

AGENDA SUPPLEMENT (1)

Meeting: Health and Wellbeing Board
Place: The Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Thursday 9 November 2017
Time: 10.00 am

The Agenda for the above meeting was published on **1 November 2017**. Additional documents are now available and are attached to this Agenda Supplement.

Please direct any enquiries on this Agenda to Will Oulton, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713935 or email william.oulton@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225)713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Presentations for the following items are available:

- 7 **Winter Pressures** *(Pages 3 - 14)*
- 8 **Better Care Plan** *(Pages 15 - 44)*
- 9 **Procurement of Integrated Urgent Care** *(Pages 45 - 56)*

The report for the following item is available:

- 10 **Health and Wellbeing JSNA** *(Pages 57 - 98)*

DATE OF PUBLICATION: 2 November 2017

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Wiltshire Winter Planning

Health and Wellbeing Board
9th November

STP wide Winter Resilience Plan

- Sets out BSW Urgent Care System planning and delivery arrangements for 2017/18.
- Reflects a whole system approach to the delivery of services over the forthcoming winter period and peaks in demand
- Builds upon lessons learnt within BSW over recent years and in particular from Winter 2016/17
- Illustrates the approaches to infection control and the seasonal flu campaign
- Outlines the communications being used over the winter period
- Identifies the challenges, risks and mitigating actions required

Winter Resilience Planning

The STP wide Urgent and Emergency Care Delivery Plan (July 2017 – March 2019) sets out milestones and implementation activities to deliver eight domains identified by NHSE to meet the national guidance (Gateway letter 06969 Pauline Philip 14.07.17) aligning with deliverables identified in Next Steps within the NHS FYFV

The new eight domains are:

1. NHS 111 Online
2. NHS 111 Calls
3. GP Access
4. Urgent Treatment Centres
5. Ambulances
6. Hospitals
7. Hospital to Home
8. Workforce

Winter Resilience Planning

NHS 111 Online: has to be in place by December 2018

NHS 111 Calls: increase % calls transferred to a clinician – HCP line, use of clinical hub; application for pharmacy resource.

GP Access; WCCG target coverage by March '19 – have GP extended hours of service; additional capacity over Bank Holidays with Out of Hours service; Salisbury Walk In Centre (18.30-22.00) Hot Kids service

Urgent Treatment Centres: target Dec 19. Wiltshire 2 x MIU

Ambulances: SWAST national pilot site for response programme; Right Care 2 focus programme to reduce conveyance (hear&treat and see&treat)

Hospitals: models for primary care streaming at A&E; frailty pathway assessment processes; ambulatory care; best practice on wards to facilitate discharge.

Hospital to Home: Discharge to Assess services / integrated discharge services, reduce DTOC rates to 4.1%, additional domiciliary care capacity to maintain flow

Workforce: review of capacity across all providers.

Winter Resilience will be achieved through:

- Achievement of the U&EC Delivery Plan and the 8 Domains
- Learning lessons from 16/17 Winter
- BSW STP Winter Resilience Self-Assessment
- Revised OPEL Triggers and Actions
- Flu Vaccination Programme
- Infection Control Procedures
- Winter Plans in place and assured for all providers
- ORCP funded Support for 17/18 (WCCG)
- Elective Winter plan to support elective activity through winter to reduce waiting times for patients to meet constitutional targets

Specific local actions:

- Local A&E Delivery Board for each system – BaNES (RUH), Swindon (GWH) and South Wiltshire (SFT) responsible for performance
- Virtual Winter Resilience Planning Group – all commissioners and providers, health and social care (weekly calls)
- Demand and Capacity Plans reviewed from each provider – predicting high pressure periods/days and any known impact on capacity
- Risks identified from plans being challenged with specific providers
- Planned Multi Agency Discharge Events (MADE) – to support improved flow across the system, recognise and unblock delays, challenge, improve and simplify discharge processes (SFT 14th November)
- Focus on system triggers and escalation in line with OPEL: Acute Trusts, Mental Health and Adult Community Services OPEL frameworks reviewed and completed
- Across Wiltshire agreed at LDB to collate and share daily capacity data across system from community services, care homes, primary care, and domiciliary care (from November)

Members of the Virtual Winter Resilience Planning Group

- BaNES Clinical Commissioning Group
- Swindon Clinical Commissioning Group
- Wiltshire Clinical Commissioning Group
- Royal United Hospitals Bath NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- Salisbury NHS Foundation Trust
- Avon and Wiltshire Mental Health NHS Trust
- South Western Ambulance Service Foundation Trust
- Bath & North East Somerset Council
- Swindon Borough Council
- Wiltshire Council
- Virgin Healthcare
- Swindon Community Health Services
- Wiltshire Health & Care (WH&C)
- Medvivo
- BaNES Enhanced Medical Services (BEMS)
- Bath and North East Somerset Doctors Urgent Care (BDUC)
- Arriva Transport Solutions Ltd (ATSL)
- CareUK (NHS111)

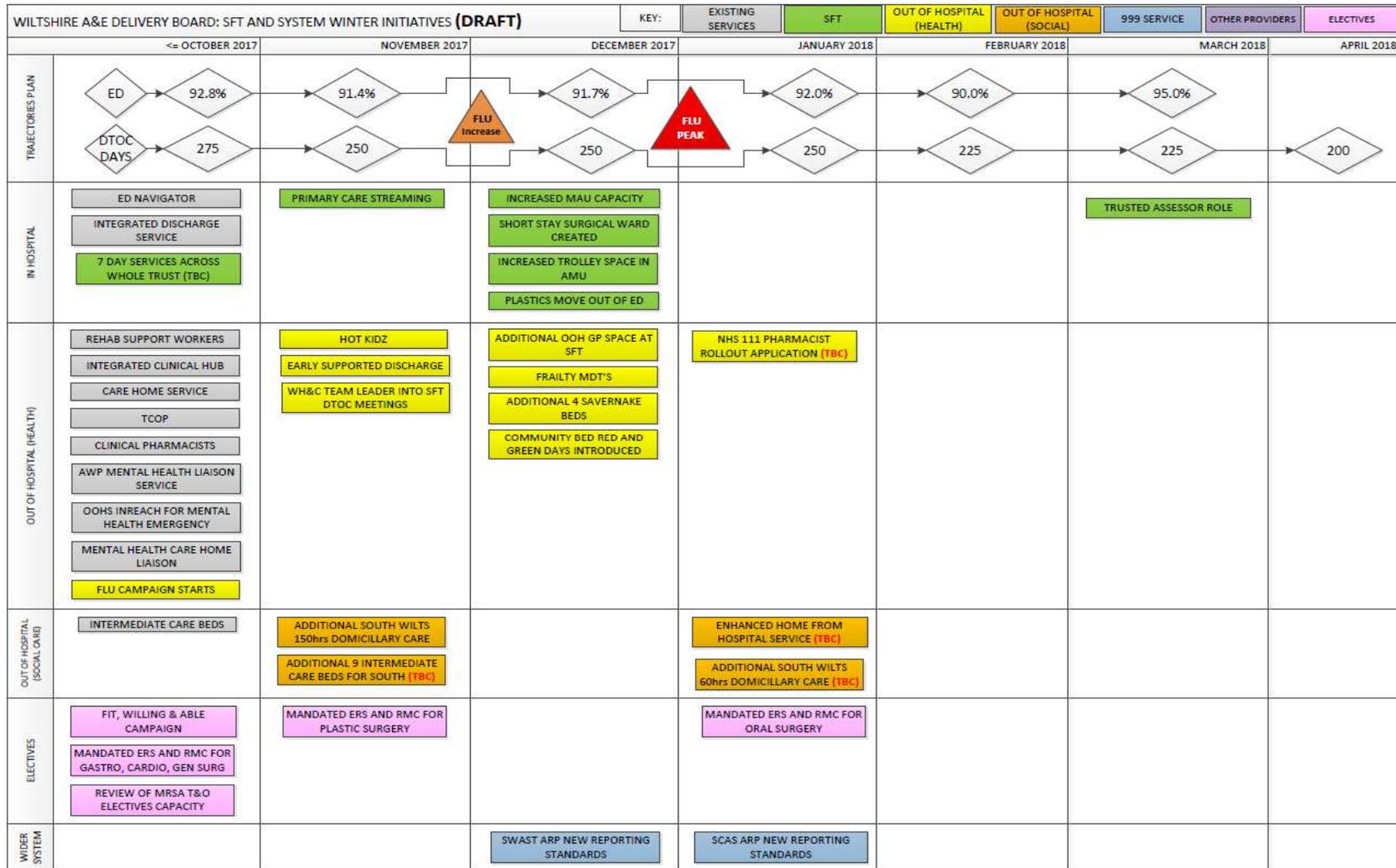
Daily System Capacity Reporting

- As agreed through LDB:



System OPEL status	
Organisational OPEL / escalation	
Salisbury Foundation Trust	
Wiltshire Health and Care	
Medvivo	
Wiltshire County Council	

Additional capacity / schemes map –



Flu Planning update

- Public Health 'Stay Well This Winter' - starts from 9th October
- Quality Team Winter and Influenza Plans 2017/18
- WCCG 13 Point Action Plan includes:
 - CCG Quality Team and Public Health Wiltshire team to agree joint communications with care homes (to include offer of Wiltshire-wide meeting).
 - Joint PHE Wilts and WCCG Visits to 'at risk' homes to be set up as prevention of outbreaks strategy (31st October)
- Monthly reporting on Vaccination update to LDB from Nov 17
 - At Risk Groups (including 65 years and over)
 - Pregnant Women
 - Healthcare Workforce
 - Children and Adolescents
 - Carers

Winter Communications Strategy 2017/18

- Prevention, Prepare, Performance
- Current campaigns:
- Stay Well This Winter
- NHS111
- Stay Well Pharmacy

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Wiltshire DTOC Data Summary

BETTER CARE PLAN

October 2017



Introduction

- This outlines the data relating to delayed days.
- The Wiltshire trajectory submitted to NHS England has a target of 1,325 delayed days in December.
- ASC delays planned to reduce from 923 in July to 421 in December (54.4%)
- NHS delays planned to reduce from 1,148 in July to 795 in December (30.7%)



DTOC Plan vs. Trajectory

2017/18 Wiltshire DToC Plan Trajectories

DToC Days		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS	Plan	1,079	977	873	808	759	794	794	703	703
	Actual	1,148	1,276	0	0	0	0	0	0	0
SC	Plan	553	510	466	432	407	421	421	389	389
	Actual	923	934	0	0	0	0	0	0	0
Joint	Plan	117	112	111	109	109	109	109	108	108
	Actual	189	119	0	0	0	0	0	0	0
Total	Plan	1,749	1,599	1,450	1,350	1,275	1,325	1,325	1,200	1,200
	Actual	2,260	2,329	0						
Popn (SNPP 2014)		388,812	388,812	388,812	388,812	388,812	388,812	392,148	392,148	392,148

Rate	Plan	449.9	411.4	372.8	347.1	327.8	340.7	337.8	305.9	305.9
	Actual	581.3	599.0	0.0						

Breakdown by Trust of lost bed days

	2015-16	2016-17	17-18 (Aug)	Dec Target
GWH	194.0	261.9	397	150
RUH	147.7	444.8	359	200
SFT	294.3	499.3	393	250
AWP	292.8	348.1	295	200
WHC	495.3	646.7	792	475
Others	71.3	45.1	93	50

Monthly average for 2015-16 and 2016-17, 2017-18 & target figures are a monthly total.

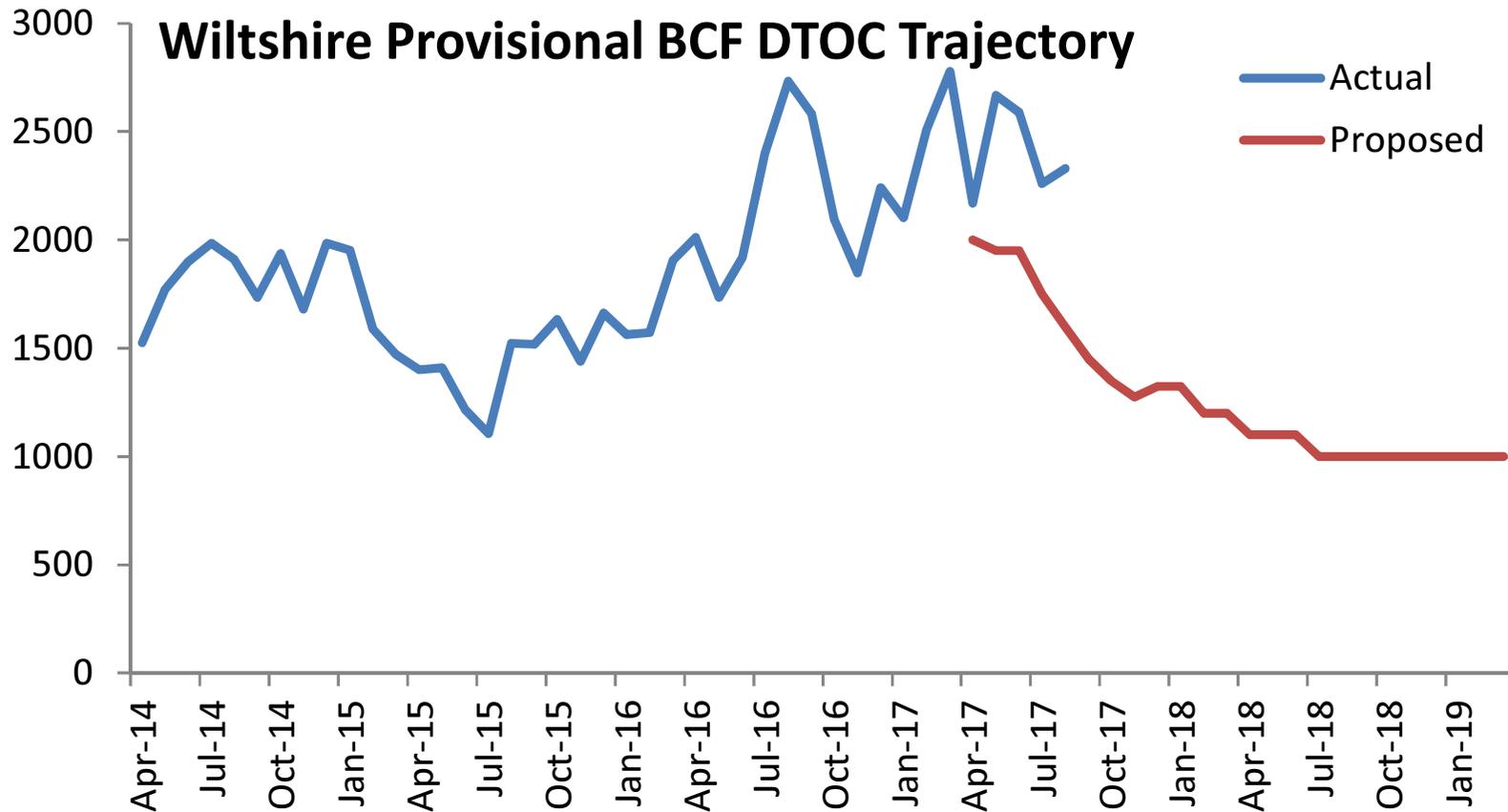


August DTOC Delayed Days

	NHS	ASC	Both	Total	Trajectory
Wiltshire	1,276	934	119	2,329	1,600
GWH	320	69	8	397	175
RUH	251	108	0	359	275
SFT	157	215	21	393	350
AWP	7	202	86	295	200
WH&C	497	293	2	792	550
Others	44	47	2	93	50

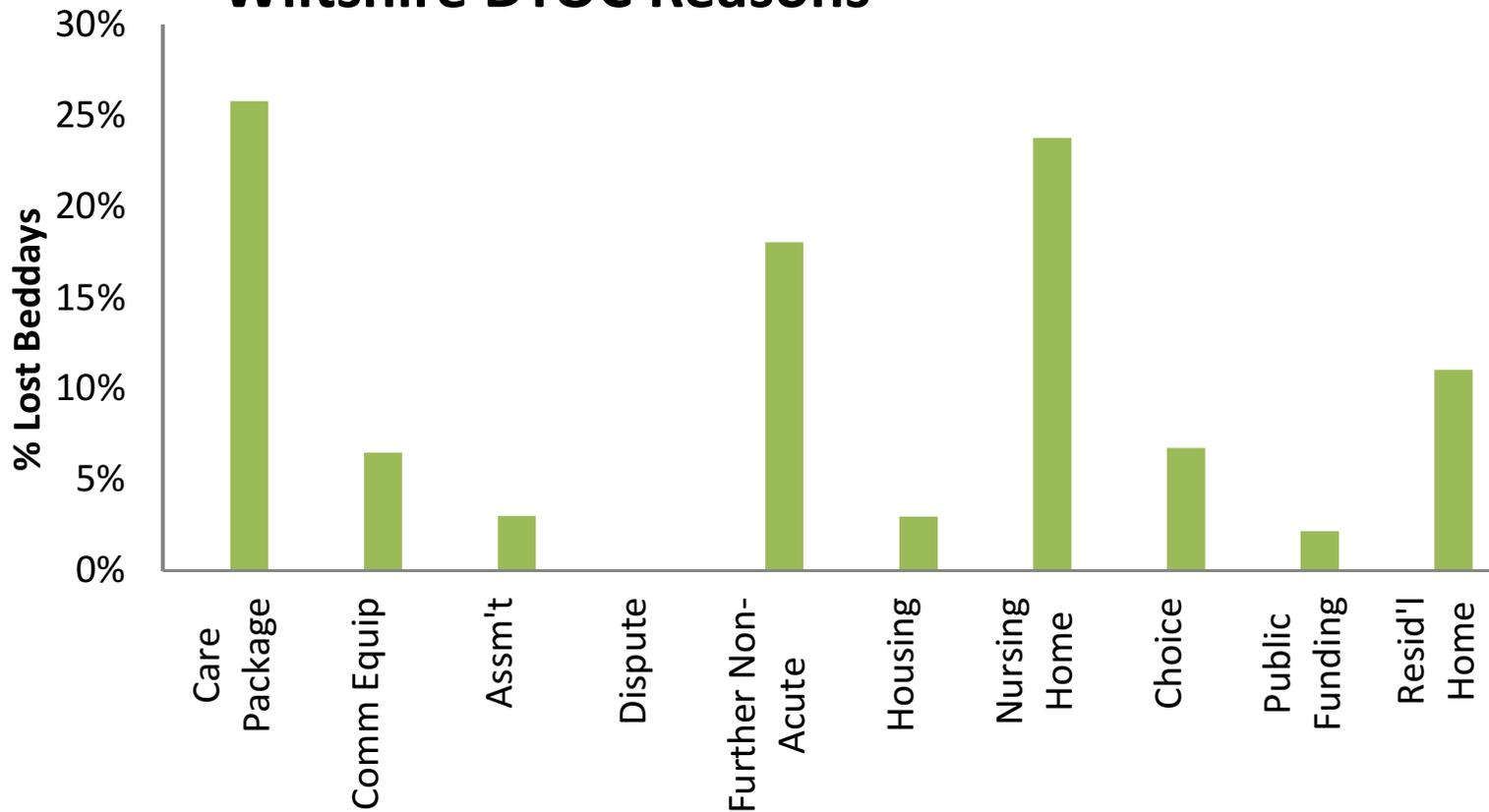


Trend for All Delayed Days

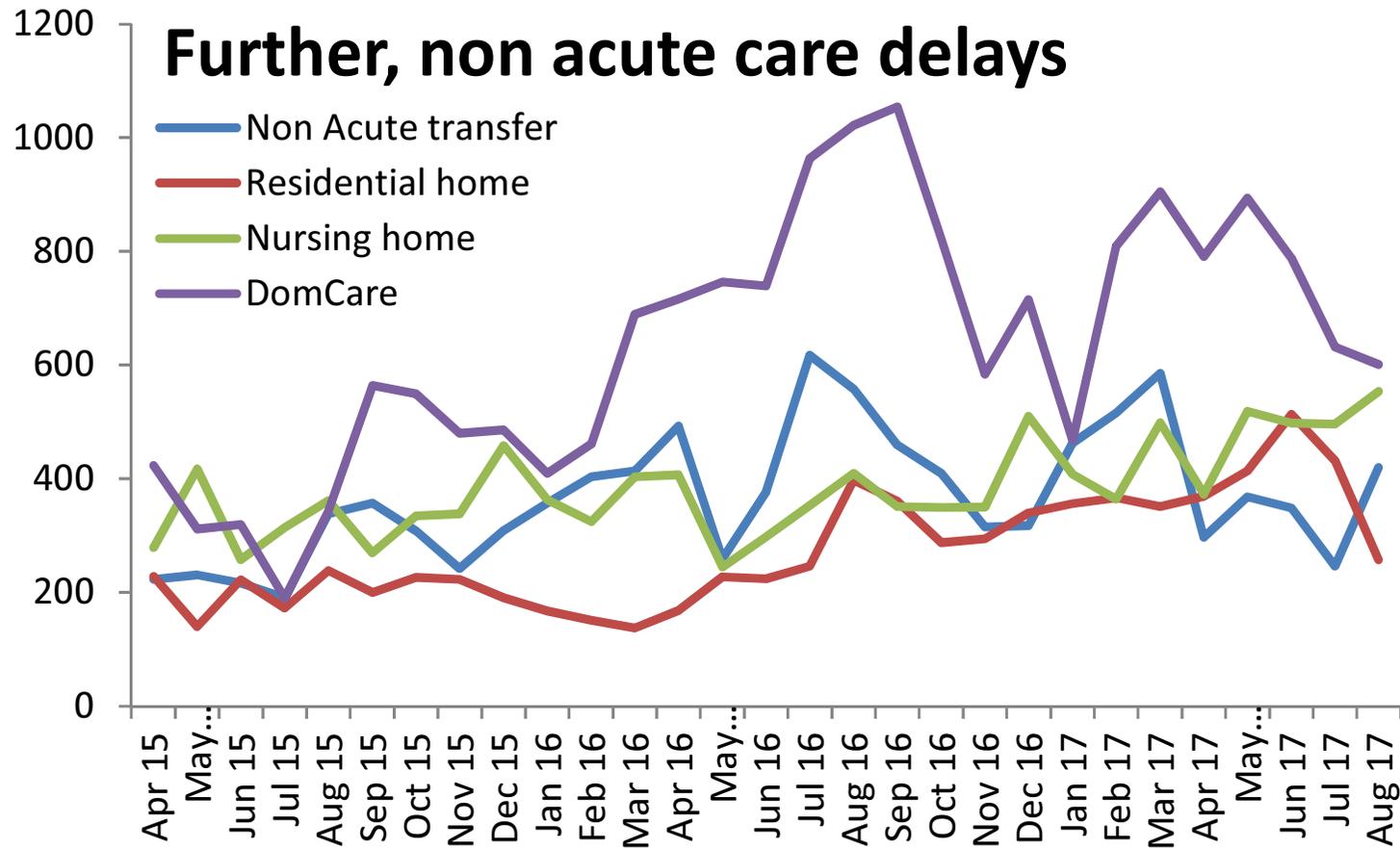


Reason for All Delayed Days

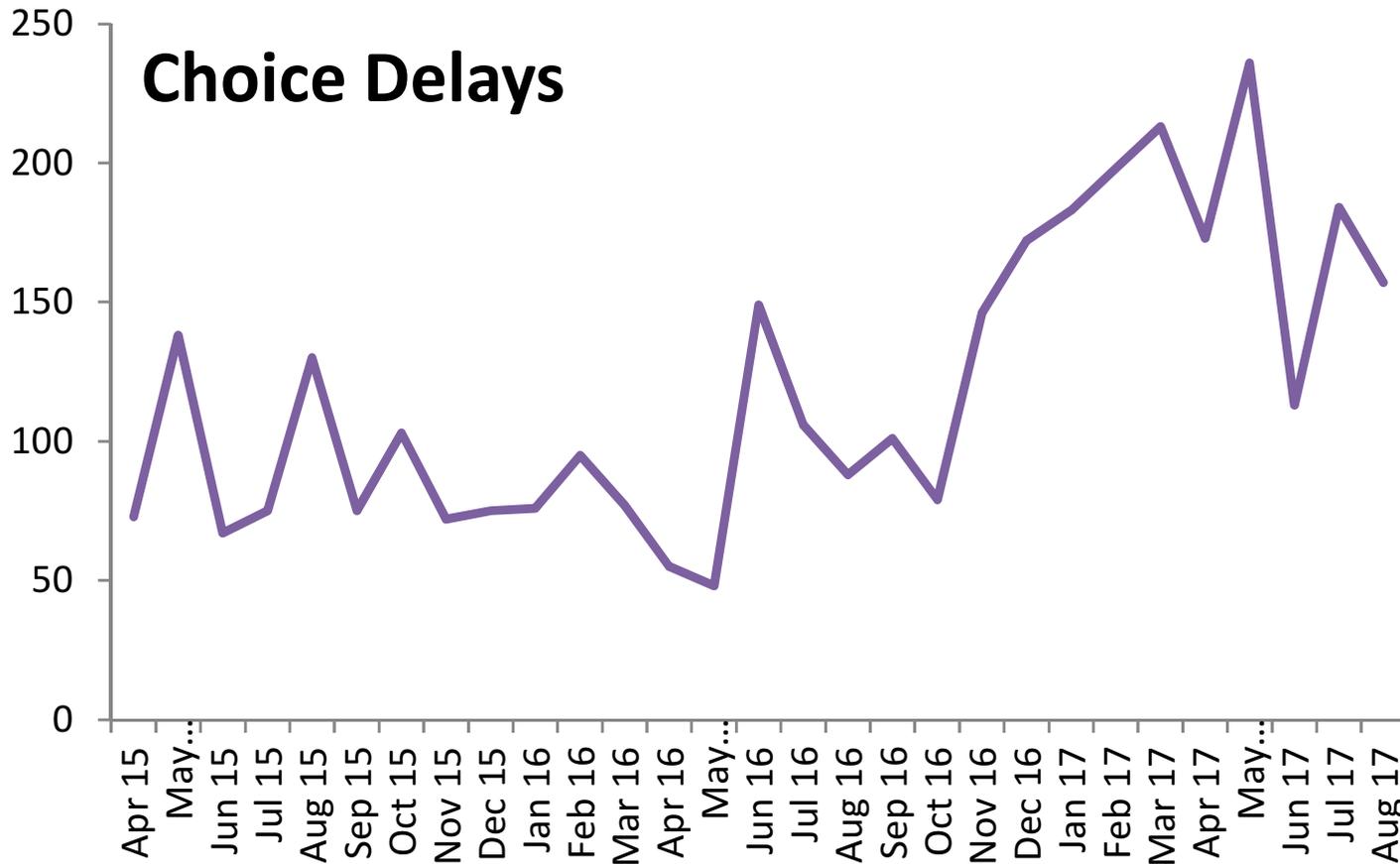
Wiltshire DTOC Reasons



Trend in further non acute care delays



Trend in choice care delays

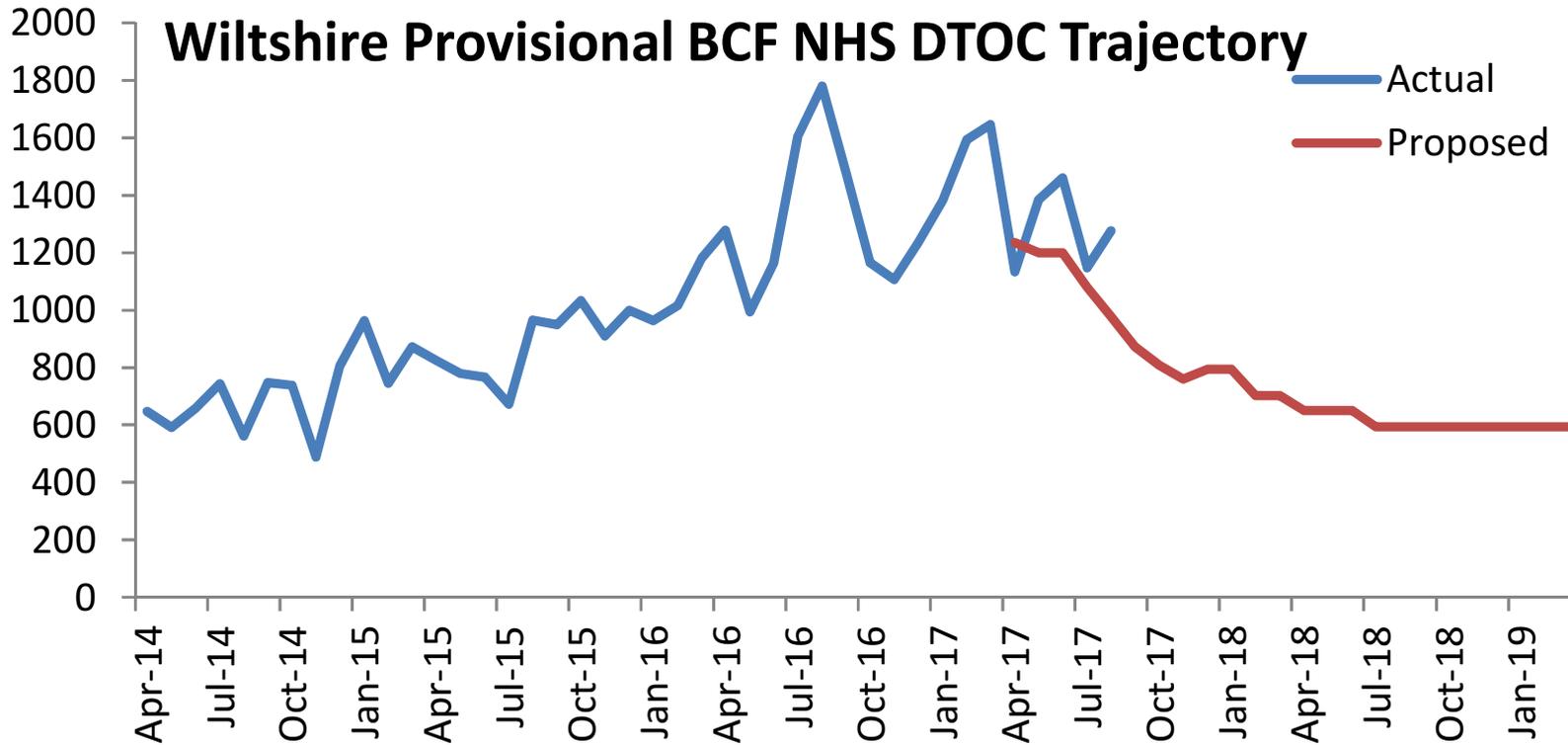


August NHS DTOC Delayed Days

	NHS	Trajectory	Gap	% of GAP
Wiltshire	1,276	977	299	100.0
GWH	320	147	173	57.9
RUH	251	219	32	10.7
SFT	157	200	-43	-14.5
AWP	7	56	-49	-16.4
WH&C	497	332	165	55.4
Others	44	23	21	6.9



Trend for NHS Delayed Days

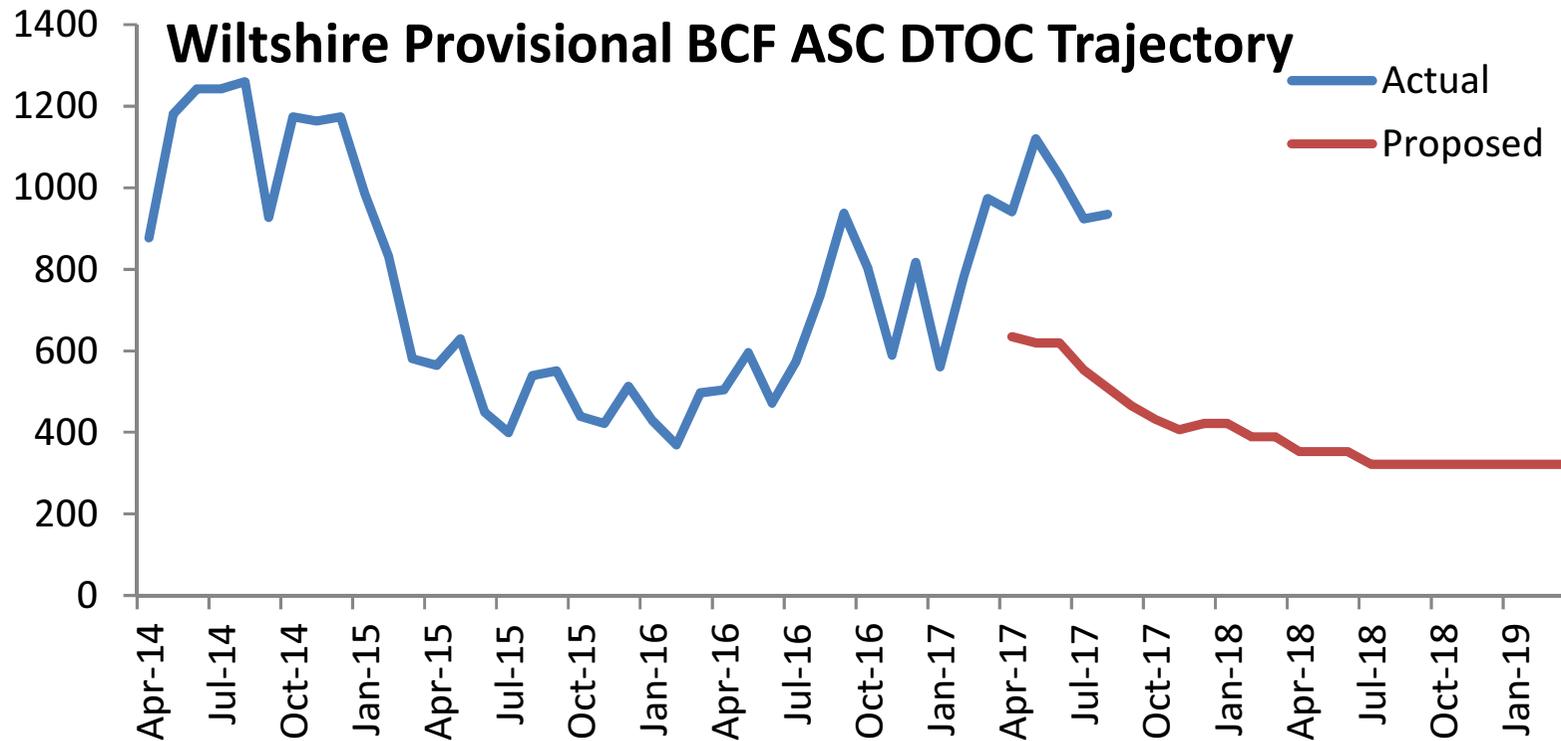


August ASC DTOC Delayed Days

	ASC	Trajectory	Gap	% of GAP
Wiltshire	934	510	424	100.0
GWH	69	27	42	9.9
RUH	108	55	53	12.5
SFT	215	144	71	16.7
AWP	202	56	146	34.4
WH&C	293	210	83	19.7
Others	47	18	29	6.8



Trend for ASC Delayed Days

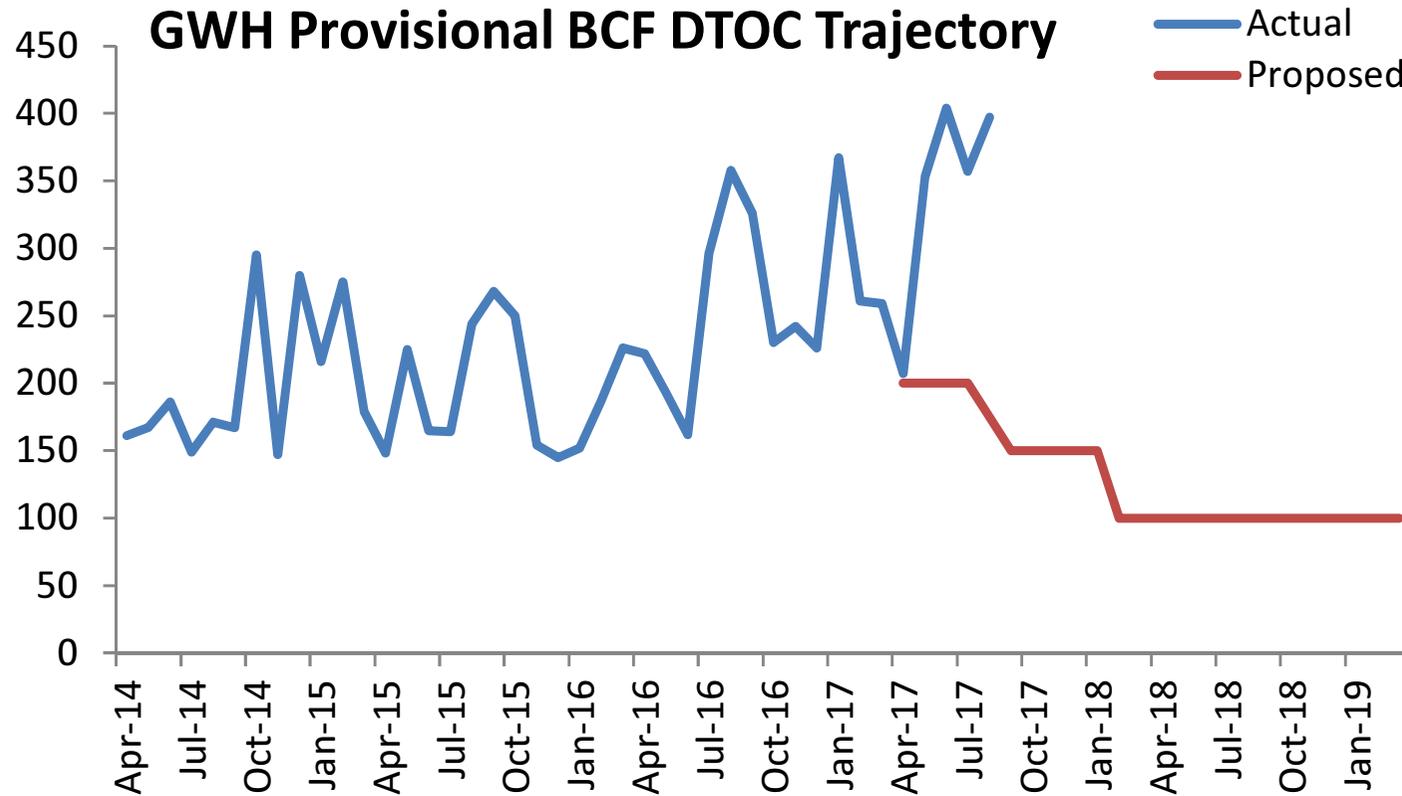


Wiltshire - Lost bed days by Reason

	15-16	16-17	17-18 (to M5)	Dec Target
Assessment	36.6	53.2	83.2	30
Public Funding	10.2	8.0	33.4	10
Non Acute transfer	299.0	447.3	335.8	250
Residential home	191.2	301.3	397	150
Nursing home	343.2	378.5	487.6	300
Dom. Care	435.2	795.3	741.2	400
Equipment/ adaptations	39.8	76.7	87.6	40
Patient/ family choice	88.0	128.2	172.6	95
Disputes	9.7	14.0	0.0	10
Housing	42.8	43.3	64.4	40

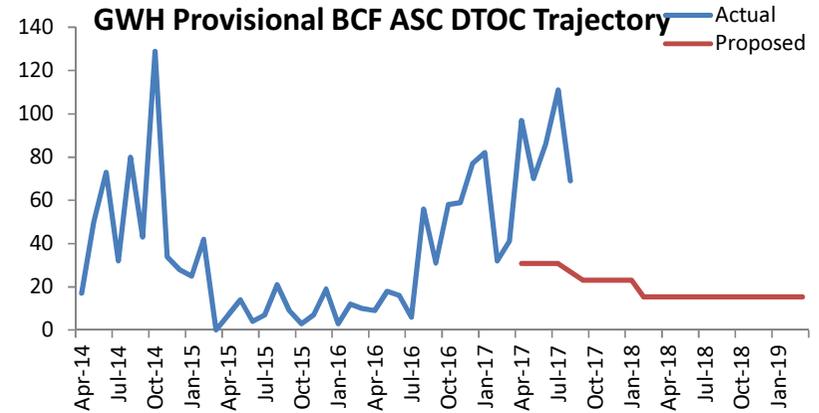
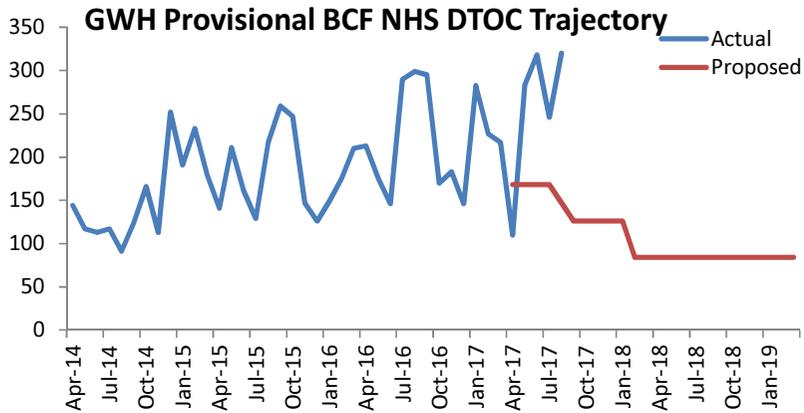
Monthly average

Trend for GWH Delayed Days



Trend for GWH Delayed Days

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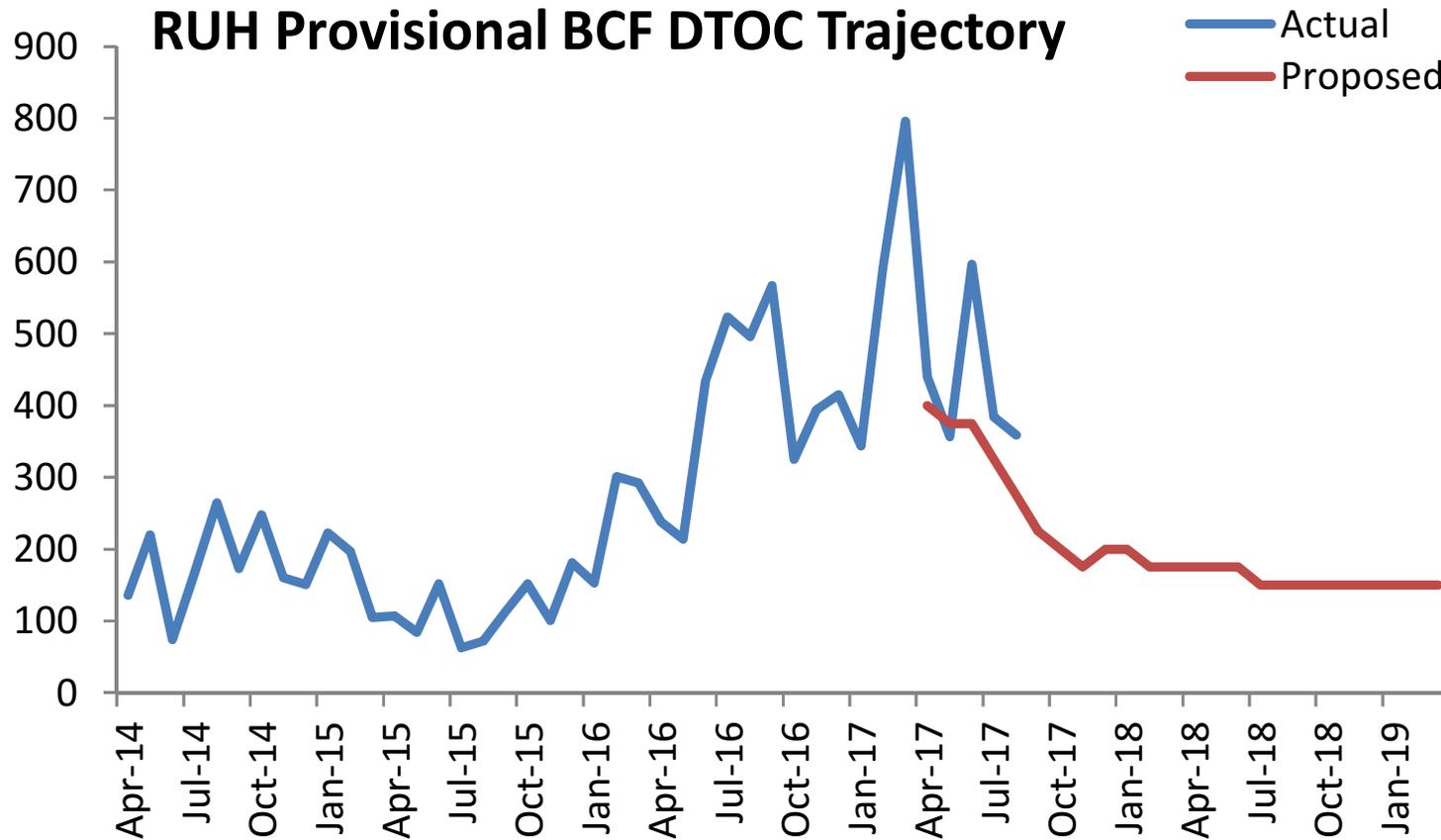


GWH - Lost bed days by Reason

	15-16	16-17	17-18 (to M5)	Dec Target
Assessment	6.3	4.2	3.2	5
Public Funding	0.3	0.3	0	0
Non Acute transfer	114.6	123.6	116.8	75
Residential home	11.4	15.9	42.2	10
Nursing home	13.9	26.3	61	20
Dom. Care	32.3	76.7	75.4	25
Equipment/ adaptations	1.4	4.4	8.6	5
Patient/ family choice	13.9	10.4	36.4	10
Disputes	0.0	0.0	0	0
Housing	0.0	0.1	0	0

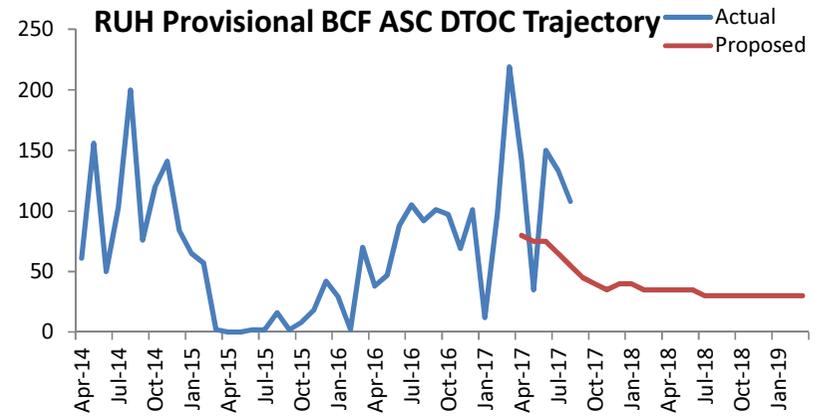
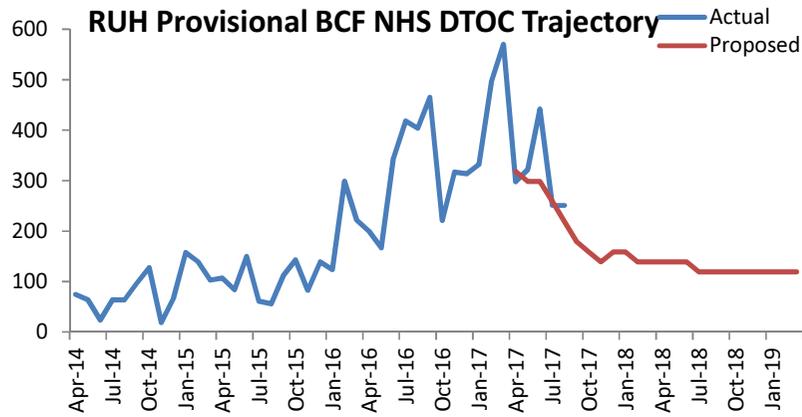
Monthly average

Trend for RUH Delayed Days



Trend for RUH Delayed Days

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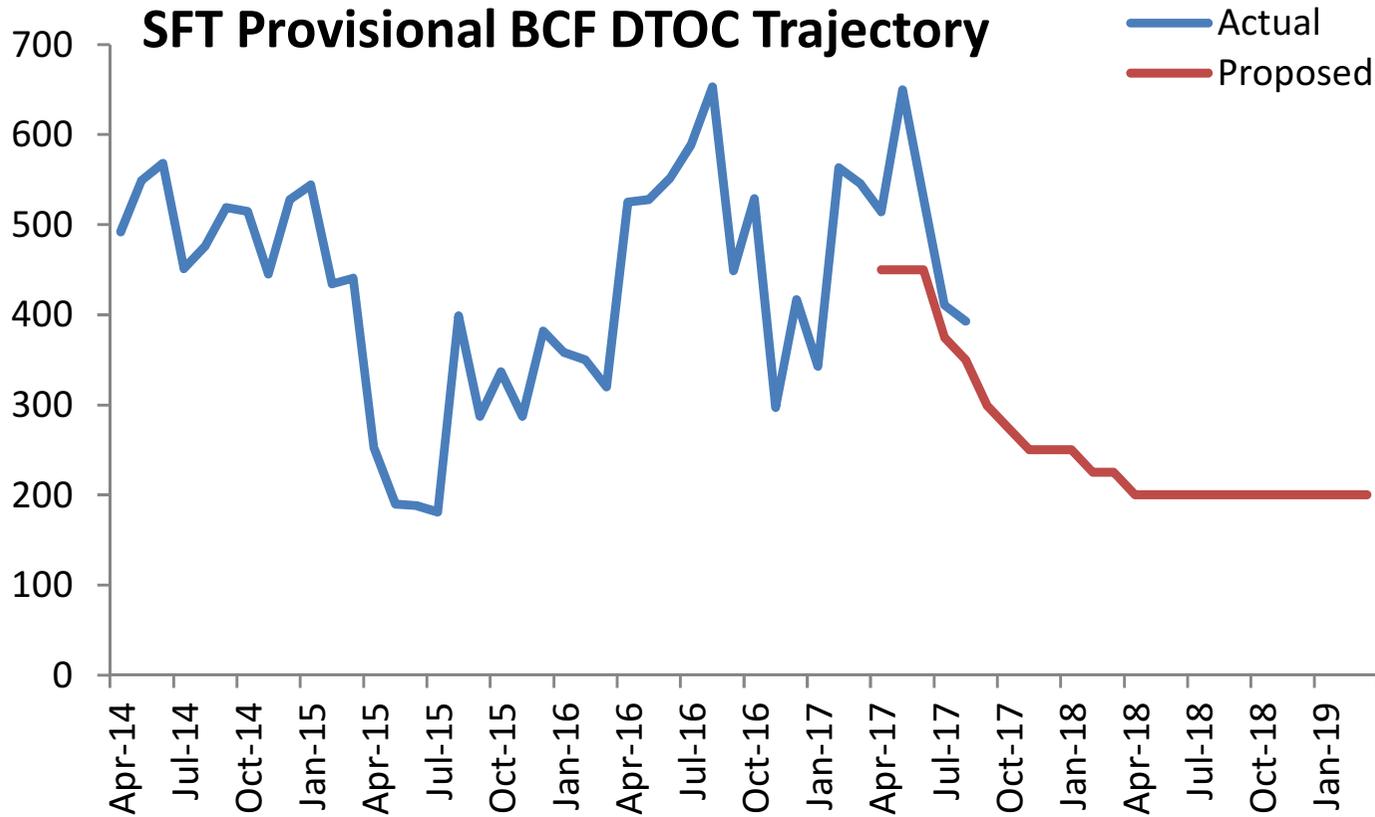


RUH - Lost bed days by Reason

	15-16	16-17	17-18 (to M5)	Dec Target
Assessment	0.0	3.8	5	5
Public Funding	0.1	0.0	1.4	0
Non Acute transfer	76.1	178.9	138.2	85
Residential home	8.1	31.3	37.8	15
Nursing home	13.3	38.4	51.8	25
Dom. Care	39.3	131.3	121.4	50
Equipment/ adaptations	0.8	1.3	0.6	10
Patient/ family choice	8.7	54.1	62	10
Disputes	0.1	0.0	0	0
Housing	1.3	5.7	4.4	0

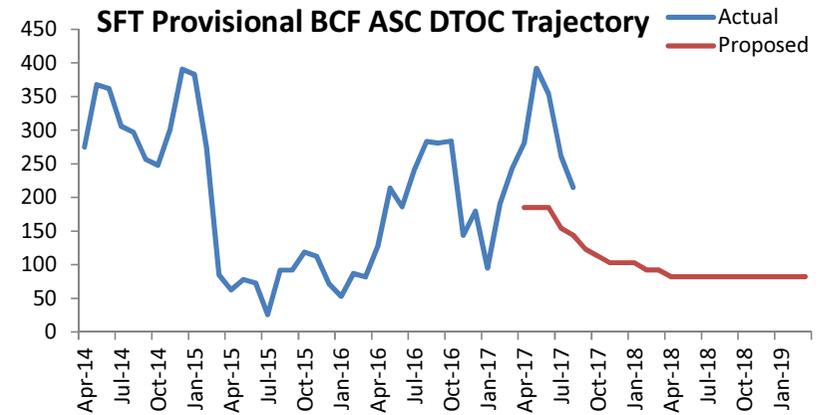
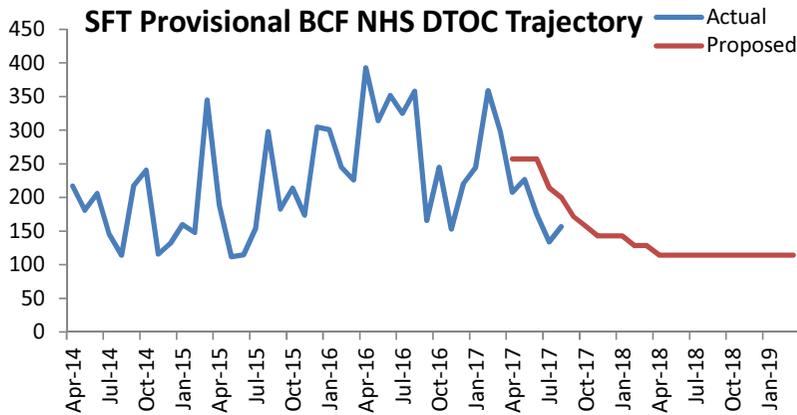
Monthly average

Trend for SFT Delayed Days



Trend for SFT Delayed Days

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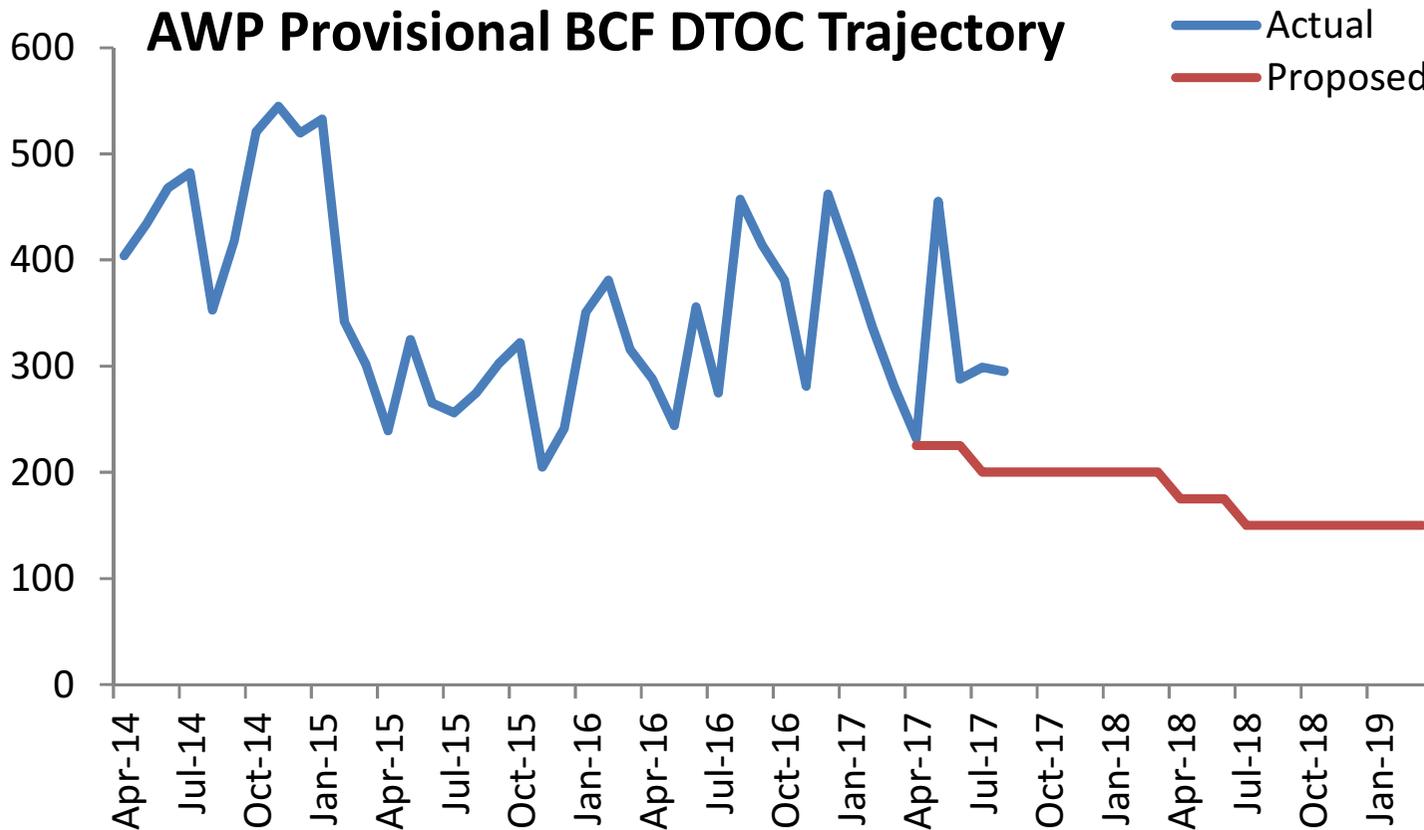


SFT - Lost bed days by Reason

	15-16	16-17	17-18 (to M5)	Dec Target
Assessment	4.0	15.1	51.6	15
Public Funding	1.8	0.6	1.8	5
Non Acute transfer	64.1	77.1	30.8	30
Residential home	21.4	67.9	76.4	25
Nursing home	51.8	52.1	91.8	50
Dom. Care	115.3	213.3	200.4	100
Equipment/ adaptations	20.2	51.2	31.8	15
Patient/ family choice	13.0	18.9	14.8	10
Disputes	2.8	3.1	0	0
Housing	0.0	0.0	0	0

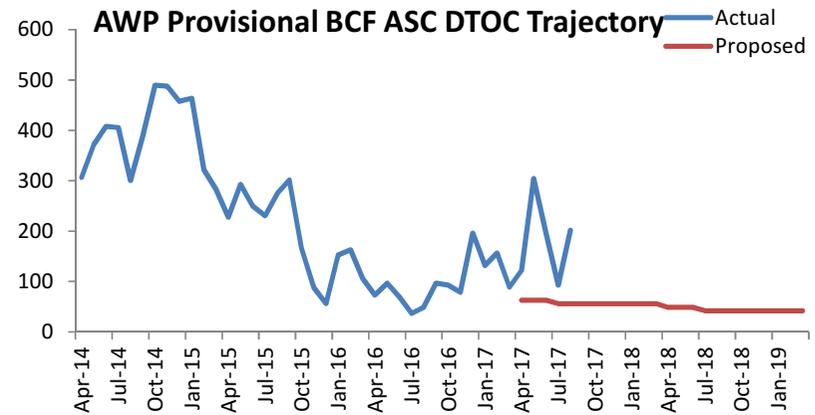
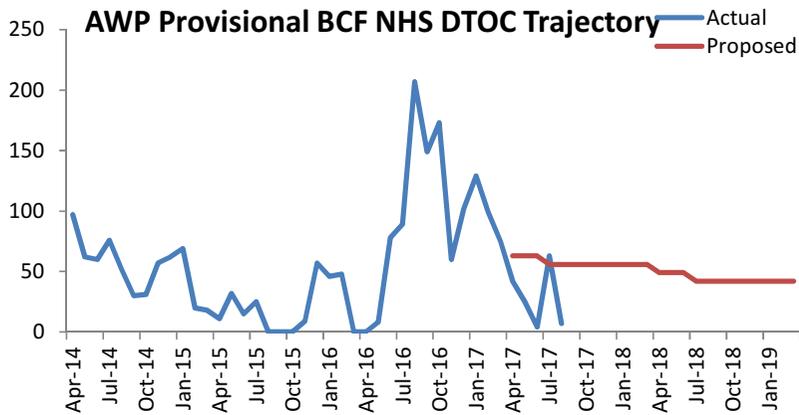
Monthly average

Trend for AWP Delayed Days



Trend for AWP Delayed Days

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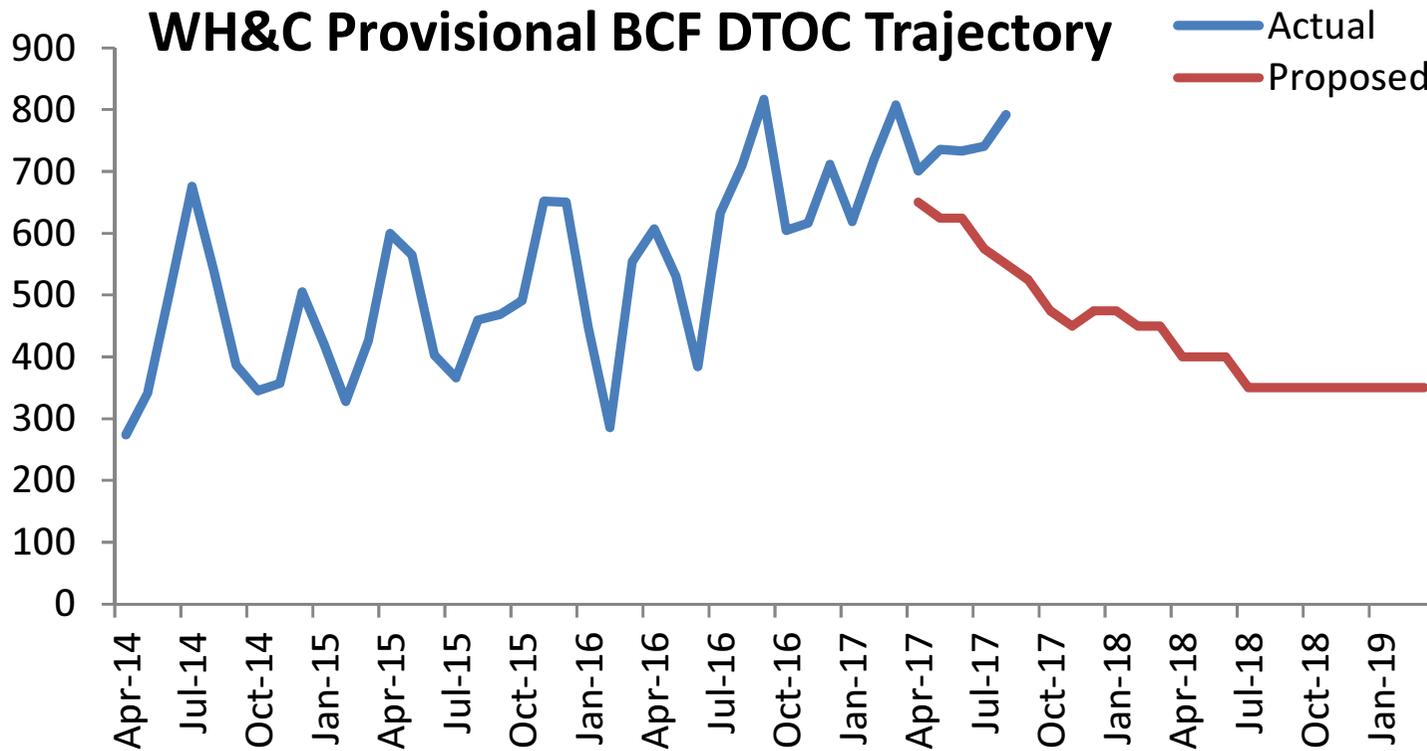


AWP - Lost bed days by Reason

	15-16	16-17	17-18 (to M5)	Dec Target
Assessment	13.3	21.2	0	0
Public Funding	0.7	3.6	3	0
Non Acute transfer	1.8	19.0	12.4	5
Residential home	85.6	51.9	51.6	40
Nursing home	137.5	189.2	200	125
Dom. Care	21.0	21.2	19.4	20
Equipment/ adaptations	2.2	5.9	0	0
Patient/ family choice	8.9	0.6	25	5
Disputes	0.6	6.2	0	0
Housing	14.9	30.3	2.4	5

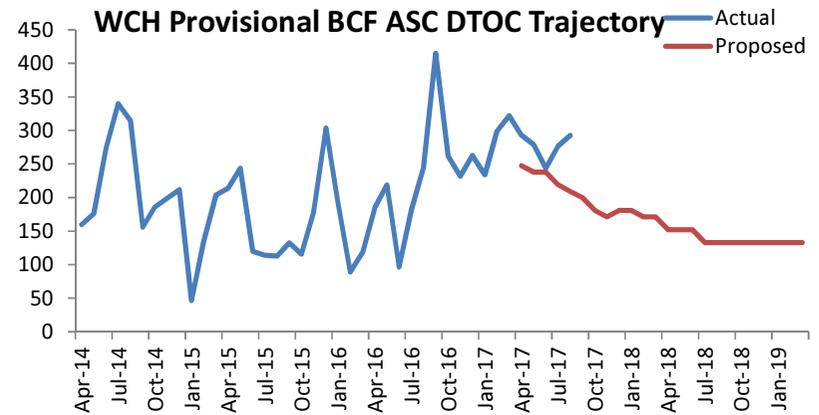
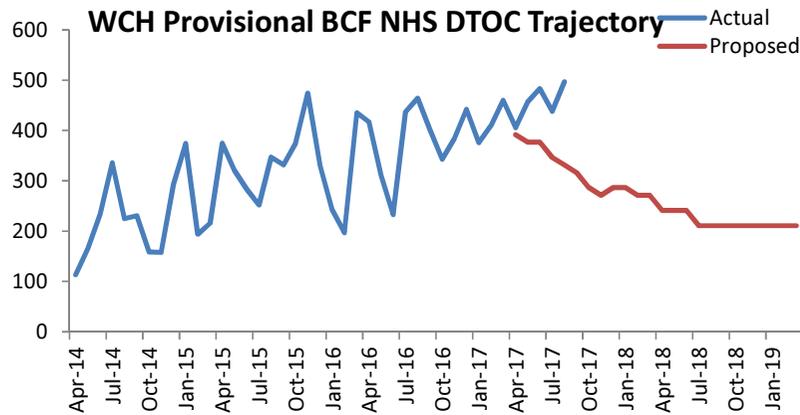
Monthly average

Trend for WH&C Delayed Days



Trend for WH&C Delayed Days

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WHC - Lost bed days by Reason

	15-16	16-17	17-18 (to M5)	Dec Target
Assessment	1.3	2.0	8.8	10
Public Funding	1.6	0.3	26	20
Non Acute transfer	13.7	34.3	20.8	20
Residential home	64.7	134.0	167.6	100
Nursing home	114.3	67.5	78	65
Dom. Care	217.9	340.9	308.2	200
Equipment/ adaptations	15.3	13.8	26.2	5
Patient/ family choice	39.7	43.2	52	30
Disputes	0.3	3.3	0	0
Housing	26.6	7.3	53	25

Monthly average

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Wiltshire

Clinical Commissioning Group

Delivery of Care: Wiltshire Operating Care Model and update on Integrated Urgent Care

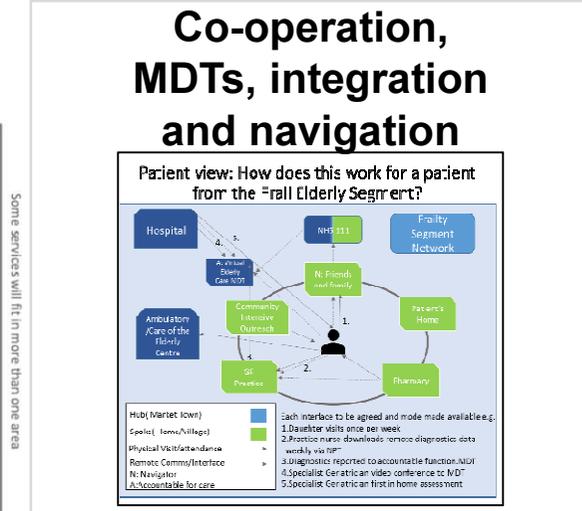
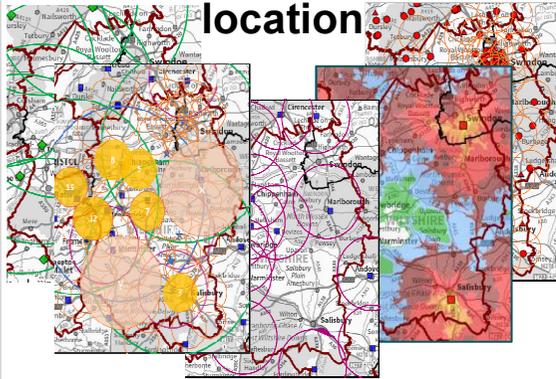
Health and Wellbeing Board
09.11.17

'The right healthcare for you, with you, near you.'



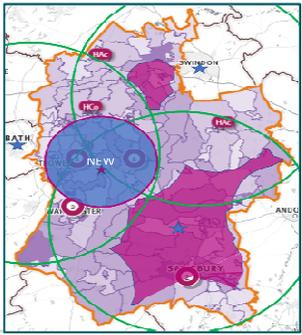
Wiltshire Care Operating Model

Mapping equitable access based on location

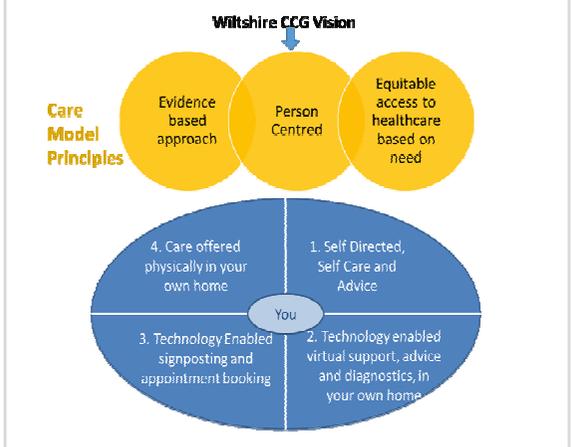


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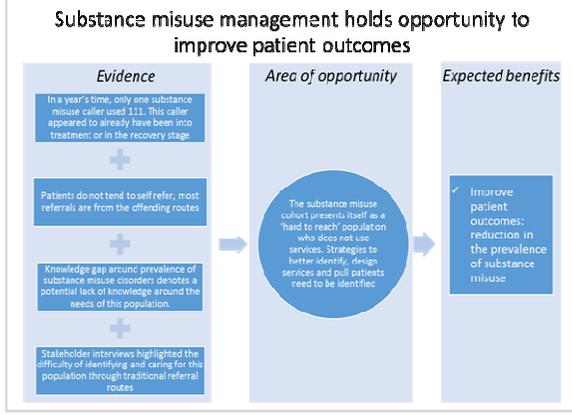
New pathways and services to address estate and workforce challenges



Person Centred Approach



Population Evidence



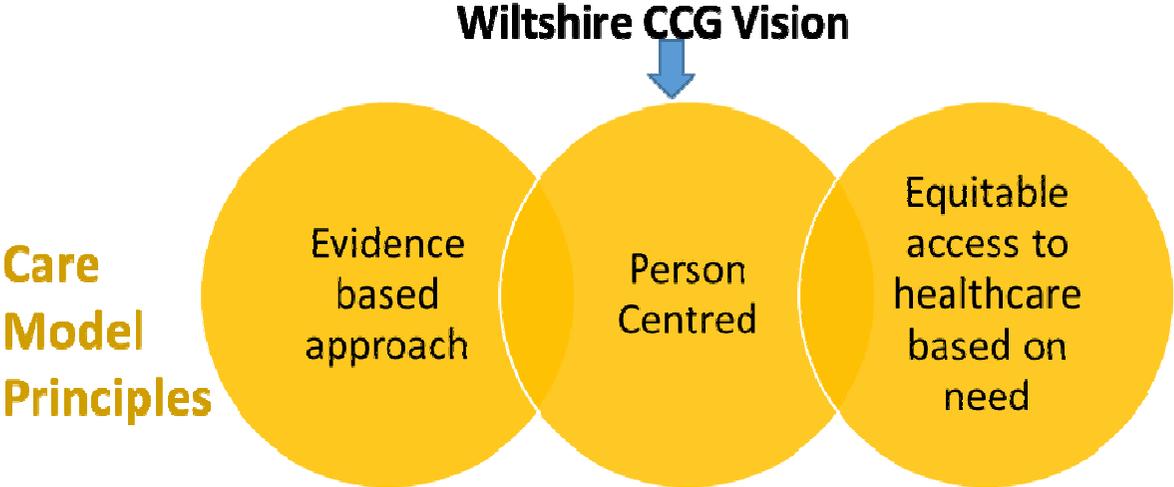
Wiltshire Care Model



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Developing the Wiltshire Operating Model

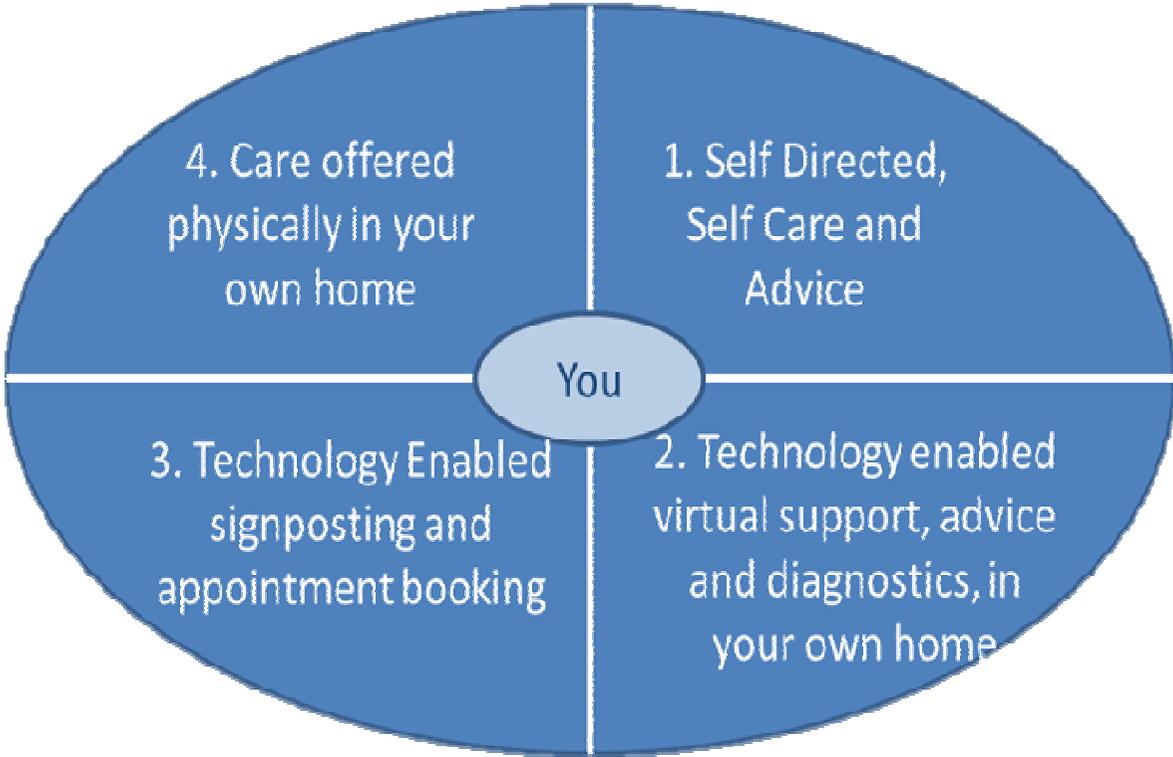
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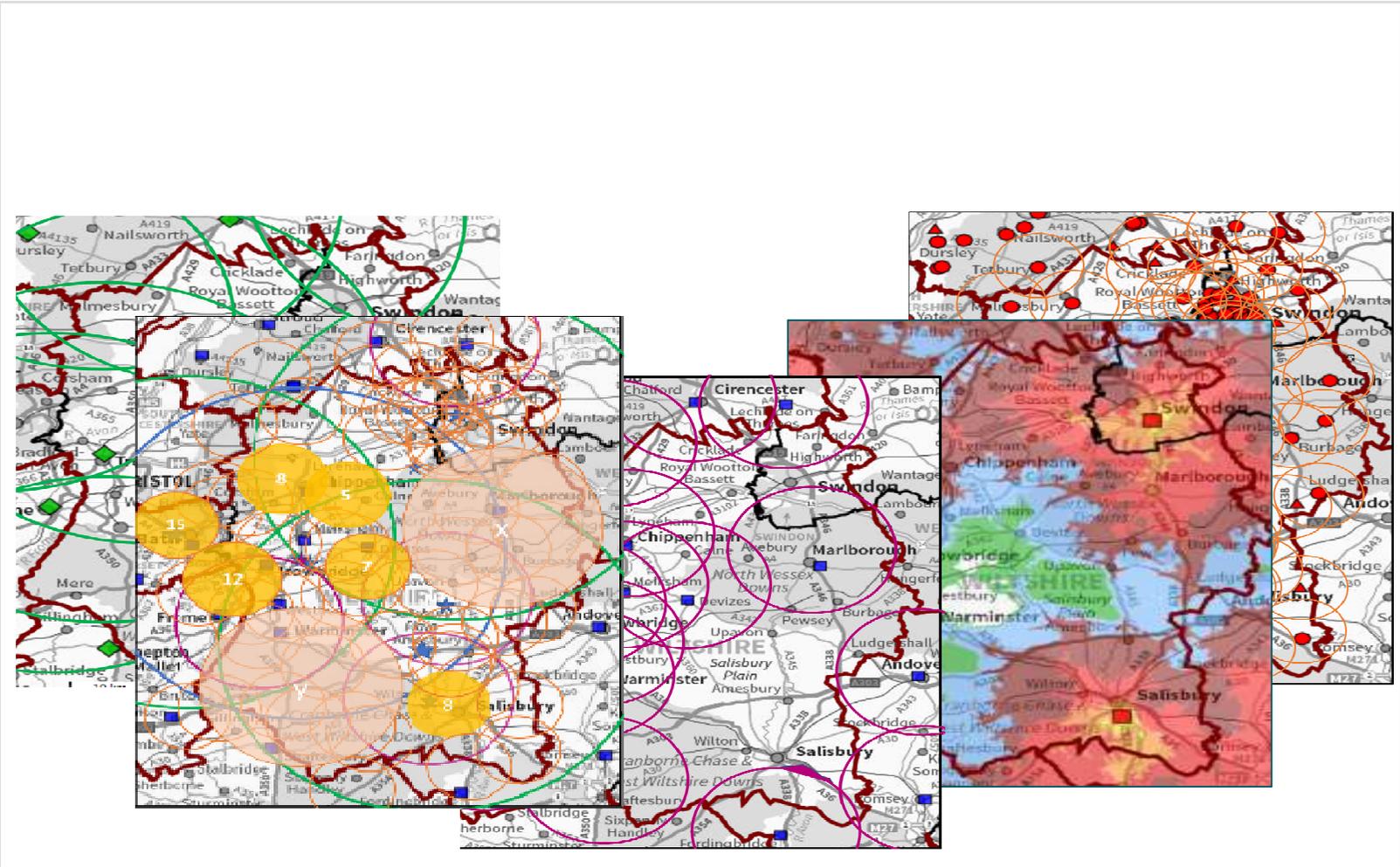
- **Seamless pathways**
- **Consistent outcomes**
- **Sustainable**

Person-Centred Approach

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Geography



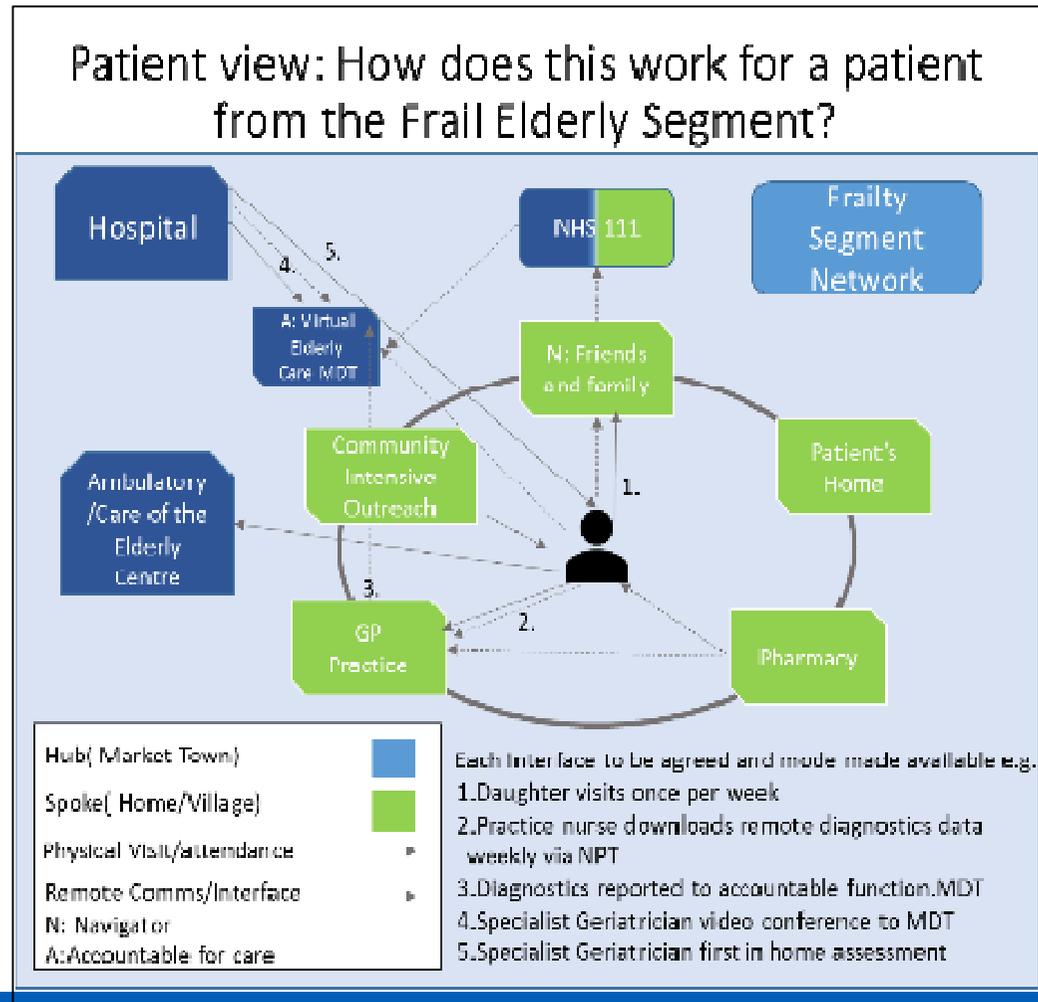
Demographics

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Frailty 14%*	Mental Health 14%	Minor illness and injury	Cancer 3.1%	Diabetes 6.1%	Chronic Pain 12.3%*
Cardiovascular 14.3+%	Musculoskeletal 17.7%	Fertility, obstetrics and gynecology	Obesity 25.2%	Respiratory condition 33+%	Vulnerability (e.g. social needs, isolation)

**national prevalence were used as local ones were not available*

Exploring New Models

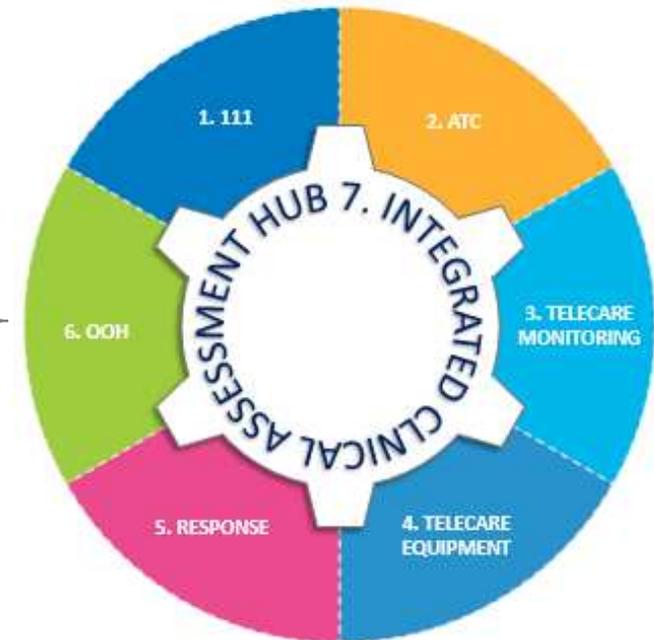


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Mobilisation of IUC Service – May 2018

The Services

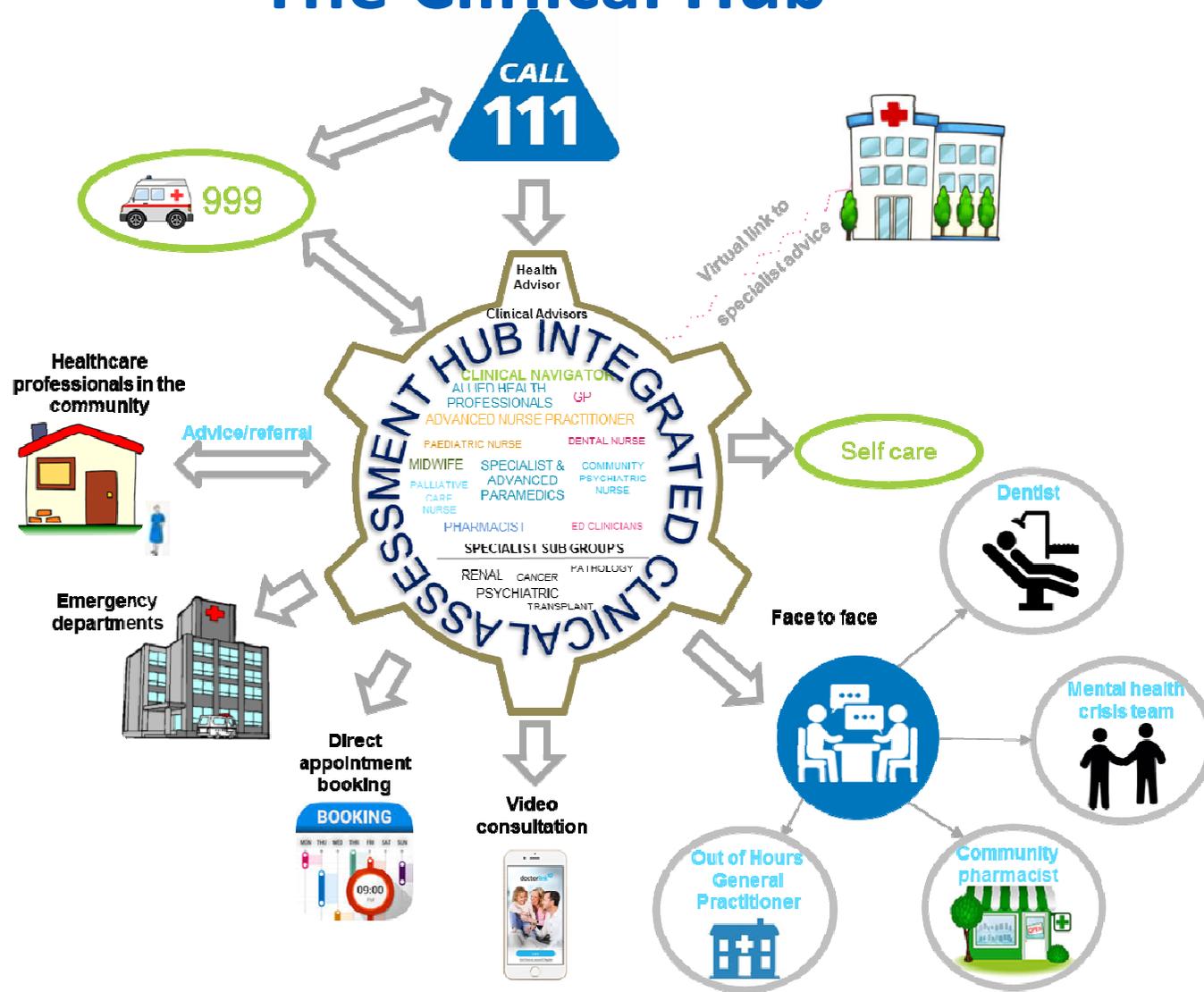
Services Delivered	Current	From May 2018
Integrated Urgent Care Access, Treatment and Clinical Advise Service (Clinical Hub), including Healthcare Professional Line		✓
NHS 111 – BaNES, Swindon, Wiltshire (BSW)		✓
GP Out of Hours - Wiltshire	✓	✓
GP Out of Hours - BaNES		✓
Out of Hours Dental Service (NHSE)	✓	F2F (NHSE)
Access to Care Service (Single Point of Access to ATL and Intermediate Care)	✓	✓
Acute trust Liaison Service		✓
Carers Emergency Card Response Service	✓	✓
Telecare Call Monitoring	✓	✓
Telecare Equipment and Installation		✓
Telecare Response Service and Urgent Care Domiciliary Care Service	✓	✓



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'The right healthcare for you, with you, near you.'

The Clinical Hub



'The right healthcare for you, with you, near you.'

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Wiltshire Council

Health and Wellbeing Board November 2017

Subject: Wiltshire's Health & Wellbeing JSNA

Executive Summary

On 13 July 2017 the development proposal for the Wiltshire Health and Wellbeing Joint Strategic Needs Assessment (HWB JSNA) was presented and approved at Health and Wellbeing Board.

As agreed the HWB JSNA has been developed to include an overarching summary capturing Wiltshire wide issues, a range of data packs based upon the five key thematic areas below:

- Demographics & Overarching Indicators
- Burden of ill health
- Healthy behaviours and Improvement services
- Health Protection
- Wider Determinants of Health

In addition there are two further reports highlighting the issues facing Children & Young People and Older People. A range of easily accessible infographic slides has also been produced to be used as presentation aids for partner organisations when discussing and utilising the data.

In order to support effective prioritisation the HWB JSNA has benchmarked where possible against the England Average, the South West Average and the Average for the 10 most similar Local Authorities as defined by the Office for National Statistics.

It is a statutory requirement for the Health and Wellbeing Board to publish a HWB JSNA and keep this up to date.

Proposal(s)

It is recommended that the Board:

- i) Approves the publication of the HWB JSNA;

Reason for Proposal

The data, information, knowledge and evidence contained in the HWB JSNA will enable Wiltshire Council and Partners to decide priority areas for action to help improve the health and wellbeing of the population of Wiltshire. The data can be used to support commissioning of services, provide an understanding of the changing nature of the population and how that will impact on demand for services and help to focus prevention activity to ensure effectiveness.

Tracy Daszkiewicz
Acting Director of Public Health, Wiltshire Council

Subject: Wiltshire's Health & Wellbeing JSNA

Purpose of Report

1. To meet the statutory requirement to produce a Joint Strategic Needs Assessment for Health and Wellbeing.

Background

2. Wiltshire Council's fundamental priority is to create stronger, healthier and more resilient communities. To support this we need to provide timely information on the key priority areas for Health and Wellbeing which is the purpose of the Wiltshire HWB JSNA.
3. The HWB JSNA should be an assessment of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs, or NHS England Specialised Commissioning. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.
4. JSNAs and Joint Health and Wellbeing Strategy's (JHWS) are continuous processes, and are an integral part of CCG and local authority commissioning cycles. Health and wellbeing boards need to decide for themselves when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however boards will need to assure themselves that their evidence-based priorities are up to date to inform the relevant local commissioning plans. To be transparent and enable wide participation, boards should be clear with their partners and the community what their timing cycles are and when outputs will be published.
5. It is 3 years since we last updated the HWB JSNA and since then there have been some updates in the data. With the publication of the Community Area JSA (CA JSA) last year we have also updated the way in which we present data to a non-technical audience. In updating the HWB JSNA this year we have been able to update the data and make it more accessible to the public.
6. The HWB JSNA is published on the Wiltshire Intelligence Network website, as part of updating the HWB JSNA we have updated the website to a similar style as the CA JSA website. This will provide a more consistent approach to allow users to access data more effectively.

Format

7. The HWB JSNA comprises five sections:
 - Demographics & Overarching Indicators
 - Burden of ill health
 - Healthy behaviours and Improvement services
 - Health Protection
 - Wider Determinants of Health

8. Within each section there are relevant indicators for which data is available at a Wiltshire level with appropriate benchmarking comparative data. These reports contain limited text and is to provide context where appropriate.
9. In addition to the individual sections there is an Executive Summary and further summary documents for Children & Young People and Older People.
10. The purpose of the JSNA process is to provide comparative data to support priority setting and provide an understanding of the area. In order to do this we have identified our similar local authority areas (as defined by ONS) as comparator areas for better benchmarking.

Next steps

11. To continue to impact positively upon health and wellbeing across Wiltshire it is recommended that the HWB approve the publication of the HWB JSNA.

Cllr Jerry Wickham
Cabinet Member for Public Health
Wiltshire Council

Tracy Daszkiewicz
Acting Director of Public Health
Wiltshire Council

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Wiltshire Health and Wellbeing Joint Strategic Needs Assessment (JSNA) 2017/18



Foreword

We are delighted to present the Wiltshire Joint Strategic Needs Assessment (JSNA) for Health and Wellbeing, 2017/18.

This JSNA is a detailed needs assessment for health and wellbeing, which provides evidence and intelligence to help guide decision making. The JSNA programme was commissioned by the Wiltshire Health and Wellbeing Board and is a key tool in informing the Health and Wellbeing Strategy¹.

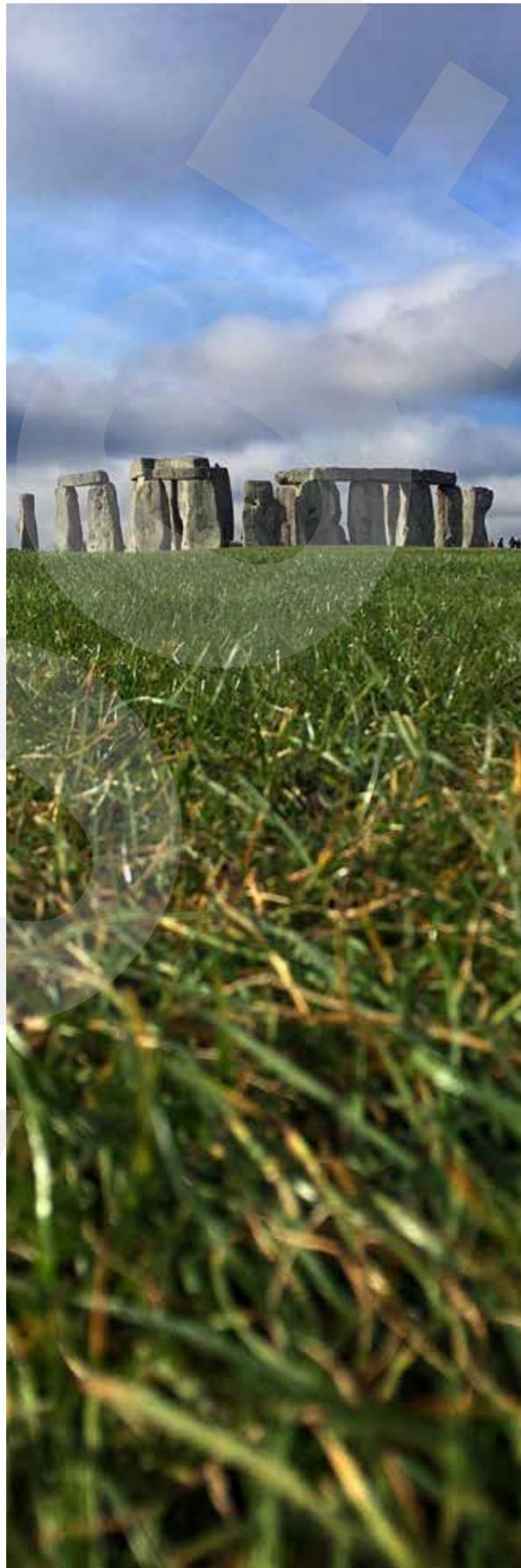
Through the JSNA we gain a deeper understanding of the health and social care needs of our local population in Wiltshire to look ahead at emerging challenges and projected needs.

The health of those in Wiltshire is generally very good compared to the national average. On the whole people in Wiltshire have a higher life expectancy and healthy life expectancy than the England average. Fewer of them are living in areas of deprivation, a smaller proportion are living unhealthy lifestyles and more of them have been vaccinated. However, some key features have been identified through the JSNA process that Wiltshire needs to address to build on this strong foundation.

We would like to thank everyone that has been involved in the development of this, our JSNA. We are confident that this will enable us to proceed to set priorities for providing services and strategic commissioning to improve the health and wellbeing of all people in Wiltshire.

Tracy Daszkiewicz
Interim Director of Public Health

Councillor Jerry Wickham
Cabinet Member for Adult Social Care,
Public Health and Public Protection



Introduction

The Health and Wellbeing Joint Strategic Needs Assessment (JSNA) provides a summary of the current and future health and wellbeing needs of people in Wiltshire. It builds on previous JSNAs to provide a comprehensive picture of the health and wellbeing needs of Wiltshire using a broad range of indicators presented in accessible format for all parties to use.

It is important to define wellbeing as used in the JSNA to understand the scope of the information that is covered. Wellbeing in this context is described as relating to the following areas:

- personal dignity, including treatment of the individual with respect
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation.
- the individual's contribution to society.

The JSNA brings together information on all these areas, from health and social care needs to wider factors affecting the wellbeing of our community. For example, there are indicators covering prevalence of disease, mental health, exercise, diet, immunisations, fuel poverty, welfare and education.

The Wiltshire Health and Wellbeing Board has responsibility for the development of the Joint Health and Wellbeing Strategy. This assessment will be a key document in guiding the Board's work and supporting the further delivery of the strategy. It is also informing the development of the Better Care Fund work as we move to an Accountable Care System and the Adult Social Care Transformation programme currently ongoing.

This seventh edition of the JSNA has a number of products. At the JSNA's core are five data packs.

These data packs are themed into the following chapters;

- Demography and overarching indicators
- Burden of ill health and premature mortality
- Health behaviours and improvement services
- Health protection
- Wider determinants

Combined the data packs contain over 100 indicators. To summarise the chapters there are five infographic packs which have been created to highlight some of the key indicators from each chapter. In addition three narrative reports have been developed to provide a broader contextual narrative on young peoples' health, older peoples' health and this overarching health and wellbeing report.

This report will highlight indicators taken from the Public Health Outcomes Framework² which Wiltshire is performing worse than England and will explore them in more detail. It will also explore some aspects of health not represented in the PHOF that may need further investigation or are local priorities. Additionally, it will highlight any local inequalities.

Comparisons will be drawn to England, the South West and Wiltshire's statistical neighbours. Trend analyses will also be provided in this report when appropriate. In the 5 data packs trend, area comparisons, gender, age and deprivation analyses are provided whenever possible. Throughout the report key features will be highlighted and at the end of the report these features will be assembled into a conclusion which is summarised on the next page.

¹ www.wiltshire.gov.uk/adult-care-joint-health-and-wellbeing-strategy

² fingertips.phe.org.uk/profile/public-health-outcomes-framework

Summary

The health of those in Wiltshire is generally very good compared to the national average. On the whole compared to England people in Wiltshire have a higher life expectancy and healthy life expectancy. Males and females in Wiltshire live a year longer than the average males and females in England. Fewer Wiltshire residents are living in areas of deprivation, a smaller proportion are living unhealthy lifestyles, more of them have been vaccinated and crime and unemployment rates are very low. However, some key features have been identified that Wiltshire needs to address to build on this strong foundation.

Compared to England, Wiltshire has few areas of high deprivation. But evidence has highlighted that the most deprived 20% of areas within Wiltshire have repeatedly poorer outcomes than the least deprived 20%. This is not new understanding but highlights that inequalities in outcomes due to deprivation still exist in Wiltshire and commissioners should continue to consider this when designing services.

The population living in Wiltshire is increasing. This increase will be particularly concentrated in the population aged 65 and over. This will bring many benefits and challenges. The Older People's Health and Wellbeing JSNA document will explore the health of the older population in more detail.

There are some health related issues in the young population in Wiltshire. Wiltshire has been highlighted as having a high rate of unintentional and deliberate injury in 15-24 year olds. Admissions to hospital as a result of intentional injuries in the 15-24 year olds form a large proportion of these admissions. Evidence from the Wiltshire school health survey (2017) suggests that nearly 1 in 3 year 12/further education students have low or very low mental wellbeing. These two indicators could suggest that young people's mental health and wellbeing needs to be addressed. The Younger People's Health and Wellbeing JSNA document will explore the health of the younger population in more detail.

Other observations in this JSNA include:

- Cancer remains the biggest cause of all and premature mortality in Wiltshire. As a rate the highest cause of mortality is prostate cancer.
- Alcohol related hospital admissions for all ages have been increasing
- Some specific populations in Wiltshire are at risk of ill-health due to lifestyle choices. The population of routine and manual workers and military personnel both have higher proportions of tobacco smoking than the Wiltshire average.
- Though vaccination rates in Wiltshire are often higher than the national figure there are still certain areas where the target percentage is not being met. This is true for 65 and over flu, 2nd dose MMR and HPV vaccinations.
- In regards to screening programmes, the percentage of women screened for cervical cancer has been declining.

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Demographics and overarching indicators

Understanding the size and structure of Wiltshire's population is fundamental if the council and its partners are to have the ability to prioritise and deliver services efficiently.

People with higher socioeconomic positions in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. Inequalities within Wiltshire, and the need to maintain focus on major health issues, for example reducing premature mortality and deaths from cancer and cardiovascular disease, mean that local services should always be accessible to all. Inequalities do exist in Wiltshire and, with an ageing population structure; health needs are subject to change over future years.

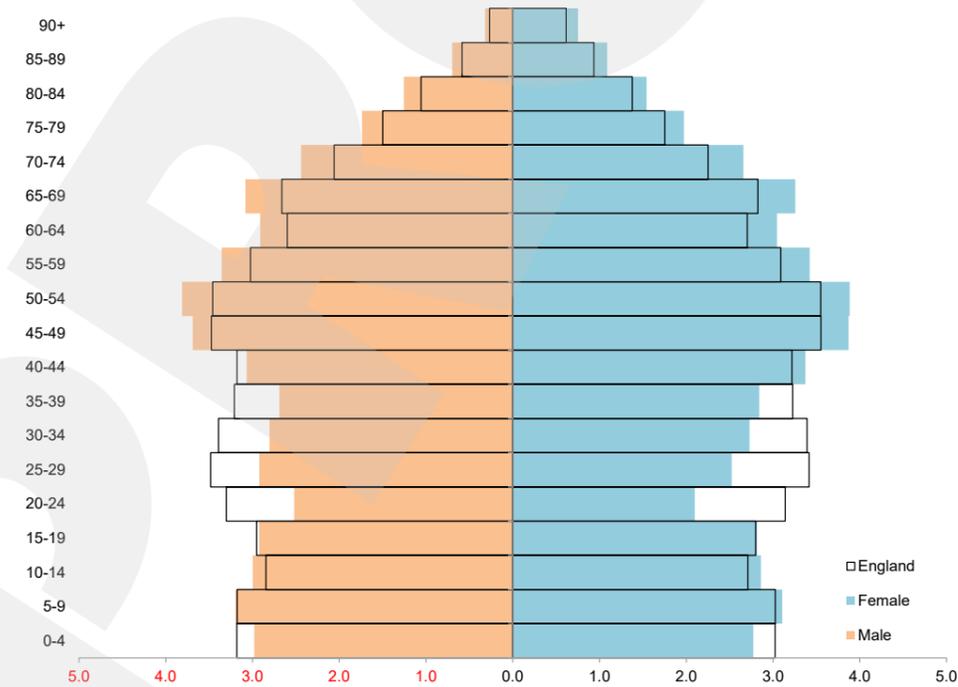
The demographics and overarching indicators data pack contains information on:

- Current population
- Projected population
- Ethnicity
- Infant and child mortality
- Life expectancy
- Healthy life expectancy,
- Disability free life expectancy,
- All age all-cause mortality
- Under 75 mortality

Population

488,409 people live in Wiltshire³. Of those that live in Wiltshire 23% are aged 0-19, 56% are aged 20-64 and 21% are aged 65 plus. Figure 1 presents this information in a population pyramid. When compared to England Wiltshire has an older population.

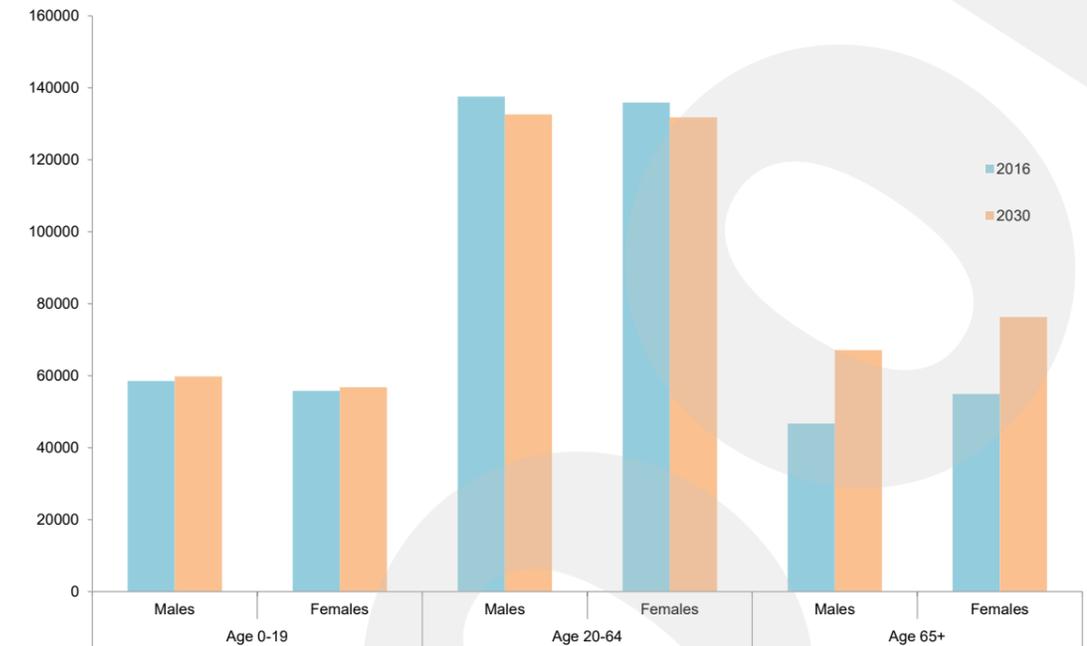
Figure 1: Population pyramid for Wiltshire and England (2016)



³ ONS mid-year estimate (2016)

The population is set to increase. It has been estimated that the Wiltshire population will increase from 489,409 in 2016 to 524,200 in 2030, an 8% growth in 14 years⁴. The growth will not be even across age ranges. Most of the additional people will be in the 65 and over category due to increasing life expectancy. The 65 and over category will increase by 41% by 2030 compared to a small decrease in the working age population and a very small increase in the number of individuals aged 0 to 19. Figure 2 shows the change in population by broad age bands and gender.

Figure 2: Population projection comparison (2016-2030) by age band



Key feature 1

Wiltshire population has a larger proportion of older people than England and this proportion is likely to greatly increase in the future.

Deprivation

The inequalities in health outcomes due to deprivation have been well documented⁵. The Department for Communities and Local Government (DCLG) in conjunction with Oxford Consultants for Social Inclusion (OCSI) published the English Indices of Deprivation 2015⁶. The English Indices of deprivation provide an indication as to the relative levels of deprivation between small geographies within England. Wiltshire can be considered to be less deprived than many other local authorities in England. In fact 70% of local authorities in England are more deprived than Wiltshire. However, 4% of Wiltshire's population live in what is considered the most deprived and second most deprived deciles in England. Figure 3 provides a map of all the locations within Wiltshire shaded to show the national deprivation decile into which they fall. Most of the deprived areas are in Trowbridge and Salisbury with Chippenham and Melksham also having a number of areas with high deprivation. For more information on Wiltshire's deprivation please read the English Indices of Deprivation 2015: Wiltshire report⁷.

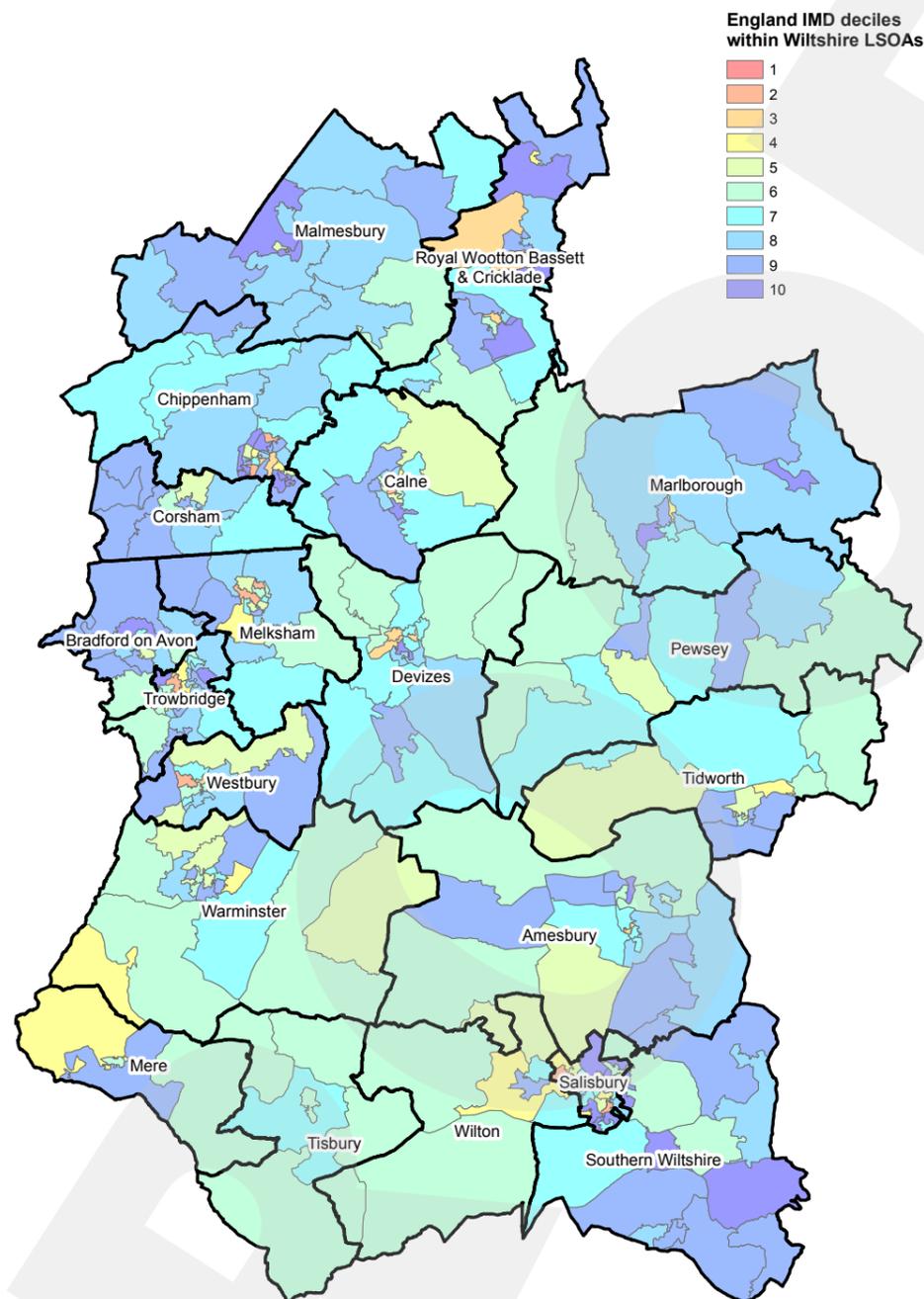
⁴ Office of National Statistics (ONS) sub-national projections (2016)

⁵ Fair Society, Healthy Lives (2010)

⁶ www.gov.uk/government/statistics/english-indices-of-deprivation-2015

⁷ www.intelligentenetwork.org.uk/community/

Figure 3: Map of Deprivation in Wiltshire with Community Areas (IMD 2015)



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Key feature 2

Wiltshire has few areas of deprivation. The areas it does have are in urban environments like Trowbridge, Salisbury, Chippenham and Melksham.

Throughout this document when exploring inequalities local deprivation quintiles will be used based on the indices of deprivation. The local deprivation quintiles only compare areas within Wiltshire.

Life expectancy and healthy life expectancy

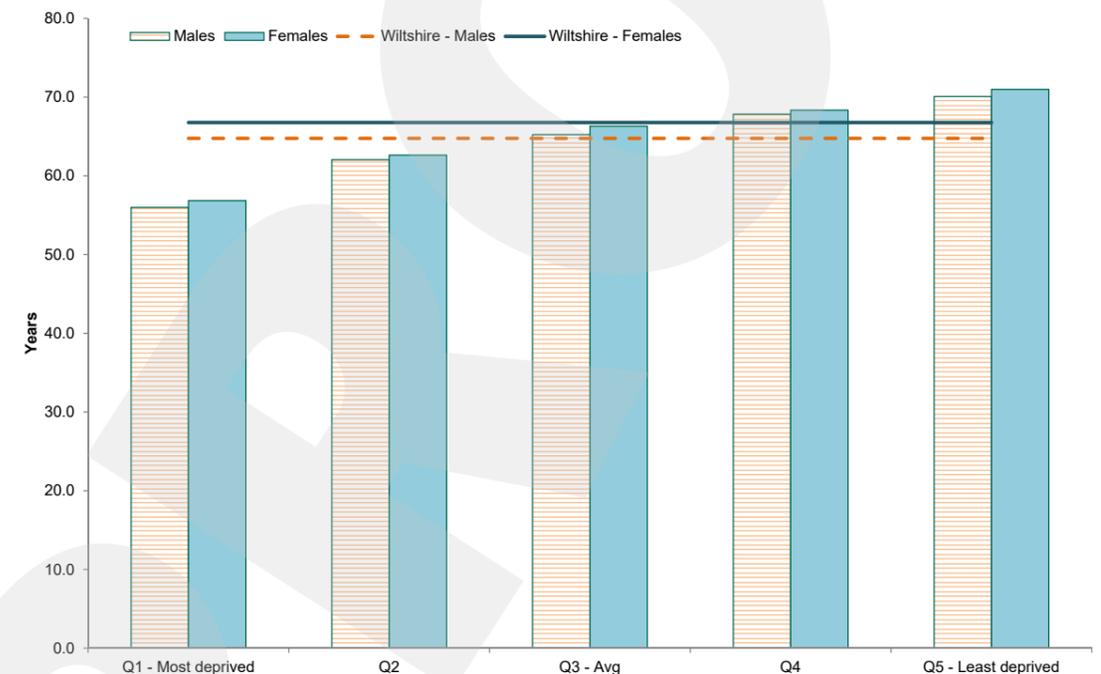
In Wiltshire males have a life expectancy of 80.8 years and females have a life expectancy of 84.0⁸. Life expectancy in Wiltshire is higher on average than in England and the South West for both males and females. Circulatory disease, accidents, suicides and undetermined injury play a big part in the difference between males and females.

Life expectancy has been increasing for many years, since 2004-06 life expectancy has increased by 1.8 years for males and 1.3 years for females. However, there is a noticeable difference in life expectancy regarding deprivation, with males living in the most deprived quintile in Wiltshire having a life expectancy of 77.9 (2.9 years less than the Wiltshire figure) and females a life expectancy of 82.4 (1.6 years less than the Wiltshire figure).

The length of time one lives should be considered alongside the length of time one is living healthily. Healthy life expectancy is calculated using self-reported good health. Males in Wiltshire are likely to have 64.8 healthy years of life and females are likely to have 66.8 healthy years of life⁹. This is longer than males and females in England. However, the healthy life expectancy for males is below the normal retirement age with potential impacts on work force productivity. Considering this with the life expectancy figures, in Wiltshire males are likely to live 16 years and females are likely to live 17.3 years in poor health, this is a shorter duration of poor health than England (16.1 years for males and 19 years for females).

Deprivation analysis shows an even greater inequality in healthy life expectancy than life expectancy. Males in the most deprived quintile in Wiltshire have a healthy life expectancy of 56.0 years, 8.8 years less than the Wiltshire figure. Females in the most deprived quintile in Wiltshire have a healthy life expectancy of 56.9, 9.9 years less than the Wiltshire figure. Figure 4 shows this pattern in healthy life expectancy.

Figure 4: Healthy life expectancy by gender and deprivation quintiles within Wiltshire (2013-15)



Key feature 3

Those living in the most deprived quintile of Wiltshire have a shorter life expectancy and healthy life expectancy than the Wiltshire average.

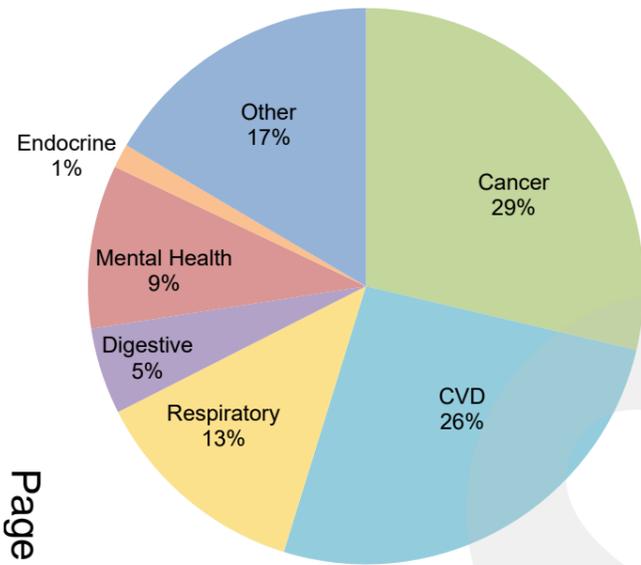
⁸ Wiltshire Council (2013-15)

⁹ Wiltshire Council (2013-15)

Causes of death

In 2016 4,611 people died in Wiltshire¹⁰. 88% of these deaths were of people aged 65 and over. To compare mortality to other areas it is commonly converted into a directly standardised rate. For all age all-cause mortality Wiltshire has directly standardised rate of 880 per 100,000 people compared to England's rate of 1020 per 100,000 people. This means that there is a lower risk of mortality in Wiltshire than in England. Cancer is the leading cause of death. In 2016 29% of deaths in all ages were caused by cancer. Circulatory disease was the second biggest cause of death causing 26%. For those under 75s cancer mortality is a much larger proportion 45%. Circulatory disease is still the second largest proportion (28%). Figure 5 and figure 6 shows the main causes of all age mortality for all ages and for under 75s.

Figure 5: All age all-cause mortality in Wiltshire (2016)



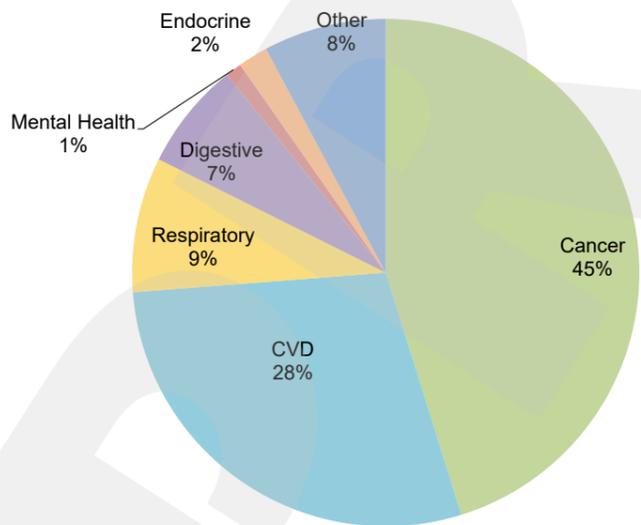
Key feature 4

Cancer is the main cause of death in Wiltshire followed by circulatory disease.

Directly (age) standardised rates apply age-specific rates from the population being studied to a standard population structure, in this JSNA the European Standard Population 2013. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile. The main advantage of directly standardised rates is that they allow comparisons between multiple populations and between time periods. However, if the age-specific rates are based on small numbers, directly standardised rates may not be reliable and in some datasets age is not provided preventing directly standardised calculations.

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Figure 6: Under 75 all-cause mortality in Wiltshire (2016)



Burden of ill health

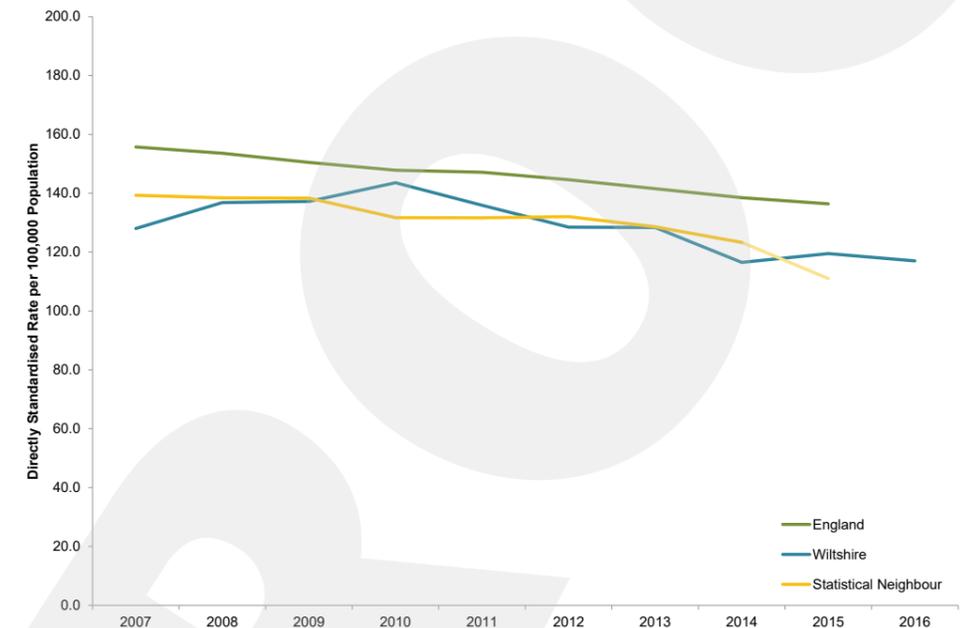
The variety of diseases and reasons for ill-health are very broad. It is important to understand the incidence of newly diagnosed cases of disease and the prevalence of people with the disease in the population at any given time. From this knowledge we can allocate resources to combat the predominate causes of ill-health.

The Burden of ill health data pack contains over 50 indicators. The indicators cover topics such as the main causes of premature mortality (deaths of those under 75 years of age), prevalence of disease, physical health, cancer incidence and mortality, mental health, disability and impairment and accidents and injuries.

Cancer

Cancer is the main cause of death in England in the under 75s. This is also true in Wiltshire. Over 500 under 75s died in Wiltshire from cancer in 2015¹¹. When converted to a directly standardised rate for comparisons to other areas 119.5 per 100,000 under 75s died from cancer in Wiltshire compared to 136.4 in England. Mortality in the under 75s from cancer has been falling for at least a decade. Figure 7 shows this downward trend in under 75 cancer mortality in Wiltshire, England and our statistical neighbours.

Figure 7: Trend in under 75s Cancer mortality



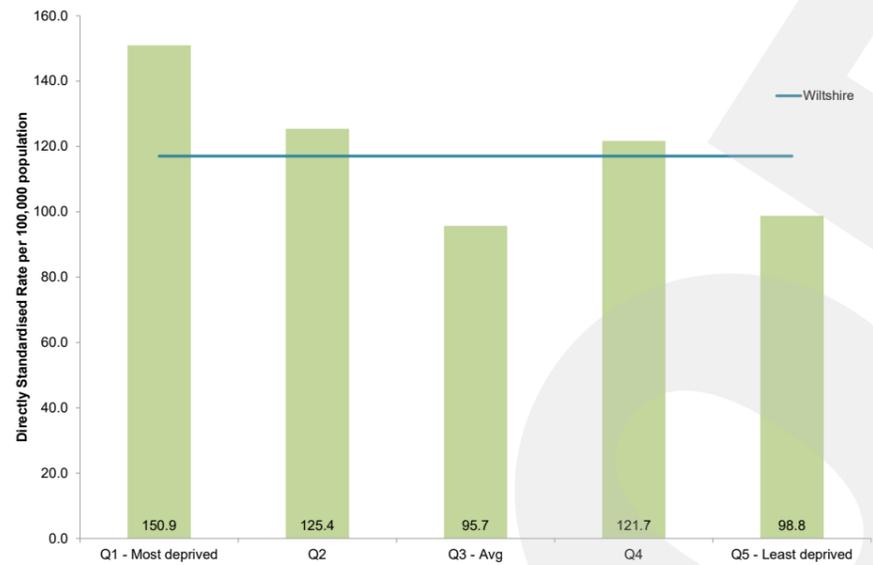
Statistical neighbours are a group of local authorities who have similar characteristics to Wiltshire. The definition and groupings were created by the Office of National Statistics. Wiltshire's statistical neighbours are BANES, Cambridgeshire, Devon, Dorset, Gloucestershire, Hampshire, Oxfordshire, Shropshire, West Sussex and Worcestershire. Comparing Wiltshire to these areas gives a better indication as to how well services in Wiltshire are doing.

However, there are inequalities in cancer mortality in the under 75s that should be addressed. The most deprived areas in Wiltshire have a much higher directly standardised rate of cancer mortality in the under 75s than the rest of Wiltshire. Figure 8 presents the findings from the deprivation analysis.

¹⁰ Primary Care Mortality Database

¹¹ Primary Care Mortality Database

Figure 8: Under 75 Cancer mortality by deprivation quintile in Wiltshire (2016)



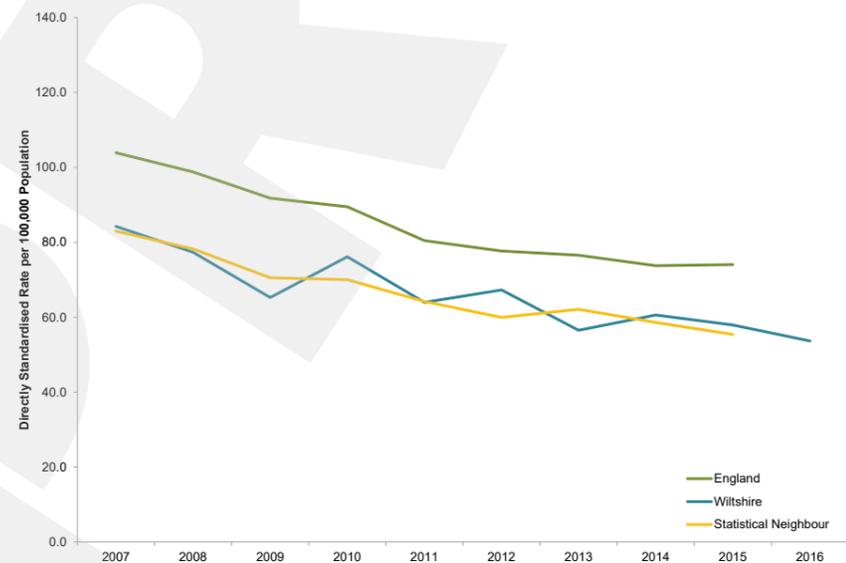
Additional information on specific types of cancer will be given later in this report on page 19.

Cardiovascular disease

Cardiovascular disease (CVD) is one of the biggest causes of mortality in England and the largest single cause of long term ill health and disability. Damage to the cardiovascular system increases with age, and progresses faster in men than women, in those with a family history of CVD and in some ethnic groups. These 'fixed factors' cannot be changed, but 'modifiable factors' such as smoking, obesity and high cholesterol can be altered to reduce the risk of disease occurring.

In Wiltshire during 2015 just over a thousand people died from CVD and of those 263 were under the age of 75¹². When converted to a directly standardised rate for comparisons to other areas 57.9 per 100,000 under 75s died from CVD in Wiltshire compared to 74.0 in England. Wiltshire has also had a lower rate of CVD mortality than England. Figure 9 shows the CVD mortality trend for Wiltshire, England and our statistical neighbours.

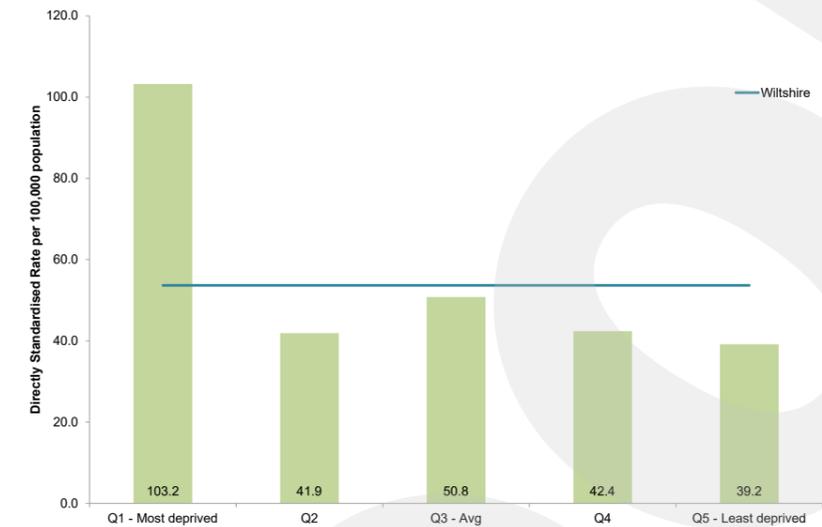
Figure 9: Trend in under 75 CVD mortality



¹² Primary Care Mortality Database

However, there are inequalities in CVD mortality in the under 75s that should be addressed. Analysis of deprivation within Wiltshire has shown considerably higher incidence in under 75 CVD mortality in the most deprived quintile of Wiltshire. The most deprived quintile in Wiltshire has a directly standardised rate of 104.8 CVD deaths per 100,000 under 75s, nearly double the Wiltshire rate. Figure 10 presents these findings.

Figure 10: Under 75 CVD mortality by deprivation quintiles in Wiltshire (2016)



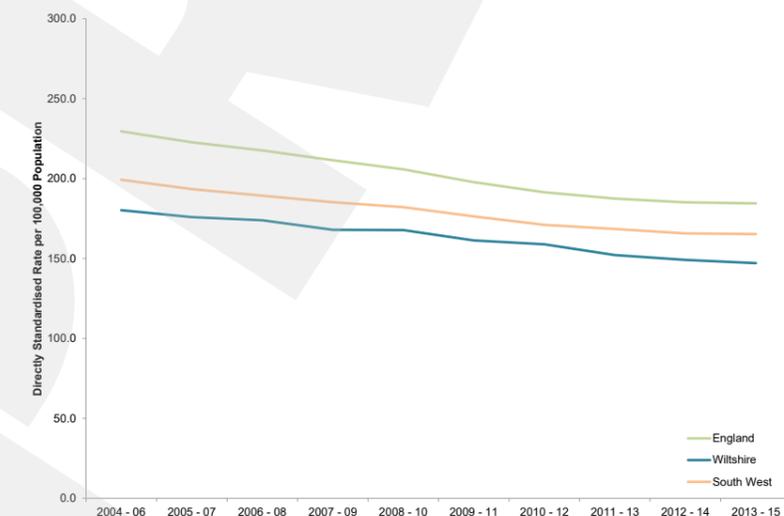
Causes considered preventable

The basic concept of preventable mortality is that these deaths they could have been avoided by a Public Health intervention in the broadest sense.

In 2015 it is thought that 263 deaths of those under 75 were from causes considered preventable¹³. When converted to a directly standardised rate for comparisons to other areas 147.1 per 100,000 under 75s died from causes considered preventable in Wiltshire compared to 184.5 in England.

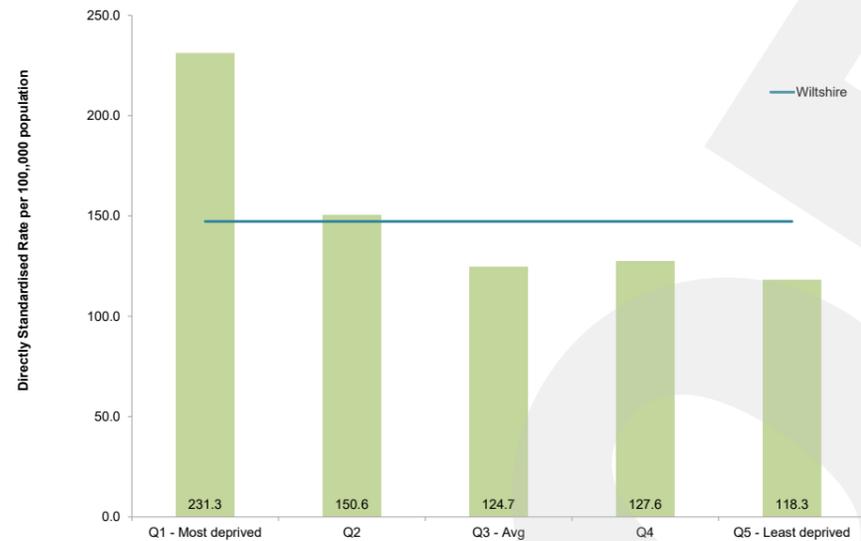
Like cancer and CVD, mortality from causes considered preventable in the under 75s has been falling for many years. And also like cancer and CVD the directly standardised mortality rate in the most deprived quintile in Wiltshire is much higher than the Wiltshire figure. Figures 11 and 12 present the trend and deprivation analysis.

Figure 11: Trend in under 75 preventable mortality



¹³ Primary Care Mortality Database

Figure 12: Under 75 preventable mortality by deprivation quintiles in Wiltshire (2016)



Key feature 5

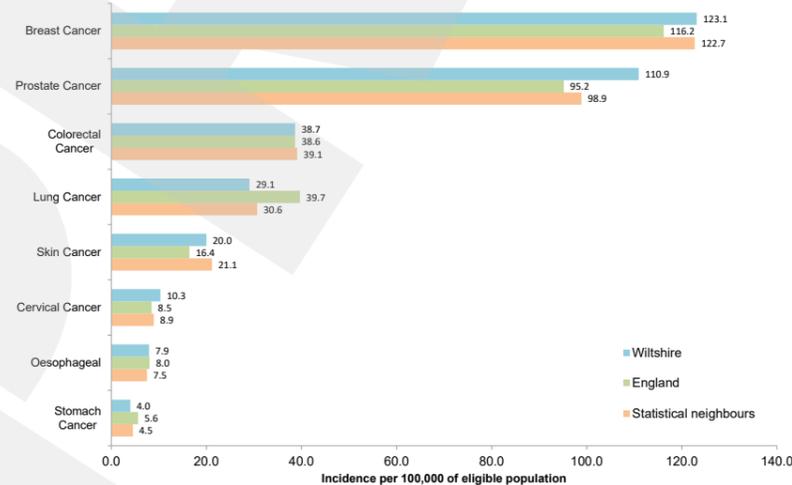
The evidence surrounding mortality for those aged under 75 years old in Wiltshire suggests that though directly age standardised rates have been falling there is still inequality in rates with regards to deprivation.

Cancer

It has already been mentioned that cancer is the main cause of death in England and in Wiltshire in the under 75 population. To understand this better the incidence and mortality of specific cancers have been presented in figures 13 and 14.

Breast cancer has the largest incidence of all cancers. In Wiltshire 123.1 per 100,000 women were diagnosed with breast cancer (directly standardised rate, 2012-14)¹⁴. This is slightly more than England (116.2 per 100,000). Prostate cancer is the second largest cause of cancer. In Wiltshire 110.9 per 100,000 men were diagnosed with prostate cancer in 2012-14. This is more than England (95.2 per 100,000). In Wiltshire the third highest rate of a cancer is colorectal cancer (38.7 per 100,000 people). However, in England lung cancer is the third highest cause of cancer in 2012-14.

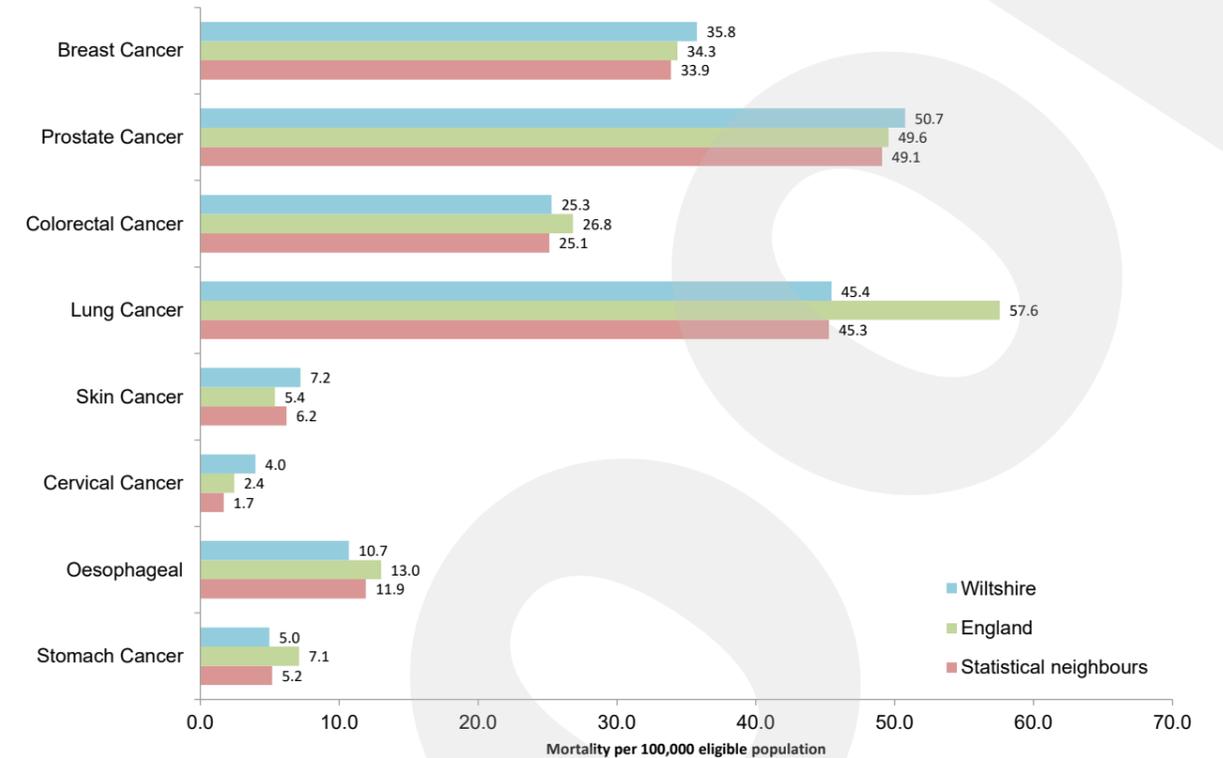
Figure 13: Incidence of predominate cancers (2012-14)



¹⁴ National Cancer Intelligence Network

Mortality from different causes of cancer has a slightly different pattern than incidence of cancers¹⁵. In Wiltshire prostate cancer has the highest directly standardised mortality rate with 50.7 per 100,000 men dying from prostate cancer. This is a similar directly standardised rate to England (49.6 per 100,000). However, England's top cause of cancer mortality is lung cancer (57.6 per 100,000). In Wiltshire lung cancer is the second highest directly standardised rate of cancer deaths (45.4 per 100,000). This is a much smaller directly standardised rate than England.

Figure 14: Mortality from predominate cancers (2015)



Key feature 6

Although breast cancer in Wiltshire has a higher incidence than prostate cancer, prostate cancer has a higher mortality rate.

Physical health

Due to the high percentage of mortality from CVD and respiratory diseases further investigation has been made into the hospital admission and mortality of these diseases.

Wiltshire had a directly standardised rate of 1734.6 per 100,000 people admitted to hospital due to CVD in 2016/17¹⁶. This is less than England which had 1973.1 per 100,000 people. Deprivation analysis has shown that a higher rate of people from the most deprived quintile were admitted to hospital for CVD than the Wiltshire average.

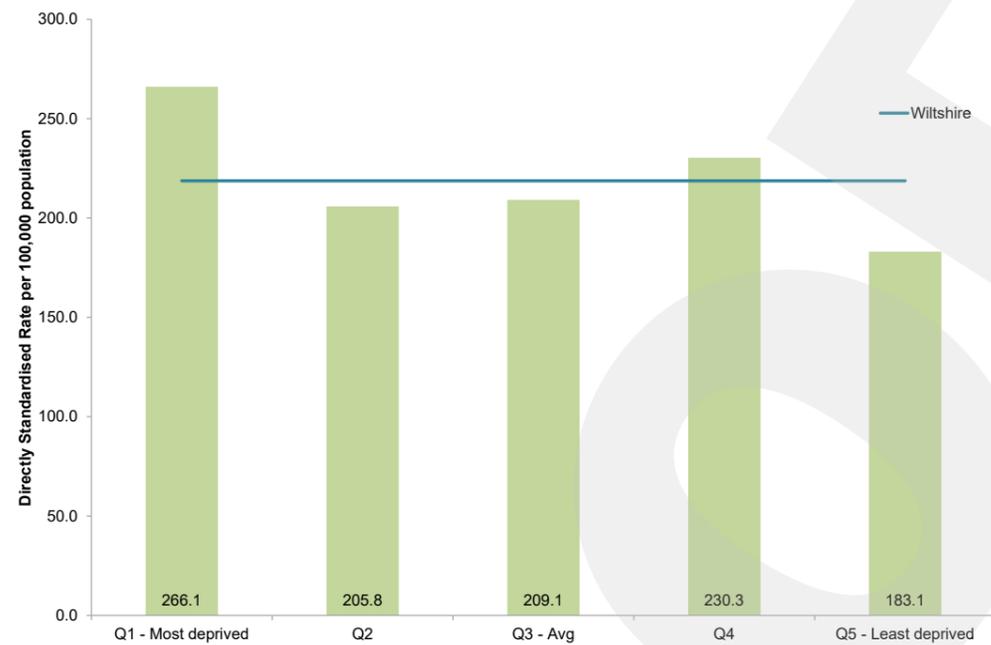
Mortality from CVD has been slowly falling¹⁷. But there is an inequality in the incidence of mortality with the most deprived quintile in Wiltshire having a larger rate of deaths from CVD than the Wiltshire average. Figure 15 shows that during 2016 the most deprived quintile of Wiltshire's population had a CVD directly standardised mortality rate of 269.4 per 100,000, much higher than the Wiltshire figure of 218.7 per 100,000.

¹⁵ Primary Care Mortality Database

¹⁶ Hospital Episode Statistics 2016/17

¹⁷ Primary Care mortality Database

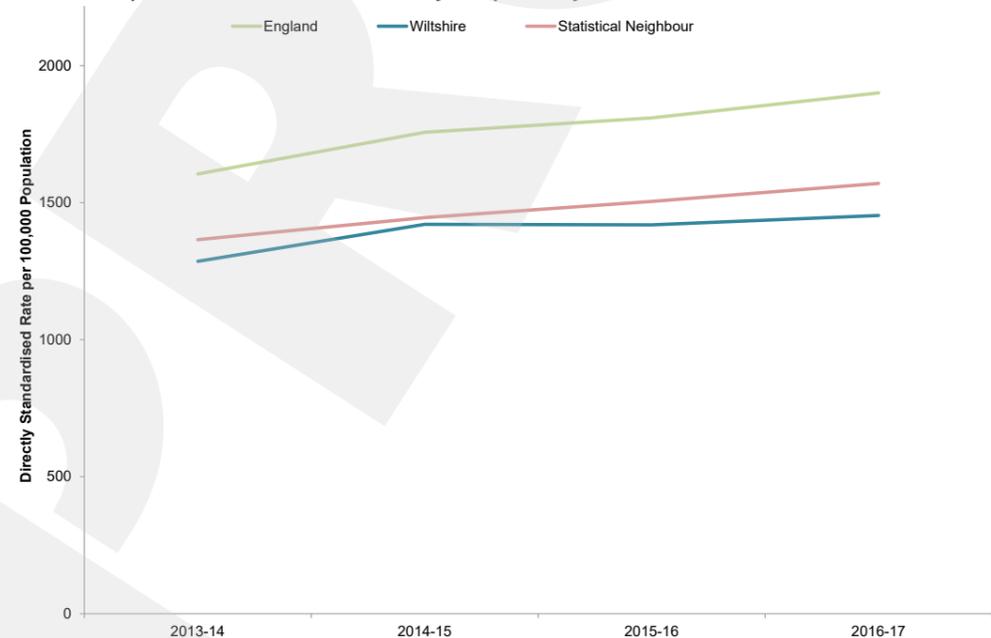
Figure 15: Mortality from CVD by deprivation quintiles in Wiltshire (2016)



Respiratory disease is a medical term that encompasses a wide range of conditions affecting the organs and tissues associated with breathing. Respiratory diseases range from mild and self-limiting, such as the common cold, to life-threatening entities like bacterial pneumonia, pulmonary embolism, acute asthma and chronic obstructive pulmonary disease.

In Wiltshire 1453.4 per 100,000 people were admitted to hospital for a respiratory disease (2016/17)¹⁸. This is lower than in England where 1900.7 per 100,000 people were admitted for a respiratory disease. Like CVD admissions there was a higher directly standardised rate of admissions in the most deprived quintile in Wiltshire for respiratory disease. In England and to a lesser extent in Wiltshire, hospital admissions from respiratory disease have been increasing in the last 4 years. Figure 16 shows that admissions from respiratory disease have increased in Wiltshire from 1286.1 in 2013-14 to 1453.4 in 2016-17.

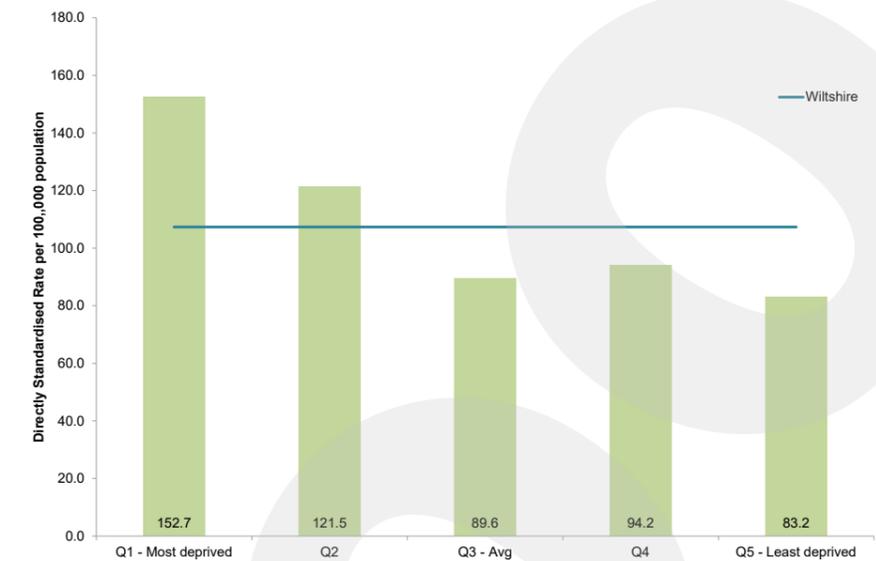
Figure 16: Trend in hospital admissions caused by respiratory disease



¹⁸ Hospital Episode statistics

The directly standardised mortality rate from respiratory disease in Wiltshire was lower than England (134.4 per 100,000 compared to 140.5 per 100,000) during 2015¹⁹. However it was higher than the South West (126.8 per 100,000) and Wiltshire's statistical neighbours (106.5 per 100,000). The directly standardised mortality rate in Wiltshire has been fairly stable since 2007 whereas other areas have seen a slow decrease. As with CVD, cancer and causes considered preventable, deprivation analysis shows a higher rate of mortality in the most deprived quintile of Wiltshire compared to the overall Wiltshire figure. Figure 17 shows that 154.9 per 100,000 people died from respiratory disease in the most deprived quintile in Wiltshire, a higher directly standardised rate than Wiltshire (134.4 per 100,000).

Figure 17: Rate of mortality from respiratory disease by deprivation quintiles in Wiltshire (2016)



It is also important to look at all the avoidable admissions to hospital often referred to as Ambulatory care sensitive (ACS) conditions. These are conditions where effective community care and case management could have prevented the need for hospital admission. Reducing avoidable emergency admissions improves the quality of life for people with long term and acute conditions and their families, as well as reducing pressures upon the resources of local hospitals. The Wiltshire directly standardised rate for ACS admissions is lower than England (582.1 per 100,000 compared to 665.8 per 100,000)²⁰. Deprivation analysis found that those living in the most deprived quintile had a higher directly standardised rate compared to the Wiltshire figure. Figure 18 shows the results from the deprivation analysis.

Figure 18: Rate of ACS admissions by deprivation quintiles in Wiltshire (2016/17)



¹⁹ Primary Care Mortality Database

²⁰ Hospital Episode statistics 2016/17

Key feature 7

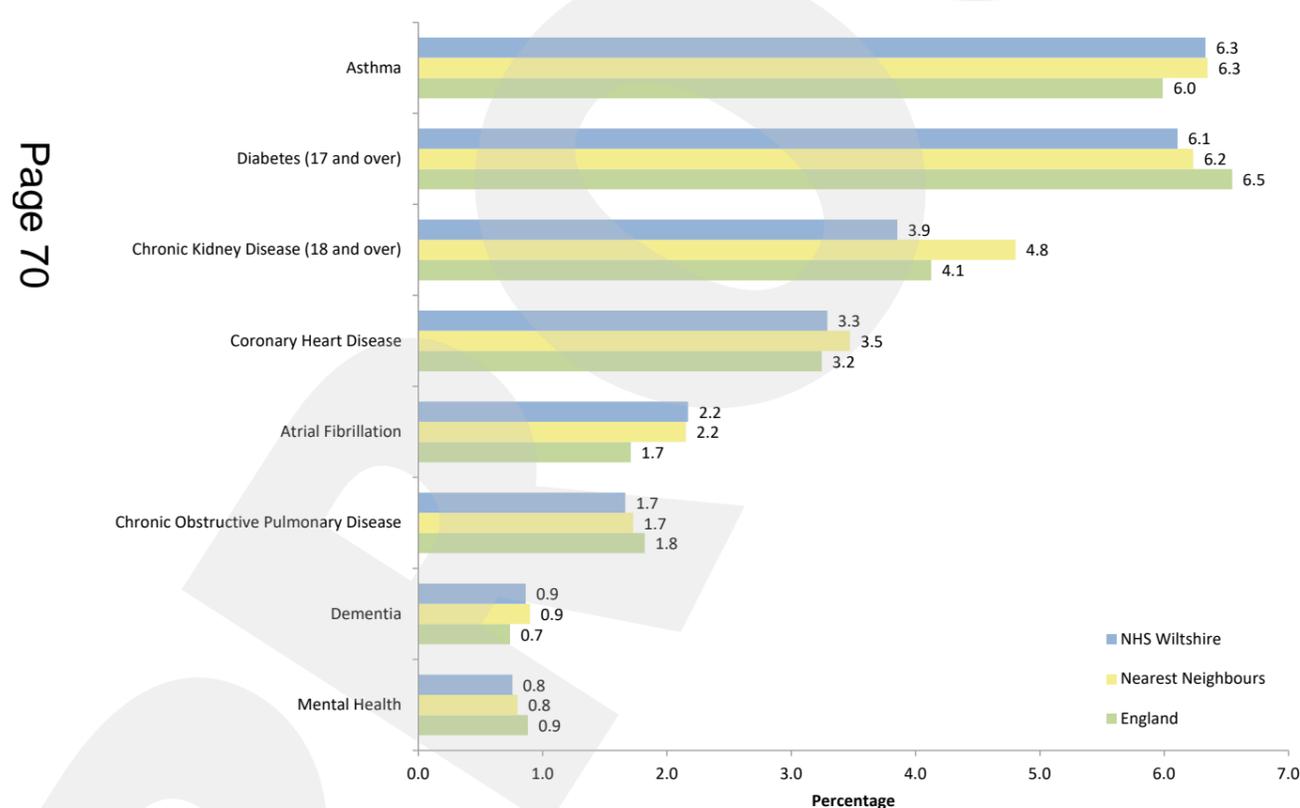
The most deprived quintiles in Wiltshire have a higher directly standardised rate of CVD, respiratory disease and avoidable hospital admissions than the Wiltshire average.

Prevalence of disease

The prevalence's of some long term diseases are published in the Quality Outcomes Framework (QOF)²¹. Figure 19 provides the rates for important diseases for NHS Wiltshire, England and NHS Wiltshire's nearest neighbours.

Sometimes it is not possible to provide a figure for Wiltshire residents but it is possible to provide a figure for those registered at a Wiltshire GP surgery. When this is possible it is called NHS Wiltshire. Nearest neighbours are a group of local authorities who have similar characteristics to NHS Wiltshire. The definition and groupings were created by NHS Rightcare. NHS Wiltshire's nearest neighbours are NHS Ipswich & East Suffolk, NHS Somerset, NHS South Worcestershire, NHS West Kent, NHS East Leicestershire & Rutland, NHS E & N Hertfordshire, NHS Mid Essex, NHS Bedfordshire, NHS Gloucestershire, NHS West Hampshire.

Figure 19: Prevalence of specific diseases (2015/16)



For most items NHS Wiltshire has similar percentage to England and our nearest neighbours. Many of these long term diseases are increasing in prevalence. This is partly due to improved medical treatment allowing patients to live longer and it is also due to improved diagnosis rates. However, estimates of undiagnosed cases are still high for some conditions. For example it is thought that 2,000 people have dementia but have not yet been diagnosed and 2,500 people are undiagnosed for Chronic Obstructive Pulmonary Disease.

²¹ content.digital.nhs.uk/qof

Mental health

A detailed mental health needs assessment was recently published by Wiltshire Council and provides a comprehensive report using the available datasets²². Some findings from the needs assessment include:

- Around a quarter of the population will experience a significant mental health problem during their lifetime. This will disrupt their life, work and relationships.
- At least 1 in 4 people will experience a mental health problem at some point in their life
- 1 in 6 adults have a mental health problem at any one time
- Almost half of adults will experience at least one episode of depression during their lifetime
- Mental ill health represents up to 23% of ill health in the UK and is the largest single cause of disability
- People with severe mental illnesses die on average 20 years earlier than the general population
- The NHS spends around 11% of its budget on mental health. This is almost double the amount spent on cancer
- The estimated cost of mental ill-health in England in 2009/10 was £105.2bn

Using national prevalence estimates from the national Adult Psychiatric Morbidity Survey (2014) it is thought that approximately 67,000 adults in Wiltshire have a common mental disorder²³. The survey also found that around 4% of the population screened positive for Post-Traumatic Stress Disorder. Of those screening positive only 1 in 8 had already been diagnosed by a health professional. This suggests potentially 15,000 people in Wiltshire have not been diagnosed. This figure may be even higher given the large veteran population in Wiltshire.

A local school health survey of children and young people in Wiltshire found that 9.9% of primary, 24.1% of secondary and 31.7% of year 12/Further education pupils have low or very low mental wellbeing²⁴.

Key feature 8

With such a high prevalence and impact on personal health, friends, family and society, mental ill-health and poor emotional wellbeing the data would suggest mental health should be prioritised. This is being addressed by both Wiltshire Council and NHS Wiltshire as a joint priority.

Disability and impairment

It is estimated that 23,599 people in Wiltshire have a moderate physical disability and a further 7,157 have a severe disability²⁵. By 2021 it is estimated the number of those with a moderate disability will increase to 23,973 and the number of those with a severe disability will increase to 7,372. Hearing impairment is also thought to be increasing. 56,154 adults are estimated to have a moderate or severe hearing impairment in 2017 and this is likely to increase to 62,167 by 2021. An increase will also be seen in the number of people with a moderate or severe visual impairment, from 9,046 in 2017 to 10,149 in 2021. A needs assessment looking at young people with both special educational needs and disabilities and those who are looked after in care is currently being created.

²² Wiltshire Mental Health Needs assessment 2017 <http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=56100&servicetype=Attachment>

²³ Common mental disorders (CMDs) comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great.

²⁴ Wiltshire Children and Young People's Health and Wellbeing Survey 2017

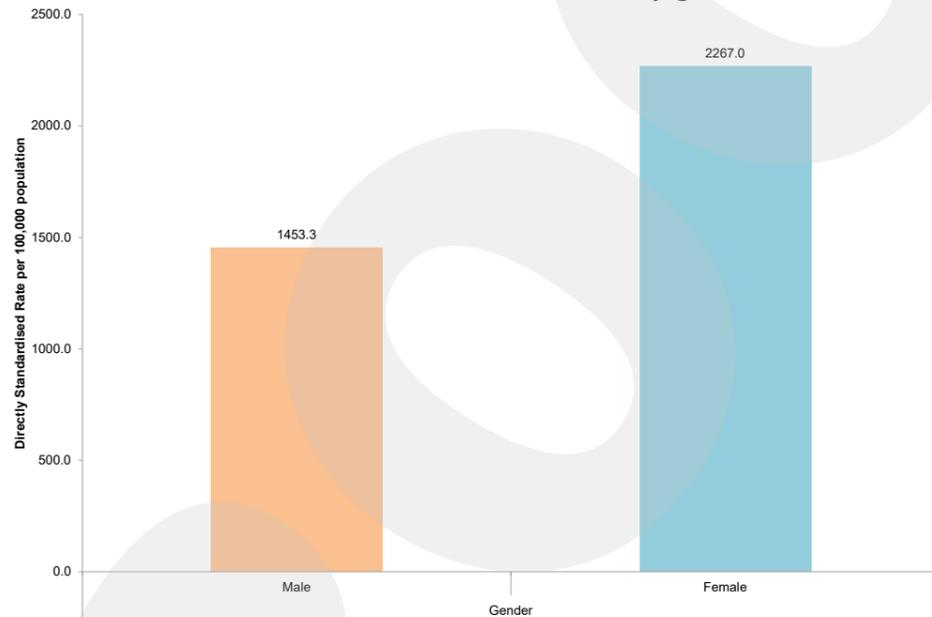
²⁵ PANSI

Accidents and injuries

Falls are the largest cause of emergency hospital admissions for older people in England, it can have a significant impact on individuals, e.g. falls are a major cause of people needing to move from their own home to long-term nursing or residential care. Falls that result in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and above account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.

The Wiltshire directly standardised rate in those 65 and over for falls related emergency admissions is broadly similar to that of our statistical neighbours and lower than the England average (1926.8 per 100,000 compared to 1946.8 and 2133.2 respectively)²⁶. The rate has been close to static since 2013/14. Females have a higher directly standardised rate of admissions. Figure 20 shows that 2267 per 100,000 females in Wiltshire were admitted to hospital for a fall in 2016/17 compared to 1453.3 males. Those living in the more deprived areas of Wiltshire have an admission rate that is higher than the more affluent areas in Wiltshire.

Figure 20: Rate of falls admissions in Wiltshire in those 65 and over by gender (2016/17)



Key feature 9

Although hospital admissions for falls in Wiltshire are lower than England, there is an inequality in admissions with a higher rate of females being admitted than males.

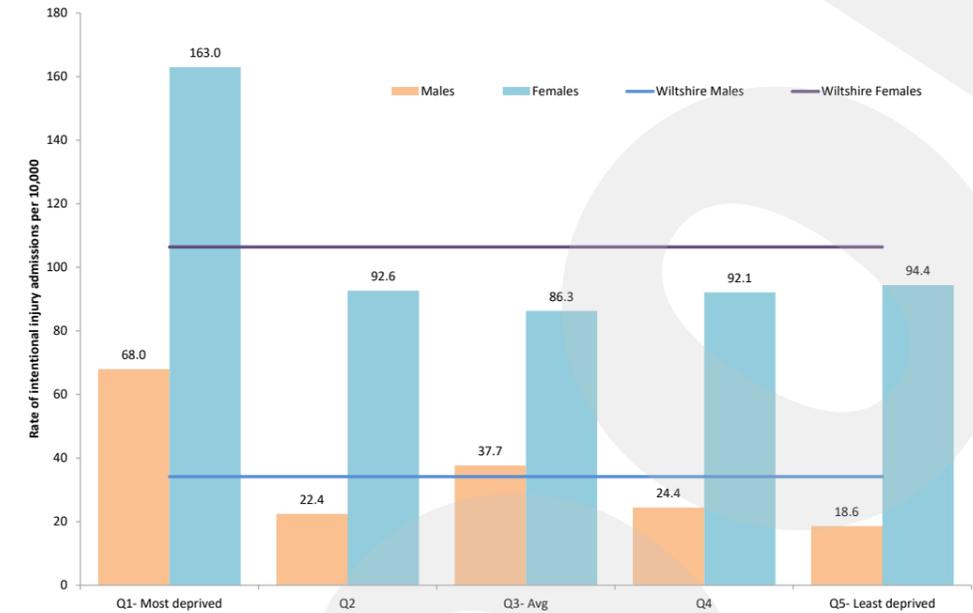
The Public Health Outcomes Framework (PHOF) includes a few indicators on accidents and intentional injuries in children and young people. Wiltshire has been flagged as worse than England for indicator 2.07ii, highlighting that the rate of unintentional and deliberate injury in 15-24 year olds in Wiltshire is significantly higher than the national average. 164.6 per 10,000 15-24 year olds in Wiltshire were admitted to hospital for unintentional or deliberate injuries²⁷. The national rate was 134.1 per 10,000. The trend has remained fairly flat since 2011/12.

²⁶ HES 2016/17

²⁷ PHOF 2015/16

Early in 2017 this indicator was explored in more detail²⁸. The analysis found that 46% of these admissions were from causes considered intentional; that males predominately were admitted for unintentional causes and females were predominately admitted for intentional causes. The report also found that hospital admissions for unintentional causes were generally represented evenly across the deprivation quintiles, whereas admissions for intentional causes had a higher rate in the most deprived quintile (see figure 21).

Figure 21: Rate of intentional hospital admissions in 15 to 24 year olds per 10,000 (2013/14-2015/16)



Key feature 10

Intentional admissions to hospital among 15-24 year olds represent a large proportion of the unintentional and intentional injury admissions in this age group. The most deprived suffer more intentional injury admissions than the Wiltshire average.

Self-harm and suicides are complex issues. There is no one reason why people try to harm themselves or take their own lives. Self-harm is usually a way of coping with or expressing overwhelming emotional distress. Over half of people who die by suicide have a history of self-harm. Suicide is often as a result of problems building up to the point where the person can see no other way to cope with what they are experiencing.

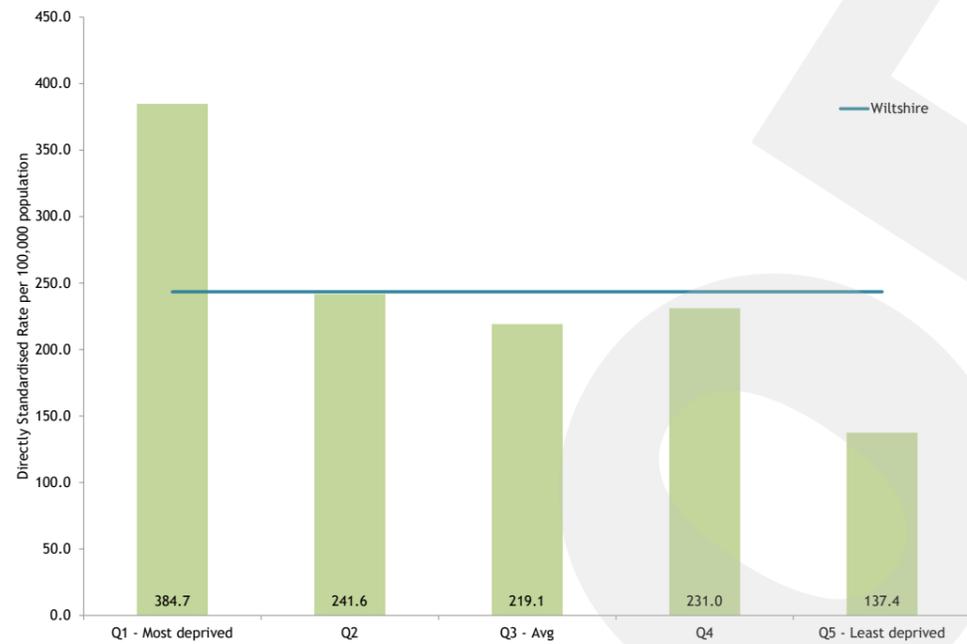
Wiltshire and the South West region has often been highlighted in the Public Health Outcomes framework²⁹ as having a high directly standardised rate for emergency hospital admissions for intentional self-harm. In 2015/16 Wiltshire had a rate of 234.4 per 100,000 admissions for intentional self-harm compared to a rate in England of 196.5 per 100,000 and the South West had 254.7 per 100,000. The high rate in the South West and Wiltshire is thought to partly be due to a more effective reporting system for self-harm in the South West. That being said the figures still indicate that in Wiltshire during 2015/16 1,089 hospital admissions were caused by intentional self-harm and this should be addressed. Local analysis on the gender of those who self-harm in Wiltshire has shown a higher rate of admissions by females than males (319.4 per 100,000 males compared to 170.3 per 100,000 females)³⁰. Further, a higher rate of intentional self-harm admissions occurred in the most deprived quintile in Wiltshire (see figure 22).

²⁸ Children and Young people Accidental and deliberate admissions 2017 <http://www.intelligence-network.org.uk/EasysiteWeb/getresource.axd?AssetID=56101&servicetype=Attachment>

²⁹ fingertips.phe.org.uk/profile/public-health-outcomes-framework

³⁰ Hospital episode statistics 2016/17

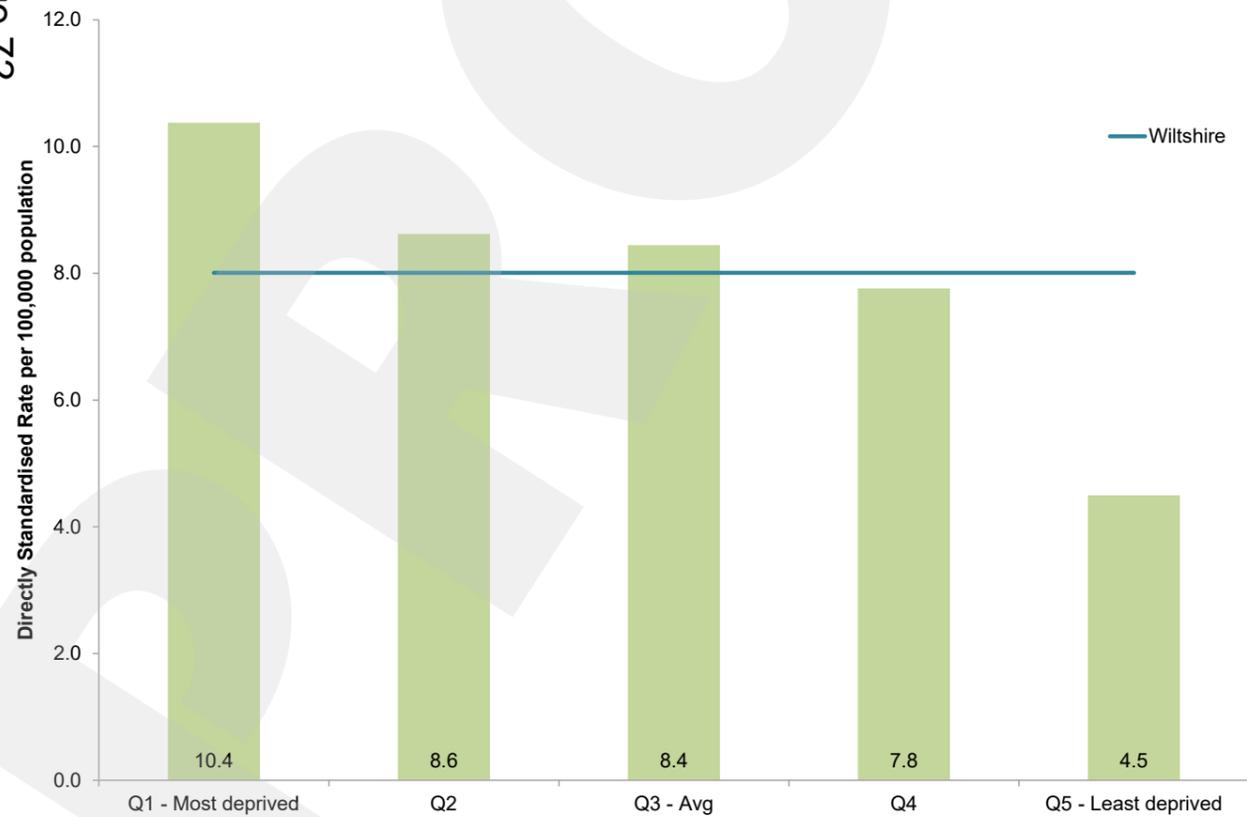
Figure 22: Emergency hospital admissions for intentional self-harm by deprivation quintiles in Wiltshire (2016/17)



The Wiltshire directly standardised rate for suicide (7.0 per 100,000) is broadly similar to that seen in England (9.0 per 100,000), the South West (9.1 per 100,000) and our statistical neighbours (8.4 per 100,000)³¹. The male rate is more than double the rate seen in females. The highest rate is seen in those aged 20-64. The rate is highest in the most deprived areas of Wiltshire and lowest in the most affluent areas. Figure 23 shows that the rate of suicides in the most deprived areas is 10.4 per 100,000 which is more than double the least deprived areas (4.5 per 100,000).

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Figure 23: Rate of Suicides (2014-2016) by deprivation quintiles in Wiltshire



³¹ Primary Care Mortality Database 2015

Healthy behaviours and Improvement services

Our behaviours and lifestyles have a major influence on our health. Some behaviours have instantly seen negative impacts on our health. Other behaviours if repeated frequently in a lifestyle can contribute to numerous negative health effects over time. It is thought that unhealthy lifestyles have now become the main source of ill-health³².

The Health Behaviours and Improvement services data pack contains over 30 indicators. It explores some of the lifestyles and behaviours that are known to have an impact on a person's health. Behaviours such as alcohol consumption, physical activity, diet, cigarette smoking and drug misuse. These lifestyle choices are important risk factors for major diseases such as cancer, diabetes, coronary heart disease, stroke and liver disease. In this report a selection of these topics will be explored including:

- Excess weight
- Diet
- Physical activity
- Oral health
- Tobacco smoking
- Alcohol consumption
- Drug misuse
- Sexual health
- End of life care

Excess weight

The consequences of excess weight are well documented. People who are overweight and obese have an increased risk of developing a range of chronic diseases that can have a significant impact on health, including:

- Increased risk of type 2 diabetes
- Hypertension
- Cardiovascular disease
- Kidney and liver disease
- Lower quality of life
- Premature mortality

Moderate obesity (BMI 30–35 kg/m²) reduces life expectancy by an average of three years, whilst people with morbid obesity (BMI 40-45 kg/m²) live on average 8–10 years less than people who are a healthy weight; similar to the effects of life-long smoking³³.

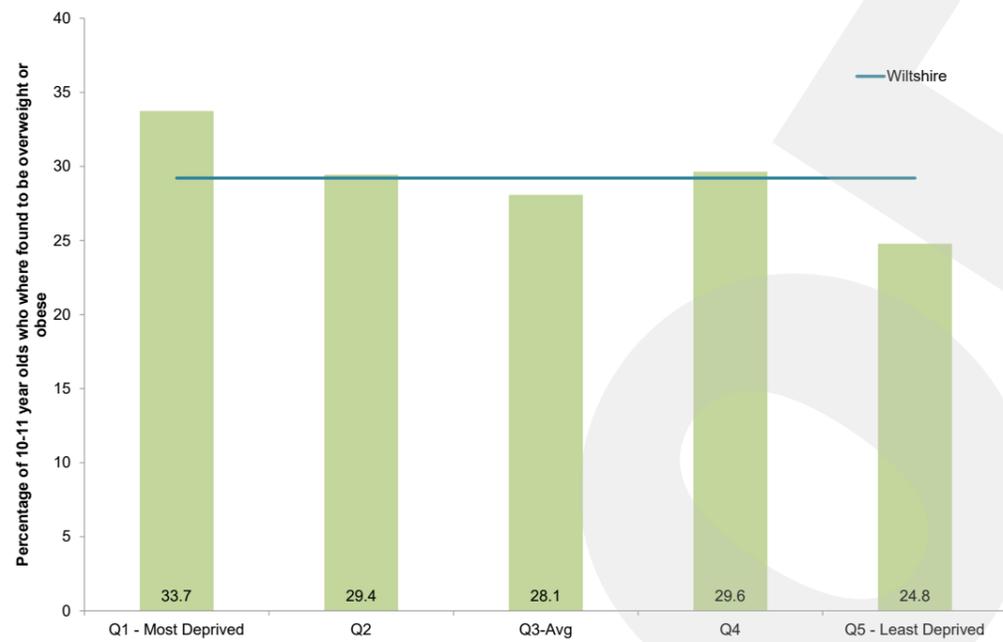
In Wiltshire 29.1% of year 6 pupils were found to be overweight or obese³⁴. This is lower than England (34.2%). In Wiltshire the percentage has stabilised since 2012/13. However, it still represents nearly 1 in 3 children carrying unhealthy excess weight. In Wiltshire a larger proportion of boys than girls have excess weight (32% of boys compared to 26% of girls). Further, deprivation analysis shows inequalities in the proportions of children aged 10-11 years old who have excess weight. Figure 24 highlights the differences with 33.7% of year 6 children from the most deprived quintile in Wiltshire recorded as overweight or obese.

³² Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016 [http://thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32152-9/fulltext](http://thelancet.com/journals/lancet/article/PIIS0140-6736(17)32152-9/fulltext)

³³ Wiltshire Obesity strategy 2016 <http://www.wiltshire.gov.uk/downloads/3397>

³⁴ National Childhood Measurement Programme 2015/16

Figure 24: Excess weight in 10-11 year olds by deprivation quintiles in Wiltshire (2015/16)



It is estimated that 260,000 (65.8%) adults in Wiltshire are carrying excess weight. This is similar to England (64.8%)³⁵. The increase in the proportion of those with excess weight with age is a commonly reported incidence³⁶.

Wiltshire Council offers a number of services to support weight management tailored to different stages of life, including Healthy Me a programme supporting overweight 7-11 years and Slimming on Referral a 12 week programme supporting adults who have been referred by a GP to lose weight. Further information about these services and advice on weight management can be found on the Healthy Weight 4 Life e-toolkit³⁷.

Key feature 11

A higher percentage of children from the most deprived quintile in Wiltshire are overweight or obese.

Fruit and vegetable consumption

In the White Paper 'Healthy Lives, Healthy People'³⁸ the foundation of good health comes from a good diet. Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable.

Evidence from Wiltshire's school health survey found the percentage of children eating the recommended number of fruits and vegetables was:

- 33.7% of primary school respondents
- 21.6% of secondary
- 14.2% of those in year 12/further education³⁹.

³⁵ Active People Survey 2013-15

³⁶ <http://researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf>

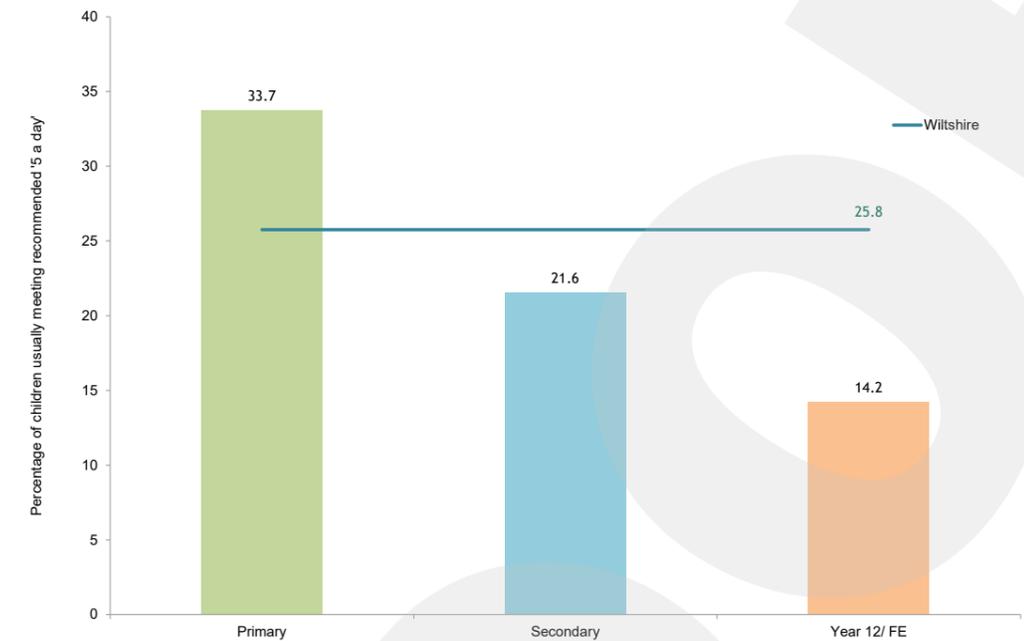
³⁷ <http://www.wiltshire.gov.uk/public-health-weight>

³⁸ <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

³⁹ Wiltshire Children and Young People's Health and Wellbeing Survey 2017

Figure 25 presents this information. It is important to note the downward trend by school stage in fruit and vegetable consumption. The low fruit and vegetable consumption by the year 12/further education respondents could have long term impacts on the young people in Wiltshire.

Figure 25: Fruit and vegetable consumption in children in Wiltshire (2017)



In Wiltshire around 233,433 (59.1%) adults reportedly eat the recommended five fruits and vegetables a day⁴⁰. This is significantly more than England (52.3%). But it does imply that around 161,872 (40.9%) adults in Wiltshire do not consume enough fruits and vegetables to maintain a healthy diet.

Physical activity

Physical activity has many health benefits. It is thought that people with a physically active lifestyle have 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Maintaining an active lifestyle is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. Further, physical activity has been associated with increased cognitive function in older adults. It is thought that the NHS could save nearly £1 billion a year if everyone was physically active⁴¹.

The national physical activity guidelines for those aged 5 to 18 recommend at least 60 minutes every day⁴². Wiltshire's school health survey found that 23% of primary school children, 23.5% of secondary school children and 13% of young people in year 12 undertake eight or more hours of physical activity⁴³. A national survey of children aged 5-15 in England found that 22% meet the guidelines⁴⁴. National evidence shows that a lower proportion of girls achieve the recommended amount of physical activity than boys⁴⁵. Evidence from the Wiltshire school health survey corroborates the national gender inequality. Figure 26 presents the local gender inequality information. Across all educational stages a significantly smaller proportion of girls undertake eight or more hours of physical activity than boys.

⁴⁰ Active People Survey, Sport England 2015

⁴¹ Public Health Outcomes Framework

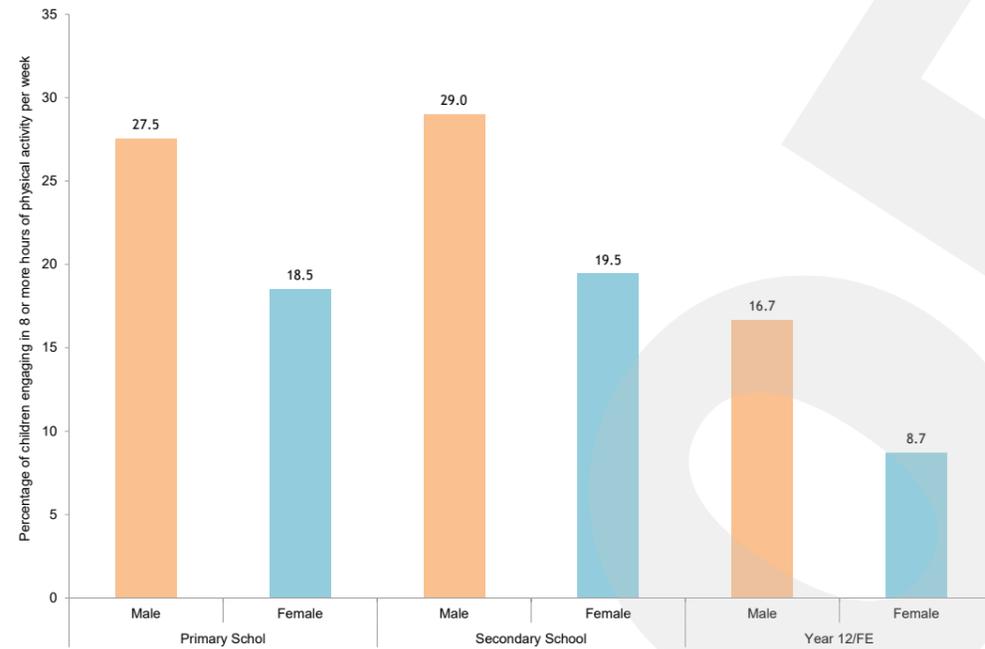
⁴² <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-young-people.aspx>

⁴³ Wiltshire school health survey 2017 LINK to WIN page

⁴⁴ Health Survey for England, 2015

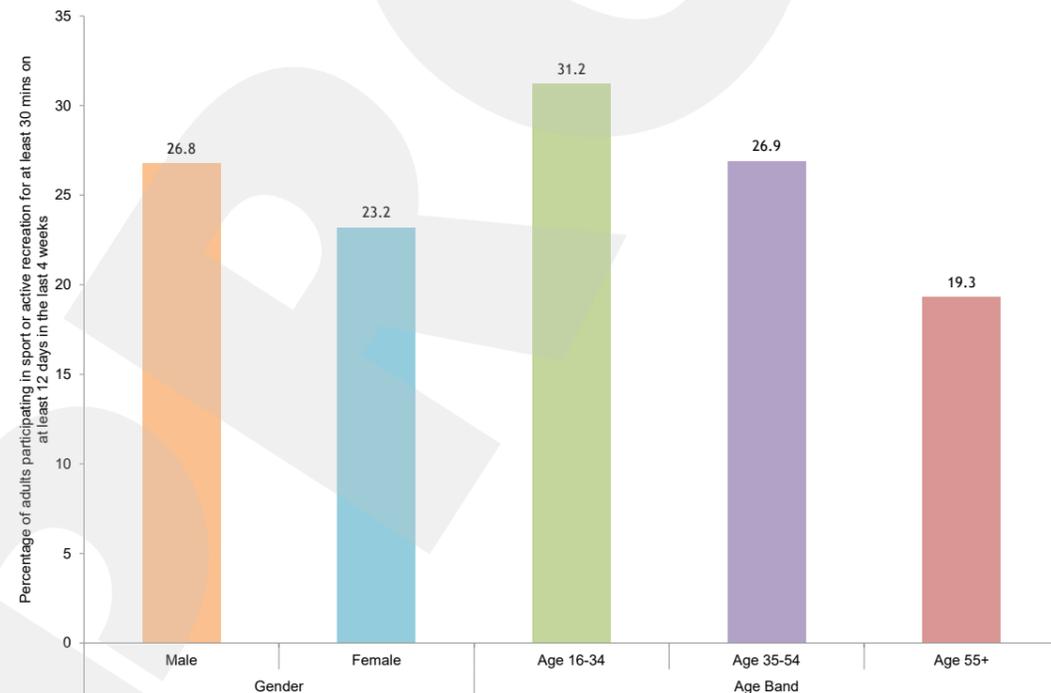
⁴⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613532/obes-phys-acti-diet-eng-2017-rep.pdf

Figure 26: Physical activity in children by gender and stage in Wiltshire (2017)



The national guidelines for the amount of time those aged 19 to 64 should undertake physical activity varies with the nature of the exercise but the most commonly used guideline is at least 150 minutes of moderate aerobic activity such as cycling or brisk walking every week⁴⁶. In England 57% of adults manage the recommended amount of physical activity. Slightly more adults (60%) in Wiltshire manage at least the recommended amount of physical activity⁴⁷. Like the evidence found in the Wiltshire school health survey, analysis of the adult population has shown a lower participation in physical activity in females and a steady decline with age. Figure 27 presents the pattern in adult physical activity participation by gender and age groups⁴⁸.

Figure 27: Physical activity in adults by gender and age (2014-16)



⁴⁶ www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx

⁴⁷ Active People Survey, Sport England 2015

⁴⁸ The data available for this analysis used a different methodology to the national source with a different time period and definition for activity

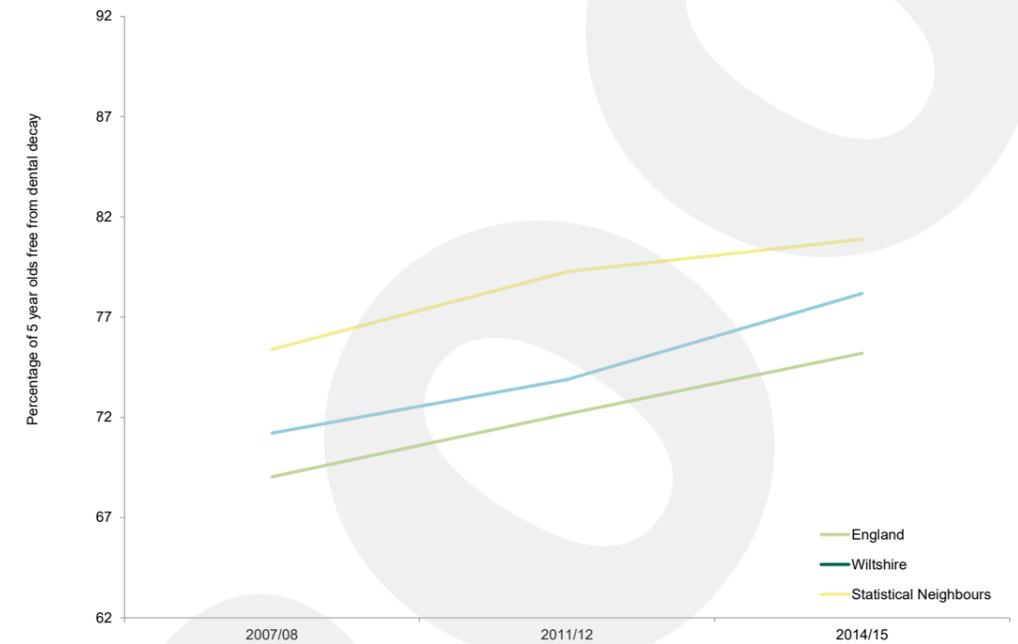
Key feature 12

Evidence from both the adult and child populations shows a smaller percentage of females than males undertake physical activity and that activity declines with age.

Oral health

Tooth decay results in pain, loss of sleep, time out of work or off school and is predominately preventable. Yet 21.8% of 5 year olds have some form of dental decay⁴⁹. This is less than England (24.8%) but still represents 1 in 5 children aged 5 with dental decay. However, the trend in children free from dental decay has been increasing over the last few time periods recorded by the survey. Figure 28 shows the rise in the proportion of 5 year olds free from dental decay for Wiltshire, England and our statistical neighbours.

Figure 28: Trend in percentage of five year olds free from dental decay



Wiltshire Council work alongside the Wiltshire and Swindon Oral Health Promotion team from Great Western Hospital whose role it is to raise awareness of the importance of oral health across the life course⁵⁰. To investigate oral health in more detail a needs assessment will be undertaken in 2018.

Tobacco smoking

Tobacco smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix⁵¹.

In Wiltshire, around 53,000 (13.9%) adults smoke tobacco⁵². Nationally 15.5% of adults smoke tobacco. The prevalence of tobacco smoking has been falling for many years. Since 2012 the percentage of smokers in Wiltshire has fallen by 3%. However, certain subsets of the population are more likely to smoke than others. Routine and manual occupations have a higher percentage of smokers than other employment

⁴⁹ Oral health survey of five year-old children 2014/15 [http://www.nwph.net/dentalhealth/survey-results%205\(14_15\).aspx](http://www.nwph.net/dentalhealth/survey-results%205(14_15).aspx)

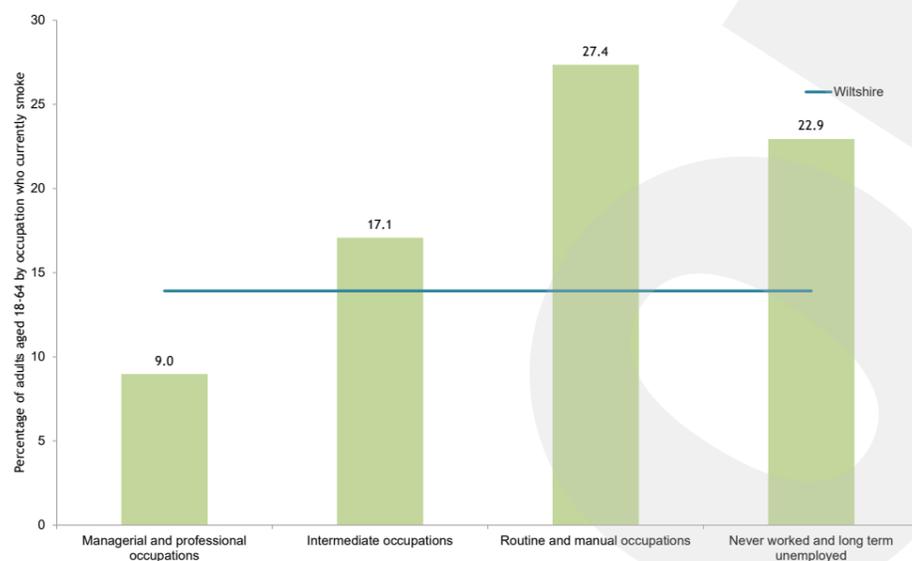
⁵⁰ <http://www.gwh.nhs.uk/wards-and-services/a-to-z/dental-services/community-dental-service/oral-health-promotion-team/>

⁵¹ Public Health Outcomes Framework

⁵² Annual population survey, 2016

statuses. Figure 29 shows the larger percentage of routine and manual workers who smoke compared to other occupations in Wiltshire. Additionally, nearly 1 in 3 army personnel have been found to smoke⁵³ and Wiltshire has a high percentage of army personnel.

Figure 29: Smoking prevalence by occupation in Wiltshire (2016)



Local Authorities offer smoking cessation services. How these are delivered varies between local authorities. The percentage of smokers who successfully quit smoking in the Wiltshire Council run service in 2016/17 was 18 per 1000 smokers⁵⁴. This is less than the England rate (23 per 1000 smokers).

The public health team work to support the smoking cessation and tobacco control agenda. The team commissions community-based smoking cessation services. Stop Smoking support can be accessed in over 100 locations across Wiltshire. The Tobacco Control work in Wiltshire focuses on reducing prevalence in specific groups where smoking rates remain higher than the general population. These include smokers in routine and manual occupations, military personnel and those with mental health conditions. Work with pregnant women who smoke remains a priority as does promoting smokefree environments, supporting prisoner health and reducing the use of illegal tobacco in Wiltshire.

Key feature 13

Although the prevalence of tobacco smoking in Wiltshire is low there are some specific groups where smoking rates remain higher than the general population. These include smokers in routine and manual occupations and military personnel.

Alcohol

Alcohol consumption is a considerable cause of ill-health and mortality. It has been estimated that alcohol misuse costs the NHS £3.5 billion per year and costs society £21 billion. The Chief Medical Officer revised the alcohol consumption guidelines in 2016⁵⁵. The new guideline advises that to have a low level of health risk from alcohol consumption neither men nor women should consume more than 14 units of alcohol per week.

A slightly larger proportion of adults in Wiltshire (28.7%) are thought to consume more than the recommended amount than in England (25.7%)⁵⁶. In real terms around 110,072 adults in Wiltshire are drinking alcohol above the recommended amount.

⁵³ Defence Annual Health and Wellbeing report, 2015

⁵⁴ NHS digital 2016/17

⁵⁵ www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

⁵⁶ Health Survey for England, 2014-2016

Two different methodologies are used to calculate hospital admissions caused by alcohol. One method (alcohol specific) looks at admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition.

For all ages, Wiltshire has a directly standardised rate lower than the England and South West rate (448.6 per 100,000 compared to 583.2 and 568.0)⁵⁷. However for those aged under 18, the rate in Wiltshire is similar to the South West and higher than England. When we looked at trend over time the rate of admissions in the under 18s has been falling since 2006/07-2008/09. However, the rate for all age alcohol related hospital admissions has been increasing. Figure 30 and figure 31 show the trend in under 18 and all age alcohol related admissions.

Figure 30: Trend in the rate of alcohol specific hospital admissions in under 18s

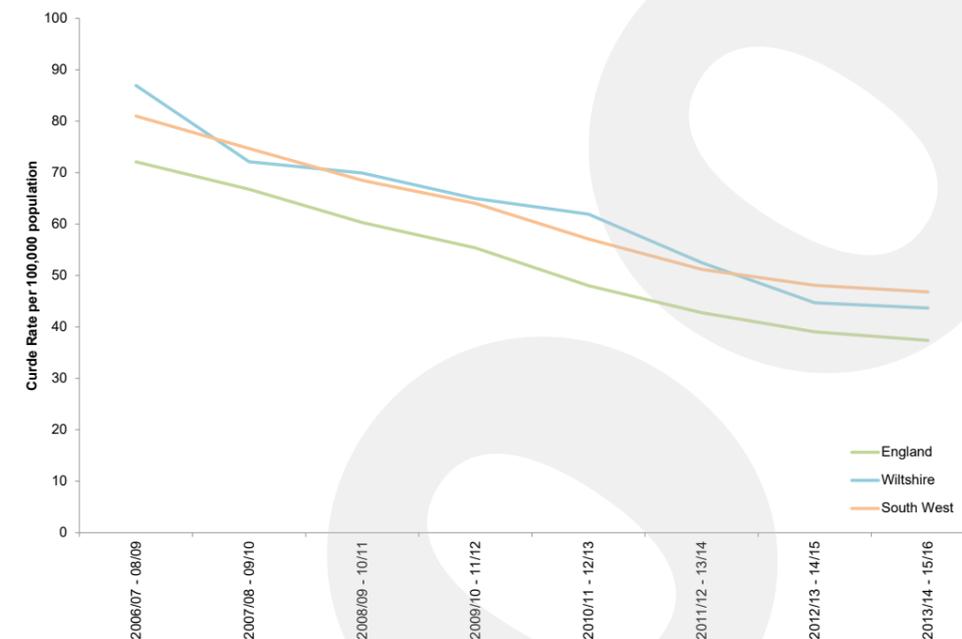
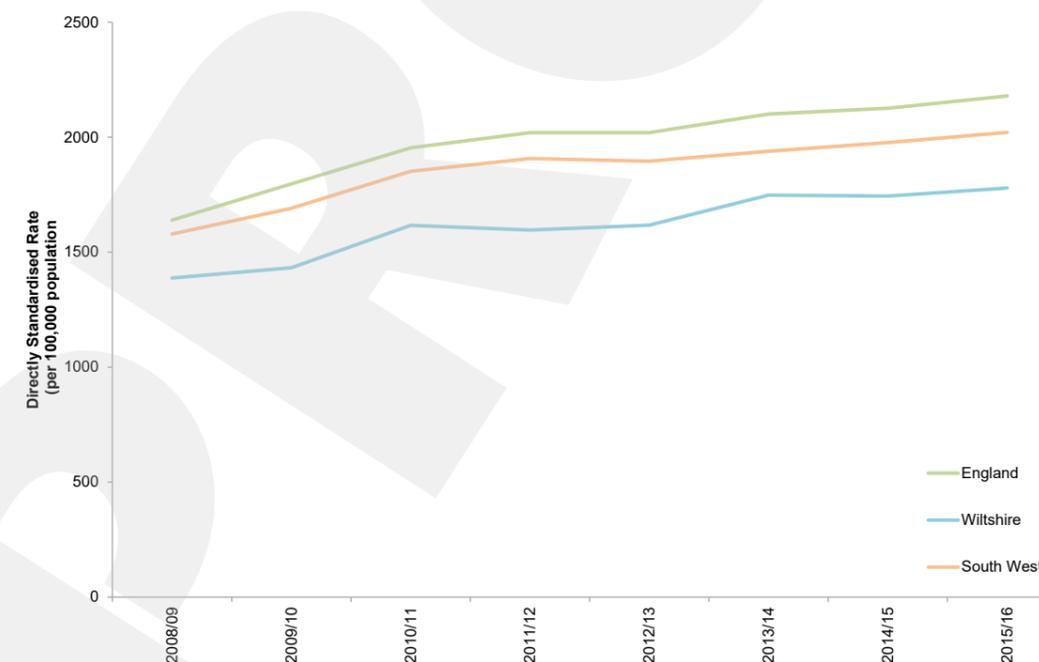


Figure 31: Trend in the rate of alcohol related hospital admissions for all ages



⁵⁷ Hospital Episode Statistics 2015/16

Like hospital admissions there are two methods for calculating the number of deaths caused by alcohol. Alcohol-specific mortality uses a narrow definition based on all deaths that are directly caused by alcohol. Wiltshire has a lower directly standardised rate of alcohol-specific mortality than England (9.2 per 100,000 compared to 11.5 per 100,000)⁵⁸. A higher rate of females (7.3 per 100,000) suffer from alcohol specific mortality than males (6.3 per 100,000).

Key feature 14

Alcohol related hospital admissions in Wiltshire for those under 18 are higher than in England but decreasing.

Drug misuse

Drug addiction has a devastating impact on individuals and wider communities. It is difficult to estimate the number of people using illegal drugs. Public Health England's latest estimate suggested that 1,140 people in Wiltshire use opiates and/or crack cocaine⁵⁹. As a rate this is much lower than England: 3.52 per 1000 in Wiltshire compared to 7.32 in England. A recent Wiltshire Drug and Alcohol needs assessment provides a thorough analysis of drug and alcohol impacts, use and treatment⁶⁰.

Treatment services are available for opiate, non-opiate and alcohol users in Wiltshire. Though Wiltshire's success rate with opiate users is very good compared to England (13.1% compared to 6.7% in 2015) Wiltshire has performed less well in comparison to England when it comes to non-opiate users (30.7% compared to 37.3%). Figure 32 shows that Wiltshire has had a lower success rate than England and its statistical neighbours for many years.

Figure 32: Trend in the percentage successfully completing non-opiate drug treatment



From April 2018 there will be a new, integrated adult drug and alcohol service across Wiltshire and Swindon Borough Councils. The new service will encourage the provision of new, innovative approaches to tackling substance misuse from prevention, through to treatment and recovery. The substance misuse service will increasingly adopt a holistic approach:

- providing prevention
- early intervention
- brief interventions
- the increasing use of technology
- the reduction of harm
- targeted treatment and sustained recovery
- working in partnership with key stakeholders.

⁵⁸ Local Alcohol Profiles for England 2013-15

⁵⁹ PHE, Estimates of the prevalence of opiate use and/or crack cocaine use (2014/15). Available at: <http://www.nta.nhs.uk/facts-prevalence.aspx>

⁶⁰ Drug and Alcohol needs assessment 2015 <http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=56102&servicetype=Attachment>

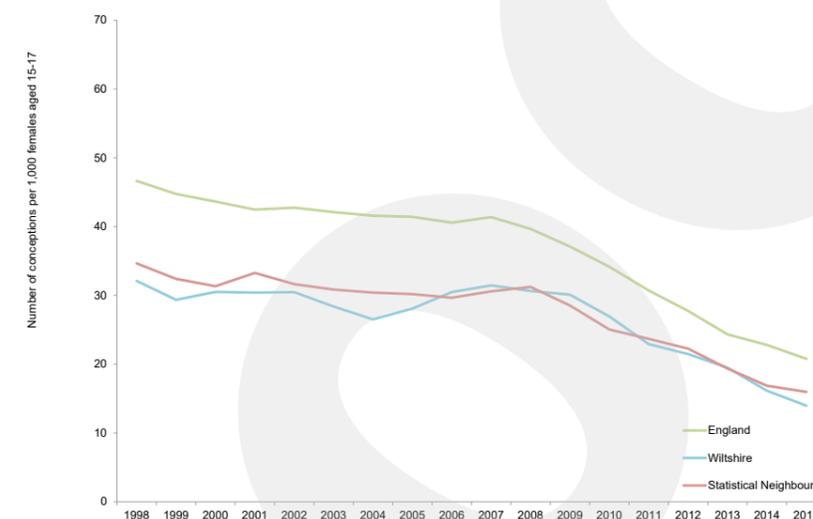
Sexual health

While sexual relationships are essentially private matters, good sexual health is important to individuals and to society. Sexually transmitted infections (STI) can if untreated cause lifelong ill health, in addition unplanned pregnancies have a major impact on individuals, their families and the wider society.

Wiltshire has a low rate of STI diagnosis compared to England. In 2016 the rate of STI diagnosis was 58.2 per 100,000 over 15 year olds in Wiltshire and 90.6 in England⁶¹.

Wiltshire has a lower under 18 conceptions rate than England. 14 per 1,000 fifteen to seventeen year old females conceived in 2015 in Wiltshire compared to 20.8 in England. Conceptions in those aged under 18 have been falling for many years. Since 2007 the rate in Wiltshire has more than halved from 31.5 to 14. Figure 33 shows the trend in under 18 conceptions since 1998 for Wiltshire, England and Wiltshire's statistical neighbours.

Figure 33: Trend in the rate of under 18 conceptions



A Sexual Health Needs Assessment is currently being prepared which will detail all aspects of sexual health and will be published in winter 2017/18.

Sexual and reproductive wellbeing is a key Public Health priority in Wiltshire. The No Worries! service aims to have a skilled workforce available to support young people at times and places they feel comfortable attending. The service is available at GP surgeries, community pharmacies, sexual health clinics and via the school health nursing service and offers Emergency Hormonal Contraception (morning after pill), pregnancy testing, free condoms and chlamydia testing & treatment, (a sexually acquired infection (SAI)).

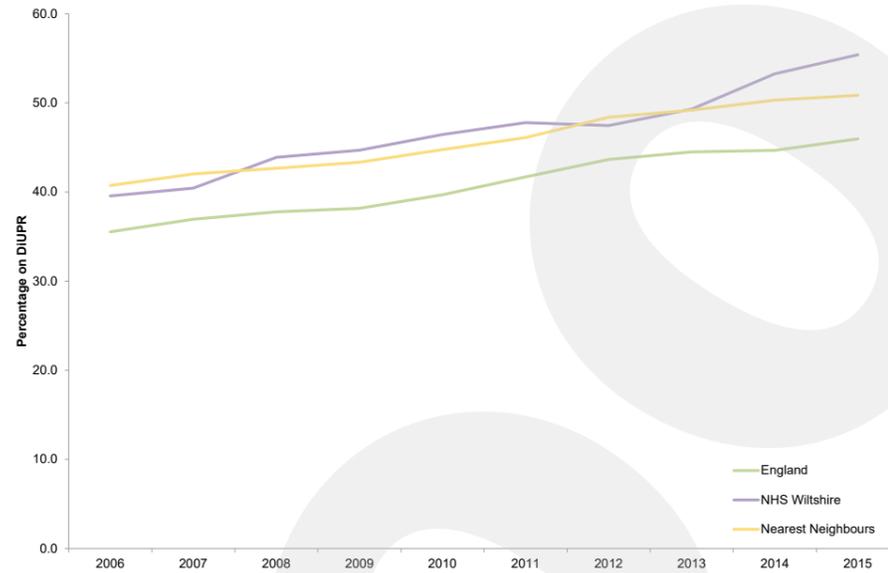
While young people aged under 25 years have been the focus of national and local policies, it is clear that people need help and support to maintain their sexual well-being throughout their lives with access to effective contraception, access to sexually acquired infection testing and treatment services and advice on safer sex and harm reduction. Public Health works closely with partners including Primary Care and Sexual and Reproductive Health services at Salisbury Foundation Trust to have services available to the population across the county.

⁶¹ Sexual and Reproductive Health Profiles, PHE

End of life care

The indicator 'deaths in usual place of residence' is often used as a proxy indicator for the quality of end of life care with a high percentage of deaths in the usual place of residence being seen as a high quality of care. NHS Wiltshire has a higher percentage than England of deaths in usual place of residence (55.4% compared to 46.0%). The percentage of deaths in usual place of residence has been increasing over the last decade. Figure 34 shows this trend.

Figure 34: Trend in the percentage of deaths in usual place of residence



For more information on End of Life care please visit www.wiltshireccg.nhs.uk/end-of-life-care

Health protection

Two important aspects of Public Health's work are screening and immunisations/vaccinations. Screening looks for early signs of disease, with the aim of diagnosing a disease as early as possible when the chance of effective treatment is highest. Immunisations can prevent a number of diseases from affecting a population and the health benefits of immunisations programmes are irrefutable. For example, in the UK we have seen a 99.9% reduction in infections like diphtheria, a 77% decline in rotavirus infections in babies and a 93% reduction in primary school children admitted to hospital for influenza⁶³. Most immunisation programmes hope to be administered to 95% of the population. This directly protects the majority of the population and if a pocket of a disease does appear the immune population should be able to contain the spread of the illness.

The Health protection data pack contains 10 indicators. These include indicators on DTaP/IPV/Hib, MMR, HPV and Flu vaccinations and cancer screening tests, chlamydia screening and NHS Health Checks.

Immunisations and vaccinations

The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine). The vaccine is delivered in three doses. In Wiltshire 97.2% of children in 2015/16 received their third dose of DTaP/IPV/Hib by their second birthday. This is higher than England which managed to vaccinate 95.2%⁶⁴.

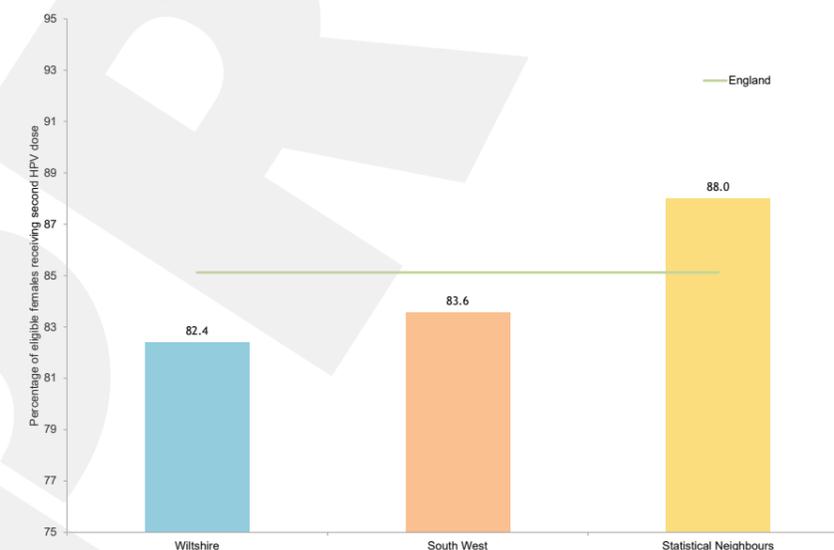
MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage. In Wiltshire 90.7% of children in 2015/16 received their second dose of MMR by their fifth birthday. This is higher than England which managed to immunise 88.2%. However, Wiltshire's MMR coverage is below the 95% target.

Flu vaccines are freely available to certain vulnerable groups but can also be bought from pharmacies by anyone who wishes to have a flu vaccination. The vaccine can prevent illness and hospital admissions among people who are at greater risk of developing serious complications if they catch flu. Increasing the uptake of the flu vaccine among these high risk groups should also contribute to easing winter pressure on primary care services and hospital admissions. In Wiltshire of those under 65 who are deemed at risk from flu 49.3% were vaccinated in 2016/17⁶⁵. This is slightly more than the national vaccination percentage. Of those aged 65 and over 72% in Wiltshire and 70.5% in England were vaccinated in 2016/17. This is below the 75% target Public Health England has set for this age range.

Wiltshire Council works closely with NHS England (who coordinate the annual flu programme⁶⁶) and other partners to help promote the flu vaccine to those eligible; this includes sending posters to local community areas, libraries and leisure centres as well as promoting via social media. As part of this the Council vaccinate its staff so that the risk to service users and service continuity is minimised.

The national human papillomavirus (HPV) immunisation programme was introduced to protect females against the main causes of cervical cancer. The doses are administered to all girls in year 8 and year 9 of secondary schools who volunteer for the immunisation. The target is to get 90% or more of the females vaccinated. 82.4% of Wiltshire's eligible female population were vaccinated in 2015/16. This is a slightly lower vaccination percentage than England (87.0%), our statistical neighbours (88.0%) and the South West (83.6%). Figure 35 presents the second dose HPV immunisation percentages for 2015/16.

Figure 35: Vaccination coverage for two doses of HPV (2015/16)



⁶⁴ Cover of Vaccination Evaluated Rapidly (COVER) data collected by PHE

⁶⁵ Public Health England Influenza Surveillance

⁶⁶ www.gov.uk/government/collections/annual-flu-programme

⁶³ Immunisation in numbers – Five fascinating facts, PHE 2015

In Wiltshire with agreement from the Commissioners, the service provider (Virgin Care) altered the HPV delivery schedule for 2016/17 onwards. This will allow both doses of HPV to be delivered within Year 8. This change will enable the team of nurses to ensure that those girls leaving independent middle schools at the end of Year 8 have completed the two-dose schedule. Wiltshire Council works in conjunction with PHE's screening and immunisation team to promote vaccine uptake, include the distribution of joint communication messages.

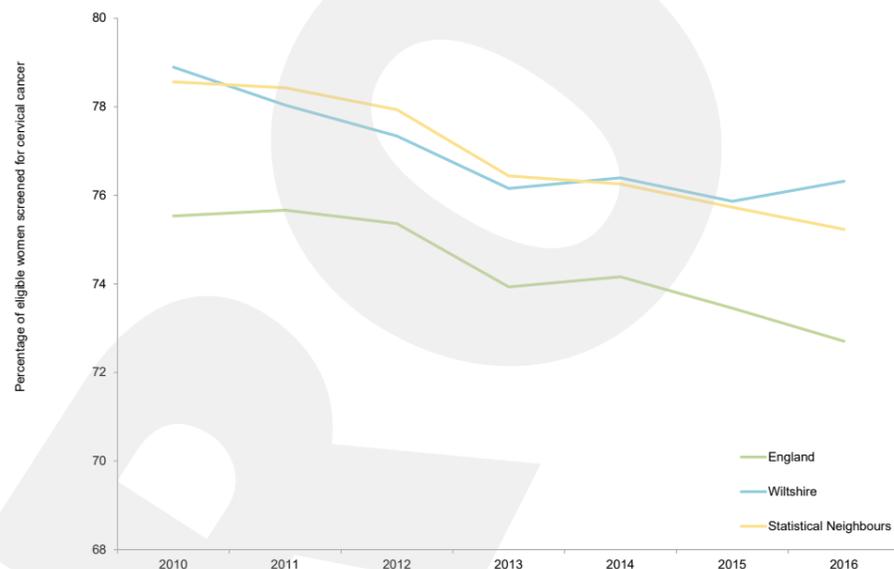
Key feature 15

Although vaccination rates in Wiltshire are often higher than the national figures, in some cases they are below the percentage recommended to prevent a potential spread of the infection. This is true for 65 and over flu, second dose MMR and HPV vaccinations.

Cancer screening

The three main cancer screening programmes are for bowel, cervical and breast cancers. In 2016 Wiltshire screened more than the national percentage of the population for bowel (62.3% compared to 57.9%), cervical (76.3% compared to 72.7%) and breast (78.2% compared to 75.5%) cancers⁶⁷. However, there has been a general national and local downward trend in the percentage of women screened for cervical cancer. Figure 36 presents this trend.

Figure 36: Trend in cervical cancer screening



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To combat the declining rate of cervical screening Wiltshire Council is focusing efforts on the 25-35 age group, as this group of women has the lowest uptake. During practice nurses mandatory update training low uptake is high on the agenda. Each practices data is explored and discussions are had as to how to improve uptake, participation and reduce variation of screening uptake between populations.

Key feature 16

The percentage of women screened for cervical cancer has been declining.

NHS Health checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, is invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of the NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

The first year of the Health check programme was 2013/14 and as of 2016/17 82.8%⁶⁸ of Wiltshire's eligible population had been offered a health check. This means that Wiltshire is on track to have invited 100% of the eligible population in the first five year cycle. However, of those who were offered a health check 46.1% in Wiltshire have had a health check. This is significantly less than England (48.9%).

Wiltshire Council has taken a number of actions to try and increase the uptake of NHS health checks. Practices with low engagement have been targeted, the invitation letters have been redesigned, local community and employers have been engaged, men (who are less likely than women to take up the offer) have been contacted by phone when they become eligible at age 40, evening appointments have been offered, patients have been texted and promotional leaflets and banners have been added to repeat prescription forms. Wiltshire Council has also designed an online patient satisfactory survey to help monitor the NHS Health Check service.

Key feature 17

The percentage of those having an NHS Health check in Wiltshire is lower than England.

Wider determinants

The wider determinants of health are also known as the social determinants and have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. They include the conditions of daily life and the structural influences upon them. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.

The wider determinants data pack contains nearly 30 indicators. The indicators cover topics like the natural and built environment, welfare, social care activity, carers, social isolation, education and community safety.

Natural and Built environment

Wiltshire is covered with sites of special scientific interest (SSSI) and areas of outstanding natural beauty (AONB). In fact 44% of Wiltshire is categorised as an AONB and 9% as a SSSI. In England and Wales AONBs cover 18% of the land and 7% of England's land mass is designated a SSSI. Figure 37 shows the locations of these areas and the areas of county wildlife sites.

However, even though Wiltshire has a wealth of outdoor space, a survey by Natural England found the utilisation of outdoor space in Wiltshire was about average with 18% of adults using outdoor space for exercise/health reasons compared to 17.9% nationally⁶⁹.

⁶⁷ NHS digital

⁶⁸ PHOF

⁶⁹ Natural England, Monitor of Engagement with the Natural Environment Survey 2015/16

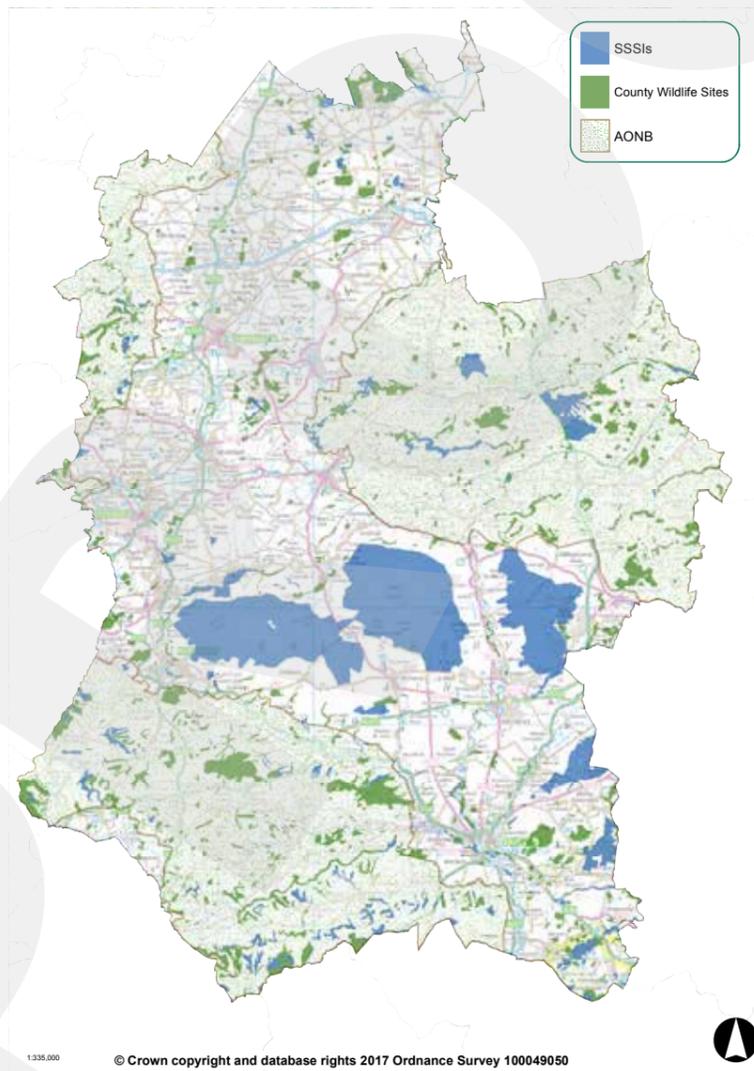
The rural nature of Wiltshire does make it difficult for some services to reach local communities. In the indices of multiple deprivation 2015 the geographic distance to basic services was noted as a contributing factor to elements of deprivation in Wiltshire⁷⁰. For example, many rural homes are not able to get mains gas. The difficulty with heating these rural homes is considered within a fuel poverty indicator. 23,965 (11.8%) households in Wiltshire are thought to be in fuel poverty⁷¹. This is higher than England (11%) but is dependent on fluctuating fuel cost and employment. Wiltshire Council has created and funds a single point of contact for cold home support called 'Warm and Safe'⁷². The service has supported more than 800 people through the cold homes referral process, achieved over £52,000 worth of annual energy bill savings for households receiving support and enabled households to better able achieve affordable warmth.

Wiltshire Council is reviewing its Core Strategy between 2017 and 2019 and the Public Health team will be involved throughout the process.

Key feature 18

Although Wiltshire's rural beauty has many benefits the sparse population creates geographic barriers for services.

Figure 37: Map of Areas of Outstanding Natural Beauty, Sites of Special Scientific Interest and County Wildlife sites in Wiltshire



⁷⁰ English Indices of Deprivation 2015: Wiltshire Report www.intelligence-network.org.uk/community/

⁷¹ Department for Business, Energy and Industrial Strategy, Sub-regional fuel poverty estimates, 2015

⁷² www.warmandsafewiltshire.org.uk/

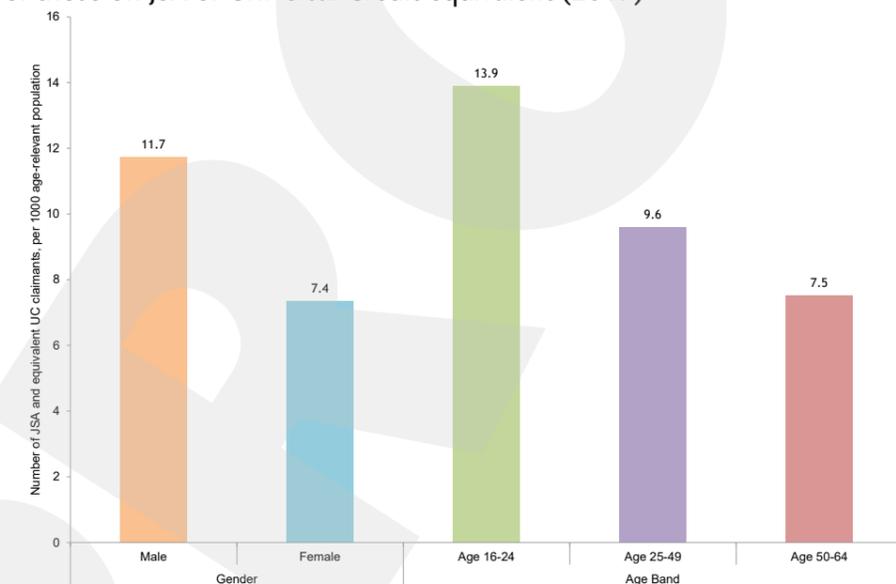
Welfare

Poverty has a huge influence on health. Child poverty is particularly important as the early years of life have lasting implications on a person's health. The definition of the child poverty (also known as children in low income families) used by Public Health England is the percentage of dependent children under 20 living in households where income is less than 60 per cent of median household income before housing costs. Using this definition, in Wiltshire 11,980 (11.8%) children are in poverty compared to 19.9% in England. Even though Wiltshire may have a lower percentage of child poverty than England the serious repercussions poverty can have on the development of a child mean Wiltshire Council continues to have a focus on reducing child poverty. Wiltshire's Child Poverty Strategy 2015-2020 aims to reduce and mitigate against the effects of child poverty in Wiltshire. The strategy⁷³ has been informed by a comprehensive Child Poverty Needs Assessment⁷⁴. An implementation plan to deliver the strategy centres on five strategic objectives:

- Provide effective support for vulnerable families with 0-5s
- Narrowing the educational attainment gap
- Develop an inclusive economy
- Provide locally focused support based on a thorough understanding of needs
- Promote engagement with the Child Poverty Strategy and Implementation Plan

One way to reduce poverty is to prevent and reduce unemployment. In April 2017 2,805 (1.0%) working age adults in Wiltshire were on Jobseeker's allowance⁷⁵ (or equivalent Universal Credit payments). This is much lower than England where 1.9% of adults are on JSA or the equivalent Universal Credit element. However, males and young adults are more likely to be on JSA than females and older adults. Figure 38 shows the rate per 1,000 by gender and age groups.

Figure 38: Rate of those on JSA or Universal Credit equivalent (2017)



Key feature 19

Although unemployment levels are low 1 in 10 children live in poverty.

⁷³ Child Poverty strategy 2014 – www.intelligence-network.org.uk/EasysiteWeb/getresource.axd?AssetID=56103&servicetype=Attachment

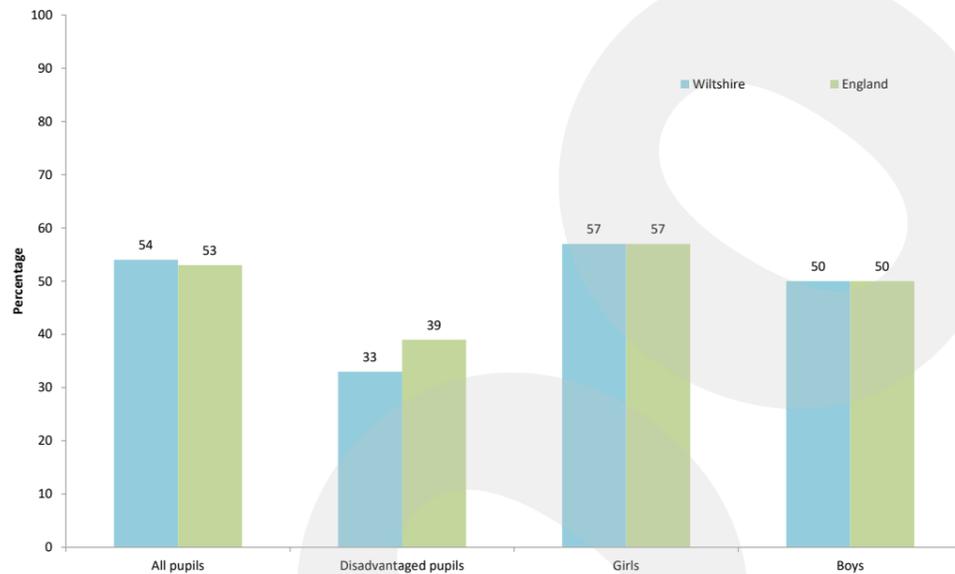
⁷⁴ Child Poverty needs assessment 2014 – www.intelligence-network.org.uk/EasysiteWeb/getresource.axd?AssetID=56104&servicetype=Attachment

⁷⁵ DWP claimant count, 2017

Education

In Wiltshire's primary schools 54% of pupils met the expected standards⁷⁶ in 2016. This is slightly higher than England⁷⁷. A lower percentage of boys in Wiltshire and England met the expected standards than girls (50% compared to 57% in both areas). Further, a lower percentage of pupils from disadvantaged backgrounds met the expected standards in Wiltshire (33%). In fact the percentage of disadvantaged pupils meeting the expected standards in Wiltshire is lower than in England (39%). Figure 39 compares Wiltshire and England's expected standards percentages in primary schools.

Figure 39: Percentage of primary school pupils meeting the expected standards (2016)



The secondary school education system is undergoing change, one of the aspects of this change is to move from alphabetical scoring to a numerical system for GCSEs. As part of this a new method of evaluating performance has been created called attainment 8. The attainment 8 score indicates how well a pupil, school or local authority is performing across 8 different subjects⁷⁸. In 2016 pupils in Wiltshire achieved on average a higher attainment 8 score than the England average (51.4 compared 49.9). As with primary school performance girls obtained a higher attainment 8 score though the gap between genders was much smaller (53.4 compared to 49.4). And again pupils from disadvantaged backgrounds obtained a significantly lower attainment 8 score than the Wiltshire average and Wiltshire's disadvantaged pupils scored lower than England's (38.4 compared to 41.1).

Key feature 20

A smaller percentage of pupils from disadvantaged backgrounds obtain high academic scores compared to other pupils and those in Wiltshire perform less well than the England average.

⁷⁶ Pupils are 'meeting the expected standards' if they achieve a 'scaled score' of 100 or more in their reading and maths tests, and their teacher assesses them as 'working at the expected standard' or better in writing.

⁷⁷ www.compare-school-performance.service.gov.uk/schools-by-type?step=phase®ion=865&geographic=la&phase=primary&for=primary&dataSetFilter=final

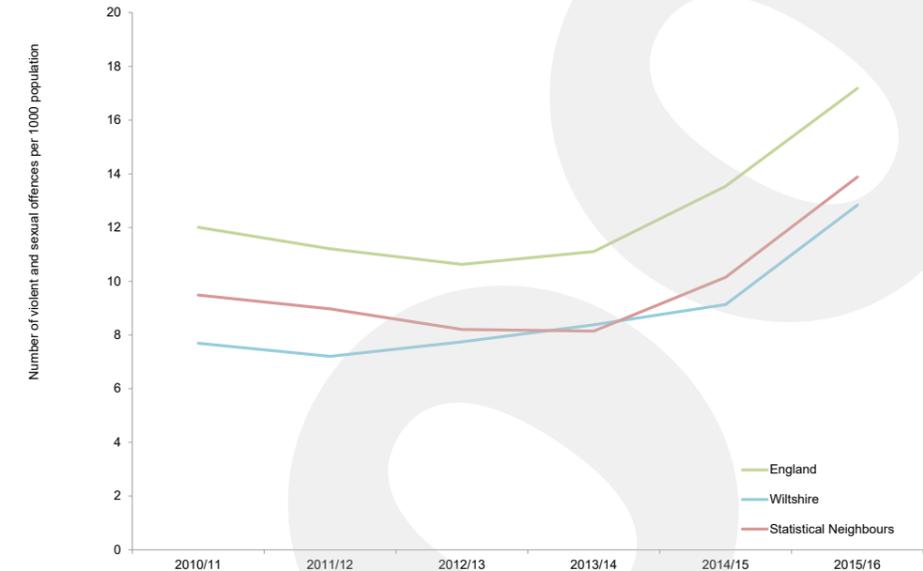
⁷⁸ www.gov.uk/government/publications/progress-8-school-performance-measure

Community Safety

Public health services have an important role to play in tackling violence and look widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities.

Wiltshire has a low rate of violent crime compared to England and the South West. Per 1,000 people in 2015/16 12.8 offences occurred in Wiltshire (in real terms this is 6,192 offences) compared to 17.2 in England and 15.0 in South West⁷⁹. However, there has been a rise in violent and sexual offences since 2011/12 with the increase being greatest between 2014/15 and 2015/16. In figure 40 violent and sexual offences increased from 7.2 per 1,000 in 2011/12 to 12.8 in 2015/16.

Figure 40: Trend in reported violent and sexual offences



Some of this increase has been driven by efforts made by police forces to improve their compliance with the National Crime Recording Standard (NCRS). However, in Wiltshire the proportional increase in the subset of reported sexual offences (117% increase in rapes, 107% in 'other sexual offences') is felt to be greater than could be gained from improving recording standards.

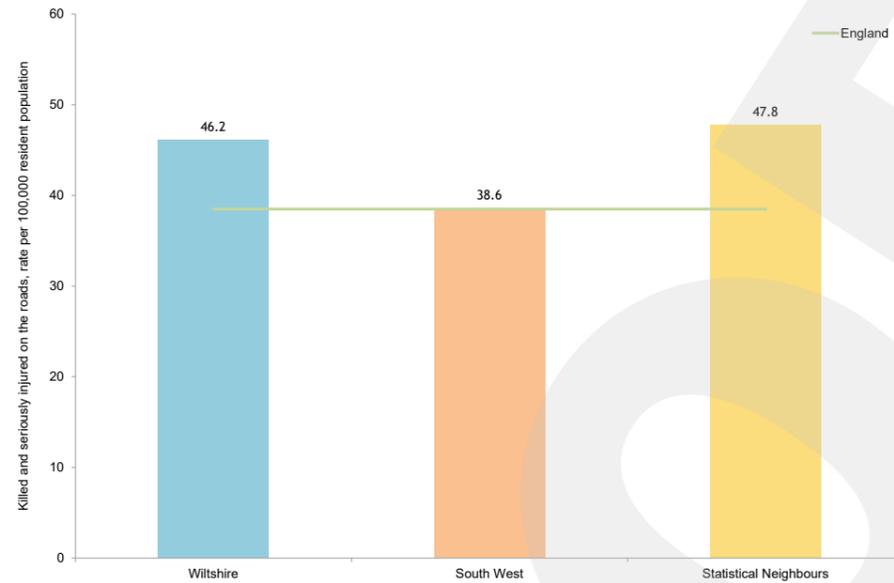
Key feature 21

Violent crime (including sexual offences) has been increasing in the last few years.

Wiltshire's performance on one community safety indicator is reported in the PHOF as worse than England. Killed and seriously injured (KSI) road casualties as reported in the PHOF is presented as 46.2 per 100,000 residents which is significantly high compared to England's rate of 38.5 per 100,000 residents (see figure 41).

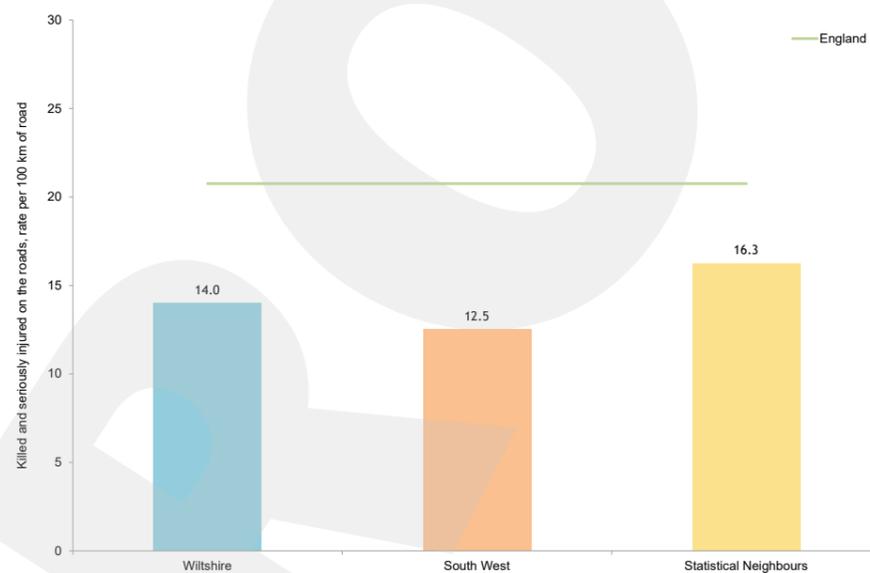
⁷⁹ PHOF

Figure 41: KSI on roads per 100,000 residents: Benchmarking Analysis (2013-15)



However, the methodology used has been criticised as it does not take into account the local road length or volume of traffic. This has the effect of penalising rural Local Authorities with relatively small populations and long road networks. Local analysis factoring in road length has shown that Wiltshire's rate of those killed and seriously injured is, using this methodology, lower than England's rate (see figure 42)⁸⁰.

Figure 42: KSI on roads per 100 km of road: Benchmarking Analysis (2013-15)



The improved methodology allows for more accurate comparisons to be made externally. The actual number of KSIs has been falling for many years and Wiltshire Council and partner organisations will continue to work to reduce the number.

⁸⁰ Department of Transport, Reported KSI casualties by region, local authority, urban/rural and road class, England (RAS30046); Department of Transport, Total road length (kilometres) by road type and local authority in Great Britain (RDL0202a)

Social care activity

Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. This way people manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs. The rate of people in Wiltshire receiving support in the community is lower than England, South West and our nearest neighbours (7.0, 10.5, 8.9 and 9.9 per 1,000 adults respectively)⁸¹. Community support services are means tested, bearing in mind Wiltshire's low levels of deprivation we would expect to see a lower rate in Wiltshire of community support than the rest of England.

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation. The rate of new permanent admissions to care homes in NHS Wiltshire is slightly lower than the England, South West and our nearest neighbours (1.3, 1.5, 1.6 and 1.7 per 1,000 adults respectively). In terms of the inequalities analysis the rate of people coming from more deprived areas seems to be higher than those coming from the other areas of Wiltshire.

It is important to understand the trends and variations in availability of care home beds in residential care homes. It is important for support in later life when either temporary use of a care home for respite might help with longer term independence. In 2017 in NHS Wiltshire there are 2,634 nursing care beds an increase from 2,072 in 2011. The rate of nursing home beds is higher in NHS Wiltshire (5.9 per 100 people 75 and over) than in England (4.9) and our nearest neighbours (5.0). There is some variation in the distribution of the beds by deprivation and the Council is working to help achieve a distribution which meets the demands of local areas. The number of residential care home beds per 100 people aged 75 and over in Wiltshire (11.2) is higher than in England (10.5) and our nearest neighbours (10.5). While NHS Wiltshire has seen some reduction in the rate of beds per 100 people the reduction in other areas has been much more severe.

Carers

Many people rely on the day-to-day care and support of carers to help them maintain their independence. 'Carers' are people who provide unpaid care to a child, relative, friend or neighbour who is in need of support because of age, addiction, mental or physical impairment or illness. It does not include people who volunteer or paid workers – they are referred to as 'care workers'⁸².

Carers Support provides assistance to carers in Wiltshire. Figures from Carers support state that as of January 2017 there were 12,107 carers are known to the service. And each year 3,000 carers are being referred to the service.

Social isolation

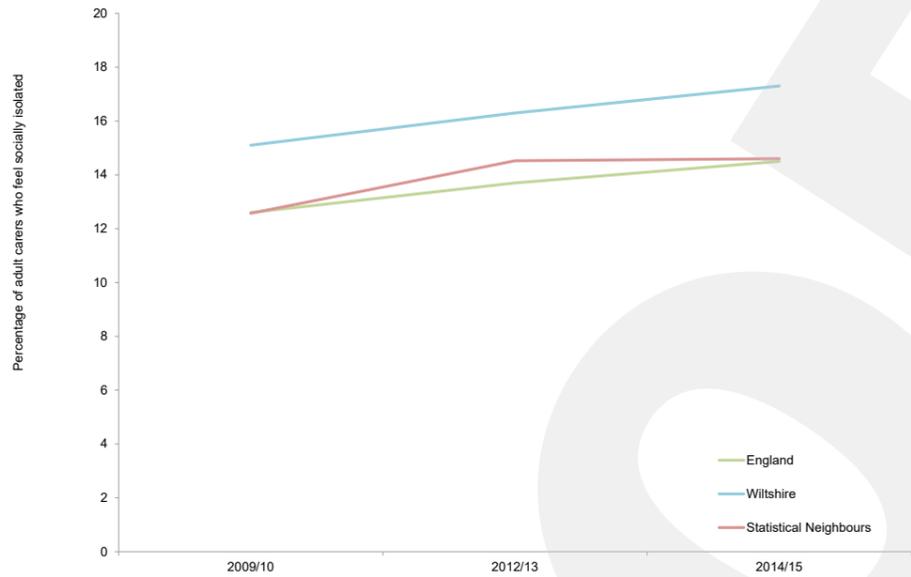
The Personal Social Services Adult Social Care Survey asks carers whether they have had as much social contact with people as they would like. A higher percentage of carers in Wiltshire report feeling socially isolated than in England (17.3% compared to 14.5%)⁸³. The percentage of those feeling socially isolated has increased in all areas between 2009/10 and 2014/15. Figure 43 shows that the percentage of carers in Wiltshire feeling isolated has increased from 15.1% to 17.3%.

⁸¹ NHS digital

⁸² Carers (Recognition and Services) Act 1995 (C(RS)A 1995)

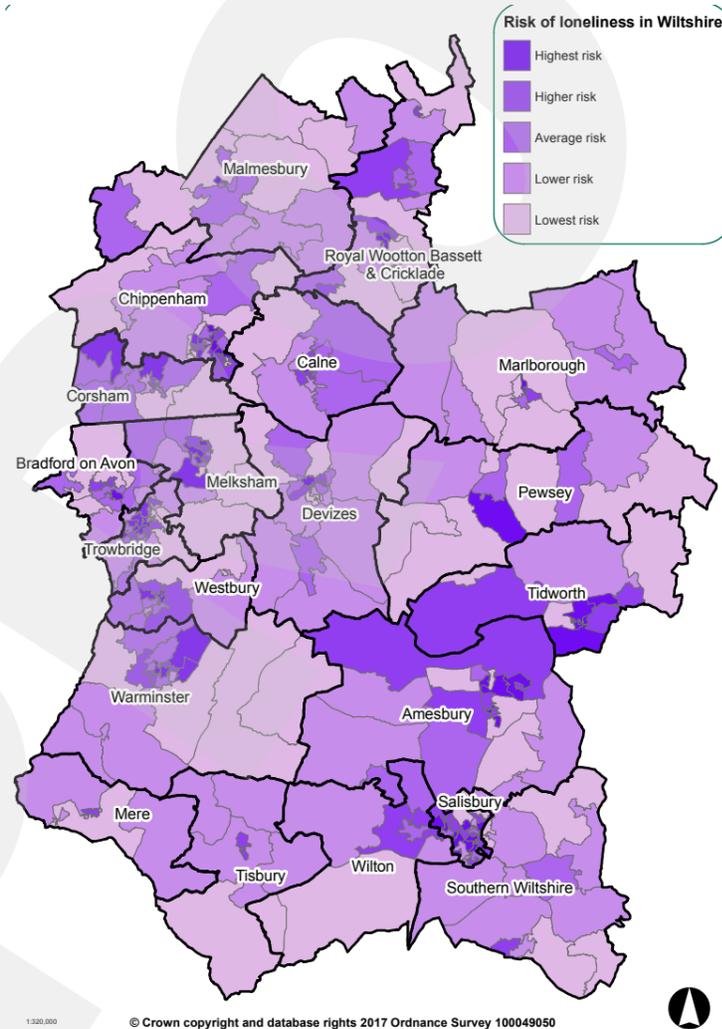
⁸³ Personal social services adult social care survey 2014/15

Figure 43: Trend in social isolation in carers



ONS created an artificial risk of loneliness for small geographic areas across England. Wiltshire has a lower risk of loneliness than England, the South West and Wiltshire's statistical neighbours. A map (figure 44) of the risk of loneliness within Wiltshire was created to help guide isolation reduction services.

Figure 44: Map of Risk of loneliness in Wiltshire



Conclusions

The health of those in Wiltshire is generally very good compared to the national average. On the whole compared to England people in Wiltshire have a higher life expectancy and healthy life expectancy, fewer of them are living in areas of deprivation, a smaller proportion are living unhealthy lifestyles, more of them have been vaccinated and crime and unemployment rates are very low. However, there are some key features that Wiltshire needs to overcome to build on this strong foundation.

Compared to England Wiltshire has few areas of high deprivation. But evidence in this JSNA has highlighted that the most deprived 20% within Wiltshire have repeatedly poorer outcomes than the least deprived 20%. Here is a list of some of the health outcomes that indicated poorer rates for those in the most deprived quintile in Wiltshire:

- Life expectancy
- Healthy life expectancy
- Under 75 mortality for cancer,
- CVD mortality
- Preventable mortality
- All age mortality for respiratory disease
- Avoidable admissions
- Self-harm admissions in the 15-24 year olds,
- Suicides
- Excess weight in 10 to 11 year olds

This does not present new understanding but highlights that inequalities in outcomes due to deprivation still exist in Wiltshire and commissioners should continue to consider this when designing services.

The population living in Wiltshire is increasing. As part of this increase the population of those 65 and over will increase at a much faster pace. This will bring many challenges and benefits. Long term diseases have been increasing in prevalence and this is likely to continue as the population lives longer. The rate of falls in the older population has remained stable but there is a gender inequality with far more females than males being admitted to hospital. This could be related to the gender difference in physical activity. A larger proportion of males undertake physical activity than females. Physical activity has a strong evidence base for preventing falls and fall injuries⁸⁵. Local evidence also showed a reduction in physical activity with age. Further, related to the older population NHS Wiltshire provides a lower proportion of support in the community than England. Evidence supports that as much as possible people prefer to and benefit from being supported in the community. The Older People's Health and Wellbeing JSNA document will explore the health of the older population in more detail.

There are some health related issues in the young population in Wiltshire. Wiltshire has been highlighted as having a high rate of unintentional and deliberate injury in 15-24 year olds. Intentional admissions to hospital in the 15-24 year olds is a large proportion of these admissions. Evidence from the Wiltshire school health survey (2017) suggests that nearly 1 in 3 year 12 students have low or very low mental wellbeing. These two indicators could suggest that young people's mental health and wellbeing needs to be addressed. The rate of alcohol admissions for those under 18 in Wiltshire have always been higher than England and though decreasing in Wiltshire it is also decreasing in England. Nearly, 1 in 3 10 to 11 year olds were found to be overweight and obese and very few children were found to be eating the recommend number of fruits and vegetables. Further, more than 2 in 3 children reported engaging in the recommended amount of physical activity. Finally, though the education attainment of children in Wiltshire is better than England pupils from the most deprived backgrounds in Wiltshire performs worse than those from England. The Younger People's Health and Wellbeing JSNA document will explore the health of the younger population in more detail.

⁸⁴ ONS, CT0467 - Log odds of loneliness for those aged 65 and over

⁸⁵ The Role of Physical Activity in the Prevention of Falls in Older Age. www.who.int/ageing/projects/6.Role%20of%20physical%20activities%20in%20falls%20prevention.pdf

Other observations in this JSNA include:

- Cancer remains the biggest cause of all and premature mortality in Wiltshire. As a rate the highest cause of mortality is prostate cancer.
- Alcohol related hospital admissions for all ages have been increasing
- Some specific populations in Wiltshire are at risk of ill-health due to lifestyle choices. The population of routine and manual workers and military personnel both have higher proportions of tobacco smoking than the Wiltshire average.
- Though vaccination rates in Wiltshire are often higher than the national figure there are still certain areas where the target percentage is not being met. This is true for 65 and over flu, 2nd dose MMR and HPV vaccinations.
- In regards to screening programmes, the percentage of women screened for cervical cancer has been declining.

This report has provided an overview of all the indicators provided in the 5 data packs. The data packs provide some additional indicators and figures which may help direct further investigations. This report has been supported by a number of detailed needs assessments that have recently been published. Additional needs assessments are being created to explore emerging issues in Wiltshire. Two supplementary JSNA reports will be published one discussing data related to older people the other discussing data related to younger people.

Glossary

Deprivation analysis gives an understanding of how well different levels of deprivation are performing in Wiltshire. Deprivation analysis uses the Indices of Multiple deprivation published by Department for Communities and Local Government (DCLG) in conjunction with Oxford Consultants for Social Inclusion (OCSI). The Indices of deprivation provides an indication as to the relative levels of deprivation between small geographies within England. Most of the time in this report deprivation is broken into quintiles of deprivation within Wiltshire.

Directly (age) standardised rates apply age-specific rates from the population being studied to a standard population structure, in this JSNA the European Standard Population 2013. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile. The main advantage of directly standardised rates is that they allow comparisons between multiple populations and between time periods. However, if the age-specific rates are based on small numbers, directly standardised rates may not be reliable and in some datasets age is not provided preventing directly standardised calculations.

Incidence is the number or rate of new cases of a disease.

NHS Wiltshire – Sometimes it is not possible to provide a figure for Wiltshire residents but it is possible to provide a figure for those registered at a Wiltshire GP surgery. When this is possible it is called NHS Wiltshire.

Nearest neighbours are a group of local authorities who have similar characteristics to NHS Wiltshire. The definition and groupings were created by NHS Rightcare. NHS Wiltshire's nearest neighbours are NHS Ipswich and East Suffolk, NHS Somerset, NHS South Worcestershire, NHS West Kent, NHS East Leicestershire & Rutland, NHS E and N Hertfordshire, NHS Mid Essex, NHS Bedfordshire, NHS Gloucestershire, NHS West Hampshire. Comparing NHS Wiltshire to these areas gives a better indication as to how well services in Wiltshire are doing.

Prevalence is the proportion of a population who have a specific disease.

Statistical neighbours are a group of local authorities who have similar characteristics to Wiltshire. The definition and groupings were created by the Office of National Statistics. Wiltshire's statistical neighbours are BANES, Cambridgeshire, Devon, Dorset, Gloucestershire, Hampshire, Oxfordshire, Shropshire, West Sussex and Worcestershire. Comparing Wiltshire to these areas gives a better indication as to how well services in Wiltshire are doing.

Resources and Further information

For more information on any of the indicators mentioned in this report please visit www.wiltshireintelligence.org.uk there you will find 5 data packs full of the indicators present in this report and additional indicators. The indicators in the data packs will often be presented with trend, gender or inequalities information and all items are sourced so you can explore the original data sources if you wish.

The Public Health Outcomes Framework (www.phoutcomes.info) published and updated regularly by Public Health England provides a vast amount of public health data and is a useful starting point if you wish to explore public health data beyond Wiltshire.

Acknowledgements

The Health and Wellbeing Joint Strategic Need Assessment has been prepared by Wiltshire Council's Public Health Intelligence team with additional support from the wider Public Health team. Information has been collated from multiple sources across Wiltshire Council and partner organisations. We would like to thank all those who have contributed to the JSNA.

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Demographics and Overarching Indicators

Population⁽¹⁾

Wiltshire has an estimated population of 488,400 persons



0-19 Yrs

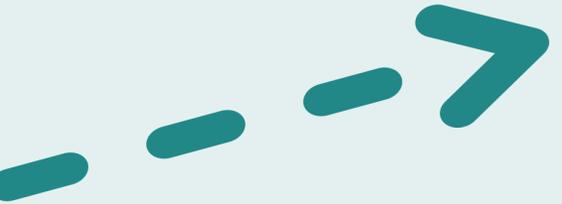
23% of people are aged 19 or below

20-64 Yrs

56% of people are between 20-64 years

65+ Yrs

21% of people are aged over 65 years



7% increase in population from 2016 to 2030⁽²⁾

Life Expectancy & Healthy Life Expectancy⁽³⁾



Life expectancy 80.8 Yrs

Healthy life expectancy 64.8 Yrs



Life expectancy 84.0 Yrs

Healthy life expectancy 66.8 Yrs

Deprivation⁽⁴⁾



20,800 people (4%) in Wiltshire live in the nationally most deprived quintile of areas.

145,600 people (30%) in Wiltshire live in the nationally least deprived quintile of areas.



Data Sources (1) 2016 Mid Year Population Estimates, Office for National Statistics, (2) Population projections, Office of National Statistics, 2016, (3) Local Life Expectancy Calculation based on Mortality Rates and Mid Year Population Estimates, Office for National Statistics 2013-2015 (4) Local Deprivation Calculation based on Index of Multiple Deprivation, Department for Communities and Local Government, 2015



Demographics and Overarching Indicators

Causes of death all ages⁽¹⁾

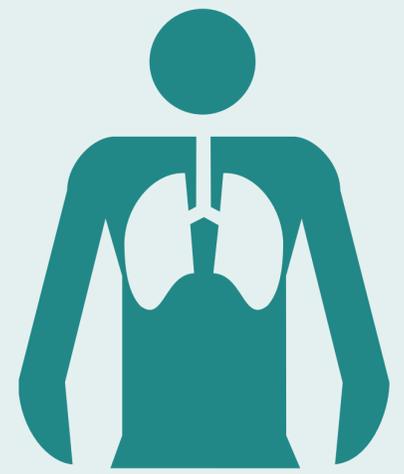


28% of people died from cancer

25% of people died from cardiovascular disease



12% of people died from respiratory disease



Causes of death in those under 75⁽¹⁾

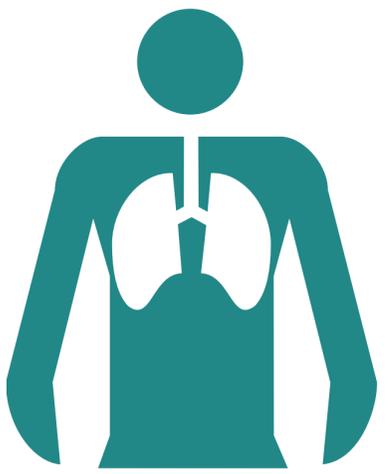


44% of people under 75 died from cancer

20% of people under 75 died from cardiovascular disease



8% of people under 75 died from respiratory disease



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Demography and Overarching Data Pack

This data pack is part of the 2017 Wiltshire Health and Wellbeing Joint Strategic Needs Assessment and is the first of 5 data packs. A number of indicators are presented. Comparisons have been drawn to England, the South West and Wiltshire's statistical neighbours. Trend analyses have been provided when appropriate. Gender, Age and Deprivation analyses are provided whenever possible. This data pack will cover the following areas:

- Population and Demography

- Ethnicity

- Life expectancy at Birth

- Life expectancy at age 65

- Healthy life expectancy

- All age all cause mortality

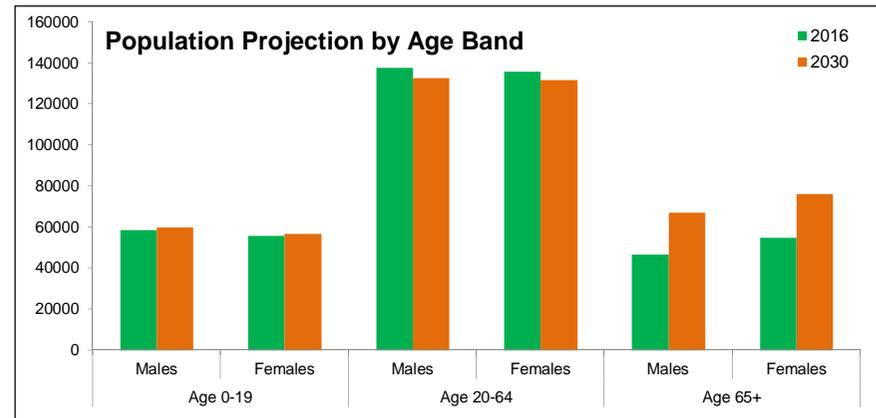
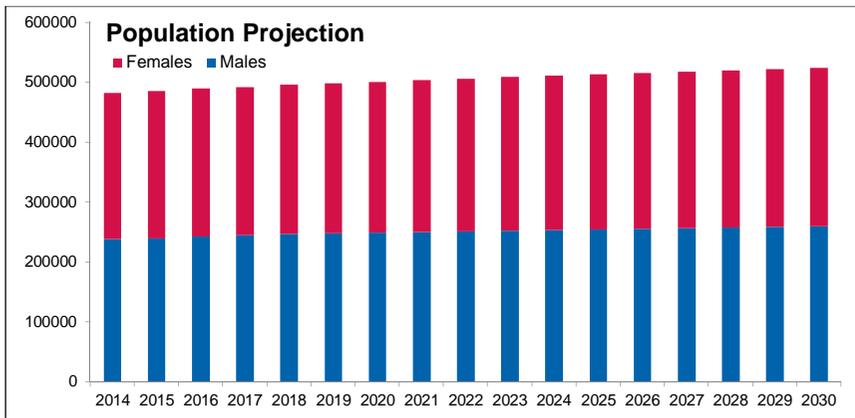
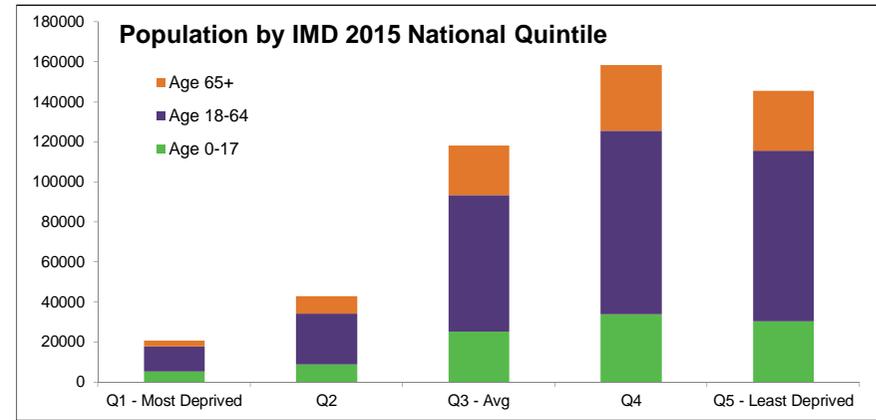
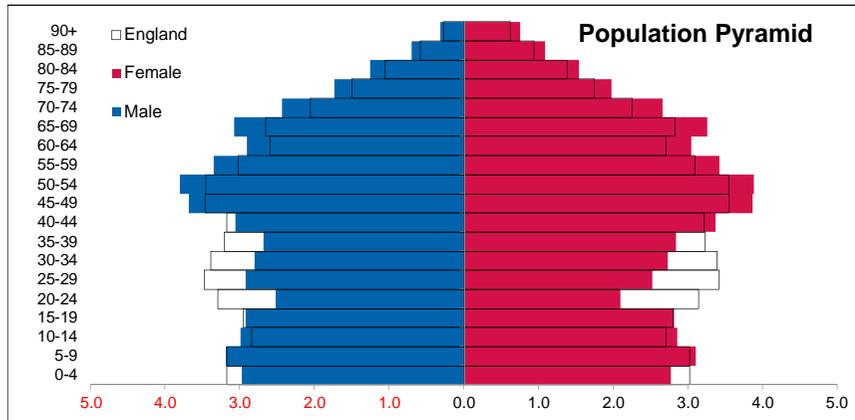
- Cause of death all ages

- Cause of death under 75s

- Infant mortality

Population & Demographics

Understanding the size and structure of Wiltshire's population is fundamental if the council and its partners are to have the ability to prioritise and deliver services efficiently.



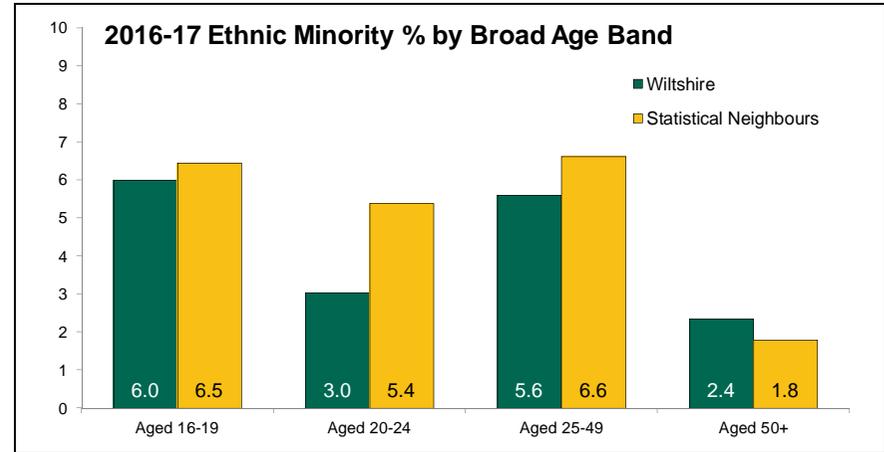
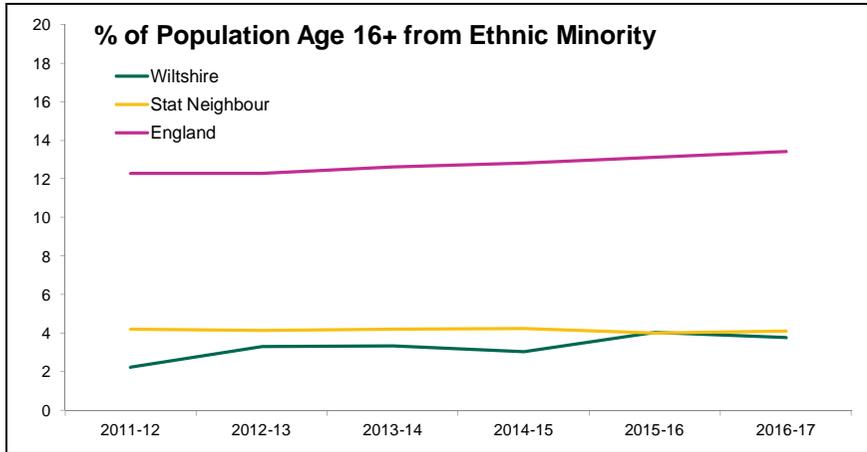
The proportion of young adults in Wiltshire reduces as young people go to University. The majority of Wiltshire residents live in areas which are considered to be less deprived than many areas nationally. Overall the population of Wiltshire is expected to grow by around 7% by 2030, this is not evenly distributed across the age bands, those aged 65 and over are expected to grow by around 40% while the working age population is expected to shrink by around 3%.

ONS Population Mid Year Estimates and Sub National Population Projections. Indices of Deprivation from Department of Communities and Local Government.

For a Wiltshire report on the Indices of Deprivation please visit <http://www.intelligencenetwork.org.uk/community/>

Population & Ethnicity

Understanding the size and structure of Wiltshire's population is fundamental if the council and its partners are to have the ability to prioritise and deliver services efficiently.

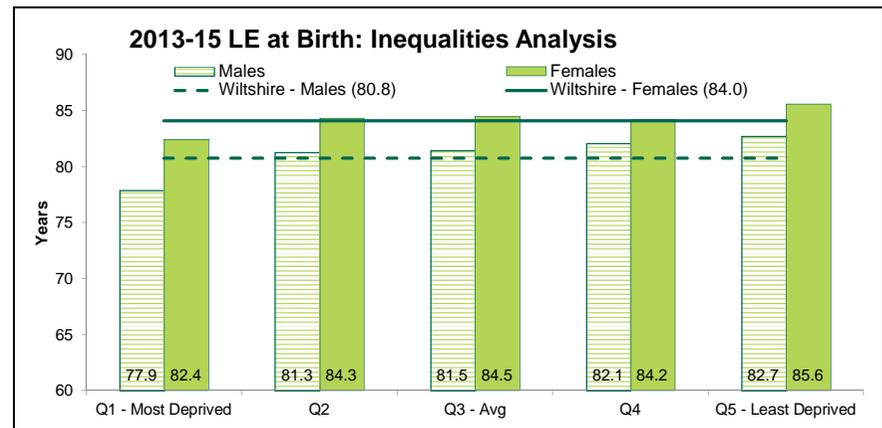
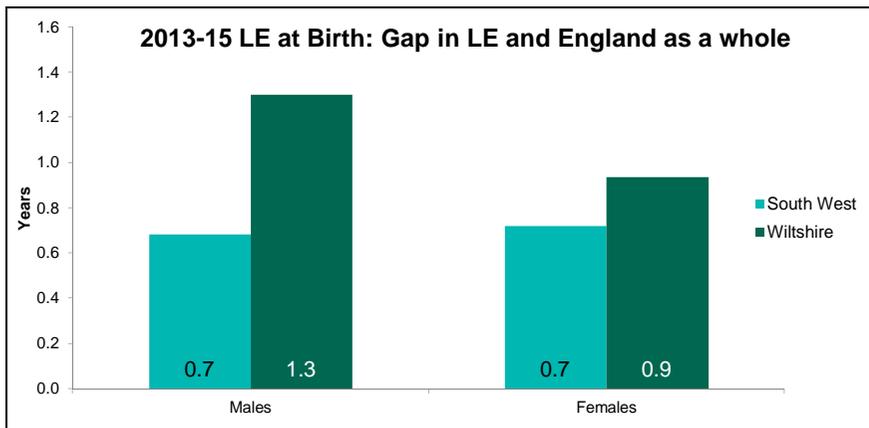
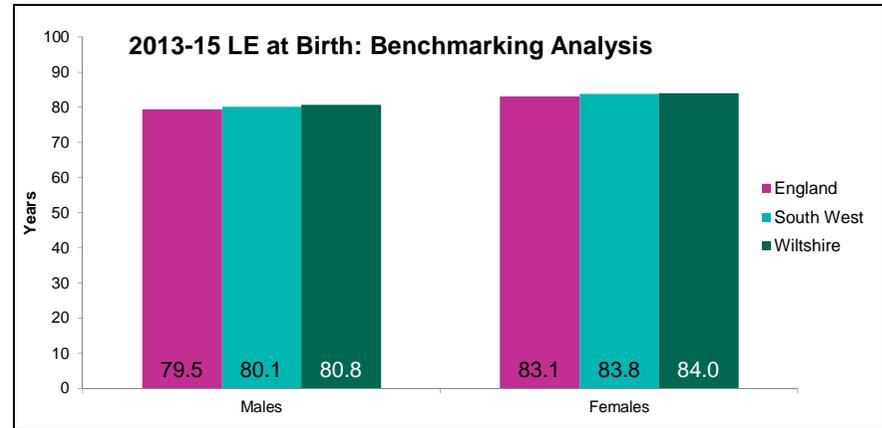
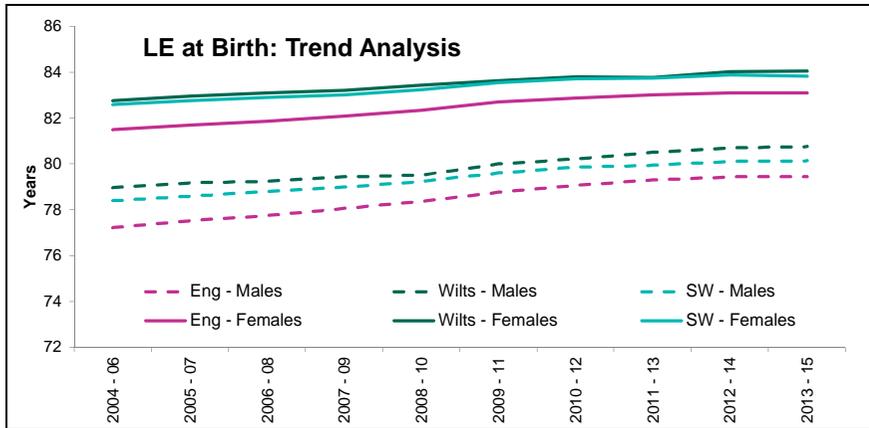


The proportion of the population from an Ethnic Minority in Wiltshire is similar to that of our statistical neighbours and both are much lower than the England average.

Annual Population Survey Data (Nomis Web)

Life Expectancy at Birth

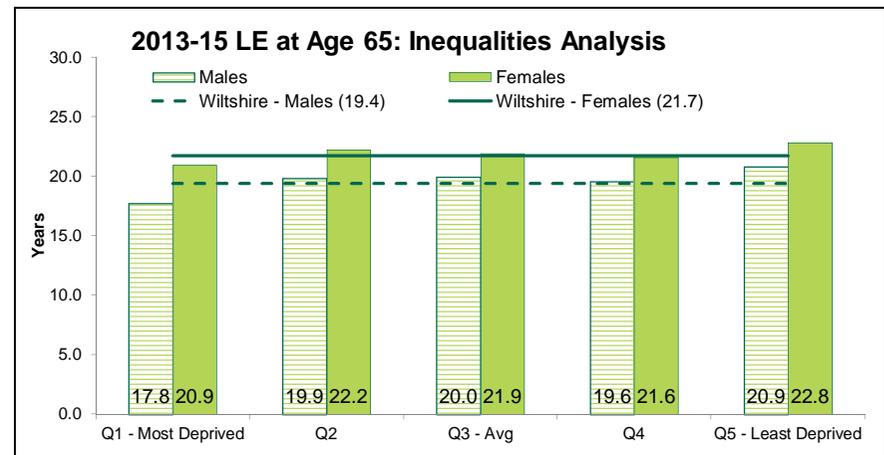
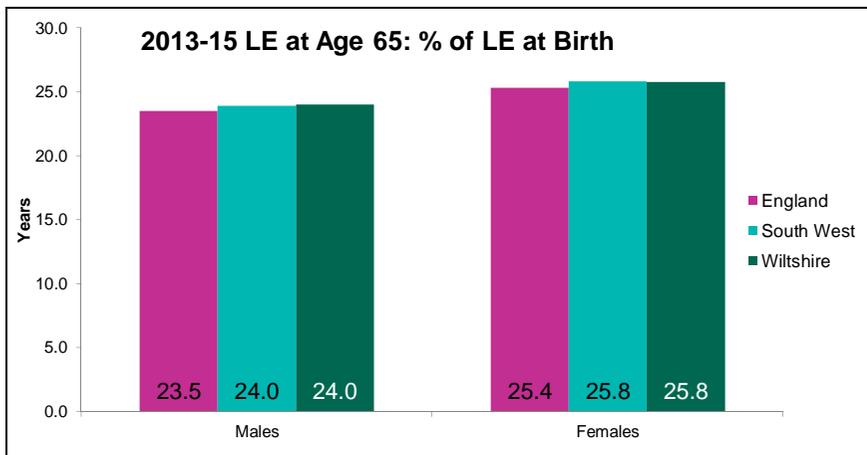
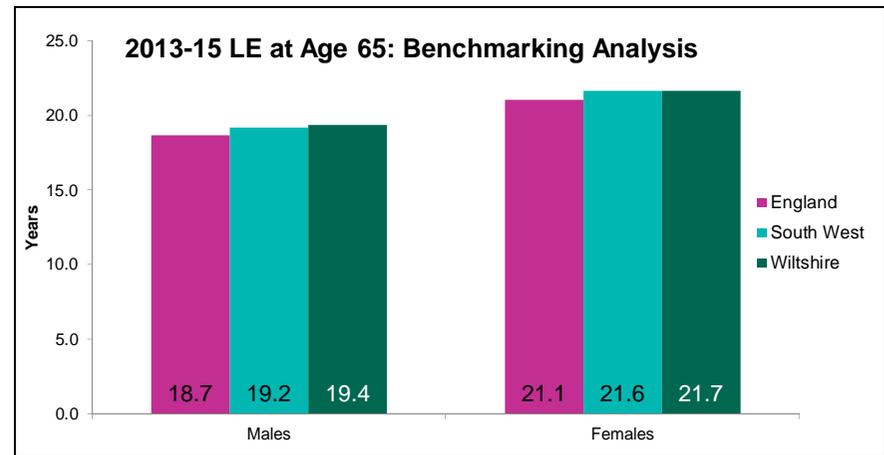
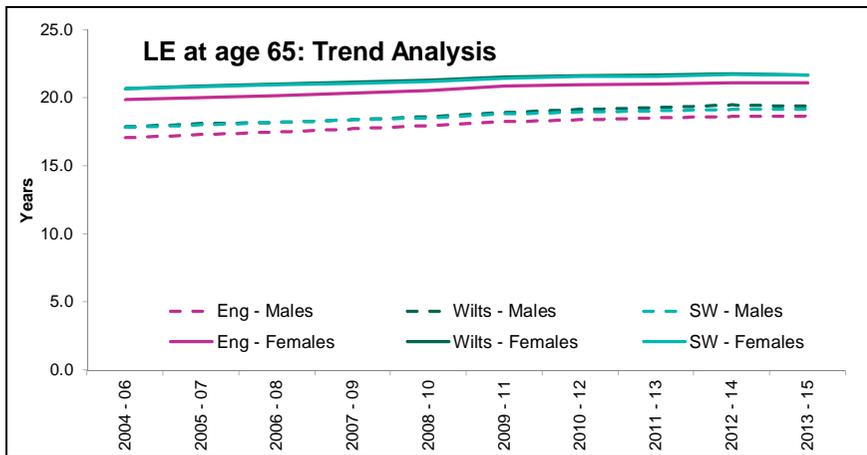
The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.



For both males and females Wiltshire is higher than the England average, for females Wiltshire is broadly similar to the South West however males in Wiltshire have a longer life expectancy than the South West average. For both males and females in Wiltshire those living in more deprived areas of Wiltshire have a shorter life expectancy than those living in the other parts of Wiltshire.

Life Expectancy at Age 65

The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life after that age.

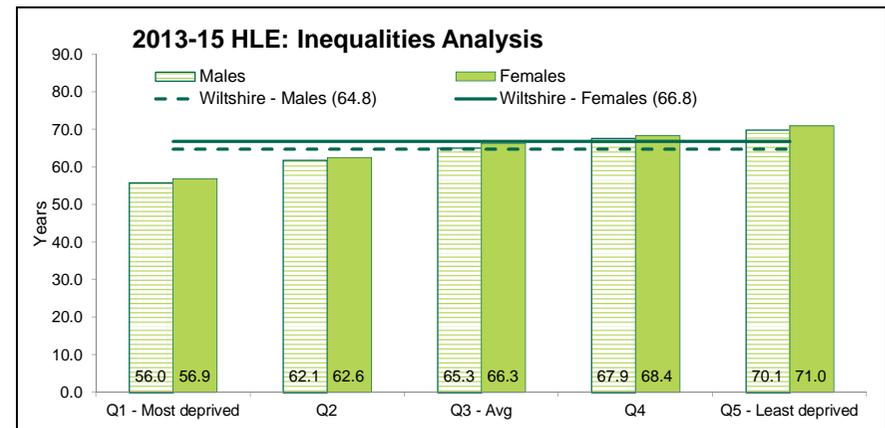
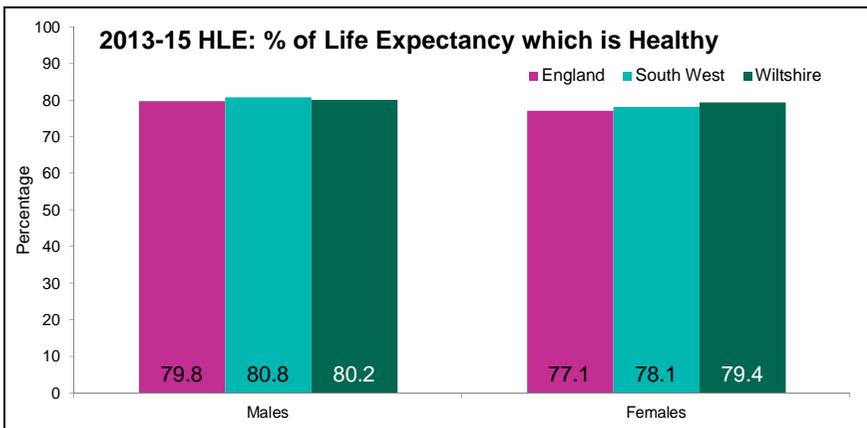
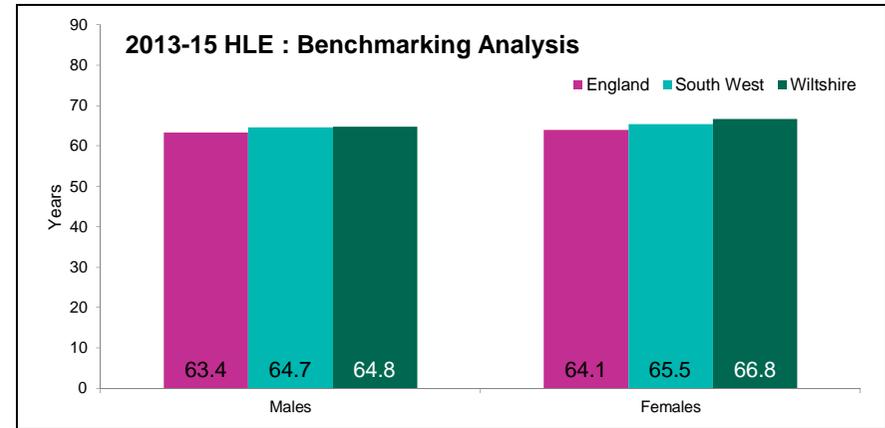
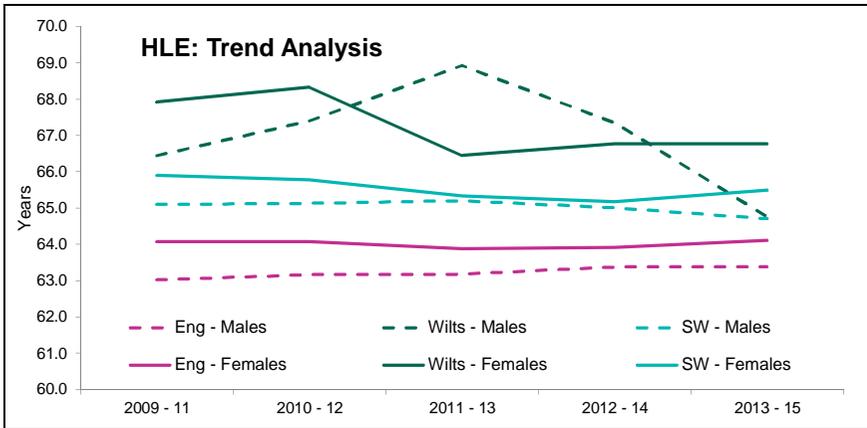


Wiltshire has a broadly similar life expectancy at age 65 to the South West and is higher than the England average. People living in the more deprived areas of Wiltshire have a shorter life expectancy at age 65 than those living in the other parts of Wiltshire.

ONS Vital Statistics, Primary Care Mortality Database and ONS Population Mid Year Estimates.

Health Life Expectancy

Healthy life expectancy adds a 'quality of life' dimension to estimates of life expectancy. It is useful to know both how long people are likely to live in a healthy state and life expectancy as this can imply how long someone is likely to live in poor health.

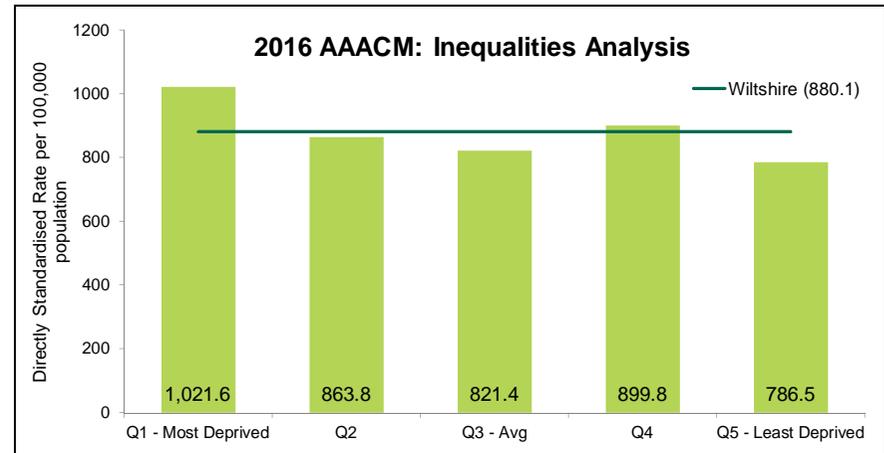
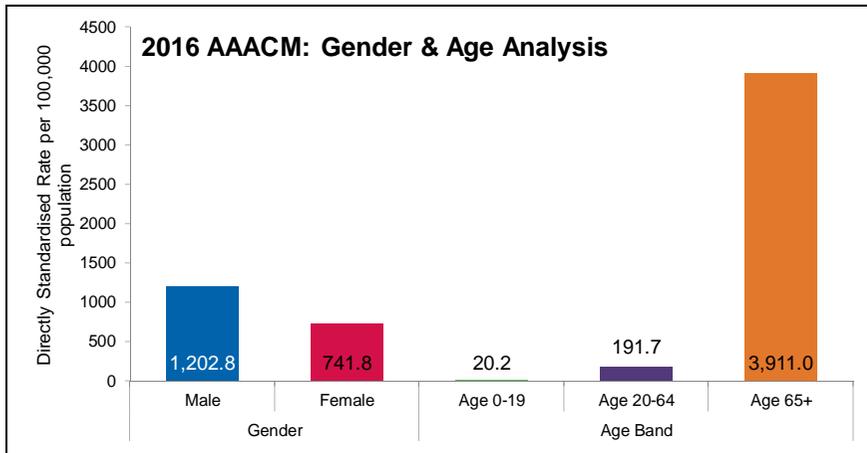
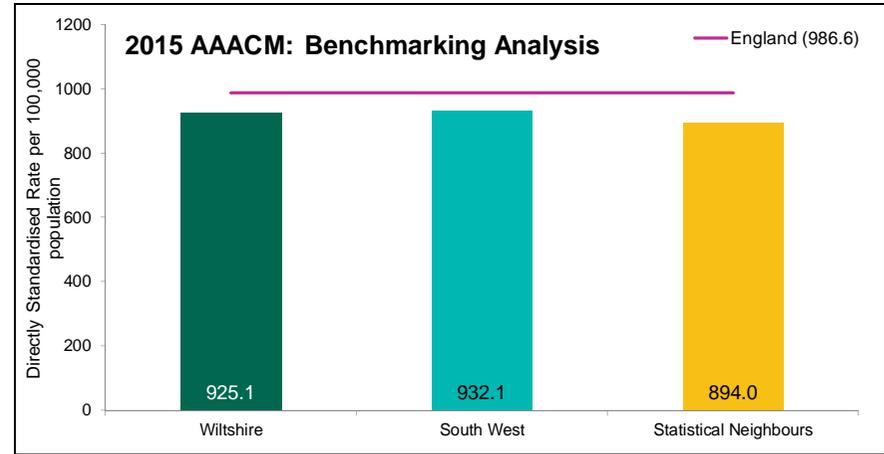
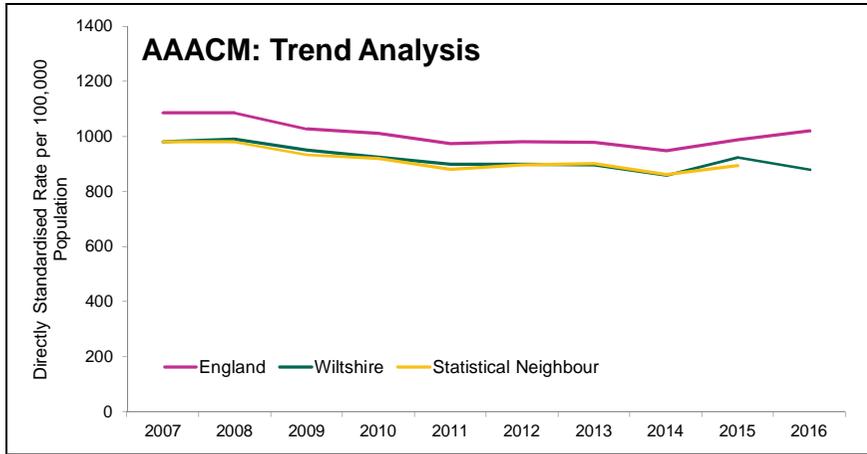


Healthy life expectancy is higher in Wiltshire than the South West and England. However, even in Wiltshire healthy life expectancy is below or very close to state pension age for both males and females and if the state pension age continues to increase and there is no change in healthy life expectancy this could have additional negative impacts on health and the economy. Around 80% of life expectancy for both males and females is likely to be in a healthy state. However, this means that around 20% of life expectancy is likely to be in an unhealthy state. Healthy life expectancy is much lower for those in the most deprived areas in Wiltshire.

ONS Vital Statistics, Primary Care Mortality Database and ONS Population Mid Year Estimates.

All Age All Cause Mortality

All age all-cause mortality (AAACM) rates can be used as a proxy measure for life expectancy. When all age all-cause mortality rates improve, life expectancy can be expected to improve.

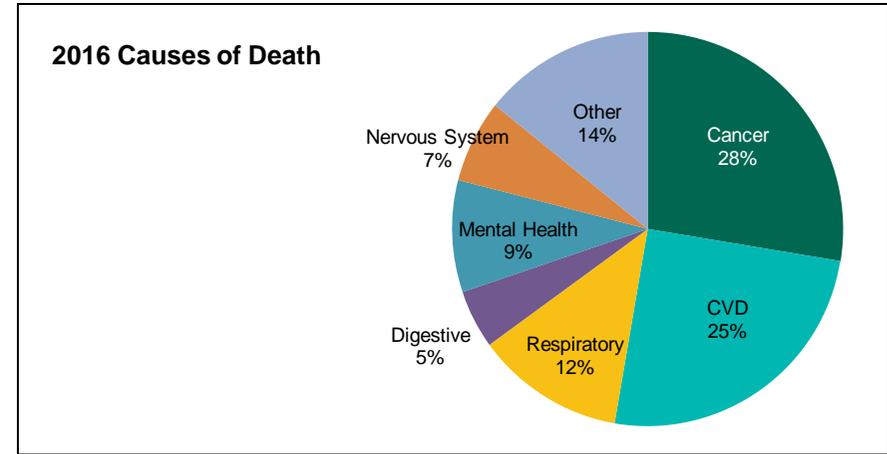
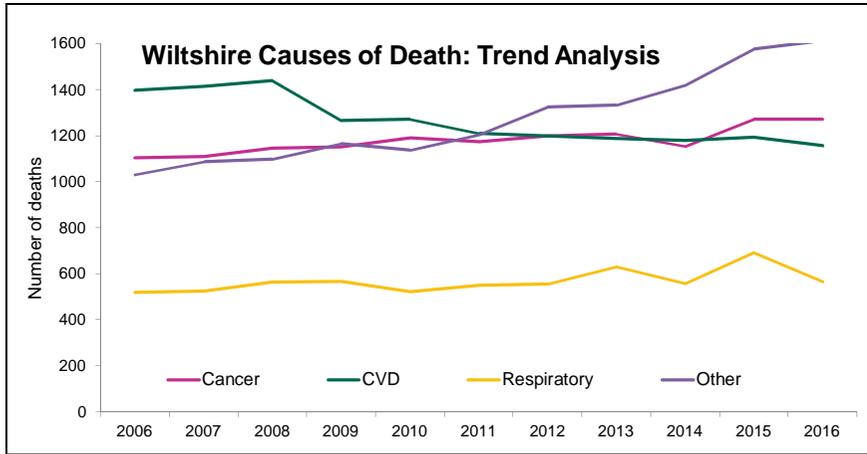


In 2016, 4,611 people from Wiltshire died, 2,182 females and 2,429 males. Wiltshire has a lower rate of AAACM than England and a very similar rate to our statistical neighbours. Those living in the most deprived areas locally have a higher mortality rate than those who live in other parts of Wiltshire.

ONS Vital Statistics, Primary Care Mortality Database and ONS Population Mid Year Estimates.

Numbers & Causes of Deaths in Wiltshire

Understanding the number and causes of death and how these are changing over time is important to help plan for future services and provide information which can be useful to support the development of population based prevention services.

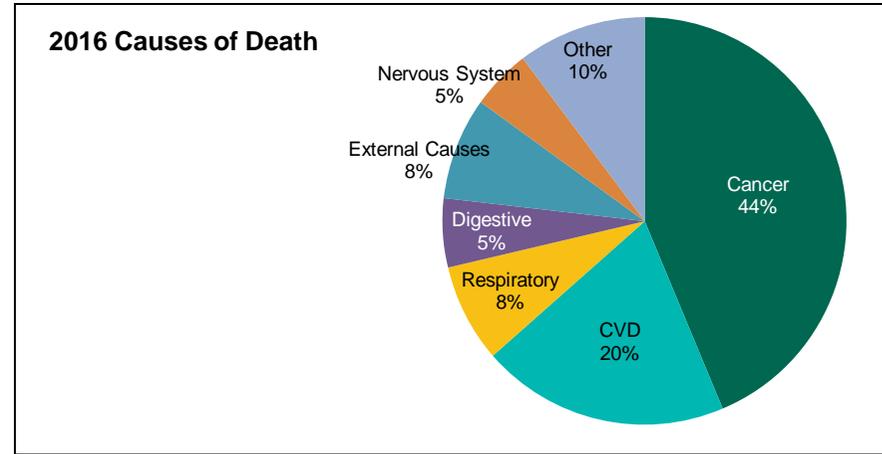
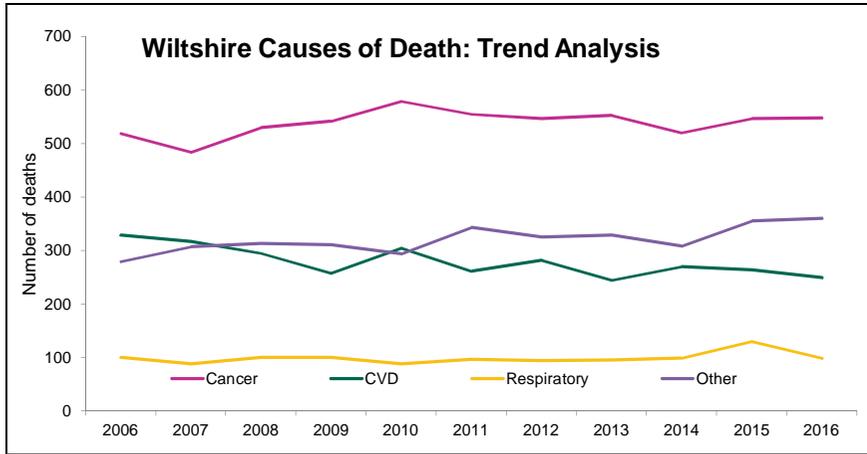


There were 4,611 deaths registered in Wiltshire during 2016, Cancer accounted for around 28% of these and Circulatory disease another 25%. The number of circulatory disease deaths has been decreasing in Wiltshire while deaths from Cancer and Respiratory disease continue to rise.

Primary Care Mortality Data, NHS Digital

Numbers & Causes of Premature Deaths in Wiltshire

Understanding the number and causes of death and how these are changing over time is important to help plan for future services and provide information which can be useful to support the development of population based prevention services. Premature deaths are defined as those aged under 75.

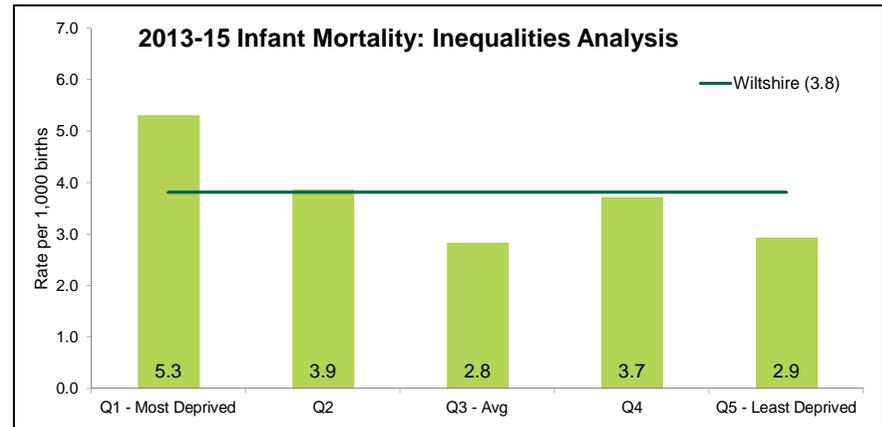
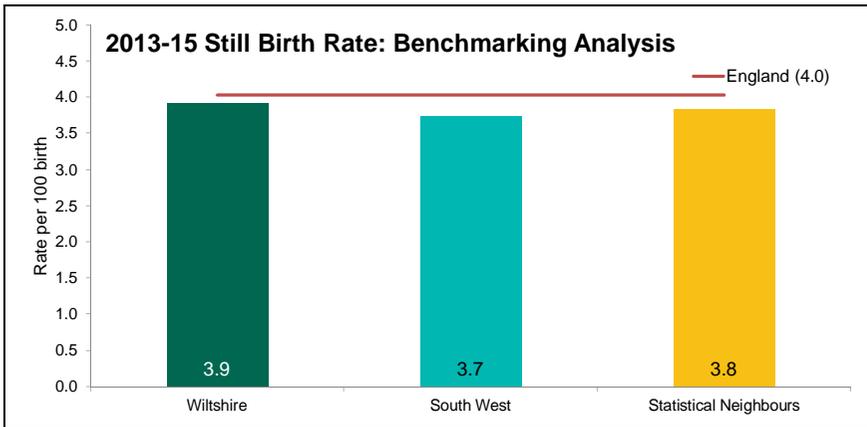
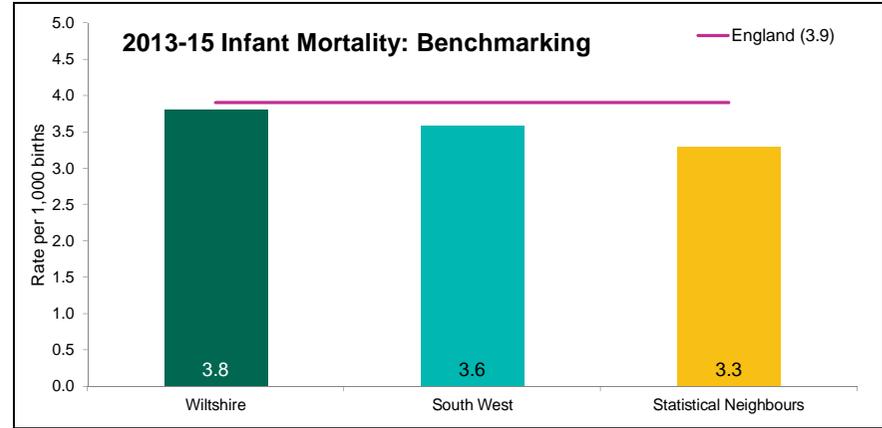
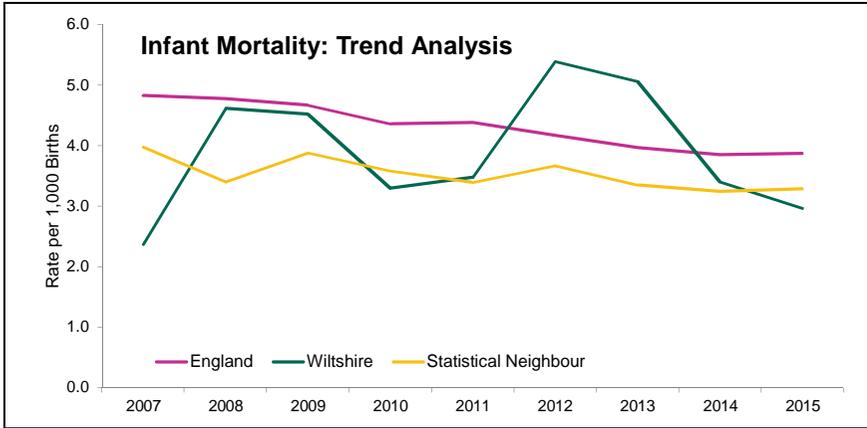


There were 1,255 premature deaths registered in Wiltshire during 2016, Cancer accounted for around half of these and Circulatory disease another quarter. The number of circulatory disease deaths has been increasing in Wiltshire in recent years while deaths from Cancer have been decreasing.

Primary Care Mortality Data, NHS Digital

Infant Mortality & Stillbirth Rate

Infant mortality is an important indicator of the health of a nation or community because it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices.



Annual infant mortality rates can vary due to the generally small number of deaths, and generally in Wiltshire the trend is flat, while it continues to fall nationally. The Wiltshire rate is generally similar to the England average which is slightly higher than our statistical neighbours. The infant mortality rate is higher in the more deprived areas locally, and broadly similar in the other areas. The still birth rate in Wiltshire is broadly similar to the national average and our statistical neighbours.