

## **JOINT STRATEGIC NEEDS ASSESSMENT FOR WILTSHIRE EXECUTIVE SUMMARY**

### **Introduction**

The 2009 Joint Strategic Needs Assessment (JSNA) provides a summary of the current and future health and wellbeing needs of people in Wiltshire. Its development has been centred around transforming data into knowledge and knowledge into wisdom to provide a comprehensive picture of the needs of the population of Wiltshire.

The ambition for this document is that it will become the assessment tool on which all commissioning decisions for the county are based. It covers a breadth of topics focusing from health and social needs to wider factors affecting the well-being of our community.

Of particular note in this year's JSNA is the use of predictive modelling for key disease and service areas based on future population projections. This modelling demonstrates the need to focus service planning to prevent adverse effects on the health status of the people of Wiltshire.

The Joint Strategic Needs Assessment provides a picture of the needs of our population now and into the future. The continued process of assessment and update, working with all our local partners and stakeholders will be used to identify priority areas for action for the future for the Local Agreement for Wiltshire and future strategic directions and commissioning decisions for NHS Wiltshire, Wiltshire Council, the Police and other local agencies.

### **Demographics**

Wiltshire is a prosperous, rural county in the South West of England. It has a population of 452,600, which is growing, and a significant mix of urban and extensive rural areas.

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, including:

- Increased burden of chronic diseases associated with old age
- An associated increase in demand on health services, including increased numbers of hospital admissions
- Increased uptake of adult social care services across all client groups

In addition, fertility rates in Wiltshire are significantly higher compared with those in England and the South West. This will have important implications for the planning of maternity services, post-natal care and education.

## Health in Wiltshire

Key measures are frequently used to give an overview of the health of a population, including life expectancy and all cause mortality. Wiltshire compares favourably on all these measures when compared with the rest of the Country and with the South West. However, inequalities do exist, of particular concern is the health and well-being of the older population and how our 'ageing population' structure will influence these outcomes in the future.

### *Life expectancy and all cause death rates*

The population of Wiltshire has a higher life expectancy than the South West as a whole and the rest of England, at 79.3 years for men and 83.1 years for women.

Cancers represent the biggest cause of premature mortality within the County, with cardiovascular disease being the second most common cause of premature death. A higher proportion of premature deaths in men are attributable to causes other than these when compared with women, notably including accidents and self-harm.

### *Infant mortality*

Infant Mortality rates have declined in Wiltshire in recent years and are lower than those of the South West and England, at 3.2 per 1000 live births in 2005-07.

### *Self-reported health*

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

## Burden of ill-health

In order to commission appropriate and relevant health and social services it is essential that we understand which diseases and conditions are causing mortality in morbidity in Wiltshire. In order to understand the issues, trends in disease patterns are considered and comparisons between Wiltshire and other areas are made to identify priority areas for action.

### *Cancer*

Whilst cancer represents the biggest proportion of premature deaths within Wiltshire, the rate of premature mortality from cancer has been declining in recent years and was lower than overall rates in England for the period 2005-07. The most common sites of cancers causing premature deaths in Wiltshire in 2005-07 were: lung, colorectal, breast and prostate. In 2007 in Wiltshire, 47% of deaths under the age of 75 in women and 36% of deaths under the age of 75 in men were caused by cancer.

### *Cardiovascular disease and diabetes*

Cardiovascular Disease (CVD) is the second biggest cause of premature deaths in Wiltshire. In 2007 23% of deaths under the age of 75 in women and 29% of deaths

under the age of 75 in men were caused by CVD. The age-adjusted death rate from CVD is lower in Wiltshire when compared with England

Diabetes is a chronic disease associated with an increased risk of a range of other diseases and conditions including CVD and chronic kidney disease. Projected estimates based on recent trends suggest the number of hospital admissions for diabetes in Wiltshire will increase by approximately 31% from 2008/09 to 2013/14, from 380 to 499.

#### *Respiratory disease*

The rate of mortality from Chronic Obstructive Pulmonary Disorders (COPD) in Wiltshire is lower than in England as a whole and is projected to remain constant. Hospital admission rates for COPD are projected to increase by approximately 5% from 2008/09 to 2013/14, however, implementation of a local Care Pathway may reverse this trend. Hospital admissions for asthma are projected to decrease during this time period, by 1%.

#### *Infectious diseases*

The Health Protection Agency continues to support NHS Wiltshire in surveillance of notifiable infectious diseases such as tuberculosis, meningitis and hepatitis. Data collected by local acute and community services in the year 2008/09 indicates that local targets for reducing hospital acquired infections (such as MRSA and *C.difficile*) will be met.

### **Preventing ill-health**

The greatest burden of disease and premature death in the UK today is related to chronic diseases such as cancers and cardiovascular disease. Such diseases are strongly associated with lifestyles or health behaviours. These lifestyle risk factors include: smoking, alcohol consumption, drug misuse, sexual behaviour, nutrition, physical activity and obesity.

#### *Smoking*

Smoking remains the biggest cause of premature mortality and morbidity in the UK. Smoking prevalence amongst adults in Wiltshire in 2003-05 was 21.8% compared with 24.1% in England. However, it has been estimated that 16.5% of pregnant women in Wiltshire are smoking during pregnancy compared with 16.1% in England as a whole. Smoking in pregnancy poses a number of risks to the health of the unborn child. Smoking prevalence varies across Wiltshire and is strongly associated with deprivation. In 2007-09 3,908 people quit smoking with the support of NHS Wiltshire Stop Smoking Service.

#### *Alcohol and substance misuse*

Alcohol misuse is associated with a range of harmful health and social effects, including anti-social behaviour, violence and increased hospital admissions. Rates for alcohol-related admissions to hospital were estimated to be 1,121 per 100,000 of the population in 2007/08. These admission rates are increasing in all areas of the county and are predicted to continue to do so. They are strongly correlated with deprivation levels. Compared to the national average, women in Wiltshire have higher levels of overall mortality attributed to alcohol.

Estimates suggest that the proportion of estimated drug users in Wiltshire is lower than that of the South West and England populations. The greatest proportion of drug

misuse-related admissions were for intentional self-poisoning by a range of drugs (including over the counter medications).

#### *Obesity*

Direct estimates from the 2003/05 'Health Survey for England' suggest that in 2003-05, over a fifth of the Wiltshire adult population were obese, defined as a body mass index greater than 30. Rates varied by area within Wiltshire, the highest estimated rates being in Kennet.

#### *Physical activity*

Overall, participation in physical activity is higher in Wiltshire than the rest of the South West. However, only 14.2% of adults in the County achieve current recommended levels of physical activity each week.

#### *Healthy eating*

Wiltshire appears to have a relatively high proportion of adults eating five portions of fruit and vegetables a day. However, this only represents 31.5% of the population and may not reflect other aspects of healthy dietary behaviours within the population. Breastfeeding initiation rates in Wiltshire in 2006-07 were higher than the national average although there are issues around data collection to determine maintenance rates.

#### *Sexual health*

Rates of sexually transmitted infections, including Chlamydia and HIV are rising nationally and this pattern is also reflected in the Wiltshire population.

#### *Immunisation*

Coverage of childhood immunisations in Wiltshire is generally higher compared with the rest of England. However, rates of some immunisations, such as MMR, must be improved to achieve herd immunity within the population. Data so far on the new HPV immunisation campaign indicate the need for a strengthened approach to increase uptake. The Wiltshire Flu Campaign for 2008/09 resulted in 74.6% of people aged 65 years of over being immunised against seasonal influenza.

## **Health inequalities**

Usually, inequalities in health outcomes represent unfair disadvantage within populations. Some groups within our population are subject to poorer health outcomes and deserve particular attention to overcome this disadvantage. Factors that determine health and wellbeing and influence these health inequalities include a range of issues from lifestyle and individual constitutional factors (such as genetic make up) to wider influences such as poverty, education and living and working environments.

#### *Deprivation and health inequalities*

Of the 149 county and unitary authorities in England, Wiltshire is ranked as the 140<sup>th</sup> in the 2007 Indices of Multiple Deprivation (IMD), which ranks areas from most deprived to least deprived. However, the county has pockets of deprivation including three local areas that lie amongst the 20% most deprived in England. 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.

There is a difference in life expectancy between the least and most deprived wards within Wiltshire of 5.2 years. This is low compared to other areas but, nevertheless, represents clear inequalities in health outcomes within the local population.

#### *Housing and homelessness*

Housing quality and security is a determinant of wellbeing, impacting on social, mental and physical aspects of health. The impact of poor housing or homelessness on health includes mental health problems, respiratory disease and accidental injuries. Wiltshire is the second largest housing authority in the South West. There were 7,125 applicants on the waiting list for an affordable home. During 2008/09 Wiltshire delivered 583 new affordable homes, against a target of 479. The only social housing in Wiltshire provided by a local authority is in Southern Wiltshire, an area which also has the greatest percentage of people living in rented houses.

Wiltshire had a below average percentage of households living in 'fuel poverty' when compared with the South West, nevertheless this remains an important area of concern particularly in rural communities in which social isolation might increase risk to vulnerable people.

The total number of homeless people in Wiltshire in 2007/08 was 482. For the period 2008/09 to date, there were 316 homeless people. There were 21 rough sleepers counted in the county in 2007/08 and most of these were based in the North Wiltshire area. Homelessness is strongly associated with poorer health outcomes than the rest of the population and this group has a range of specific health and well-being needs.

#### *Transport and road traffic collisions*

The population of Wiltshire has high levels of car use, reflecting the rural nature of the county. In addition levels of cycling fall below the targeted trajectory. This has important implications for the environment, in terms of air quality, and also for health and well-being. Active travel is associated with increased physical activity and reduced obesity.

Mortality rates from road traffic collisions are high in Wiltshire compared with other parts of the UK. These rates had generally been declining since 1994-98 and are projected to continue to do so. Nevertheless, this evidence suggests that this represents a significant issue affecting the health of the population.

#### *Economy and employment*

The Wiltshire economy is displaying signs of resilience in the context of the current recession in the UK and unemployment figures are comparatively low. However, it is predicted that there will be higher increases in the proportion of the population claiming unemployment benefits within Wiltshire in the next year. The negative effects of unemployment associated with health and well-being are wide-ranging. Plans to ensure a sustainable and resilient community through activities such as creating opportunities for volunteering and career and skills development are essential to minimise the risk to our population.

#### *Climate change*

Climate change poses a threat to the health of the global population and will directly affect the people of Wiltshire. Although the effects anticipated are long-term, the need to address the impact of our actions as a society in the immediate future is imperative to

ensure sustainability. Local organisations and services, including Wiltshire Council and NHS Wiltshire have a vital role in leading this work for the community.

*Special groups: black and minority ethnic communities*

Wiltshire has a relatively small proportion of people from black and minority ethnic groups (4.3% of the population) compared to the rest of the country (11.3% for England). This may further compound the relative disadvantage experienced by such groups if social isolation is increased as a result. In addition black and ethnic minority groups are at higher risk of mortality and morbidity from specific diseases. It is essential that the specific health and social needs of this group are better understood in order to ensure equitable access to appropriate support services.

*Special groups: prisoners*

Erlestoke Prison is the only prison in Wiltshire, it is an adult male, category 'C' closed training prison. It has an operational capacity of 470 and has a significantly higher proportion of people from black and ethnic minority groups compared with the Wiltshire population. Prisoners have a range of specific health needs, including sexual health, infectious diseases, mental health and substance misuse. NHS Wiltshire is working closely with the prison and is rolling out a health trainer programme supporting prisoners to change behaviours to improve health.

*Special groups: military population*

Military personnel constitute around 3% of Wiltshire's total population, concentrated in particular areas of the county. There are currently around 15,000 personnel stationed in Wiltshire with an estimated 14,000 military dependents living in the county. Key issues for the health and well-being of this group have been identified as: dentistry, mental health and general issues with access to health services. The number of army and RAF personnel in the County is projected to increase in the next four to five years.

*Special groups: gypsies and travellers*

Wiltshire Council operates 6 permanent and 1 transit sites for gypsies and travellers which accommodate up to 217 residents. Gypsy and Traveller groups experience significant discrimination in society and poorer health outcomes compared with the rest of the population. The vast majority of issues raised by the travelling community concerning health care, focus on access to, and appropriateness of health services. Work is ongoing with this group with various partnerships including Wiltshire Race and Equality Commission, Wiltshire Council, NHS Wiltshire and voluntary groups.

## **Adult services**

Health and well-being is influenced by longer-term conditions and other situations in which people may need support from local health and social care services.

*Hospital admissions*

In 2007/08, there were 14,860 inpatient spells in Wiltshire for elective admissions and 36,644 spells for elective day-cases, 34,602 inpatient spells for emergency admissions and 15,209 inpatient spells for admissions which were not elective but not an emergency (primarily maternity admissions). Admission rates and average length of stay tended to increase with age. The most common causes of hospital admission were cancer (11,656 spells), rheumatological and orthopaedic conditions (9,288) and cardiovascular diseases (7,599).

Delayed transfer of care, a situation in which patients stay in hospital longer than they need to, is a significant issue for Wiltshire. Local targets for Wiltshire were not met in 2008/09.

#### *Social care for older people*

Wiltshire has a higher proportion of people over the age of 65 compared with other areas of the UK and this age group is predicted to increase in coming years. Subsequently, social care services for older people will need to respond to increasing demands, for example, over the next 16 years, there will be a 61% increase in the number of older people unable to manage at least one self-care or domestic task.

#### *Neurology*

In 2007-08, 1860 Wiltshire patients were admitted to hospital with a primary diagnosis of a neurological condition, occupying 11,100 bed-days. Neurological conditions cover a range of conditions with diverse clinical features and treatment requirements. Neurological conditions associated with ageing, such as Parkinson's disease, are projected to increase as the population age structure shifts. In addition, long-term neurological conditions such as epilepsy are also expected to increase in prevalence.

#### *Rheumatological and orthopaedic conditions*

In 2007/08, 9,288 Wiltshire people were admitted to hospital with a rheumatological or orthopaedic condition as their primary diagnosis. The incidence of such conditions increases with age. Given the shift expected in the Wiltshire population towards an ageing population, increasing demands on health and social care services to deal with these conditions is expected.

#### *Dementia*

The number of people in Wiltshire registered with GPs and who are diagnosed as having dementia is around 1,700. However, based on national prevalence figures this is approximately a third of the number of cases that might be expected. It is suggested that this represents a significant number of people in our community with dementia that are not currently in contact with services. The number of people with dementia in the UK is forecast to increase by 38% over the next 15 years and 154% over the next 45 years. In addition to providing health and social care services to support people with dementia in response to this increased demand, efforts must also focus on prevention of dementia.

#### *Falls*

Falls cause 40% of injury-related deaths and 1% of deaths in those aged 65 and over. Such injuries include fracture of the femur, for which rates are higher in people over the age of 65 (87% of all admissions for this condition are from this age group). Such injuries in this age group are associated with health and social issues relating to treatment and management of any resulting short or long-term disability. Bradford on Avon had the highest rates of falls and fractures to the femur in 2007/08. In this year there were 2,076 hospital admissions in Wiltshire because of falls.

#### *Disability*

Wiltshire residents can expect to experience more disability free life years after the age of 65 than the average resident in the South West or England. In addition predicted rates of limiting long term illness amongst the population of Wiltshire are lower than those for

England. However, the number of people claiming Disability Living Allowance in Wiltshire increased by 34% from 2002 to 2007.

#### *Learning disabilities*

People with learning disabilities (PWLD) have a complex range of physical, mental and social needs and represent one of the most socially excluded groups in the UK. It is estimated that there are approximately 8,270 people with learning disabilities living in Wiltshire (2.34% of the population) and this number is projected to increase. PWLD experience poorer health outcomes than the rest of the population and, as life expectancy of this group is changing, the nature of these is also shifting. Health and social care provision must reflect these changing demands and respond to expressed wishes of PWLD and their families for the provision of support closer to their families and communities.

#### *Mental health of adults*

It is estimated that in 2006, there were approximately 49,000 individuals of working age and 12,000 older people with a neurosis such as depression or anxiety, psychosis (including schizophrenia and bipolar disorder) or dementia, in Wiltshire. Ethnic minority groups are disproportionately represented within service users of mental health services both nationally and in Wiltshire. Salisbury & Laverstock, Tisbury and Wilton community areas have the highest proportion of mental health service users within the county. It is expected that mental illness rates will increase, particularly conditions associated with ageing, such as dementia. In addition, economic recession is likely to have impacts of the mental health of our community.

#### *Carers*

It is now estimated that there are approximately 41,300 carers in Wiltshire and in 2007, carers of all ages in the county provided care valued at £511 million. 77% of these carers are of working age and 20.5% are aged over 65. 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". Support for carers and provision of affordable, flexible and reliable care services will become increasingly important with time.

### **The health and well-being of children in Wiltshire**

Children and young people represent the future of Wiltshire and, as such, are an important focus in preventing ill-health and promoting well-being, starting from birth through to old age.

#### *Population*

In the 2001 census, 25% of the Wiltshire population were aged between 0-19 years. It is forecast that the proportion of the population that is children and young people will reduce in the next 10 years to 23% of the total Wiltshire population.

#### *Education and schools*

Educational attainment at Key Stage 1 and Key Stage 2 in Wiltshire children has remained static in recent years, this figure is broadly in line with national figures but is poor in comparison with other similar areas. The Wiltshire attainment for five or more GCSEs at Grades A\*-C is 59.6%, slight lower than the England average of 60.1%.



As of April 2009, 76% of Wiltshire schools had achieved National Healthy Schools status and the remaining schools were engaged with the programme and working towards this goal.

#### *Vulnerable children*

It has been estimated that 20% (22,440 in Wiltshire) of children and young people have a special educational need. In 2008, 1.68% of the Wiltshire population aged 0-19 years had a statement of special needs. It is estimated that there are around 1,630 children and young people aged between 5 and 19 with a learning disability. Children with learning disabilities are more likely to suffer from mental health problems, there are estimated to be around 650 children and young people in Wiltshire with a learning disability and additional mental health issues.

Eligibility for free school meals is used as a proxy measure for deprivation. Wiltshire has a lower proportion of children eligible for free school meals when compared to national averages, in 2008 this was 6.6% of primary school children and 4.8% of secondary school children.

As of December 2008, there were 125 children listed as 'at risk' in Wiltshire, these numbers have remained relatively constant in recent years. The number of children in care was 324 in December 2008, these numbers have been increasing in recent years. Wiltshire has a lower number of children in care in comparison to other similar local authority areas. 'Looked after' children are at a greater risk of mental health problems than other young people. It is estimated that there are around 130 looked after children and young people with mental health problems.

#### *Children from special groups*

In some areas of Wiltshire, there are significantly high proportions of children and young people with parents employed by the armed forces, the 2008 school census indicated that in 17 schools nearly a third of pupils were from service families.

A small proportion of children in Wiltshire are from black and minority ethnic communities, in 2001 3%. However, data from 2008 indicates that at least 77 languages are spoken by children in Wiltshire schools. In addition a very small number of children living in Wiltshire are asylum seekers, with significant health social care needs.

In Wiltshire there are 3,100 children with a disability, of whom 750 have complex care needs.

Young offenders are a vulnerable group with complex psychosocial, physical and mental health needs. It has been estimated that in Wiltshire there are around 300 young offenders with a mental health disorder.

#### *Child mortality*

Child deaths are rare in Wiltshire, but around a third of these are related to accidents and self-harm, emphasising the need to prioritise accident prevention work in the county, particularly for road traffic accidents.

### *Teenage pregnancy*

Teenage pregnancy rates in Wiltshire are lower than for the South West and England, but have been rising in recent years. Teenage pregnancy “hotspots” have been identified in Wiltshire, these are strongly associated with high levels of deprivation.

### *Healthy eating, physical activity and obesity*

The proportion of school pupils eating five or more portions of fruit and vegetables a day in Wiltshire is 27%, compared with 23% in England. Wiltshire achieved the Public Service Agreement of 85% of school children participating in high quality PE and school sport in 2008 – with a rate of 93%. In Wiltshire’s reception classes, over one in five (22%) of the children measured was either overweight or obese. In Year 6, this rate was nearly over one in four (29%). There were differences in obesity rates between boys and girls - 10.1% of males and 7.1% of females in Reception and 17.2% of males and 14.5% of females in Year 6 were obese.

### *Smoking, alcohol and substance misuse*

There has been a continued decline in the number of young people smoking in Wiltshire. Girls are more likely than boys to smoke. Wiltshire’s figures for children and young people smoking are similar to the national picture.

In 2008, self-reported illegal drug use among Wiltshire secondary school pupils (percentage reporting having taken an illegal drug in the last year) had declined from 19% in 2002 to 8%. The same survey identified that 33% of secondary school pupils reported drinking at least one alcoholic drink in the last week. The figure was similar in 2006 (32%) but hugely improved since 2002 when it was 45%.

### *Mental health*

2400 children aged 5-10 years and 2750 young people aged 11-15 years in Wiltshire had a diagnosed mental health disorder. Prevalence of emotional disorders was similar for boys and girls but prevalence of conduct and hyperkinetic disorders was much higher for boys.

### *Health outliers: child tooth decay and road traffic collisions*

Wiltshire is an outlier for figures on child tooth decay. 1.7% of children in reception year at school have tooth decay, compared with national prevalence of 1.5%.

There has been a significant reduction in the number of children injured in road traffic collisions in Wiltshire, from 260 in 1990 to 150 in 2006, in the main these incidents resulted in minor injuries. However, Wiltshire remains an outlier for road traffic collisions, compared with other areas.

## **Programme budgeting**

Programme budgeting provides a retrospective appraisal of NHS resources. These resources are broken down into twenty three programmes of care, based on medical conditions including mental health, cardiovascular disease and cancer.