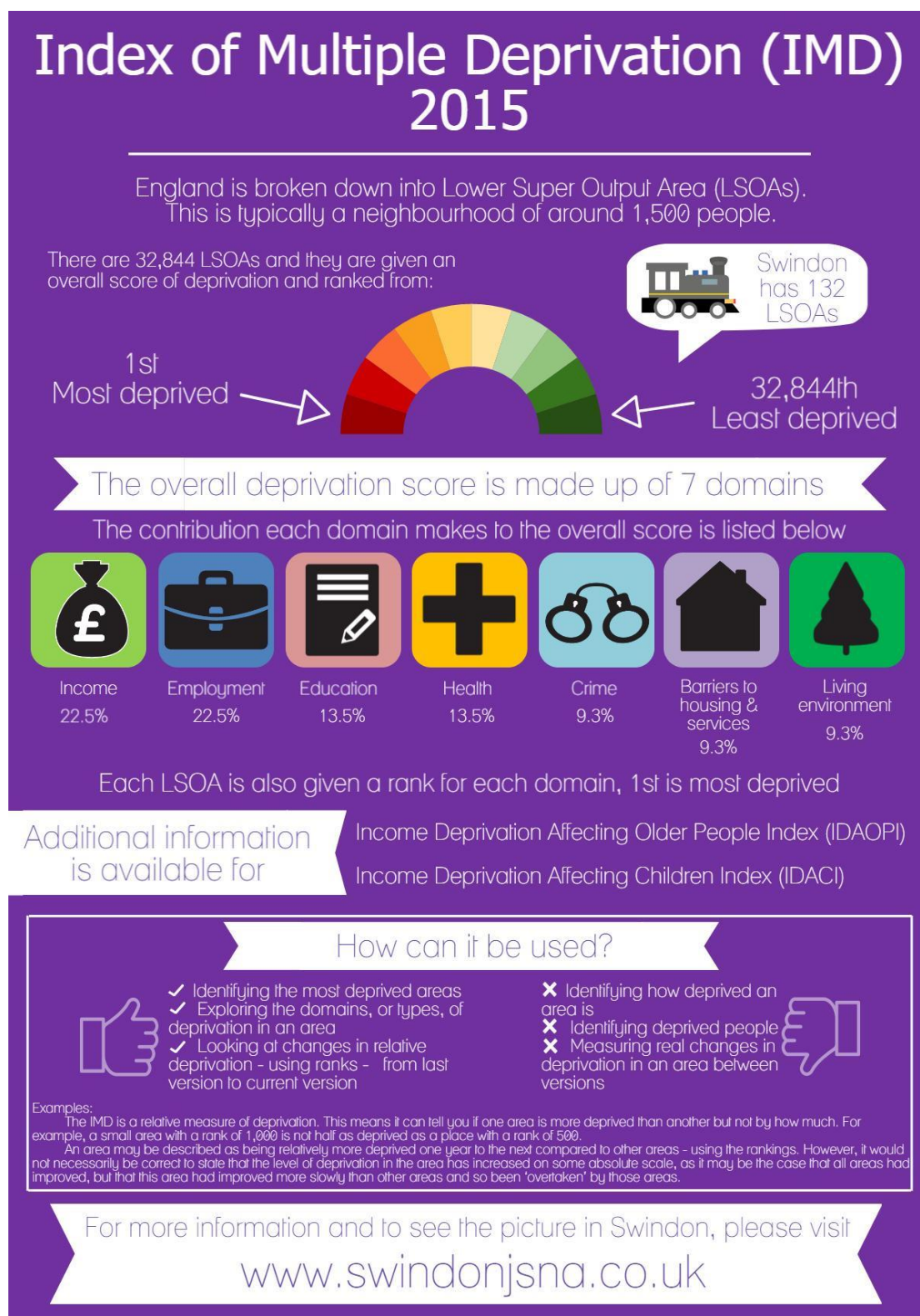
Relative and absolute change

Changes in deprivation levels over time are relative to other areas. For example, it would be valid to state that an area showed an increased level of deprivation, relative to other areas, if it was ranked within the most deprived 20% of areas nationally based on the 2010 Indices but ranked within the most deprived 10% according to the 2015 Indices. However, it would not necessarily be correct to state that the level of deprivation in the area had increased on some absolute scale, as it may be the case that all areas had improved, but that this area had improved more slowly than other areas and so been 'overtaken' by those areas.

Similarly, the overall rank of an area may not have changed between the 2010 and 2015 Indices, but this does not mean that there have been no changes to the level of deprivation in the area. For example, in the situation where the absolute levels of deprivation in all areas were increasing or decreasing at the same rate, the ranks would show no change.

Simple guide

The following simple guide has been produced to assist users of the ID 2015 in Swindon.



Swindon Local Authority level analysis

Introduction

The set of seven summary measures have been carefully designed to help users understand deprivation patterns for a set of higher-level areas. The measures identify the overall intensity of deprivation, how deprivation is distributed across the larger area, and the overall volume, or 'scale', of deprivation:

- The average rank and average score measures identify the average level of deprivation in the larger area, taking into account all LSOAs in the area;
 - Rank of average score = a population weighted average of LSOA scores
 - Rank of average rank = a population weighted average for LSOA ranks
- The proportion of LSOAs in the most deprived 10% nationally and the extent measure are summaries of the degree to which the higher-level area is highly deprived.
 - Rank of proportion of LSOAs in most deprived 10% nationally
 - Rank of extent = a weighted measure of proportion of the population living in the 30% most deprived LSOAs nationally
- The local concentration summary identifies those higher-level areas with extreme levels of deprivation, by comparing the most deprived LSOAs in the higher-level area against those in other areas across the country;
 - Rank of local concentration = a population weighted average rank of the LSOAs containing the 10% most deprived population in a Local Authority
- The income scale and employment scale summaries identify the volume of deprivation in the larger area according to the number of people who are, respectively, income deprived or employment deprived. As with the average rank and score, these summaries are based on all LSOAs in the larger area.
 - Rank of income scale = the number of people in an area who are income deprived
 - Rank of employment scale = the number of people in an who are employment deprived

Indices of Deprivation 2015

Swindon is less deprived than average

The key message to take from this dataset is that whilst pockets of deprivation do exist, on the whole Swindon is shown to be less deprived than the England average.

Using the average score summary measure, which is the most often quoted, Swindon is ranked as the 108th most deprived area out of 152 Upper Tier Local

Authorities (UTLAs), i.e. there are 107 more deprived UTLAs and 44 less deprived. This places Swindon in the second least deprived quintile in England. The position is essentially unchanged from 2010, where Swindon was ranked 109th out of 149.

Table 1: Swindon's IMD rank (average score method), 2004 to 2015

Indices version	Rank of average score
2004 (County, n=149)	102
2007 (County, n=149)	105
2010 (County, n=149)	109
2015 (Upper Tier, n=152)	108

Key:

Quintile	1	2	3	4	5
Description	Most deprived	2nd most deprived	Average	2 nd least deprived	Least deprived

Table 2 shows that other summary measures provide the same finding, i.e. that Swindon is similarly deprived relative to the rest of England in 2015, as it was in 2010 and indeed in 2004. However, the actual number of people in Swindon who are considered income deprived or employment deprived has risen sharply over the 11 year period. The number of income deprived people has risen by 50.6% between 2004 and 2015 and the number of employment deprived people by 68.8%. This is set against an overall population increase of 17.6% in the same period that the data is drawn from. 12.5% of the Swindon population are income deprived in 2015.

Table 2: Swindon's ranking on UTLA summary measures, 2004 to 2015

Indices version	IMD - Rank of average score	IMD - Rank of average rank	IMD - Rank of local concentration	IMD - Rank of extent	Income Scale	Rank of Income Scale	Employment Scale	Rank of Employment Scale
2004 (County, n=149)	102	107	80	89	17,487	132	7,516	135
2007 (County, n=149)	105	111	76	87	22,571	127	9,006	129
2010 (County, n=149)	109	116	83	93	22,900	126	9,430	128
2015 (Upper Tier, n=152)	108	113	86	90	26,335	120	12,683	122

Key:

Quintile	1	2	3	4	5
Description	Most deprived	2nd most deprived	Average	2 nd least deprived	Least deprived

The measure looking at the proportion of LSOAs in most 10% deprived nationally is a new measure introduced in 2015. In Swindon, 6.06% of LSOAs were among the most deprived 10% nationally and Swindon is ranked 86th of 152 UTLAs.

Swindon's different ranking on these summaries provides further insight into the distribution and extent of deprivation across the borough. The average score and average ranks measures look at deprivation across all areas in Swindon and provide an average across the Borough. These measures place Swindon in the second least deprived quintile in England.

The extent, local concentration and proportion of LSOAs in the most deprived 10% nationally look at the most deprived areas and population in Swindon and compare these to other UTLAs. These measures rank Swindon in the middle deprivation quintile.

The income and employment scale measures relate to the numbers of people affected, e.g. if two areas have the same percentage of income deprived people, the larger area will be ranked as more deprived on the income scale measure because more people are experiencing the deprivation. Swindon is placed in second least deprived quintile in England for these measures.

Thematic domains of the Indices of Deprivation

Summary measures for local authorities have also been produced for the domains and supplementary indices of the ID 2015 using the average scores method. Swindon can be compared against the 152 UTLAs and against the 326 district authorities as shown in Table 3.

Table 3: Swindon ranking on domains and supplementary indices (ID 2015)

	Income, rank of average score	Employment, rank of average score	Education, skills and training, rank of average score	Health deprivation and disability, rank of average score	Crime, rank of average score	Barriers to housing and services, rank of average score	Living environment, rank of average score	Income deprivation affecting children index (IDACI), rank of average score	Income deprivation affecting older people index (IDAOPI), rank of average score
UTLA, n=152	105	109	47	93	82	119	121	102	92
District, n=326	158	174	93	156	110	264	235	154	129

Key:

Quintile	1	2	3	4	5
Description	Most deprived	2nd most deprived	Average	2 nd least deprived	Least deprived

Swindon's relative deprivation is most severe in the education, skills and training domain where it is 47th most deprived out of 152 UTLAs. The driver appears to be children and young people's indicators.

The district level rankings can be used to assess how relative deprivation in Swindon has changed over the seven deprivation domains. The published 2015 rankings have been compared to those for 2010 calculated using the average score method.

Table 4: Swindon district ranking (out of 326) on domains and supplementary indices, 2010 and 2015

Indices version	Overall IMD rank of average score	Income rank of average score	Employment rank of average score	Health deprivation and disability rank of average score	Education, skills and training rank of average score	Barriers to housing and services rank of average score	Crime rank of average score	Living environment rank of average score
2010	178	165	178	222	110	288	96	157
2015	168	158	174	156	93	264	110	235

Key:

Quintile	1	2	3	4	5
Description	Most deprived	2nd most deprived	Average	2 nd least deprived	Least deprived

The largest increase in relative deprivation (i.e. a deterioration in circumstances relative to other places) has been seen in the health deprivation and disability domain (222nd to 156th), i.e. in 2010 there were 221 more deprived local authorities but in 2015 there were only 155 more deprived. The largest decrease in relative deprivation (i.e. an improvement in circumstances relative to other places) has been seen in the living environment domain (157th to 235th), i.e. in 2010 there were 156 more deprived local authorities but in 2015 there were 234 more deprived. In 2010, Swindon was relatively most deprived on the crime domain but in 2015 Swindon's ranking had improved on this domain and instead Swindon is now most deprived on the education, skills and training domain.

NHS Swindon Clinical Commissioning Group

Clinical Commissioning Groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs have boundaries that are coterminous with those of Lower-Layer Super Output Areas (LSOAs).

NHS Swindon CCG is ranked 138th least deprived out of 209 CCGs in England (average scores method), i.e. there are 137 more deprived CCGs and 71 less deprived.

Table 5: Swindon CCG ranking on CCG summary measures, 2015

Indices version	IMD - Rank of average score	IMD - Rank of average rank	IMD - Rank of local concentration	IMD - Rank of extent	Rank of Income Scale	Rank of Employment Scale	Rank of LSOAs in 10% most deprived nationally
2015 (CCG, n=209)	138	151	106	117	130	132	109

Key:

Quintile	1	2	3	4	5
Description	Most deprived	2nd most deprived	Average	2 nd least deprived	Least deprived

Swindon and Wiltshire Local Enterprise Partnership

Local Enterprise Partnerships (LEPs) are partnerships in England between local authorities and businesses. They were created in 2011 and their role is to help shape local economic priorities and undertake activities to drive local economic growth and the creation of jobs. Every local authority in England belongs to at least one LEP. However, some local authorities belong to more than one LEP.

Swindon and Wiltshire LEP is the 33rd most deprived LEP out of 39 in England according to the average scores method, i.e. there are 32 more deprived LEPs and six less deprived. This places Swindon and Wiltshire LEP in the second least deprived quintile.

Table 6: Swindon and Wiltshire LEP ranking on LEP summary measures, 2015

Indices version	IMD - Rank of average score	IMD - Rank of average rank	IMD - Rank of local concentration	IMD - Rank of extent	Rank of Income Scale	Rank of Employment Scale	Rank of LSOAs in 10% most deprived nationally
2015 (LEP, n=39)	33	32	34	33	34	34	34

Key:

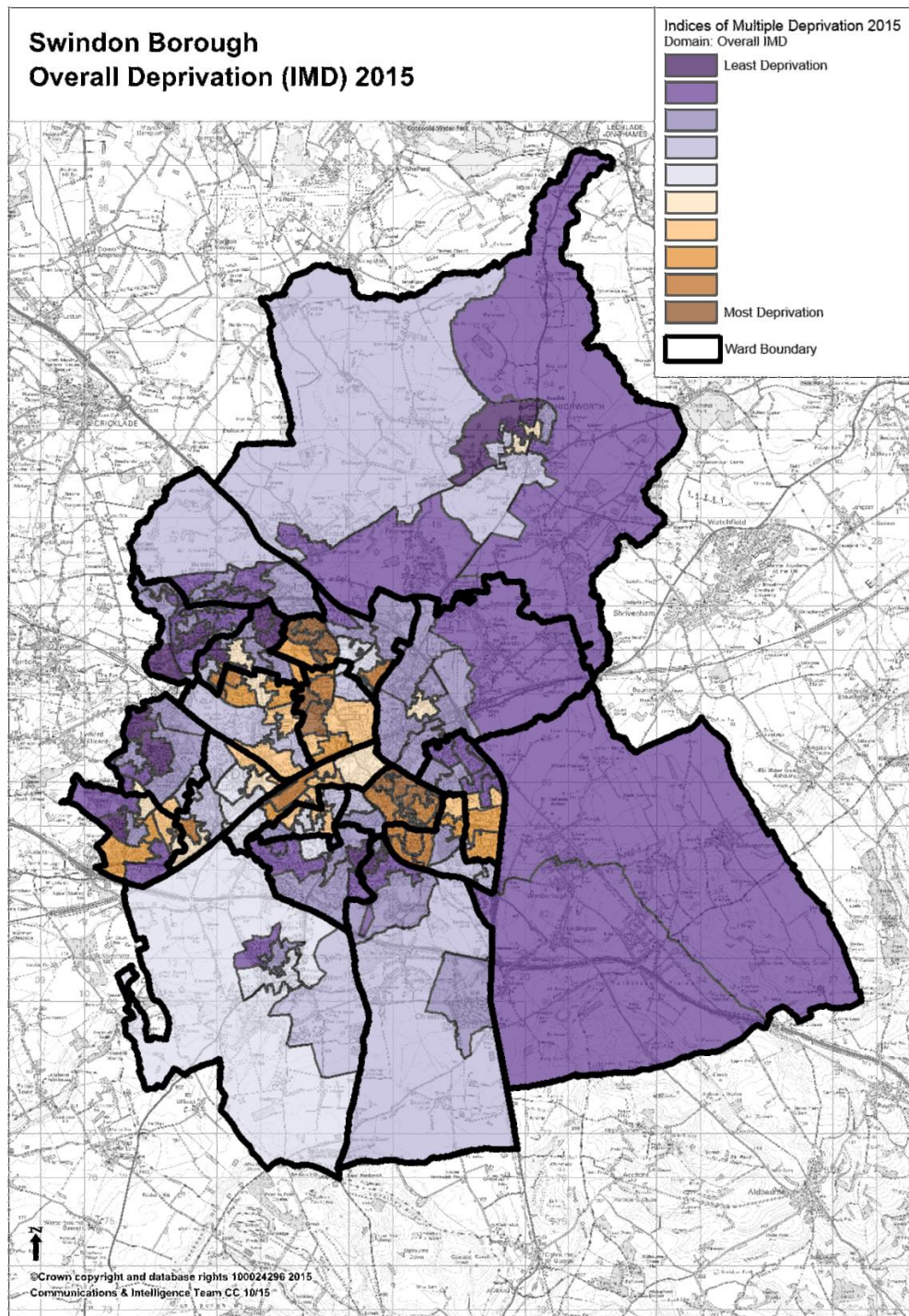
Quintile	1	2	3	4	5
Description	Most deprived	2nd most deprived	Average	2 nd least deprived	Least deprived

Swindon LSOA and Small Area Analysis

Indices of Deprivation 2015

While Swindon is considered to be relatively prosperous, there are pockets of deprivation that are often hidden in official statistics. The ID 2015 goes some way in identifying where deprivation exists in Swindon and in measuring its severity.

Figure 1: Swindon's LSOAs by national IMD decile 2015

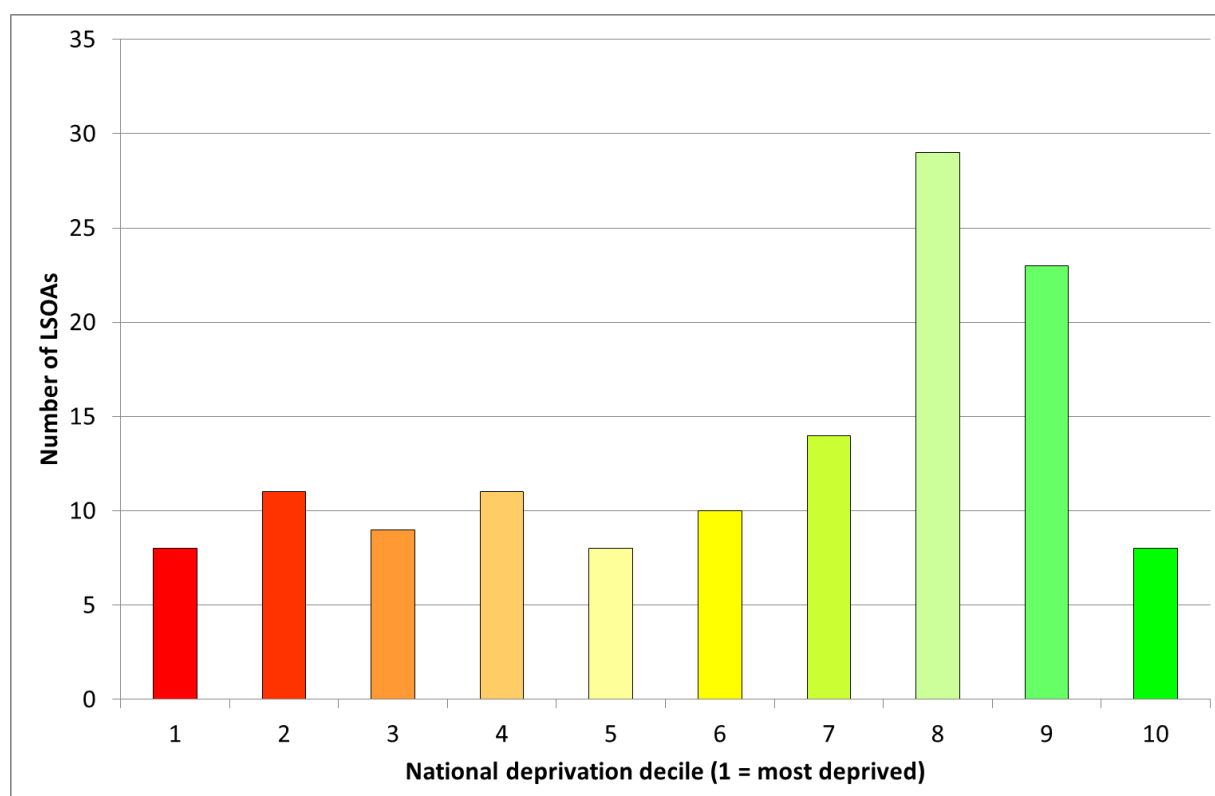


Penhill north in Penhill and Upper Stratton remains the most deprived LSOA in Swindon. It is ranked as the 1,049th most deprived LSOA in England.

The least deprived LSOA in Swindon is Elsham Way in Haydon Wick ward. It is the 206th least deprived LSOA in England.

In 2015, there are eight Swindon LSOAs in the most deprived 10% nationally (compared to nine in 2010). Walcot East south west and Park South central LSOAs are no longer in the top 10% but Pinehurst south has entered the top 10%.

Figure 2: Swindon LSOAs by National Deprivation Decile, IMD 2015



Three of the Eight LSOAs in Swindon which are in the 10% most severely deprived LSOAs in England are found in Penhill and Upper Stratton ward, a further three are found in Walcot and Park North ward and the remaining two in Gorsehill and Pinehurst ward.

The most deprived LSOAs in Swindon according to the overall IMD rankings are deprived on a number of the different domains. Table 7 shows the number of domains that Swindon LSOAs are in the most deprived national decile on. Five LSOAs (Pinehurst west, Penhill east, Penhill north, Penhill central and Walcot East north west) are highly deprived over four different domains: in the first four cases these domains are income, employment, education and crime. 101 of the 132 LSOAs in Swindon are not in the 10% most deprived nationally on any domain.

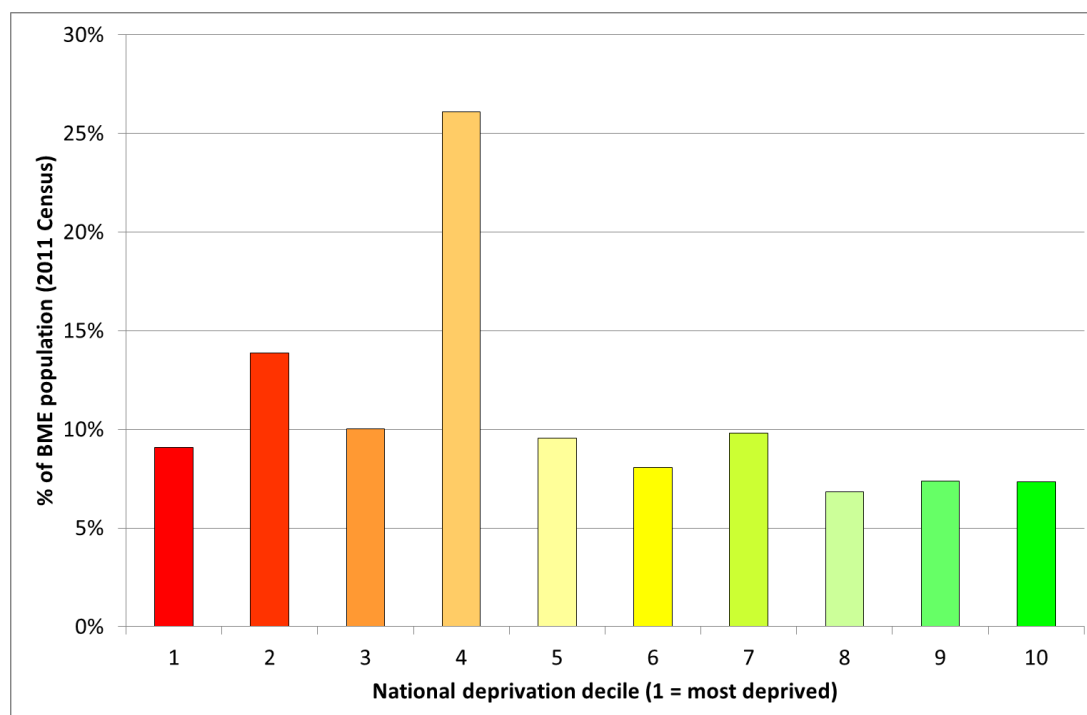
Table 7: Number of LSOAs deprived on multiple domains of the ID 2015

Number of domains	Number of LSOAs
Four	5
Three	2
Two	5
One	19
None	101

Swindon only had one LSOA (Greater Blunsdon in Blunsdon and Highworth ward) which is in the 10% most deprived nationally on the barriers to housing and services domain and one LSOA (Faringdon Road in Central ward) which is in the 10% most deprived nationally on the living environment domain.

Ethnicity

The IMD score was compared with the percentage of Black and Minority Ethnic (non-white) population for each Swindon LSOA. Figure 3 shows that overall there are slightly higher percentages of BME population in the more deprived decile and a large spike is apparent in the 4th most deprived decile. This decile contains three LSOAs from Central ward, which has the largest BME population in the borough. This does not mean that the BME population is more deprived at an individual level. It means that BME people are more likely to live in areas of higher deprivation. It also does not show that higher percentages of BME population in any way lead to areas having more relative deprivation. Research has suggested that income deprivation measures based on means-tested benefits may underestimate deprivation in neighbourhoods with large minority ethnic populations due to the low take-up of benefits among poor families in some ethnic groups².

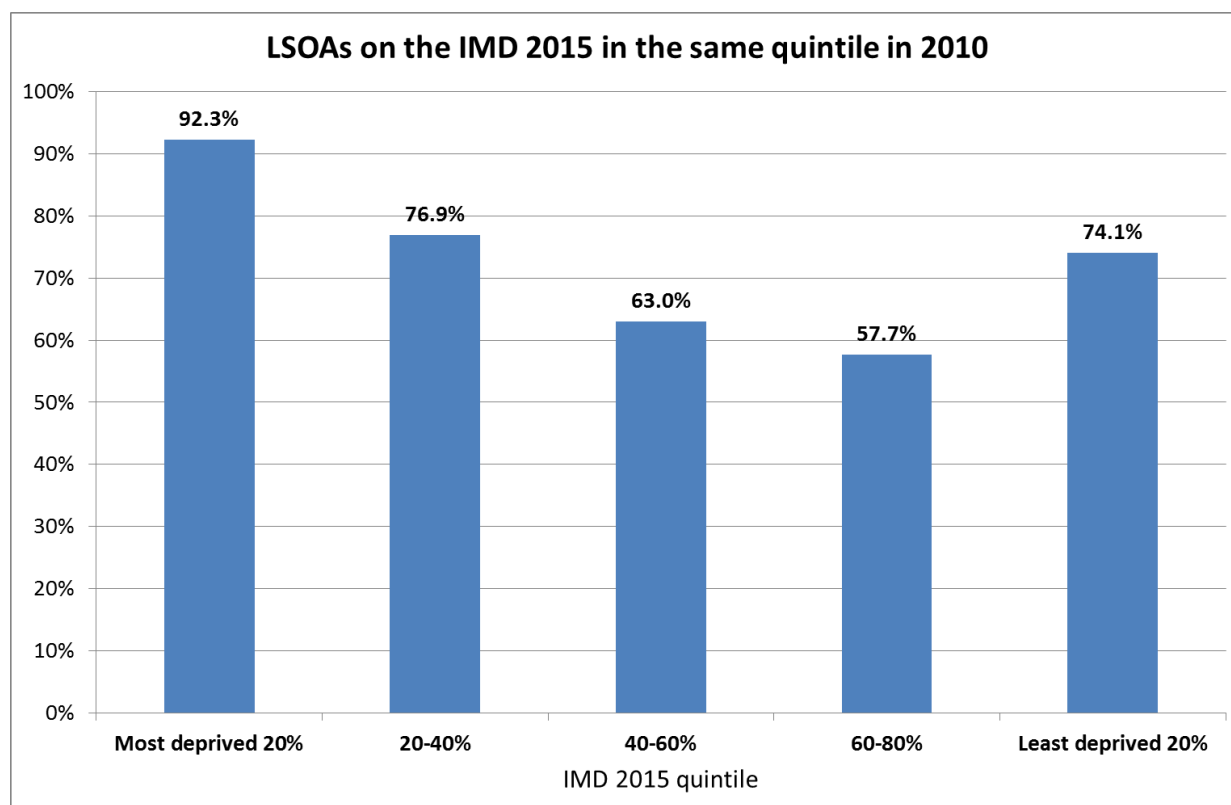
Figure 3: Distribution of BME population across IMD deciles in Swindon

² <http://cresh.org.uk/2015/12/04/income-deprivation-and-ethnicity/>

Comparing the ID 2015 with previous ID versions

Area deprivation is a persistent phenomenon and many LSOAs remain relatively similarly deprived over long periods of time. Figure 4 below compares Swindon LSOAs on the 2010 and 2015 versions of the IMD by looking at which Swindon quintiles (20%).

Figure 4: Swindon LSOAs in the same quintile on the 2010 and 2015 IMD



92.3% of LSOAs which were in the most 20% deprived areas of Swindon in 2010 were still there in 2015. There was more mobility in the other quintiles but overall 72.7% of LSOAs were in the same quintile as five years previous.

Table 8: LSOAs by level of deprivation on the IMD 2010 and 2015

Number of LSOAs		IMD 2015				
		Most deprived 20%	20%-40%	40%-60%	60%-80%	Least deprived 20%
IMD 2010	Most deprived 20%	24	3			
	20%-40%	2	20	3		
	40%-60%		3	17	5	2
	60%-80%			6	15	5
	Least deprived 20%			1	6	20

Priory Vale west is the only LSOA to have worsened by two quintiles from 2010 to 2015, going from the least deprived 20% in 2010 to the 40%-60% quintile in 2015.

Wroughton northwest and Ridgeway south west are the only two LSOAs to have improved by two quintiles, going from the 40%-60% quintile in 2010 to the least deprived quintile in 2015.

Figure 5: The most deprived LSOAs in Swindon according to the IMD 2015, showing changes in rank since earlier versions of the Index

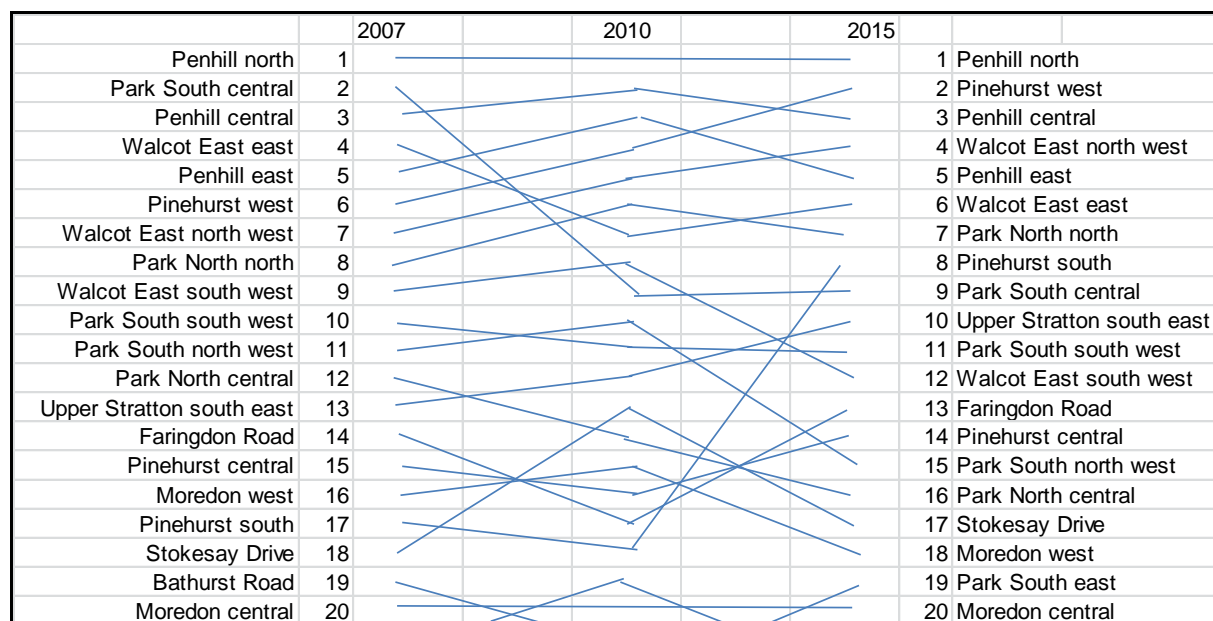


Figure 5 above shows that, while there is some variation in the ranking of Swindon LSOAs between updates of the Indices, some LSOAs have been ranked consistently among the most deprived according to the 2007, 2010 and 2015 versions.

Domains and sub-domains

Income Domain

The Income Deprivation Domain measures the proportion of the population in an area experiencing deprivation relating to low income. A combined count of income deprived individuals per LSOA is calculated by summing the following six non-overlapping indicators:

- Adults and children in Income Support families
- Adults and children in income-based Jobseeker's Allowance families
- Adults and children in income-based Employment and Support Allowance families
- Adults and children in Pension Credit (Guarantee) families
- Adults and children in Working Tax Credit and Child Tax Credit families not already counted, that is those who are not in receipt of Income Support, income-based Jobseeker's Allowance, income-based Employment and Support Allowance or Pension Credit (Guarantee) and whose equivalised income (excluding housing benefit) is below 60 per cent of the median before housing costs
- Asylum seekers in England in receipt of subsistence support, accommodation support, or both.

In addition an Income Deprivation Affecting Children Index (IDACI) and an Income Deprivation Affecting Older People Index (IDAOPI) were created, respectively representing the proportion of children aged 0-15, and people aged 60 and over, living in income deprived households.

Penhill central in Penhill and Upper Stratton ward is the most deprived Swindon LSOA in the income deprivation domain. It ranks 817th in England and 39.7% of individuals in the area are considered income deprived. Eight LSOAs in Swindon are in the 10% most deprived LSOAs nationally on this domain.

Penhill central LSOA is also the most deprived in Swindon on the IDACI, it ranks 454th in England and 53.2% of children in the area are considered income deprived. Manchester Rd LSOA in Central ward is the most deprived in Swindon on the IDAOPI, it ranks 974th in England and 48.7% of older people in the area are considered income deprived.

Seven LSOAs in Swindon are in the 10% most deprived LSOAs nationally on the IDACI and six LSOAs on the IDAOPI.

Employment Domain

The Employment Deprivation Domain measures the proportion of the working age population in an area involuntarily excluded from the labour market. The domain is comprised of the following indicators:

- Claimants of Jobseeker's Allowance (both contribution-based and income-based), women aged 18 to 59 and men aged 18 to 64.

- Claimants of Employment and Support Allowance, women aged 18 to 59 and men aged 18 to 64.
- Claimants of Incapacity Benefit, women aged 18 to 59 and men aged 18 to 64.
- Claimants of Severe Disablement Allowance, women aged 18 to 59 and men aged 18 to 64.
- Claimants of Carer's Allowance, women aged 18 to 59 and men aged 18 to 64.

The indicators remained the same as in the ID 2010 except for the new indicator on claimants of Carer's Allowance and the removal of indicators based on New Deal claimants. All indicators based on data from May 2012 to February 2013.

Pinehurst West in Gorsehill and Pinehurst ward is the most deprived Swindon LSOA in the employment deprivation domain. It ranks 1,648th in England and 27.6% of individuals are considered employment deprived in this area. Eight LSOAs in Swindon are in the 10% most deprived LSOAs nationally on this domain.

Income and Employment deprivation

As may be expected there are more income and employment deprived people living in the most deprived areas of Swindon (according to the overall IMD). Table 9 quantifies this.

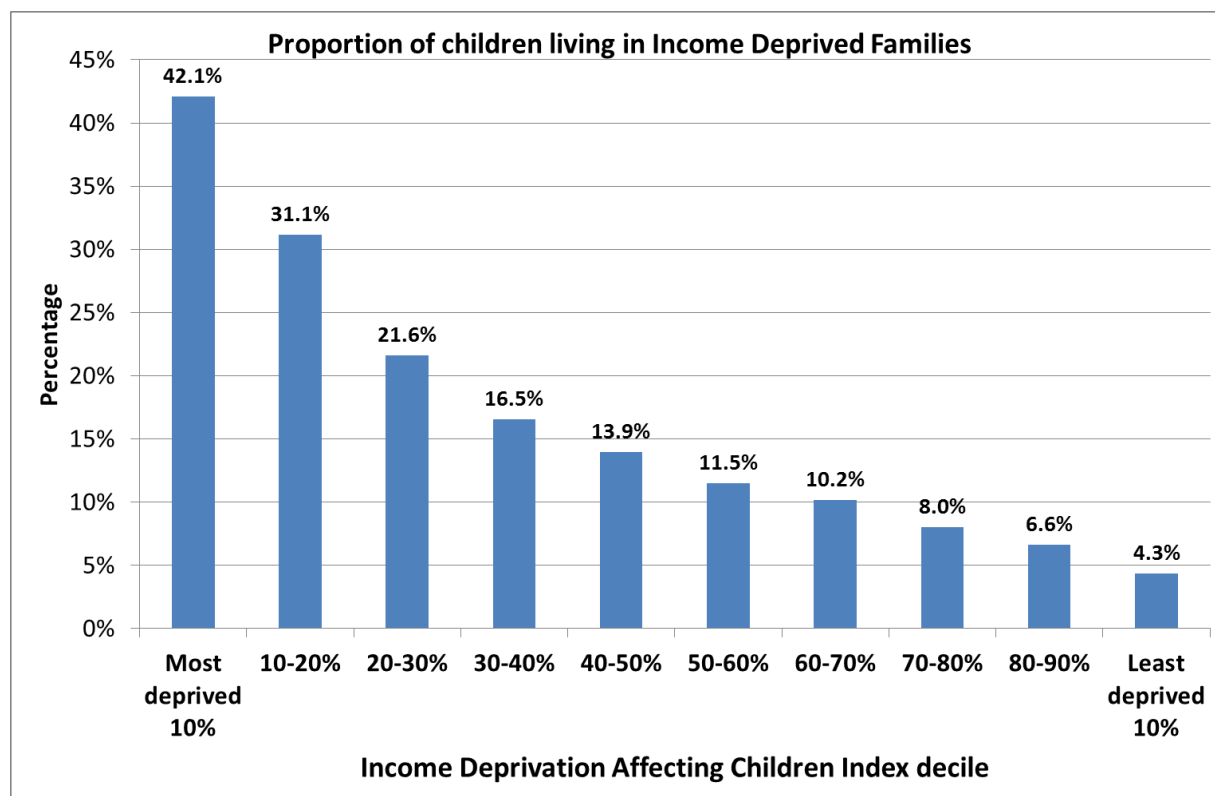
Table 9: The proportion of the population that are income or employment deprived, for all LSOAs in Swindon, grouped by their IMD rank

Ward	% of people who are income deprived	% of people who are employment deprived	% of children who are income deprived	% of older people who are income deprived
1% most deprived areas	37.5%	25.5%	51.8%	32.4%
5% most deprived areas	35.6%	25.6%	46.2%	34.5%
10% most deprived areas	31.5%	23.3%	40.8%	35.3%
20% most deprived areas	27.4%	20.5%	35.8%	30.8%
20%-40% areas	14.3%	11.2%	19.0%	19.0%
40%-60% areas	8.5%	7.7%	11.2%	9.9%
60%-80% areas	7.2%	6.1%	11.4%	8.7%
80%-100% (least deprived) areas	4.8%	4.4%	6.7%	7.9%
All areas in Swindon	12.5%	10.0%	17.2%	15.3%

Table 9 shows a similar picture to England overall but with a higher percentages income or employment deprived in the 20% most deprived areas overall. In Swindon, people living in the most deprived 5% of areas are more than seven times as likely to be income deprived as those in the least deprived 20% of areas. In the most deprived 1% of areas over 50% of children are income deprived.

Figure 6 shows how unequal the distribution of children living in income deprived families is across the deciles defined by the Income Deprivation Affecting Children Index rank.

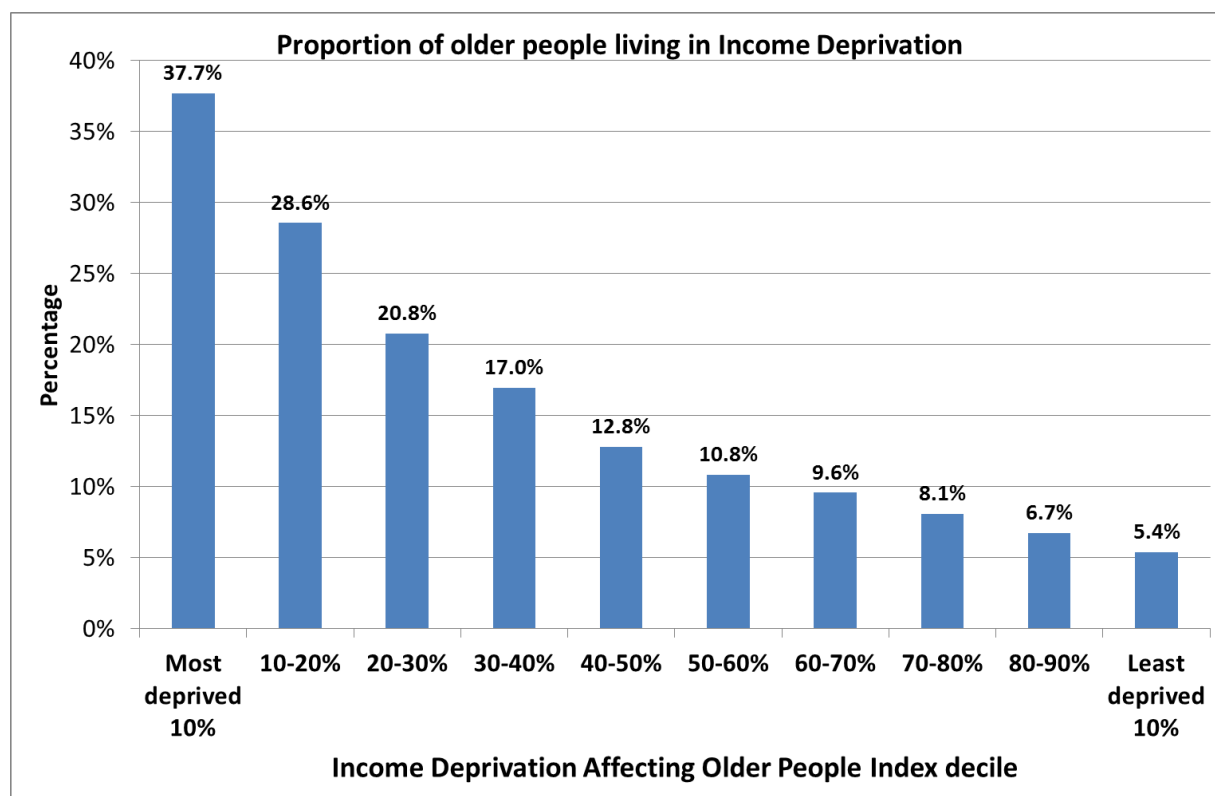
Figure 6: Proportion of children living in income deprived families, for all LSOAs in Swindon grouped into 10% 'deciles' by Income Deprivation Affecting Children Index rank



Children living in the most deprived 10% of areas in Swindon are around 10 times more likely to be income deprived as those in the least deprived 10% of areas.

Figure 7 shows similar information for older people, again highlighting an unequal distribution of older people living in income deprivation across the deciles defined by the Income Deprivation Affecting Older People Index rank.

Figure 7: Proportion of older people living in income deprivation, for all LSOAs in Swindon grouped into 10% 'deciles' by Income Deprivation Affecting Older People Index rank



Older people living in the most deprived 10% of areas in Swindon are around seven times more likely to be income deprived as those in the least deprived 10% of areas.

Education, Skills and Training Domain

The Education, Skills and Training Domain measures the lack of attainment and skills in the local population. The domain is comprised of the following indicators:

- Key Stage 2 attainment: The average points score of pupils taking English and mathematics Key Stage 2 exams¹⁶ (2010/11-2012/13)
- Key Stage 4 attainment: The average capped points score of pupils taking Key Stage 4 (GCSE or equivalent) exams (2010/11-2012/13)
- Secondary school absence: The proportion of authorised and unauthorised absences from secondary school (2010/11-2012/13)
- Staying on in education post 16: The proportion of young people not staying on in school or non-advanced education above age 16 (2010-2012)
- Entry to higher education: The proportion of young people aged under 21 not entering higher education (2009/10-2012/13)
- Adult skills: The proportion of working age adults with no or low qualifications, women aged 25 to 59 and men aged 25 to 64 (2011)
- English language proficiency: The proportion of working age adults who cannot speak English or cannot speak English well, women aged 25 to 59 and men aged 25 to 64 (2011)

The indicators in the domain remained the same as in the ID 2010 except for the removal of the Key Stage 3 attainment indicator, the addition of the indicator on English language proficiency, and the change in the upper age band of the adult skills indicator.

Penhill central in Penhill and Upper Stratton ward is the most deprived Swindon LSOA in the education, skills and training domain. It ranks 33rd in England. 21 LSOAs in Swindon are in the 10% most deprived LSOAs nationally on this domain.

The education, skills and training domain is further broken down into adults and children and young people. 24 Swindon LSOAs are in the 10% most deprived LSOAs nationally for children and young people and 18 Swindon LSOAs for adults. 13 Swindon LSOAs are in the 10% most deprived LSOAs nationally for both sub-domains: four of these are in Penhill and Upper Stratton, three in Gorsehill and Pinehurst and three in Walcot and Park North, two in Liden, Eldene and Park South and one in Rodbourne Cheney.

On average, each year, 98.2% of under 21 year olds did not enter higher education in Penhill central LSOA in Penhill and Upper Stratton ward. This is the 20th highest in England (out of 32,844 LSOAs). This indicator measures those not starting a full-time, first degree in the data period and is not equivalent to the percentage not in higher education at any one time.

Health Deprivation and Disability Domain

This domain measures premature death and the impairment of quality of life by poor health. It considers both physical and mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation. Four indicators are used to calculate this domain:

- Years of Potential Life Lost – an age and sex standardised measure of premature death (2008-2012)
- Comparative Illness and Disability Ratio – an age and sex standardised measure of morbidity and disability (2013)
- Measures of acute morbidity – an age and sex standardised rate of emergency admissions to hospital (2011/12-2012/13)
- Proportion of adults under 60 suffering from mood or anxiety disorders – a modelled indicator for the proportion of adults suffering from mood and anxiety disorders. (hospital episodes data (2011/12-2012/13), suicide (2008-2012) and health benefits data (2013)

All four indicators in the Health Deprivation and Disability Domain have been retained based on the existing methodology and updated data obtained.

Walcot East south west in Walcot and Park North ward is the most deprived Swindon LSOA in the health and disability deprivation domain. It ranks 2,786th in England. Interestingly, overall on the IMD it is only the 12th most deprived LSOA in Swindon. Only two LSOAs in Swindon are in the 10% most deprived LSOAs nationally on this domain.

Crime Domain

Crime is an important feature of deprivation that has major effects on individuals and communities. The Crime Domain measures the risk of personal and material victimisation at local level.

- Violence: The rate of violence per 1,000 at-risk population (0.324)
- Burglary: The rate of burglary per 1,000 at-risk properties (0.189)
- Theft: The rate of theft per 1,000 at-risk population (0.222)
- Criminal Damage: The rate of criminal damage per 1,000 at-risk population. (0.265)

These were combined into a single index using the weights in brackets above. The data was recorded crime data for 2013/14 from the Association of Chief Police Officers and the Home Office.

Penhill north in Penhill and Upper Stratton ward is the most deprived Swindon LSOA in the crime domain. It ranks 294th in England. Fourteen LSOAs in Swindon are in the 10% most deprived LSOAs nationally on this domain, four of which are in Central ward, four in Gorsehill and Pinehurst and three in Penhill and Upper Stratton.

Barriers to Housing and Services Domain

This domain measures the physical and financial accessibility of housing and key local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability.

Geographical Barriers sub-domain

- Road distance to a post office
- Road distance to a primary school
- Road distance to a general store or supermarket
- Road distance to a GP surgery.

Wider Barriers sub-domain

- Household overcrowding: The proportion of all households in a Lower-layer Super Output Area which are judged to have insufficient space to meet the household's needs
- Homelessness: Local authority district level rate of acceptances for housing assistance under the homelessness provisions of the 1996 Housing Act, assigned to the constituent Lower-layer Super Output Areas
- Housing affordability: Difficulty of access to owner-occupation or the private rental market, expressed as the inability to afford to enter owner occupation or the private rental market.

Greater Blunsdon in Blunsdon and Highworth ward is the most deprived Swindon LSOA in the barriers to housing and services domain. It ranks 2,929th in England and is the only Swindon LSOA in the 10% most deprived LSOAs nationally on this

domain. 19 Swindon LSOAs are in the 10% least deprived LSOAs nationally on this domain including four LSOAs in Haydon Wick ward.

Greater Blunsdon in Blunsdon and Highworth ward is also the most deprived Swindon LSOA in the geographical barriers sub-domain. It ranks 1,194th in England. 11 Swindon LSOAs are in the 10% most deprived LSOAs nationally on this sub-domain.

Residents in Chiseldon LSOA in the Lawn and Chiseldon ward live 5.4km from a post office, the furthest out of Swindon LSOAs and rank 70th nationally on this indicator. Residents in Overtown and Burderop LSOA in the Wroughton and Wichelstowe ward live 2.6km from a primary school, the furthest out of Swindon LSOAs and rank 579th nationally on this indicator. Residents in Ridgeway north east LSOA live 4.9km from a general store or supermarket and 4.8km from a GP surgery, the furthest out of Swindon LSOAs and rank 289th and 1,736th nationally on these indicators respectively.

Manchester Rd in Central ward is the most deprived Swindon LSOA in the wider barriers sub-domain. It ranks 6,840th in England. No Swindon LSOAs are in the 20% most deprived LSOAs nationally on this sub-domain.

Living Environment Domain

The Living Environment Domain measures the quality of the local environment. The indicators fall into two sub-domains. The 'indoors' living environment measures the quality of housing; while the 'outdoors' living environment contains measures of air quality and road traffic accidents.

Indoors sub-domain

- Houses without central heating: The proportion of houses that do not have central heating
- Housing in poor condition: The proportion of social and private homes that fail to meet the Decent Homes standard.

Outdoors sub-domain

- Air quality: A measure of air quality based on emissions rates for four pollutants
- Road traffic accidents involving injury to pedestrians and cyclists: A measure of road traffic accidents involving injury to pedestrians and cyclists among the resident and workplace population.

Faringdon Rd in Central ward is the most deprived Swindon LSOA in the living environment domain. It ranks 2,459th in England and is the only Swindon LSOA in the 10% most deprived LSOAs nationally on this domain. 22 Swindon LSOAs are in the 10% least deprived LSOAs nationally on this domain including five LSOAs in Lydiard and Freshbrook and four in Shaw wards.

Faringdon Rd in Central ward is also the most deprived Swindon LSOA in the indoors sub-domain. It ranks 1,594th in England and along with Regent's Close (also

in Central ward) are the only Swindon LSOA in the 10% most deprived LSOAs nationally on this sub-domain. Gorsehill east in Gorsehill and Pinehurst ward is the most deprived Swindon LSOA in the outdoors sub-domain. It ranks 5,257th in England.

Mannington south in Mannington and Western ward is the most deprived Swindon LSOA on the housing in poor condition indicator and ranks 866th nationally. A property fails the Decent Homes Standard if it fails to meet any one of the following four separate components:

- One or more hazards on the Housing Health and Safety Rating System is rated a serious.
- If at least one of the key building components is old and needs replacing or major repair due to its condition; or more than one of the other building components are old and need replacing or major repair due to their condition (disrepair criteria)
- If it lacks three or more of the following: a reasonably modern kitchen (20 years old or less); a kitchen with adequate space and layout; a reasonably modern bathroom (30 years old or less); an appropriately located bathroom and WC; adequate insulation against external noise (where such noise is a problem); or adequate size and layout of common areas for blocks of flats (modernisation criteria)
- If it does not have effective insulation and efficient heating (thermal comfort criteria)

Eastleaze in Shaw ward is the most deprived Swindon LSOA on the houses without central heating indicator and ranks 783rd nationally.

Swindon electoral ward analysis

The majority of the most deprived LSOAs in Swindon are in a small number of wards. However, even these wards have LSOAs that are outside of the most 20% deprived LSOAs in Swindon as Table 10 shows.

Table 10: Wards with the highest proportion of LSOAs in the most deprived 20% in Swindon

Ward	Number	Percent
Walcot and Park North	5	71%
Gorsehill and Pinehurst	5	63%
Liden, Eldene and Park South	4	50%
Penhill and Upper Stratton	4	50%
Central	2	29%
Covingham and Dorcan	2	25%
Rodbourne Cheney	2	25%
Mannington and Western	1	17%
Lydiard and Freshbrook	1	13%

Table 11: The ranking of Swindon wards on each of the summary measures of the IMD 2015 and on the income and employment scale measures

Ward	Average Rank	Average Score	Extent	Local Concentration (25%)	Income	Employment
Walcot and Park North	1	1	1	3	1	1
Gorsehill and Pinehurst	2	3	4	2	3	3
Central	3	5	5	5	6	6
Penhill and Upper Stratton	4	2	2	1	2	2
Liden, Eldene and Park South	5	4	3	4	4	4
Rodbourne Cheney	6	6	6	6	5	5
Mannington and Western	7	7	7	9	8	8
Eastcott	8	9	10=	11	9	11
Lydiard and Freshbrook	9	8	9	7	7	7
Wroughton and Wichelstowe	10	11	10=	12	11	10
Covingham and Dorcan	11	10	8	8	10	9
St Margaret and South Marston	12	13	10=	14	15	13
Blunsdon and Highworth	13	12	10=	13	12	12
Old Town	14	14	10=	10	16	17
Haydon Wick	15	15	10=	16	18	16
Lawn and Chiseldon	16	16	10=	18	14	15
Shaw	17	17	10=	17	13	14
St Andrews	18	18	10=	19	17	18
Priory Vale	19	19	10=	15	19	19
Ridgeway	20	20	10=	20	20	20

The Local Government Association has undertaken some analysis of the ID 2015 on its LG Inform website³. It has produced scores and rankings for all wards in England based on a similar but slightly different methodology to the one employed locally in

³ <http://lginform.local.gov.uk/>

Swindon to calculate average scores for wards. However, the LGA analysis does provide the opportunity to see how Swindon wards rank amongst those in the country as a whole.

Table 12: Swindon ward rankings on the IMD 2015 based on the LGA average score method

Ward	Rank within Swindon Wards	Rank within South West Wards	Decile in South West	Rank within England Wards	Decile in England
Walcot and Park North	1	43	1	776	2
Penhill and Upper Stratton	2	54	1	930	2
Gorsehill and Pinehurst	3	58	1	978	2
Liden, Eldene and Park South	4	105	2	1428	2
Central	5	133	2	1673	3
Rodbourne Cheney	6	174	2	1964	3
Mannington and Western	7	336	4	2895	4
Lydiard and Freshbrook	8	414	5	3391	5
Eastcott	9	415	5	3393	5
Covingham and Dorcan	10	539	6	4088	6
Wroughton and Wichelstowe	11	654	7	4706	7
Blunsdon and Highworth	12	780	8	5429	8
St Margaret and South Marston	13	785	8	5459	8
Lawn and Chiseldon	14	868	9	6094	9
Old Town	15	876	9	6175	9
Haydon Wick	16	895	9	6338	9
Shaw	17	920	10	6508	9
St Andrews	18	924	10	6578	9
Priory Vale	19	930	10	6633	9
Ridgeway	20	963	10	6907	10

Note: Rankings are out of 1,015 wards in the South West and 7529 in England

No Swindon wards are in the most 10% deprived wards in England, however, four are within the 20% most deprived and nine in the 50% most deprived, which shows once again that overall Swindon is relatively averagely deprived compared to the rest of the country. Walcot and Park North, Penhill and Upper Stratton and Gorsehill and Pinehurst are all in the 10% most deprived wards in the South West, although again, only nine Swindon wards are in the 50% most deprived. Ridgeway ward is in the 10% least deprived wards in both England and the South West.

Summary of issues for individual wards

Blunsdon and Highworth

Highworth Central LSOA stands out as relatively much more deprived than the rest of Blunsdon and Highworth ward. It achieves its overall poor ranking because it is relatively highly deprived on the domains which count most towards the overall IMD. Although, it is only averagely deprived compared to England, it is becoming relatively more deprived compared to England.

Greater Blunsdon LSOA has been the most deprived LSOA in Swindon on the Barriers to Housing and Services domain since 2007. Greater Blunsdon's high ranking is driven entirely from the geographical barriers sub-domain where it ranks 1,194th most deprived in England and most deprived in Swindon.

Central

On the Crime domain, all seven Central LSOAs are in the most 30% deprived in England and three are in the top 10 most deprived LSOAs in Swindon.

On the Living Environment domain, LSOAs in Central occupy the 1st (Faringdon Rd), 2nd (Regent's Close) and 4th (Manchester Rd) most deprived positions in the Swindon rankings. Central's relative deprivation on the domain is driven by the proportion of houses in poor condition, especially in LSOAs Bathurst St, Faringdon Rd, Albion St and Regent's Close.

Covingham and Dorcan

In terms of deprivation the Covingham and Dorcan ward shows a north/south divide with the northern Covingham LSOAs appearing relatively affluent but the southern Dorcan area, especially Dorcan central and Dorcan south LSOAs appear relatively highly deprived, ranking 24th and 25th out of all Swindon LSOAs. This pattern is apparent over most of the ID 2015 domains with the exception of crime and barriers to housing and services.

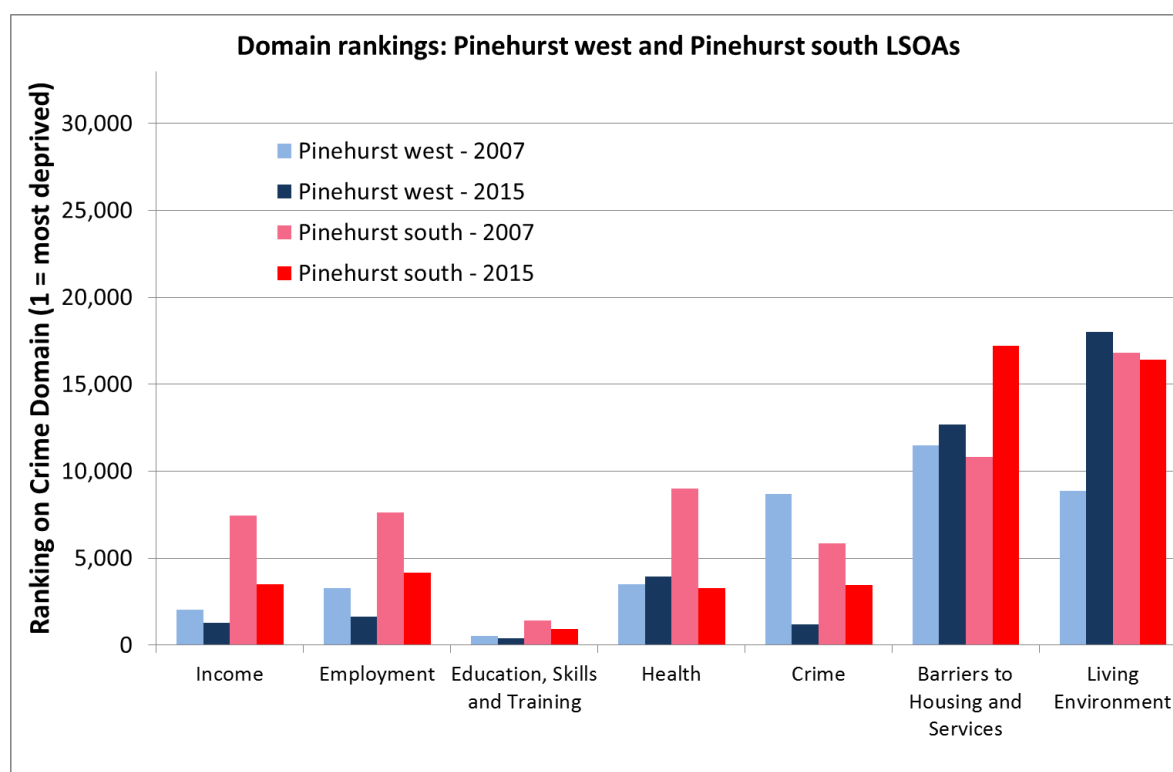
Eastcott

On the Crime domain, five of the six Eastcott LSOAs are in the most 30% deprived in England (not Eastcott west) and two are in the top 12 most deprived LSOAs in Swindon. The comparison with 2010 shows that the crime deprivation in most areas of Eastcott ward is relatively less severe in 2015.

On the Living Environment domain, Eastcott north (5th), Victoria road (7th) and Eastcott central (11th) are three of the top 12 most deprived LSOAs in Swindon on this domain. Eastcott's relative deprivation on the domain is driven by the proportion of houses in poor condition, especially in LSOAs Victoria road, Eastcott north, Eastcott central and Lansdown road.

Gorsehill and Pinehurst

Pinehurst west LSOA is the most deprived in Gorsehill and Pinehurst ward on the overall IMD, followed by Pinehurst south LSOA. Relative deprivation has been apparent in both LSOAs since 2007, however, since 2007 both LSOAs' England rankings have roughly halved. Pinehurst west LSOA has gone from 2,333rd to 1,199th and Pinehurst south LSOA from 6,417th to 3095th.

Figure 8: Change in deprivation in Pinehurst west and Pinehurst south LSOAs

Haydon Wick

Haydon Wick central LSOA stands out as relatively much more deprived than the rest of Haydon Wick ward. It achieves its overall poor ranking because it is relatively highly deprived on the domains which count most towards the overall IMD.

Although, it is only averagely deprived compared to England, it is becoming relatively more deprived compared to England most noticeably on the Crime and Barriers to Housing and Services domains.

Lawn and Chiseldon

Generally, LSOAs in Lawn and Chiseldon compare favourably against both England and Swindon LSOAs. The only exception to this is Lawn south east which is more deprived than the England average on the Crime and Barriers to Housing and Services domains and the Income Deprivation Affecting Children Index.

Liden, Eldene and Park South

In terms of deprivation Liden, Eldene and Park South ward can be split into two very distinct parts. The LSOAs in Park South are all in the second most deprived decile in England on the overall IMD but with the exception of Park South east have become less deprived since 2007. In contrast LSOAs in Eldene and Liden are much less deprived and with the exception of Eldene north are in the two least deprived quintiles in England. However, apart from Liden east, these LSOAs are more deprived than in 2007.

All four LSOAs in Park South are ranked in the most deprived decile in England on the Education, Skills and Training domain. Park South LSOAs rank at the most deprived end of the spectrum in Swindon on both sub-domains: one relating to children and young people and one relating to adult skills.

Lydiard and Freshbrook

Relative deprivation has been apparent in Freshbrook south and Gainsborough Way north LSOAs since 2007. However, in 2007 Toothill north LSOA was the most deprived LSOA in Lydiard and Freshbrook ward before being surpassed by Freshbrook south in 2010 and also Gainsborough Way north in 2015. Freshbrook south LSOA has become more relatively deprived on every domain, most noticeably Health and Education, Skills and Training. Gainsborough Way north has become more relatively deprived on the Employment, Health, Barriers to Housing and Services and most prominently on the Education, Skills and Training domain.

Freshbrook south, Gainsborough Way north and Toothill north LSOAs are ranked in the most deprived quintile in England on the Education, Skills and Training domain. These are also all ranked in the thirty most deprived LSOAs in Swindon on this domain. The deprivation on this domain in Freshbrook south and Gainsborough Way north LSOAs is mainly due to the Children and Young People's sub-domain contribution, whereas for Toothill north LSOA it is driven more by the Adult Skills sub-domain.

Mannington and Western

Stokesay drive LSOA is the most deprived in Mannington and Western ward on the overall IMD and also on five of the domains and both income supplementary indices. Out of the domains Stokesay drive LSOA ranks as most deprived on the Education, Skills and Training domain (2,579th in England). It performs particularly poorly on the entry of young people (under 21) to higher education where, on average, only 4% of 18-21 year olds, start a full-time, first degree in any one year, ranking it 1,422nd worst in England on this indicator.

Generally, Mannington south LSOA is not particularly deprived, ranking 18,233rd in England overall on the IMD. However, it is in the 2nd most deprived decile nationally and on the Barriers to Housing and Services Domain and the 2nd most deprived LSOA in Swindon on this domain.

Old Town

LSOAs in Old Town ward are judged as relatively less deprived than the England and Swindon averages on most domains. The main exception is the crime domain where Old Town and Okus East LSOAs rank in the second and third most deprived deciles nationally and are ranked 23rd and 28th most deprived on the Crime domain in Swindon.

Three of the four Old Town LSOAs are ranked in the least deprived decile of the Education, Skills and Training domain. They are also all ranked in the seven least deprived LSOAs in Swindon on this domain.

Penhill and Upper Stratton

Four Penhill and Upper Stratton LSOAs are ranked in the most deprived decile in England of the Education, Skills and Training domain and three in the most deprived 1% in England. They are also ranked first, second, third and eight most deprived in Swindon on this domain. Penhill central LSOA had the 20th lowest percentage of young people aged under 21 starting a full-time, first degree, in any one year, out of 32,844 LSOAs in England. Education, Skills and Training deprivation is not a new

phenomenon in Penhill. In 2007 Penhill north was ranked 119th in England on this domain, Penhill East was ranked 352nd and Penhill central was ranked 436th in England.

Penhill north is the most deprived LSOA in Swindon and Penhill central the third most deprived. Both LSOAs are in the 4% most deprived in England. These LSOAs are particularly deprived on the Income, Employment, Education, Skills and Training and Crime domains and on the Income deprivation affecting children supplementary index.

Priory Vale

Haydon west, Priory Vale west and Priory Vale north west LSOAs have moved from the least deprived decile nationally in 2007 and 2010 to the 3rd least deprived decile in 2015.

Generally, Priory Vale is not relatively deprived on any domain for any LSOA. There are two notable exceptions: Priory Vale west and Priory Vale north west on the Barriers to Housing and Services domain where they both rank in the 3rd most deprived decile nationally and in the top 12 most deprived LSOAs in Swindon. The relatively long distances to the nearest post office and supermarket are causing these LSOAs to be considered relatively deprived on this domain.

Ridgeway

Ridgeway ward is relatively less deprived than the England and Swindon averages on most domains. In particular, both Ridgeway LSOAs are in the least deprived decile in England on the Employment, Education, Skills and Training and Health domains. They are also in the five least deprived Swindon LSOAs on these domains.

Residents in the Ridgeway LSOAs, on average, have to travel further to a general store or supermarket than any other Swindon residents. In fact, on average the distance to the shops is twice as far any other Swindon LSOA.

Rodbourne Cheney

Moredon west LSOA is the most deprived in Rodbourne Cheney ward. It achieves its overall poor ranking because it is relatively highly deprived on the domains which count most towards the overall IMD. Relative deprivation has been apparent in Moredon west LSOA since 2007, and it has remained the most deprived LSOA in Rodbourne Cheney ward since then.

Six of the eight Rodbourne Cheney LSOAs are ranked in the most deprived quintile in England on the Education, Skills and Training domain. Moredon west LSOA is the 497th most deprived LSOA in the country on the entry to higher education indicator with only 3.2% of young people, under 21, starting a full-time, first degree, in any one year.

Shaw

LSOAs in Shaw ward are judged as relatively less deprived than the England and Swindon averages on most domains. However, the most deprived LSOA in the ward, Westmead south has become relatively more deprived compared to England over the period 2007 to 2015 (moving from the 2nd least deprived to the 4th least

deprived decile) and the rest of Swindon, moving from the 97th most deprived in Swindon in 2007 to 70th in 2015.

Sparcells is the second most deprived LSOA in the Shaw ward. It has become relatively more deprived compared to England over the period 2007 to 2015 (moving from the 2nd least deprived to the 3rd least deprived decile) and the rest of Swindon, moving from the 96th most deprived in Swindon in 2007 to 78th in 2015.

St Andrews

In 2007, five out of six LSOAs in St Andrews ward (not Blunsdon St Andrew east) were in the least deprived decile nationally but by 2015 none were. All LSOAs in St Andrews ward have become relatively more deprived in 2015 than they were in 2007. The domains St Andrews ward has changed most on to become relatively more deprived are the Income, Health and for some LSOAs the Crime domains.

St Margaret and South Marston

Lower Stratton LSOA stands out as relatively much more deprived than the rest of St Margaret and South Marston ward. It achieves its overall poor ranking because it is relatively highly deprived on the domains which count most towards the overall IMD. Although, it is only averagely deprived compared to England, it is becoming relatively more deprived compared to England.

Stanton Fitzwarren LSOA is in the 2nd most deprived decile nationally and on the Barriers to Housing and Services Domain and the 4th most deprived LSOA in Swindon on this domain. Stanton Fitzwarren's high ranking is driven entirely from the geographical barriers sub-domain where it ranks 1,872nd most deprived in England and fourth most deprived in Swindon.

Walcot and Park North

Walcot East north west is the most deprived LSOA in Walcot and Park North ward on the overall IMD and fourth most deprived in Swindon. It is also the most deprived in the ward on the Income, Employment and Crime domains and second most deprived LSOA in Swindon on the latter two of these. In Walcot East north west the proportion of the working-age population experiencing employment deprivation was 26.5% and reflected that there were 185 people in this LSOA who were considered employment deprived. This compares to 9.9% for Swindon overall.

Five of the seven LSOAs in the Walcot and Park North ward are in the most deprived quintile in England on the Income domain. Three are ranked in the seven most deprived in Swindon and five in the 14 most deprived. In Walcot East south west LSOA 48.2% of older people are considered income deprived compared to 34.3% of children. However, in Walcot East north west 31.2% of older people are considered income deprived but 44.2% of children.

Wroughton and Wichelstowe

Wroughton south is the most deprived LSOA in Wroughton and Wichelstowe ward on the Income, Employment, Education, Skills and Training and Health domains. However, even on the most acute of these, the Health domain, Wroughton south is still only in the 3rd most deprived decile in England and 24th most deprived LSOA in Swindon.

Children from Overtown and Burderop LSOA on average have to travel further to primary school than pupils from any other LSOA in Swindon. This does not appear to particularly adversely affect Overtown and Burderop's ranking on the Children and Young People's sub-domain of the Education, Skills and Training domain where it ranks 17,318th most deprived in England and 92nd most deprived in Swindon.

Shrivenham

The Swindon Health and Wellbeing Board covers the population resident within the Swindon Borough Council boundaries and also the population NHS Swindon Clinical Commissioning Group (CCG) is responsible for. That is people registered with a Swindon CCG GP and people living within the electoral ward of Shrivenham in Oxfordshire. Although, this report concentrates on the borough area of Swindon, this section provides data and analysis for the four LSOAs that fall in the Shrivenham ward. These are:

- Shrivenham central (Vale of White Horse 016A)
- Shrivenham south (Vale of White Horse 016B)
- Shrivenham north outer (Vale of White Horse 016C)
- Shrivenham north inner (Vale of White Horse 016D)

Shrivenham north inner is the most deprived LSOA in Shrivenham ward and is ranked 26,883rd in England. Shrivenham central LSOA is ranked 32,746th in England which makes it the 99th least deprived LSOA in the country. It is clear, therefore, that Shrivenham is generally a relatively affluent area.

Table 13: Most deprived LSOA in Shrivenham ward in each Domain

Domain	Most deprived LSOA in Shrivenham	England rank	England decile
Income	Shrivenham north inner	23,621	8
Employment	Shrivenham north inner	27,530	9
Education, Skills and Training	Shrivenham north inner	15,116	5
Health	Shrivenham north inner	28,542	9
Crime	Shrivenham north inner	25,244	8
Barriers to Housing and Services	Shrivenham north outer	2,740	1
Living Environment	Shrivenham north outer	23,490	8

Notes: England rankings out of 32,844 LSOAs.

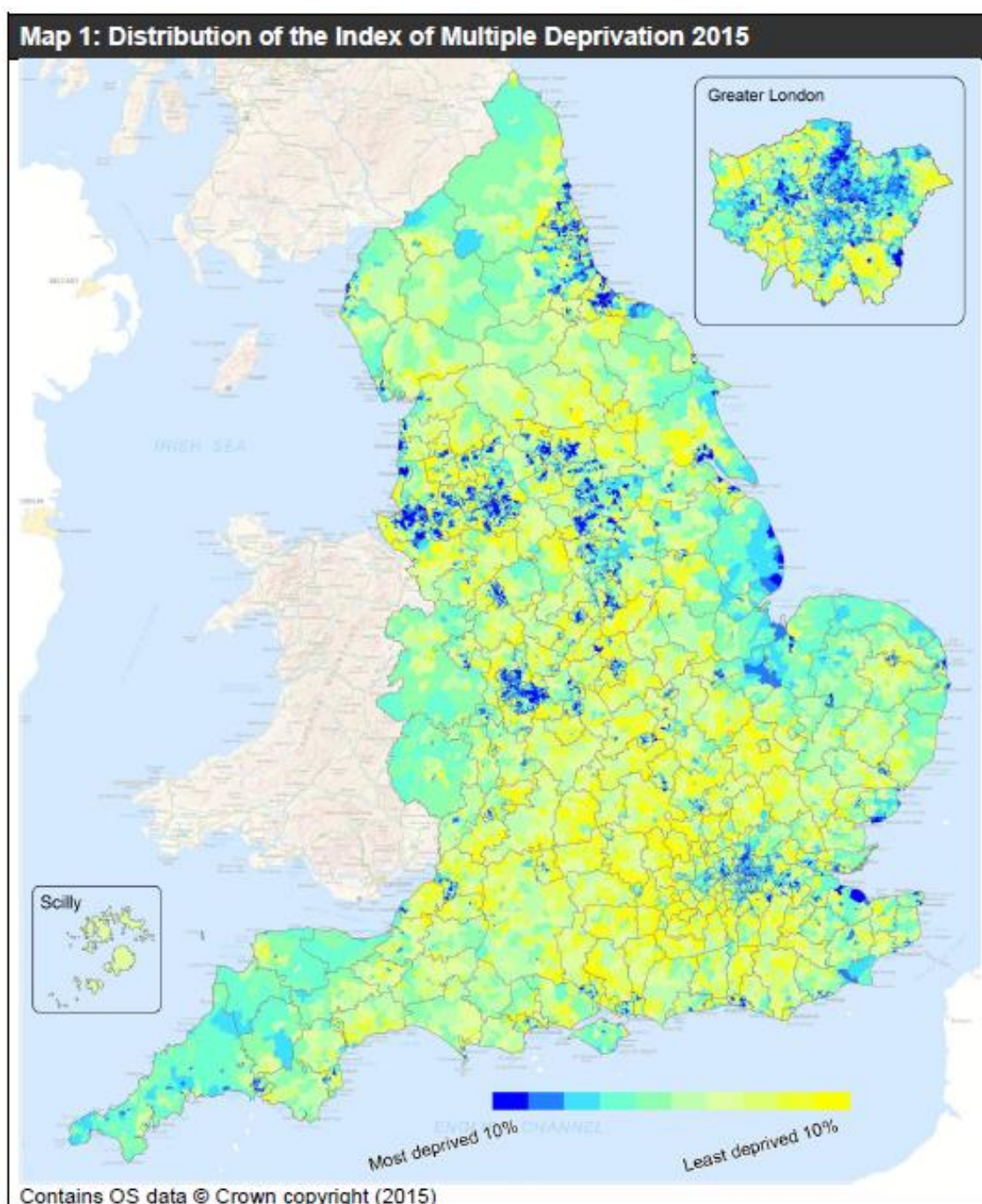
Shrivenham north outer LSOA is considered 'highly deprived' on the barriers to housing and services domain. This is entirely due to its ranking on the geographical barriers sub-domain where it is ranked 1,134th most deprived in England.

The national picture

National distribution of deprivation

The patterns of deprivation across England are complex. The most and least deprived neighbourhoods are spread throughout England. Figure 9 illustrates the geographical spread of deprivation across England, showing local authority district boundaries for context. The 32,844 neighbourhoods have been divided according to their deprivation rank into 10 equal groups (deciles). Areas shaded dark blue are the most deprived 10 % (or decile) of neighbourhoods in England while areas shaded bright yellow are the least deprived 10%.

Figure 9: Distribution of the IMD 2015 by LSOA



As was the case in previous versions of the Indices, there are concentrations of deprivation in large urban conurbations, areas that have historically had large heavy industry, manufacturing and/or mining sectors, coastal towns, and large parts of east London. There are also pockets of deprivation surrounded by less deprived places in every region of England.

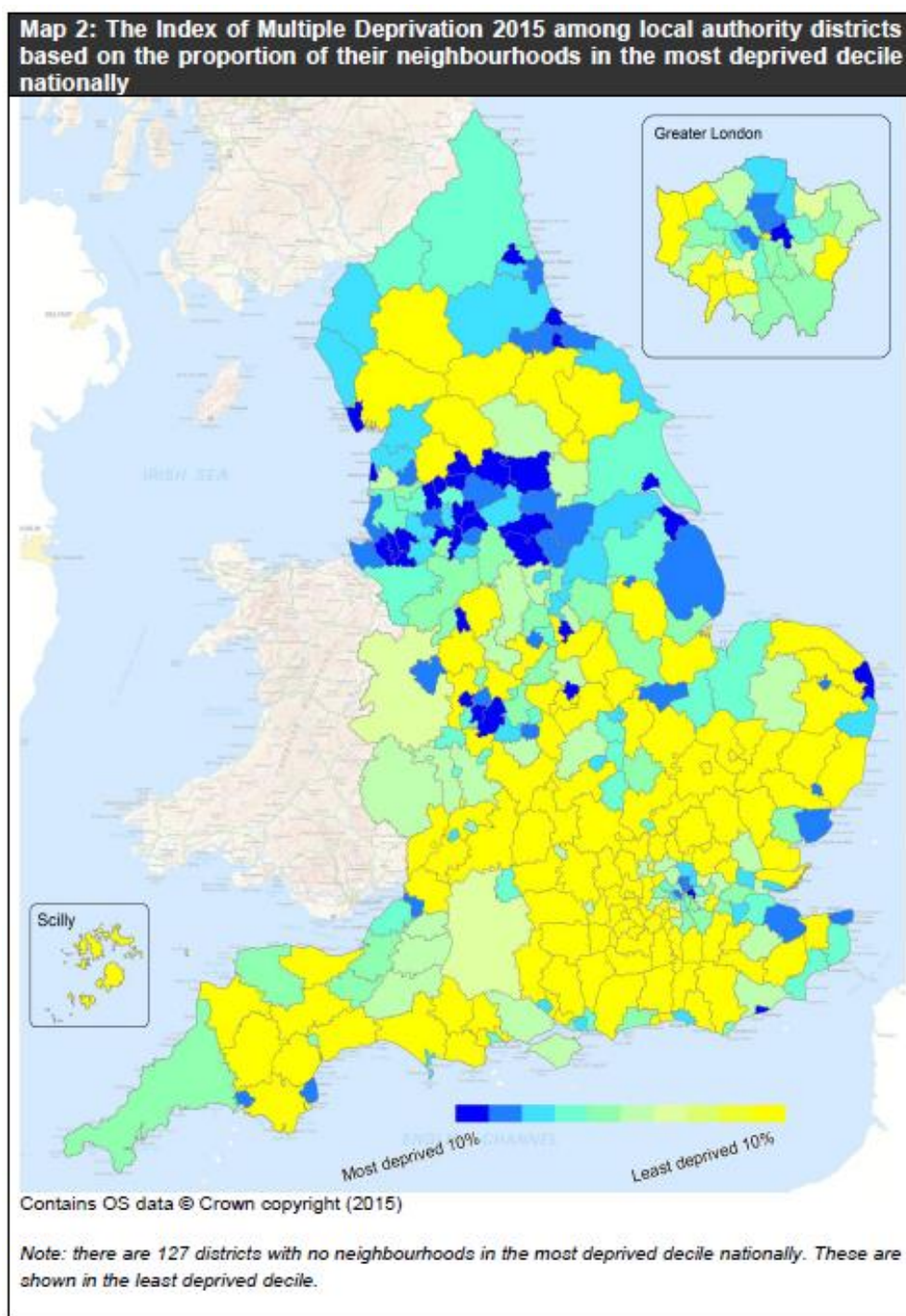
The majority (83%) of neighbourhoods that are the most deprived according to the 2015 Index of Multiple Deprivation were also the most deprived according to the 2010 Index. In relative terms at least, the most deprived areas and least deprived areas have tended to remain the same.

According to the overall IMD many of the most deprived neighbourhoods in England face multiple issues. Almost all of them (99%) are highly deprived (i.e. in the most deprived decile) on at least two of the seven domains of deprivation. Nearly two-thirds (64%) of them are highly deprived on four or more domains, and over a quarter (27%) are highly deprived on five or more of the seven domains.

Deprivation at a Local Authority Level

Figure 10 illustrates the geographical spread of deprivation for local authority districts across England. Areas shaded dark blue are the 10% of districts in England that contain the largest proportion of highly deprived neighbourhoods. Areas shaded bright green contain proportionately few highly deprived neighbourhoods, and are relatively less deprived. But 127 of the 326 districts (39%) do not contain any highly deprived neighbourhoods and are therefore equally ranked on this measure. These 127 districts are banded together and shown in bright yellow, corresponding to the least deprived decile.

Figure 10: Distribution of the IMD 2015 by Local Authority



Of local authority districts, 61% contain at least one of the most deprived neighbourhoods in England.

Middlesbrough, Knowsley, Kingston upon Hull, Liverpool and Manchester are the local authorities with the highest proportions of neighbourhoods among the most deprived in England.

The 20 most deprived local authorities are largely the same as found for the 2010 Index, but the London Boroughs of Hackney, Tower Hamlets, Newham and Haringey have become relatively less deprived and no longer feature in this list. These boroughs were all associated with the 2012 London Olympics and Olympic park and other facilities.

Seven of the 10 local authority districts with the highest levels of income deprivation among older people are in London. Tower Hamlets is the most deprived district with regard to income deprivation among both children and older people.

The distribution of deprivation in Local Enterprise Partnerships

The Indices of Deprivation are being published for Local Enterprise Partnerships for the first time. The purpose is to enable partnerships to understand the extent to which neighbourhoods in their areas are deprived and the types of deprivation experienced within them. The partnership areas vary in size, but all cover large geographical areas and diverse populations.

The five Local Enterprise Partnerships that are most highly deprived according to this summary measure of the IMD are Liverpool City Region, Tees Valley, Greater Birmingham and Solihull, Humber, and Greater Manchester. In these areas, between 21% and 31% of neighbourhoods are among the most deprived decile nationally of this Index.

Resources

Swindon JSNA website

The Swindon Joint Strategic Needs Assessment (JSNA) website has a section dedicated to the Indices of Deprivation: <http://swindonjsna.co.uk/dna/ID>. The website will host data, reports and guidance about the ID 2015, including:

- ID 2015 – Swindon simple guide
- ID 2015 – Swindon initial briefing
- ID 2015 – Swindon research report
- ID 2015 – Swindon summary report
- ID 2015 – Swindon LSOA IMD scores and rankings
- ID 2015 – Swindon LSOA ID domains and sub-domains scores and rankings

The JSNA website will also be used to host and signpost to resources in the Tableau interactive software:

- <https://public.tableau.com/profile/tomfrost#!/vizhome/SwindonID2015view2/SwindonStory>
- <https://public.tableau.com/profile/tomfrost#!/vizhome/SwindonIMDtrendsv1/IMDTrendsbyWard>

These will allow users to explore the data for Swindon and England in more depth and to customise views to see data only for areas they are interested in.

DCLG publications

The Department for Communities and Local Government (DCLG) information on the Indices of Deprivation 2015 is available to download at www.gov.uk/government/statistics/english-indices-of-deprivation-2015. This consists of reports, guidance materials and datasets.

Nine sets of data have been published for Lower-layer Super Output Areas:

1. Index of Multiple Deprivation: The rank and decile for each area, on the overall Index of Multiple Deprivation.
2. Domains of deprivation: The rank and decile for each area, for each of the seven domains, as well as the Index of Multiple Deprivation
3. Supplementary Indices - Income Deprivation Affecting Children Index and Income Deprivation Affecting Older People Index: The rank and decile for each area, for the Income Deprivation Affecting Children Index and the Income Deprivation Affecting Older People Index, as well as the Index of Multiple Deprivation.
4. Sub-domains of deprivation: The rank and decile for each area, for each of the six sub-domains, as well as their respective domains.

5. Scores for the Indices of Deprivation: The scores for each area, for the overall Index of Multiple Deprivation, the seven domains, the supplementary indices, and the six sub-domains.
6. Population denominators: The primary population denominators (all people, children, working age, and older people) used in the Indices of Deprivation 2015. These can be used for aggregating the datasets, weighted by population, to other geographies such as wards.
7. All ranks, deciles and scores for the Indices of Deprivation, and population denominators (CSV file): A single text file containing all of the datasets listed above.
8. Underlying indicators. The indicators used to construct the seven domains, for those that are able to be published.
9. Transformed domain scores: The seven domain scores in this file have been standardised by ranking, and then transformed to an exponential distribution. These transformed domain scores can be used as the basis for users to combine the domains together using different weights.

Four sets of data have been published for higher-level geographies:

1. Local Authority District Summaries.
2. Upper-tier Local Authority Summaries.
3. Local Enterprise Partnership Summaries.
4. Clinical Commissioning Group Summaries.

Two reports have been published analysing the findings from the ID 2015 and four guidance documents:

1. Statistical release – main findings: provides an overview of the findings of the ID 2015 focussing on the national and sub-national patterns of multiple deprivation, with some analysis of patterns in income and employment deprivation.
2. Research report: gives detailed guidance on how to interpret the data and presents some further findings.
3. Technical report: describes the methodology and quality assurance processes underpinning the indices.
4. Infographic: a two-page summary of the method and results
5. Guidance: This guidance note is to aid interpretation of the Index of Multiple Deprivation. It expands on the information provided in the infographic

6. Frequently asked questions

Swindon Borough Council resources

Some of these are available on the Swindon JSNA website and others are available by request from JSNA@swindon.gov.uk

Data:

Cut-down versions of the DCLG data files have been prepared containing Swindon and Shrivenham LSOA data only:

- Swindon and Shrivenham LSOA IMD ranks
- Swindon and Shrivenham LSOA scores for the ID 2015
- Swindon and Shrivenham LSOA ID 2015 domain ranks
- Swindon and Shrivenham LSOA ID 2015 sub-domain ranks
- Swindon and Shrivenham LSOA ID 2015 IDACI and IDAOPI ranks
- Swindon and Shrivenham LSOA ID 2015 underlying indicators ranks and scores
- Swindon and Shrivenham LSOA ID 2015 transformed domain scores
- Swindon and Shrivenham LSOA ID 2015 population denominators
- Swindon and Shrivenham MSOA IMD scores and ranks

Additionally, a file containing Swindon LSOA scores and rankings on the IMD 2007, IMD 2010 and IMD 2015 is also available by request.

General Practice (GP) data:

- England GP Practice scores and ranks on IMD 2015
- Swindon GP Practice scores and ranks on IMD 2015
- England GP Practice scores on the IDACI and IDAOPI
- Swindon GP Practice scores on the IDACI and IDAOPI

Maps:

- Overall deprivation (IMD) in Swindon by LSOA
- Overall deprivation (IMD) by Swindon ward by LSOA
- Deprivation by domain in Swindon by LSOA

Lookups:

- Swindon LSOA to ward lookup
- Swindon LSOA names

Apps and externally produced resources

The DCLG Indices of Deprivation 2015 explorer shows the relative deprivation of neighbourhoods for selected areas, by searching a place name or postcode. The explorer includes a dashboard which provides a brief summary of how relatively

deprived a selected neighbourhood is. Although the data are not produced for wards, the map shows ward and local authority boundaries, so users can see the deprivation ranks of the neighbourhoods within these areas. This explorer also lists all neighbourhoods within a given local authority, gives their deprivation ranks, and allows you to select these neighbourhoods.

<http://dclgapps.communities.gov.uk/imd/idmap.html>

Two other DCLG maps show the relative deprivation based on IMD 2015 side by side with IMD 2010:

<http://communities.maps.arcgis.com/apps/CompareAnalysis/index.html?appid=4159120a712e4a69a724241cbfc92fb7> & <http://arcg.is/1M1ylzs> & <http://arcg.is/1QZzwrv>

The Local Government Association has undertaken some analysis of the ID 2015 on its LG Inform website. This includes ward reports which are exclusive to LG Inform Plus subscribers. It has produced scores and rankings for all wards in England based on a similar but slightly different methodology to the one employed locally in Swindon to calculate average scores for wards. Ward-level data is also available in ward reports which summarise all IMD indicators (overall, domains, sub-domains and supplementary indices) for an individual chosen ward. For the various indicators, wards are ranked within their local authority, region and England. One report summarises the overall IMD indicator for all wards within a chosen authority. The score for each ward is shown, together with details of the ten most/least deprived wards, and a map showing IMD distribution. Another is similar, but summarises the overall IMD indicator for all LSOAs within a chosen authority.

<http://lginform.local.gov.uk/> & <http://about.esd.org.uk/>

Oxford Consultants for Social Inclusion (OCSI) have created a blog to highlight Indices of Deprivation resources and 'related delights'. It is a free resource for any users and aficionados of the Indices of Deprivation and brings together in one place case studies and examples of how the Indices have been used:

<http://indicesofdeprivation.co.uk/>

Postcodes: the following tool can be used to obtain deprivation data for a list of postcodes: <http://imd-by-postcode.opendatacommunities.org> The output file lists the postcodes entered, the LSOA that each postcode falls within, and the deprivation data for that LSOA. To download a list of postcodes and deprivation data for all neighbourhoods within a specific local authority district or county select a local authority or county and the output file will list all the postcodes within the selected area, the LSOA that each postcode falls within, and the deprivation data for those LSOAs.

Parliamentary constituencies: the House of Commons Library has published constituency-level deprivation estimates and maps at the following link:

<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7327>

MSOA data: Public Health England's Knowledge and Intelligence Service (Epidemiology and Surveillance Function) has produced IMD ranks and average scores for Middle Layer Super Output Areas (MSOAs) calculated from population weighted averages of their constituent LSOA scores.

<http://www.apho.org.uk/resource/item.aspx?RID=184831>

Areas for further consideration

The endorsement by Swindon Health and Wellbeing Board of the use the ID 2015 by all partners as the acknowledged evidence base for identifying deprivation and exploring inequalities between and within different areas of Swindon.

How to fully investigate, understand and continue to address the extent and causes of deprivation in the Swindon LSOAs experiencing the most extreme deprivation (i.e. the eight LSOAs that are in the most deprived 10% nationally).

How to fully investigate, understand and continue to address the extent and causes of deprivation in the Swindon LSOAs experiencing persistent deprivation (i.e. eight of the 10 most deprived LSOAs in 2007 were still in the 10 most deprived areas in 2015).

How to fully investigate, understand and continue to address the extent and causes of education, skills and training deprivation in Swindon. This is the domain that Swindon's deprivation appears most severe on, especially the children and young people's indicators (e.g. one LSOA in Penhill and Upper Stratton ranks 33rd most deprived in England in this domain).

The Penhill part of Penhill and Upper Stratton ward is arguably the most deprived part of Swindon and this is largely unchanged since 2007. If this is to change by the next version of the Indices it appears a transformative approach to the local area needs to be developed and implemented.

The process for reviewing, researching and continuing to address ward issues identified (see ward packs for full details).

The merits of bringing together councillors from the most deprived areas along with relevant localities staff to discuss, analyse and tackle issues common to the deprived areas they represent and work in. This could be termed a "Board of Deprivation".

How to effectively combine intelligence from ID 2015 with other sources of data and intelligence on poverty, social exclusion and deprivation and inequality.

List of Tables

Table 1: Swindon's IMD rank (average score method), 2004 to 2015.....	10
Table 2: Swindon's ranking on UTLA summary measures, 2004 to 2015.....	10
Table 3: Swindon ranking on domains and supplementary indices (ID 2015)	11
Table 4: Swindon district ranking (out of 326) on domains and supplementary indices, 2010 and 2015	12
Table 5: Swindon CCG ranking on CCG summary measures, 2015.....	13
Table 6: Swindon and Wiltshire LEP ranking on LEP summary measures, 2015	13
Table 7: Number of LSOAs deprived on multiple domains of the ID 2015	16
Table 8: LSOAs by level of deprivation on the IMD 2010 and 2015	17
Table 9: The proportion of the population that are income or employment deprived, for all LSOAs in Swindon, grouped by their IMD rank.....	20
Table 10: Wards with the highest proportion of LSOAs in the most deprived 20% in Swindon.....	27
Table 11: The ranking of Swindon wards on each of the summary measures of the IMD 2015 and on the income and employment scale measures	27
Table 12: Swindon ward rankings on the IMD 2015 based on the LGA average score method	28
Table 13: Most deprived LSOA in Shrivenham ward in each Domain	34

List of Figures

Figure 1: Swindon's LSOAs by national IMD decile 2015	14
Figure 2: Swindon LSOAs by National Deprivation Decile, IMD 2015.....	15
Figure 3: Distribution of BME population across IMD deciles in Swindon	16
Figure 4: Swindon LSOAs in the same quintile on the 2010 and 2015 IMD	17
Figure 5: The most deprived LSOAs in Swindon according to the IMD 2015, showing changes in rank since earlier versions of the Index.....	18
Figure 6: Proportion of children living in income deprived families, for all LSOAs in Swindon grouped into 10% 'deciles' by Income Deprivation Affecting Children Index rank	21
Figure 7: Proportion of older people living in income deprivation, for all LSOAs in Swindon grouped into 10% 'deciles' by Income Deprivation Affecting Older People Index rank.....	22
Figure 8: Change in deprivation in Pinehurst west and Pinehurst south LSOAs	30
Figure 9: Distribution of the IMD 2015 by LSOA	35
Figure 10: Distribution of the IMD 2015 by Local Authority	37

Fictional ward

Introduction

The English Indices of Deprivation 2015 (ID 2015) have been produced by the government to aid the assessment of **relative levels of deprivation** across England. These update the indices previously presented in 2000, 2004, 2007 and 2010.

The Indices provide scores and ranks for all 32,844 Lower Level Super Output Areas (LSOAs) in England for a combined Index of Multiple Deprivation (IMD), seven domains of deprivation and two supplementary indices for income deprived children and older people. Each of these is based on a basket of indicators. The LSOAs are ranked with **1 being the most deprived** and 32,844 being the least. In Swindon, the rankings go from **1 being the most deprived** to 132 being the least deprived. For many analyses the LSOAs are categorised into deciles (10ths) or quintiles (5ths).

LSOAs contain around 1,500 people and are standard geographical units created and used by the Government and Office for National Statistics (ONS). The LSOA boundaries do not form the basis of wards and often do not follow ward boundaries. For the purposes of analysing the ID 2015, each LSOA has been assigned to the ward containing the majority of the LSOA population (which is not always the same ward that contains the majority of the LSOA's geographical area). Additionally, as Swindon has grown rapidly this has led to several new LSOAs being created which means that it is not always possible to compare ID 2015 data with previous indices of deprivation. Ward boundaries in Swindon were changed in 2011 and therefore no direct comparisons can be made with previous wards used in earlier Indices.

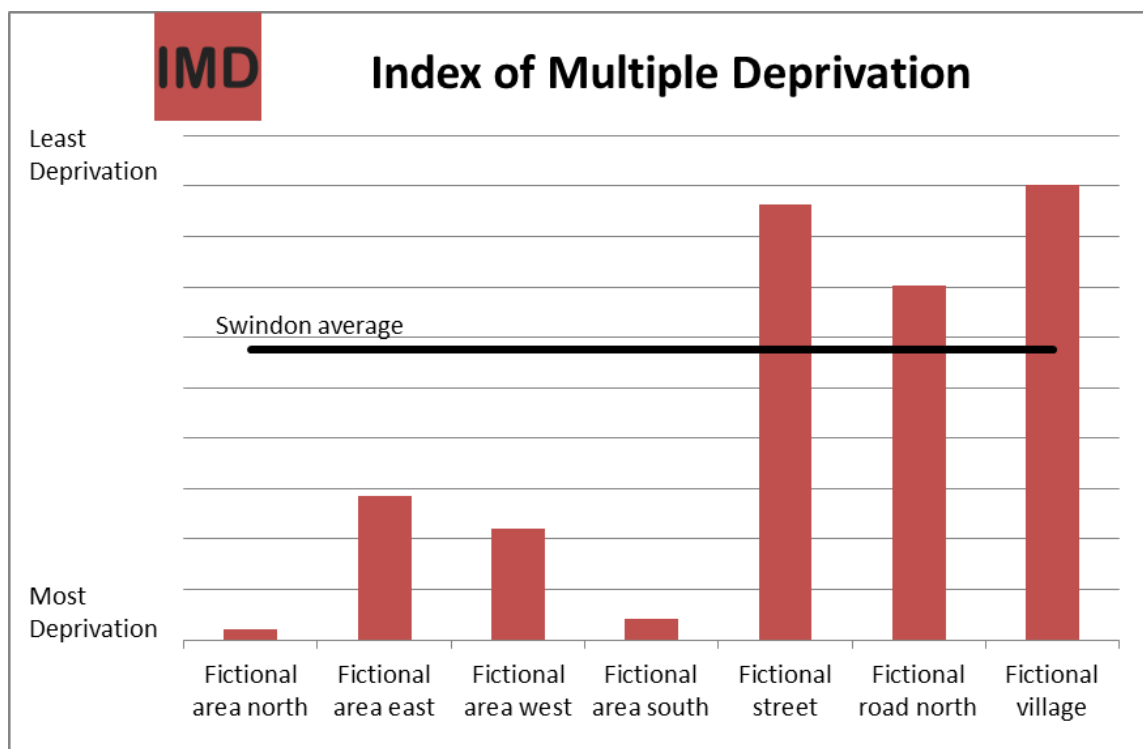
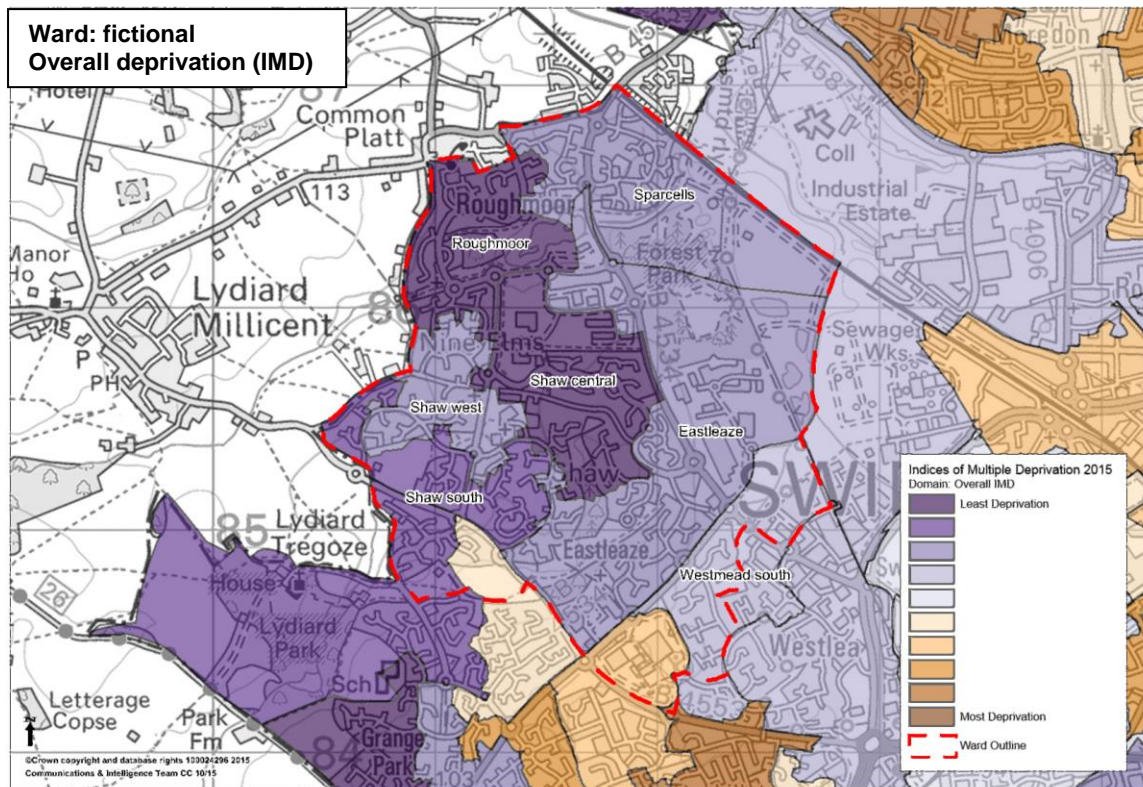
The neighbourhood-level Indices provide a description of areas, but this description does not apply to every person living in those areas. Many non-deprived people live in deprived areas, and many deprived people live in non-deprived areas. Those areas that are not identified as deprived by the neighbourhood-level Indices may contain both deprived and affluent people.

Changes in deprivation levels over time are relative to other areas. An area may become less deprived in absolute terms but be relatively more deprived than it was because the area had improved more slowly than other areas and so been 'overtaken' by those areas. Similarly, the overall rank of an area may not have changed between the 2010 and 2015 Indices, but this does not mean that there have been no changes to the level of deprivation in the area. E.g. in the situation where the absolute levels of deprivation in all areas were increasing or decreasing at the same rate, an individual area's rank would not change.

The Indices measure area deprivation but people can move areas between versions of the Indices. Therefore, the socio-economic status of individuals in an area may improve or worsen but if these people leave then the area deprivation may remain unchanged. Likewise individuals moving into a community can improve or worsen the area deprivation.

Further information on the Indices of Deprivation 2015 can be found on the dedicated JSNA website page: <http://swindonjsna.co.uk/dna/ID>

Overview



Fictional area north is the most deprived LSOA in Fictional ward and is ranked 732nd most deprived in England (out of 32,844).

IMD 2015 ranking for Fictional LSOAs

LSOA local name	LSOA code	Fictional ward rank	Swindon rank	England rank	England decile
Fictional area north	aaaaaaa	1	2	732	1
Fictional area south	ddddddd	2	6	1,395	1
Fictional area west	ccccccc	3	32	7,286	3
Fictional area east	bbbbbbb	4	36	9,414	3
Fictional road north	ffffff	5	101	23,089	8
Fictional street	eeeeeee	6	125	28,381	9
Fictional village	ggggggg	7	131	29,600	10

Notes: Swindon rankings out of 132 LSOAs and England rankings out of 32,844 LSOAs.

Deprivation trends

Geog type	Ward	Local LSOA Name	IMD version		
			2007	2010	2015
Local Authority	Null	Swindon average	19,718	20,213	18,933
Ward	Fictional	Fictional area north	678	703	732
		Fictional area east	8,799	8,432	9,414
		Fictional area west	1,175	1,228	1,395
		Fictional area south	9,021	7,878	7,286
		Fictional street	27,829	26,734	28,381
		Fictional road north	25,211	24,170	23,089
		Fictional village	29,303	29,884	29,600

Five of the seven LSOAs in Fictional ward have become relatively less deprived in 2015 than they were in 2007, although generally not by very much.

Fictional area south and Fictional road north have become relatively more deprived between 2007 and 2015 but again not by much. Fictional area north was the most deprived LSOA in Fictional ward in 2007, 2010 and 2015.

Domain analysis**Most deprived LSOA in Fictional ward in each Domain**

Domain	Most deprived LSOA in Fictional ward	Swindon rank	England rank	England decile
Income	Fictional area south	4	1,262	1
Employment	Fictional area south	2	315	1
Education, Skills and Training	Fictional area north	7	2,512	1
Health	Fictional area south	1	36	1
Crime	Fictional area north	6	3,140	1
Barriers to Housing and Services	Fictional area north	3	3,719	2
Living Environment	Fictional area north	2	412	1

Notes: Swindon rankings out of 132 LSOAs and England rankings out of 32,844 LSOAs.

Ranking of LSOAs in Fictional ward on each ID 2015 Domain: graphic

England Rank		Local Authority		Ward					
0									
Domain Type	Domain	Swindon average	Fictional area north	Fictional area east	Fictional area west	Fictional area south	Fictional street	Fictional road north	Fictional village
Domain	IMD	18,934	732	9,414	7,286	1,395	28,381	23,089	29,600
	Income	18,098	1,408	8,767	8,543	1,262	28,512	24,384	28,902
	Employment	19,020	2,406	6,953	5,338	315	27,723	22,605	30,976
	Education, Skills and Training	14,108	2,512	4,572	3,997	6,865	25,176	12,388	29,214
	Health	18,207	887	7,986	3,787	36	28,809	18,923	29,758
	Crime	15,598	3,140	11,535	26,433	16,418	29,269	14,369	29,622
	Barriers to Housing and Services	20,569	3,719	28,260	19,393	25,763	8,528	25,327	6,022
	Living Environment	21,482	412	26,314	12,642	24,879	22,124	24,938	28,550
Sub-Domain	IDACI	16,866	1,608	9,222	8,499	1,595	28,733	22,592	28,358
	IDAQPI	18,822	1,855	8,938	8,742	1,042	26,464	24,352	27,590

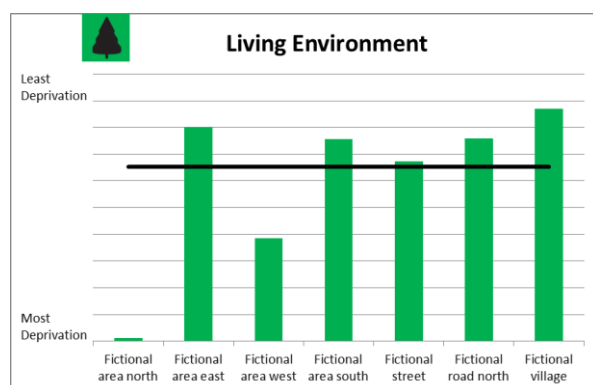
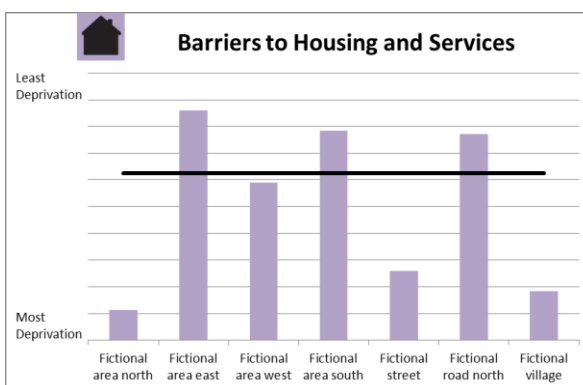
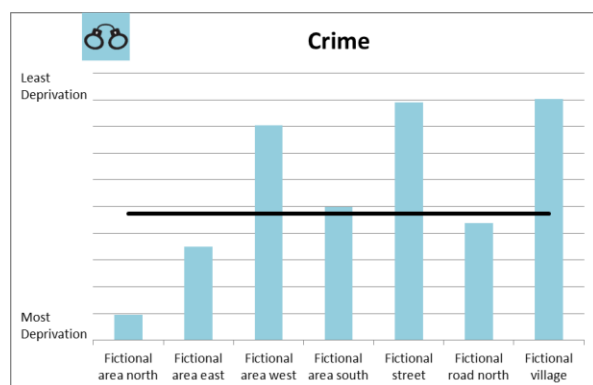
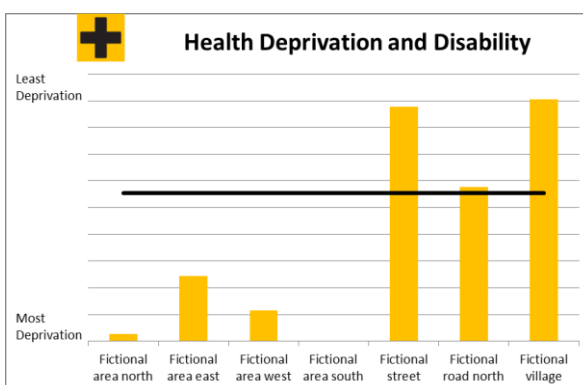
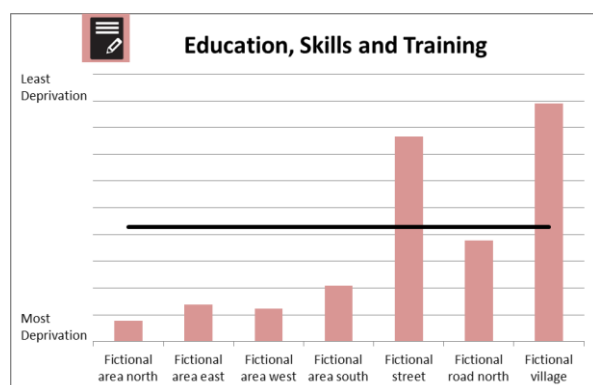
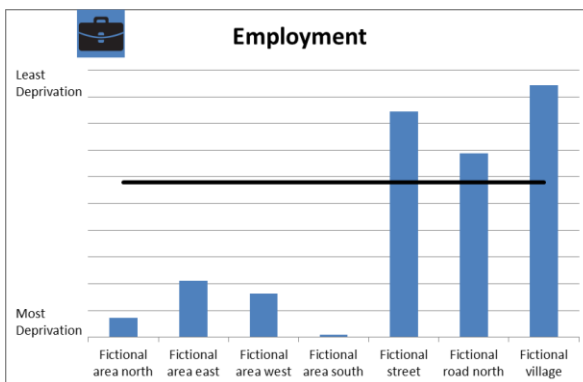
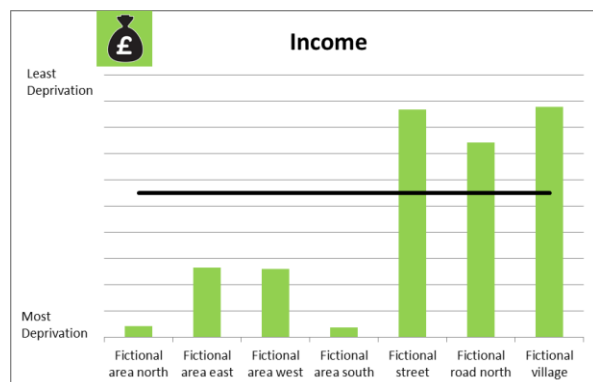
Fictional area north is the most deprived LSOA in Fictional ward on the Education, Skills and Training, Crime, Barriers to Housing and Services and Living Environment domains. It is considered 'highly deprived' on every domain apart from Barriers to Housing and Services.

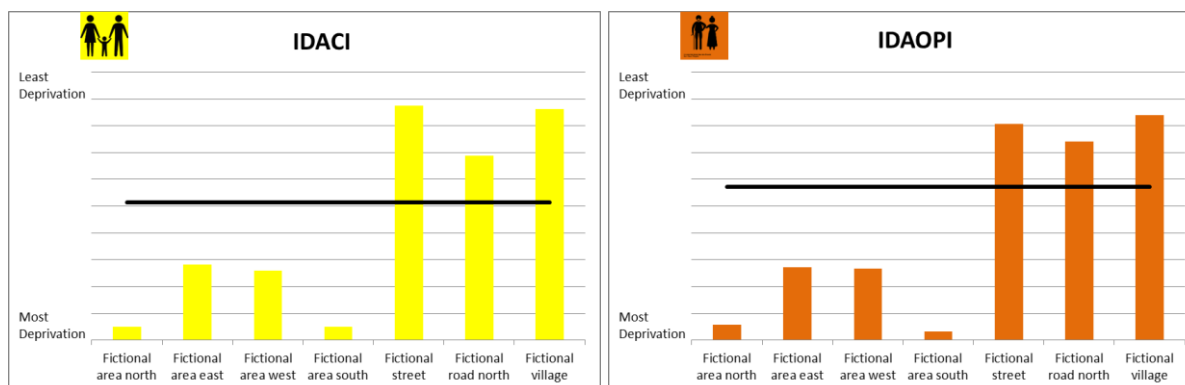
Fictional area south is the most deprived LSOA in Fictional ward on the Income, Employment and Health domains. It is considered 'highly deprived' on each of these domains.

None of the other five LSOAs in Fictional ward are considered 'highly deprived' on any domain.

Ranking of LSOAs in Fictional ward on each ID 2015 Domain: charts

(The Swindon average is represented by the thick black line)





Fictional area north LSOA

Fictional area north is the most deprived LSOA in Fictional ward on the overall IMD and second most deprived in Swindon. It is also the most deprived in the ward on the Education, Skills and Training, Crime, Barriers to Housing Services and Living Environment domains and second most deprived LSOA in Swindon on the latter two of these.

The Living Environment domain is made up of 4 indicators:

- Houses without central heating (proportion)
- Housing in poor condition: The proportion of social and private homes that fail to meet the Decent Homes standard.
- Air quality: A measure of air quality based on emissions rates for four pollutants
- Road traffic accidents involving injury to pedestrians and cyclists.

Fictional area north LSOA's relative deprivation on the domain is driven by the proportion of houses in poor condition. In this domain Fictional area north LSOA and other LSOAs in Fictional ward ranked well on air quality compared to the other three measures.

The Crime domain is made up of the following indicators:

- Violence: The rate of violence per 1,000 at-risk population (0.324)
- Burglary: The rate of burglary per 1,000 at-risk properties (0.189)
- Theft: The rate of theft per 1,000 at-risk population (0.222)
- Criminal Damage: The rate of criminal damage per 1,000 at-risk population. (0.265)

These were combined into a single index using the weights in brackets above. The data was recorded crime data for 2013/14 from the Association of Chief Police Officers and the Home Office.

In 2007, Fictional area north west was ranked 8,895th in England on the Crime domain, in 2010 it was ranked 9,606th but in 2015 it was ranked 3,140th. On the IMD overall it moved from 678th to 732nd therefore the change in the Crime domain ranking was more dramatic and in the opposite direction to the overall IMD.

Income domain analysis

Four of the seven LSOAs in the Fictional ward are in the three most deprived deciles in England on the Income domain. Two are ranked in the seven most deprived in Swindon and four in the 14 most deprived.

The Income Deprivation Domain measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests). Additionally, there are two supplementary indices which are subsets of the Income Deprivation Domain. These are the Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOPI). Fictional area ward LSOAs ranking on these three measures is described in the table below.

Swindon ranking and England decile of selected Fictional area LSOAs on Income domain and supplementary indices

LSOA local name	Income domain				
	Number of people income deprived	% of people income deprived	Swindon ranking	England decile	England ranking
Fictional area north	545	30.6%	7	1	1,408
Fictional area east	500	27.2%	14	3	8,767
Fictional area west	625	27.4%	13	3	8,543
Fictional area south	390	30.9%	4	1	1,262
Swindon	26,315	12.5%			

LSOA local name	IDACI				
	Number of children income deprived	% of people income deprived	Swindon ranking	England decile	England ranking
Fictional area north	140	38.4%	6	1	1,608
Fictional area east	165	34.2%	16	3	9,222
Fictional area west	190	35.3%	12	3	8,499
Fictional area south	120	38.5%	5	1	1,595
Swindon	7,120 (min)	17.2%			

LSOA local name	IDAOPI				
	Number of older people income deprived	% of people income deprived	Swindon ranking	England decile	England ranking
Fictional area north	130	39.0%	5	1	1,855
Fictional area east	90	27.7%	17	3	8,938
Fictional area west	150	28.2%	15	3	8,742
Fictional area south	75	48.2%	2	1	1,042
Swindon	6,100 (min)	15.3%			

Notes: Swindon rankings out of 132 LSOAs and England rankings out of 32,844 LSOAs.

The table above show that income deprivation mainly affects different age groups in different LSOAs. For example in Fictional area south LSOA 48.2% of older people are considered income deprived compared to 38.5% of children. However, in Fictional area west 28.2% of older people are considered income deprived but 35.3% of children.

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

Health and Wellbeing Board

Date: 9 March 2016

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

1. Purpose and Reasons

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

2. Recommendations

The Board is recommended to:

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

3. Detail

Statutory duty

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

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

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

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

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

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

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

Health and Wellbeing Board

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

3.9 Key Facts

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

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

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

Health and Wellbeing Board

Date: 9 March 2016

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

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

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

Health and Wellbeing Board

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

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

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

Key issues from data

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

4. Alternative Options

- 4.1 There are no alternative options proposed.

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

Health and Wellbeing Board

Date: 9 March 2016

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

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

Legal and Human Rights Implications

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

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

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

Diversity Impact Assessment

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

Risk Management

- 5.6 No specific risks were identified.

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

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

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

Joint Strategic Needs Assessment

An Overview of Health and Wellbeing in Swindon

JSNA Summary 2015/16



Swindon Health and Wellbeing Board

Contents

Introduction	3
Main sources of information	5
Key facts	6
Key issues	9
Notes on the data	11
Topics	12

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	Obesity, 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	Equalities

Appendix A: Priorities	37
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Authorship

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

Introduction

The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon and is the principal workstream to inform the Joint Health and Wellbeing Strategy (JHWS).

The JSNA Summary 2015/16 provides an overview of the current and future health and wellbeing needs of people in Swindon. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources. This report presents key facts, intelligence and issues for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and needs for many of these topics are examined in more detail in separate JSNA reports.

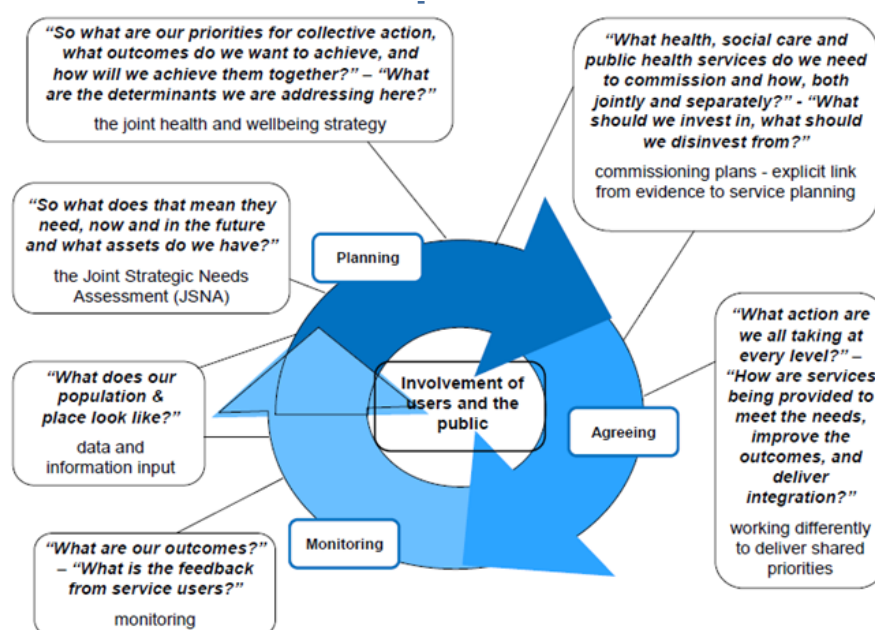
Purpose and use

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

The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities. Users of JSNA include partnership bodies such as the HWB and One Swindon, commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group and a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.

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

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



Shared priorities

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

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

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

JSNA Framework

This summary report is only one part of the JSNA framework. The JSNA suite of documents and sources of information also includes:

- More detailed JSNA reports and bulletins on specific topics
- Demographic profiles and population projections
- Evidence reviews
- Health and wellbeing profiles and key documents from Public Health England

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

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

The summary document is arranged in 3 parts:

- Part 1: a short introduction which explains what the document is for and what it contains along with a selection of key facts and issues and priorities.
- Part 2: a 1 page summary of 25 health and wellbeing topics following a set template which includes a key fact; 2 key indicators; key information and key issues.
- Part 3: a separate further information appendix which signposts readers to key resources, including the existing suite of JSNA topic reports.
tinyurl.com/SwindonJSNA-Resources

Main sources of information

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

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

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

tinyurl.com/SwindonJSNA-Resources

Acknowledgements

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

Key facts

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

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

In the most deprived areas of Swindon, men die on average around 9 years earlier and women around 3 years earlier than those in the least deprived areas

People with Long Term Conditions (LTCs) account for half of all GP appointments; two-thirds of outpatient appointments and almost three-quarters of all inpatient bed days

Stroke is the single largest cause of adult disability in England

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

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

In 2013/14, in Swindon, almost 97% of girls aged 12-13 received all three doses of the HPV vaccine, the highest coverage in the country

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

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

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

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

In Swindon it is estimated that 10,000 people over the age of 65 will fall each year and approximately 4,000 people will fall twice or more

Almost 3,000 babies were born in Swindon UA in 2014, 29 of these were born to women aged under 18 and 102 to women aged 40 or above

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

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

Alcohol is the most common cause of liver disease in England

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

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

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

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

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

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

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

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

Key issues

Introduction

Evidence suggests that in many ways the health of Swindon's population is similar to England as a whole. This in itself presents many challenges. While average life expectancy and smoking levels are improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.

Like other places across the country, Swindon people have been damaged by the economic recession and by growing problems of obesity and physical inactivity and the rise in Type 2 diabetes. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future, incidents of domestic abuse, chlamydia screening in the 15-24 age group, and a worrying number of young people being admitted to hospital for reasons connected to alcohol, substance misuse and self-harm.

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

There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

Key issues from topic sections

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

General

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

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

Reduce health inequalities by taking action on six policy objectives:

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

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

Good start in life

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

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

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

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

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

Healthy and risky behaviours

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

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

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

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

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

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

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

Mental health and wellbeing

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

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

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

Burden of ill-health

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

Identify and support people in Swindon with undiagnosed diabetes.

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

Health protection and safeguarding against harm

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

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

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

Notes on the data

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

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

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

1. Population



Key fact

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

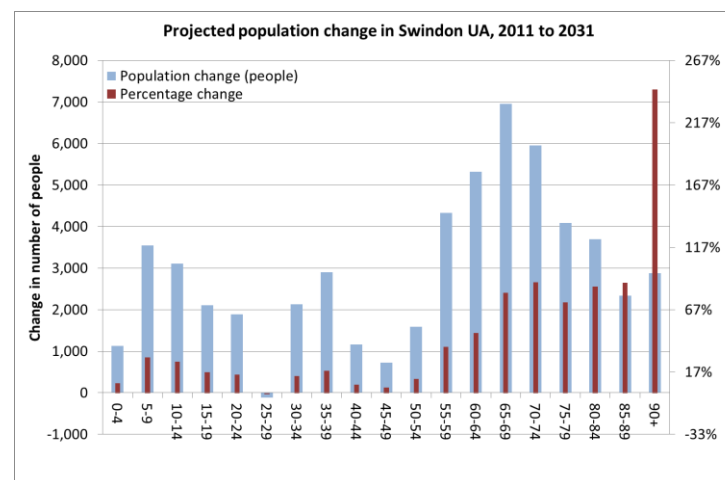


Key indicator

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



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

2. Life Expectancy

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

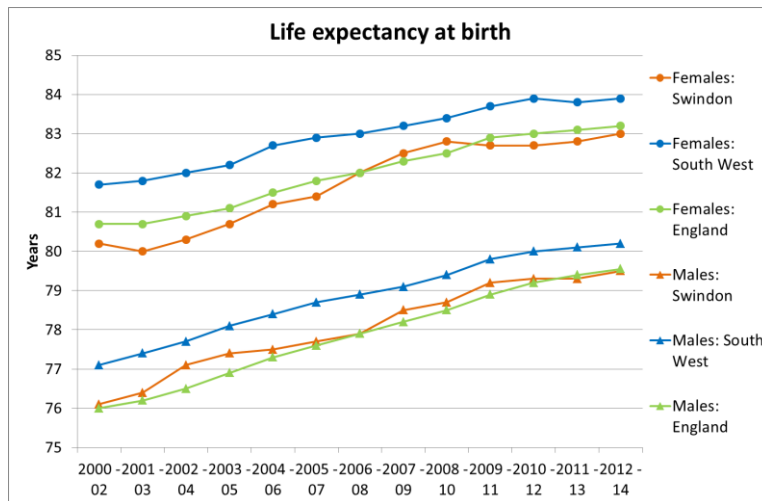


Key fact

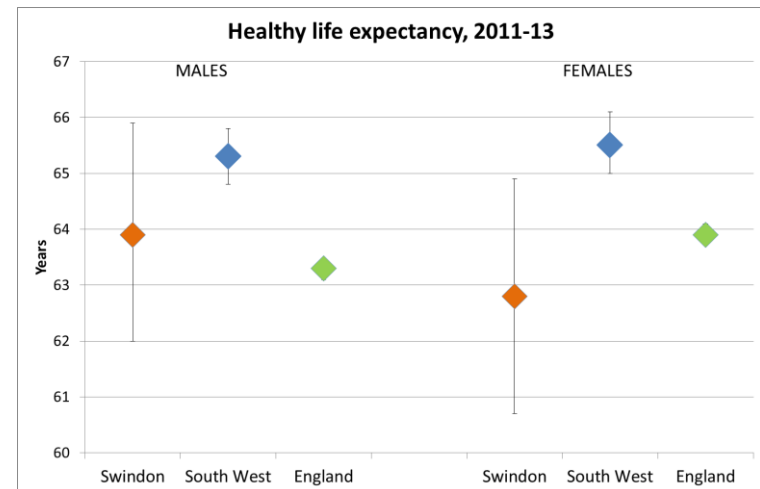
In Swindon, in 2012-14, life expectancy was 79.5 years for males and 83.0 years for females, which is similar to England



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

3. Deprivation and health inequalities

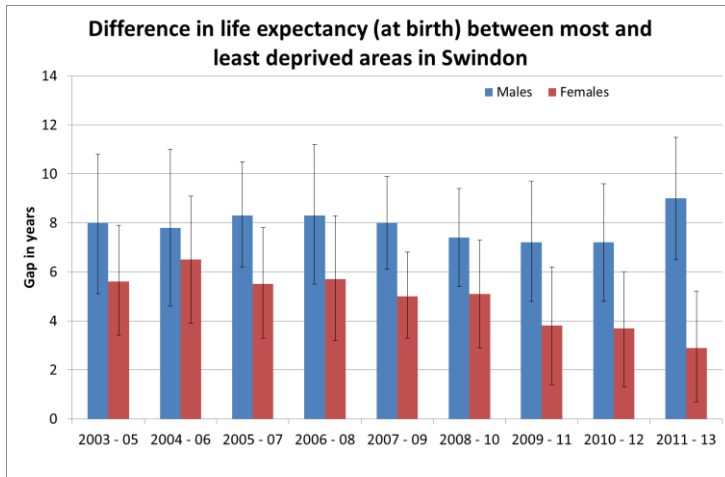


Key fact

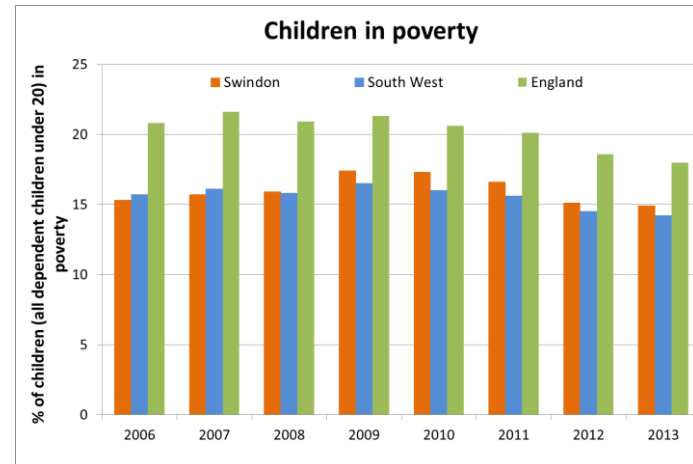
In the most deprived areas of Swindon, men die on average 9.0 years earlier and women 2.9 years earlier than those in the least deprived areas



Key indicator



Key indicator



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



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

4. Long-term conditions (LTCs)

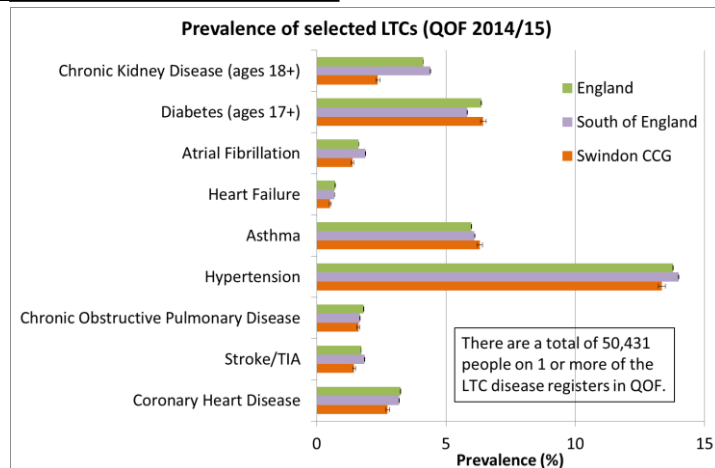


Key fact

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



Key indicator

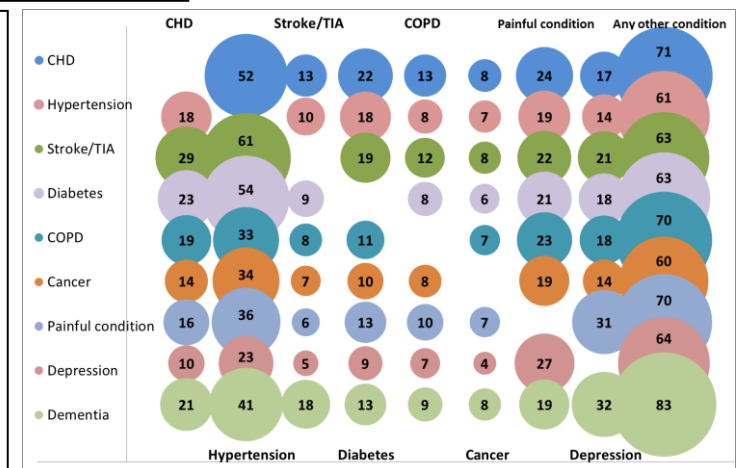


Key indicator

% of people with conditions on the left...

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

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



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

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



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

5. Cardiovascular disease

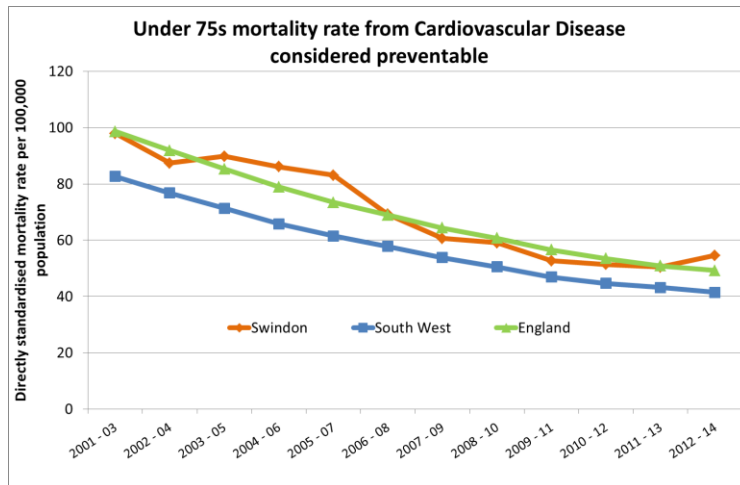


Key fact

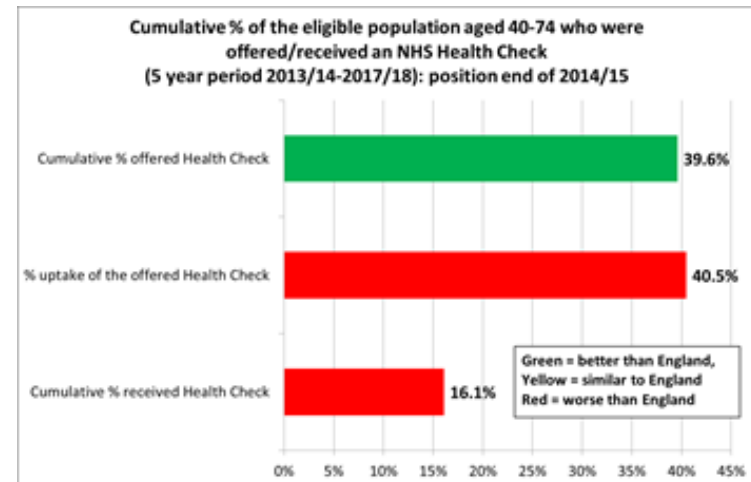
Stroke is the single largest cause of adult disability in England



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

6. Diabetes

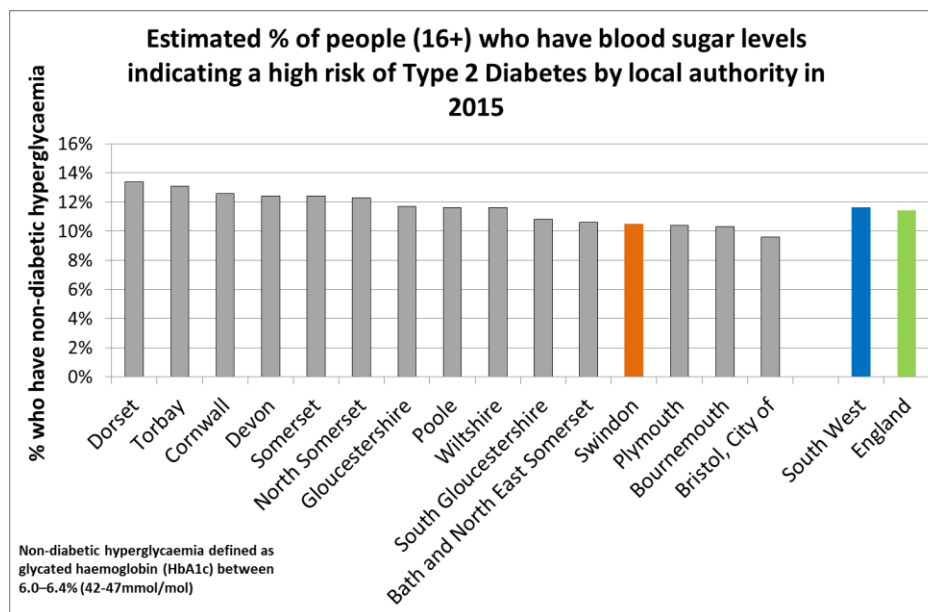


Key fact

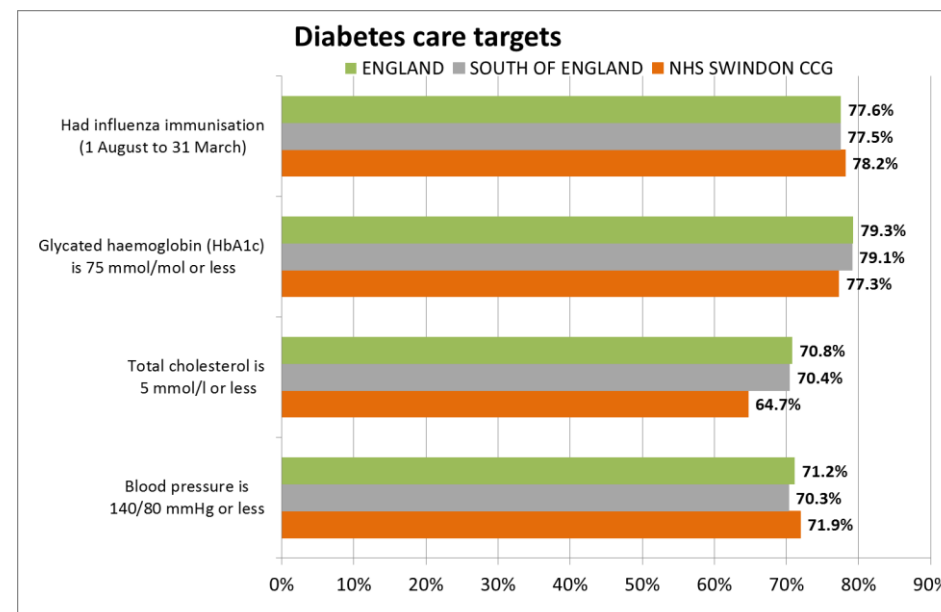
18,535 people in Swindon have blood sugar levels indicating a high risk of developing Type 2 Diabetes



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

7. Cancer

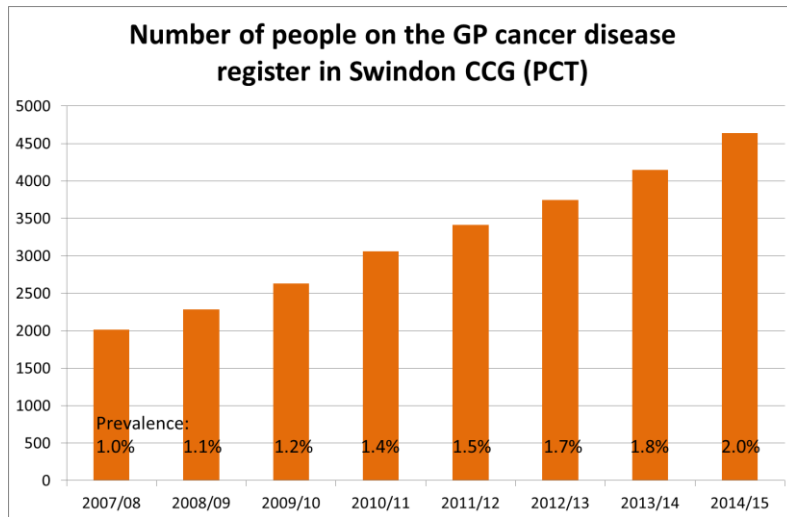


Key fact

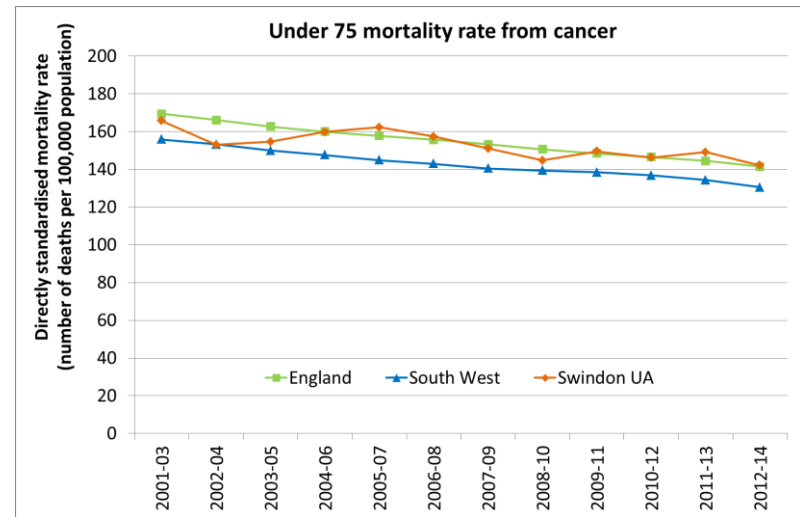
1 in every 2 people born after 1960 will be diagnosed with some form of cancer during their lifetime



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

8. Communicable disease and immunisation



Key fact

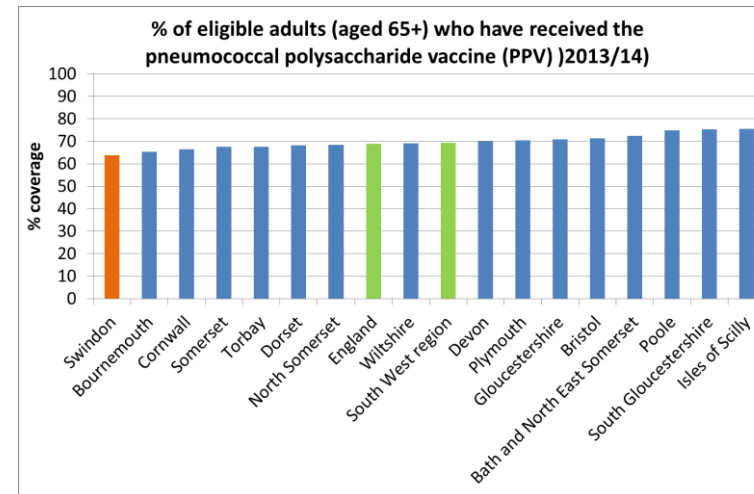
In 2013/14, in Swindon, 96.6% of girls aged 12-13 received all 3 doses of the HPV vaccine, the highest coverage in the country



Key indicator



Key indicator



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 information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

9. Physical and sensory disabilities

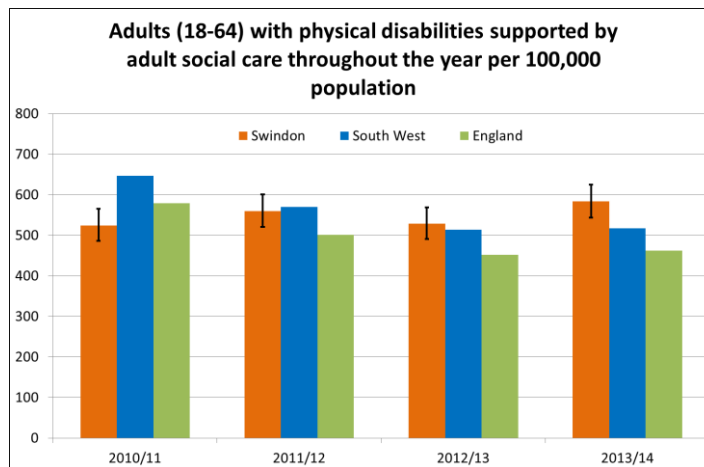


Key fact

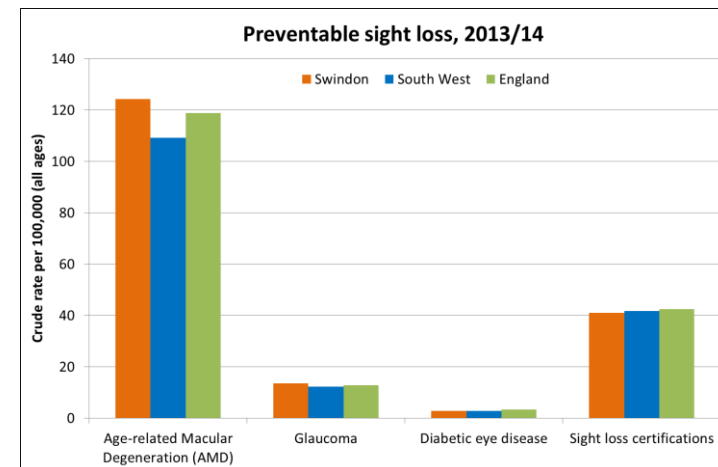
In Swindon LA, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

10. Mental Health and Wellbeing

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

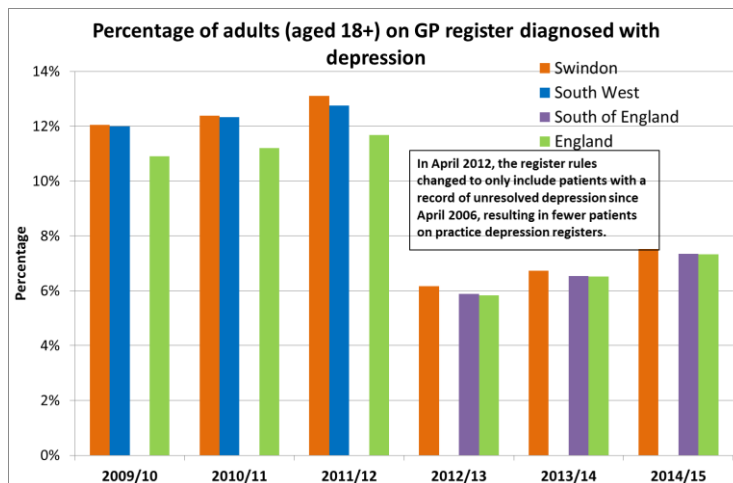


Key fact

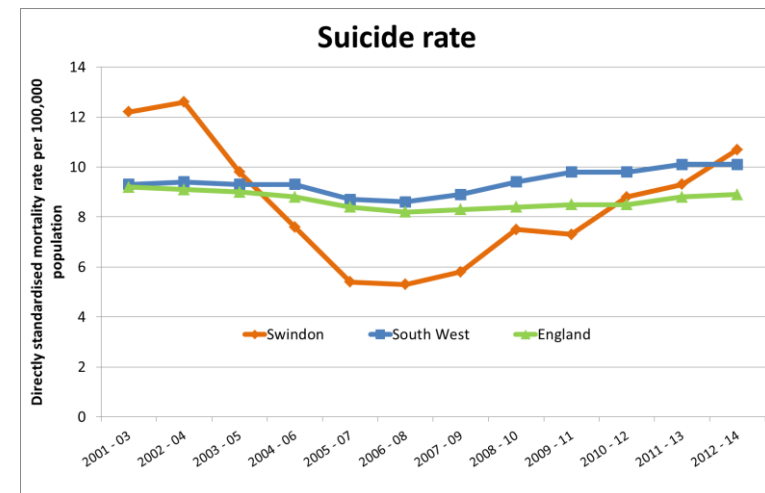
Mental illness is the largest single cause of disability and represents 28% of the disease burden in the UK



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

11. Learning Disabilities (LD)

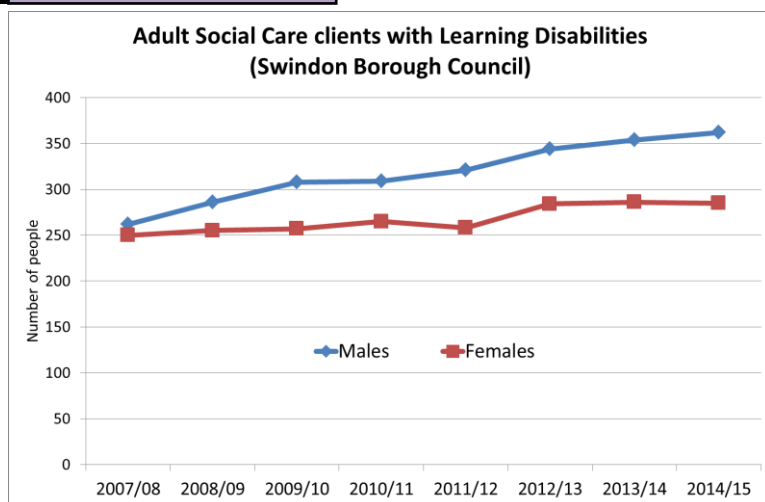


Key fact

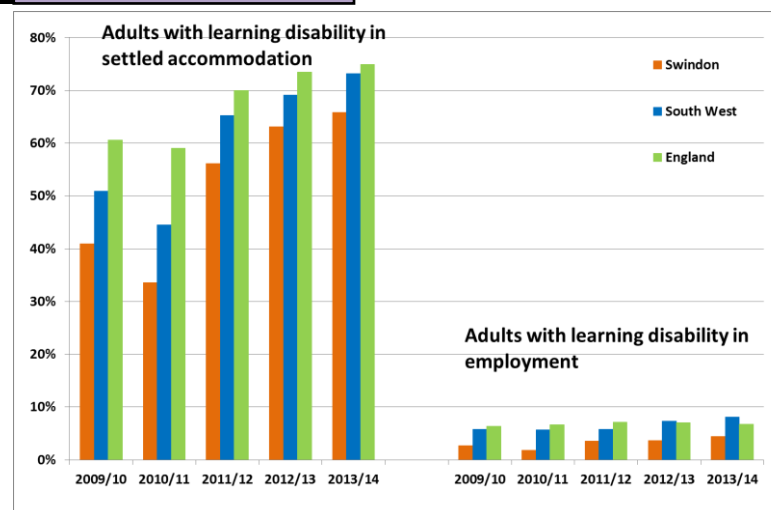
People with a LD are 3 times more likely than the general population to have a death classified as potentially avoidable through the provision of good quality healthcare



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

12. Dementia



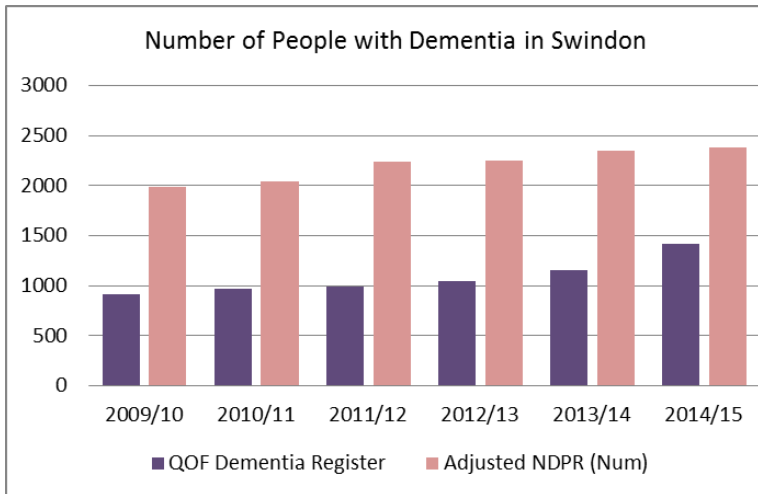
Key fact

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



Key indicator

Page 93



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

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



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

13. Falls and bone health, accidents and injuries

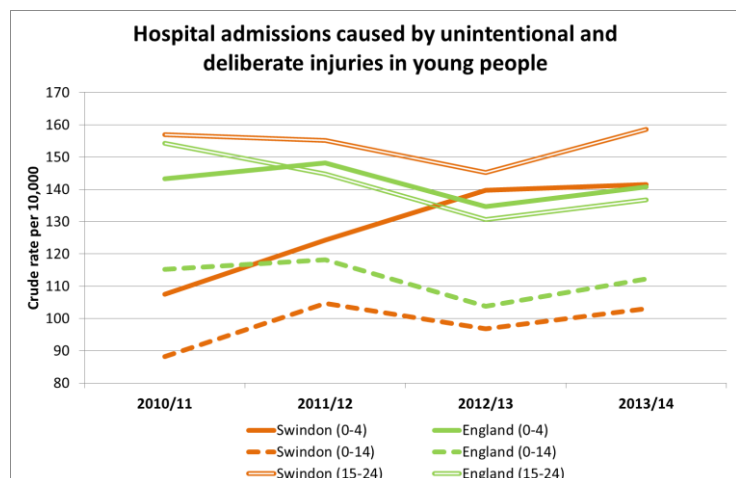


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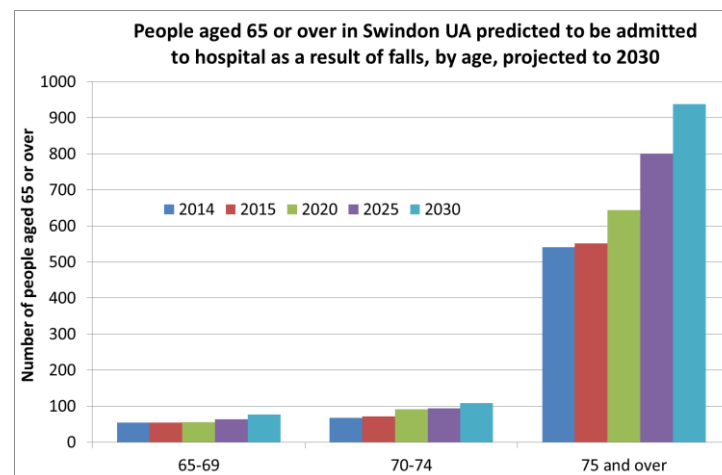
In Swindon it is estimated that 10,000 people over the age of 65 will fall each year and approximately 4,000 people will fall twice or more



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

14. Maternity and breastfeeding



Key fact

2,923 babies were born in Swindon UA in 2014, 29 of these were born to women aged under 18 and 102 to women aged 40 or above



Key indicator

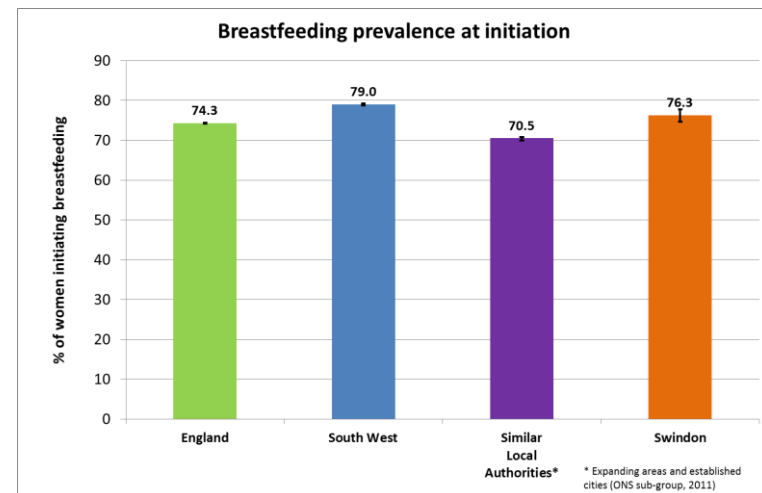
Estimated prevalence of perinatal mental illnesses in Swindon

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

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



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

15. Obesity, health eating and physical activity

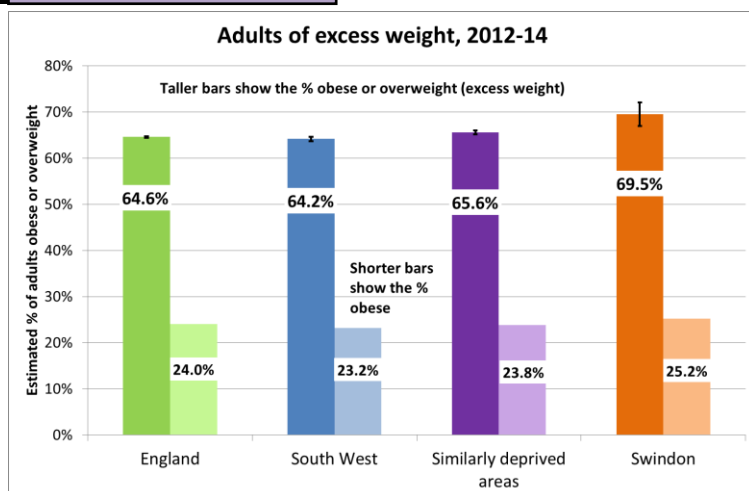


Key fact

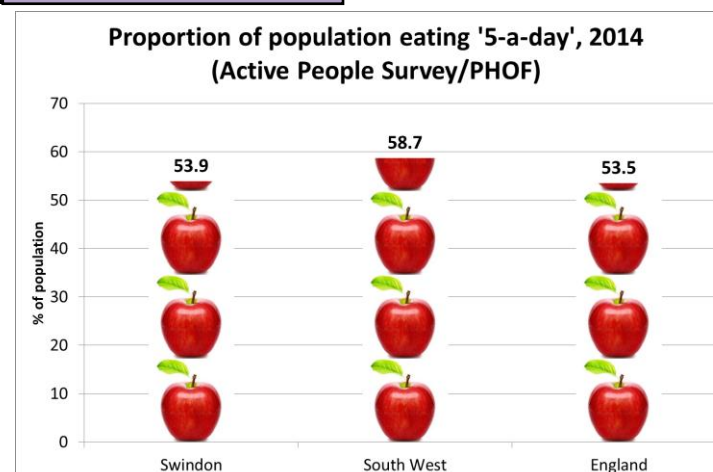
Surveys found that in 2014, 55.9% of adults in Swindon were physically active and 31.0% were physically inactive



Key indicator



Key indicator



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



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

16. Sexual health

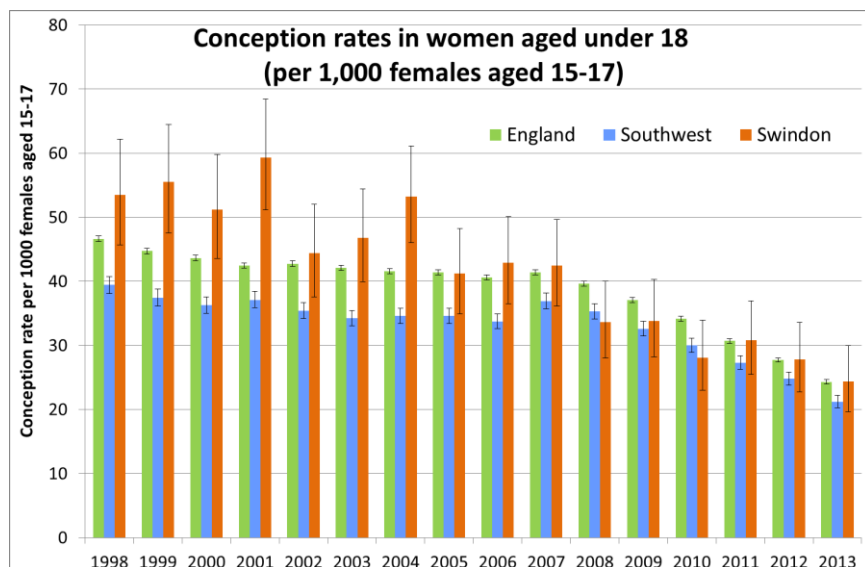


Key fact

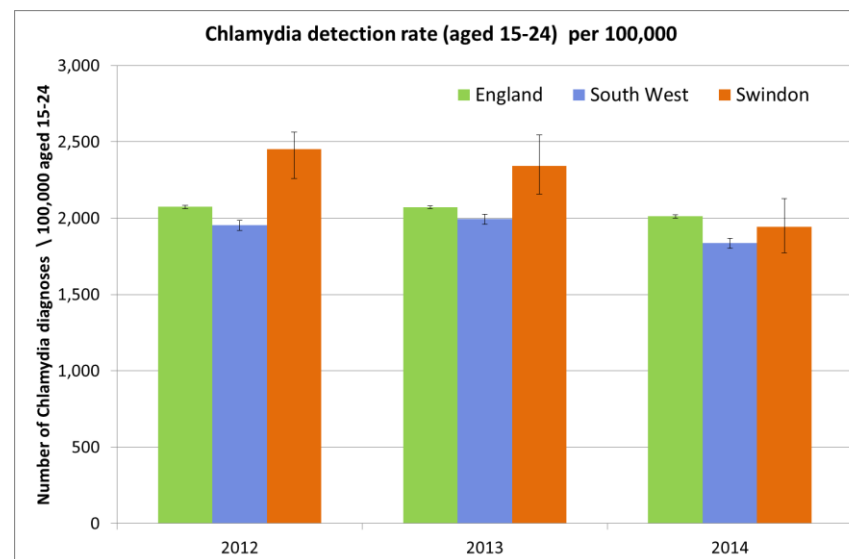
In Swindon, in 2014, 26.4% of abortions in women aged under 25 were repeat abortions



Key indicator



Key indicator



Key information

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



Key issues

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

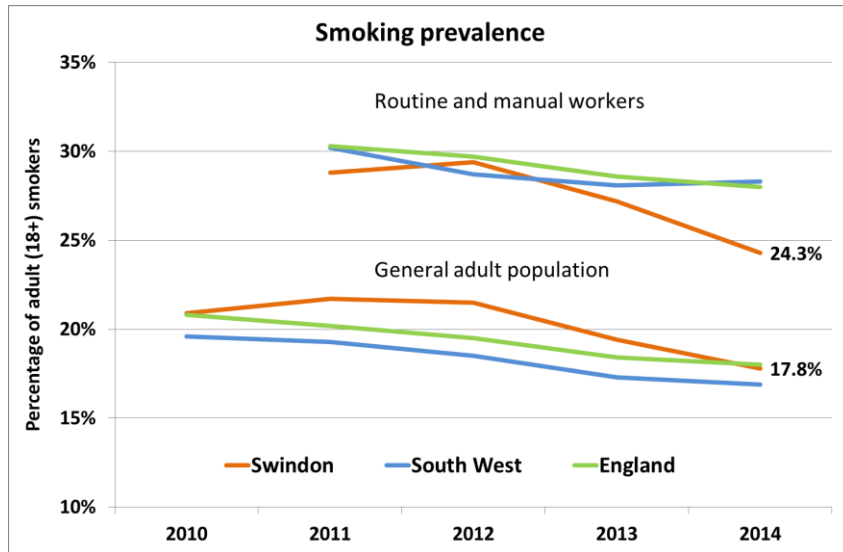


Key resources: tinyurl.com/SwindonJSNA-Resources

17. Substance misuse



Key indicator



Key information

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

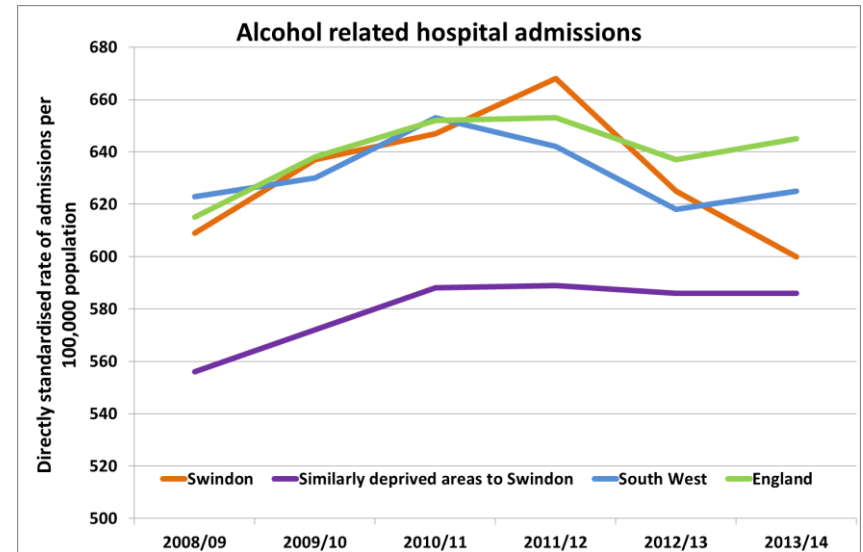


Key fact

Alcohol is the most common cause of liver disease in England



Key indicator



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

18. Safeguarding

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

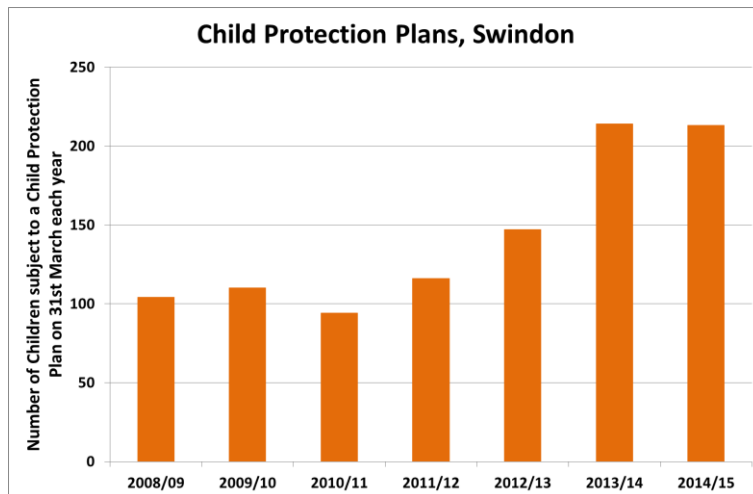


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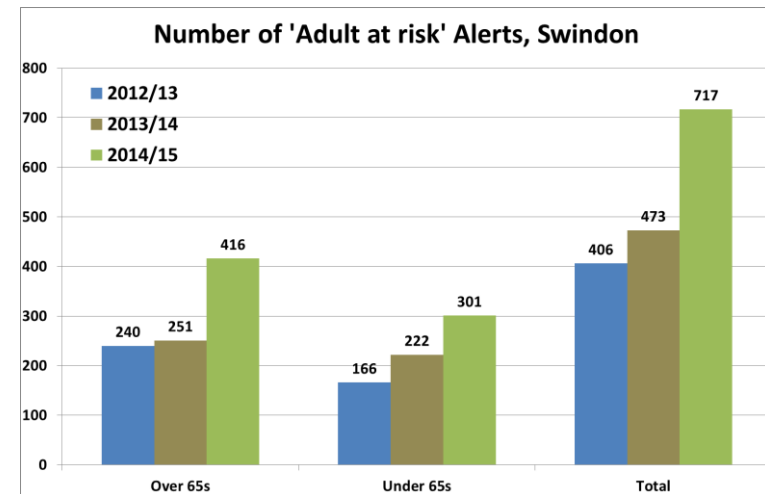
Neglect and Emotional abuse are the main categories leading to a child protection plan



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

19. Carers



Key fact

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

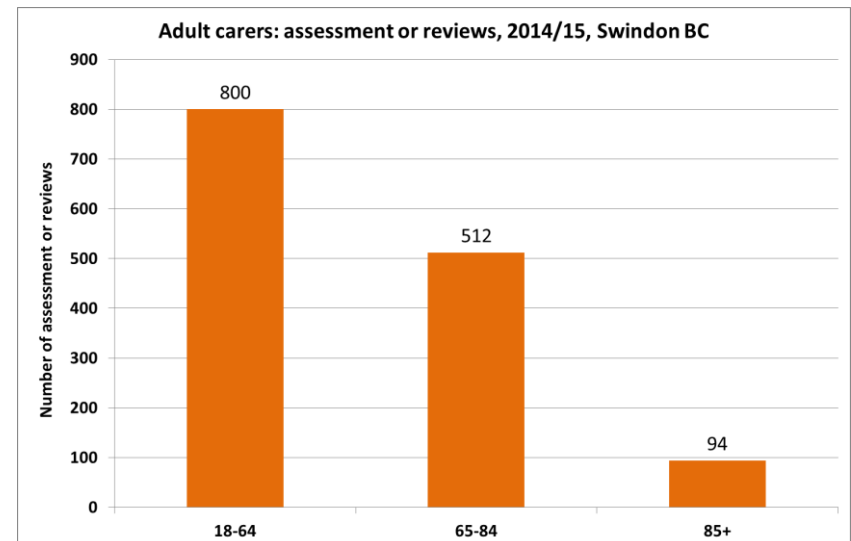
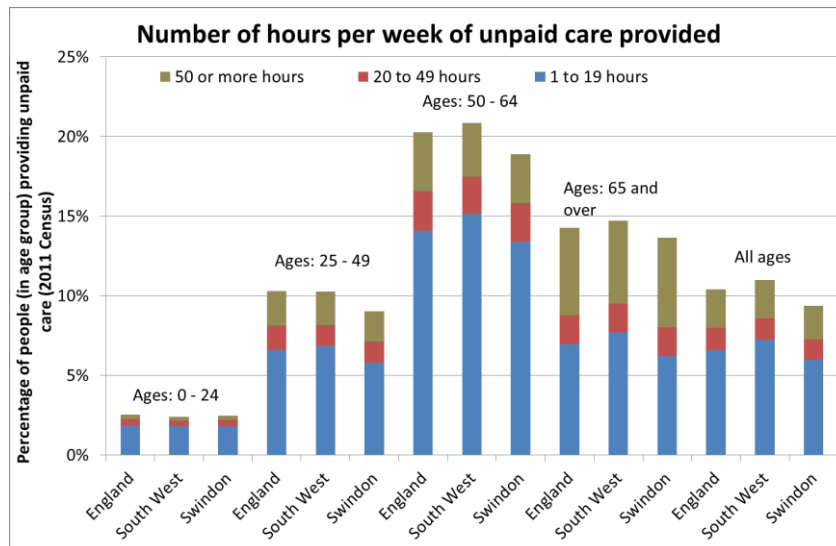


Key indicator



Key indicator

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



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

20. Community Safety

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

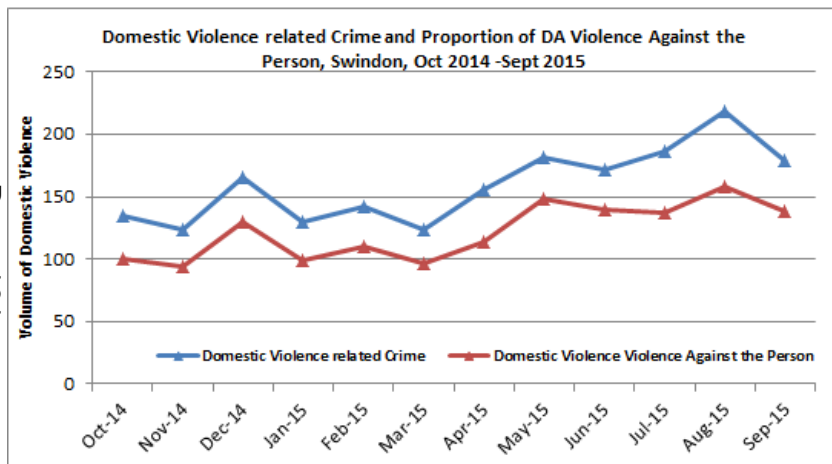


Key fact

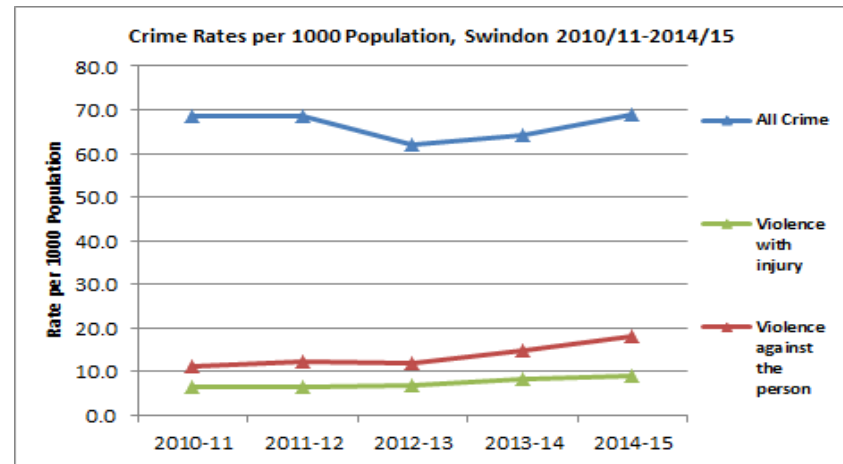
In Swindon, between October 2014 and September 2015, domestic abuse accounted for 38% of "Violence Against the Person" crimes



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

21. Housing, transport and the environment

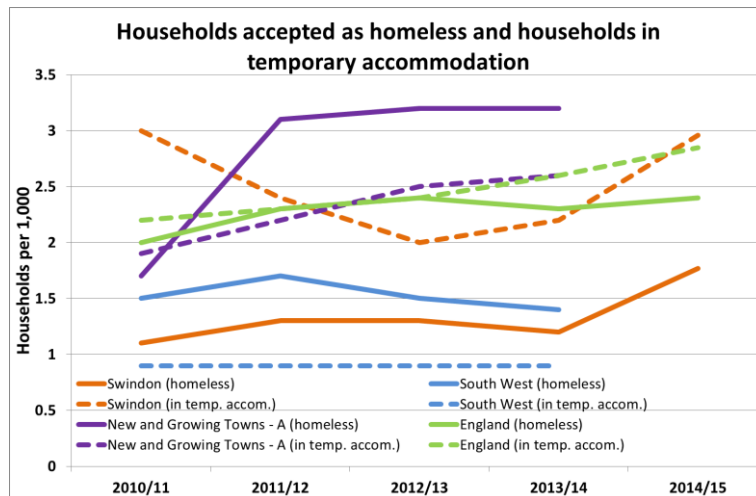


Key fact

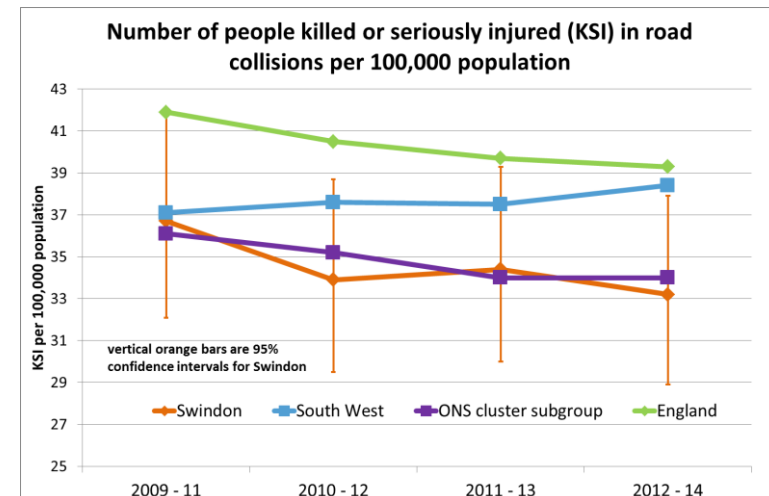
22,000 new homes will be built in Swindon between 2011 and 2026



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

22. Education, Skills and the economy

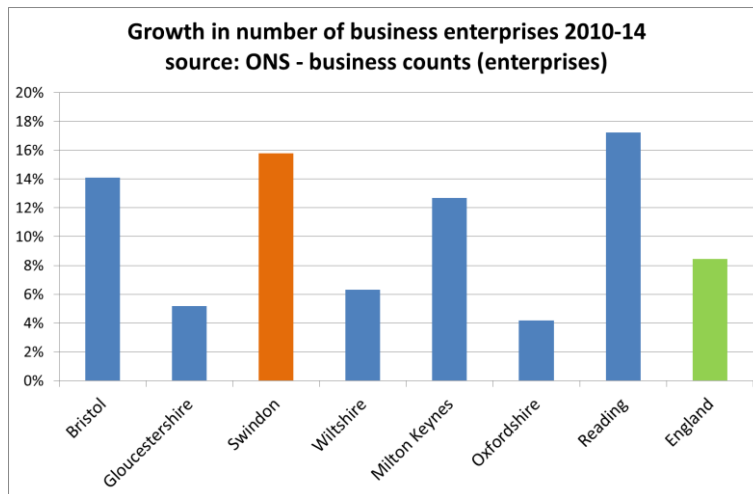


Key fact

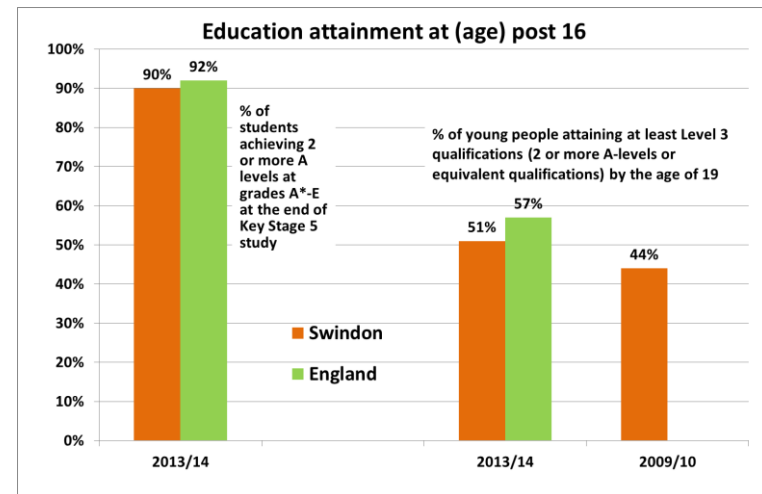
31% of the working age population in Swindon have an NVQ4+; this is much lower than the English average of 36%



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

23. Leisure, arts and culture

The most popular sports for adults in Swindon are:



Gym



Swimming



Cycling



Athletics



Keep Fit classes



Key fact

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



Key indicator

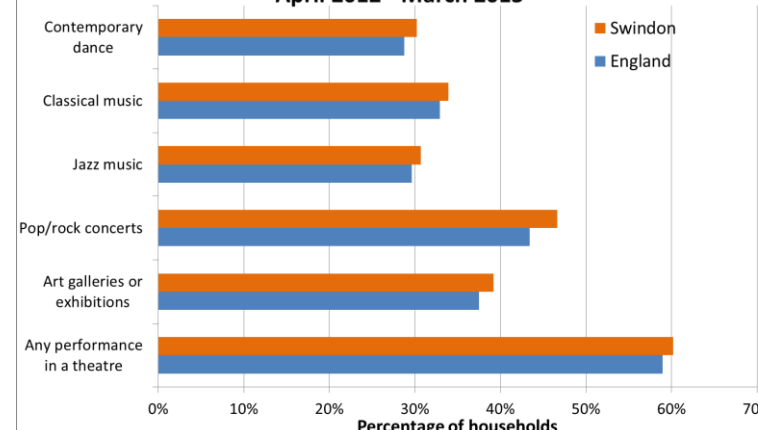
How active is Swindon's community?

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



Key indicator

Percentage of households attending arts events, April 2012 - March 2013



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

24. Children and young people

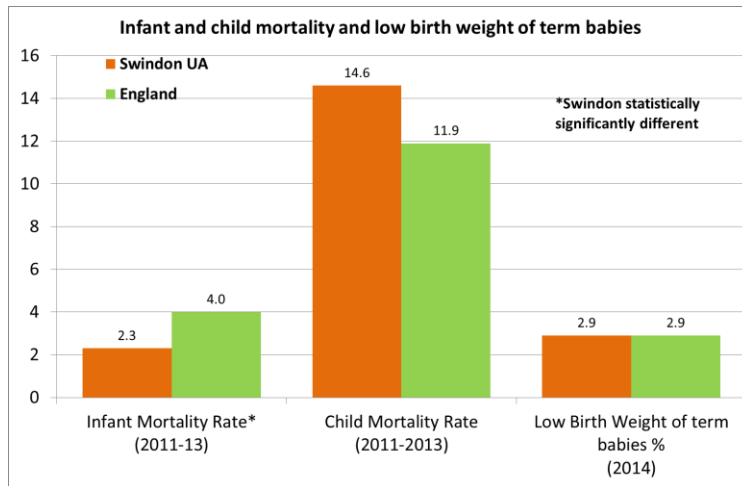


Key fact

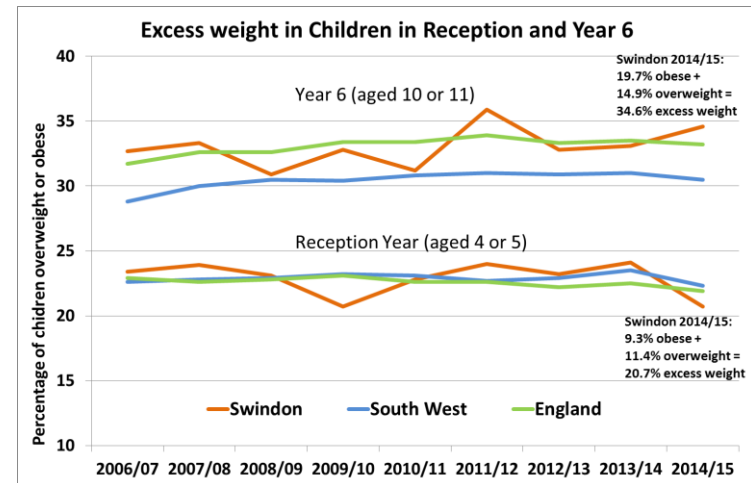
Only 4.2% of 15 year olds in Swindon are regular smokers, compared to 5.5% nationally



Key indicator



Key indicator



Key information

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



Key issues

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



Key resources: tinyurl.com/SwindonJSNA-Resources

25. Equalities



Key fact

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



Key indicator

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

9 'protected characteristics' (Equality Act, 2010)



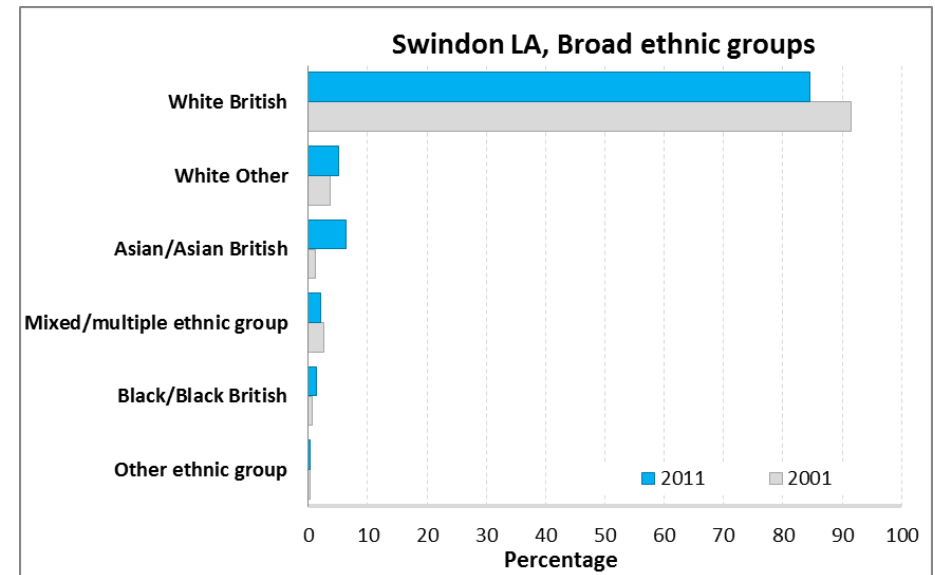
Key information

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



Key indicator

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



Key issues

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



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.

One Swindon

The One Swindon Partnership priorities are:

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

Public Health England

The current Public Health England (PHE) priorities¹ are:

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

NHS England

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

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

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

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

Children and Young People – Best Start Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 9 March 2016

Author:	Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The purpose of this report is to inform the Health and Wellbeing Board of the findings of the Children and Young People Best Start Joint Strategic Needs Assessment (JSNA) and seek support for its recommendations highlighted in the attached Children and Young People's Best Start JSNA Bulletin (Appendix 1).
- 1.2 The Children and Young People Best Start JSNA looks at available local and national data to describe the current picture with regard to Children and Young People and early years (0 – 4 year olds) in Swindon.
- 1.3 The JSNA is part of a suite of documents to understand the needs of children and young people in Swindon. This JSNA Bulletin provides a brief summary of the full JSNA which is a comprehensive and detailed analysis of all aspects of the first five years of a child's life and the influences on this.
- 1.4 The findings from the JSNA inform a suite of recommendations that aim to support all children and young people and ensure that they have the best start in life. This aligns with the Health and Wellbeing Strategy Outcome 1 Every child and young person in Swindon has a healthy start in life.

2. Recommendations

The Board is recommended to:

- 2.1 Note and agree the recommendations identified in the Children and Young People Best Start Joint Strategic Needs Assessment attached as Appendix 1 to this report.

3. Detail

- 3.1 In 2014 there were 48,604 under 18s in Swindon and 15,063 children aged 0 to 4 (6.7% of the population). The highest numbers of both under 18s and 0 to 4 year olds are in the wards of Priory Vale, St Andrews and Walcot and Park North. Over the next 20 years, Swindon's population of 0 to 18 year olds is predicted to increase by 19%.
- 3.2 Research tells us that pregnancy and a child's early years are a time of vital importance to a child's future health and wellbeing. Parents are central to this.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

Children and Young People – Best Start Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 9 March 2016

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- 3.3 Each year there are approximately 3000 births to Swindon residents. The under-five population is about 7% of the all-age population in Swindon, a higher proportion than in England or the south west. In Swindon 25% of under-ones are part of a BME community, and in Central ward 45% of under-fives are from a BME community.
- 3.4 Significant health inequalities in Swindon have been identified in JSNA work on pregnancy and birth outcomes. Children from poorer households tend to do worse on cognitive and behavioural outcomes at ages 3 and 5 and this disadvantage persists through childhood.
- 3.5 The Swindon Health Visitor survey (2015) of families with a child under the age of one identified the three most common reported health needs indicators as being low income (21%), parents who smoke (19%) and depressed or mentally ill parents (16%).
- 3.6 There are a number of main service areas whose focus is exclusively during pregnancy or the early years. These include Midwifery, Health Visiting and Early Years Education and Childcare providers.
- 3.7 Service users highlighted the importance of continuity of carer and establishing trust with professionals. They value informal networks for support and social contact.
- 3.8 Six early years high impact areas have been identified nationally to support integrated services. These are listed below and the full JSNA describes how Swindon meets these and identifies any gaps.
- Transition to parenthood and the early weeks
 - Maternal mental health
 - Breastfeeding (initiative and duration)
 - Healthy weight, healthy nutrition
 - Managing minor illness and reducing accidents
 - Health, wellbeing and development of the child age 2 – two year review and support to be 'ready for school'

Recommendations

- 3.9 The JSNA identified 3 strategic recommendations under these six early years high impact areas:

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

Children and Young People – Best Start Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 9 March 2016

- 3.9.1 To ensure that effective early intervention in Swindon is giving children the best start in life, develop a strategy and delivery plan with robust leadership to incorporate:
- An approach to identify families at most risk or who have multiple risks
 - An integration model for pregnancy and early years services including parenting advice
 - Workforce development strategy for the wider workforce
 - Information sharing
 - A shared metrics framework
 - A quality assurance framework promoting trust and co-operation
 - Integrated pathways for delivery of services
- 3.9.2 To ensure that Swindon is delivering what works to promote good child outcomes develop and implement a fidelity and evaluation model for delivery of evidence based programmes to support parent-child interaction.
- 3.9.3 Increase understanding of the needs of families with young children from BME communities and children exposed to or at risk of domestic abuse.
- 3.10 In addition the JSNA identified 19 specific recommendations under the six early years high impact areas:
1. Ensure full, effective delivery and monitoring of 'The Healthy Child programme: pregnancy and the first five years of life, including continuing to reduce health inequalities.
 2. Ensure that information and services to support parents on addressing their child's minor illnesses help build parental confidence and knowledge on self-management and when to seek help.
 3. Develop a transitional care ward at GWH to enable a newborn baby and mother to remain together when the baby needs more care after birth.
 4. Develop a strategy for perinatal mental health to support full implementation of the Swindon Perinatal Mental Health Integrated Pathway.
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Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

Children and Young People – Best Start Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 9 March 2016

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5. Utilise opportunities available through the CAMHS Transformation Funding to improve perinatal and infant mental health services. (also in parenting recommendations).
 6. Continue to review and reshape early help services to support parenting capacity where parents are experiencing domestic abuse, mental health problems, substance misuse, have learning difficulties or are teenage parents.
 7. Develop the use of quality assured approaches using media to provide trusted information and resources for parents.
 8. Review support of networking opportunities that parents need to reduce social isolation.
 9. Continue to develop programmes which promote parent-child interactions to improve attachment and parental sensitivity and the social, emotional and behavioural functioning of young children to ensure that parents who need it can receive the right support at the right time.
 10. Investigate how parents with low literacy levels can access classes to promote reading, writing and numeracy skills.
 11. Continue to develop the effectiveness of the integrated review for 2 - 2½ year olds by ensuring effective working of the pathway and identifying outcomes from the integrated review.
 12. Continue to narrow the gap in achievement during the EYFS related to disadvantage and gender.
 13. Continue expanding early years provision in places where children live and encourage uptake.
 14. Continue supporting quality improvement in early education and childcare, including with childminders.
 15. Support Early Years education settings to undertake the Early Help Record and Plan for children with identified needs.
 16. Review the range of all pathways for children under-five with disabilities to improve clarity, timeliness, and consistent early help processes.
 17. Develop support from specialist services to mainstream education settings to ensure they are confident and equipped to meet the needs of children with SEND.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

Children and Young People – Best Start Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 9 March 2016

- 18. Review the access to specialist advice and support concerning children with ASC to ensure that support is available at the earliest opportunity.
 - 19. Seek to develop a centralised data collection system of children with disabilities to improve understanding of needs and ensure robust service planning.
- 3.11 These recommendations will inform the Children and Young People Strategy which will be developed and monitored by the Early Help Group.

4. Alternative Options

- 4.1 Not to support the recommendations identified in the JSNA.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications as a result of this report.
- 5.2 If additional resources are needed to implement these recommendations a detailed business case will be developed.

Legal and Human Rights Implications

- 5.3 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
- 5.4 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon JSNA and that everyone in Swindon has fair access to services and are free from discrimination.

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

- 5.5 None as a result of this report for noting.

Diversity Impact Assessment

- 5.6 A Diversity Impact Assessment has not been completed at this stage.

Risk Management

- 5.7 No specific risks identified at this stage for this report.
-

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

Children and Young People – Best Start Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 9 March 2016

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Children and Young People Best Start JSNA Bulletin.

Swindon Joint Strategic Needs Assessment Bulletin

Bulletin: Children and Young People Best Start



Key Points:

- Research tells us that pregnancy and a child's early years are a time of vital importance to a child's future health and wellbeing. Parents are central to this.
- Each year there are approximately 3000 births to Swindon residents. The under-five population is about 7% of the all-age population in Swindon, a higher proportion than in England or the south west. In Swindon 25% of under-ones are part of a BME community, and in Central ward 45% of under-fives are from a BME community.
- Significant health inequalities in Swindon have been identified in JSNA work on pregnancy and birth outcomes. Children from poorer households tend to do worse on cognitive and behavioural outcomes at ages 3 and 5 and this disadvantage persists through childhood.
- The Swindon Health Visitor survey (2015) of families with a child under the age of one identified the three most common reported health needs indicators as being low income (21%), parents who smoke (19%) and depressed or mentally ill parents (16%).
There are a number of main service areas whose focus is exclusively during pregnancy or the early years. These include Midwifery, Health Visiting and Early Years Education and Childcare providers.
- Service users highlighted the importance of continuity of carer and establishing trust with professionals. They value informal networks for support and social contact.

A JSNA helps us to understand:

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

This JSNA is part of a suite of documents to understand the needs of children and young people in Swindon. It provides a brief summary of the full JSNA which is a comprehensive and detailed analysis of all aspects of the first five years of a child's life and the influences on this.

Population: Who is Affected?

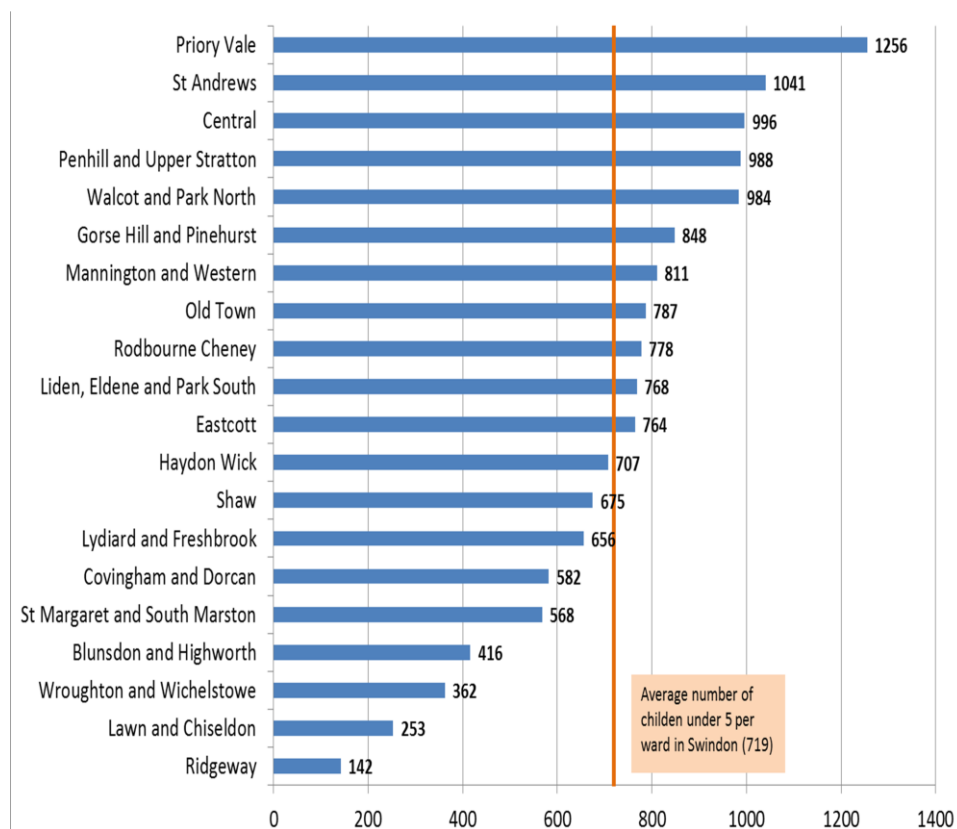
In 2014 there were 48,604 under 18s in Swindon and 15,063 children aged 0 to 4 (6.7% of the population). The highest numbers of both under 18s and 0 to 4 year olds are in the wards of Priory Vale, St Andrews and Walcot and Park North. Over the next 20 years, Swindon's population of 0 to 18 year olds is predicted to increase by 19%.

2,925 babies were born in Swindon in 2014 with the highest numbers in Priory Vale and Central.

Census data suggests 14.5% of under 18s in Swindon and 21% 0 to 4s are from a minority ethnic group; with highest levels in Central, Abbey Meads and Eastcott. Great Western Hospital (GWH) data between 2012 and 2014 shows 28% of births were to women from minority ethnic groups and ONS in 2013 shows

25% of births in Swindon were to women born outside the UK. 83 languages are spoken across Swindon; after English the most common is Polish although for school children it is Konkani. Health visitors identified 12% of families having difficulty with spoken English.

Figure 1: Number of children aged under 5 (30/03/2015)



Inequalities

Parents

Child Poverty affects long-term health and social outcomes

The Swindon Health Visitors Survey identified that 1 in 5 families with children under age one have a low income and are dependent on benefits, and 12% of households have a main wage earner who is unemployed.

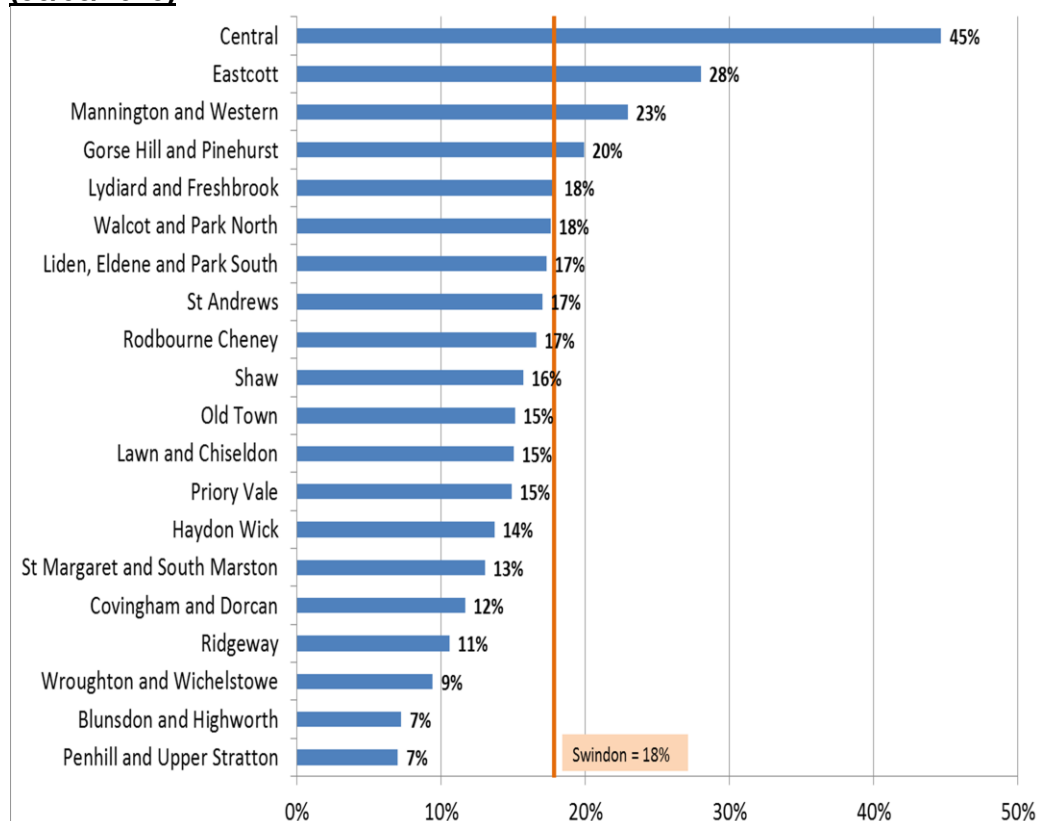
25% of households with a child under five in Swindon are workless according to the Department of Work and Pensions (DWP), increasing to over 40% in Penhill and Upper Stratton, Walcot Park North, Liden, Eldene and Park South, Gorsehill and Pinehurst.

Lone parenting can be linked to material inequalities. In Swindon, 26% of children live

in lone parent households with over 40% in Liden, Eldene, Park South and Walcot Park North (DWP 2013).

Children born to teenagers are also at risk of more negative health outcomes and are more likely to experience deprivation and poverty. In 2014 there were 116 births to Swindon mothers aged ≤ 19 . The Swindon Pregnancy and Birth Outcomes Study 2015 compared characteristics of teenage mothers with mothers 20 and over. This found mothers aged 19 and under were about three times more likely to smoke, about twice as likely to not book early with maternity services and about twice as likely to experience mental health problems.

Figure 2: BME population as a percentage of the total number of children aged under five years (30/03/2015)



Source: SBC Child Health data

They were, however, only half as likely to be obese. They are also significantly more likely to have a baby preterm of low birth weight and to not breast feed.

Both parents are also at risk of mental illness during the perinatal period (0-1 year) which if not treated can increase the risk of adverse effects on the child's brain development and long-term outcomes. The prevalence is difficult to estimate but national rates suggest 100 -150 per 1000 maternities experience mid-moderate depressive illness and anxiety states and 30 per 10000 experience severe depressive illness. Locally numbers of pregnant women with identified mental health concerns are increasing (GWH 2014).

Other risk factors for parents include:

- drug misuse, both in terms of effects on parenting but also direct on babies via Neonatal Abstinence Syndrome. In Swindon in 2012 – 2014, 33 women were identified in early pregnancy as misusing alcohol or drugs by GWH. The health visitor survey identified 96 families with an infant under 1 where at least one parent was abusing drugs.

- alcohol; this can directly affect the baby via Foetal Alcohol Spectrum Disorder with the riskiest period around conception and in the first trimester. Health visitor case loads of under ones in 2015 identified alcohol abuse in 3.3% of families.
- domestic abuse. In Swindon in 2015 there were 250 families in Swindon with children under 5 where there have been 2 or more reported domestic violence concerns to police. Rates by ward suggest some of the least deprived areas (e.g. Lawn and Chiseldon) have rates above the Swindon average of 22 families with children under five who have had 2 or more reported incidents of domestic violence per 1000 families.
- maternal obesity increases risks to both mum (figure 42) and baby. In Swindon from 2012 – 14 45% of mums to be were 'healthy' weights with 47.6% overweight or obese. Local Swindon data suggest the proportion

of pregnant women, in class II or III obesity (BMI > 35.0) is higher than nationally. There is some link to deprivation and obese mothers are more likely to have a low birth weight baby at full term and not breastfeed compared to women who are not obese.

- smoking can affect foetal nutrition, poor health outcomes, and during early years increase the risk of Sudden Infant Death Syndrome (SIDS), lower Respiratory Tract Infections and middle ear infections. In Swindon 12.9% of women were smoking at delivery (target is 12%) in 2014/15 equating to 372 women, similar to previous years. Analysis suggests a drop of about a third of women quitting smoking during pregnancy from 21.6% smoking 12 months prior to 12.9% still smoking at delivery. The proportion varies by GP surgery. Babies born to smokers were more likely to have a low birth weight and not be breastfed

Child Health

2.8% of babies have a low birth weight at full term, with a marked social gradient. As well as deprivation the risk of a low birth weight was increased for smokers and teenage mums.

Breastfeeding is promoted by the WHO as the means of giving infants a normal, healthy start to life. In Swindon CCG area in 2014/15 76.8% of new mums initiated breastfeeding and 46.8% were still breastfeeding at 6 – 8 weeks. For women who did not breastfeed this varied between 12.4% and 45.1% according to GP practice with deprivation, age and obesity risk factors for not breastfeeding and being from BME community or recent migrant protective factors.

Only 1 in 5 women breastfeed in Penhill and Upper Stratton ward at 6 -8 weeks compared to 73% in Central. Qualitative feedback suggested difficulty in obtaining support for breastfeeding particularly at home.

Good nutrition during pregnancy and early years is important for growth and development. Uptake of Healthy Start vitamins to both pregnant women and children eligible for free vitamins in Swindon is low at 1.5%.

In 2013/14 there were 5609 Accident and Emergency attendances for children under 5 in Swindon with nearly a third under one. The most common reason for attendance based on Healthcare Resources Group Code was 'no investigation with no significant treatment'.

There is no significant difference for A&E attendance between GP practices, but they were highest in the most deprived quintile based on home address.

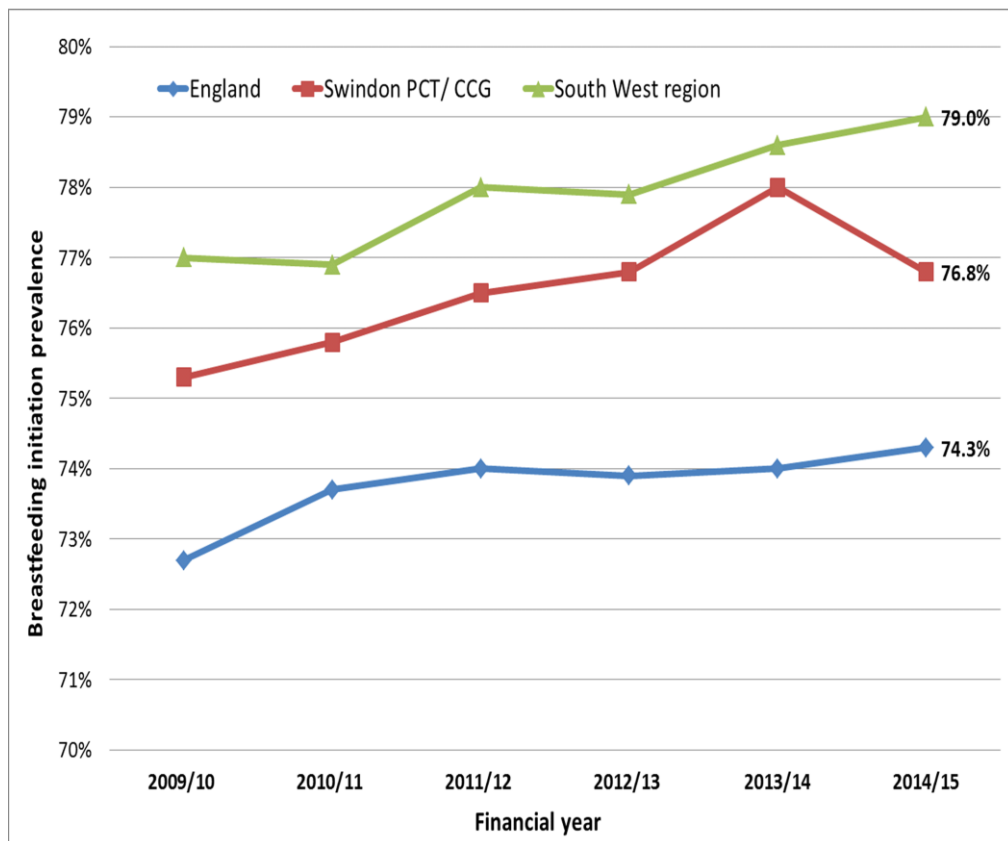
Swindon has a high rate of emergency admission to hospital of babies within 4 days of being born compared to the UK including high rates for Neonatal Jaundice and feeding problems.

Accidents and injuries are a major risk to young children and linked to deprivation. Rate for 0 – 4s in Swindon for hospital admission are 140/10,000 population (2013/14) similar to the SW and England, with falls the leading cause of accident related admission in Swindon.

Young children are both screened for different conditions and immunised according to the national immunisations schedule. Swindon achieved higher coverage than England on all routine immunisations for under 5s.

Children in need are defined as in the 1989 Children's Act and in Swindon 30.5 per 1000 children under 5 in March 2015 were considered in need with highest level in Gorse Hill and Pinehurst, Penhill and Stratton, and Walcot and Park North mirroring the pattern of children on Child Protection Plans. National research suggest maltreatment, neglect and abuse were often more likely in households with multiple risk factors including substance misuse, domestic violence and /or parental mental health.

Figure 3: Breast Feeding Initiation in Swindon PCT/CCG, the South West and England 2009/10 to 2014/15)



What Services do People Use?

The health visiting programme (staffed by health visitors and nursery nurses) delivers the Healthy Child 0-5 programme offering both universal and more in-depth support. They are also implementing a service improvement plan to meet target visit times.

Six early years high impact areas have been identified nationally to support integrated services. These are listed below and the full JSNA describes how Swindon meets these and identifies any gaps.

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding (initiative and duration)
- Healthy weight, healthy nutrition
- Managing minor illness and reducing accidents
- Health, wellbeing and development of the child age 2 – two year review and support to be ‘ready for school’.

first time mums aged 19 or under, offering structured, regular home visiting from pregnancy to the child’s second birthday. In June 2015, 122 mums were accessing the service.

Secondary care services include a paediatric department with a 20 bed in-patient ward, and mental health services including child and adolescent mental health services and LIFT psychology.

There are also a range of early help interventions and the early help record and plan process to identify the need for support quickly. Some children are also supported by Social Care: in May 2015 there were 41 looked after children aged under 5. Swindon Early Support Pathway (SESP) is a multi-agency pathway providing assessment and access to services for children who have additional needs in two or more spheres of medical, communication and physical needs: in May 2015 352 children under 5 were known to SESP.

Swindon also offers a range of programmes to promote different development needs for children and parents. These include universal programmes such as Five to Thrive, the Newborn Behavioural Observation System, Family Links Nurturing Programme, Bookstart and Triple P and selective prevention programmes such as Baby Steps, Infant Massage, VIPP (Video feedback intervention to promote positive parenting) and Parents Under Pressure.

All three and four year olds are entitled to free early education/childcare for 15 hours each week for 38 weeks of the year. Since September 2014 about 40% of the most disadvantaged two year olds are also able to access free early education or childcare. In Swindon (Sept 2015) 64% of those who were known to be eligible had applied for a two year funded place.

What do People Think?

Seven focus groups were held with 39 parents. Key themes were:

- The importance of developing trust
- The value of social connections
- The need for more information online about what is available
- The importance of feeling that mums to be 'fit in' with a group and would be welcome
- Less judgement if mums do not want to or cannot breastfeed
- Continuity of care and having the same professional involved if possible
- De-medicalising language around pregnancy
- People want to be seen as good parents and worry that they will be judged if they ask for help.

Recommendations

The JSNA identified 3 strategic recommendations (listed below) and 19 specific recommendations under the six early years high impact areas.

1. To ensure that effective early intervention in Swindon is giving children the best start in life, develop a strategy and delivery plan with robust leadership to incorporate:
 - An approach to identify families at most risk or who have multiple risks
 - An integration model for pregnancy and early years services including parenting advice;
 - Workforce development strategy for the wider workforce;
 - Information sharing;
 - A shared metrics framework;
 - A quality assurance framework promoting trust and co-operation; and
 - Integrated pathways for delivery of services.
2. To ensure that Swindon is delivering what works to promote good child outcomes develop and implement a fidelity and evaluation model for delivery of evidence based programmes to support parent-child interaction.
3. Increase understanding of the needs of families with young children from BME communities and children exposed to or at risk of domestic abuse.

Children's Health

1. Ensure full, effective delivery and monitoring of 'The Healthy Child' programme: pregnancy and the first five years of life, including continuing to reduce health inequalities,
2. Ensure that information and services to support parents on addressing their child's minor illnesses help build parental confidence and knowledge on self-management and when to seek help;

3. Develop a transitional care ward at GWH to enable a newborn baby and mother to remain together when the baby needs more care after birth.

Maternal Mental Health

4. Develop a strategy for perinatal mental health to support full implementation of the Swindon Perinatal Mental Health Integrated Pathway;
5. Utilise opportunities available through the CAMHS Transformation Funding to improve perinatal and infant mental health services. (also in parenting recommendations)

Parenting

6. Continue to review and reshape early help services to support parenting capacity where parents are experiencing domestic abuse, mental health problems, substance misuse, have learning difficulties or are teenage parents.
7. Develop the use of quality assured approaches using media to provide trusted information and resources for parents.
8. Review support of networking opportunities that parents need to reduce social isolation.

Attachment, Social and Emotional Development

9. Continue to develop programmes which promote parent-child interactions to improve attachment and parental sensitivity and the social, emotional and behavioural functioning of young children to ensure that parents who need it can receive the right support at the right time.

Learning and Communication

10. Investigate how parents with low literacy levels can access classes to promote reading, writing and numeracy skills.
11. Continue to develop the effectiveness of the integrated review for 2 - 2½ year olds by ensuring effective working of the pathway and identifying outcomes from the integrated review.
12. Continue to narrow the gap in achievement during the EYFS related to disadvantage and gender.

High Quality Early Education

13. Continue expanding early years provision in places where children live and encourage uptake.

14. Continue supporting quality improvement in early education and childcare, including with childminders.
15. Support Early Years education settings to undertake the Early Help Record and Plan for children with identified needs.

Children with Disabilities and Special Educational Needs

16. Review the range of all pathways for children under-five with disabilities to improve clarity, timeliness, and consistent early help processes.
17. Develop support from specialist services to mainstream education settings to ensure they are confident and equipped to meet the needs of children with SEND.
18. Review the access to specialist advice and support concerning children with ASC to ensure that support is available at the earliest opportunity.
19. Seek to develop a centralised data collection system of children with disabilities to improve understanding of needs and ensure robust service planning.

Acknowledgements

The author would like to thank all the service users and stakeholders who contributed to and gave their time to help inform this needs assessment.

Where to find more information

More information about all Swindon's JSNAs can be found on the JSNA website:

<http://www.swindonjsna.co.uk/>

If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:
JSNA@swindon.gov.uk

Swindon and Wiltshire Strategy to Reduce Domestic Abuse 2015 – 2017

Health and Wellbeing Board

Date: 9 March 2016

Author: Head of Housing and Community Safety

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board about the 2015 – 2017 Swindon and Wiltshire Strategy to reduce Domestic Abuse (attached at Appendix 1 to the report).
- 1.2 The Swindon and Wiltshire Community Safety Partnerships are committed to reducing the prevalence and impact of domestic abuse in our local communities.

2. Recommendations

The Board is recommended to:

- 2.1 Approve the 2015 – 2017 Swindon and Wiltshire Strategy to reduce Domestic Abuse.
- 2.2 Recommend to the NHS Swindon Clinical Commissioning Group that they adopt this strategy which was adopted by Swindon Borough Council Cabinet on 9 December 2015.

3. Detail

- 3.1 Domestic abuse continues to be a complex and challenging priority; it is a crime, as well as a social and public health issue, cutting across all geographic and cultural groups. The impact on those living with its effects is long lasting and devastating.
- 3.2 Victims experiencing domestic abuse may suffer not only physical violence but also be subject to long systemic periods of psychological and emotional assaults, financial control and threats. The impact extends to their families and includes children and young people.
- 3.3 It is largely hidden and under-reported; a victim may experience around 35 incidents of abuse before talking to anyone. Only one in five incidents of domestic abuse will be reported, with many more people presenting at hospitals or GP surgeries as a result of injuries caused by a current or former partner.
- 3.4 The Swindon and Wiltshire Community Safety Partnerships are committed to reducing the prevalence and impact of domestic abuse in our local communities.

Further information on the subject of this report can be obtained from Mike Ash, 01793 464377, MAsh@swindon.gov.uk.

Swindon and Wiltshire Strategy to Reduce Domestic Abuse 2015 – 2017

Health and Wellbeing Board

Date: 9 March 2016

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- 3.5 This strategy has adopted the definition of domestic abuse, as set out by the Home Office:
- “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional.”
- 3.6 This definition incorporates abuse between family members (including children to parents/grandparents, between siblings), partners in intimate relationships and includes 'honour' based violence, female genital mutilation (FGM) and forced marriage. It is clear that victims are not confined to age, gender or ethnic group.
- 3.7 The strategy will tackle domestic abuse across five identified priorities and will set out how we will work with:
- 3.7.1 **Victims and Survivors**, Swindon and Wiltshire agencies will work together in partnership to meet the needs of all victims and survivors to ensure access to quality appropriate support.
- 3.7.2 **Children and Young People**, to recognise the specific needs of and provide support for children and young people whose lives are affected by domestic abuse.
- 3.7.3 **Perpetrators of domestic abuse**, to ensure that perpetrators are held accountable for their actions and brought to justice, using both supportive and enforcement approaches to reduce offending behaviour and harm.
- 3.7.4 **Training and Awareness Raising**, to increase the local communities and organisations understanding and awareness of the extent and impact of domestic abuse.
- 3.7.5 **Continuous improvement**, in both statutory and voluntary agencies, sharing skills, resources and good practice to reduce the prevalence of domestic abuse.
- 3.8 The strategic aims will be achieved through actions which will be set out in the localised Community Safety Partnership implementation plans for Swindon and monitored by the newly established multi agency Domestic Abuse Board.
- 3.9 The strategy recognises Adults, Children and Young People as either *direct* or *indirect* victims and/or survivors who have been either living with or witnessing domestic abuse.
- 3.10 The strategy will ensure that we:
-

Further information on the subject of this report can be obtained from Mike Ash, 01793 464377, MAsh@swindon.gov.uk.

Swindon and Wiltshire Strategy to Reduce Domestic Abuse 2015 – 2017

Health and Wellbeing Board

Date: 9 March 2016

- 3.10.1 Take a victim focused approach, in order to prevent domestic abuse, increase confidence in reporting and to protect victims from experiencing further harm.
- 3.10.2 Take positive action in assisting and supporting victims and survivors of domestic abuse by working in partnership with local agencies to keep them safe and further reduce the risk of re-victimisation.
- 3.10.3 Ensure appropriate and sustainable provision of specialist support services for victims and survivors of domestic abuse.
- 3.10.4 Recognise the needs of children and young people who are affected by domestic abuse by providing preventative measures and support.
- 3.10.5 Provide preventative approaches through early interventions and awareness.
- 3.10.6 Recognise that in addition to adult perpetrators of domestic abuse, young people may be identified as having or developing abusive behaviours.
- 3.10.7 Work with perpetrators of domestic abuse, both convicted and non-convicted to reduce risk of reoffending and harm and recognise and understand their own behaviour and the impact that it has.
- 3.10.8 Work to increase understanding and awareness of the extent and impact of domestic abuse in local communities, agencies and organisations and develop a coordinated approach for domestic abuse awareness raising opportunities.
- 3.10.9 Strengthen existing partnership working to prevent and tackle domestic abuse across Swindon to protect victims.

4. Alternative Options

- 4.1 Not to support the Swindon and Wiltshire Domestic Abuse Strategy.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Although there are no direct financial or procurement implications arising from development of the strategy Domestic Abuse the financial and social cost to both public sector agencies, the wider community and those directly affected are significant.

Swindon and Wiltshire Strategy to Reduce Domestic Abuse 2015 – 2017

Health and Wellbeing Board

Date: 9 March 2016

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.

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

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

Diversity Impact Assessment

- 5.4 A Diversity Impact Assessment (DIA) has been completed by the Community Safety Team in respect of the Strategy. Changes to the Strategy have been made to encourage a broader understanding and awareness of the impacts of domestic abuse. Page 7 of the Strategy refers to not only raising public awareness but also to undertaking targeted campaigns in local communities to raise awareness that domestic abuse is not restricted or confined to age, gender or particular ethnic groups. A copy of the DIA is available from the Community Safety Team or from the Head of Housing and Community Safety.

Risk Management

- 5.5 No specific risks were identified at this stage for the report. However not addressing issues around domestic abuse is likely to have a negative impact on health outcomes for all concerned.

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1. Swindon and Wiltshire Strategy to reduce Domestic Abuse.

Swindon and Wiltshire Strategy to Reduce Domestic Abuse 2015 - 2017

Foreword

Domestic abuse continues to be a complex and challenging priority; it is a crime, as well as a social and public health issue, cutting across all geographic and cultural groups. The impact on those living with its effects is long lasting and devastating.

Victims experiencing domestic abuse may suffer not only physical violence but also be subject to long systemic periods of psychological and emotional assaults, financial control and threats. The impact extends to their families and includes children and young people.

It is largely hidden and under-reported; a victim may experience around 35 incidents of abuse before talking to anyone. Only one in five incidents of domestic abuse will be reported, with many more people presenting at hospitals or GP surgeries as a result of injuries caused by a current or former partner.

The Swindon and Wiltshire Community Safety Partnerships are committed to reducing the prevalence and impact of domestic abuse in our local communities.

In this strategy we have set out our joined up approach to working with victims and survivors, children and young people and perpetrators of domestic abuse as well as training and awareness raising and continuous improvement. It promotes the need for both the statutory and voluntary organisations to work together effectively, alongside service users. This strategy is our continued commitment to realising that ambition.

Domestic Abuse is unacceptable and has to stop; there is no excuse for abuse.

Swindon and Wiltshire Community Safety Partnerships are committed to reducing the prevalence and impact of domestic abuse in our communities through a coordinated community response.

This strategy has adopted the definition of domestic abuse, as set out by the Home Office

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional.”

This definition incorporates abuse between family members (including children to parents/grandparents, between siblings), partners in intimate relationships and includes 'honour' based violence, female genital mutilation (FGM) and forced marriage. It is clear that victims are not confined to age, gender or ethnic group.

The Community Safety Partnerships in Swindon and Wiltshire are committed to working together to seek resolutions to reduce the prevalence of domestic abuse. This strategy builds on the achievements of the previous strategies and sets out the next stages in addressing the issue, in both existing work and plans for future work. It is intended to complement and help strengthen existing provision rather than replace existing projects or initiatives.

This strategy will tackle domestic abuse across five identified priorities and will set out how we will work with:

- **Victims and Survivors**, Swindon and Wiltshire agencies will work together in partnership to meet the needs of all victims and survivors to ensure access to quality appropriate support.
- **Children and Young People**, to recognise the specific needs of and provide support for children and young people whose lives are affected by domestic abuse.
- **Perpetrators of domestic abuse**, to ensure that perpetrators are held accountable for their actions and brought to justice, using both supportive and enforcement approaches to reduce offending behaviour and harm.
- **Training and Awareness Raising**, to increase the local communities and organisations understanding and awareness of the extent and impact of domestic abuse.
- **Continuous improvement**, in both statutory and voluntary agencies, sharing skills, resources and good practice to reduce the prevalence of domestic abuse.

The strategic aims will be achieved through actions which will be set out in the localised Community Safety Partnership implementation plans.

Agencies will be accountable for the implementation of this strategy; this will include but is **not limited** to:

- Local Authorities
- Criminal Justice Agencies
- Health Partners
- Voluntary and Community Sector Organisations

- Community Groups
- Private Sector

The strategy is underpinned by research and needs assessments which can be referenced at the end of this document and should be read in conjunction with the supporting documents listed.

Implementation and Delivery

The strategy is the overarching document which sets out a common understanding and commitment from key stakeholders to prevent and tackle Domestic Abuse. It will promote working together in a planned and coordinated way that will drive activities in partnership.

Supporting the strategy is an implementation plan, which has been developed to ensure the strategy is delivered. The implementation plan includes county-wide measures and actions targeted to specific areas. In addition, localised implementation plans will be produced detailing each of the strategic priorities, highlighting:

- Objectives
- Actions required for delivery
- Outputs
- Outcomes
-

Implementation plans will identify appropriate lead agencies, as well as resource required to deliver outcomes.

Monitoring and Evaluation

The Domestic Abuse Reduction Co-ordinators will have the responsibility for monitoring the progress against the implementation plans. This will be led through the appropriate Domestic Abuse Reduction delivery groups, who will have the remit for implementation of the strategy. Interim progress reports will be made to the respective Swindon and Wiltshire Domestic Abuse reduction groups and reports by exception submitted to the Swindon and Wiltshire Community Safety Partnerships.

Accountability

The Swindon and Wiltshire Community Safety Partnerships have the responsibility to reduce crime and disorder, including Domestic Abuse.

The partnerships will provide the overarching governance for the Swindon and Wiltshire Domestic Abuse Reduction Strategy, whilst recognising the links to the Criminal Justice Board, Safeguarding Children's Board, and Children's Trust Board, the Health & Wellbeing Board and Adult Safeguarding Board.

Implementation and delivery of the strategy will be the responsibility of individual agencies through a coordinated joined up approach.

Partner agencies recognise their obligations to promote race, equality and diversity in the method, quality and style of service delivery.

Victims and Survivor

This strategy recognises Adults, Children and Young People as either *direct* or *indirect* victims and/or survivors who have been either living with or witnessing domestic abuse.

The strategy will ensure that we:

Take a victim focused approach, in order to prevent domestic abuse, increase confidence in reporting and to protect victims from experiencing further harm.

This will include:

- Providing clear, accessible information and support.
- Working with local services to further increase opportunities for victims to report domestic abuse in a private and confidential manner.
- Support third party reporting.
- For Children and Young People distinguishing between those that are witnesses and/or living with the effects of Domestic Abuse.
- Children and Young People who are victims in their own relationships.

Take positive action in assisting and supporting victims and survivors of domestic abuse by working in partnership with local agencies to keep them safe and further reduce the risk of re-victimisation.

This will include:

- Maintain and promote the effectiveness of Multi-Agency Risk Assessment Conferences (MARAC) to mitigate further risk of harm.
- Proactively engage with local agencies and commissioned services to continuously improve multi-agency responses to prevent and reduce domestic abuse.
- Assisting victims to remain in their own homes by providing information, community based outreach services and legal options.
- Support those that intend to leave by providing advice and access to specialist domestic abuse services.
- Specialist support services to encourage engagement of victims in criminal and civil justice processes to challenge perpetrators behaviour.
- Consider the Care Act 2015 and ensure that the domestic abuse elements are implemented.
- Increase awareness and earlier identification of stalking and harassment by professionals as part of the risk assessment and referral pathway process.

Ensure appropriate and sustainable provision of specialist support services for victims and survivors of domestic abuse

:

This will include:

- Providing specialist services to assist victims engaged in criminal or civil justice routes.
- Ensuring outcome based commissioning of future domestic abuse interventions and services are appropriate and reflective of local need.
- Ensuring equality and diversity are embedded in all domestic abuse services so the needs of victims from minority and vulnerable groups, including those with no recourse to public funds are met

Children and Young People

This strategy recognises Children and Young People as either *direct* or *indirect* victims and/or survivors who have been either living with or witnessing domestic abuse:

- Within their family environment, either living with/or witnessing domestic abuse
- Experiencing domestic abuse within their own relationships

The strategy will ensure that we:

Recognise the needs of children and young people who are affected by domestic abuse by providing preventative measures and support.

This will include:

- Having safeguarding procedures in place that professionals are aware of and use the pathways to enable early identification of children and young people at risk and those deemed vulnerable.
- Ensuring information sharing is robust in identifying and protecting children and young people.
- Ensure that the needs of children and young people are met through existing safeguarding processes.
- Appropriate signposting to services at the first point of contact for advice and support.
- Ensuring services for children and young people are sufficient coordinated and in line with Working Together 2015, local policies and procedures and South West Child Protection Procedures and Policy.

Provide preventative approaches through early interventions and awareness.

This will include:

- Increasing awareness that young people can be victims (*either direct or indirect*) and perpetrators of domestic abuse and the impact this has.
- Working to ensure children and young people have awareness and understanding of domestic abuse, the support that is available and the ways to access it.
- Increasing awareness with Young People what is a 'healthy relationship', challenging perceptions and attitudes and the role of social media and how to reduce risks to young people e.g. Cyber-bullying
- Working with children and young people's services and educational establishments to raise awareness of domestic abuse and protect young people from becoming victims and potential perpetrators.
- Working with the Troubled Families programme to transform the lives of our most troubled families through highly targeted approaches across the whole family; working collaboratively to understand underlying triggers to ensure maximum impact can be achieved from every contact.

Perpetrators of Domestic Abuse

The strategy will recognise that in addition to adult perpetrators of domestic abuse, young people may be identified as having or developing abusive behaviours.

The strategy will ensure that we address the systematic nature and cyclical pattern of abuse:

Working with perpetrators of domestic abuse, both convicted and non-convicted to reduce risk of reoffending and harm.

This will include:

- The use of criminal and civil options being fully utilised.
- A timely and proportionate criminal justice response to crime reports
- Regular multi agency information sharing to manage the risk of perpetrators.

To enable perpetrators to recognise and understand their own behaviour and the impact that it has and to be held accountable and to take responsibility.

This will include:

- Develop and maintain programmes for perpetrators for behaviour change (both court mandated and voluntary/community) programmes for perpetrators of domestic abuse to address and change abusive and controlling behaviour.

Early identification of young people at risk, to prevent them developing abusive or unhealthy behaviours.

This will include:

- The provision of appropriate support for children and young people engaging in or at risk of unhealthy and abusive behaviours in relationships.

Training and Awareness Raising

The strategy will ensure that we:

Work to increase understanding and awareness of the extent and impact of domestic abuse in local communities, agencies and organisations.

This will include:

- The delivery of sustainable multi-agency training in domestic abuse awareness, identification, prevention, risk assessment, safety planning and appropriate referral to support services for victims and perpetrators.
- Providing opportunities for practitioners to maintain continuing professional development and ensure their learning is incorporated into their working practices.

Develop a coordinated approach for domestic abuse awareness raising opportunities.

This will include:

- Using research and data to inform targeted awareness raising activities identified every year.
- Publicity and awareness information to be easily accessible to the public and frontline practitioners.
- To undertake targeted campaigns in local communities to raise awareness that domestic abuse is not restricted or confined to age, gender or ethnic groups.
- To promote a zero tolerance of domestic abuse in all its forms.

Continuous Improvement

The strategy will ensure that we:

Strengthen existing partnership working to prevent and tackle domestic abuse across Swindon and Wiltshire to protect victims.

This will include:

- Agencies will share best practice and promote continued professional development.
- Strategic partners to secure sustainable funding for domestic abuse interventions and services, which are responsive and reflective of local need.
- Ensuring domestic abuse is included within the local strategic planning framework and implemented within relevant organisational policies and plans.
- work with agencies to record and share domestic abuse data and intelligence to inform future strategic need assessments and evidence based responses to addressing domestic abuse
- Ensure knowledge of local and national good practice around outcome focused interventions..
- Agencies will ensure the appropriate sharing of information to reduce risk.
- Extending working relationships where gaps have been identified.

Useful supporting documents for DA strategy links:

- Implementation plan
- Consultation report
- Diversity Impact Assessment

Useful related documents:

The Swindon & Wiltshire strategy and future work around Domestic Abuse will link with other national, county and local strategies, policies.

- Police and Crime Plan for Wiltshire and Swindon 2015 – 2017
<http://www.wiltshire-pcc.gov.uk/Document-Library/Police-and-Crime-Plan/PCC-plan-final.pdf>
- Wiltshire's Joint Strategic Assessment
<http://www.intelligencenetwork.org.uk/joint-strategic-assessment>
- Swindon's Joint Strategic Assessment
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/Joint-Strategic-Needs-Assessment.aspx>
- Working Together to Safeguard Children 2015 –
This document sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

- The Care Act 2014 – sets out how people’s care and support needs should be met enabling greater control over their lives and has a greater emphasis on prevention to help people stay independent.
- http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf
- Wiltshire joint sharing protocol between Adults’ and Children’s Services; to support and protect children and young people living in households where there is parental domestic abuse or where parents use drugs or alcohol or have mental health needs (May 2015)
- As well as being reflected through agencies own plans and strategies including but not exclusively:
 - Health and Well Being Strategy
 - Homelessness Strategy
 - Supporting People
 - Alcohol Strategy
 - Hidden Harm Strategy
 - Anti Social Behaviour Reduction Strategy
 - Local Safeguarding Children’s Board
 - Local Safeguarding Adult’s Board
 - Police and Crime Plan
 - NICE Guidelines

Glossary of Terms

The Community Safety Partnership – is made up of statutory partners in Swindon and Wiltshire, including police, fire and rescue service, councils, NHS and probation services. These agencies are committed to tackling the reduction of Domestic Abuse as an identified priority in the Strategic Assessment.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

MARAC – Multi-Agency Risk Assessment Conferences for domestic abuse, a case conference meeting for victims identified at highest risk. It provides a forum for sharing information and taking action that will reduce harm. MARACs are outcome focused. Attendance is by key agencies from the statutory and voluntary sector working in the field of domestic abuse.

Victim and Survivor – The difference between a victim and a survivor is that a victim is someone who has been or is being harmed by another person. Harmed can mean many different things including molested, insulted, demeaned, abused and assaulted. A survivor is someone who despite having been a victim has left the emotional, mental and physical captivity of an abuser behind and has committed themselves to moving.

LSCB – Local safeguarding Children Board – Local partnership boards were set up by the Government as part of the system of checks and balances to make sure that partners are held to account about how children and young people are kept safe and that they receive consistent and excellent provision.

LSAB – Local safeguarding Adult Board - is a multi-agency partnership, which actively engages in providing better protection for individuals needing care and support. Whilst safeguarding adults' protocols refer to all people over the age of 18 years and who fit the definition of a vulnerable adult, the majority of alerts and/or concerns raised fall within people aged 65 years and over.

CJB – Criminal Justice Board – is responsible for the effectiveness of the Criminal Justice System (CJS) in Wiltshire and Swindon. It brings together the agencies involved in delivering criminal justice within the county, which are Wiltshire Police, Wiltshire Probation Area, Her Majesty's Courts and Tribunal Service, Her Majesty's Prison Service, Wiltshire Youth Offending Service, Swindon Youth Offending Team and the Crown Prosecution Service.

Health and Wellbeing Board - The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way.

Diversity Impact Assessment (DIA): This is a tool to help make sure that we carry out our functions and deliver our services in the way they are intended and for everyone, regardless of age, gender, sexual orientation, disability, race, religion and/or belief. DIAs make sure we meet our legal equality duties through assessment of the likely (or actual) equality effects of our policies, functions or services on Wiltshire and Swindon's diverse populations. This includes looking for opportunities to promote equality that have previously been missed, as well as negative impacts that can be removed, mitigated or justified.

Adults at risk – are those aged 18 or over who may be in need of community care services by reason of mental or other disability, age or illness; and who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Useful supporting documents for DA strategy links:

- Implementation plan
- Consultation report
- Diversity Impact Assessment

Useful related documents:

The Swindon & Wiltshire strategy and future work around Domestic Abuse will link with other national, county and local strategies, policies.

- Police and Crime Plan for Wiltshire and Swindon 2015 – 2017
<http://www.wiltshire-pcc.gov.uk/Document-Library/Police-and-Crime-Plan/PCC-plan-final.pdf>
- Wiltshire's Joint Strategic Assessment
<http://www.intelligencenetwork.org.uk/joint-strategic-assessment>
- Swindon's Joint Strategic Assessment
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/Joint-Strategic-Needs-Assessment.aspx>
- Working Together to Safeguard Children 2015 –
This document sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
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http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf
- Wiltshire joint sharing protocol between Adults' and Children's Services; to support and protect children and young people living in households where there is parental domestic abuse or where parents use drugs or alcohol or have mental health needs (May 2015)
- As well as being reflected through agencies own plans and strategies including but not exclusively:
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 - Homelessness Strategy
 - Supporting People
 - Alcohol Strategy
 - Hidden Harm Strategy
 - Anti Social Behaviour Reduction Strategy
 - Local Safeguarding Children's Board
 - Local Safeguarding Adult's Board
 - Police and Crime Plan
 - NICE Guidelines

Healthwatch Swindon Retender update

Health and Wellbeing Board

Date: 9 March 2016

Author: Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To inform the board of the recent procurement for Healthwatch Swindon given the current contract with Parkwood expires on 31 March 2016.
- 1.2 The Health and Social Care Act 2012 stated that local Healthwatch providers be established from 1 April 2013. Local Healthwatch providers are independent bodies, able to employ their own staff and involve volunteers, to become the influential and effective voice of the public. They act as an independent consumer champion for both health and social care.
- 1.3 From 1 April 2016 the new provider for Healthwatch Swindon will be The Care Forum.

2. Recommendations

The Board is recommended:

- 2.1 To note the report and the appointment of The Care Forum as the Healthwatch Swindon provider from 1 April 2016.

3. Detail

- 3.1 The Health and Social Care Act 2012 stated that local Healthwatch providers be established from 1 April 2013. Local Healthwatch providers are independent bodies, able to employ their own staff and involve volunteers, to become the influential and effective voice of the public.
- 3.2 They act as an independent consumer champion for both health and social care and give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch provides, or signposts, people to information to help them make choices about health and care services.
- 3.3 Local Healthwatch are funded by councils and held to account by them for their ability to operate effectively and provide value for money. The Health and Social Care Act 2012 allowed flexibility for councils to choose the commissioning route to achieve best value for money for their communities.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

Healthwatch Swindon Retender update

Health and Wellbeing Board

Date: 9 March 2016

- 3.4 Parkwood Healthcare Limited was awarded the original Healthwatch Swindon three year contract in 2013 to establish and support Healthwatch Swindon. The contract expires on 31 March 2016.
- 3.5 A procurement process commenced in 2015 and an open tender process took place between September and December 2015.
- 3.6 The Care Forum, an experienced provider of Healthwatch with existing contracts in South Gloucestershire, Bath and North East Somerset, Somerset and Bristol, were the successful tenderer in the open tender process and will take over from Parkwood on 1 April 2016.
- 3.7 The Care Forum, a registered charity, is an independent voluntary and community sector infrastructure organisation who currently work primarily across Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire and Somerset. Please find the link to their website for information about their current activity. <http://www.thecareforum.org/pageabout-us.html>
- 3.8 The Annual Report for 2015/16 is being written and although it will be completed after April 1st it will be the responsibility of Parkwood to complete. The final document will come to the Health and Wellbeing Board in June.
- 3.9 Healthwatch Swindon will continue to act as an independent consumer champion for both health and social care across Swindon and have representation on various bodies including: the Swindon Health and Wellbeing Board, the Children's and the Adults Health, Social Care and Housing Overview and Scrutiny Committees and the NHS Clinical Commissioning Group (CCG) Patient and Public Involvement Forum.

4. Alternative Options

- 4.1 There is no alternative option. The contract has been awarded to The Care Forum and their delivery and performance will be monitored accordingly against the contract performance indicators.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications as a result of this report. The contract has been awarded to the Care Forum following an open tender process within the budgeted financial envelope.

Legal and Human Rights Implications

- 5.2 There are no legal and human rights implications resulting from this update.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

Healthwatch Swindon Retender update

Health and Wellbeing Board

Date: 9 March 2016

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

- 5.3 None as a result of this report for noting.

Diversity Impact Assessment

- 5.4 None undertaken for this report however a DIA was completed for the retendering of the contract.

Risk Management

- 5.5 A risk register was completed as part of the tender process and is available on request.

6. Consultees.

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 None.

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Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 9 March 2016

Author:	Head of Commissioning Children and Adults
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To allow the Health and Wellbeing Board to consider the issues arising from the meetings of the Joint Commissioning Group held on 1 December 2015 and on 5 January 2016.

2. Recommendations

The Committee is recommended to:

- 2.1 To review the discussions held and issues arising from the meetings of the Joint Commissioning Group held on 1 December 2015 and 5 January 2016, and where appropriate request additional information or reports in relation to issues raised.

3. Detail

- 3.1 The Health and Wellbeing Board is invited to consider issues arising from the minutes of the Joint Commissioning Group held on 1 December 2015 and 5 January 2016 and to request additional information and/or reports on issues raised.

4. Alternative Options

- 4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 This report has no financial or procurement implications.

Legal and Human Rights Implications

- 5.2 This report has no legal or Human Rights considerations.

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

- 5.3 None.

Further information on the subject of this report can be obtained from Sue Wald, swald@swindon.gov.uk.

Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 9 March 2016

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage.

Risk Management

- 5.5 No risk management issues have been identified at this stage.

6. Consultees

- 6.1 This covering report collates the minutes of the Joint Commissioning Group at their meetings on 1 December 2015 and 5 January 2016. The items discussed at those meetings were / will be consulted upon as appropriate, so no further consultation is required for this report.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 - Minutes of the Joint Commissioning Group held on 1 December 2015.
- 8.2 Appendix 2 - Minutes of the Joint Commissioning Group held on 5 January 2016.

Joint Commissioning Group
Notes of 1st December 2015 Meeting

Present:

Sue Wald (SW), Sheila Baxter (SB), Nicki Millin (NM), Cherry Jones (CJ), Paul Bearman (PB), Matthew Hawkins (MH), Louise Tapper (LT), Lynn Frith,), Angela Plummer (AP), Thomas Kearney (TK), Gill May (GM), Lisa Samak (LS), Rani Rooke

Apologies: Joy Kennard (JK), Caroline Little (CL), Caroline Gregory (CG) Peter Nathan (PN), Jackie Walker (JW),

<i>Item</i>	<i>Description</i>	<i>Action</i>
1.	<p>Matters arising and Minutes Update on outstanding actions :</p> <p>Sue forwarded the details of patients with four visits a day to Gill for an audit.</p> <p>Mental health transformation plan submitted and now approved. Joy Kennard preparing next submission with working group for January 2016</p> <p>Better Care Fund Q2 submitted to NHS England and part of HWB papers.</p> <p>Jackie and Paul agreed to meet to look at how to combine CCG joint risks with JCG risks.</p> <p>KPI for rapid assessment unit and reablement : shared with SEQOL this afternoon</p> <p>Social care activity report: Matthew to set out information request</p>	<p>G</p> <p>JK</p> <p>PB/JW</p>
2.	<p>Finance Adult social care budget projected to underspent due to early delivery of savings for 2016/17 in learning disabilities of £900k through reviewing care packages on learning disabilities and reducing crisis placements. However there would be a pressure of £500k if discharge to assess beds and domiciliary care continue at current levels of 14 beds and additional 1,100 hours per week . Adult social care mitigating through social worker based in bridging Delirium cases were identified and no resolution on this. AWP now saying there is an acute pathway and NICE guidance. Specialist dementia community team starting 1st December 2015 and offer to support nursing and residential homes. Referrals through GPs rather than homes</p>	<p>AP</p> <p>TK</p>

Item	Description	Action
	<p>Children's Services Projected overspent on children's social care due to social work agency costs and placements. Social work managers have been recruited as well as front line social workers. This has an implication for children's budget 2016/17. Capacity for the named nurse for looked after children can now be funded from the CCG budget that funds children's service. Paediatric and speech and language therapy and asked CCG to consider additional funding 2016/17</p> <p>CCG budget 2016/17 CCG expecting a challenging settlement as well and working on funding existing cost pressure. The Spending Review announced additional funding for the NHS but it is not clear how this will be allocated.</p> <p>Joint commissioning budgets Discussions in January with providers on One Place One Budget</p>	
3.	<p>Newton Europe Follow Up Discussion at Strategic Planning group with providers with priority identified as</p> <ul style="list-style-type: none"> - Falls service - Speedier discharge to assess through social care to reduce excess bed days - Admission due to mental health issues - Communication strategy on self care and self management, information for patients to be discharged as quickly as possible <p>Social care process mapping and recent care packages have shown that there are too many hands off in the process, packages coming in high</p>	

<i>Item</i>	<i>Description</i>	<i>Action</i>
4.	<p>Performance Children's Performance report –</p> <p>Adults</p> <p>Sue circulated performance report. Admission to residential care for older people increased further in October and high numbers of requests received from social workers in SEQOL. This was raised in contract meeting and with managers in SEQOL. Particular high packages coming from SWICC. Assessments completed within 28 days not yet showing improvement</p> <p>Safeguarding: numbers of alerts have increased to 621 at the end of October, compared with 457 in the same period last year. The vast majority are screened out as quality issues as only 147 progress to enquires showing the potential need for additional training in agencies such as Chalkdown Hospital and GWH.</p> <p>Delayed discharge: Delayed discharge figures have reduced for GWH but now high in SWICC. GWH was 98 days whilst SWICC accounted for 170 days in October. Revised data recording chart has been shared with all agencies and now agreed.</p> <p>Health Overview and Scrutiny report written and agreed, publication on Thursday.</p> <p>Additional support made available to Swindon system from LGA through Alan Rosebach and a visit from NHS England in January. Nicki and Sue to discuss Alan's proposals and to emphasise the need of understanding current process from current staff.</p> <p>Hospital currently on black. Additional 100 hours of bridging coming on stream this week.</p> <p>Social care has appointed a temporary social worker to review all cases on domiciliary care and discharge to assess beds</p> <p>Follow up meeting with care homes last week. Sue to ask Louise Tapper to coordinate the action plan and tasks as there had been limited progress on the actions agreed.</p> <p>Children's Performance Report circulated. Continued high demand for children in need. Lynn Frith asked for SEN data to be included. We raised the need for a full review of children's health service over the next 18 months</p> <p>Public Health High rates of obesity, cancer screening. Health protection report was also circulated. Childhood immunisation levels are good.</p>	<p>LT</p> <p>LF</p>

Item	Description	Action
5.	Section 117 and mental health panels There is a need to review the process of 117 aftercare and decision making over placements particularly those placements requiring social care funding. Angela, Thomas and Sheila to meet to map a process	AP/TK
6.	Chalkdown Private hospital with placements made by different CCGs. Eldene Surgery has registered all existing patients. Out of area CCGs are now asking Swindon CCG to fund. CCG has asked Chalkdown for service level Agreement with Eldene Surgery. CCG has asked that Chalkdown contract is changed to ensure admission is amended so that placing CCG retains responsibility and undertakes reviews of patients placed. John Hughes to agree final letter with CCG to those placing CCGs.	TK
7.	AOB	
8.	Future meetings January 2016 Personal health budgets Day services in Extra care February Area inspection Special educational needs	

Joint Commissioning Group
Notes of 5th January 2016 Meeting

Present:

Sue Wald (SW), Sheila Baxter (SB), Cherry Jones (CJ), Paul Bearman (PB), Matthew Hawkins (MH), Louise Tapper (LT), Thomas Kearney (TK), Gill May (GM), Jackie Walker (JW), Sarah Bright (SB).

Apologies: Joy Kennard (JK), Caroline Gregory (CG) Peter Nathan (PN), Nicki Millin (NM), Angela Plummer (AP),

<i>Item</i>	<i>Description</i>	<i>Action</i>
1.	<p>Matters arising and Minutes Update on outstanding actions :</p> <p>MH Transformation Plan January submission with working group JK.</p> <p>Specialist Dementia Community Team commenced December 2015. SB</p> <p>CCG undertaking full review of children's health service provision over the next 18 months.</p> <p>Letter sent to both Chalkdown and to a number of GP's regarding the requirement to deregister patients with Chalkdown. Progress to be monitored.</p>	
2.	<p>Finance SBC</p> <p>The forecast outturn position across Children & Adults Commissioning as at the end of November 2015 is an underspend of £547k. This is £531k lower than the £1,087k forecast in Oct 15.</p> <p>The LD savings target for 15-16 was £3.1m and we are on course to achieve this. Due to the financial challenges facing the Council and the high spend on LD when compared to other authorities we are looking to drive out £4.5m in savings in 2016-17.</p> <p>Children's forecast position has deteriorated - now over spent by £2.6m. A contributory factor is the issue around staffing and placement availability.</p> <p>SBC 2016/17 settlement received, expectation was that grants</p>	

<i>Item</i>	<i>Description</i>	<i>Action</i>
	<p>would go down by £10m (to date it has been reduced by £9.5m).</p> <p>SBC currently out to consultation on Children's Centres.</p> <p>PH grant reduction is 7.6% 2016/17 with additional 2.5% each year for the following 4 years ('flat cash'). Ring fence remains for 16/17 and 17/18.</p> <p>CCG budget 2016/17</p> <p>The Spending Review announced additional funding for the NHS but it is not clear how this will be allocated so as yet CCG do not know specific Swindon allocation.</p>	
3.	<p>Performance</p> <p>Adults</p> <p>SW circulated performance reports. There are continued pressures around Older People hospital discharge and high complexity of cases. The increase in the Physical & Sensory Support outturn forecast is mainly due to the understanding that the temporary block, bridging and pilot bed contracts will need to be extended until the end of March 2016.</p> <p>856 carers have received an assessment /review of need, with a further 93 carers who were offered but declined an assessment making a total of 949 carers offered /or assessed. This is up from the same point last year of 909 who had an assessment completed/ offered and declined.</p> <p>Our first permanent admissions to care for younger adults under 65, is performing very well. During the year we have had a total of 5 younger adults going into a permanent placement which is significantly lower than the same point last year when 14 younger adults had been placed.</p> <p>Since the management of the Safeguarding Adults has been brought back in house, the team has consolidated practices and procedures. Numbers of alerts have increased to 735 at the end of November, compared with 502 in the same period last year.</p> <p>Delayed discharge: Additional bridging domiciliary care services have been commissioned, as well as an additional 14 pilot nursing beds, which help reduce delays and support discharge. Commissioners are also working closely with Seqol/ AWP and care home providers to reduce waiting times for assessments to improve the flow.</p> <p>There is a need for additional domiciliary hours to support</p>	LT

<i>Item</i>	<i>Description</i>	<i>Action</i>
	<p>people in their home, a rise from an average of 7,000 hours per week in the same period last year to 8,400 per week in November.</p> <p>LT to coordinate the care home action plan and tasks as there has been limited progress on the actions previously agreed.</p> <p>Review of care packages to ensure appropriate packages in place. Future cost pressure of between £800k and £1m given living wage requirements. Commissioners working with providers to model open and transparent hourly rate doc. JW to share with CCG.</p> <p>Confidential Gateway paper to be circulated to JCG which highlights future plans for dom care.</p> <p>Additional support made available to Swindon system with NHSE and LGA looking at reasons for delayed discharge at Swindon due to high numbers (a pre Christmas exercise). Report received from NHSE following the visit and project plan now being developed. A Project Board is to be established that will report into SRG (Systems Resilience Group).</p> <p>Children's Performance</p> <p>Report circulated. Review of out of area cases needs to be considered and picked up as a priority – to be brought back to the JCG for further discussion and understanding. Also to be raised at Commissioning for Quality Group.</p> <p>Campaign underway to increase number of foster carers.</p> <p>CCG undertaking full review of children's health service provision over the next 18 months.</p> <p>Childrens service report to be presented at next JCG meeting (Feb) to include quality indicators. SW to liaise with Jo Ash.</p>	<p>JW</p> <p>SW</p>
4.	<p>Dementia</p> <p>CJ presented the Dementia Steering Group Annual Report circulated with the agenda. The Swindon Dementia Steering Group (DSG) was established to oversee the implementation of the Swindon Dementia JSNA and Dementia Strategy 2014-2019. The report highlighted achievements and priorities for the coming year. A few of the achievements highlighted are listed</p>	

<i>Item</i>	<i>Description</i>	<i>Action</i>
	<p>below;</p> <ul style="list-style-type: none"> • Successful 'Living Well with Dementia' conference on 1st July 2015 involving 60 people with dementia and their carers • Over 3000 people had awareness sessions to become dementia friends Swindon wide • Presentations and dementia friends sessions to Swindon Influence Group which includes key business leaders • NHS Swindon CCG and AWP have worked together to reduce the assessment and diagnosis waiting list from 9 months to 2 months • Thamesdown Transport have trained their staff to be dementia aware and developed practical solutions for people living with dementia such as prompter cards for drivers • Great Western Hospital have 70 dementia champions across all wards • Information on dementia friendly building design has been provided to both Sanford House and the Wichelstowe developments • A business case for a Dementia Advisor was successfully submitted to the One Swindon Partnership Board for funding • A bid for Department of Health funding for 2 Dementia Support Workers to be based at the GWH has been submitted • Delirium pathway and guidelines being developed by Great Western Hospital <p>TK raised the issue of the need to be aware of the increase in case loads and patient reviews. The intention is to develop a business case to introduce additional capacity.</p> <p>Concern raised regarding the complex needs older adult patient case load and placements. A number of Swindon providers have stated that they are unable to take these complex patients. There is a need to have a clear understanding of alternative options and available capacity within care home provision. Further review and analysis of discharge process to be considered by CCG, SBC and AWP.</p> <p>Delirium pathway to be finalised.</p>	<p>TK/SB</p> <p>TK</p>
5.	BCF planning guidance	

Item	Description	Action
	Awaiting publication of the national guidance. Need to submit our plans end Feb. Slides received regarding review of BCF and NHSE lead to provide local support. BCF priority areas include delayed discharge, hosp admissions, admissions to residential and nursing homes for over 65's and the effect of reablement.	
6.	<p>Risk register</p> <p>Risk register circulated with agenda. PB and JW identified 9 key risks.</p> <p>It was agreed that risk number 5 <i>Vulnerable adult comes to harm due to practice error in a health or social care setting</i> be amended in line with the impact of the widening of the definition of vulnerable in the Care Act. (We have seen an increase in safeguarding alerts by approx 25%) JW to amend wording of risk and mitigating actions accordingly.</p> <p>Risk register to be reviewed quarterly.</p>	JW/All
7.	<p>AOB</p> <p>Childrens community services review –ToR drafted. Named lead to be confirmed. (Amanda Du Cros - project manager).</p> <p>Wheelchair services and equipment store review underway – further discussion required in line with community service review.</p>	
8.	<p>Future meetings</p> <p>January 2016</p> <p>Personal health budgets</p> <p>Day services in Extra care</p> <p>February</p> <p>Area inspection Special educational needs</p> <p>Wheelchair services and equipment store review</p> <p>March</p> <p>Risk register review</p>	

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