

JSNA Summary 2014/15:

An Overview of Health and Wellbeing in Swindon

Contents

Introduction	2
Further information	4
Key facts	5
Key issues	8
Notes on the data	10
Topics	11

1	Population
2	Life expectancy
3	Deprivation and health inequalities summary
4	Long term conditions
5	Cardiovascular disease
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

Authorship

This report has been produced on behalf of and at the request of the Swindon Health and Wellbeing Board by Cherry Jones, Acting 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 2014/15 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.

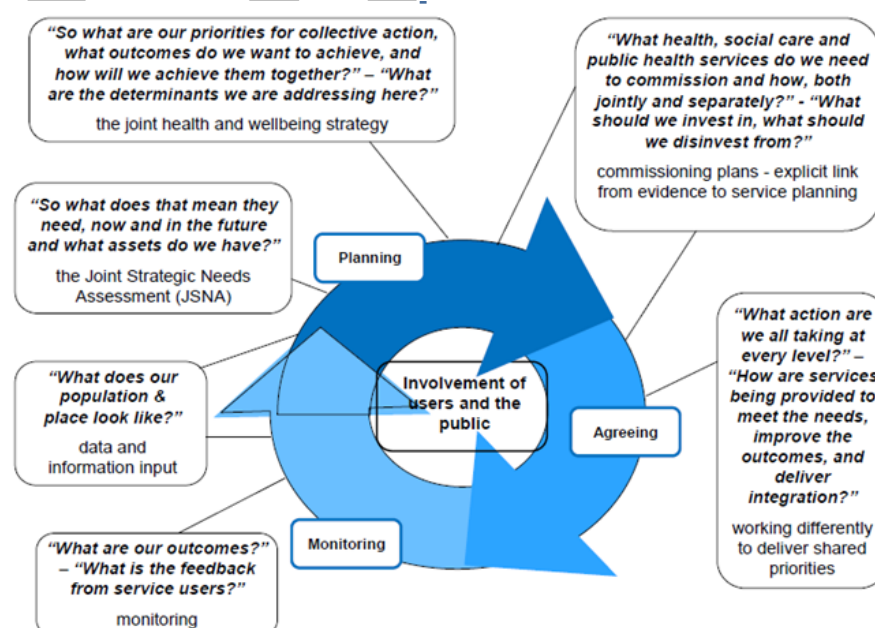
Purpose and use

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 table outlines the agreed priorities for Swindon that have been articulated in the JHWS and from the One Swindon Partnership. It also contains the current Public Health England (PHE) priorities¹.

JHWS priorities	One Swindon priorities	Public Health England priorities
Every child and young person in Swindon has a healthy start in life	We can all benefit from a growing economy and a better Town Centre.	Tackling obesity particularly among children
Adults and older people in Swindon are living healthier and more independent lives	I like where I live.	Reducing harmful drinking and alcohol-related hospital admissions
Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)	Everyone is enjoying sports, leisure and cultural opportunities.	Reducing the risk of dementia, its incidence and prevalence in 65-75 year olds
Improved mental health, wellbeing and resilience for all	Living independently, protected from harm, leading healthy lives and making a positive contribution	Achieving a year-on-year decline in tuberculosis incidence
Creation of sustainable environments in which communities can flourish		Reducing smoking and stopping children starting
		Tackling the growth in antimicrobial resistance
		Ensuring every child has the best start in life

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

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>

JSNA Summary 2014/15: 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 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 separate further information appendix which signposts readers to key resources, including the existing suite of JSNA topic reports.

Main sources of information

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

- Swindon JSNA webpage: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>
- Public Health Outcome 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/catalogue/PUB15751>
- Projecting Adult Needs and Service Information (PANSI): <http://www.pansi.org.uk/>
- Projecting Older People Population Information (POPPI): <http://www.poppi.org.uk/>
- Office for National Statistics: <http://www.ons.gov.uk/ons/index.html>
- Swindon Borough Local Plan 2026: <http://www.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/>

Additional background information, data and intelligence for each of the 24 topics can be found in the accompanying 'Further Resources' appendix.

Acknowledgements

The JSNA summary has been compiled by Tom Frost (Senior 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 will be 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 2011-13, average life expectancy is 79.3 years for males and 82.8 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 disease 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

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

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 24 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

Good start in life

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.

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 for 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 increase qualification levels at the end of Further Education so that young people in Swindon can progress into sustained employment or into higher education.

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.

Making 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.

The rate of sexually transmitted infections (STIs) in young people is still higher than the national average and a greater proportion of 15-24 year old young people need to be taking part in chlamydia screening.

To reduce the harm caused by alcohol.

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

Raise employment rates for people with learning disabilities.

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

Burden of ill-health

With increasing prevalence of LTCs, 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.

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.

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%.

Ensure effective implementation of the Care Act that puts safeguarding adults on a 'legal footing'.

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.

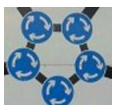
Notes on the data

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 2014); newer data may have been published since that time.
- All differences labelled as statistically significant or significant have been tested at a 95% significance level.

A Data Guide to the JSNA Summary 2014/15 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

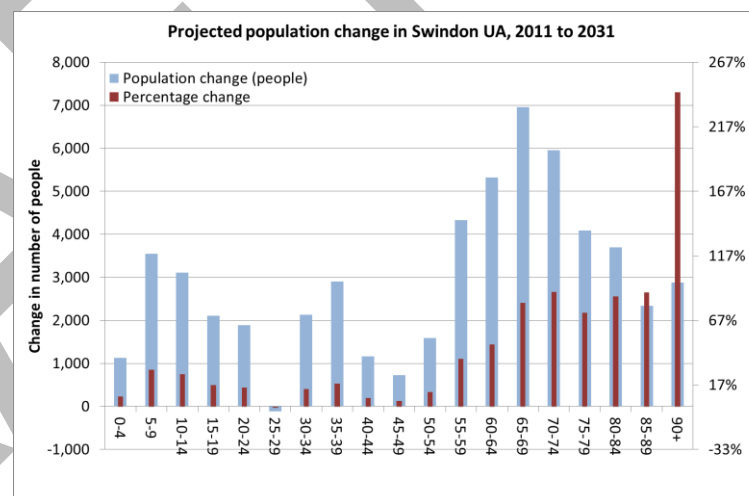


Key indicator

Area	Population	Period
Swindon Unitary Authority (people living within the SBC boundaries)	214,037	Mid 2013
Swindon CCG residents (people living within the SBC boundaries or in Shrivenham ward)	219,324	Mid 2013
Swindon CCG registered patients (patients registered with a Swindon CCG GP, irrespective of where they live)	226,551	31/03/2014



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-2013 for Swindon UA show that there were 50,544 under 18s (23.6%); 132,132 aged between 19 and 64 (61.7%) and 31,361 aged 65 or older (14.7%).
- 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.



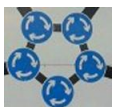
Key issues

- 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: see Appendix for further information

2. Life Expectancy

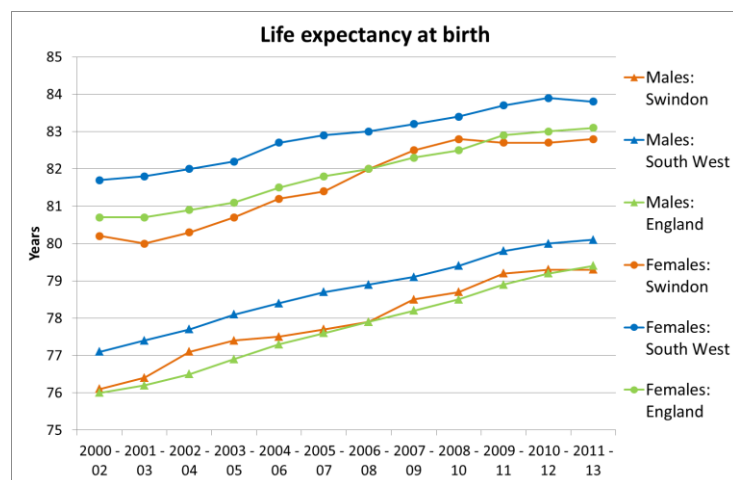


Key fact

In Swindon, in 2011-13, average life expectancy is 79.3 years for males and 82.8 years for females, which is similar to England



Key indicator



Key information

- Over the last decade life expectancy in Swindon is rising; people are living longer. However, female life expectancy peaked at 82.8 in 2008-10 and has returned to this level in 2011-13.
- Males in Swindon will spend 80.7% of their lives in good health, whereas women will only spend 77.6% in good health.
- At age 65, life expectancy for males in Swindon is an additional 18.5 years compared to 21.0 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).

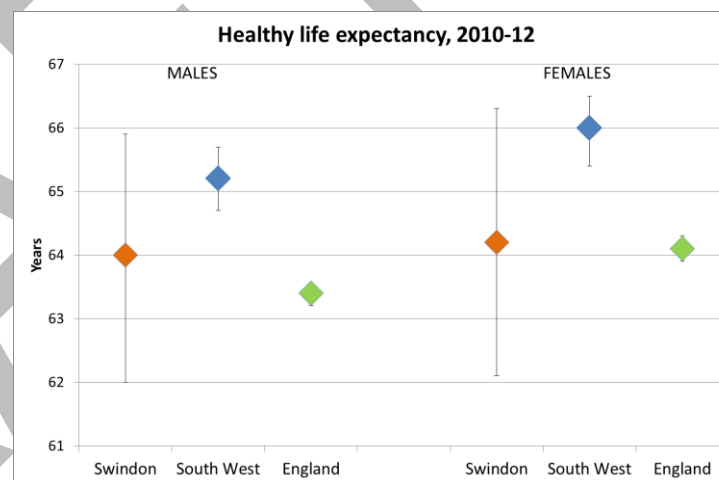


Key resources: see Appendix for further information

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.



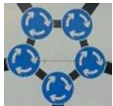
Key indicator



Key issues

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

3. Deprivation and health inequalities

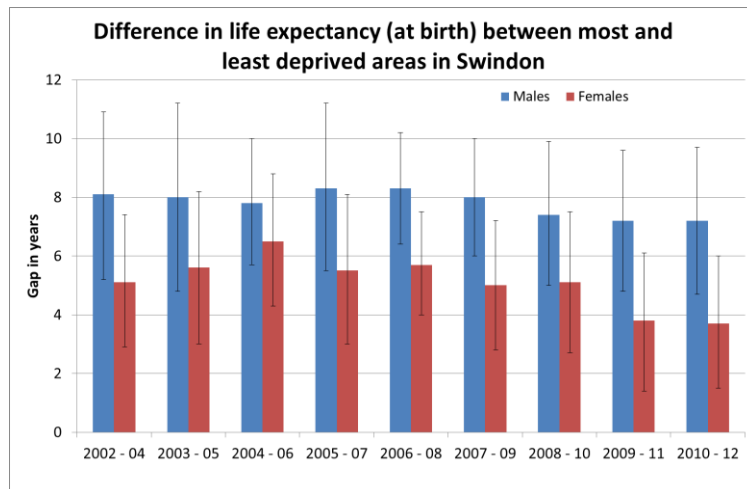


Key fact

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



Key indicator



Key information

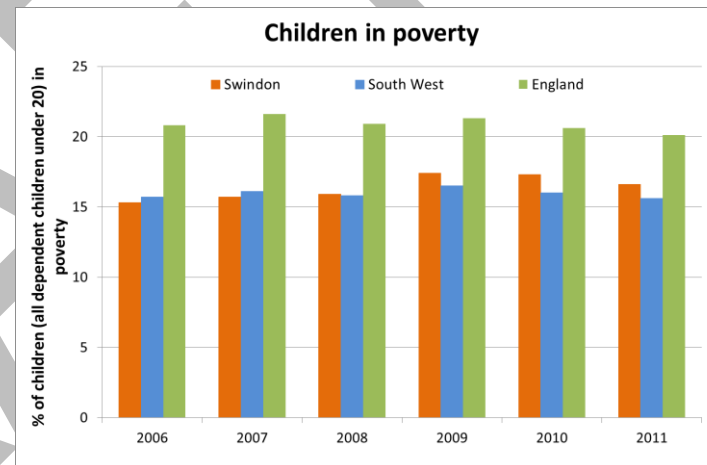
- The Index of Multiple Deprivation (IMD) combines over 30 statistical indicators to rank the 32,482 Lower Layer Super Output Areas (LSOAs) in England in terms of their deprivation. The IMD 2010 shows 14.4% of people in Swindon live in the 20% most deprived areas in England.
- In Swindon, as in England 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 resources: see Appendix for further information



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 issues

- 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

4. Long term conditions (LTCs)

LTCs cannot be cured, 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.

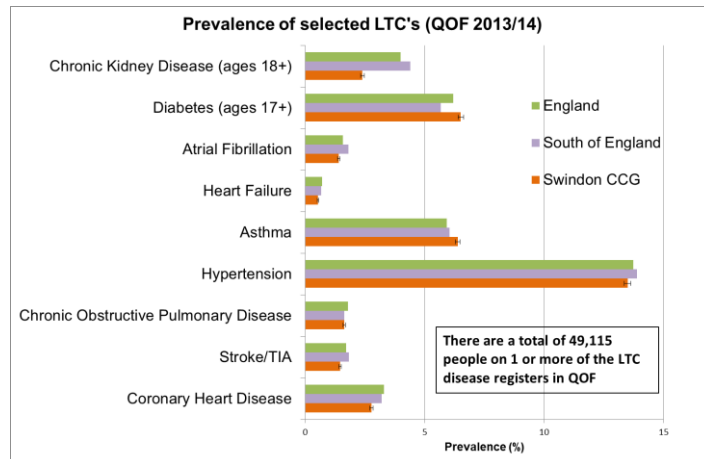


Key fact

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



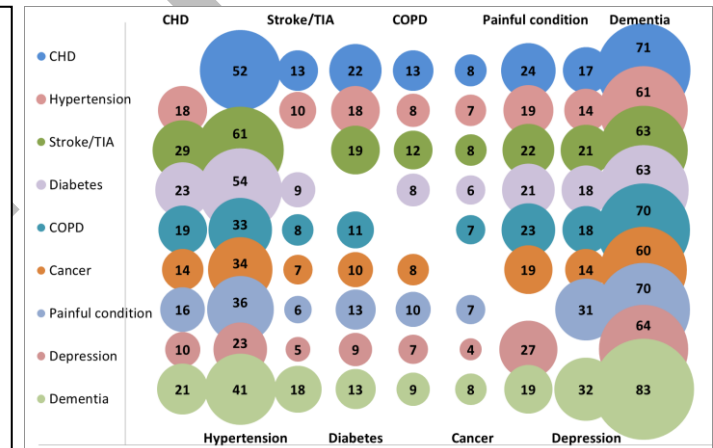
Key indicator



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 (Scottish data)



Key information

- The two key factors for developing a LTC are lifestyle and ageing. 14% of those aged under forty report having an LTC and 58% of those aged 60 and over report having an LTC, with 25% of over 60s having two or more. 70% of those aged 80 or over have at least one LTC. People with a LTC are more likely to have high blood pressure and be obese.
- People with physical LTCs often have psychological distress, in addition. In such cases NICE recommends psychological interventions to relieve distress and improve coping skills.



Key issues

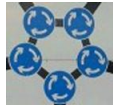
- With increasing prevalence of LTCs, in particular people having two or more conditions, and the financial pressures facing the Health Services in the coming years, a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.
- Prevention, delaying onset 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: see Appendix for further information

5. Cardiovascular disease (CVD)

This is a general term for diseases of the heart and blood vessels and includes Coronary Heart Disease (Heart Attack or Angina), Stroke and peripheral arterial disease

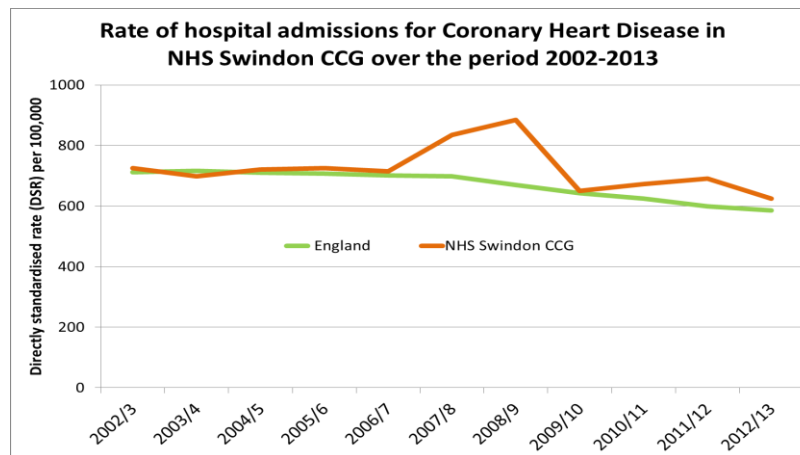


Key fact

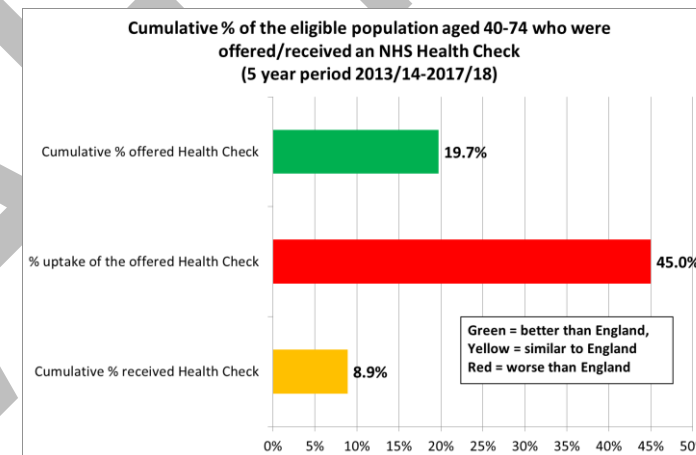
Cardiovascular disease accounts for about a quarter of all deaths in Swindon each year



Key indicator



Key indicator



Key information

- In 2013/14, there were 6,294 people with diagnosed Coronary Heart Disease in Swindon CCG (2.78%). Over the same period there were 3,321 people with diagnosed stroke in Swindon CCG (1.46%).
- 360 people under 75 died from CVD in Swindon UA in 2011-13, a rate of 77.3 (DSR per 100,000), a value similar to England. 238 people under 75 died from CVD considered preventable, a rate of 50.4 (DSR per 100,000), similar to that for England
- Behavioural risk factors 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 issues

- The 5 year Strategic Plan for Swindon CCG has identified as the key cost-effective intervention to drive down premature death from CVD in deprived areas using statins and anti-hypertensive medication to reduce cholesterol and lower blood pressure for those at high risk.
- Continue to more positively encourage uptake of Health Checks.
- Performance on QOF CHD treatment indicators (e.g. blood pressure and cholesterol readings) were comparable with England.
- The hospital admissions for heart disease and stroke have decreased in the last year and are now comparable to England rates (DSR per 100,000) which suggests Swindon is managing these conditions better.



Key resources: see Appendix for further information

6. Diabetes

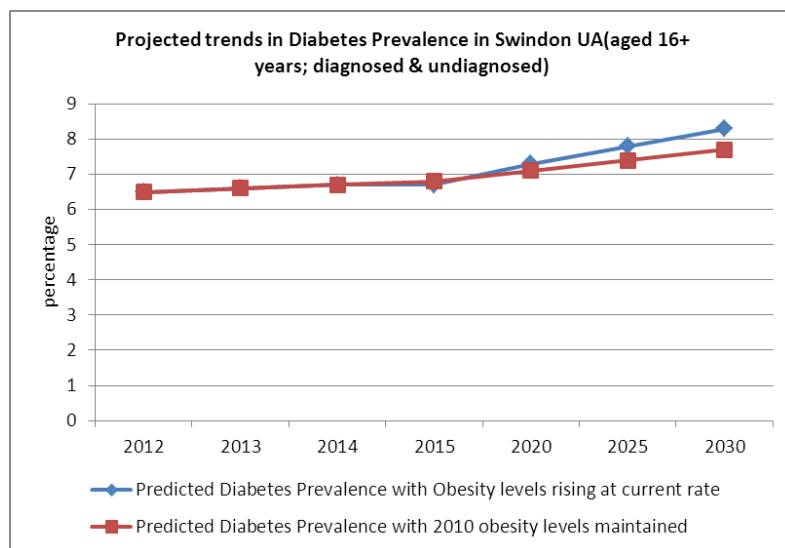


Key fact

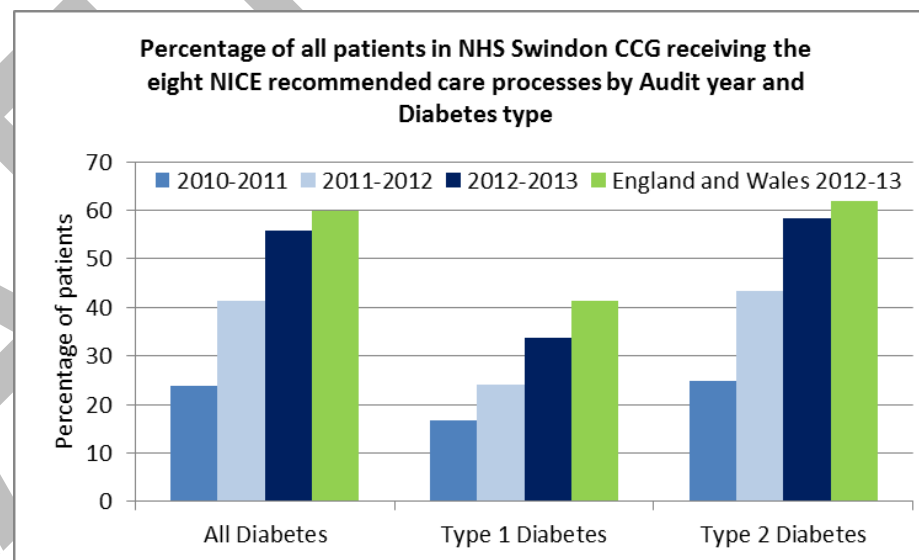
Diabetes is associated with a life expectancy that is ten years shorter than average



Key indicator



Key indicator



Key information

- At the end of 2013/14, 11,665 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.
- For 8 of the 9 NICE recommended care processes/treatment targets for primary care patients with diabetes, Swindon CCG patients received a level slightly lower (55%) than the England level of 59.9% in 2012/13.



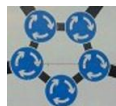
Key issues

- 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.
- Investigating the reasons for Swindon women (all ages considered) having a higher death rate (2008-2010) compared to their peers in England, the South West and the New and Growing Towns Group.
- Building on developments such as the specialised foot care service at Great Western Hospital and the Community Diabetes Interface Service.



Key resources: see Appendix for further information

7. Cancer

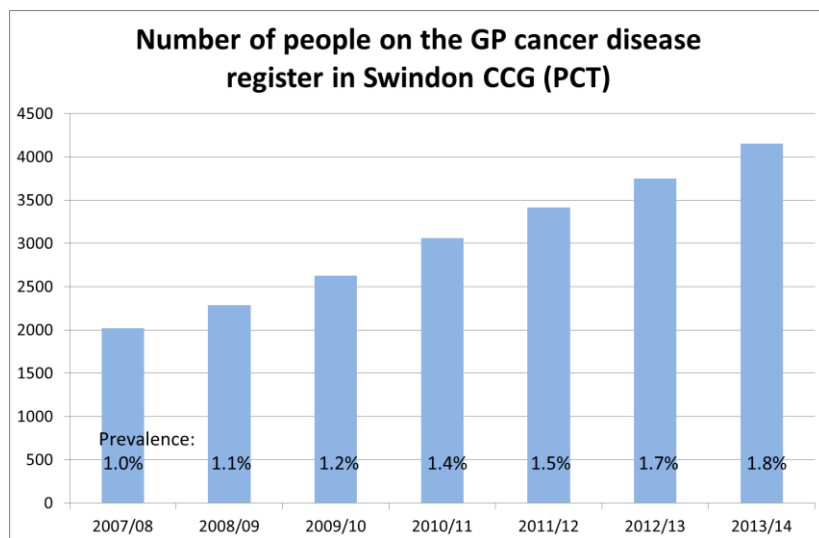


Key fact

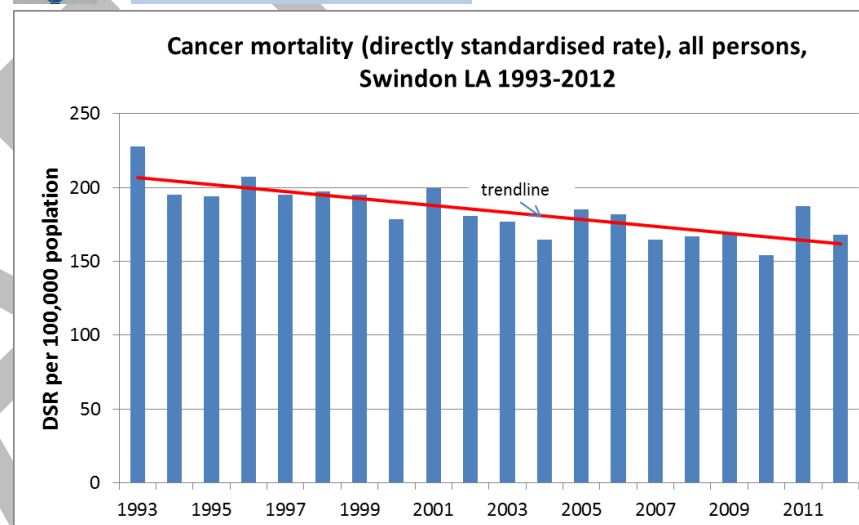
More than one in three people will develop some form of cancer during their lifetime



Key indicator



Key indicator



Key information

- Cancer is the leading cause of death in Swindon. 469 people in the LA area died from cancer in 2012, 29% of total deaths. Breast, prostate, lung 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 (73%) than nationally (76%) in 2013



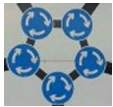
Key issues

- 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: see Appendix for further information

8. Communicable disease and immunisation

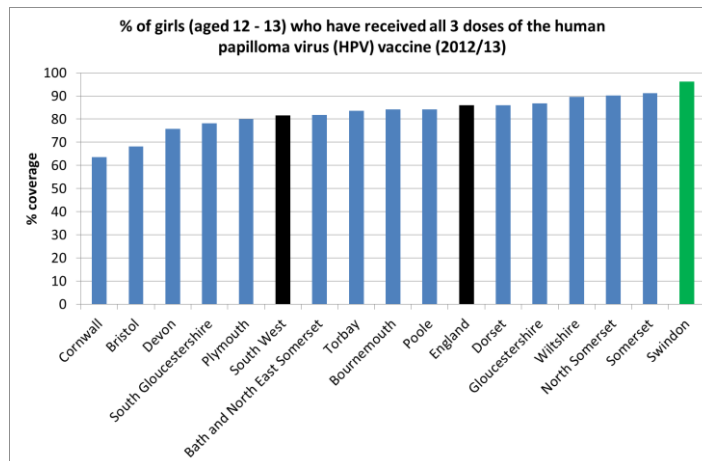


Key fact

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



Key indicator

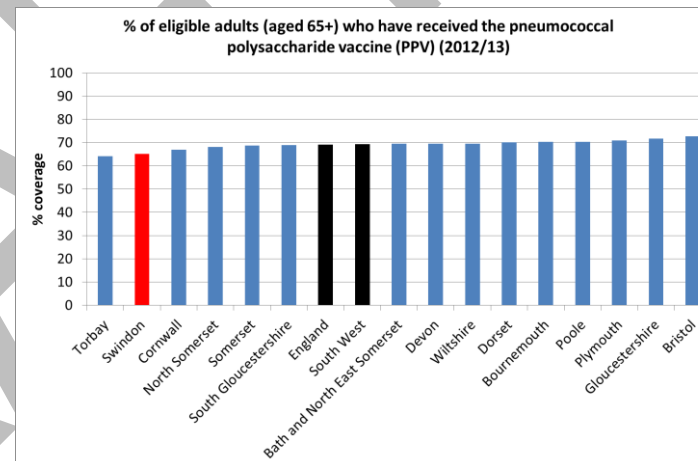


Key information

- In Swindon, in 2010-12, there were 360 deaths from communicable diseases which is equivalent to 78 per 100,000 people and significantly higher than the England rate (62.2 per 100,000). This is due to higher mortality rates from pneumonia in Swindon than nationally. However, rates have fallen by 28% in Swindon between 2006-8 and 2010-12.
- Swindon has significantly higher coverage rates than England for the majority of routine immunisations (e.g. MMR and Dtap / IPV / Hib).
- There were 20 cases of TB in Swindon in 2010-12, significantly less than nationally.



Key indicator



Key issues

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

HPV: Human Papilloma Virus

TB: Tuberculosis

PPV: Pneumococcal Polysaccharide Vaccine

MMR: measles, mumps and rubella

Dtap: Diphtheria, pertussis (whooping cough) and tetanus

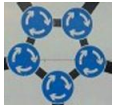
IPV: inactivated polio vaccine

Hib: Haemophilus influenzae type b



Key resources: see Appendix for further information

9. Physical and sensory disabilities

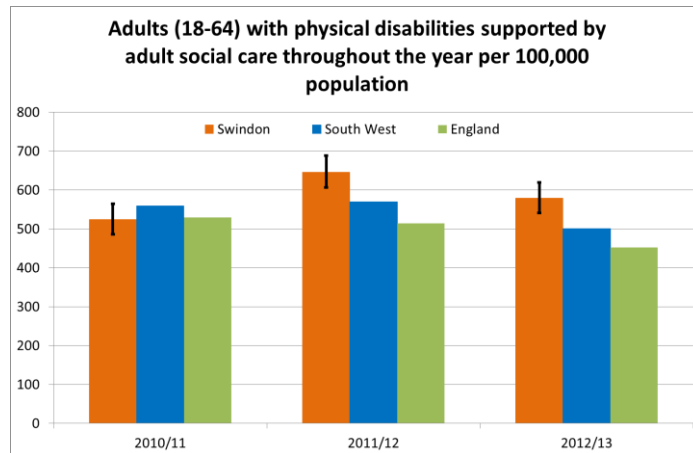


Key fact

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



Key indicator



Key information

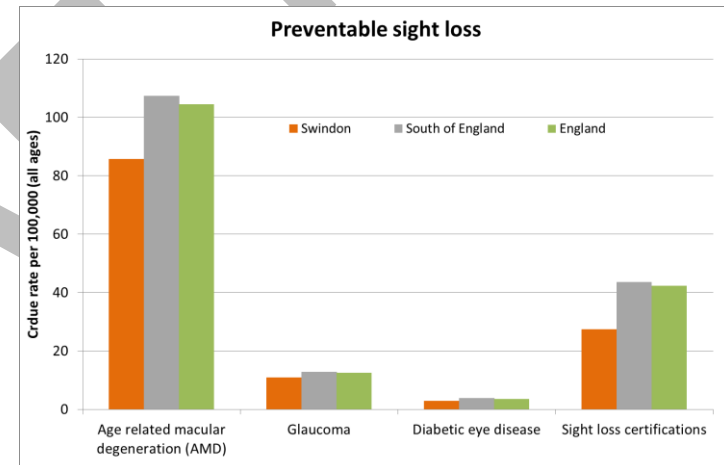
- Swindon social services support a significantly higher % of adults (18-64) with physical disabilities than England or the South West.
- The 2011 Census found long term health problems or disability limited the day to day activities of 15.4% (32,302) of people in Swindon.
- There are an estimated 5,300 people (2.5%) living with sight loss in Swindon which compares to an estimated UK prevalence of 2.95%. In Swindon, there are an estimated 88 blind or partially sighted children aged 0-16 and 45 aged 17-25.
- In Swindon, there are an estimated 18,663 people with a moderate or severe hearing impairment and 397 with a profound impairment.



Key resources: see Appendix for further information



Key indicator

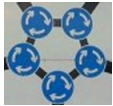


Key issues

- Responding to the increasing numbers of elderly people with range and 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.
- Members of the community with physical disabilities are more likely to live in poverty

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.

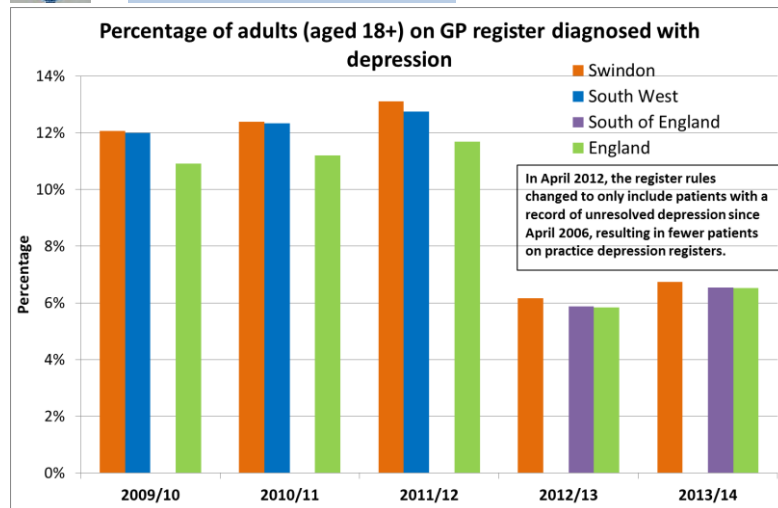


Key fact

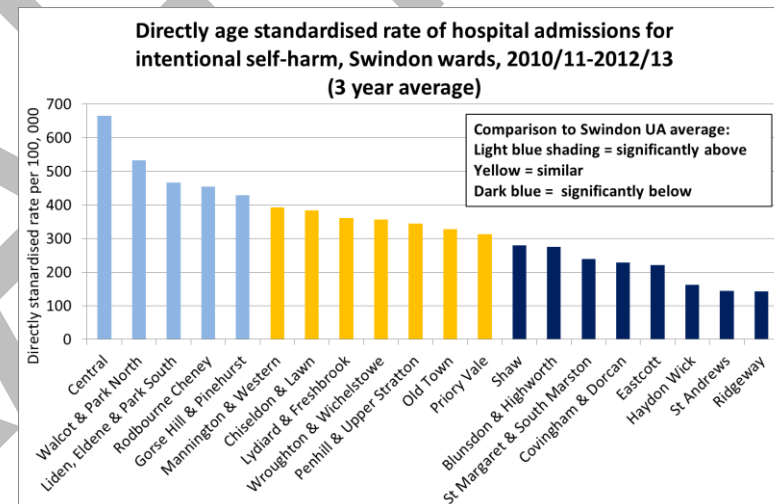
One person in four will develop one or more mental disorders during their life time



Key indicator



Key indicator



Key information

- In Swindon, there are an estimated 22,600-29,000 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.
- Swindon also has the third highest rate of anti-depressant prescribing in the South West.
- In Swindon CCG, in 2012/13, the rate of emergency hospital admissions due to self-harm was significantly higher than the England rate.



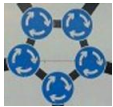
Key issues

- 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: ethnicity and disability sight and hearing loss and 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: see Appendix for further information

11. Learning disabilities

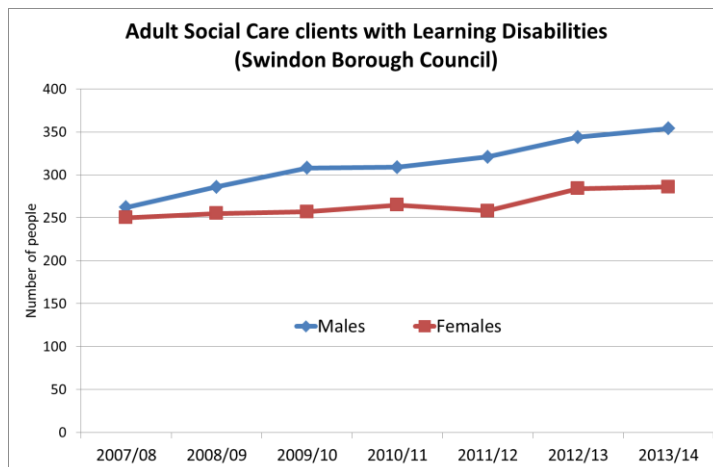


Key fact

People with a learning disability have a median age at death which is 25 years younger than the general population



Key indicator



Key information

- Swindon Adult Social Care had 640 clients with learning disabilities in March 2014. Most of these would have been people with moderate or severe LD. 40% of those receiving a service are placed in residential care with 60% of these being outside Swindon.
- Higher rates of learning disabilities are expected in communities that have a younger demographic profile, or a greater proportion of people from Pakistani or Bangladeshi communities.
- Swindon is the lowest of all comparator local authorities in providing self-direct support and direct payments.



Key resources: see Appendix for further information



Key indicator

Focus group and consultation work has explored satisfaction with services for people with Learning Disabilities living in Swindon		
Type of service	Experiences	
	Satisfied	Less satisfied
GP Health checks	Overall satisfied	
Open Door service users	Satisfied	But more choice needed
Carers(particularly older parent carers)		Need to be recognised and supported better
Living independent lives with appropriate support		Need initial preparation to live more independently
Employment		Need more opportunities for supported employment



Key issues

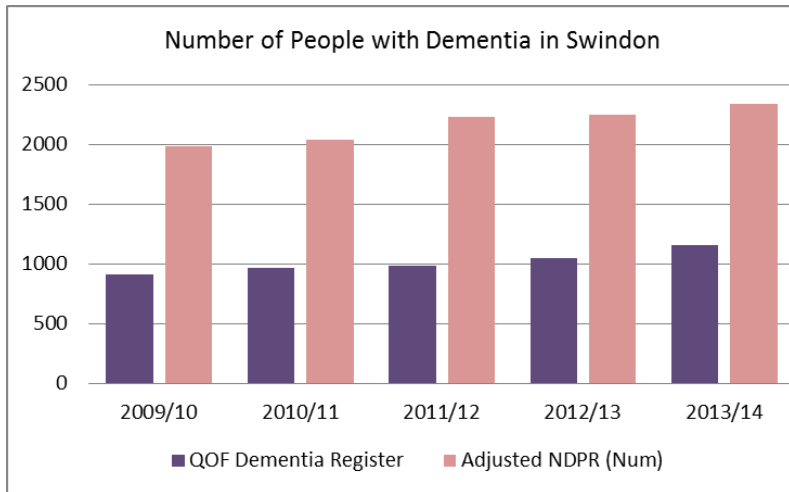
- Raise employment rates for people with learning disabilities.
- Tackling unhealthy behaviours such as poor diet, unhealthy teeth and gums, obesity and diabetes and drug resistant epileptic seizures.
- Addressing challenging behaviours (aggression, destruction, injury) and mental health problems.
- Ensure hate crime and abuse of people with learning disabilities is appropriately reported, investigated and prevented.
- Ensure people with learning disabilities do not suffer discrimination in terms of their physical healthcare.

12. Dementia

Key fact

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

Key indicator



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

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

Key indicator



Key information

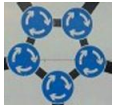
- Estimates suggest there are about 2035 people aged 65+ with dementia in Swindon based on the Dementia UK 2007 Consensus Report, nearly half of whom are over 85. This equates to about 7% of the total population over 65.
- There is some evidence the incidence of dementia is decreasing although prevalence is increasing as there are more older people and age is the biggest risk factor for dementia.
- Research suggested people wait an average of 3 years after first symptoms of dementia before contacting their GP.
- Estimates for a population of 225,000 like Swindon, there are 42,000 people living with a neurological condition such as MS, Parkinson's, Motor Neurone Disease or epilepsy.

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 reduce length of stay
- Safeguarding people living with dementia

Key resources: see Appendix for further information

13. Falls and bone health, accidents and injuries

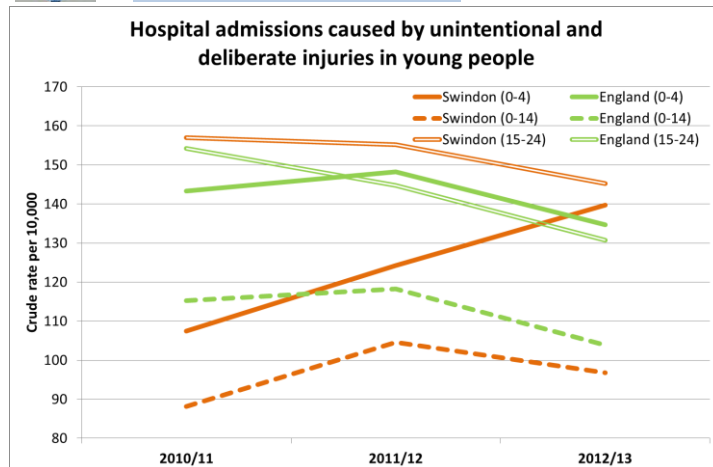


Key fact

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



Key indicator



Key information

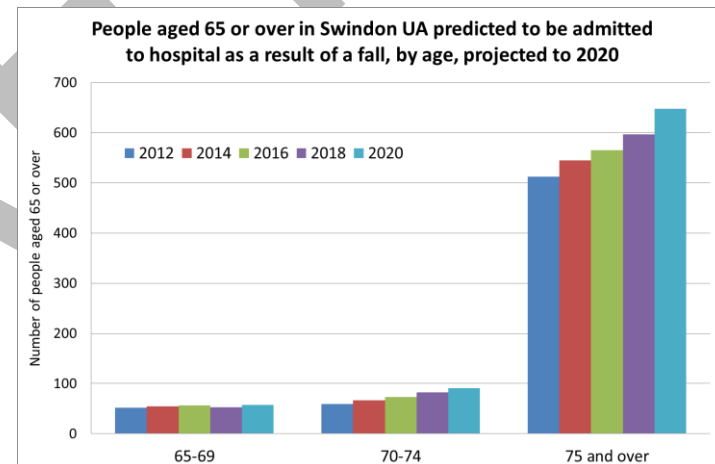
- In Swindon, in 2012/13, there were 1,864 (rate per 100,000 population) hospital admissions for injuries due to falls in people aged 65 plus, which was similar to the England rate. For the 80 plus age group the rate was 4,555 per 100,000, again similar to England rate.
- In Swindon, in 2012/13, there were 383 hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 and 362 in those aged 15-24. Admission rates were similar to England rates.
- Over 2011-13, 219 people from Swindon were killed or seriously injured in road collisions. This equates to 34.4 per 100,000 and is significantly lower than the England rate of 39.7 per 100,000.



Key resources: see Appendix for further information



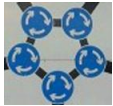
Key indicator



Key issues

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

14. Maternity and breastfeeding

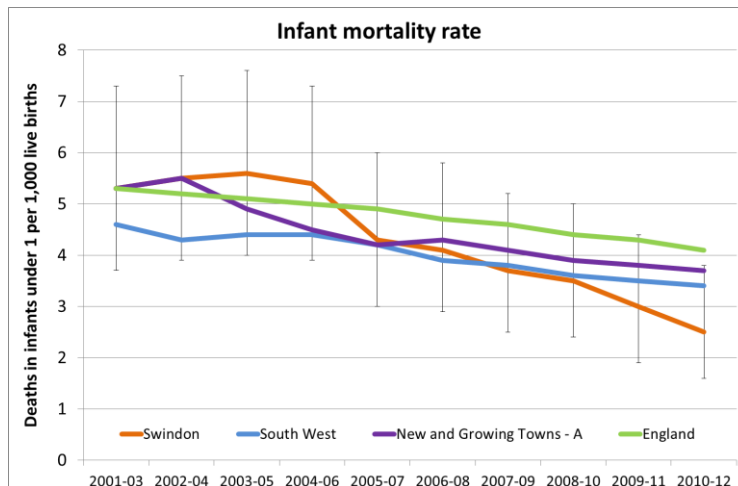


Key fact

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



Key indicator



Key information

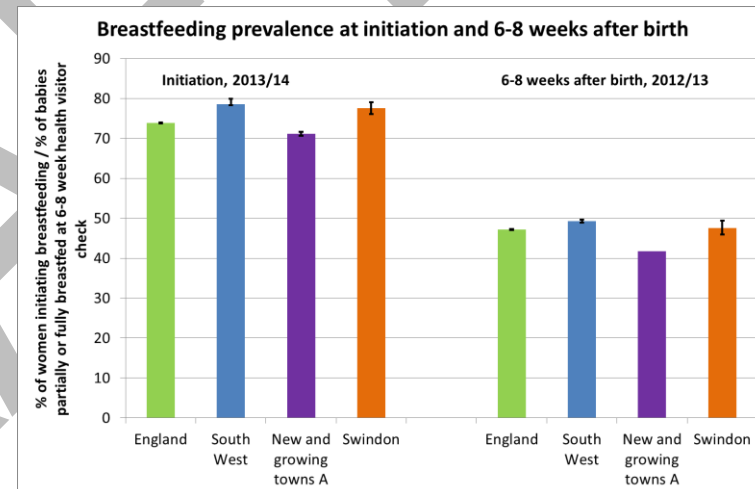
- Swindon's general fertility rate in 2013 was 67.3 births per 1,000 women aged 15-44. This was higher than England (62.4). Multiple births account for around 3% of live births nationally.
- Between 2010 and 2012, 23 infants under 1 died in Swindon. Swindon's infant mortality rate was significantly lower than England's.
- 2.9% of babies born in Swindon in 2012 weighed less than 2.5kg (deemed low birth-weight) which was similar to England (2.8%).
- Smoking at the time of delivery was up from 13.0% in 2012/13 to 14.1% in 2013/14 which is significantly higher than England (12.0%).



Key resources: see Appendix for further information



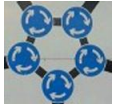
Key indicator



Key issues

- Increase the number of women who initiate breastfeeding and support those who start to sustain breastfeeding for longer, especially in areas of deprivation which have lower breastfeeding prevalence rates.
- Maintain continuity of care and appropriate staffing levels alongside 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 the 11% Government target by 2015.

15. Obesity, healthy eating and physical activity

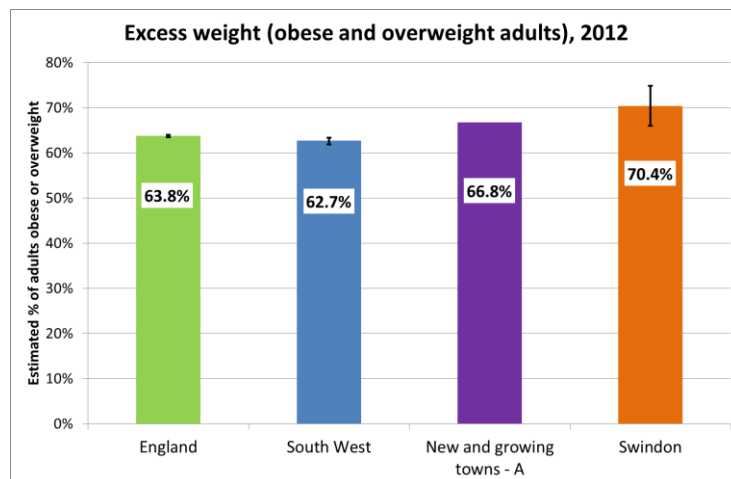


Key fact

In 2012, an estimated 70.4% of adults in Swindon were overweight or obese. Surveys also found that only 50.1% of adults were physically active in 2013



Key indicator



Key information

- Swindon has comparatively high percentages of people with excess weight. The data suggest that it is in the “overweight, not obese” category where Swindon fares poorly.
- Nationally, more women (45%) than men (33%) don’t meet the current Chief Medical Officers (CMO) recommendations for physical activity.
- People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.
- 27.1% of adults in Swindon were meeting the ‘5ADAY’ healthy eating standard compared to 28.7% for England overall.



Key resources: see Appendix for further information



Key indicator

Physical Activity

SWINDON



SOUTH WEST



PEER GROUP*



ENGLAND



Percentage of physically active adults (>150 mins per week)
 * Average of local authorities with similar deprivation levels (Public Health Outcomes Framework: www.phoutcomes.info)



Key issues

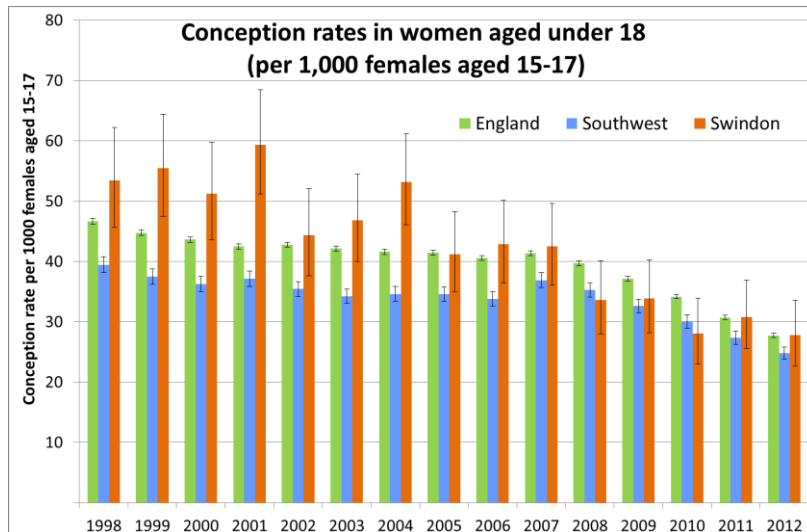
- The increasing rates of obesity (and associated hospital admissions).
- Making physical activity and healthy eating part of everyday life.
- Influencing the built environment so that being active becomes an easy choice for Swindon residents
- Encouraging physical activity within workplaces
- Tackling perceived barriers around eating healthier and doing more physical activity, e.g. price of healthy food and lack of time to exercise.
- Only 1/4 of people eat the recommended 5 portions a day of fruit or vegetables

16. Sexual health

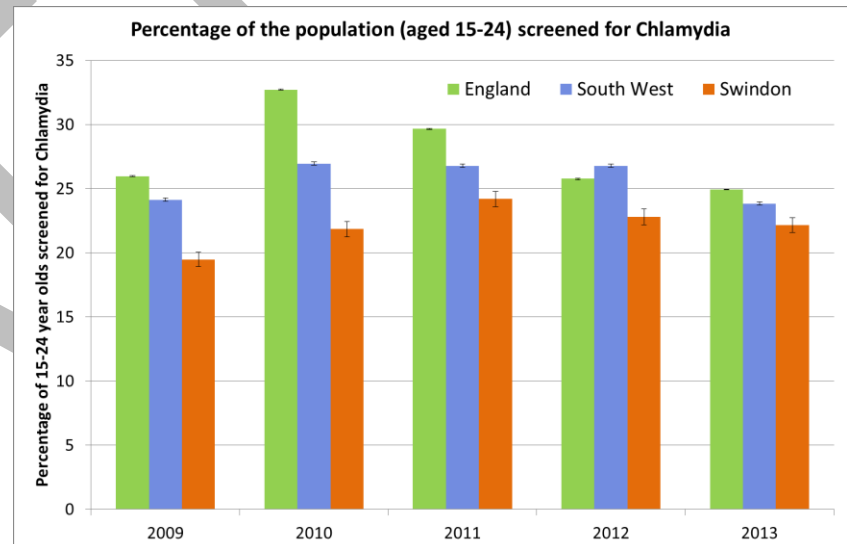
Key fact

In 2013, 1,891 new STIs were diagnosed in Swindon residents

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.
- The rates of STI detection in Swindon have increased, due to novel diagnostic tests and improved partner notification.
- In Swindon, a high proportion (57.1%) of those newly diagnosed with HIV have a late diagnosis, this is similar to England value (48.2%).
- Swindon has a high proportion of abortions being performed under 10 weeks gestation (86.7% in 2013) compared to England (79.4%). Early abortion ensures that women undergoing abortions experience fewer complications.

Key issues

- Continue to 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.
- Uptake of HIV testing amongst women and heterosexual men needs to be improved to reduce the proportion of late HIV diagnoses.
- Encourage more organisations within Swindon achieve the Young People Friendly accreditation.
- Continue to develop and coordinate strategies and action plans for child sexual exploitation and female genital mutilation, linking with the Local Safeguarding Children Board (LSCB).

Key resources: see Appendix for further information

17. Substance misuse

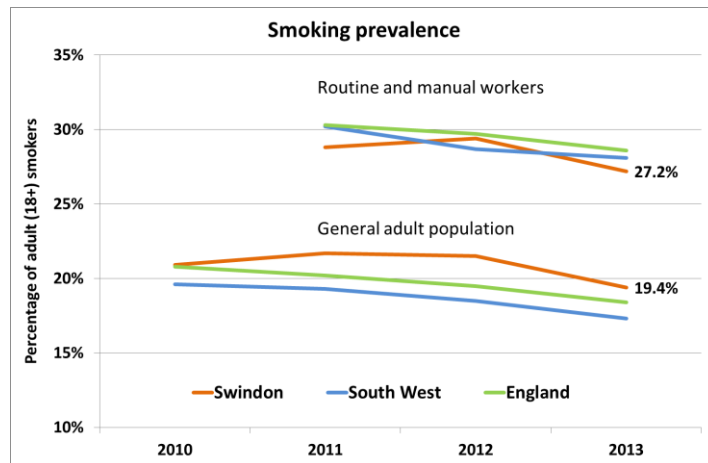


Key fact

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



Key indicator



Key information

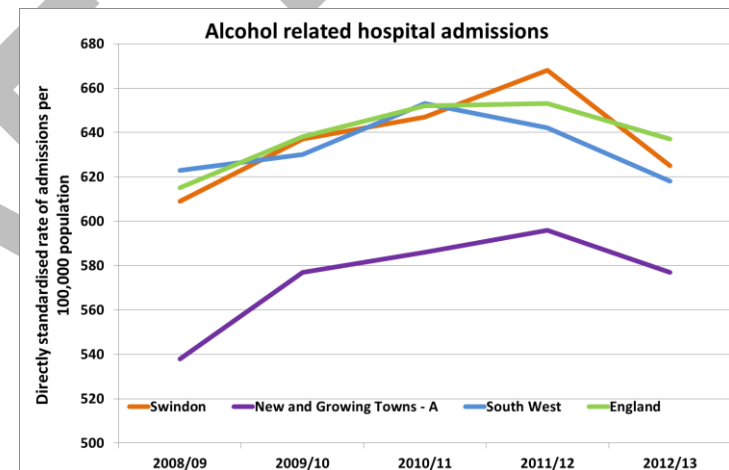
- Overall smoking prevalence in adults in Swindon in 2013 was 19.4% down from 21.5% in 2012. Smoking amongst routine and manual workers was also down from 29.4% in 2012 to 27.2% in 2012/13.
- An estimated one in three of those in drug or alcohol treatment has a child living with them at least some of the time (England data)
- 5% of opiate users and 36.3% of non-opiate users in Swindon successfully completed their drug treatment in 2013. The percentage for opiate users is significantly lower than the England value (7.8%).
- Alcohol related admissions for males in Swindon are significantly lower than the England rate; however admissions for females are slightly higher than England.



Key resources: see Appendix for further information



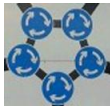
Key indicator



Key issues

- 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.
- The increasing use of Novel Psychoactive Substances (legal highs).
- People with drug and alcohol misuse problems who also have mental health issues (dual diagnosis)
- To reduce the harm caused by alcohol
- Deciding on a consistent public health approach to e-cigarettes

18. Safeguarding

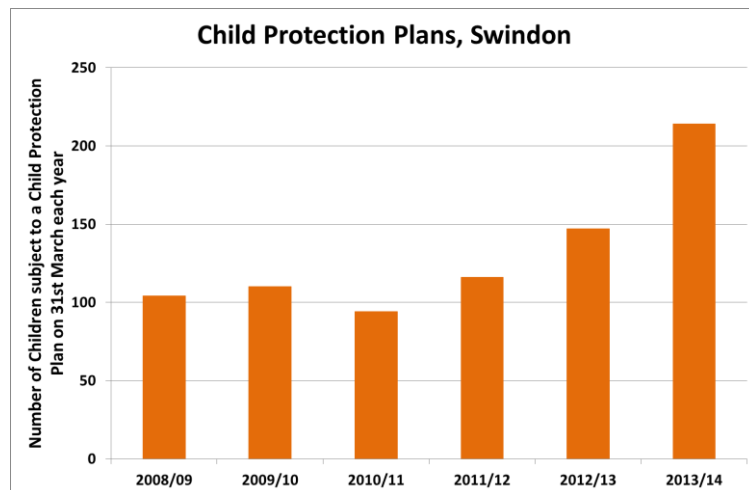


Key fact

In 2014, Ofsted judged Swindon Council's services for children in need of help and protection; children looked after and care leavers 'required improvement'



Key indicator



Key information

- 214 children were subject to a child protection plan at 31st March 2014, up from 147 in 12/13. This is a 45.6% increase. Swindon now has a higher rate (45.4 per 10,000 population under 18) than the national average (37.9) and statistical neighbours (37.3).
- The number of alerts reported to adult services for further investigation rose by 17% between 2012/13 and 2013/14. Other local authorities are reporting continued increases too, which indicates improved awareness, rather than an increase in the amount of abuse taking place.

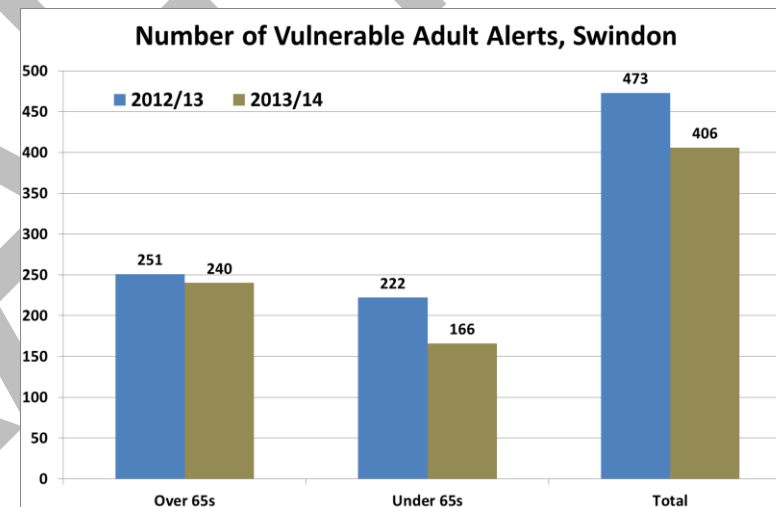


Key resources: see Appendix for further information

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.



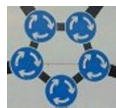
Key indicator



Key issues

- Ensuring effective implementation of the Care Act that puts safeguarding adults on a 'legal footing'
- Swindon's has higher than average teenage care entrants into care, and a higher rate of teenagers in the care population.
- Address lack of engagement of the secondary school sector with the Schools Internet survey
- Review the causes of death in BME children to identify any need to target any specific preventative work with this community

19. Carers

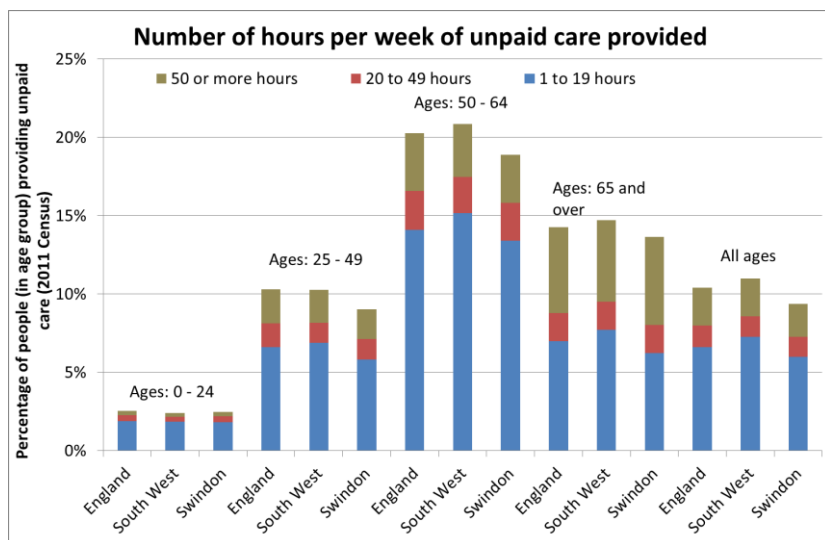


Key fact

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



Key indicator



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 1,374 adult carer assessments or reviews in Swindon in 2013/14, 1,381 in 2012/13 and 1,414 in 2011/12.
- The true number of carers is high than in the Census. E.g. based on national survey data there are an estimated 3,000 young carers (under 18) in Swindon.

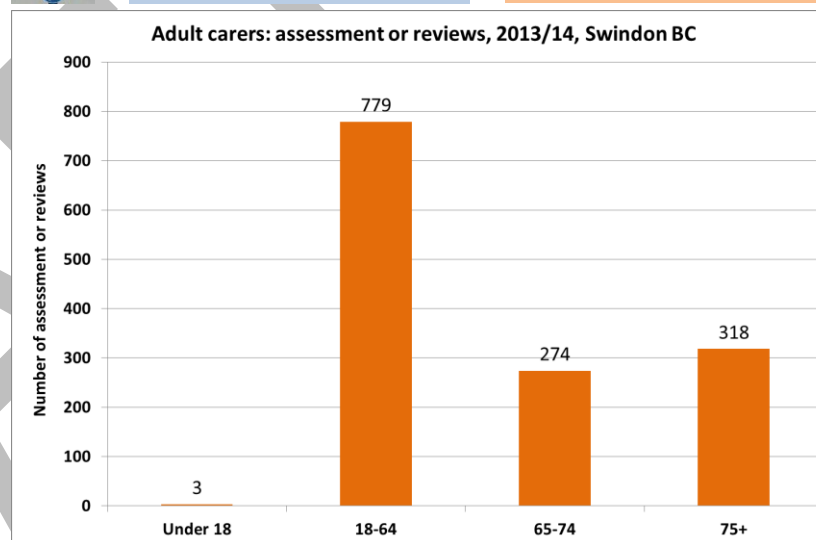


Key resources: see Appendix for further information



Key indicator

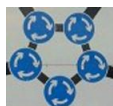
Young carers are under 18s who provide regular or ongoing care and emotional support to a family member.



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.

20. Community safety

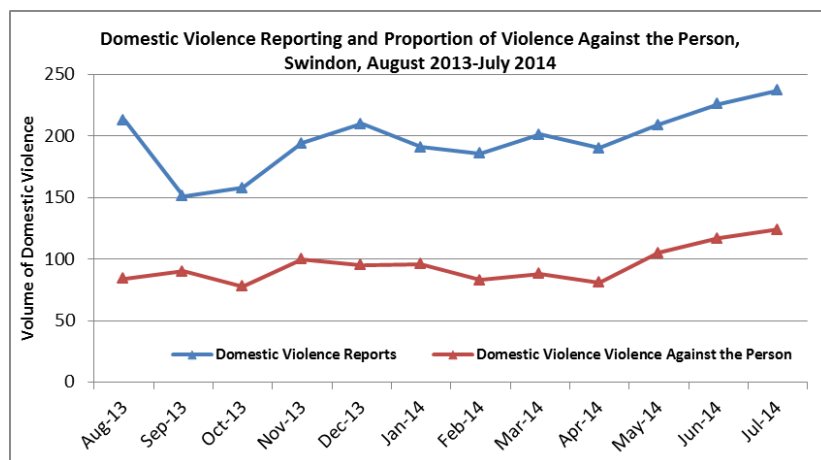


Key fact

In Swindon, between August 2013 and July 2014, domestic abuse accounted for 38% of "Violence Against the Person" crimes



Key indicator



Key information

- Comparisons between 2012/13 and 2013/14 show:
 - "Violence With Injury" increased by 9%;
 - "Private Space" violence increased 15%;
 - "Violence Against the Person" incidents increased 10% overall;
 - Visits to Accident and Emergency for violence related injuries fell from 521 visits to 505 during the above time frame.
- Lower level harm resulting from Anti-Social Behaviour has seen a significant reduction with 648 fewer incidents (12% less) in reports to the Police between August-July 2012/13 compared to August-July 2013/14.

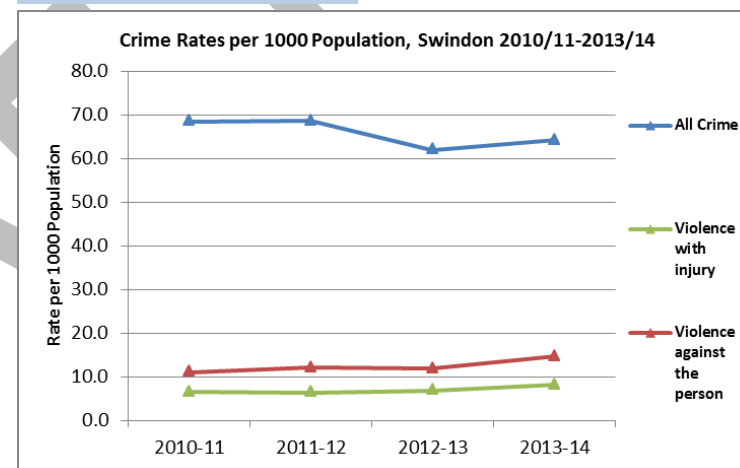


Key resources: see Appendix for further information

The years defined in the "Crime Rates per 1000 Population" chart below refer to 12-month periods August to July. Figures quoted are validated and reported by Her Majesty's Inspectorate of Constabulary (HMIC).



Key indicator



Key issues

- Whilst Anti-Social Behaviour is declining, more harmful incidents are increasing e.g. domestic abuse and violence resulting in injury.
- 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 has significant ramifications for the health and well-being of young children witnessing violent acts; on the mental health of victims; risk of suicide; and substance misuse issues, including smoking.

21. Housing, transport and the environment

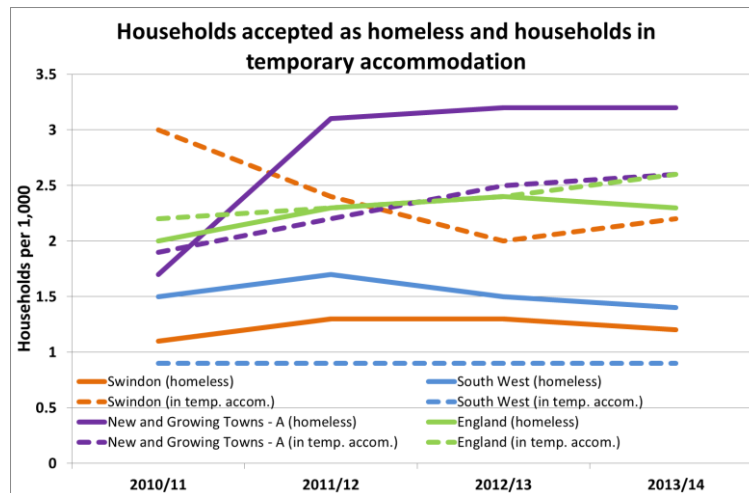


Key fact

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



Key indicator



Key information

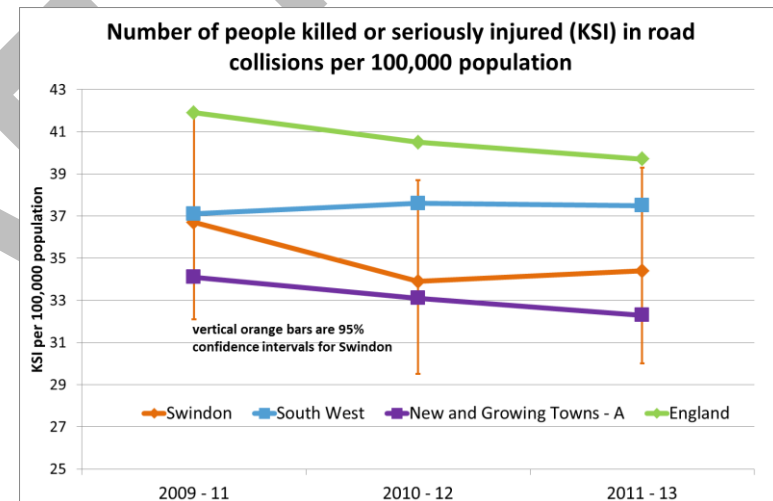
- 110 households were accepted as homeless in 2013/14 and on 31/03/2014 there were 202 households in temporary accommodation.
- The number of possession orders granted to mortgagors rose to a peak of 435 in 2009 at the height of the recession, but have since fallen back to pre-recessionary levels
- In 2012/13, there were 1,366 noise complaints in Swindon; 6.4 per 1,000 people, which was significantly lower than England (7.5)
- 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.



Key resources: see Appendix for further information



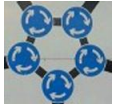
Key indicator



Key issues

- Building 1,625 homes per year between 2016 and 2026.
- Development of physical, green and social and community infrastructure to support increases in population, employment and housing development.
- Reducing homelessness and limiting the use of temporary accommodation.
- Encouraging active travel and sustainable travel and minimise the level of carbon emissions. alternatives to vehicle use.

22. Education, skills and the economy

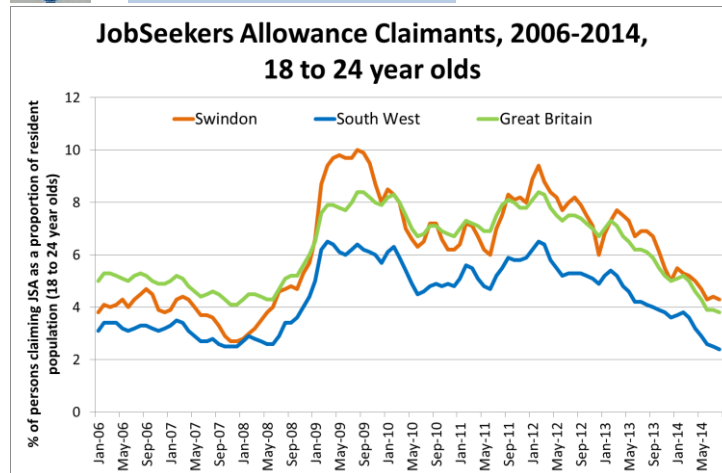


Key fact

82.7% of those aged 16-64 in Swindon UA are economically active and 84.8% of employee jobs are in the Services industry



Key indicator



Key information

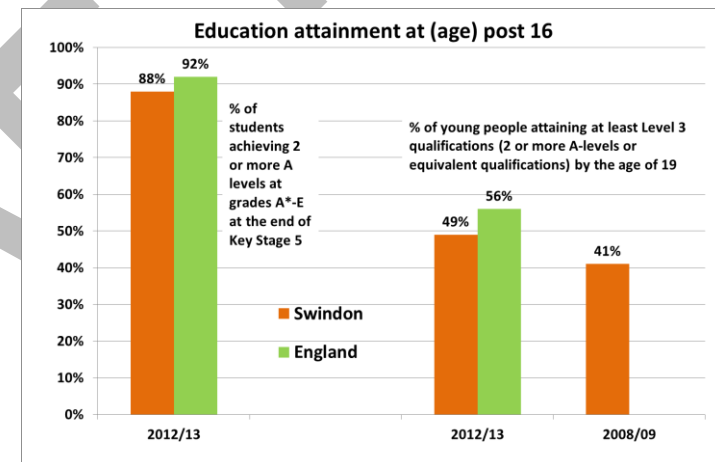
- 56% of Swindon pupils achieved 5 or more A*-C GCSEs or equivalents (including English and Maths) at the end of Year 11 in 2012/13. This compares to 61% in England and 46% in Swindon in 2008/09.
- Swindon's attainment gap (between disadvantaged pupils and their peers) at the end of Year 11 was 27 % points in 2012/13, down from 30 % points in 2011/12 and in line with the national average.
- The number of 19-24 year old apprentices has increased by 7% in Swindon during 2012/13, compared to 1% nationally.
- Swindon University Technical College opened in September 2014 and the Regent Circus scheme in October 2014.



Key resources: see Appendix for further information



Key indicator



Key issues

- Local Economic Assessment key issues include: higher than average % of residents with low qualification levels; high youth unemployment; town centre in need of significant regeneration and up-lift; absence of significant university presence; weak commercial office market.
- Raise educational attainment in Swindon at the end of secondary school to the England average and increase qualification levels at the end of Further Education so that young people in Swindon can progress into sustained employment or into higher education.
- Address the attainment gap between disadvantaged pupils and their peers.

23. Leisure, arts and culture



Key fact

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

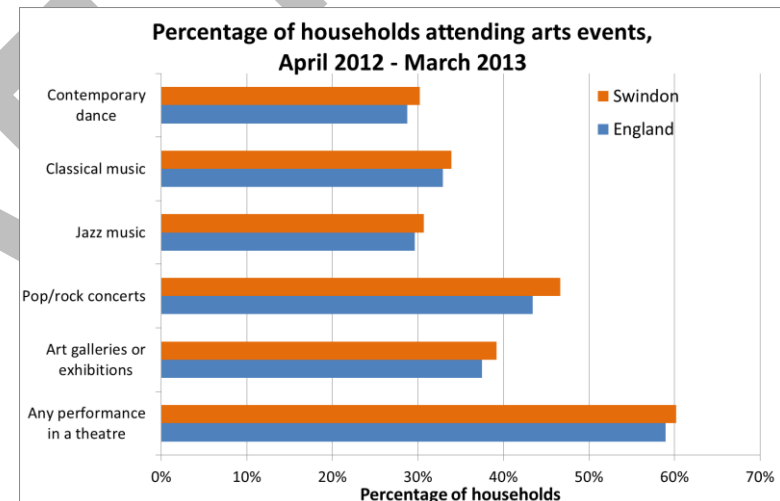


Key indicator

How active is Swindon's community?	
50.1%	of adults undertake 150 minutes of moderate intensity physical activity compared to 55.6% nationally.
32.6%	adults take part in sport at least once a week compared to the national average of 36.7%: that's 40.9% of men and 24.2% of women in Swindon.
21.8%	adults take part in sport and active recreation three times a week compared 26.0% nationally. that's 25.2% of men and 18.9% of women in Swindon.
43.1%	of adults who are inactive, want to take part in sport, demonstrating there is an opportunity to increase participation.



Key indicator



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.
- SBC is bidding for £12m from the Heritage Lottery Fund to help fund a new Museum and Art Gallery to replace the current facility.



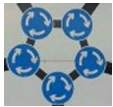
Key issues

- Improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities.
- Make Swindon a preferred destination for arts, leisure and culture.
- Support more young people to take part in arts, leisure and culture.
- 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: see Appendix for further information

24. Children and young people



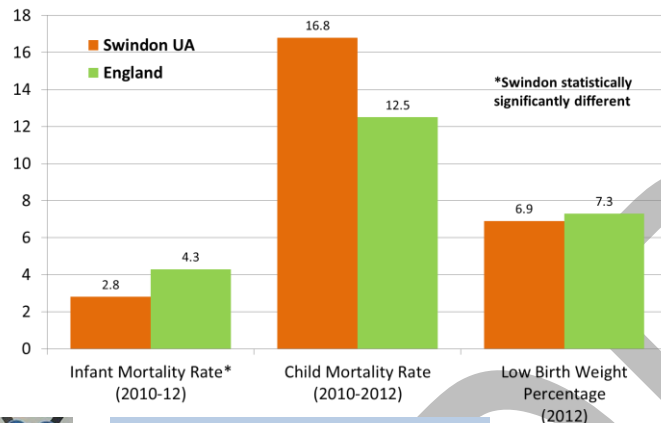
Key fact

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 indicator

Infant and Child Mortality, and Low Birth Weight in Swindon & England



Key information

- The infant mortality rate in Swindon (2010-2012) is significantly lower than the national figure and the child mortality rate (2010-2012) and the low birth weight % (2012) are similar to those for England.
- The level of child poverty is better than the England average with 17.3% of children under 16 living in poverty in Swindon (2011).
- Children in Swindon have average levels of obesity (2012/2013).
- In 2012/13, 55.1% of Swindon children achieved a good level of development at the end of the foundation stage of schooling, a higher than average proportion.
- Swindon's Teenage Pregnancy rate is now similar to that for England.

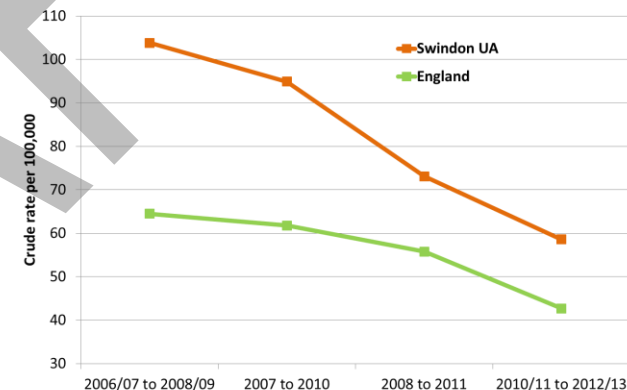


Key resources: see Appendix for further information



Key indicator

Alcohol-Specific Hospital Admissions per 100,000 for under 18 year olds



Key issues

- The rate of sexually transmitted infections (STIs) in young people is still higher than the national average.
- The rate of alcohol-specific hospital admissions for Swindon young people is about a third higher than for England (2010/11 to 2012/13), though the number of young people involved is in itself not large.
- The rate of hospital admissions for self-harm in young people aged 10 to 24 years is significantly higher than in England as a whole. As this is a persistent trend, admissions in Swindon are being audited to ascertain whether this is due to high levels of distress in the population or to clinical arrangements and decision-making in Swindon.