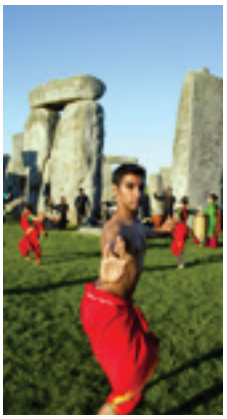
Wiltshire's Joint Strategic Assessment for Health and Wellbeing

2013/14

a single version of the truth







NHS Wiltshire Clinical Commissioning Group

Wiltshire Assembly Public Service Board

Wiltshire Council
Where everybody matters

Foreword

We are delighted to present the Wiltshire Joint Strategic Assessment (JSA) for Health and Wellbeing, 2013/14.

The assessment has been led by Maggie Rae, Corporate Director Wiltshire Council, in partnership with a number of agencies which are listed in full in the acknowledgements.

This JSA is a detailed needs assessment for health and wellbeing, which supports the overall approach to using evidence and intelligence, known in Wiltshire as the Joint Strategic Assessment programme. The JSA programme was commissioned by the Wiltshire Public Services Board and looks at the evidence of needs for all Wiltshire partnerships.

The Health and Wellbeing JSA (HWJSA) is a key tool in informing the Health and Wellbeing Strategy. It helps our understanding of the health and social care needs of our local population in Wiltshire in these challenging times, when we are facing a tough financial position and other challenges such as an ageing population. Despite these we remain committed to ensuring that everyone in Wiltshire has the opportunity to enjoy healthy lives and good services.

Building on the five previous versions, first published in 2008, this document provides a picture of the needs of our population now and into the future, through a process centred around transforming data into knowledge and knowledge into wisdom. With this wisdom, we can ensure we use our commissioning power to meet the needs of the population.

The production of an annual Joint Strategic Needs Assessment (JSNA) was made a statutory requirement in the establishment of the Local Government and Public Involvement in Health Act, 2007. The production of an annual JSNA remains a statutory requirement, and this JSA for Health and Wellbeing fulfils the requirements of a statutory JSNA.

Councillor Keith Humphries

Cabinet Member for Public Health and Protection Services, Adult Care and Housing (exc. strategic housing), Wiltshire Council

Councillor Laura Mayes

Cabinet member for Children Services, Wiltshire Council

Introduction

The Joint Strategic Assessment for Health and Wellbeing 2013/14 provides a summary of the current and future health and wellbeing needs of people in Wiltshire. It has been developed with a clear ambition to improve the scope and quality of our data further, centred on transforming data into knowledge and knowledge into wisdom to provide a comprehensive picture of local needs.

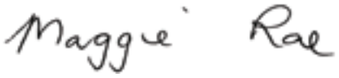
The JSA for Health and Wellbeing has emerged as the assessment tool on which all commissioning decisions for the county are based. As such, it covers a breadth of topics from health and social needs, to wider factors affecting the wellbeing of our community. Such topics include food safety and severe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

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

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

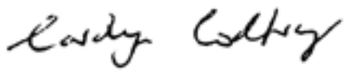
This assessment is the first since the reorganisation of the NHS which transferred public health responsibilities from the disbanded Primary Care Trusts (PCTs) to local authorities. As part of the reorganisation, local authorities were required to establish Health and Wellbeing Boards. Wiltshire's board was formally constituted in April 2013 and has responsibility for the Joint Health and Wellbeing Strategy. This assessment and the Joint Strategic Assessment for Wiltshire 2012/13, which it informs, will be key documents in guiding the board's work and developing the strategy.

We would like to thank everyone that has been involved in the development of this, our sixth health and wellbeing needs assessment. 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.



Maggie Rae

Corporate Director
Wiltshire Council



Carolyn Godfrey

Corporate Director
Wiltshire Council

How to read this document

The 2012/13 suite of documents marked a step-change in the quality and quantity of information, data and intelligence provided under the auspices of the JSA for Health and Wellbeing and the 2013/14 version continues in the same format.

The 2013/14 version concentrates on the key facts and key messages along with a focus on 'topic reports', which are areas identified as benefiting from new research or collation of existing disparate knowledge. In order to continue to provide the breadth and depth of information required, the Wiltshire Intelligence Network website www.intelligencenetwork.org.uk has been utilised to host a wealth of supporting assessments, briefings and resources totalling more than 1,000 pages. Please use the links in this document and the briefing notes to maximise the usefulness of this product.

The new approach allows for greater flexibility, inclusiveness and scalability. It also allows for stakeholders to help shape the agenda and enables all intelligence, data and resources that are captured to be used.

This summary document is a reference resource and is not designed to be read cover to cover in one go. It relies on extensive signposting to guide readers to their areas of interest and links related topics together to enable information to be presented once, but discovered from a variety of starting points.

A more concise information sheet (executive summary) has been produced which provides a two page guide on the HWJSA and this can be downloaded: tinyurl.com/hwjsa211

As well as the topic reports and briefings on all the major areas of health and wellbeing, the HWJSA documents detail the indicators from a number of outcome frameworks relevant to the subject.

The HWJSA also contains resources to inform the reader about the reference materials that underpin the analyses and perform a vital role in helping transform raw data into intelligence. These include information on geographical boundaries, Mosaic, deprivation, primary research (surveys), statistical techniques and the Wiltshire Intelligence Network.

The HWJSA would not be possible without the large number of contributors from many services and subject areas. It is their expertise that enriches the product. Therefore, if you have something to contribute please get in touch using the contact details at the end of the report.

Contents

Key facts

The infant mortality rate in 2010 to 2012 in Wiltshire was 4 per 1,000 live births.

In 2009, Wiltshire had 11,610 children living in poverty, which represents 11.4% of children.

There were 237 per 100,000 first time entrants to the Youth Justice System in 2012/13, which was 47% lower than in 2011/12.

The 2012 mid-year population estimate for Wiltshire is 476,816 and this is expected to increase to 505,416 in 2021. Most of this growth, 24,000 people (84.6%) is in the 65 and over age group. In 2011, Wiltshire's ethnic minority groups made up 6.6% of the population.

Females in Wiltshire can expect to live to 68.0 years in favourable health and males to 66.5 years in favourable health.

In 2012/13, 7.6% of Reception pupils and 15.1% in Year 6 in Wiltshire were found to be obese.

Military personnel in Wiltshire presently constitute around 3.2% of the total population and around 30,000 (6.4%) including dependents. The Army rebasing project will result in an estimated increase of 4,000 uniformed personnel, and an additional 2,000 dependants in Wiltshire.

Life expectancy in Wiltshire for 2010 to 2012 was 80.4 years for males and 83.9 years for females.

Over 9,000 Wiltshire children aged 4 to 11 years took part in the Summer Reading Challenge in libraries in 2013 with nearly 6,000 of them reading six books over the summer holidays.

Between 2009 and 2011 life expectancy was 6.1 years lower for men and 2.8 years lower for women in the most deprived areas of Wiltshire than in the least deprived areas.

In June 2013, Wiltshire Council was providing services to 4,198 physically disabled people and was in contact with a further 12,539. These figures exclude those with sensory impairments.

Although the prevalence of smoking is declining, 17.1% of adults in Wiltshire are smokers. Wiltshire Council's Stop Smoking Service supported approximately 3,000 smokers to quit in 2012/13.

There are over 6,700 premises where the food safety team are responsible for health and safety within Wiltshire.

Estimates would currently suggest that there are approximately 8,575 people with a learning disability living in Wiltshire.

The most recent figures on fuel poverty, from 2011, suggest that 15,873 households in Wiltshire, 8.3%, were in fuel poverty.

The 2011 Census revealed that there were around 47,600 unpaid carers in Wiltshire with 20% of these providing 50 hours or more support each week.

In Wiltshire, there has been a reduction of 25.6% in violent crime between 2011/12 and 2012/13 and a 14.5% reduction in anti-social behaviour in August 2012 to July 2013 compared to the previous year.

There were 20,860 people aged 17 or over living with diabetes in 2012/13, representing 5.4% of the population.

In Wiltshire, 71,000 people suffer from migraines; 2,400 to 3,800 from epilepsy; 550 to 800 from multiple sclerosis and 900 from cerebral palsy.

In Wiltshire, approximately 60,000 adults are estimated to have a common mental disorder. Research has found that in the UK, 7.4% of people aged 60 or over frequently feel lonely.

The annual rate of premature mortality in Wiltshire from Cardiovascular Disease (CVD) in 2010 to 2012 was 49 per 100,000 population. This rate has halved since 1998 and 2000, when it was 99 per 100,000.

It is estimated that there were around 6,500 people with dementia in Wiltshire, in 2013. This is predicted to nearly double by 2030 to 11,878.

Emergency admissions in 2012/13, in Wiltshire, cost £80.2 million. Of those, 19.3% were from ambulatory care sensitive conditions, which can often be managed without hospitalisation, and cost £15.4 million.

In Wiltshire, approximately 105,800 people are living with a long-term condition. This is around 22.5% of the population.

In 2012/13, 21,067 residents of Wiltshire received help from the Citizens Advice Bureau (CAB) service.

Eight Air Quality Management Areas (AQMAs) have been declared in urban areas due to levels of nitrogen dioxide above the recommended limits.

There are around 110 new cases of melanoma (skin cancer) per year in Wiltshire with approximately 25 deaths per year; this figure has increased steadily over the past two decades.

In Wiltshire, 57.6% of adults do 150 minutes or more of moderate intensity activity per week.

Demographics

Summary

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.

Population data is available from the Office for National Statistics (ONS). The ONS has released population counts from the 2011 Census and produced the mid-year estimates for 2012, which are the most up-to-date and accurate estimates of Wiltshire's true population. The ONS also produces population projections and has recently published interim projections based on the 2011 Census up to 2021.

Additionally, Wiltshire Council uses a population modelling tool which enables generation of local population projections based on ONS and other administrative datasets. There are numerous benefits to using this population model, which include being able to produce population projections by individual ages and sex for bespoke geographies within Wiltshire such as community areas. This model was used to produce Wiltshire and Community Area population estimates and projections for 2001 to 2026 based on historical trends.

In general, it is advisable to use ONS data when comparing Wiltshire with other areas, or for official statistics. However, when greater accuracy or more detail at a sub Wiltshire level is required, Council produced data is preferable.

Key conclusions and recommendations

The 2011 Census estimated Wiltshire's total population at 471,000 people, some 7,600 persons higher than previously thought by the ONS. The 2012 mid-year estimate for Wiltshire is 476,816 which is around 2,500 people more than the 2011 mid-year estimate.

Due to an increasing elderly population there is growing pressure on the economically active part of the population to maintain the welfare of the economically dependent.

This is, to a large extent, a national issue in terms of education, health service, and pension provision. Informal care and support will also be needed even more in the future, especially in an already older population like Wiltshire's.

Wiltshire is a largely white-British and rural area. People in minority groups are often not present in sufficient numbers to form recognisable groups. This can result in an unknown demand for services and hence unmet need[1]. This can make it difficult to provide services to a population which is diverse in nature and dispersed in location.

The numbers eligible for screening programmes will change in the future and producing accurate statistics reflecting the changes to state pension age for women will be a technical challenge.

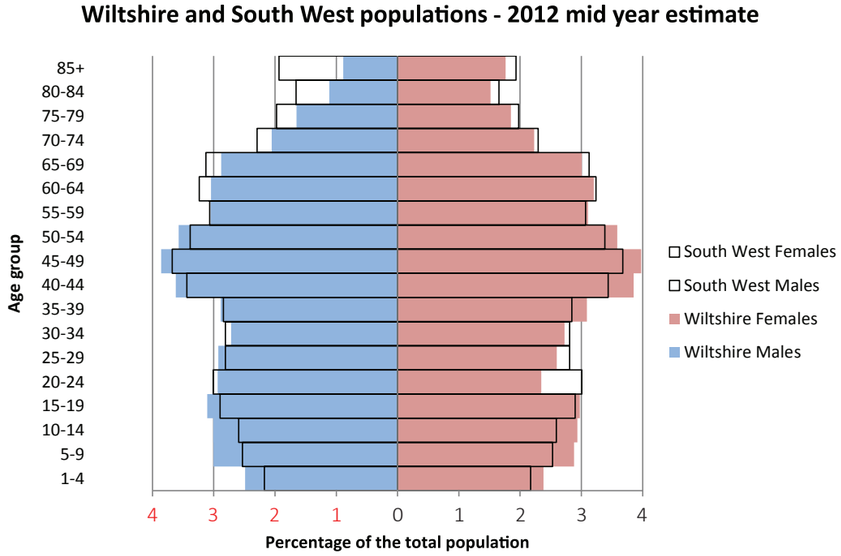
2012 population

Wiltshire

Wiltshire had a very successful 2011 Census programme, involving much stakeholder and community engagement, resulting in an excellent 96% overall response rate. The Census estimated Wiltshire's total population at 471,000 people.

Mid-year estimates have now been released for 2012 and Wiltshire's estimated population is 476,816, see figure 1. This is the most up to date official estimate of Wiltshire's true population. The population age structure for Wiltshire is broadly similar to the population of the South West region.

Figure 1: Wiltshire and South West populations – 2012 mid-year estimate



Source: 2012 mid-year estimate, ONS.

The ratio of males to females in the Wiltshire population is similar to the South West and England. Table 1 presents the current population by gender, for Wiltshire, South West, and England.

Table 1: Population by gender, 2012

	Wiltshire (numbers)	%	South West (numbers)	%	England (numbers)	%
All	476,816	100	5,339,637	100	53,493,729	100
Males	235,648	49.4	2,619,914	49.1	26,333,448	49.2
Females	241,168	50.6	2,719,723	50.9	27,160,281	50.8

Source: ONS 2012 mid-year estimates[2].

According to 2011 Census figures, at 6.6% of the population (31,256 people), Wiltshire has a lower proportion of ethnic minorities than the South West region as a whole (8.2%) and a considerably lower proportion than national figures (England, 20.2%)[3]. The proportion of the population from ethnic minority groups in Wiltshire has increased by 129% between 2001 and 2011 compared to 114% in the South West and 74% in England.

The full demographics: ethnicity briefing note can be downloaded here tinyurl.com/hwjsa103

Demographics

The introduction to demographics briefing note can be downloaded here tinyurl.com/hwjsa100

DID YOU KNOW?

Nearly 19% of Wiltshire's population is over 64.

[1] Needs Analysis for Equalities in Wiltshire. Informing an Equalities Framework for Wiltshire and developing options for the future of equalities implementation in the county. (2009) REGENworks

[2] www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/mid-2012-population-estimates-for-england-and-wales.html

[3] 2011 Census, Table KS201EW, Office for National Statistics, 2013

Sub Wiltshire

Wiltshire has a robust methodology for producing population estimates and projections at Community Area geographies. This was used to publish Wiltshire and Community Area Population Estimates and Projections from 2001 to 2026[4]. The 2011 Census showed that there were more people living in Wiltshire than previously estimated. Therefore, the current Wiltshire Population 2011 document and data are underestimates of the present and future population for Wiltshire. When revised estimates and projections are available they may require forecasts for health and social care services to be reviewed.

Registered population

The majority of people are registered with General Practices. There were a total of 467,621 people registered with Wiltshire GPs on 31st July 2013. However, some people are not registered for a variety of reasons, for example drug and alcohol dependent people, the homeless, holiday makers, temporary residents, elderly people or people using private healthcare. Finding out exactly how many people are not registered with a doctor is not straightforward for many reasons. For example, the number of people registered with a GP can be inflated if people who move away from the area do not register with another doctor. This makes providing healthcare for people in these groups more complex as they are likely to be excluded from the mainstream health services.

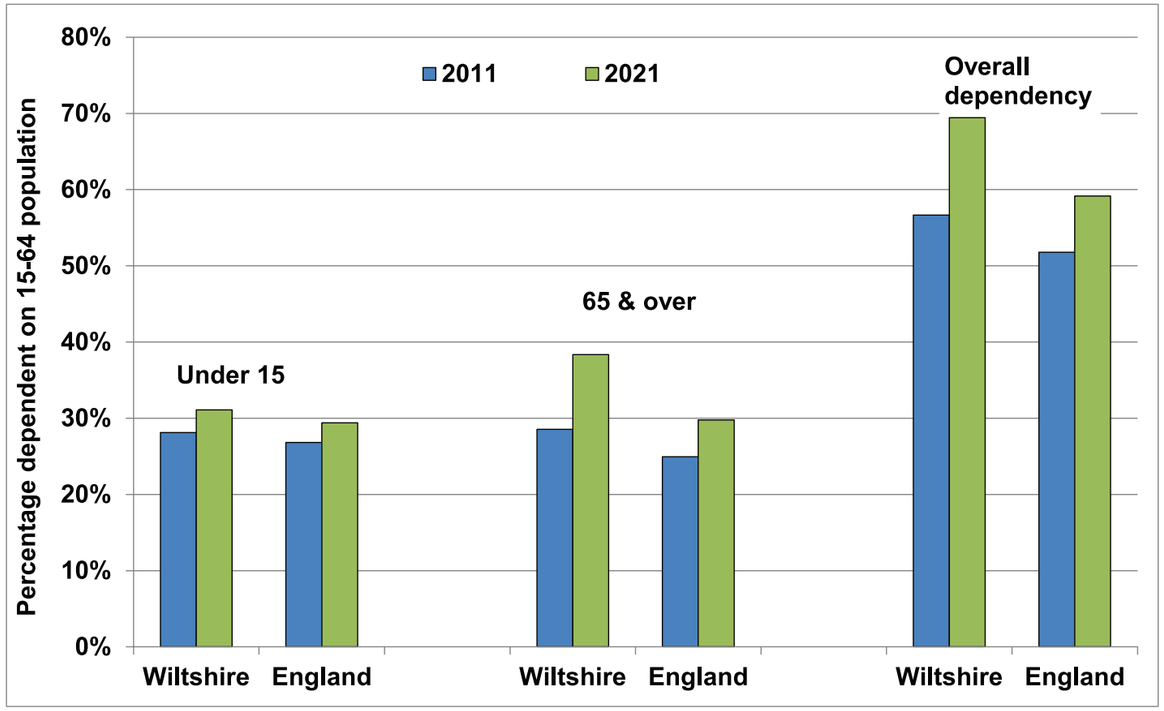
Future population projections

The ONS have produced interim population projections based on the 2011 Census. Wiltshire's population is projected to grow from 474,300 in 2011 to 505,416 in 2021. This represents a 6.6% increase which is slightly below the growth projected in the South West (8.3%) and England (8.6%) over the same period.

The projected population figures show a steep increase in older people with the percentage of the population in Wiltshire aged 65 or over reaching 22.6% by 2021. This represents a 32% increase in the number of people over 65 in Wiltshire over this 10-year period. The number of Wiltshire's residents aged over 85 years is projected to increase from around 12,000 in 2011 to over 17,000 by 2021 (42.4%).

These projections of an increasingly elderly population mean, the dependency ratio is projected to increase by 12.8% between 2011 and 2021 in Wiltshire compared to a 7.4% rise in England. As the ratio increases, there is an increased pressure on the economically active part of the population to maintain the welfare of the economically dependent. This is, to a large extent, a national issue in terms of education, health service, and pension provision. However, care and support is often provided by carers such as spouses, partners, family members, friends and neighbours. Informal care and support is, therefore, especially important in Wiltshire. See figure 2.

Figure 2: Projected changes in dependency ratios



Source: Subnational Population Projections Unit, ONS: Crown Copyright.

The full age and ageing population briefing note can be downloaded here: tinyurl.com/hwjsa101

Calculations of a fertility rate usually involve the number of women of child-bearing age, conventionally 15 to 44 years. Projections based on the 2011 Census estimate that there were 84,950 women aged between 15 and 44 in Wiltshire in 2011 and by 2021 this number will decrease by 9.7% to 76,740.

Projections indicate the number of women aged between 50 and 69, and therefore currently eligible for the breast screening programme, will increase by 16.3% in the ten years between 2011 and 2021; this is much more than the estimated population increases for cervical (1.7%) or abdominal aortic aneurysm (AAA) (4.4%) screening.

The full demographics: gender briefing note can be downloaded here: tinyurl.com/hwjsa102

[4] Wiltshire Population 2011: Wiltshire and Community Area Population Estimates and Projections 2001 to 2026: Trend based, July 2011. Wiltshire Council http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=49645&type=full&servicetype=Attachment

Population and deprivation pyramids

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa250

Introduction

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.

Conventional population pyramids have been enhanced by creating 5 separate ones for each Community Area to show the number of people in each deprivation quintile (according to the Index of Multiple Deprivation (IMD) 2010).

The pyramids help in visualising the uneven distribution of different age groups and genders throughout Wiltshire and across the deprivation quintiles. They encourage comparisons between Community Areas and Wiltshire to highlight potential issues for individual areas such as an ageing population, military presence and children and young people living in deprived areas.

Methodology

2011 Census data for the 285 Lower Layer Super Output Areas (LSOAs) in Wiltshire was allocated to Community Area using a Census-based population-weighted lookup devised by the demography unit in Wiltshire Council. The IMD 2010 was used to allocate each LSOA in Wiltshire to a deprivation quintile, i.e. Wiltshire was divided up into fifths. Quintile 1 is the most deprived quintile and quintile 2, the least deprived. This enabled age and gender deprivation data to be calculated for each Community Area and population pyramids created to compare each area against the Wiltshire structure.

For more information please see the full topic report for this section through this link: tinyurl.com/hwjsa250

Challenges for consideration

The overarching challenge is to identify and reduce health inequalities. The deprivation and population pyramids specifically highlight the following aspects:

- An ageing population unevenly distributed throughout Wiltshire and across the deprivation quintiles.
- There are gender differences in distribution of deprivation in community areas.

Demographics - resources

- 2011 Census: www.ons.gov.uk/ons/guide-method/census/2011/index.html
- 2011 Census information for Wiltshire: www.intelligencenetwork.org.uk/population-and-census
- 2012 mid-year population estimates: tinyurl.com/wjsahw1401
- 2011 Census based interim population projections (up to 2021): tinyurl.com/hwjsa191
- Trend-based estimates of population in Wiltshire and Community Areas for 2001 and 2009 and projections up to 2026: Report: tinyurl.com/wjsahw100, Data: tinyurl.com/wjsahw101
- National General Practice Profiles: http://fingertips.phe.org.uk/profile/general-practice/data
- Equality in Wiltshire: A Statistical Profile tinyurl.com/wjsahw102

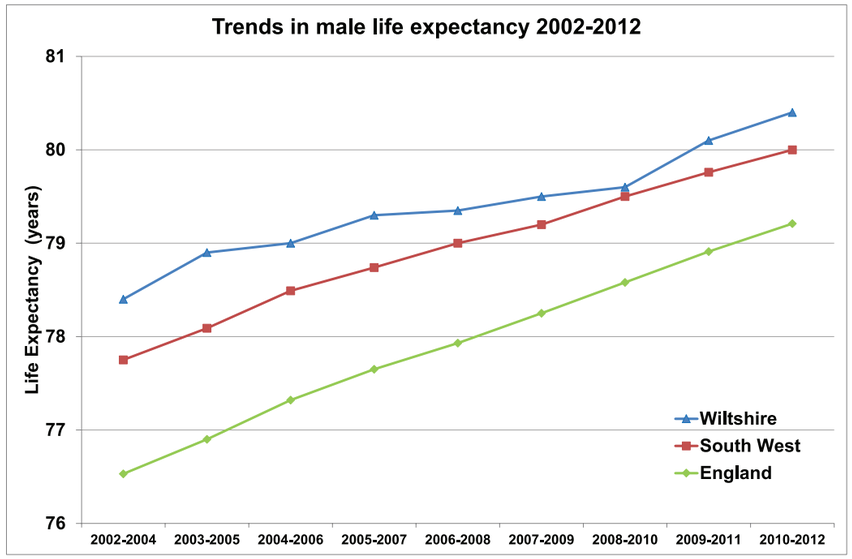
Demographics - Outcome Frameworks summary

The following indicators from the Public Health Outcomes Framework; the NHS Outcomes Framework and the Adult Social Care Outcomes Framework have been selected as the ones most relevant to this section.

Framework	Reference	Indicator
Public Health	2.24 / 4.14	Injuries due to falls in over 65s / Hip fractures in over 65s
Public Health / NHS	4.1 / 1.6a	Infant mortality
Public Health	4.3	Mortality from causes considered preventable
Public Health	4.13	Health-related quality of life for older people
Public Health	4.16	Diagnosis rate for people with dementia
NHS	2	Health-related quality of life for people with long-term conditions
NHS	2.6	Enhancing quality of life for people with dementia
Adult Social Care	1.A	Social care-related quality of life
Adult Social Care	2.A	Permanent admissions to residential and nursing care homes, per 100,000 population
Adult Social Care	2.B	Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

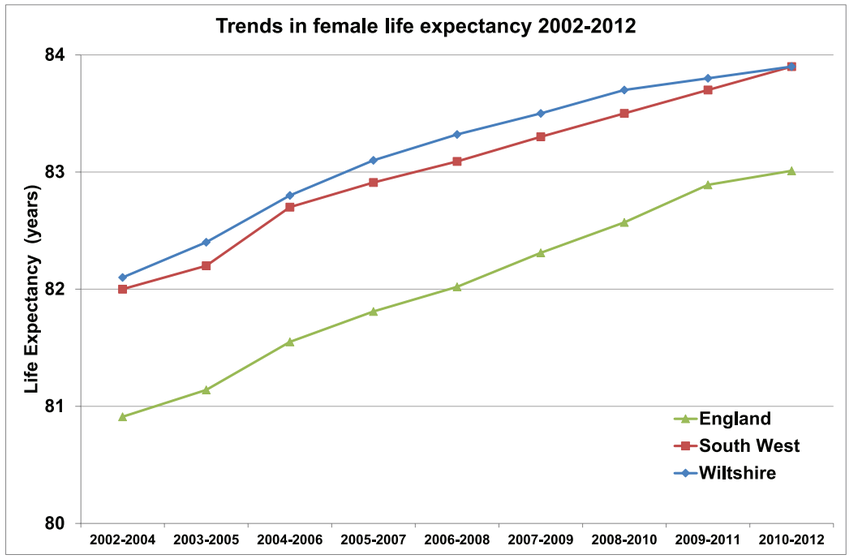
Life expectancy and mortality

Figure 3: Trends in male life expectancy at birth 2002 to 2012



Source: ONS, August 2013

Figure 4: Trends in female life expectancy at birth, 2002 to 2012

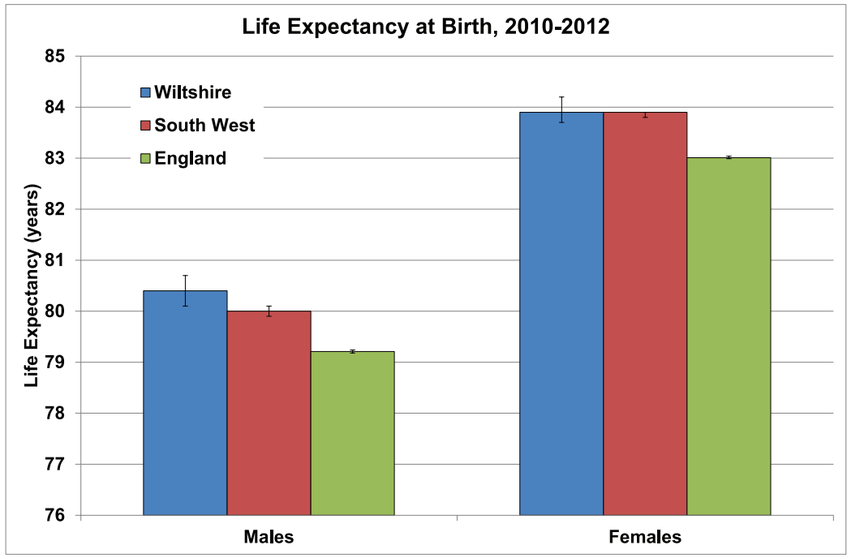


Source: ONS, August 2013

This section summarises the key measures that are frequently used to give an overview of the health of a population, including life expectancy and all-cause mortality. Wiltshire compares reasonably well on all these measures with the rest of England and the South West.

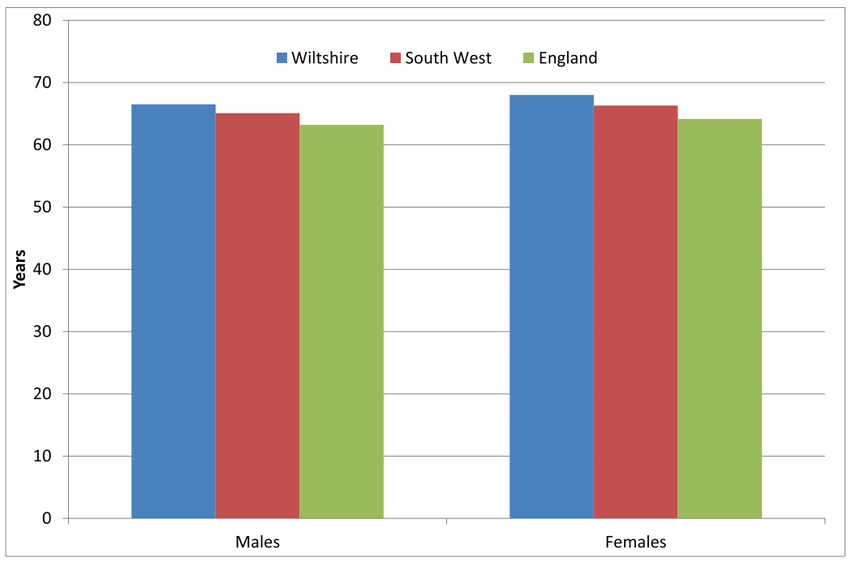
Life expectancy at birth is often used as a measure of the health of a population. It is calculated as the average number of years a new born baby might be expected to live based on current mortality rates. Life expectancy in England has increased over the last century and this general trend is continuing as health services and the wider determinants of health generally improve. This pattern is also reflected in Wiltshire (see figure 3 and figure 4).

Figure 5: Life expectancy at birth 2010 to 2012



Source: ONS, August 2013

Figure 6: Healthy life expectancy at birth, 2009-2011



Source: ONS, September 2013

Life expectancy in Wiltshire is statistically significantly higher than in England and similar to the South West (see figure 5). Having exceeded 80 years for the first time in 2009-11, male life expectancy in Wiltshire has risen further to 80.4 years in 2010 12. This is over five years longer than in 1991-93 when it was 75.2 years. Female life expectancy reached 83.9 years in 2010-12 an increase of 3.7 years since 1991-93.

Life expectancy is increasing faster for males than for females, probably partly as a result of the reduction of male smoking. However, comparing the life expectancy for men and women in Wiltshire in 2010-12, inequality still exists and male life expectancy was 3.5 years less than female life expectancy.

Healthy life expectancy

Healthy life expectancy is a measure of how many years on average a person can expect to live in good health. These years can be measured from birth or from a given age such as 65.

Figure 6 shows the predicted number of years a person can expect to live in favourable health from birth.

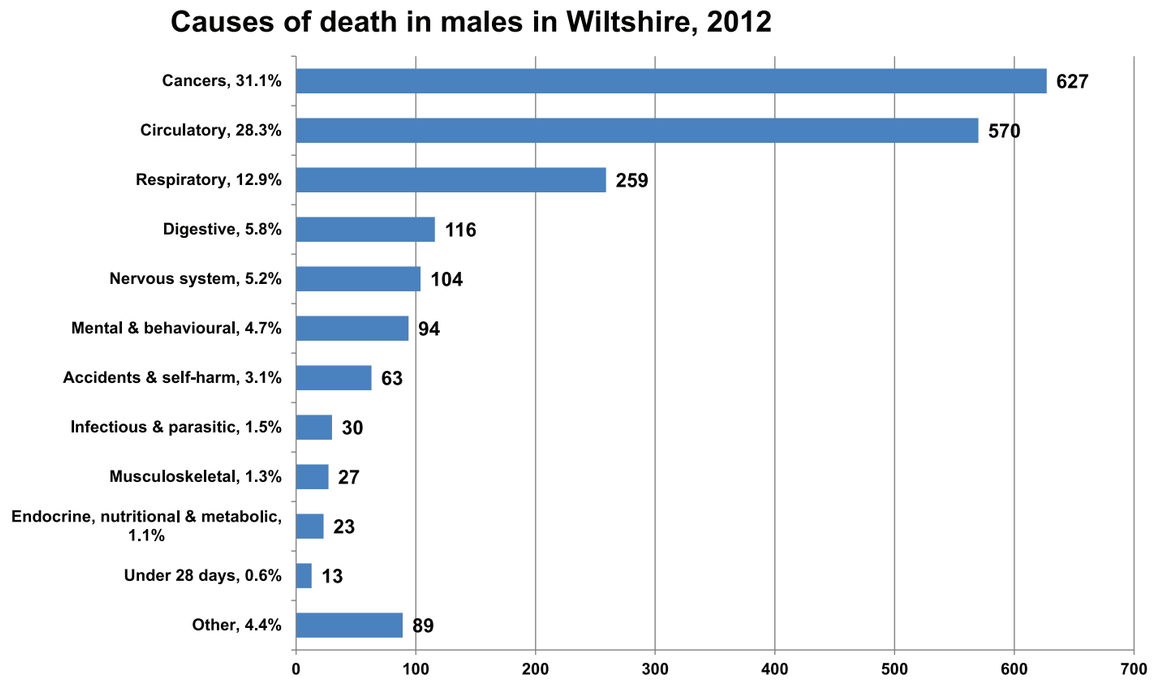
It is clear that Wiltshire is performing well, and Wiltshire residents can look forward to significantly more years in good health than the average England resident and more years in good health than the average South West resident.

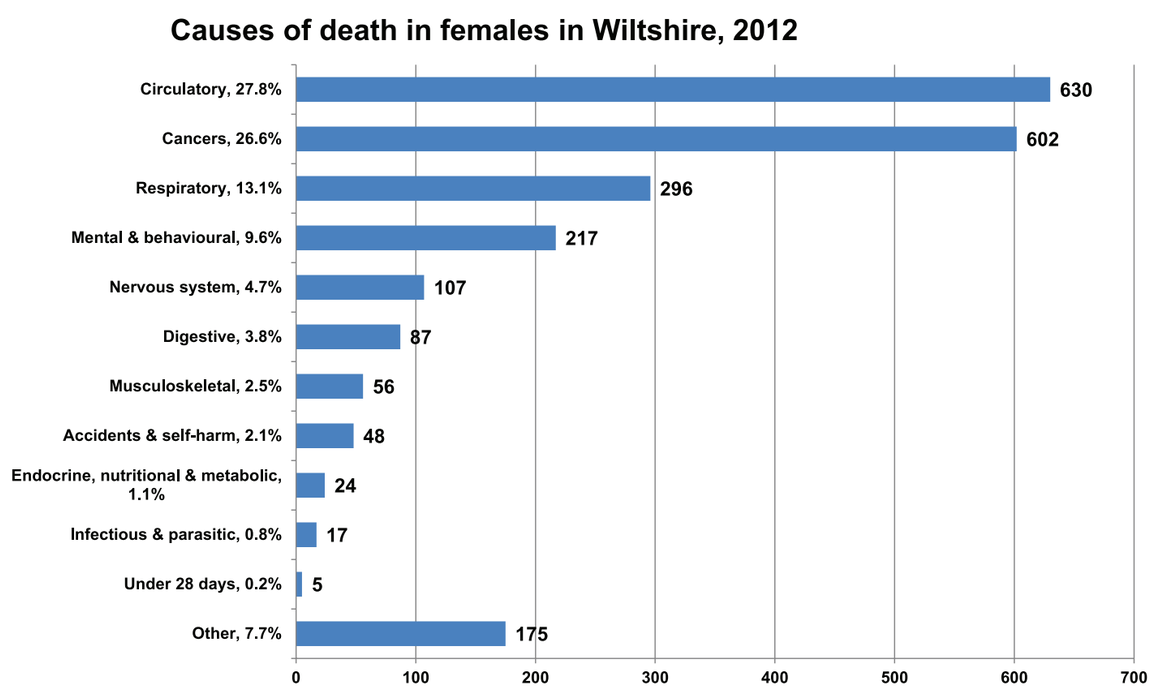
- Females in Wiltshire can expect to live 68.0 years in favourable health.
- Males in Wiltshire can expect to live 66.5 years in favourable health.

Mortality

All age all-cause mortality (AAACM) rates are also used as a proxy measure for life expectancy. When all age all-cause mortality rates improve, life expectancy can be expected to improve. In 2012, 4,279 people from Wiltshire died, 2,264 females and 2,015 males. Figure 7 shows the causes of death for males and females.

Figure 7: Causes of death in Wiltshire, 2012



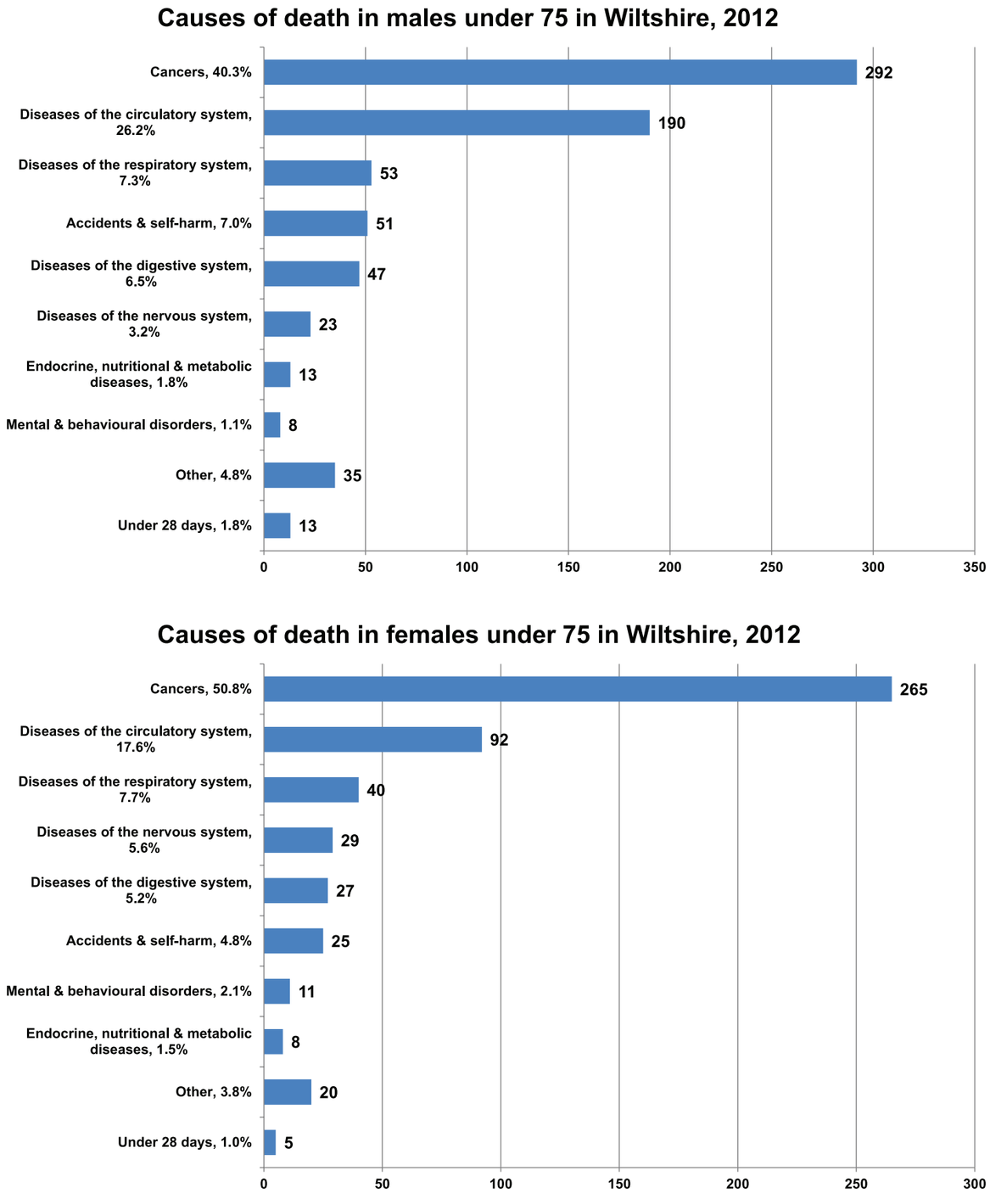


Source: ONS Vital Statistics (table 3), 2012

Of particular interest are causes of death amongst the under 75s, because deaths in this age group are defined as premature.

In 2012, there were 1,247 deaths under the age of 75, representing 29.1% of all deaths in the county. The two major causes of premature death nationally, and in Wiltshire, are circulatory disease (including coronary heart disease and stroke) and cancers. Figure 8 illustrates this.

Figure 8: Causes of death in Wiltshire, 2012



Source: ONS Vital Statistics (table 3), 2012. Excludes deaths under 28 days

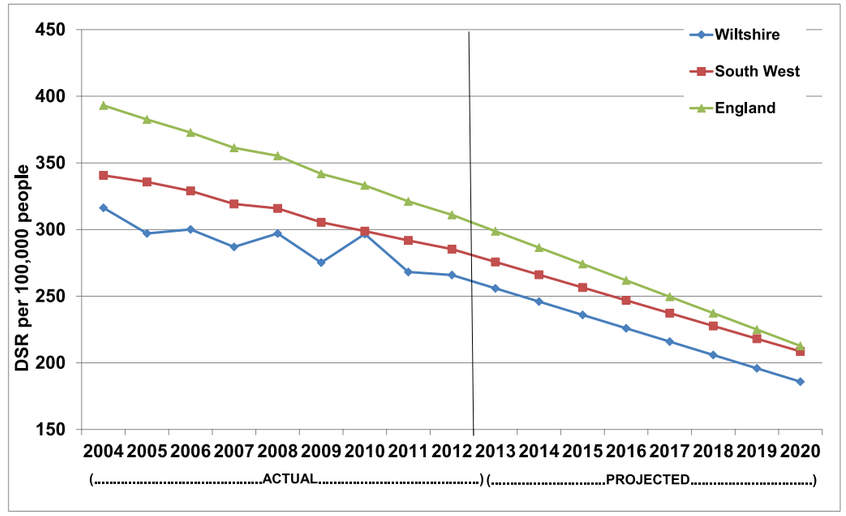
Overall, mortality from all causes in the under 75 age group has been declining in Wiltshire, the South West and England (see figure 9 and figure 10).

At a local level, the inclusion of the life expectancy indicator within the Wiltshire Council Business Plan Corporate Scorecard ensures that issues of health, deprivation, and life expectancy, are high on the agenda of all partners in Wiltshire.

Life expectancy and mortality - resources

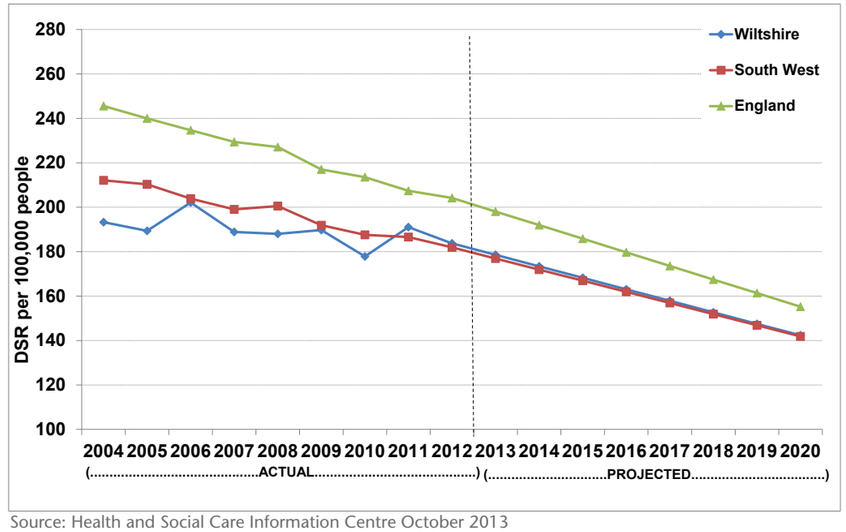
- ONS topic guide to life expectancy: www.statistics.gov.uk/hub/population/deaths/life-expectancies
- ONS topic guide to mortality rates: www.statistics.gov.uk/hub/population/deaths/mortality-rates
- ONS video podcast explaining national and sub-national health expectancies: http://www.youtube.com/watch?v=QfXykHq-3Oc

Figure 9: All-cause mortality rate in males under 75, 2004 to 2020



Source: Health and Social Care Information Centre October 2013

Figure 10: All-cause mortality rate in females under 75, 2004 to 2020



Source: Health and Social Care Information Centre October 2013

Life expectancy and mortality - Outcome Frameworks summary

The following indicators from the Public Health Outcomes Framework and the NHS Outcomes Framework have been selected as the ones most relevant to this section.

Framework	Reference	Outcome / Indicator
Public Health	O1	Healthy life expectancy
Public Health	O2	Differences in life expectancy and healthy life expectancy between communities
Public Health	1.10	Killed and seriously injured casualties on England's roads
Public Health	4.1	Infant mortality
NHS	1.6	Reducing deaths in babies and young children
Public Health	4.13	Mortality from causes considered preventable
NHS	1a	Potential Years of Life Lost from causes consid-ered amenable to healthcare
Public Health / NHS	4.4 / 1.1	Mortality from cardiovascular diseases
Public Health / NHS	4.5 / 1.4	Mortality from cancer
Public Health / NHS	4.6 / 1.3	Mortality from liver disease
Public Health / NHS	4.7 / 1.2	Mortality from respiratory diseases
Public Health	4.8	Mortality from communicable diseases
Public Health	4.10	Suicide
Public Health	4.15	Excess winter deaths
NHS	1b	Life expectancy at 75 (i) males (ii) females
NHS	1.5	Reducing premature death in people with seri-ous mental illness
NHS	1.7	Reducing premature death in people with learn-ing disabilities

Health inequalities and minority groups

Introduction

Health inequalities are variations in health between population groups resulting from a variety of societal and economic processes that are unequally distributed within or between populations. People with higher socio-economic positions in society generally have more life chances and opportunities to lead a flourishing life. They also tend to have better health.

Local services cannot be complacent and there is a need to maintain focus on major health issues, for example reducing premature mortality and deaths from cancer and cardiovascular disease. Despite Wiltshire being a largely affluent county and its residents enjoying longer life expectancy than the national average, inequalities do exist in Wiltshire and, especially with an ageing population structure; health needs are subject to change over future years. Lifestyle, behaviour, access and uptake of health services also influence health inequalities, and in many cases are linked with the social determinants of health.

Within society, there are some groups at higher risk of poorer health outcomes relating to specific health and social care needs and the wider determinants of health. Within Wiltshire such groups include ethnic minority communities, prisoners, homeless people, the military and military veterans, and gypsies and travellers.

Key conclusions and recommendations

Health inequalities

- Between 2009 and 2011 life expectancy was 6.1 years lower for men and 2.8 years lower for women in the most deprived areas of Wiltshire than in the least deprived areas.
- Lifestyle factors vary by socio-economic gradient, with those in more deprived areas being more likely to have 'unhealthy' lifestyles such as smoking.
- Action to reduce health inequalities needs to address social determinants of health such as poverty, education, employment and housing.

Health inequalities

- The health and wellbeing needs of military personnel, veterans and dependants need to be indentified and addressed, as do any health inequalities e.g. related to literacy.
- Access to health services in general is an issue for gypsies, Roma and travellers, particularly those which require registration (e.g. GP services).
- Prevalence of dual diagnosis (mental health problems combined with drug and/ or alcohol problems) among prisoners with mental health problems is recognised to be high, however, local services are not well organised to meet this need.

Military, veterans and dependants health

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa252

Background

The Military Covenant[5] is a set of mutual obligations between the nation and its Armed Forces to ensure that service personnel their families and veterans are not disadvantaged as a result of service life. In Wiltshire, the Armed Forces Community Covenant[6] outlines the obligations at a local level.

Wiltshire's military population brings with it particular concerns from a public health perspective. The different groups associated with this population are: regular serving personnel; their families; reservists; and veterans. Each of those groups has health and wellbeing, and healthcare needs which differ from those of the general population.

Military personnel in Wiltshire presently constitute around 3.2% of the total population and including dependents the total is estimated to be around 30,000 (6.4%). Military personnel and dependants are estimated to constitute over 20% of the total population in Tidworth, Bulford, Durrington, Upavon, Warminster East, Lyneham, Nettleton and Colerne wards, with this figure reaching 75% in Tidworth.

Changes to the military population in Wiltshire

Army Basing Review

A major impact on Wiltshire in particular will be felt from the Army's transformation under the 'Army 2020' concept. This requires the transition to a combination of Reaction Forces, Adaptable Forces and Force Troops. The Reaction Forces will be centred on the Salisbury Plain Training Area. This will result in an estimated increase of 4,000 uniformed personnel, and an additional 2,000 dependants, living and working in Wiltshire. The relocation represents a real opportunity for the county's economy, and Wiltshire Council will work in partnership with the MOD to ensure the benefits are realised for Wiltshire's communities.

RAF Lyneham

In the future, Lyneham will become a key defence technical training site. When it opens in 2015, it is expected that the Defence College of Technical Training will have around 1,500 military and civilian personnel as students and employees. The College will provide training for the three armed services in electronic and mechanical engineering, aeronautical engineering, and communications and information systems. Subject to further decisions by the MOD, by 2019, the College could have around 4,500 students and staff on the site.

Wiltshire response to changes in military population

Military Civilian Integration (MCI) Partnership[7]

Wiltshire Council is working with 43 (Wessex) Brigade and partners to maximise the economic and social benefits of the military presence in Wiltshire. The forum for this work is the Military Civilian Integration (MCI) Partnership which was set up to shape and positively influence these changes. The partnership has produced:

- Wiltshire's Armed Forces Community Covenant which is a voluntary statement of mutual support between a civilian community and its local Armed Forces Community.
- Wiltshire's Armed Forces Veterans Charter and Action Plan which confirms support from the broader community and the wide range of organisations delivering services across all sectors to Service Veterans and their families.

Army Basing

The Government has committed £1.8 billion to the new Army Basing Plan, of which £1 billion will be spent on new service accommodation with the remainder spent on technical infrastructure. Of the £1.8 billion committed to Army Basing, the MoD has committed to invest £850 million in Wiltshire on building new housing for service families, facilities "within the wire" and on the training estate. The key deliverables of the Army Basing Project in the Salisbury Plain Training Area are:

- extensive new build for single living accommodation (SLA),
- conversion of existing SLA blocks,
- additional messing facilities,
- extensive new build and some conversion of existing technical accommodation, including workshops, garages, armouries, stores and offices; and,
- over 1,000 new houses for service family accommodation (SFA).

Reservists and veterans

Wiltshire is home to many people who have previously served in the Armed Forces, termed 'veterans', they are a largely hidden population. For veterans there is a general question of whether the positive aspects of military life have an enduring effect on their health and wellbeing, or if on leaving service the loss of the support mechanisms and structured life leave only the problems. Research shows that Post traumatic stress disorder (PTSD) is rarely found, with symptoms of anxiety and depression and drinking problems being more likely, even though they are still uncommon overall. In Wiltshire, research commissioned by the Military Civilian Integration (MCI) Partnership Board started in 2013 which seeks to understand the size and distribution of the veteran population in Wiltshire.

[5] http://en.wikipedia.org/wiki/Military_Covenant

[6] An Armed Forces Community Covenant between Wiltshire Council, representatives of the charitable and voluntary sectors, the civilian community of Wiltshire and the Armed Forces Community in Wiltshire. http://www.wiltshire.gov.uk/wilts-armed-forces-community-covenant.pdf

[7] http://www.wiltshire.gov.uk/communityandliving/militarycivilianintegrationpartnership.htm

Health

The Army conducted a Strategic Health Needs Assessment of 3(UK) Division in 2011/12[8]. The assessment highlighted six main areas which affect the health and wellbeing of the average soldier: environment, weight management, nutrition, accommodation, smoking, and alcohol.

The MoD provides primary health care for military personnel. The commissioning of secondary health care for serving personnel is the responsibility of the NHS England Area Team for Bath, Gloucestershire, Swindon and Wiltshire. In addition to increasing the uniformed presence in Wiltshire, the Army 2020 basing plan will also increase the numbers of military dependants. This in turn will affect the demand for local GP surgeries, dental service provision, community health care, schools and other services. The implications of the increased demand are being addressed by health care commissioners from Army Primary Health Care Services, NHS Wiltshire Clinical Commissioning Group, NHS England, and Wiltshire Council Public Health.

The nature of the military population means it creates different demands on health care and other services. Examples of these demands are:

- Service families require access to the same primary and community health care services as the general public, but circumstances unique to service families and demographics deserve consideration. Many service families are young families, lacking the support of extended family networks close by and having to cope with long periods of separation from their loved ones deployed overseas or on training. Access to social support networks are vital and programmes such as Skilled For Health are particularly important for young mothers to help them understand their own and their children's health needs and how to address them.
- Surges in demands on maternity services are seen following the return of military units from operational deployments.
- Rates of common mental illness (depression and anxiety) are not higher than that observed in the general population. However, military personnel and veterans have rates of alcohol misuse more than twice that of the general population, 13% for military and 6% in the general population.
- Evidence from local screening events held in the military bases, shows that military personnel are disproportionately affected by chlamydia when compared with the wider population in Wiltshire.

Challenges for consideration

The increasing numbers of military personnel and their dependants in Wiltshire emphasises the need to maintain an effective flow of information between the military and Wiltshire Council and local NHS services to estimate the demand for health care services and to plan these services efficiently.

Identifying and addressing the health and wellbeing needs of military personnel, veterans and dependants and any health inequalities.

Seek to understand the size and distribution of the veteran population in Wiltshire as a precursor to estimating the needs of this population and planning relevant services.

[8] A Strategic Health Needs Assessment of 3(UK) Division, The Army Health Team, 2012. url:http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=52709&type=full&servicetype=Attachment

[9] Public Health Outcomes Framework (PHOF), www.phoutcomes.info (accessed November 2013).

[10] Health Expectancies at Birth and Age 65 in the United Kingdom, 2008-10, ONS, 29 August, 2012. http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-and-age-65-in-the-united-kingdom/2008-10/index.html

Health Inequalities

Measuring health inequalities

There are many different measures of health inequalities, with the 'slope index of inequality' currently being one of the most common ways to show the gap in life expectancy within an area. In rural areas it should be remembered that area measures of deprivation may mask pockets of deprivation.

The full briefing note on measuring health inequalities can be downloaded here: tinyurl.com/hwjsa104

Life expectancy

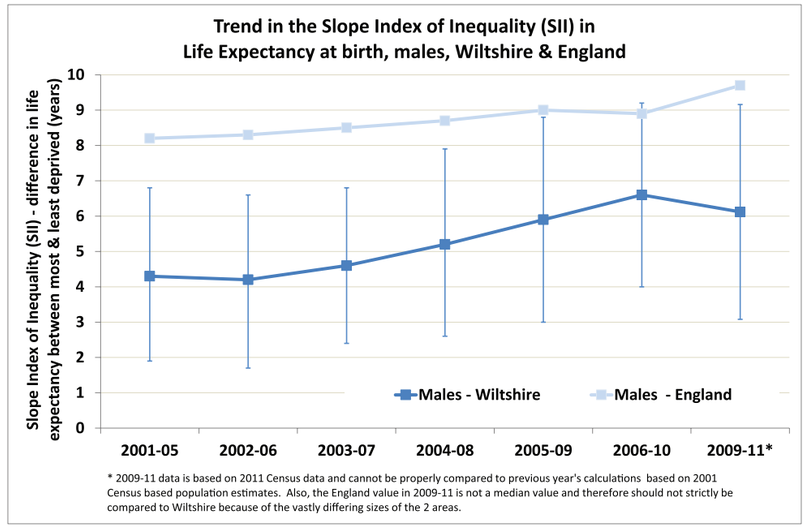
Between 2009 and 2011, life expectancy was 6.1 years lower for men and 2.8 years lower for women in the most deprived areas of Wiltshire than in the least deprived areas. Encouragingly, this gap is statistically significantly lower for men and women than the median for England.

In Wiltshire, in 2009-11, males and females could expect to live statistically significantly more years in good health than the England average. However, in Wiltshire females live 1.5 years longer in good health than males, whereas in England females live only 1.0 years longer than males[9].

Nationally, males are spending a greater proportion of their lives in favourable health compared with females. However, in recent years this gap has narrowed as the health of females has improved more rapidly than for males[10].

The full briefing note on inequalities in outcomes can be downloaded here: tinyurl.com/hwjsa113

Figure 11: Trend in slope index of inequality (males)



Source: Public Health Outcomes Framework (PHOF) www.phoutcomes.info

Figure 12: Trend in slope index of inequality (females)

Source: Public Health Outcomes Framework (PHOF) www.phoutcomes.info

Access and uptake

Access to healthcare services are one piece in the overall picture of health inequalities. Variation in access and uptake of health services is influenced by availability, quality, costs and information.

The NHS must ensure that access to all services is equitable for different groups. As Wiltshire has a relatively older and more rural population, these aspects need to be considered in local access and uptake of health services.

The full briefing note on inequalities in access and uptake is available here: tinyurl.com/hwjsa105

Minority groups

Overview

According to 2011 Census figures, at 6.6% of the population (31,256 people), Wiltshire has a lower proportion of ethnic minorities than the South West region as a whole (8.2%) and a considerably lower proportion than national figures (England, 20.2%)[11]. The proportion of the population from ethnic minority groups in Wiltshire has increased by 129% between 2001 and 2011 compared to 114% in the South West and 74% in England.

The full briefing note providing an overview on minority groups is available here: tinyurl.com/hwjsa114

Prisoners

HMP Erlestoke is an adult male, category 'C' closed training prison and it is the only prison in Wiltshire. It currently has an operational capacity of 494. The 2012 HMP Erlestoke Health Needs Assessment identified specific health needs for the prisoners including sexual health, infectious diseases, mental health and substance misuse. Levels of smoking are extremely high, amounting to almost 70% of prisoners in Erlestoke. Since 2009, 44 offenders have qualified as Health Trainers at HMP Erlestoke and have supported 201 offenders improve their lifestyle choices.

The full briefing note on prisoners is available here: http://tinyurl.com/hwjsa253

Gypsies, Roma & Travellers and Boaters

According to the 2011 Census, 757 people in Wiltshire identified themselves as being of gypsy or Irish traveller ethnicity; this is 0.2% of the population[12]. In 2011/12, Wiltshire had 102 children in primary or secondary schools whose ethnic group was Gypsy/Roma according to the January 2012 school census[13].

As at December 2013, Wiltshire Council owns 5 permanent residential gypsy and traveller sites and one transit site. This provides 90 residential pitches and 12 transit (28 day licence) pitches. There are about 175 or so boats without moorings on the Kennet and Avon Canal at any one time between Devizes and Bath[14]. It is believed that around 66% of these are people's homes.

The full briefing note on Gypsies, Roma & Travellers and Boaters is available here: tinyurl.com/hwjsa254

Health inequalities and minority groups - resources

For more detailed information on: measuring inequalities; inequalities in outcomes; inequalities in behaviour and lifestyles; inequalities in access and uptake; and minority groups see the relevant individual briefings: tinyurl.com/hwjsa203

- Fair Society, Healthy Lives. The Marmot Review: tinyurl.com/hwjsa1420
- UK Parliament Health Committee: Health inequalities - extent, causes, and policies to tackle them: www.publications.parliament.uk/pa/cm200809/cmselect/cmhealth/286/28605.htm
- English indices of deprivation: www.gov.uk/government/collections/english-indices-of-deprivation
- Deprivation in Wiltshire: Indices of Deprivation 2010: tinyurl.com/hwjsa192
- Military Civilian Integration Partnership: www.wiltshire.gov.uk/communityandliving/militarycivilianintegrationpartnership.htm
- A study of diverse communities living in Wiltshire and their experiences with health, public and social care services, Wiltshire and Swindon User's Network: tinyurl.com/hsjsa350

[11] 2011 Census, Table KS201EW, Office for National Statistics, 2013
[12] 2011 Census, Quick Statistics table QS209EW, ONS, January 2013
[13] January 2012 School Census, ChiMat. url: http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=247 (accessed 15/1/13)
[14] Mark Stephens, Kennet and Avon Canal Manager
[15] Department of Health tinyurl.com/hwjsa300

Health inequalities - Outcome Frameworks summary

The Public Health Outcomes Framework for England, 2013-2016[15] outlines the overarching vision for public health as "to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest". Each indicator domain has an objective that includes health inequalities:

Domain	Objective
1. Improving the wider determinants of health	Improvements against wider factors that affect health and wellbeing and health inequalities
2. Health improvement	People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
3. Health protection	The population's health is protected from major incidents and other threats, while reducing health inequalities
4. Healthcare public health and preventing premature mortality	Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

[4] Department of Health tinyurl.com/hwjsa300

Children and young people

Introduction

Good physical and mental health is important not only for children and families now but for good health later in adulthood. A number of risk factors for many adult diseases such as diabetes, heart disease and some mental health conditions such as depression, begin in childhood. Child health, development and wellbeing has broader effects on educational achievement, violence, crime and unemployment. Life chances and outcomes for children and young people can be achieved by multi-agency working across prevention and early intervention; raising aspirations and narrowing gaps in inequality and promoting healthy lifestyles. This can be achieved by focussing on enabling and empowering individuals, families and communities to achieve their fullest health potential.

Key conclusions and recommendations

Child mortality

Mortality rates in both infants and under 15s have risen in Wiltshire in recent years, whilst national and regional rates for these measures over the same periods have been decreasing.

Health inequalities

Society must make a commitment to improve the life chances of children by addressing underlying problems such as the lack of an adequate diet, a warm coat and new shoes or a quiet place to do their homework. The approach should be not only to protect children from hazards, known to have a negative impact on health and well-being, but also promote exposure to positive experiences which enhance assets and resilience. Children in families where mental health problems, substance misuse, learning difficulties and domestic violence exist are particularly at risk, and specific evidence-based preventive programs should be implemented to address these issues and enable children and young people to have a secure and nurturing home[16].

Child poverty

In 2011, out of Wiltshire's 281 lower super output areas, 35 have over 20% and 10 have over 30% of children living in poverty. Although this is less than in 2009, if not addressed, these will form a 'hard core' of child poverty in Wiltshire.

Hidden harm

The awareness and support of vulnerable children is a consideration for all. Many organisations are involved in keeping children out of harm. A key challenge for all parties involved is to maintain good partnership working so a child's vulnerability can be identified and from any service and supported appropriately.

Immunisations

In Wiltshire a key challenge is to maintain current levels of vaccination uptake, as well as identifying groups or settings where coverage is low at a local level, and designing appropriate interventions to improve equity in service delivery. Targeted work is required to improve measles, mumps and rubella (MMR) vaccination uptake, particularly focussed on ensuring more children receive their 2nd dose of MMR. In the coming year the Meningitis C vaccine will also be routinely available as a teenage booster to children aged 13-15 years. This Meningitis C teenage booster can be given at the same time as the 3-in-1 teenage booster and will extend children's protection against Meningitis C into early adulthood.

[16] Inequalities in health outcomes and how they might be addressed, Children and Young People's Health Outcomes Forum, June 2012.

Childhood obesity; healthy eating and physical activity

Levels of obesity in Wiltshire remain stable and are generally below the South West and England rates. However, over 1 in 5 children in Reception Year and nearly 1 in 3 children in Year 6 are overweight or obese and the challenge is to reduce these figures. Melksham, Westbury, Trowbridge, Warminster, Chippenham, Devizes and Salisbury Community Areas and Children's Centres were highlighted as having statistically significantly higher percentages of obese or overweight children than the Wiltshire rates. There are strong associations between obesity and socio-economic status, age and gender in Wiltshire, mirroring trends nationally. There is also a gender gap in physical activity levels: girls (especially teenagers) are less likely to respond to physical activity opportunities because of issues around puberty and body image. Levels of activity also decrease as children get older and become more sedentary in their behaviour.

Emotional wellbeing and mental health

One of the significant challenges is the early identification of children and young people experiencing emotional health and wellbeing problems and intervening immediately. Encouraging children and young people to seek help when problems arise is key, alongside the promotion of help, support and services, both those provided through universal services, e.g. schools, and the more specialist services. If specialist services are required then the challenge is to keep waiting times short so that assessment and services are delivered in a timely manner.

Smoking

There is a national and local focus on reducing the rate of smoking during pregnancy to 11% or less by the end of 2015. Initiatives are in place to prevent tobacco from being sold to under age children, tackle risk taking behaviour and influence policy to make areas used frequently by children either smoke free or viewed as socially unacceptable to smoke in.

Safeguarding children in need

The 2012, Ofsted inspection of Safeguarding and Looked After Children in Wiltshire found the quality of services for safeguarding were inadequate and services for looked after children were adequate with some good aspects. Delivering the improvements required is part of the safeguarding improvement plan.

Young carers

The identification of young carers needs improving. Children and young people require support to ensure they do not undertake inappropriate or unsafe levels of caring. Awareness of young carers and their needs requires raising across a number of services including adult's services. Young carers need support to have the same access to education and career choices as their peers.

Hidden harm

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa251

Introduction

Hidden harm is the actual and potential harm caused to babies, children and young people, born to and living with parental substance and alcohol misuse; domestic violence and parental mental ill health.

Substance misuse

A key document to understanding substance misuse in children and young people is the 2013/14 Wiltshire Substance Misuse Needs Assessment[17]. This needs assessment was developed to inform the annual Wiltshire Under 18s Substance Misuse Strategy[18]. The needs assessment found that the majority of Wiltshire's young people either do not use substances or do not use to harmful levels. It shows a steady decrease in the numbers of children and young people using substances. Of those who do use, the main substances of choice remain as cannabis and alcohol. Additionally, research shows that, of those who are using, use has increased in both frequency and amount. Wiltshire partner agencies recognise this trend and have committed substantial resources to sustain effective services at universal, targeted and specialist service levels which aim to prevent further harm.

Adult drug misuse

In Wiltshire, a comprehensive needs assessment of drugs misuse is undertaken each year. The 2013/14 adult drug treatment needs assessment indicates that in Wiltshire around 775 people were receiving treatment in 2011/12. The number of people dependent on illicit drugs is estimated to be significantly higher than the number receiving treatment and registered on the National Drug Treatment Monitoring System (NDTMS). 9,318 people aged 18 to 64 are estimated to have a drug problem in Wiltshire in 2011, of which 66% are likely to be men. By 2030, the number is forecast to rise to 9,471 people.

Alcohol consumption in adults

Alcohol misuse has been directly linked to a range of health issues both acute and chronic. Alcohol-related hospital admissions having been rising in Wiltshire, although they remain at lower levels than those experienced in either the South West or England. Likewise, alcohol specific mortality is increasing in Wiltshire, although rates are again lower than regional and national averages. Wiltshire's Alcohol Strategy[19] ensures a county-wide, co-ordinated approach to tackling all aspects of alcohol-related harm, and has contributed to improved performance in adult treatment services.

Domestic abuse

Domestic abuse is a challenging, multi-faceted issue, faced by agencies across the UK. The continuum of behaviour encapsulated by this criminality includes a range of abusive behaviours, not all of which are, in themselves, inherently violent. 1,234 domestic abuse crimes were reported to Wiltshire Police in 2012/13 compared to 1,221 in 2011/12. Irrespective of the usual socio demographic boundaries, domestic abuse has the highest repeat victim rate of any crime type. The repeat victimisation rate in Wiltshire in 2011/12 was 22.5%, a further reduction compared to the same period the year before (-3%). From April 2014, work will be underway on a new pan Wiltshire domestic abuse strategy to cover 2014 to 2016.

[17] Substance Misuse Needs Assessment 2013/14, Children and Young People's Trust Board, Wiltshire Council http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=46126&type=full&servicetype=Attachment

[18] http://www.wiltshirepathways.org/UploadedFiles/SubMisuseStrat1213_June12_Finalv2.pdf

[19] http://www.wiltshire.gov.uk/wilts-alcohol-strategy-imp-plan-2011-12.pdf

[20] https://www.gov.uk/government/publications/special-educational-needs-in-england-january-2013

[21] Mental Health Foundation, 2002

[22] http://www.wiltshirepathways.org/UploadedFiles/EWandMHStrategy_final.doc

Learning disabilities and mental health and wellbeing

Table 2 shows an overview of numbers of children and young people with a Special Educational Need (SEN) in Wiltshire schools and the percentage of the school population they represent, based on January 2013 school census[20].

Table 2: Overview of numbers of children and young people with a Special Educational Need (SEN), Wiltshire, January 2013

Total pupils	Pupils with statements		Pupils with SEN without statements		Pupils with SEN	
71,542	1749	2.4%	10,152	14.2%	11,901	17%

Source: January 2013 school census

Emotional wellbeing and mental health in children and young people

Children with learning disabilities are more likely to suffer from mental health problems[21]. 40% suffer from some form of mental health disorder and the incidence is higher among those suffering from severe learning disabilities. Self-harming behaviour in young people is not uncommon. Nationally, 10% to 13% of 15 and 16 year olds have self-harmed. A South West study examined hospital admissions for self-harm and found there is a sharp peak for girls in their late teens and early twenties. Wiltshire's emotional wellbeing and mental health commissioning strategy sets out the vision for the future of mental health services for children and young people[22].

Mental health related to adults

The mental health of adults can greatly impact children and young people. Nationally, 16.2% of the adult population (19.7% of women and 12.5% of men) have a common mental disorder (CMD; anxiety or depression disorder). This means in Wiltshire approximately 60,000 adults are estimated to have a CMD.

Current service provision

There are many projects across Wiltshire that involve partnership work to improve the health and wellbeing of infants, children and young people. Many of these will help identify and protect vulnerable children and young people, for example through:

- Promoting direct access to midwifery care, delivered in accordance with NICE guidance.
- Delivering the Healthy Child programme, through a universal Health Visiting and School Nursing service.
- Improving partnership working across primary care, social care and Children's Centres to provide support to the most vulnerable families.
- Promoting breastfeeding and the uptake of primary immunisations.
- Promoting emotional health and wellbeing of all children, beginning in early childhood with a focus on attachment with parents, through to promoting resilience and coping in adolescents.
- Having a co-ordinated action plan to address childhood accident prevention, focusing on those injuries most prevalent in Wiltshire.

Hidden harm factors identified at assessment

Social workers are encouraged to record at assessment, factors that could indicate hidden harm. This recording practice began nationally in 2013/14 and data from April 2013 to November 2013 is shown in Table 3. Due to this being the first year of recording it is likely these figures are an understatement of the actual picture.

Table 3: Factors identified by Social Workers that could indicate hidden harm

Factor(s) identified (April 2013 - November 2013): Multiple factors can be identified by the social worker	Number (%) of total factors
Total assessments analysed	**2,301**
Alcohol misuse	
Concerns about alcohol misuse by the parent or carer	243 (11%)
Concerns about alcohol misuse by another person living in the household.	36 (2%)
Drug misuse	
Concerns about drug misuse by the parent or carer	143 (6%)
Concerns about drug misuse by another person living in the household.	**49 (2%)**
Domestic violence	
Concerns about the child's parent or carer being the subject of do-mestic violence.	505 (22%)
Concerns about another person living in the household being the subject of domestic violence.	118 (5%)
Mental health	
Concerns about the mental health of the parent or carer	363 (16%)
Concerns about the mental health of another person in the fami-ly/household.	67 (3%)
Learning disability	
Concerns about the parent or carer's learning disability.	**49 (2%)**
Concerns about another person in the family or household's learn-ing disability.	19 (1%)
Physical disability or illness	
Concerns about a physical disability or illness of the parent or carer.	98 (4%)
Concerns about a physical disability or illness of another person in the family or household.	22 (1%)

Source: Wiltshire Council, Children and Young People's performance team

Challenges for consideration

The awareness and support of vulnerable children is a consideration for all. As has been noted many organisations are involved in keeping children out of harm. A key challenge for all parties involved is to maintain good partnership working practices so a child's vulnerability can be identified and the child supported.

Demographics

Wiltshire has 114,200 children and young people aged 0-19 according to the 2012 mid-year estimates. This is 23.9% of the total Wiltshire population.

Table 4: Children by 5-year age band, 2012

	Wiltshire		South West		England	
	Number	% of total population	Number	% of total population	Number	% of total population
0-4	28,800	6.0%	303,400	5.7%	3,393,400	6.3%
5-9	28,100	5.9%	281,500	5.3%	3,083,600	5.8%
10-14	28,300	5.9%	288,200	5.4%	3,007,900	5.6%
15-19	29,000	6.1%	323,800	6.1%	3,286,300	6.1%
0-19 total	**114,200**	**23.9%**	**1,197,800**	**22.4%**	**12,771,100**	**23.9%**

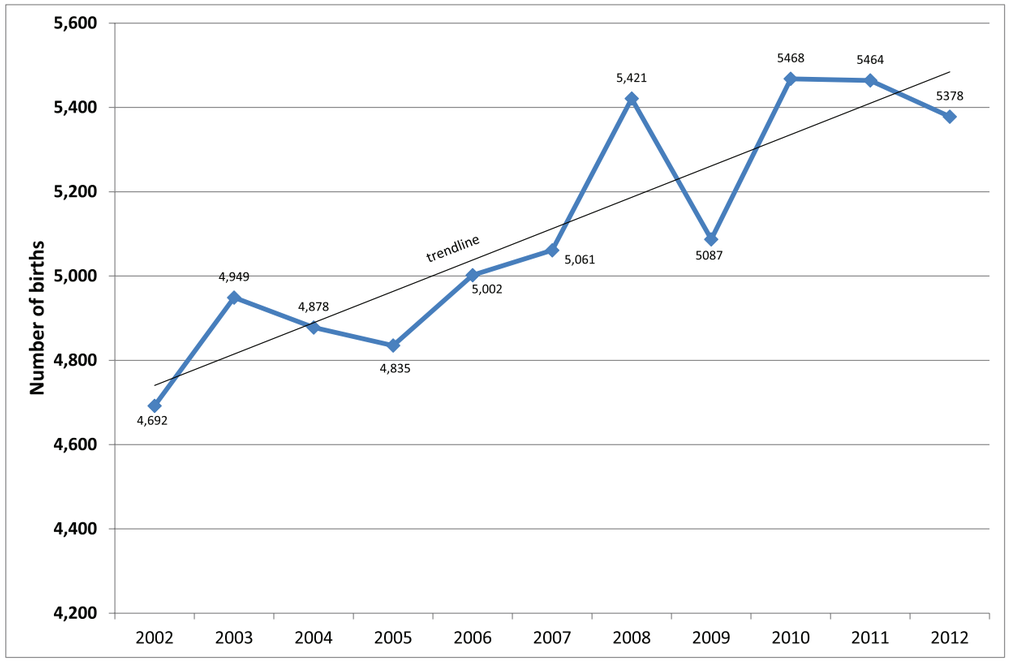
Source: ONS 2012 mid-year estimates[23]. Figures have been rounded to the nearest 100.

It is forecast that the population of children and young people (age 0-19) in Wiltshire will increase between 2011 and 2021 by 4.2% and will account for only 23.7% of the total population in 2021[24] due to the increase in the ageing population. In Wiltshire, increases in fertility along with increases in the number of women of reproductive ages has resulted in a general increase in the number of births between 2002 and 2012. There were 4,692 births in 2002 and 5,378 in 2012. The number of births is expecting to keep rising over the next few years.

[23] http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/mid-2012-population-estimates-for-england-and-wales.html

[24] 2011 interim subnational population projections, Subnational Population Projections Unit, ONS: Crown Copyright.

Figure 13: Trends in number of live births, Wiltshire residents, 2002-2012



Source: ONS

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa127

Child mortality

Mortality rates[25] in under 15s have risen slightly in Wiltshire in recent years from 37.8 per 100,000 in 2006-08 to 39.7 per 100,000 in 2010-12[26]. This places Wiltshire below the national rate (42.1 per 100,000) but above the rate for the South West (36.1 per 100,000) but not significantly different in either case. In summary, child mortality in Wiltshire has risen slightly while nationally and regionally child mortality is decreasing.

Mortality rates[27] in infants (children under 1) have also risen slightly in Wiltshire since 2005-07. The infant mortality rate in 2010-12 was 4.0 per 1,000 live births and has increased from a historical low point of 3.2 per 1,000 in 2005-07. Again, this places Wiltshire below the national rate (4.43 per 1,000) but above the rate for the South West (3.6 per 100,000) but not significantly different in either case. However, as for under 15s, the national and regional rates have been decreasing between 2005-07 and 2010-12.

The full briefing note for this section is available here: tinyurl.com/hwjsa128

Health inequalities

Considerable variations exist in both health service outcomes for children, and therefore, their whole-of-life-course outcomes. Variations become inequitable if individuals or groups in a population or community are denied fair access to either determinants of health or lifestyles or services which could improve their life chances and outcomes. Poor and deprived children and young people generally have worse health related outcomes than rich or affluent counterparts.

An analysis by Her Majesty's Revenue and Customs (HMRC) demonstrated that in 2011, Wiltshire had 11,610 children living in poverty, which represents 11.4% of children. This compares well to England (20.1%) and the South West (15.6%), but masks the fact that in terms of lower super output areas, 35 have over 20% and 10 have over 30% of children living in poverty.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa129

[25] The NHS Information Centre for health and social care. © Crown Copyright.
[26] Directly standardised for age using the European Standard population
[27] The NHS Information Centre for health and social care. © Crown Copyright.

Antenatal, newborn and childhood screening

The underlying concept of screening is that early detection of risk factors or disease is beneficial for clinical and public health outcomes. The UK National Screening Committee (UK NSC) currently recommends the offer of sickle cell and thalassaemia; infectious diseases in pregnancy; Down's syndrome and fetal anomaly ultrasound screening; newborn and infant physical examination; newborn bloodspot and newborn hearing. These are complemented by additional programmes in childhood around growth; hearing and vision.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa130

Immunisations

In the first year of life children are vaccinated against Diphtheria, Whooping Cough, Polio, Tetanus, Haemophilus influenza b and Pneumococcal infection. In the 2nd year of life children begin their course of vaccination against measles, mumps and rubella. There are also targeted vaccination programmes for Tuberculosis and Hepatitis B, and vaccination for girls against the Human Papilloma Virus (HPV). A teenager booster is also given for tetanus, diphtheria, and polio.

Wiltshire vaccination coverage is high compared to the South West and England. However, the key challenge is to achieve 95% coverage, as suggested by the World Health Organisation[28] to protect the most vulnerable in society, and to increase uptake in groups and localities where coverage is currently low.

For the first time the seasonal influenza vaccination programme which runs from October and throughout the winter months each year is also targeting parents of 2-3 year olds encouraging them to get their child vaccinated with the nasal spray vaccine.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa131

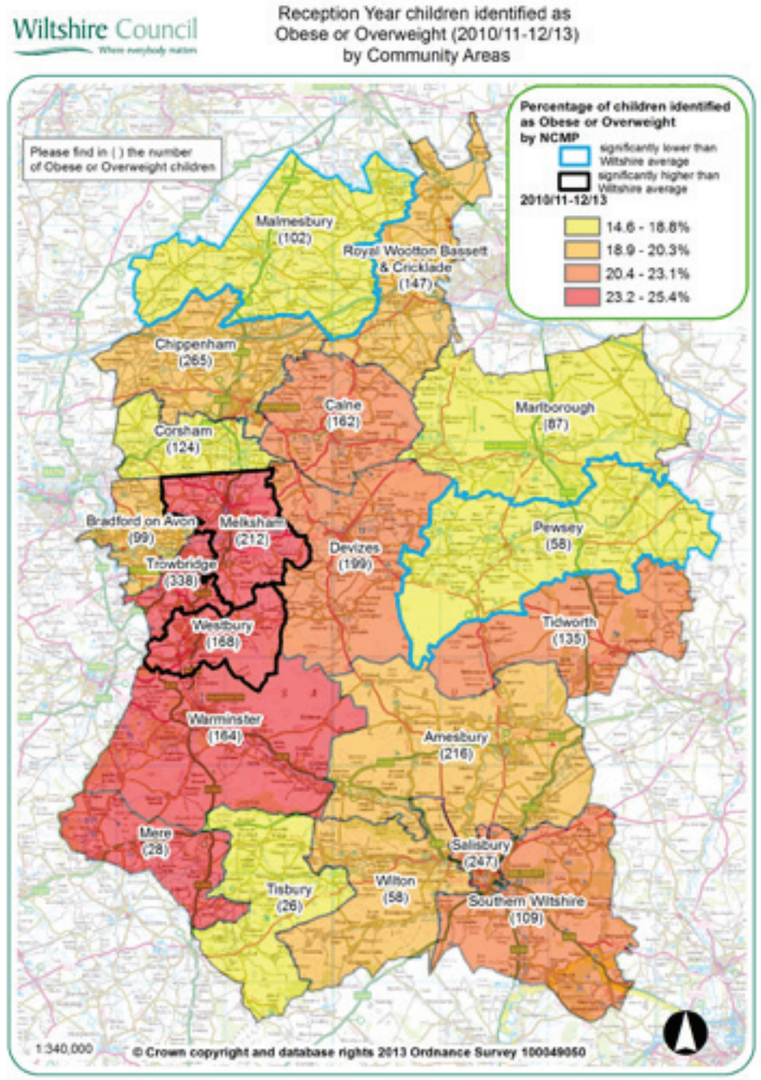
Obesity

During 2012/13, 4,954 pupils in Reception Year and 4,246 pupils in Year 6 in Wiltshire were weighed and measured as part of the National Childhood Measurement Programme (NCMP). In that period 7.6% of Wiltshire's Reception Year pupils measured were found to be obese; this compares to 9.3% for England. This is the third lowest level of obesity in the South West. In Year 6, 15.1% of Wiltshire's children were found to be obese; in England the figure was 18.9%. This ranks Wiltshire 3rd lowest out of 14 local authorities in the South West.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa132

[28] Immunisation in childhood can prevent illnesses that have serious long-term consequences. It is not necessary for every person to be immune. Herd immunity is the degree to which a population is resistant to an infection as high general levels of immunity protect the non-immune. To achieve herd immunity a high percentage of children need to be immunised. Low uptake of the national childhood immunisation schedule puts the individual child at risk, particularly where there is herd immunity of less than the recommended 95% for public protection. This is the WHO % cover target for all childhood immunisations by 24 months of age.

Figure 14: Percentage of Obese or Overweight Reception year children by Community Area



Healthy eating and physical activity

A balanced diet and physical activity are vital for good health. They are both key to halting the rise in childhood obesity that is being seen nationally. The proportion of school pupils eating five or more portions of fruit and vegetables a day in Wiltshire is 24%, compared with 19% in England[29]. Wiltshire has 37,000 physically active school-aged children spending at least 3 hours per week on high quality physical education (PE) and school sport[30]. This equates to 63.4% of pupils in Wiltshire which is significantly higher than the percentage for England (55.1%). The 2011 Health Related Behaviour Survey[31] showed that 92% of primary school pupils have a bicycle but only 7% cycled to school on the morning of the survey. 48% of primary school pupils walked to school, 42% came by car.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa115

Accidents and injuries

Unintentional injury accounts for more hospital admissions than any other cause in children[32]. In Wiltshire, in 2011/12, there were 1,066 admissions due to an injury in children under 18. This equates to 103 per 10,000 young people. Mortality due to accidents and injuries in children and young people is rare but there were still 6 deaths in under 20s due to injury in Wiltshire, in 2012. Transport accidents accounted for about 50% of these deaths. The number of children (0-15) from Wiltshire, killed or seriously injured (KSI) also reduced from the baseline in 2005 2009 (20) to 2011 (11) by 45%. In the same period in Great Britain the number of child casualties fell 21% from 3,067 to 2,412.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa116

Emotional wellbeing and mental health

Estimates of the approximate numbers of children and young people with a mental health disorder at any given time (based on national prevalence rates) have been calculated for Wiltshire. These show there are likely to be approximately:

- Nearly 4,000 children and young people (aged 5 to 16) with conduct disorders;
- Over 2,500 with emotional disorders (depression and anxiety);
- Over 1,000 being hyperactive (ADHD)
- Nearly 1,000 with less common disorders (Autism spectrum disorder ASD, eating disorders, facial tics)

The prevalence of these disorders has been found to be higher among looked after children, minority ethnic groups, young offenders and those from deprived areas.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa117

Disabilities

In February 2013, the Department for Education (DfE) published draft legislation amendments to the Children's and Families Bill, which are due to come into effect in September 2014. These changes have been brought about as a result of a Green paper, "Support and Aspiration: a new approach to special educational needs and disability (2011)"[33] which proposed a radically different approach to supporting children and young people with special educational needs and disability (SEND).

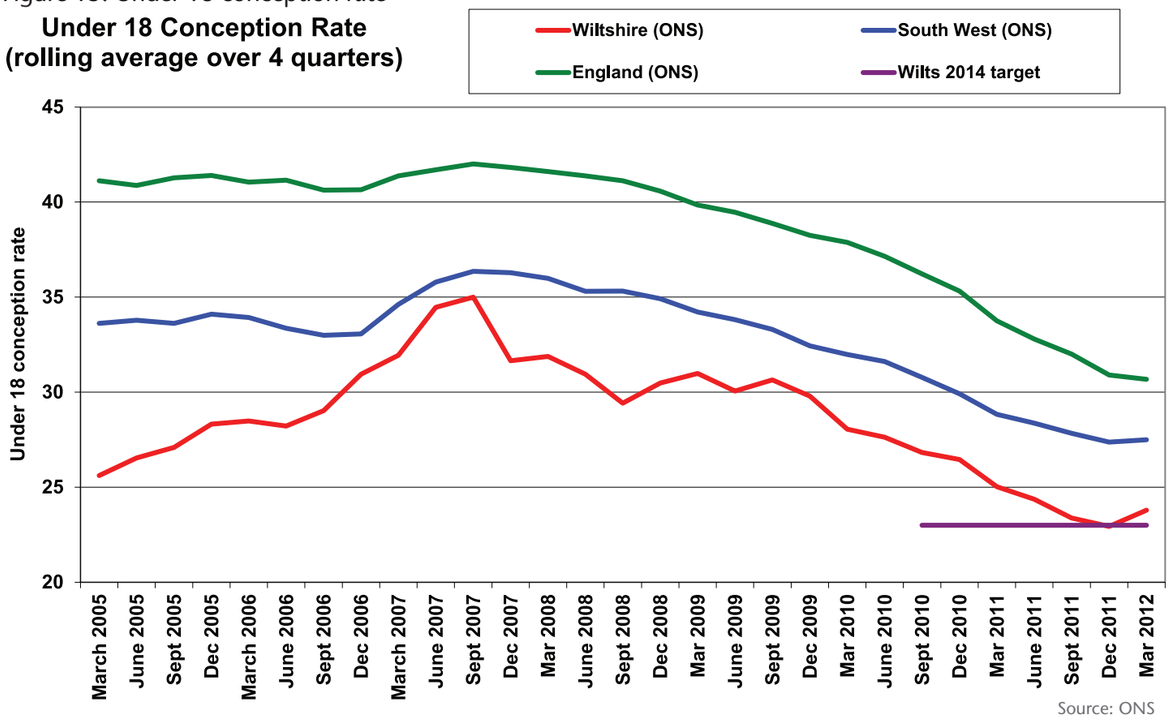
Wiltshire is one of the 20 pathfinders developing approaches to delivering the changes required as a result of the proposed amended legislation. Pathfinders have an essential role in informing legislation changes and sharing best practice. In Wiltshire, a 0-25 (stability) SEND Service is currently being established. As a Pathfinder, the Council are testing how to reform the system, but continue to do so within the existing statutory frameworks. This involves working creatively with parents, schools and colleges, voluntary sector partners and others to find new and better ways to meet the needs of disabled children and those with SEN.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa118

Sexual health

The teenage conception rate in Wiltshire is continuing its decline since a peak in 2007. The number of conceptions in quarter 3, 2011 was the lowest since the current data collection system began in 1998-2000. However, whilst the county-wide rate is below the nation and regional rates, within Wiltshire there are small areas which have persistently high teenage conception rates. These areas are targeted by partners

Figure 15: Under 18 conception rate



Source: ONS

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa119

Smoking

The prevalence of smoking in children and young people is difficult to measure accurately. The Wiltshire Health Related Behaviour Survey 2011 found that 10% of Year 10 pupils had smoked in the week previous to the survey. Comparisons with England suggest that smoking prevalence in children and young people in Wiltshire is slightly lower.

Data for 2012/13[34], estimates that 13.8% of pregnant women in Wiltshire are smoking in pregnancy, higher than in the South West (13.3%) or England as a whole (12.7%). This is above the Government target for reducing rates of smoking throughout pregnancy to 11% or less by the end of 2015 (measured at time of giving birth).

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa120

Substance misuse

The 2013/14 Wiltshire Substance Misuse Needs Assessment[35] shows a steady decrease in the numbers of children and young people using substances. However, of those who are using, research shows that use has increased in both frequency and amount. Wiltshire partner agencies recognise this trend and have committed substantial resources to sustain effective services at universal, targeted and specialist service levels which aim to prevent further harm.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa121

[29] Tellus survey (2009), DCSF
[30] Wiltshire Child Health Profile 2012, Child and Maternal Health Observatory, March 2012. Department of Health. tinyurl.com/hwjsa301
[31] Wiltshire Health Related Behaviour Survey 2011, Healthy Schools Wiltshire. Wiltshire Council. 2012. tinyurl.com/hwjsa302
[32] Audit Commission (2007) Better safe than sorry: preventing unintentional injury to children.
[33] https://www.gov.uk/government/publications/support-and-aspiration-a-new-approach-to-special-educational-needs-and-disability-progress-and-next-steps
[34] Statistics on Women's Smoking Status at Time of Delivery: England Quarter 4, 2012/13. Copyright © 2013. The Health and Social Care Information Centre, Lifestyle Statistics. 13 June 2013
[35] Substance Misuse Needs Assessment 2013/14, Children and Young People's Trust Board, Wiltshire Council. url http://www.intelligencenetwork.org.uk/health/children-and-young-people/?opentab=7

DID YOU KNOW?

5 year old children with decay in Wiltshire have on average nearly 3 decayed teeth each. This is lower than the South West and national averages

Dental health

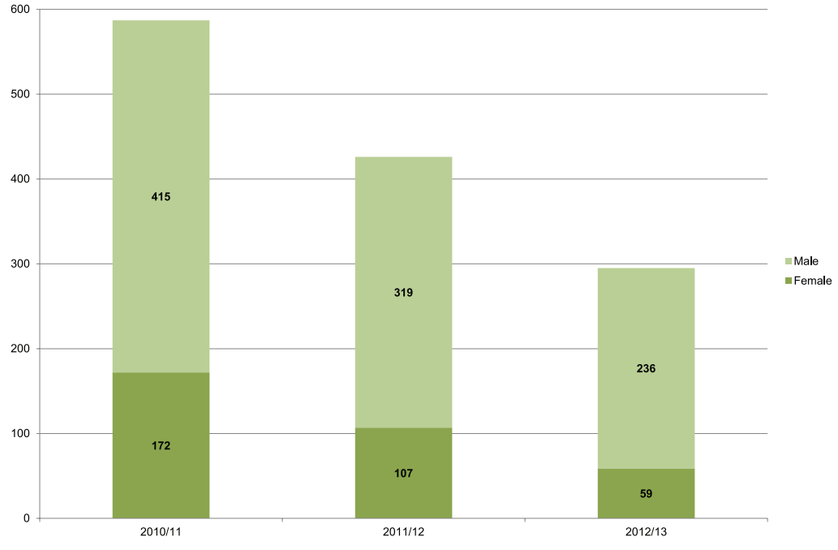
The dental health of children in Wiltshire is generally good. A 2011/12 survey found the average number of decayed, filled or missing teeth per 5-year old child in Wiltshire was 0.75 which is significantly lower than the national average of 0.94. This rises to an average of 0.8 by the age of 12 (the average level of tooth decay is the number of decayed, missing or filled teeth) which was slightly higher than that reported in either the South West or in England, but neither difference was significant.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa122

Youth offending

Youth offending in Wiltshire is relatively low, and the number of first time entrants to the Youth Justice System fell by just over 47% from 501 per 100,000 in 2011/12 to 237 in 2012/13.

Figure 16: Number of male and female youth offenders, 2010/11-2012/13



The Wiltshire Youth Offending Team (WYOT) works with 10 to 17 year olds who have offended to ensure their risks are managed and support is offered to help them understand and manage their behaviour.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa123

Troubled families

In January 2014, the Troubled Families Unit estimated that there are approximately 500 troubled families in Wiltshire. Actual numbers of troubled families are not currently known and to some extent will never be accurate. The Troubled Families' programme[36] outlines how troubled families can be identified locally by combining data regarding crime and antisocial behaviour, education absence and worklessness. Given that Wiltshire has relatively low deprivation, crime and unemployment numbers, and relatively low numbers of children in need supported by children's social care, it would be expected that the proportion of complex families would be below the national average.

This section is part of a larger section briefing on complex families and safeguarding children in need and can be downloaded here: tinyurl.com/hwjsa262

Wider determinants of health

Educational achievement in Wiltshire is generally in line with or better than similar areas. There have been improvements in attainment of children in early years setting, primary schools and secondary schools. However, the gap between the attainment of children in vulnerable groups and their peers is too large, and whilst showing some improvement, should be narrowed further. Professionals and organisations in Wiltshire are working together to support the development of literacy skills in the home and the enjoyment of reading. Over 9,000 Wiltshire children aged 4 to 11 years took part in the Summer Reading Challenge in Libraries in 2013 with nearly 6,000 of them reading six books over the summer holidays.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa125

Children and young people - resources

Children and Young People's Health Benchmarking Tool[37]

The framework was developed in response to the recommendations of the Children and Young People's Health Outcome Forum[38]. It brings together and builds upon health outcome data from the Public Health Outcomes Framework and the NHS Outcomes Framework. http://fingertips.phe.org.uk/profile/cyphof

Wiltshire's Children and Young People's Plan 2012-15[39]

The Plan's purpose is to describe how it is intended to improve the wellbeing of children and young people in Wiltshire. With a particular emphasis on vulnerable young people, it is designed to specifically help ensure that all children and young people (i) Are healthy, (ii) Stay safe, (iii) Enjoy and achieve, (iv) Make a positive contribution and (v) Achieve economic wellbeing.

Wiltshire's Children and Young People's Needs Assessment 2011[40]

This assessment contains a broad overview of the characteristics of children and young people in the county and a summary of the key indicators relevant to the five Every Child Matters outcomes of; (i) Be Healthy, (ii) Stay Safe, (iii) Enjoy and Achieve, (iv) Make a Positive Contribution and (v) Achieve Economic Wellbeing. tinyurl.com/hwjsa193

2011 Health Related Behaviour Survey[41]

Wiltshire has undertaken a number of Health Related Behaviour Surveys in the last decade, the most recent being from 2011. They provide a detailed and reliable profile of young people's life at home, at school/college, and with their friends. http://www.wiltshirehealthyschools.org/partnership-projects/wiltshire-health-related-behaviour-survey/

National Child and maternal health Observatory (ChiMat)

ChiMat provides information and intelligence to improve decision-making for high quality, cost effective services. It supports policy makers, commissioners, managers, regulators, and other health stakeholders working on children's, young people's and maternal health. http://www.chimat.org.uk/

Healthy Child Programme: pregnancy and the first five years of life[42] and from 5-19 years old[43]

The Programme focuses on universal and progressive services for children and young people to promote optimal health and wellbeing.

Change4life

The programme helps children and adults to adopt a healthier lifestyle by encouraging people to eat well, move more and live longer. The programme now extends to other areas such as alcohol. http://www.nhs.uk/change4life

NHS vaccination schedule

These vaccines are routinely offered to everyone in the UK, for free on the NHS:
http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx

[36] https://www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around
[37] http://fingertips.phe.org.uk/profile/cyphof
[38] Report of the Children and Young People's Health Outcomes Forum, July 2012. tinyurl.com/hwjsa310
[39] Children and Young People's Plan 2012-15, Wiltshire Children & Young People's Trust, March 2012. tinyurl.com/hwjsa305
[40] Children and young people in Wiltshire: Needs Assessment, Wiltshire Children's Stakeholder Partnership, July 2011. tinyurl.com/hwjsa306
[41] Wiltshire Health Related Behaviour Survey 2011, Healthy Schools Wiltshire. Wiltshire Council. 2012 tinyurl.com/hwjsa307
[42] Healthy Child Programme: Pregnancy and the first five years of life, Department of Health. Crown copyright 2009, first published October 2009. tinyurl.com/hwjsa308
[43] Healthy Child Programme: From 5-19 years old, Department of Health. Crown copyright 2009, first published October 2009. tinyurl.com/hwjsa309

Children and young people - Outcome Frameworks summary

The Children and Young People's Health Benchmarking Tool[44] is being developed in response to the recommendations of the Children and Young People's Health Outcome Forum[45]. The proposed range of indicators is designed to measure health outcomes in children and young people. Currently, these are drawn from the Public Health Outcomes Framework and the NHS Outcomes Framework.

Framework	Reference	Indicator
Public Health	1.1	Children in poverty
Public Health	1.2	School readiness
Public Health	1.3	Pupil absence
Public Health	1.4	First-time entrants to the youth justice system
Public Health	1.5	16-18 year olds not in education, employment or training
Public Health	2.1	Low birth weight of term babies
Public Health	2.2	Breastfeeding
Public Health	2.3	Smoking status at time of delivery
Public Health	2.4	Under 18 conceptions
Public Health	2.5	Child development at 2-2.5 years
Public Health	2.6	Excess weight in 4-5 and 10-11 year olds
Public Health	2.7	Hospital admissions caused by unintentional and deliberate injuries in under 18s
Public Health	2.8	Emotional wellbeing of looked after children
Public Health	2.9	Smoking prevalence – 15 year olds
Public Health	2.21	Access to non-cancer screening programmes (HIV, syphilis, hepatitis B and susceptibility to rubella, antenatal sickle cell and thalassaemia, newborn blood spot, newborn hearing, newborn physical examination, diabetic retinopathy.
Public Health	3.2	Chlamydia diagnoses (15-24 year olds)
Public Health	3.3	Population vaccination coverage
Public Health	4.1	Infant mortality
Public Health	4.2	Tooth decay in children aged five years
NHS	1.6	(i) infant mortality and (ii) neonatal mortality and stillbirths
NHS	2.3b	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
NHS	3.2	Preventing lower respiratory tract infections (LRTI) in children from becoming serious
NHS	4.8	Improving children and young people's experience of healthcare
NHS	5.5	Admission of full-term babies to neonatal care
NHS	5.6	Incidence of harm to children due to 'fail to monitor'

[44] http://fingertips.phe.org.uk/profile/cyphof
[45] Report of the Children and Young People's Health Outcomes Forum, July 2012. tinyurl.com/hwjsa310

Burden of ill-health: general health

Introduction

Despite the variety of diseases and reasons for ill-health the majority of the burden of ill-health can be categorised into a small number of main disease groups: cancer; cardiovascular disease (CVD); diabetes; respiratory disease and communicable disease.

Key conclusions and recommendations

Skin cancer

The improvements in survival related to skin cancer in the UK over the last 40 years are likely to be down to improvements in treatment, early diagnosis and the publics awareness of the symptoms. The importance of early diagnosis cannot be over emphasised. It is important to target people who exhibit risky behaviours, such as using sunbeds or not taking precautions to avoid sunburn, with skin cancer prevention advice and influence a change in their behaviour.

Cancer

Around 550 people in Wiltshire, under the age of 75 die from cancer each year. There is work to be done to reduce the health inequalities associated with some of the main cancer sites, which is shown by higher rates of premature mortality in deprived areas. Addressing risky lifestyle behaviour, in order to change smoking habits and improve poor diets will be vital. This will need to be combined with active screening and symptom awareness programmes to help mortality rates fall further. As the population ages, and advances in medical science begin to improve outcomes for specific conditions, the health needs within an area can change rapidly. For cancer, this will require a greater focus on survivorship and support close to home for those living with cancer over a number of years.

Cardiovascular disease

The relative gap in cardiovascular disease mortality rates between the most deprived quintile and the Wiltshire average is increasing, and the health inequalities associated with premature cardiovascular disease mortality need to be tackled. These health inequalities can be reduced through public health action. High and increasing levels of obesity are a concern but are a modifiable risk factor for cardiovascular disease.

Diabetes

Around 20,000 people in 2012/13, in Wiltshire live with type 1 or 2 diabetes. The prevalence of diabetes is projected to rise over the next 20 years and this will place a substantial burden upon the health service because of the need for active management of the condition, and increased hospital admissions. Reducing ill health and mortality in the face of rising prevalence is a key challenge. Effective management, monitoring through the National Institute for Health and Clinical Excellence's (NICE) 9 key care processes, and patient education is vital to prevent disease progression and to reduce complications. Equitable access for patient in terms of educational programmes and lifestyle interventions must be ensured.

Respiratory disease

There needs to be effective management and treatment, following national guidance, to reduce hospital admissions and associated ill-health and mortality due to respiratory diseases. Further work is needed to explain the variation in Chronic Obstructive Pulmonary Disorder (COPD) prevalence between GP practices, and whether this is linked to a lack of effective diagnosis at GP level. This is especially important in light of the fact there may be up to 10,000 people living with undiagnosed COPD in Wiltshire, based on modelled estimates.

Communicable disease

It is important to maintain the high standards that have brought healthcare associated infection rates down drastically in recent years, especially in the context of the increasing amount of community service provision. Effective surveillance needs maintaining along with a health service able to react quickly to disease outbreaks and emerging threats, for example recent global flu pandemics. High risk groups need to be identified and managed in an appropriate fashion.

Projecting the future burden of disease

Modelled mortality, admissions and clinical procedure figures generally show a rapidly increasing burden of disease in the period 2011/12 to 2026/27. The increasingly ageing population will present many challenges to the health economy within Wiltshire.

The demand for, and nature of, services is likely to change and there will be major pressures in the health economy at a time when budgets are not increasing. Enhancing the methodology to provide projections for more conditions and local area will enable evidence based consideration of how to address future demand.

DID YOU KNOW?

Mortality from cancer is likely to rise to nearly 2,000 per year in 2026

Skin cancer

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa255

Introduction

Melanoma and non-melanoma skin cancers (NMSC) are the most common types of cancer in white populations. Both tumour entities show an increasing incidence rate worldwide but a stable or decreasing mortality rate[46]. These cancers account for one third of all new cancers in the UK. Incidence rates in England have increased by approximately 30% over the last 5 years. The South West (including Wiltshire) has generally had a higher incidence of skin cancer than England as a whole. Melanoma accounts for between 5–10% of skin cancers and is being diagnosed with increasing frequency in younger as well as older adults. It can be fatal.

Risk factors

In general, the main risk factors for melanoma and NMSC are:

Ultraviolet radiation from sun exposure

Historically, Wiltshire has a high proportion of outdoor workers, but in the age of cheap holidays in the sun and easy access to sunbeds this is probably a less important risk factor than in the past.

Ultraviolet radiation from sunbeds

The desire for a 'healthy tan' has lead to the establishment of sunbeds in beauty salons, hairdressers and other similar venues. Numbers have reduced in recent years with more prominent awareness campaigns and it is now illegal for those under 18 to use a sunbed. There are still around 20 establishments in Wiltshire that have sunbeds, these are regulated by Wiltshire Council.

Skin type, hair and eye colour

Dark skins are more protective against the damaging effects of the sun. 95% of Wiltshire's population are from white ethnic groups, whereas the England average is 87%. This means there is a higher proportion of the population at risk in Wiltshire.

Moles

A change in the appearance of skin moles is one of the signs of skin cancer. To recognise the particular risk signs, it is recommended that the ABCDE technique is used: asymmetry, border, colour, diameter and elevation or enlargement[47].

Sunscreen use

The use of sunscreen is strongly advocated, though it should not be used in isolation[48]. Recent sun awareness campaigns have focused on 'don't burn' rather than 'don't tan', as it is recognised that the vast majority of people want a tan and that it is the burning of the skin that greatly increases the risk of skin cancer.

[46] Leiter and Garbe, 2008
[47] http://fingertips.phe.org.uk/profile/cyphof
[48] Report of the Children and Young People's Health Outcomes Forum, July 2012. tinyurl.com/hwjsa310

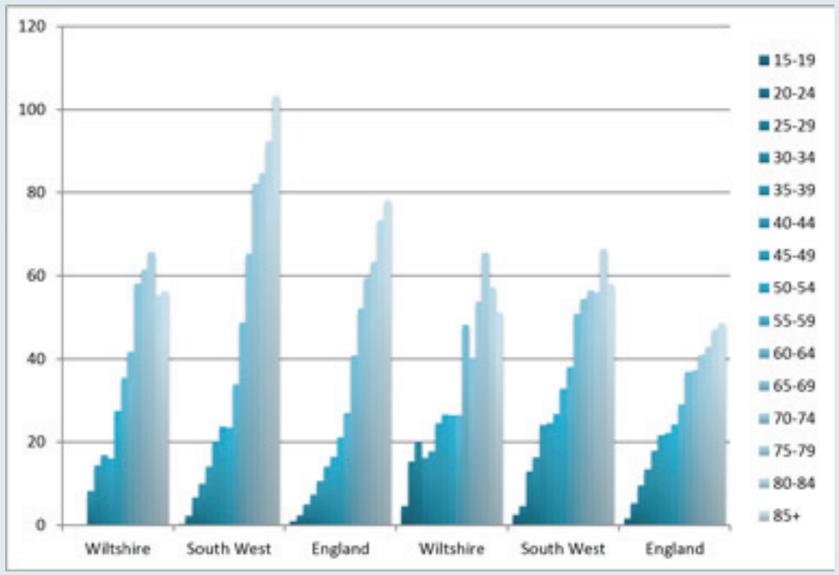
Melanoma statistics

Melanoma is a rare and serious type of cancer that begins in the skin and can spread to other organs in the body.

There are small numbers of people with melanoma in Wiltshire but the condition is life-threatening. In Wiltshire, there are around 110 new cases per year, with approximately 25 deaths per year and has increased steadily over the past two decades. Mortality rises with age and is higher in females. Wiltshire's mortality rate is higher than that of the South West and England, though not statistically significantly so.

Incidence in men is rising and increasing numbers of people are being diagnosed under the age of 35. Melanoma is the second most common cancer in young people aged 15-34[49].

Figure 17: Incidence of malignant melanoma by age, 2007-09



Source: National Cancer Intelligence Network (NCIN)

It is very important therefore that sun awareness campaigns are targeted at young people and parents to instil good practices from the earliest age.

Survival has increased considerably over the last 40 years. A recent Cancer Research UK report[50] showed that, in England, ten year survival has reached 80% in men and 90% in women, compared to 38% in men and 58% in women 40 years ago. However, men in England have worse survival than women. Mortality rates are 70% higher in men, than in women, despite similar numbers being diagnosed. This is thought to be a result of both later diagnosis, and a possible difference in biological mechanisms. The improvements in survival are likely to be down to improvements in treatment, early diagnosis and awareness of the symptoms. The importance of early diagnosis cannot be over emphasised.

[49] Cancer Research UK 2013
[47] http://fingertips.phe.org.uk/profile/cyphof
[50] http://www.cancerresearchuk.org/cancer-help/type/melanoma/treatment/melanoma-statistics-and-outlook
[51] NCIN (2013), Rare Skin cancer in England, NCIN Data Briefing, http://www.ncin.org.uk/publications/data_briefings/rareskincancer
[52] NCIN, 2013
[53] Primary Care Mortality Database, Office for National Statistics, 2012. Accessed 02/09/13

Non-melanoma skin cancer (NMSC) statistics

Non-melanoma skin cancer refers to a group of cancers that slowly develop in the upper layers of the skin. It is usually non-fatal but can be disfiguring. The majority of NMSCs are basal cell carcinomas (BCCs, 74%) or squamous cell carcinomas (SCCs, 23%). The remainder comprises a mixed group of rare skin cancers; almost three in ten of these are Merkel cell carcinoma, which has a very poor prognosis[51].

NMSCs differ from malignant melanoma in several respects. The incidence is much higher (240 per year in Wiltshire) but deaths are fewer (5 per year). Incidence and mortality are both higher in males. It is likely that incidence is genuinely rising, and not just as result of better case ascertainment. Incidence of NMSC is known to be under-reported as it is believed not all are recorded at cancer registries[52].

Incidence, in Wiltshire is statistically higher than England but not statistically different from the South West. There is a higher incidence in males, in Southern Wiltshire Community Area and in the most affluent populations.

Mortality rises steeply with age. There were no deaths under 35s in Wiltshire between 2008 and 2012. Males have higher mortality rates than females.

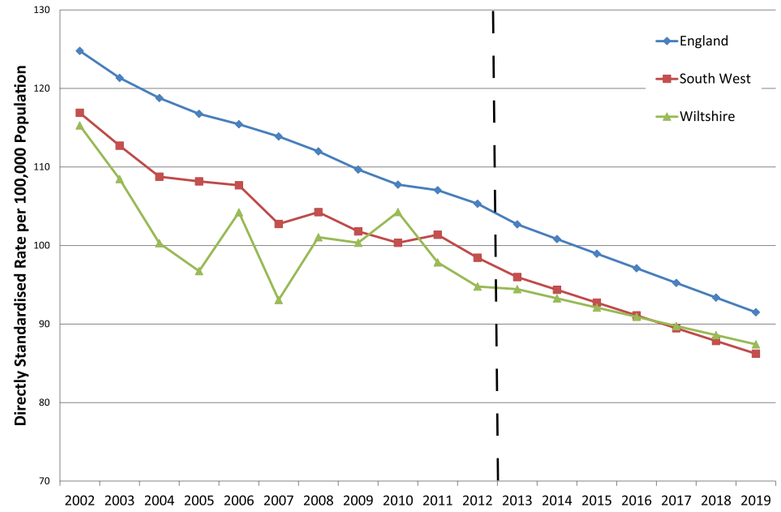
Challenges for consideration

- Tackling increasing incidence of skin cancer in younger people, especially among males.
- Targeting those who use sunbeds with skin cancer prevention advice and achieving a change in behaviour.
- Achieving balance in skin cancer prevention advice and ensuring under exposure of sunlight does not occur, as this can cause bone problems.

Cancer

The annual rate of premature mortality from cancer in Wiltshire continues to fall, although the number of deaths is slowly rising. Wiltshire's rate is now only marginally lower than England and the South West.

Figure 18: trends in cancer mortality rates in under 75s, 2002 to 2012 and projections 2013 to 2019



Source: Health and Social Care Information Centre

In Wiltshire, in 2012, malignant cancers accounted for 538 deaths in the under 75s which is 45.7% of the total. Malignant cancers also accounted for 1,181 of all age deaths which equates to 28.2% of all deaths[53]. These percentages have increased over the last 15 years reflecting the ageing population and advances in treating other diseases which accounted for mortality, such as circulatory conditions.

The incidence rates for cancer in Wiltshire are not reducing and for some cancers are increasing. The treatment of cancer is improving all the time and survival rates will therefore continue to rise. The burden of cancer treatment on services is also going to increase as advances in medical science make more treatments possible for longer. Wiltshire also has relatively high rates of people first being diagnosed with cancer as part of an emergency admission to hospital. Further work is required to understand why these admissions are occurring, and why percentages are differences across GP practices.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa150

DID YOU KNOW?

8,453 hospital admissions in 2012/13 were due to cardiovascular disease

Cardiovascular disease

The annual rate of premature mortality from cardiovascular disease (CVD) in Wiltshire has approximately halved between 1998 and 2000 and 2010 to 2012 (a reduction from 99 per 100,000 to 49 per 100,000 population) and Wiltshire has a lower rate than England. However, overall CVD mortality, at any age, was 36% higher in the most deprived quintile than in the in the least deprived quintile in 2009 to 2011. In England overall, the mortality rate is 77% higher in the most deprived than in the least deprived quintile.

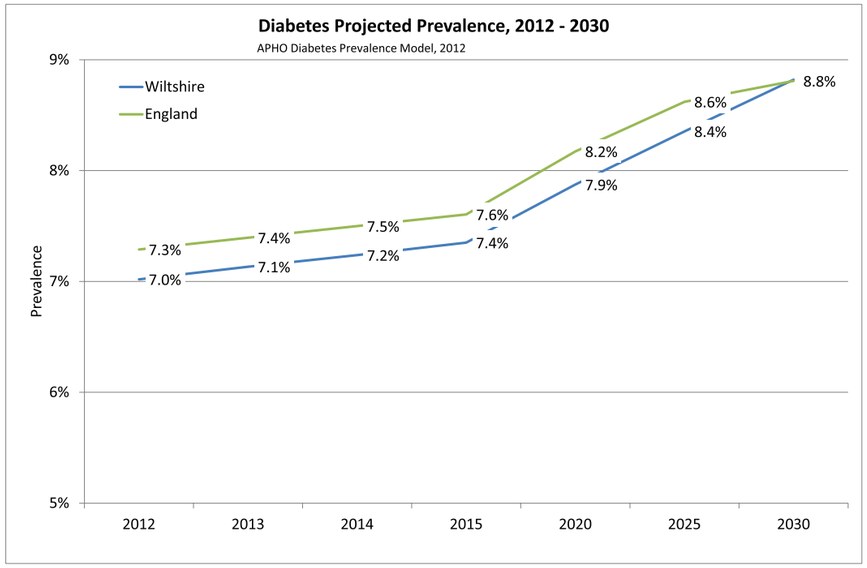
The NHS Health Checks programme is a national preventative programme which is intended to help people stay healthy for longer by providing an assessment of cardiovascular risk to all 40-74 year-olds. In Wiltshire, this service is provided by all GP practices. Everyone between the ages of 40 and 74 who has not already been diagnosed with a cardiovascular condition will be invited to have a check once every five years. In Wiltshire, this means inviting around 30,000 people each year. In 2012/13, nearly 30,800 invitations were sent out and 48% of those invited completed a health check appointment with their GP.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa151

Diabetes

In 2012/13, there were 20,860 people aged 17 or over living with diabetes (type 1 or 2) in Wiltshire, representing 5.4% of the GP registered population[54]. The true prevalence (including those living with undiagnosed diabetes) in Wiltshire is estimated to be 7.0%, which is higher than the 5.4% of people who are on GP registers for diabetes. The prevalence of diabetes is projected to rise to 7.4% by 2015. This would mean there are 7,020 adults with undiagnosed diabetes in Wiltshire in 2015[55].

Figure 19: Diabetes projected prevalence, 2012-2030



Source: APHO Diabetes Prevalence Model, 2012

Respiratory disease

Respiratory conditions cause substantial ill-health, premature mortality and disability. Between 2008 and 2010, 13.2% of deaths in Wiltshire were due to respiratory conditions[56]. Hospital admissions for respiratory conditions are increasing nationally, including in Wiltshire, and are projected to increase in the future due to historical smoking rates. Smoking is the main risk factor for respiratory disease. Modelled estimates[57] suggest 2.6% of people in Wiltshire have Chronic Obstructive Pulmonary Disease (COPD), and this means as many as 10,000 people may be living with the condition undiagnosed. This is particularly relevant if these people are still exposed to smoke inhalation, because if they stop, even in the early stage of the disease, the severity of the lung damage could be contained.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa157

Communicable disease

Healthcare associated infections (for example meticillin-resistant Staphylococcus aureus (MRSA), seasonal flu, and outbreaks of other infectious diseases all have the potential to cause severe illness and sometimes death. In Wiltshire, rates of healthcare associated infections have declined to a low rate through the implementation of good practice throughout health services. Other infectious diseases have also been successfully managed in the county, with very low numbers of cases recorded.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa158

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa156

[54] QOF, 2012/13
*Please note unadjusted prevalence does not take into account differences in age structure or gender (which may influence expected prevalence) of the populations compared.
[55] APHO Diabetes Prevalence Model, 2012
[56] Wiltshire End of Life Care Profile, 2008-10 data
[57] ERPHO COPD Prevalence Estimates 2010/11-Adapted with ONS 2012 mid-year estimates

Projecting the future burden of disease

Despite standardised mortality rates decreasing (overall and for many major conditions), the number of deaths and hence the burden of disease is projected to increase. This pattern is also true for service demand as evidenced by emergency admissions and a number of common surgical procedures.

Each of the 3 projection methods employed shows a substantial increase in the number of deaths from the current level of around 4,000 in 2012/13 to nearly 5,000 by 2026.

The full briefing note for this section can be downloaded here: http://tinyurl.com/hwjsa263

General health - resources

- Public Health England skin cancer hub and local authority profiles: http://www.swpho.nhs.uk/skincancerhub
- NHS Choices – skin cancer (melanoma): http://www.nhs.uk/conditions/malignant-melanoma/pages/introduction.aspx
- National Cancer Intelligence Network data briefings. www.ncin.org.uk/publications/data_briefings/default.aspx
- National Cancer Intelligence Network GP and PCT Profiles. www.ncin.org.uk/cancer_information_tools/profiles/gp_profiles.aspx
- Cancer Research UK: http://publications.cancerresearchuk.org/
- National Cancer Intelligence Network (NCIN) 'What cancer statistics are available and where can I find them?': http://www.ncin.org.uk/view.aspx?rid=664
- Cardiovascular disease profiles: http://www.sepho.org.uk/CVDprofiles.aspx
- South West Strategic Clinical Network: http://www.networks.nhs.uk/nhs-networks/south-west-strategic-clinical-network
- Diabetes Community Health Profile for Wiltshire: tinyurl.com/hwjsa1405
- State of the Nation 2013 – Diabetes UK report on the current diabetes landscape in the UK: tinyurl.com/hwjsa1403
- Chronic Obstructive Pulmonary Disorders (COPD) and Asthma outcomes strategy. The document outlines COPD and asthma as national priority outcome areas, and lists 6 objectives to improve quality and outcomes. tinyurl.com/hwjsa195
- NHS Atlas of Variation in Healthcare for People with Respiratory Disease: http://www.rightcare.nhs.uk/index.php/atlas/respiratorydisease/
- Public Health England: Infectious Diseases - an A to Z and further information: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/
- The Green Book provides national policy and guidance on vaccines and vaccination procedures for all the vaccine preventable infectious diseases. It contains resources on all routine immunisation programmes. tinyurl.com/hwjsa1402
- Department of Health Flu Immunisation Programme 2012/13: tinyurl.com/hwjsa1407

General health - Outcome Frameworks summary

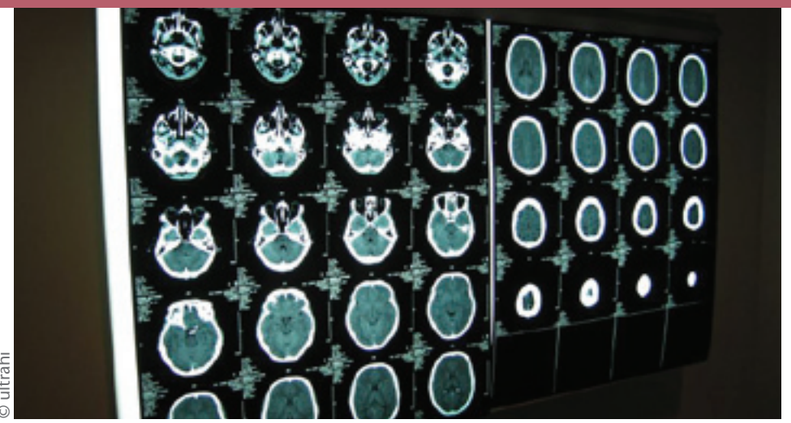
The following indicators from the Public Health Outcomes Framework; the NHS Outcomes Framework and the Adult Social Care Outcomes Framework have been selected as the ones most relevant to this section.

Framework	Reference	Indicator
Adult Social Care	2.A	Permanent admissions to residential and nursing care homes, per 100,000 population
Public Health	2.3	Smoking status at time of delivery
Public Health	2.6	Excess weight in 4-5 and 10-11 year olds
Public Health	2.9	Smoking prevalence – 15 year olds
Public Health	2.11	Diet
Public Health	2.12	Excess weight in adults
Public Health	2.13	Proportion of physically active and inactive adults
Public Health	2.14	Smoking prevalence – adults (over 18s)
Public Health	2.17	Recorded diabetes
Public Health	2.19	Cancer diagnosed at stage 1 and 2
Public Health	2.20	Cancer screening coverage
Public Health	2.21	Access to non-cancer screening programmes
Public Health	2.22	Take up of the NHS Health Check programme
Public Health	3.1	Mortality attributable to particulate air pollution
Public Health	3.2	Chlamydia diagnoses
Public Health	3.3	Population vaccination coverage
Public Health	3.4	People presenting with HIV at a late stage of infection
Public Health	3.5	Treatment completion for tuberculosis (TB)
Public Health	3.7	Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies
Public Health / NHS	4.4 / 1.1	Mortality from cardiovascular diseases
Public Health / NHS	4.5 /	Mortality from cancer
Public Health / NHS	1.4 (vii)	Mortality from respiratory diseases
Public Health	4.7 / 1.2	Mortality from communicable diseases
Public Health	4.8	Excess winter deaths
NHS	4.15	One-and five-year survival from colorectal / breast / lung cancers
NHS	1.4	Health-related quality of life for people with long-term conditions
NHS	2	Improving recovery from stroke
NHS	3.4	Incidence of healthcare associated infection (HCAI) (i) MRSA (ii) C. difficile
NHS	5.2	Incidence of healthcare associated infection (HCAI) (i) MRSA (ii) C. difficile

Burden of ill-health: mental health and neurological disorders

Introduction

In the UK, it is estimated that one in four people will experience mental health problems (not including dementia) in their lifetime and that more than one in six people in England have a neurological condition. One in fourteen people aged over 65 have a form of dementia and one in six people over 80 have a form of dementia.



© ultrahi

Key conclusions and recommendations

Mental health

The asset base and sources of resilience need to be identified in disadvantaged communities and be developed in order to improve good mental health and social inclusion. There is also a need to expand the provision of health checks and targeted health promotion services for people with mental health problems at community level. Evidence-based community engagement programmes targeted at deprived areas and communities need to be enhanced and extended. There needs to be increased provision of targeted prevention programmes such as parent training and education programmes and school based social skills training.

Dementia

An ageing population means there will be more people with dementia. This is likely to impact on a wide range of services, not just those for people with dementia but all public services, including health and social care. Dementia diagnosis rates in Wiltshire are below the England level. It is important that people are able to identify the potential signs of dementia, seek advice at the earliest opportunity and are provided with accessible and quality assessment, diagnosis and treatment services as appropriate. Dementia friendly communities must be promoted within Wiltshire so that the stigma attached to dementia is diminished and so that people with dementia feel confident and able to participate in their local community.

Neurological disorders

There needs to be wider engagement with people with neurological conditions, especially those living in more deprived areas, as hospital admissions are higher in these areas. Improvements are needed in diagnosis, referral, knowledge and awareness amongst health and social care professionals alongside improved self management by increasing knowledge and education. Fast response services and support need to be provided when required to reduce crisis and emergency admissions in conjunction with community support for client, families and carers and consider the need for and capacity of neuro-rehabilitation.

Autism spectrum conditions

Outcomes for people with autism, which have been highlighted as significantly poorer compared to the general population, need to be improved. These difficulties are exacerbated as there are inequalities with access to service provision. Some of these individuals will require a lifetime of support while others will require initial low level support to prevent costly and intensive interventions later on in life. An accessible, person centred and preventative assessment process, supported by a workforce who is knowledgeable about autism, will therefore be critical to enable people with autism to succeed, contribute and be included as equal citizens.

Vulnerable adults

The NHS reforms and demographic changes, like the ageing population, more healthcare provided at home and personal budgets bring new challenges to safeguarding, for example plurality of providers and increasing complexity of partnerships. National data showing a high percentage of safeguarding alerts for people living in care homes and the serious case review at Winterbourne View in South Gloucestershire highlight the importance of prevention. Assurance needs to be shown that the provider is fully aware of a patient's needs and are able to safely meet those needs.

Offender mental health

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa256

Introduction

This section is based on 'A Mental Health Needs Assessment of Wiltshire Probation Trust Service Users'[58] and 'HMP Erlestoke prison mental health needs assessment'[59].

Prisoners and probation service users are vulnerable groups with high rates of mental health problems compared to the general population. These are often made worse by substance misuse problems (dual diagnosis) which can hamper efforts to access appropriate mental health services.

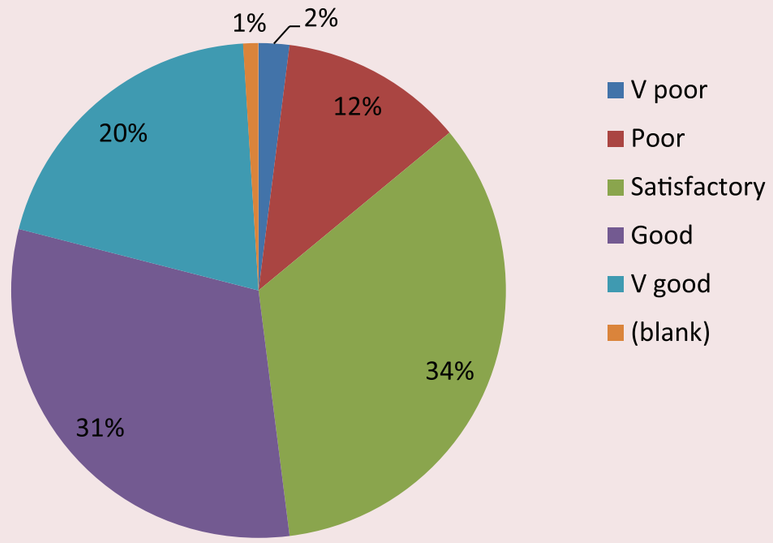
Evidence from the probation and prison needs assessments suggests partnership approaches to offender's mental health would be beneficial. This would include not only the Probation Trust and Prison service but also Wiltshire Youth Offending Team, the Offender Management Unit and housing and employment agencies.

Probation

Probation Trusts across the country supervise offenders over the age of 18 who are given a community order by the courts or are released from prison on licence. They also work with the victims of serious crimes. Wiltshire Probation Trust covers the two Unitary Authorities of Wiltshire and Swindon.

Probation service users are a vulnerable group who are likely to experience health inequalities. This population are more likely to experience problems with mental health, drug and alcohol misuse. A Health Needs Assessment[60] was carried out to review the health issues facing service users and to identify inequalities in health and service access. The assessment helped to determine priorities locally.

Figure 20: Self-reported mental health, Wiltshire Probation service users



Source: Wiltshire Probation service users survey, 2013

A quarter of those on the Wiltshire Probation Trust caseload have mental health linked to a risk of them reoffending. Improving mental health would lead to better outcomes for both the Probation service user and society as a whole.

Dual diagnosis (a mental health condition co-occurring with substance misuse) featured as a major issue. Literature shows that those screened as positive for a mental illness also tend to have drug problems and that the majority have alcohol problems. Locally, dual diagnosis was seen as a main barrier to accessing mental health services.

Improving the mental health of this population is a responsibility which is much wider than that of the Probation Service and as such requires the engagement of statutory and voluntary agencies, wider society and service users.

Mosiac produced by Erlestoke inmates

[58] A Mental Health Needs Assessment of Wiltshire Probation Trust Service Users, Wiltshire Council, Swindon Borough Council, Wiltshire Probation Trust. May 2013.
[59] HMP Erlestoke prison, mental health needs assessment, September 2013
[60] A Mental Health Needs Assessment of Wiltshire Probation Trust Service Users, Wiltshire Council, Swindon Borough Council, Wiltshire Probation Trust. May 2013.

HMP Erlestoke prison

HMP Erlestoke is the only prison in Wiltshire. It is a category C establishment containing adult male sentence prisoners who cannot be trusted in open conditions but who are unlikely to try to escape and has a maximum capacity of 494. It is widely acknowledged that the prevalence of psychiatric ill-health and substance misuse is higher among prisoners than the general population.

Table 5: Mental health in UK prisons

	Prevalence among prisoners (16 years+)	Prevalence in general population (16-64 years)
Psychosis	8%	0.5%
Personality disorder	66%	5.3%
Depression, anxiety etc	45%	13.8%
Drug dependency	45%	5.2%
Alcohol dependency	30%	11.5%
Source	Singleton et al. (1998)	Singleton et al. (2000)

The Health Needs Assessment (HNA) prisoners' survey results show that prisoners feel mental health issues (depression/anxiety and self harm) are a significant issue at the prison and this was supported by the focus group discussion. Since being in prison, approximately a third felt their mental health was better, a third the same and a third felt their mental health was worse. Responses to the recent Measuring the Quality of Prison Life (MQPL)[61] survey were also particularly positive in the Harmony dimensions (Respect/Courtesy, Relationships and Humanity).

Prevalence of dual diagnosis (mental health problems combined with drug and/or alcohol problems) among prisoners with mental health problems is recognised to be high, however 'services are not well organised to meet this need. Many people with 'dual diagnosis' have multiple needs: including isolation; exclusion and marginalisation; experience of trauma and abuse; homelessness; a history of offending; and contact with the criminal justice system.

The majority of HNA survey responses regarding the mental health service, access to it and the healthcare staff were positive, and comments about the service and Mental Health Nurse Specialist (MHNS) were complementary. However remarks in both the survey and focus groups mention difficulty in accessing the service.

Youth offending

The Wiltshire Youth Offending Team (WYOT) works with 10 to 17 year olds who have offended to ensure their risks are managed, and to help them understand the consequences of and manage their behaviour. The key priorities in the Youth Justice strategic Plan 2013 - 2015[62] include reducing and preventing youth reoffending, anti-social behaviour and custody and custodial remands; supporting the delivery of the Early Intervention and Complex Families (Troubled Families) agenda and reducing the number of victims of youth crime.

Challenges for consideration

Probation

- Routine assessment and identification of individual need – e.g. through using a screening tool, staff training, Mental Health staff champions and strengthening prevention work.
- Improving referrals systems into Mental Health Services e.g. through reviewing the Health Trainer role, mapping services and staff awareness, mentoring, improving access to self-help and revising practice standards.
- Improving local service provision e.g. through pathway redesign and considering the dual diagnosis pathway.

HMP Erlestoke prison

- It is felt that dual diagnosis provision within prisons is variable and the prison environments can exacerbate mental health problems and prison drug services struggle to cope with the level of need[63]. The joint working protocol between the substance misuse recovery team and healthcare requires finalising.
- Audit the prevalence of mental health problems and case load and finalise the information sharing protocol.
- Further investigation into mental health needs of black and minority ethnic (BME) prisoners.
- Psychotropic medication - clinical audits to monitor prescribing patterns. Pharmacist to look at prescribing habits, particularly medication that may be used for its psychotropic effect.
- Further investigation into future opportunities and needs to work more closely with Offender Management Unit and Probation services.

[61] Measuring the Quality of Prison Life, Liebling & Arnold, 2002
[62] http://www.wiltshire.gov.uk/wiltshire-2013-2015-youth-justice-strategy-plan.pdf
[63] For DrugScope Members and Stakeholders Meeting with the Lord Keith Bradley on 15 October 2008 Substance misuse, mental health and diversion from prison Background Briefing

Mental health

Common mental disorders (CMDs) are mental health problems that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. CMDs include different types of depression and anxiety. Using national prevalence data[64] it is estimated that 60,000 adults in Wiltshire have a CMD.

Table 6: Estimated numbers suffering from different CMDs in Wiltshire

	Men	Women	Adults (16+)
Mixed anxiety & depression disorder	13.025	20,781	33,806, (8.8%)
Generalised Anxiety Disorder	6,288	10,146	16,434, (4.3%)
Depressive episode	3,454	5,392	8,846, (2.3%)
All phobias	1,406	3,639	5,045, (1.3%)
Obsessive Compulsive Disorder	1,707	2,468	4,175, (1.1%)
Panic disorder	2,001	2,076	4,077, (1.1%)
Any CMD*	**23,043**	**37,084**	**60,127**

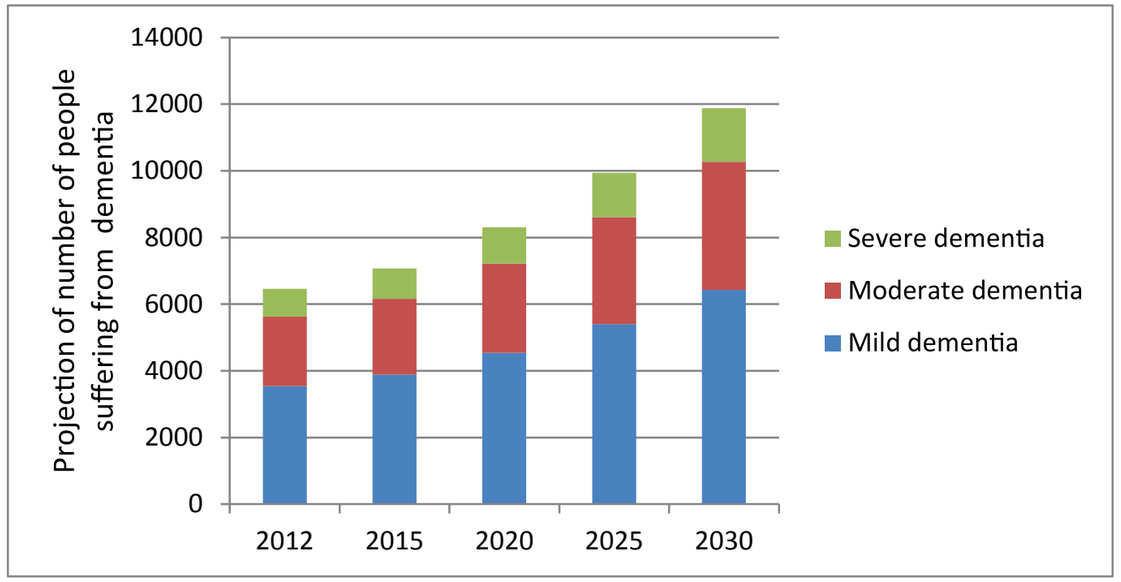
*This is not the total of individual CMDs, as some people have more than one CMD. Data source: Wiltshire population estimates, 2012, and APMS 2007[65]

Nationally, 15% of those with some kind of CMD met the criteria for two or more diagnoses. In Wiltshire this equates to approximately 6,500 people who have two or more CMD diagnoses.

Loneliness and social isolation have been shown to influence mental wellbeing and chronic illness, especially in older adults. The European Social Survey, which was undertaken for 2,394 people in the UK in 2010, showed that 7.4% of people aged 60 or over frequently felt lonely. Other research has shown even higher estimates of loneliness amongst older adults[66],[67].

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa264

Figure 21: Projection of cases and severity of dementia



Data source: POPPI, 2012 and Dementia UK The Full Report, 2007.

Dementia

The prevalence of dementia in Wiltshire is predicted to rise because of an ageing population. Current estimates suggest there are around 6,500 people with dementia in Wiltshire, in 2013. This is predicted to nearly double by 2030 to 11,878. There will also be an increase in those people with severe dementia from approximately 800 in 2012 to 1,600 in 2030, at which point they will form 0.3% of Wiltshire's population.

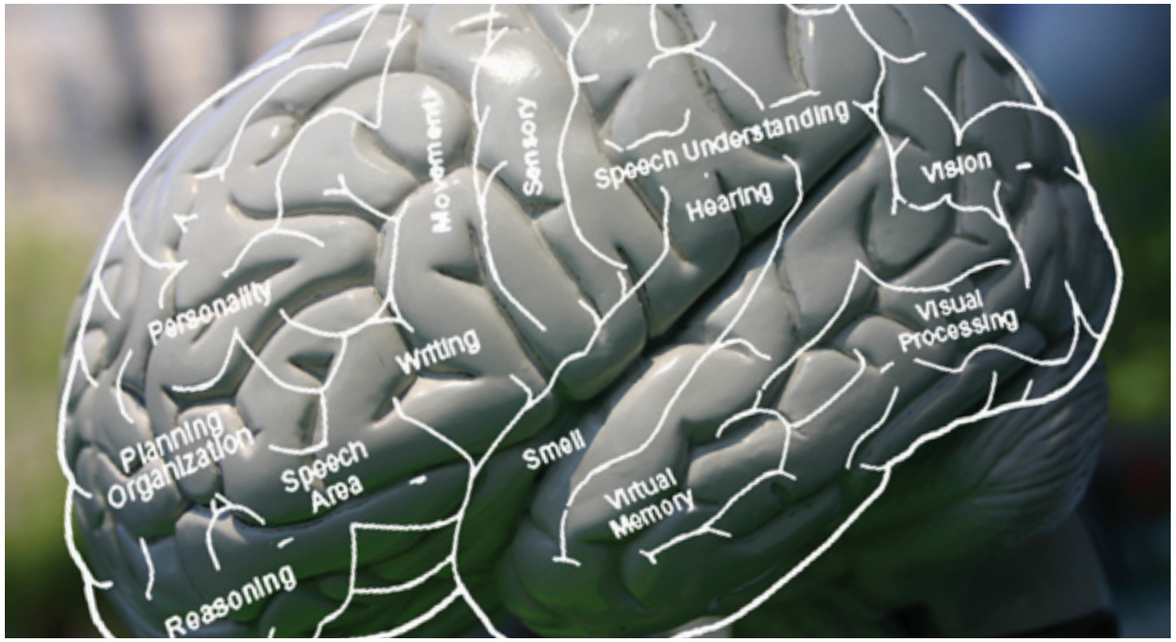
There is strong evidence to show the benefit of early diagnosis of dementia to individuals and families, as well as the wider community and economy. Dementia diagnosis rates in Wiltshire historically were below the England rate. A recent audit of 25% of the practices in the county showed a significant rise in patients included in dementia registers as a result of a number of initiatives to increase diagnosis.

There are a wide range of services available commissioned by NHS Wiltshire CCG and Wiltshire Council. These include assessment, diagnostic and treatment services, specialist community-based activities and services, and specialist care services.

There is also an initiative to make each Community Area in Wiltshire 'Dementia Friendly' as outlined in the Prime Minister's Dementia Challenge. This is being implemented through the Community Area Boards.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa257

[64] Adult psychiatric morbidity in England, 2007. Results of a household survey. http://www.ic.nhs.uk/webfiles/publications/mental%20health/other%20mental%20health%20publications/Adult%20psychiatric%20morbidity%2007/APMS%2007%20%28FINAL%29%20Standard.pdf.
[65] Adult psychiatric morbidity in England, 2007. Results of a household survey. http://www.ic.nhs.uk/webfiles/publications/mental%20health/other%20mental%20health%20publications/Adult%20psychiatric%20morbidity%2007/APMS%2007%20%28FINAL%29%20Standard.pdf.
[66] Yang K and Victor C. 2011. Age and loneliness in 25 European nations. Ageing and Society; 31:1368-88.
[67] Alpass FM and Neville S. 2003 Loneliness, health and depression in older males. Aging and Mental Health.; 7(3):212-6.



Neurological disorders

It is estimated that more than one in six people in England have a neurological condition. Some are life threatening and many can severely affect a person's quality of life and cause lifelong disability. Neurological conditions account for 20% of acute hospital admissions and are the third most common reason for seeing a GP.

In Wiltshire, an estimated 71,500 people suffer from migraines; 2,400 to 3,800 from epilepsy; 550 to 800 from multiple sclerosis (MS); 900 from cerebral palsy (CP) and 950 from Parkinson's disease. 70% of emergency neurological condition admissions are attributable to epilepsy, migraine and Parkinson's disease. There are more admissions for common neurological conditions amongst the most deprived quintile of Wiltshire's population than in the least deprived.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa134

Autism spectrum conditions

Autism spectrum condition is an umbrella term to describe a range of conditions which are commonly divided into three main subgroups: Aspergers syndrome; high functioning autism and autism. It is reported that 1% of the population have autism[68]. In Wiltshire, it is estimated that 1,010 children and young people and 2,837 aged between 16 and 64 have autism[69],[70].

Over the past few years, public awareness about autism has increased, this being reinforced by research[71] reporting the poor outcomes for people with autism:

- 33% develop a mental health condition
- 63% say they do not receive the right support
- 60% of parents feel that their son or daughter had gone on to develop more serious problems as a result of not receiving support earlier
- 15% of adults with autism have a paid job.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa135

Vulnerable adults

Safeguarding is the responsibility of whole communities and depends on the everyday vigilance of everyone who plays a part in the lives of children or adults in vulnerable situations to ensure that people are kept as safe from harm as possible. Multiple agencies are involved in adult safeguarding. The agencies' primary aim is to prevent abuse where possible, but if the preventative strategy fails, ensure that robust, proportionate procedures are in place for dealing with incidents of abuse.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa136

[68] tinyurl.com/hwjsa312
[69] A review of services for children and young people in Wiltshire with autistic spectrum disorders – May 2013
[70] PANSI, 2013 www.pansi.org.uk
[71] Rosenblatt, M. (2008) 'I exist: the message from adults with autism in England', London: National Autistic Society (or please visit http://www.autism.org.uk/iexist/)

Mental health and neurological disorders - resources

- No Health without Mental Health (2011): http://tinyurl.com/hwjsa1430
- Community Mental Health Profile for Wiltshire, 2013: http://www.nepho.org.uk/cmhp/index.php?pdf=E06000054
- Mental Health Minimum Dataset: http://www.hscic.gov.uk/mhmds
- Adult psychiatric morbidity in England, 2007. Results of a household survey: http://www.hscic.gov.uk/pubs/psychiatricmorbidity07
- National Dementia Challenge: http://dementiachallenge.dh.gov.uk/
- Living well with dementia: a National Dementia Strategy, Department of Health, 2009: https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy
- A recent report from the Neurological Alliance highlights key recommendations to improve services for people with neurological conditions: tinyurl.com/hwjsa1410
- National Service Framework for Long Term Neurological Conditions, 2005: tinyurl.com/hwjsa1411
- Neurological Condition Information Booklet 2012' - services available in Wiltshire and how to access different help and support: http://wiltshireinvolvementnetwork.org.uk/ESW/Files/NeurologyBookletForEmail.pdf
- To view the Wiltshire autism consultation document and for further information about the Wiltshire Autism Partnership, please visit: http://www.wiltshire.gov.uk/healthandsocialcare/disabilities.htm
- NAS Adult Autism strategy website: http://www.autism.org.uk/autismstrategy
- Wiltshire Council, Safeguarding Adults public information: http://www.wiltshire.gov.uk/healthandsocialcare/adultcare/safeguardingadults/safeguardingadultspublicinformation.htm#lsab
- Wiltshire Probation: http://www.wiltshireprobation.org.uk/
- HMP Erlestoke prison: http://www.justice.gov.uk/contacts/prison-finder/erlestoke

Mental health and neurological disorders - Outcome Frameworks summary

The following indicators from the Public Health Outcomes Framework; the NHS Outcomes Framework and the Adult Social Care Outcomes Framework have been selected as the ones most relevant to this section.

Framework	Reference	Indicator
Public Health	1.6	People with mental illness and/ or learning disabilities in settled accommodation
Public Health	1.7	People in prison who have a mental illness or significant mental illness
Public Health	1.8	Employment for those with a long-term health condition, including those with a learning disability or mental illness
Public Health	1.11	Domestic abuse
Public Health	1.18	Social isolation
Public Health	2.10	Hospital admissions as a result of self-harm
Public Health / NHS	4.9 / 1.5	Excess under 75 mortality in adults with serious mental illness
Public Health	4.10	Suicide
Public Health	4.16	Diagnosis rate for people with dementia
NHS	2.5	Enhancing quality of life for people with mental illness
NHS	2.6	Enhancing quality of life for people with dementia
NHS	4.7	Improving experience of healthcare for people with mental illness
Adult Social Care	1.F	Proportion of adults in contact with secondary mental health services in paid employment
Adult Social Care	1.H	Proportion of adults in contact with secondary mental health services who live independently, with or without support
Adult Social Care	1.I	Proportion of service users and their carers who have as much social contact as they would like
Adult Social Care	4.A	The proportion of people who use services who feel safe
Adult Social Care	4.B	The proportion of people who use services who say that those services have made them feel safe.

Burden of ill-health: disability and conditions effecting older people

Introduction

In 2012, Wiltshire had 90,347 people aged 65 or over. The projected population figures forecast a 32% increase in the number of people over 65 in Wiltshire between 2011 and 2021 and a 42% rise in the number of over 85s in the same period. In Wiltshire, in 2012/13, 42,979 over 65s were admitted to hospital which was 41% of all elective admissions and 45% of all emergency admissions. Wiltshire Council and the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) provided community based services to 7,102 patients in 2012/13 and to a further 1,311 in residential care and 948 in nursing care.

Increasing numbers of healthy and active older people is not only a fact to be celebrated as a social achievement but also presents a significant resource for Wiltshire. Some older people have significant care needs. However, in general, older and retired people also have a wealth of knowledge and experience, time and energy, as well as their own financial resources. This enables them to contribute to modern societies as citizens, family members, workers, volunteers and consumers.

This potential should be valued and harnessed to improve the quality of life and dignity of older people. Innovative ways need to be identified to encourage healthy and active ageing and intergenerational solidarity, therefore making a genuine impact on creating modern 'societies of all ages'. Greater emphasis on intergenerational activities should be encouraged in both health and social terms.

Key conclusions and recommendations

Physical disability

The Independent Living Fund (ILF) provided money to help disabled people who met its eligibility criteria to live an independent life in the community. The ILF was closed to new applications in 2010. Following a government consultation on the future of ILF in 2012 it was announced in December 2012 that ILF will close on 31 March 2015[72] and responsibility for meeting users' care and support needs will transfer to local authorities. A transfer review programme has been set up with local authorities to help people understand what will happen when ILF closes and ILF payments stop. Wiltshire Council is currently reviewing all existing recipients.

Visual impairment

To promote good visual health and awareness of the impact of a healthy lifestyle on eye health is required along with an understanding of the risk factors for sight threatening conditions by people in the at risk groups. In addition, regular sight tests for the whole population need to be supported by effective eye care services that are accessible to all parts of the population[73].

Learning disabilities

Although Valuing People[74], Valuing People Now[75] and a variety of other documents have been produced there are still challenges for commissioners of services for people with learning disabilities. There are national and local issues which need to be factored in when planning services for the future, alongside financial pressures to deliver good quality, cost effective services. The Welfare Reform Act (2012) and the introduction of Personal Independence Payments and Universal Credit have the potential to hinder many people with learning disabilities who would like to live more independently. Information systems and procedures need to improve so that it is possible to collect information about people living with older family carers, those with secondary disabilities and people who have expressed an interest in living independently.

Rheumatology and orthopaedics

The increasing obese and overweight population is likely to lead to a rise in joint pain and arthritis. A growing elderly population will also see an increase in arthritis. While most of the self-limiting non-inflammatory disorders are managed in primary care, other serious or more complex conditions are treated in hospital within specialist services. Supported self-care is also a very important aspect of musculoskeletal condition management.

[72] http://www.dwp.gov.uk/newsroom/press-releases/2012/dec-2012/dwp136-12.shtml
[73] www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationsPolicyAndGuidance/DH_063798
[74] Valuing People, A New Strategy for Learning Disability for the 21st Century (A White Paper), Department of Health, March 2001
[75] Valuing People Now: Summary Report March 2009 - September 2010, Department of Health, December 2010.

Falls and bone health

The five priority areas for action identified in the Wiltshire Falls and Bone Health Strategy 2012-14[76] are: update the falls and osteoporosis care pathways for use across Wiltshire; make sure an individual person's risk of falling is assessed and people have access to evidence-based treatments; make sure an individual person's risk of osteoporosis is assessed and suitable treatment started; maintain improvement of hospitals in the management of hip fractures; raise awareness of osteoporosis and falls with older people, their carers, staff who work with them and other health care providers, including the promotion of healthy lifestyles.

It is important to prevent falls in older people during a stay in hospital. NICE guidance suggests that all people 65 or older and those aged 50-64 at high risk, who are admitted to hospital, should be considered for a multifactorial assessment for their risk of falling during their hospital stay. They should also be offered a multifactorial assessment of their community-based falls risk, if appropriate.

Dementia

Dementia can affect people of any age, but is most common in older people. Nationally, one in 14 people over 65 has a form of dementia and one in six people over 80 has a form of dementia.

The prevalence of dementia in Wiltshire is predicted to rise because of an ageing population. Current estimates suggest there are around 6,500 people with dementia in Wiltshire, in 2013. This is predicted to nearly double by 2030 to 11,878. There will also be an increase in those people with severe dementia from approximately 800 in 2012 to 1,600 in 2030, at which point they will form 0.3% of Wiltshire's population.

There is strong evidence to show the benefit of early diagnosis of dementia to individuals and families, as well as the wider community and economy.

Dementia diagnosis rates in Wiltshire historically were below the England rate. A recent audit of 25% of the practices in the county showed a significant rise in patients included in Dementia registers as a result of a number of initiatives to increase dementia diagnosis.

There are a wide range of services available commissioned by NHS Wiltshire CCG and Wiltshire Council. These include assessment, diagnostic and treatment services, specialist community-based activities and services and specialist care services.

There is also an initiative to make each Community Area in Wiltshire 'Dementia Friendly' as outlined in the Prime Minister's Dementia Challenge. This is being implemented through the Community Area Boards.

Carers

Within Wiltshire there are a large number of "hidden carers" and identifying these is a high priority. To enable this 'carer awareness' is being raised among health care professionals, employers, and other organisations including schools. In addition, support is being developed to help carers to identify themselves as such. Marketing and promotion has been achieved mainly through the Wiltshire Carers Partnership's, websites, Carers Bulletin, leaflet drops at community centres, libraries, GP surgeries, hospitals and other public buildings. Events such as Carers Week and focus groups have been successful in increasing the number of new carer referrals to services. The creation of a Carers Handbook has been well received and provides a single source of information for carers of all the services available to them.

Ambulatory care sensitive conditions

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa258

Introduction

What are ambulatory care sensitive conditions?

Ambulatory care sensitive (ACS) conditions are a group of diverse health conditions that can often be managed with timely and effective treatment in a primary care setting without hospitalisation.

The rates of admission for these conditions are a common marker of success for health systems, and indicative of the quality of preventive primary care in a local area. The conditions can be classified under three categories: vaccine preventable conditions; acute conditions in which intervention early on can prevent the condition from worsening; and chronic conditions where effective long term care can avert complication and deterioration. Table 7 contains a list of 19 most common ACS conditions.

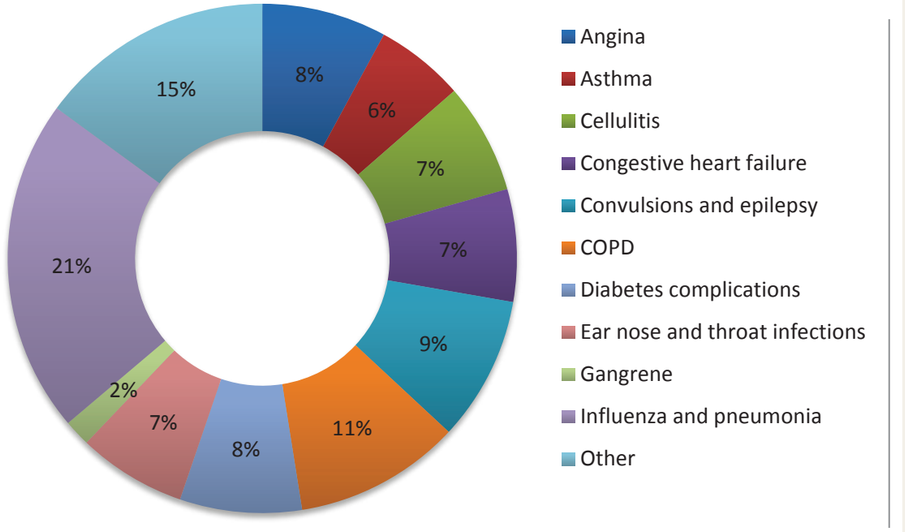
Table 7: ambulatory care sensitive conditions[77]

Vaccine preventable	Chronic	Acute
1. Influenza and pneumonia	3. Asthma	11. Dehydration and gastroenteritis
2. Other vaccine preventable conditions	4. Congestive heart failure	12. Pyelonephritis
	5. Diabetes complications	13. Perforated/bleeding ulcer
	6. Chronic obstructive pulmonary disease (COPD)	14. Cellulitis
	7. Angina	15. Pelvic inflammatory disease
	8. Iron-deficiency anaemia	16. Ear, nose and throat infections
	9. Hypertension	17. Dental conditions
	10. Nutritional deficiencies	18. Convulsions and epilepsy
		19. Gangrene

The importance of ambulatory care sensitive conditions

Nationally, the rate of emergency ACS admissions has been on the rise over time, and is therefore accounting for an increasing proportion of NHS urgent care costs[78]. This is estimated to cost approximately £1.4 billion per year. As ACS admissions are both a cost burden and potentially preventable, it is important to understand which areas have particularly high numbers of these conditions and the local variation in ACS admissions. The cost of these admissions to the local health economy also needs consideration and any potential cost savings highlighting.

Figure 22: Proportion of ACS admissions by condition, Wiltshire, 2012/13



Source: Secondary User Services hospital patient data courtesy of Dr Foster Intelligence

Wiltshire analysis of ACS conditions

Analysis using Quality Outcomes Framework (QOF) data found that asthma was seen to be the most prevalent ACS condition in Wiltshire compared to epilepsy, angina and diabetes.

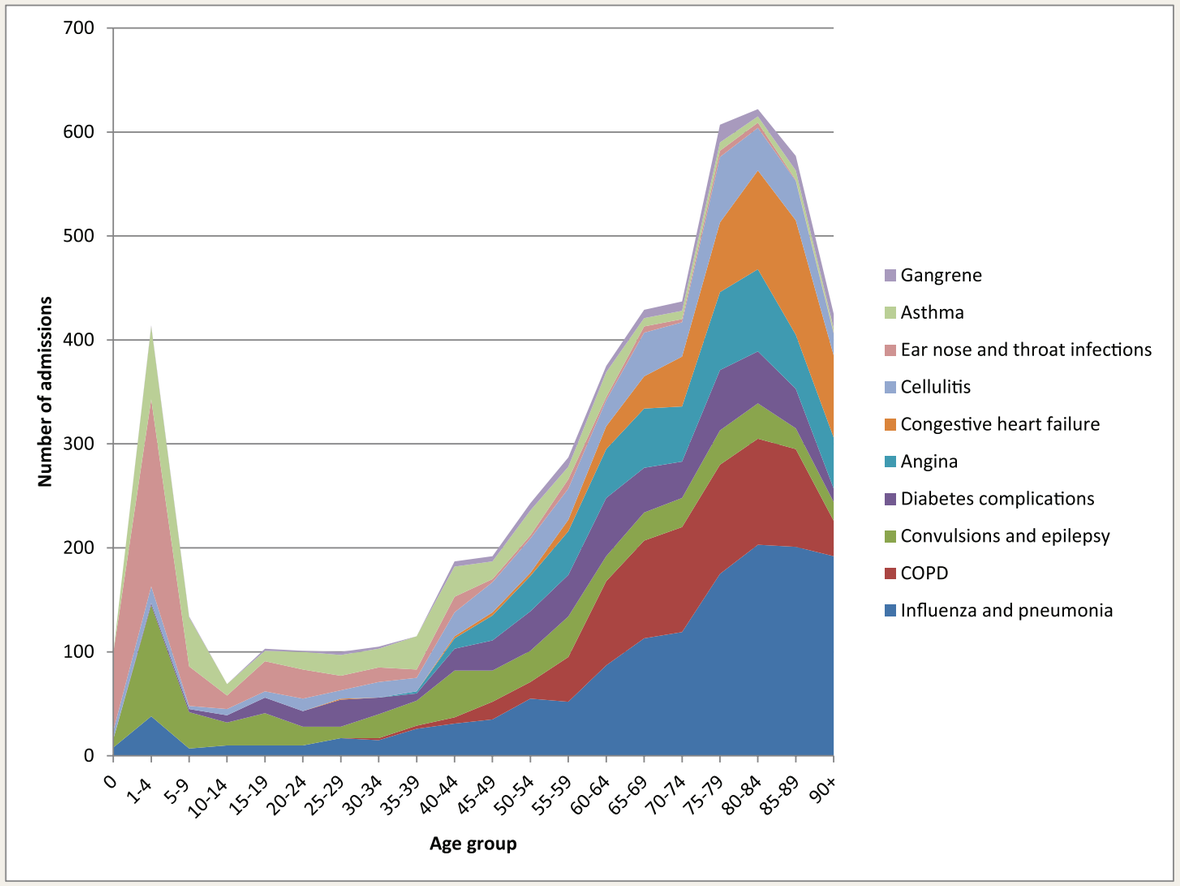
In Wiltshire, the number of all emergency admissions increased between 2008/09 and 2012/13 by 12.8%. Ambulatory care sensitive (ACS) conditions accounted for 16.9% of these in 2012/13, in Wiltshire, which is below the peer group (a set of similar areas), 17.6% and the national value, 17.4%. Influenza and pneumonia, chronic obstructive pulmonary disease (COPD), convulsions and epilepsy, and angina account for approximately 50% of emergency ACS admissions in Wiltshire.

There was an increasing trend in influenza and pneumonia admissions over five financial years from 904 in 2008/09 to 1,404 in 2012/13. Influenza and pneumonia, and COPD consistently remained the top two causes of emergency ACS admissions by volume over the five year period. There has also been a relatively consistent downward trend in the number of asthma admissions in Wiltshire over the five years from 401 in 2008/09 to 374 in 2012/13. Ear nose and throat infections also decreased in number from 480 in 2008/09 to 456 in 2012/13.

Emergency admissions in 2012/13 in Wiltshire cost £80.2 million. Emergency ACS admissions in 2012/13 in Wiltshire cost £15.4 million, approximately 19.3% of all emergency admissions. The average cost of an emergency ACS admission in Wiltshire was £2,342.72. The total cost for all emergency admissions increased between 2008/09 and 2012/13 by 19.3%. The highest burden of cost in children, aged 1-4 years, comes from ear nose and throat infections, asthma, and convulsions and epilepsy. The highest burden of cost in the elderly, aged 80+ years, comes from influenza and pneumonia, COPD, congestive heart failure, diabetes complications, and angina.

[76] Wiltshire Falls and Bone Health Strategy, 2012-2014 Wiltshire Council & NHS Wiltshire. tinyurl.com/hwjsa313
[77] The King's Fund Data Briefing 2012, The King's Fund
[78] Nuffield Trust Quality Watch 2013, Nuffield Trust

Figure 23: Emergency ACS admissions by condition and age, Wiltshire, 2012/13



Source: Secondary User Services hospital patient data courtesy of Dr Foster Intelligence

DID YOU KNOW?

In 2012/13 there were 6,594 emergency ACS admissions

Standardised admissions rates (SARs) for age and gender were used to compare patients from different deprivation quintiles in Wiltshire. When moving down the deprivation scale from most to least deprived, there was a decrease in the SAR, i.e. less patients were admitted in the least deprived areas. When the same deprivation analysis was carried out for individual conditions, the SAR was above expected in the most deprived areas of Wiltshire for diabetes complications, convulsions and epilepsy, and angina.

Nationally, the top quintile of Clinical Commissioning Groups (CCGs) had 8% fewer emergency admissions than NHS Wiltshire CCG. If Wiltshire reduced the number of emergency admissions by 8% this would save an estimated £1.3 million. If Wiltshire reduced the number of emergency admissions by 0.48%, to the level of the second highest quintile, the potential savings would be £70,000 a year.

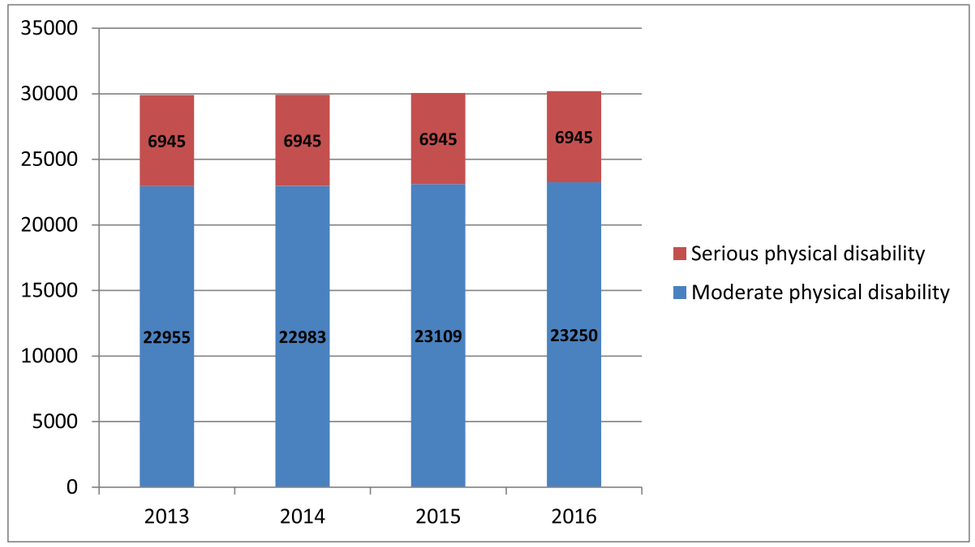
Challenges for consideration

Though the number of ACS admissions has increased between 2008/09 and 2012/13, Wiltshire is below its expected number of ACS admissions when compared to its peer group and nationally. Understanding the effect of these ACS admissions on both resources and the economy is imperative to the quality of care provided by the health care system. Ensuring that ACS conditions are managed with timely and effective treatment in a primary care setting without the need for further hospitalisation can potentially help to reduce these admissions and the subsequent cost burden.

Physical disability

Defining the specific number of individuals with some form of physical disability is problematic due to the range and type of conditions that may be considered a 'physical disability'. It is estimated, in Wiltshire, that around 30,000 people aged between 18 and 64 have a moderate or serious physical disability[79].

Figure 24: Estimated numbers of people with a serious or moderate physical disability in Wiltshire – 2013 to 2016



Source: www.pansi.org

In June 2013, Wiltshire Council was providing services to 4,198 physically disabled people (998 aged 18-64 and 3,200 aged 65 and over). The Council was also either in contact, or had occasional contact with a further 12,539 physically disabled people. These figures exclude those with sensory impairments.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa139

Visual impairment

It is estimated that 2 million people in the UK have a sight problem that cannot be corrected and that this will rise to 2.5 million (an increase of 25%) over the next 30 years[80]. The number and proportion of older people in Wiltshire is expected to grow over the next 20 years. The number of people over 65 living with a moderate or serious visual impairment is estimated to increase from 10,913 in 2012 to 11,873 (9%) in 2015 and 18,069 (45%) in 2030, reflecting this demographic change[81].

Evidence suggests that over 50% of sight loss is due to preventable or treatable causes. This is most marked in the older population, where it is estimated to be between 50% and 70%.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa141

[79] www.pansi.org
[80] ADASS (2002) progress in Sight: national standards of social care for visually impaired adults in London: ADASS
[81] Projecting Older People Population Information System (POPPI) September 2012 and Projecting Adult Needs and Service Information System (PANSI) September 2012

Hearing impairment

There are more than 10 million people in the UK with some form of hearing loss. The term "Deaf, deafened and hard of hearing" does not describe a simple homogeneous group. It is estimated, in Wiltshire, that around 50,000 people have some form of hearing impairment, 13,000 use a hearing aid, almost 3,000 need access to a telephone not using voice and around 2,000 have a profound hearing loss.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa140

Deafblindness

Dual sensory loss in this document refers to people who have combined sight and hearing losses, which causes difficulty with communication, access to information, and mobility. It may also be called deafblindness and both terms are used. The number of people living with a dual sensory impairment in Wiltshire is estimated to increase from 2,893 in 2012 to 3,114 (8%) in 2015 and 4,806 (66%) in 2030.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa142

Learning disabilities

People with learning disabilities are one of the most vulnerable groups in society. They are known to experience inequalities in health and have shorter life expectancy than other people. They also have poorer physical and mental health. Estimates would currently suggest that there could be approximately 8,757 people with a learning disability living in Wiltshire. Community teams for people with learning disabilities currently provide health or social care support to around 1,600 individuals in Wiltshire with a learning disability. The majority of people known to specialist services will have a severe learning disability. It is predicted that by 2030 the number of adults with learning disabilities, needing support aged over 18, will increase by 800 to 900.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa143

Rheumatologic and orthopaedic conditions

Musculoskeletal conditions are the most common reason for repeat consultations with a GP, accounting for up to 30% of primary care consultations. The ageing population will further increase the demand for treatment of age related disorders such as osteoarthritis. Lifestyle factors, such as obesity, can contribute to some musculoskeletal conditions.

In Wiltshire, during 2012/13, there were 12,205 hospital admissions for musculoskeletal conditions, resulting in 28,885 bed days. There were 879 elective hip replacements, costing around £5.3 million, in Wiltshire, in 2012/13. In the same year there were also 901 elective knee replacements costing approximately £5.7 million.

Table 8: Elective hip and knee replacements - 2008/09 to 2012/13

Year	Number of elective hip replacements	Number of elective knee replacements
2008/09	798	773
2009/10	800	779
2010/11	894	825
2011/12	905	896
2012/13	879	901

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

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa144

Falls and bone health

Nationally, 1 in 3 people aged over 65 and almost half of people aged over 85 have one or more falls every year. In 2011/12, there were 1,551 emergency admissions because of injuries sustained from a fall per 100,000 people aged over 65[82]. Wiltshire's admission rate for falls fell slightly from 1,587 per 100,000 (over 65s) in 2010/11 to 1,551 in 2011/12.

The conventional methodology for counting admissions for fall injuries was updated in 2013 and a new definition adopted for use in the Public Health Outcomes Framework. Therefore, figures calculated under this new methodology cannot be compared to those under the previous methodology. Using the new methodology, Wiltshire's rate is statistically significantly lower than the England rate, in 2012/13.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa145

Carers

The 2011 Census revealed that there were around 47,600 unpaid carers in Wiltshire with 20% of these providing 50 hours or more support each week. Of the 47,600 carers, 2,723 are aged 24 or under and 11,876 are aged 65 or over. In March 2013, there were almost 7,000 Wiltshire carers identified and registered with Council services. Over 250 young carers have accessed respite and mentoring services with over 700 young carers now identified and registered. In 2011, Carers UK estimated that the value of unpaid care given by Wiltshire carers is £727.6 million per year[83]. The real figure is likely to be higher than this, as many people do not see the support they provide to their family or friends as unpaid care and so would not have identified themselves.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa146

End of Life care

Given a choice most people state that they would choose to die in their own home, a care home or a hospice. Many people are unable to die where they choose. The majority die in hospital, often contrary to their preference and that of their family and carers. The majority of deaths occur in adults over the age of 65, following a period of chronic illness. Between 2008 and 2010, in Wiltshire, 49.9% of people died in hospital and 44.4% in their own home or a care home. This is in contrast with peoples' expressed preference: national figures indicate that 64% of people would prefer to die at home, 21% in a hospice and only 4% in hospital.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa148

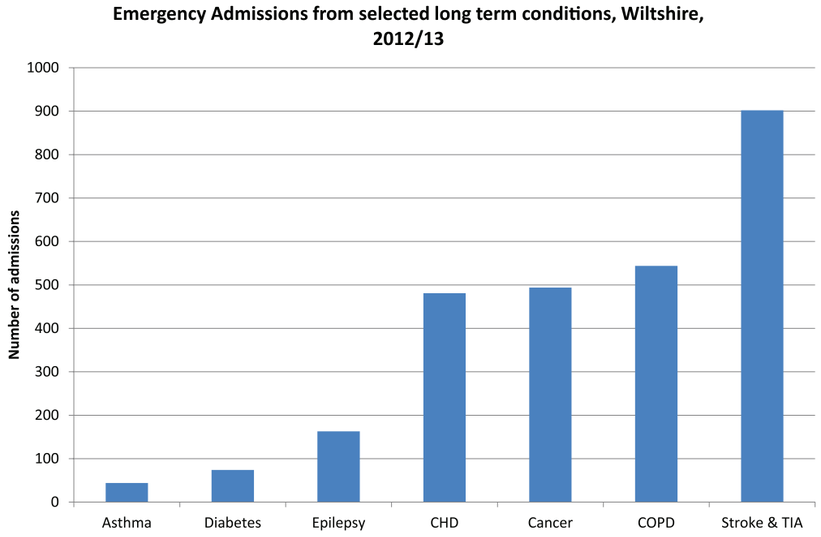
[82] Public Health Outcomes Framework. http://www.phoutcomes.info/ (accessed 11/12/13)

[83] "Valuing Carers 2011 – Calculating the value of Carers Support" (written by Dr Lisa Buckner and Professor Sue Yeandle – University of Leeds and Carers UK with support from Centre for International Research on Care, Labour and Equalities)

Long term conditions

Long term conditions can be defined as 'health problems that require on-going management over a period of years or decades'[84]. Long-term conditions impact many aspects of people's lives, from reducing mobility, the ability to work and the ability for independent care, to increasing the likelihood of living with pain and co-morbidities, especially mental health problems such as depression or anxiety. In Wiltshire, approximately 105,800 people are living with a long-term condition[85]. This is around 1 in 5. Emergency hospital admissions for long term conditions provide an estimate of the burden of these conditions on healthcare services.

Figure 25: Emergency admissions from long term conditions, Wiltshire, 2012/13



Source: Secondary User Service via Dr Foster Intelligence

Reducing admissions to care homes

In 2012/13, Wiltshire Council placed 218 people in care homes with nursing and 330 in care homes providing personal care. At 31 March 2013, the Council funded 1,416 older people in residential care setting. Over 2,000 people self funded their own care in a care home (a total of 3,635 people are living in care homes in Wiltshire)[86]. This is a significant reduction on previous years (4.600 in 2011/12 and 4,360 in 2007/08).

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa137

Disability and conditions effecting older people - resources

- The Institute of Public Care websites www.pansi.org.uk and www.poppi.org.uk provide future projection of prevalence based on independent research and the population estimates.
- Wiltshire's Physical Impairment Strategy, 2009 – 2014, Wiltshire Council: http://www.wiltshire.gov.uk/healthandsocialcare/disabilities.htm#Disabilties-local-strategies-Anchor
- Improving the Life Chances of Disabled People (DH 2005): tinyurl.com/hwjsa202
- Wiltshire Council Hearing and Vision Team: http://www.wiltshire.gov.uk/healthandsocialcare/healthandmedicaladvice/hearingandvision.htm
- To find out more about the UK Vision Strategy please visit the UK Vision Strategy website.
- For information, including reasons for visual impairment, symptoms, causes and treatment see the action for the blind website: action for blind people website.
- For information, including reasons for hearing impairment, symptoms, causes and treatment see the action on hearing loss website: http://www.actiononhearingloss.org.uk/supporting-you/factsheets-and-leaflets.aspx
- Wiltshire's Learning Disability strategy (Commissioning Intentions): http://www.wiltshire.gov.uk/healthandsocialcare/disabilities.htm#Disabilties-local-strategies
- The British Society for Rheumatology has developed ten quality standards for Rheumatoid Arthritis: tinyurl.com/hwjsa1412
- National Hip Fracture Database: http://www.nhfd.co.uk/
- NICE Clinical practice guideline for the assessment and prevention of falls in older people, 2013: http://www.nice.org.uk/Guidance/cg161
- "Carers" page of the Council's website: http://www.wiltshire.gov.uk/healthandsocialcare/carers.htm
- National End of Life Care Intelligence Network (NEoLCIN): www.endoflifecare-intelligence.org.uk.
- End of Life Care Profiles: tinyurl.com/hwjsa1413

[84] World Health Organisation. www.euro.who.int/document/e91878.pdf [85] QOF 2011/12 (numbers on LTC registers) [86] www.POPPI.org.uk

Disability and conditions effecting older people - Outcome Frameworks summary

The following indicators from the Public Health Outcomes Framework; the NHS Outcomes Framework and the Adult Social Care Outcomes Framework have been selected as the ones most relevant to this section.

Framework	Reference	Indicator
Adult Social Care	1.A	Social care-related quality of life
Adult Social Care	1.B	Service users who have control over their daily life
Adult Social Care	1.D	Carer-reported quality of life
Adult Social Care	1.E	Proportion of adults with learning disabilities in paid employment
Adult Social Care	1.G	Proportion of adults with learning disabilities who live in their own home or with their family
Adult Social Care	2.A	Permanent admissions to residential and nursing care homes, per 100,000 population
Adult Social Care	2.C	Delayed transfers of care from hospital, and those which are attributable to adult social care
Adult Social Care	3.B	Overall satisfaction of carers with social services
Adult Social Care	3.D	Proportion of people who use services and carers who find it easy to find information about services
NHS	1.B	Life expectancy at 75
NHS	2 / 2.4	Health-related quality of life for (2) people with long-term conditions / (2.4) carers
NHS	2.2	Employment of people with long-term conditions
NHS	3.1	Patient Reported Outcomes Measures (PROMs) for elective hip / knee replacement.
NHS	3.3	Improving recovery from injuries and trauma
NHS	3.4	Improving recovery from stroke
NHS	3.5	Improving recovery from fragility fractures
NHS / Adult Social Care	3.6 /2.B	Helping older people to recover their independence after illness or injury
NHS	4.6	Improving the experience of care for people at the end of their lives
Public Health	1.6	People with mental illness and/or learning disabilities in settled accommodation
Public Health	1.8	Employment for those with a long term health condition (including learning disability/mental illness)
Public Health	2.12	Excess weight in adults
Public Health	2.13	Proportion of physically active and inactive adults
Public Health	2.17	Recorded diabetes
Public Health	2.24	Injuries due to falls in the over 65s
Public Health	4.12	Preventable sight loss
Public Health	4.13	Health-related quality of life for older people
Public Health	4.14	Hip fractures in over 65s

Health promotion and preventative services

Introduction

Health promotion and improvement addresses the wider social influences in health and lifestyles and inequalities in health. Its purpose is to encourage people to adopt actions that reduce the risk of developing disease. Behaviours such as poor diet, excessive alcohol consumption, lack of exercise and obesity are important risk factors for major diseases such as cancer, diabetes, coronary heart disease, stroke and respiratory disease.

Public health takes a population approach to health improvement, but can also focus on the individual and on distinct populations such as deprived or minority groups. It also considers quality of life through the prevention and treatment of diseases, for example health screening and immunisation. It includes both physical and mental health.

Key conclusions and recommendations

Maternity and newborn

It is important to maintain continuity of care and appropriate staffing levels alongside a rising birth rate and continue to promote normal birth in the light of increasing complexity in pregnancy such as maternal obesity and women with pre-existing medical conditions. In addition, women need effective encouragement and support to help make healthy lifestyle choices that are known to positively impact on the health outcomes of both the mother and baby such as stop smoking, breastfeeding, physical activity, healthy eating.

[87] Healthy Lives, Healthy People: A call to action on obesity in England, Department of Health, 13 October 2011. http://tinyurl.com/Call-to-Action-Obesity

Smoking

There are still around 650 deaths from smoking related causes each year in Wiltshire and smoking is still the biggest cause of premature death (e.g. from lung cancer). Smoking cessation, and other tobacco control measures, are vital in improving the health of the population. The Smokefree Wiltshire Tobacco Control Alliance (a partnership including Wiltshire Council, children centres, voluntary sector, schools, employers, the military and fire & rescue) aims to continue joint working on tobacco issues and focusing on raising awareness of the risks of smoking around children and minimise smoking in the home.

Drug misuse

The Wiltshire drug treatment system has continued to improve its performance throughout 2012/13. Concerted efforts will be made to build on this in order to reach Wiltshire's aspirations and to provide a treatment system that encourages throughput and meaningful engagement, resulting in planned successful discharges and completions. An annual drugs needs assessment informs development of services. A particular priority in Wiltshire is on supporting recovery of those in treatment, and coming out of treatment, by focusing on issues such as housing and employment in order to support individuals from relapsing.

Obesity

The Department of Health have set an ambition to see a downward trend in the level of excess weight averaged across all adults by 2020[87]. This will be challenging given that all of the evidence suggests obesity prevalence, and associated hospital admissions, are increasing, and will continue to do so into the future. There are also strong associations between obesity and socio-economic status, age and gender which are apparent in Wiltshire.

Physical activity and healthy eating

Levels of participation in physical activity do not reflect the Chief Medical Officer's recommendation and less than one quarter eat the recommended 5 portions of fruit or vegetables a day. Overall, participation in physical activity is higher in Wiltshire than in the South West or England. 57.6% of Wiltshire's adults do 150 minutes or more of moderate intensity activity per week compared to 57.5% in the South West and 56.0% in England. Wiltshire has a higher proportion of people who meet the "five or more-a-day" ideal, at 30.9%, compared with 29.6% for the South West and 28.7% for England as a whole. There is a need to tackle perceived barriers around healthier eating healthier and doing more physical activity such as the price of food and lack of time to exercise. Modes of transport that place more emphasis on active travel need to be encouraged and Wiltshire's low levels of cycling participation tackled.

Screening

Appropriate interventions to increase uptake of bowel cancer screening in deprived areas in Wiltshire are needed, as a clear correlation between deprivation and uptake has been observed. The data show significant variation in cervical screening coverage rates by GP practice, age, geographical area and demographics. This shows a need for targeted work to increase uptake, particularly for younger women, if current local and national downward trends in coverage are to be reversed.

Health Trainers

The Health Trainer programme so far has been highly targeted, focusing on specific community groups. Community health trainers will support every community area in Wiltshire. The health trainers employed will have completed their training by June 2014. They will focus on supporting those who live in areas with high deprivation and who are 'seldom seen or heard'. These communities have some of the highest health needs. This programme supports the vision 'to create stronger and more resilient communities' and build capacity within communities. Working closely with partners will be the key to the success of the programme.

Men's health

Tackling the difference in life expectancy between males and females (3.5 years in 2010-12) is the primary objective. Men also see larger gaps in life expectancy between deprived and affluent communities. Men, particularly working-age men, need to be encouraged to access and engage with health services and address lifestyle choices such as smoking and drinking. Work is also needed with the military population in the county to tackle risky behaviours prevalent in this community.

Health promotion projects in Wiltshire

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa259

Wiltshire Public Health commissions projects aimed at improving the health of the population and addressing inequalities. Projects vary according to need and audience. Recent projects have been aimed at increasing physical activity, losing weight, stopping smoking, improving self confidence, managing debt, increasing access to health information and building social capital.

Overall, these projects directly reach many thousands of people each year; and indirectly influence many more through such schemes as behaviour change support. Most of the initiatives are targeted at particular groups in the population (e.g. at those who are overweight, smoke or have a condition which could benefit from increased physical activity). By accepting the service or support, those in need are self selected, therefore, health inequalities are addressed because risky lifestyle behaviours tend to be higher in lower socio-economic groups.

Health promotion projects are often located in specific geographic areas of need. The general health promotion programmes are most used by those from deprived areas.

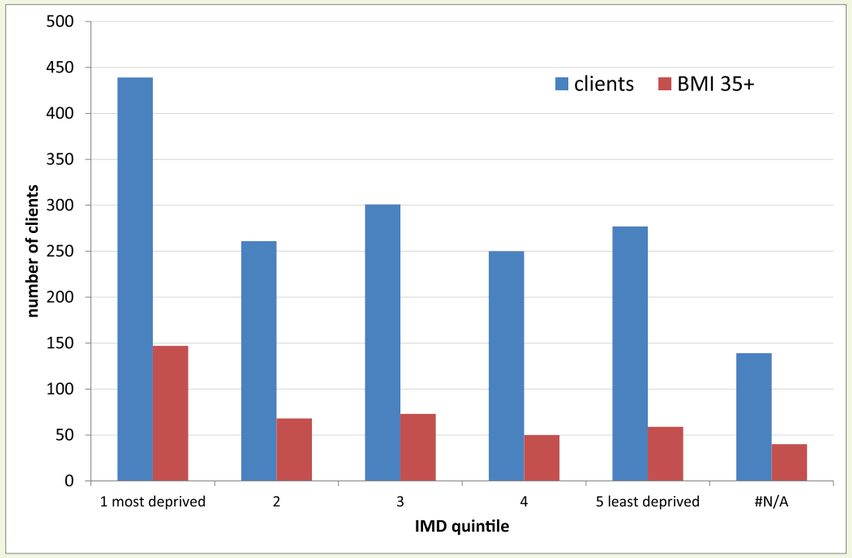
Table 9: Summary of health promotion projects in Wiltshire

Project	Approximate numbers per year
Active Health: GPs refer patients to Leisure Service specialists coordinators for appropriate activity	3,828 (1st Feb 2012 – 31st Oct 2013)
Slimming on referral: GPs refer patients with BMI over 30 to join Slimming World or Weight Watchers.	852 and increasing
Stop smoking service: patients can self refer or be referred by a wide variety of agencies for help to stop smoking.	5,000
Health Information and Support Service - HISS community nurses in libraries are often able to make contact with vulnerable and socially isolated people who might not contact a GP	3,700
Citizens Advice staff in GP practices help with a wide range of issues including benefits, debt, housing etc where these impact upon health	400
Health Trainer programme recruits and trains local Health Trainers who provide peer support in their own community	350
Free family swimming offered to families of overweight children	In first 6 months 1,000 families contacted – 56 families used facilities
Bike It Plus: cycle training in schools	3,300 pupils plus teachers and parents
ASSIST: peer support to stop smoking in schools	200-400 year 8 pupils
Health MOTs: events organised by the Stop Smoking Service to deliver health checks in the community or workplace	850 in 9 months
Counterweight: specialist primary care staff trained to provide detailed advice on diet and nutrition	220
AnyBody can Cook (ABC)	200
Walking, running and cycling groups aimed at the general population	2,000
Community pharmacy campaigns	7,000 members of the public
Behaviour change workshops	130 staff members

Active Health

Active Health is a scheme where GPs refer patients, with conditions likely to be improved by exercise, to a leisure centre for a tailored 12 week programme. 3,823 people had participated in the scheme between February 2012 and October 2013. As well as standard referrals, 126 patients were referred for specialist services: for stroke recovery, coronary heart disease and stability and balance.

Figure 26: Clients, by obesity status and deprivation quintile (IMD 2010)



Source: Active health database

Part of the Active Health scheme - the Exercise after Stroke Programme - has been evaluated by Glasgow Caledonian University. They found that participants saw a 38% improvement in basic functional 'timed up and go', and 'sit to stand' tests and a 31% improvement in participant's perception of their recovery from their stroke.

Slimming on referral

In 2012/13, 852 clients with BMI of 30 or over (or 28 or over with co-morbidities) were referred by GPs and signed up to attend either Slimming World or Weight Watchers sessions for 12 sessions.

The project attracted more people living in the most deprived areas of Wiltshire. 26% of clients came from IMD quintile 1 (most deprived). Clients from quintile 2 were most likely (69%) to complete the course. Of those who completed the course, 62% lost 5% or more of bodyweight, which was defined as a successful outcome. The average weight loss for people completing the programme was 6.5 kilograms.

Figure 27: Slimming on referral completion and success rates by IMD quintile

	1 most deprived	2	3	4	5 least deprived	no data
all attenders	217	155	148	136	159	37
competers	132	107	89	85	101	23
lost 5%	76	63	61	53	69	11
% completed	60.8	69.0	60.1	62.5	63.5	62.2
% completers who lost 5%	57.6	58.9	68.5	62.4	68.3	47.8

Source: Wiltshire slimming on referral database

Conclusions

A healthy lifestyle is the best protection against avoidable disease in all sectors of the community. A healthy lifestyle is, therefore, of value to all. Although many of the projects, either by location or inclusion criteria, successfully target those most in need, success in these groups is often more difficult to achieve. The Active Health programme, slimming on referral and smoking cessation illustrate this challenge as there can be an apparent effect of increasing inequalities. It is therefore, important to continue efforts to target the hard to influence groups.

Despite the fact that on most health measures men do less well than women, they are notoriously difficult to engage in activities to improve their health. In most projects evaluated in Wiltshire women outnumber men. The exception is Health MOTs, which are deliberately run in venues where men are the likely audience.

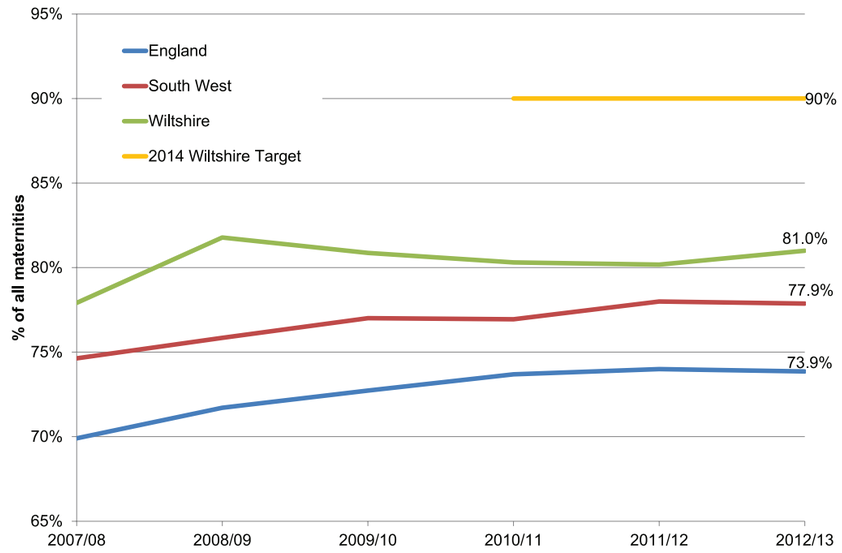
Maternity and newborn

In Wiltshire, increases in fertility along with increases in the number of women of reproductive ages has resulted in a general increase in the number of births between 2002 and 2012. There were 4,692 births in 2002 and 5,378 in 2012 an increase of 12.8%. The number of births is expected to keep rising over the next few years.

Low birth weight is defined as a birth weight of less than 2,500g[88]. Low birth weight babies are more likely to have health and developmental problems including learning difficulties, hearing and visual impairments, chronic respiratory problems such as asthma and chronic diseases later in life. In 2011, in Wiltshire, 6.1% of live or still births were of babies with a birth weight below 2,500g. This is lower than the South West value (6.2%) and statistically significantly below the England value of 7.4%.

Breastfeeding initiation rates in Wiltshire are consistently higher than the national and regional rates, and have remained above 80% since 2008/09. Data for 2012/13, shows that Wiltshire's breastfeeding prevalence, at 6-8 weeks, has increased to 47.6% which is lower than the South West regional average (49.3%) but higher than the England value (47.2%).

Figure 28: Breastfeeding initiation rates, 2007/08 to 2012/13



Source: Department of Health Statistical Releases on Breastfeeding

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa168

[88] P07 - Disorders related to short gestation and low birth weight in ICD-10. url: http://apps.who.int/classifications/icd10/browse/2010/en#/P05-P08

Sexual health

There were 2,344 acute sexually transmitted infections in Wiltshire in 2012[89] which is 494.2 per 100,000 people. This was statistically significantly lower than both the England rate (803.7 per 100,000) and the South West rate (666.6 per 100,000). 2012 figures for Gonorrhoea show that the number of cases in Wiltshire has increased to 85, which is almost treble the 2009 figure of 29.

There are a growing number of people living with HIV in Wiltshire. 189 people accessed care and treatment in 2012, which is a rise of 244% since 2003 when only 55 HIV-diagnosed individuals in Wiltshire accessed care.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa169

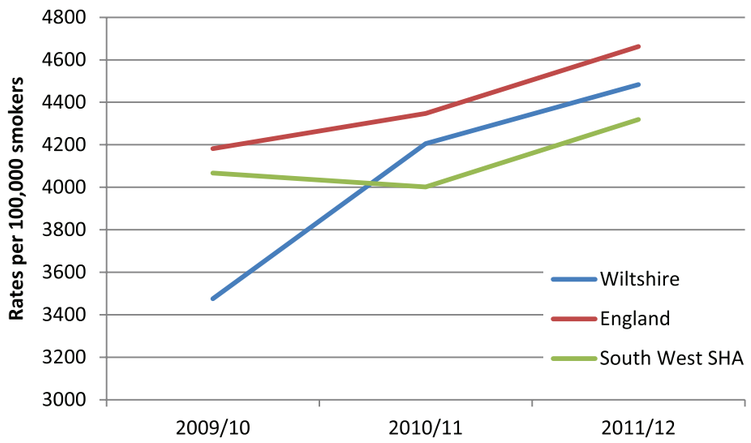
Smoking

Modelled estimates[90] based on data from the Integrated Health Survey for England 2011/12 suggest that 17.1% of adults in Wiltshire are smokers compared to 19.2% for the South West region and 20.0% for England. Prevalence in all three areas has fallen since the 2010/11 survey. Data for 2012/13[91] estimates that 13.8% of pregnant women in Wiltshire are smoking in pregnancy, higher than in the South West (13.1%) and England as a whole (13.1%). Smoking levels are significantly higher among routine and manual workers compared to the rest of the population and according to the Tobacco Control profile[92] stood at 25.9% for Wiltshire in 2011/12, lower than England (30.3%) and the South West (30.2%).

Over 2012/13, 5,183 people (2,583 males and 2,600 females) were supported by the Wiltshire Stop Smoking Service to set a quit date. In total, 56% of these people were successful (self-reported) quitters (57% of males and 55% of females) and in 73% of cases this was confirmed by a Carbon Monoxide reading.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa170

Figure 29: Successful quitters at four weeks



Source: Tobacco Control Profiles, London Health Observatory, 2012.

[89] Sexually transmitted infections annual data, HPA/PHE url: http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372 accessed 06/02/2014

[90, 91, 92,] Tobacco Control Profile for Wiltshire, Copyright (c) 2012-13, Public Health England (PHE), July 2013. url: http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=55630&type=full&servicetype=Attachment

Alcohol

Alcohol misuse has been directly linked to a range of health issues both acute and chronic. Alcohol related hospital admissions have been rising in Wiltshire. Between 2006/07 and 2010/11 admissions in Wiltshire increased by 37.8%, a proportionally greater increase than in the South West (33.0%) and England (35.6%). Likewise, alcohol specific mortality is increasing in Wiltshire, although rates are again lower than regional and national ones. Wiltshire's Alcohol Strategy ensures a county-wide, co-ordinated approach to tackling all aspects of alcohol-related harm, and has contributed to improved performance in adult treatment services.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa171

Drug misuse

In Wiltshire, a comprehensive needs assessment of drugs misuse is undertaken each year. The 2013/14 adult drug treatment needs assessment indicates that in Wiltshire around 775 people were receiving treatment in 2011/12. Of these around 30% were female and 5% described themselves as non-white British.

The number of opiate users is known to be decreasing nationally as the average age of users increases. In 2011/12, there were 627 opiate and/or crack users (OCUs) in effective treatment in Wiltshire, compared with 661 in 2010/11. There is no longer any growth with this cohort as the number of treatment first time users is decreasing and the number of successful completions is rising.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa172

Domestic abuse

In 2012/13, 1,234 domestic abuse crimes were reported to Wiltshire Police. This is slightly higher than in 2011/12 (1,221). Domestic abuse has the highest repeat victim rate of any crime type[93]. The repeat victimisation rate in Wiltshire in 2011/12 was 22.5%, 3% lower than the year before. However domestic abuse continues to be under reported. It is estimated that less than 40% of domestic abuse incidents are reported to police almost double the recorded amount (3,085 for 2012/13) and that between 6% and 10% of women suffer domestic abuse in a given year[94]. Therefore, an increase in the number of incidents reported in Wiltshire is considered positive. Financial strain and increasing unemployment is likely to increase domestic abuse at a time when services are at risk of reduction. Research shows that rates of domestic abuse are higher (9.5%) for couples who report feeling high levels of financial strain compared to couples with low levels of financial strain (2.7%)[95].

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa173

[93] Crime in England and Wales 2003-4, Dodd et al, July 2004

[94] Women's Aid Research

[95] Benson, M.L. Fox, G.L. (2004 September). When violence hits home: How economics and neighbourhood play a role http://www.ncjrs.gov.pdffiles1nij/205004.pdf

Obesity

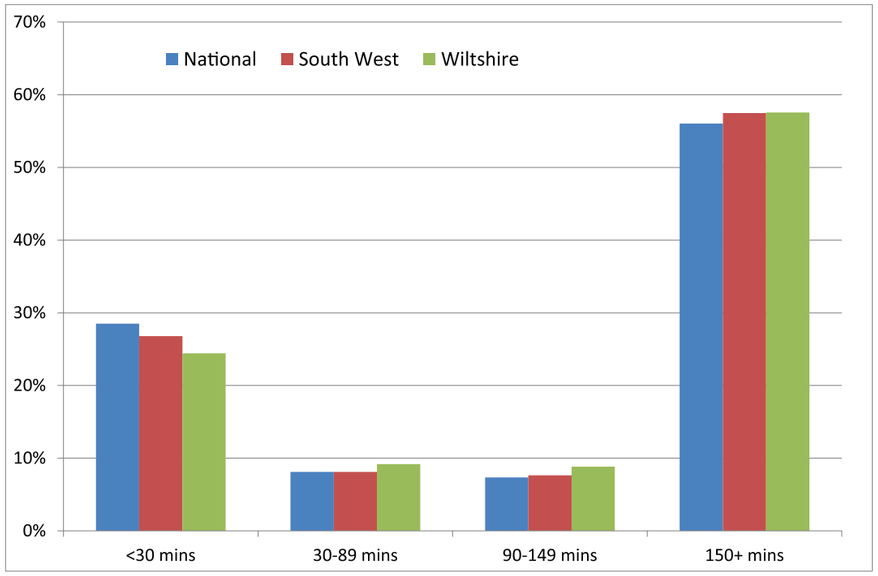
Obesity in the UK is increasing and the UK now ranks 6th worst among thirty-four developed nations for rates of obesity[96]. Obesity is a major contributor to premature mortality, ill-health and disability and in particular to increased rates of cardiovascular disease and diabetes. Obesity in Wiltshire is now higher, at 25.2%, than in the South West or England. Obesity in adults is expected to continue to rise. Local obesity services include Slimming on Referral, Counterweight, physical activity on referral, health trainers and Health Checks, and these provide local mechanisms of tackling the obesity crisis.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa159

Physical activity and healthy eating

An appropriate diet and physical activity are vital for good health and wellbeing. They are key to halting the rise in obesity seen nationally over the last 20 years; as well as being crucial in addressing existing overweight and obesity. Overall, participation in physical activity is higher in Wiltshire than in the South West or England. 57.6% of Wiltshire's adults do 150 minutes or more of moderate intensity activity per week compared to 57.5% in the South West and 56.0% in England[97].

Figure 30: amount of moderate equivalent physical activity per week



Source: Active People Survey 6 (January 2012 – January 2013), Sport England

The NHS 5 A Day programme aims to change the way people think about fruit and vegetable consumption and highlights the benefits of eating more fruit and vegetables. Wiltshire has a higher proportion of people who meet the "five or more-a-day" ideal, at 30.9%, compared with 29.6% for the South West and 28.7% for England as a whole.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa160

[96] Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en ; national sources for non-OECD countries. http://dx.doi.org/10.1787/888932916686

[97] Active People Survey 6 (January 2012 – January 2013), Sport England

[98] Seasonal influenza vaccine uptake amongst frontline healthcare workers (HCWs) in England. Winter season 2010/11. https://www.gov.uk/government/publications/seasonal-influenza-vaccine-uptake-in-healthcare-workers-winter-2012-to-2013

[99] Wiltshire's Pharmaceutical Needs Assessment, Wiltshire Pharmaceutical Services Steering Group. Public Health, NHS Wiltshire, January 2011. http://tinyurl.com/hwjsa316

Dental health

However, there are inequalities in dental health within Wiltshire with higher levels of tooth decay in relatively more deprived areas. Access to NHS dentistry in Wiltshire is good. Most residents do not have to travel more than 5 miles to obtain NHS dental care. According to March 2013 figures, 48.7% of the Wiltshire population had accessed NHS dental services in the previous 24 months. Although this percentage is increasing faster than regionally or nationally, the percentage of Wiltshire residents accessing NHS dental services is still below the regional (56.4%) and national (56.1%) average.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa161

Screening

In 2011/12, Wiltshire's breast cancer screening coverage at 80.0% was higher than the South West and England. In 2012/13, 79.8% of eligible women were screened for cervical cancer in Wiltshire, slightly below the 80% target. Bowel cancer screening was rolled out in Wiltshire in 2009, and 2012 uptake exceeded the target of 60%. However, survey work at a local level has revealed a lower uptake of the service in the more deprived areas of Wiltshire.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa162

Vaccination

Seasonal flu particularly threatens vulnerable groups in the population, and it is these groups that are targeted in the vaccination programme. The uptake of seasonal flu vaccine is very similar in Wiltshire to the South West and England. Vaccination of frontline health care workers is important, both to lower rates of influenza and to protect patients. Vaccination uptake for health care workers in Wiltshire (60.5%) was higher than England (45.6%) and the South West (38.7%) between September 2011 and January 2012[98].

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa163

Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment[99] is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. Taking into account local demography and the provision of pharmaceutical services in Wiltshire, it is evident that there is adequate provision of such facilities. Services are accessible in a range of locations and in a variety of set ups. Wiltshire's Health and Wellbeing Board will develop and publish the next PNA for Wiltshire by 1st April 2015.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa164

Health Trainers

In Wiltshire, Health Trainers, in a range of settings, help to focus on preventative services, fairer access to health information, resources and care, and greater emphasis on healthier lifestyles. They provide a work force that is knowledgeable about the community they are working in and have a key role in supporting prevention of illness and disease caused by lifestyle choices. The Wiltshire Health Trainers are working with adults who have some of the worst health outcomes and in areas with the highest incidence of health inequalities.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa165

Here is an example of some feedback from a health trainer's client:

"Be strong, stay with the support and you will succeed. Praise is key to this success. The Health Trainer encouraged and praised me even for little things so I didn't get broken down by the challenges. Each step was broken down into small, realistic goals which we set together. Even when I lapsed I was supported. Just having a chat got me back on track. Together we looked at my lifestyle not just one thing. Now I'm hoping to go into full time employment after being successful with voluntary work. Without the Health Trainer I would not have got this far."

Men's health

In Wiltshire, in 2010-12, male life expectancy at birth was 3.5 years lower than females (80.4 years compared to 83.9 years) and 2.5 years lower at age 65 (21.8 years of additional life compared to 19.3 years). Circulatory disease, accidents, suicides and undetermined injury play a big part in the difference.

Despite lagging behind on life expectancy measures, male perceptions of their health are generally better than females. Males also tend not to access NHS Hospital Services as much as women. Addressing the perception of health status and ensuring good access to services might help address some of the gaps in health outcomes. Table 10 shows the percentage of those stating in the 2011 Census that they had a long term health problem or disability that impacted on day to day activities either 'a little' or 'a lot'.

The full briefing note for this section can be downloaded here: http://tinyurl.com/hwjsa285

Table 10: percentage of the population limited in their day to day activities, by gender

	Under 65			All ages		
	Male	Female	Gap (F-M)	Male	Female	Gap (F-M)
England	10.5%	10.9%	0.4%	16.3%	18.9%	2.6%
South West	10.5%	10.7%	0.2%	17.0%	19.8%	2.8%
Wiltshire	8.6%	9.4%	0.8%	14.4%	17.5%	3.1%

Source: 2011 Census (table DC3201EW)

Health promotion and preventative services - resources

- NHS Maternity statistics 2012/13: tinyurl.com/hwjsa1414
- ChiMat (Child and maternal health observatory) maternity snapshot: tinyurl.com/hwjsa1415
- Sexual Health Balanced Scorecard http://www.apho.org.uk/sexualhealthbalancedscorecard
- Health Protection Agency Sexual Health Profiles: http://www.hpa.org.uk/sexualhealthprofiles
- NICE local government public health briefings:
  Tobacco[100] http://publications.nice.org.uk/tobacco-lgb1
  Physical activity: http://publications.nice.org.uk/physical-activity-lgb3
  Alcohol: http://publications.nice.org.uk/alcohol-lgb6
  Walking and cycling: http://publications.nice.org.uk/walking-and-cycling-lgb8
  Obesity: http://publications.nice.org.uk/preventing-obesity-and-helping-people-to-manage-their-weight-lgb9
- Alcohol related indicators measuring the impact of alcohol on the local community: Local Alcohol Profile for Wiltshire
- Adult Drug Treatment Needs Assessment 2012/2013: http://tinyurl.com/Wjsahw105
- Wiltshire Council domestic abuse information webpages: http://www.wiltshire.gov.uk/communityandliving/communitysafety2/saferwiltshiredomesticabuse.htm
- The National Obesity Observatory: http://www.noo.org.uk/
- Sports participation infographic: http://infographics.sportengland.org/
- NHS Cancer Screening Programmes:
  Bowel: http://www.cancerscreening.nhs.uk/bowel/index.html
  Cervical: http://www.cancerscreening.nhs.uk/cervical/
  Breast: http://www.cancerscreening.nhs.uk/breastscreen/
- The Flu Information Programme 2013/14: https://www.gov.uk/government/publications/flu-immunisation-programme-2013-to-2014
- 'The State of Men's Health in Europe' (European Union report): tinyurl.com/hwjsa1416

[96] Local Government public health briefings. National Institute for Health and Clinical Excellence, http://www.nice.org.uk/localgovernment/PublicHealthBriefingsForLocalGovernment.jsp

Health promotion and preventative services - Outcome Frameworks summary

The following indicators from the Public Health Outcomes Framework; the NHS Outcomes Framework and the Adult Social Care Outcomes Framework have been selected as the ones most relevant to this section.

Framework	Reference	Indicator
Public Health	1.11	Domestic abuse
Public Health	1.16	Utilisation of green space for exercise/health reasons
Public Health	2.1	Low birth weight of term babies
Public Health	2.2	Breastfeeding initiation and 6-8 week prevalence
Public Health	2.3	Smoking status at time of delivery
Public Health	2.11	Diet
Public Health	2.12	Excess weight in adults
Public Health	2.13	Proportion of physically active and inactive adults
Public Health	2.14	Smoking prevalence – adults (over 18s)
Public Health	2.15	Successful completion of drug treatment
Public Health	2.16	People entering prison with substance dependence issues not known to community treatment
Public Health	2.17	Recorded diabetes
Public Health	2.18	Alcohol-related admissions to hospital
Public Health	2.19	Cancer diagnosed at stage 1 and 2
Public Health	2.20	% eligible women screened for (i) breast cancer in previous 3 years (ii) cervical cancer in previous 5 years
Public Health	2.21	Antenatal and newborn screening
Public Health	2.22	Take up of the NHS Health Check programme
Public Health	3.2	Chlamydia diagnoses (15-24 year olds)
Public Health	3.4	People presenting with HIV at a late stage of infection
Public Health	3.3	Population vaccine coverage
Public Health	3.7	Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies
Public Health	4.1	Infant mortality
Public Health / NHS	4.4 / 1.1	Mortality from cardiovascular diseases
Public Health / NHS	4.5 / 1.4	Mortality from cancer
Public Health / NHS	4.6 / 1.3	Mortality from liver disease
Public Health / NHS	4.7 / 1.2	Mortality from respiratory diseases
Public Health	4.8	Mortality from communicable diseases
NHS	1.4	Survival from colorectal cancer /breast cancer
NHS	1.6	Under 75 mortality rate from cancer
NHS	4.5	Infant mortality and neonatal mortality and stillbirths
NHS	1.6	Women's experience of maternity services
NHS	4.5	Women's experience of maternity services
NHS	5.5	Admission of full-term babies to neonatal care

Wider determinants of health

Introduction

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. These factors and their interaction are represented in figure 31.

Key conclusions and recommendations

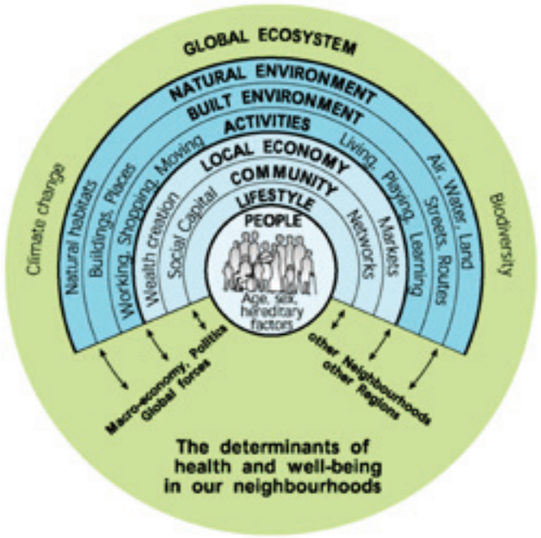
Food safety

An intervention strategy has been implemented to ensure that resources are prioritised, premises are offered advice and visited on a risk basis and that there is reduced burden on well-performing businesses. Initiatives around food safety, food standards, and health and safety need to continue to be designed based on intelligence, local customer needs and national projects and priorities.

Economy

Levels of NEETs (young people not in employment, education or training) within Wiltshire need to be addressed. Youth unemployment rates mean that there is an increased likelihood of the development of a cohort of the population whose future employment prospects are restricted because they have never participated fully in the labour market.

Figure 31: The determinants of health and wellbeing in our neighbourhoods



Source: Barton & Grant 2006

Community safety

Community Safety is a co-ordinated approach to tackling crime and disorder, taking into account what causes people to commit crime as well as helping people in communities to feel less vulnerable. The aim is to build resilient communities to improve the quality of life of everyone who lives, works or visits the county in relation to crime prevention, community safety and substance misuse reduction. This will be achieved by assisting in strengthening our communities to deal with local issues.

Housing

The impact of Welfare Reform to both individuals and the wider community needs to be analysed and monitored to better understand who might be affected by the changes. This will help to agree methods to inform those affected and ensure appropriate advice and assistance is provided to those who need it.

Transport

Table 11: Wiltshire's health related strategic objectives for transport

Ref	Strategic Objective
SO2	To provide, support and/or promote a choice of sustainable transport alternatives including walking, cycling, buses and rail.
SO3	To reduce the impact of traffic on people's quality of life and Wiltshire's built and natural environment.
SO8	To improve safety for all road users and to reduce the number of casualties on Wiltshire's roads.
SO11	To reduce the level of air pollutant and climate change emissions from transport.
SO14	To promote travel modes that are beneficial to health.
SO15	To reduce barriers to transport and access for people with disabilities and mobility impairment.
SO17	To improve sustainable access to Wiltshire's countryside and provide a more useable public rights of way network.

Source: Local Transport Plan 3: 2011-2026

Environment

The Wiltshire Air Quality Action Plan and community air quality action plans need developing and implementing in partnership with the Area Boards for individual Air Quality Management Areas (AQMAs). New developments need to be located where there is a viable range of transport choices. Car use needs to be reduced and active transport such as walking and cycling promoted. Public rights of way, parks and other green spaces need maintaining and enhancing. The self-containment of settlements should be boosted to reduce commuter flows and to take the opportunities from managed development and growth to help address the areas where particular air quality problems occur.

Arts and culture

The cultural sector plays a significant role in the tourist and creative industries and though these sections of the economy have weathered the recession, there is work to be done to grow the sector in line with regional and national recovery. The impact that the existing cultural sector has on the health and wellbeing of the county needs to be explored in more detail. Additional work needs to be done to identify how the cultural sector can increase this impact, address gaps and explore opportunities.

Impact of severe weather on health

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa260

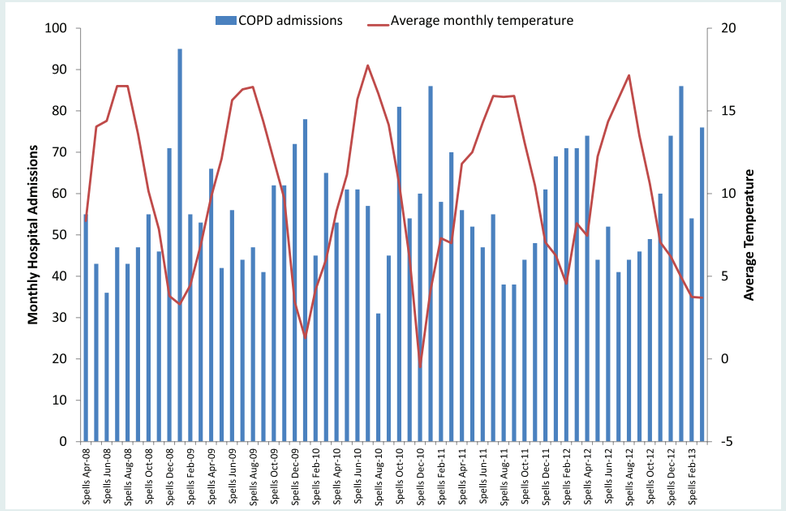
Introduction

Severe weather can have a large impact on our lives. Flooding can displace families from their homes, heavy snow can cut transport links and prolonged sunshine can lead to a draught. Sometimes the weather can cause accidents and illnesses that would otherwise not have happened and in rare circumstances it can be a cause of death. It is important to try and understand the weather's impact on our lives so that the negative consequences of severe weather can be prevented or reduced. This can be achieved through enhanced predictions of where and when severe weather will occur coupled with a detailed analysis of the likely effects, especially on public services.

DID YOU KNOW?

In Wiltshire excess winter deaths in 2010/11 were lower than in England

Figure 32: relationship between temperature and Chronic Obstructive Pulmonary Disease (COPD) admissions



Source: Met Office and Secondary User Service hospital data via Dr Foster Intelligence

River Avon Plantation Start Walk Field Ryan Tabor 260311 CD1

Hospital admissions and temperature analysis

Hospital admissions for some conditions appear to be related to warm or cold temperatures. In cold weather there is an increase in the number of admissions for influenza and pneumonia in all ages, Chronic Obstructive Pulmonary Disease (COPD) in over 18s (see figure 32) and ear, nose and throat (ENT) infections in all ages. In warmer weather there is an increase in the number of admissions from transport accidents in under 65s, accidents involving falls in under 18s and accidents from other causes in under 65s.

Fuel poverty

According to the low income high costs (LIHC) definition[101], the most recent figures on fuel poverty, from 2011, suggest that 15,873 households, in Wiltshire, 8.3% were in fuel poverty, compared to 9.4% in the South West. The Wiltshire Warm and Well scheme provides heavily subsidised and in many cases free home insulation. In 2012/13, Warm and Well installed 533 measures of loft or cavity wall insulation or heating in 472 homes.

Current service provision

Public Health England has created a Heatwave Plan for England[102], intended to protect the population from heat-related harm to health and a Cold Weather Plan[103] that gives advice on preparation for the effects of winter weather on people's health.

The Warm and Well advice line offers free, impartial and local advice on ways to save money and energy, the advice line acts as a central referral point with links to many local agencies and projects. http://www.severnwye.org.uk/warm-and-well.html

Warm & Well
a fitter home for a healthy future

The Environment Agency is able to issue warnings several hours in advance of the possibility of river flooding using their automatic flood warning systems and also by radio and TV messages. The automated telephone or fax warning system is available to householders whose property has been flooded in the past. They are also able to provide warning messages about flooding from ground water in some areas. The Environment Agency has some simple steps to reduce the impact of flooding on homes and businesses[104].

The 2011 preliminary flood risk assessment for Wiltshire Council[105] indicates that 18,020 properties are at risk of future flooding from surface water. Wiltshire Council has set up two Operational Flood Working Groups and are a forum for stakeholders with interests in Highways Surface Water, Surface Water Run Off, Drainage and Flooding to consider the issues relating to flooding and drainage within their respective catchment areas. Stakeholders include Wessex Water, Thames Water, the Highways Agency, Network Rail and the Environment Agency.

Estimating future impacts

Particular vulnerabilities to extreme weather in Wiltshire have been identified, including high temperatures and heat waves, wind and excessive rainfall and flooding[106]. Annual mean temperature in Wiltshire is predicted to rise by between 1.2°C and 1.7°C by the 2020s and by 3.1°C to 4.1°C by the 2080s[107]. The increasing frequency of extreme weather events and other climate trends in the last decade show that impacts of climate change are already being felt.

The Department of Energy & Climate Change provides information on the price of fuels going back to 1996. Between 1996 and 2012 fuel prices have risen for all different types of fuels[108]. It is unlikely that this trend will change unless new sources of energy are located.

Wiltshire's population is ageing more rapidly than England or the South West, reflected by growth of 20.1% in the number of people aged 65 or over between 2002 and 2010. This is significantly greater than the 11.6% increase in England or 14% increase in the South West. This is likely to lead to an increase in the numbers of hospital admissions for the elderly population.

[101] 2011 sub-regional fuel poverty data: low income high costs indicator, Department of Energy & Climate Chang, Published 8 August 2013 https://www.gov.uk/government/publications/2011-sub-regional-fuel-poverty-data-low-income-high-costs-indicator
[102] https://www.gov.uk/government/publications/heatwave-plan-for-england-2013
[103] https://www.gov.uk/government/publications/cold-weather-plan-for-england-2013
[104] http://www.environment-agency.gov.uk/homeandleisure/floods/31624.aspx
[105] Flood Risk Regulations 2009, Preliminary Flood Risk Assessment for Wiltshire Council, June 2011. http://tinyurl.com/hwjsa1421
[106] Wiltshire Council Core Strategy 2006-2026 Topic Paper 1: Climate Change
[107] UKCP09 User Interface © UK Climate Projections 2009
[108] https://www.gov.uk/government/statistical-data-sets/monthly-domestic-energy-price-statistics

Food safety

The full topic report for this section can be downloaded here: tinyurl.com/hwjsa261

Introduction

The Food and Safety Team ensure compliance with food hygiene, standards and health and safety legislation. The aims and objectives of the team are to protect public health by ensuring safe and correctly labelled food, providing safer and healthier workplaces and workers and reducing infectious diseases within Wiltshire.

There are over 4,300 businesses producing and/or selling food and over 6,700 premises where the team are responsible for health and safety within Wiltshire. These range from manufacturing sites distributing food nationally and internationally; catering units in workplaces; educational establishments; MOD sites; hospitals and care homes; consumer outlets such a large leisure venues; hotels; cafés and restaurants; takeaways and mobile vendors; retail food sales; through to emerging independent craft producers supporting the local food economy.

The population of consumers to be fed in Wiltshire is significantly raised by its world heritage visitor attractions, leisure outlets such as Center Parcs at Longleat catering for a weekly turnover of 10,000 visitors, MOD sites and events and festivals such as WOMAD and Kemble Air tattoo.

An intervention strategy has been implemented to ensure that resources are prioritised, premises are offered advice and visited on a risk basis and that there is reduced burden on well-performing businesses.

Wiltshire food safety and nutrition initiatives

Initiatives based on food safety, food standards, and health and safety are designed based on intelligence, local customer needs and national projects and priorities. Two recent initiatives are described below.

Regional Sandwich Shop Initiative

In 2011, Wiltshire Council was one of 15 local authorities that participated in a regional campaign organised by the Food Standards Agency (FSA) looking at healthier options in sandwich shops. The Sandwich Shop Initiative (SSI) was a unique policy experiment to "attempt to influence food choices towards healthier options at independent sandwich shops without impacting on the bottom line".

A total of 17 shops across the South West were visited (3 within Wiltshire) and each implemented 5 healthier changes without impacting on their profits.

Lighter Indian choices - healthy eating project

The most frequently purchased traditional Indian meals are often characterised by high levels of saturated fat, salt and sugar which are linked to increasing levels of obesity. Seven Indian food businesses were involved in the project, and 11 business owners and their head chefs received training in their Indian dialect on health and nutrition. Food and Safety Officers reviewed the menus in the Indian restaurants. They gave advice on reformulation and cooking techniques to achieve maximum health benefits by reducing calorific content without compromising taste. Head chefs looked at reducing the quantity of ingredients high in saturated fats and replacing them with mono-unsaturated or polyunsaturated oils, refraining from re-frying food, reducing the quantity of salt added to rice and sauces, sweetening dishes with fruit rather than sugar and avoiding the use of food colourings.

Nutritional analysis of the best selling dishes was carried out before and after recipe re-formulation. Implementing these changes was shown to reduce the fat and calorific values by about a third.

Good feedback was received from businesses about the taste and

quality of the healthy alternative meals. The percentage of healthy alternative meals sold is hard to quantify because detailed records are not kept by the businesses. The sale of healthier options often relies on the waiter's enthusiasm when taking a customer's order. Two of the most enthusiastic owners who promoted the meals to all diners reported a viable take-up rate with repeat business based on the options available.

Challenges for consideration

The food safety team will need to continue to work in partnership with food businesses to ensure food which is produced and sold within Wiltshire is safe to eat and correctly labelled. Consumers need to be given the information and understanding to make informed choices about where and what to eat and this can be achieved by maintaining the national Food Hygiene Rating Scheme and introducing an award scheme based on nutrition. There needs to be a focus of resources on targeted, risk based and proportionate regulation with those poorest performing businesses, enabling good compliant businesses to thrive. Safer and healthier workplaces and workers can be promoted through accident investigations and interventions which reduce risk to employees and the public but also involve taking a common sense approach to health and safety. Small and medium-sized enterprises in differing sectors need supporting to comply with food safety, food standards and health and safety obligations by making it easier for people to understand and do what the law requires.

Table 12: Causes of homelessness, 2012/13

	Wiltshire	South West	England
Termination of Assured Shorthold Tenancy (AST)	31%	26%	21%
Parental evictions	16%	18%	18%
Non-violent relationship breakdown	16%	8%	6%
Rent arrears or loss of other rented or tied	8%	7%	9%
Friends or other relatives evictions	7%	10%	14%
Violent relationship breakdown	6%	11%	12%
Mortgage arrears	3%	3%	3%
Other	14%	18%	18%

Source: P1E, 2012/2013. Percentages do not sum due to independent rounding.

Economy

Wiltshire continues to have a high economic activity rate for residents aged 16-64 (79.9%) compared to other areas particularly amongst the male population (86.6%). Wiltshire benefit claimant count levels are consistently below those found in the South West and England. The claimant count amongst the young is a concern with 30.8% of all claimants falling into the 18-24 age group; this is higher than that experienced regionally and across England.

In 2012/13, 21,067 residents of Wiltshire received help from the Citizens Advice Bureau (CAB) service. They were helped with 57,903 issues and 67% of the enquiries were about debt and benefits. CAB are helping clients manage £14.4m worth of debt (£2m more than in 2011/12) and clients have had £1,266,400 of debt written off. £3.5 million in income was gained for clients, an average of £4,600 per client and £3,280,000 of this was in benefits).

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa175

Community safety

During the twelve month period up to June 2013[109], Wiltshire Police Force recorded a total of 33,363 crimes, down from 36,137 in the previous year, moving from eighth to seventh lowest nationally. The total crime rate continues to drop within Wiltshire and Swindon, with a 7.7% reduction over twelve months, equating to 2,774 fewer offences. The Force continues to record a low volume of dwelling burglaries, positioned fourth lowest nationally. There was a 3% reduction in Wiltshire, compared to a national drop of 6%, up to June 2013. There has been a reduction of 25.6% in violent crime between 2011/12 and 2012/13. There was also a 14.5% reduction in anti-social behaviour in August 2012 to July 2013 compared to the previous year.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa176

Housing

In terms of social housing stock, Wiltshire is the second largest housing authority in the South West after Bristol City Council. There are around 25,000 units of social housing in Wiltshire and there were 18,415 households on the housing register in April 2013[110] who were requesting a change of housing. However, as there are only around 2,000 lettings made each year, it is clear that social housing cannot provide the housing solution for all households on the housing register, i.e. there are around 9 households waiting for every vacancy.

During 2012/13, Wiltshire delivered 711 new affordable homes. The number of households living in temporary accommodation at the end of March 2013 was 134[111] which is an increase from 121 in March 2012. 281 people were accepted as homeless in 2012/13, which is a significant decrease from 355 in 2011/12 but is still higher than neighbouring authorities.

Transport

The number of people killed or seriously injured (KSI) in road traffic collisions in Wiltshire fell from a baseline of 389 in 1994-98 to 228 in 2012 and the overall rate of reduction is comparable to the national trend. However, this translates to a statistically significantly higher rate of KSI in Wiltshire in 2009-2011 (50.4 per 100,000 population) compared to England (41.9 per 100,000).

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa178

[109] Crime statistics, period ending June 2013, Office for National Statistics http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-june-2013/rft-table-4.xls

[110] Dept of Community Services, Wiltshire Council, April 2013.

[111] Source: CLG live table 784, 2012/13 data

Environment

Air quality in Wiltshire is predominantly good with the majority of the county having clean unpolluted air. Eight Air Quality Management Areas have been declared in urban areas due to levels of nitrogen dioxide above the recommended limits.

There are 570 private water supplies in Wiltshire supplying water to around 25,000 people. Wiltshire Council monitors private water supplies through risk based inspections and sampling to ensure the water does not pose a risk to health and to ensure they meet the required microbiological and chemical standards.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa265

Arts and culture

Culture and the arts support the wellbeing of both individuals and the whole community. In 2012/13 nearly all children (99%) had engaged in the arts in the previous year; 72% of children had visited an historic site and 73% had used a library. The percentage of children visiting museums was slightly less with 61% going to a museum or art gallery in the previous year. There is a strong relationship between participation in culture as a child and the propensity for adults to participate.

The full briefing note for this section can be downloaded here: tinyurl.com/hwjsa180

Wider determinants of health - resources

- State of the Environment report for Wiltshire and Swindon 2013: tinyurl.com/hwjsa1417
- Wiltshire Council Core Strategy 2006-2026 Submission Document: http://tinyurl.com/hwjsa107
- Air Quality Strategy for Wiltshire, 2011 – 2015, Wiltshire Council: http://tinyurl.com/hwjsa108
- Wiltshire Local Transport Plan 2011-2026 Local Transport Strategy: http://www.wiltshire.gov.uk/ltp3-strategy.pdf
- The Department for Environment, Food and Rural Affairs (Defra) noise maps (Numbers 50 - 52, 67 - 69, and 85 – 87): http://services.defra.gov.uk/wps/portal/noise
- Department for Transport 'Transport Statistics' webpage: http://www.dft.gov.uk/statistics/
- NOMIS – official labour market statistics: http://www.nomisweb.co.uk/
- Government crime statistics: https://www.gov.uk/government/collections/crime-statistics
- Local crime statistics website: street-level crime and outcomes maps and data: http://www.police.uk/
- Department of Communities and Local Government statistics relating to deprivation, fire and rescue services, housing and homelessness, local government finance, planning performance and land use: https://www.gov.uk/government/organisations/department-for-communities-and-local-government/about/statistics
- Intelligence Network:
  - Culture, Leisure and Tourism: http://www.intelligencenetwork.org.uk/culture/
  - Economy: http://www.intelligencenetwork.org.uk/economy/
  - Crime and Community Safety: http://www.intelligencenetwork.org.uk/crime-community-safety/
  - Planning and Housing: http://www.intelligencenetwork.org.uk/planning-housing/
  - Environment: http://www.intelligencenetwork.org.uk/environment/

Wider determinants of health - Outcome Frameworks summary

The following indicators from the Public Health Outcomes Framework; the NHS Outcomes Framework and the Adult Social Care Outcomes Framework have been selected as the ones most relevant to this section.

Framework	Reference	Indicator
Public Health	1.1	Children in poverty
Public Health	1.4	First-time entrants to the youth justice system
Public Health	1.5	16-18 year olds not in education, employment or training
Public Health	1.6	People with mental illness and/or learning disabilities in settled accommodation
Public Health	1.8	Employment for those with a long-term health condition
Public Health	1.10	Killed and seriously injured casualties on the roads
Public Health	1.11	Domestic abuse
Public Health	1.12	Violent crime (including sexual violence)
Public Health	1.13	Re-offending
Public Health	1.14	The percentage of the population affected by noise
Public Health	1.15	Statutory homelessness
Public Health	1.16	Utilisation of green space for exercise/health reasons
Public Health	1.17	Fuel poverty
Public Health	1.18	Social isolation
Public Health	1.19	Older people's perception of community safety
Public Health	2.7	Hospital admissions caused by unintentional and deliberate injuries in under 18s
Public Health	2.13	Proportion of physically active and inactive adults
Public Health	2.15	Successful completion of drug treatment
Public Health	3.1	Mortality attributable to particulate air pollution
Public Health	3.7	Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies
Public Health / NHS	4.4 / 1.1	Mortality from cardiovascular diseases
Public Health / NHS	4.7 / 1.2	Mortality from respiratory diseases
Public Health	4.8	Mortality from communicable diseases
Public Health	4.15	Excess winter deaths
Adult Social Care	1.E	Adults with learning disabilities in paid employment
Adult Social Care	1.F	Adults in contact with secondary mental health services in paid employment
Adult Social Care	1.G	Adults with learning disabilities who live in their own home or with their family.
Adult Social Care	1.H	Adults in contact with secondary mental health services who live independently

Resources

Geographical boundaries

The full resources section for geographical boundaries can be downloaded here: tinyurl.com/hwjsa181

Figure 33: Wiltshire's 20 Community Areas

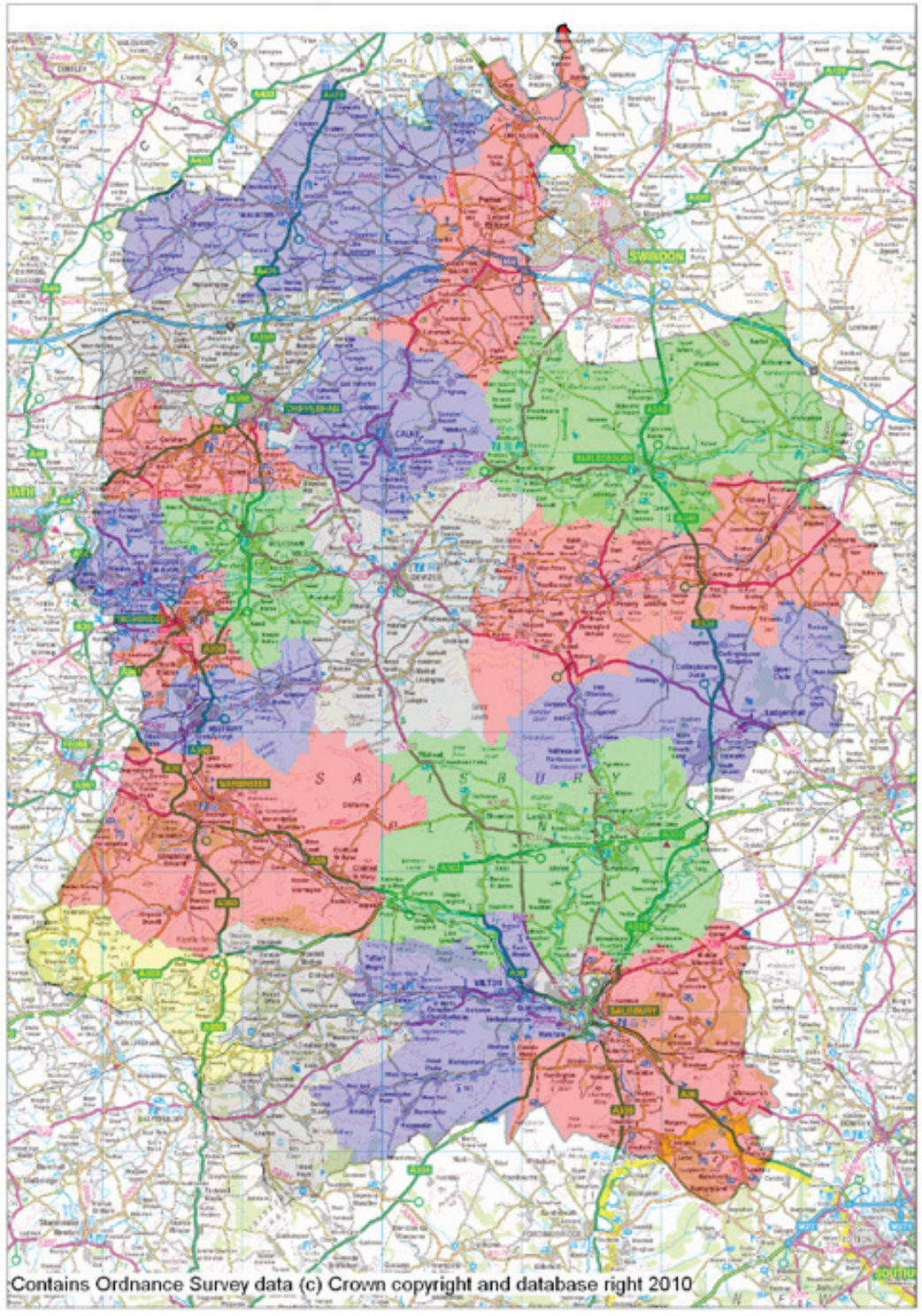
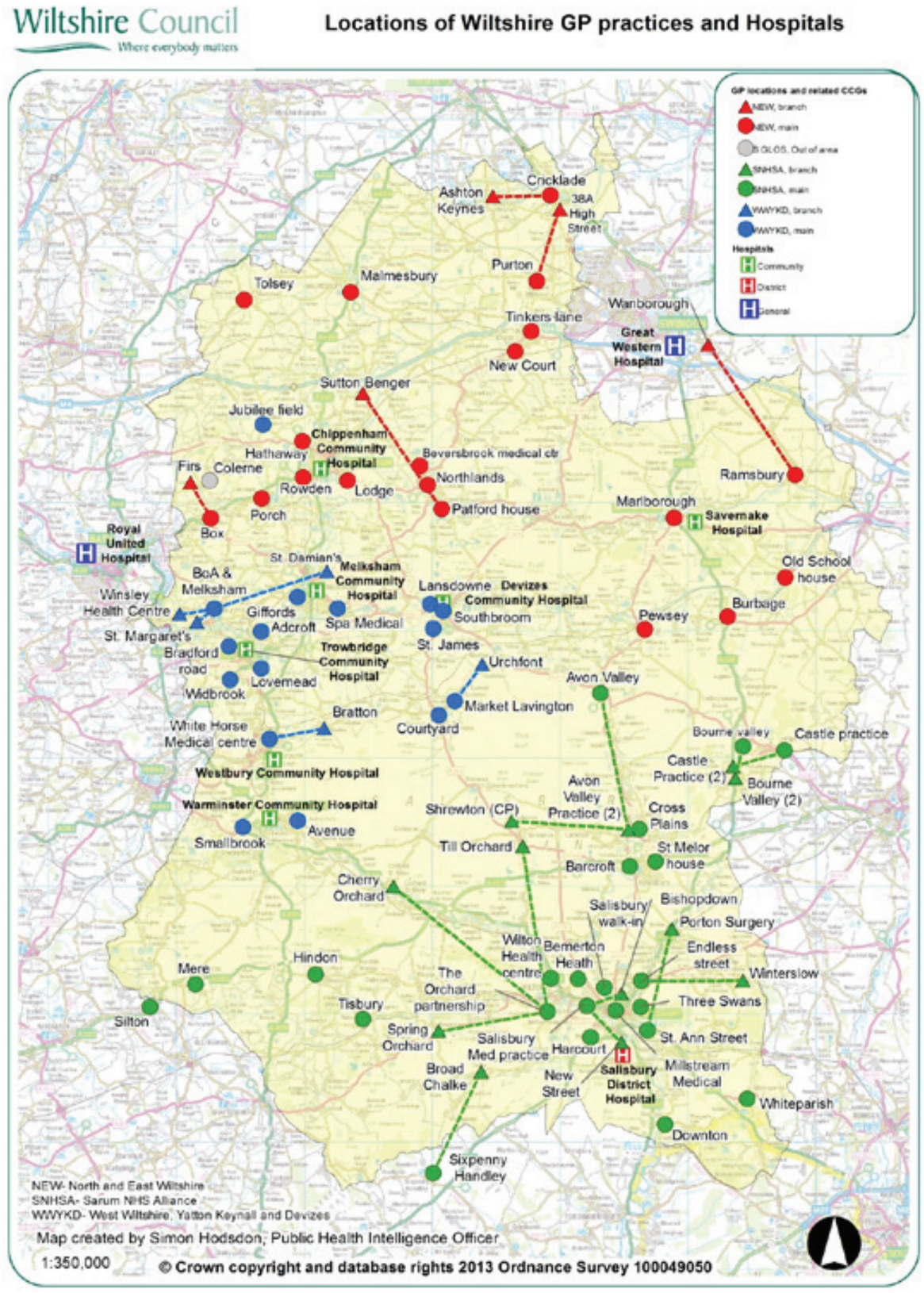


Figure 34: Wiltshire's hospitals and GP practices



Deprivation

The full resources section for deprivation can be downloaded here: tinyurl.com/hwjsa182

The Indices of Deprivation 2010 (ID 2010) were released on 24 March 2011 and update the indices previously presented in 2000, 2004 and 2007.

The ID 2010 comprises:

- The Index of Multiple Deprivation (IMD 2010)
- 7 Domains indices of deprivation (including health and disability)
- 2 income sub-domains (children / older people)

Wiltshire is ranked as the 245th most deprived area out of 326 in England according to the average of ranks summation method. Overall, Wiltshire is relatively more deprived (compared to the rest of England) in 2010 than it was in 2007. This is shown by the average IMD ranking falling from 23,814 to 22,229, which equates to the second least deprived quintile in England.

In 2010, Salisbury St Martin (central) has replaced Trowbridge John of Gaunt (Studley Green) as the most deprived lower super output area (LSOA) in Wiltshire.

In 2010, there are 5 Wiltshire LSOAs in the most deprived 20% nationally (compared to only 3 in 2007):

- Salisbury St Martin (Central)
- Trowbridge Adcroft (Seymour)
- Trowbridge John of Gaunt (Studley Green)
- Salisbury Bemerton (west)
- Salisbury Bemerton (south)

Salisbury St Martin – central remains the most deprived Wiltshire LSOA in the health and disability deprivation domain.

IMD scores have been adjusted to take account of the new configuration of LSOAs introduced for the 2011 Census. The adjusted IMD scores for 2011 do not change the order of the 20 most deprived LSOAs in Wiltshire nor the number of Wiltshire LSOAs in the 20% most deprived nationally.

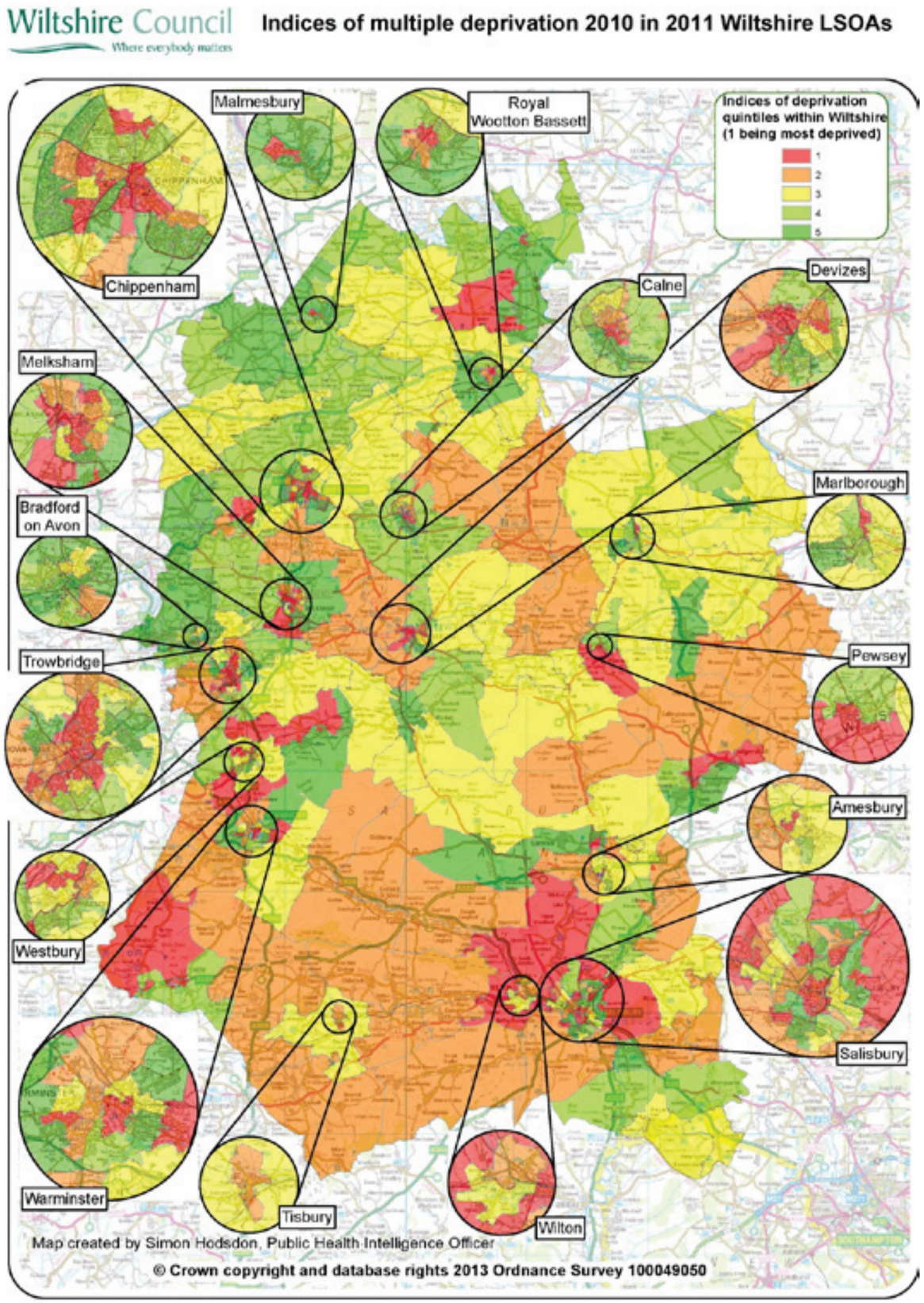
Figure 34 shows Wiltshire's LSOAs split into quintiles based on their overall IMD deprivation ranking according to the 2011 Census LSOA adjusted scores.

Further information

English indices of deprivation: www.gov.uk/government/collections/english-indices-of-deprivation

Wiltshire data and a report can be downloaded from the Wiltshire Intelligence network: http://www.intelligencenetwork.org.uk/community/?opentab=1

Figure 35: Wiltshire 2011 Census LSOAs by Wiltshire IMD 2010 quintiles



Source: DCLG/PHE, ID 2010

Mosaic

The full resources section for Mosaic can be downloaded here: tinyurl.com/hwjsa183

Introduction

Mosaic Public Sector is a geo-demographic segmentation system, similar to those widely used in the commercial world, which help organisations to understand the needs, motivations and requirements of customers. Mosaic classifies and describes populations in more rounded terms than pure demographic data, and at fine levels of geography, down to household level within Wiltshire. It includes data on criminal justice, education, the environment, health, etc. Mosaic helps organisations to understand current and future service demand, allowing organisations to:

- anticipate and plan future resource requirements,
- understand needs of customers and local areas optimising resource allocation,
- target resources to facilitate entitlement and enrolment,
- develop personalised communications to change behaviour and improve service adoption.

How Mosaic works

Although every household has its own unique characteristics, there are features that bind groups of households together. Mosaic Public Sector conducts a complex analysis of 440 data items to identify natural groupings that exist within the population. These groupings form the basis of Mosaic's 69 types, which are arranged in 15 groups. Every household within Wiltshire is assigned to one of these types. With so many data items included in the modelling process, it is unlikely that every household will match all of its type's average values. What it does mean, though, is that the majority of the type's population is more likely to reflect the characteristics of its assigned type than those of any other type.

Primary research

The full resources section for primary research can be downloaded here: tinyurl.com/hwjsa186

Public services in Wiltshire regularly consult with the public and stakeholders on a range of issues and use research to inform evidence-based decision making.

Regular Wiltshire public surveys

- People's Voice - a standing panel of approximately 6,000 Wiltshire residents aged 18 plus which looks into satisfaction with services as well as residents' perceptions on a wide range of aspects of living within Wiltshire.
- Carers' Voice – a standing panel to seek people's views on the issues and services that affect them in their role as carers.
- Tomorrow's Voice - a series of regular questionnaires surveying young people in Wiltshire via secondary schools and colleges.

What Matters to you? survey

The first survey was carried out in December 2011 inviting Wiltshire residents to comment on a range of topics that affect life where they live. This included lifestyles and health and the report 'What you told us – health and lifestyles snapshot' presents a selection of the key results: http://tinyurl.com/hwjsa109. The 2013/14 survey is currently underway and results should be available on http://www.intelligencenetwork.org.uk/consultation/ from March 2014.

Health related behaviour survey

The latest in the series of Health Related Behaviour Surveys in Wiltshire took place in 2011. For Wiltshire's young people these surveys produce the most detailed and reliable profile of their life at home, at school/college, and with their friends. This information is used, alongside other data, to identify local health priorities and inform planning of local service delivery. http://www.wiltshirehealthyschools.org/partnership-projects/wiltshire-health-related-behaviour-survey/

Vulnerable families survey

In October 2010, NHS Wiltshire conducted a Vulnerable Families Survey by asking Health Visitors to complete a survey form on every family in their caseload. They were asked to report on 34 different factors and data was collected on almost 20,000 families. http://tinyurl.com/hwjsa110

Wiltshire local pharmaceutical services public survey

To inform the NHS Wiltshire's pharmaceutical needs assessment (PNA)[112] a local pharmaceutical services public survey was carried out in 2010. 2,484 surveys were return providing an insight into people's use and need for pharmaceutical services.

http://tinyurl.com/hwjsa111

National Patient Survey

The National GP Patient Survey is carried out annually, with patients asked a range of questions that assess their experiences of using GP services in Wiltshire.

Finance

The full resources section for finance can be downloaded here: tinyurl.com/hwjsa187

Cost effectiveness and return on investment of public health interventions

The Local Government Association produced a briefing[113] for councillors and officers that explains the importance of assessing value for money in helping local authorities fulfil their public health responsibilities.

In the 21st century, a huge burden of ill-health is avoidable. But when considering the cost of illness it is not just the bill for the treatment and care that should be taken into account. The economic consequences of premature death and preventable illness are considerable too. These can include loss of productivity in the workplace and the cost of crime and antisocial behaviour.

In terms of cost-effectiveness, this requires local authorities to provide advice to local partners about what works as well as prioritising spending on their own public health initiatives.

The National Institute for Health and Care Excellence (NICE) has been responsible for assessing public health interventions since 2005. Up to 2012 it principally based its calculation on a method known as cost-utility analysis. This considers someone's quality of life and the length of life they will gain as a result of an intervention.

However, NICE has now further refined its approach to produce a more wide-ranging assessment process for public health. It has done this by also placing emphasis on cost-consequences and cost-benefit analyses. These methods consider all the health and non-health benefits of an intervention across different sectors. It includes direct costs, including health, care and transportation, indirect costs, such as productivity losses and criminal justice expenditure, and intangible costs related to improvements to an individual's quality of life.

In 2012, NICE analysed 200 public health interventions ranging from smoking cessation to exercise on prescription. Their effectiveness was compared against a control. This included measures such as the background quit rate for smoking interventions, standard treatments or in some cases no intervention at all. Thirty were found to be cost-saving, 141 were deemed good value for money – in other words they cost less than £20,000 per quality adjusted life-year (QALY) - while seven fell into the £20,000 to £30,000 per QALY range. The rest were deemed not to provide value for money or to actually cost more than they saved. Overall, NICE found the interventions aimed at a whole population, such as mass-media campaigns to promote healthy eating or legislation to reduce young people's access to cigarettes, were the most cost effective. Many of the interventions targeted at disadvantaged groups, such as interventions to reduce substance misuse among vulnerable young people or to help people return to work following long-term sickness absence, were less cost-effective although still met the value for money criteria.

[112] Wiltshire's Pharmaceutical Needs Assessment, Wiltshire Pharmaceutical Services Steering Group. Public Health, NHS Wiltshire, January 2011. http://tinyurl.com/hwjsa316

[113] Money well spent? Assessing the cost effectiveness and return on investment of public health interventions, Local Government Association, November 2013. www.local.gov.uk

Programme Budgeting - introduction

Commissioners use intelligence and information to better understand current patterns of provision, and to identify opportunities for improving services. Programme Budgeting is a well established technique for assessing investment in health programmes rather than services.

No causal relationship between spend and outcome can be inferred from the data presented here. The limitations of both the Programme Budget data and outcome data need to be considered. The coverage of outcome measures varies across programmes; for some outcome measures may encompass the whole programme, for others they may only cover part of a programme. The analysis is intended to raise questions which can be investigated further using the quantitative and qualitative outcome data available locally.

The Department of Health commissions Public Health England to provide a tool which helps commissioners to link health outcomes and expenditure. This includes production of a Spend and Outcome Factsheet for every CCG in England[114].

Programme Budgeting – 2012/13 analysis

The data relates to the Primary Care Trust, NHS Wiltshire which ceased to exist on 1st April 2013. Therefore, this data is not representative of the new commissioning responsibilities of NHS Wiltshire Clinical Commissioning Group.

NHS Wiltshire PCT spent £1,689 per head on healthcare in 2012/13. The average for PCTs with similar socio-economic backgrounds (the ONS 'cluster') was £1,761.

Nationally, the four programmes with the highest expenditure were mental health, problems of circulation, cancers and tumours and problems of the musculo-skeletal system. NHS Wiltshire's (PCT) spend is below the cluster average on mental health; circulatory and cancer and tumour programmes, and is a little higher (7.5%) than the cluster on musculo-skeletal problems.

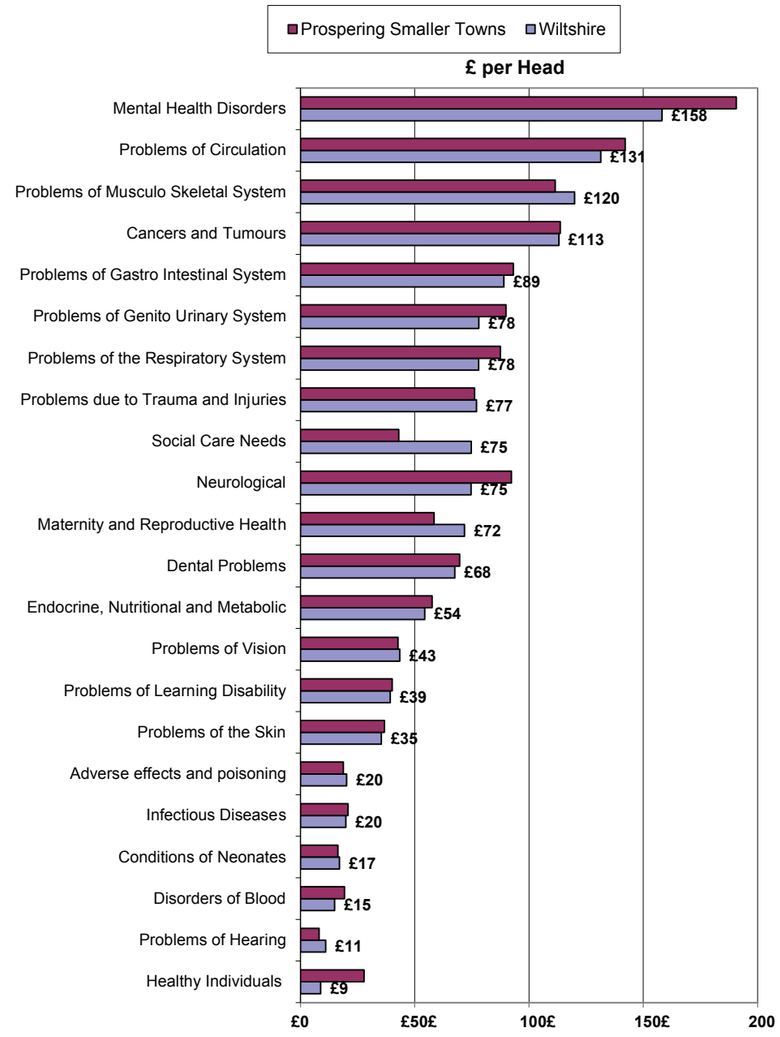
NHS Wiltshire (PCT) spent more on social care needs (+74%); problems of hearing (+36%); and maternity and reproductive health (+42%) than the cluster. However, it spent less on healthy individuals (-68%); disorders of the blood (-23%); neurological conditions (-19%) and mental health disorders (-17%) than the cluster.

NHS Wiltshire (PCT) spent only 1.5% (£26 per head) of all spending on prevention and health promotion. This is a substantial drop on the 2011-12 data and further investigation is required to understand why this has happened. Wiltshire now has a smaller percentage and amount than the cluster (2.4%, £42), the South West (2.1%, £38) or England (2.8%, £49).

NHS Wiltshire (PCT) spent more on elective and daycase inpatient care (13.0%, £219) and less on non-health and social care settings (2%, £33) than the cluster, South West and England. The spending on the latter has more than doubled since the previous year.

[114] tinyurl.com/hwjsa318

Figure 36: Expenditure by programme



Source: Department of Health Programme Budgeting data

Figure 36 shows the expenditure per head in Wiltshire compared to a group of statistical similar places (the ONS 'cluster').

Outcomes Frameworks

The full resources section for outcomes frameworks can be downloaded here: tinyurl.com/hwjsa189

The Public Health Outcomes Framework (PHOF) for England, 2013-2016[115] outlines the overarching vision for public health "to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest. See figure 36 for an 'at a glance' view of the indicators.

The National Institute for Health and Clinical Excellence (NICE) has published a briefing[116] which links NICE guidance relevant to over 40 of the PHOF indicators and shows how it can help local authorities tackle their public health priorities. http://publications.nice.org.uk/phb5

The Adult Social Care Outcomes Framework[117] (ASCOF) is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. See figure 37 for an 'at a glance' view of the Framework and indicators.

The NHS Outcomes Framework[118] sets out how the improvement of healthcare outcomes for all will be the primary purpose of the NHS. See figure 38 for an 'at a glance' view of the Framework and indicators.

An interactive PHOF data tool presents data for available indicators at England and upper tier local authority levels: http://www.phoutcomes.info/. A dedicated website to present ASCOF data was launched in November 2013: http://ascof.hscic.gov.uk/Outcome/817/. Data from the NHS Outcomes Framework indicators, from the ASCOF indicators and for some PHOF indicators is available via the Health and Social Care Information Centre (HSCIC) Indicator Portal: https://indicators.ic.nhs.uk/webview/

The Children and Young People's Health Benchmarking Tool[119] is being developed in response to the recommendations of the Children and Young People's Health Outcome Forum[120]. The proposed range of indicators is designed to measure health outcomes in children and young people. Currently, these are drawn from the Public Health Outcomes Framework and the NHS Outcomes Framework. http://fingertips.phe.org.uk/profile/cyphof

The Clinical Commissioning Group Outcomes Indicator set (CCGOIS) measures the health outcomes and quality of care (including patient reported outcome measures and patient experience) achieved by clinical commissioning groups: http://www.england.nhs.uk/ccg-ois/.

The Quality and Outcomes Framework (QOF) is a voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. The QOF contains groups of indicators, against which practices score points according to their level of achievement. http://www.nice.org.uk/aboutnice/qof/qof.jsp. QOF data is available from the HSCIC: http://www.hscic.gov.uk/qof and a Wiltshire summary (including Practice level data) is also available.

[115] Healthy Lives, Healthy People: Improving outcomes and supporting transparency, Department of Health, January 2012
[116] NICE guidance and public health outcomes, National Institute of Health and Clinical Excellence (NICE), October 2012. http://publications.nice.org.uk/phb5
[117] The Adult Social Care Outcomes Framework 2014/15, Department of Health, November 2013.
[118] NHS Outcomes Framework 2014/15, Department of Health, 2013. https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015
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[120] Report of the Children and Young People's Health Outcomes Forum, July 2012. tinyurl.com/hwjsa310

Public Health Outcomes Framework

The Public Health Outcomes Framework focuses on the two high level outcomes:

- increased healthy life expectancy,
- reduced differences in life expectancy and healthy life expectancy between communities.

To understand how well health is being improved and protected these outcomes are complemented by 66 indicators, many with multiple parts. These indicators are grouped into four domains:

- improving the wider determinants of health,
- health improvement,
- health protection,
- healthcare public health and preventing premature mortality.

An interactive data tool was launched in autumn 2012 and presents data for available indicators at England an upper tier local authority levels: http://www.phoutcomes.info/

This tool contains annual data for the baseline year of 2010/11 and more recent annual data where available. The tool is refreshed every 3 months with new data, revised data and data breakdowns and additional functionality has also been added. Sometimes there may be more recent data available (nationally or locally) which could lead to conflicting messages about outcomes.

In the tool, Wiltshire can be compared against the England figure and against other authorities in the South West, the Avon, Gloucestershire and Wiltshire Public Health England centre or ONS classification.

The PHOF website also includes profiles[121] for Wiltshire which include spine charts for each domain and 'tartan rugs' statistically comparing each area in the South West with England. These have been colour coded red, amber, green for easy interpretation. There are also summary charts for each indicator showing the ranking of Wiltshire and other South West authorities and inequalities information for England (not Wiltshire).

A Public Health Outcomes Framework page has been created on the Intelligence Network to host relevant information, data and reports: www.intelligencenetwork.org.uk/health/public-health-outcomes-framework.

[121] http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=55724&type=full&servicetype=Attachment

Public Health Outcomes Framework 2013–2016
At a glance

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.
** Complementary to indicators in the NHS Outcomes Framework
† Indicator shared with the Adult Social Care Outcomes Framework
†† Complementary to indicators in the Adult Social Care Outcomes Framework
Indicators in italics are placeholders, pending development or identification

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

1.1 Children in poverty
1.2 School readiness
1.3 Pupil absence
1.4 First time entrants to the youth justice system
1.5 16-18 year olds not in education, employment or training
1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation† *(ASCOF 1G and 1H)*
1.7 People in prison who have a mental illness or a significant mental illness
1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services **(i-NHSOF 2.2) †(ii-ASCOF 1E) **(iii-NHSOF 2.5) †† (iii-ASCOF 1F)*
1.9 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse
1.12 Violent crime (including sexual violence)
1.13 Re-offending levels
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise / health reasons
1.17 Fuel poverty
1.18 Social isolation † *(ASCOF 1I)*
1.19 Older people's perception of community safety †† *(ASCOF 4A)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

2.1 Low birth weight of term babies
2.2 Breastfeeding
2.3 Smoking status at time of delivery
2.4 Under 18 conceptions
2.5 Child development at 2 – 2 ½ years
2.6 Excess weight in 4-5 and 10-11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
2.8 Emotional well-being of looked after children
2.9 *Smoking prevalence – 15 year olds (Placeholder)*
2.10 Self-harm
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Successful completion of drug treatment
2.16 People entering prison with substance dependence issues who are previously not known to community treatment
2.17 Recorded diabetes
2.18 Alcohol-related admissions to hospital
2.19 Cancer diagnosed at stage 1 and 2
2.20 Cancer screening coverage
2.21 Access to non-cancer screening programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

3.1 Fraction of mortality attributable to particulate air pollution
3.2 Chlamydia diagnoses (15-24 year olds)
3.3 Population vaccination coverage
3.4 People presenting with HIV at a late stage of infection
3.5 Treatment completion for TB
3.6 Public sector organisations with board approved sustainable development management plan
3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

4.1 Infant mortality* *(NHSOF 1.6i)*
4.2 Tooth decay in children aged 5
4.3 Mortality rate from causes considered preventable ** *(NHSOF 1a)*
4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* *(NHSOF 1.1)*
4.5 Under 75 mortality rate from cancer* *(NHSOF 1.4i)*
4.6 Under 75 mortality rate from liver disease* *(NHSOF 1.3)*
4.7 Under 75 mortality rate from respiratory diseases* *(NHSOF 1.2)*
4.8 Mortality rate from communicable diseases
4.9 Excess under 75 mortality rate in adults with serious mental illness* *(NHSOF 1.5)*
4.10 Suicide rate
4.11 Emergency readmissions within 30 days of discharge from hospital* *(NHSOF 3b)*
4.12 Preventable sight loss
4.13 Health-related quality of life for older people
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia * *(NHSOF 2.6i)*

Figure 37: Overview of outcomes and indicators for The Public Health Outcomes Framework for England, 2013-2016

At a glance

1 Enhancing quality of life for people with care and support needs

Overarching measure

1A. Social care-related quality of life ** (NHSOF 2)

Outcome measures

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.
1B. Proportion of people who use services who have control over their daily life

New definition for 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life.
1D. Carer-reported quality of life ** (NHSOF 2.4)

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.
1E. Proportion of adults with a learning disability in paid employment ** (PHOF 1.8, NHSOF 2.2)
1F. Proportion of adults in contact with secondary mental health services in paid employment ** (PHOF 1.8, NHSOF 2.5)
1G. Proportion of adults with a learning disability who live in their own home or with their family * (PHOF 1.6)
1H. Proportion of adults in contact with secondary mental health services living independently, with or without support * (PHOF 1.6)
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. * (PHOF 1.18)

2 Delaying and reducing the need for care and support

Overarching measures

2A. Permanent admissions to residential and nursing care homes, per 100,000 population

Outcome measures

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services * (NHSOF 3.6i-ii)

New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.

Placeholder 2E: The effectiveness of reablement services

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

2C. Delayed transfers of care from hospital, and those which are attributable to adult social care

Placeholder 2F: Dementia – A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life *(NHSOF 2.6ii)*

3 Ensuring that people have a positive experience of care and support

Overarching measure

People who use social care and their carers are satisfied with their experience of care and support services.

3A. Overall satisfaction of people who use services with their care and support
3B. Overall satisfaction of carers with social services
New measure for 2014/15: 3E. Improving people's experience of integrated care ** (NHS OF 4.9)

Outcome measures

Carers feel that they are respected as equal partners throughout the care process.

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3D. The proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Overarching measure

4A. The proportion of people who use services who feel safe ** (PHOF 1.19)

Outcome measures

Everyone enjoys physical safety and feels secure.
People are free from physical and emotional abuse, harassment, neglect and self-harm.
People are protected as far as possible from avoidable harm, disease and injuries.
People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4B. The proportion of people who use services who say that those services have made them feel safe and secure

Placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe

Aligning across the Health and Care System

** Indicator shared*
*** Indicator complementary*

Shared indicators: The same indicator is included in another outcomes framework, reflecting a shared role in making progress
Complementary indicators: A similar indicator is included in another outcomes framework and these look at the same issue

Figure 38: Adult Social Care Outcomes Framework

Figure 39: NHS Outcomes Framework

Wiltshire Intelligence Network

The full resources section for the Intelligence Network can be downloaded here: tinyurl.com/hwjsa188

The Wiltshire Intelligence Network is hosted by Wiltshire Council and consists of a number of key organisations who collect and analyse local level data. These include Wiltshire Police, Wiltshire Fire and Rescue Service, Wiltshire Wildlife Trust and NHS Wiltshire CCG. The information on the Intelligence Network is used for the development of local strategies, funding applications and local decision making. The Intelligence Network aims to improve access to information about Wiltshire by providing a single location where local data and reports on a wealth of topics can be accessed. These topics include:

- Consultations - Results from a number of key, regular public consultations.
- Local Area Profiles - Local profiles for the Wiltshire County Community Areas including the Community Area Joint Strategic Assessments.
- Population and Census - Population and 2011 Census data and reports.
- Health and Wellbeing – Joint Strategic Assessment for Health and Wellbeing in Wiltshire; plus assessments of children and young people's needs and information on adults and older people requiring care.
- Education and Skills - School and college achievement information.
- Economy - Strategic Economic Assessments and other key data and reports.
- Crime and Community Safety - Data and reports relating to crime and community safety in Wiltshire.
- Community - Lifestyles, deprivation, rural services and the military presence.
- Planning and Housing - The local planning and housing evidence base.
- Transport and Communications - Information from the Local Transport Plan; broadband provision in Wiltshire and mobile phone coverage.
- Environment, Climate Change, Waste and Recycling - Local and regional information relating to environmental issues.
- Culture, Leisure and Tourism - Information on Wiltshire and the South West.
- Maps - a number of geographic and thematic maps, available to download.
- The Public Health Intelligence news page provides monthly updates on public health intelligence in Wiltshire and items of interest from national publications.

Statistical guide

The full resources section for the statistical guide can be downloaded here: tinyurl.com/hwjsa210

Rates

The most basic measure used in public health is the count. This may be a count of events such as deaths or admissions to hospital, or a count of people with a particular attribute such as people who smoke. This count itself is essential information for planning the health services for prevention and/or treatment.

However, to properly investigate the distribution of disease and risk factors and to make comparisons between different populations, the denominator population or population years at risk in which the count was observed must also be taken into consideration. The simplest way of doing this is to divide the numerator count by the denominator population to give a proportion, percentage or (crude) rate.

$$\text{Crude rate} = \frac{\text{Count (numerator)}}{\text{Population (denominator)}} \times 100 \text{ or } 1{,}000 \text{ or } 100{,}000$$

Disease, mortality and other rates may vary widely by age (and gender). Such variation complicates any comparisons made between two populations that have different age (and gender) structures. To overcome this, standardised rates can be used. There are two types of standardised rates; direct and indirect.

Directly (age) standardised rates (DSRs) apply age-specific rates from the population being studied to a standard population structure, usually the European Standard Population. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile. The main advantage of DSRs is that they allow comparisons between multiple populations and between time periods. However, if the age-specific rates are based on small numbers, DSRs may not be reliable and in some cases the data may not broken down by age at all.

Indirectly (age) standardised rates (ISRs) apply age-specific rates from a reference population structure (often the relevant national population) to the age structure of the chosen population to give an expected number of events. The expected number is then compared to the actual overall number of events in the population being studied. The result is usually expressed as a ratio (observed/expected). Common examples are the standardised mortality ratio (SMR) and standardised admissions ratio (SAR). Usually the ratio is multiplied by 100 for ease of interpretation. Values less than 100 are lower than expected and values more than 100 are higher than expected. ISRs have the advantage of only needing the total number of observed events in the study population to be known. However, ISRs cannot usually be used to compare between multiple areas or between time periods.

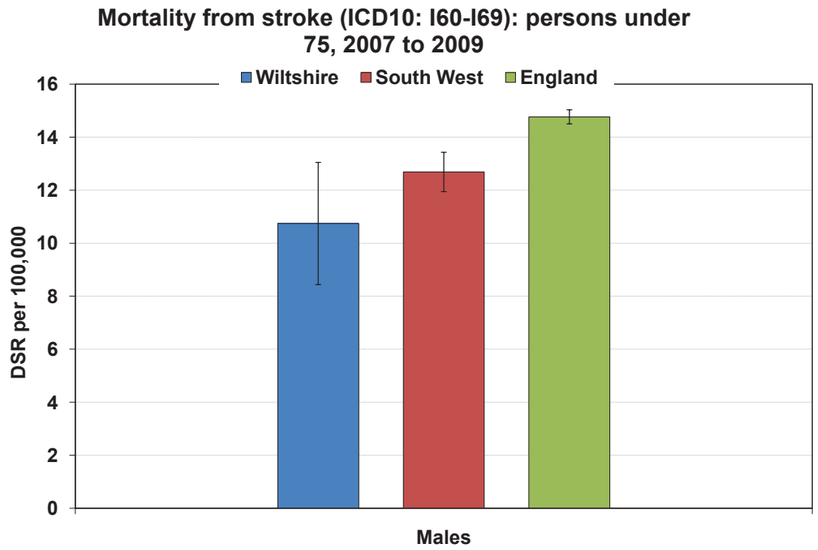
For information on rates and confidence intervals please see Technical briefing 3 produced by the Association for Public Health Observatories (now part of Public Health England).

Confidence intervals

A point estimate is a single value that serves as the best estimate of the true value of a measured characteristic in a population (in figure 40 the peak of each bar). Confidence intervals are used to measure the imprecision in estimates. They can be displayed graphically as error bars. Their size depends on the size of the population of interest, the degree of variability in the health indicator and the required level of confidence, normally 95%.

Significance is a statistical term that describes the probability that the difference or relationship observed truly exists and is not due to chance. Figure 40 shows an example of where confidence intervals do not overlap (Wiltshire and England) and therefore, the difference is statistically significant. Where confidence intervals do overlap a statistical test is required to determine significance. However, if the point estimate of one falls within the confidence interval of the other, then the difference is not significant (Wiltshire and the South West in figure 40).

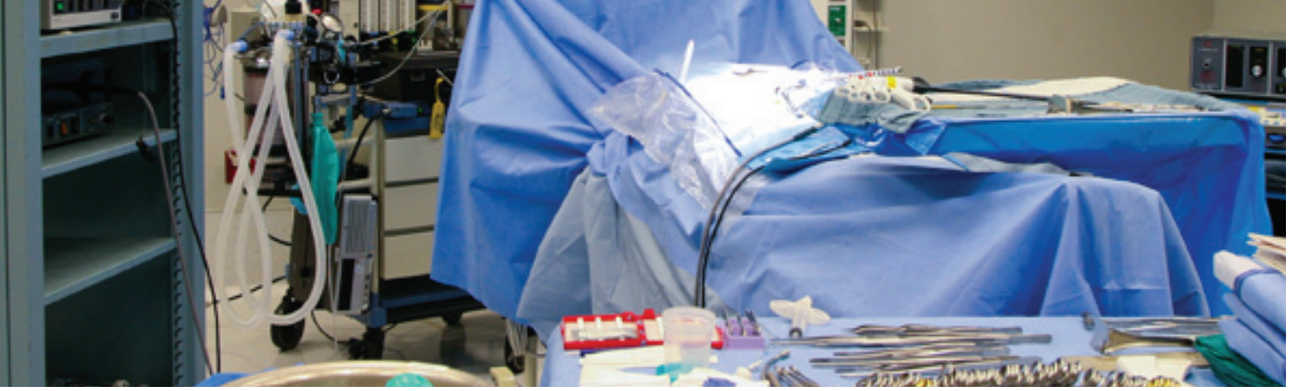
Figure 40: Mortality data with confidence intervals



Source: The NHS Information Centre for health and social care.

Sample size

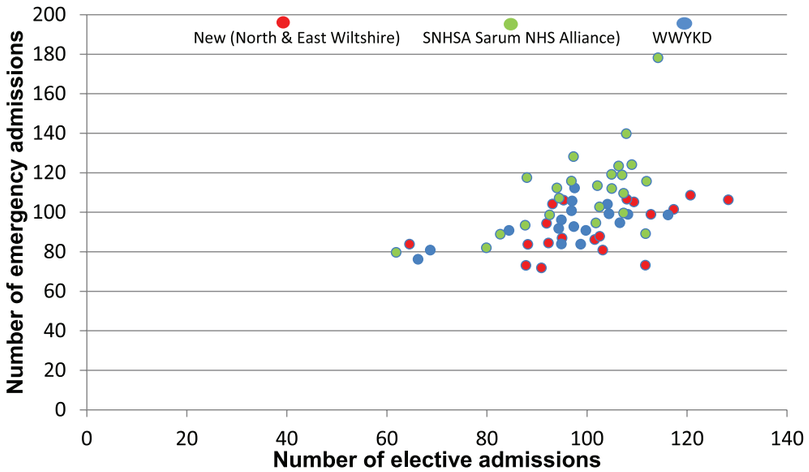
A smaller population means that it is more likely that random variation within that population may account for an estimate. In figure 40, Wiltshire's confidence intervals are much wider than for the South West or England. This reflects Wiltshire's much smaller population size.



Association and causation

Scatter plots show the level of correlation between the two indicators of interest. For example, when comparing elective and emergency admissions the pattern is as shown in figure 41.

Figure 41: Scatter plot showing correlation



The scatter plot reveals that at GP practice level there is evidence of a positive relationship between elective and emergency admissions. This is shown by the positive diagonal clustering of GP practices on the scatter plot. As elective admissions increase across GP practices an increase in emergency admissions is observed.

The scatter plots do not imply that one of the indicators is directly causing or influencing the other. It may be that other variables are not accounted for in the analysis and it is these that explain the association. Scatter plots are intended to provide a tool to reveal such correlations only, and provide the basis for further investigation or analysis.

Further information

The Association of Public Health Observatories (APHO) produced a number of technical briefings which are practical, "how to" guides, designed to support health practitioners and analysts, and to promote the use of public health intelligence in decision making. http://www.apho.org.uk/default.aspx?RID=39306

They include:

- Commonly Used Public Health Statistics and their Confidence Intervals: http://www.apho.org.uk/resource/item.aspx?RID=48457
- Statistical process control methods in public health intelligence: http://www.apho.org.uk/resource/item.aspx?RID=39445

Glossary and abbreviations

The glossary and abbreviations section can be downloaded as a separate document here: tinyurl.com/hwjsa190

AAA	Abdominal aortic aneurysm
AAACM	All age all-cause mortality
ACS	Ambulatory care sensitive
ADHD	Attention deficit-hyperactivity disorder
Alcohol attributable/related admissions or deaths	Cases (admissions or deaths) where the underlying cause was a condition thought to be directly or indirectly attributable to excessive alcohol consumption. This takes into account the fact that for many conditions excessive alcohol consumption is known to be a contributory factor to some, but not all, cases.
Alcohol specific admissions or deaths	These cases (admissions or deaths) are a subset of all alcohol attributable / related cases, and cover cases relating to conditions such as acute alcohol poisoning or alcoholic liver disease or alcoholic cardiomyopathy, where excessive alcohol consumption is a contributory factor in all cases.
APHO	Association of Public Health Observatories
APMS	Adult Psychiatric Morbidity Survey
AQMA	Air Quality Management Areas
ASCOF	Adult Social Care Outcomes Framework
ASD	Autistic spectrum disorder
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BCC	Basal cell carcinoma
BME	Black and minority ethnic
BMI	Body mass index
CAB	Citizens Advice Bureau
CCG	Clinical Commissioning Group
CCGOIS	Clinical Commissioning Group Outcomes Indicator set
CHIMAT	Child and Maternal Health Observatory
CMD	Common mental disorder
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 will 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.
COPD	Chronic obstructive pulmonary disease
CP	Cerebral Palsy
CVD	Cardiovascular disease
DCLG	Department for Communities and Local Government
Defra	Department for Environment, Food and Rural Affairs
DfE	Department for Education
DSR	Directly standardised rate
Elective admission	A planned admission to hospital
Emergency admission	An unplanned admission to hospital
ENT	Ear, nose and throat
FSA	Food Standards Agency
GP	General Practitioner
HCAI	Health Care Acquired Infections

Healthy Child programme	Government programme designed to "give all children a healthy start to life"
HIV	Human immunodeficiency virus
HMP	Her Majesty's Prison
HMRC	Her Majesty's Revenue and Customs
HNA	Health Needs Assessment
HPV	Human Papilloma Virus
HSCIC	Health and Social Care Information Centre
ICD10	International statistical classification of diseases and related health problems (10th version)
ID	Indices of deprivation
IMD	Index of Multiple Deprivation – Combines a range of indicators into a single deprivation score, including social and economic measures and a measure for "Health Deprivation and Disability". These measures may be used individually, or can be combined to rank areas relative to each other so that comparisons can be made.
ILF	Independent Living Fund
Incidence	The rate at which new cases of a disease occur.
ISR	Indirectly standardised rate
JSA	Joint Strategic Assessment
JSA HW	Joint Strategic Assessment for Health and Wellbeing
JSNA	Joint Strategic Needs Assessment
KSI	Killed or seriously injured
LAC	Looked After Children - children in public care, who are placed with foster carers, in residential homes or with parents or other relatives.
LRTI	Lower respiratory tract infection
LSOA , SOA	Lower level super output area - a new geographic hierarchy designed to improve the reporting of small area statistics
MCI	Military Civilian Integration (Partnership)
MHNS	Mental health nurse specialist
MMR	Measles, mumps and rubella (vaccine)
MOD	Ministry of Defence
Morbidity	A diseased state, disability, or poor health
Mortality	The condition of being mortal, or susceptible to death
Mosaic	Socio-demographic segmentation tool based on lifestyle data. Mosaic aims to segment the population into a number of distinct groups where the members share similar characteristics.
MOT	Ministry of Transport
MQPL	Measuring the Quality of Prison Life (survey)
MRSA	Methicillin-resistant staphylococcus aureus
MS	Multiple sclerosis
MSM	Men who have sex with men
NCIN	National Cancer Intelligence Network
NCMP	National Child Measurement Programme
NDTMS	National Drug Treatment Monitoring System
NEET	Young people not in education, employment and training
NHS	National Health Service
NHS Wiltshire CCG	Clinical Commissioning Group for Wiltshire GP practices
NICE	National Institute for Health and Clinical Excellence
NMSC	Non-melanoma skin cancers
NSF	National Service Framework
Obese	Body mass index of over 30 (adults)
OCU	Opiate and/or crack user
Ofsted	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
Overweight	Body mass index 25-30 (adults)
PANSI	Projecting Adult Needs and Service Information System
PCT	Primary Care Trust
PE	Physical education
Personal Independence Payments	A new benefit payment replacing Disability Living allowance in April 2013 for eligible working age people aged 16 to 64
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical needs assessment
POPPI	Projecting Older People Population Information
Prevalence	The proportion of a population who have a disease.
PROMs	Patient reported outcome measures
PTSD	Post traumatic stress disorder
QALY	Quality adjusted life-year
QOF	Quality and Outcomes Framework (indicator)
Quintile	A fifth or 20% of the total or more formally any of five equal groups into which a population can be divided according to the distribution of values of a particular variable
RAF	Royal Air Force
SAR	Standardised admissions rate or ratio
SCC	Squamous cell carcinomas
SEN	Special educational needs
SEND	Special Educational Needs and Disability service
SFA	Service family accommodation
SLA	Single living accommodation
SMR	Standardised mortality ratio
SSI	Sandwich Shop Initiative
STI	Sexually transmitted infection
TB	Tuberculosis
Tomorrow's Voice	Annual secondary school survey in Wiltshire
Troubled Families	Families are characterised by there being no adult in the family working, children not being in school and family members being involved in crime and anti-social behaviour
UK NSC	United Kingdom National Screening Committee
Universal Credit	Universal Credit is a new single payment for people who are looking for work or on a low income
Vital Statistics	Office for National Statistics publication of statistics relating to births and deaths.
Ward	Electoral and administrative boundary. These were in existence alongside the 4 district councils for Wiltshire and have been superseded by electoral divisions for Wiltshire Council.
Welfare Reform Act 2012	Legislation to introduce a number of wide-ranging changes to the benefits and tax credits system
WHO	World Health Organisation
Wiltshire Council	Unitary council formed 1st April 2009.
WOMAD	World of Music Arts and Dance
WYOT	Wiltshire Youth Offending Team

Acknowledgements

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NHS
Wiltshire
Clinical Commissioning Group

Wiltshire Assembly
Public Service Board

Wiltshire Council
Where everybody matters