**Publication date:** March 2019

**Authorship**

Produced on behalf of and at the request of the Swindon Health and Wellbeing Board by Cherry Jones, Director of Public Health, Swindon Borough Council (SBC).

**Acknowledgements**

The JSNA summary has been compiled by Tom Frost (Senior PHI analyst) and the Public Health Intelligence team with the able assistance of a multitude of colleagues from the Public Health team and other teams in Swindon Borough Council (SBC). A full list of contributors and reviewers is appended to the data guide document.

**Photo credits**

Beat the Street: Over 30,000 people took part in this physical activity community game. Almost all Primary Schools took part and the community also embraced the game and over 80 teams signed up to the challenge. The town was gripped by Beat the Street fever and many people commented on how good it was to see so many people out sharing stories and being active.

Great Western Hospital goes smokefree: From 1 January 2019, the Great Western Hospitals NHS Foundation Trust became a no smoking Trust which means that smoking is not permitted anywhere on hospital sites. It comes as new policies to make all NHS sites in England smoke free are introduced. For patients, stopping smoking before or during a hospital visit may also speed up recovery and reduce the risk of complications.

Football Fans in Training (FFFIT): Swindon Town Football Club in the Community Trust (STFCCT) provide adult weight management and lifestyle courses, on behalf of SBC. In addition to programmes for male football fans, courses for women and non-football fans are being piloted. The courses are for people aged between 35-65, who are overweight or obese. For more information or to sign up please contact the STFCCT office on 01793 421303 or email shane@stfc-fitc.co.uk.

Dementia Tea Dance: During Dementia Awareness week a 1940s inspired tea dance was held for families affected by dementia. In 2018, Swindon was accredited by the Alzheimer’s Society as ‘working to become a dementia friendly community’ and was shortlisted in the Dementia Friendly Community of the Year awards.

Mental Health Awareness Week 2018: The pop up shop ‘Head Space’ was opened for the week by 30 organisations. Head Space promoted services and activities on offer for people to look after their mental wellbeing and obtain support if they were struggling with mental health issues.

Swindon Circles - Christmas present delivery: The Community Health and Wellbeing team runs the Swindon Circles programme which combats loneliness by pairing clients up with volunteer befrienders or by connecting them to local activities. Last Christmas the team organised present donations from individuals and businesses and delivered them to Circle’s clients. For more information about Swindon Circles, contact the Live Well Swindon Hub by calling 01793 465513 or email livewell@swindon.gov.uk.
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Appendix A: Priorities 43
Introduction

The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon. It is the principal workstream that guides the Joint Health and Wellbeing Strategy (JHWS) and informs commissioning and service development.

The JSNA Summary 2018/19 provides an overview of the current and future health and wellbeing needs of people in Swindon. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources. Key resources are highlighted in this summary document and further resources are available in the detailed needs assessment section on the JSNA website.

This report presents key facts, intelligence and challenges for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and many of these topics are examined in more detail in separate JSNA reports. These more detailed analyses and strategies can be found elsewhere on the Swindon JSNA website.

Purpose and use

The JSNA supports an overall approach to using evidence and intelligence to identify priorities in order to help us all improve health and wellbeing in Swindon – it is not an end in itself.

The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities. Users of JSNA include partnership bodies such as the HWB and the Sustainability and Transformation Partnership (STP), commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group and a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.

The JSNA is used to guide strategy. This summary document provides an overview of key issues and should be used alongside other JSNA reports and bulletins and other supporting evidence. Whilst it is hard to summarise complex forces that interact with each other, it provides an important focus for strategy development.
The following agreed priorities for Swindon have been articulated in the JHWS:

- Every child and young person in Swindon has a healthy start in life.
- Adults and older people in Swindon are living healthier and more independent lives.
- Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems and offenders).
- Improved mental health, wellbeing and resilience for all.
- Creation of sustainable environments in which communities can flourish.

Priorities for Swindon Borough Council, NHS Swindon CCG, Public Health England, Bath and NE Somerset, Swindon and Wiltshire STP and the NHS (NHS England) can be found in Appendix A.

**JSNA Framework**

This summary report is only one part of the JSNA framework. The JSNA suite of documents and sources of information also includes:

- More detailed JSNA reports and bulletins on specific topics
- Demographic profiles and population projections
- Evidence reviews
- Health and wellbeing profiles and key documents from Public Health England

The documents comprising the JSNA framework for Swindon can be found on the Swindon JSNA website: [www.swindonjsna.co.uk](http://www.swindonjsna.co.uk)
JSNA Summary 2018/19

JSNA Summary 2018/19: An overview of health and wellbeing in Swindon

The summary document is arranged in 2 parts:

- Part 1: a short introduction which explains what the document is for and what it contains along with a selection of key facts and issues and priorities.

- Part 2: a 1 page summary of 26 health and wellbeing topics following a set template which includes a key fact; two key indicators; key information and key issues.
Main sources of information

Important resources that have been used to compile the JSNA include:

- Swindon JSNA website: [www.swindonjsna.co.uk](http://www.swindonjsna.co.uk)
- PHE General Practice profiles: [http://fingertips.phe.org.uk/profile/general-practice](http://fingertips.phe.org.uk/profile/general-practice)
- Swindon Borough Local Plan 2026: [https://www.swindon.gov.uk/info/20113/local_plan_and_planning_policy/635/swindon_borough_local_plan_2026](https://www.swindon.gov.uk/info/20113/local_plan_and_planning_policy/635/swindon_borough_local_plan_2026)
- Nomis (official labour market statistics): [http://www.nomisweb.co.uk/](http://www.nomisweb.co.uk/)

Additional background information, data and intelligence for each of the 26 topics can be found on the accompanying 'Detailed Needs Assessment' pages for each topic. [http://swindonjsna.co.uk/dna](http://swindonjsna.co.uk/dna)
### Key facts

**New, 2016-based, SBC projections indicate that Swindon’s resident population will increase by 11% between 2018 and 2028 and by a further 7% by 2038.**

<table>
<thead>
<tr>
<th>Males in Swindon will spend 80% of their lives in good health, but females will only spend 74% in good health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas.</td>
</tr>
<tr>
<td>Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives.</td>
</tr>
<tr>
<td>In Swindon CCG, 1,700 people have diagnosed Heart Failure and 4,100 people diagnosed Atrial Fibrillation. Many additional people may be undiagnosed.</td>
</tr>
<tr>
<td>In Swindon, the annual risk of mortality is 21% higher for those with diabetes compared to those without.</td>
</tr>
<tr>
<td>In 2017, 56% of those aged 60-74 had a recent screen for bowel cancer, up from 51% in 2015 but below the 60% target.</td>
</tr>
<tr>
<td>The number of cases of Tuberculosis (TB) in Swindon has almost trebled from 28 in 2000-02 to 77 in 2015-17.</td>
</tr>
</tbody>
</table>
In Swindon, there are an estimated 34,000 people with some hearing loss and, of these, there are an estimated 3,500 with severe hearing loss.

People among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society.

There are an estimated 860 adults in Swindon diagnosed with moderate or severe learning disabilities; around a third of whom live with a parent.

A third of dementia cases may be preventable through addressing modifiable risk factors.

Each year, 30% of people older than 65 and 50% of people older than 80 fall at least once.

In Swindon (CCG), 315 women were smokers at the time of delivery in 2017/18 which was 11% of all women giving birth that year.

Surveys found that in 2016/17, 64% of adults in Swindon were categorised as having excess weight, including 25% who were obese.

In Swindon, in 2016, there were 72 conceptions to under 18s. The resultant teenage conception rate is two thirds lower than it was at the turn of the century.
People living in the most deprived areas of England are more than four times more likely to smoke than those living in the least deprived areas.

There were 1,500 Children in Need in March 2018, which is 320 per 10,000 young people and higher than the national rate and than statistically similar authorities.

Since 2001, the estimated number of carers in Swindon has risen by 33% compared to the national average of 18%.

Since 2017, Swindon continues to see a significant number of children being exploited by County Line networks supplying crack and heroin.

The 2017/18 Temporary Winter Housing Project housed up to 12 people as part of the response to an increase in rough sleeping from 6 in 2014/15 to around 25 in 2017.

In Swindon, in 2018, 39% of pupils attained a grade 5 strong pass in GCSE English and mathematics (up 3% from 2017) against a national average of 43%.

Swindon schools are above the national average in their Artsmark engagement.

Participation in physical and non-physical leisure activities can increase psychological well-being; however, people aged 75 and over have the lowest levels of engagement in these activities of any age group.
Nationally, 32% of children and young people with a parent receiving disability benefits and 19% receiving low income benefits had experienced mental illness.

In 2017/18 nationally, 38% of mixed race adults and 33% of white adults suffered anti-social behaviour.
Key issues

Introduction

Evidence suggests that in many ways the health of Swindon’s population is similar to England as a whole. This in itself presents many challenges. While average life expectancy, smoking rates and physical activity levels are, on the whole, improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.

Like other places across the country, Swindon has felt the effects of ongoing austerity measures and the impact of unhealthy lifestyles characterised by obesity, physical inactivity, poor diet and alcohol misuse. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future, the rise of Type 2 diabetes, low consumption of fruit and vegetables, an increase in cases of tuberculosis, a troubling number of young people being admitted to hospital for reasons connected to substance misuse and self-harm and adults being admitted for alcohol related reasons.

The JSNA Summary also shows there has been a fall in female healthy life expectancy in Swindon since 2010-12 which looks to have reached its lowest point in 2014-16. Healthy life expectancy is the average number of years a person would expect to live in good health based on mortality rates and self-reported good health. The most likely explanation is that it’s as a result of poor self-reported health confined to the youngest age group surveyed [ages 16-19] but which is within expected limits. This is currently the only explanation of a situation where only this particular measure for females (not males) is affected and where any cause would have to be relatively short-term and recent in nature and be confined to Swindon in particular. There are a number of initiatives in place in Swindon to improve the mental and physical health of young women. They include a psychiatric liaison service for young people at Great Western Hospital, training and guidance about self-harm for people working with children and young people and a self-harm service run by Swindon and Gloucester MIND that offers help and support to young people.

Swindon is also launching the Trailblazer Project which is a multi-agency approach offering support to Children and Young People in schools and other setting providing a flexible and tailored, early intervention mental health service promoting resilience, building on the strengths of the young person and focusing on holistic outcomes.

Swindon also supports the You’re Welcome quality criteria for making health services young people friendly, particularly sexual health services. Good sexual health is advocated to help reduce teenage conceptions in addition to a chlamydia screening programme for those aged 15 to 24. The transition from young people’s to adult services can be challenging and work is ongoing to make services more seamless, particularly for mental health services. There are also a number of resources about health and wellbeing which are targeted at young people, such as The Dock [thedockswindon.co.uk] which tells young people about the services available to them in Swindon e.g. wellbeing, college, e-safety and getting involved in volunteering and Kooth [Kooth.com] which provides access to online advice, self-help tools and counselling.

The upstream causes of ill-health (known as wider determinants) are also highlighted. Swindon is facing challenges around coping with the numbers of
homeless people, concerns around traffic related air quality, increasing numbers of reported domestic abuse crimes and difficulties in getting more young people, especially from deprived areas, to continue to higher education. Wider determinants are considered the fundamental cause of health outcomes, and variation in how these are experienced drive health inequalities through disease patterns and behavioural risks. Addressing the wider determinants of health has a key role to play in reducing health inequalities in the borough.

There is a growing realisation that health and wellbeing is everyone’s business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs and reducing loneliness and social isolation. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

**Key issues from topic sections**

This report contains 26 topic pages which each highlight some key issues for that topic. The following pages provide a summary of some of these issues grouped under six broad headings. They are not the only, nor necessarily the most important ones, but are shown in this format to highlight the range of issues that Swindon is facing at the present time and how they are interconnected.

**General**

The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.

Increasing the proportion of their lives Swindon residents spend in good health, especially over the age of 65.

Support those affected by the expected increase in evictions and homelessness resulting from the introduction of Universal Credit and other measures in the 2012 Welfare Reform Act.

Action to reduce health inequalities will need continued investigation to understand and address:

- The extent and causes of deprivation in the areas of Swindon experiencing the most extreme and persistent deprivation.
- The poor social mobility in Swindon, particularly in the school age and youth age groups.
- The specific reasons for health service usage being higher in more deprived communities.

Challenging stereotypes and assumptions and working with people as individuals.

Drive business growth and promote inward investment during economic instability related to Brexit.

**Good start in life**

Improve maternal nutrition and reduce maternal obesity levels.
Early identification of children and young people with autistic spectrum disorder, speech, language and communication needs or social, emotional and mental health difficulties alongside better support and provision to meet their needs and improve outcomes.

Increase the number of foster carers in Swindon so that every 'looked after child' who should be, is placed in their home borough.

Ensuring high quality, progressive sexual and reproductive education in Swindon schools.

Support young carers so their emotional or physical wellbeing, educational achievement and life chances are not adversely affected.

Tackle low attainment by age 19 and subsequent lack of progress to higher education that negatively impacts the employability of young people in Swindon.

Healthy and risky behaviours
Focus on prevention by making healthy choices and reducing risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating.

Reducing the overall smoking prevalence; the number of people starting smoking; those smoking during pregnancy and prevalence rates in routine and manual occupation groups.

Reduce harm to children of alcohol dependent parents using a Tiered Intervention Model to identify and support children and families in a range of settings.

Developing a population approach to encouraging healthy behaviours and physical activity including the use of social marketing, social media and apps.

Through the Active Swindon Partnership, health and wellbeing should be improved for all by increasing and widening participation in sports, leisure and cultural activities.

Mental health and wellbeing
Increasing the numbers of people with Learning Disability who are in sustainable employment.

Promote and implement the ‘Five ways to Wellbeing’ (connect; be active; keep learning; take notice; and give), as part of strategy to prevent mental health problems and develop mental resilience of the population.

Raise awareness of gambling related harm amongst the public and professionals.

Better organise health and social care services, including public health programmes to increase resilience and reduce loneliness.
Ensuring people living with dementia can play an active part in their local community.

**Burden of ill-health**

Delaying onset and slowing progression of LTCs can happen through improved public health, messaging/targeting, personalised care planning, information and supported self-care.

Ensure more people with Atrial Fibrillation, (a risk factor for stroke) are diagnosed and appropriately treated with anti-coagulants.

Improve cholesterol and BMI monitoring in primary care for Type 1 diabetes patients.

Raising awareness of the public on availability and eligibility for cancer screening programmes and empowering health professionals to promote awareness and early diagnosis.

Encouraging people with hearing loss to seek help: it is estimated three times as many people could benefit from hearing aids as have them.

Health services need to respond to the increasing numbers of older people with a range and a combination of disabilities.

Ensure there is timely and appropriate support for people at risk of falling and those who do fall.

There is increasing demand for social care: promoting being active, strength and balance and good social networks will allow people to be more resilient and live independently for longer.

Carers need to be supported to care effectively and safely; look after their own health and wellbeing, fulfil their education and employment potential, and have a life of their own alongside caring responsibilities.

**Health protection and safeguarding against harm**

Increase the percentage of those vaccinated against seasonal flu to target levels to prevent illness and hospital admission and ease winter pressures on health services.

Reduce unnecessary short trips by car (which are the most polluting) and encourage active travel, alternatives to vehicle use and sustainable travel.

Preventing people sleeping rough in the first place by working in partnership. Ensuring when people do end up on the streets, there is a rapid, joined-up response. Providing access to a range of appropriate services and affordable housing options, if required, to enable successful transitions from rough sleeping into independent living.

Address the criminal exploitation of children by County Lines networks that are supplying crack and heroin.
Ensure the effectiveness of multi-agency safeguarding arrangements for children with particular vulnerabilities.

Reduce road traffic injuries by the continued provision of road safety and awareness training and campaigns, to the public, and especially for children travelling to and from school.

Notes on the data
Detailed information on the data sources used in this report will be published separately alongside any methodological notes. However, please note the following:

- All data refers to Swindon Unitary Authority area unless otherwise stated.
- All data is the most recent data at the time of compilation (December 2018); newer data may have been published since that time.
- All differences labelled as statistically significant or significant have been tested at a 5% significance level.

A Data Guide to the JSNA Summary 2018/19 has also been compiled to show where all the data used in the Summary has originated. This will be published alongside the Summary.
1. Population

Key fact

New, 2016-based, SBC projections indicate that Swindon’s resident population will increase by 11% between 2018 and 2028 and by a further 7% by 2038.

Key indicator

ONS population estimates

<table>
<thead>
<tr>
<th>Area</th>
<th>Population</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swindon Unitary Authority (people living within the SBC boundaries)</td>
<td>220,363</td>
<td>Mid 2017</td>
</tr>
<tr>
<td>Swindon CCG residents (people living within the SBC boundaries or in Shrivenham and Watchfield ward)</td>
<td>226,366</td>
<td>Mid 2017</td>
</tr>
<tr>
<td>Swindon CCG registered patients (patients registered with a Swindon CCG GP, irrespective of where they live)</td>
<td>239,531</td>
<td>1/09/2018</td>
</tr>
</tbody>
</table>

Key information

- Figures from mid-2017 for Swindon UA show that there were 49,924 under 18s (22.7%); 136,113 aged between 18 and 64 (61.8%) and 34,326 aged 65 or older (15.6%).
- SBC policy-led projections indicate that over half of the estimated population growth between 2018 and 2038 will be in the 65 plus age group (27,700 people). Increases are driven by people living longer and more people coming to live in Swindon than are leaving.
- In 2017, Priory Vale ward had the highest percentage of people under 20 (31.1%) and Wroughton and Wichelstowe ward the highest percentage of people aged 65 or over (26.5%).

Further information: http://swindonjsna.co.uk/dna/population-estimates-projections

Key issues

- The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.
- Providing appropriate services, without a large increase in available resources, and helping residents live healthily and independent lives for longer.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.
2. **Life Expectancy**

**Key fact**
Males in Swindon will spend 80% of their lives in good health, but females will only spend 74% in good health.

**Key indicator**
![Life expectancy at birth](chart1)

**Key information**
- In Swindon, in 2015-17, life expectancy is 79.8 years for males and 83.0 years for females, which is similar to England.
- At age 65, life expectancy for males in Swindon is an additional 18.7 years compared to 20.8 years for females. Males will spend more of their remaining time in good health than females (11.5 years for males compared to 9.9 years for females).
- In Swindon, there were 729 male deaths and 478 female deaths considered avoidable in 2014-16. These are similar levels to England overall. The avoidable death rate was 60% higher in males than females.

**Key issues**
- Life expectancy is a key health indicator. The rate of increase in life expectancy has slowed in the UK in recent years and some areas have seen a decrease. However, maintaining or increasing life expectancy in Swindon remains an important aim for health and wellbeing related services.
- Reducing the inequality in life expectancy between men and women.
- Increasing the length of time and percentage of life spent in good health, adding life to years not just years to life. The apparently low HLE for females in Swindon has been investigated. It was found to be mainly a result of poor self-reported health confined to the youngest age group surveyed and within expected limits, but which has disproportionately impacted the overall figure.

Further information: [http://swindonjsna.co.uk/dna/life-expectancy](http://swindonjsna.co.uk/dna/life-expectancy)
3. Deprivation and health inequalities

Key fact

In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas.

Key information

- Three of the eight most deprived small areas in Swindon are found in Penhill and Upper Stratton ward, a further three are found in Walcot and Park North ward and the remaining two in Gorsehill and Pinehurst ward.
- In Swindon, as in England as a whole, people in more affluent groups have better life chances and better health than people from deprived areas. People in the most deprived groups have a shorter life-expectancy, more emergency hospital admissions before retirement age, and more long term illness before retirement age, compared with people from more affluent areas.
- According to the End Poverty Coalition, 13.8% of children in Swindon are considered in poverty before housing costs are considered or 22.2% if these are included.

Key indicator

- Difference in life expectancy (at birth) between most and least deprived areas in Swindon

Key indicator

- Social Mobility Index Ranking (1 = most socially mobile)

Key issues

- Support those affected by the expected increase in evictions and homelessness resulting from the introduction of Universal Credit and other measures in the 2012 Welfare Reform Act.
- Continue to investigate, understand and address the causes of deprivation in the areas of Swindon experiencing the most extreme and persistent deprivation.
- Investigate the specific reasons for health service usage being higher in more deprived communities and address them.
- Investigate the drivers for low social mobility at the school and youth stages.
- Consider how to evaluate current services and interventions in Swindon that are designed to reduce inequalities so that effectiveness and cost-effectiveness can be determined and compared.

Further information: http://swindonjsna.co.uk/dna/deprivation-inequalities
4. Long term conditions (LTCs)

Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives.

A LTC is a condition that cannot be cured, but can be controlled by medication and other therapies. This overview looks at some individual LTCs and the overall picture. Specific LTCs are also considered in other sections, e.g. cancer, CVD, diabetes and mental health.

Key fact

Further information: [http://swindonjsna.co.uk/dna/long-term-conditions](http://swindonjsna.co.uk/dna/long-term-conditions)

Key information

- The key risk factors for developing a LTC are lifestyle-related and age-related.
- There are various ways of estimating the prevalence of LTCs. Swindon QOF data suggests at least 23.8% of people (53,887) have a LTC. However, modelled data suggest this could be higher (32%). Modelled data also suggest that 69% of people aged 65+ years might have a LTC.
- In many cases, there is a psychological component to LTCs. In Swindon, GPs can refer people to the LIFT Psychology service.
- Calculations based on national prevalence estimate that 3,000 people in Swindon CCG are living with the neurological conditions of Multiple Sclerosis, Parkinson’s, Motor Neurone Disease or Epilepsy.

Key issues

- We are working with local and regional colleagues to look at characteristics of people who develop LTCs, to better organise health and social care services, including public health programmes. This will include aspects of resilience and loneliness.
- Focus on prevention by making healthy choices and reducing risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating.
- Delaying onset and slowing progression of LTCs can happen through improved public health, messaging/targeting, personalised care planning, information and supported self-care.

### Prevalence of Most Common QOF Conditions in Swindon CCG and England, All Ages 2018

<table>
<thead>
<tr>
<th>Condition</th>
<th>England</th>
<th>Swindon CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>1.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Atrial Fibrill</td>
<td>1.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Cancer</td>
<td>2.7%</td>
<td>2.4%</td>
</tr>
<tr>
<td>COPD</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Chronic Kidney D (18+)</td>
<td>3.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>COPD</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Depression (18+)</td>
<td>4.1%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Diabetes (17+)</td>
<td>7.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Hypertension (45+)</td>
<td>2.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Obesity (18+)</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Stroke/TIA</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

We know 53,887 people in Swindon CCG have one recorded QOF condition or more, about 34%. A higher figure of at least 32% is credible. Source: QOF Registers 2017/2018, including SMR02.
5. Cardiovascular disease

Key fact
In Swindon CCG, 1,700 people have diagnosed Heart Failure and 4,100 people diagnosed Atrial Fibrillation. Many additional people may be undiagnosed.

Key indicator
Stroke Hospital Admission Rates (All Ages)

Key indicator
Coronary Heart Disease Mortality Rates (under 75 years)

Key information
- Cardiovascular Disease (CVD) is mainly composed of Coronary Heart Disease and Strokes, but includes all circulatory system disorders.
- In 2017/18, in Swindon CCG, there were 6,535 people with diagnosed CHD (2.75%) and 3,580 people with diagnosed stroke (1.51%).
- 190 people under 75 in Swindon CCG died from CHD in 2014-16, (37.5 per 100,000, similar to England).
- About one third of stroke survivors have problems with speaking, reading writing and understanding.
- Hospital admissions for stroke fell during 2011/12 to 2016/17. Rates are now significantly lower than England suggesting Swindon manages these conditions better.

Key issues
- Tackling the behavioural risk factors that are responsible for 80% of CVD by addressing issues such as smoking, unhealthy diet, obesity and physical inactivity. Diabetes is itself a risk factor for CVD.
- Ensure more people with Atrial Fibrillation, (a risk factor for stroke) are diagnosed and appropriately treated with anti-coagulants.
- Reduce cholesterol and blood pressure for those at high risk, to drive down premature death from CVD in deprived areas.
- Increase the proportion of patients with a serious heart attack who are reached by ambulance services and have their arteries unblocked within the 150 minute target.

Further information: http://swindonjsna.co.uk/dna/cardiovascular-disease
In Swindon, the annual risk of mortality is 21% higher for those with diabetes compared to those without.

**Key information**

- In 2017/18, 14,143 adult patients registered with a Swindon GP were living with diagnosed Type 1 or 2 diabetes (7.6%). The prevalence for England was 6.8%.
- The level of diabetes by GP practice in Swindon ranged from 3.3% to 9.5%.
- In the region of 20,000 adults in the Swindon CCG population have high blood sugar levels indicating a pronounced risk of developing Type 2 Diabetes.
- NICE recommends 8 care processes for primary care patients with diabetes. 59.7% of Swindon CCG Type 2 diabetes patients received all these in 2017/18, (the level expected for such a population). For Type 1 the proportion was 32.5% (lower than expected.)
- In 2017/18, 14.3% of Swindon Type 1 patients attained all 3 main treatments to target, (Blood pressure control and blood sugar control to target, plus use of statins), whereas in England 18.9% attained all 3.

**Further information:** [http://swindonjsna.co.uk/dna/diabetes](http://swindonjsna.co.uk/dna/diabetes)
In 2017, 56% of those aged 60-74 had a recent screen for bowel cancer, up from 51% in 2015 but below the 60% target.

Key indicator

New cases of diagnosed cancer per 100,000 people

Key information

- In line with England, cancer is the leading cause of deaths in under 75s in Swindon. In 2015-17, 743 people under 75 in the LA area died from cancer, of which 56% were considered preventable.
- Incidence is fairly stable over the last 20 years but mortality rates are falling. This is mainly due to earlier detection and better treatment and means there are more cancer survivors needing support. This has contributed to rising cancer prevalence in primary care which was estimated as 2.4% in 2017/18 in Swindon up from 1.0% in 2007/08.
- Around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and physical activity.
- In 2017/18, 81% of patients started treatment for cancer within 62 days of an urgent GP referral, which was below the target of 85%.

Further information: http://swindonjsna.co.uk/dna/cancer
The number of cases of Tuberculosis (TB) in Swindon has almost trebled from 28 in 2000-02 to 77 in 2015-17.

- In Swindon, in 2015-17, there were 82 deaths from communicable diseases (including influenza) which is equivalent to 15.1 per 100,000 people and significantly higher than the England rate (10.9 per 100,000).
- The percentage of those aged 65 or over in Swindon who have received the PPV has gone up to 68.5% but is still significantly lower than England.
- In Swindon, in 2017/18, 92.7% of girls aged 13-14 received the HPV vaccine. This was easily the highest in the South West and 9% higher than England.
- Of the nine routine immunisations for children under six years old, Swindon’s coverage is falling on seven. The target coverage to achieve herd immunity is 95%, Swindon is meeting or exceeding this on two of the nine immunisations.

Further information: [http://swindonjsna.co.uk/dna/ComDis_Immun](http://swindonjsna.co.uk/dna/ComDis_Immun)
9. Physical and sensory disabilities

Key fact

In Swindon, there are an estimated 34,000 people with some hearing loss and, of these, there are an estimated 3,500 with severe hearing loss.

Key indicator

In Swindon UA, 10,775 people, between 18 and 64, are estimated to have a moderate disability and a further 3,200 to have a severe disability.

In 2017/18 there were 3,714 new requests per 100,000 adults, which is higher than the England value of 3,315.

There are an estimated 6,220 people (2.8%) living with sight loss in Swindon compared to 3.1% in England. By 2030, in Swindon, it’s expected there will be 8,400 people living with sight loss including 1,130 blind people.

In Swindon, in 2017/18, 8.0% of children assessed by children’s social care as in need of a service are disabled. Of these, 18% have mobility impairments, 4.6% hearing impairments and less than 4% have a visual impairments.

Further information: [http://swindonjsna.co.uk/dna/physical-sensory-disability](http://swindonjsna.co.uk/dna/physical-sensory-disability)

Key issues

- Responding to the increasing numbers of older people with a range and a combination of disabilities.
- Ensure people living with a disability will have access to a range of housing options that will help them live independently
- Prevent sight loss by diagnosing and treating eye problems in a timely fashion.
- Improving awareness of the need for eye tests amongst young people and their parents or carers.
- Encouraging people with hearing loss to seek help: it is estimated three times as many people could benefit from hearing aids as have them.
People among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society.

In Swindon, there are an estimated 16,900 females and 10,700 males with common mental health problems of a level likely to benefit from identification and possible intervention.

Data from GP registers indicates that in 2017/18, Swindon had 18,580 people with diagnosed depression (10.1% of adults), and over 2,000 of these were diagnosed in the past year.

It is estimated there are between 1,315 and 1,880 problem gamblers in Swindon and nearly 20,000 people could be affected by gambling related harm.

There were 46 suicides in Swindon in 2015-17, and rates are slightly below the England and South West averages.

Further information: [http://swindonjsna.co.uk/dna/mental-health-wellbeing](http://swindonjsna.co.uk/dna/mental-health-wellbeing)
11. Learning disabilities (LD)

Key fact
There are an estimated 860 adults in Swindon diagnosed with moderate or severe learning disabilities; around a third of whom live with a parent.

Key indicator
There are about 4,000 adults with Learning disabilities (LD) in Swindon ranging from mild to severe disability.

Swindon Adult Social Care had 735 clients with learning disabilities in March 2018. Of those receiving a service, 29% are placed in residential or nursing care with 51% of these being outside Swindon.

In Swindon, 73.9% of adults with LD live in stable and appropriate accommodation which is lower than to England (77.2%) and the South West (75.5%) but is up from 56% in 2011/12.

Further information: [http://swindonjsna.co.uk/dna/learning-disabilities](http://swindonjsna.co.uk/dna/learning-disabilities)
Dementia

**Key indicator**

Dementia risk reduction strategies & potential underlying brain mechanisms

**Key fact**

A third of dementia cases may be preventable through addressing modifiable risk factors.

**Key information**

- Estimates, based on the Dementia UK Update 2014 Report, suggest there are about 2,400 people aged 65+ living with dementia in Swindon, with nearly half of these over 85. This equates to about 7% of the total population aged 65+.
- In Swindon, 1,431 people aged 65+ were actually recorded as living with dementia in 2017; the diagnosis rate in this age group is estimated at 62.7%.
- Most people in Swindon with dementia (81%) have at least one other Long Term Condition, e.g. diabetes, CHD, cancer.
- Based on national data, it is estimated that dementia is the underlying cause for 12.5% of deaths in Swindon.
- There are 7,650 people signed up to be a Dementia Friend in the Swindon area.

Further information: [http://swindonjsna.co.uk/dna/dementia](http://swindonjsna.co.uk/dna/dementia)

**Key issues**

- Improving timely diagnosis and ensuring support services are in place for people and carers who need them post-diagnosis.
- Raising awareness of dementia for everyone to make Swindon a Dementia Friendly Community and ensuring people living with dementia can play an active part in their local community.
- Increasing community clinical support for people living with dementia.
- Reducing avoidable hospital and care home admissions and reducing length of stay.
- Safeguarding people living with dementia.
13. Falls and bone health, accidents and injuries

Key fact
Each year, 30% of people older than 65 and 50% of people older than 80 fall at least once.

Key information
- In Swindon, in 2017/18, there were 1,944 emergency hospital admissions per 100,000 population for injuries due to falls in people aged 65 plus. This was significantly lower than the rate for England (2,170). For the 80 plus age group, the rate was 5,094 per 100,000, similar to the national rate (5,469).
- In Swindon, in 2017/18, there were 308 hospital admissions caused by unintentional and deliberate injuries in those aged 0-14 and Swindon’s admission rate was significantly below England’s. In those aged 15-24, the number of admissions was 461 and Swindon’s admissions rate was significantly higher than the England rate.
- Over 2015-17, 216 people from Swindon were killed or seriously injured in road collisions. This equates to 32.9 per 100,000 and is significantly lower than the England rate of 40.8 per 100,000.

Key issues
- Developing a clearer pathway for falls prevention and working in partnership to promote strength and balance exercise throughout life and ensure there is timely and appropriate support for people at risk of falling and those who do fall.
- Tackle the leading, preventable causes of death and serious long-term harm in children under the age of five: choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning.
- Reduce road traffic injuries by the continued provision of road safety and awareness training and campaigns, to the public, and especially for children travelling to and from school.

Further information: [http://swindonjsna.co.uk/dna/falls-bone-health-injuries](http://swindonjsna.co.uk/dna/falls-bone-health-injuries)
14. Maternity and breastfeeding

Key fact
In Swindon (CCG), 315 women were smokers at the time of delivery in 2017/18 which was 11% of all women giving birth that year.

Key indicator

Key information
• 2,840 babies were born in Swindon UA in 2017. Swindon’s total fertility rate in 2017 was 1.98 – this is average number of children a woman is Swindon is estimated to have. This was higher than England (1.76).
• SBC population projections forecast that the number of babies born in Swindon will increase slowly each year to reach 3,000 by 2033. However, actual numbers will fluctuate from year to year.
• In Swindon in 2016/17, 76.7% of women initiated breastfeeding (higher than the England rate (74.6%). However, by the 6-8 week health visitor check only 45.7% of babies were being breastfed in Swindon (2017/18) – similar to the national rates.

Further information: http://swindonjsna.co.uk/dna/maternity-breastfeeding

Key issues
• Increase the number of women who initiate breastfeeding and support those who start to sustain breastfeeding for longer, especially in areas of deprivation which have lower breastfeeding prevalence rates.
• Maintain continuity of care and appropriate staffing levels despite a rising birth rate, increasing complexity and financial constraints.
• Improve maternal nutrition and reduce maternal obesity levels.
• Improve the care pathway for women with maternal mental health difficulties including those with chronic low-level problems.
• Reduce smoking in pregnancy to 9% by 2020 and 6% by 2025.
• Support the Better Births Initiative to promote high quality maternity care.
Surveys found that in 2016/17, 64% of adults in Swindon were categorised as having excess weight, including 25% who were obese.

Key information

- Surveys found that around 5% fewer adults in Swindon were categorised as having excess weight in 2016/17 than in 2015/16 and around 1% more were categorised as physically active.
- People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle and it also reduces the risk of dementia.
- Adults in Swindon eat an average of two and a half portions of fruit a day and a further two and a half portions of vegetables. This is lower than in England overall and the South West. 15 year olds in Swindon eat significantly fewer portions of vegetables than adults and slightly fewer portions of fruit.

Key issues

- The high rates of obesity in Swindon and resulting ill health.
- Making physical activity and healthy eating desirable and part of everyday life.
- Influencing the built environment so that being active becomes an easy choice for Swindon residents.
- Encouraging physical activity and healthy eating within Swindon’s workplaces.
- Tackling perceived barriers around eating healthier and doing more physical activity, e.g. price of healthy food and lack of time to exercise.
- Developing a population approach to encouraging healthy behaviours and physical activity including the use of social marketing, social media and apps.

Further information: [http://swindonjsna.co.uk/dna/weight-eating-activity](http://swindonjsna.co.uk/dna/weight-eating-activity)
In Swindon, in 2016, there were 72 conceptions to under 18s. The resultant teenage conception rate is two thirds lower than it was at the turn of the century.

- In Swindon, in 2017, 24.6% of abortions in women aged under 25 were repeat abortions; similar to 26.7% in England overall.
- In Swindon, in 2017, 83.3% of abortions were under 10 weeks’ gestation which lowers the risk of complications. This was significantly higher than England (76.6%).
- There were 1,519 new STI diagnoses in Swindon in 2017. The diagnosis rate is significantly down from 2013 when 1,882 new STIs were diagnosed.
- In Swindon, there were 13 new cases of HIV diagnosed in 2017 and 213 people with diagnosed HIV being seen at Swindon HIV services. HIV testing was accepted in 75.7% of cases it was offered in genitourinary clinics.

Further information: [http://swindonjsna.co.uk/dna/sexual-health](http://swindonjsna.co.uk/dna/sexual-health)
17. Substance misuse

**Key fact**

People living in the most deprived areas of England are more than four times more likely to smoke than those living in the least deprived areas.

**Key information**

- Smoking prevalence in routine and manual workers in Swindon has fallen by 10% since 2011 to 26.2%, similar to England and the South West.
- In Swindon, in 2017, 55% of young people left treatment with U turn for substance misuse having achieved their treatment goals.
- There were 17 deaths from drug misuse in Swindon in 2015-17. This is down by one third from a peak of 25 deaths in 2012-14 and equates to 2.4 per 100,000 people. This is lower than the England rate of 4.3 per 100,000.
- In 2016/17, there were 421 admissions to hospital related to alcohol for under 40s from Swindon. This equates to a rate of 403 per 100,000 people and is significantly higher than England and the South West. Swindon’s admission rates for females of all ages, other than under 18s, are also significantly higher than the England rates.

**Further information:** [http://swindonjsna.co.uk/dna/substance-misuse](http://swindonjsna.co.uk/dna/substance-misuse)

**Key issues**

- Reduce the overall smoking prevalence; the number of people starting smoking; those smoking during pregnancy and prevalence rates in routine and manual occupation groups.
- Increased focus on systematic prevention, brief and early interventions.
- Improve understanding and response of increasing new opiate presentations.
- Build a prevention and treatment strategy which can adapt to changing profiles of drug use and with regard to diversity.
- Reduce harm to children of alcohol dependent parents using a Tiered Intervention Model to identify and support children and families in a range of settings.
- Tackling the harms associated with long-term alcohol overuse.
- Supporting the safe use of e-cigarettes as a means of reducing harm for those who cannot quit, which will contribute to reducing the prevalence of smoking.
Multi-agency partnerships in Swindon have safeguarding duties for children and adults at risk. Children are vulnerable by virtue of their age and adults supported by safeguarding arrangements are those who: have needs for care and support; is experiencing, or is at risk of, abuse or neglect; and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

There were 1,500 Children in Need in March 2018, which is 320 per 10,000 young people and higher than the national rate and than statistically similar authorities.

- There were 362 children on a child protection plan at the end of March 2018, down from 382 in December 2017, but significantly higher than March 2017 (244 children). The data shows that Swindon has a higher number of child protection investigations than other local authorities, and that a higher number of these progress to a child protection conference.
- The number of alerts reported to adult services for further investigation fell slightly between 2016/17 and 2017/18 but those that progressed to a safeguarding enquiry rose by 17%. This could signify that the accuracy of concerns raised is improving, or the team receiving concerns are becoming cautious when screening cases out.
- In 2017/18, for the first time, neglect is the most frequent form of abuse of adults at risk instead of physical abuse. This is in line with national trends.

Further information: http://swindonjsna.co.uk/dna/safeguarding
Carers provide unpaid care to a child, relative or friend needing help due to age, addiction, mental/physical impairment or illness.

Since 2001, the estimated number of carers in Swindon has risen by 33% compared to the national average of 17.7%.

The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care. 2015 estimate put the current figure at 21,000 and the true number could be higher still based on national survey data.

However, only around 4,000 are active clients of the Swindon Carers Centre (SCC) and 1,096 carers received an annual assessment or review from the Council in 2017/18.

Nationally, an estimated 84% of carers find that caring has a negative impact on health and in particular mental health. In 2011 to 2015, male and female carers had a risk of suicide that was almost twice the national average.

The estimated value of unpaid care in Swindon is just under £400m per year.

Further information: [http://swindonjsna.co.uk/dna/carers](http://swindonjsna.co.uk/dna/carers)
Since 2017, Swindon continues to see a significant number of children being exploited by County Line networks supplying crack and heroin.

The average quarterly “All Crime” crime rate decreased by nearly 10% for the year July 2017-June 2018, compared to the previous year.

Over the two year period between Aug 2016-July 2018, 39% of all violent knife crime offenders were under 18 (162 total), and two thirds were under 25 (260 total).

There were 12,711 offences linked to a suspect or offender aged 13–24 years; this is a decrease of 3.7% on the previous year.

Between September 2017 and August 2018, 2,448 domestic abuse crimes were reported to the Police, an increase of 3.8% over the previous year.

Crime rates in Swindon have been decreasing since 2017, and are now lower than the average for our statistical neighbours. However, the “All Crime” crime rate remains higher than the national average.

The Police and Council have identified a need to address the criminal exploitation of children by County Lines networks. As a result, the remit of the multi-agency team that deals with child sexual exploitation (the OPAL team) has been extended to include this issue.

Police data doesn’t accurately represent the prevalence of domestic abuse – typically only 25% of incidents are reported to the Police.

There is a need for greater integration of BME communities and improved engagement between these communities and the Council and Police.

Further information: [http://swindonjsna.co.uk/dna/Community-Safety](http://swindonjsna.co.uk/dna/Community-Safety)
21. Housing, transport and the environment

Key fact

The 2017/18 Temporary Winter Housing Project housed up to 12 people as part of the response to an increase in rough sleeping from 6 in 2014/15 to around 25 in 2017.

Key information

- In Swindon, in October 2018, there were 2,226 households deemed to be in housing need on the waiting list for Council or Housing Association properties, 334 of whom are considered in urgent need of housing. 340 additional homes are needed every year to meet the increasing housing need in the Borough.
- In 2017/18, 113 households were accepted as homeless and on 31/03/2018 there were 338 households in temporary accommodation.
- Overall air quality in Swindon is relatively good, however an Air Quality Management Area was declared in Kingshill Rd in 2018 where the chief concern is Oxides of Nitrogen (NOx). Along with the rest of England, particulate air pollution is responsible for about 5% of deaths in Swindon.

Key issues

- Development of physical, green and social and community infrastructure to support increases in population, employment and housing.
- Preventing people sleeping rough in the first place by working in partnership. Ensuring when people do end up on the streets, there is a rapid, joined-up response. Providing access to a range of appropriate services and affordable housing options, if required, to enable successful transitions from rough sleeping into independent living.
- Reduce unnecessary short trips by car (which are the most polluting) and encourage active travel, alternatives to vehicle use and sustainable travel.
- Ensure vehicles travelling through or in Swindon are as clean as possible.

Further information: [http://swindonjsna.co.uk/dna/housing-transport-environment](http://swindonjsna.co.uk/dna/housing-transport-environment)
In Swindon, in 2018, 39.4% of pupils attained a grade 5 strong pass in GCSE English and mathematics (up 3% from 2017) against a national average of 43.2%.

Percentage of providers inspected by OFSTED found to be Good or Outstanding

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<th>Setting</th>
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<th>England</th>
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<td>Early years</td>
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<tr>
<td>Primary</td>
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Further information: [http://swindonjsna.co.uk/dna/education-skills-economy](http://swindonjsna.co.uk/dna/education-skills-economy)
Key fact
Swindon schools are above the national average in their Artsmark engagement.

Key information
- Artsmad, Swindon’s Cultural Education Partnership, supported 145,000 young people, 6,000 workshops, 1000 performances and exhibition days, reaching audiences of over 70,000.
- There are now around 30 fewer pubs in Swindon than in 2001 and around 250 less jobs in pubs and bars. Swindon has less pubs per person than the national average.
- Swindon has 9 parks, over 100 play parks, 21 swimming pools, 8 golf courses, over 250 sports clubs, professional football, ice hockey, basketball, and speedway clubs.
- In Swindon, 1.7% of jobs are in the arts, entertainment and recreation industry (2,000 jobs), which is a smaller percentage than Great Britain (2.6%).

Further information: http://swindonjsna.co.uk/dna/leisure-arts-culture

Key issues
- Through the Active Swindon Partnership, improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities.
- Secure a viable and sustainable future for our key heritage assets.
- Support the creation of a new regional leisure destination at North Star and the development of the County Ground and Moredon Recreation Ground.
- Improve the number, size and quality of the arts, leisure and cultural facilities in Swindon and find new ways of accurately measuring participation and satisfaction in arts and cultural activities.
- Better publicise Swindon’s community based arts and cultural offer.
- Work with the Arts Council to develop Swindon as a black and minority ethnic talent hotspot.
Participation in physical and non-physical leisure activities can increase psychological well-being; however, people aged 75 and over have the lowest levels of engagement in these activities of any age group.

- There were about 34,000 people in 2017 over the age of 65 living in Swindon (15.6% of the total population). By 2035, this number is projected to grow by over 70% to about 58,500 (22% of the population).
- The numbers of older people likely to live alone are projected to increase significantly between 2017 and 2035 (a 50% increase is forecast for those aged 65 to 74 and an 84% increase for those aged 75 and over).
- As people get older they are less likely to be physically active: 50% of those aged 75+ are classed as inactive (<30 minutes of activity per week).
- In Swindon, older people’s views of what constitutes ‘ageing well’ centre around having a positive mind-set regarding ageing and maintaining mental wellbeing and social connections.

Further information: [http://swindonjsna.co.uk/dna/ageing-well](http://swindonjsna.co.uk/dna/ageing-well)
25. Children and young people

Key fact
Nationally, 32% of children and young people with a parent receiving disability benefits and 19% receiving low income benefits had experienced mental illness.

Key indicator

Key information
- Swindon’s infant (aged under 1) mortality rate (3.4 per 1,000 in 2015-17) is lower than England’s, however, the child (ages 1-17) mortality rate (14.9 per 100,000 in 2014-16) is slightly higher.
- In 2014/15-2016/17, in Swindon, there were 40 admissions to hospital due to alcohol specific conditions (in under 18s) and 100 for substance misuse (in 15-24 year olds). These figures are falling for alcohol and equate to a similar rate to England but the substance misuse rate remains higher than England’s.
- In Swindon, 17% of 5-year olds have dental decay (significantly lower than England). These children have an average of 2.9 decayed, missing or filled teeth.
- Over the period 2015 to 2017, 13 children (under 15) from Swindon were killed or seriously injured on the roads. This is down from 17 in 2012-14.

Key indicator

Key issues
- Ensure full and effective delivery of ‘The Healthy Child’ programme to give children the best start in life and continue to reduce health inequalities.
- Improve the transition from young people’s to adult services, particularly for mental health services.
- Increase the number of foster carers in Swindon so that every ‘looked after child’ who should be, is placed in their home borough.
- Pro-actively engage with families to prevent problems occurring, and where they do, to reduce the impact and stop them from escalating.
- Early identification of children with autistic spectrum disorder, communication needs or social, emotional and mental health difficulties alongside better support and provision to meet their needs and improve outcomes.

In 2017/18 nationally, 38% of mixed race adults and 33% of white adults suffered anti-social behaviour.

Further information: [http://swindonjsna.co.uk/dna/equalities](http://swindonjsna.co.uk/dna/equalities)
Appendix A: Priorities

Swindon Borough Council

The Vision for Swindon 2030 sets out how the Council will shape the Borough, and deliver growth that allows communities to prosper, families to live healthy and happy lives, and children to fulfil their potential.

The Council Vision is:

“By 2030, Swindon will have all of the positive characteristics of a British city with one of the UK’s most successful economies; a low-carbon environment with compelling cultural, retail and leisure opportunities and excellent infrastructure. It will be a model of well managed housing growth that supports and improves new and existing communities. Swindon will be physically transformed with existing heritage and landmarks complemented by new ones that people who live, work and visit here would recognise and admire. It will remain, at heart, a place of fairness and opportunity where people can aspire to and achieve prosperity, supported by strong civic and community leadership.”

and is underpinned by four priorities:

- Improve infrastructure and housing to support a growing, low-carbon economy.
- Offer education opportunities that lead to the right skills and right jobs in the right places.
- Ensure clean and safe streets and improve our public spaces and local culture.
- Help people to help themselves while always protecting our most vulnerable children and adults.

NHS Swindon CCG

NHS Swindon CCG’s mission is to optimise the health for the quarter of a million people registered with the 25 GP practices in Swindon and Shrivenham. The CCG’s objectives¹ are:

- To increase the life expectancy of people living in Swindon and Shrivenham
- To increase self-reliance and support self-care
- To increase the support offered to those with long term conditions
- To reduce emergency admissions and make the shift from unplanned to planned care
- To promote the use of new technology
- To improve the efficiency and productivity of local health services
- To improve patients’ experience of local health services
- To work with NHS England to improve the quality of primary care
- To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

The CCG vision is to ensure everyone in Swindon and Shrivenham lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

**Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership**

The emergent priorities for the next five years have been agreed as:

- To provide improved person-centred care by strengthening and integrating the specialist services that support primary care.
- To shift the focus of care from treatment to prevention and proactive care.
- To redefine the ways we work together as organisations to deliver improved individual/patient care.
- To ensure we offer staff an attractive career and build a flexible, sustainable workforce.
- To strengthen collaboration across organisations to directly benefit acute and urgent care services.

**Public Health England**

Alongside the current Public Health England (PHE) business plan, the PHE remit letter sets out its current priorities:

- Global Health (health security, emerging threats)
- Tackling the growth in antimicrobial resistance
- Genomics
- Pollution (air quality, water, land)
- Ensuring every child has the best start in life
- Tackling obesity particularly among children
- Reducing health inequalities
- Reducing harmful drinking and alcohol-related hospital admissions
- Promote good mental health, prevent mental health problems and improve the lives of people living with and recovering from mental illness
- Reducing smoking and stopping children starting
- Sexual and reproductive health
- Improving work and health outcomes.
- Prevention (focussing on high-risk cardiovascular conditions, obesity and cancer)
- Screening and immunisation
- Support NHS work on population health and new models of care

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NHS Long Term Plan

The NHS Long Term Plan published in January 2019 sets out how the NHS will change over the next decade as medicine advances, health needs change and society develops, to ensure it is fit for the future. The main themes in it are:

- The NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.
- The NHS will strengthen its contribution to prevention and health inequalities.
- The NHS will provide a strong start in life for children and young people.
- The NHS will provide better care for major health conditions.
- The NHS will tackle workforce pressures and support its staff.
- The NHS will upgrade technology and digitally enabled care across the NHS.

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5 NHS Long Term Plan. [https://www.longtermplan.nhs.uk/](https://www.longtermplan.nhs.uk/)