

# **Joint Strategic Needs Assessment (JSNA) 2014/2015 summary: An Overview of Health and Wellbeing in Swindon**

**Health and Wellbeing Board**

**Date: 7 January 2015**

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Author: Acting Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

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## **1. Purpose and Reasons**

- 1.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon and is the principal work stream to inform the Joint Health and Wellbeing Strategy (JHWS). 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 2014/15 JSNA Summary (Appendix one) 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.

## **2. Recommendations**

The Board is recommended to:

- 2.1 Note the 2014/15 JSNA Summary report.
- 2.2 Endorse its use in commissioning and strategy preparation, including the Joint Health and Wellbeing Strategy (JHWS).
- 2.3 Discuss this JSNA framework and consider:
  - Is this JSNA summary useful to you and how could it be improved in future?
  - What specific topics should be covered by future JSNA bulletins?
  - How should JSNA information be communicated in future?
  - How can we involve more people in the JSNA process?

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## **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, 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. The JSNA is the principal work stream to inform the JHWS.
- 3.3 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.
- 3.4 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.
- 3.5 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.

### JSNA Framework

- 3.6 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

### JSNA Summary 2014/15: An overview of health and wellbeing in Swindon

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3.7 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 24 health and wellbeing topics following a set template which includes a key fact; 2 key indicators; key information and key issues.
- Part 3: a further resources section which signposts readers to key resources, including the existing suite of JSNA topic reports (Appendix two).

3.8 The 24 topics are:

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

3.9 This approach incorporates some flexibility and the topic list can be added to or amended in future versions to reflect priorities and responsibilities.

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## 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 2010-12, average life expectancy is 79.3 years for males and 82.7 years for females, which is similar to England
- In the most deprived areas of Swindon, men die on average 7.2 years earlier and women 3.7 years earlier than those in the least deprived areas
- People with Long Term Conditions (LTCs) account for 50% of all GP appointments; 64% of outpatient appointments and 70% of all inpatient bed days
- Cardiovascular diseases accounts for about a quarter of all deaths in Swindon each year
- Diabetes is associated with a life expectancy that is ten years shorter than average
- More than one in three people will develop some form of cancer during their lifetime
- In 2012/13, in Swindon, 96.2% of girls aged 12-13 received all 3 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
- One person in four will develop one or more mental disorders during their life time
- People with a learning disability have a median age at death which is 25 years younger than the general population
- One in six people over 65 will develop dementia at some stage during their lifetime
- Half of people aged 80 or over have a fall / fall related injury each year. Accidents and injuries account for 13% of emergency hospital admissions
- 2,911 babies were born in Swindon UA in 2013, 28 of these were born to women aged under 18 and 85 to women aged 40 or above

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- In 2012, an estimated 70.4% of adults in Swindon were overweight or obese. Surveys also found that only 50.1% of adults in Swindon were physically active in 2013
  - In 2013, 1,891 new STIs were diagnosed in Swindon residents
  - Smoking is the principal avoidable cause of premature deaths in the UK and treating disease caused by smoking costs the NHS 5.5% of its budget
  - In 2014, Ofsted judged Swindon Council's services for children in need of help and protection; children looked after and care leavers 'required improvement'
  - The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care
  - In Swindon, between August 2013 and July 2014, domestic abuse accounted for 38% of "Violence Against the Person" crimes
  - 22,000 new homes will be built in Swindon between 2011 and 2026
  - 82.7% of those aged 16-64 in Swindon UA are economically active and 84.8% of employee jobs are in the Services industry
  - Sport provides an estimated £91.2m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided
  - Young people under 20 years old make up about 1/4 of the population of Swindon UA. 20% of Swindon school children are from a minority ethnic group

## 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 impacted upon from 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.

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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 it is well recognised that a large amount of health and social care is provided by individuals, families and friends themselves.

## **4. Alternative Options**

4.1 No alternative options are proposed.

## **5. Implications**

### 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 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

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

## **6. Consultees**

6.1 The Board Director, Revenue, Benefits and Property (Section 151 Officer), Director of Law and Democratic Services (Monitoring Officer) and (Acting) Director of Public Health are consulted in respect of all reports.

## **7. Background Papers**

7.1 None.

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## **8. Appendices**

- 8.1 Appendix one. 2014/15 JSNA Summary: An Overview of Health and Wellbeing in Swindon.
- 8.2 Appendix two. 2014/15 JSNA Summary: Further Resources.