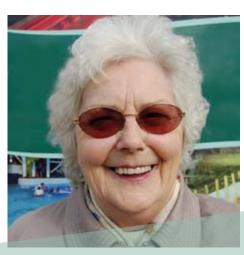
# Southern Wiltshire Community Area Joint Strategic Needs Assessment













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#### Introduction

In order to plan the right services for the people of Wiltshire, we review the future health care and wellbeing needs of the local population through a process known as the Joint Strategic Needs Assessment (JSNA) each year. This results in a report which describes those needs and transforms data into knowledge and knowledge into wisdom. This informs the strategic direction of service delivery which will help meet those needs. As we prepare this report, we discuss it with local people and their representatives through formal and informal consultation and engagement.

This year, in order to make this engagement more meaningful, we have extended the county-wide JSNA report by producing a series of community-level health profiles. This document covers the Southern Wiltshire Community Area (as at April 2009), and is intended to be part of the overall Southern Wiltshire Community Area Profile.

This document has been produced by NHS Wiltshire in collaboration with Wiltshire Council, with contributions from Wiltshire Police and Dr Foster Intelligence, and using data from the Office for National Statistics (ONS).

Some of the indicators presented in this document use data from small areas or small populations and some use data from a relatively short time period. The impact of natural random variation in these datasets is greater than in larger datasets and this must be taken into account when interpreting data.

For each indicator presented, the 20 Community Areas are ranked from best (ranked 1<sup>st</sup>), eg lowest proportion of smokers, to worst (ranked 20<sup>th</sup>), eg the lowest proportion of people self-reporting good or very good health. A glossary of terms and definitions is given at the back of this document.

A full methodology document is available on request from NHS Wiltshire, telephone 01380 733808 or email jsna@wiltshire.nhs.uk.

We welcome your comments or questions about this document. Please email them to <a href="mailto:jsna@wiltshire.nhs.uk">jsna@wiltshire.nhs.uk</a>. All of the 20 Community Area Health JSNAs will also be made available on the JSNA website <a href="http://www.wiltshirejsna.org/">http://www.wiltshirejsna.org/</a> and the Wiltshire and Swindon Intelligence Network <a href="http://www.intelligencenetwork.org.uk">http://www.intelligencenetwork.org.uk</a>.







#### **Summary**

Southern Wiltshire Community Area has a resident population of 20,952 and has two main GP surgeries. In terms of deprivation the Southern Wiltshire Community Area includes one Super Output Area (SOA) that lies within the 20% most deprived SOAs in Wiltshire.

It has the lowest percentage of smokers (13.1%) out of all the Community Areas, much lower than the Wiltshire average of 20.2%. There were fewer deaths at home (as opposed to at a health-care setting) in Southern Wiltshire compared to the Wiltshire average (16.8% compared to 19.9%, respectively).

It compares favourably (ranked 2<sup>nd</sup>) among the 20 Community Areas for many indicators, including: Disability Living Allowance (low claimant rate), purchasing of fruit, leisure centre attendance, admissions to hospital for fractured neck femur and cancer (low admission rates), breastfeeding (high rates) and children's dental health (few filled, decayed or missing teeth). However, it compares less favourably for alcohol consumption, being at the bottom of the rank (20<sup>th</sup>); the highest alcohol consumption.







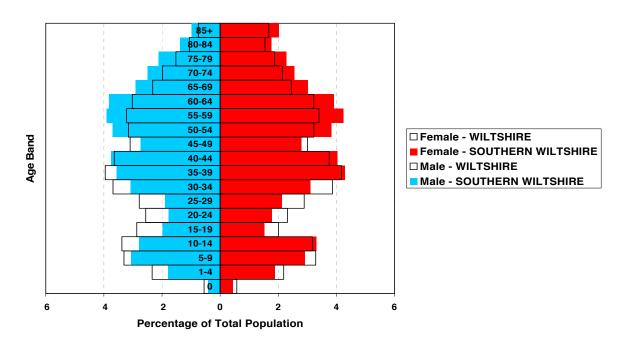
# Map of Southern Wiltshire Community Area (with GP surgeries)



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# **Population**

Southern Wiltshire Community Area has an overall resident population of 20,952. It has proportionately many more males and females in the 50 and older age groups and many a smaller proportion of population in the younger age bands (under 35) than the Wiltshire averages.

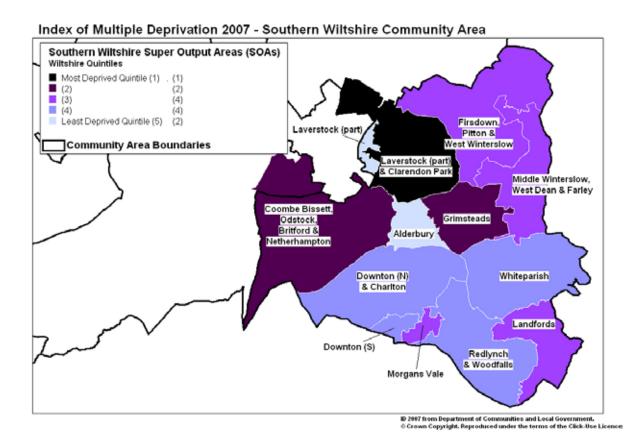


#### **Deprivation**

Deprivation is a multi-dimensional concept that focuses on the inability of individuals to play a full part and enjoy full opportunities in the life of their community or society. It is emphasized as lack of financial or material resources, but also social, cultural and political aspects.

The Index of Multiple Deprivation (IMD) 2007 brings together 37 indicators covering specific aspects of deprivation. These aspects include income, employment, health and disability, education, skills and training, barriers to housing and services, living environment and crime. Deprivation is associated with an unmet need in these areas. The IMD provides a comparative ranking of areas of deprivation across England.

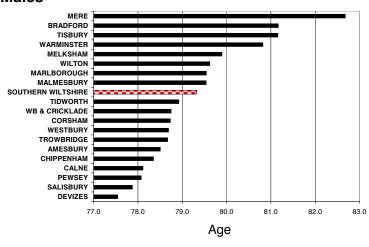
Laverstock (part) and Clarendon Park is the most deprived area in Southern Wiltshire Community Area. Nationally it is in the 3rd most deprived quintile (17,625th most deprived area in England out of 32,482).



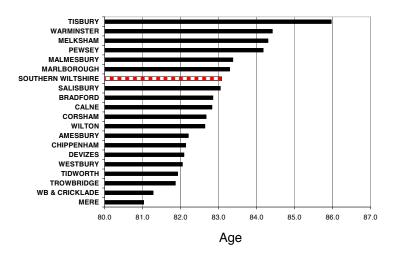
#### Life expectancy

Life expectancy is a measure of overall health and is useful in highlighting health inequalities between areas. There is a clear gradient in life expectancy between the most and the least deprived wards in Wiltshire a gap of 5.2 years between these two groups.

#### **Males**



#### **Females**

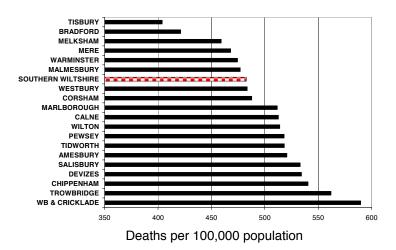


Life expectancy at birth, estimated using data from 2004 to 2006, for males in Southern Wiltshire is 79.3 years and 83.1 years for females. The Wiltshire life expectancy is 79.0 years for males and 82.8 years for females. Southern Wiltshire ranks 9<sup>th</sup> for males and 7<sup>th</sup> for females amongst the 20 Community Areas.

#### **Mortality**

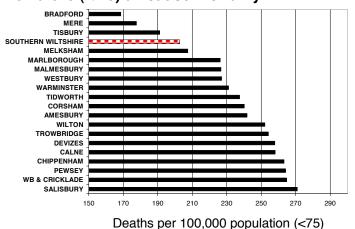
#### All age all cause mortality

All cause mortality rates (adjusted for age differences between the Community Areas) are a measure of the overall health of a population and together with life expectancy are amongst the most useful indicators in highlighting health inequalities between areas.



There were 483 (of any age, any cause) deaths per 100,000 population between 2004 and 2006 in Southern Wiltshire compared to the Wiltshire average of 508 per 100,000. South Wiltshire ranks 7<sup>th</sup> out of the 20 Community Areas.

#### Premature (< 75) all cause mortality

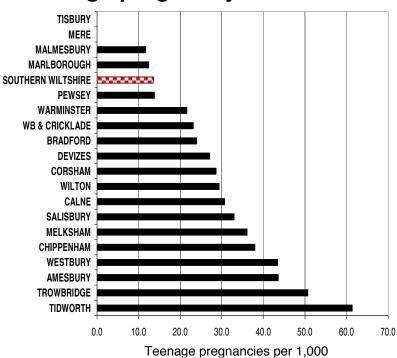


Premature mortality shows us how many and which deaths we can prevent. It is defined as deaths in people younger than 75. There were 203 premature deaths per 100,000 population under 75 between 2004 and 2006 in Southern Wiltshire. This is equivalent to 1 in 1,480 people under 75 dying each year. This compares to the Wiltshire average of 240 per 100,000. Southern Wiltshire ranks 4<sup>th</sup> out of the 20 Community Areas.

#### Health and wellbeing indicators

The following indicators are important and need to be addressed with appropriate initiatives in order to improve the health and wellbeing of the local population and reduce inequalities. Further details on inequalities, life-style factors and health and wellbeing are presented in the core JSNA document for Wiltshire 2008/09, which can be viewed on the JSNA website http://www.wiltshirejsna.org

#### Teenage pregnancy



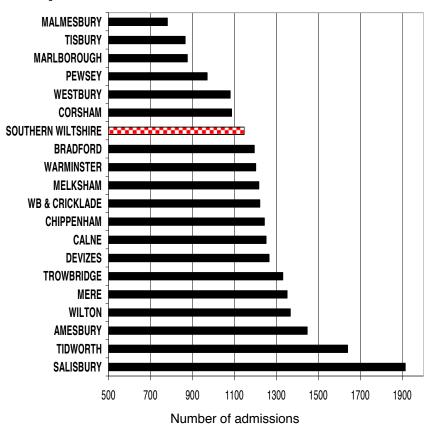
Teenage pregnancy is associated with significant health and wellbeing problems for the mother-to-be and the child. Based on 2007/08 and 2008/09 data there were 13.6 per 1,000 pregnancies in girls aged under 18 in Southern Wiltshire. This equates to 1 in 74 girls between 15 and 17 becoming pregnant. The Wiltshire average is 31.9 per 1.000. Southern Wiltshire ranks 3rd out of 18 Community Areas. Small numbers and hence confidentiality issues, mean we are not able to show the data for Mere and Tisbury.

#### **Traffic accidents**



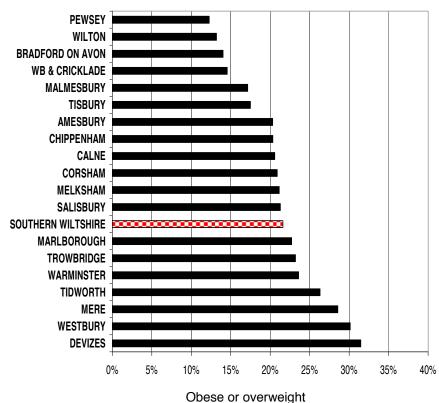
There were 17 people killed or seriously injured on roads in Southern Wiltshire in 2008 according to data from Wiltshire Police. This compares unfavourably to an average of 13.8 per Community Area in Wiltshire overall. Southern Wiltshire ranks 15<sup>th</sup> out of the 20 Community Areas. When comparing areas the volume of traffic and type of roads in each area should be taken into account.

#### Hospital admissions related to alcohol



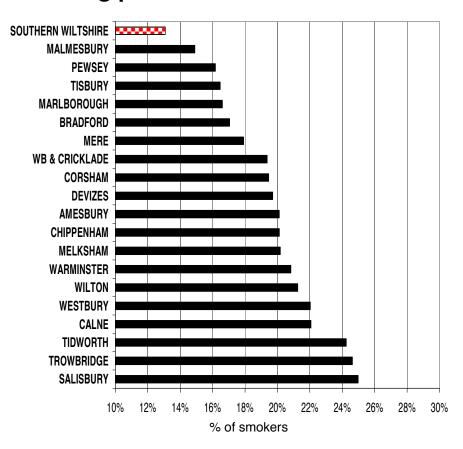
Alcohol misuse is associated with significant health, wellbeing and social problems. After taking account of its age profile, there were 1,147 hospital inpatient admissions per 100,000 people in Southern Wiltshire between May 2008 and April 2009 that were due to alcoholrelated causes. This is much lower than the Wiltshire average of 1.324 and is equivalent to one admission per 87 people. Southern Wiltshire ranks 7<sup>th</sup> out of 20 Community Areas.

## Childhood obesity



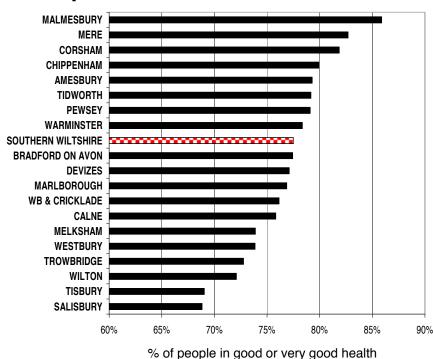
Obesity in childhood leads to serious health problems in adulthood and premature mortality Children in the school reception year (aged 4 to 5 years) had their heights and weights measured in 2007/08. Just over 1 in 5 (21.6%) of the children measured in Southern Wiltshire were found to be overweight or obese compared to an average of 21.8% in Wiltshire. Southern Wiltshire ranks 13<sup>th</sup> out of 20 Areas. .

#### **Smoking prevalence**



Smoking is strongly linked to many causes of premature mortality, such as many cancers and cardio-vascular diseases. The percentage of the total population who smoke has been estimated using 2006 survey data and local population and deprivation information. These estimates show that 13.1% of people in Southern Wiltshire smoke; lower than the Wiltshire average of 20.2% and Southern Wiltshire ranks 1st out of 20 Areas.

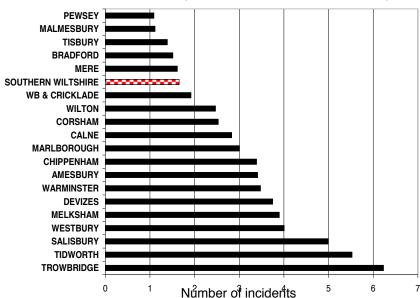
### Self-reported health



Respondents to the 2008 Wiltshire Place and Household surveys were asked how good their health was in general. The percentage of people saying they were in good or very good health in Southern Wiltshire was 77.5%: similar to the Wiltshire average of 76.8%. Southern Wiltshire ranks 9th out of 20 Community Areas.

#### **Domestic violence**

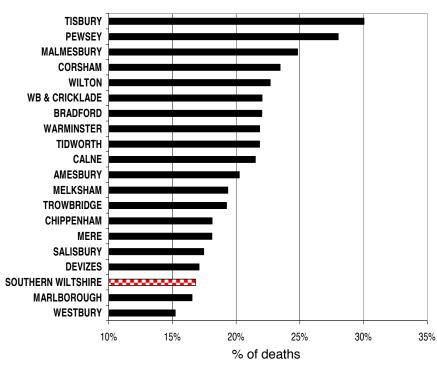
Wiltshire Police record a range of domestic violence related incidents that involve violence against the person or sexual assault. It is nationally recognised that domestic violence is vastly under reported with only 20% of incidents reported to the police. There were 1.7 incidents reported in South Wiltshire in April 2008 to June 2009 per



1,000 people (aged 15 or over). This compares with the Wiltshire average of 3.4 per 1,000 and ranks South Wiltshire 6th out of the 20 Community Areas. Agencies in Wiltshire are working to increase the proportion of domestic violence incidents that are reported to the Police, therefore a higher incident rate will reflect higher reporting rates

as well as higher prevalence. Anyone wishing to seek help and advice on domestic violence issues can contact the National 24hr Domestic Violence Helpline on 0808 200 0247, the Men's Advice Line and Enquiries (MALE) on 0808 801 0327, or log on to <a href="https://www.speakoutwiltshire.com">www.speakoutwiltshire.com</a>.

#### **Deaths at home**



Being able to choose where to die is important. Nationally 64% of people say they would wish to die at home. In Wiltshire we are following the national strategy to support people in their home at the end of their lives. In Southern Wiltshire 16.8% of deaths occurred at home (2004 to 2006). This compares to the Wiltshire average of 19.9%. South Wiltshire ranks 18<sup>th</sup> out of the 20 Community Areas.

#### Other indicators

The indicators presented below provide more information on the health and wellbeing of the local population for the Community Area. For each of them the percentage or prevalence in the local population is compared to the Wiltshire average (and the highest and lowest Community Area figures). The last column presents the ranking of the Community Area in the County, where 1 is the best rank and 20 the worst rank.

Long-standing illness, disability or infirmity?¹ 66 33.3 23.5 32.4 Source: Wiltshire Council: % self-reporting "Yes" on 2008 Place Survey (unstandardised)  Chiamydia Screening² 168 79.3 27.3 91.0 Source: NHS Wiltshire Screening Programme. Screens per 1,000 15-24 population 2007/08  Child Wellbeing Index 2009 **number** 69.7 56.5 79.8 Source: DCLG. Lower score indicates a higher level of well being  Disability Living Allowance claimants² 484 22.0 21.2 32.4 Source: DWP. Crude rate per 1,000 population  Alcohol consumption¹ 3628 16.5 9.5 13.7 Source: Experian Target Group Index survey. % of people reporting that they have an alcoholic drink every day  Purchasing of fruit¹ 976 4.4 4.2 6.5 Source: Experian Target Group Index survey. % of people reporting that they did NOT spend £2 on fruit in the week previous to the survey  Exercise - leisure centre attendance¹ 11988 54.4 54.0 62.0 Source: Experian Target Group Index survey. % of people reporting that they have NOT visited a leisure centre in the last 12 months  Fractured Neck of Femur - Hospital Admissions³ 21 36.4 30.5 75.7 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC Chronic Obstructive Pulmonary Disease - Hospital Admissions³ 28 77.5 45.3 96.0 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC Asthma - Hospital Admissions³ 17 83.6 11.7 97.1 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC Coronary Heart Disease (CHD) - Hospital Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC Coronary Heart Disease (CHD) - Hospital Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC Coronary Heart Disease (CHD) - Hospital Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 1	41.5 215.9 126.0 42.8 16.5	10 10 7 2
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2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC Coronary Heart Disease (CHD) - Hospital Admissions <sup>3</sup> 93 250.5 186.5 302.6 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC Diabetes - Hospital Admissions <sup>3</sup> 12 36.0 22.0 58.4	184.5 CD10 J40-J44	4
2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC  Diabetes - Hospital Admissions <sup>3</sup> 12 36.0 22.0 58.4	172.7 CD10 J45-J46	8
·	419.5 CD10 I20-I25	5
	102.9 CD10 E10-E44	5
Cancer - Hospital Admissions <sup>3</sup> 491 1550.0 1381.4 1958.4 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC	4015.0 CD10 C00-C97	2
Falls - Hospital Admissions <sup>3</sup> 109 356.0 290.7 392.1 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. IC	452.4 CD10 W00-W19	7
Mortality from Circulatory Disease (CVD) <sup>3</sup> 290 174.6 146.0 171.1 2004-06 mortality data. Directly standardised rates (by age) per 100,000 population. ICD10 100-199	207.0	14
Mortality from Cancer <sup>3</sup> 167 133.2 110.7 153.5 2004-06 mortality data. Directly standardised rates (by age) per 100,000 population. ICD10 C00-C97	176.1	5
Breastfeeding 1 83 53.9 15.0 35.5 Source: NHS Wiltshire. % of mothers breastfeeding (partially or completely) at 6 to 8 weeks. 2008/09 data	57.2	2
Dental Health - children number 0.1 0.0 1.6  Average number of fillings, decayed or missing teeth per child aged 5 surveyed. Modelled from 2005/06 Dental Health Survey data	3.4	2

<sup>&</sup>lt;sup>1</sup> %, <sup>2</sup> per 1,000, <sup>3</sup> per 100,000

# Glossary

All age all cause mortality	Deaths from any cause at any age.
ВМІ	Body mass index
CHD	Coronary heart disease
Commissioning	A continuous cycle of activities that contribute to the securing of services, including the specification of services to be delivered, contract negotiations, target setting, monitoring and managing performance.
Community Area	20 local administrative areas of Wiltshire based on research into local communities and normally centred around a local town.
Community Area Board	18 formally constituted arms of Wiltshire Council with delegated authority to act as a local executive of the Council. The Boards consist of elected Council members and representatives from health, police, fire and other organizations. All Boards apart from South West Wiltshire are co-terminous with Area Partnerships.
Community Area Partnership	20 key local bodies to act as the co-ordinated voice of the community with representation from town and parish councils, local business, the voluntary sector, local people and community leaders. The partnerships carry out consultations, debate local issues and prioritise community needs in Community Area Plans.
COPD	Chronic obstructive pulmonary disease
CVD	Cardio-vascular disease
DCLG	Department for Communities and Local Government
DH/DoH	Department of Health
Dr Foster Intelligence	A public-private partnership between the NHS Information Centre (a special health authority of the NHS) and Dr Foster, a commercial provider of healthcare information.
IMD	Index of Multiple Deprivation
Life expectancy at birth	Life expectancy at birth is an estimate of the average number of years a new-born baby would survive if they experienced the particular area's age-specific mortality rates for the time period under consideration throughout their life. The figure reflects mortality among those living in the area in each time period, rather than mortality among those born in each area.
NHS Wiltshire	New name for Wiltshire PCT
Obese (child)	Above the 98 <sup>th</sup> percentile when compared with the UK 1990 growth chart for age and gender of the child.
ONS	Office for National Statistics
Overweight (child)	Between the 91 <sup>st</sup> and 98 <sup>th</sup> percentile when compared with the UK 1990 growth chart for age and gender of the child.
SOA	Super Output Area: nationally defined geographical area for use in small area statistics containing 1,000 to 2,000 people.
Wiltshire Council	Unitary council formed 1 <sup>st</sup> April 2009.