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Executive summary
In December 2007, the Department of Health published guidance on Joint Strategic Needs Assessment (JSNA), which included a core dataset for local partners undertaking JSNA.

In Swindon, we recognise that significant progress has been made recently towards describing and identifying need in the community. This progress comes in the form of completed needs assessments of service streams such as in the Children and Young People’s, the Drug and Alcohol and the Sexual Health Services, as well as high-level reviews of current needs in Swindon including the Annual Public Health Report. This document builds upon these needs assessments and provides a summary of what is currently known about need in Swindon.

The issuing of this document is not an end in itself. In Swindon, JSNA is seen as a rolling programme of work informing our commissioning and service delivery rather than as a publication containing a single definitive needs assessment.

The main objectives of this document are to:

- Outline a high level picture of need in Swindon by reporting against indicators in the core data set,

- Summarise and signpost to existing pieces of work which assess need in Swindon,

- Outline the major indicators available locally and some key trends demonstrated by these indicators

- Provide a resource for commissioning

- Identify major gaps in data availability,

- Identify priorities for future collection/ collation of data,

- Identify areas where our understanding of need is lacking.

It is important to consider also the limitations of the JSNA process when commissioning services and planning for change. This document and the JSNA process do not:

- Replace the requirement for service areas to conduct detailed analysis of need within their services,

- Provide a comprehensive assessment of need across all services and populations in Swindon.

Detailed discussions of major sources of information are provided under the following chapter headings):

- Describing the Swindon population

- Social and environmental context

- Disease risk factors and lifestyle

- Illness and premature death

- Specific population groups

- Public engagement

**Emerging Themes**

The emerging themes from the Swindon JSNA include:

1. Population growth represents a significant challenge within Swindon in maintaining current levels of service provision and delivering services to a larger population across a wider geographical area,

2. Current birth rates are significantly ahead of predictions used for planning,

3. Current analysis suggests that health inequalities in Swindon are focused in a small number of localities. These localities are also poor performers in relation to economic indicators and have poor educational attainment,
4. Swindon has one of the highest numbers of households in Temporary Accommodation outside London. As well as being a significant barrier to healthy living for affected households, this poses problems in service delivery.

5. The main causes of death among adults in Swindon are changing with a reduction in the impact of cardiovascular diseases on life expectancy and an increase in the impact of cancer.

6. Analysis of variations in life expectancy suggests that targeting cardiovascular disease and cancer and also the effects of alcohol will be important in reducing the life expectancy gap in Swindon.

7. We are aware that smoking prevalence in neighbourhood renewal areas in Swindon is 33% - almost twice that for Swindon as a whole. Given the link between smoking and both cardiovascular disease and cancer, targeting smoking in these populations should have a high priority.

8. There is a lack of hard data on the number, age and gender profile and geographical distribution of our BME communities. There is a similar lack of hard data on the number, age and gender profile and geographical distribution of our European immigrant population.

9. Swindon has a higher prevalence of overweight children than England as a whole and a lower level of physical activity. This suggests that measures aimed at promoting health eating and physical activity should be a priority in Swindon.

10. Teenage conception rates have fallen in the last year, however, the number is still high in Swindon – higher than England as a whole and the sexual health of the local population is worsening (as measured by STI rates).

11. Drug services are reaching about 50% of those identified as having a substance misuse problem with Class A drugs. The predominant profile of service users is that of young white male.

12. Primary Care appears to be good at detecting chronic illness in registered patients when QOF performance is compared with national prevalence models. However, concern has been raised over performance in managing some aspects of chronic illness –
particularly, glycaemic control in diabetes. There is scope for addressing these concerns through the systematic re-design of services.

This document has allowed us to identify the following areas where further needs assessment work is required:

- There is a requirement to understand the age profile within areas of population expansion and, in particular, to examine the likely impact of ‘cohort effects’ in relation to age-related services,

- There is a need to measure individual ‘lifestyle’ factors at a local population level in order to target interventions effectively,

- Systematic gathering and reporting of demographic data for the BME communities of Swindon will be important in demonstrating that we are identifying and then addressing the needs of these populations,

- Understanding the potential of preventive services for people at risk to prevent them requiring services in the future requires further work,

- Measuring and understanding needs of mobile and transient populations is poorly developed locally.

Under the umbrella of JSNA we will undertake an ongoing program of work, which will involve seeking the information identified as a knowledge gap, interpret that in the light of what we already know about our population, and through analysis of that information provide appropriate intelligence to support the development of strategies and commissioning of services that meet the needs of the Swindon population.
1. Introduction

1.1 Joint Strategic Needs Assessment (JSNA)
Joint Strategic Needs Assessment (JSNA) is the process by which Primary Care Trusts (PCTs) and local authorities describe the unmet and future social, health, care and well being needs of local populations. JSNA will inform the development of a Joint Commissioning Strategy, other commissioning intentions, the Local Area Agreement (LAA) and the Sustainable Communities Strategy (SCS).

JSNA describes a process that identifies current and future needs of the community, in light of current services, and informs future service planning, while taking into account current evidence of effectiveness. It identifies the big picture needs of individuals. Local and national data on patterns of health and the burden of disease, evidence of the effectiveness of available interventions to address the needs identified, information about services currently provided and information about the community, will all be used to develop JSNA.

The duty to undertake JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007). The duty commenced in April 2008.

1.2 Aims of Joint Strategic Needs Assessment in Swindon
Key aims are to:

- Establish a picture of current and future needs, with emphasis on examining inequalities in health status between communities and identifying areas and communities where current service provision does not meet need,

- Obtain guidance as to the requirement to expand and/or re-design existing services in order to meet identified need,

- Provide a summary of the evidence base on what services might best be used to reduce inequalities,

- Embed evidence and data in the cycle of commissioning of services,

- Signal commissioning intentions to service providers (including the Voluntary and Community Sector) to support their direction and development.
There is an established history of joint working in Swindon. The PCT Chief Executive works as the Group Director, Housing and Social Care for Swindon Borough Council and there are joint Directors of Public Health, Commissioning and Service Delivery and Integration. There is joint commissioning of Mental Health, Children’s, Substance Misuse and learning Disability Services with work ongoing for similar arrangements for all adult services.

1.3 The Local Area Agreement 2008 - 2011

The Swindon Strategic Partnership is currently looking to align planning and commissioning processes across participating organisations, to facilitate delivery of the second Local Area Agreement (LAA2). Detail on how the Community Strategy outcomes have been translated into the Local Area Agreement priorities and improvement targets area available at http://www.swindonlaa.org.uk/

The comprehensive and inclusive process of stake holder engagement and prioritisation in encapsulated in the ‘Swindon Model’. The LAA2 targets were agreed using evidence of need described in ‘The Swindon Story’, which formed the foundation of the Joint Strategic Needs Assessment (JSNA).

As part of this process the Healthy Communities and Older People's Block undertook a prioritisation exercise to establish the priority targets to improve health and well being in Swindon drawing on diverse information sources to assess health needs. The substance of this exercise has been incorporated into the JSNA.

The following LAA targets address the following needs identified in the JSNA: developing sustainable services to respond population growth particularly in the ‘older middle age’ age - group; addressing health inequalities and life expectancy; reducing smoking prevalence; reducing numbers of overweight children; reducing teenage conception rates, reducing the high level of people living in temporary accommodation, increase support to improve long term condition management and increase access to drug services

NI 8  % of Adult participation in sport and active recreation
NI 40  No of drug users recorded as being in effective treatment
NI 56  Obesity among primary school children year 6
NI 122 Under 18 conception rate (%)

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The deliver of the LAA is through five blocks:
  - Healthy Communities and Older People (Chair: C. Exec. Swindon PCT)
  - Children and Young People (Chair: Group Director of Children's Services, Swindon Borough Council (SBC))
  - Economic Development and Enterprise Chair: Chair of Swindon Strategic Economic Partnership)
  - Safer and Stronger Communities (Chair: Swindon Divisional Commander, Wiltshire Police)
  - Environmental Sustainability (Chair: Group Director of Environment and Regeneration (SBC))

Swindon PCT is an active member throughout the LAA Partnership through:
Chief Executive representation at the Swindon Strategic Partnership Board and as the Chair of the Healthy Communities and Older People's Block; and,
Chief Executive and PCT Directors' involvement in the Safer and Stronger Communities and the Children and Young People's Blocks.
The PCT has designated leadership of 4 targets and is also recognised as a core contributor of a further 20 targets.

The JSNA process will be instrumental in determining local priorities; in particular, JSNA will contribute to the development of the Primary Care Trust's commissioning strategy (strategic framework), investment strategy and planning of primary care services in the future.

1.4 The core dataset
In December 2007, the Department of Health published guidance on JSNA, which provides a tool for local partners undertaking JSNA. The guidance document outlines a core dataset, which can be used as a basis for compiling
data for JSNA (See Appendix B). The core dataset does not in itself provide a comprehensive understanding of community need; it provides a first stage to understanding the distribution of some of the major determinants of health and well being in the community. Local areas will be expected to supplement the core dataset with additional, locally relevant information to add depth and insight into the needs of their populations, having locally agreed standards on data quality for inclusion.

In many cases, the only local data available describing need is service usage. Service usage is at best only a proxy for need, because some people may have a need but are not currently receiving services, or some may receive services that they do not need or do not satisfy their needs in the most appropriate way.

The purpose of this document is to report on locally available data against items in the core data set guidance, where available. Not all items in the core data set are currently being collected.

Appendix A includes the 2008 Swindon Health Profile information of which has been included in the JSNA.

1.5 Needs assessment
Assessing and understanding the needs of individuals as well as of the population as a whole is integral to helping them achieve good outcomes.

Needs assessment involves more than reporting against indicators in the core data set. The core data set predominantly identifies the prevalence of problems, diseases, symptoms and issues within the community.

To fully understand the needs of the people of Swindon we need to match the core data set with data on locally available services (including use of these services). Also critical to understanding need is the collation of demands, wishes and perspectives of service users, carers, professionals and stakeholders.

The PCT and Borough Council have undertaken a number of engagement exercises aimed at gathering key insights from the residents of Swindon such as the Commissioning Framework Consultation, which have supplemented the JSNA findings and enhanced our understanding of the wishes and perspectives of the people of Swindon.
1.6 Swindon JSNA methodology

Preparation for the JSNA of Swindon started at the end of 2007 following the publication of Department of Health guidance and to date the following actions have been undertaken:

- A project team has been identified to lead this process which comprises of members of the Swindon PCT and Swindon Borough Council including the Joint Director of Public Health, the Public Health Information Analyst, the Swindon PCT Communications Manager, the Consultant in Public Health and several Swindon Borough Council Managers.

- The data sources, relevant to the Department of Health JSNA core data-set, and accessible by the SPCT and SBC have been collated into a reference list. The PCT undertakes regular needs assessments and health equity audits which the project team were keen to include as they provide clear outputs and conclusions (see Appendix C for sources of information).

- The Healthy Community Older People Partnership (HCOPP) (LAA block) as commissioners of the JSNA agreed that the focus of the Swindon JSNA following the initial overall trend analysis should be the predicted growth and changes in the populations of Swindon PCT and their impact on local Services in the future. The partnership identified several areas of growth/change that could be explored by the JSNA: ethnic groups, economic migrants, age distribution and population groups with learning disabilities, long-term illness, expected residents in new developments.

- In recognition of the need to secure the commitment of the statutory partners and engage with the relevant organisations, partnerships and community groups, briefing documents were presented to Joint Leadership Team (JOLT) and the Integration Board to ensure that they are involved in both setting the scope and the undertaking of the Swindon JSNA.

- To understand the needs of the people of Swindon the project team identified local leads (‘contributors’) responsible for the indicators listed in the DH core data set, who were asked using a locally developed questionnaire to provide the most up to date data for their indicators and comment on the data, using a standard set of questions. The
contributor was also provided with a summary of predicted demographic changes up to 2016 and asked to identify any anticipated issues/problems for the people of Swindon and changes in services that would be needed to address these problems. (See Appendix D). The role of contributor was filled by key individuals from the PCT and Borough Council working across health and social care in Swindon including Public Health Managers, Specialist Commissioners amongst others.

- The intention at the outset of this process was to analyse the contributors’ submitted data for high-level trends within a strategic context and then publish them as an initial JSNA output for wider consultation. This enabled the PCT to gather key insights from clinicians and managers to supplement the data findings.

1.7 About this document

This document is not an end in itself. In Swindon, JSNA will be a rolling programme of work rather than a single definitive needs assessment. We recognise that significant progress has already been made in Swindon towards identifying need in the community. This progress comes in the form of completed needs assessments of service streams such as in Children’s and Young People, Substance Misuse, Sexual Health, Maternity and Learning Disability where consistent methodology was used to identify the gaps in care and drivers of performance within each area.

The JSNA also draws upon other high-level reviews of current needs in Swindon including the Annual Public Health Reports 2004-2006 and 2007 and the Health Profile for Swindon 2007. These sources are used in this document where possible. We have also attempted to use or identify resources available through external bodies such as the Association of Public Health Observatories where these assist our understanding of need. These resources have enabled us to compare the health and health needs of the residents of Swindon PCT to that of England as whole and other similar PCT areas. This processing of benchmarking the PCT’s health status against other PCT areas and England as a whole will support the PCT to develop plans that will lead to improvements the health and wellbeing status of our community and match other PCT areas with better health.

The document also includes feedback from 2 public engagement events: ‘Listening Event for Older People’ organised by the Planning Partnership for Older People and the 2007 ‘Swindon Supersurvey’.
The main objectives of this document are to:

- Establish a high level picture of need in Swindon by reporting against indicators in the core data set,
- Utilise existing sources of information on need to provide this picture,
- Summarise existing pieces of work which assess need in Swindon,
- Outline the major indicators available locally and some key trends demonstrated by these indicators,
- Provide a resource for commissioning,
- Assist in identifying major gaps in data availability,
- Identify priorities for future collection/ collation of data,
- Identify areas where our understanding of need is lacking.

This document will not:

- Replace the requirement for service areas to conduct detailed analysis of need within their services,
- Provide a comprehensive assessment of need across all services and populations in Swindon.

1.8 Further work in Swindon towards compiling the core dataset
The requirement to undertake a JSNA has highlighted the need to provide more sustainable mechanisms for sharing and presenting data in the borough.

The Borough Council and partners, including the PCT, have recently agreed in principle to move to the development of a combined Swindon Intelligence Unit and this should improve the collection and sharing of data and also the analysis and generation of intelligence supporting a common understanding of local needs in a range of service areas.
1.9 Future work programme towards JSNA in Swindon
- More detailed needs assessment around priority areas will be conducted. The feedback obtained in response to this document will assist in identifying gaps in existing knowledge, to assist in the priority setting process for this more detailed work,

- A consultation programme will be developed to ensure that the community, service users, service providers and all stakeholders have the opportunity to contribute to the ongoing process of developing a joint strategic needs assessment in Swindon. Input from a wide range stakeholders will be critical to developing a more complete understanding of need. This is reflected in the engagement section of the PCT Communications Plan.

- The PCT will continue to disseminate the reports from the JSNA via both the Swindon PCT and Borough Council websites providing links to completed local needs assessment as they become available.
2. Demography

2.1 Population numbers

Swindon is a new and growing town with a higher proportion of the population of working age* than in England as a whole. Swindon’s population is set to grow by 81,600 people by 2026, an increase of 27.2%. This is based on an estimated 37,000 new dwellings at an assumed ratio of 2.55 people per dwelling.

Changes to 2011:
The total population will increase from 2001 to 2011 by about 27,000 people (+14.5%), from 185,594 to 212,537. The overall population increase is largely due to new build or brownfield site development in: Abbey Meads (+289.7%), Central (+18.0%), Eastcott (+22.6%), Old Town-Lawn (+30.9%) and Wroughton-Chiseldon (+72.0%), although these increases will take place at different times within the period.

Broadly speaking, the shift will be to a more ‘middle-aged’ population. The greatest increases will be in 45 to 49-year-olds (+49.4%) and 60 to 64-year-olds (+42.2%). The child population (under 10) will change little overall, although some electoral wards will have an increase and some a decrease. The number of people aged 65+ years will increase by 18.4%, and the number of people aged 85+ by 35.4%. The level of increase will vary by ward.

Changes to 2016:
The total population will increase from 2001 to 2016 by about 41,000 people (+22.3%), from 185,594 to 227,044. The overall population increase is largely due to new build or brownfield site development in: Abbey Meads (+335.5%), Central (+26.1%), Eastcott (+29.9%), Old Town-Lawn (+39.4%) and Wroughton-Chiseldon (+133.6%), although these increases will take place at different times within the period.

The Eastern Development Area (to the east of the A419) will grow from zero population to 6,938 by 2016. Broadly speaking: the shift will be to a more ‘middle-aged’ and ‘early old aged’ population;

The number of people aged 45 to 69 will increase by about 50% by 2016. However, there will be a notable surge (+30%) of people in their 20s as well.

The child population (under 10) will increase only slightly by 2016 but the under-fives will increase by 6.1%. Some wards will have an increase and some a decrease. The number of people aged 65+ years will increase by

34.0%, and the number of people aged 85+ by 45.2%. The level of increase will vary by ward.

The current age profile for the Swindon population is shown within the Swindon health profile, available at:

2.2 Births
There were 653,748 live births in England in 2006. The birth rate and overall numbers of births had been declining up to 2003. Both have since risen and continue to rise ahead of government projections. In Swindon current births are now at the level projected for 2016. The General Fertility Rate in Swindon has risen from 61.4 live births per 1000 women aged 15-44 in 2004 to 65.9 in 2006 higher than the rates for both the Southwest average and England in 2006 (56.1 and 60.3 respectively). This has clear implications for provision of maternity services but also for the early years and children’s services that will be required subsequently. Attention paid to birth rates will be repaid as this will enable us to have an early warning of future demand for early years and child health services and also to identify education needs.

Table 2.2.1: Births to Swindon PCT Residents (Source: ONS Vital Statistics)
Births from registered, non resident patients not included.

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual Births &lt;20 years</th>
<th>Actual Births 20-24 years</th>
<th>All Actual Births</th>
<th>PCT Birth Projections Based on 2001-03 data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>Estim 150</td>
<td>Estim 400</td>
<td>Estim 2370</td>
<td>2311</td>
</tr>
<tr>
<td>2003</td>
<td>155</td>
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<td>2358</td>
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<td>2016</td>
<td>~</td>
<td>~</td>
<td>~</td>
<td>2631</td>
</tr>
</tbody>
</table>
2.3 Life Expectancy at birth

Life expectancy in Swindon UA at birth for men and for women calculated for the period 2003-2005 inclusive was 77.4 years for men and 80.7 years for women (ONS). The figure for Swindon women was slightly less favourable than that for women in England as a whole, although neither Swindon figure was different from the respective England figures at a statistically significant level.

Causes of death: Total death rates under 75 years are falling year-on-year in both men and women. As the pie charts demonstrate, cancer has now overtaken cardiovascular disease (CVD) as the leading cause of premature mortality in our population because CVD deaths rates are falling faster than cancer rates.

Fig 2.3.1: Number of Deaths by cause in Males < 75 years in Swindon PCT population in 2006 (Source: ONS Vital Statistics)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory Disease</td>
<td>103</td>
<td>31%</td>
</tr>
<tr>
<td>Cancer</td>
<td>34</td>
<td>10%</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>26</td>
<td>8%</td>
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<td>Dis. Of Digestive System</td>
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<td>6%</td>
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<td>External Cause</td>
<td>31</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>132</td>
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</tbody>
</table>

Source: ONS VS3. Deaths before age 28 days not included. Percentages rounded to whole numbers. All Neoplasms included as "Cancer".

Circulatory (Cardiovascular) Disease includes:
55 Ischaemic Heart Disease, 12 Stroke, Cancer includes:
12 Oesophagus, 42 Lung, 7 Pancreas, 7 Kidney, 6 Prostate. External includes:
18 Accidents, 13 Self-harm/Open verdict.

Fig 2.3.2: Number of Deaths by cause in Females < 75 years in Swindon PCT population in 2006 (Source: ONS Vital Statistics)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory Disease</td>
<td>112</td>
<td>48%</td>
</tr>
<tr>
<td>Cancer</td>
<td>52</td>
<td>22%</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>24</td>
<td>10%</td>
</tr>
<tr>
<td>Dis. Of Digestive System</td>
<td>15</td>
<td>6%</td>
</tr>
<tr>
<td>External Cause</td>
<td>22</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>152</td>
<td>62%</td>
</tr>
</tbody>
</table>

Source: ONS VS3. Deaths before age 28 days not included. Percentages rounded to whole numbers. All Neoplasms included as "Cancer".

Circulatory (Cardiovascular) Disease includes:
18 Ischaemic Heart Disease, 14 Stroke. Cancer includes:
2.4 Healthy Life Expectancy
Life expectancy at 65 for men and women respectively in Swindon, and healthy life expectancy at age 65 for men and women in Swindon, are at approximately the same levels as for men and women in England as a whole. However, healthy life expectancies for the South West Region appear to be slightly higher than in Swindon.

Within life expectancy figures there are major variations with those in the lowest quintile for social deprivation in Swindon having a life expectancy of more than 5 years less than those from the highest quintile (75.7 years in Parks compared with 82.6 years in Covingham-Nythe)

2.5 Health Inequalities
As expected circulatory disease, respiratory disease and all cancers (the ‘Big Three’) are all major contributors to the gap in life expectancy for men and women between the most deprived wards and the rest of Swindon.

However, for men external causes (notably suicide and undetermined injury and road traffic accidents) and digestive diseases (principally liver cirrhosis) are also major contributors to the gap in life expectancy. For women digestive disease (including cirrhosis and gastric / duodenal ulceration) is also a major contributor to the life expectancy gap.

Fig 2.5.1: Breakdown of life expectancy gap between the Most Deprived Quintile (MDQ) of Swindon UA and the Least Deprived Quintile in the local authority by cause of death (Source: LHO Health inequalities intervention tool)
2.6 Ethnicity
Swindon Borough has a number of communities that can be defined geographically and by race, culture, religion or social activity. The black and ethnic minority (BME) population within Swindon Borough is 4.8 per cent of the total population (2001 census - compared to 9.1 per cent nationally, and 2.3 per cent in the South West), the vast majority living in the urban area of the borough. There are also significant national communities including people from Poland, Italy and Ireland, as well as more recent arrivals from the Balkans and the Middle East.

Comparison of figures for the 1991 and 2001 Censuses show a substantial increase in the black and ethnic minority population, from 3.1 per cent to 4.8 per cent, with the number of ethnic minority people in Central Ward almost doubling from 657 to 1,117 people during that period.

Up to date figures on the proportion of BME residents in Swindon are difficult to obtain. However, school census data shows that for school age children the proportion from BME groups is much higher than that reported from the 2001 census. These figures also show that the geographical distribution has changed with increasing numbers of BME families in the newly developed communities in North Swindon, reflecting changes in the property market in the Borough. However, these figures do not reveal where older and potentially more vulnerable BME residents are living.

Those of Indian background form the largest group among the ethnic minority population, followed by mixed-parentage people of Black Caribbean descent. This is similar to the figures for Great Britain as a whole. In general there has also been a steady rise in the number of individuals from mixed parentage backgrounds. Those of Pakistani origin are proportionately under-represented in the borough compared with nationally.

Of those BME residents recorded in the 2001 census, the vast majority of black and ethnic minority people live in the five poorest electoral wards identified as priorities in the Neighbourhood Renewal Strategy. The highest percentage was in Central ward, at 12.7 per cent, compared with the borough average of 4.8 per cent – 1,117 people out of a population of 8,780. Thus, the proportion of black and ethnic minority people in Central is three times that in Swindon as a whole. However, 7 times as many BME residents live in the remainder of Swindon indicating that services across the Borough need to consider how to meet specific BME needs.

Specific BME issues are dealt with under Section 6.3.
3. Socio economic factors

3.1 Deprivation

The Indices of Deprivation 2007 (ID 2007) are based on a group of statistical measurements of sub-electoral ward areas (Super Output Areas - SOAs) across England, relating to aspects of their deprivation. (Indices of Deprivation were also produced in 2004, and are known by the abbreviation ID 2004).

These measurements are grouped to rank areas within seven different “domains” of deprivation:
- Income
- Employment,
- Health Deprivation and Disability
- Education with Skills and Training
- Barriers to Housing and Services
- Crime
- Living Environment

These domains are also combined to produce an overall Index of Multiple Deprivation (IMD).

There are 119 SOAs in the Swindon Unitary Authority area.
- According to the ID 2007, 18 of these 119 SOAs are among the most deprived 20% nationally, one more than in the ID 2004. In all, 8 of Swindon’s 22 wards contain at least one of these areas.
- Eight of these 18 areas are also within the most deprived 10% nationally, one more than in 2004. These areas belong to four different wards.
- Only one Swindon SOA is within the most deprived 5% nationally. It is part of Penhill ward.
- The SOAs in the Shrivenham ward are all amongst the 10% least deprived SOAs of England.

The most prominent domain of deprivation in Swindon is the education, skills and training domain.

Over 13% of Swindon’s SOAs are among the most deprived 10% in England in this domain (see Table).

Among other domains, the proportion in the most deprived 10% nationally is highest in the income, employment, living environment domains (7%, 8%, 7% respectively).

A notable change since 2004 is the increase in the number of Swindon SOAs among the most deprived 10% in England in the employment domain.
A more welcome change is the reduction in SOAs in the 10% and 20% most deprived nationally categories for the Barriers to Housing and Services domain.

15 SOAs are in the 20% most deprived nationally category for the Health domain, about twice as many as 2004. These include SOAs that are not in the most deprived for other domains.

Fig 3.1.1: ID 2007: Overall deprivation score by electoral ward in Swindon and Shrivenham (Source ID 2007)

3.2 Employment
Swindon’s employment rate is considerably higher than both the England and South West rates, and is the highest among the region’s counties and unitary authorities. 87.1% of people of working age in Swindon were economically
active between January 2007 to December 2007, including 3.7% (4,000) of people that are unemployed.

In 2007 the unemployment rate for Swindon was 1.8% of the economically active 16+ population, lower than England: 2.3% but higher than the south west: 1.3% (NOMIS August 2007). Unemployment varies by ward in Swindon and the rate tends to be higher in areas of deprivation. The proportion of the population that are currently claiming benefits is 12% on average, but this reaches one third (30%) in Penhill ward. (ONS annual population survey 2007)

In order to identify the priority areas for targeted action, traditionally the Neighbourhood Renewal Area or ward approach has been taken. However action will be focused on Lower Super Output Areas (LSOA’s) that contain around 1,500 people.

Table 3.2.1: The LSOA’s within Swindon identified for priority action in relation to employment (Source: Swindon Borough Council)

<table>
<thead>
<tr>
<th>Ward Name</th>
<th>Lower Super Output / Data Zone Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penhill</td>
<td>E01015545</td>
</tr>
<tr>
<td>Penhill</td>
<td>E01015546</td>
</tr>
<tr>
<td>Parks</td>
<td>E01015538</td>
</tr>
<tr>
<td>Walcot</td>
<td>E01015573</td>
</tr>
<tr>
<td>Parks</td>
<td>E01015541</td>
</tr>
<tr>
<td>Gorse Hill and Pinehurst</td>
<td>E01015507</td>
</tr>
<tr>
<td>Penhill</td>
<td>E01015544</td>
</tr>
<tr>
<td>Walcot</td>
<td>E01015575</td>
</tr>
<tr>
<td>Walcot</td>
<td>E01015572</td>
</tr>
</tbody>
</table>

Locally, strategies aimed at combating barriers to employment are principally area based initiatives complemented with measures targeted at providing individual support. At the national level a fifth of incapacity benefits are connected with depression and this highlights the need to link employment and skills initiatives with health interventions and psychological support. The most straightforward relation between economic development and health/well being is related to moving people from incapacity benefits into work.

The employment rate between 2004 and 2005 remained steady at 80% and in real terms there has been an increase of 900 employees working in Swindon. However, between October 2005 and September 2006, the unemployment rate was slightly higher in Swindon (at 5.5%) than the rates for the South West Region and for Great Britain, which were 3.7% and 4.8% respectively. Unemployment varies by ward across Swindon, and the rate tends to be higher than the all-Swindon figure in areas of deprivation.
3.3 Residents on Benefits
10% of the residents of Swindon are on means tested benefits compared with
13% in England. Nearly 6,000 children live in benefit dependent households. The rate of people claiming sickness benefit because of mental health problems is lower than the England average.

3.4 Housing
Swindon has one of the highest numbers of households in Temporary Accommodation outside London. In December 2007, there were 646 households in temporary homeless accommodation, and the government has set a target to reduce this to 435 by 2010.
There are over 7000 households waiting for rented accommodation, an additional 983 on the Low Cost Ownership register and 621 homeless households in temporary accommodation.
The 2006 Housing Needs Survey\(^2\) conducted by the Swindon Borough Council found that 20.9% of households in Swindon would be unable to afford market housing (owner-occupier or private rent) if they were to move home now.
Over 90% of social tenants and 63% of private tenants cannot afford to buy a home in Swindon.


Fuel Poverty: Older adults are more at risk of dying in the winter during periods of cold weather. It is estimated by the South West Rural Observatory that 93% of excess winter deaths occur in the over 65 year old age-group, some of which may be avoidable. Based on national levels Swindon is estimated to have 90 excess winter deaths a year with 70 of those being in the over 75 age-group.

In the South West about 6% of households are fuel-poor, and home to people over 65. This is relatively higher in Swindon where about 9.8% of all private households are vulnerable to fuel poverty (about 12,000 households). This incidence is higher in households comprised of older people and is as high as 15.7% in some of the ‘older’ boroughs of Swindon (Old Town and Lawn and St Philip)\(^3\).

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\(^3\) Swindon Affordable Warmth Strategy 2007 Swindon Primary Care trust
3.5 Road safety/accidents
Over recent years the numbers of casualties has been reducing, and the borough is on track to meet the national targets by the end of 2010 "to reduce the number of people killed and seriously injured on the roads by 40%, and to halve the number of children killed and seriously injured on the roads". However, last year the number of people killed and seriously injured was greater than the trajectory figure. In response to this, and in response to the future growth aspirations for Swindon, the Council has commissioned a full up-date and review of their policy for tackling road casualties. The SPAR (Strategic Plan for road safety and Accident Reduction) will influence the infrastructure schemes we propose and the road safety and other travel choice initiatives which the Council promotes. By understanding the kinds of road casualties there are in Swindon, the cause of the incident, the people involved, etc, the Council will be able to focus expenditure in the areas that will have the greatest benefit.

3.6 Community satisfaction and safety
1238 residents, 272 of whom were over 65 years old completed the Swindon Borough Council Satisfaction Survey in 2007, which collected resident views on their satisfaction with their local area as a place to live.

Table 3.6.1: Percentage of residents satisfied with their local area as a place to live (Source: SBC Satisfaction Survey 2007)

<table>
<thead>
<tr>
<th></th>
<th>All respondents</th>
<th>Respondents aged 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>14.5%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Fairly satisfied</td>
<td>58.8%</td>
<td>58.1%</td>
</tr>
<tr>
<td>Neither</td>
<td>16.4%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Fairly dissatisfied</td>
<td>8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>2.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td>More than 1 box ticked</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Compared with the survey results of 2006 there appears to be an reduction in the number of all residents and residents over 65 who were fairly and very dissatisfied in their local area as a place to live.

Table 3.6.2: percentage of residents satisfied with their local area as a place to live (Source: SBC Satisfaction Survey 2006)

<table>
<thead>
<tr>
<th></th>
<th>All respondents</th>
<th>Respondents aged 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>11.8%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Fairly satisfied</td>
<td>59.7%</td>
<td>58.5%</td>
</tr>
<tr>
<td>Neither</td>
<td>17.4%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Fairly dissatisfied</td>
<td>8.6%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>2.5%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
4. Lifestyle

4.1 Smoking

“The Smoking Epidemic in England” (Health Development Agency 2004) estimated that, in Swindon PCT in 2000, 29% of the adult population were smokers (with 30% of people being ex-smokers) compared to 27% in England as a whole.

The number of people recorded as smokers as measured by the Swindon Super Survey has declined over the last 3 years in both Swindon overall and the Neighbourhood Renewal Areas (NRA)

| Table 4.1.1: Percentage of people recorded as smokers in all of Swindon and NRAs in 2005/06 and 2006/07 (Source: Swindon Survey 2007/8) |
|---|---|---|---|
| 2005/6 | 2006/7 | 2007/8 |
| Swindon overall | 19% | 18% | 17% |
| Neighbourhood renewal areas | 35% | 32% | 28% |

These data would appear to indicate: Initiatives to reduce smoking prevalence appear to be making a positive impact.

The rate of decline in smoking prevalence is less in NRA’s than the rest of Swindon.

Quit Rates

| Table 4.1.2: Swindon NHS Stop Smoking quit rates over the past 3 years per 100,000 population (Source: Swindon NHS Stop Smoking Service) |
|---|---|---|---|
| 2004/5 | 2005/6 | 2006/7 | 2007/8 est |
| Number of quitters | 1076 | 1344 | 1124 | 1130 |
| % from NRA’s | Not known | 21% | 27% | 30% target |
| No. from BME community (% of total) | Not known | 14 (1%) | 48 (4.2%) | 42 (3.7%) target |
| Success rates – overall | 52.1% | 53.6% | 51.5% | 52.1% est |
| Success rates – NRA | 43.4% |

---


Health inequalities:
Deprived areas: Smoking rates in our deprived areas are significantly higher (33%) than Swindon as a whole (17%). There is a strong link between cigarette smoking and socio-economic group. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off.

Pregnant women: In Swindon 2007 30% of women were reported to have been before and during their pregnancy (England average in 2006 was 32%). 451 of the 2832 women who gave birth in Swindon during 2007/8 ie.16% were smoking at time of delivery in Swindon (England average in 2006 was 17%)

Black and Ethnic minority communities: Approx 5% of the Swindon populating is BME but only 2.1% of smokers accessing the NHS stop smoking service in 2006/7 were from our BME community. Smoking prevalence rates vary with some Asian communities having a smoking prevalence of 44%.

Service needs to continue to work closely with partners and stakeholders to ensure service accessibility. Need to continue to promote the service and highlight the health issues associated with smoking and second hand smoke

4.2 Breast feeding
Breast-feeding initiation is a good proxy for infant health. Swindon currently has achieved 76% initiation rate against target of 74% which equates to more than a 2% increase year on year. The Sure Start Children’s Centre serving residents in the highest deprived wards in Swindon has improved breast feeding rates at birth from 44% in 2002/03 to 56% in 2005/6 and from 28% in 2002/03 to 28% in 2005/06 at 6 weeks. However this does indicate a low uptake rate in these wards. Data for sustaining breastfeeding at 6-8 weeks is not yet robust and work is underway to capture all information.

Health inequalities:
Breastfeeding is much less prevalent nationally amongst disadvantaged groups. Anecdotally, GPs report that breastfeeding amongst Eastern European communities is much higher than the indigenous population. In general mothers who do not initiate breastfeeding tend to be younger, less well educated and from lower income groups.
4.3 Obesity
Data tell us that Swindon has a slightly lower adult and child obesity prevalence than national prevalence (from synthetic estimates from Health Survey for England in adults and the National Child measurement programme for children). However for children, Swindon has a higher than average overweight prevalence which could lead to a greater than average increase in obesity in the near future

**Fig 4.3.1 Percentage of Children Overweight or Obese in Reception Year and Year 6 in 2006-07 (Source: National Child Measurement Programme)**

![Bar chart showing percentage of children overweight or obese in Reception Year and Year 6 in 2006-2007](source)

Health inequalities:
Children, particularly in deprived areas, in people with learning disabilities and in certain minority ethnic groups (i.e. women of black African, black Caribbean and Pakistani origin have marked higher obesity prevalence rates that those in the general population. Chinese women have significantly lower obesity prevalence rates. Men from minority ethnic groups have markedly lower obesity prevalence rates than those in the general population, with the exception of black Caribbean and Irish men where there was a higher incidence).

4.4 Physical activity
The Active People Survey (2005 to 2006) suggests that, in terms of sport and active recreation, Swindon tends to be less active than England and the South
West, with 19.5% of adults in Swindon UA reporting three moderate intensity sessions of at least 30 minutes per week, compared with 21% of people in England and 21.9% of people in the South West. These differentials are small, but there is clearly scope for improvement.

In the Swindon PCT/Borough Supersurvey4, conducted in 2007, 11% respondents reported taking moderate intensity sporting exercise on five occasions per week, with 28% reporting taking moderate intensity exercise of a non-sporting kind on five occasions per week. Levels reported in the Neighbourhood Renewal Areas were similar.

Further analysis of the Supersurvey will reveal how many people in Swindon reach the Chief Medical Officers’ recommended level of moderate intensity exercise of 30 minutes duration (whether sporting or non-sporting) on at least five occasions per week. The above suggests that this level is achieved by at least 28% of the adult population.

Health inequalities:

Exercise levels in Swindon, as measured in the APS tend to be comparatively low in women (as compared with men), in people in middle age and old age, and in less affluent people. The data from the survey was used to compare sports-related exercise levels in relatively affluent people in Swindon with the levels in relatively deprived people in Swindon. The analysis demonstrated that 25.5% of people of the Swindon sample who were in professional or managerial occupations reached the desirable standard. In contrast, only 14.9% of the Swindon sample who were in low-skilled or no-skill occupations reached this standard.

People from Black and Minority Ethnic groups in Swindon may be more regular sport participants than other people in Swindon.

4.5 Sexual health

Under 18 conceptions: Data issued by ONS and latest available data is for 2006 (calendar year). This is for the SBC area and not Swindon PCT area. The rate for 2006 was 45.7 per 1000 females aged 15-17. This is a reduction of 14.5% from the baseline year 1998. The target is for a 55% reduction which means we need to have a rate of 24 per 1000 by 2010. The stretch target on the (old) LAA is to reach this rate of 24 per 1000 by 2009.

Under 16 conceptions: Latest data I have is 2003-2005 when the rate was 7.7 per 1000 females aged 13-15.
**KC60 GUM STI data:** The KC60 data provides numbers of new diagnoses and the numbers are set out in the table below with other STI’s and increases. This is not based on the Swindon PCT population but is based on the clinic at GWH. Generally about two thirds of people going there are from Swindon (only ever see it worked out as a rate in the Southwest PH Performance Mangement report). In the April 2008 version of the Performance Management Report the rate given was 46.39 per 100,000 population for 2006 but there remains uncertainty as to how this was calculated.

**Table 4.5.1: Number of cases of STIs in Swindon by Infection type from 2001 to 2006 (Source: Great Western Hospital)**

<table>
<thead>
<tr>
<th>STI</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>% change</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>406</td>
<td>403</td>
<td>560</td>
<td>522</td>
<td>637</td>
<td>801</td>
<td>+97.3</td>
<td>+25.7</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>64</td>
<td>70</td>
<td>84</td>
<td>76</td>
<td>114</td>
<td>88</td>
<td>+37.5</td>
<td>-22.8</td>
</tr>
<tr>
<td>Herpes</td>
<td>112</td>
<td>139</td>
<td>126</td>
<td>109</td>
<td>154</td>
<td>158</td>
<td>+41.1</td>
<td>+2.6</td>
</tr>
<tr>
<td>Syphilis</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>7</td>
<td>&lt;5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warts</td>
<td>328</td>
<td>403</td>
<td>403</td>
<td>439</td>
<td>497</td>
<td>433</td>
<td>+32.0</td>
<td>-12.9</td>
</tr>
</tbody>
</table>

% change is the change reported by GWH from 2001-2006

**New diagnosis of HIV:** The data available on new diagnoses of HIV in adults (aged 15 and over) is by former County area. The Wiltshire rate is 3.5 per 100,000 between Q1 2006 and Q4 2007. Local information is derived from Sophid data and the most recent we have is 2006. It is not based on new diagnoses but is a count of diagnosed HIV infected individuals by PCT area. In 2006 Swindon PCT had 93. There is an ongoing year on year increase with the numbers more than doubling since 2002.

**Chlamydia in under-25s:** The most recent Swindon for this is 10% positive screens for males and 15% positive for females with an overall 13% positive. This was for the period April – December 2007 and was based on 299 screens. (For females this was the highest % in the Southwest although numbers are not large).

**Late diagnosis of HIV in Vulnerable People:** This data has not been available for local areas. It is available at national and SHA level in Testing times (HPA 2007)

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6 Sexual Health Local Profile-South West: March 2008
Offered an appointment at a GUM service within 48 hours: At March 2008 Swindon and Marlborough GUM achieved 100% offered within 48 hours and 83.1% seen.

Long acting reversible contraception method as a percentage of all contraception: This is only available for Contraceptive Services from the KT31 return. The last published data was 06/07 and Swindon was 9% on this indicator. England was 15% and the Southwest was 20%.

Access to NHS funded abortions before 10 weeks gestation: The Statistical Bulletin from DH and National Statistics on Abortion Statistics shows that in 2006 Swindon had 81% of NHS funded abortions under 10 weeks gestation, compared to 65.3% England and 62% southwest SHA.

Access to NHS funded abortions before 10 weeks for young adults: This is not provided in the above return. Information is provided on the age groups but not whether the abortion is before 10 weeks.

Health inequalities: The Sexual health needs assessment\(^7\) found that teenage pregnancies are often associated with deprivation with higher rates seen in more deprived wards demonstrating a clear links between aspiration and education attainment. Teenage pregnancy rates for Swindon remain higher than England as a whole and as would be expected the areas with high rates are largely located in the areas of highest deprivation (a number of hotspot wards in Swindon where the TP rate is more than 60 per thousand (i.e. 6% or more of females aged 15-17).

Chlamydia rates in young people which have been rising very fast and are above other areas.

HIV – increasing numbers and an emerging different profile of people living with HIV which includes more women and men of African origin.

4.6 Drugs and alcohol
The Adult Drugs Misuse Needs Assessment\textsuperscript{8} carried out in the third quarter of 2007-8 reviews confirmed performance data from 2006-7. This tells us that:

- There is a government estimate that there are 1,309 Opiate and or Crack problematic drug users in Swindon (687 Crack users, 1177 Opiate users).

- 50\% of these problematic drug users are estimated to be treatment naïve.

- We know that there are 72 people that have been in contact with the Drugs Intervention Programme (DIP) but have not accessed treatment – these make up part of our known treatment naïve group.

- Of the 1,309 Opiate and or Crack Problematic Drug Users (PDUs) in Swindon 73\% are thought to be male and 27\% female.

- 767 clients were shown to have received a form of structured drug treatment during 2006/07. Of which 75\% were male and 25\% female, 94\% were white and 50\% were aged 25-34.

- The main drug of those in treatment was opiates in 91\% of clients, while cannabis accounted for the next highest proportion with 40\%.

- 78\% of clients in Swindon are retained in treatment, which compares favourably both regionally with the South West (73\%) and nationally (74\%).

- Generally the percentage of unplanned exits is high at 59\%.

- The need for improved pathways and protocols between agencies and services was the area identified as a priority by the largest number of respondents to the consultation exercise.

- Waiting times and access to treatment was the second highest priority area.

- Communication, information and training, aftercare provision, housing and joint working were the other highest priority areas identified.

\textsuperscript{8} Swindon Adult Drugs Misuse Needs Assessment 2008
http://www.swindonpct.nhs.uk/publications/JNA/Swindon_Adults_DrugsNA.pdf
One study showed that one in five of attendances at the GWH Accident and Emergency Department related to alcohol-use disorders: three in five attendances can be alcohol-related at peak times. Men were three times more likely to attend with an alcohol-related problem than were women. People presented with a broad range of alcohol-related conditions such as falls, psychiatric disturbances and assaults.

In 2005 there were 468 hospital admissions of Swindon people for alcohol-related disorders: 31% were aged under 35 years; 34% from 35 to 49 years; and 35% 50 years or above, accounting for 10% of Swindon disease burden and 20% of A&E attendances.

Alcohol-related liver disease is responsible for over 100 hospital admissions each year in Swindon.

Alcohol dependence syndrome accounts for over 100 hospital admissions per year in Swindon.

There are about 263 admissions to NHS hospitals of patients with mental or behavioural disorders associated either directly or indirectly with alcohol-use disorders in Swindon; these figures include patients who were admitted with acute alcohol intoxication.

Data drawn from the Health Care Needs Assessment for Alcohol-use Disorders in Swindon commissioned by the Swindon Primary Care Trust show that:

- 16% of Swindon people binge-drink and 7% of Swindon people are dependent on alcohol
- About 80 deaths per year are directly attributable to alcohol
- The financial cost of the harm caused by alcohol-use disorders is estimated at £66.6 million per year

The Hepatitis C Health Equity Audit undertaken in 2007 estimated using a Health Protection Agency tool that takes account current and ex injecting drug users and other local information that there are approximately 628 cases of Hepatitis C in Swindon. The incidence of Hepatitis C is monitored by the Health Protection Agency and show an increase over the last couple of years.

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9 Swindon Health Needs Assessment for adult alcohol misuse 2007
http://www.swindonpct.nhs.uk/publications/JNA/Swindon_Adults_Alcohol_NA.pdf
10 Hepatitis C Health Equity Audit 2007, Swindon PCT
Incidence rates of Hepatitis C in Swindon in the last 5 years are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>16</td>
<td>14</td>
<td>10</td>
<td>9</td>
<td>23</td>
</tr>
</tbody>
</table>

As nationally over 80% of those with Hepatitis C are current or ex-injecting drug users, the most effective place to identify these individuals is when they engage with substance misuse services. At present of 411 individuals in contact with the substance misuse treatment service, who had previously or currently injected, only 186 had been tested for Hepatitis C – this equates to 45%.

**Fig 4.6.1: Chronic Liver Disease Mortality in Males All Ages 1993 to 2006**  
(Source: DH Clinical and Health Outcomes Knowledge base)

**Fig 4.6.2: Chronic Liver Disease Mortality in Females All Ages 1993 to 2006**  
(Source: DH Clinical and Health Outcomes Knowledge base)
5. Ill health and disability

5.1 All age all cause mortality
Swindon UA’s most deprived wards had a mortality rate about 36% greater than that in Swindon’s least deprived wards for the years 2004-2006. The respective figures were 758.1 per 100,000 and 557.6 per 100,000 (Directly Standardised Rates, standardised to the Standard European Population.)

(Central, Walcot, Gorse Hill-Pinehurst, Parks, Penhill were deemed to be the most deprived wards, Abbey Meads, Covingham-Nythe, Haydon Wick, Ridgeway, Shaw-Nine Elms were deemed the least deprived, and Shrivenham was not included.)

Approximately a quarter of these deaths (between 90 and 100 per year) may not have occurred if the most deprived wards had enjoyed the health experience of the least deprived wards.

There is no evidence that the mortality gap has narrowed in Swindon since monitoring began in the period 2000-2002

Fig 5.1.1: All Age All Cause Mortality 2004 to 2006 Most Deprived Wards compared with Least Deprived Wards (Source South West Public Health Observatory)
5.2 Causes of Mortality Amenable to Health-care
This category includes deaths from most common infectious diseases, from Coronary Heart Disease and stroke before 74, from the cancers that can be screened for, before 74 and perinatal deaths. The Direct Standardised Rates per 100,000 people in Swindon PCT in the period 2004-2006 were 250.3 for men and 156.6 for women. These figures were similar to the respective levels for England as a whole, and were higher than the respective levels for the South West Region at a statistically significant level (Clinical and Health Outcomes Knowledge Base, March 2008).

5.3 Self-Reported Health
At the 2001 Census 92.5% of people in Swindon PCT reported that they were in “good” or “fairly good” health over the past twelve months. This was similar to the levels reported for the South West Region (91.5%) and for England as a whole (91.0%). Long Term Limiting Illness was reported by relatively fewer people in Swindon PCT compared with the South West region and England as a whole (respectively 15.1%, 18.1%, 17.9%). The same pattern emerged for people of working age reporting Long Term Limiting Illness (respectively 10.9%, 12.7%, 13.3%). In Swindon reported poorer health and Long Term Limiting Illness tended to be at higher levels in the more deprived wards, as compared with the more affluent wards. (Source: ONS Census 2001).

5.4 Long term Conditions and Disability
Long term conditions are conditions defined as ‘those that cannot be cured, but can be controlled by medication or other therapies’ we have been able to identify some figures from the QOF registers and from Community Matrons’ caseloads.

QOF data from 2007/08 shows that there are higher numbers of people with CHD (6,144), hyper tension (26,964), Diabetes (7701), asthma (13,644) and COPD (3281), than with other LTCs such as epilepsy or heart failure for example. Community Matrons’ caseloads are dominated by people with respiratory and cardiac conditions, and diabetes. Information about whether these people have single or multiple conditions is not readily extractable.
Similarly without making specific requests from individual practices, it is not possible to determine how many people have multiple conditions. Also QOF does not cover MS or Parkinson’s disease so data needs to be sought from elsewhere (via Community teams, or specialist nurses). Community Matrons have seen relatively low numbers of people with MS or Parkinson’s (24 and 72 respectively in 07/08).

There are also high numbers of people registered as having depression (16,781) although these numbers were queried as accurate at the time of the data search. The interpretation of depression as a LTC may vary.

Obesity also has high numbers of people registered (14,993) with a BMI of 30 or more, and is an area in which community staff have become more involved in over the last 1-2 years. As for depression, are those registered receiving treatment because the condition is incurable? Disability needs to be broken down into better definitions, to identify involvement with community staff. QOF only collects data relating to Learning Disability; community staff would also be involved with those with a physical disability. Community Matrons have visited a total of 254 patients in the period April 2006 to March 31 2008, according to Epex data.

5.5 Disability/Social Care Clients in Receipt of Services
Total clients during the year who received services: 6048
Clients aged 18-64 who received services during the year: 2118 (35%)
Clients aged 65+ who received services during the year: 3930 (65%)

Total clients during the year who received community based services: 5256
Clients aged 18-64 who received community based services: 1885 (36%)
Clients aged 65+ who received community based services: 3371(64%)

Waiting times for assessment for clients aged 18+ Result as at 31/03/08: 88.75%.
(It is contact to end of assessment within 28 days.)

Carers Assessed going on to receive a specific carers service or information & advice. Result as at 31/03/08: 11.41%
5.6 Diabetes

In Swindon the prevalence of diabetes in adults (as measured for QOF) was 4.36% for FY 2006-07 (4.16% for 2005-06). This compares with a national prevalence of 4.56%.

Table 5.6.1: Actual Number of People diagnosed with Diabetes in Swindon in 2005/06 and 2006/07 compared with Expected Numbers (Source: NHS Comparator website)

<table>
<thead>
<tr>
<th>Year</th>
<th>Registered Population (&gt;17yrs)</th>
<th>Diagnosed with diabetes</th>
<th>Predicted number</th>
<th>Detection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>161,242</td>
<td>7,027</td>
<td>8,311</td>
<td>85%</td>
</tr>
<tr>
<td>2005-06</td>
<td>159,437</td>
<td>6,636</td>
<td>8,281</td>
<td>80%</td>
</tr>
</tbody>
</table>

Predicted numbers are calculated by applying the age-sex specific rates to practice registered population. These data suggest that Swindon practices are effectively detecting diabetes among their patients. Swindon PCT is top ranked among PCTs in the South West SHA for detecting diabetes.

Concern has been expressed around increasing levels of diabetes as a result of increased risk factors, particularly obesity. Predictive modelling undertaken by the Yorkshire and Humber Public Health Observatory suggests that the numbers of people in Swindon with diabetes is expected to increase by over 25% over the next decade.

Fig 5.6.1: Projected Diabetes prevalence for Swindon PCT 2005 – 2025

Swindon PCT Projected Diabetes Prevalence (including undiagnosed)
In 2006-07 there were 152 emergency and 22 elective admissions where diabetes was the primary diagnosis (in 2005-06 the figures were 150 and 22 admissions respectively).

Health inequalities:
A large percentage of those practices with a higher deprivation score (measured by the Jarman indicator) have a higher prevalence than the Swindon average. It is also important to note that these practices are not consistently the practices with a higher number of older people among their registered population)\(^{11}\).

5.7 Respiratory Disease
Chronic Obstructive Pulmonary Disease (COPD): In Swindon the reported prevalence of COPD in the whole population as measured by QOF was 1.51% for FY 2006-07 (1.44% for FY 2005-06). This compares with a national prevalence from QOF of 1.38%.

<table>
<thead>
<tr>
<th>Year</th>
<th>Registered Population</th>
<th>Diagnosed with COPD</th>
<th>Predicted number</th>
<th>Detection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>203,850</td>
<td>3,081</td>
<td>2,992</td>
<td>103%</td>
</tr>
<tr>
<td>2005-06</td>
<td>201,806</td>
<td>2,900</td>
<td>2,981</td>
<td>97%</td>
</tr>
</tbody>
</table>

In 2006-07 there were 320 emergency admissions (333 in 2005-06) where COPD was the primary diagnosis.

Asthma: For Asthma the reported prevalence on a whole population basis as measured by QOF was 6.5% for FY 2006-07 (6.6% for 2005-06). This compares with a national prevalence from QOF of 5.8%.

<table>
<thead>
<tr>
<th>Year</th>
<th>Registered Population</th>
<th>Diagnosed with Asthma</th>
<th>Predicted number</th>
<th>Detection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>203,850</td>
<td>13,316</td>
<td>18,507</td>
<td>72%</td>
</tr>
<tr>
<td>2005-06</td>
<td>201,806</td>
<td>13,316</td>
<td>18,332</td>
<td>73%</td>
</tr>
</tbody>
</table>

In 2006-07 there were 163 emergency admissions (156 in 2005-06) where asthma was the primary diagnosis.

\(^{11}\) Health Inequalities Plan
5.8 Cardiovascular disease

Coronary Heart Disease: the QOF reported prevalence was 2.9% for FY 2006-07 (the same as for 2005-06). The national reported prevalence was 3.54% for the same period.

Table 5.8.1 Number of People Diagnosed with Coronary Heart Disease in Swindon in 2005/06 and 2006/07 compared with Expected Numbers (Source: NHS Comparators website)

<table>
<thead>
<tr>
<th>Year</th>
<th>Registered Population</th>
<th>Diagnosed with CHD</th>
<th>Predicted number</th>
<th>Detection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>203,850</td>
<td>5,944</td>
<td>7,828</td>
<td>76%</td>
</tr>
<tr>
<td>2005-06</td>
<td>201,806</td>
<td>5,940</td>
<td>7,797</td>
<td>76%</td>
</tr>
</tbody>
</table>

In 2006-07 there were 559 emergency and 290 elective admissions with CHD as a primary diagnosis (552 and 325 admissions respectively in 2005-06). (Total emergency admissions for 2006-07 was 15,628)

Hypertension: the QOF reported prevalence was % for FY 2006-07 (for 2005-06). The national reported prevalence was 12.5% for the same period.

Table 5.8.2 Number of People Diagnosed with Hypertension in Swindon in 2005/06 and 2006/07 compared with Expected Numbers (Source: NHS Comparators website)

<table>
<thead>
<tr>
<th>Year</th>
<th>Registered Population</th>
<th>Diagnosed with Hypertension</th>
<th>Predicted number</th>
<th>Detection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>203,850</td>
<td>25,636</td>
<td>45,009</td>
<td>57%</td>
</tr>
<tr>
<td>2005-06</td>
<td>201,806</td>
<td>24,254</td>
<td>44,843</td>
<td>54%</td>
</tr>
</tbody>
</table>

Stroke and TIA: the QOF reported prevalence was 1.3% for FY 2006-07 (up slightly from 2005-06). The national reported prevalence was 1.6% for the same period.

Table 5.8.3 Number of People Diagnosed with Stroke/TIA in Swindon in 2005/06 and 2006/07 compared with Expected Numbers (Source: NHS Comparators website)

<table>
<thead>
<tr>
<th>Year</th>
<th>Registered Population</th>
<th>Diagnosed with Stroke / TIA</th>
<th>Predicted number</th>
<th>Detection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>203,850</td>
<td>2,690</td>
<td>3,365</td>
<td>80%</td>
</tr>
<tr>
<td>2005-06</td>
<td>201,806</td>
<td>2,592</td>
<td>3,354</td>
<td>77%</td>
</tr>
</tbody>
</table>
5.9 Tuberculosis

Regional data:
The Southwest region remains an area of low incidence for tuberculosis with a rate of 5.6 per 100,000 in 2006 compared with a national rate (England and Wales) of 14.8 per 100,000. These rates remain well below the Department of Health threshold for BCG vaccination of 40 per 100,000 population. In the region, there was a huge variation in rates from 0 per 100,000 to 19.2 per 100,000 in Bristol, followed by Bournemouth with a rate of 14.3 per 100,000 and Swindon with a rate of 11.3 per 100,000. These rates show that tuberculosis has a strong urban association.

Swindon data:
Between January 2006 and December 2006 there were 20 TB notifications among residents in the Swindon PCT area. The same number was reported between January 2007 and December 2007. This represents a 100% increase from 2005. The increase compares with a 70% increase noted in the Wiltshire PCT area (Swindon PCT figures included) and a 5.5% increase in the Southwest region. In both years, most of the cases were diagnosed between June and September.
Tuberculosis is slightly more common among men than women. The age groups most commonly affected by the increase were the 20-29 and the 30-39 year olds, with an equal number of cases in both age group categories. Most of the cases (70%) were of Black African or Indian sub-continent origin, 70% of who were not born in the UK. Over a 5 year period (2003-2007), less than 20% of TB cases were of White ethnic origin.

Of the Swindon cases among whom the date of entry into the UK was known, majority had only arrived in the UK within the past seven years. Over 90% of cases had not previously received any treatment for Tuberculosis. About 40% of cases had a sputum smear positive test result.

Data from the 2005 TB treatment outcome surveillance showed that about 67% of patients in the South west region completed their treatment within one year. This compares with the recommended target of 85% set by the Chief Medical officer. Treatment completion was similar in males and females and similar in non-UK born and UK-born cases.

Where relevant please comment on any differences that exist between geographic locations, age groups, ethnic groups, communities and comment on the needs of any other vulnerable groups.

There is a need to ensure that the new entrant screening interview is used as an opportunity to detect active or latent TB and provide them with relevant information in the appropriate language(s) so that they can promptly recognise the signs and symptoms of Tuberculosis and also know how to seek for help when they experience these symptoms.
Within primary care and other health care settings every effort should be made to screen other high risk groups for TB e.g. homeless, IVDU. In these settings as well as other non-health care settings, every effort should be made to raise awareness about TB as well.

Persons diagnosed with TB should be supported to ensure that they can complete their treatment within 12 months.

Periodically efforts should be made to raise awareness of TB among health professionals, people who work with high risk groups and the public e.g. using the national TB week.

5.10 Child Immunisations
The table shows percentage of children within the Swindon PCT population completing a primary course of the specified immunisation at any time up to the specified birthday, during the year April 2006 to March 2007 inclusive.

<table>
<thead>
<tr>
<th>Immunisation Type</th>
<th>Children Reaching 1st Birthday (n = 2517)</th>
<th>Children Reaching 2nd Birthday (n = 2433)</th>
<th>Children Reaching 5th Birthday (n = 2296)</th>
<th>Pre-school Boosters (n = 2296)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>95.7%</td>
<td>96.8%</td>
<td>97%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Pertussis</td>
<td>95.7%</td>
<td>96.7%</td>
<td>96.7%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>95.7%</td>
<td>96.8%</td>
<td>97%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Polio</td>
<td>95.4%</td>
<td>96.2%</td>
<td>96.5%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Hib</td>
<td>95.5%</td>
<td>96.5%</td>
<td>95.5%</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>0.2%</td>
<td>88.8%</td>
<td>90.3%</td>
<td>MMR2 80.1%</td>
</tr>
<tr>
<td>Meningitis C</td>
<td>4.6%</td>
<td>96.5%</td>
<td>95.6%</td>
<td></td>
</tr>
<tr>
<td>2 Measles</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>81.6%</td>
</tr>
</tbody>
</table>
5.11. Mental health
Capturing data to reflect the mental well-being of the population is extremely hard. The reduction in suicide target set by DH is a high level target but the numbers local are so small that statistically significant reductions are difficult to achieve.

Fig 5.11.1: Suicide and Injury Undetermined Morality in People of All Ages 2004 to 2006 (Source: DH Clinical and Health Outcomes Knowledge Base)

Fig 5.11.2: Suicide and Injury Undetermined Morality in Males of All Ages 1993 to 2006 (Source: DH Clinical and Health Outcomes Knowledge Base)
This reflects a 9% drop in Swindon for all suicides but the reduction is not statistically significant.

It is known that exercise can prevent and alleviate mental health problems so the target to increase the number of individuals in neighbourhood renewal areas who undertake regular exercise is a good indicator preventative mental health promotion. It is however, difficult to measure accurately. We are also measuring access to and uptake of primary care psychology services. The final measure for this indicator is to reduce the incidence of self harm in NRA.

The reduction of incidence of self harm in Neighbourhood Renewal Areas is measured through admissions to hospital due to self harm. This has been rising over the past two years. (These figures are for the whole of Swindon – awaiting analysis for NRA only).

This does not capture self harm dealt with by the GP or not reported at all. However, it is a consistent measure of self harm.

The data collected to measure and increase of those with mental health problems retaining and gaining employment was collected through Nomisweb. The data shows that after a steady rise in benefits claimants’ over the last 2 years in January 2008 a fall in the number of claimants was recorded. This, however, should be interpreted with caution.

Health inequalities:
The number of suicides in young men (under 35) is higher than for any other group with more suicides occurring in areas of higher deprivation. Focus of
work on suicide reduction will be on young men and may be aligned to Harm Reduction for Substance Misuse.

Mental health in the workplace is major concern for those with mental health problems. Work will continue to focus on the Mindful Employer Scheme which actively promotes mental health and well-being in the workplace

Evidence shows that the mental health of those in NRA is worse than those from other areas. The focus of work should ensure that needs of those from more deprived areas are met.

Work will continue with the BME mental health development workers to ensure that BME communities have support in establishing themselves in Swindon and the mental health needs of those in those communities are promoted.

5.12 Dental health
Oral health of 5-year-olds is a sensitive indicator of a variety of pre-school lifestyle health and risk factors, including diet, self-care and use of services. It is therefore a good proxy measure for pre-school exposure to risk factors for a variety of important public health problems, including childhood obesity.

The oral health of 5 year-old children in Swindon is better than the average for England, the local cluster of PCTs in AGW and the South West SHA. It falls behind three of the four “most similar” PCTs nationally.

The proportion of Swindon 5 year-olds with experience of dental decay (%dmft>0) in 2005-06 was 37.90%. That compares with 44.30% in Wiltshire, 39.90% in the South West and 38.00% in England.

However, there has been little indication of improvements in oral health in Swindon over the past few surveys.

Health inequalities:
Oral health remains a significant public health problem in Swindon. There are significant local inequalities in oral health by relative local (Swindon) quintiles of multiple deprivation. The odds ratio for the risk of having decay is greater than 2 for the most deprived local areas compared to the least deprived areas. There are significant inequalities by wards and schools related to levels of area multiple deprivation.

Across Swindon the deprivation score of a Ward accounts for 53% of the variance in the observed proportion of children with dental decay
6. Specific Populations

6.1. Child health

The assessment of the needs of children and young people living in Swindon undertaken in 2007\textsuperscript{12} by the Children’s and Young People Strategic Partnership found that:

- In October 2006, 43,338 children and young people aged 0 to 18 (birth to one day before their 18th birthday) were living in Swindon.

- ONS population profile shows that the child population will stay at similar levels overall but that there will be a 6% rise in children under five due to building of new houses in Wichelstowe to the South/West of Swindon.

- A total of 54 languages are supported in Swindon Schools and 96% of the school population has English as a first language.

- The percentage of children and young people from minority ethnic communities has increased with 11.3% of children from BME communities at primary schools (13.9% including children from diverse backgrounds) and 9.1% at secondary schools (10.3% including children from diverse backgrounds). The largest increase is in children from Asian (specifically children from Goa), mixed heritage and European background. The largest groups from European (other than Irish) backgrounds are Polish.

- Children from minority ethnic communities are over-represented among a small number of primary schools in the centre and west of Swindon ranging from 73% (Drove Primary) to 21% and 31% in West Swindon (Freshbrook and Toothill). Churchfields and St Josephs covering Central and Parks areas of Swindon have larger percentages of children from BME communities than other secondary schools.

- In Swindon, there were five asylum-seeking pupils in 1999, and this had risen to 81 by December 2006. It is difficult to anticipate how many more pupils are likely to arrive under the dispersal arrangements in 2004/05.

\textsuperscript{12} An Assessment of the Needs of Children and Young People Living in Swindon May 2007
- There are asylum-seekers in Swindon schools from: Kosovo, Afghanistan, Nigeria, Iran, Turkey, Somalia, Russia, Palestine, Guinea, Lebanon, Congo, Albania, Eritrea, Kenya and Zimbabwe.

- Unaccompanied asylum-seeking children are likely to be in foster care, and at the end of December 2006 there were 18. Other children may not be with their parents because of death or becoming separated, and they may be living with other relatives.

- The needs assessment notes educational under-achievement amongst children from minority ethnic groups. In particular, children from ethnic minority communities achieve below the Swindon average at KS2. Pupils from Asian backgrounds achieve less than the Swindon average at KS3. The new analysis indicates increasing need for language and other educational support, in particular for those schools with high concentrations of newly-arrived pupils. This work will be progressed by the new BME advisor post.

- Moreover, children from minority ethnic communities are over-represented amongst looked after children, the largest group being those of mixed heritage.

- The largest number of services is currently provided to children in neighbourhoods with the greatest needs. Evaluations indicate that our integrated area-based multi-agency approach is beginning to bear fruit.

- We have taken account of the views of children and young people and their parents. We are now providing early intervention services for increasing numbers of people through local preventative groups, lead professionals and multi agency working.

The Needs Assessment Has Highlighted That The Following Targeted Intervention Are Required:

- The Children & Young People’s Plan\textsuperscript{13} identifies areas for improvement in specialist, targeted and universal services. We have made progress on all of these, as indicated in the review of the Children & Young People’s Plan. Nonetheless, there is still more to be done. These remain key areas for improvement.

\textsuperscript{13} Children and Young Peoples Plan 2008-2011
- Continued improvement in educational attainment, particularly across Key stages 3 and 4 by raising young people's aspirations so that young people reach standards in excess of the national average and the attainment gap narrows between those children with low levels of achievement and those achieving highly.

- Reducing health and social inequalities through an increase in universal evidence-based parenting support and support by public health services, particularly in areas of disadvantage and for families from minority ethnic communities.

- Reducing health inequalities and promoting equality & diversity through an increase in targeted support to vulnerable children and young people by providing locally-based services with a single common assessment and lead professional.

- Increase targeted parenting support for parents of vulnerable children through evidence-based group work and individual support in the home to improve school attendance, reducing truancy and fixed term exclusions.

- Reducing the numbers of looked after children by increasing locally-based support for children and young people with complex needs.

6.2 People With Learning Disability
Health inequalities for people who have a Learning Disability (PWLD) generally well researched and evidenced. People with LD have poorer health than the rest of the population and are more likely to die at a younger age. Research from the Department of Health (Valuing People, 2001) predicts that adults with a learning disability will have an increased life expectancy in the future and that by 2021 there will be an overall increase in the total population with learning disabilities from 2% to 7%. That could mean up to 14,000 people in Swindon by 2021.

The exact number of PWLD in Swindon is not known. When national rates are applied to Swindon, we would expect to have about 4,750 people with mild or moderate learning disabilities, and up to 750 people with severe learning disabilities locally. Useful information on PWLD can however be provided by the Swindon Service Planning and Research Database (SPRD) for people with Learning Disabilities. This is a voluntary database, which collects information on PWLD in Swindon who are aged 14 years and over. The
database was updated in 2006 following a lull of about five years. A total of 599 PWLD are currently on the SPRD database with 74 percent living in or around Swindon and 26 percent living out of area. It is however likely that this is an under-representation of the total population of PWLD not only because of the voluntary nature of the database, but also because of the likelihood that only people with moderate/severe learning disabilities would be in contact with services and therefore be on the database. The absence of active maintenance of the database for about five years will also contribute to this under-representation.

### Table 6.2.1: Learning Disability: People on Service Planning and Research Database, by Age-Group, 1996 and 2008 compared. (Source: Swindon Planning and Research Database)

<table>
<thead>
<tr>
<th>Aged</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1996</td>
</tr>
<tr>
<td></td>
<td>Living in Swindon</td>
</tr>
<tr>
<td></td>
<td>Out of Area</td>
</tr>
<tr>
<td>15 to 59</td>
<td>(88.9%)</td>
</tr>
<tr>
<td>60 to 64</td>
<td>(3.4%)</td>
</tr>
<tr>
<td>65 to 69</td>
<td>(2.4%)</td>
</tr>
<tr>
<td>70 to 74</td>
<td>(1.8%)</td>
</tr>
<tr>
<td>75 to 79</td>
<td>(1.3%)</td>
</tr>
<tr>
<td>80 to 84</td>
<td>(1%)</td>
</tr>
<tr>
<td>85 to 89</td>
<td>(0.8%)</td>
</tr>
<tr>
<td>90 to 94</td>
<td>(&lt;0.8%)</td>
</tr>
<tr>
<td></td>
<td>615</td>
</tr>
</tbody>
</table>

The Health Equity Audit for People with Learning Disabilities\(^\text{14}\) found that fewer people with LD are living in traditional residential placements with established skilled workforce. This places additional demands on community Learning Disability services to work in partnership with alternative living arrangements.

\(^\text{14}\) Health Equity Audit for People With Learning Disability 2008
Table 6.2.2: Learning Disability: People on PCT Planning database doing paid, voluntary or supported work. (Source: Swindon Planning and Research Database)

<table>
<thead>
<tr>
<th>Employment Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Work</td>
<td>34 (5.7%)</td>
</tr>
<tr>
<td>Paid Work and Supported Work</td>
<td>&lt; 5 (&lt;0.9%)</td>
</tr>
<tr>
<td>Paid Work and Voluntary Work</td>
<td>&lt; 5 (&lt;0.9%)</td>
</tr>
<tr>
<td>Supported Work</td>
<td>23 (3.8%)</td>
</tr>
<tr>
<td>Supported Work and Voluntary Work</td>
<td>7 (1.2%)</td>
</tr>
<tr>
<td>Voluntary Work</td>
<td>28 (4.7%)</td>
</tr>
<tr>
<td>Don’t Do any work</td>
<td>505 (84.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>599 (100%)</td>
</tr>
</tbody>
</table>

People with learning disabilities generally have poorer health than the rest of the population and are more likely to die at a younger age. Conditions that are more common, serious or less well treated in people with learning disabilities include epilepsy, sensory impairment, respiratory problems, dental problems, incontinence and being underweight and overweight. The 2007 Obesity audit undertaken by the learning disabilities service found that over half of those assessed were either overweight or obese (51 of 89). In 2006 over 70% of people with learning disabilities on the Swindon Service planning and research database were recorded as having one or more health care needs; physical disability was the commonest health need.

Initial findings from a recent Health Equity Audit identifies that those with learning disabilities are less likely than the general population to undertake preventative programmes e.g. screening services or health promoting activities.

6.3 Black and Minority Ethnic Populations

The most recent BME Needs Assessment in Swindon was undertaken in 2006. It is available on the Swindon PCT website:
http://www.swindonpct.nhs.uk/publications/publications.htm

In Summary its findings were:

Health of older people varies by ethnicity. Of people aged 50-64, 27 per cent reported a Limiting Long Term Illness. However this rose to 54 per cent
among Bangladeshis and 49 per cent among Pakistanis, compared with just 20 per cent of Chinese origin.

The analysis of the health needs of Black and Minority Ethnic (BME) residents of Swindon has been problematic due to inconsistent data collection to ensure services are meeting needs resulting from ethnic origin. However, it has been possible to identify that communication is a major barrier to accessing services. This has particular relevance to the change in demographics in relation to community languages in Swindon. While Bengali and Urdu continue to be requested, the demands for other traditional Asian languages have declined. This may be due to long-term residency and integration and the increase in asylum seekers and refugees, long-stay residents and the expansion of the European Union.

Services will also need to adapt to an increase in migrant workers who will have specific service needs and a different understanding of services and how to access them.

There is a need for data collection to be improved in all services, but particularly in Primary Care, and for a Black and Minority Ethnic Partnership to be developed locally. Services need to be culturally sensitive and backed up by a Health Needs Assessment programme.
7. Public engagement
7.1 “Looking after our Future” Report
From The Planning Partnership for Older People POPP’s
Listening Event for Older People
11th September 2007
Participants were asked to comment on post it notes what they felt were the best and worst aspects of Swindon. A number of themes quickly emerged:

Transport had almost equal positive and negative comments. Local bus routes were rated good and bad in equal numbers but the perception seemed to be based on where participants lived “there is no bus service to the supermarket from Upper Stratton”. Participants also commented on bus passes “I can’t use my bus pass before 9.30 and there is too much demand after 9.30.”

The location of Swindon was seen as positive with good motorway and rail links to other areas. The “access to green areas and parklands” across the town was seen as positive. But the local infrastructure was seen as problematic with comments about the number of “traffic jams and buses that don’t go where you want and not when you want.” Participants also expressed concern about the rapid growth of the town and that with “expansion we are losing our identity”

Comments about the town centre were mostly negative. It was seen as “dirty” and “depressing” with “rubbish shops” anti social behaviour and “drinking at the bus station” but there were positive comments about the “regeneration plans; the library is happening at last” and “the Wyvern will be good (when it reopens)” Four participants made negative comments about “lack of public toilet facilities”.

Facilities provided by the council were seen as mostly good with “homeline”, “sheltered housing provision” and “leisure and sporting facilities” being singled out by 5 participants. However the “high cost of hiring Community halls for groups” was also commented on.

Health Services received the most comments overall both good and bad. “Health care for some conditions is generally good – cancer, diabetes and heart complaints”. Great Western Hospital was seen as “good but only compared to PMH”. “Accessing a doctor’s appointment” was the single issue most commented on as bad (with 8 negative comments) Lack of “podiatry” “toe nail cutting” “good denture care” and “NHS dentists”, were all highlighted by different participants as problems.
But health care was also seen as “excellent” by some and there was a “general view no discrimination on age grounds in the health service”. The PALs service and Prospect Hospice were also singled out as good.

Generally services provided to older people received the most positive comments with Age Concern Swindon and shop-mobility both being rated as “excellent”. Dial a ride was seen as good “but had grants cut 2 years running”. “The community Equipment store is very good” and there were positive comments on “lunch clubs” and “community groups” Opportunities for learning were also seen positively with comments like “the University of third age is marvellous” and “good access to learning (computer courses for older people)”

7.2 Life in Swindon Survey
(Survey to Collect Base Line Data for Swindon’s Local Area Agreement)
Health and Lifestyle
Smoking rates in Swindon and Shrivenham as a whole appear to be below the White Paper and PSA targets, whilst smoking rates in the NRAs appear to be well above these targets.
NRA residents are more likely to currently smoke (32% of NRA residents compared with 18% of residents of Swindon and Shrivenham as a whole); are more likely to say they have ever smoked (60% of NRA residents, compared with 44% of Swindon & Shrivenham residents); and have to date been less likely to give up than smokers living in Swindon & Shrivenham as a whole (67% of NRA residents who’ve ever smoked compared with 57% of Swindon & Shrivenham residents who’ve ever smoked).
Residents of Swindon & Shrivenham overall are more likely to say they eat at least the recommended five portions of fruit and vegetables on a typical day than NRA residents are: 60% of Swindon & Shrivenham residents say they eat five portions of fruit and vegetables per day, compared with 51% of NRA residents.
Just under half of residents in both Swindon and Shrivenham (47%) and Swindon’s NRA’s claim behaviour that means they take an ideal amount of sport or exercise, both in Swindon & Shrivenham and in Swindon’s NRAs. (47%) NRA residents are more likely to take no amount of exercise (19%) compared to Swindon and Shrivenham residents (13%).
Residents of both Swindon & Shrivenham as a whole and the NRAs specifically are more likely to be obese/over their ideal body weight than to be at or under their ideal weight.
Over a third of Swindon & Shrivenham residents (36%) and NRA residents (37%) gave responses to questions about their height and weight that indicate they are overweight; 19% of Swindon & Shrivenham residents and over two in ten NRA residents (23%) gave responses that indicate they are obese.

Swindon & Shrivenham residents claim to be more likely to drink and more frequently than NRA residents. Although a quarter of NRA residents (25%) say they never drink (same proportion of residents as 2006), compared with just over one in six (16%) Swindon & Shrivenham residents. Women appear to drink more moderately than men – significantly higher proportions of men claim to have drunk 7 or more units at one time than women, 19% of men in Swindon and Shrivenham said this compared with 5% of women. Similar proportions of men and women are reflected within the NRA’s at 18% and 7% respectively.
8. What next
This document provides a valuable first step towards understanding the health and wellbeing needs of the residents of Swindon PCT by providing a central point of compiled information and intelligence on key features of Swindon and of existing sources of detailed assessment of need. We now will use this information to identify what else we need to do to ensure we have a comprehensive understanding of the needs of the community in Swindon. This document has allowed us to identify the following areas where further needs assessment work is required:

- There is a requirement to understand the age profile within areas of population expansion and, in particular, to examine the likely impact of ‘cohort effects’ in relation to age-related services,

- There is a need to measure individual ‘lifestyle’ factors at a local population level in order to target interventions effectively,

- Systematic gathering and reporting of demographic data for the BME communities of Swindon will be important in demonstrating that we are identifying and then addressing the needs of these populations,

- Understanding the potential of preventive services for people at risk to prevent them requiring services in the future requires further work,

- Measuring and understanding needs of mobile and transient populations is poorly developed locally.

- The Engagement programme identified in the PCT Communication Plan will be used to ensure that the community, service users, service providers and all stakeholders have the opportunity to contribute to the ongoing process of developing a joint strategic needs assessment in Swindon. (Input from a wide range stakeholders will be critical to developing a more complete understanding of need.)

- The PCT has responsibility for the ward of Shrivenham, which is within the boundaries of Oxfordshire County Council. Further work is required to engage with Oxfordshire County Council and the PCT to ensure the needs of this ward is fully understood and joint work is undertaken to meet these needs.
The PCT will continue to disseminate the reports from the JSNA via both the Swindon PCT and Borough Council websites providing links to completed local needs assessment as they become available.

The requirement to undertake a JSNA has highlighted the need to provide more sustainable mechanisms for sharing and presenting data in the borough. The Borough Council and partners, including the PCT, have recently agreed in principle to move to the development of a combined Swindon Intelligence Unit and this should improve the collection and sharing of data and also the analysis and generation of intelligence supporting a common understanding of local needs in a range of service areas.
Appendix A: Swindon Health Profile 2008

Health Profile 2008

Swindon

This profile gives a snapshot of health in your area. With other local information, this Health Profile has been designed to support action by local government and primary care trusts to tackle health inequalities and improve people's health.

Health Profiles are funded by the Department of Health and produced annually by the Association of Public Health Observatories.

To view Health Profiles for other local authorities and to find out how they were produced, visit www.healthprofiles.info

Swindon at a glance

- Indicators of health for people in Swindon are mixed when compared to the England average. GCSE achievement is below average, the rate of hip fracture in over-65s is high and physical activity among children is lower than the England and regional averages.
- Parts of Swindon are among the most deprived fifth of areas in the country and there are health inequalities within Swindon. Men in the most deprived areas have nearly six years less life expectancy than the least deprived.
- Early death rates from heart disease & stroke and cancer are decreasing with time generally, and are similar to the England average.
- The proportion of under-15s classified as 'not in good health' is better than average and the rate of people claiming incapacity benefits for mental illness is low.
- The rate of adults eating healthily and the rate of smoking are both worse than the England average and a quarter of adults are obese (these are modelled estimates derived from surveys undertaken at a national level).
- The level of obesity in children is similar to that for England as a whole.
- Teenage pregnancy rates in Swindon are higher than the England average and remain a focus for local preventative action.
- Further information is available at www.swindonpct.nhs.uk
Deprivation: a national perspective

This map shows differences in deprivation between small areas in this local authority, compared to the whole of England (based on IMD 2007).

National deprivation groups

- Least deprived fifth of areas in England
- 2
- 3
- 4
- Most deprived fifth of areas in England

Deprivation: a local perspective

This map shows differences in deprivation between small areas in this local authority, compared to the local authority as a whole (based on IMD 2007).

Local deprivation groups

- Least deprived fifth in this local authority
- 2
- 3
- 4
- Most deprived fifth in this local authority

Ward legend

1. Abbey Meads
2. Bellerud
3. Central
4. Cowperham and Nytile
5. Dornoch
6. Eastern
7. Frewbrook and Orange Park
8. Gorse Hill and Pinehurst
9. Haydon Wise
10. Highworth
11. Methley
12. Old Town and Lown
13. Park
14. Pevensey
15. Ridgeway
16. St Margaret
17. St Phillip
18. Shire and Nine Elms
19. Tootill and Weezle
20. Walsall
21. Warden
22. Wroghton and Shawfield

Health inequalities: a local perspective

Inequalities in life expectancy (2002-2006) for men and women who live in areas with different levels of deprivation (within this local authority).

<table>
<thead>
<tr>
<th>Life expectancy (years)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least deprived fifth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most deprived fifth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

95% confidence intervals. These indicate the level of uncertainty about each value on the graph. Longer error bars mean more uncertainty. Where two intervals do not overlap it is reasonable to infer that the two groups are very different.
Health inequalities: changes over time

These trend graphs show how changes in health for this local authority compare with changes for the whole of England. Data points are mid-points of 3 year moving averages of annual rates i.e. 1996 represents the 3 year period 1995-97.

Trend 1 compares death rates (at all ages and from all causes) in this local authority with those for England.

Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this local authority with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this local authority with those for England.

Health inequalities: ethnicity

This chart compares the percentage of children in each ethnic group who are eligible for free school meals (2007).

Eligibility for free school meals is an indicator of deprivation, and people who suffer more deprivation tend to have poorer health. Comparing deprivation by ethnic group helps identify potential health inequalities between groups.

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>81%</td>
<td>2212</td>
</tr>
<tr>
<td>Mixed</td>
<td>79%</td>
<td>79</td>
</tr>
<tr>
<td>Asian</td>
<td>81%</td>
<td>81</td>
</tr>
<tr>
<td>Black</td>
<td>58%</td>
<td>58</td>
</tr>
<tr>
<td>Chinese &amp; any other</td>
<td>28%</td>
<td>28</td>
</tr>
<tr>
<td>ethnic group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Where the total school population in an ethnic group in the local authority is less than 50, no data have been presented and the number column shows ‘na’. Where the number is less than 5, no percentage is shown.

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www.healthprofiles.info
Health summary for Swindon

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- **Significantly worse than England average**
- **Not significantly different from England average**
- **Significantly better than England average**
- **No significance can be calculated**

Note: (numbers in bold refer to the above indicators)


For more information from your regional PHO, visit www.apho.org.uk

You may use this profile for non-commercial purposes provided the source is acknowledged. Source: APH and Department of Health, © Crown Copyright 2008.
## Appendix B
### Table 1: PRIMARY DATA NEEDED FOR A STRATEGIC NEEDS ASSESSMENT

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
<th>Sub-sub-domain</th>
<th>Everybody</th>
<th>Children &amp; Young People</th>
<th>Older People</th>
<th>Vulnerable People</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demography</strong></td>
<td>Population</td>
<td>Estimates</td>
<td>5 year age bands and gender</td>
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</tr>
<tr>
<td></td>
<td>numbers</td>
<td>Projections</td>
<td>Population 3-5 years ahead</td>
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<tr>
<td></td>
<td>Births</td>
<td>Current</td>
<td>Current births</td>
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</tr>
<tr>
<td></td>
<td>Ethnicity</td>
<td>Projections</td>
<td>Projected births</td>
<td></td>
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</tr>
<tr>
<td><strong>Disability</strong></td>
<td></td>
<td>Numbers</td>
<td>Numbers and percentages by age band</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>percentages</td>
<td>3-5 years ahead</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Migration</strong></td>
<td>Misc proxy</td>
<td>indicators</td>
<td>See <a href="#">www.audit-commission.gov.uk/migrantworkers/data for available indicators</a></td>
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</tr>
<tr>
<td><strong>Deprivation</strong></td>
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<td>Index of Multiple Deprivation (IMD)</td>
<td>Proportion of children in poverty (NI 116)</td>
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<tr>
<td><strong>Social &amp; Environmental Context</strong></td>
<td></td>
<td><strong>Housing</strong></td>
<td>1. Housing tenure</td>
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<tr>
<td></td>
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<td>2. Overcrowding</td>
<td>1. Living alone</td>
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<td>2. Central heating etc</td>
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<td></td>
<td></td>
<td></td>
<td>(e.g. from POPPI)</td>
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<tr>
<td><strong>Transport</strong></td>
<td></td>
<td><strong>Access to car or van, etc</strong></td>
<td>1. Adults with learning disabilities in settled accommodation (NI 145)</td>
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<tr>
<td></td>
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<td></td>
<td>2. Adults in contact with secondary mental health services in settled accommodation (NI 149)</td>
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<tr>
<td>Domain</td>
<td>Sub-domain</td>
<td>Sub-sub-domain</td>
<td>Everybody</td>
<td>Children &amp; Young People</td>
<td>Older People</td>
<td>Vulnerable People</td>
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<td>--------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| Economic     | Employment |                | 1. Overall employment rate (NI 151)  
2. Working age people on out-of-work benefits (NI 152)  
3. Working age people claiming out-of-work benefits in the worst performing neighbourhoods (NI 153) |             |                 |                 |                  |
|              | Other      |                | Other Employment Indicators— e.g.:  
Unemployment rate,  
Claimant count, etc |             |                 |                 |                  |
|              | Isolation  |                | Average incomes |             |                 |                 |                  |
| Environment  |            |                | Rural or urban location  
Access to services (e.g. from Indices of Deprivation) |             |                 |                 |                  |
| Voice        |            |                | Satisfaction of people over 65 with home and neighbourhood (NI 138) |             |                 |                 |                  |
| Lifestyle/Risk factors | Smoking | 1. Modelled and/or recorded prevalence  
2. Quit rates  
3. Deaths due to smoking |             |                 |                 |                  |
<p>|              | Eating habits | Modelled and/or recorded eating behaviour |             | Prevalence of breastfeeding at 6-8 weeks from birth (NI 53) |             |                  |
|              | Alcohol    | Alcohol-harm related hospital admission rates (NI 39) |             |                 |                 |                  |
|              | Physical Activity | E.g. from Active People Survey |             |                 |                 |                  |</p>
<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
<th>Everybody</th>
<th>Children &amp; Young People</th>
<th>Older People</th>
<th>Vulnerable People</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>Under 18 conceptions (NI 112)</td>
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<td>Under 16 conceptions</td>
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<tr>
<td>Other</td>
<td>Sexual Behaviour</td>
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<tr>
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<td>Hypertension</td>
<td>Modelled and/or recorded prevalence</td>
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<tr>
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<td>Obesity</td>
<td>Modelled and/or recorded prevalence</td>
<td>Obesity among primary school age children in Reception Year (NI 55)</td>
<td>Obesity among primary school age children in Year 6 (NI 56)</td>
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<td></td>
<td></td>
<td>Infant mortality</td>
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<td></td>
<td></td>
<td>Life Expectancy</td>
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<td></td>
<td>Main causes of death</td>
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<td></td>
<td></td>
<td>Hospital admissions – top 10 causes</td>
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<td>Self-reported measure of overall health and wellbeing (NI 119)</td>
<td>Healthy life expectancy at age 65 (NI 137)</td>
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<tr>
<td></td>
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<td></td>
<td>Mortality</td>
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<tr>
<td>Misc</td>
<td>All Causes</td>
<td>All-Age All-Cause Mortality (NI 120)</td>
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<td>Life Expectancy</td>
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<td>Life Expectancy</td>
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<td>Main causes of death</td>
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<td>Hospital admissions – top 10 causes</td>
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<td>Self-reported measure of overall health and wellbeing (NI 119)</td>
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<td>Self-reported measure of overall health and wellbeing (NI 119)</td>
<td>Healthy life expectancy at age 65 (NI 137)</td>
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<td>Mortality</td>
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<td>Mortality</td>
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<tr>
<td>Burden of ill-health and disability</td>
<td>Causes considered amenable to healthcare</td>
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</table>

Page 65 of 73
<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
<th>Everybody</th>
<th>Children &amp; Young People</th>
<th>Older People</th>
<th>Vulnerable People</th>
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</thead>
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<tr>
<td>Diabetes</td>
<td>General</td>
<td>Modelled v. recorded prevalence</td>
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<tr>
<td></td>
<td>General</td>
<td>Mortality rate from all circulatory diseases under 75 (NI 121)</td>
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<td></td>
<td>CHD</td>
<td>Modelled v. recorded prevalence</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Hospital admission rate for MI (proxy for incidence)</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Admissions for cardiac revascularisation</td>
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</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>Modelled v. recorded prevalence</td>
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<td>Mortality rate from all cancers under age 75 (NI 122)</td>
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<td>Chlamydia in under-25s</td>
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<td>e.g. Predictions from POPPI</td>
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<td>Hospital admissions caused by unintentional and deliberate injuries to children and young people (NI 70)</td>
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<td>Admissions for hip and knee replacement</td>
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<td>Timeliness of social care assessment (NI 132)</td>
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<td>Carers receiving needs assessment or review and a specific carer’s service, or advice and information (NI 135)</td>
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<td>People supported to live independently through social services (NI 136)</td>
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<td>Preventative</td>
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<td>Uptake rates for Flu jab, etc</td>
<td>Uptake rates for MMR, etc</td>
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<td>Sexual Health</td>
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<td>Offer of an appointment at a GUM service within 48 hours</td>
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<td>Services</td>
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<td>Long acting reversible contraception methods as a percentage of all contraception</td>
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<td>Voice</td>
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<td>Access to NHS funded abortions before 10 weeks gestation</td>
<td>Access to NHS funded abortions before 10 weeks gestation</td>
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<td>User perspective on social care</td>
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<td>The extent to which older people receive the support they need to live independently at home (NI 139)</td>
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<td>Self-reported experience of social care users (NI 127)</td>
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Appendix C: List of Data sources for JSNA

Completed Needs Assessment
- Children & Young People
- Drug Treatment/ Adult Substance Misuse
- Sexual Health
- Maternity Services
- BME

Health Equity Audit
- Teenage pregnancy
- Hepatitis C
- Learning Disability

Completed Strategies
- Swindon Community Safety Partnership Strategic Assessment 2007
- Swindon Homelessness Strategy
- Swindon Transport Plan
- Swindon Health Inequalities Plan
- Children and Young Peoples Plan

Consultation Documents
- Life in Swindon (Supersurvey) 2007
- "Looking after our Future" Report From The Planning Partnership for Older People POPP’s Listening Event for Older People

Additional Documents
- Health Story for Swindon – LAA
- HPA Briefing tool to support JSNA in Swindon.
- 2007 and 2008 Swindon Health Profile (SWPHO)
- Swindon Annual Public Health Reports 2004-2006
- Strategic Health Authority stock takes on Cancer and Stroke Services
- Child Health and Maternity Service Mapping Exercise 2007/08

Online resources
- Instant Atlas Tool for JSNA – SWPHO
- Datasets to Support JSNA – SWPHO
- Local Basket of Indicators – LHO
- Office for National Statistics
Appendix D: Data Collection Questionnaire

Current and future health and well-being needs for the residents of Swindon and Shrivenham:

STAKEHOLDERS’ PERSPECTIVES

Stakeholder: xxx
Speciality: Immunisation programmes

Section 1: Current Indicators

(A) The main indicator for your area of speciality is:

- Uptake rates for flu jab
- Uptake rate for MMR, other childhood immunisations

Using the most up to date data available to you, please comment on this indicator and what you think it tell us about the health of our population and its needs. You can develop your ideas further on priorities for action in Section 2.
(PCT Only: if you feel you have insufficient data available to you, please contact PH information analyst).

(B) Please include and comment on any additional locally relevant information that may add further insight into this area. You can develop your ideas further on priorities for action in Section 2.

Section 2: Priorities and Inequalities

(A). Please list IN ORDER OF PRIORITY FOR ACTION what you think are the current issues within your area of work that impact on health and well-being of Swindon and Shrivenham residents and which you believe we need to address.

Where relevant please comment on any differences that exist between geographic locations, age groups, ethnic groups, communities and comment on the needs of any other vulnerable groups.

(B) Please state what changes to services would be needed in the short term to address the above listed current priorities.
Do you think the service will need to expand?
Do you think the service will need to be partially redesigned?
Do you think the service will need to be totally redesigned?

Section 3: Changing Population

Changes to 2016:
The total population will increase from 2001 to 2016 by about 41,000 people (+22.3%), from 185,594 to 227,044. The overall population increase is largely due to new build or brownfield site development in Abbey Meads (+335.5%), Central (+26.1%), Eastcott (+29.9%), Old Town-Lawn (+39.4%) and Wroughton-Chiseldon (+133.6%), although these increases will take place at different times within the period. The Eastern Development Area (to the east of the A419) will grow from zero population to 6,938 by 2016.
Broadly speaking: the shift will be to a more ‘middle-aged’ and ‘early old aged’ population; the number of people aged 45 to 69 will increase by about 50% by 2016. However, there will be a notable surge (+30%) of people in their 20s as well. The child population (under 10) will increase only slightly by 2016 but the under-fives will increase by 6.1%. Some wards will have an increase and some a decrease. The number of people aged 65+ years will increase by 34.0%, and the number of people aged 85+ by 45.2%. The level of increase will vary by ward.

(A) Please list IN ORDER OF PRIORITY what you think will be the issues within your area of work that will impact on the health and well-being of Swindon and Shrivenham residents in the period up to 2016. Where relevant please comment on any differences that may arise between geographic locations, age groups, ethnic groups, communities or in any other vulnerable groups.

(B) Please state what changes to services would be needed to address the above listed future priorities for the period up to 2016. Do you think the service will need to expand? Do you think the service will need to be partially redesigned? Do you think the service will need to be totally redesigned?

Section 4: Other Business
(A) Please provide any further information/comments that you feel will help to inform the JSNA.

Thank you for taking time to complete this form.

END