

Wiltshire's Joint Strategic Assessment for Health & Wellbeing

2011-2012



a single version of the truth



WILTSHIRE'S JOINT STRATEGIC ASSESSMENT for HEALTH AND WELLBEING **EXECUTIVE SUMMARY**

We are delighted to present the *Joint Strategic Assessment for Health and Wellbeing 2011-12 for Wiltshire*.

The assessment has been led by Maggie Rae, Director of Public Health and Public Protection in partnership with a number of agencies as listed in the Acknowledgements section of the main report.

The Joint Strategic Assessment for Health and Wellbeing 2011-12 provides a summary of the current and future health and wellbeing needs of people in Wiltshire. It has been developed with a clear ambition to further improve the scope and quality of our data, centred on transforming data into knowledge and knowledge into wisdom to provide a comprehensive picture of local needs.

The document represents an important milestone in an exciting and challenging journey to continuously review and update our understanding of the population of Wiltshire in order to ensure services are commissioned that are relevant, effective and sustainable.

The JSA for Health and Wellbeing has emerged as the assessment tool on which all commissioning decisions for the county are based and, as such, it covers a breadth of topics focusing from health and social needs to wider factors affecting the wellbeing of our community. Such topics include climate change and the economy, recognising the dynamic nature of health and well-being and the factors that influence it. The role of the JSA for Health and Wellbeing includes providing knowledge of such influences in order to enable timely commissioning decisions to build resilient communities for Wiltshire. The JSA for Health and Wellbeing provides an opportunity to look ahead three to five years so that:

- inequalities within our population are reduced
- services are shaped by local communities
- social inclusion is increased
- the above outcomes are maximised at minimum cost

This year's work has been made possible through further consolidating and expanding a strong partnership of collaborative working between local partners.

This assessment has already informed the Joint Strategic Assessment for Wiltshire which contains key issues for each of the current thematic delivery partnerships. During 2011, the JSA for Wiltshire has been replicated at community level area level, and a number of issues raised in the JSA for Health and Wellbeing are detailed at community area level. This information has been presented at community events, and communities are identifying issues and projects which are aimed at improving the quality of lives of people living in these communities.

The continued process of assessment and update, working with all our local partners and stakeholders, will enable identification of priority areas for action for Wiltshire, as

well as provide evidence for future strategic directions and commissioning decisions for NHS Wiltshire, Wiltshire Council, the Police and other local agencies.

The JSA for Health and Wellbeing 2011-12 has been summarised into five key health and wellbeing areas, which are set out below. These issues were also submitted and appear in the first Joint Strategic Assessment for Wiltshire (JSA)¹ with health and wellbeing issues set alongside other strategic issues in Wiltshire. The Joint Strategic Assessment is available online at <http://www.intelligencenetwork.org.uk/joint-strategic-assessment/>



Key health and wellbeing issues for Wiltshire:-

- Children and young people
- Cancer and cardiovascular disease
- Lifestyle choices
- Health inequalities
- Ageing population

¹ Data contained in the Executive Summary may have been updated since publication in the JSA; however the key issues remain unchanged. All data quoted within this executive summary are fully referenced in the JSA and JSA HWB.

The new Health and Wellbeing Board provides a leadership role in taking forward the health and wellbeing agenda in Wiltshire, through policy and strategy development and working collaboratively with other multi-agency Wiltshire Assembly partnership boards and the area boards. The partnership promotes the health and wellbeing agenda across Wiltshire to partners, including the voluntary sector and the wider population, and works with relevant groups and established sub-groups to implement specific action plans and evaluate effectiveness of health and wellbeing programmes through the new Health and Wellbeing Strategies.

Background information on the Health of the population in Wiltshire

One of the purposes of the Health and Wellbeing Board's is to support the people of Wiltshire to lead happy and healthy lives. It aims to do this by:

- supporting more people to have independent and fulfilling lives as part of their local community
- providing strong foundations for children and young people's development
- enabling people to improve their long-term health and wellbeing.

Life expectancy at birth is often used as a measure of the overall health of a population. Life expectancy in all parts of England has increased over the last century and this general trend is continuing². Life expectancy in Wiltshire is higher than in the South West or in England as a whole, at 79.6 years for men and 83.7 years for women (2008-10 figures)³.

Mortality from all causes in the under-75 age group has been declining in Wiltshire, the South West and England. However, in Wiltshire in 2010, there were 1,272 deaths under the age of 75, representing 30.9% of all deaths⁴. The two major causes of premature death nationally, and in Wiltshire, are cardiovascular disease (including coronary heart disease and stroke) and cancers (malignant neoplasms). These accounted for over 65% of all premature deaths (i.e. under 75) in Wiltshire in 2010⁵.

In 2008, 77% of Wiltshire's residents reported that their health was good or very good, although this varied greatly with age⁶. Approximately a third of the population reported that they have a long-standing illness, infirmity or disability; this increases with age⁶.

Each of the five key issues set out above are now explained in more detail below and further supporting information is available in the full JSA for Health and Wellbeing.

² <http://www.parliament.uk/documents/commons/lib/research/rp99/rp99-111.pdf>

A Century of Change: Trends in UK statistics since 1900, Hicks & Allen, House of Commons Library. ISSN 1368-8456.

³ Life Expectancy, 2008-10. The NHS Information Centre for health and social care. © Crown Copyright.

⁴ ONS Vital Statistics 2010. © Crown Copyright.

⁵ ONS Vital Statistics 2010. © Crown Copyright.

⁶ A Report Combining Findings from the Wiltshire Place Survey and Household Survey 2008", Andrew Jack, Corporate Research Team, Wiltshire County Council, February, 2009.

Children and young people

Infant Mortality rates have declined between 2000-2002 and 2007-2009 in Wiltshire and are lower than those of the South West and England, at 3.9 per 1000 live births in 2007-2009. In 2010, the total number of deaths in the under-19 age group was 37, of which 13 were pre-28 days. Unintentional injury accounts for more hospital admissions than any other cause⁷; however in 2010 there were no fatalities from accidents in this age group⁵. Children from deprived backgrounds are 15 times more likely to be injured than those from less deprived backgrounds⁸.

In 2009, Wiltshire had an under-18 conception rate of 29.7 per 1000 females aged 15 to 17, which is the equivalent of one in 34 girls becoming pregnant⁹. This was lower than rates in England and the South West. However, the rate has declined by 7.5% since 1998, compared to a target reduction of 50%.

The proportion of school pupils eating five or more portions of fruit and vegetables a day in Wiltshire is 24%, compared with 19% in England¹⁰.

Wiltshire's rates of childhood obesity are below the national and regional averages. However, 2009/2010 data demonstrates that one in ten boys and one in twelve girls in Reception year and one in five boys and one in seven girls in Year 6 were obese¹¹.



⁷ Audit Commission (2007) Better safe than sorry: preventing unintentional injury to children.

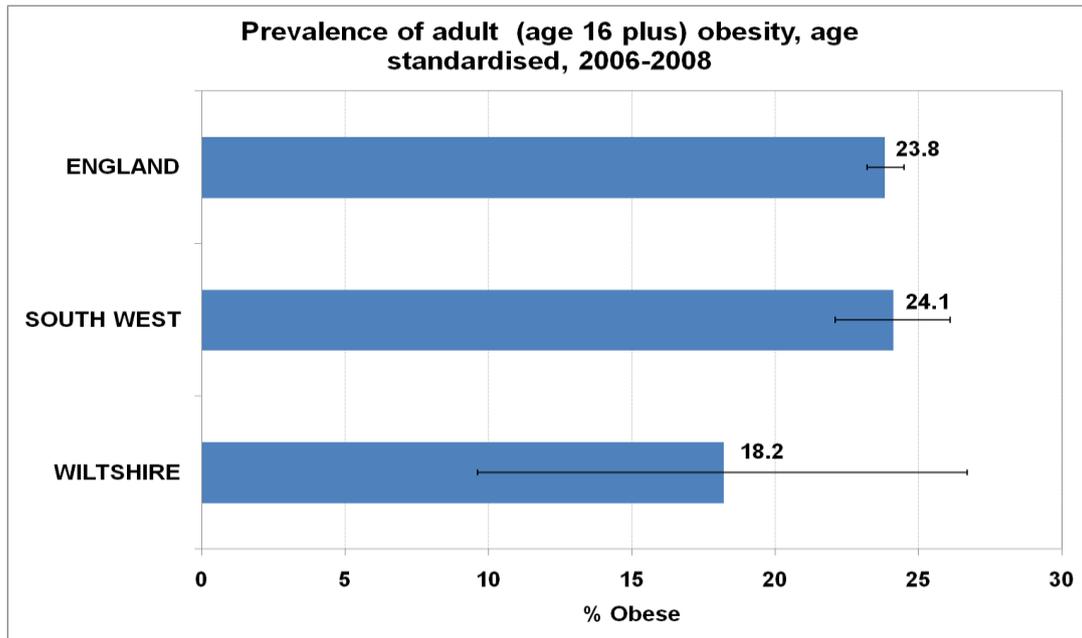
⁸ 'Prevention of injuries to children and young people: the way ahead for the UK.' Towner and Ward (1998) Injury Prevention, 4: 17-25.

⁹ Teenage Pregnancy Unit, ONS, 2009

¹⁰ Tellus survey (2009), DCSF

¹¹ National Child Measurement Programme: England, 2009/10 school year December 2010, The Health and Social Care Information Centre.

Adult Obesity Prevalence



Source: The NHS Information Centre for health and social care. © Crown Copyright; 2009
www.nchod.nhs.uk

There has been a continued decline in the number of young people smoking in Wiltshire. Girls are more likely than boys to smoke¹².

Illegal drug use among Wiltshire's secondary school pupils has declined from 19% in 2002 to 8% in 2008. The same survey identified that 33% of secondary school pupils had consumed at least one alcoholic drink in the previous week¹².

In 2007-2008 children aged five in Wiltshire had an average of 0.95 decayed, filled or missing teeth, which was significantly lower than the figure for England (1.11) and lower than that for the South West¹³.

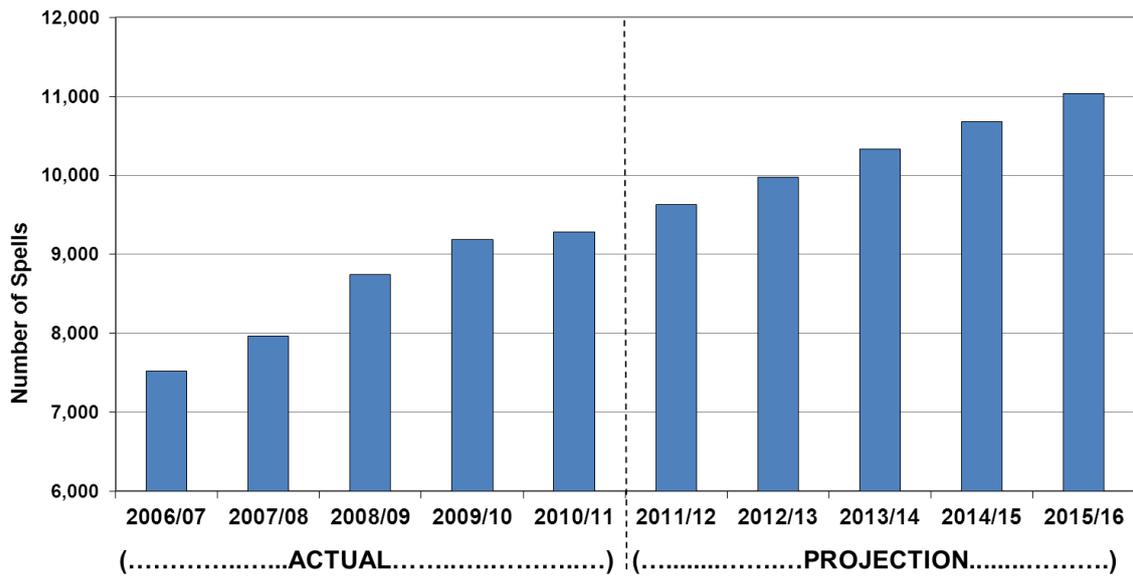
Cancer and cardiovascular disease

A major burden of disease and premature death is related to chronic diseases such as cancers and cardiovascular disease (CVD).

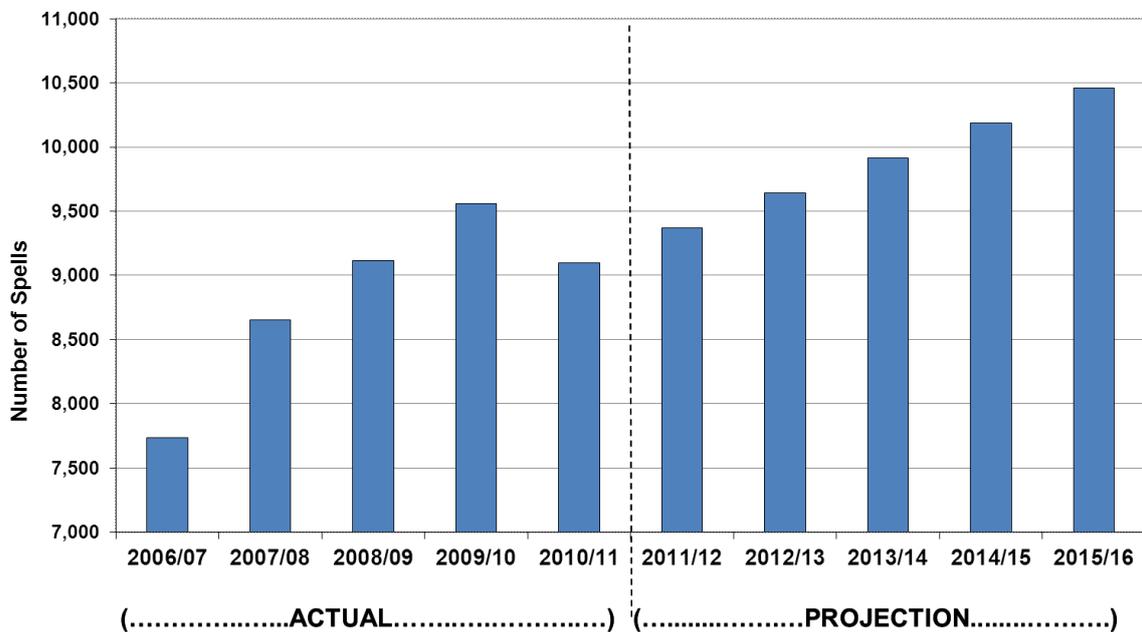
¹² 2008 Health Related Behaviour Survey (Wiltshire)

¹³ NHS Dental Epidemiology Programme for England: Oral Health Survey of 5 year old Children 2007 / 2008 www.nwph.net/dentalhealth October 2009.

Inpatient admissions for Wiltshire patients with a primary diagnosis of cardiovascular disease (CVD)



Inpatient admissions for Wiltshire patients with a primary diagnosis of cancer



Note: These projections are calculated by extrapolating historical data and takes no account of past, present or future activities that may impact on its trajectory.

Source: The Health and Social Care Information Centre courtesy of Dr Foster Intelligence

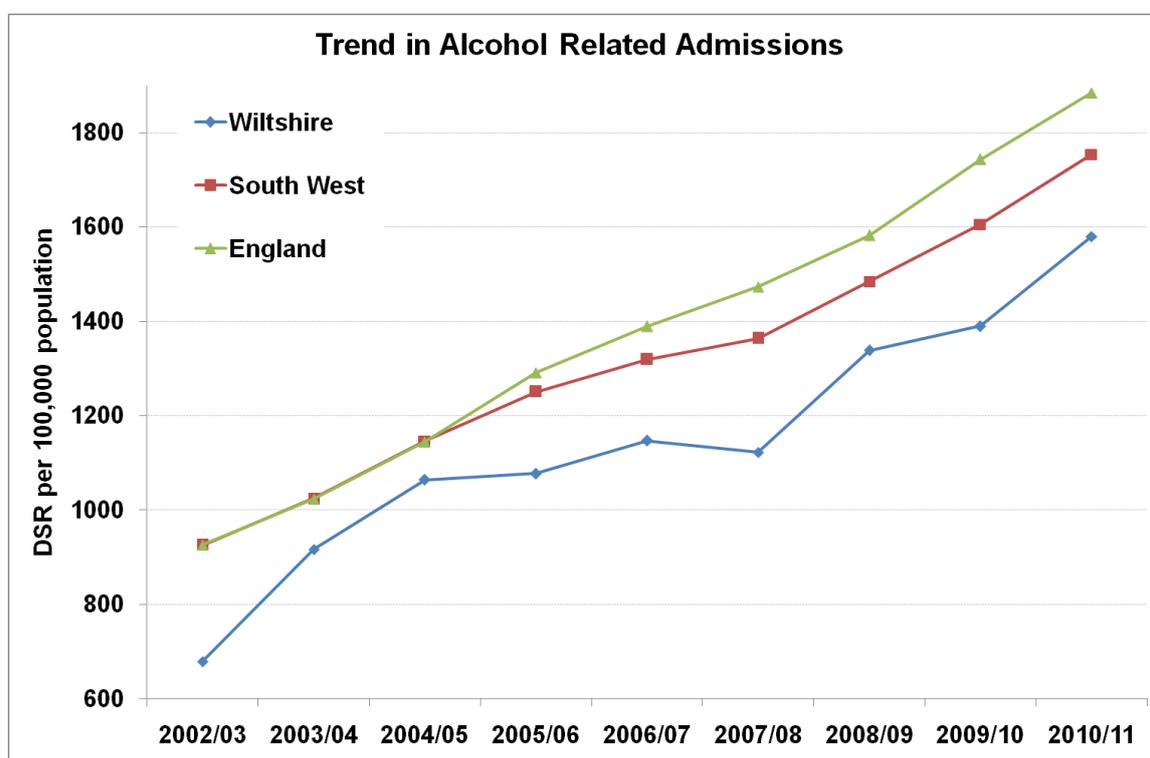
In 2010 in Wiltshire, 53% of deaths under the age of 75 in women, and 43% of deaths under the age of 75 in men, were caused by cancer⁵.

In 2010 in Wiltshire, 16% of deaths under the age of 75 in women, and 30% of deaths under the age of 75 in men, were caused by CVD⁵.

The three sites of cancer causing the highest mortality rates in Wiltshire were, in order, females: breast, lung and colorectal cancer; males: lung, colorectal and prostate cancer. For both males and females, there was a significantly lower rate of mortality from lung cancer compared with England¹⁴.

Lifestyle choices

Both cancer and CVD are strongly associated with lifestyles or health behaviours. These lifestyle risk factors include smoking, alcohol consumption, drug misuse, sexual behaviour, healthy eating, physical activity and obesity.



20.9% of adults in Wiltshire are smokers compared to 19.8% for the South West region, and 21.2% for England in 2009/10¹⁵. 2010/11 estimates suggest 13.4% of pregnant women in Wiltshire are smokers at the time of delivery, in line with England as a whole at 13.5%¹⁶. Smoking levels are significantly higher among routine and manual workers compared to the rest of the population¹⁷.

In 2010/11 there were an estimated 9,155 alcohol-related inpatient¹⁸ hospital admissions in Wiltshire, amounting to 1,580 per 100,000 people¹⁹.

¹⁴ The NHS Information Centre for health and social care. © Crown Copyright; 2009

¹⁵ Integrated Health Survey for England 2009-2010

¹⁶ Smoking at delivery, GP recorded smoking and GP recorded obesity (BMI); quarter 4, 2010/11.

Department of Health, NHS IC Omnibus, 2011

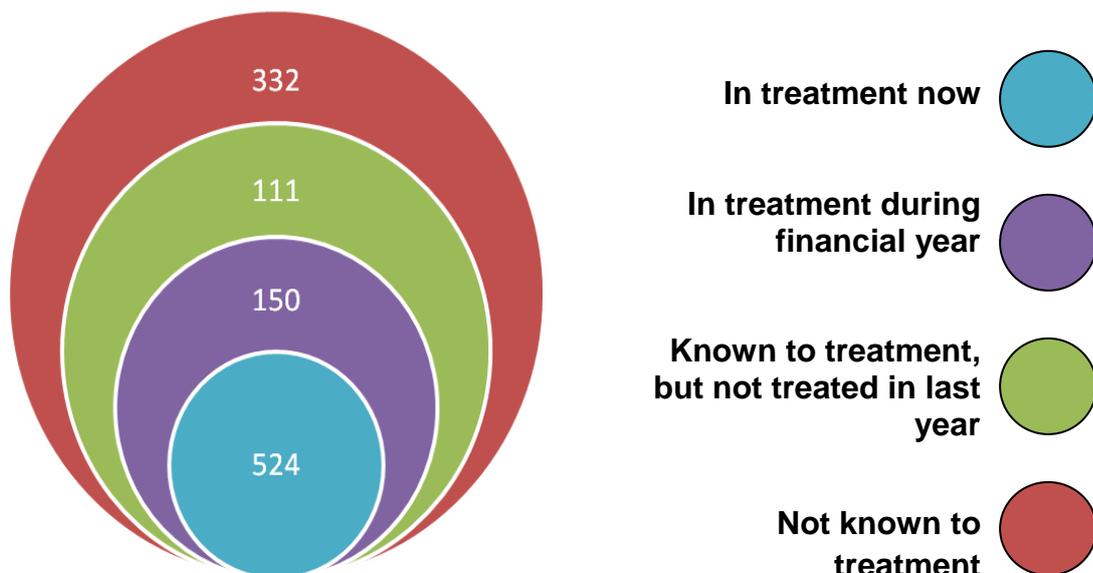
¹⁷ Tackling health inequalities: targeting routine and manual smokers in support of the public service agreement smoking prevalence and health inequality targets, DH / National Support Team – Tobacco Control, June 2009.

¹⁸ i.e. not accident and emergency attendances

¹⁹ Profile of alcohol related harm – Wiltshire, North West Public Health Observatory (<http://www.lape.org.uk/PCTProfile.aspx?reg=q39>)

There were 724 individuals from Wiltshire registered in structured drug treatment between April 2010 and March 2011²⁰.

Estimated “problem” drug users in Wiltshire, 2010/11



It is estimated that in Wiltshire there are currently 22,818 older people (65 plus) who are obese and that this will increase to 35,848 by 2030²¹. Just 14% of adults in Wiltshire have 30 minutes of moderate intensity physical activity on five or more days of the week²². 30.9% of people in Wiltshire meet the healthy eating target of eating five or more portions of fruit or vegetables a day, a similar percentage to the South West (29.6%) and England (28.7%)³.

In 2010 7 people were diagnosed with HIV in Wiltshire. This equates to a rate of 1.5 per 100,000 population²³.

Health inequalities

Although Wiltshire is generally not a deprived area²⁴, the county has pockets of deprivation including five local areas that lie amongst the 20% most deprived in England²⁴. In addition, aspects of rural deprivation are difficult to quantify yet are of particular relevance in this county, in which proportionally more of the population live in a rural setting. Life expectancy is 6 years lower for men and 4 years lower for women in the most deprived areas of Wiltshire than in the least deprived areas. This is low compared to other areas but, nevertheless, represents clear inequalities in health outcomes within the local population. Many major conditions are strongly correlated to deprivation as are the lifestyles that contribute to them. Amongst the

²⁰ Adult Partnership Quarterly Performance Report, 2011/12 Quarter 1

²¹ Projecting Older People Population Information System: <http://www.poppi.org.uk/>

²² Sport England Active People’s Survey 5, 2011.

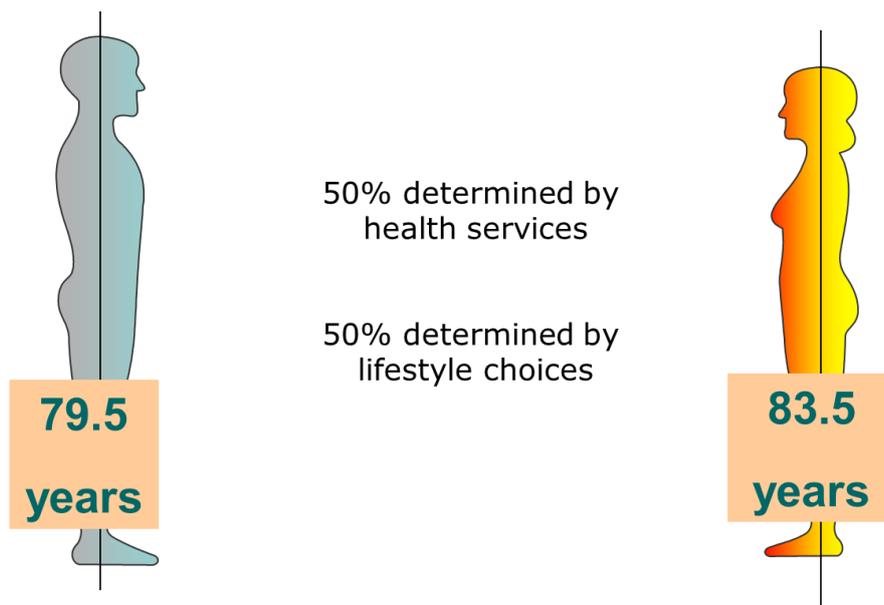
(http://www.sportengland.org/research/active_people_survey/active_people_survey_5.aspx)

²³ SOPHID 2010.

²⁴ Index of Multiple Deprivation 2010, DCLG.

(<http://www.communities.gov.uk/publications/corporate/statistics/indices2010>)

interventions that are evidenced to reduce the life expectancy gap are smoking cessation; statin therapy, use of anti-hypertensives and early detection of cancer²⁵.

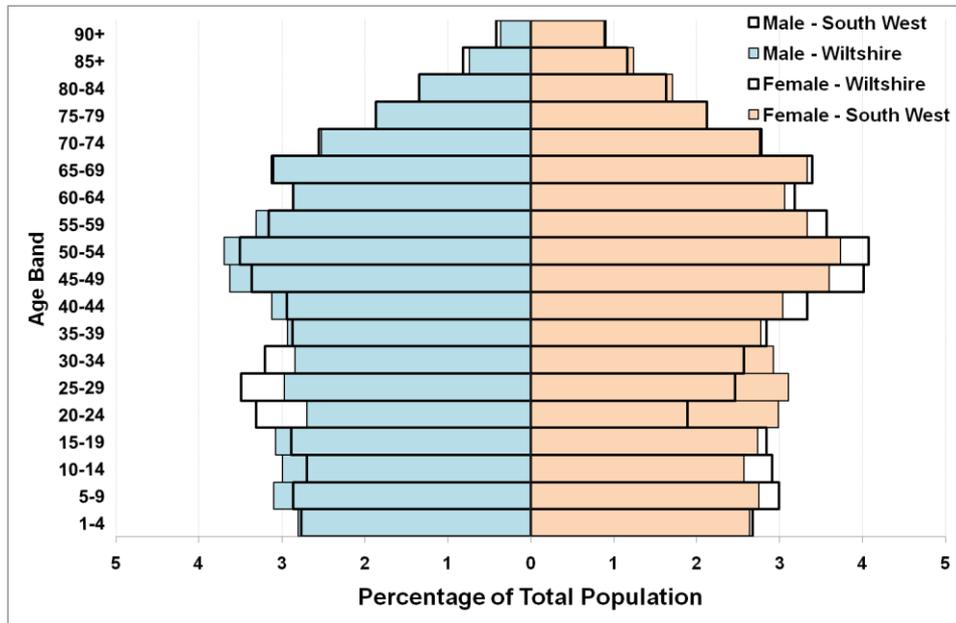


There are a range of wider determinants of health that impact on inequalities including rurality, transport deprivation, service deprivation and housing deprivation. The increased needs of particular groups such as families, young people, the elderly, disabled persons and carers, the military, prisons, black and minority ethnic groups and gypsies and travellers, and the way these are met, can also affect the inequality gap.

Ageing population

The age structure of the Wiltshire population is projected to change in the coming years, with a notable increase in the proportion of the population aged over 65. This will have a significant impact on the health and social care needs of the population.

²⁵ Tackling Health Inequalities: 2004-06 data and policy update for the National Target, Department of Health, Health Inequalities Unit, Dec 2007



The increasing burden of chronic diseases associated with old age will likely increase the demand for health services, reflected in higher numbers of hospital admissions and a higher uptake of adult social care services across all client groups.

An ageing population will also have an impact on neurological, rheumatologic and orthopaedic conditions, dementia and falls. There are around 46,292 carers in Wiltshire with 77% of these of working age and 20.5% aged over 65²⁶. The number of people in Wiltshire in a carer role is expected to increase with a shift in the population structure to that of an ageing population.

²⁶ 2001 Census and 2008 mid-year population estimates, ONS.