

# Swindon's Health and Wellbeing Strategy 2017 - 2022



Swindon's Health and Wellbeing Board

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# Foreword

Swindon is a vibrant, diverse and growing town where we believe that everyone should have the opportunity to live a long, healthy, safe, fulfilling and independent life supported by thriving and connected communities.

This 2017-2022 refresh of our Swindon Health and Wellbeing Strategy outlines our ambition for improving health and addressing health inequalities across the borough. The priorities identified when we launched our first Health and Wellbeing strategy in 2013 are still relevant today and partners including the Clinical Commissioning Group (CCG), NHS and local authority, need to take these into account when developing their own plans and making decisions about spending money and planning services.

In Swindon we have a strong culture of working together to achieve better health and wellbeing and this has led to the reduction of early mortality and increased life expectancy for our residents. The health and social care integration agenda is a key element of the NHS Sustainability and Transformation Plans (STPs) that are evolving across the country. We must continue to work together in these challenging times and with increasing demand on services to ensure that people continue to have access to high quality health and social care services. Prevention is key to improving health outcomes for people as is the need to promote earlier intervention and further integration across the health and social care system.

Health is fundamental to every aspect of a person's life and we know that health in later life can be heavily influenced by negative childhood experiences such as exposure to domestic abuse. Other factors such as education, housing, employment, community networks and access to a wide range of leisure and cultural activities are also influential in determining an individual's ability to live a healthy, productive life and contribute positively to society.

Increasing the opportunities for children and adults to enjoy healthy, safe and fulfilling lives remains our collective ambition and this Health and Wellbeing Strategy will focus our collective energies in pursuit of that ambition.



*Cllr. David Renard,  
Leader of Swindon  
Borough Council*



*Brian Mattock,  
Chair  
Health and  
Wellbeing Board*



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Clinical Director  
Swindon NHS Clinical  
Commissioning Group*

# Swindon's Health and Wellbeing Strategy



## Introduction

Leaders from across the community came together in 2013 to form Swindon's Health and Wellbeing Board. The focus of the board is on improving health and wellbeing so that individuals and communities are able to live healthier lives, and to ensure that everyone in Swindon has a positive experience of the health and care system.

Health and wellbeing is more than the absence of disease; it is the ability for everyone to fulfil their potential, make a contribution and to be resilient to life's challenges. With that in mind, we have adopted the approach that health and wellbeing is the ability to adapt and to self-manage in the face of social, physical, and emotional challenges and to function with fulfilment and a feeling of wellbeing.

The Health and Social Care Act 2012 places health and wellbeing boards at the centre of planning to transform health and social care and achieve better population health and wellbeing. Health and wellbeing boards have been given a number of core responsibilities.

These include assessing the health and wellbeing needs of the local population through the Joint Strategic Needs Assessment (JSNA) and preparing a Health and Wellbeing Strategy.

The first Swindon Health and Wellbeing Strategy was developed in 2013 in conjunction with key partners and with extensive community engagement involving a series of discussions and workshops to identify and agree our local priorities. These priorities for Swindon have not changed and remain key to delivering the vision for Swindon that everyone in Swindon lives a safe, fulfilling and independent life and is supported by thriving and connected communities.

This 2017 – 2022 document is a refresh of the Health and Wellbeing Strategy for Swindon which sets out the vision and the long term improvements in local people's health and wellbeing that we want to achieve in Swindon. It also sets out our priorities for action and indicators that will help us measure progress. (See Appendix one for a summary table). The strategy will be monitored and reviewed by the Swindon Health and Wellbeing Board and reviewed annually informed by and reflecting the latest JSNA findings.

## Vision for health and wellbeing in Swindon

Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

The aim is to improve health and wellbeing outcomes especially for those communities and groups who experience the poorest health. Health and wellbeing in Swindon is improving and we must make sure that it continues to improve. We believe by working together we can make significant differences to everyone's health and wellbeing.

Swindon continues to face huge challenges from:

- An ageing population.
- A growing burden of lifestyle related ill-health, particularly due to physical inactivity, obesity, alcohol misuse and smoking.
- A growing need for savings across the public sector finances, including health and social care services.
- Significantly poorer health in our most disadvantaged communities.

The opportunity to build on the existing community capacity that we know exists in Swindon remains. Making better use of community assets in an 'asset based approach' values and uses the capacity, skills, knowledge and connections and potential that is evident within our local community. Swindon has a number of vibrant voluntary and community sector organisations which make an invaluable contribution to both the life of the local communities and the lives of individuals.

This strategy sets the context for other health and wellbeing plans and for commissioning of integrated NHS, public health, social care and children's services. The Health and Wellbeing Board works with all partners to help align policies, services, resources and activities with the Health and Wellbeing Strategy and to ensure joined up action to tackle issues that will benefit from multi-agency working. The Health and Wellbeing Board

expects that the commissioning plans of the Local Authority, the Police and Crime Commissioner, the Clinical Commissioning Group and the local NHS are consistent with this Strategy, as required by the Health and Social Care Act 2012.

## Purpose of the strategy

The Swindon Joint Strategic Needs Assessment provides the evidence which tells commissioners across the health and social care system what the needs of our local communities are. The Health and Wellbeing Strategy puts the evidence and the vision into practice by providing high level priorities from which health and social care services will be planned and commissioned through joint and collective action.

“ Everyone in Swindon has to play their part if we are to succeed ”

The Health and Wellbeing Strategy for Swindon focuses on the health and social care issues for everyone living in Swindon, but also recognises the wider factors that affect health and wellbeing including education, employment, housing and leisure activities, all of which are underpinned by other more detailed strategies and plans.

To achieve our vision we will continue to work together across organisations and alongside our community, building on strengths of our communities, to improve the quality of life and wellbeing for all. A key element of the NHS Sustainability and Transformation Plans (STPs) that are evolving across the country is the integration of the health and social care agenda ensuring that people get the right care at the right time in the right place. Everyone in Swindon has to play their part if we are to succeed.

The vision is about improving the experience of people throughout their lives in terms of health and wellbeing, enabling individuals to make positive choices to lead healthier lifestyles and reduce inequalities.

## The purpose of this strategy is to:

- Set out the vision of what we want to achieve for health and wellbeing in Swindon
- Identify the key priorities for improving health and wellbeing
- Drive and influence the delivery of health and social care
- Provide an integrated framework that aligns with other local strategies
- Improve health and wellbeing for everyone and reduce health inequalities
- Maximise the opportunities local assets afford us
- Engage with local partners and communities to ensure local needs are being met

## Wider determinants of health

The wider determinants of health encompass other aspects of life such as employment, housing, education, crime and access to services. A person's health is determined by a whole range of things including these wider determinants of health and factors such as their age and gender through to lifestyle factors and social and community networks. Some of these factors individuals can control others they cannot and it is the interaction between these various factors that can impact on health and wellbeing and lead to health inequalities. It is therefore essential that links are made to other partnership plans and strategies that impact upon the wider determinants of health such as the Police and Crime Plan, Local Transport Plan, Housing Strategy and Economic Strategy.

Although people in Swindon are living longer we can see evidence of health inequalities when we compare the life expectancy of people who live in our least deprived communities with those that live in our less affluent areas. The most recent data shows an upward trend in the difference in life expectancy for men from 9 years (2011-2013) to 9.7 years (2012-2014) between those living in our least deprived communities compared with those in our less affluent areas and in women there is a downward trend from 6.5 years to 4 years. The challenge for Swindon is to empower people of all ages to live healthy active lives and to reduce the health inequalities that exist across the town.

## Swindon's priorities

The strategy builds on a number of collaborative pieces of work undertaken in Swindon with a wide range of stakeholders that focus on working together to improve people's health and wellbeing across the borough. In developing this strategy five high level outcomes for Swindon have been

identified. The health and wellbeing priorities were determined by the Health and Wellbeing Board based on a set of criteria (Appendix two) and following engagement with local communities, organisations and other groups who work in the area of health and wellbeing.

When reviewing these priorities for this refreshed 2017-2022 strategy evidence from the Swindon Joint Strategic Needs Assessment (JSNA) has informed the process.

### Outcomes:

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

### Measuring progress

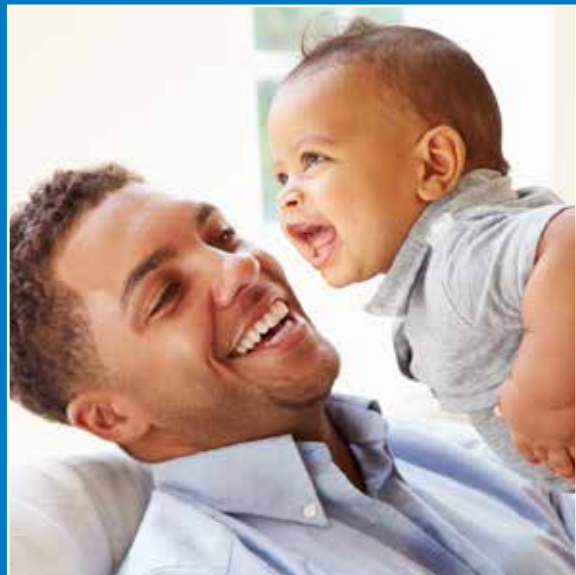
The Health and Wellbeing Board is responsible and accountable for the Health and Wellbeing Strategy and has a critical leadership role to ensure the achievement of the outcomes. The national outcomes frameworks for Adult Social Care, the NHS and Public Health have provided the overarching framework for the Health and Wellbeing Strategy. A number of relevant indicators from these frameworks have been chosen against each of the outcomes to help measure progress. The final evaluation report (December 2016) for the 2013- 2016 strategy reviewed progress against the outcomes and priorities and is available on the JSNA website at <http://www.swindonjsna.co.uk>.

## OUTCOME 1

# Every child and young person in Swindon has a healthy start in life.

All children and young people in Swindon deserve the best start in life and we want them to enjoy life, establish healthy relationships, achieve, stay safe from harm, be healthy and grow up to reach their full potential making a positive contribution to society. We know that health in later life is strongly influenced by childhood experiences and focusing now on improving their emotional wellbeing and ensuring that they have the best opportunities early in life will not only improve their individual health but also that of the whole family. To have an impact on reducing health inequalities we need to address child poverty, children's access to positive early experiences, and support children and young people to take part in positive activities appropriate for their age. Helping our young people to prepare, from an early age, to be self-sufficient and develop a network of support will enable them to live independent and healthy lives and reduce negative risk taking behaviours such as smoking, drinking alcohol, self-harm and underage sex.

Focusing on pregnancy and the first few years of a child's life (especially those who are more disadvantaged and vulnerable) will ensure that every child is given the best possible start in life and benefit them for the rest of their lives. We will review and build on our services using an evidence based approach to target early help, smooth transitions (especially for children with special educational needs and disability ) and preventative programmes that will ensure our young people have the best start in life and prepare them for adulthood.



“ We know that health in later life is strongly influenced by childhood experiences ”



### The local issues

- GCSE attainment has risen over the years with just under 54% achieving 5 or more A\*- C grades at GCSE or equivalent including English and maths in 2016 (England average is 53.5%)
- The percentage of young people who are not in education, employment or training has fallen to 4% in 2015
- Over 7,000 children aged 0-15 were known to be living in poverty 2014
- Alcohol specific admission rates for under 18 year olds are falling but slightly higher than the national average
- In 2015/16 11% of pregnant women continued to smoke throughout their pregnancy (about 1% higher than the England average)
- Almost a third of 10 to 11 year olds in Swindon are overweight and obese (2015/16 England average 34.2%)
- Over 50% of women stop breastfeeding at the 6 to 8 week stage
- High rates of hospital admissions for self-harm amongst those aged 10 to 24 years old
- Younger children have high support needs indicated by the high numbers of children in need and the small increase seen in children coming into care due to neglect
- Almost 4% of pupils have a statement or Education, Health and Care Plan (England average 2.8%)
- In 90% of domestic violence incidents a child or young person will be in the house or directly witness the incident
- High rates of first time entrants into the youth justice system for 10 -17 year olds.

### Our Priorities

1. Improve the mental wellbeing of children and young people
2. Reduce risky behaviours amongst our children and young people such as smoking, drinking, self-harm
3. Keep all children and young people safe
4. Improve educational attainment of our children and young people
5. Ensure young people are able to access employment, education or training opportunities

### Indicators for success

- ✓ Uptake of 2 year olds funded places
- ✓ Prevalence of breastfeeding at 6-8 weeks from birth
- ✓ Percentage meeting the expected standard; Attainment 8, Progress 8, English and maths (A\*-C) at key stage 4.
- ✓ Alcohol specific hospital admission rates for under 18's
- ✓ Self-harm hospital admission rates for under 18's
- ✓ Percentage of mothers smoking at time of delivery
- ✓ Levels of excess weight amongst 10-11 year olds
- ✓ 16-18 year olds and up to 25 years for young people leaving Care and/or with learning disabilities not in education, employment or training
- ✓ Infant mortality
- ✓ Childhood vaccination coverage
- ✓ Children with second or subsequent child protection plans
- ✓ The number of children in care
- ✓ Emotional wellbeing of looked after children
- ✓ First time entrants to the youth justice system
- ✓ Percentage of children with a statement or Education Health and Care Plan (EHCP)

## OUTCOME 2

### Adults and older people in Swindon are living healthier and more independent lives.

More people in Swindon are living longer. Premature (early) deaths from heart disease, stroke and cancer are reducing and a greater emphasis on prevention would ensure that this reduction continues. Prevention, early diagnosis and proactive management of long term conditions are critical to improving the health and wellbeing of our population.

Many people will have one or more long term health conditions such as diabetes or heart disease in middle age, but there is scope to prevent ill health and disability in people - early action would improve their quality of life and slow down the future growth in health and social care requirements in later life. Everyone has a role to improve their health and wellbeing and that of their families and to take responsibility for their own health and wellbeing. Lifestyle choices can have a direct impact on health and wellbeing and changing behaviours such as stopping smoking, eating and drinking more healthily and being more physically active can prevent the onset of some diseases, prevent premature death from diseases such as cancer and heart disease and reduce the risk of dementia.



The age structure of our local population means that Swindon will see a significant increase in the number of older people in the future. Older people make a valuable contribution to the communities across Swindon and it is important to support, expand and grow this asset ensuring that older people with energy, skills and time to give play a role and contribute to their local community.

Our population is broadly healthier than the England average and yet a higher proportion go to hospital, with hospital stays resulting in a breakdown in self-care and personal coping strategies leading to increases in long term health and social care support from a number of different services. We need to ensure an integrated service provision that works together and focuses on regaining and promoting independence working with local communities and social networks to help people remain in their own home for as long as possible.

“Lifestyle choices can have a direct impact on health and wellbeing”

We want to enable people to stay independent and safe and enjoying the best possible quality of life. This priority sets out our aim to improve the quality of life and not just extend life. It recognises the need to improve the wellbeing of people with caring responsibilities in and around Swindon, creating a community where carers are recognised, valued and supported. It also acknowledges that when people are at the end of their lives they and their carers are supported in making choices about where they would like to die.



“We want to enable people to stay independent and safe and enjoying the best possible quality of life”

#### The local issues

- Average male and female life expectancy (2013-2015) has increased over the years and is 80 years for men and 83 years for women, similar to the England average (2013-2015)
- Population projections forecast a continued increase in the Borough's population with the majority of that growth in the over 65 age group
- Smoking is the single biggest contributor to shorter life expectancy and over 18.7% of adults continue to smoke in Swindon (England average 16.9%)
- Rates of hospital admissions for alcohol related harm have risen over time.
- Over 2,300 people aged over 65 years in Swindon are estimated to live with dementia and this is expected to increase as the population ages
- Approximately 13,000 adults (7%) have diabetes and this is estimated to rise to 19,000 by 2035
- An estimated 71% of our adult population in Swindon are either obese or overweight
- Over a quarter (27.4%) of our adult population are considered inactive (England average 28.7%)
- Around 250 people under the age of 75 die each year from cardiovascular disease, cancer or respiratory disease that is considered preventable

#### Our Priorities

1. **Strengthen integrated working between health and social care**
2. **Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices**
3. **Promote independence and reduce the need for hospital services and long term care**
4. **Ensure that carers needs are met**

#### Indicators for success

- ✓ New admissions of older people (over 65) into residential and nursing care
- ✓ Take up of the NHS Health Check programme by the eligible population
- ✓ Smoking prevalence rates for adults
- ✓ Hospital admissions for alcohol related harm
- ✓ Delayed transfers of care from hospital
- ✓ Rate of early death (under 75's) from
  - o cardiovascular disease (including heart disease and stroke),
  - o cancer
  - o respiratory disease.
- ✓ Carers who have their needs assessed
- ✓ Proportion of physically active adults
- ✓ Seasonal flu vaccination rates

## OUTCOME 3

# Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders).



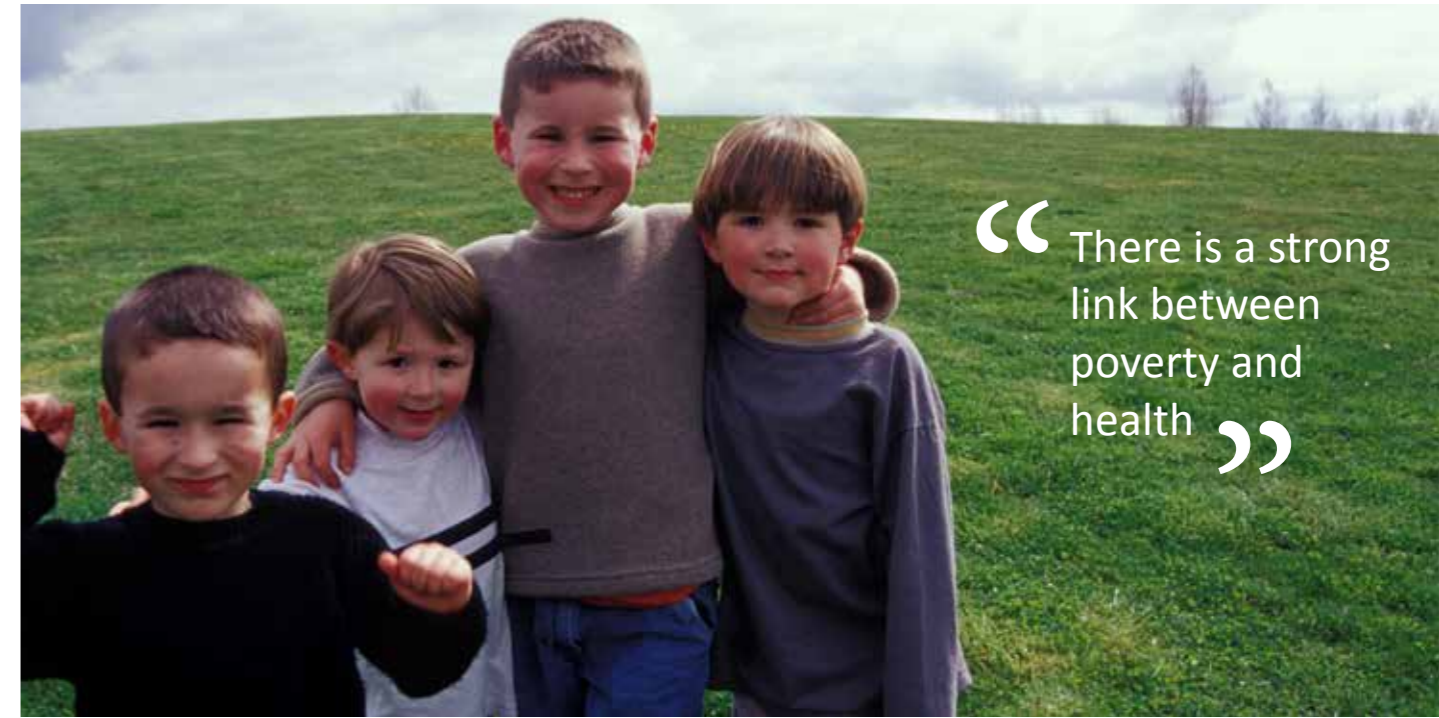
There is a strong link between poverty and health; the poorer you are the unhealthier you are likely to be. This is caused by many things, including differences in housing conditions, diet, levels of smoking and drinking, access to sport and leisure, social support networks as well as barriers to accessing healthcare (such as language and literacy barriers).

We experience significant differences in life expectancy in Swindon between people living in our more affluent areas compared to those living in our less affluent

areas. We also know that some of our more vulnerable communities (including the homeless, those with learning disabilities, mental health issues, victims of violent and domestic crime, offenders and those from our black and minority ethnic communities) will experience poorer health outcomes and that they are less likely to access health services. The connection between employment and health is pivotal in enabling everyone, including those with a disability, to achieve their potential for a healthy and productive life.

Focusing on prevention and early detection of the conditions most strongly related to health inequalities such as cardio vascular disease, cancer, respiratory disease and diabetes will help to reduce the gap in life expectancy that we have in Swindon. It is important to prevent people becoming ill and developing these long term conditions. We can do this by addressing some key lifestyle factors which we know are more prevalent in the less affluent areas of Swindon as well as addressing the wider determinants of health (housing, educational attainment, employment).

“ It is important to prevent people becoming ill and developing these long term conditions ”



“ There is a strong link between poverty and health ”

### The local issues

- People who live in our least deprived communities live, on average, 13 years longer in good health than those living in our most deprived communities.
- In 2011 a total of 15.5% of the borough's resident population belonged to black and minority ethnic (BME) communities
- 17.5% of Swindon school pupils have English as a second language (up from 12% in 2011), with over 100 languages being spoken
- Accident and Emergency attendance rates are around 25% higher from the most deprived third of Swindon's population compared to the least deprived third
- There are about 4,000 adults with learning disabilities in Swindon. Of the approximately 700 who receive a service from Adult Social Care, about a quarter are placed in nursing or residential care
- Smoking rates in routine and manual workers in Swindon are 7% higher than the general population; although both have reduced since 2011
- Emergency hospital admissions for children and young people are around 25% higher from the most deprived third of Swindon's population compared to the least deprived

### Our Priorities

1. **Ensure access to information and advice that supports choice and control**
2. **Ensure people from disadvantaged groups receive good quality care for their physical health**
3. **Local economic and social policies are developed to strive to narrow social inequalities rather than widen them**
4. **Prevent early death and disease through healthier lifestyle choices, early detection and screening**
5. **Ensure that all adults have the opportunity and support to sustain paid employment or volunteering**

### Indicators for success

- ✓ Life expectancy rates
- ✓ Healthy life expectancy rates
- ✓ Percentage of adults with learning disability living independently
- ✓ Proportion of adults with learning disability in paid employment
- ✓ People receiving social care who say they have advice and information
- ✓ Proportion of people feeling supported to manage their condition
- ✓ The proportion of people who use services who feel safe
- ✓ The number of households prevented from becoming homeless

## OUTCOME 4

### Improved mental health, wellbeing and resilience for all.

We want everyone in Swindon to enjoy the best possible mental health and wellbeing and have a good quality of life. This would mean that everyone has a greater ability to manage their own lives, a sense of belonging within their communities, the skills they need for living and working and a greater sense of purpose. Good mental health is fundamental to physical health, relationships, education and training, employment and to fulfilling ones potential. Mental health problems such as depression are more common in people with physical illness and having both physical and mental health problems will impact upon recovery from both. We know that people with poor mental wellbeing are more likely to smoke, drink unhealthily, be obese, eat unhealthily and be less physically active - all of which contribute to their physical health and longer term health outcomes

Effective collaboration between many agencies is vital to ensure that a wide range of community resources are available to promote recovery, dispel the stigma and discrimination around mental health and support and sign post people appropriately.

Developing sustainable, cohesive and connected communities also has an important role in promoting good mental health. There is evidence that strong social networks help protect people against physical and mental health stress. Having safe places for children to engage in positive activities, reducing crime, reoffending and anti social behaviour, supporting people to reduce their dependencies on substance misuse, tackling domestic violence, reducing loneliness and social isolation all contribute to developing safer and supporting communities.

“ This would mean that everyone has a greater ability to manage their own lives ”



“ There is evidence that strong social networks help protect people against physical and mental health stress ”



#### The local issues

- At least one in four people will experience a mental health problem at some point in their life
- An estimated 27,600 people in Swindon have a common mental health disorder
- In Swindon, there are around 700 hospital admissions a year for self-harm. Swindon has a much higher rate than the England average
- An average of 16 Swindon residents a year died of suicide or undetermined causes from 2003 to 2015, with three quarters of these being men
- There are strong links with deprivation and social fragmentation for both suicide and self-harm
- There are estimated to be about 525 injecting drug users in Swindon
- There were around 500 offenders receiving their first conviction, caution or youth caution in Swindon in 2015

#### Our Priorities

1. Tackle Domestic Abuse and its impact on peoples lives
2. Increase the opportunities, through effective pathways, for people with mental health problems to access support services and community facilities aimed at promoting recovery (including education, debt management, housing, leisure services, health promotion)
3. Promote positive mental health and recognise that mental health is everyone's business
4. Reduce the stigma and discrimination associated with mental ill health

#### Indicators for success

- ✓ First time entrants to the youth justice system
- ✓ Successful completion of drug treatment
- ✓ Suicide rate
- ✓ Self reported wellbeing
- ✓ Incidences of domestic violence
- ✓ Proportion of adults in contact with secondary mental health services in paid employment



## OUTCOME 5

### Creation of sustainable environments in which communities can flourish.

We will focus on developing communities that have a positive impact on the way people live and how they feel about their neighbourhood. We know that well connected and vibrant communities provide a resilient and supportive local environment.

It is important to appreciate and mobilise individual and community talents, skills and assets and not just focus on problems and needs. This helps to empower communities to use their own resources and skills and helps combat the idea that people are passive recipients of services.

Community assets are more than just the physical assets such as parks, leisure facilities, open spaces but are also the skills of local residents, the power of local associations and the supportive functions of local institutions. Local assets can be considered to be the primary building blocks of sustainable community development and as such have a vital contribution to make to the health and wellbeing of the community. Drawing upon existing community strengths will ensure the building of stronger more sustainable communities for the future.

It is recognised that transport, green spaces and the built environment play a key role in determining our health and wellbeing as does feeling safe and free from the fear of crime. Sustainable communities are places in which people want and are able to live and work, now and in the future. They meet the diverse needs of existing and future residents, are sensitive to their environment and contribute to a high quality of life. They are safe and inclusive, well planned, built and run, offering equality of opportunity and good services for all.



“Community assets are more than just the physical assets”



#### The local issues

- Around one fifth of Swindon's population are utilising outdoor space for health or exercise reasons
- Volunteering can help solve local problems; does good for others and the community, provides a natural sense of accomplishment and increases self-confidence. Almost 50% of people volunteer at least once a year
- In Swindon, around 70 people are killed or seriously injured on the roads each year
- There are over an estimated 1,000 complaints about noise in Swindon each year.
- 84% of Swindon residents walk somewhere and 17% cycle somewhere at least once a month

“green spaces and the built environment play a key role”

#### Our Priorities

1. **Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion and promote social inclusion of marginalised groups and individuals.**
2. **Work with our local communities to develop creative solutions for local issues**
3. **Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term**
4. **Promote the use of green, open spaces and activities such as walking and cycling**
5. **Promote effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities**

#### Indicators for success

- ✓ Utilisation of green spaces
- ✓ Self reported wellbeing
- ✓ Adult social care service users feel they have the amount of social contact they want
- ✓ Levels of reoffending
- ✓ Anti-social behaviour rates
- ✓ Death attributable to air pollution

## Appendix one Strategy summary

<b>Vision</b> Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities		
Outcomes	Our Priorities	Indicators for success
<b>1. Every child and young person in Swindon has a healthy start in life</b>	<ol style="list-style-type: none"> <li>1. Improve the mental wellbeing of children and young people</li> <li>2. Reduce risky behaviours amongst our children and young people such as smoking, drinking and self harm</li> <li>3. Keep all children and young people safe</li> <li>4. Improve educational attainment of children and young people</li> <li>5. Ensure young people are able to access employment, education or training opportunities</li> </ol>	Uptake of 2 year olds funded places; Prevalence of breastfeeding at 6-8 weeks from birth; Percentage meeting the expected standard, Attainment 8, Progress 8, English and maths (A*-C) at Key Stage 4; Alcohol specific hospital admission rates for under 18's; Self-harm hospital admission rates for under 18's; Percentage of mothers smoking at time of delivery; Levels of excess weight amongst 10-11 year olds; 16-18 year olds not in education, employment or training; Infant mortality; Childhood vaccination coverage; Children with second or subsequent child protection plans; The number of children in care; Emotional wellbeing of looked after children; First time entrants to the youth justice system; Percentage of children with a statement or Education health and Care Plan (EHCP)
<b>2. Adults and older people in Swindon are living healthier and more independent lives</b>	<ol style="list-style-type: none"> <li>1. Strengthen integrated working between health and social care</li> <li>2. Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices</li> <li>3. Promote independence and reduce the need for hospital services and long term care</li> <li>4. Ensure that carers needs are met</li> </ol>	New admissions of older people (over 65) into residential and nursing care; Delayed transfers of care; Take up of the NHS Health Check programme by the eligible population; Smoking prevalence rate for adults; Hospital admissions for alcohol related harm; Rates of early death (under 75's) from; cardio vascular disease (including heart disease and stroke); cancer; respiratory disease; Carers who have their needs assessed; Proportion of physically active adults; Seasonal flu vaccination rates
<b>3. Improved health outcomes for disadvantaged and vulnerable communities</b>	<ol style="list-style-type: none"> <li>1. Ensure access to information and advice that supports choice and control</li> <li>2. Ensure people from disadvantaged groups receive good quality care for their physical health</li> <li>3. Local economic and social policies are developed to strive to narrow social inequalities rather than widen them</li> <li>4. Prevent early death and disease through healthier lifestyle choices, early detection and screening</li> <li>5. Ensure all adults have the opportunity and support to sustain paid employment or volunteering</li> </ol>	Percentage of adults with Learning Disability living independently; Proportion of adults with learning disabilities in paid employment; People receiving social care who say they have advice and information; Proportion of people feeling supported to manage their condition; The proportion of people who use services who feel safe; Cancer screening coverage; Life expectancy rates; Healthy life expectancy rates; the number of households prevented from becoming homeless
<b>4. Improved mental health, wellbeing and resilience for all</b>	<ol style="list-style-type: none"> <li>1. Tackle Domestic Abuse and its impact on people's lives</li> <li>2. Increase the opportunities, through effective pathways, for people with mental health problems to access support services and community facilities aimed at promoting recovery (including education, debt management, housing, leisure services, health promotion)</li> <li>3. Promote positive mental health and recognise that mental health is everyone's business</li> <li>4. Reduce the stigma and discrimination associated with mental ill health</li> </ol>	First time entrants to the youth justice system; Successful completion of drug treatment; Suicide rate; Self reported wellbeing; Incidences of domestic violence; Proportion of adults in contact with secondary mental health services in paid employment
<b>5. Creation of sustainable environments in which communities can flourish</b>	<ol style="list-style-type: none"> <li>1. Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion and promote social inclusion of marginalised groups and individuals.</li> <li>2. Work with our local communities to develop creative solutions for local issues.</li> <li>3. Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term</li> <li>4. Promote the use of green, open spaces and activities such as walking and cycling</li> <li>5. Promote effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities</li> </ol>	Utilisation of green spaces: Self reported wellbeing; Adult social care service users feel they have the amount of social contact they want; Levels of reoffending; anti-social behaviour rates; Death attributable to air pollution

Key supporting local strategies and plans include: The Swindon Borough Local Plan 2026. Community Safety Partnership Business Plan. Healthy Weight Strategy. Get Swindon Active Strategy. The Swindon Tobacco Control Strategy. The Early Help Strategy. Local Transport Plan. The Substance Misuse Strategy. Mental Health Promotion Strategy. Homelessness Strategy. End of Life Strategy. Swindon Clinical Commissioning Group Operating Plans. Domestic Abuse Strategy. Swindon Borough Council Corporate Strategy. Wiltshire and Swindon Police and Crime Plan.

## Appendix two Criteria for prioritisation

### The priorities outlined in this Health and Wellbeing Strategy have been chosen because they:

- deliver the most benefit to our population
- impact upon health inequalities
- have the potential to improve health and wellbeing
- affect a large number of people across all age ranges
- require strong leadership and coordinated action across organisations and our communities in order to secure change
- are informed and based on evidence identified by our JSNA and the views of stakeholders

### Reviewing Progress

We will continue to monitor local progress against the range of indicators identified for each of the priorities and link with other key strategies to see we are making a difference. Successful implementation of the health and Wellbeing Strategy requires a partnership approach enabling Health and Wellbeing Board members to hold their respective organisations and each other to account across service planning, commissioning and service delivery.

The strategy will be monitored and reviewed by the Swindon Health and Wellbeing Board and reviewed annually informed by and reflecting the latest JSNA findings.

## References

### Swindon Joint Strategic Needs Assessment

<http://www.swindonjsna.co.uk/>

### Public Health Outcomes Framework

<http://www.phoutcomes.info/>

### Adult Social Care Outcomes Framework

<https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016>

### NHS Outcomes Framework

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

### The Swindon Council Plan

[http://www.swindon.gov.uk/a\\_to\\_z/service/211/council\\_plan\\_2016-2020](http://www.swindon.gov.uk/a_to_z/service/211/council_plan_2016-2020)

### Wiltshire and Swindon Police and Crime Plan 2013 - 2017

[https://cms.wiltshire.gov.uk/documents/s58132/Police%20and%20Crime%20Plan%20-%20Appendix%201%20-%20Police%20and%20crime%20plan\\_DRAFT.pdf](https://cms.wiltshire.gov.uk/documents/s58132/Police%20and%20Crime%20Plan%20-%20Appendix%201%20-%20Police%20and%20crime%20plan_DRAFT.pdf)

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