

Joint Strategic Needs Assessment (JSNA) for Swindon

2022

Public Health



SWINDON
BOROUGH COUNCIL

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 Swindon's residents. It guides the Joint Health and Wellbeing Strategy (JHWS) and informs commissioning and service development as well as being a public document that anyone can use.
- The JSNA 2022 provides this overview, collating 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 referenced for follow up.
- The JSNA presents key facts, intelligence and challenges for a wide range of public health topics organised under 5 thematic areas:
 - People and Community
 - Place
 - Starting Well
 - Living and Working Well
 - Ageing Well
- The JSNA aims to inspire interest and thinking with a view to commissioning more detailed needs assessments as required to both inform future planning but also to investigate some of the variations seen in Swindon or to give further in depth analysis to understand local perspectives, additional data and service delivery. Moving forward there will also be an opportunity to link this information with population health management data to give a holistic view across health, social care and the broader determinants of current and long term health and wellbeing.

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People and the Community

1. People and the community



Demographics

Births and Deaths

Life expectancy and deprivation

People and the community (Overview)

- The JSNA begins with an overview of Swindon looking at the population now and in the future. Swindon is a large town (46.2 km²) halfway between Bristol and Reading and is known for its connection to the railway, which was the biggest employer in the first half of the 20th century. Today 222,881 people live in Swindon as defined by the local authority boundary and 256,677 patients are served by Swindon GP practices.
- The town is growing with the population projected to increase by around 5% between 2020 and 2030. It has more people in middle age than England with 45-55 the most common age group. Looking forward, between now and 2040, there is some growth predicted in the 15-34 year old age groups but it is mainly in those aged 60+, with a projected additional 4000 residents over the age of 85 by 2040. This clearly has implications for planning services, recognising that different generations have different life experience and expectations as they age.
- Around 90% of Swindon's population are estimated to be from a white ethnic background, with over 16,000 people from an Asian or Asian British background. Swindon has always celebrated its diversity and has partially strong Goan, Nepalese and Polish communities.
- In 2020 there were 2,528 births and 1,965 deaths recorded, with over a third of births to non-UK born mothers. The fertility rate is 1.8 per woman, which is higher than England and the South West. The number of births was highest in Blunsdon and Highworth, St Andrews, Central and Eastcott.
- Females in Swindon have a life expectancy of 83.6 years and males 79.8 years. Similar to England and the South West, men live more years disability free than women (64.9 compared to 60.5 years) although the gap is larger in Swindon. There are some marked differences between wards: females are likely to live 8 years longer in St Andrews than in Priory Vale, and males 5 years longer in Chiseldon and Lawn compared to Central ward. There is no clear link between female life expectancy and deprivation, although there is more of a link for men.
- The [English Indices of Deprivation](#) provide data on relative deprivation for Swindon UA, small areas in Swindon UA, and nationally. The Index of Multiple Deprivation (IMD), the official measure of relative deprivation, combines information from seven domains including: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime. Areas are ranked as less or more deprived relative to other areas, from 1 which indicates the most deprived to 151 which indicates the least deprived. Swindon is ranked as the 98th most deprived area out of 151 Upper Tier Local Authorities (UTLAs) in England, which places it in the second least deprived quintile (or fifth) of these authorities. 12 of the 132 Swindon Lower Layer Super Output Areas (LSOAs) are in the most deprived 10% nationally and are located within Penhill and Upper Stratton; Walcot and Park North; Gorsehill; and Pinehurst Liden, Eldene and Park South wards.

1. People and the community



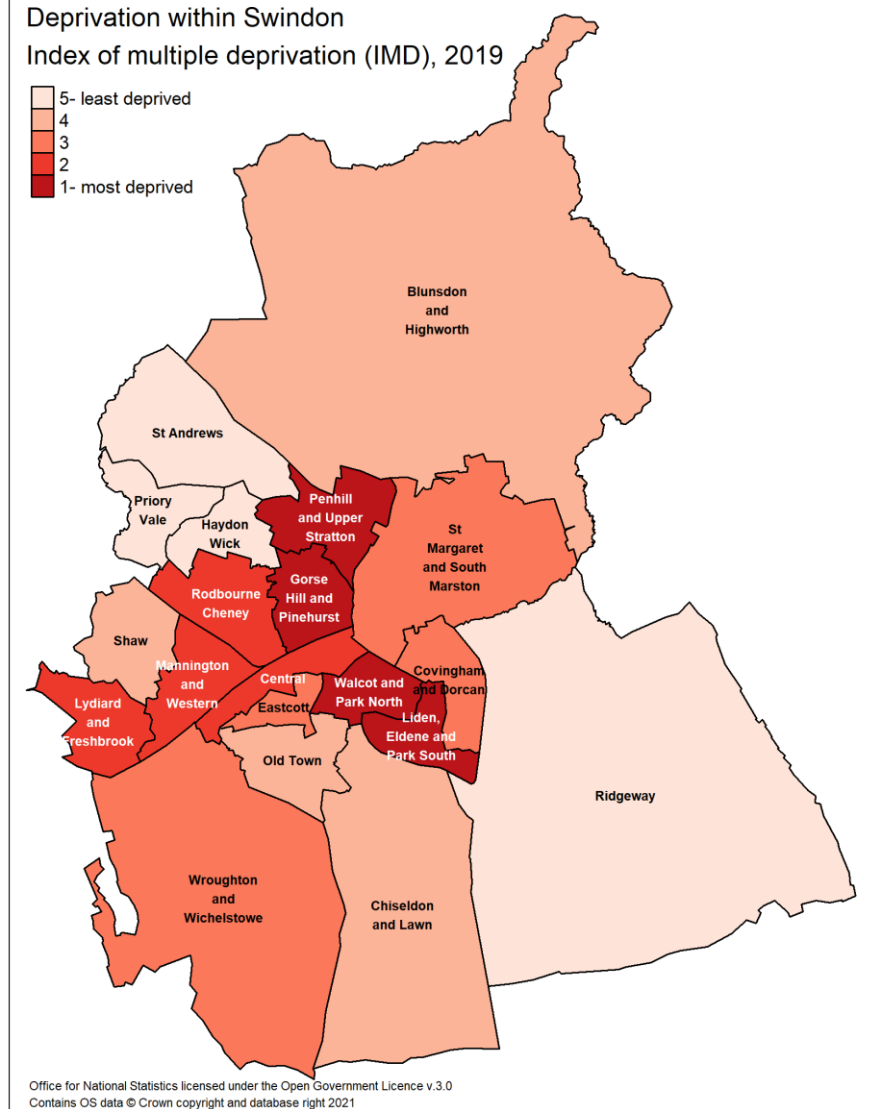
Demographics

Births and Deaths

Life expectancy and deprivation

People and the community (Overview)

Ward	Deprivation (IMD, 2019)
Ridgeway	Least deprived
Priory Vale	
St Andrews	
Haydon Wick	
Shaw	
Chiseldon and Lawn	
Old Town	
Blunsdon and Highworth	
Wroughton and Wichelstowe	
Covingham and Dorcan	
St Margaret and South Marston	
Eastcott	
Lydiard and Freshbrook	
Mannington and Western	Most deprived
Central	
Rodbourne Cheney	
Liden, Eldene and Park South	
Gorse Hill and Pinehurst	
Penhill and Upper Stratton	
Walcot and Park North	



Demographics

Background

The demographic profile of an area such as the age structure, gender and ethnicity profile of its population helps to better understand the area, its needs and assets, and is vital in the delivery of important services such as education, transport, and healthcare.

Importance- Implications

The age structure of the population in Swindon is projected to change with significantly higher growth in the older age groups than in the younger groups. Without a large increase in available resources, a higher old-age dependency ratio will place further pressure on providing appropriate services and helping residents live healthy 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.

Local Picture

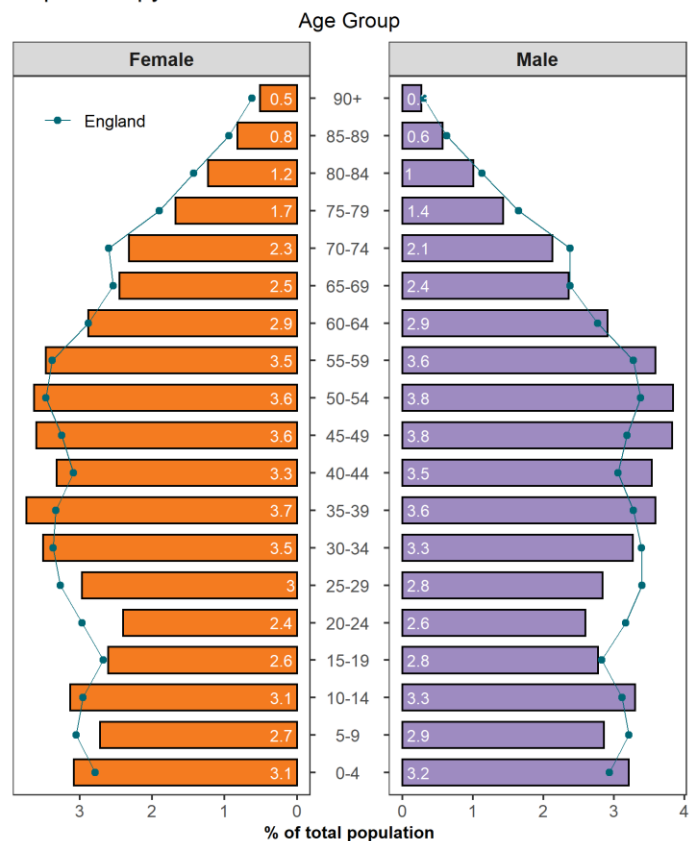
Swindon's population is more middle aged when compared to England and the lower levels of younger people could affect future economic prosperity.

Swindon is a growing town and it is important to continue to review the impact that new housing developments have on the local population structure so that services can be planned appropriately.

References

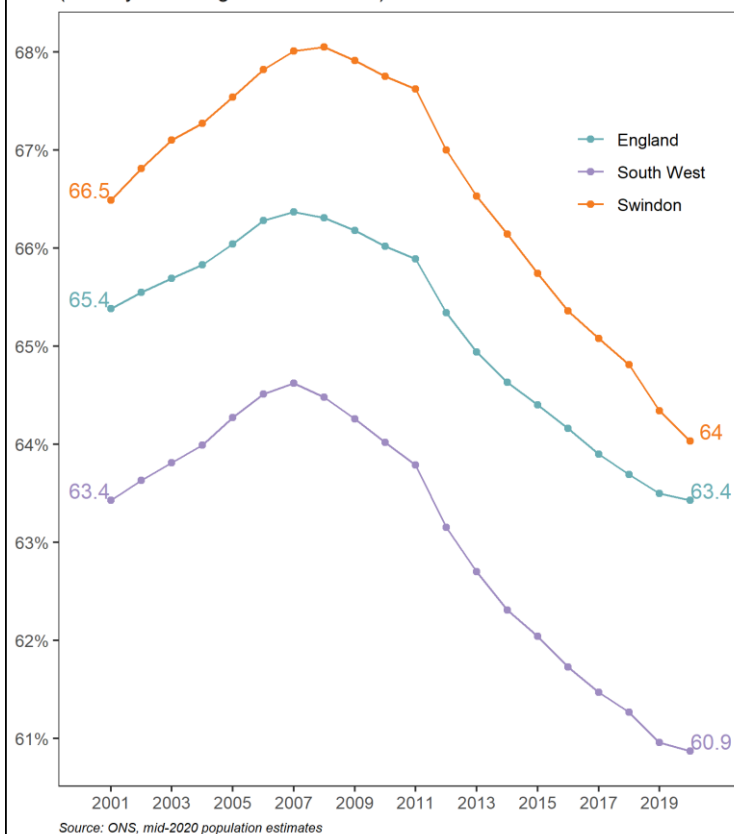
- [1] [Office for National Statistics \(2021\). Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland](#)
- [2] [Office for National Statistics \(2020\). Population projections for Local Authorities: Table 2 - 2018-based edition](#)
- [3] [NHS Digital. Patients Registered at a GP Practice](#)
- [4] [Office for National Statistics \(2020\). Population projections incorporating births, deaths and migration for regions and local authorities: Table 5 - 2018-based edition](#)
- [5] [Office for National Statistics \(2021\). Lower layer Super Output Area population estimates \(National Statistics\) – Mid-2020 edition](#)
- [6] [Office for National Statistics \(2015\). 2011 Census analysis: Ethnicity and religion of the non-UK born population in England and Wales: 2011](#)
- [7] [Office for National Statistics \(2022\). Sexual Orientation, UK](#)
- [8] [Projecting Adult Needs and Service Information System](#)
- [9] [Projecting Older People Population Information System](#)
- [10] [Office for National Statistics \(2021\). Population estimates by marital status and living arrangements, England and Wales](#)

Population pyramid for Swindon



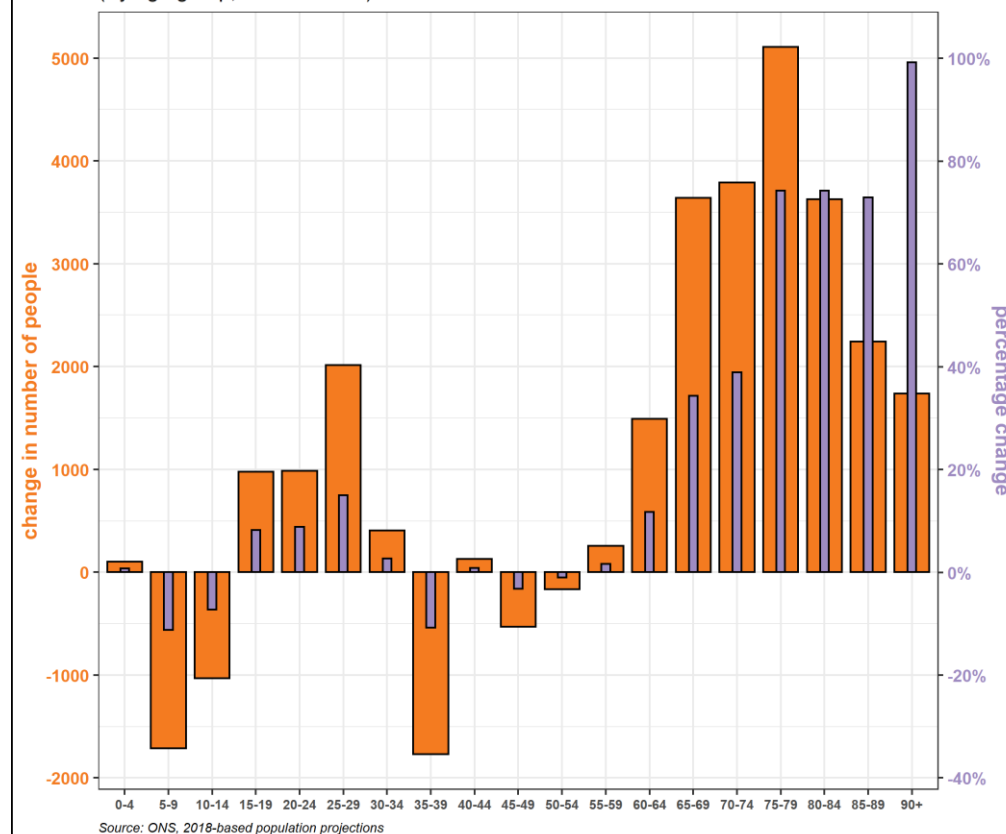
Economically Active Population in Swindon

(15-64 years of age for 2001-2020)



Projected Population Change in Swindon

(By age group, 2020 to 2040)

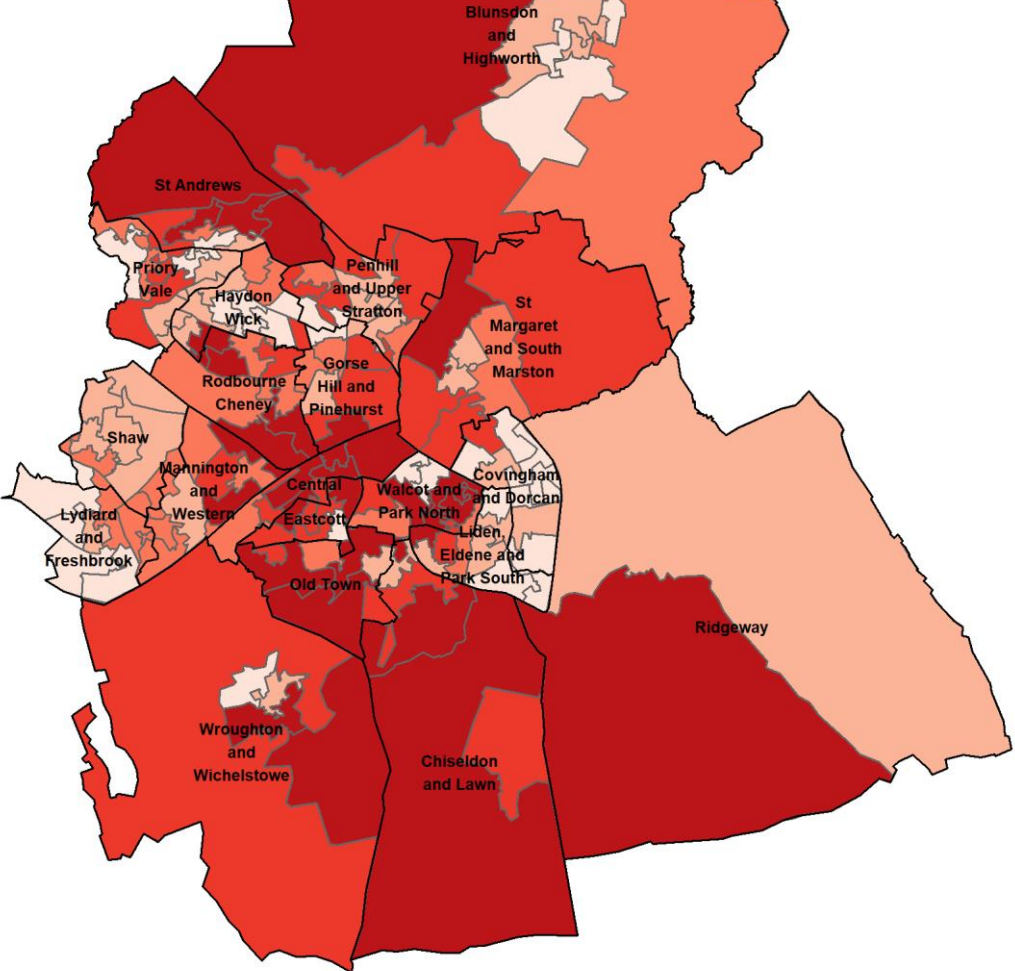
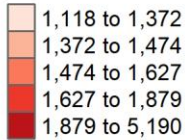


Key Facts

- Office for National Statistics (ONS) mid-2020 population estimates places Swindon Unitary Authority (UA) as home to 222,881 residents^[1] and its population is projected to increase by 5% between 2020 and 2030 and by a further 4% by 2040^[2]. As of May 2022, the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System served a total of 251,677 patients^[3] registered with Swindon-based GP practices.
- The ratio of males (49.9%) to females (50.1%) of all ages is almost equal, similar to the regional and national picture.
- The mushroom-shaped population pyramid for Swindon (top left figure) points to the significant proportion of older people^[1] and would normally indicate a shrinking population if growth occurs through natural change (births minus deaths) only. However, the net impact of internal and external migration will determine the direction of population growth. ONS population projections for all ages^[2] suggest that between 2020 to 2040, nearly all of Swindon's population growth will arise from natural change and international migration rather than internal migration.
- Between 2020 and 2040, the age structure of the population is projected to change: whilst there is predicted growth in 15-34 year olds, it will be significantly higher in the older age groups (top right figure)^[2].
- For the last two decades, Swindon has had a higher proportion of economically active population than the South West or England, and a lower dependency ratio (dependent population to economically active population) than these areas^[1]. However, over the last decade, the dependency ratio for Swindon has been increasing and has been closing the gap with England.
- Mid-2020 population estimates for Swindon wards and LSOAs (smaller areas within wards) are mapped on the next slide^[5].

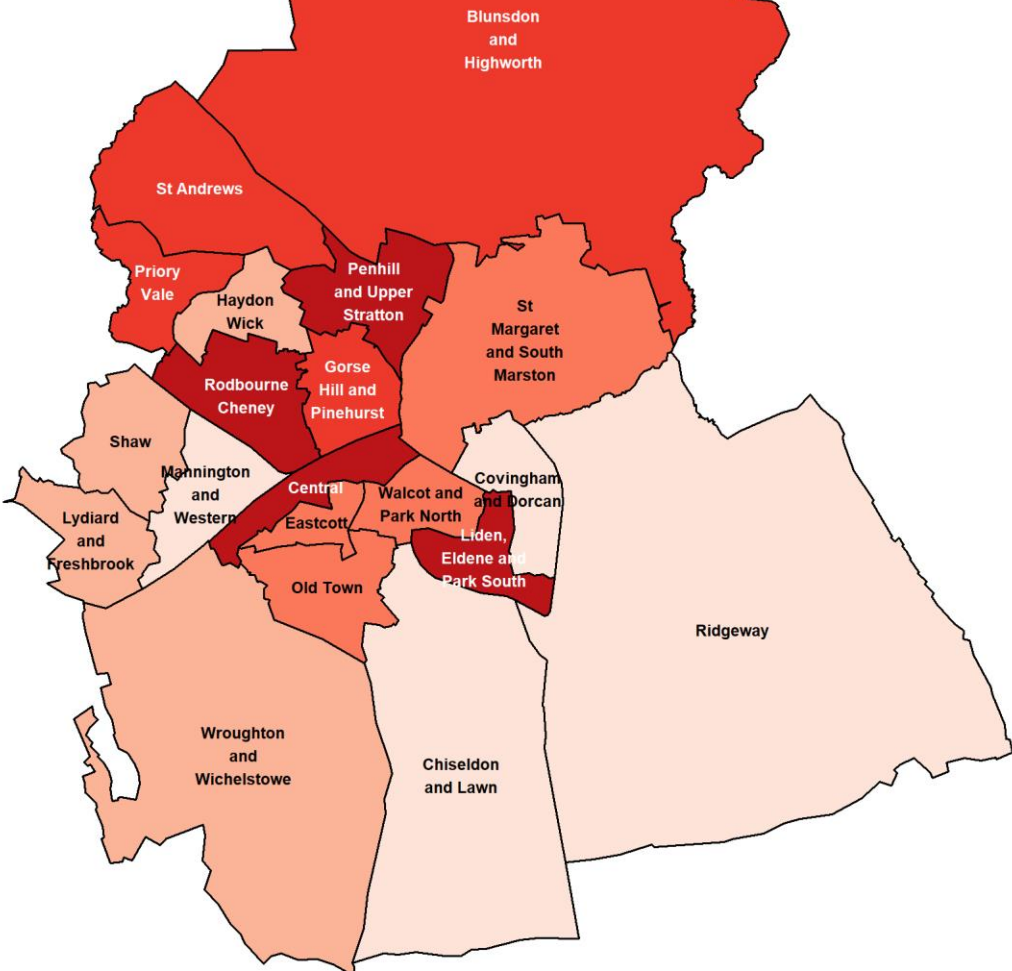
Mid-2020 population estimates for Swindon
LSOAs within Wards

All ages



Mid-2020 population estimates
for Swindon's wards

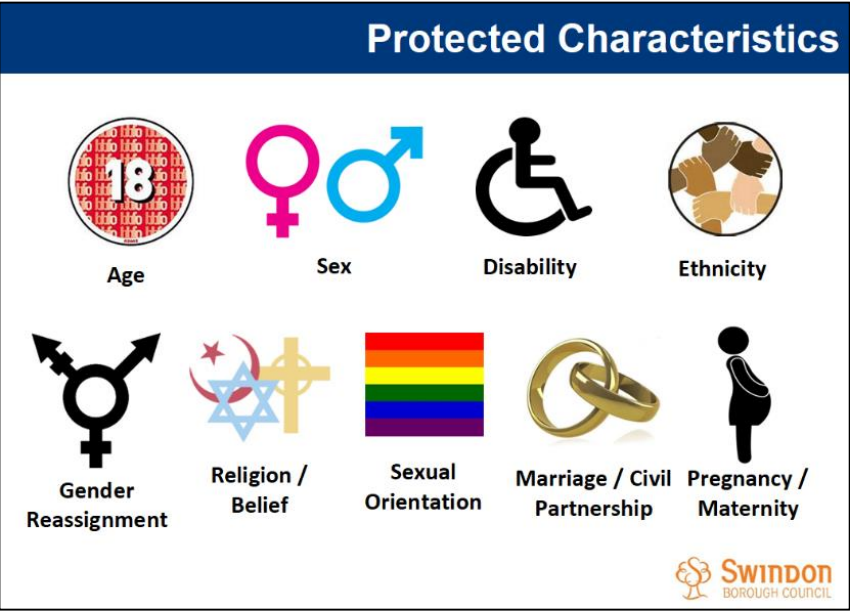
All ages



Protected Characteristics	Group								
Ethnicity 2020 estimates ^[6]	White	Mixed/Multiple ethnic group	Asian/ Asian British	Black/African/ Caribbean/Black British	Other ethnic group				Total
	200,228	4,503	14,242	3,049	859				222,881
Religion 2020 estimates ^[6]	Buddhist	Christian	Hindu	Jewish	Muslim	No Religion/ Not Stated	Other	Sikh	Total
	1,288	128,180	2,767	161	3770	84,275	1,131	1,309	222,881
Sexual Orientation* 2020 estimates ^{†[7]}	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Don't know or refuse				Total
	166,892	3,298	2,483	698	3,686				177,058
Disability (mobility impairment) 2022 estimates ^[8,9]	18-64 age group	65+ age group							Total
	7,821	6,932							14,753
Marital Status 2020 estimates ^{† [10]}	Never married or civil partnered	Married	Civil Partnered	Divorced/ Separated	Widowed				Total
	57,401	86,133	450	22,469	10,605				177,058

* The Sexual Orientation UK, 2020 estimates record responses under these five groupings only. We use the South West percentages for these groupings.

† These estimates refer to residents aged 16+ only.



Key Facts

- The Equality Act 2010 defines 9 protected characteristics for all UK residents. Data on all protected characteristics and accurate, acceptable and up-to-date measures of these for local authorities are not available. We therefore apply local population percentages of selected protected characteristics from the ONS 2011 Census data on most recent ONS local population estimates to calculate estimated numbers for the selected characteristics presented in the above table°.
- The population of Swindon is ethnically diverse, with approximately 22,593 identifying as non-white in 2020.
- The Sexual Orientation UK, 2020 experimental statistics from the Annual Population Survey (APS) suggests that approximately 6,479 residents in Swindon identified as “Lesbian, Gay, Bisexual and Other” in 2020.
- An estimated 86,583 Swindon residents are married or in a civil partnership, while 10,426 residents are estimated to follow a religion other than Christianity.
- While there are several indicators of disability that fall under the 9 protected characteristics, here we report 2022 estimates for Swindon residents who live with mobility impairment (i.e. they experience moderate, severe or complete difficulty with mobility, which limit certain activities). Hence, an estimated 7,821 Swindon residents in the 18-64 age group are classified as having a mobility impairment, whereas this figure stands at 6,932 Swindon residents in the 65+ age group. These estimates are projected to grow by 2% and 8% by 2025 for these two respective age groups. By 2040, these estimates are projected to grow by a further 44% for the over 65s, potentially presenting further challenges to Swindon in terms of looking after its older residents.

°ONS 2021 Census data will be released in the later part of 2022 and the estimates would be different based on these.

Births and Deaths

Background

In order to have a well functioning local health system, it is important to understand and track population growth. This includes recording and monitoring of births (live or stillbirths) and deaths as well as indicators developed and associated with those. These indicators often provide a systematic and standardised way of tracking change over time and making comparisons with other areas.

Birth associated indicators (comprehensive list available from the [ONS](#)^[1]), include the total fertility rate (TFR) which, for one year, is defined as: “the average number of live children that a group of women, usually referring to women aged 15 to 49 years, would bear if they experienced the age-specific fertility rates throughout their childbearing lifespan”. At sub-national level, TFRs are calculated using mid-year population estimates by 5-year age groups, whereas at national level TFRs are calculated using mid-year population estimates by single year of age.

The population in an area changes when there are changes in the number of births, deaths, immigration and emigration. Natural change is defined as the difference between the number of live births and deaths; net migration is defined as the difference between the number of long-term immigrants (people moving into an area for at least 12 months) and the number of long-term emigrants (people moving out of an area for more than 12 months). Two types of migration generally occur and are more adequately described when referring to people moving between different areas within a country as a whole (internal migration) or people moving into the country from abroad or move out of a country to live abroad (external migration).

Importance- Implications

Decoding population growth and associated metrics is a means to understand and address health inequalities and potentially identify root causes. In Swindon, population growth through natural change has been falling consistently over the last decade and is predicted to fall further over the next two decades. A particular question of interest was whether the Covid-19 lockdowns would result in a baby boom or a bust. The general response to economic and other uncertainty and insecurity is to put plans on hold, leading to a reduction in birth rates. However, recent research based on provisional data from the ONS suggests that across England, Wales and elsewhere, there was a temporary decline in babies conceived during the first three months of the first lockdown in 2020, but then the fertility rates rebounded to levels above those seen in previous years^[2]. The onset of the pandemic was initially associated with a decline in the number of births, particularly from November 2020 to February 2021. For instance, for the South West, the TFR had declined from 1.61 per woman in 2019 to 1.53 in 2020, but picked up to 1.57 in 2021. This is despite the fact that the UK faced a second wave of the pandemic in late 2020 and early 2021. One explanation for this recovery might be births taking place where conception had been postponed during the first lockdown. Alternatively, it is possible that birth rates had reached their lowest point and would have increased anyway.

References

[1] [Office for National Statistics \(2022\). User guide to birth statistics](#)

[2] [Berrington, A. and J. Ellison \(2022\). Effect of lockdowns on birth rates in the UK. The Conversation](#)

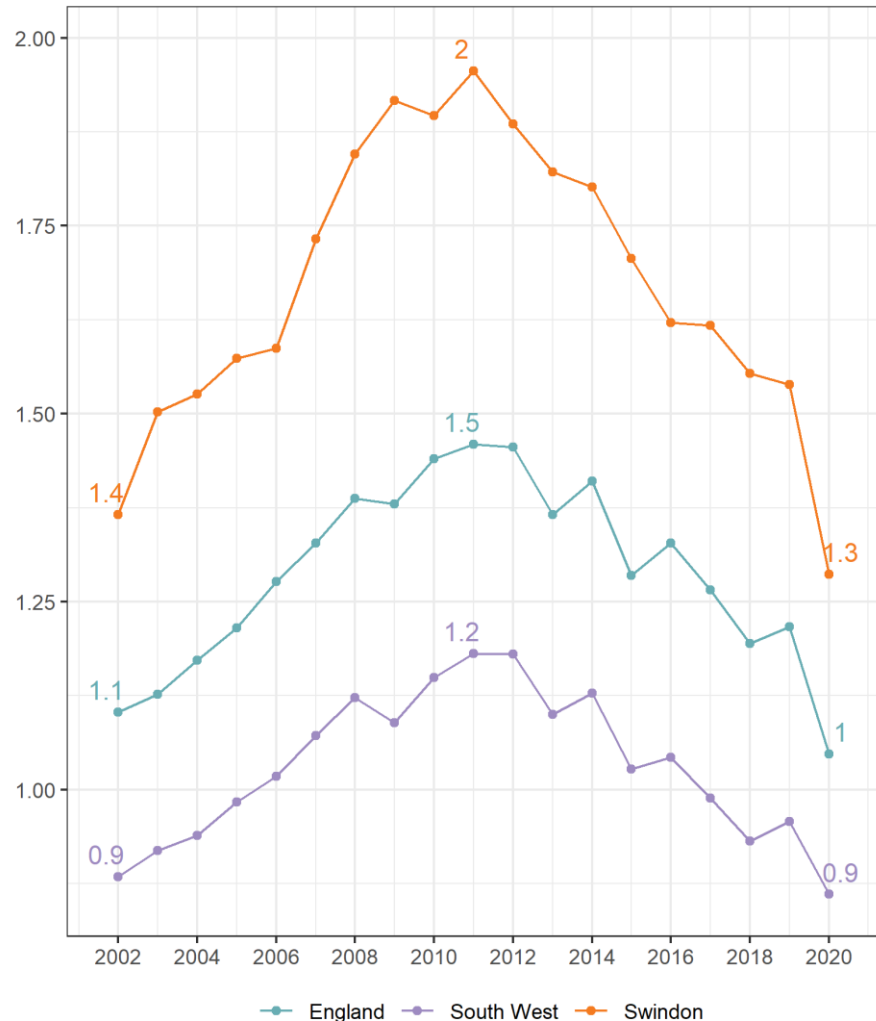
[3] [Office for National Statistics \(2021\). Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland](#)

[4] [Office for National Statistics \(2020\). Population projections incorporating births, deaths and migration for regions and local authorities: Table 5](#)

[5] [Office for National Statistics \(2021\). Vital statistics in the UK: births, deaths and marriages](#)

[6] [Office for National Statistics \(2021\). Live births by ward and local authority, England and Wales: 2019](#)

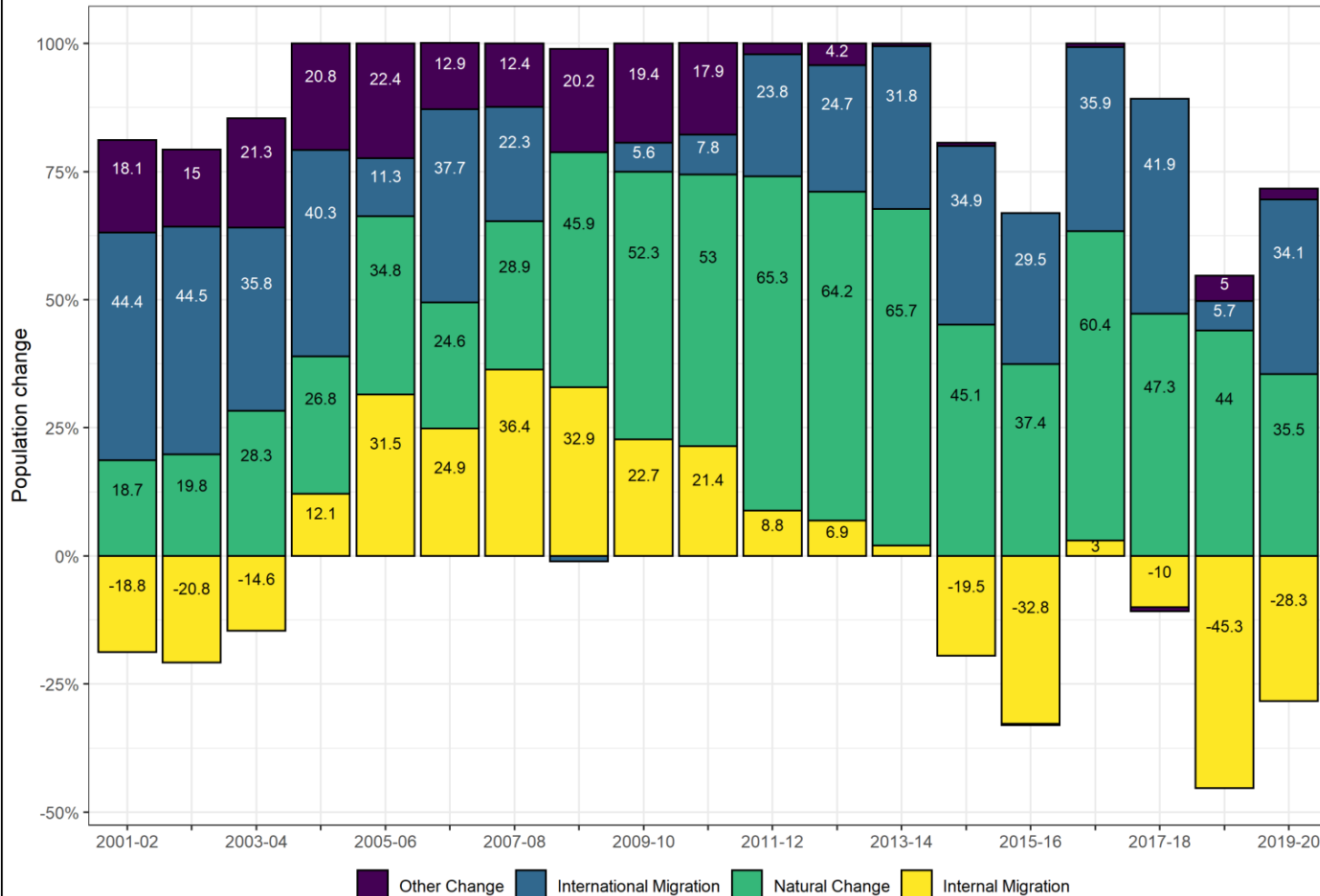
Births to Death Ratio



Source: ONS births and deaths time series, 2018-based

Components of population change in Swindon

(Mid-2002 to Mid 2020)

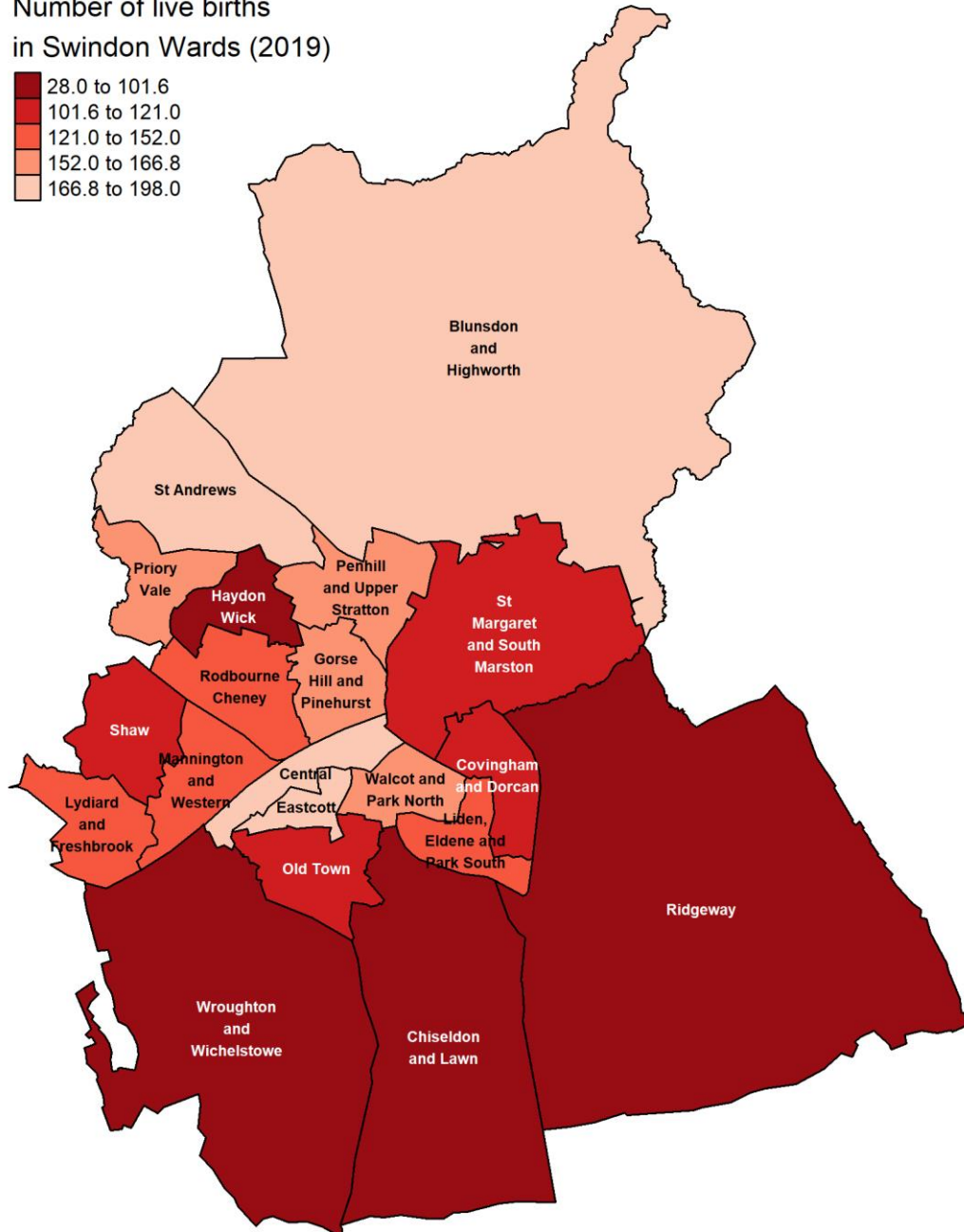
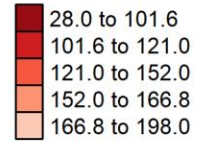


Note: absolute values less than 3% not displayed
Source: ONS, births and deaths time series (2018-based)

Key facts

- The births to deaths ratio in Swindon^[3] has consistently been higher than the South West and England (top left figure), but it has followed regional and national trends in reaching a peak in 2011 to then fall sharply to a low of 1.3 over the next decade. In other words, in 2020, for every 1 death there were about 1.3 births in Swindon. These figures translate into 2,528 births and 1,965 deaths in 2020, representing the lowest level of natural change in Swindon's population over the last two decades. ONS population projections suggest this ratio will fall further to 1.2 by 2040.
- Natural change and migration (internal and external) have generally remained the dominant sources of population growth in Swindon (top right figure), with their share of population change as a whole changing over time^[3]. While these proportions will keep changing over time, ONS population projections estimates suggest that by 2040, about 58% of Swindon's population growth will come from net migration (internal and external)^[4]

Number of live births in Swindon Wards (2019)



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Key facts

- The Total Fertility Rate (TFR) in Swindon in 2020 was estimated at 1.8 children per woman, down from a recorded high of 2 in 2013, and higher than the England and South West averages of 1.6 and 1.5 respectively^[5]. At 29.9 years, the standardised average age of mothers in Swindon was younger than regionally and nationally (30.8 years in both cases), but has been continuously increasing since 2013 from 29.2 years. In 2020, 61% of live births were delivered from mothers aged 25-34 years. The highest increase in births since 2013 was recorded for mothers aged 35-39 years, accounting for 19% of all births in 2020. A steady decline in births for under 20 year old mothers has been reported since 2013, which has coincided with years of increased opportunities in accessing education, improving access to contraceptives, tackling youth unemployment and changes associated with sexual activity.
- Live births from non-UK born mothers in Swindon have been steadily increasing since 2007 (18.6% of all births), reaching 1 in 3 births in 2019 and stood at 34.8% in 2020, with just over half of these from European Union (EU)-born mothers and 47% from Middle Eastern and Asian mothers^[6]. Within Swindon, the highest number of live births in 2019 was from parents who live in Blunsdon and Highworth, St Andrews, Central and Eastcott. ONS mid-2020 estimates show that the latter three wards are amongst the four wards with the highest number of females aged between 15-49 years, and all four wards account for 26% of females within this age group in Swindon^[5].

Life expectancy and deprivation

Background

Period life expectancy (LE) is the average number of years a person is expected to live, if he or she experienced a particular area's age-specific mortality rates for a specific time period throughout his or her life.

Healthy LE is determined as the average number of years that a person is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health.

Disability-free LE reflects the average number of years a person is expected to live free of disability (no limiting long-term illness) if he or she experienced a particular area's current patterns of mortality and disability.

Importance- Implications- Health and social inequalities

LE is a key health indicator. Following significant increases in LE throughout the 20th century, mostly driven by improvements in nutrition, hygiene, housing, sanitation, control of infectious diseases and other public health measures that resulted in reduced mortality rates, the rate of increase in life expectancy has slowed in the UK in the last decade. Some areas have even seen a decrease, prompting much debate about the causes, mostly in more deprived areas, resulting in widening health inequalities. The Covid-19 pandemic was a more significant turning point, causing a sharp fall in life expectancy the magnitude of which has not been seen since World War II^[1,2]. It will be important to monitor life expectancy locally for the years to come while recovering from the pandemic, especially since for females it does not appear to be directly linked to deprivation, but is most probably due to other factors such as lifestyle choices and potentially access to services.

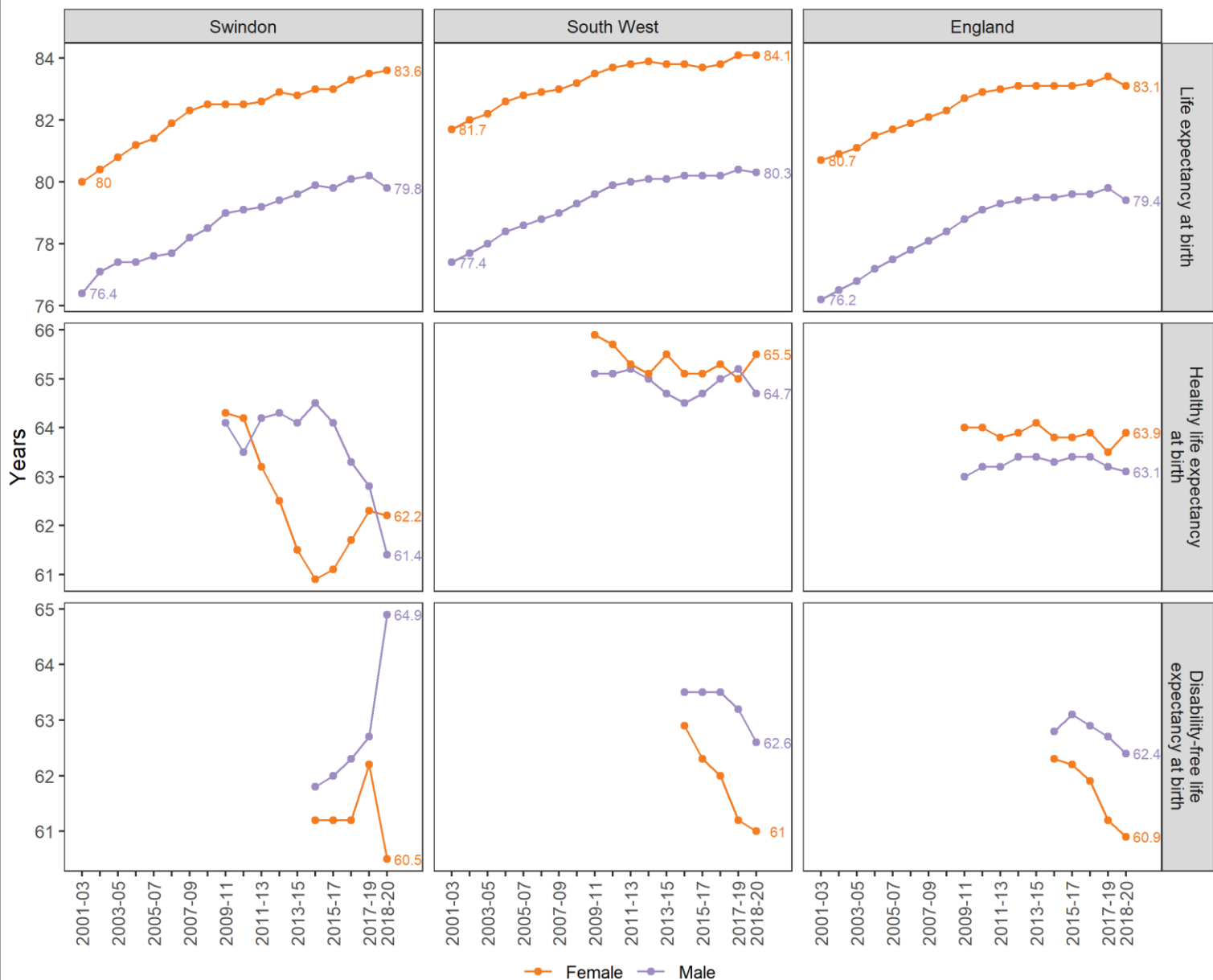
Maintaining or increasing life expectancy in Swindon remains an important aim for health and wellbeing related services, as is working towards reducing the inequality in life expectancy between men and women, increasing the length of time and percentage of life spent in good health and adding years to life as well as life to years.

References

[1] [Raleigh, V. \(2021\). What is happening to life expectancy in England?. The King's Fund](#)

[2] [Marshall et al \(2019\). Mortality and life expectancy trends in the UK: Stalling progress. Health Foundation](#)

Life Expectancy, Healthy Life Expectancy and Disability-free Life Expectancy at Birth



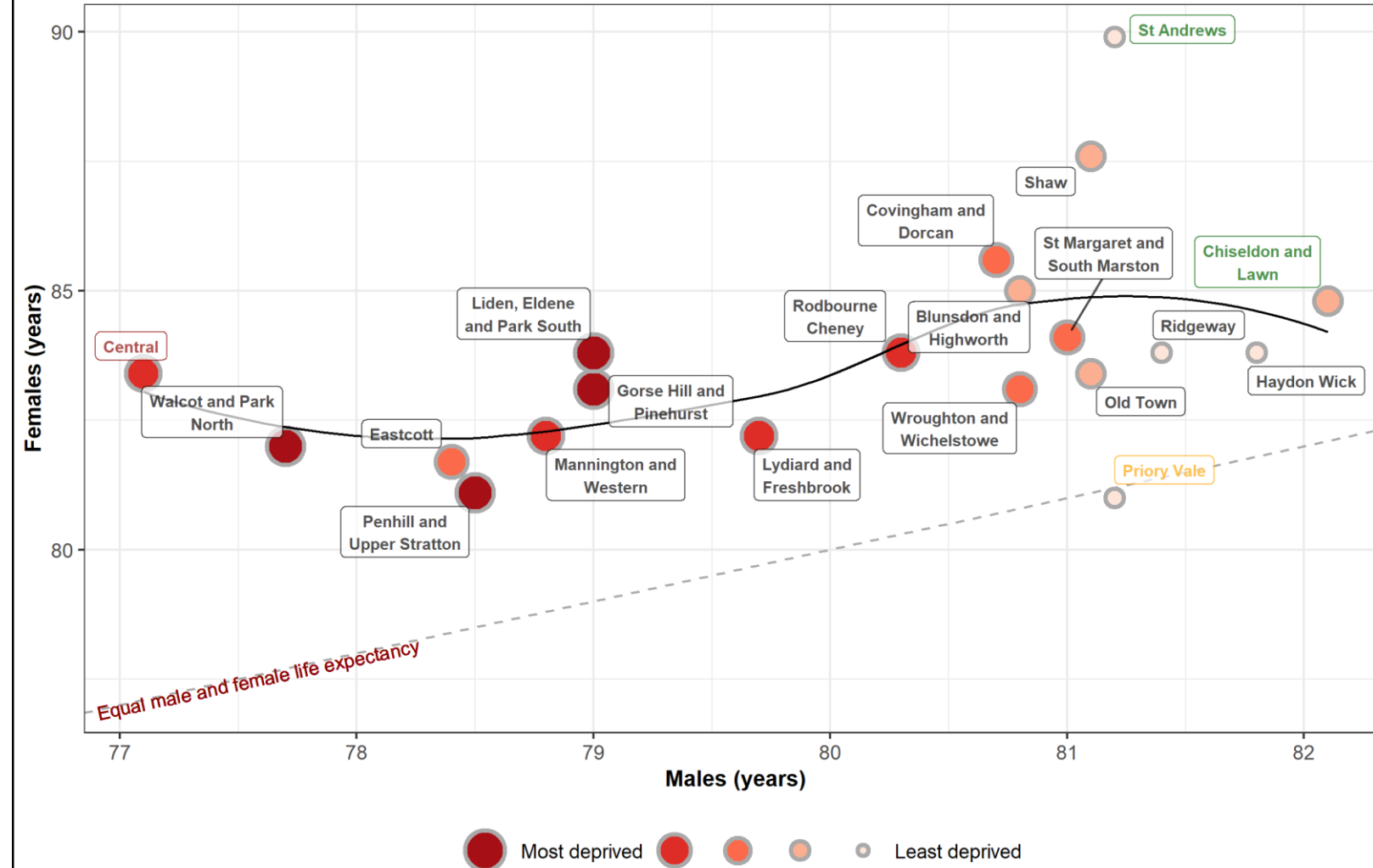
Source: OHID, Fingertips

Key facts

- As of 2018-20, at birth, females in Swindon are expected to live longer (83.6 years) than males (79.8 years), a pattern similar to the South West and England.
- However, males in Swindon are expected to spend 77% of their remaining lives in good health and 81% of their remaining lives without any activity restrictions caused by physical or mental health conditions. The corresponding figures for females in Swindon are respectively 74% and 72%.
- At age 65, life expectancy for males in Swindon is an additional 18.7 years compared to 21.2 years for females. Males will spend less of their remaining time in good health (10.1 years) than females (11.3 years) but will spend one additional year of their remaining time disability-free (11.2 years) compared to females (10.2 years).

Life expectancy at birth for males and females

By deprivation within Swindon wards (2015 to 2019)



Source: PHE. www.localhealth.org.uk

Key facts

- Ward level differences in life expectancy exist for both genders but the divide is greatest amongst females, with an 8 year gap between Priory Vale and St. Andrews. Mid-2020 ONS population estimates indicate that within Swindon, both wards have the lowest proportions of females aged 65 years and over at 2.4% and 3% respectively. Furthermore, these are neighbouring wards and are amongst the least deprived areas in Swindon. It is worth noting that the latter is the only ward where both males and females are expected to live approximately the same number of years.
- For males, the difference in life expectancy is 5 years between Central and Chiseldon and Lawn, with Walcot and Park North, the most deprived ward in Swindon, having the second lowest life expectancy.
- The difference in life expectancy between the 20% most deprived and 20% least deprived wards is only half a year for females. For males, this difference is 2.9 years.
- Although some of these differences refer to wards that are on opposite ends of the deprivation spectrum, the 2015-19 data do not suggest a clear pattern between overall deprivation and life expectancy for females as they do for males.
- In Swindon, 735 male and 459 female deaths considered avoidable occurred in 2017-19. Males had a 63% higher avoidable death rate than females.

Place

2. Place



[Housing](#)

[Active travel and transport](#)

[Community Safety](#)

[Leisure, arts and culture](#)

[Air quality](#)

[Employment, skills and the economy](#)

Place (Overview)

- This section of the JSNA looks at Place and the different aspects that make up living, working and socialising in Swindon. Swindon is a large town well situated on the M4 for access to London and the South West. In March 2019 there were just under 100,000 homes in Swindon with one in ten owned by the Council. Many people own their home with house prices considered more reasonable than many areas of the southwest with the average cost in 2021 between £263,000 and £268,000. In 2020/21 there were 1,140 households assessed under the Homelessness Reduction Act with 62.5% of the main applicants aged 16-34. Over recent years the Council waiting list for a home has increased by 50% and this looks to increase further with the cost of living challenges. Fuel poverty is lower in Swindon than nationally but levels are higher in central areas of town and just over one in ten houses have an efficiency rating of E, F or G at the lower end of the scale.
- In 2021 there were 7,485 businesses in Swindon, a 43% increase since 2010. Based on the 2015 profile, 94% of businesses survive a year and just under half survive 5 years. Swindon has a relatively high level of economic prosperity, with the economy supporting 123,000 jobs in 2021 (16% of which are in the Professional, Scientific and technical sector), and an annual average earnings of £30,420 for residents working full time. Although there was concern about the closure of Honda, other companies have moved in and unemployment rates reflect the low levels seen nationally. An ongoing challenge is around educational attainment: Swindon is nearly 10% lower than national rates for people having National Vocational Qualification (NVQ) level 4 or higher and university entry.
- As well as offering work opportunities, Swindon has 100 pubs, 9 parks, 7 outdoor gyms and a wide range of organisations offering arts-related activities, which are increasingly evidenced as beneficial to health. There are also 13 libraries, both council- and community-led which, although seeing a reduction over time and since the pandemic, provide over 100,000 loans a year. Swindon has many cycle routes and walking opportunities and although data suggests local people cover 1.4 billion miles in motor vehicles, it is estimated that nearly one in four adults walk regularly for transport.
- Both violence and sexual crime in Swindon are lower than or similar to England, although domestic violence has seen an upward trend, reflecting the national picture and possibly linked to improved reporting. It is difficult to know what impact the pandemic will have in the longer term, although around half of the residents in a survey felt community safety had been negatively affected. One benefit of the pandemic was on air quality, for which Swindon is generally quite good and meets recommended levels, with the exception of one area that has an air quality management plan in place. Areas which are more vulnerable to nitrogen dioxide (NO₂) and particulate matter (PM_{2.5}) include Covingham and Dorcan, Rodbourne Cheney, St Margaret and South Marston and Penhill and Upper Stratton.

Housing

Background

Amongst the many challenges that Housing Services in local authorities have to address, ensuring an adequate supply of additional and affordable housing to cater for a growing population is key. A growing population also exacerbates the problem of homelessness - councils have a duty to assess and make a decision on who are owed a Prevention Duty or a Relief Duty. Under the Homelessness Reduction Act 2017, a Prevention Duty is where a household is assessed as being at risk of homelessness within the next 56 days and a Relief Duty is where a household is assessed as being already homeless. Across England, over the period 2020-21, 95.2% of the households assessed for homelessness were classified as owed a prevention or relief duty, with 32.4% quoting “Family or friends no longer willing or able to accommodate” as the reason for homelessness^[1].

Cost of living increases as a result of external factors have placed additional pressures on household finances, with fuel poverty increasingly becoming a source of concern for many households. A household's fuel poverty status depends on the interactions between their income, energy prices and the efficiency rating of their dwelling. In 2020, an estimated 13.2% of households in England experienced fuel poverty under the Low Income Low Energy Efficiency (LILEE) metric. Fuel costs for the least efficient properties (band G) were estimated to be almost three times higher than costs for the most efficient properties (band A-C) ^[2]. The impact of Covid-19 on household income, and the impact of the current energy crisis have exacerbated the cost of living crisis and is set to have a bigger impact on low income households living in dwellings with low energy efficiency ratings.

Importance- Implications- Health and social inequalities

The homeless population have significantly worse health outcomes to everyone else and face significant barriers to accessing health and social care services. With a mortality rate 10 times higher and a life expectancy 30 years lower than the rest of the population, more effort and targeted approaches are often necessary to ensure they have access to the same standard of health and social care as the rest of the general population. A draft guideline by the National Institute for Health and Care Excellence (NICE)^[3] recommends that specialist multidisciplinary teams, which span all sectors of care (physical needs, mental health and psychological needs, drug and recovery needs and social care needs), are involved in the delivery of care for people experiencing homelessness, with such care tailored to meet local needs.

Poor quality and overcrowded housing is also known to have detrimental effects on occupiers' physical and mental wellbeing. A [Public Health England](#) (PHE)^[4] review of the impact of Covid-19 on people from ethnic minority backgrounds identified poor housing conditions and housing composition as contributors to increased Covid-19 transmission within these groups. In addition, overcrowded households are more likely to: (i) contain an elderly or vulnerable member which impacts mortality once diseases are contracted; (ii) be occupied by those working in service or care industries and therefore unable to work remotely to avoid infection. Furthermore, residents may have more chronic diseases and multiple long term conditions which makes them more susceptible to poorer outcomes after contracting Covid-19^[5]. Poorly insulated houses pose a challenge to carbon-reducing environmental commitments and combined with fuel poverty, can also contribute to poorer health, especially where households have to choose between food and heating.

How Swindon is addressing any challenges

During the Covid-19 pandemic, all local authorities were directed to provide emergency temporary accommodation for all those classed as homeless and all prison leavers on release to prevent the spread of the virus within these vulnerable groups.

The creation of new affordable and additional housing is a key challenge to addressing housing issues in the borough. The Council's largest ever housing regeneration project of Queens Drive commenced in 2021 with the delivery of the first of 149 homes in April 2022. Planning permission was received for 11 assisted living bungalows at two other sites, and will be on site in July 2022. As part of the 2022/23 budget, £3 million have been set aside to continue a programme of purchasing properties to alleviate the pressing needs of those on the Housing Waiting list. In addition, a further 10 properties were purchased as move on accommodation for those recently sleeping rough^[6,7].

A budget of £11.81 million has been allocated for council housing repairs and £16.6 million for capital repairs in 2022/23. The Council has also secured a Homelessness Prevention Grant of just over £1.9 million for 2022/23. The latter is used to support those at greatest risk, to prevent households from becoming homeless and to keep former rough sleepers in accommodation. Additional funding was received to provide emergency accommodation during the pandemic, as well as funding to provide Cold Weather Payments to support with the rising cost of energy bills.

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[3] [National Institute for Health and Care Excellence \(2021\). New draft guideline to help reduce health inequalities in people experiencing homelessness](#)

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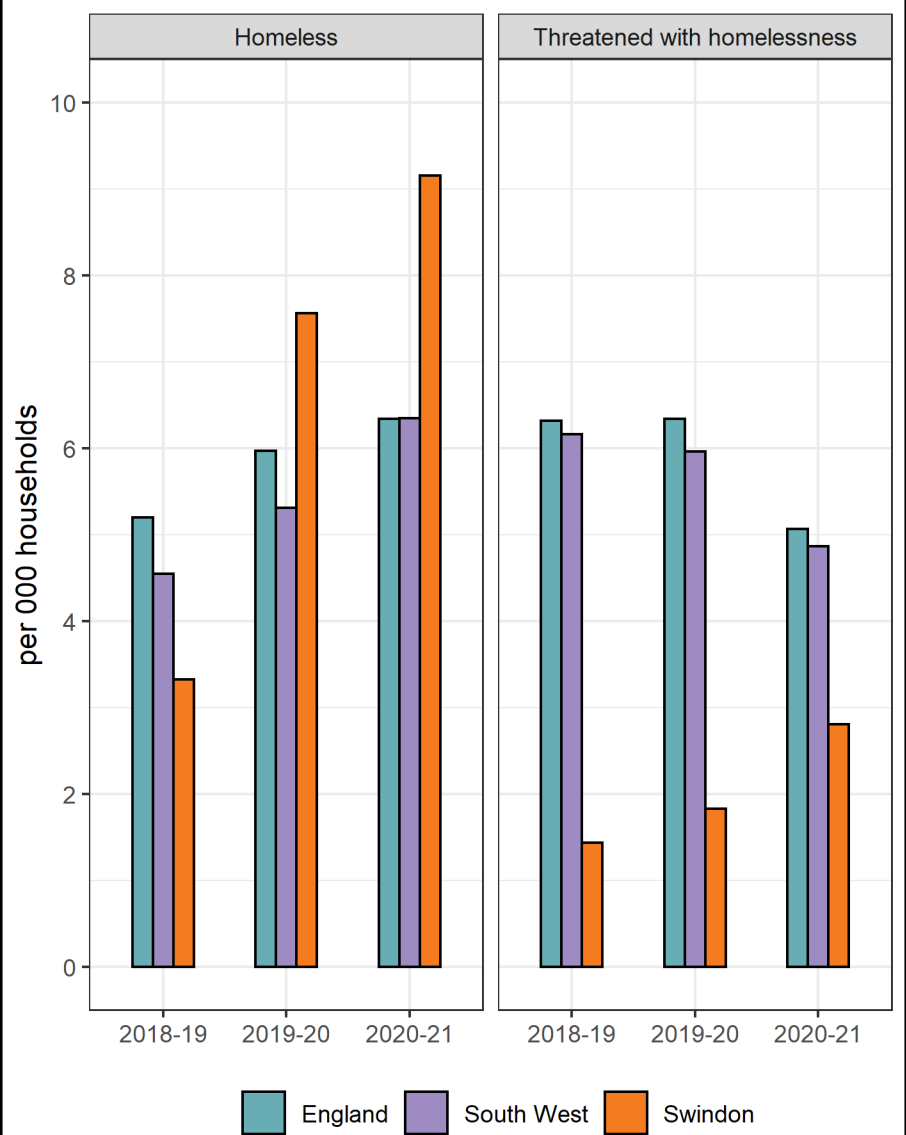
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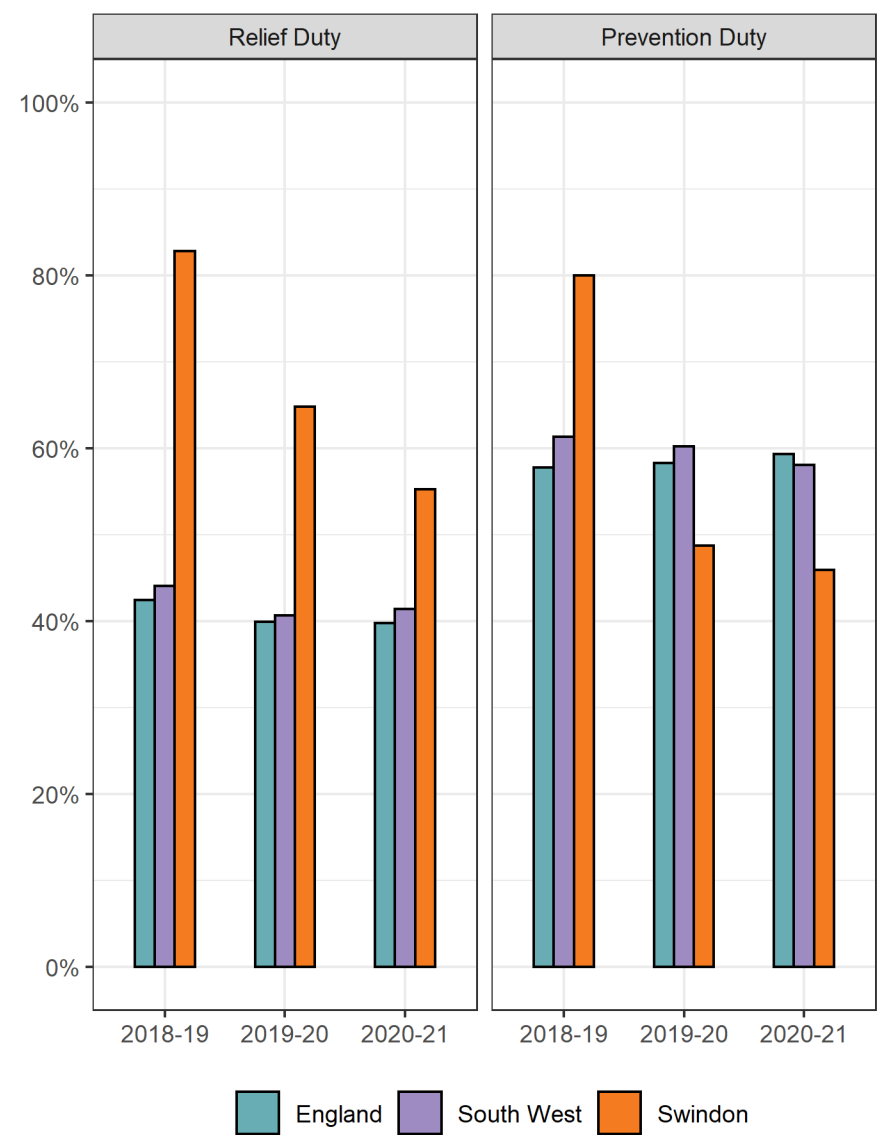
[9] [ONS house price statistics for small areas in England and Wales \(2021\)](#)

Households assessed as homeless or threatened with homelessness (per 000)



Source: Live tables on homelessness, Ministry of Housing, Communities and Local Government

Relief or prevention duty ended with accommodation secured for at least 6 months

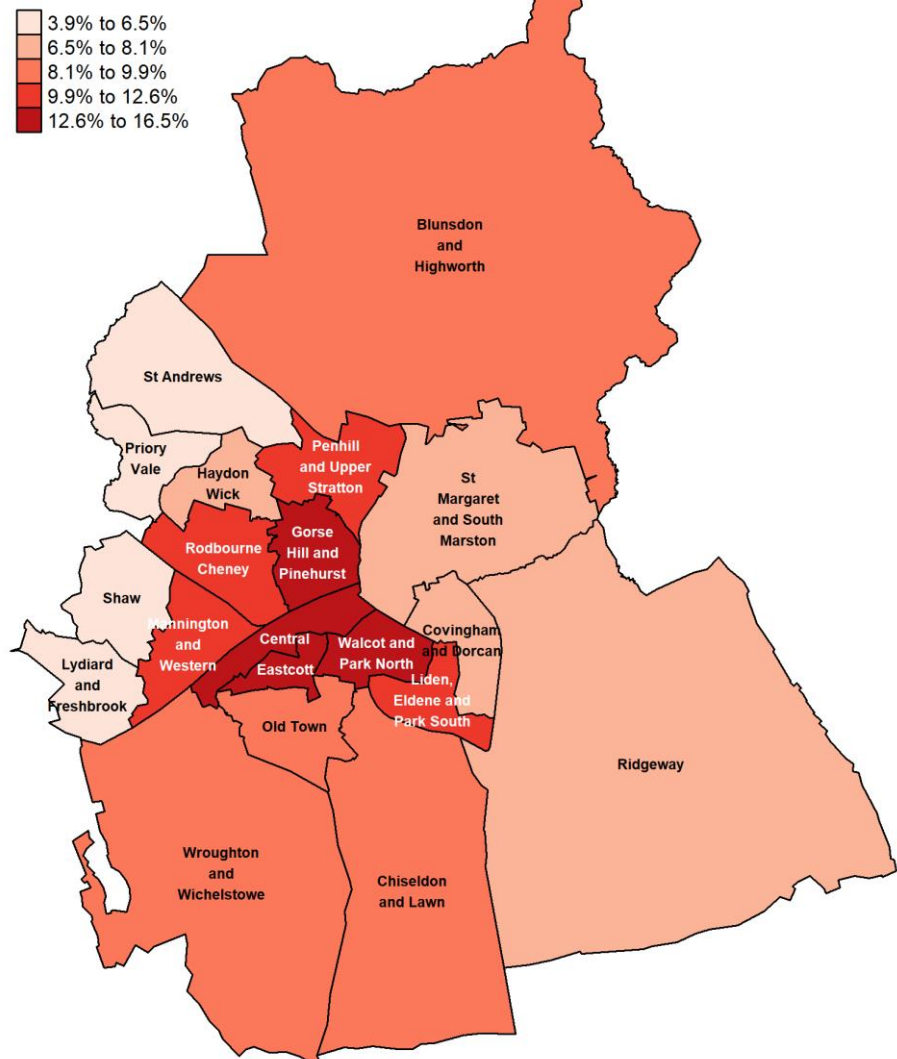


Source: Live tables on homelessness, Ministry of Housing, Communities and Local Government

Key facts

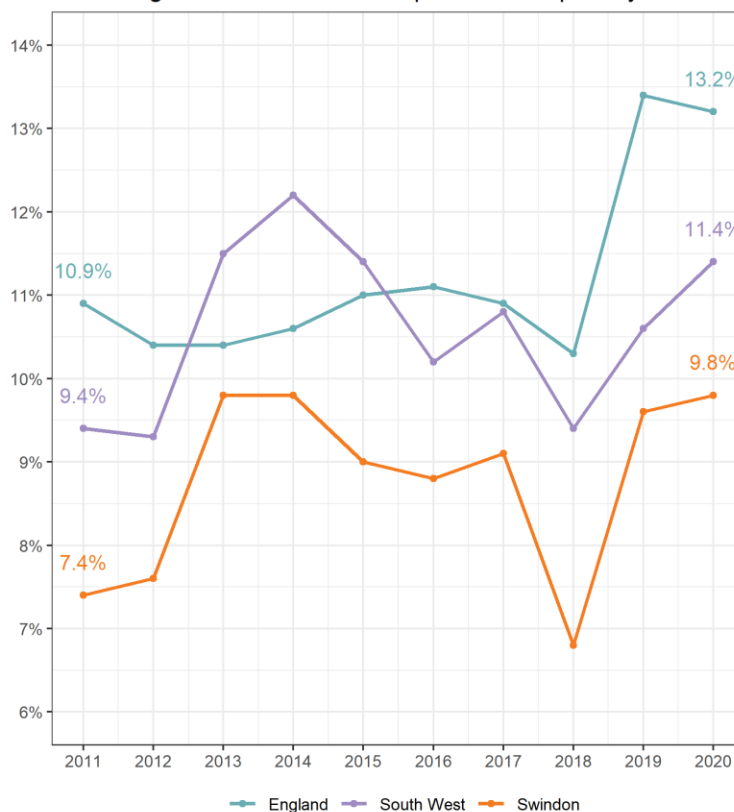
- In 2020-21, 1,140 households in Swindon were assessed under the 2017 Homelessness Reduction Act as owed a duty of prevention or relief. Of this total, 872 were assessed as owed a duty of relief (i.e. already homeless) while the remaining 268 were owed a duty of prevention (i.e. assessed as being at risk of homelessness within the next 56 days). The majority of the main applicants (62.5%) owed a prevention or relief duty were in the 16-34 age group.
- Over the last two years, Swindon has had a higher number of households assessed as homeless per 1,000 households when compared to England and the South West and a much lower level of households assessed as owed a prevention duty. When it comes to finding longer term accommodation for homeless households, Swindon helped a much higher percentage of homeless households than England or the South West.
- The most common known reason for being homeless in Swindon was "Family or friends no longer willing or able to accommodate" (29.8%). This is followed by "Domestic Abuse" (9.2%). Under the Domestic Abuse Act 2021, local authorities have additional duties to provide safe accommodation.
- Data from Swindon Borough Council (SBC) shows that the waiting list for accommodation has increased by more than 50% since March 2016, with the demand for one-bed accommodation more than doubling since that period.
- The number of dwellings owned by Swindon Local Authority fell slightly over the last decade from 10,507 in 2011-12 to 10,264 in 2020-21^[8]. Any reduction in council-owned accommodation implies an increasing demand on the private rented sector to respond to the increasing need for accommodation placement. As at 31 March 2021, there were 424 accommodation placements by Swindon Borough Council^[1].
- In 2021, the average cost of a house in Swindon was between £263,000 and £268,000 ^[9], compared with an average house price between £215,000 and £463,000 in the South West region.

Percentage of households experiencing fuel poverty in Swindon (2019)



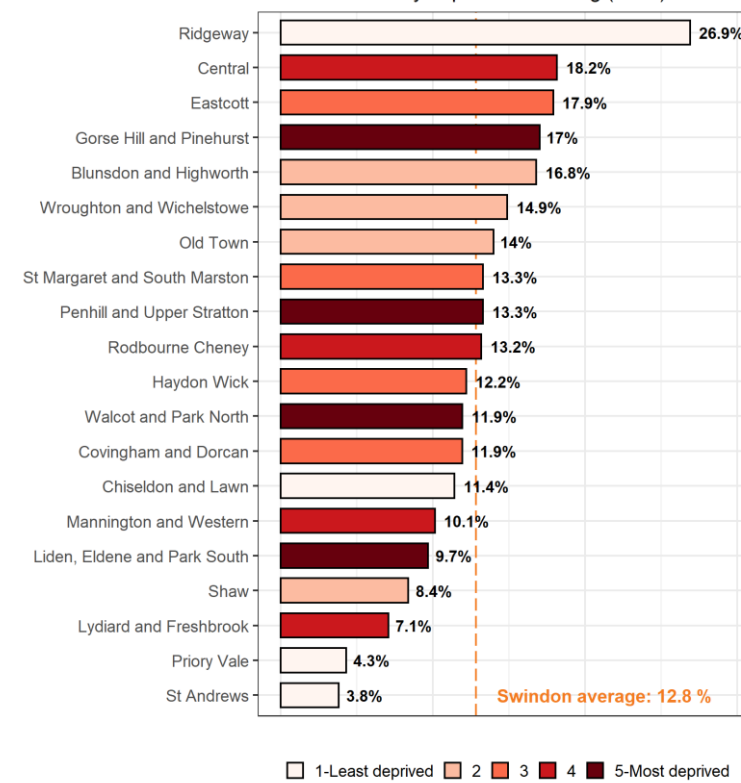
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Percentage of households that experience fuel poverty



Source: OHID Fingertips and Department for Business, Energy & Industrial Strategy

Dwellings with E,F,G efficiency ratings
Swindon wards by deprivation ranking (2022)



Source: Centre for Sustainable Energy

Key facts

- In 2019, the measurement of fuel poverty was changed to make it easier to identify households in fuel poverty and to better track Government's progress toward the fuel poverty target. This change in measurement resulted in an additional 1 million households in England being newly measured as fuel poor, with levels increasing across the board. Fuel poverty levels in Swindon are generally lower than the South West and England (middle figure).
- 2019 data indicates that within Swindon, fuel poverty is at its highest in areas considered amongst the most deprived (left figure).
- Analysis of local data provided by the Centre for Sustainable Energy shows that an estimated 12.8% of properties in Swindon are still classified within Energy Performance Certificate (EPC) bands E, F, G (i.e. low energy efficiency ratings), with Ridgeway having the highest number of such energy inefficient dwellings (top right figure).
- Although more recent data is not yet available, it is likely that the reduction of household income during the Covid-19 lockdown, the current cost of living crisis and the energy crisis will all have resulted in a higher percentage of households experiencing fuel poverty. This is likely to affect the poorest households the most.

Active travel and transport

Background

Active travel means making everyday journeys in a way that makes an individual physically active, like walking or cycling.

The reasons that people give for not participating in active transport, or being reluctant to, broadly fall into 3 categories: personal (i.e. time, family commitment), environmental (i.e. traffic, distance, weather) or social environmental (i.e. physical safety, crime, lighting, anxiety of the local environment)^[1].

Importance- Implications- Health and social inequalities

Active travel has been associated with lower rates of cardiovascular disease, diabetes and being overweight and it is estimated that switching short journeys to active travel could save £17 billion for the National Health Service (NHS) over a 20 year period with savings from reductions in the prevalence of conditions such as type 2 diabetes^[2,3]. It has also been associated with improved environmental benefits including reduced traffic and lower noise and air pollution levels^[3]. The combined health and environmental benefits are argued to make active travel very effective at improving public health outcomes^[4].

However, growth in road transport is linked to decreases in physical activity and obesity; one fifth of respondents to a national survey reported rarely walking more than 20 minutes in one go^[5].

Sport England 'Active Lives Children and Young People Survey' for 2021^[6] found that around 48% of children in England reported walking to get to school and other places in 2020/21, a 2.4% decrease from the previous year. The survey also found that the number of children walking to get to school and other places declined with age (69% of children aged 5-7 years compared with 43% of children aged 7-17 years).

The UK Governments 'Walking and cycling investment strategy' aims to deliver better streets where 'cyclists and walkers feel they belong and are safe' and have been aiming to double cycling between 2013-2025 and local authorities need to create environments to promote active travel^[5,7]. PHE recommend local authorities should combine "behavioural interventions with other policy or infrastructure-based interventions (for example, improving public transport or cycling infrastructure) and then using behavioural interventions to maximise its use"^[4,5].

Local Picture

In Swindon, the number of annual miles completed in motor vehicles has increased year on year for the last 2 decades; since 1999, annual miles travelled has increased by over 350 million to 1.4 billion miles. During 2020 and the Covid-19 lockdowns, annual miles travelled decreased to 1.02 billion miles, levels last seen in the early 2000s^[8].

Overall, active travel in Swindon has been declining in recent years. Rates for active travel in Swindon adults (16+) have seen more fluctuation than other areas, but are generally lower than England and the South West.

The decline in active travel to school that is seen in the national picture is reflected in Swindon data: active travel to school has declined by 6% overall between 2014 and 2022. More specifically, a 7% decline was seen in walking, and replaced by car travel.

How Swindon is addressing any challenges

Swindon has started work on a 'Local cycling and walking infrastructure plan' for the Borough. This plan includes a review of current infrastructure and development of potential new routes to and within the Borough's main district centres. They are also aiming to encourage residents to be more active through the 'Active Swindon Challenge 2022'. In this challenge players are rewarded with points and prizes for leaving the car at home in favour of walking, running, cycling or taking public transport to get around the Borough.

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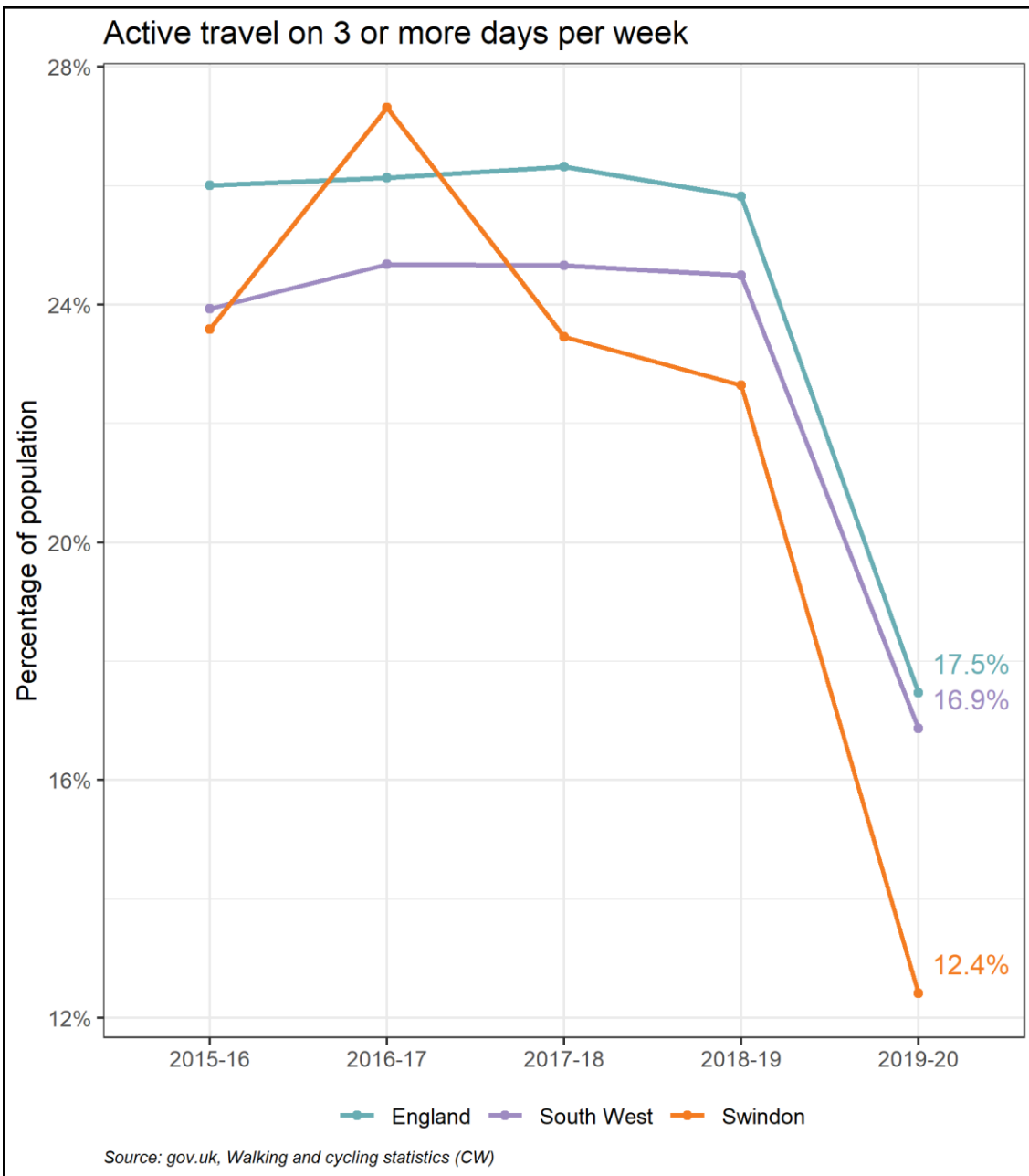
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[5] [Public Health England \(2016\). Working together to promote active travel: A briefing for local authorities](#)

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[7] [Department for Transport \(2017\). Cycling and Walking Investment Strategy](#)

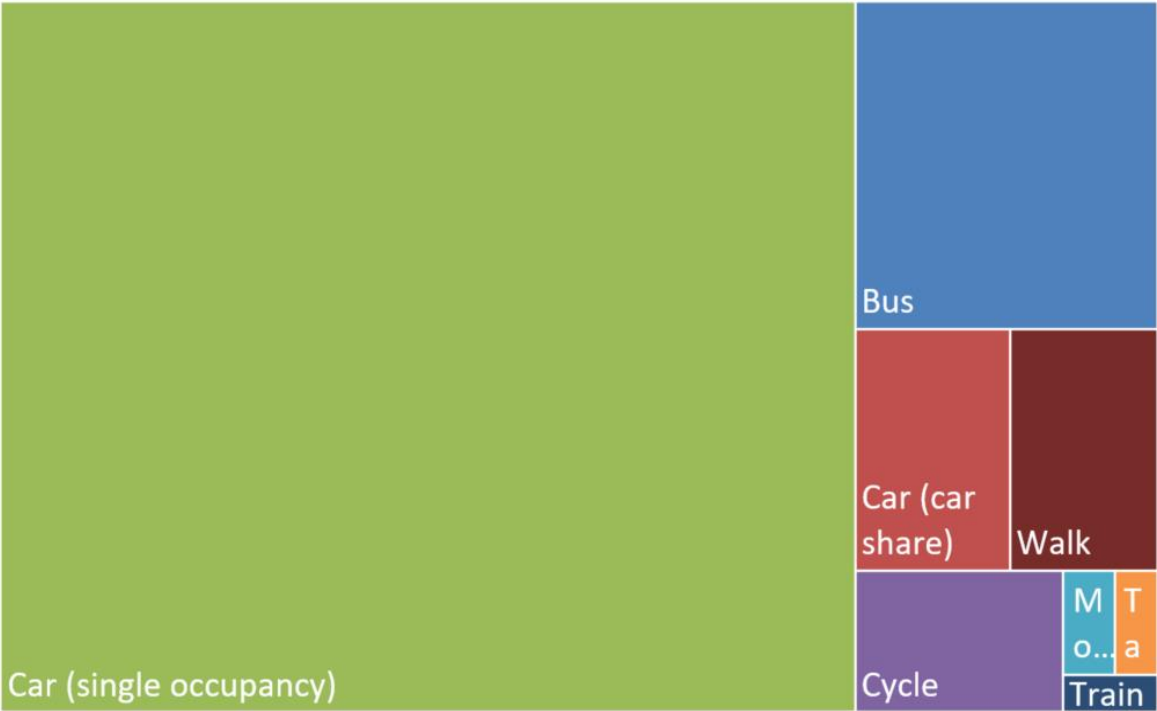
[8] [Department of Transport. Road Traffic Statistics \(2020\)](#)



Key facts

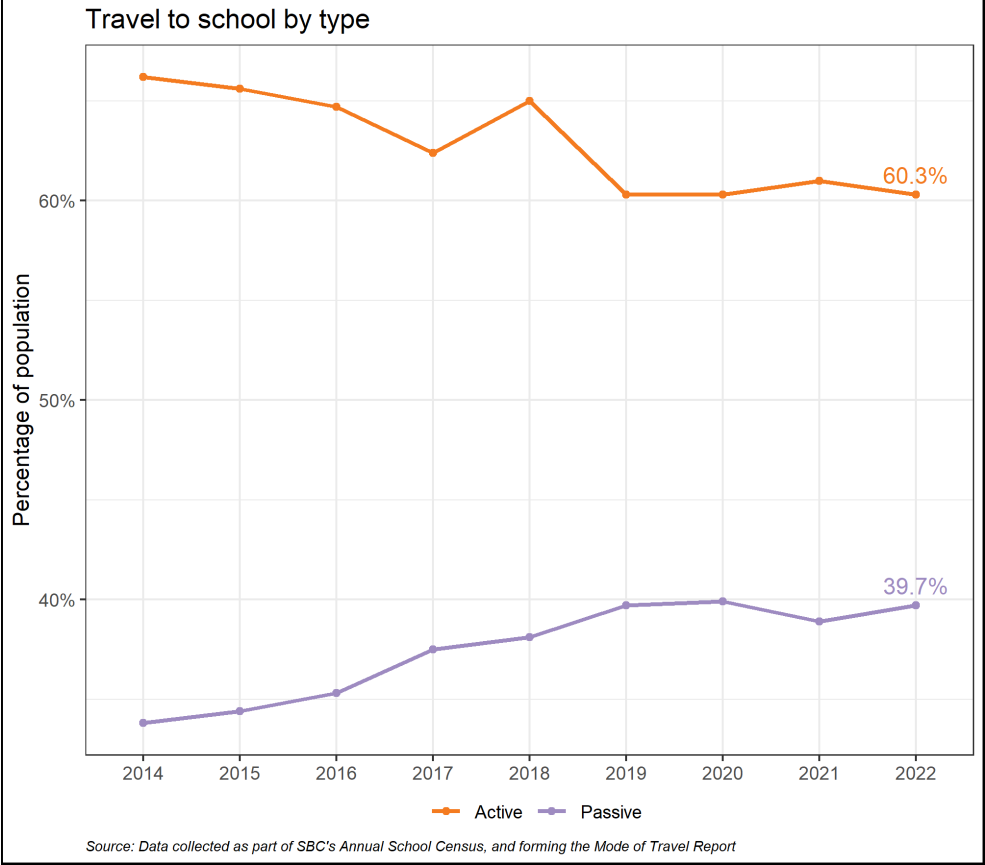
- Active travel was relatively steady in England, the South West and Swindon until 2019/20 when all three areas saw a sharp decrease in the proportion of individuals reporting using active travel on at least 3 days a week. At the beginning of 2020, the lockdown and work-from-home orders as a result of the Covid-19 pandemic removed the need for commuting for many people.
- Before 2019/20, almost a quarter of adults in England and the South West walked regularly for transport whereas in Swindon, these rates were lower (between 18%-23%). During the period 2019/20, rates dropped by approximately 11% in Swindon, a larger decrease than in the South West and England (around 8%).
- Overall, only a small proportion of individuals (between 3%-5%) regularly cycle for transport. Swindon has previously had higher rates of regular cycling compared to other areas but has seen a large decrease in recent years (approximately 2% from 2017/18 to 2018/19), dropping below the rates in other areas.

GWH Staff Transport Survey 2021 (n=922)



Key facts (Great Western Hospital staff)

- In 2021, the majority of staff (74%) employed by the Great Western Hospital (GWH) NHS Foundation Trust reported commuting by car (single occupancy) with only 4% walking and 4% cycling for transport. The majority stated that travelling by car was the quickest option: they combined their commute with other activities (e.g. school drop off) or they had no alternative.
- GWH operates a ‘Green transport policy’ to encourage staff and visitors to use alternatives to driving where possible. However, social distancing and unrestricted parking to discourage car sharing and public transport use during the Covid-19 pandemic appear to have had a sustained influence on commuting by car as a continuing transport choice.



Key facts (School children)

- Over the last 9 years, active transport has been declining and passive transport has been increasing amongst school children.
- The majority of children in primary and secondary school in Swindon reported walking to school. However, this fell by 7% between 2014 and 2022 and was replaced by car journeys.
- Special schools had a marked difference in transport choice compared to other schools, with between 72% and 80% travelling by school bus.

Community Safety

Background

The Local Government Association (LGA) has defined community safety as “an aspect of our quality of life in which individuals and communities are protected from, equipped to cope with, and have increased capacity to resist, crime and anti-social behaviour”^[1]. It covers topics such as crime (including violence and sexual offences), domestic abuse, exploitation of vulnerable groups, cyber crime and anti-social behaviour. Community safety also covers road safety, trading standards, housing and environmental health.

Importance- Implications- Health and social inequalities

Public health principles provide a useful framework for investigating and understanding the causes and consequences of violence and crime. Implementation of primary prevention programmes, policy interventions and advocacy to improve community safety are well evidence-based.

Addressing the health and wellbeing of individuals and communities through a life course approach has wider positive implications for society and help to address community safety issues.

Local Picture

During the Covid-19 epidemic, local authorities played a significant role in supporting organisations to meet Covid-19 health and safety guidelines. This included working with schools, care homes and local businesses to develop and review risk assessments with the aim of preventing and containing the spread of the virus, as well as case outbreak management. Local councils also had a role in enforcing Covid-19 regulations. For example, licensing departments had the power to instruct the closure of premises if they failed to comply with Covid-19 health and safety standards and/or lockdown measures^[2].

The most common crimes in Swindon are violence and sexual offences with a crime rate of 30 per 1,000 population in 2021, followed by anti-social behaviour with a rate of 25.8 per 1,000 population. Swindon's least common crime is theft from the person, with 84 offences recorded in 2021, a decrease of 25% from 2020's figure of 105 crimes^[3]. Although a reduction in crime rates has been seen since 2017, this may in part have been influenced by the impact of lockdown restrictions during the Covid-19 pandemic. For example, data shows a sudden drop in overall crime rates during a period of severe lockdown measures i.e. between February to April 2021, followed by a spike in crime rates over the summer months when restrictions eased.

Insights from local people

In the Swindon residents Health and Wellbeing Survey 2021/22, 48% of respondents felt that community safety had been negatively affected by the Covid-19 pandemic, down from 54% of responders to the Health and Wellbeing Survey of 2020/21^[3].

How Swindon is addressing any challenges

Previously, the 2018 Swindon Community Safety JSNA identified a need for greater prevention efforts to address crime and safety issues in Swindon. Swindon Community Safety Partnership (CSP) is a local alliance of authorities that has a statutory responsibility to reduce crime and disorder, anti-social behaviour, substance misuse and reoffending^[4].

A review of local CSP arrangements took place in SBC in 2021. As a result of this review, 3 priorities were established by the CSP; ‘Protect vulnerable people from harm’, ‘Tackle violence’ and ‘Prevent crime and keep people safe’. A number of thematic multi-agency sub-groups have been set up to address these priorities. The purpose of these thematic groups is to support a life course system approach which also addresses root causes to make Swindon a safer place to live in, work in, and visit.

References

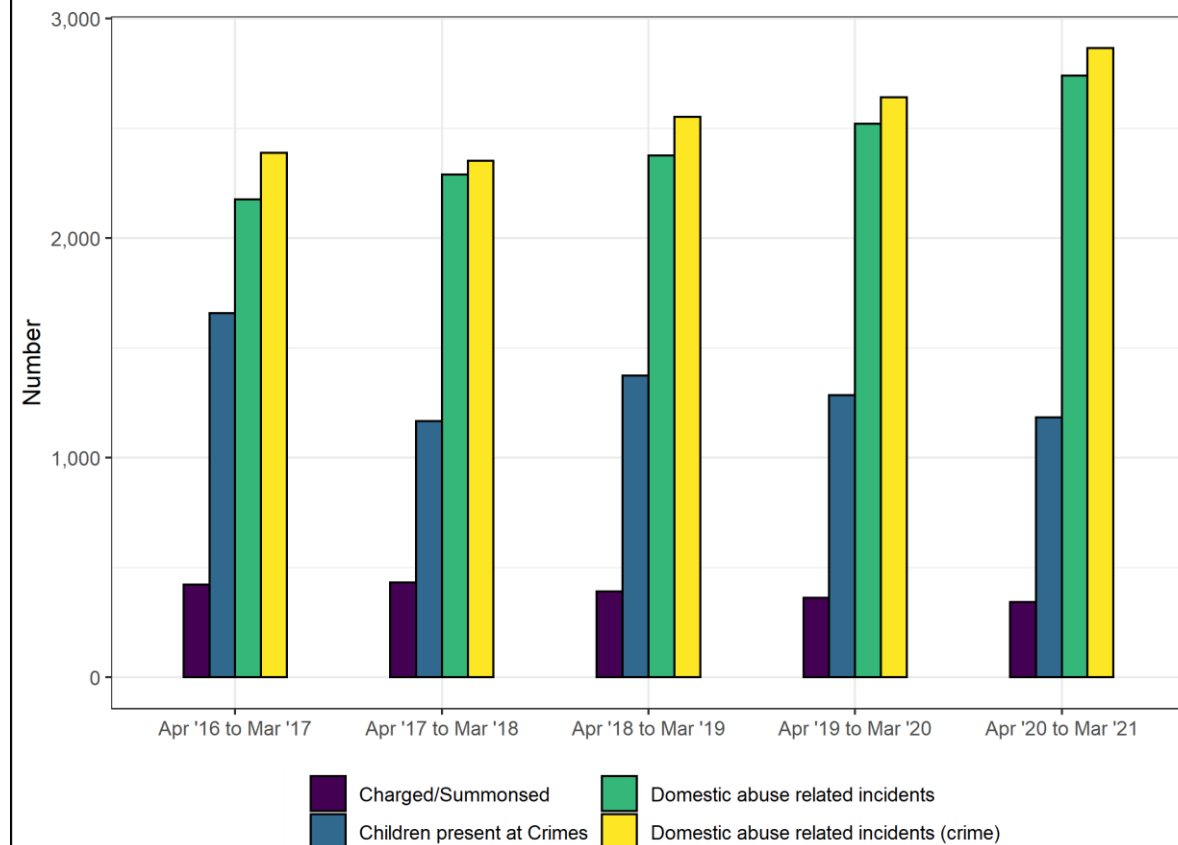
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[2] [Local Government Association: Covid-19 FAQs](#)

[3] Swindon Borough Council: Health and Wellbeing Survey 2022 (forthcoming)

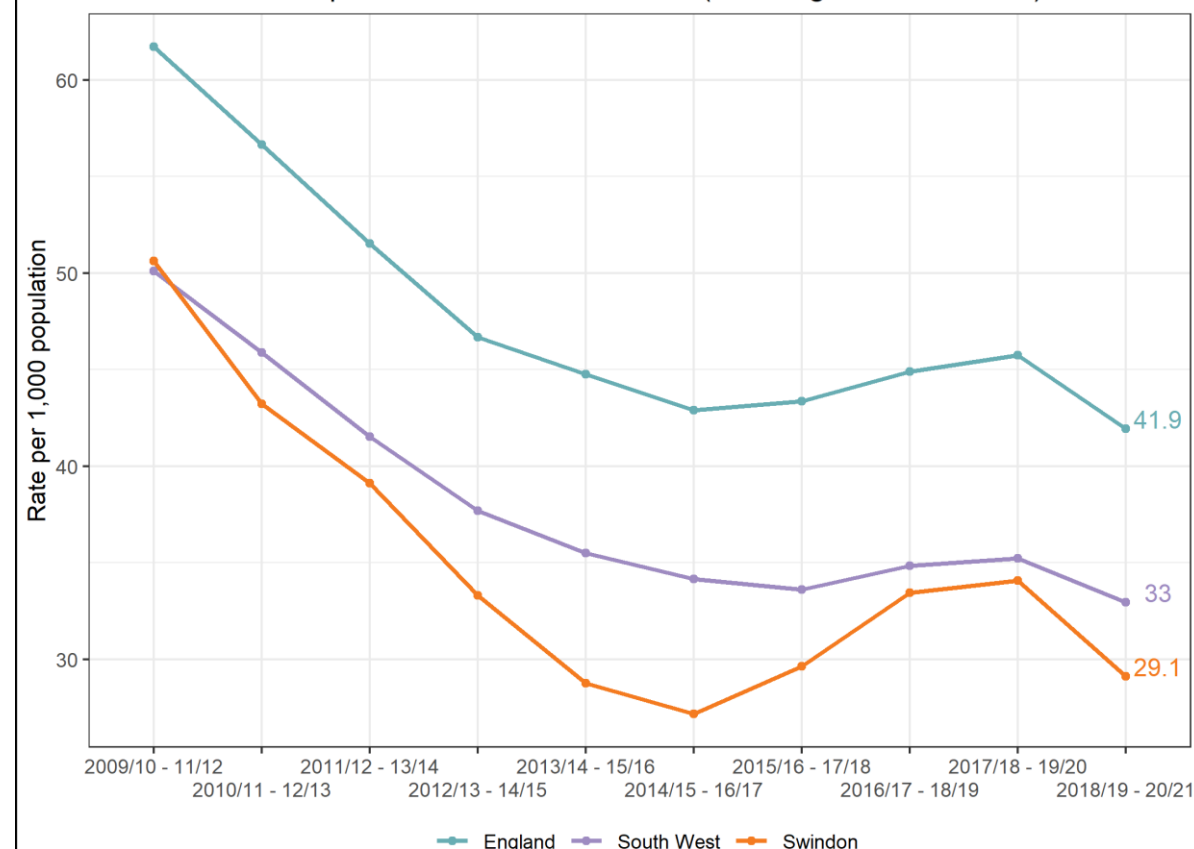
[4] [Swindon Community Safety Partnership](#)

Domestic abuse related incidents and associated information in Swindon



Source: Wiltshire Police

Violent crime - hospital admissions for violence (including sexual violence)



Source: OHID Fingertips

Key facts

- In 2020/21, the overall crime rate in Swindon was 66 per 1,000 population. This is a reduction since 2017 when the rate was 87 per 1,000. The national crime rate was 79.5 per 1,000 population in 2020/21.
- In 2020/21, the rate of [violent offences](#) in Swindon was 27.5 per 1,000 population, compared to 23.4 for the South West and 29.5 for England. Between 2012/13 and 2016/17 Swindon's rates increased, dropping sharply in 2017/18 and gradually increasing thereafter. However the change between 2019/20 and 2020/21 was not significant.
- In 2020/21, the rate of [sexual offences](#) in Swindon was 2.3 per 1,000 population. This was higher than the South West but the same as England, and on an overall downward trend since 2017/18.
- The [hospital admission rate for violent crime \(including sexual violence\)](#) is lower in Swindon compared with the South West and England. Though there is some fluctuation year on year, there is an overall decreasing trend with Swindon rates consistently lower than the South West region and England.
- In 2019/20, Swindon had a statistically similar rate of [children in the youth justice system aged 10-17 years](#) (4.1 per 1,000 population) compared with the South West and England (3.2 and 3.5 per 1,000 respectively). This figure has fallen steadily in recent years, down from 12.1 per 1,000 in 2015/16 to 4.1 per 1,000 in 2020/21.
- Similar to England, the rate of [domestic abuse-related incidents and crimes](#) in Swindon shows an upward trend. In 2020/21 it was at 24.5 per 1,000 in Swindon compared to 24.3 and 30.3 per 1,000 in the South West and England respectively. This upward trend may be in part due to better identification and increased reporting of domestic abuse incidents to support services and the police.
- All areas across the South West region saw a drop in the rate of [first time offenders](#) in 2020. The lockdown restrictions during the Covid-19 pandemic could have been a contributing factor.

Leisure, Arts and Culture

Background

From 2015-17, the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) conducted research into the practice and impact of arts in health and social care. In this context the 'arts' can refer to:

- drama, music and visual arts in terms of therapy and participatory programmes
- attendance at cultural venues and events (including concerts, galleries, heritage sites, museums, theatres and libraries)
- arts on social prescription
- maintenance and development of built environment and natural green spaces like parks
- inclusion of the arts in training health care professionals
- and everyday creativity (for example drawing, painting, pottery, sculpture, music or film-making, singing or handicrafts)^[1].

Importance- Implications- Health and social inequalities

The APPGAHW report '[Creative Health](#)', produced in 2017, set out comprehensive evidence that:

- The arts can help keep us well, aid recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care including ageing, long-term conditions, loneliness and mental health
- The arts can help save money in health services and social care.

Local Picture

The pandemic has had significant effects on the leisure and entertainment industries. However, no data are currently available on the pandemic's effects on the entertainment industry within Swindon. It has been widely published within the media that there has been a large negative effect. However, in the absence of data to validate this, it is not possible to know the local impact.

Insights from local people

As part of the Swindon Residents Health and Wellbeing Survey which ran during Autumn 2021, residents were asked to name any positives that they felt had come about as a result of the Covid-19 pandemic. Two of the most common themes in the responses were around: 1) having a better work/life balance, e.g. having more time to pursue hobbies and leisure interests with families and friends, and; 2) utilising green spaces more, e.g. enjoying activities such as cycling and walking outdoors locally - signifying the importance of leisure, arts and cultural activities for wellbeing during challenging times.

How Swindon is addressing any challenges

Swindon has plans to create a 'Cultural Quarter' within the next 10 years^[2]. It is estimated that more than 850,000 people will visit the Cultural Quarter and its venues in the first year alone, potentially generating more than £35m of retained local economic activity and more than 1,300 jobs. Training, learning and engagement sessions are planned to be held annually in the Cultural Quarter. This plan involves:

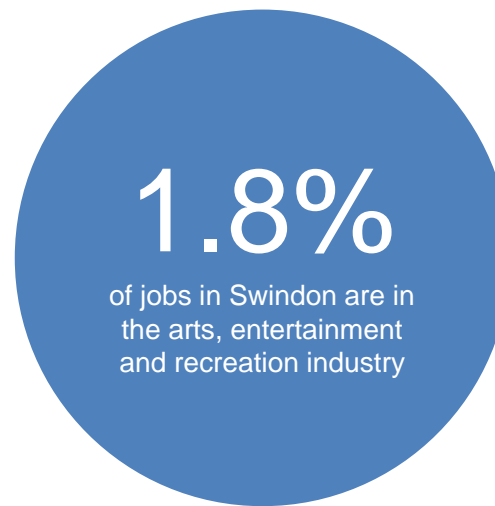
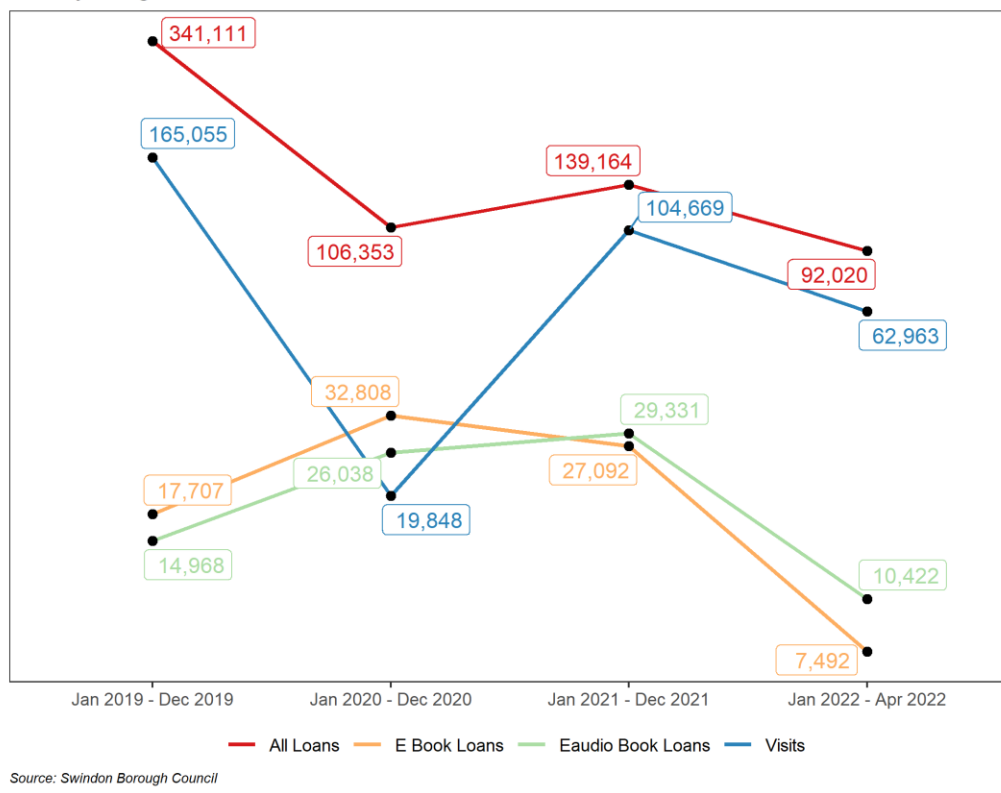
- A net zero carbon development
- A new theatre that will seat 1,200 and host touring companies
- A new dance studio, media and arts production centre and art pavilion

References

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[2] [Swindon Borough Council \(2021\). Investment Prospectus – Swindon Cultural Quarter](#)

Library usage in Swindon, 2019-2022



As of 2020 in Swindon, 1.8% of jobs were in the [arts, entertainment and recreation industry](#) (approximately 2,000 jobs) which is a smaller percentage than for Great Britain (2.2%).



According to [ONS](#), in 2019, Swindon had 100 pubs, around 4.5 pubs per 100,000 people, down from 130 in 2001, which follows the national downward trend with a few exceptions where an upward trend was recorded (15 local authorities).



There are 9 [parks and open spaces](#) within Swindon and 7 [outdoor gyms](#), as well as a wide range of [local sports, leisure and physical activities](#).

Key facts

There are currently around 1,250 jobs in pubs and bars, 16.7% lower than in 2001. Considering the impact of the Covid-19 pandemic and the current economic climate that adversely impacted households, the number of pubs is expected to further decrease over time, although a reduction in the number of pubs does not necessarily relate to the number of jobs associated with this sector.

At the time of writing, plans are under way to relocate some of the collection [Swindon Museum and Art Gallery](#) to the Civic Offices in Euclid Street.

There are currently 5 core libraries in Swindon run by SBC and an additional 8 libraries which are co-run with SBC and managed by local communities. Library service usage were impacted by restrictions and closures during the Covid-19 pandemic, with an initial drop in both loans and visits in 2020. Service use has not yet recovered, with a 73% decrease in the number of all loans between 2019 and 2022.

Along with established venues including the [Wyvern Theatre](#) and [Swindon Dance](#), Swindon has a number of groups and organisations offering opportunities within the arts, including:

- [Artsmad](#) - a partnership of organisations offering art opportunities to young people in Swindon which is currently redeveloping their offer in Swindon to restart their programme later in 2022
- [Create Studios](#) - mentoring of young people to help get them into the creative industry working in film, video and animation work. They are due to receive £495,000 funding to support the growth of a cultural hub in the Carriage Works in Swindon
- [Shine](#) - commissioned to cover therapeutic arts activities for women experiencing postnatal depression
- [IPSUM](#) - a mental health service providing art therapy for young people and adults
- [Reach Inclusive Arts](#) - an art charity promoting inclusion for disabled people and people who have used mental health services, providing a variety of therapeutic arts activities
- [Revolution Performing Arts Forever Friendship](#) - group sessions for families of children with additional needs
- [Swindon Theatres Memory Café](#) - a monthly café and cinema screening (restarting in Autumn 2022) of old vintage and retro films to encourage reminiscence, for people living with dementia
- [SALTO! Dance Inclusive programme](#) - offering weekly dance classes and projects for children aged 7 upwards to adults who are differently abled
- [Swindon Carers Silver Linings Art and Craft group and dance class](#) - to offer respite from isolation and other challenges that carers face
- [Alzheimers Society Singing for the Brain](#) and [Dance for Parkinson's](#) classes aimed to helping those living with Alzheimers and Dementia

Air Quality

Background

Air pollution is a complex mix of many chemicals suspended in or mixed with the air that we breathe. The components of air pollution of most human concern are Nitrogen Dioxide, Sulphur Dioxide, Lead, Carbon Monoxide, Benzene, Ozone, Arsenic, Cadmium, Nickel, Polycyclic Aromatic Hydrocarbons, and Particulate Matter. All of these substances are subject to many controls, and are each subject to legal limits in the European Union and UK. The majority of the above are currently well controlled and of little to no current concern, but Particulate Matter (PM) and Nitrogen Dioxide (NO₂) are a concern due to their levels in the air and the health impacts stemming from their inhalation.

Particulate matter is split into classes wholly by its particle size, and is generally divided into 2 classes: PM₁₀, which has a particle size of 10 microns or smaller (1/100th of mm), and PM_{2.5} (1/400th of mm or smaller). Both of these classes can be harmful at high levels, but in general the human body is able to deal with the larger PM₁₀ class at lower levels, as they cannot lodge in the deep lungs or pass through to the bloodstream. PM_{2.5} however can lodge in the deepest areas of the lungs and can even pass through the lungs into the blood stream. It is these properties which make it particularly potentially harmful, and therefore of the greatest concern.

Importance- Implications- Health and social inequalities

According to the World Health Organisation (WHO), “air pollution is the second leading cause of deaths from non-communicable diseases (NCDs), after tobacco-smoking. In 2018, the third United Nations high-level meeting on NCDs recognized household and outdoor air pollution as a risk factor for NCDs, alongside unhealthy diets, tobacco-smoking, harmful use of alcohol and physical inactivity”. Moreover, exposure to air pollution can not only cause or exacerbate existing health conditions (such as asthma) and affect vital organs and their development (such as lungs), but can also cause or result in worsening symptoms for cancer, cardiovascular diseases, respiratory diseases, diabetes mellitus, obesity, and reproductive, neurological, and immune system disorders leading to reduced life expectancy. Air pollution also affects different population groups disproportionately with babies, children, pregnant women, people living in urban areas, individuals at high risk of developing a mental health condition or living with one (such as dementia), low income communities, and the most deprived. As a matter of fact, air pollution adds to/worsens deprivation-health associations, which in turn strengthen the associations with mortality from all causes and respiratory disease mortality. This is particularly the case in the most deprived areas, which are those with the greatest health needs and where the majority of vulnerable people live^[1-6].

Local Picture- How Swindon is addressing any challenges

The [fraction of mortality attributed to air pollution](#), measured as fine particulate matter or otherwise known as PM_{2.5}, for 2020 in Swindon was 6% (compared to 5.2% across the South West and 5.6% in England), down from 7.1% (2018) and 6.8% (2019). This means that 6 out of 100 deaths from all causes for people aged 30+ in Swindon are associated with long-term exposure to particulate air pollution.

Swindon's air quality is generally good against current standards for both NO₂ and PM_{2.5}. All of Swindon is compliant with legal limits for NO₂, save for one section of Kingshill Road (A4289). An Air Quality Management Area (AQMA) has been declared for a stretch of Kingshill, and an Air Quality Action Plan (AQAP) to return the road to compliance has been devised. Since declaration of the AQMA, measured levels have dropped significantly. The Environmental Health team, using a network of 42 passive monitors, regularly screens the town for new or emerging hotspots, and to build up a picture of air quality in areas that may be developed in the future.

Average PM_{2.5} levels across Swindon for 2021 met the EU & UK legal limit comfortably, and National models expect to see around a 1% improvement in PM_{2.5} levels per year under existing measures. In late 2021, the WHO revised their guidance on acceptable PM_{2.5} levels and introduced guideline interim targets for those locations currently unable to meet the new aspirational target of 5µg/m³, which corresponds to the lowest level at which health impacts are thought to exist. The previous target value of 10µg/m³ became the next best (Level 4) interim target. The great majority of Swindon's areas met the previous guideline target of 10µg/m³, but not the new aspirational guideline target of 5µg/m³ (which is also the case for most areas in England).

The UK has also reviewed its own legal limits for PM_{2.5}, and a new legal limit of 10µg/m³, which aligns with the WHO level 4 interim target, along with a population exposure reduction target (PERT) of -35% by 2040 (against a 2018 base) came into force in January 2023. These new limits will be monitored through a national network of monitors operated by the Department for Food, the Environment and Rural Affairs (DEFRA), which is expanding its network of monitors in order to do so. PM_{2.5} is a global and regional pollutant under little local control, but the greatest local contributor, perhaps up to 30%, is now thought to be via domestic solid fuel burning. The 2021 Census shows that very few homes in Swindon need to burn solid fuel as their primary heat source however.^[7]

References

[1] [Department for Environmental Food and Rural Affairs \(2022\). Background to concentrations of air pollutants](#)

[2] [Asthma + Lung UK: Air Pollution and Asthma \(accessed May 2022\)](#)

[3] [National Institute of Environmental Health Sciences: Air Pollution and Your Health \(accessed May 2022\)](#)

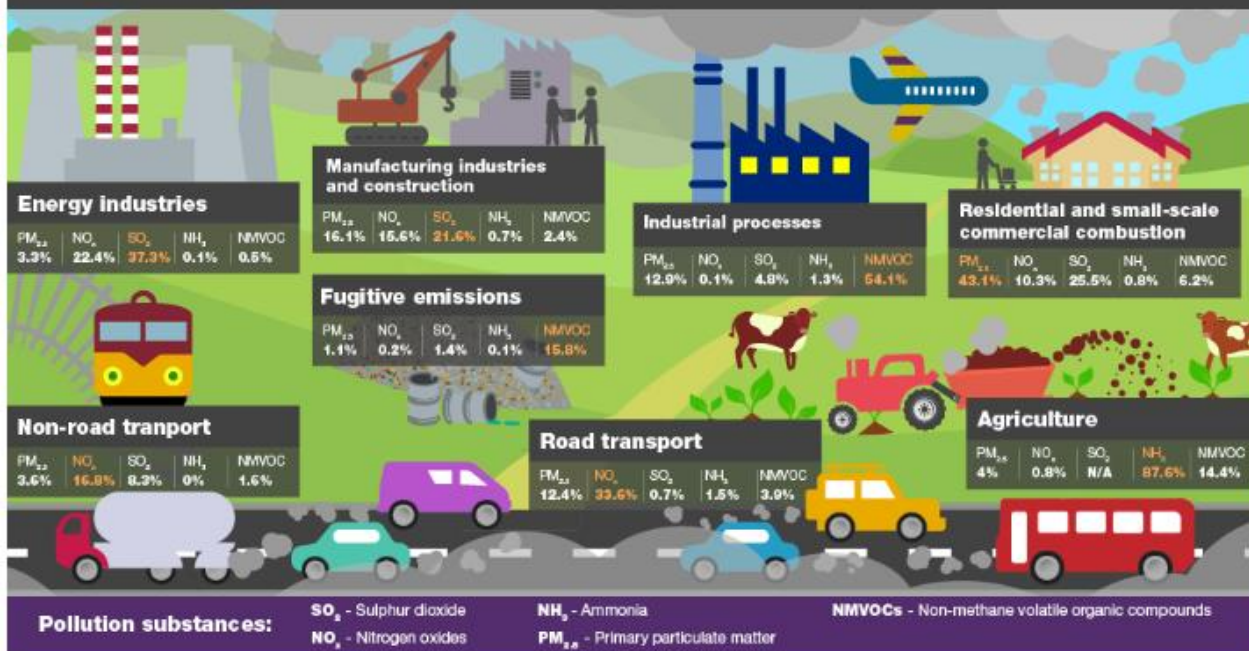
[4] [Department for Environmental Food and Rural Affairs. Clean Air Strategy 2019](#)

[5] [Brunt et al \(2017\). Air pollution, deprivation and health: understanding relationships to add value to local air quality management policy and practice in Wales, UK. Journal of Public Health, 39\(3\), pp.485-497](#)

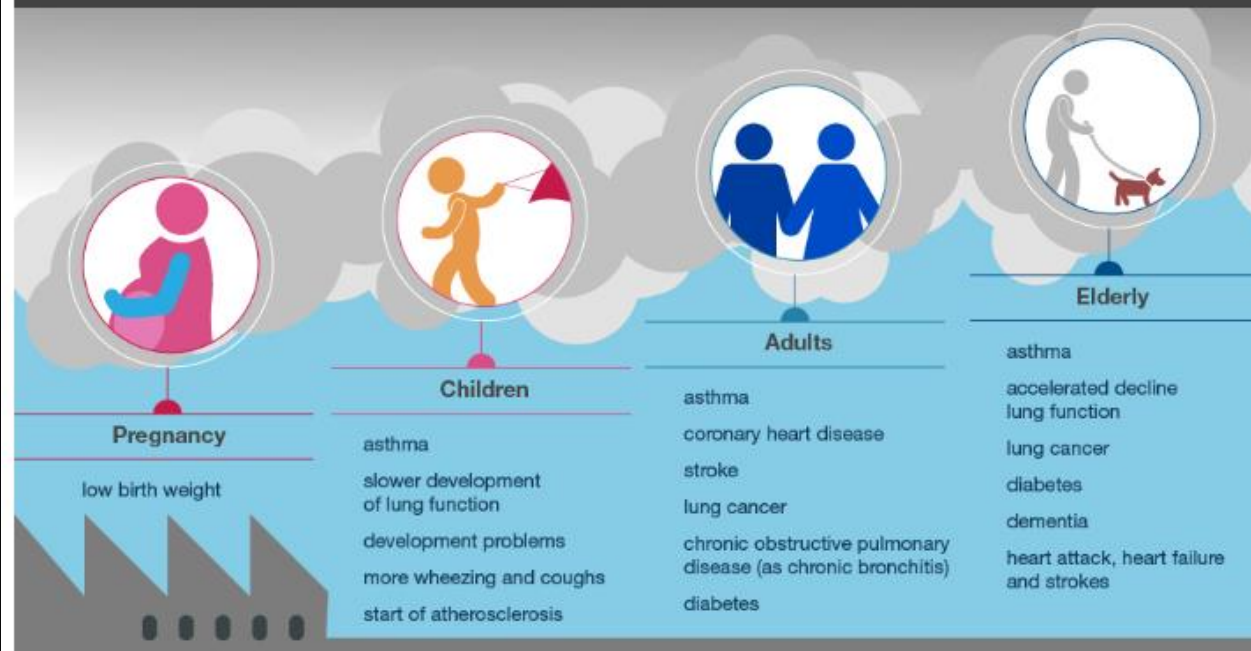
[6] [Public Health England \(2018\). Health matters: air pollution](#)

[7] [WHO global air quality guidelines: particulate matter \(PM2.5 and PM10\), ozone, nitrogen dioxide, sulphur dioxide and carbon monoxide \(updated September 2022\)](#)

Sources of air pollution



Air pollution affects people throughout their lifetime

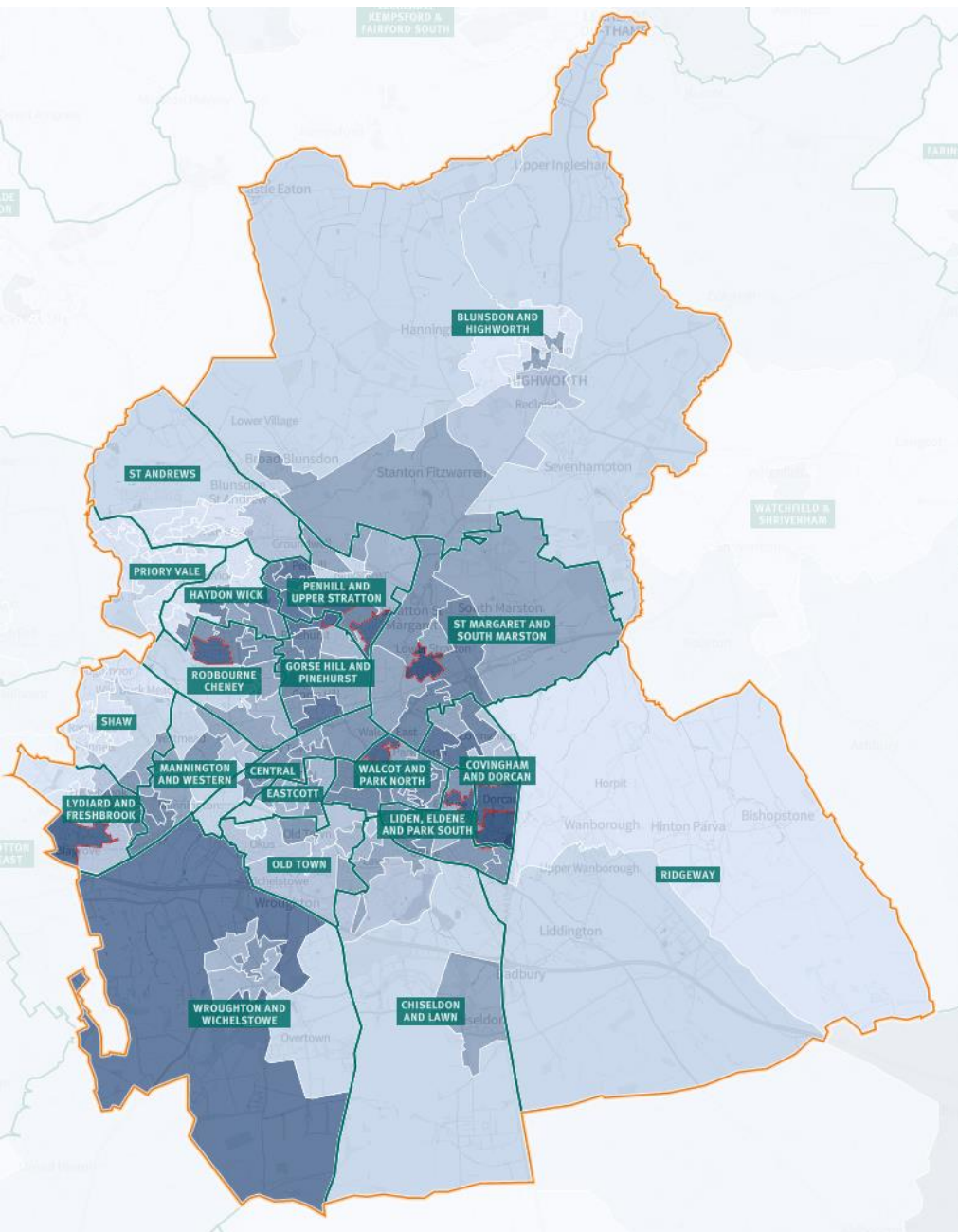


Indicator Name	Swindon					
	Age	Time period	Value (rate per 100,000 population)	Recent Trend	Compared to England	Compared to Region
Under 75 mortality rate from causes considered preventable	<75 years	2020	131.9	No significant change	Similar	Similar
Under 75 mortality rate from cancer considered preventable	<75 years		57.1	No significant change	Similar	Worse
Under 75 mortality rate from cardiovascular diseases considered preventable	<75 years		26.4	No significant change	Similar	Similar
Under 75 mortality rate from liver disease considered preventable	<75 years		19.2	No significant change	Similar	Similar
Under 75 mortality rate from respiratory disease considered preventable	<75 years		11.6	No significant change	Similar	Similar

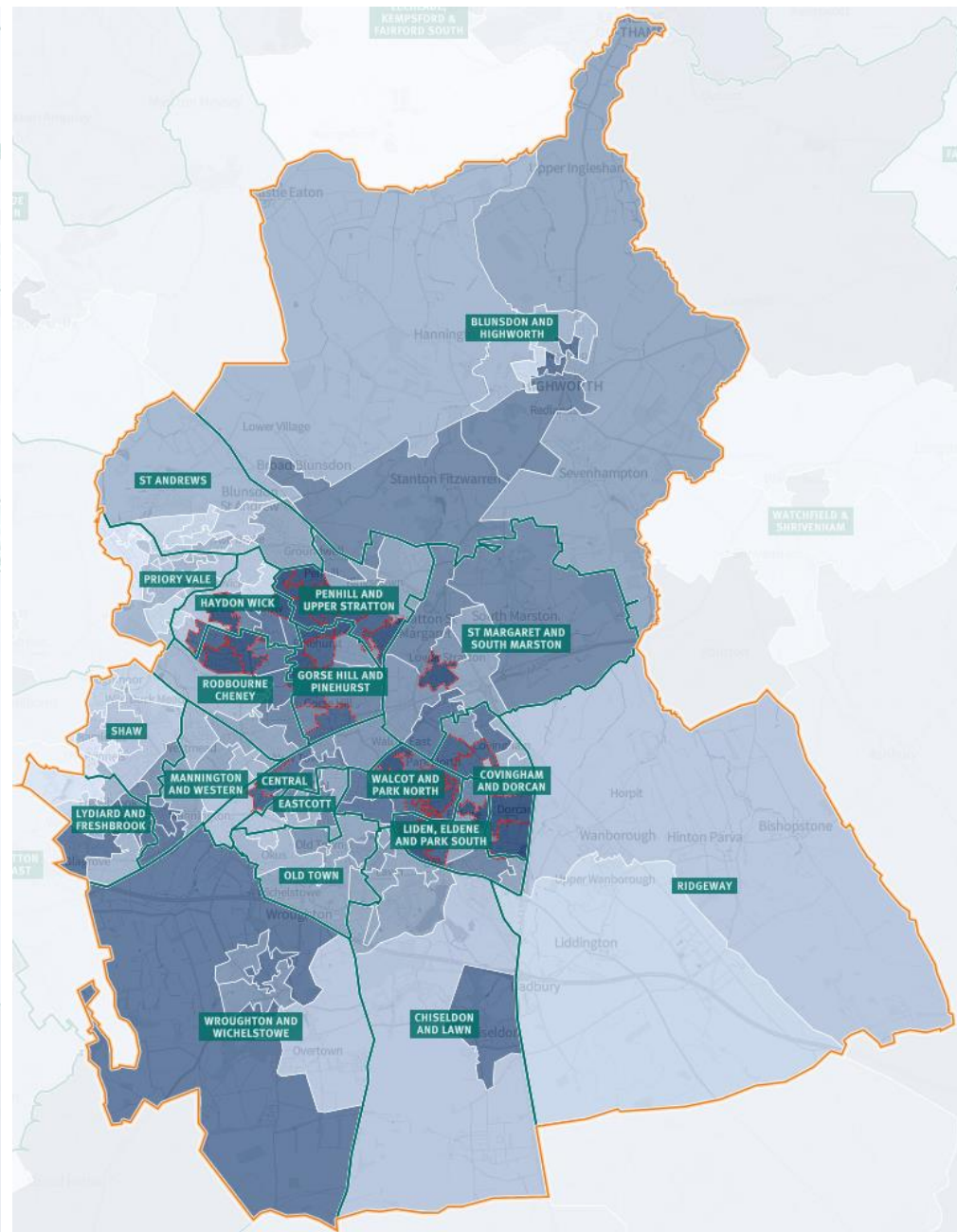
Key facts

- The table above contains mortality rates for all causes considered preventable and mortality rates from conditions that are either linked to air pollution or where air pollution is a contributing risk factor. However, it should be noted that air quality is not and should not be considered as the main driver of under 75 years mortality. Swindon rates for all preventable mortality rates are generally similar to the ones recorded regionally and nationally with no significant changes in trend.

Air pollution Vulnerability Indicator (NO₂)



Air pollution Vulnerability Indicator (PM_{2.5})



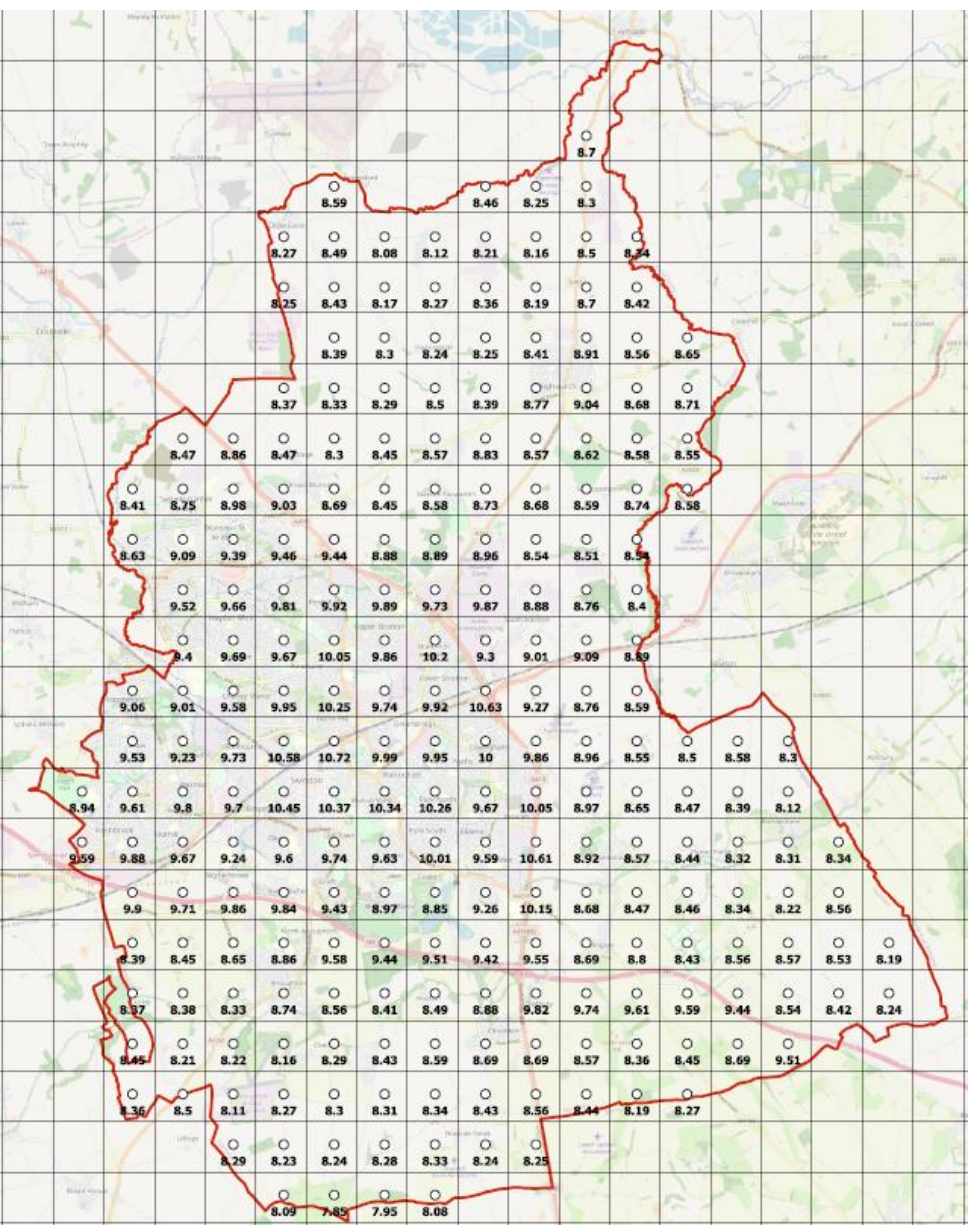
Key facts

UK Health Security Agency (UKHSA) produced [vulnerability indicators](#), to represent population level vulnerability to air pollution at LSOA level. LSOAs are ranked according to the vulnerability level of the population that vary from low (1-2) to high (9-10). The indicators were based on population characteristics (% of young people (<16 years) and older adults (65+ years)), levels of deprivation, location of vulnerable populations (any hospitals, schools, care homes and child care facilities) and the concentration of air pollution (NO₂ and PM_{2.5}) modelled for 2018.

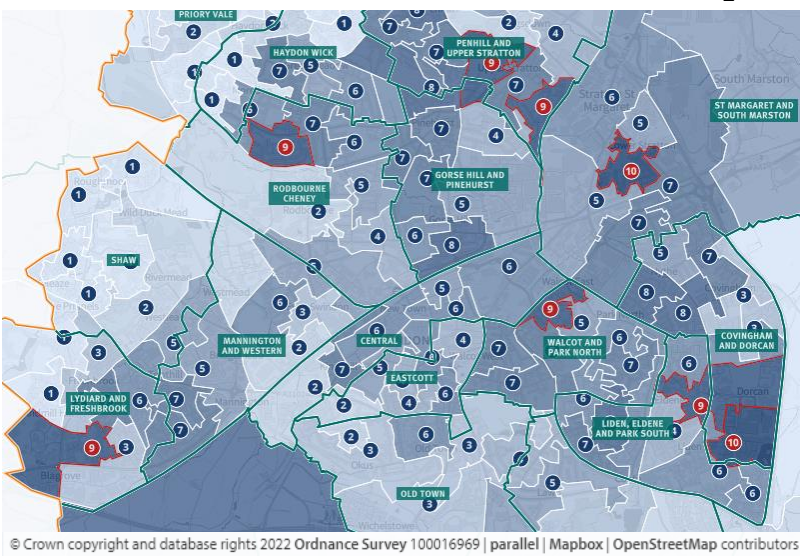
Zoomed in maps and a table highlighting the LSOAs and Wards of high vulnerability is available on the next page.

Key:
 1 and 2: low vulnerability
 9 and 10: high vulnerability

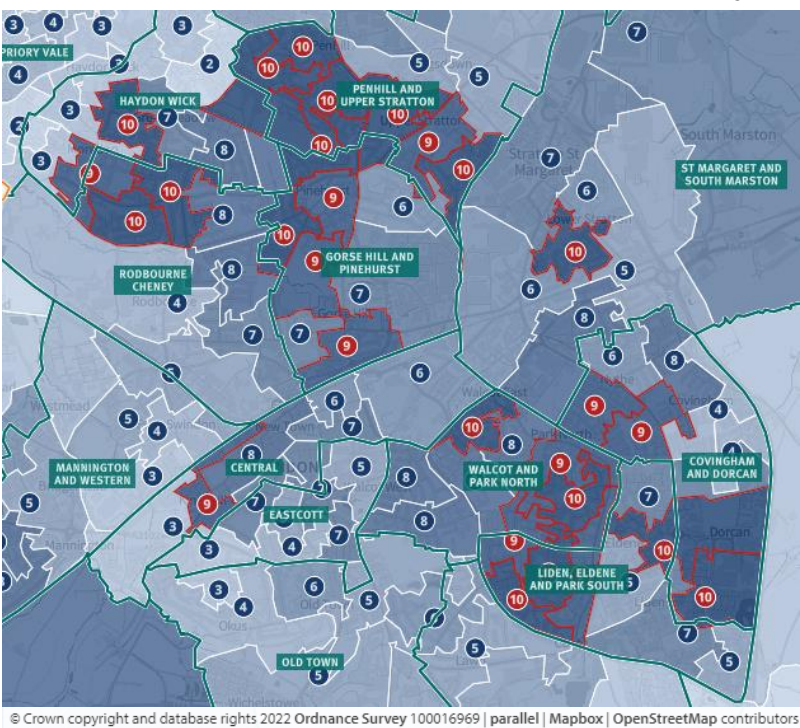
PM_{2.5} concentrations (µg/m³) in 2021 for Swindon



Air pollution Vulnerability Indicator (NO₂)



Air pollution Vulnerability Indicator (PM_{2.5})



Key facts

8 LSOAs within 6 wards are highlighted as high vulnerability areas for NO₂ and 28 LSOAs within 8 wards for PM_{2.5}. Four wards contain LSOAs of high vulnerability for both the aforementioned air pollutants: Covingham and Dorcan, Rodbourne Cheney, St Margaret and South Marston and Penhill and Upper Stratton. Three out of the four most deprived Swindon wards (excluding Liden, Eldene and Park South) contain LSOAs of high vulnerability for PM_{2.5}.

Ward	High vulnerability	
	NO ₂	PM _{2.5}
Central		
Chiseldon and Lawn		
Covingham and Dorcan		
Eastcott		
Gorse Hill and Pinehurst		
Liden, Eldene and Park South		
Lydiard and Freshbrook		
Mannington and Western		
Old Town		
Priory Vale		
Ridgeway		
Rodbourne Cheney		
St Andrews		
St Margaret and South Marston		
Shaw		
Walcot and Park North		
Wroughton and Wichelstowe		
Blunsdon and Highworth		
Haydon Wick		
Penhill and Upper Stratton		

Key:

1 and 2: low vulnerability

9 and 10: high vulnerability

Employment, skills and the economy

Background

The economic wellbeing of an area and the health of its local population are inextricably linked. Work is generally seen as good for health and reduces the risk of significant harmful effects of long-term unemployment or sickness absence.

Swindon has a diverse economy comprising of many micro and small enterprises operating alongside a number of world leading companies, with many of these being early adopters of new technologies. Working with new technologies requires a skilled workforce and an area that offers a readily available skilled workforce is attractive to companies looking to set up business in that area.

Productivity is quite high in Swindon, with a Gross Value Added per hour of £42.90 in 2019, placing it second out of 62 cities^[1]. Swindon has a relatively high level of economic prosperity, with the economy supporting 123,000 jobs in 2021, and an annual average earnings of £30,420 for residents working full time, as well as house prices that are considered to be amongst the lowest in the South West.

Following a sustained period of higher employment rates in Swindon than in the South West and the UK, the Covid-19 pandemic brought employment rates down across the board and for Swindon, this fell to below South West levels as at December 2021, although standing at a slightly higher level than the UK.

Importance- Implications

Nationally, the economic environment remains challenging: Brexit, the Covid-19 pandemic, the current cost of living crisis and the energy crisis arising from the full-blown war between Russia and Ukraine have all combined to set the UK on a path to recession^[2] and these will be felt on Swindon's economy. The prospect of an economic recession and associated job losses will further deepen existing socio-economic inequalities which can in turn worsen health inequality indicators.

Local Picture

Challenges still remain in Swindon with regards to raising educational attainment. Swindon has a lower percentage of the working age population holding NVQ4 or higher level qualifications (33.7%) compared to the national average of 43.5%. A lower proportion of students (36.7%) progress to higher education (level 4 and above), although the gap with the England average (49.9%) is slowly narrowing. The UCAS entry rate for students in Swindon (31%) is increasing and slowly closing the gap with England (39%).

Global changes in the automotive industry (the shift towards electric cars) resulted in Honda ending its 35 years of operation in Swindon with the associated job losses that followed. The Borough has engaged in a number of regeneration activities that have the potential to generate high skilled jobs in future, such as (i) working with Zurich in developing a transformational town centre office scheme; (ii) engaging in the redevelopment of historic buildings for business space; (iii) the Science Museum investing in its site at Wroughton Airfield; (iv) supporting Amazon in opening its high tech distribution facility in 2021.

How Swindon is addressing any challenges

The Borough has been reviewing its Local Plan to ensure that a range of employment land is made available for a range of uses – e.g. it is currently working with developers on the re-use of the former Honda site. The Borough has also been working closely with the Local Enterprise Partnership's Growth Hub to provide soft landing for inward investment opportunities as well as creating a knowledge cluster in Central Swindon along an area stretching from the Carriage Works to the Rail Station and extending out to Kimmerfields, with opportunities being created for knowledge economy businesses to interact with learning and Research and Development (R&D) institutions through their close proximity.

Efforts aimed at raising skills levels in the area include (i) a key partnership with the (Swindon-based) Wiltshire Institute of Technology (IOT) which commenced their offer in Sept 2021. IOTs are the government's Science, Technology, Engineering and Math (STEM) Centres of Excellence, which are employer driven, and will offer courses from Level 4 upwards, providing an option for learners to study at Higher Education level in the area; (ii) pilot participation in the government's *In Work Skills* digital upskilling programme; (iii) closely working with the local Chambers of Commerce (Business West) and the SWLEP (Swindon and Wiltshire Local Enterprise Partnership) to understand skills shortages in the area, which are generally recognised to be across the digital and engineering sectors as well as the Early Years and social care sectors. Various programmes are in place at SBC to help with solutions in the care sector in particular, which includes working with GWH strategically; and (iv) working with educational charities such as *Villiers Park* and *Study Higher* to support more young people into higher education, particularly those from disadvantaged backgrounds.

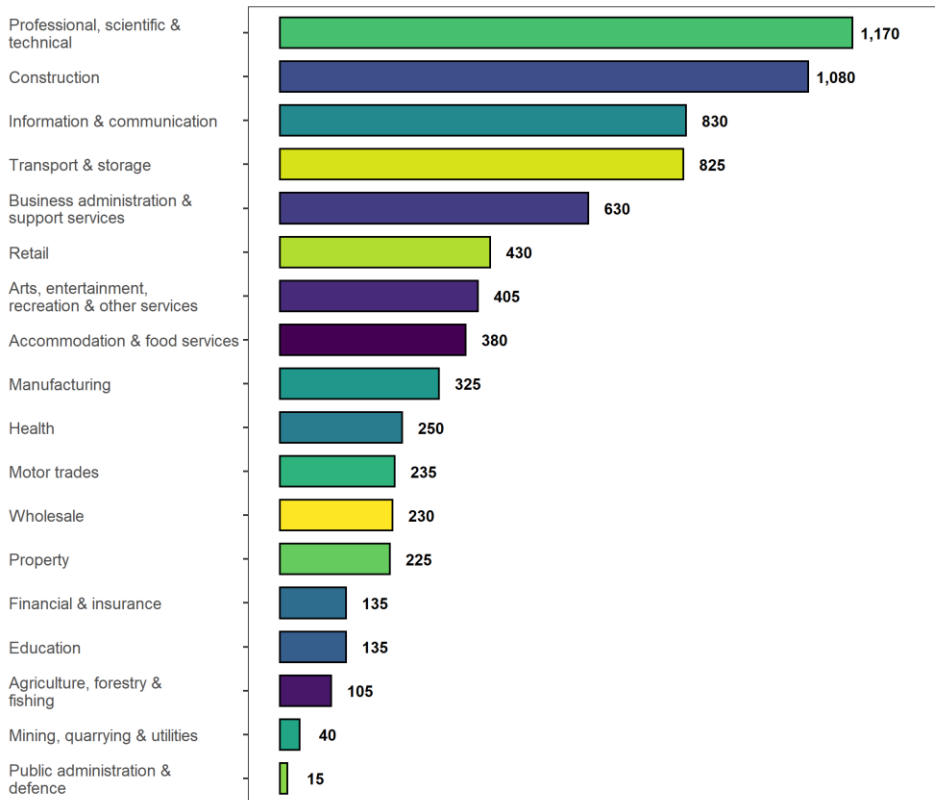
References

[1] [Center for cities: City factsheet Swindon](#)

[2] [Financial Times \(2022\): Bank of England warns of UK recession this year as it lifts interest rate \(5 May 2022\)](#)

Number of businesses in Swindon

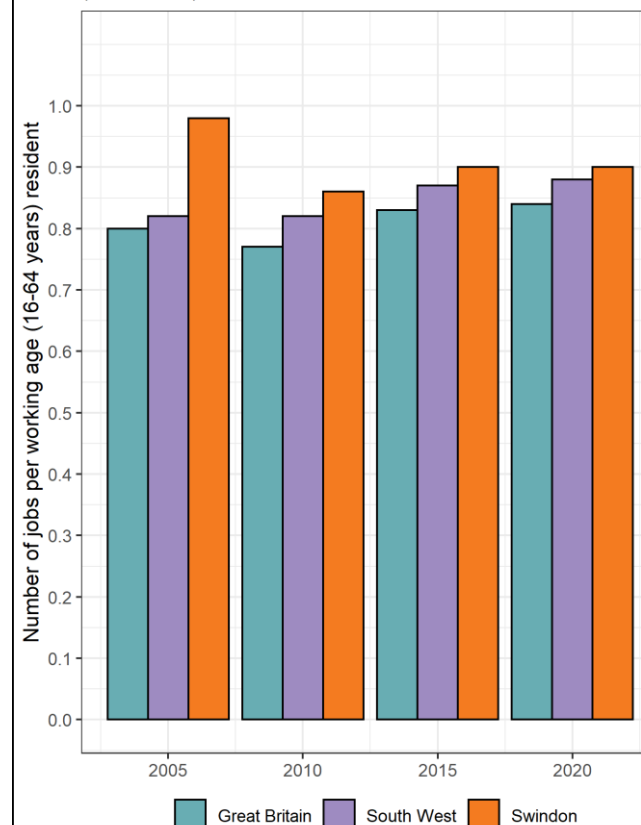
Broad industry groups (2021)



Source: ONS - UK Business counts (enterprises)

Jobs Density

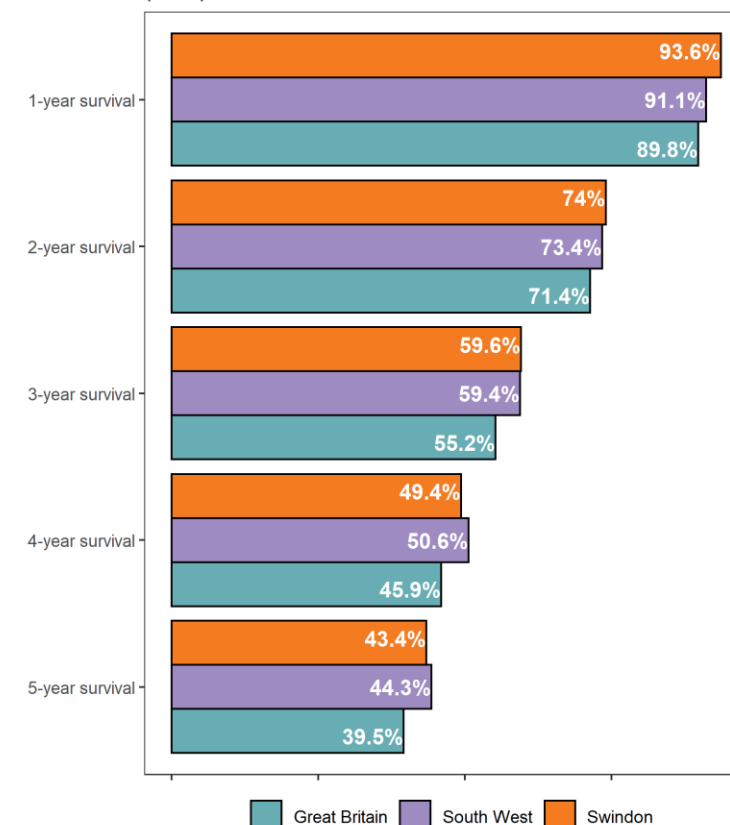
(2005-2020)



Source: ONS, Jobs density

Business survival rates

(2015)

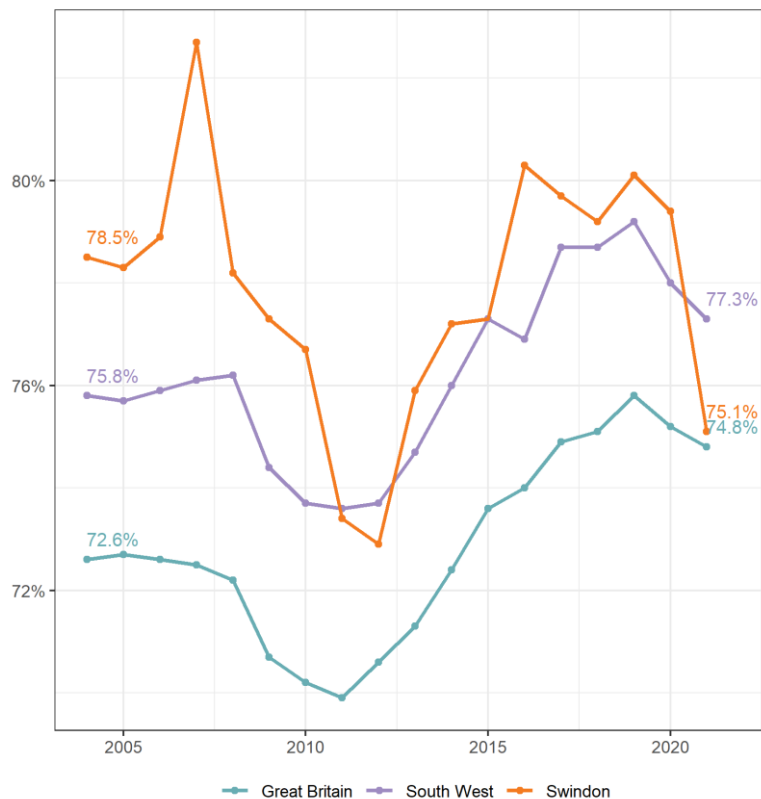


Source: ONS, Business Demography Statistics

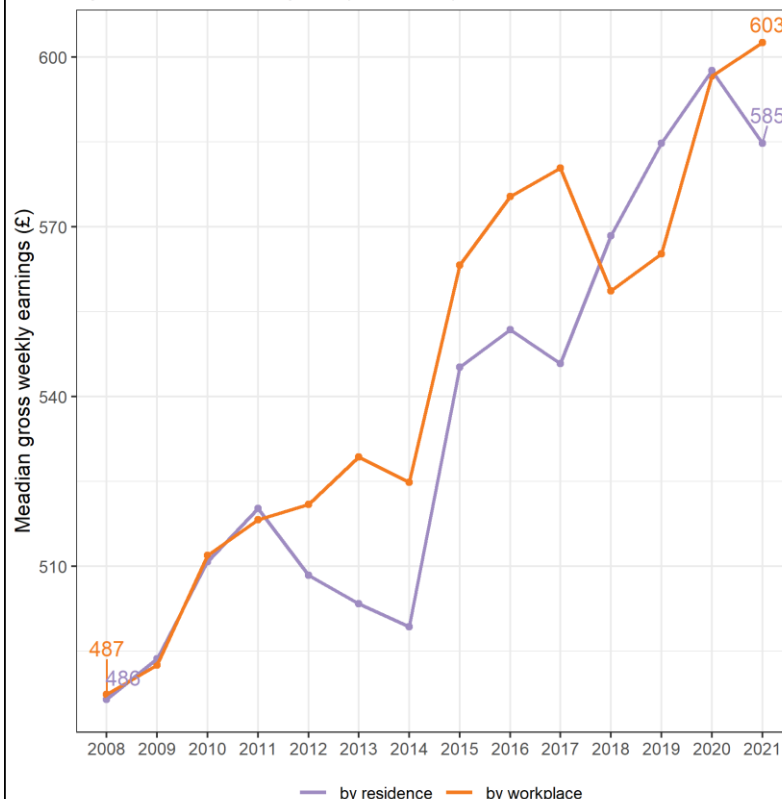
Key facts

- Swindon's businesses contributed approximately £9.6 billion of Gross Value Added (i.e. the production of goods and services) in 2019. The borough registered strong business growth in the last decade, with a 43% increase in the number of businesses from 2010 (5,230 businesses) to 2021 (7,485 businesses). The majority of these businesses were classified as micro-enterprises (i.e. employing less than 10 people), altogether coming to represent about 90% of all enterprises in 2021. For the last three years, the total number of businesses in Swindon has not changed very much. In 2021, just over half of these businesses were concentrated in the **Professional, scientific & technical (15.7%)**, **Construction (14.4%)**, **Information & communication (11.1%)** and **Transport & Storage (11%)** industries (*top left figure*). In 2020, businesses in Swindon provided a total of 116,000 employee jobs, with the top two industries being **Business administration & support services** (13,000 jobs) and **Health** (12,000 jobs) which altogether provided about 22% of employee jobs in Swindon.
- Over the last few years, the total number of jobs provided by Swindon businesses has been increasing. As of 2020, the 126,000 jobs created by businesses in Swindon were equivalent to a jobs density ratio of 0.9 – in other words, there were 9 jobs for every 10 residents of working age (16-64 years old). Since 2005, the jobs density ratio for Swindon has generally been higher than the South West and the UK (*middle figure*).
- Data from the last few years suggest that business growth in Swindon has been slowing down, with the positive gap closing between business “birth rate” and “death rate”, which respectively represent the number of new businesses starting up or number of closed businesses as a percentage of all active businesses (those with turnover/employees) in that year. A similar trend prevails regionally and nationally.
- Business survival rates (the number of years a business stays active after starting up) in Swindon are at the same levels as in the South West and just slightly higher than nationally (*top right figure*). Of those businesses that were born in 2015, about 94% survived one year, while 43% were still in operation 5 years later.

Employment rates
Ages 16-64 years (2004-2021)



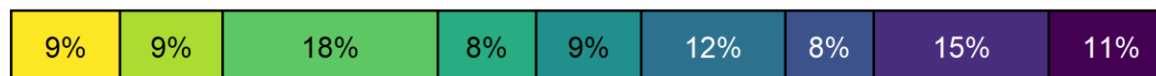
Weekly gross pay in Swindon
By residence and workplace (2008-2021)



Key facts

- Around 75% of the working age population (age group 16-64) in Swindon is in employment (*top left figure*). The employment rate hit a low of 73% in 2011, but has been rising since then, only to drop to 75% in 2021, likely reflecting the impact of the pandemic. Although the pandemic reduced employment rates across Great Britain, Swindon has suffered a much sharper fall than the South West and nationally.
- Swindon has fairly high employment levels (*middle figure*) in Professional occupations (18%), Associate Professional and Technical occupations (15%) and Elementary occupations (12%)
- In 2021, the ONS estimated that around 4,200 Swindon residents (around 4% of the labour force) were unemployed and actively seeking work. Since the last recession, unemployment levels have more than halved in Swindon from its 2009 peak of 8.4%, and for the most part, have been at lower levels than those modelled for Great Britain.
- Over the period 2019-2021, 34% of the working age population in Swindon held higher level qualifications (NVQ4+). This figure was lower than the South West (41%) and UK (41%) average. Of those residents in employment, 37% had higher level qualifications.
- Swindon earnings levels have been rising over the years (*top right figure*). Swindon residents who work full-time earned an average of £585 per week in 2021. Pay rates for those who work full-time in Swindon averaged £603 per week. The hourly gross pay for full-time workers in Swindon has been consistently above the London or UK Living Wage set by the [Living Wage Foundation](#).

Employment by major occupational group in Swindon
(2019-2021)



Source: ONS, Annual Population Survey (January-December Survey periods)

Starting well

3. Starting well



[Maternity](#)

[Infant feeding](#)

[Educational attainment,
special educational needs and
disability](#)

[Healthy living and wellbeing
\(Children and young people\)](#)

[Oral Health](#)

[Safeguarding children and
young people](#)

Starting well (Overview)

- A good start in life can contribute to a lifetime of better health. Currently there are estimated to be 50,752 children under the age of 17 with 13,815 of these under 5 living in Swindon. Ensuring all of these children are safe and healthy with a good education and opportunities for activity and play, wherever they live in the borough, is a priority. This chapter covers pregnancy, infant feeding, education and different aspects of child health as well as safeguarding and how we protect those who are most vulnerable.
- In 2020 a total of 2,519 babies were born in Swindon, representing a birth rate that has been falling since 2013. Swindon has a fertility rate of 1.82 per woman, which is higher than England and the South West. When someone gives birth they are supported by the health visitor service who follow up at 6 weeks, 1 and 2 years unless additional support is needed: in 2021/22 there were 5,635 new births and 6 week contact visits. Infant feeding is known to have lifelong benefits - in Swindon about half of mothers are still breastfeeding at 6 weeks, with those living in deprived areas or of white ethnicity least likely to be doing so.
- A good start includes understanding how to support children through school. Swindon has 14 secondary, 66 primary and 8 specialist schools. Pupils in Swindon are less likely to achieve a good development status at the end of reception year compared to other areas and the percentage of pupils with Special Education Needs (SEN), an Education, Health and Care Plan (EHCP) or with social, emotional and mental health needs is also higher than England and the South West. Supporting children with additional needs is a priority for partnership working in the borough.
- The Covid-19 pandemic has had an impact on many areas of the lives of young people and the effect on long term physical and mental health will emerge over time. We know nationally that obesity rates have increased and in Swindon, one in three children aged 10-11 and one in four children aged 4 or 5 were overweight or obese, prior to the pandemic. Only 30% of children were estimated to be physically active in 2021/22. Access to services has also been more difficult: for example the percentage of 0-17 year olds receiving dental care in the previous 12 months dropped from nearly 60% in March 2020 to 25% in March 2021. This has increased to 45% by the end of 2021 but had not yet returned to pre pandemic levels. Tooth decay at 5 years old is higher in Swindon than nationally.
- In 2020 Swindon had around 300 looked after children, a rate of 60 per 10,000 children (0-18 year olds). This rate, and those for children in need and those on child protection plans are lower than the England average and a significant fall from the highs of 2018. In general both hospital admissions for alcohol and substance misuse for 15-24 year olds and admissions for self-harm are higher than England and the South West and supporting the mental health needs of all young people is a priority across organisations in Swindon and more widely.

Maternity

Background

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period^[1]. Each stage should ensure that women and their babies reach their full potential for health and wellbeing. However, there are a number of direct and indirect causes of maternal ill health, injury and death, many of which are preventable. Keeping well during pregnancy includes thinking about^[2]:

- Healthy diet and foods to avoid
- Vitamins, nutrition and supplements
- Exercise
- Medicines
- Mental health
- Travelling
- Work
- Alcohol, smoking and drugs
- Vaccinations
- Infections

Importance- Implications

Mental health problems that affect pregnant women or new mothers are important to address because they have implications for the foetus, baby, wider family and mother's physical health. In addition, problems during this period of time are often not disclosed, recognised or treated, and some women are at increased risk of certain mental health problems during this period. Healthy social and emotional development in babies and toddlers helps to prevent behavioural problems and mental ill health in later life^[3].

There is evidence that new mothers experienced poor maternal mental health (loneliness, feeling down, irritability) as a result of the Covid-19 pandemic. Face-to-face health visitor visits were suspended at times, potentially leading to a failure to identify vulnerable new mothers and children^[4]. In addition, pregnant women are believed to be at higher risk of getting seriously ill from Covid-19, and people from ethnic minority backgrounds are more likely to be admitted to hospital if they get Covid-19^[5]. It is important to ensure that all women have the support they need to access the recommended Covid-19 vaccines to protect their health and that of their baby/ies.

Local Picture

Every pregnant woman develops a Personalised Care Support Plan (PCSP) with local maternity services. This focuses on a woman's choices regarding the location of care, methods of pain management during labour, and how or if she would like a partner to be involved. Previous experiences of pregnancy or childbirth as well as any expectations, fears or concerns are discussed. As part of this, the woman will also have access to evidence based information that is clear and meets her language requirements e.g. regarding tests, screening, and pain relief options^[6]. Midwifery Continuity of Care Plans (CCP) are used to limit the number of health care professionals a person sees throughout their pregnancy, labour and during the postnatal period, enabling a more consistent patient experience^[7].

Insights from local people

In the Swindon Residents Health and Wellbeing Survey, Autumn 2021, some respondents named concerns over the unknown long-term side effects of Covid-19 vaccination and its implications for fertility.

How Swindon is addressing any challenges

The [Tobacco Control Plan](#) contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022 (measured at time of giving birth)^[8]. SBC commissioned a local smoking in pregnancy service to identify and support smokers to quit safely during pregnancy.

In addition to the universal 6-8 week Health Visitor service offer, there are a number of organisations offering perinatal mental health support in Swindon. This includes targeted support for refugees and asylum seekers, for families, for those at risk of post-natal depression (including fathers), and for people who have experienced domestic abuse. There is a new service under development at the GWH for those affected by baby loss, birth trauma or fear of child birth.

References

[1] [World Health Organisation: Maternal Health](#)

[2] [National Health Service: Keeping Well in Pregnancy](#)

[3] [Office for Health Improvement & Disparities Fingertips: Child and Maternal Health Profile. Mental health in pregnancy and infants report, 2021](#)

[4] [House of Commons Library \(2021\). Debate Pack: Maternal Mental Health](#)

[5] [National Health Service: Pregnancy and coronavirus \(COVID-19\)](#)

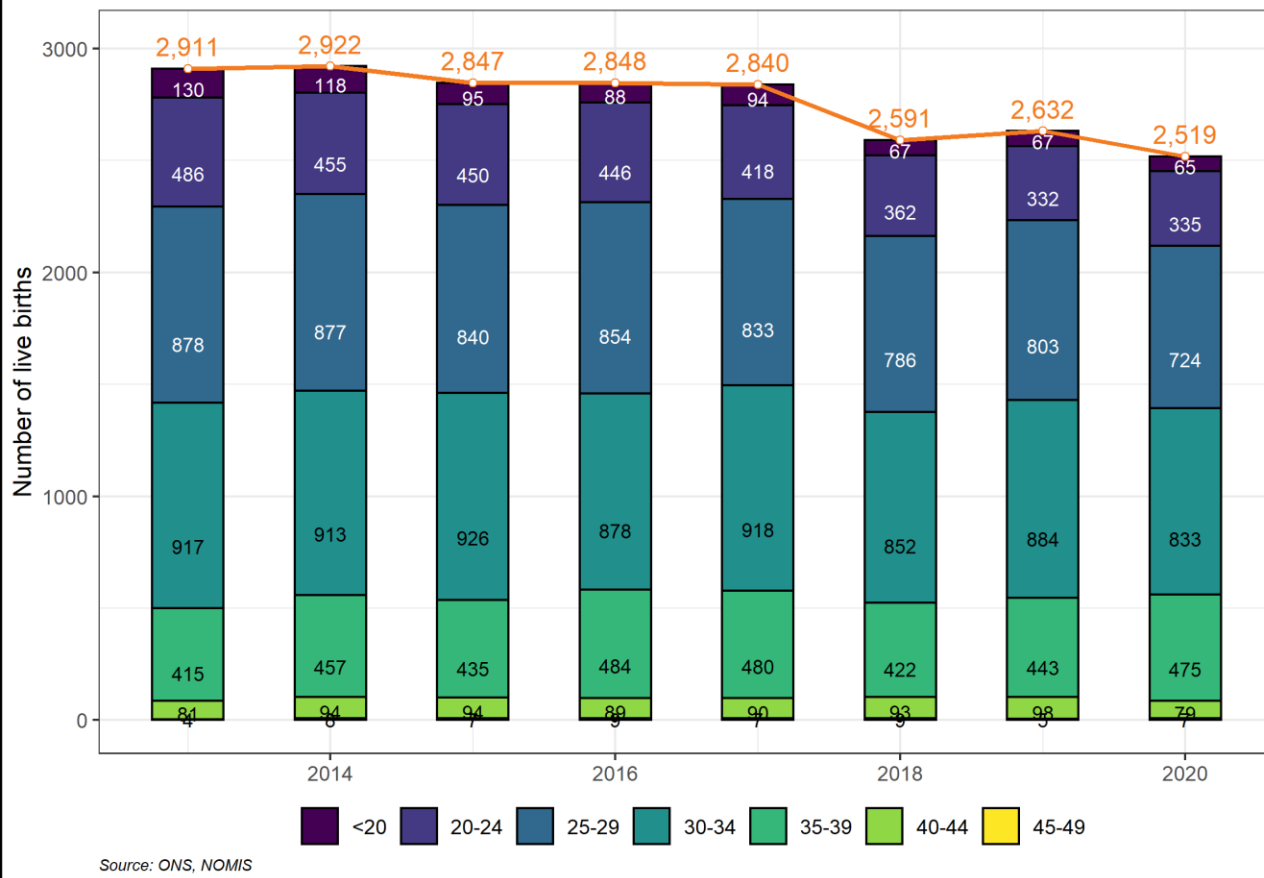
[6] [National Health Service \(2021\). Personalised Care and Support Planning: Guidance for Local Maternity Services](#)

[7] [The British Medical Journal: thebmjopinion \(2021\). Midwifery continuity of care: Why patients should be more vocal advocates](#)

[8] [Office for Health Improvement & Disparities Fingertips: Child and Maternal Health Profile](#)

Live births in Swindon

By woman's age group (in years)



5,635

new birth visits and
6 week contacts by
the Health Visiting
Service in 2021/22
(6.2% more
than in 2020/21)

5.8%

increase in the
number of health
visits where a
mood assessment
was carried out in
2021/22

17.8%

increase in the
number identified
with anxiety or
depression in
2021/22
(1,107 people)

Key facts

- 2,519 babies were born in Swindon UA in 2020. The number of live births in Swindon each year has been falling since 2013. Nationally, the number of live births was the lowest in 2020 since 2002. [ONS population projections](#) estimate that the number of live births in each year in Swindon by 2035 will remain relatively stable, however actual numbers will fluctuate.
- The majority of newborns has been to mothers aged 25-34, although there has been a gradual shift towards motherhood at a later age (35 and over)
- Swindon's total fertility rate (the average number of children a woman in Swindon is estimated to have) was 1.82 in 2020. This was higher than England (1.59) and the South West (1.54).
- In Swindon, 8.5% of women that gave birth in 2020/21 were [smokers at the time of delivery](#). This stood lower than the South West (10.3%) and England (9.6%), and has continued to fall in line with the national trend, down from 14.8% in 2011/12.
- For the period 2018-2020, infant mortality rate for Swindon stood at 3 infants per 1,000 and was lower than the South West (3.4 per 1,000) and England (4 per 1,000).

Infant feeding

Background

For the purpose of this document, 'breastfeeding' includes 'chest-feeding' and the terms 'human milk' and 'breast milk' are used interchangeably. Where the term 'mother' is used, this refers to the nursing parent.

Breastfeeding is a biological norm, provides optimal nutrition for babies and brings numerous health benefits for both the mother and baby, many of which are experienced well beyond the period that breastfeeding is stopped. Babies who have human milk experience fewer infections and are less likely to: experience atopic illness (asthma, eczema and allergies); become overweight or develop diabetes or cardiovascular disease in later life. For mothers, breastfeeding is associated with a reduced risk of ovarian cancer, pre-menopausal breast cancer, osteoporosis, cardiovascular disease, diabetes, postnatal depression and improved weight loss after pregnancy. Breastfeeding also lowers the risk of Sudden Infant Death Syndrome (SIDS) and can enhance the emotional attachment between mother and baby^[1].

The WHO recommend early initiation of breastfeeding within the first hour of life, exclusive breastfeeding for the first 6 months of life and introduction of nutritionally adequate and safe complementary solid foods at 6 months together with continued breastfeeding for up to 2 years of age or beyond. Infant formula is the only recommended alternative to human milk in the first year of life^[2].

Importance- Implications

The UK has some of the lowest breastfeeding rates in the world with 8 out of 10 women stopping breastfeeding before they want to^[3]. Whilst the number of women starting to breastfeed has been increasing, it remains a strong indicator of social inequalities. Mothers who are young, white, from routine and manual professions and who left education early are the least likely to breastfeed^[4]. The reasons for this are cited as a lack of access to support services in the community and at work, cultural barriers and misinformation^[5].

Breastfeeding can help achieve many of the United Nations' 17 Sustainable Development Goals including those on hunger, poverty, health, education, gender equality and sustainable consumption^[6]. Supporting breastfeeding has been identified as one of the early years high impact areas for Health Visiting, acknowledging the major role this plays in improving health and reducing health inequalities^[7]. Moderate increases in breastfeeding rates would contribute significant cost savings for the NHS and tens of thousands fewer hospital admissions and GP consultations^[8].

Local Picture

All pregnant people in Swindon have the opportunity to discuss breastfeeding with their Midwife. After the birth, families can expect a contact with the Health Visiting Team at 10-14 days, 6-8 weeks, 1 year and 2 years of age when breastfeeding support can be provided. Midwives and Health Visitors signpost women to support available both locally and nationally. Swindon is working towards ongoing accreditation with UNICEF UK Baby Friendly Initiative (BFI) across Neonatal, Maternity and Health Visiting services.

A 2013 Swindon focus group of women's perceptions around breastfeeding in Pinehurst and Penhill reported that the main barriers to breastfeeding were pain, embarrassment about feeding in public and uncertainty about the amount of milk that babies are getting. Some women were sure of their rights with respect to breastfeeding in public, while others thought that it was not 'allowed'^[9]. Whilst these are older data, these findings are reflected in more recent national surveys as a common theme^[10].

Insights from local people

In the Swindon Residents Health and Wellbeing Survey, Autumn 2021, some respondents named concerns over the unknown long-term side effects of Covid-19 vaccination and its implications for fertility.

How Swindon is addressing any challenges

The drop off in breastfeeding prevalence in the first few weeks after birth indicates that the support mothers are receiving currently is not adequate. In Swindon, work is under way to re-establish peer support within maternity, neonatal services and the community following a reduced provision during the Covid-19 pandemic.

Work is ongoing to improve data capture both locally through Swindon's own reporting systems and nationally through the Maternity Services Data Set (MSDS) implemented across NHS maternity services in 2019.

References

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[5] UNICEF UK Breastfeeding in the UK 2010 Available from: [Breastfeeding in the UK - Baby Friendly Initiative \[unicef.org.uk\]](#)

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[Breastfeeding is 'smartest investment' families, communities and countries can make – UN](#)

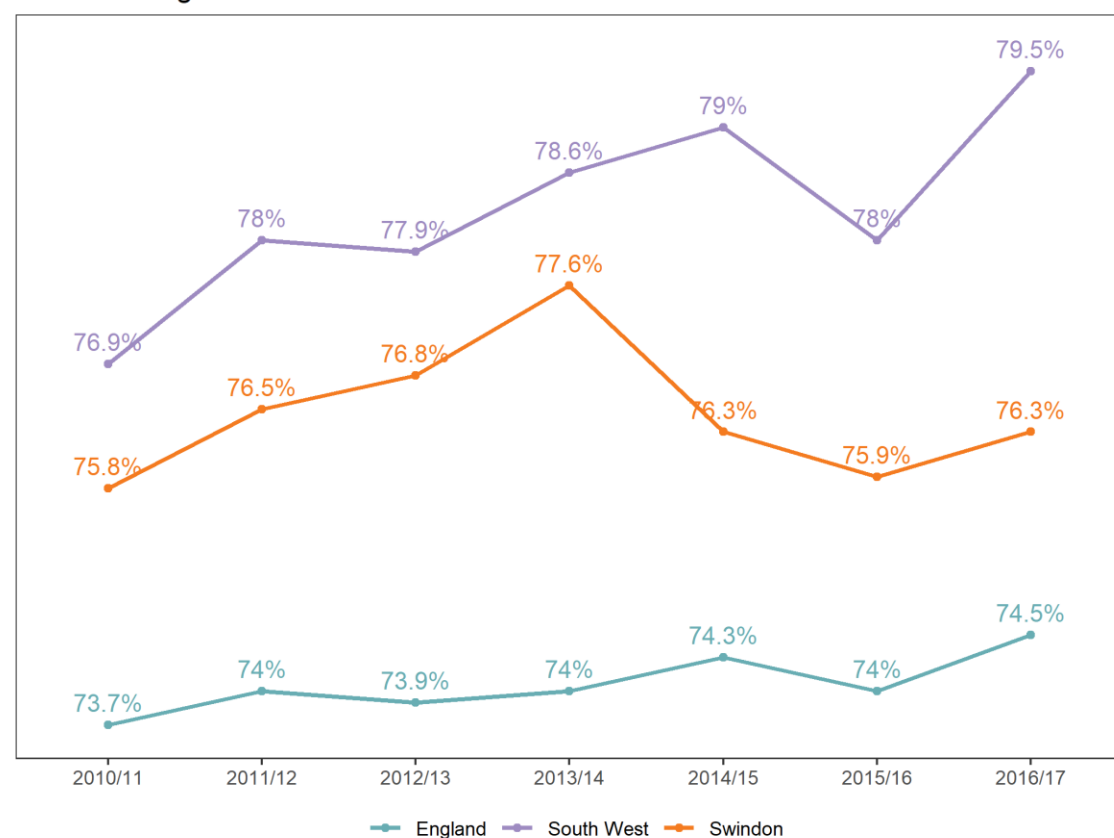
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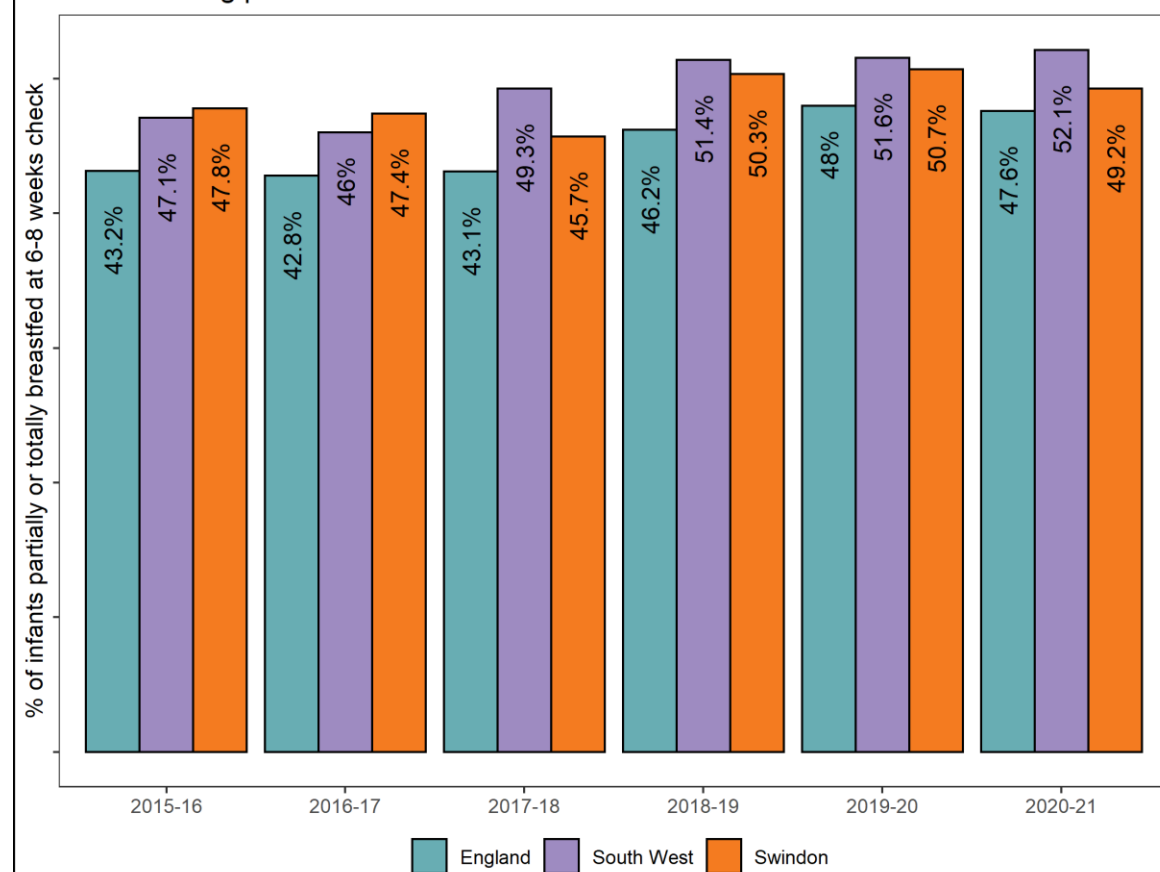
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Breastfeeding Initiation



Source: OHID, Fingertips

Breastfeeding prevalence at 6-8 weeks after birth

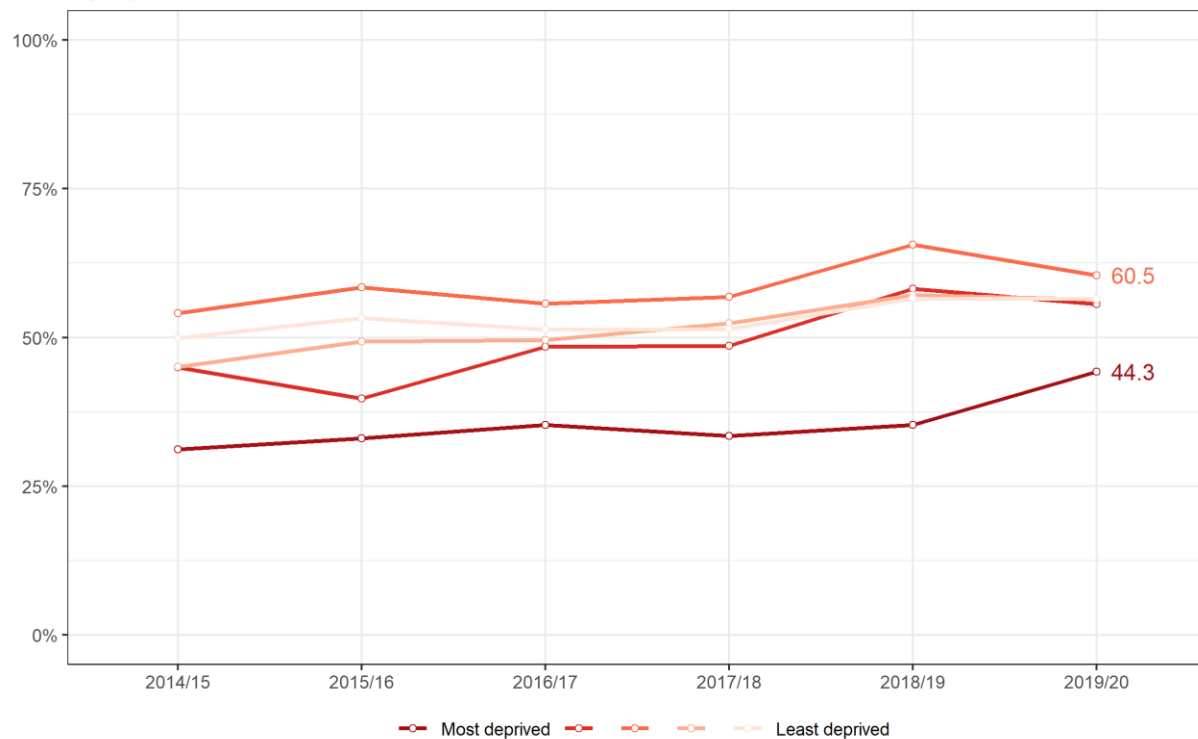


Key facts

- In Swindon, the proportion of women initiating breastfeeding has generally been higher than England but lower than the South West. As of 2016-17 [data are not available for later years], 76.3% of women had initiated breastfeeding in Swindon (top left figure).
- In 2020-21, 55% of newborns in Swindon had maternal or donor breast milk as their first feed. This is lower than England at 61%.
- In 2020-21, 49.2% of babies were still being breastfed in Swindon by the 6-8 week health visitor check (top right figure).
- The number of live births in Swindon UA in 2019 was 2,632. Swindon's general fertility rate in 2019 was 64.1 per 1,000 women aged 15-44 years which is slightly higher than the South West (54.7 per 1,000) and England (57.7 per 1,000).
- The most recent available data shows that in 2018/19, 12.7% of all women giving birth that year classed themselves as smokers at their midwife appointment in early pregnancy. This is statistically similar to the proportion of women smoking in early pregnancy for England at 12.7%, and lower than the South West at 13.3%.
- ONS 2018-based population projections point to a plateau in the annual number of births over the next decade.

Breastfeeding rate at 6-8 weeks

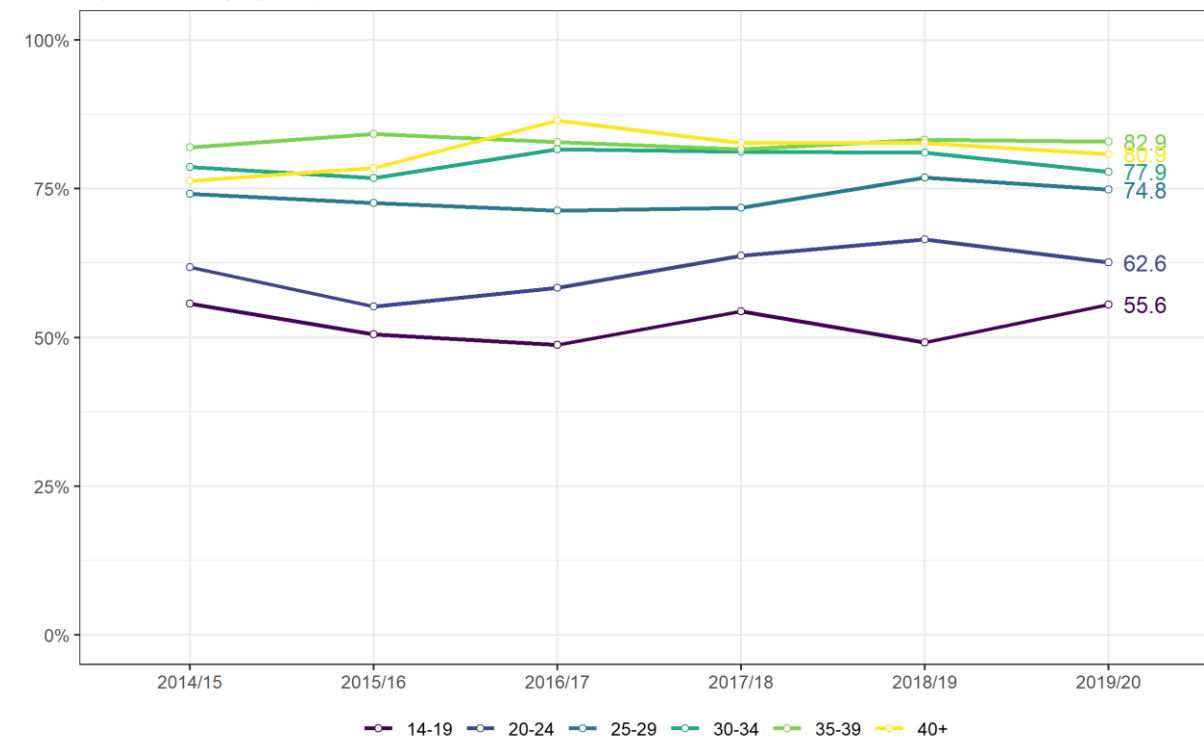
By deprivation



Source: SBC, GWH

Breastfeeding Initiation Rate

By maternal age (years)



Source: SBC, GWH

Key facts

Local analysis of data provided by SBC and The GWH Foundation Trust between 2014/15 and 2019/20 looked into the difference in breastfeeding rate between different characteristics of mothers of babies born in GWH in Swindon and aimed to (i) identify potential inequalities between these mothers and (ii) evaluate how the Swindon Breastfeeding Strategy may have influenced performance between 2014/15 and 2019/20. The analysis concluded that:

- While there was no statistically significant difference in terms of breastfeeding initiation rate, there was a statistically significant improvement in the breastfeeding rate at 6-8 weeks in the six years period.
- Deprivation and ethnicity were associated with both breastfeeding initiation and breastfeeding at 6-8 weeks rates since mothers in the most deprived areas were least likely to initiate and continue breastfeeding as were mothers from a “white” ethnic background.
- With respect to breastfeeding initiation rate, mothers in the lowest age groups (14-19 years and 20-24 years), mothers who did not have partners consistently over the six year review period, mothers who already had another child, babies not born inside a hospital and mothers whose babies were admitted to a Special Care Baby Unit (SCBU) were less likely to initiate breastfeeding or being breastfed.
- The inequality gaps for breastfeeding initiation for babies admitted to SCBU, and for breastfeeding rate at 6-8 weeks with respect to deprivation and ethnicity fell over time.

Educational attainment, special educational needs and disability

Background

Special educational needs (SEN) provision is provision that is in addition to or different from that normally provided to pupils of the same age. Depending on the type of support required, this can either be provided within a generic classroom setting or within a specialised school setting.

Swindon has 7 Special Schools that specifically cater for children with SEN: 3 for primary aged children, 3 for secondary aged children and one community school.

An Educational Health Care Plan (EHCP) is a statutory document that captures the long term ambitions of the child or young person (0-25 years), specifying outcomes and necessary provisions to meet their SEN and disability (SEND) needs. The assessment should bring together health and education professionals to work with families, aiming to enable the child to achieve life-long learning and improve outcomes for the best possible quality of life. This is reviewed annually^[1].

At the end of reception year, children complete the Early Years Foundation Stage assessment to enable successful transition to key stage 1. There are 17 early learning goals by which each child is assessed (including speech, ability to build relationships, gross motor skills, literacy and mathematics) and a child must meet 'at least expected' in prime areas to be defined as having a '**Good level of development**'^[2].

Importance- Implications

In England, a difference exists between the educational attainment of children by age 19 from families on a lower income compared with those from families on a higher income (as measured by eligibility for free school meals). This difference, also known as an inequality gap, has widened in recent years^[3].

There is an ongoing inquiry into the impact of the Covid-19 pandemic on education. Initial findings have reported that the pandemic disproportionately affected pupils from disadvantaged backgrounds and there is evidence of missed opportunities to reduce this inequality and support children from disadvantaged backgrounds^[4].

Local Picture

Children within Swindon schools are less likely to achieve 'good development' status at the end of reception year compared to other areas.

Owing to a higher number of children presenting with social, emotional or mental health needs in Swindon compared to other areas, there is a higher proportion of pupils within Swindon schools that have an EHCP compared to England, the South West and areas which are statistically similar to Swindon (known as Chartered Institute of Public Finance and Accountancy, or CIPFA, neighbours). This rate has been increasing over the last 5 years, with a decrease noted in 2020-21.

Insights from local people

A recent survey led by SBC in 2020/21 sought the views of people in Swindon on SEND services. There were 386 responses overall (68% parents/carers, 25% practitioners, 7% young people).

Parents/carers reported experiencing difficulties with SEND services through the pandemic including: stopped services, lack of support, delays, communication difficulties, and no face-to-face contact. Similarly, professionals reported facing difficulties because of no face-to-face contact, communication difficulties, increased workload and IT issues while working through the pandemic. Nevertheless, over half of the young people who responded felt that they had received timely support and that they were involved in decisions about their life. Feedback was used to inform actions within the SEND and Inclusion (SENDi) Strategy Delivery Plan.

How Swindon is addressing any challenges

The October 2021 Office for Standards in Education, Children's Services and Skills (OFSTED) inspection of Swindon schools reported improvements in all 8 areas of previously identified weaknesses. As a result, Swindon Borough Council is no longer subject to Department of Education/NHS England monitoring^[5]. In addition to the SENDi plan, the Swindon Challenge Board has been replaced by the Schools Inclusion Forum (SIF) and consultation on a new updated strategy will take place in the autumn term of 2022 to continue improvements. As OFSTED inspections were suspended for two years due to Covid, the challenges outlined from the previous OFSTED report remain the same.

Swindon Virtual School improves outcomes through ensuring all care experienced children on entry into care benefit through the use of education recovery funding and pupil premium, an enhanced one-to-one tuition offer to enable them to catch up on significant gaps in learning as well as supporting education settings to provide direct intervention in schools linked to the Education Endowment Fund, and personal education plan that all care experienced children have.

Ofsted has recognised the good progress that care experienced children make from entry into care.

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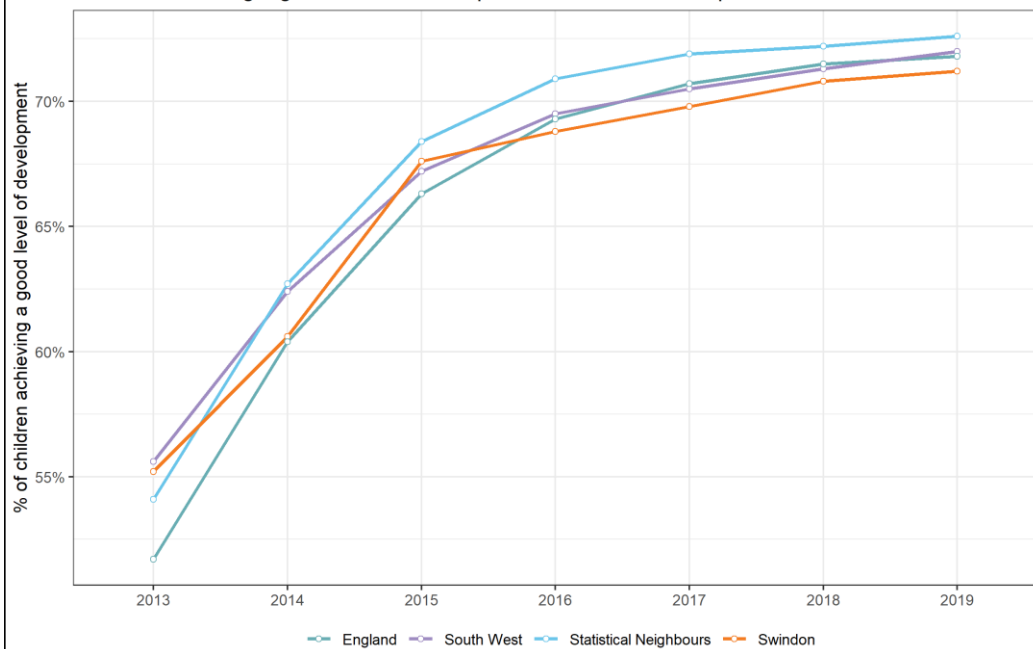
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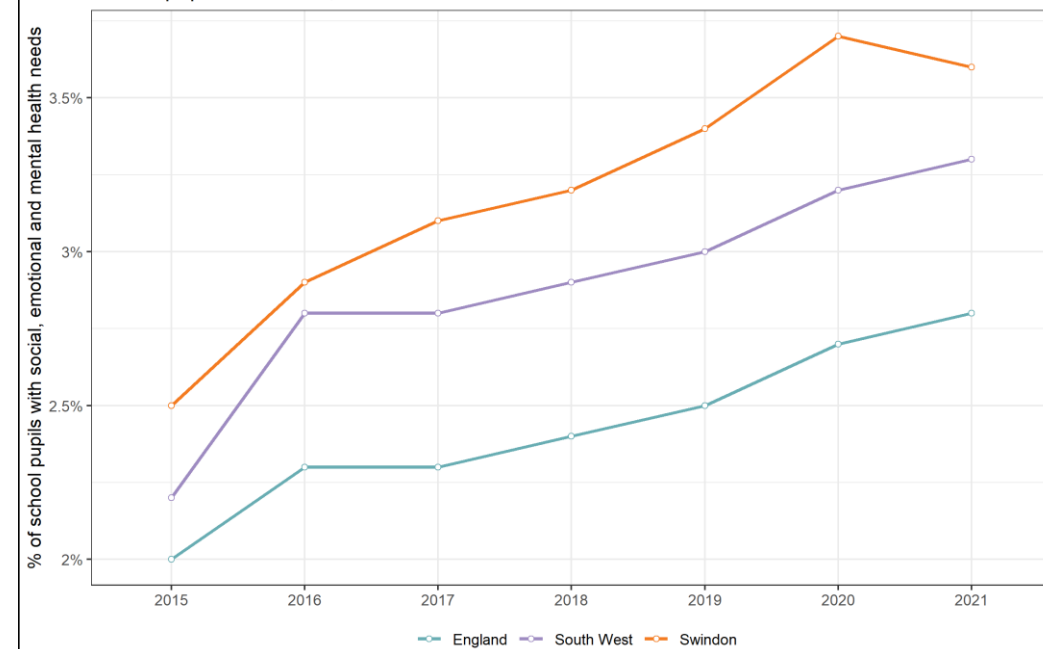
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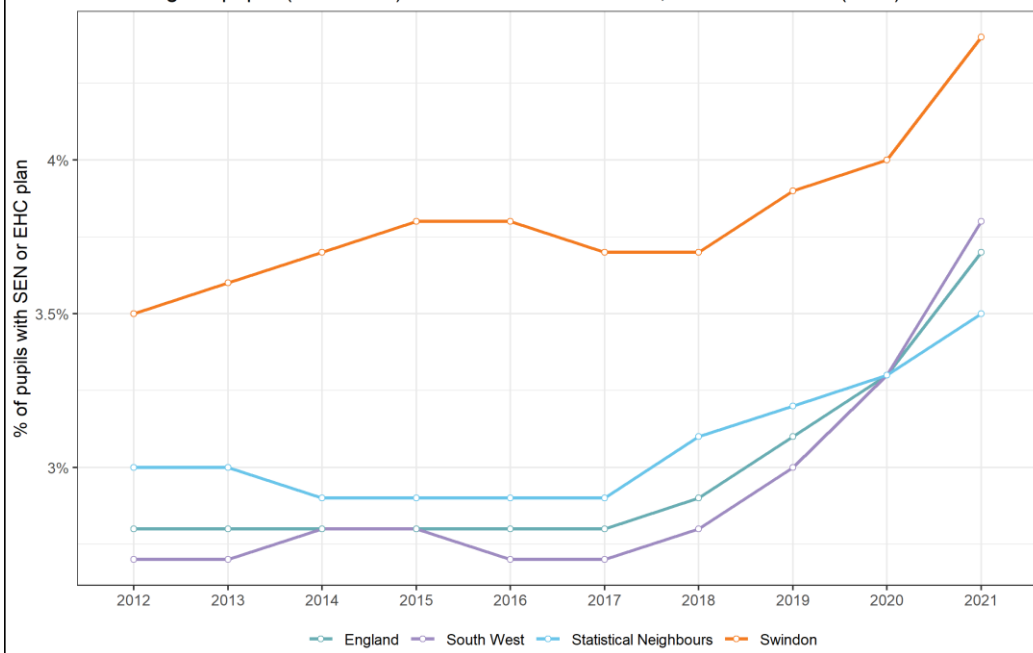
Children achieving a good level of development at the end of reception



School pupils with social, emotional and mental health needs



Percentage of pupils (all schools) with SEN or an Education, Health and Care (EHC) Plan

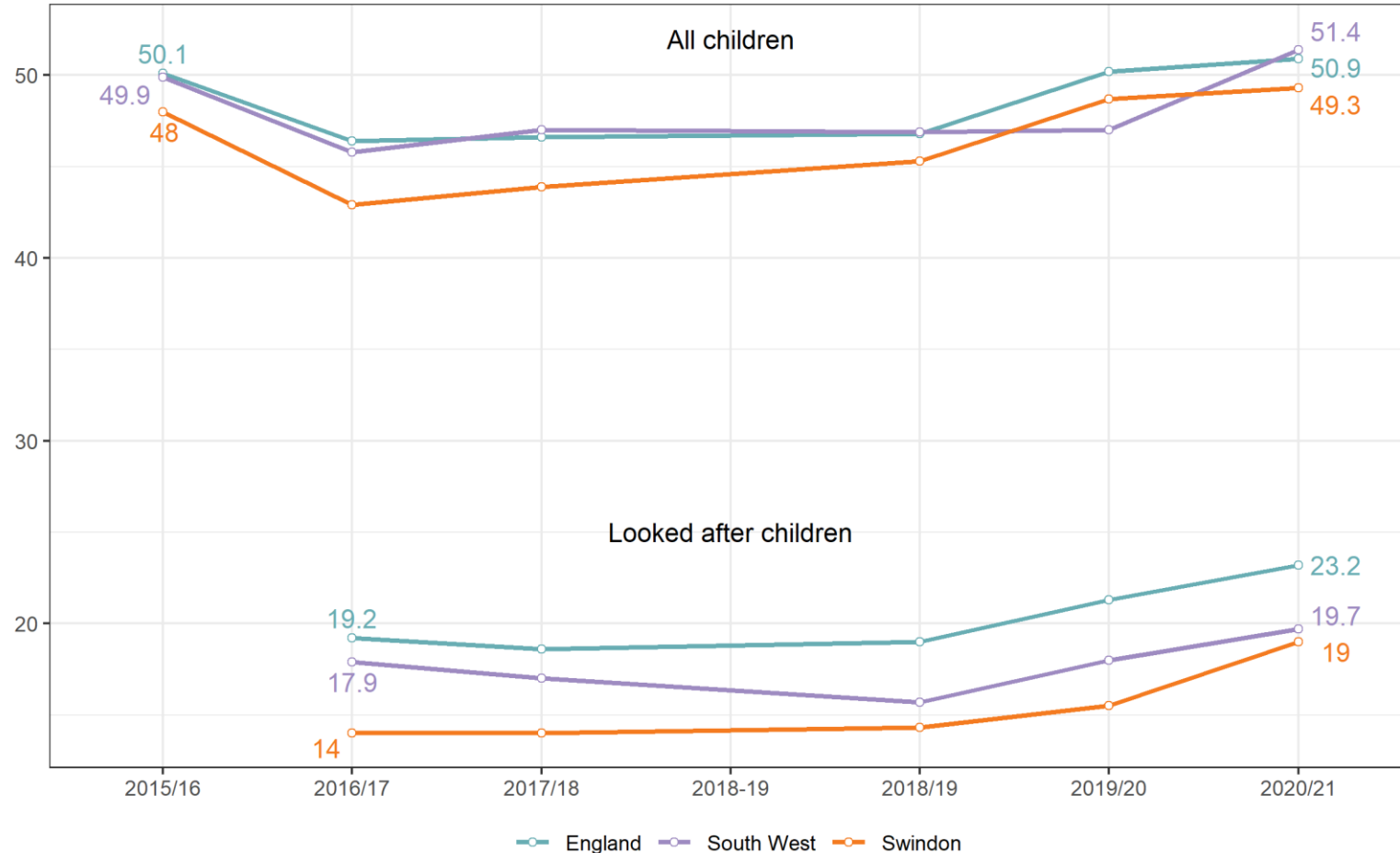


Key facts

- In Swindon, over time, more children have been achieving a good level of development at the end of reception year, but still fall short compared to the South West, England and its statistical neighbours (top left figure).
- An increasing percentage of pupils in Swindon have a SEND or EHCP and this is much higher than the comparable values for the South West, England and statistical neighbours (bottom left figure). Similarly, the percentage of school pupils in Swindon registered with social, emotional and mental health needs is much higher than the regional and national average, although Swindon saw a slight fall in 2021 (top right figure).
- In 2020, 77.3% of 19 year olds had achieved a level 2 qualification, with a gap of 27.5% between pupils eligible and claiming free school meals against those not eligible, which was slightly higher than its statistical neighbours. For level 3 qualifications, the corresponding figures for Swindon were 49.7% and 28.8%.
- As at 31 December 2020, 92.8% of 16 and 17 year olds in Swindon were in education or training, compared to 92.1% across the South West. The corresponding figure for England was 92.3%.
- In 2019-20, an estimated 32.9% of 15 year old pupils from state-funded schools in Swindon had entered higher education by age 19. This figure was lower than the South West (38%) and England (43.1%)

Average of Attainment 8 Scores

Achievement of a pupil across 8 qualifications



Source: Department for Education

Key facts

- Progress 8 was introduced in 2016 (2015 for schools opting in early) and aims to capture the progress a pupil makes from the end of primary school to the end of secondary school. It is a type of value added measure, which means that pupils' results are compared to the actual achievements of other pupils with similar prior attainment. Attainment 8 scores measure the achievement of a pupil across 8 qualifications. Each individual grade a pupil achieves is assigned a point score, which is then used to calculate a pupil's Attainment 8 score^[6].
- As per previous years, in 2020/21, the average Attainment 8 scores in 2020/21 for children looked after were less than half that of the overall pupil population across all areas.
- The attainment 8 scores for children looked after by Swindon has been on an upward trend since 2017/18, in line with the South West and England average. In 2020-21, the attainment 8 score for looked after children in Swindon stood at 19. This was slightly lower than the South West (19.7) and much lower than the England average (23.2)
- The difference in attainment 8 for children looked after by Swindon can be attributed to the increase in the number of children entering care at Key Stage 4 with limited continuity of education since exit at primary school and to the higher than national average number of care experienced children with identified special educational needs.

Healthy living and wellbeing (children and young people)

Background

Overweight and obesity are defined as an excessive fat accumulation which can lead to a number of serious and potentially life-threatening conditions, with over 4 million people dying globally each year as a result of being overweight or obese^[1a,1b,2]. Research shows that children and adolescents with obesity are more likely to be obese into adulthood than those who are not obese - reducing childhood overweight is therefore an important issue^[3].

The NHS Long Term Plan, published in 2019, acknowledges that the health of children and young people is determined not only by healthcare but also by household income, education, housing, family life and the environment. The report sets out priorities for the coming 10 years including^[4]:

- Expansion of and increased funding for children and young people's mental health services (CYPMHS) including community-based support as well as for schools and colleges.
- Improving our understanding of the needs of children and young people with learning disabilities and autism, and reducing waiting times for specialist services.
- Improving outcomes for children and young people with long-term conditions and cancer, for example supporting them to take part in clinical trials and offering vaccination against Human Papillomavirus (HPV)-related diseases.
- Prioritising improvement in childhood immunisation.

Importance- Implications

Evidence suggests the Covid-19 pandemic significantly impacted the mental health and wellbeing of children and young people. Differences were observed in impact on sleep, behaviour, attention, mood/anxiety, eating habits and loneliness. Girls and young women, older young people (16 to 24 year olds), disadvantaged children and young people as well as those with special education needs and disability (SEND) were more likely to report difficulties at various points during the pandemic including during periods of national lockdown restrictions. There is not yet sufficient or conclusive evidence to determine the impact on people from ethnic minority backgrounds, nor on LGBTQ+ children and young people^[5].

Nationally, there has been an increase in child obesity prevalence from 2020 to 2021 which is the largest increase recorded in the National Child Measurement Programme (NCMP) since the programme began in 2006-2007. This follows school closures and other restrictions affecting behaviour during the Covid-19 pandemic, with disparities increasing between ethnic groups and between the most and least deprived areas of the country^[6].

How Swindon is addressing any challenges

As well as participation in the NCMP to monitor child weight in Swindon, there are efforts to promote physical activity and make it a desirable part of everyday life. For example, "Beat the Street", which is a partnership initiative encouraging schools, community groups and individuals to be more active and walk, run or cycle to earn points and win prizes, has taken place in Swindon three times. During the most recent six week game from September–October 2021, a total of 29,376 people took part and travelled a combined distance of 319,875 miles^[7].

Swindon Public Health are working with a range of stakeholders to implement new programmes and extend others to try to tackle overweight and obesity. New programmes include a whole system approach to obesity which focuses on children and young people; piloting an obesity prevention programme in 5 primary schools; starting an early years obesity prevention programme in up to 7 nursery schools; and implementing a new physical activity strategy which includes a communications plan. Current public health work includes the Healthy Schools and Healthy Early Years programme (open to all education settings from early years, primary, secondary and colleges, with the aim to encourage collaborative working of health and education professionals to improve health and wellbeing of children and young people, to raise achievement, reduce health inequalities and help promote social inclusion – this universal programme covers all aspects of health and wellbeing including that of the school staff) and influencing the built environment so that being active becomes an easier choice for Swindon residents.

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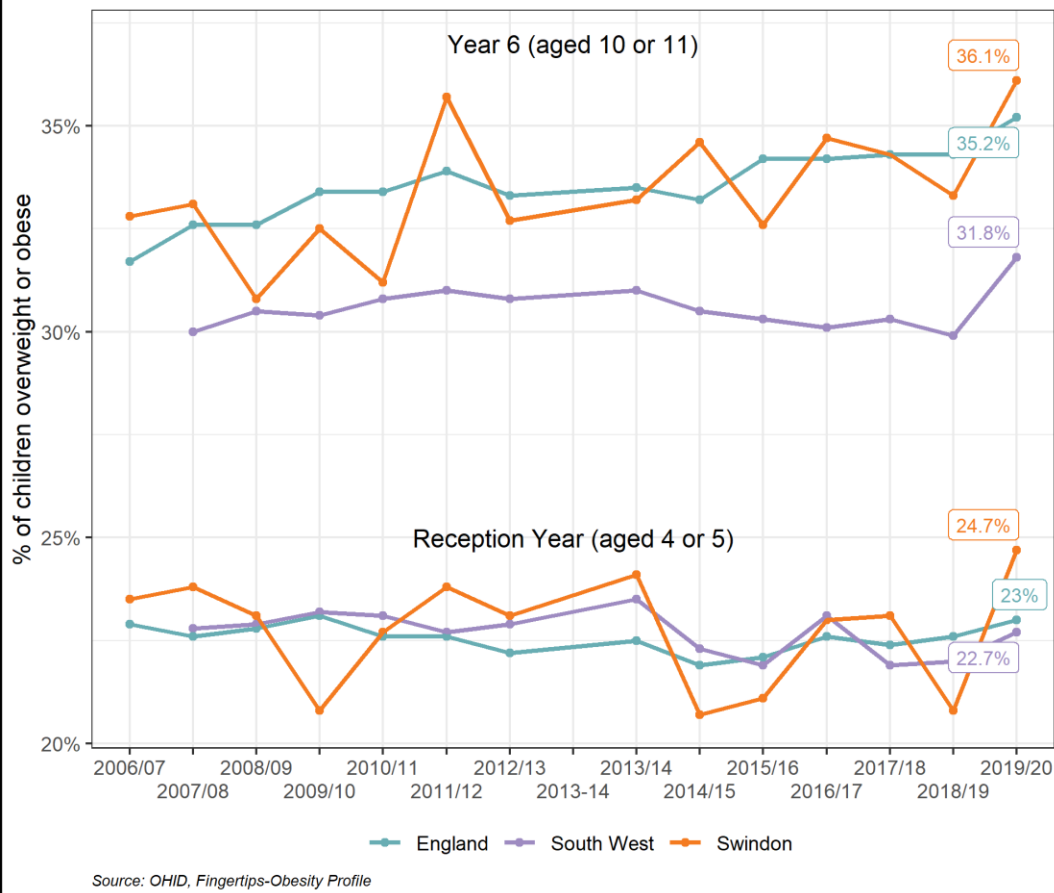
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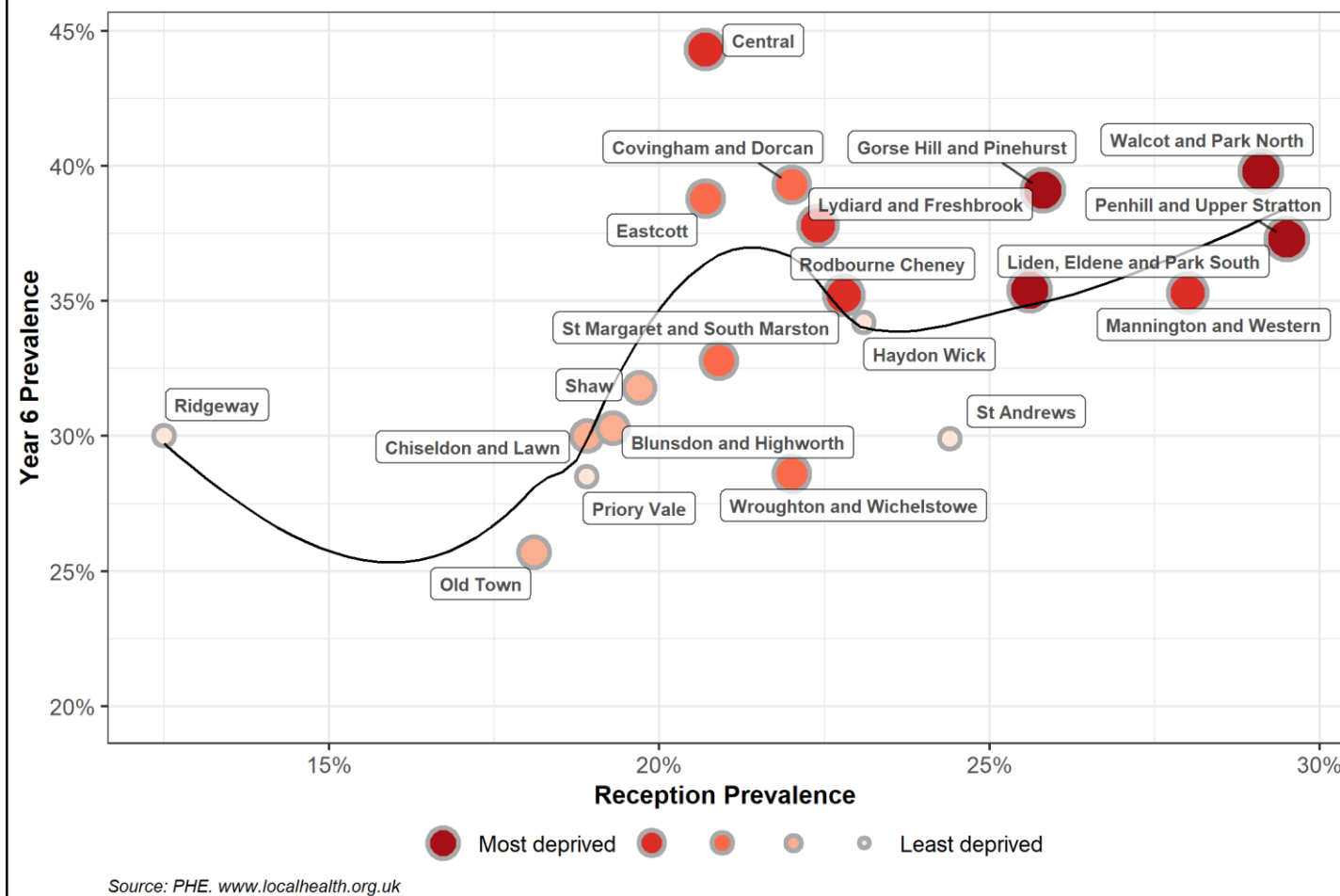
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Excess Weight in Children in Reception Year and Year 6

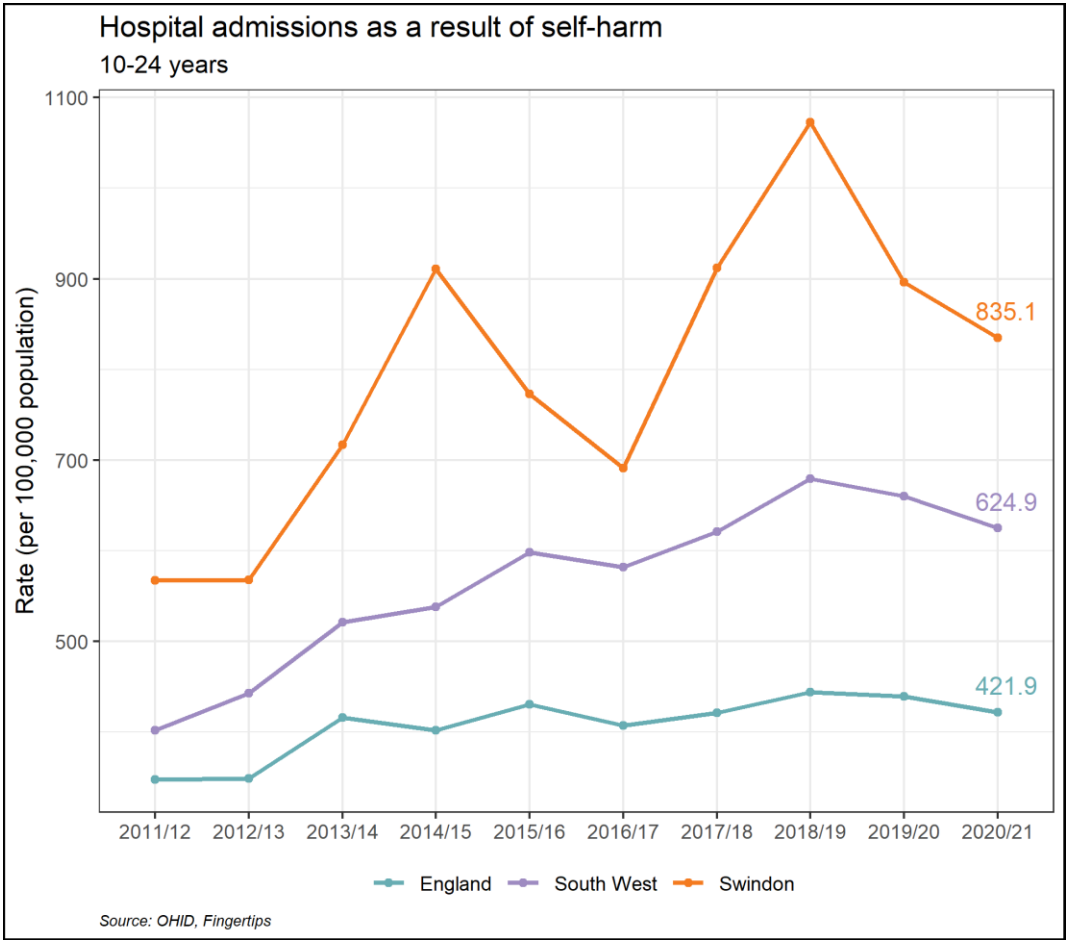
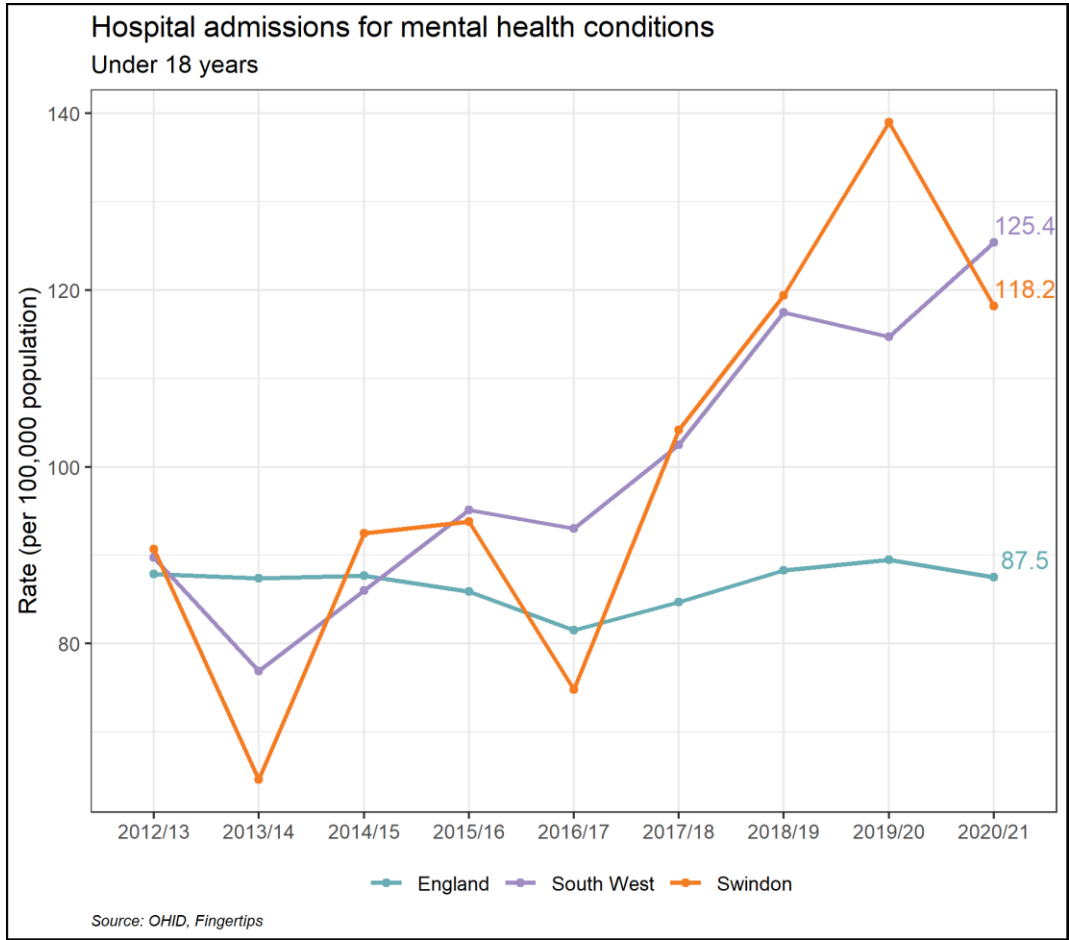


Prevalence of overweight (including obesity) at Reception and Year 6 By deprivation within Swindon wards (2017/2018 to 2019/2020)



Key facts

- One in three children aged 10-11 and one in four children aged 4 or 5 in Swindon are overweight or obese. There have been no significant changes in rates for healthy weight, underweight and obesity in children (both reception and year 6) recorded in Swindon up to 2019/20. Data is not available at a Swindon level for 2020/21 as the pandemic meant comprehensive measurement in schools was not feasible. Excess weight in Year 6 children (36.1%) continues to be at higher levels than in the South West (31.8%) in 2019/20. At a local level (top right Figure), high prevalence of overweight in children is noticeable amongst the most deprived areas for both Reception and Year 6 children, with the highest prevalence for overweight in Year 6 children being recorded in the Central ward, and the highest prevalence for overweight in Reception children being reported for children living in Walcot and Park North, and Penhill and Upper Stratton. The patterns remain the same with respect to income deprivation affecting children.
- In 2020-21, 30% of children and young people were estimated to be physically active in Swindon. This represents a drastic fall compared to 2019/20 estimates and is significantly lower than England and the South West.



Key facts

- Hospital admissions rate for mental health conditions in 0-17 years old has been on a rising trend since 2013/14, with Swindon and the South West at much higher levels than England. In 2020-21, rates for Swindon dropped to settle at a lower level than the South West.
- Hospital admissions as a result of self-harm amongst children and young people have been declining from around 2018/19, although levels in Swindon have been consistently higher than the South West and England.
- Between March and May 2021, Swindon Borough Council ran the “How are you?” online survey with Year 7 (502 responses), Year 9 (669 responses) and Year 11 (414 responses) students^[8].
- For Year 7, the data paints a healthy picture of mainly resilient students that are generally positive about life, with the over-whelming majority not engaged in risk-taking or exploratory behaviour. Covid-19 appears to have had some negative impacts (e.g. 47% said they had fallen behind in class work) but also some positive outcomes (e.g. 47% agree that their ability to work independently has improved).
- For Year 9, on the other hand, the data paints a rather concerning picture with emotional/mental health appearing to be fairly poor for a significant number of students. Self-harm figures were higher (9%) than previously seen which may well correlate with students feeling unhappy (35%), isolated (52%) and stressed (51%). Generally over 70% of students tend to report being resilient but for Year 9, it was 67%. On a positive note, cigarette and cannabis use is low and very few students are in gangs or carrying weapons.
- For Year 11, the data suggests some areas where it may be beneficial to students to have some additional input. Strategies to support mental health including self harm are likely to be helpful and some work around verbal bullying should also take place. There has been an increase in the numbers reporting that they smoke, which is a figure that has been falling rapidly for a number of years, and this may also need some input. Personal, Health and Social Education lessons should cover weapon carrying and pornography, with both highlighted as areas of concern in the survey.

Oral Health

Background

Oral health is a key indicator of overall health, well-being and quality of life. The WHO defines oral health as “a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, gum disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing”^[1].

Most oral diseases and conditions share modifiable risk factors with the leading non-communicable diseases (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes), emphasising the need to include oral health in initiatives designed to promote health in general^[2]. Risk factors include, but are not limited to, poor oral hygiene, diets high in sugary foods and drinks, inappropriate infant feeding practices, dry mouth (often the side effect of certain medications), smoking or use of tobacco and other carcinogenic substances and excessive alcohol consumption^[3].

The cost to the NHS of treating oral health conditions is around £3.6 billion per year with over a million patient contacts with NHS dental services each week^[4].

Importance- Implications

The burden of oral diseases affects all ages and genders but disproportionately affects people who are already vulnerable in some way. Children, older people, those living in material and social deprivation, adults affected by substance misuse, homeless people, asylum seekers and refugees, children with Special Education Needs (SEN), children looked after and children at risk of abuse or neglect are all disproportionately affected. Individuals from these groups suffer more severe tooth decay, more urgent dental problems and are more likely to have no teeth at all^[5].

Oral diseases can have a considerable impact on a child’s general health and wellbeing. Poor oral health is associated with being underweight, overweight and failure to thrive. It also affects a child’s ability to sleep, speak, play and socialise with other children^[6]. Children with poor oral health are more likely to experience dental pain and may not be able to gain the full benefit of their education due to an increase in school absenteeism and decreased school performance^[7]. Tooth decay remains the most common reason for hospital admissions in the 6-10 year old age group. Exposure to general anaesthetic when decayed teeth are extracted can expose children to significant risks of life-threatening complications for an essentially, entirely preventable disease^[8]. Significant inequalities remain at a National level with 5 year old children from Asian, Chinese or other ethnic minorities having more decayed, filled or missing teeth than children from White and mixed ethnic groups and children from the most deprived communities almost four times as likely to be admitted to hospital for tooth extractions compared to those from more affluent areas^[9].

Covid-19 has had wider socio-economic effects that include the loss of parental income, food poverty and poor nutrition, disruption to schooling and poorer mental health and wellbeing and all these have put children at risk of adverse health and social impacts. A reduction in dental service provision during the lockdown has compounded the problems of addressing oral health diseases.

Local Picture

Children’s dental health in Swindon is worse than England’s: as at March 2021, 28.9% of 5 year olds had experienced dental decay in Swindon^[10]. Health Visitors have shared that many families they have spoken to have not been able to register their child with an NHS dentist.

How Swindon is addressing any challenges

Recent priorities in Swindon have included oral health training for the 0-19 Public Health Nursing service, highlighting the issue of dental neglect in children and when/where to seek support, re-establishing the Healthy Early Years and Healthy Schools programmes, which include Oral Health and Sugar Smart Status. The Borough is also planning to take part in an NHSE pilot of supervised tooth-brushing in deprived areas and implement ‘The First Dental Steps’ intervention which will focus on oral health training for the workforce, integrating oral health advice into home visits and timely provision of fluoride toothpaste. SBC is also in the process of recommissioning its Oral Health Promotion team who provide training and guidance to other settings such as Early Years and Care Homes. A priority for this year is to review Oral Health needs in Swindon and create a Strategic Action Plan for oral health improvement.

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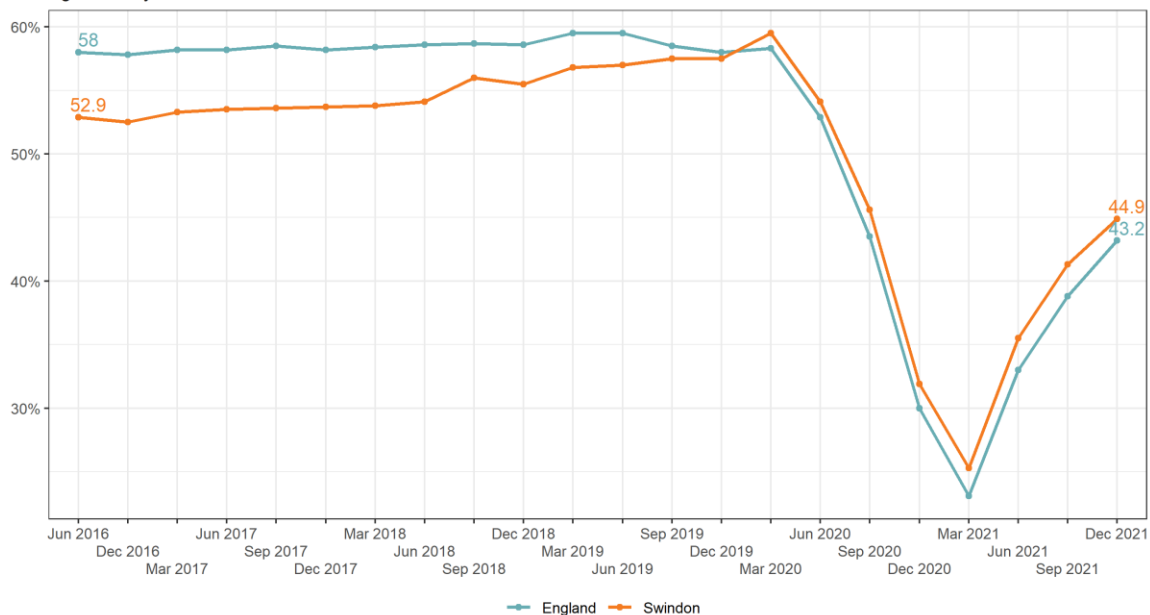
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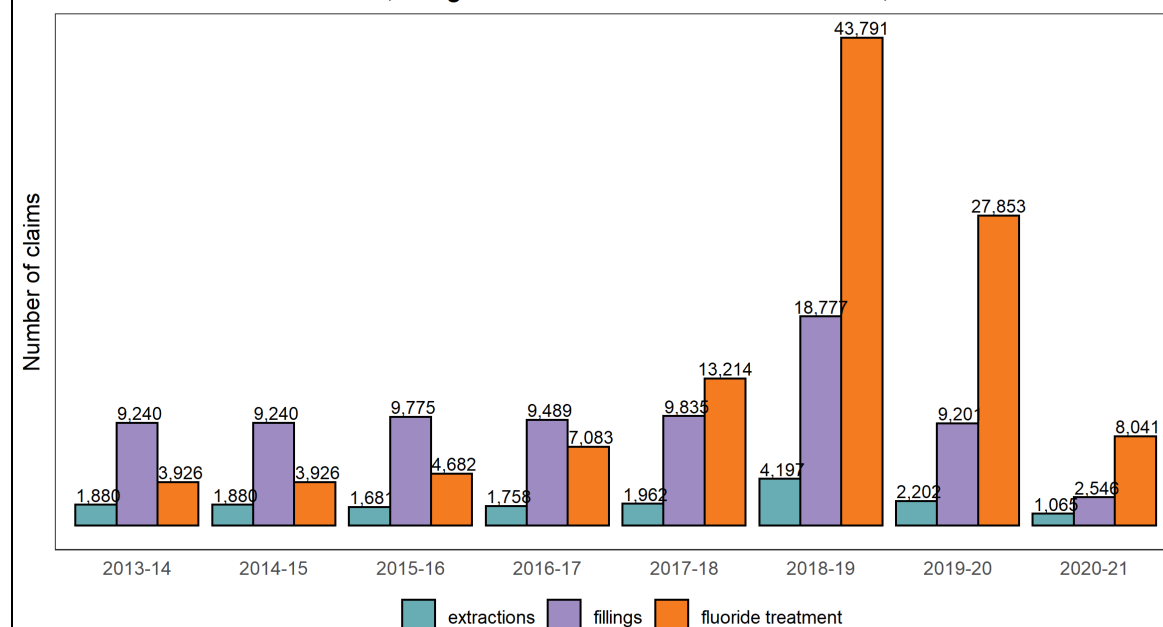
Children receiving NHS dental care in the preceding 12 months

Ages: 0-17 years



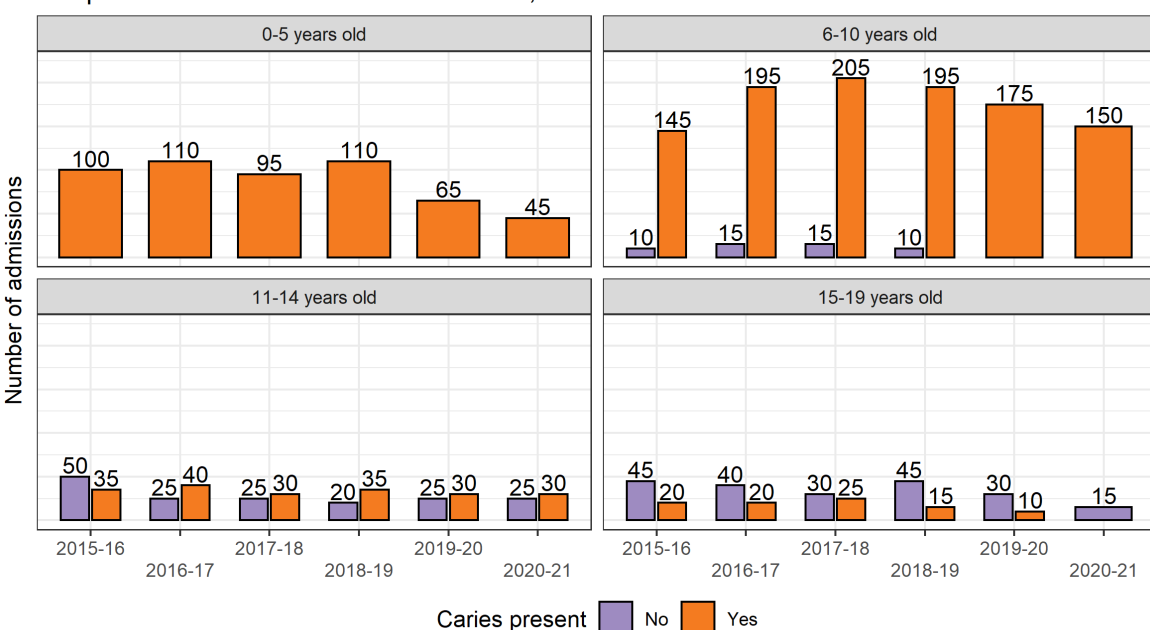
Source: NHS, Dental Statistics for England Dashboard

Claims for teeth extractions, fillings and fluoride treatment in children, Swindon



Source: NHS, Dental Statistics

Hospital admissions for teeth extractions, Swindon

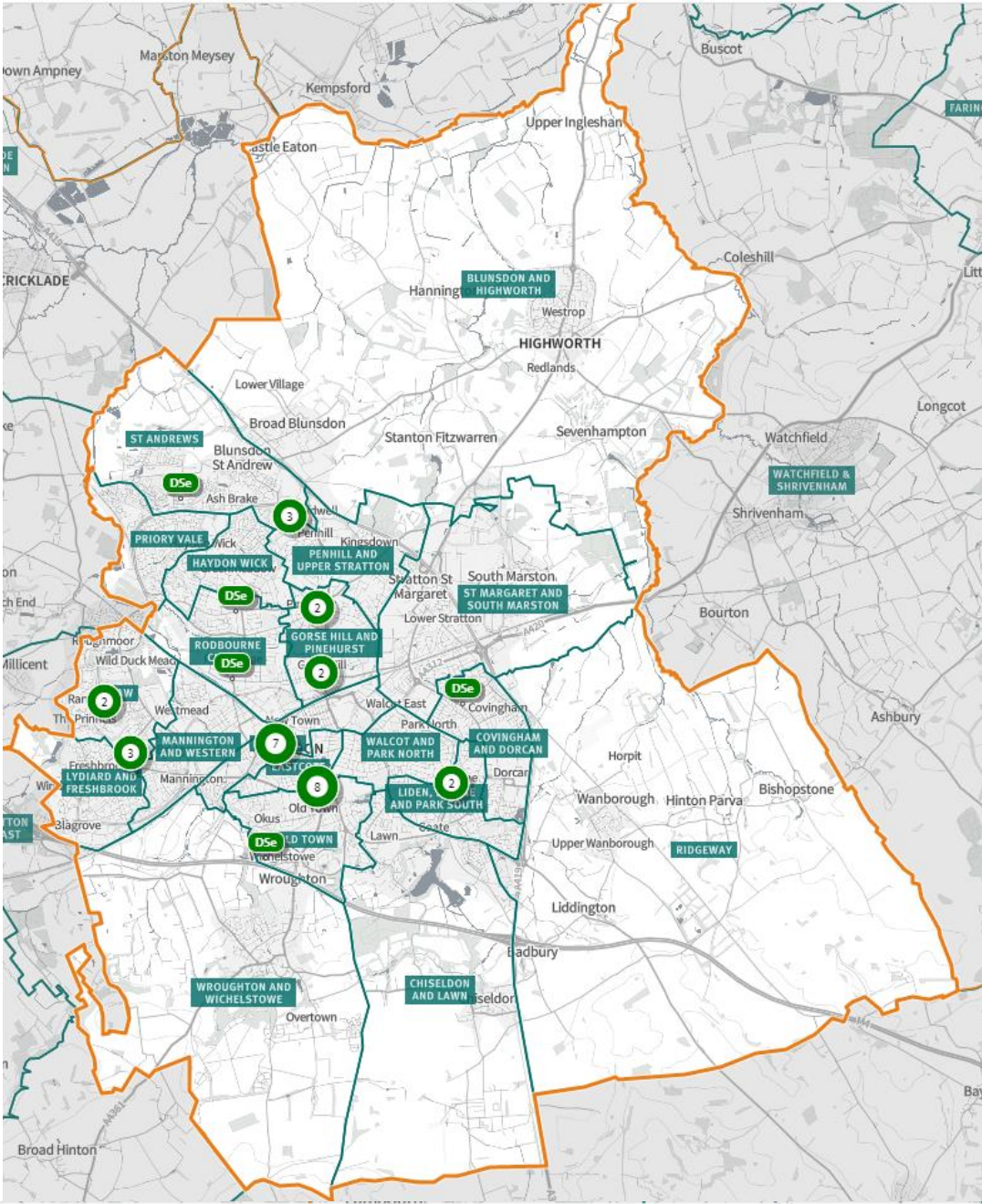


Source: NHS, Dental Statistics; ONS, population estimates/Note: Counts of less than 8 are not reported

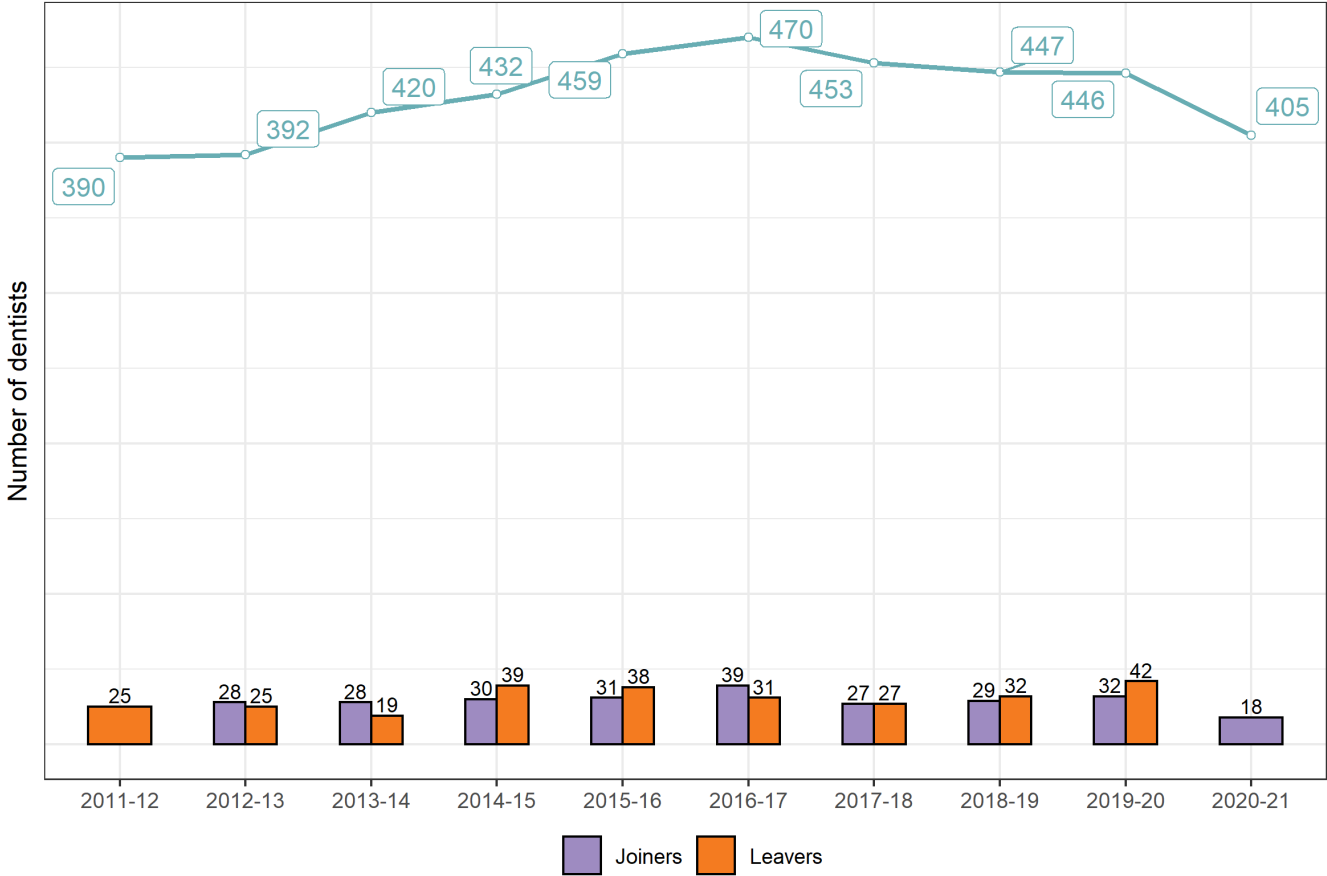
Key facts

- In Swindon for [2018/19](#), 28.9% of 5 year olds had experience of visually obvious dental decay, compared to 23.4% for England. For the same period, 0.9% of 5 year olds in Swindon are estimated to have decayed, missing or filled teeth.
- Dental visits by (and hence dental treatments for) children were at their lowest point at the end of March 2021 across the board, standing at 25.3% for Swindon (top left figure). This coincides with limited access to urgent dental care in the earlier phase of the UK's Covid-19 lockdown and cessation of dental practice or limited face-to-face consultations during that period.
- Fluoride treatment and fillings in children are the most common dental activities in Swindon (top right figure). Extraction, fillings and fluoride treatment have been falling since 2018-19.
- There was a noticeable drop in all these activities during the pandemic, with only 25.3% of children receiving dental care as of the 12 months preceding the start of the Covid-19 pandemic. While numbers in Swindon have picked up at a slighter higher pace than nationally, as of December 2021, they were still far below pre-pandemic levels.
- Hospital admissions for teeth extraction is more prevalent amongst the 0-10 years old, with the presence of dental caries being a root cause of such admissions, particularly amongst the 6-10 years olds (bottom left figure).

Overview of dental services in Swindon (source: [shapeatlas](#))



Dentists providing services
Bath and North East Somerset, Swindon and Wiltshire CCG



Source: NHS Dental Statistics for England

Key facts

- Beyond the pandemic, access to dental health services has also been compounded by the problem of a declining dental workforce. The total number of dentists providing general, personal, trust-led and mixed dental services (to both adult and child patients) across Bath and North East Somerset, Swindon and Wiltshire CCG has been steadily declining since 2016-17 (top right figure). A number of dentists have been leaving the dental care workforce, often exceeding the number of joiners. A growing population every year will put further pressure on access to dental health services.

Safeguarding Children and young people

Background

Safeguarding recognises a shared responsibility for the protection of children and young people, and adults at risk from harm including exploitation, abuse or neglect. It relies on a culture of collective responsibility and acting on learning to continuously improve support for children and adults at risk, in particular embedding safeguarding policies within institutions such as health care and education in the context of children and young people^[1,2,3].

Importance- Implications

Safeguarding issues disproportionately affect children from more deprived backgrounds. There is a growing body of evidence demonstrating that experiences during childhood can affect health throughout the life course (Adverse Childhood Experiences or ACEs). Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours such as substance misuse in later life and the more ACEs a child is exposed to, the more likely they are to develop problems^[4].

Unintentional injury is the leading cause of death among children and young people aged 1-14 years, and children and young people from lower socio-economic groups are more likely to be affected by unintentional injuries. Research shows that children whose parents are long-term unemployed (or have never worked) are 13 times more likely to die from unintentional injury compared to children whose parents are in higher professional occupations. The likelihood of an unintentional injury is attributed to a range of factors, including personal attributes (such as age and medical conditions), behaviour (such as risk-taking) and the environment (such as poor quality housing). Children are more vulnerable to injuries than adults due to their physical, psychological and behavioural characteristics. Injuries are usually recognised as 'predictable and preventable' events^[5].

Local Picture

Schools remained open for vulnerable children throughout the Covid-19 pandemic. However, as the country was coming out of lockdown, Swindon saw an increase in the number of children (and adults) presenting with mental health difficulties and self-harm as well as suicidal ideation and attempts. A Swindon-wide training package is being delivered (commissioned by the local authority Public Health team) focussing on suicide prevention. The aim is to have a community of professionals in Swindon who can speak with any young person who is experiencing suicidal thoughts, with a widespread support package for children and also adults who are coping with the death of a child who died by suicide.

Insights from local people

The Swindon Safeguarding Partnership (SSP) network has commissioned an Exploitation Task and Finish group. The Participation Network has consulted with a number of children on exploitation and a project on Community Conversations has provided helpful feedback regarding child exploitation, which will be fed back to the SSP to form part of an action plan moving forward. The Neglect Task and Finish group will follow similar lines and will run from June 2022. Further actions will focus on self-neglect and effective safeguarding practices.

How Swindon is addressing any challenges

The SSP was established in 2019. It is made up of a core of statutory partners including the council, the local clinical commissioning group, the police, representatives from education and an independent chair, and it is supported by a range of schools, health providers, criminal justice services, voluntary and third sector organisations. The SSP meets quarterly to collate and review evidence and provide recommendations for local actions based on these^[1,6]. In addition, they offer training courses to organisations to help them understand and identify safeguarding issues.

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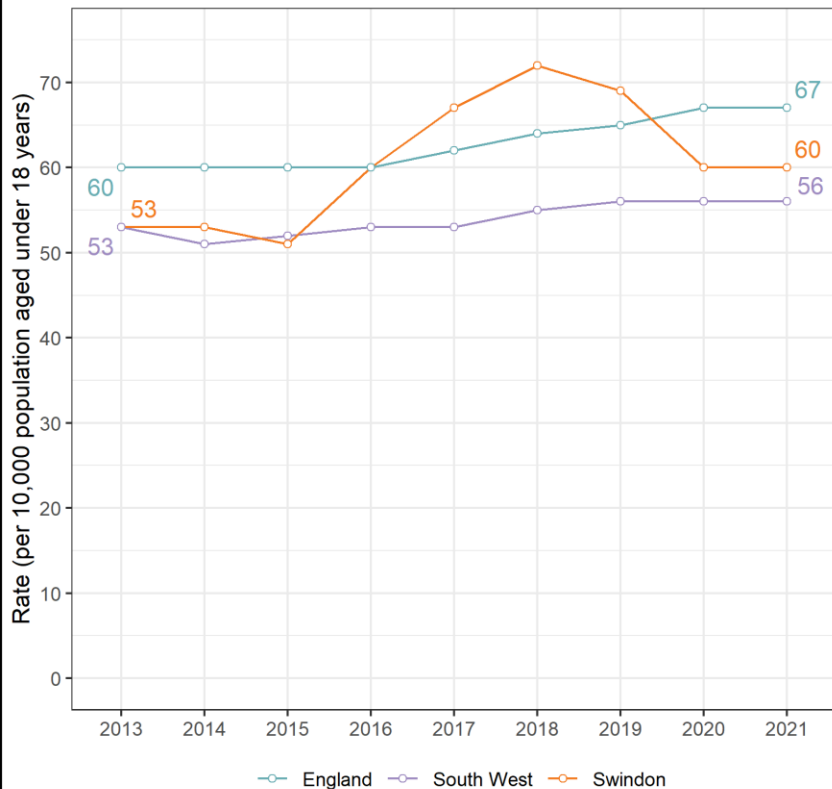
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[6] [SSP Strategic Plan 2021-2021](#)

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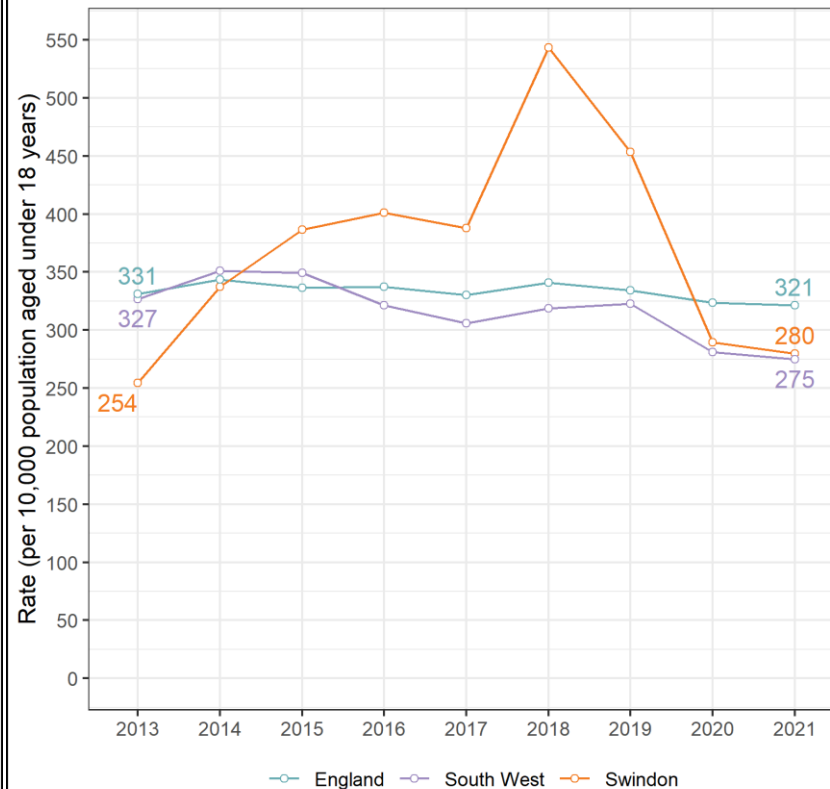
Children looked after

Ages: 0-18 years



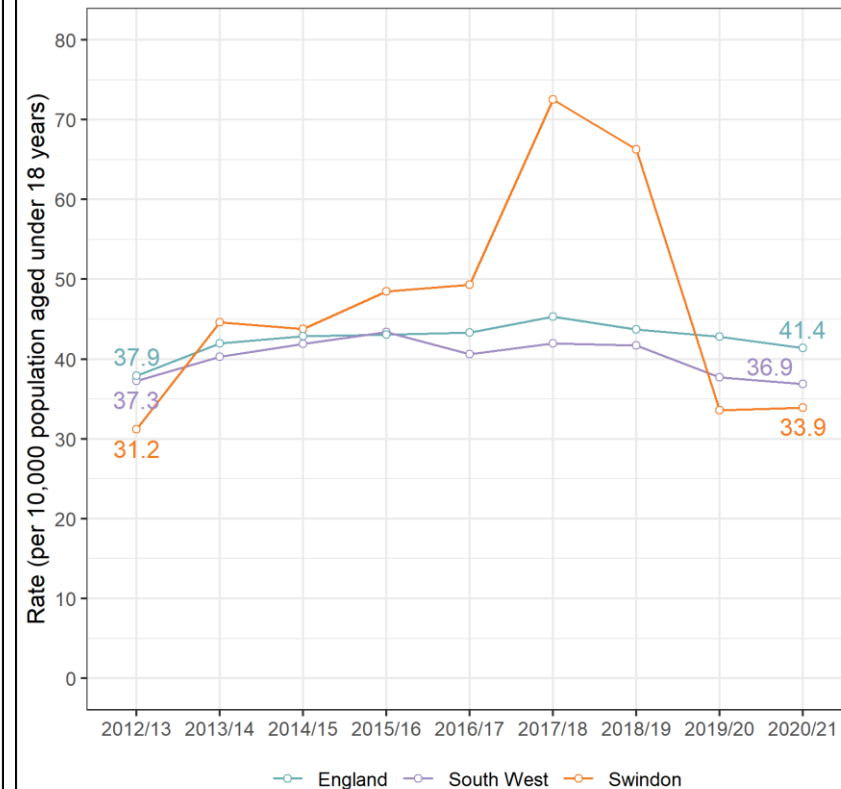
Children in need

Ages: 0-18 years



Children on child protection plans

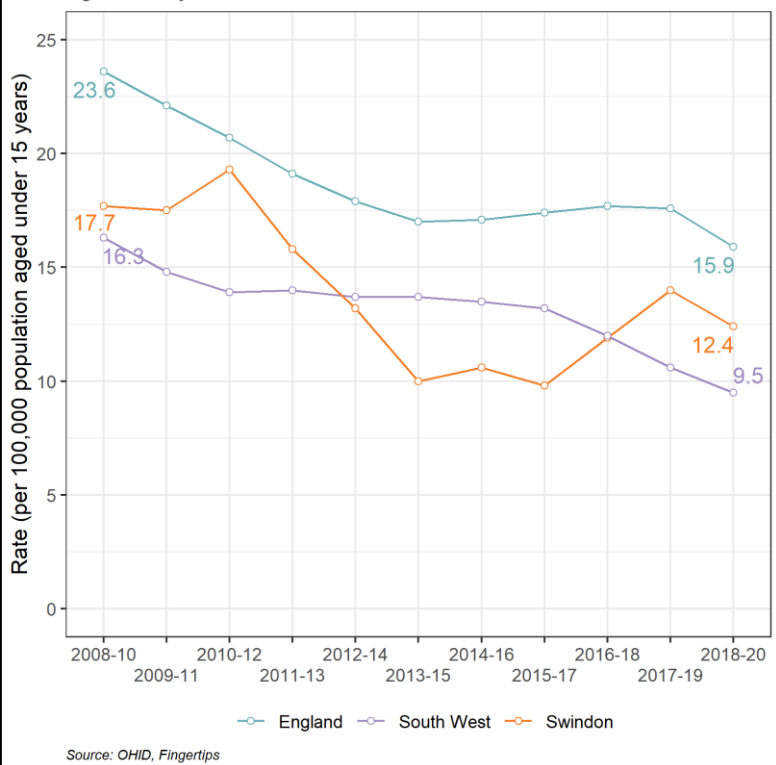
Ages: 0-18 years



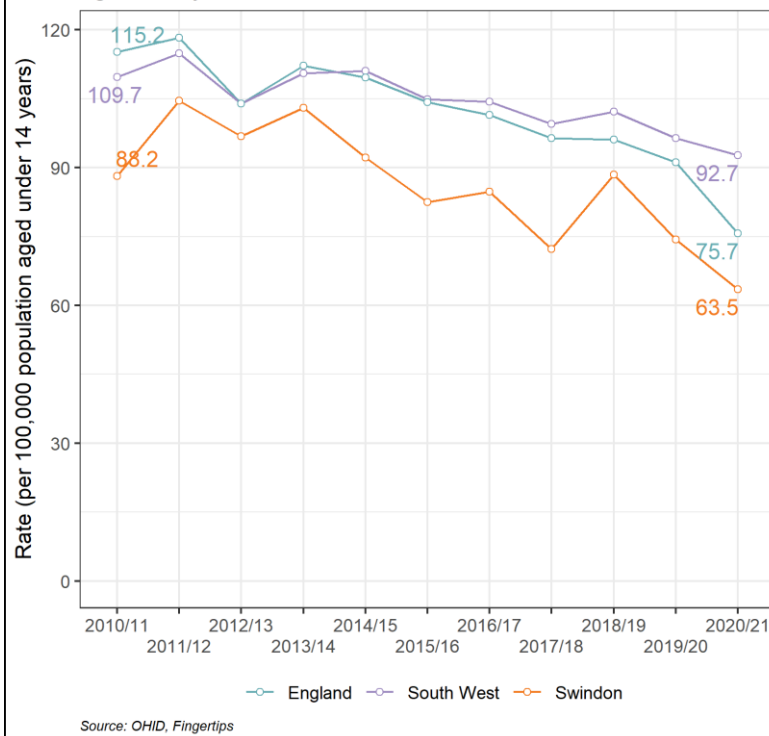
Key facts

- Looked after children (LAC, also referred to as children in care) are those who have been in the care of their local authority for 24 hours or more. A looked after child may be living with foster parents, living in a residential children's home or living in a residential setting such as a school or secure unit^[7]. There was a sharp increase in the number of children looked after in Swindon until 2018, after which numbers started falling until 2020 (top left figure).
- The number of children in need in Swindon followed a similar pattern of rising steeply until 2018, to then almost halve by 2021 (middle figure).
- The same pattern as above can also be noted for the number of children who became the subject of a child protection plan in Swindon over the years. Following a sharp increase from 2012/13 to 2017/18, numbers more than halved afterwards until 2020/21 (top right figure).

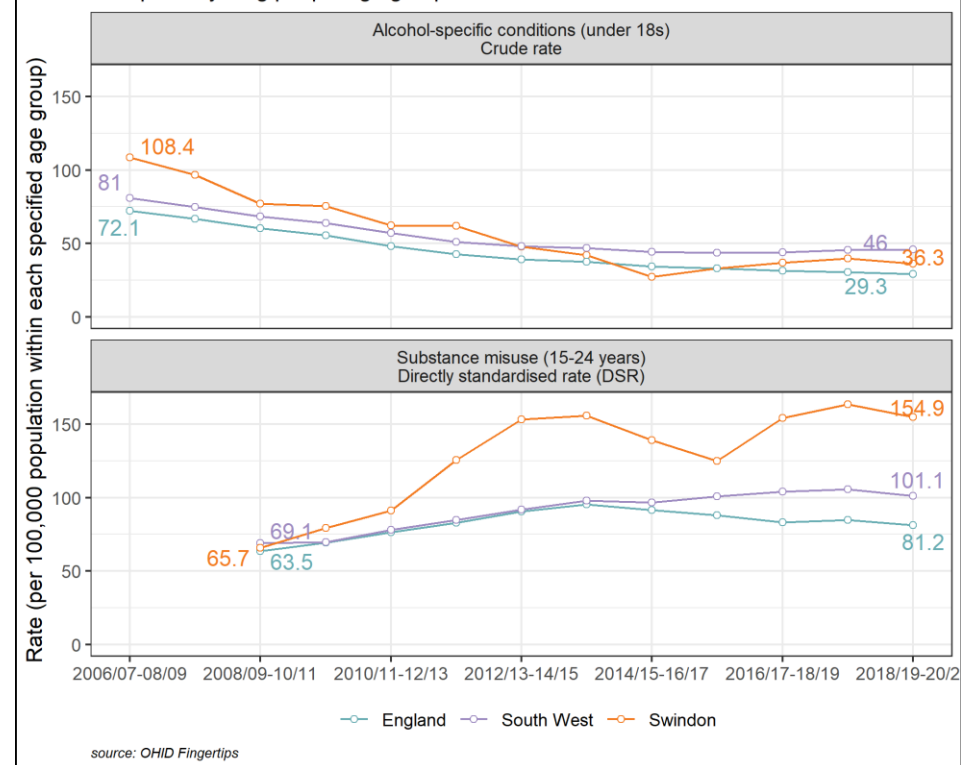
Children killed and seriously injured (KSI) on England's roads
Ages: 0-15 years



Hospital admissions caused by unintentional and deliberate injuries in children
Ages: 0-14 years



Hospital admissions for alcohol and substance misuse
For specific young people age groups



Key facts

- Road traffic collisions are a major cause of deaths in children, and comprise higher proportions of accidental deaths as children get older. For Swindon (top left figure), the rate of children aged 0-15 killed or seriously injured was decreasing to reach a low 9.8 per 100,000 in 2015-17 (13 child deaths). The rate has since increased to 12.4 per 100,000 in 2018-20 (17 child deaths).
- In Swindon, the rate of unintentional and deliberate injuries has been falling since 2010/11 (from 88.2 per 100,000 to 63.5 per 100,000 children), mirroring a similar long term falling trend regionally and nationally (middle figure).
- The number of hospital admissions caused by substance misuse amongst the 15-24 years old in Swindon has been rising sharply over the last 15 years. From a three-year rolling average rate of 65.7 per 100,000 in 2006/07, this has more than doubled to 154.9 per 100,000 children by 2020/21 (top left figure).

Living and Working Well

4. Living and working well



[Burden of ill health](#)

[Communicable disease](#)

[Screening and immunization](#)

[Disabilities](#)

[Healthy weight, healthy eating, and physical activity](#)

[Mental Health and Wellbeing](#)

[Sexual and reproductive health](#)

[Lifestyle risk and addictive behaviours](#)

[Carers](#)

Living and working well (Overview)

- This chapter looks at the many aspects of adult life in terms of different aspects of health (physical, sexual, mental health and infectious diseases including Covid-19), lifestyle risks (the consequences of eating or drinking too much and substance use) and performance on programmes such as immunisation and screening which aim to prevent disease or identify it early.
- How healthy is Swindon's population? Good health can be more than being free from disease but in terms of diagnosis, estimates suggest around 45% of people (approximately 80,000) have a long term condition, 35,000 have hypertension, 15,000 are registered with diabetes and the biggest cause of years of life lost in Swindon is ischemic heart disease. In terms of risk factors for all of these, 65% of Swindon adults are estimated to be overweight or obese, and 70% physically active. The proportion of people walking and cycling on 3 or more days and the portion of fruit and vegetables eaten is lower than the England average. Alcohol can also be a risk factor for later ill-health. Estimates suggest that in 2018/19 there were just over 2,000 people with an alcohol dependency and last year nearly 300 people accessed alcohol only treatment. Substance misuse and providing treatment for users is another priority for Swindon particularly in the context of the new 10 year drug strategy for England.
- Diseases caused by human/animal to human spread ('communicable') can also have a big impact, as Covid-19 demonstrated. By May 2022, there were over 70,000 cases of Covid-19 and 68.8% of people had had 3 or more vaccinations. Pre-pandemic, the most common notifiable diseases in Swindon were Tuberculosis, Mumps and Scarlet Fever. Some communicable diseases can be prevented by vaccines: for childhood immunisations, rates in Swindon are generally lower than the South West but higher than England. Screening programmes to identify illness early and intervene show good performance for newborn and infant screening but scope exists for improvement in adults, particularly for diabetic eye screening, bowel and cervical cancer. Incidence of cancer is not so correlated with deprivation apart from lung cancer for which smoking is a significant risk factor. 12.3% of adults in Swindon smoke, increasing to over 1 in 5 of those in routine and manual jobs.
- Sexual health rates and services were affected by the pandemic but provision is now back to normal and levels of sexually transmitted diseases have been decreasing over a number of years. Human Immunodeficiency Virus (HIV) saw an increase between 2015 and 2020 but a fall last year. Teenage pregnancy has seen a reduction across many years, following the national picture, but targeted work is needed in particular wards.
- As well as physical health, good mental health is fundamental. It is estimated 34,000 people aged 16-74 have a common mental disorder and over 22,000 are registered with a GP for depression. Of the 52 suicides in Swindon between 2018-20, over three quarters were men and Swindon has high rates of hospital admission for self-harm.

Burden of ill health

Background

According to the Department of Health & Social Care (DHSC), a long-term condition (LTC) is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies. 43% of adults aged 16 and over and 16% of children aged up to 15 years have at least one longstanding medical condition, with the number of LTCs increasing with age and accounting for much of health and social care spending^[1,2].

Importance- Implications

Clear links between LTCs and health inequalities exist for people living with LTCs across a series of social indicators including deprivation, education, employment, income and home-ownership, which have been exacerbated by the Covid-19 pandemic especially for individuals with multiple LTCs^[3,4]. Many common LTCs can increase the severity and complications associated with Covid-19, especially since the management and control of those conditions can adversely impact infection outcomes^[5].

For adults, higher LTC prevalence are particularly linked to (i) mental, behavioural and neurodevelopmental conditions, (ii) diabetes, other endocrine and metabolic conditions, and (iii) respiratory system conditions amongst individuals living in more deprived areas^[1]. For children, asthma, epilepsy and diabetes are highlighted as being the most common, significant and/or increasing in prevalence LTCs, with childhood cancer remaining a leading cause of death^[6].

Physical and mental health are interconnected and affect each other through a series of pathways in a bidirectional way. Individuals with multiple LTCs receive multiple medications for long periods; this is known as polypharmacy and is associated with adverse health outcomes, a higher risk of having poorer health, poorer quality of life, and dying compared to the general population. Addressing multimorbidity (the presence of multiple long-term conditions), which occurs at an earlier age of onset in more deprived areas, remains a local and national priority^[7-9].

Local Picture

It is estimated that approximately 45% of Swindon's population has a LTC, whereas 11%-21% of Swindon's population have two or more LTCs. 67% of individuals with an LTC are employed (the overall employment rate stands at 77%), but the health quality of life for people with LTCs has remained fairly stable since 2011/2012^[10, 11].

How Swindon is addressing any challenges

Many of our strategies have tended to target individual conditions however the increased focus on inequalities and recognition of the importance of Ageing Well in the NHS Long Term Plan has shifted thinking to take a more holistic view. In Swindon we have initiatives around multi-disciplinary teams to understand care needs, virtual wards and anticipatory care to look at how services can join up and treat the whole person. There is also recognition of the importance of mental health in influencing both the risk of physical illness but also recovery from it: for example community navigators which deliver social prescribing services in Swindon address physical, mental and social barriers to quality of life with many clients having multiple LTCs. Our health improvement agenda also focuses on those risk factors which contribute to multiple LTCs such as stopping smoking, maintaining a healthy weight and increasing physical activity. Initiatives like the Know Your Numbers campaign to identify high blood pressure and the introduction of a targeted lung health check programme also focus on identifying the risk of LTCs early.

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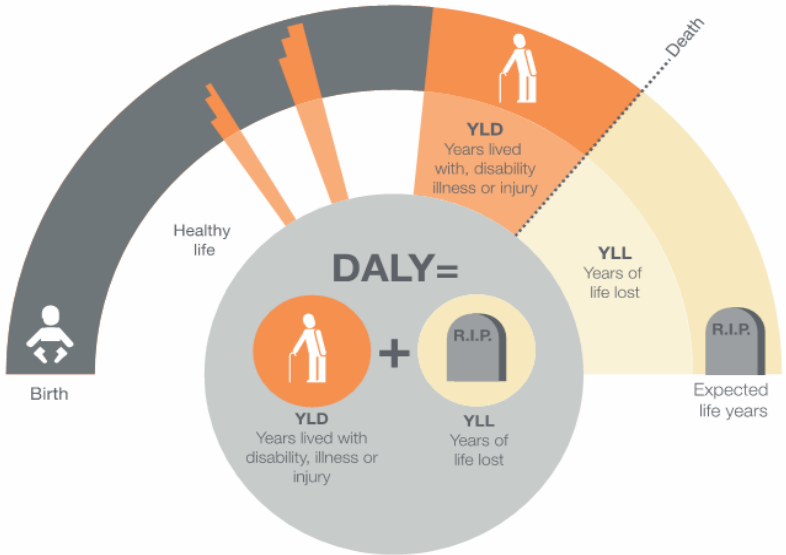
[11] [NHS Digital \(2022\). CCG Outcomes Indicator Set - March 2022](#)

[12] [Office for Health Improvement and Disparities Local Health](#)

Main causes of YLL and the percentage change in Swindon for both genders and all ages

(Global Burden of Disease Study 2019 ([GBD 2019](#)))

Cause	YLL		Percentage Change	Rate		Disease Burden (percentage of total)
	2010	2019	2010 to 2019	2010	2019	2019
Ischemic heart disease	3,567	3,727	4.3%	1,712	1,562	13.0%
Tracheal, bronchus, and lung cancer	1,839	2,070	11.2%	882	868	7.2%
Chronic obstructive pulmonary disease	1,478	1,588	15.9%	641	665	5.5%
Stroke	1,335	1,563	5.5%	709	655	5.5%
Lower respiratory infections	1,220	1,482	17.7%	585	621	5.2%
Colon and rectum cancer	930	1,112	16.4%	446	466	3.9%
Breast cancer	849	928	8.5%	407	389	3.2%
Alzheimer's disease and other dementias	745	907	17.9%	357	380	3.2%
Self-harm	759	770	1.4%	364	323	2.7%
Cirrhosis and other chronic liver diseases	703	760	7.5%	337	319	2.7%



Source: PHE. The Global Burden of Disease England. 2015.

Main causes of DALYs in Swindon for 2019 ([GBD 2019](#))

Cause	DALYs	Percentage
Ischemic heart disease	3,873	6.4%
Low back pain	3,342	5.4%
Chronic obstructive pulmonary disease	2,441	4.0%
Tracheal, bronchus, and lung cancer	2,102	3.5%
Depressive disorders	1,956	3.2%
Diabetes mellitus	1,929	3.1%
Stroke	1,858	3.1%
Headache disorders	1,772	2.9%
Lower respiratory infections	1,494	2.5%
Falls	1,461	2.4%

Key facts

- The World Health Organisation (WHO) states that “Years of life lost” (YLL) is a measure of premature mortality that takes into account both the frequency of deaths and the age at which it occurs. YLL is normally expressed as a rate per 100,000 population which allows for comparison between areas with different populations. In Swindon, the rate of all cause, age and gender had been steadily decreasing from 1900 till 2014, where it reached a minimum of 11,895 and has remained fairly stable since then (12,014 in 2019). In 2019, Ischemic heart disease was by far the highest cause of YLL, with the highest increase in YLL from 2010 being recorded for Alzheimer’s disease and other dementias (Table top left).
- WHO defines Disability-adjusted life years (DALYs) as the loss of the equivalent of one year of full health. DALYs for a disease or health condition are the sum of the years of life lost to due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population. DALYs can be used to compare the burden of diseases that cause premature death but little disability (such as drowning or measles) with that of diseases that do not cause death but do cause disability (such as cataract causing blindness). In Swindon the rate per 100,000 had been steadily and steeply decreasing from 1900 till 2014, where it reached a minimum of 25,135, but has been slowly increasing since then (25,605 in 2019). In 2019, Ischaemic heart disease, low back pain and Chronic Obstructive Pulmonary Disease (COPD) were identified as the greatest causes of DALYs (Table bottom left).

Most prevalent conditions in Swindon's GP practices (2020/21)

Condition	Age	Prevalence	People	Recent Trend	Comparison with England
Hypertension	All ages	14.2%	35,070	↑	Higher
Depression	18+ years	11.9%	22,766	↑	Lower
Obesity	18+ years	8.7%	16,664	–	Higher
Diabetes	17+ years	7.9%	15,464	↑	Higher
Asthma	6+ years	6.9%	15,832		Higher
Non-Diabetic Hyperglycaemia (NDH)	18+ years	4.0%	7,582		Lower
Chronic Kidney Disease (CKD)	18+ years	3.3%	6,366	–	Lower
Cancer	All ages	2.8%	7,000	↑	Lower
Coronary Heart Disease (CHD)	All ages	2.7%	6,760	–	Lower
Atrial fibrillation (AF)	All ages	1.9%	4,652	↑	Lower
Chronic Obstructive Pulmonary Disease (COPD)	All ages	1.7%	4,299	–	Lower
Stroke	All ages	1.6%	3,917	↑	Lower
Epilepsy	18+ years	0.8%	1,621	–	Similar
Heart Failure	All ages	0.8%	2,009	↑	Lower
Mental Health	All ages	0.8%	1,939	–	Lower
Rheumatoid Arthritis	16+ years	0.7%	1,436	–	Not compared
Osteoporosis	50+ years	0.6%	560	–	Lower
Dementia	All ages	0.5%	1,295	↓	Lower
Learning disability	All ages	0.5%	1,186	–	Lower
HIV*	15+ years	1.6	284	–	Better

*diagnosed prevalence rate per 1,000 population for Swindon UA

Key facts

- Hypertension, depression, diabetes, asthma and obesity were the most prevalent LTCs in Swindon for 2020/21 with the prevalence for the latter condition remaining fairly stable in the recent years (Table top right).
- Prevalence and incidence for a series of LTCs, as well as indicators linked directly or indirectly to LTCs (e.g. deaths from causes considered preventable, emergency hospital admissions), vary within Swindon wards and can be accessed [here](#).

Communicable disease

Background

A communicable disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; contact with animals; contact with contaminated food or water; breathing in an airborne virus; or by being bitten by an insect. Examples of communicable diseases include Hepatitis A, B & C, influenza (commonly called flu), measles, salmonella, malaria, tuberculosis and chickenpox.

Covid-19 is also a communicable disease which led to an increased loss of life worldwide and continues to challenge health systems. While some communicable diseases can be mild, other communicable diseases can lead to severe illness, disability and death.

Vaccine-preventable diseases are communicable diseases for which effective preventive vaccines exist.

Immunisation is the process of the body recognising a disease and protecting itself from future infection. Vaccination & Immunisation programmes offer everyone in the population of a certain age or risk group specific vaccines to try to reduce the number of cases of a disease. Programmes often concentrate on young children and older people, as these groups are particularly vulnerable to many potentially dangerous infections. UKHSA records the vaccinations that adults and children receive and the number of cases of each disease each year with more frequent reporting taking place for Covid-19. Immunisation helps to protect individuals from communicable diseases and they can prevent the spread of vaccine-preventable communicable diseases within a population, particularly if the uptake is high enough.

Importance- Implications

Timely identification, treatment and prevention of communicable diseases play a key part in reducing the risk of contracting a communicable disease, in reducing the severity of outcomes in affected individuals, and ultimately in reducing deaths. Specific population groups are disproportionately affected due to factors and/or characteristics associated with health vulnerabilities (such as age and health conditions that impact daily activities or weaken the immune system), sociodemographic vulnerabilities (such as low income, ethnicity, employment status, work situation, household size), behavioural risk factors (such as alcohol, smoking, illicit drug use, physical inactivity, obesity and poor diet), and/or increased exposure linked to living conditions (such as prisoners, migrants, socially marginalised individuals)^[1,2].

Insights from local people

Swindon Public Health team run a Health & Wellbeing survey in November 2021-January 2022 to understand the physical, mental and material well-being of the population and the changes in their health and well-being that have taken place, since the Covid-19 pandemic started. Respondents were asked about any doubts or concerns they might have around the Covid-19 vaccines, with many of them expressing concerns around their safety. Both vaccinated and unvaccinated responders expressed concerns around vaccine side effects, the long term effects and future unknown (its impact on fertility was mentioned several times) and doubts over vaccine effectiveness. Moreover, several unvaccinated responders were concerned about the social stigma they might experience in making the choice not to have the vaccine. Others who had not yet had their vaccine explained that they had been unsuccessful in trying to book their appointments.

Local Picture- How Swindon is addressing any challenges

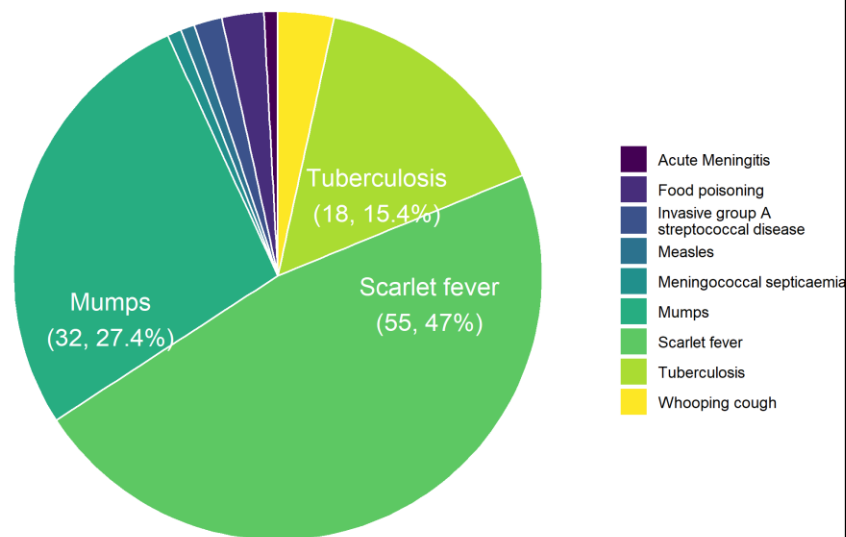
NHS England and Improvement are responsible for the commissioning, delivery, quality assurance and performance management of local vaccination programmes and for providing assurance to the Director Public Health that effective programmes are in place. A Local Immunisation Group has been established in Swindon to increase vaccination uptake and reduce variation in immunisation rates within the Swindon population and to provide assurance to the Director of Public Health, the Health Protection Board, and the Health and Wellbeing Board that there are safe and effective plans in place to protect population health through immunisation. The group will meet quarterly and will focus on increasing immunisation rates in population groups that have been negatively impacted by COVID-19 and on reducing variation in immunisation rates by focussing on increasing vaccination uptake in population groups with the lowest levels of immunisation. This work will build on many of the lessons learnt in increasing COVID-19 vaccination uptake rates.

References

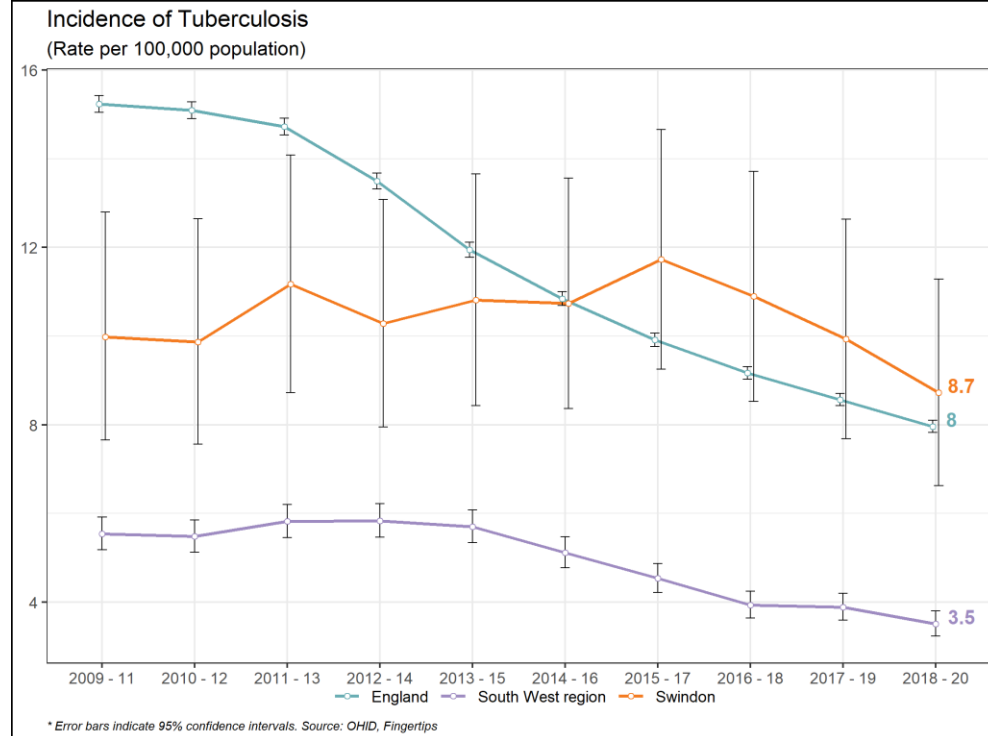
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[2] [Wood et al. \(2021\). The impact of behavioural risk factors on communicable diseases: a systematic review of reviews. BMC Public Health. 21\(2110\)](#)

Diseases notified for Swindon in 2020
(excluding Covid-19)



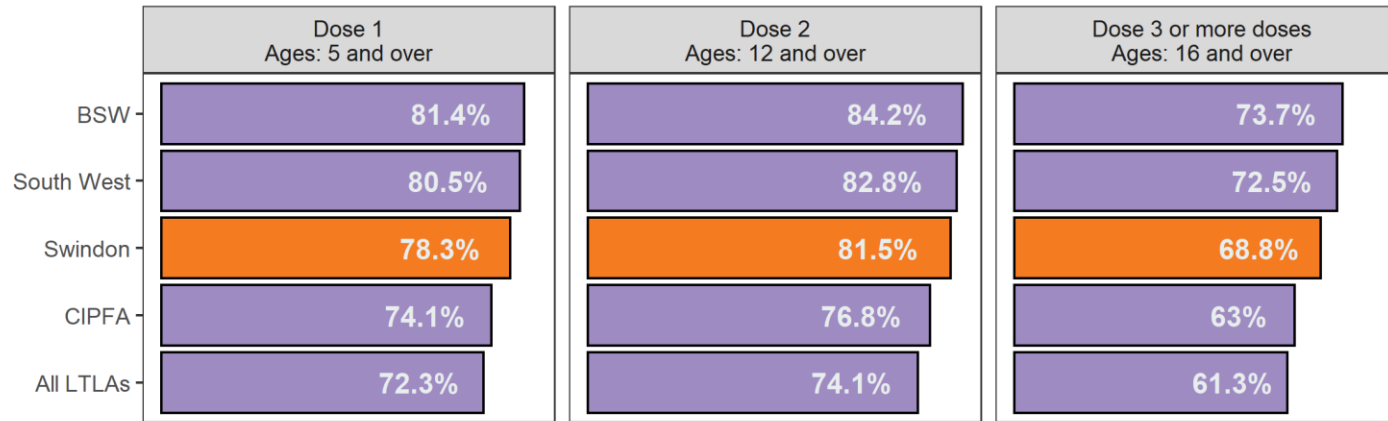
Source: <https://www.gov.uk/government/publications/notifiable-diseases-annual-report>



Key facts (communicable diseases excluding Covid-19)

- In Swindon (2017-19), there were 51 deaths from **communicable diseases (including influenza)** which is equivalent to 9.2 per 100,000 people and similar to both the South West rate (9 per 100,000) and the England rate (9.4 per 100,000). In 2020, 18 communicable disease (including influenza) attributable deaths were reported (9.5 per 100,000) locally with no significant change being recorded in terms of recent trend.
- In 2020, 90% of cases of notifiable diseases (117 in total), excluding Covid-19, for Swindon were linked to tuberculosis, mumps and scarlet fever (top left figure). In South West 86% of notifications were attributed to the aforementioned diseases with the majority being attributed to mumps (53%) and scarlet fever (26%).
- Lower or similar rates of **gastrointestinal infections**, any infections from whatever source, of the gastrointestinal (digestive) tract, have been recorded in Swindon when compared to [England](#), [South West](#) or Swindon's [statistical neighbours](#).
- 83.3% of Swindon's population aged over 65 years received the **flu** vaccine in 2020/21 which is significantly higher when compared to the South West (82.8%) and England (80.9%) uptake. Flu vaccine coverage for the same year targeted at individuals at risk was 57% similar to South West's coverage (57.2%) and significantly higher than England's coverage (53%) and that of Swindon's statistical neighbours (53.3%). For primary school aged children, local uptake stood at 68.2% which was above the 65% target, significantly higher than England (62.5%) and similar to South West (68.6%).
- In 2020/21, **pneumococcal conjugate vaccine (PCV)** coverage, a vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis, in Swindon stood at 93.1% which was similar to South West's (94.8%) and England's coverage (93.2%). Similarly, PCV booster coverage for the same year was 92.2% similar to South West (93.3%) but significantly higher than England (90.1%). Recent trend for Swindon for both PCV and PCV booster remained unchanged.
- In 2019/20, **Shingles** coverage, a vaccine protecting from an infection that causes a painful rash, amongst adults turning 71 years in Swindon stood at 40.5% which was significantly lower than England's (48.2%) and South West's (46.9%) coverage.
- In 2020/21, **pneumococcal polysaccharide vaccine (PPV)**, a significant cause of morbidity and mortality normally peaking in the winter, coverage was 69% in Swindon and a recent change in trend was not recorded. South West's and England's coverage stood at 70.6% which was significantly higher when compared to Swindon and needs to improve.
- In 2018-2020 the incidence of **Tuberculosis (TB)** in Swindon was 8.7 per 100,000 people, similar to England but worse than the South West (Figure top centre), signifying however a drop from the rate that peaked in 2015-2017 (11.7).
- In 2020/21, the vaccination coverage of **measles, mumps and rubella (MMR) for one dose** for 2 year olds in Swindon stood at 92.7%, and although the rate was better than England's and similar to the South West and statistical neighbours, it had been decreasing and getting worse in recent years. The same observation can be made for [MMR for two doses](#) for 5 year olds (although Swindon's rate was worse than the South West).

Covid-19 vaccinations (mid-May 2022)



Notes:

(i) All Lower-tier local authority (LTLA) uptake rates do NOT equal the England total uptake rates.

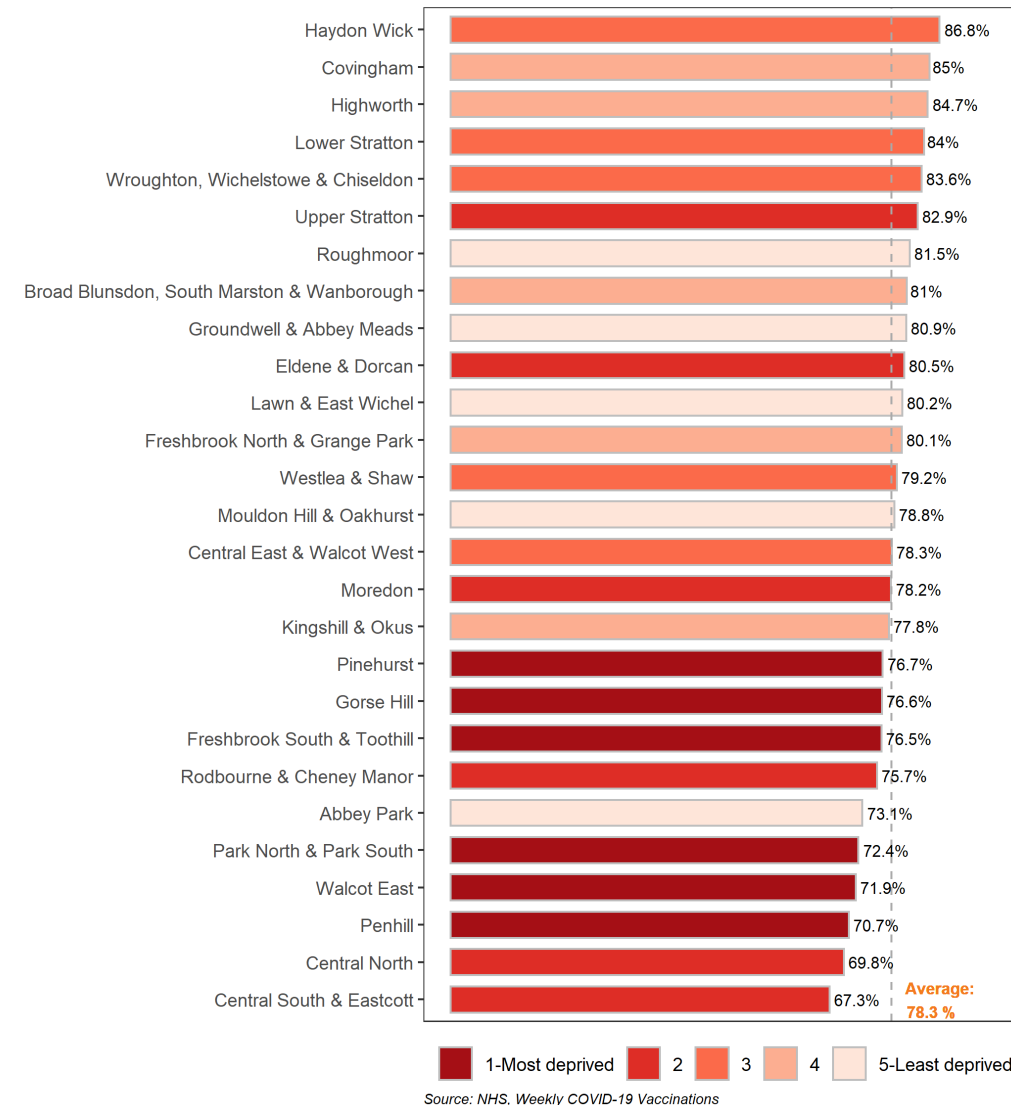
(ii) CIPFA: Swindon's statistical neighbours. BSW: Bath and North East Somerset, Swindon and Wiltshire local authorities

Source: NHS, Weekly COVID-19 Vaccinations

Key facts (Covid-19)

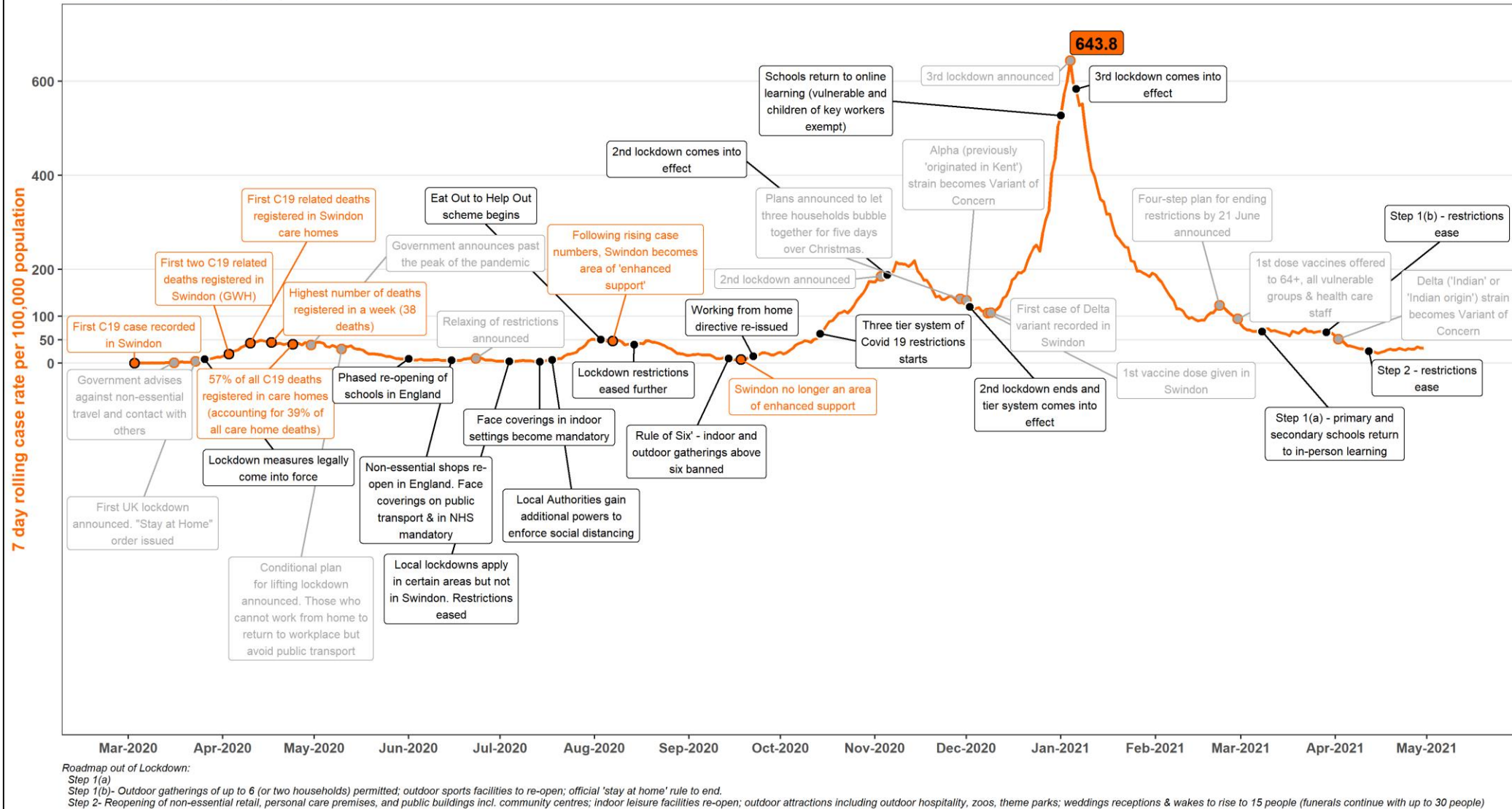
- As of 15th May 2022, 78.3% of individuals aged over 5 years have received at least one dose of the Covid-19 vaccine and 81.5% of our population aged over 11 years has received at least two doses, whereas 68.8% of individuals aged 16 years or more have received at least 3 doses of the [vaccine](#). Uptake rates are higher than those of Swindon's statistical neighbours (CIPFA) (top left figure- numbers and percentages do not include individuals with unknown age).
- The lowest uptake rates are recorded in Central North and Central South and Eastcott Middle Super Output Areas (MSOA). Analysis of local data indicates that the lowest vaccine uptake is recorded for people from ethnic minority backgrounds and the existence of a strong correlation between deprivation and vaccine uptake rates amongst younger age groups, although this fact might not imply a direct link between the two and low uptake could be due to other factors such as ethnicity, employment status, employment type, nature of work, lack of knowledge regarding alternative ways to get vaccinated and more (right figure depicts 1st dose vaccination uptake by MSOA and deprivation).
- As of 06 May 2022, [466](#) Covid-19 deaths have been registered in Swindon and as of 19 May 2022, [415](#) Covid-19 deaths with 28 days of a positive test have been reported.
- As of 24 May 2022, [73,801](#) cases of Covid-19 have been reported in Swindon.

Covid-19 vaccinations with 1 dose: 5 years and over By deprivation within area quintiles (mid-May 2022)



Source: NHS, Weekly COVID-19 Vaccinations

An overview of Covid-19 rates in Swindon (01 Mar 2020 to 30 Apr 2021)



Key facts (Covid-19)

- Covid-19 rates per 100,000 population and significant events over the course of the pandemic before Covid-19 rates started increasing as a result of the Omicron variant (a Covid-19 variant which spreads faster when compared to the original strain of the virus that causes Covid-19) are depicted in the Figure above. The rates depicted in the above figure are based on data available in September 2021 and might slightly vary with the rates currently depicted in <https://coronavirus.data.gov.uk/> especially after changes in the reporting of cases were [introduced](#).
- The highest rates per 100,000 people in Swindon were recorded in the first week of 2021, with 2,301 people recorded being infected within the last 7 days on the 4th of January.

Screening and immunisations

Background

Immunisation is the process of the body recognising a disease and protecting itself from future infection. This can be induced by being vaccinated (usually by injection). Immunisation programmes offer everyone in the population of a certain age or risk group specific vaccines to try to reduce the number of cases of a disease. Programmes often concentrate on young children, as they are particularly vulnerable to many potentially dangerous infections. UKHSA records the vaccinations that adults and children receive and the number of cases of each disease each year with more frequent reporting taking place for Covid-19. According to the WHO, “the 2 public health interventions that have had the greatest impact on the world’s health are clean water and vaccines”. UKHSA^[1] provides a full list of the national active vaccination programmes that also includes a number of vaccinations recommended by the WHO.

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. The NHS offers a range of screening tests to different sections of the population. The aim is to offer screening to the people who are most likely to benefit from it. For example, some screening tests are only offered to newborn babies, while others such as breast screening and abdominal aortic aneurysm screening are only offered to older people^[2,3].

Importance- Implications

High uptake is key to the success of immunisation programmes, by directly protecting vaccinated individuals and indirectly protecting individuals who have not been vaccinated by achieving the uptake targets set for each programme by achieving what is called “herd immunity”. Hence, immunisations are free, available to anyone in the target age, gender, and/or vulnerable groups irrespective of socioeconomic factors such as ethnicity, disability, income and employment. However, evidence exists highlighting the need to target particular subpopulations such as individuals from ethnic minority groups, more deprived groups, and/or people living in areas with high concentrations of individuals^[4]. Similarly, incidence rates and associated outcomes (for example deaths due to particular types of cancer) linked to the different types of screening, show that higher rates and/or deaths exist for particular groups such as the ones mentioned above. For example, more than 182,000 new cancer cases every year (2016-2018) are reported for females in the UK versus around 193,000 new cancer cases for males. Moreover, incidence rates for all cancers combined are lower in the Asian and Black ethnic groups, and in people of mixed or multiple ethnicity, compared with the White ethnic group, in England. However, incidence rates are higher compared with the White ethnic group in males in the Black ethnic group (2013-2017)^[5].

Local Picture- How Swindon is addressing any challenges

NHS England and Improvement are responsible for the commissioning, delivery, quality assurance and performance management of local screening programmes and for providing assurance to the Director of Public Health that effective screening programmes are in place. Swindon Public Health support the procurement, commissioning and monitoring of these programmes through attendance at local screening programme boards. BSW CCG has developed and implemented a GP Quality Improvement Scheme to increase cancer screening uptake in Swindon and to reduce inequalities and variations in uptake. Each participating practice has a named Cancer Champion whose role is to understand barriers to screening uptake and to undertake initiatives to increase cancer screening uptake including targeted promotional activity and active follow-up of non-attendees. In addition the CCG and Swindon Public Health have successfully applied to the Thames Valley Cancer Alliance for funding to deliver a Swindon-wide Cancer Champion project which will seek to raise awareness and increase the uptake of cancer screening, with a particular focus on working with communities identified as having the lowest levels of screening uptake or those facing the greatest health inequalities.

References

[1] [UK Health Security Agency \(2022\). Collection: Immunisation](#)

[2] [Office for Health Improvement and Disparities \(2022\). NHS screening programmes in England: 2019 to 2020](#)

[3] [National Health Service: NHS screening](#)

[4] [Forster et al. \(2017\) Ethnicity-specific factors influencing childhood immunisation decisions among Black and Asian Minority Ethnic groups in the UK: a systematic review of qualitative research. Journal of Epidemiology & Community Health, 71\(6\), pp.544-549.](#)

[5] [Cancer Research UK. Cancer Statistics for the UK \(accessed May 2022\)](#)

Indicator Name	Age	Time period	Value (%)	Recent Trend	Compared to England	Compared to Region	Compared to statistical neighbours
Population vaccination coverage - Dtap / IPV / Hib	1 year	2020/21	93.4	No significant change	Better	Worse	Similar
Population vaccination coverage - Hepatitis B	1 year	2020/21	100.0	Cannot be calculated	Not compared	Not compared	-
Population vaccination coverage - MenB	1 year	2020/21	92.7	Cannot be calculated	Similar	Worse	Similar
Population vaccination coverage - PCV	1 year	2019/20	93.1	Decreasing and getting worse	Similar	Worse	Worse
Population vaccination coverage - Rotavirus (Rota)	1 year	2020/21	91.3	No significant change	Better	Worse	Similar

Indicator Name	Age	Time period	Value (%)	Recent Trend	Compared to England	Compared to Region	Compared to statistical neighbours
Population vaccination coverage - Dtap / IPV / Hib	2 years	2020/21	94.9	Decreasing and getting worse	Better	Worse	Similar
Population vaccination coverage - Hepatitis B	2 years	2020/21	100.0	Cannot be calculated	Not compared	Not compared	-
Population vaccination coverage - Hib / MenC booster	2 years	2020/21	92.5	No significant change	Better	Similar	-
Population vaccination coverage - MenB booster	2 years	2020/21	91.3	Cannot be calculated	Better	Worse	Similar
Population vaccination coverage - MMR for one dose	2 years	2020/21	92.7	Decreasing and getting worse	Better	Similar	Similar
Population vaccination coverage - PCV booster	2 years	2020/21	92.2	Decreasing and getting worse	Better	Worse	Similar

Indicator Name	Age	Time period	Value (%)	Recent Trend	Compared to England	Compared to Region	Compared to Statistical neighbours
Population vaccination coverage - DTaP/IPV booster	5 years	2020/21	86.9	Decreasing and getting worse	Better	Worse	Similar
Population vaccination coverage - Hib / Men C booster	5 years	2017/18	94.5	Decreasing and getting worse	Better	Similar	Similar
Population vaccination coverage - MMR for one dose	5 years	2020/21	95.3	No significant change	Better	Worse	Worse
Population vaccination coverage - MMR for two doses	5 years	2020/21	89.2	Decreasing and getting worse	Better	Worse	Similar

Indicator Name	Age	Gender	Time period	Value (%)	Recent Trend	Compared to England	Compared to Region	Compared to statistical neighbours
Population vaccination coverage - Flu	2-3 years	All	2020/21	62.0	Increasing and getting better	Better	Worse	Better
Population vaccination coverage - Flu	4-11 years	All	2020	68.2	Cannot be calculated	Better	Similar	Better
Population vaccination coverage - HPV vaccination coverage for one dose	12-13 years	Female	2020/21	76.0	Decreasing and getting worse	Similar	Similar	-
Population vaccination coverage - HPV vaccination coverage for two doses	13-14 years	Female	2020/21	13.8	Decreasing and getting worse	Worse	Worse	-
Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY)	14-15 years	All	2020/21	76.6	Decreasing and getting worse	Worse	Similar	Worse

Value (%)	Above target	Close to target	Below the target
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Key facts (immunisations)

Further information on immunisations aimed at the population as a whole, adults and/or individuals at risk can be found in the [Communicable Disease JSNA summary](#). The definition and further supporting information around each vaccine (i.e. indicator name) can be found by following the respective links associated with each indicator and are included in the tables.

As depicted in the tables, which are categorised according to the age of the vaccinated population, of the routine immunisations offered to children at different stages in their lives, [Swindon](#) is failing to meet the target in the majority of them (guide: legend-bottom). Despite the fact that immunisation rates are generally better than those recorded in England and similar to those of our statistical neighbours, most vaccination targets have not been fully met.

In recent years, more children are being vaccinated and protected from the Flu. However, particular focus should be placed on improving coverage in immunisations targeting 5 year olds and 12-15 year olds which are below the target and for which a decline in uptake trend is recorded.

Indicator Name	Age	Gender	Time period	Value (%)	Recent Trend	Compared to England	Compared to Region	Compared to statistical neighbours
Newborn Hearing Screening - Coverage	<1 year	All	2020/21	99.4	Cannot be calculated	Better	Better	Better
Newborn and Infant Physical Examination Screening - Coverage	<1 year	All	2020/21	98.7	Cannot be calculated	Better	Similar	Better
Diabetic Eye Screening (Bath, Swindon and Wiltshire)	12+ years	All	2020/21	76.6	Decreasing and getting worse	-	-	-
Cancer screening coverage - breast cancer	53-70 years	Female	2021	70.3	Decreasing and getting worse	Better	Better	-
Cancer screening coverage - bowel cancer	60-74 years	All	2021	63.6	Increasing and getting better	Worse	Worse	-
Cancer screening coverage - cervical cancer	25-49 years	Female	2021	67.6	No significant change	Similar	Worse	Worse
Cancer screening coverage - cervical cancer	50-64 years	Female	2021	73.0	Decreasing and getting worse	Worse	Worse	Worse
Abdominal Aortic Aneurysm Screening - Coverage	65 years	Male	2020/21	64.2	Decreasing and getting worse	Better	Worse	Better

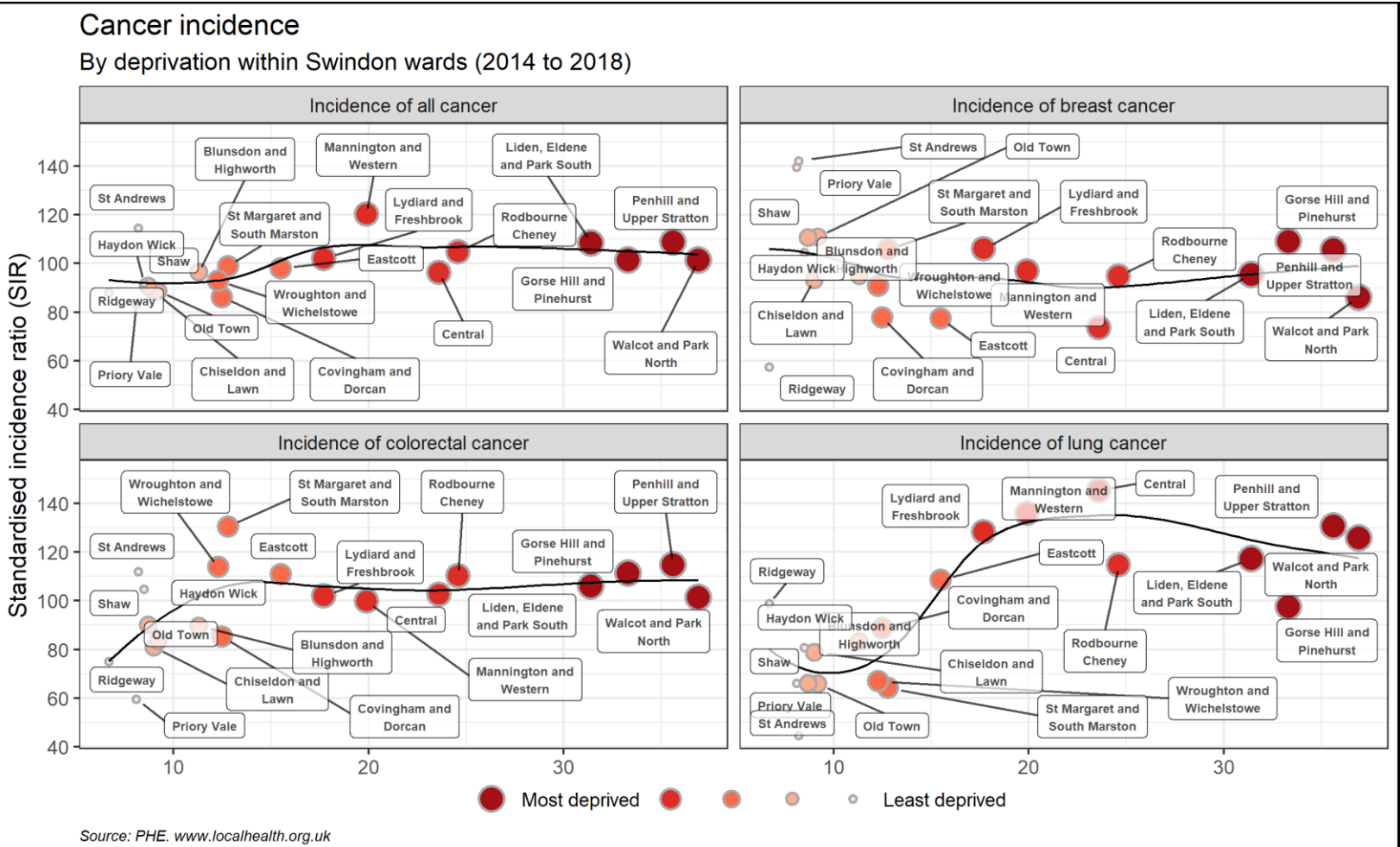
Key facts (screening)

From the above table of indicators associated with screening, Swindon performs well in screening newborns and infants, but improving access and uptake of screening for Bowel and Cervical cancer, Diabetic Eye as well as for Abdominal Aortic Aneurysm should be prioritised.

Screening for particular types of cancer is particularly important since early identification can lead to timely intervention which is reflected by the [more than 85%](#) 5 year survival rates for breast cancer, [just over 80%](#) 4 year survival rates for cervical cancer, and [more than 55%](#) 5 year survival rates for colorectal (bowel) cancer within Bath and North East Somerset, Swindon and Wiltshire Sustainability Transformation Plan (STP-a planning framework for NHS services introduced in 2015).

Cancer incidence, using the Standardised Incidence Ratio (SIR) - an indicator that tells us if the number of observed cancer cases in a particular geographic area is higher or lower than expected, given the population and age distribution for that community – varies by ward (right figure). All cancer incidence, incidence of breast cancer or colorectal (bowel) cancer within Swindon wards is not particularly correlated with deprivation, but it is of interest that two out of 3 of the most affluent wards (St Andrews and Priory Vale) have the highest SIR for breast cancer in Swindon while the third (Ridgeway) has the lowest SIR.

However, this is not the case for lung cancer, with smoking being the leading cause for lung cancer as it is responsible for [more than 70%](#) of cases, where incidence is higher in the most deprived wards and lower in the least deprived wards. Moreover, Penhill and Upper Stratton as well as Mannington and Western are the two wards where both [\(i\) the incidence and \(ii\) deaths](#) from all cancers are amongst the highest in Swindon.



Disabilities

Background

Disability refers to the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports)^[1]. A disability can occur from birth or be acquired through illness or injury during the life course and can have a significant impact on quality of life.

Importance- Implications

Disability is extremely diverse. While some health conditions associated with disability result in poor health and extensive health care needs, others do not. However, all people with disability have the same general health care needs as everyone else, and therefore need access to mainstream health care services^[1]. The Learning Disability Mortality Reviews have highlighted that people with learning disabilities (LD) face huge health inequalities, and die 20 to 30 years earlier than those without LD^[2]. Sensory impairments can hinder basic daily activities and result in social isolation and loneliness, negatively affecting quality of life. Hearing impairment, visual impairment, and dual sensory impairment are common health problems among older adults in the general population^[3]. Physical disability covers a very wide range of conditions and levels of severity but can result in a significant impact on quality of life and ability to live independently.

Insights from local people

Feedback gathered from the Learning Disability Partnership Board (LDPB) forums about the impact of Covid-19 focussed around accessing services, and plans for post-Covid. People with LD reported that telephone appointments with GPs and other medical professionals are not accessible for most people with support needs. People with LD were already socially isolated pre-Covid; this was exacerbated by the pandemic, with digital exclusion being a major factor, as many services went online.

Current waiting time for an Autism assessment in Swindon is 30 months. At a focus group facilitated by the Swindon Autism Partnership Board, people with autism reported being concerned over the lack of Autism specific services in Swindon. Since Covid-19, they report increased stress and anxiety, magnified by the reduction in services.

How Swindon is addressing any challenges

Swindon has an established multi-agency Learning Disability Partnership Board (LDPB). Priority actions are to engage with more people with lived experience, enabling them to influence the focus of the LDPB, whilst working towards achieving the recommendations from the 2020 Learning Disabilities Joint Strategic Needs Assessment (LD JSNA)^[4]. Recommendations from the JSNA included:

- The development of an action plan
- Understanding the impact of Covid-19
- Developing a local LD training programme
- Improving data on LD within the people from ethnic minority backgrounds
- Improving wider health pathways such as for screening and mental health support
- Supporting people to live as independently as possible including employment opportunities.

A pilot project offering pre- and post-Autism Diagnostic Support has been commissioned by the local clinical commissioning group (BSW CCG), delivered by Swindon & Gloucester MIND. Swindon's multi-agency Autism Partnership Board are working towards "Make Swindon Autism Friendly" and facilitating focus groups encouraging participation from those who don't usually engage in public consultations to identify gaps in services.

Swindon has lower rates of GP health checks for people with a learning disability than the South West and nationally, and one in five supported working age adults with learning disability living in unsettled accommodation: both of which are areas for improvement.

References

[1] [World Health Organisation \(2021\). Disability and Health](#)

[2] [University of Bristol: The Learning Disabilities Mortality Reviews \(LeDer\) 2015-2020](#)

[3] [Public Health England: Health Inequalities – Sensory Impairment](#)

[4] [Swindon Borough Council. Learning Disabilities Joint Strategic Needs Assessment 2020](#)

[5] [NHS Employers: Understanding disability infographic](#)

Key facts

In 2020 there were:

- 1,206 children with learning difficulties
 - 1,005 children with moderate learning difficulties
 - 143 children with severe learning difficulties
 - 58 children with profound & multiple learning difficulties (meaning that they are likely to have severe and complex learning difficulties, combined with physical disability and/or sensory impairments)
- 757 children with autism known to schools, with the rates per 1,000 pupils being comparable or higher to the ones recorded across the South West and England

Whilst there is a higher proportion of pupils within Swindon schools that have an EHCP compared to England, this is due to a higher number of children presenting with social, emotional or mental health needs in Swindon.

In 2018/19, 37.4% of eligible adults with a learning disability had a GP health check, which is a significantly lower proportion to that reported for the South West (56.6%), England (52.3%) and Swindon’s statistical neighbours (46.6%).

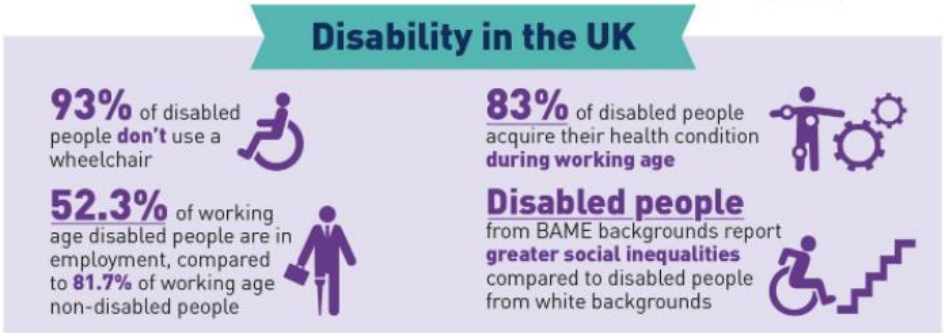
In 2019/20 there were:

- 525 (78.4%) supported working age adults with learning disability living in settled accommodation
- 35 (5.2%) supported working age adults with learning disability living in paid employment
- 205 (27.3%) supported adults with learning disability receiving direct payments with proportions remaining fairly stable over time and being generally similar to the ones reported for South West, England and our statistical neighbours
- 135 (20.1%) supported working age adults with learning disability living in unsettled accommodation
- 750 adults with learning disability receiving long-term support from local authorities, with the rate per 1,000 population being higher when compared to England, the South West and our statistical neighbours.

The top right table reports the number of people aged 18-64 years in Swindon that are predicted to have a learning or a physical disability. It is expected that from 2020 to 2040, the highest increases in numbers will occur for:

- individuals with a learning disability living with a parent (4.7%)
- individuals with a severe learning disability (4%)
- individuals with autistic spectrum disorders (4%)

Disability	Total population aged 18-64 predicted to	Year				
		2020	2025	2030	2035	2040
Learning	Have a learning disability	3,340	3,386	3,415	3,444	3,445
	Have a moderate or severe learning disability	764	776	785	791	792
	Have a severe learning disability	200	203	207	209	208
	Be living with a parent	274	276	282	287	287
	Have Down's syndrome	86	87	88	88	88
	Display challenging behaviour	62	63	63	63	63
	Have autistic spectrum disorders	1,385	1,413	1,429	1,440	1,440
Physical	Have impaired mobility	7,638	7,973	7,970	7,843	7,800
	Have a moderate personal care disability	5,521	5,705	5,700	5,649	5,635
	Have a serious personal care disability	1,212	1,245	1,249	1,244	1,239
	Have a serious visual impairment	89	91	91	92	92
	Have some hearing loss	13,691	14,489	14,454	14,412	14,207
	Have severe hearing loss	833	877	870	860	849



Source: [NHS employers](#)^[5]

Healthy Weight, Healthy Eating and Physical Activity

Background

The terms “overweight” and “obesity” are defined as excessive fat accumulation which can have significant health consequences. For adults, the WHO defines these as follows:

- overweight is a Body Mass Index (BMI) greater than or equal to 25; and
- obesity is a BMI greater than or equal to 30^[1].

In 2020, the majority of adults in the UK were classified as overweight or obese: 67% of men and 60% of women^[2].

No single intervention can tackle obesity on its own; however, a healthy diet and physical activity can help to manage weight and promote a healthy lifestyle.

Current UK government guidelines recommend at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity physical activity, plus balance and strength building activity on at least two days per week. In addition, sedentary time (i.e. periods of inactivity) should be broken up throughout the day^[3]. Physical activity can include walking, cycling, sports and games^[4].

In 2020, a third of adults (33%) in the UK were considered inactive as per government guidelines^[2].

Importance- Implications

Living with overweight and obesity can have significant implications for an individual’s physical and mental health, and is linked to a wide range of diseases including Type 2 diabetes, hypertension, some cancers, heart disease, stroke, liver disease. It can also be associated with poor emotional health and poor sleep. In addition, adults with overweight and/or obesity may be more likely to suffer from weight stigma which may impact their self-esteem^[5].

Regular physical activity is proven to help prevent and manage some diseases such as heart disease, stroke diabetes and several cancers^[3].

Local Picture

In the Swindon resident’s Health and Wellbeing Survey, Autumn 2021, residents were asked what, if any, positives there were as a result of the Covid-19 pandemic. The top second most common theme was that of health – residents reported having more time to focus on their health such as cutting down on alcohol consumption, exercising as a family, getting outside more for walking or cycling etc., and eating healthier/less processed foods.

How Swindon is addressing any challenges

Swindon Borough Council Healthy Weight strategy 2017-2022 has a vision for ‘A Swindon where everyone achieves and maintains a healthy weight.’ There is no single programme that can tackle obesity: there are a range of programmes for adults and children to help reduce obesity, including implementing whole systems approach to obesity using PHE (now Office for Health Improvement and Disparities or OHID) [guidance](#), provision of programmes in early years and schools settings, and a range of weight management offers for children and adults.

We also have a “Get Swindon Active” strategy which outlines three key priorities:

- encouraging everyone in Swindon to be more physically active and move more, focussing particularly on groups who are less active
- removing the barriers to physical activity and movement so that everyone in Swindon is able to be active
- working together with partners and the local communities in Swindon

References

[1] [World Health Organisation \(2021\). Obesity and Overweight](#)

[2] [NHS Digital: Statistics on obesity, physical activity and diet, England, 2020](#)

[3] [Department of Health and Social Care: Physical Activity guidelines: adults and older adults](#)

[4] [World Health Organisation: Physical Activity](#)

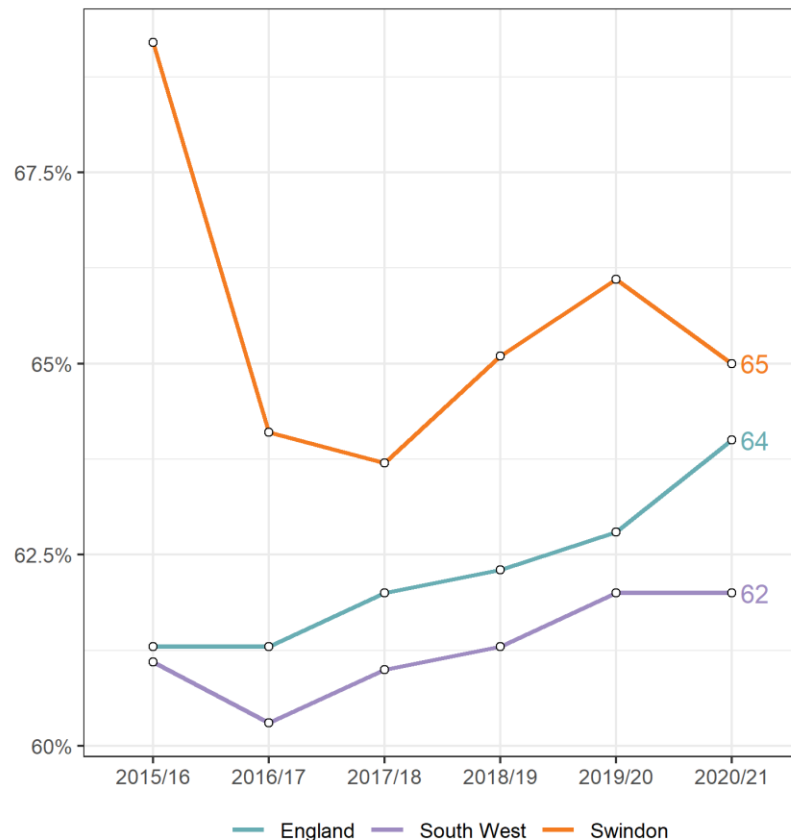
[5] [Office for Health Improvement & Disparities \(2022\). Adult Obesity: applying All Our Health](#)

[6] [Public Health England \(2020\). Whole systems approach to obesity](#)

[7] [NHS Digital \(2020\). Health Survey for England, 2019](#)

Adults classified as overweight or obese

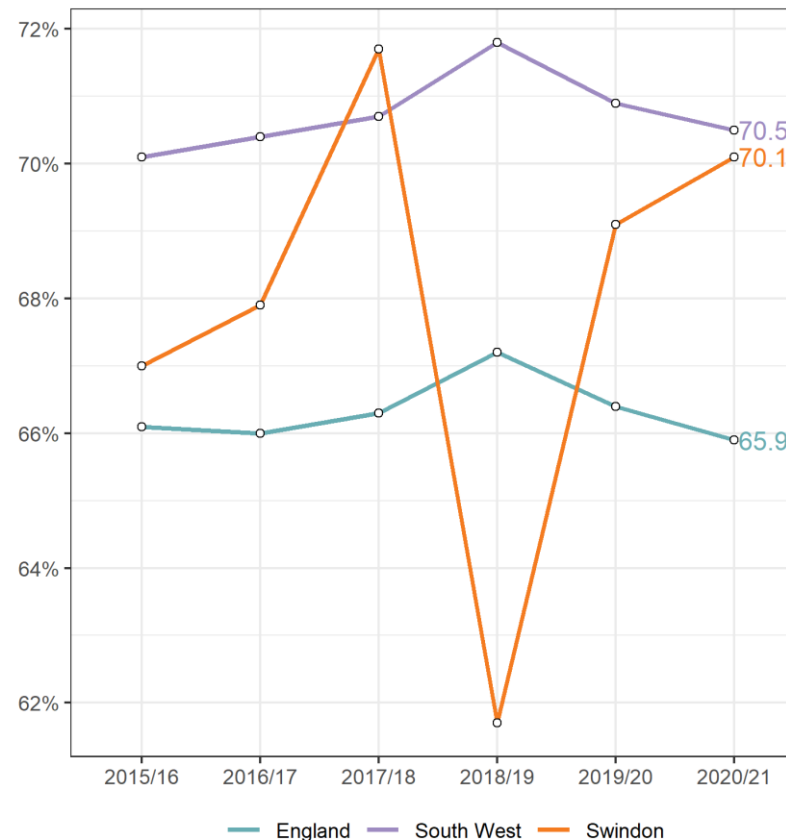
Ages: 18+ years



Source: OHID, Fingertips

Physically active adult estimates

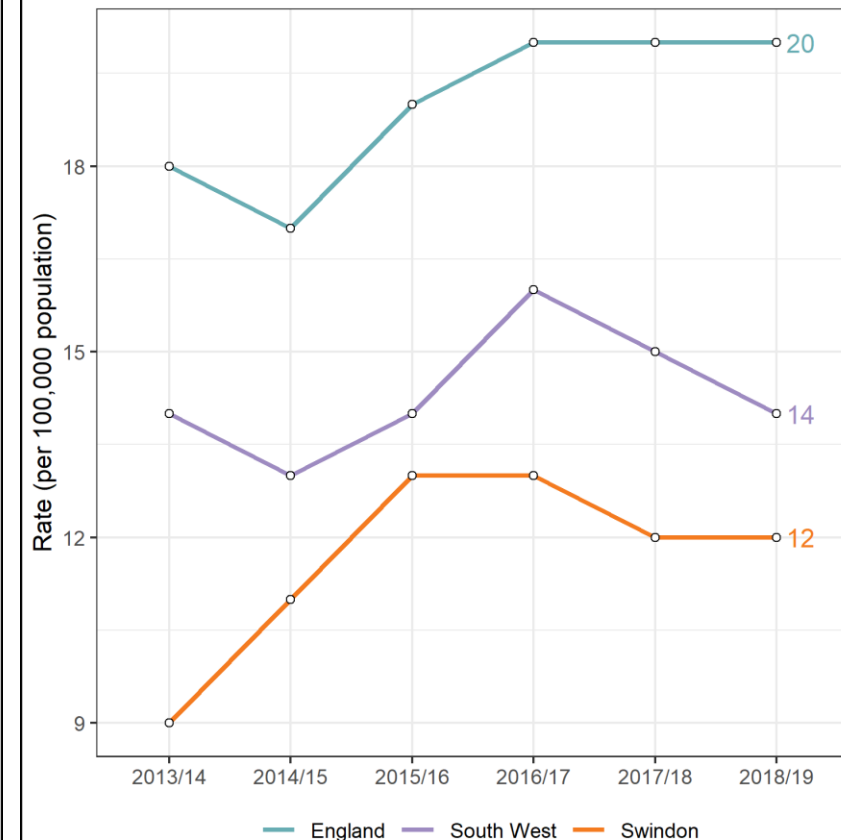
Ages: 19+ years



Source: OHID, Fingertips

Admissions directly attributable to obesity

All ages

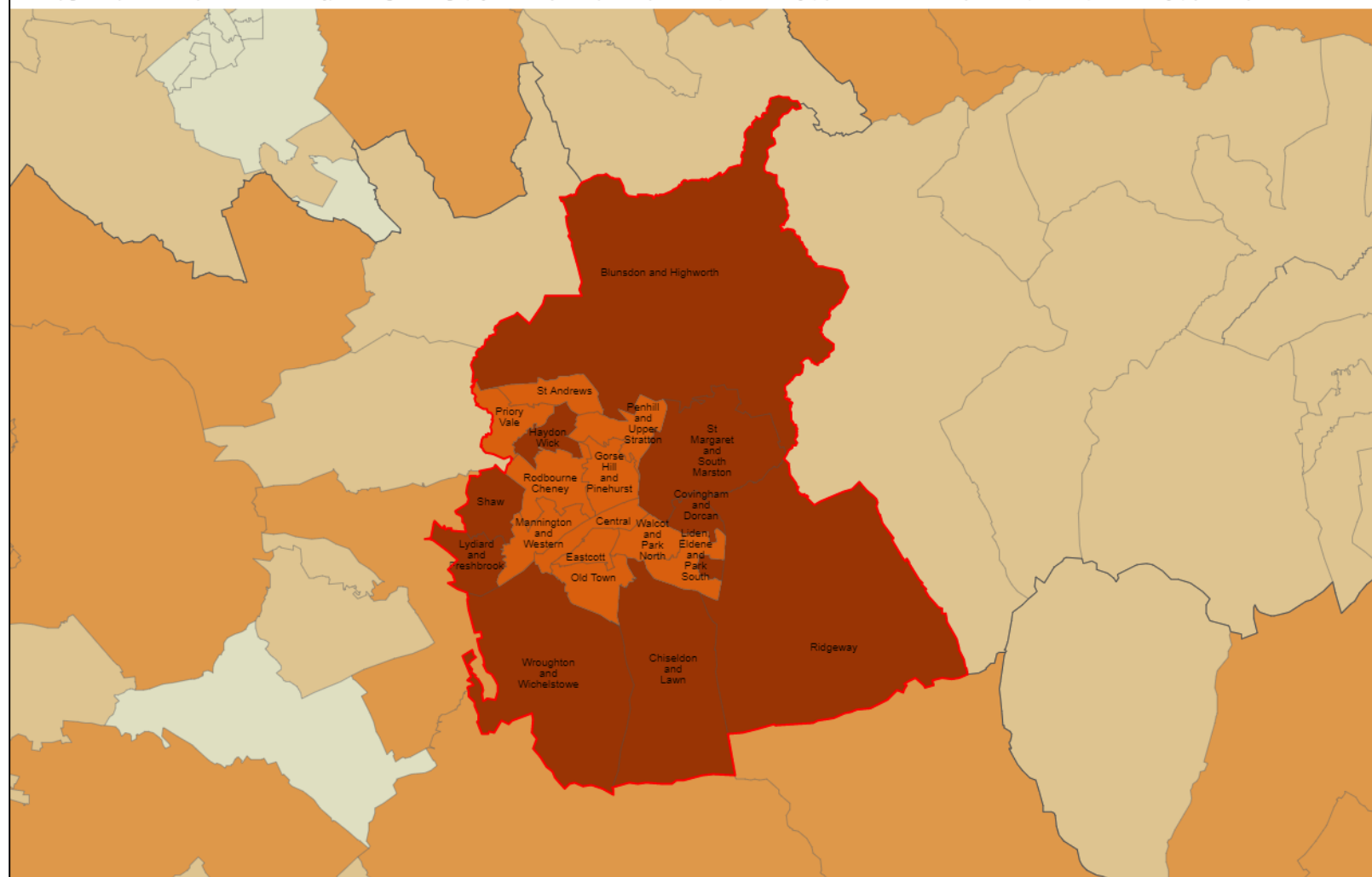


Source: NHS Digital, Statistics on Obesity, Physical Activity and Diet, England

Key facts

- The [2019 Health Survey for England](#)^[7] reported a number of findings on the health of individuals within a household, amongst which: (i) obesity increased across age groups up to 75 years old; (ii) children's obesity was found to be closely associated with their parents' BMI status - children with an obese parent were more likely to be obese; (iii) Around 16% of the adults aged 16 and over screened positive for a possible eating disorder, with women more likely than men to screen positive and with a higher proportion screening positive as household income decreased.
- In Swindon, a high prevalence of overweight in children [was noted](#) amongst the most deprived areas for both Reception and Year 6 children.
- The percentage of adults in Swindon categorised as having excess weight stands at higher levels than the South West and England (top left figure). In 2020/21, around 1% less adults in Swindon were categorised as having excess weight compared to 2019/20 and around 1% more adults were categorised as physically active (top left and middle figures).
- In 2019/20, 43.0% of Swindon adults were estimated to walk or cycle for any purpose at least three days a week. This is lower than the South West (49.5%) and England (46%).
- 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.
- Hospital admissions directly attributable to obesity rose from 2013/14 to 2018/19, mirroring a similar trend regionally and nationally (top right figure). In 2018/19, 30 admissions were recorded for Swindon, representing a 20% increase compared to the 25 admissions in the previous year.

*Note: this survey uses a different methodology for obesity/overweight prevalence compared to OHID.



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Key facts

- As depicted in the map, in 2014, estimated (modelled) prevalence of adults classified as overweight (including obese) within England wards showed that 9 out of 20 Swindon wards were amongst the areas with the highest prevalence, with all the wards being placed amongst the highest 40%.
- However, when comparing the aforementioned estimated prevalence for adults with the actual prevalence, not the estimated prevalence, of either children at reception or children at Year 6, a clear link [cannot be established](#). This means that wards where the estimated prevalence for adults is high did not have a high proportion of children at reception or year 6 and visa versa. Moreover, none of the four most deprived wards were amongst the ones with the highest estimated prevalence for adults.

Mental health and wellbeing

Background

The WHO defines mental health (MH) as a state of wellbeing in which a person realises their own abilities, can cope with the normal stresses of life, can work productively and is able to make a good contribution to their community. Poor mental health is associated with rapid social change, physical ill health and human rights violations^[1].

In England, 1 in 4 people will experience a mental health problem of some kind every year^[2]. Common treatments offered include medication and talking therapies such as Cognitive Behavioural Therapy (CBT) ^[2,3].

Importance- Implications

Certain social, psychological and biological factors make people vulnerable to mental health problems. For example:

- Persistent financial stress
- Limited or no access to green and blue space
- Genetic factors
- Violence
- Aspects of social status including being female, being from an ethnic minority background, disability, deaf and/or LGBTQ+ communities due to the negative impact of prejudice, discrimination, bullying and social exclusion^[1,4,5].
- Living in a society with greater income inequality
- Having an Adverse Childhood Experience (ACE)
- Homelessness
- Living in poor quality housing

In the UK, people living in more deprived areas have higher suicide rates. In particular for those in their 30s and 40s suicide rates tended to be more than double in the most deprived areas compared to the least deprived areas^[6].

Local Picture

Self-harm continues to be a key issue, despite falling over the last two years and especially in young people aged between 10 and 24 with local rates significantly higher than regionally and England averages.

Key factors in the lives of people who took their own lives locally, between 2019 and 2021, were relationship breakdown, mental ,and physical health issues.

Loneliness, depression and general anxiety were factors for people accessing local third sector services during the last year.

Insights from local people

In the Swindon Health and Wellbeing Survey run in Autumn 2021, residents were asked what their main concerns were about the Covid-19 pandemic. A common theme amongst the responses was the impact of the pandemic on mental health. For some responders this was as a result of loneliness and isolation, while for others it was due to fear and anxiety about themselves and others and uncertainty around the future. For some it was also due to difficulties accessing mental health services.

How Swindon is addressing any challenges

Swindon continues to provide training and support into schools and through third-sector providers to help those who self-harm and who may consider taking their own lives.

Connect 5 training is being run to upskill a range of employees and practitioners, helping them to spot and support people earlier who may have MH needs, to reduce the burden on structured treatment services.

The council supports Swindon Wellbeing and Swindon Mindful Employee Network through the Prevention Concordat to promote MH prevention and early intervention through, e.g. Five Ways to Wellbeing.

References

[1] [World Health Organisation \(2018\). Mental health: strengthening our response](#)

[2] [Mind: Mental Health facts and statistics](#)

[3] [Mind: Drugs and treatments](#)

[4] [Public Health England \(2019\). Mental health: environmental factors](#)

[5] [Mental Health Foundation \(2020\). Tackling Social Inequalities to reduce mental health problems: How everyone can flourish equally](#)

[6] [Office for National Statistics \(2020\). How does living in a more deprived area influence rates of suicide?](#)

[7] [OHID Fingertips: Common Mental Health Disorders](#)

[8] [Office for National Statistics \(2021\) Coronavirus and GP diagnosed depression in England: 2020 - Analyses of trends in GP diagnosed depression in the adult population in England between 23 March and 31 August 2020, compared to pre-pandemic levels](#)

[9] [NHS Digital: Mental Health Bulletin 2020-21 Annual Report](#)

[10] [International OCD Foundation: About Hoarding](#)

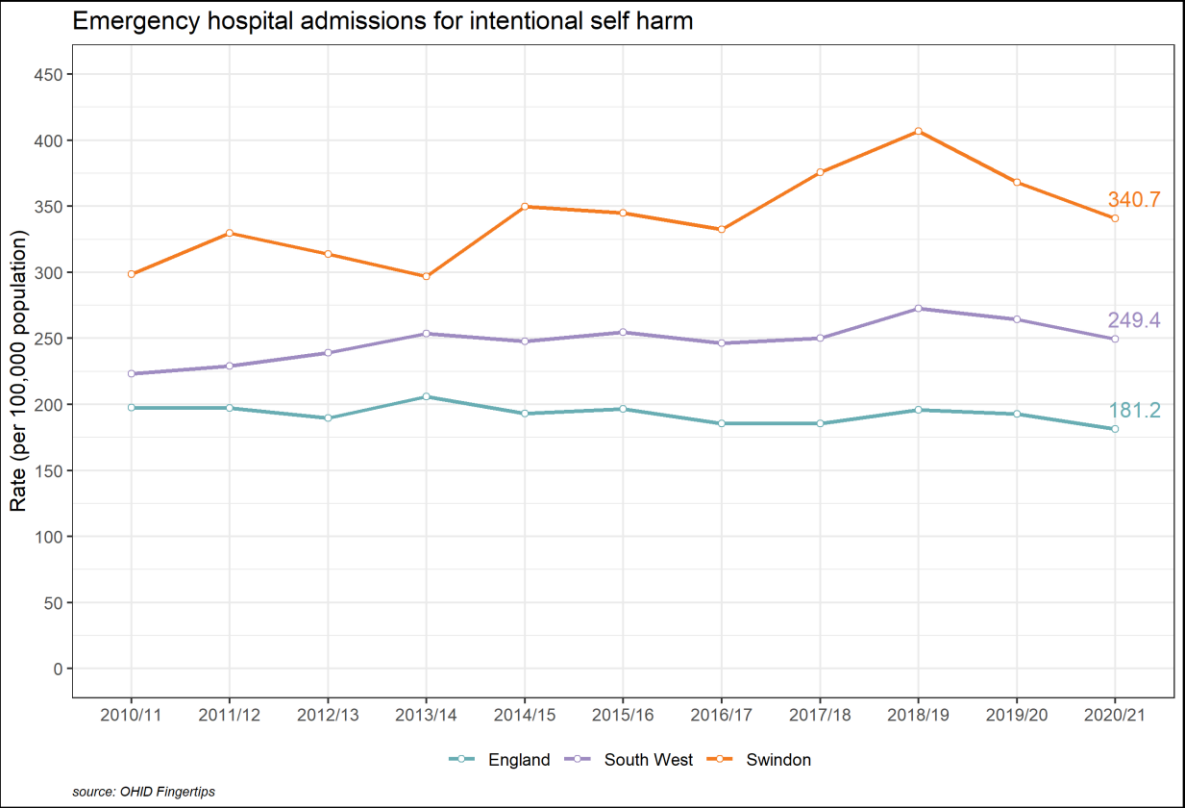
[11] [International OCD Foundation: Who gets Hoarding Disorder?](#)

Referral Reasons (for hospital admissions due to mental health, Swindon registered GP patients)	2020/21	2021/22
In Crisis	646	644
Eating Disorder	51	72
Self harm behaviours	16	80
Neurodevelopmental Conditions, excluding Autism	22	15
Anxiety	<5	16
Obsessive compulsive disorder	<5	7
Suspected Autism	<5	7
Depression	<5	<5
Self - care issues	<5	<5
Relationship difficulties	<5	<5
Ongoing or Recurrent Psychosis	<5	<5
Personality disorder	<5	<5
Unexplained physical symptoms	<5	<5
Attachment Difficulties	<5	<5
Behaviours that challenge due to a Learning Disability	<5	<5
Perinatal mental health issues	<5	<5
Post-Traumatic stress disorder	<5	<5
Total	753	855

Source: BSW CCG

Key facts

- There are an estimated 34,100 people (15.3%) in Swindon aged 16-74 years living with a common mental disorder (CMD), defined as any type of depression or anxiety.
- [Data from GP registers](#)^[7] indicates that in 2020/21, Swindon had 22,766 people with diagnosed depression (11.9% of adults), and over 2,000 of these were [new diagnoses](#)^[7] in the past year.
- The number of depression diagnoses in Swindon fell in 2019/20 and 2020/21, in line with the national trend (see top left figure). However, an [ONS analysis of national trends in GP diagnosed depression in the adult population](#)^[8] during the first wave of the pandemic compared to pre-pandemic levels showed that depression diagnoses as a percentage of all diagnoses increased slightly. The largest increases in new diagnoses were seen in people aged 45 years and older, people from the Chinese ethnic group, and among people living in the second most deprived areas. This may indicate that many people are not accessing medical help.
- In 2020/21, there were 10,500 people in Swindon in contact with [NHS secondary mental health, learning disabilities and autism services](#)^[9], of whom 2% (195 people) required hospital admission. Approximately a third (34%) of these people were aged under 18.
- Over a three year period from 2018-2020, 52 people (aged 10+ years) and over died by suicide in Swindon. This is a rate of 9.1 per 100,000, similar to the England rate of 10.4 and slightly lower than the rate for the South West at 11.6. Of these, 78% were male.
- In 2020/21, there were 735 emergency hospital admissions in Swindon for intentional self-harm. This is a higher rate than other areas across the South West and England (340.7 per 100,000 compared with 249.4 and 181.2 per 100,000 respectively). Trends show that Swindon’s rate has been consistently higher than England since 2010/11 with some fluctuations year on year. The rate peaked in 2018/19 at 407.0 per 100,000 but has dropped down since (top right figure).
- [Hoarding Disorder \(HD\)](#)^[10] is a mental health condition where people have difficulty getting rid of possessions that are no longer useful. In some cases it can lead to living spaces becoming so cluttered that they are unusable, present a fire risk, and even lead to eviction. The International Obsessive Compulsive Disorder (OCD) Foundation estimates that between [2%-6% of the population lives with HD](#)^[11].Based on Swindon’s population estimates, this would translate to between 4,400 and 13,320 people. About 5% of these people are likely to come into contact with local authorities. Swindon Borough Council offers a long-term support service for people impacted by self-neglect and hoarding and who feel able and willing to make a change. This includes individualised support supervised by a psychotherapist as well as a regular monthly support group for anyone affected by hoarding.



Sexual and Reproductive Health

Background

The 'Sexual health strategy' in England aims to provide information, respectful and non-judgemental access to information and services, early detection and treatment for Sexually Transmitted Infections (STIs) and increased screening for those at greater risk^[1].

As a response to the Covid-19 pandemic, the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, and is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should take these factors into account, especially when comparing with data from pre-pandemic years^[2]. Sexual Health Services had a significantly reduced capacity to deliver face-to-face consultations, and rapidly converted to telephone and internet consultations and remote self-sampling kits. This has likely led to a decrease in diagnoses and STI testing in 2020.

Importance-Implications

A further impact of the Covid-19 pandemic is the reduction in routine vaccines that are not related to Covid-19. The HPV vaccine protects against cervical cancer, other cancers in the genital area, mouth and throat cancer and genital warts. It is offered to 12-13 year old boys and girls in England in 2 doses as part of the school-based immunisation. Lockdowns and Covid-19 infections have however disrupted these programmes. The second year of the pandemic has seen improvements in uptake rates across the country with the return to in-person teaching but are still not at pre-pandemic levels^[3].

Local Picture

STIs had been decreasing overall since 2012, with a further reduction during the pandemic.

HIV prevalence has also decreased last year, however, had been increasing over recent years, before the pandemic.

As with the rest of the country, HPV vaccinations have decreased during the pandemic. However, the rates in Swindon are much lower than in other areas.

Abortion rates in under 18 year olds have been decreasing for the last few years, with a gradual increase in those aged over 25.

How Swindon is addressing any challenges

Face-to-face appointments at sexual health clinics resumed quickly once lockdown restrictions were lifted, and a weekly drop-in clinic is also available. Online testing was already available in Swindon prior to the pandemic which made the transition of services easier. SBC was able to use Covid-19 funding for the sexual health service to provide clinics for Long Acting Reversible Contraception (LARC) that would normally have taken place within primary care settings during the pandemic. The LARC provision within primary care has recovered well and is now back to pre-Covid levels.

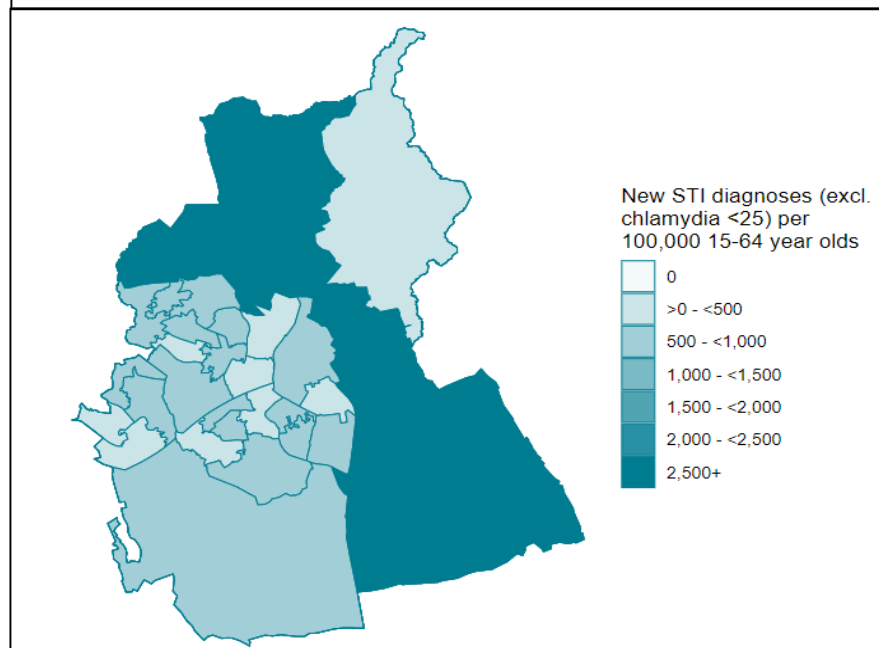
References

[1] [Office for Health Improvement and Disparities \(2022\). Sexual and reproductive health and HIV: applying All Our Health](#)

[2] [UK Health Security Agency: Fingertips \(2022\). Summary profile of local authority sexual health: Swindon](#)

[3] [UK Health Security Agency \(2021\). Human papillomavirus \(HPV\) vaccination coverage in adolescent females and males in England: 2020 to 2021. Health Protection Report, 15](#)

Map of new STI diagnoses (excl. chlamydia in under 25s) per 100,000 population aged 15-64 in Swindon by Middle Super Output Area: 2020



Key facts (STIs)

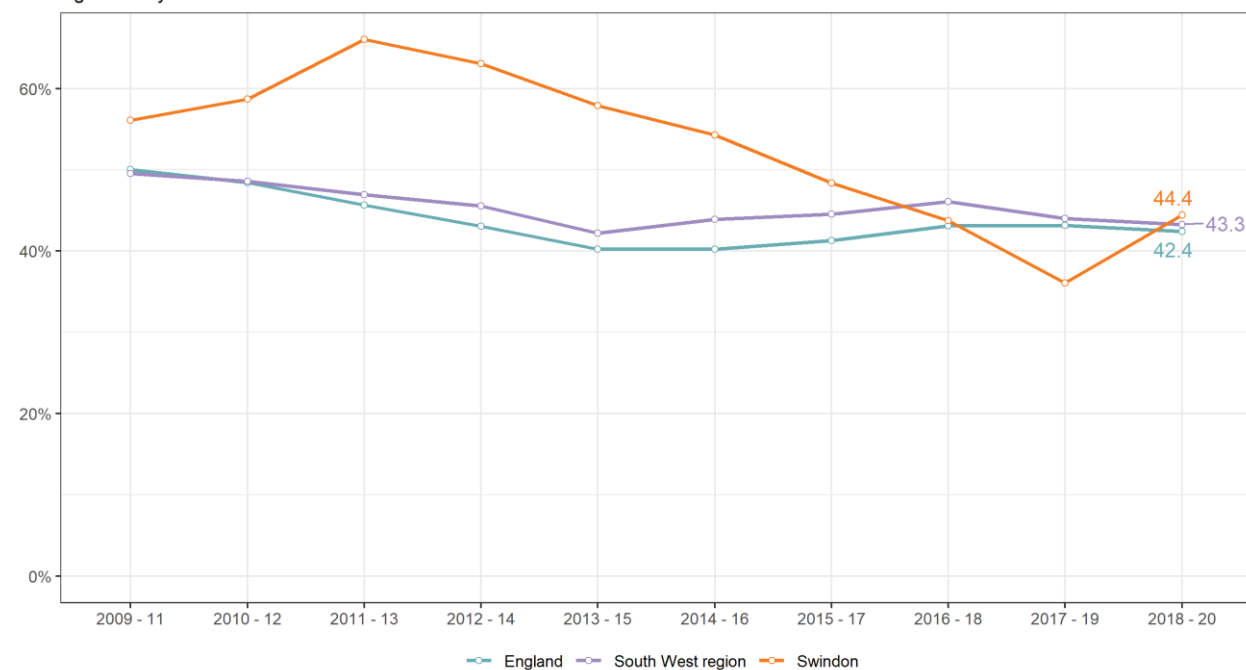
- STI diagnoses were lower (16-38%) in 2020 than 2019 for all major infections (including chlamydia, gonorrhoea, syphilis, genital warts and genital herpes) in Swindon.
- 1080 cases of STI were diagnosed in 2020, down 32% compared to 2019. The number of new diagnoses had been decreasing since 2012.
- New STI diagnosis rate stood at 485 per 100,000 in 2020, lower than the rate in England of 562 per 100,000.
- Chlamydia infection rate in 15-24 year olds in 2020 stood at 1,358 per 100,000, similar to England's rate of 1,408 per 100,000.

Key facts (HPV vaccination)

- Primarily due to national lockdowns and the suspension of school immunisation programmes, HPV vaccinations (one dose) in Swindon decreased from 90.4% in the previous year to 17.2% for 12-13 year old females between 2019 and 2020. This is much lower than in England (59% vaccination rate) and the lowest uptake within the South West (49%). Uptake has risen again to 76% in 2020/21 but has not yet reached pre-pandemic levels.
- HPV vaccination coverage (two doses) for 13-14 year old females has continued to fall since 2017/18, at 13.8% in 2020/21, which is much lower than England (60.6%) and the South West (46.4%).

HIV late diagnosis

Ages: 15+ years



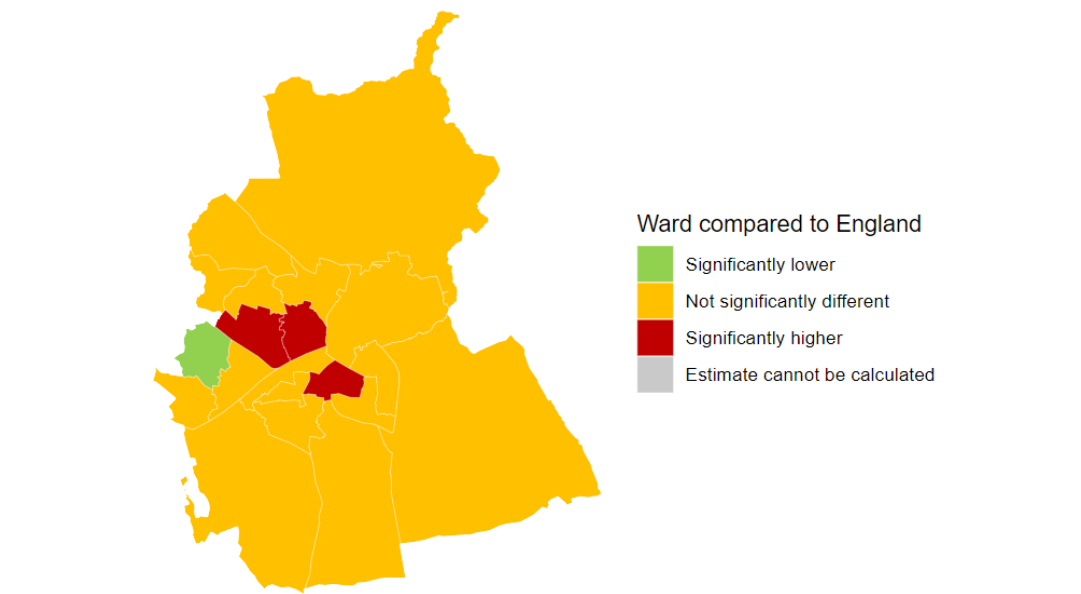
Source: OHID, Fingertips

Key facts (HIV)

- Swindon recorded 11 cases of newly diagnosed with HIV in 2020 - this represents a rate of around 6.1 per 100,000, and is similar to England (5.7 per 100,000).
- Prevalence of HIV among the 15-59 year olds in Swindon was 1.9 per 1,000, and was lower than England's rate of 2.3 per 1,000. Between 2015 and 2020, Swindon prevalence has increased by 24% in the 15-59 age group.
- Late stage HIV diagnosis rate averaged at 44.4% over the period 2018-2020 compared to 42.4% in England for the same period (top right figure).
- HIV testing (percentage of eligible attendees to a sexual health service who received a test) decreased by 15% to 58% between 2015 and 2020.

Under-18s conception in Swindon by ward, compared to the rate for England: 2017-2019

Please note that this data is not available on the online Sexual and Reproductive Health profiles. Data is sourced from Conception Statistics, England and Wales, ONS



Contains Ordnance Survey data © Crown copyright and database right 2020
Contains National Statistics data © Crown copyright and database right 2020
Please note that under-18 conceptions data has not yet been published for 2020, so data in this section does not show the impact of the COVID-19 pandemic.

Abortion rates Females by age group



Source: OHID, Fingertips

Key facts (Teenage conception)

- No under 25 year old males attended specialist contraceptive services in Swindon in 2020. The under 25 female conception rate stood at 99 per 1,000 (similar to England at 97.6 per 1,000).
- Teenage (15-17 years old) pregnancy rates in Swindon stood at 19.1 per 1,000, similar to England (15.7). Between 1998 and 2019, there was a 64% decrease in under 18 conception rate (similar to England's 66% decrease).
- In 2019/20, there were 15 births to mothers under 18 in Swindon.
- Gorse Hill and Pinehurst, Rodbourne Cheney and Walcot and Park North Wards, which are amongst the most deprived wards in Swindon, had under 18 conception rates higher than England (top left figure).

Key facts (Abortion)

- Swindon recorded a total of 790 abortions in 2020. These translate into abortion rates per 1,000 population for different age groups (top right figure). For females aged 15-44 years, abortion rate was 19.4, similar to England (18.9) but higher than the South West (15.6). A similar pattern holds for abortion rates in the over 25s, with Swindon (17.4) similar to England (17.6) but higher than the South West. For the under 18s, abortion rates in Swindon (5.5) was similar to the South West (5.4) but lower than England (6.7).
- In 2020, in Swindon, 20 pregnancies to women aged under 18 resulted in a legal abortion under the Abortion Act 1967. These aborted pregnancies represented 51.3% of all pregnancies in that age group. The comparable proportions were 52.1% for the South West and 53% for England.
- For the under 25s, the proportion who had an abortion after a previous birth were: Swindon (27.6%), South West (23.3%) and England (27.1%).

Lifestyle Risk and Addictive Behaviours

Background

Addiction is defined as not having control over doing, taking or using something to the point where it could be harmful to you. Examples of substance addiction includes some illegal and prescription drugs, alcohol, and smoking. Examples of behavioural addiction include gambling, gaming, shopping and internet use. The strain of managing an addiction can damage work life, relationships, and have psychological and physical effects. However, addictions are treatable conditions, and there are specialised treatment services for many^[1,2].

Importance- Implications

- Smoking is the single greatest cause of preventable illness and avoidable death in the UK and remains the single biggest driver of health inequalities. Smoking prevalence is higher among people with lower incomes. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.
- Compared to the population as a whole, smoking is more common among people with a mental health condition, with lower incomes, who are unemployed, who are experiencing homelessness, who are in contact with the criminal justice system, who live in social housing, without qualifications, who are lone parents and identify as LGBTQ+ groups^[3].
- The availability of cheap illicit tobacco to the most deprived socio-economic groups is contributing to the health inequalities gap. One in four of the poorest smokers buy smuggled tobacco compared to one in eight of the most affluent^[4]. Illicit tobacco does not comply with safety regulations, harms local businesses and can be linked to organised crime^[5].

Local Picture

Health inequalities as a result of smoking are evident within the local population in Swindon. The smoking prevalence amongst adults in routine and manual occupations is 21.4%, which is nearly double that of the general adult population (12.3%).

One in ten pregnant people in Swindon smoke: smoking status at the time of delivery is currently 9.6% (government ambition is for this figure to be 6% by 2022).

The pandemic saw a 64% rise in presentations (250, year-to-date March 2022) to local service providers for alcohol interventions, compared to 2019-20 (152, year-to-date March 2020).

Opiate users continue to represent the majority of people in treatment but there is a steady reduction of numbers presenting to treatment and a smaller drop in those who are in treatment.

Crack cocaine is becoming an increasing concern in the borough with 62% of individuals in treatment for opiate use citing the substance as their second drug.

In young people, cannabis use and alcohol consumption remained the significant substances of choice. There were increased reports from young people of mental health issues, some related to historical trauma.

How Swindon is addressing any challenges

In Swindon, smokers can access stop smoking services through participating GPs and pharmacies. In addition, a stop smoking advisor has been specifically recruited to target at risk populations in an effort to reduce health inequalities. The Local Maternity and Neonatal System (LMNS) includes a specialist smoking in their pregnancy team to support pregnant smokers and their families to quit. To reduce the availability of illegal tobacco, local teams continue to work with the South West Illegal Tobacco network to promote and raise awareness of illegal tobacco and conduct test purchasing exercises in response to intelligence received.

Smoking remains one of Swindon's key Public Health priorities and the local Tobacco Control Strategy will be revised in 2022.

The new supplementary grant for substance misuse offers opportunities to expand the range of services available to people in Swindon and to offer partnership support.

Alcohol brief interventions are being introduced with a number of partners across Swindon to accommodate individuals who are worried about their alcohol use. This will provide people with the tools to reduce and control their use and determine whether structured treatment is an option for them.

Harm reduction is being improved across the town for individuals who use drugs and who may not be known to treatment. This includes education and physical health supports for those who are using crack cocaine.

The young peoples' substance misuse service is being reviewed and will be expanded during the course of 2022-23 to include a team leader and three young persons workers.

Swindon Borough Council's Public Health team promote access to [Gamblers Anonymous](#) which operates in the town and is a mutual aid self-help group, as well as working with a local substance use disorders treatment provider to also offer assistance for people who gamble.

References

[1] [National Health Service: Addiction: what is it?](#)

[2] [World Health Organisation: Addictive Behaviour](#)

[3] [Action on Smoking and Health \(2019\). Health Inequalities Resource Pack](#)

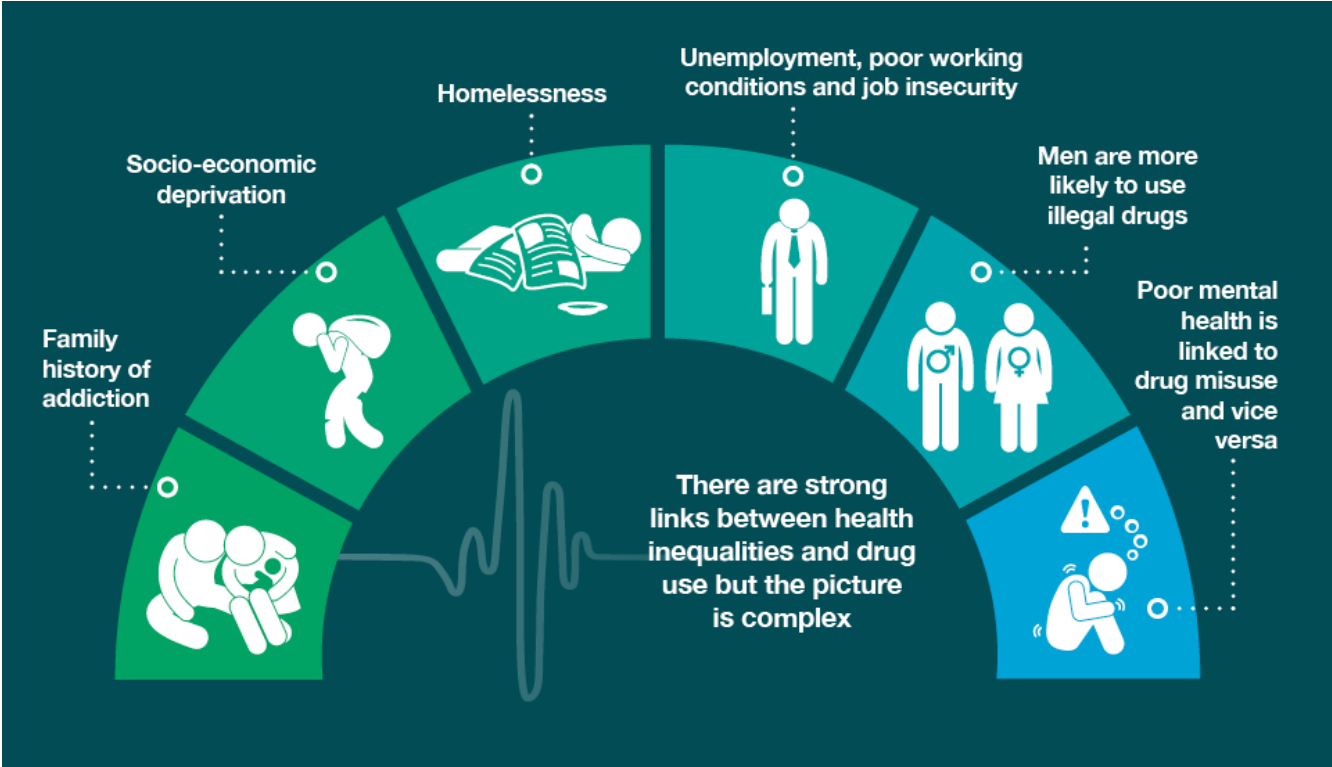
[4] [Action on Smoking and Health \(2019\). Swindon Tobacco Control Strategy, 2017-2022](#)

[5] [Trading Standards South West: Illegal Tobacco Reporting](#)

Key facts (Drug Use)

Drug use prevalence	<p>In 2020/21, the three most commonly cited substances by people in treatment for opiate use were: crack cocaine (62%), alcohol (16%) and cannabis (13%). Crack use is 20% higher in those attending treatment than the England average. Both alcohol and cannabis were similar to England averages.</p> <p>The most recent available data from 2016/17 shows that Swindon's rate of crack (5.2 per 1,000 population), opiates (5.4 per 1,000 population), and opiate and crack user (OCU) prevalence (7.5 per 1,000 population) are similar to or lower than the England averages. This equates to around 868 people estimated to use opiates, 736 crack cocaine and 1,075 who are opiate and crack users in Swindon. Those who use opiates and crack are more likely to be known to the criminal justice system and to have complex backgrounds which can affect their engagement with treatment.</p>
Drug-related hospital admissions	<p>In 2020/21 there were 185 hospital admissions due to drug poisoning in Swindon, equivalent to a rate of 83 per 100,000 population. Between 2018 and 2020, there were 26 overdose deaths in Swindon.</p>
Drug use treatment	<p>Swindon had 748 individuals in treatment during 2020/21 for opiate and all non-opiate treatment. This was split 69:31 male/female, suggesting that females do not engage with current service structures as well as males. Of those in treatment, 89% were of White British ethnicity. In the same year 2020/21, 25% of non-opiate (including alcohol and non-opiate users) and 4.2% of opiate users in Swindon successfully completed treatment.</p>
Young person's substance use	<p>There were 164 hospital admissions per 100,000 of young people aged under 18 years during the period 2017/18 to 2019/20. Data shows that after a reduction around 2015/16 cases have increased.</p> <p>59% of all young people under 18 in treatment were identified as having a co-occurring mental health condition. This is higher than the national average of 42% (43% of males had a condition compared with 80% in females). Of those identified, just over half were receiving any mental health treatment.</p> <p>Cannabis was the most common substance used among young people in treatment (including those aged between 18-24) during 2020/21. Alcohol was used by 32% and cocaine by 17%.</p> <p>Out of all young people in treatment in 2020/21, 39% were smoking at the start of their treatment. This is higher than the England average. Of the young people in contact with services in Swindon, 17% are classed as children in need or as a Looked After Child (LAC), the same proportion as for England. In Swindon, 65% of young people under 18 left treatment successfully in 2020/21, which is lower than the average for England.</p>

Compared with England	Significantly lower	Similar	Significantly higher	Better	Worse
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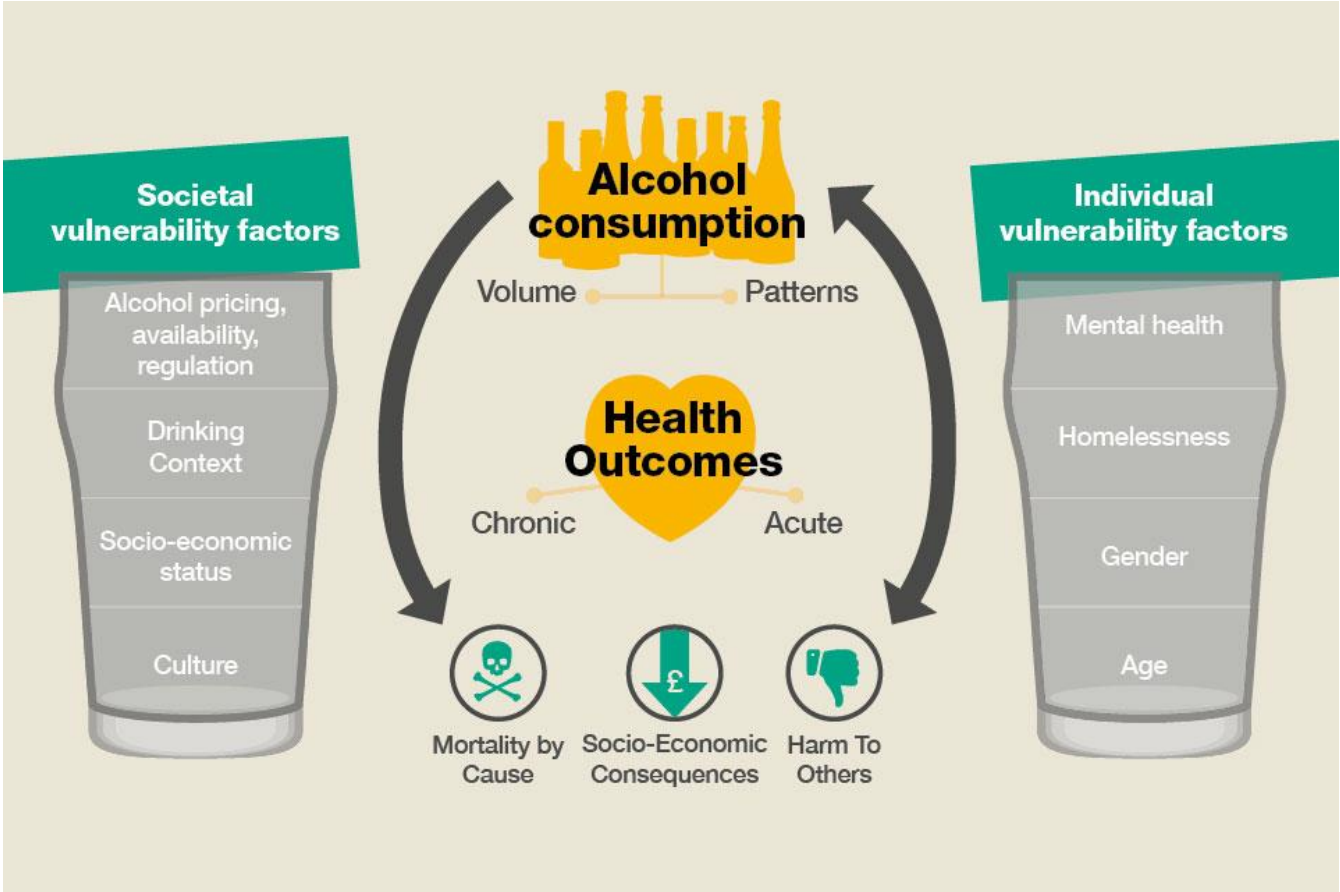


Source: [OHID Health matters: risk factors for drug misuse](#)

Sources: Fingertips, HES, LAPE, NDTMS, NHS Digital, OHID, ONS, PHE, PHOF

Key facts (Alcohol)

Alcohol consumption	According to weighted estimates from the Health Survey for England for the period 2015-2018 combined, 17.4% of adults are abstinent in Swindon, similar to England at 16.2%. 17.5% of adults drink more than 14 units a week – lower than the England average at 22.8%.
Alcohol-related hospital admissions	<p>In 2020/21 Swindon showed a much higher rate of hospital admission than the England average (through intentional self-poisoning by and exposure to alcohol, where alcohol is the primary identified route for the condition/event). For Swindon, the rate was 105.3 per 100,000 population for women and 78.1 for men, compared with the rate for England of 52.8 for women and 39.7 for men. This was the only alcohol related indicator where women were more at risk than men.</p> <p>For alcohol-specific conditions, there were 644 per 100,000 population hospital admissions in Swindon in 2020/21. This was the same as the England average.</p>
Alcohol treatment	<p>296 people were in treatment for alcohol use in Swindon in 2020/21. Of those, 57% were men and 43% female which was similar to the England average, and 92% of those in treatment were White British.</p> <p>Treatment works when people engage with the intervention. Swindon saw fewer people drop out of treatment before 12 weeks of successful completion than the England average (10% early unplanned exits for men and 3% for women in Swindon, compared with 14% for men and 11% for women in England).</p> <p>Routes into treatment were dominated by self-referral (65%). Other key routes were hospital/A&E (12%) and other (13%). Referrals from Criminal Justice partners, Social Services and GP accounted for only 10% of referrals in total.</p>



Source: [OHID Health matters: harmful drinking and alcohol dependence, and socio-economic factors](#)

Sources: Fingertips, HES, LAPE, NDTMS, NHS Digital, OHID, ONS, PHE, PHOF

Compared with England

Significantly lower

Similar

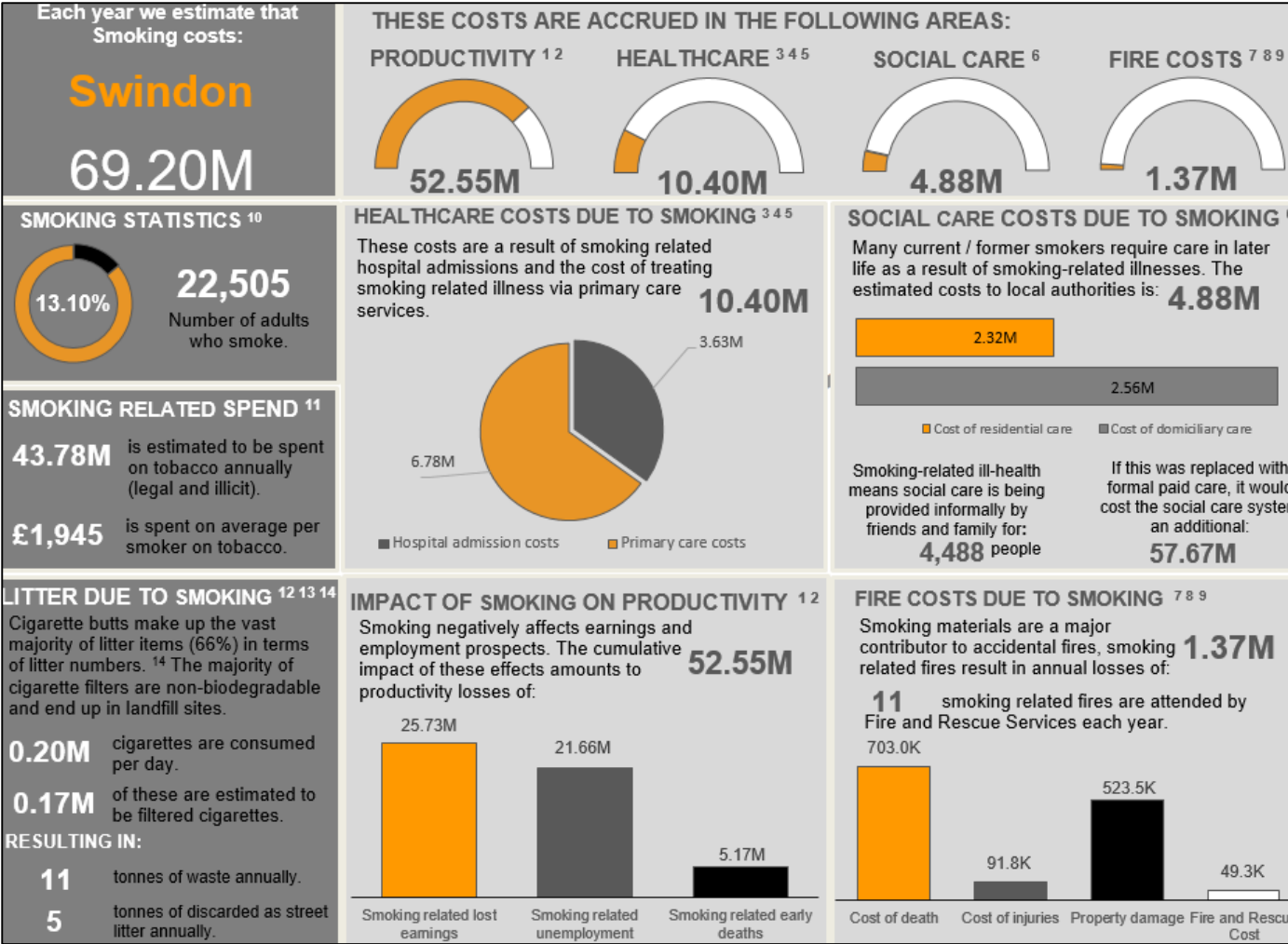
Significantly higher

Better

Worse

Key facts (Smoking)

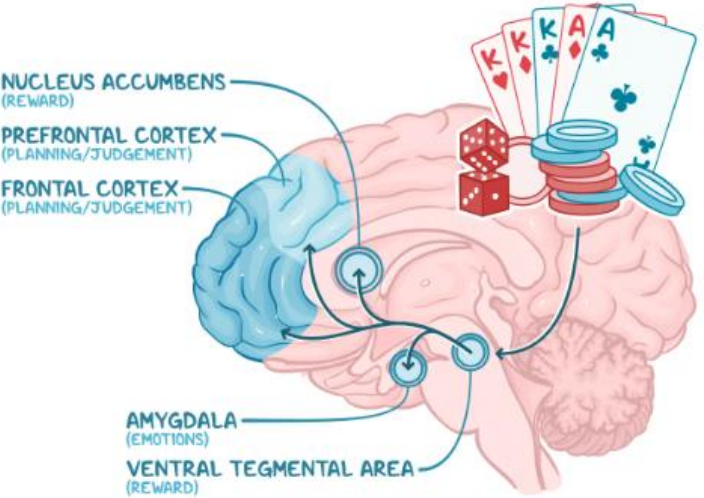
Smoking prevalence in adults	According to the Annual population survey (APS) which uses the 2020 definition, in 2020, 12.3% of adults currently smoke, 28.7% were ex-smokers and 59% never smoked. Similar proportions were reported across the South West. According to the APS 2019 survey which used a different methodology/definition, the percentage of current smokers stood at 13.1% (22,505) which was similar to the proportion reported in the South West. The numbers and associated costs depicted in the Figure below are based on the 2019 APS survey results.
Smoking prevalence in priority populations	According to APS, in 2020, the smoking prevalence amongst 18-64 year old adults in routine and manual occupations was 21.4% . Moreover, individuals who are part of the aforementioned occupation group are 2.2 times more likely to smoke compared to individuals in other occupations. A similar proportion and smoking likelihood were recorded in South West.
Smoking related mortality	In 2017-19, 698 deaths (209.8* per 100,000 population) were attributable to smoking with the rate being significantly worse when compared to the South West. Moreover, 288 cancer deaths (85.5* per 100,000 population), 117 heart disease deaths (34.2* per 100,000 population) and 32 stroke deaths (9.7* per 100,000 population) were attributable to smoking. While the rates for cancer deaths and stroke deaths were similar to the ones reported for the South West, the rate for heart disease deaths was significantly worse than for the South West.
Smoking related ill health	In 2017-19, 388 (71.4* per 100,000 population) lung cancer registrations, 84 (13.7* per 100,000 population) oral cancer registrations and 67 (12.0* per 100,000 population) oesophageal cancer registrations were reported for Swindon. The rates for the aforementioned cancer registrations were comparable to the South West.
Smoking quitters	In 2019/2020, 212 (916 per 100,000 population aged 16+ years) smokers successfully quit after 4 weeks. An individual is counted as a 'self-reported 4-week quitter' when assessed four weeks after the designated quit date, if they declare that they have not smoked, even a single puff on a cigarette, in the past two weeks. The rate for Swindon is significantly lower than the rate reported for the South West.



Source: [ASH](#)

Key facts (Gambling)


Licensing	<p>As of March 2021, 150 premises had a licencing permit issued by the Gambling Commission in Swindon, with no new licences being issued in the last 2 years to that date. The number of permits is approximately 3 times higher compared to the permits issued in 2009/10. Five inspections took place in 2017/18 and three inspections took place in 2018/19.</p>
Gambling Prevalence	<p>In 2018, 54% of the adult population in England gambled. The National Lottery is the most common type of gambling across all age groups. Scratch cards, football pools and electronic gaming machines are more common amongst younger age groups. Men are more likely to gamble than women, and this is most obvious for online gambling (15% of men participate compared to 4% women).</p> <p>An estimated 0.5% of the population reach the threshold to be considered as problem gamblers (although this is likely higher in urban areas), where 3.8% are classified as at-risk gamblers (meaning they may experience some level of negative consequences due to their gambling). For Swindon, this would mean around 1,100 people are considered problem gamblers, with over 8,400 people at risk from gambling harm.</p> <p>Around 7% of the population are affected by someone else's gambling (approximately 15,600 people), most likely women. Immediate family members are most severely impacted by the negative effects of someone's gambling.</p>
Gambling related-harm	<p>Types of harm include:</p> <ul style="list-style-type: none">• financial (debt which can lead to bankruptcy and homelessness)• relationship disruption, conflict or breakdown• mental and physical health including increased risk of suicide• cultural• employment and education (reduced performance at work or study, which can lead to unemployment)• criminal activity <p>Gambling harm might occur at the first single engagement with gambling and continue after a person stops gambling. There is a higher prevalence of at-risk and problem gambling among people with poor health, low life satisfaction and wellbeing, and there is an association between gambling at all levels and increased alcohol consumption.</p>




BACKGROUND

- * **GAMBLING** – SOMETHING OF VALUE is RISKED in HOPE of GAINING SOMETHING OF GREATER VALUE
- * **FORMS of GAMBLING:**
 - ONLINE or CASINO GAMES
 - LOTTERY TICKETS
 - SCRATCHCARDS
 - SLOT MACHINES
 - BETTING
- * **STIMULATES DOPAMINE REWARD PATHWAY**
 - ↳ REPEATEDLY ENGAGE in BEHAVIOR
 - ↳ BUILD UP TOLERANCE
 - ↳ PRODUCE LESS DOPAMINE
 - ↳ RISKIER GAMBLING to CREATE SAME SATISFACTION


TREATMENT




MEDICATIONS
(e.g. antidepressants, mood stabilizers)




BEHAVIOR THERAPY




COGNITIVE BEHAVIORAL THERAPY



SELF-EXCLUSION




SUPPORT GROUPS



INPATIENT PROGRAMS, OUTPATIENT PROGRAMS, RESIDENTIAL FACILITY

INDUSTRY ENABLEMENT

- * **GAMBLING ADVERTISING** – TARGETED TOOL to ATTRACT BOTH NEW and CONSISTENT GAMBLERS
- * **WELCOME INCENTIVES** – FREE or RISK-FREE BETS to DRAW IN FIRST-TIME GAMBLERS
- * **EASY to REGISTER and DEPOSIT FUNDS**
 - MORE DIFFICULT to WITHDRAW WINNINGS
- * **EXCESSIVE STIMULATION and DISTRACTION** (e.g. ambience, loud music, lack of windows)



Carers

Background-Definitions

Swindon Carers Centre is a charitable organisation that provides help and support to unpaid carers in Swindon. Their aim is to improve the wellbeing of people with caring responsibilities in and around Swindon

Importance- Implications

According to the Carers UK charity, there are estimated to be 6.4 million carers in the UK, 58% of whom are female^[1]. It has been estimated that in 2020, there were 13.6 million people caring throughout the pandemic^[1].

Local Picture

Swindon no longer collates information on the number of hours per week of unpaid care provided by carers, and hence this information is not available.

The majority of carers in Swindon are adult carers (38%) and 67% are female. 12 carers within Swindon identify as non-binary or transgender.

The numbers of carers is increasing in Swindon, more so than the national average.

Waiting time for assessments has generally decreased for all types of carers within Swindon.

Opportunities to access support activities for carers would have been limited during the national lockdown. However, numbers have been increasing throughout the year as restrictions have eased.

Insights from local people

Some key issues raised by carers in Swindon include:

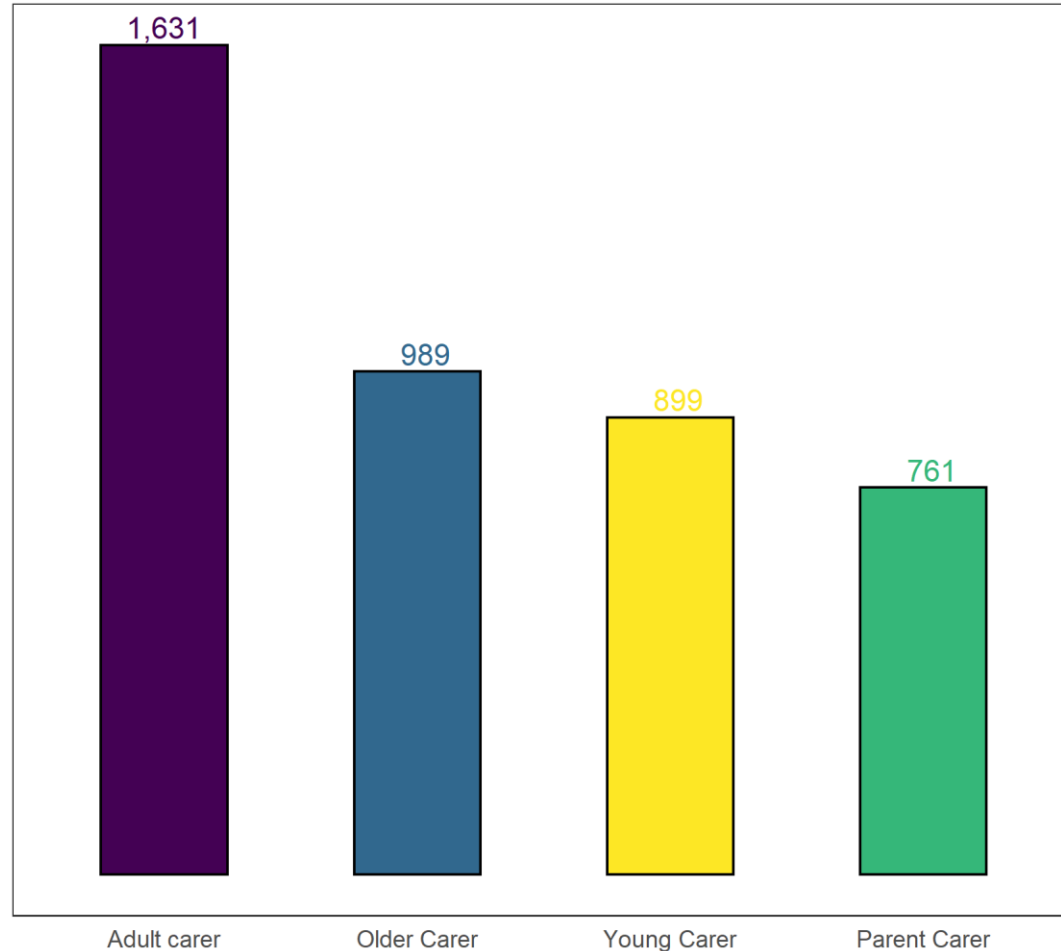
- carers relief issues (sitting service provided to enable carers to have a break from their caring role). Carers are having to wait a long time to have this service put in place due to staff shortages from care agencies across the board
- concerns about low carers allowance and the rising energy bills
- hospital discharges being quite stressful - not being heard as a carer
- limited access to voluntary befriending services (for people with a diagnosis of Dementia)- they do not seem to fit the voluntary service befriending criteria.

References

[1] [CarersUK Facts & Figures \(accessed May 2022\)](#)

[2] [BSW CCG Localities: Swindon](#)

Carers by type in Swindon (2022)



Source: SBC, Swindon Carers Centre

Key facts

- The majority of carers in Swindon are female (67%), with 12 carers identifying as non-binary or transgender (male).
- Since 2001, the estimated number of carers in Swindon has risen by 33% compared to the national average of 18%^[2].
- Over the last year (quarter 4 2020/21 to quarter 4 2021/22)*:
 - the average waiting time for adult and older carers to receive a Carer Conversation has reduced by 6 weeks to 2.5 months
 - the average waiting for parent carers waiting for an assessment has halved to 6 weeks and the number of parent carers accessing one-to-one support has doubled, with 40 accessing support in quarter 4 of 2021/22
 - The number of parent carers accessing groups, activities, courses and pamper sessions has increased almost 2.5 times to 134 in Q4 of 2021/22 compared to Q4 in 2020/21
 - in Q4 2021/22, 31 young carers were waiting for services. Waiting time for assessment increased in Q1 and Q2 of 2021/22 to 20 weeks, but has since decreased to 12 weeks.

*Data from Swindon Carers Centre (2022). 2021/22 Quarterly and End of Year monitoring for Swindon Borough Council – Adult, Older, Parent and Young Carer contract. Carers Specific data.

Ageing Well

5. Ageing well



Healthy
ageing

Dementia

Falls and
bone
health

Ageing well (Overview)

- This section of the JSNA looks at Ageing Well and particularly areas of dementia and falls prevention. There are currently nearly 37,000 people in Swindon who are over 65 and predictions suggest this will increase to around 57,000 by 2040. Ageing well is about quality as well as quantity of life and how healthy we are as we get older is partly shaped by our activity and lifestyle throughout our life together with those 'wider determinants' of health such as where someone lives, education and the opportunity to get fulfilling work.
- We are predicted to see more people over 65 in the future in Swindon and almost a doubling of those aged 90+ from 1,754 in 2020 to 3,494 in 2040. This will have implications for both housing and social care as well as communities thinking about how they can best prepare themselves for a long life and how they can support each other. We know that nationally, physical activity reduces as people get older. Around 65% of 25-54 year olds are physically active compared to 37% of those aged 75 and over and this is likely to be similar in Swindon. Being active and building strength and balance is important for falls prevention as well as managing or reducing the risk of many long term conditions. Data suggests 10,000 people in Swindon will fall each year and we know there are around 350 fall-related admissions each month to GWH.
- One condition which is clearly linked to age is dementia, the most common types of which are Alzheimer's and vascular dementia. One in 14 people in Swindon over 65 and one in 6 over 80 are likely to develop dementia. In Swindon there are currently about 2,400 people living with the condition and this is likely to increase to just under 4,000 by 2040, with a doubling of those over 90 living with dementia due to the population change in that age group. Planning for housing, care services, clinical and community support is key whilst also recognising that those most likely to be caring for people with dementia are likely to be older themselves and that dementia is just one of many conditions that are more likely with age.
- OHID has a Productive Healthy Ageing Profile with 36 indicators which contribute to measures of healthy ageing. Compared to England Swindon is very similar on many indicators but worse on hospital admissions for alcohol for both men and women aged 40-64 and 65+, shingles vaccination coverage and cancer screening for both cervical cancer in 50-64 year olds and bowel cancer. Identifying cancer early is a national priority. Alcohol use as people get older can be a risk factor for dementia and other health conditions but also a response to loneliness or isolation.

Healthy ageing

Background

Ageing is a gradual, continuous process of natural change that begins in early adulthood – there is no specific age at which people become old and often how old someone feels depends on a combination of health, activity and perception. In the UK the official retirement age in 2022 is 66 with average life expectancy expected to be between 88 and 90 for someone born today. Ageing well captures the importance of quality as well as quantity of life, recognising that factors in early and mid life can shape older age. In 2020 The United Nations announced a Decade of Healthy Ageing from 2021-2030^[1].

Importance-Implications

The ONS projects that by 2042, one in four people in the UK will be aged 65 or over. Although high numbers of older people can be seen in terms of demand on health and care services, over 70% of people over 65 own their own home, 1 in 6 are an unpaid carer, and nearly one in three have volunteered in the last 12 months contributing to local communities in many different ways^[2]. Just under half of social care spending is on people over 65 (£8.3bn in 2019/20) with the majority on physical support. As with younger age groups there are however clear inequalities as people get older. People from ethnic minority backgrounds are less likely to own their own home, more likely to be living in an overcrowded home and are more likely to be isolated^[4]. At the age of 65 the poorest people have half as many years free of disability and illness ahead of them as the wealthiest. Older people are more likely to live with co-morbidities and manage a range of conditions for longer, and people are keen to live at home for longer but in communities that are age friendly.

Local Picture

There are nearly 37,000 people over the age of 65 in Swindon, with highest numbers in Chiseldon and Lawn, Wroughton and Wichelstowe, and Blunsdon and Highworth. Similar to the national picture more people are likely to live alone as they get older and hearing or sight loss is likely to be more common. Swindon did a deep dive into ageing well in the town in 2017^[5] and more recently ageing well has been identified as a priority in the NHS Long Term Plan. There is a local Ageing Well Steering Group with priorities around falls prevention, anticipatory care (including enhancing care at home, working with care homes and improving oral health), hospital to home and end of life care. Part of the Swindon Physical Activity Strategy is focused on encouraging older people to be more active and to look at balance and strength activity (which is now part of the Chief Medical Officer's physical activity guidelines) as people over 60 spend up to 80% of their waking day sitting down^[6]. Locally, Swindon offers evidence-based Otago classes for balance and strength and there are a range of community-based activities including through Swindon Town Football in the Community, Generation Gains at GLL Leisure Centres, AgeUK Wiltshire and local voluntary sector organisations.

Insights from local people

As part of the 2017 Ageing Well JSNA, focus groups were run with older people and the participants thought ageing well was about maintaining mental health and wellbeing, watching out for your neighbours and being content. Views on Swindon varied significantly, although a majority of people had good things to say about Swindon in general as a place to live. This ranged from good places to visit such as green spaces for walks, cycling, and shops, to Swindon being well connected. More recently, the Swindon Residents Survey (Nov 2021- Jan 2022), aimed at gaining an understanding of the physical, mental and material wellbeing of the population and the changes in their health and wellbeing that have taken place since the Covid-19 pandemic started. The survey found that 66% of participants over the age of 65 reported a worsening in the time spent socialising, 44% reported worsening of their mental health and wellbeing, 48% reported feeling more anxious, but the majority either reported an improvement or no changes with respect to their physical health, sleep, loneliness, diet, finances, household relationships, time spent socialising online, the ability to use online social media and the use of public places.

How Swindon is addressing any challenges

A national challenge that also applies to Swindon is promoting activity as people get older. The Get Swindon Active partnership is looking at ways of addressing this and has a specific task group for older people. We are also looking at what would be involved in developing Swindon as an age-friendly community through liaison with the Centre for Ageing Better as this would benefit people of all ages.

The Council's Swindon Communities Together Programme will benefit older people and our LiveWell team are re-establishing many of the befriending programmes locally to address some of the loneliness and isolation issues for older people, which have been exacerbated by the Covid-19 pandemic, working with the community and voluntary sector.

References

[1] <https://www.who.int/news/item/14-12-2020-decade-of-healthy-ageing-a-new-un-wide-initiative>

[2] <https://ageing-better.org.uk/state-of-ageing>

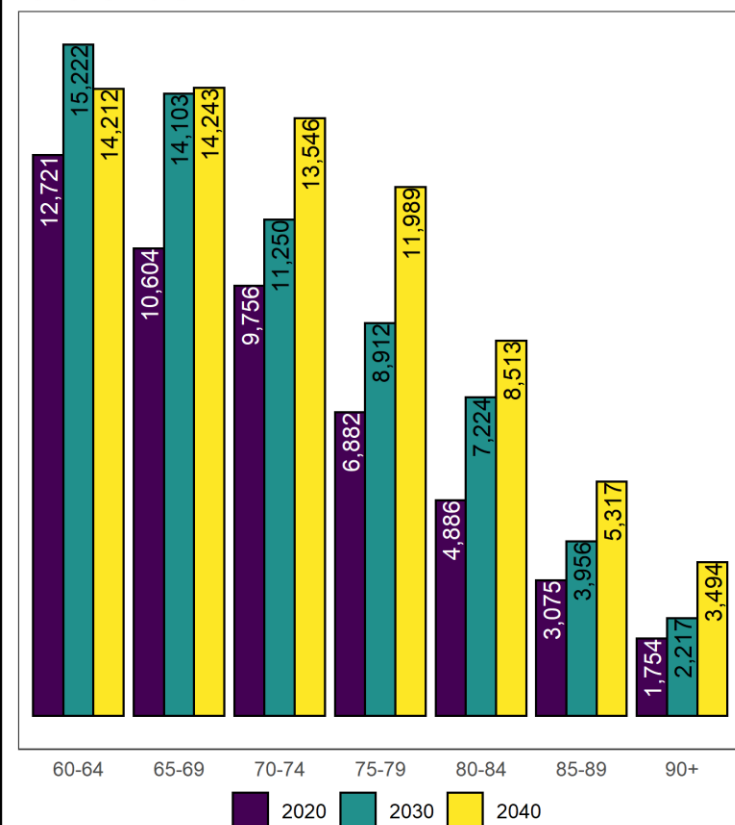
[3] <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>

[4] <https://ageing-better.org.uk/sites/default/files/2022-04/Ageing-inequality-and-ethnicity.pdf>

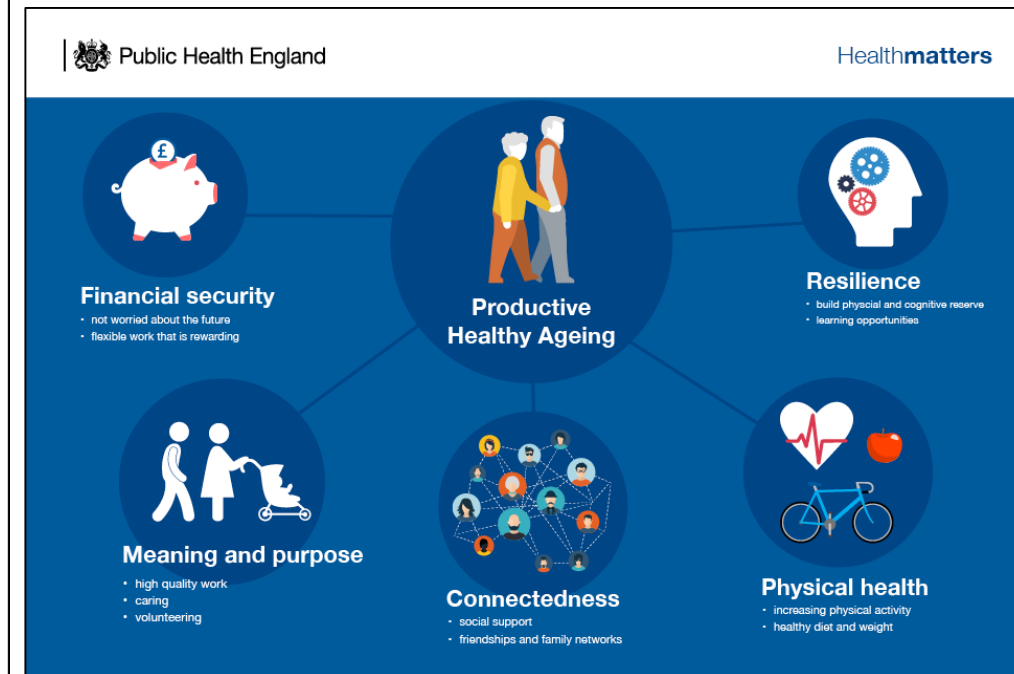
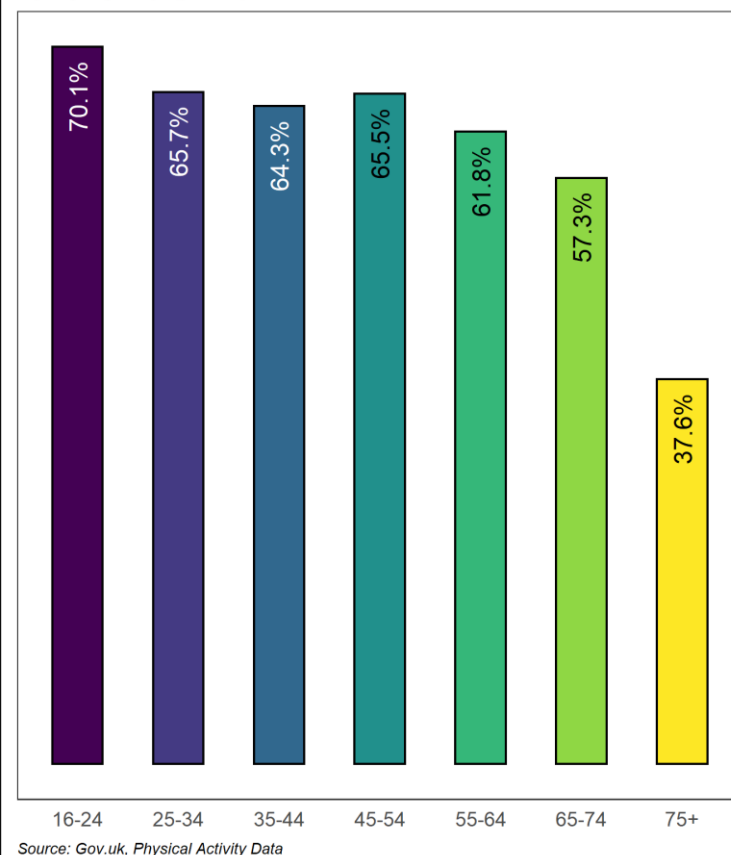
[5] https://www.swindonjsna.co.uk/Files/Files/Ageing_Well_V6_Final_.pdf

[6] <https://ageing-better.org.uk/sites/default/files/2018-06/physical-activity-infographics.pdf>

Projected numbers of older people in Swindon
By age group (years)



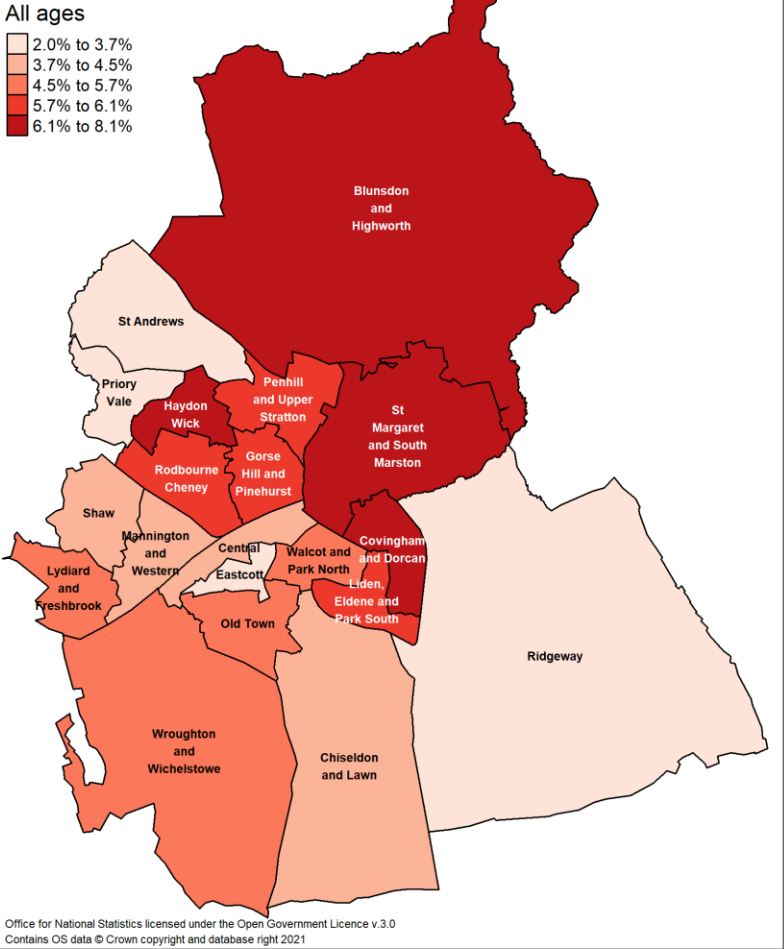
Proportion of people physically active in England
By age group (years) for 2019/20



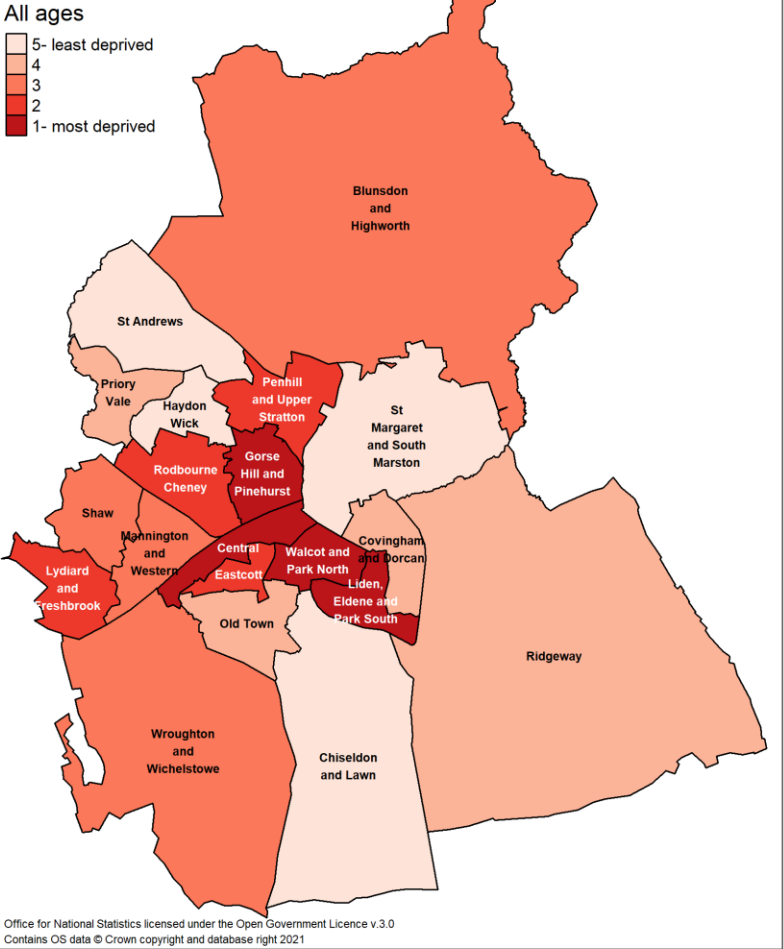
Key facts

- As of 2020, Swindon was home to an estimated 36,958 older residents aged 65 and over (16.4% of total population). By 2040, this number is expected to rise by 55% to around 57,102 residents in 2040 (23.2% of total population).
- The numbers of older people likely to live alone are projected to increase significantly between 2020 and 2040. For those aged 65 to 74, a 35% increase is forecast while a 74% increase is forecast for the over 75, with males most impacted in both age groups.
- As people get older they are less likely to be physically active, which can increase the risk of poor health. Older people can be more at risk of needing care whether at home or residentially but are also more likely to be a carer themselves. Between 2020 and 2040, it is projected that there will be a 50% increase in the number of people aged 65 and over who will be providing unpaid care to a partner, family member or other person.

60+ years mid-2020 population estimates for Swindon's wards



Income Deprivation Affecting Older People Index (IDAOPI) in Swindon's wards



Ward	Mid 2020 population estimates		
	All ages	60 years and over	Population percentage (60 years and over)
Wroughton and Wichelstowe	7,991	2,767	34.6%
Covingham and Dorcan	10,261	3,348	32.6%
Ridgeway	3,280	1,004	30.6%
Chiseldon and Lawn	7,587	2,222	29.3%
St Margaret and South Marston	11,201	3,279	29.3%
Blunsdon and Highworth	14,204	4,022	28.3%
Haydon Wick	11,865	3,221	27.1%
Liden, Eldene and Park South	11,187	2,886	25.8%
Penhill and Upper Stratton	11,854	3,006	25.4%
Lydiard and Freshbrook	10,489	2,569	24.5%
Rodbourne Cheney	11,983	2,875	24.0%
Gorse Hill and Pinehurst	13,284	2,873	21.6%
Old Town	10,780	2,224	20.6%
Shaw	10,340	2,118	20.5%
Walcot and Park North	13,550	2,755	20.3%
Mannington and Western	10,904	1,890	17.3%
Eastcott	12,660	1,718	13.6%
Central	14,649	1,954	13.3%
St Andrews	12,478	1,520	12.2%
Priory Vale	12,334	1,359	11.0%
Total	222,881	49,610	

Key facts

- Approximately 1 in 3 adults aged 60 years or over live in 5 neighbouring Swindon wards: Blunsdon and Highworth, Covingham and Dorcan, St Margaret and South Marston, Haydon Wick and Penhill and Upper Stratton (top left figure), with the latter ward being at the bottom 40% in terms of deprivation affecting older people (middle figure). Covingham and Dorcan, Wroughton and Wichelstowe and Ridgeway are the three wards where the over 60s population is more than 30% (table above).
- Inequality affects older people significantly. On average, 17% of people over 60 in Swindon experience income deprivation, which is a measure relating to the IMD. Income deprivation is highest in wards in the central area of Swindon (top right figure).
- Further information linked to ageing well can be found in the [life expectancy](#), [communicable disease](#), [mental health and wellbeing](#), [dementia](#) and [falls and bone health](#) JSNA summaries.

Dementia

Background

Dementia is a long term condition associated with an ongoing decline of brain functioning resulting in symptoms such as memory loss, changes in mood and behaviour, problems with communication, reasoning and the ability to carry out daily activities. There are many different types of dementia with the most common being Alzheimer's disease and vascular dementia.

Many factors can contribute to the risk of dementia. It affects people differently depending on the type of dementia, stage of illness and individual. It is one of the top ten leading causes of death in the UK and contributes significantly to social care needs with 70% of care home residents and 60% of homecare recipients living with dementia^[1]. Timely diagnosis, good community clinical support, reducing avoidable hospital and care home admissions, and appropriate safeguarding are all important to good quality care.

Importance- Implications

Dementia is thought to affect 1 in 14 people over the age of 65 and 1 in 6 over the age of 80. The risk of developing dementia increases with age although there are at least 40,000 people under the age of 65 in the UK living with the condition. It is estimated 62% are females which may relate to women tending to live longer than men on average, and up to four times greater prevalence of dementia in Black and South Asian ethnic groups, possibly linked to a greater risk of cardiovascular disease, hypertension and diabetes in these communities. The prevalence of dementia is four times greater among people with a learning disability and dementia is much more common in people with Down's syndrome with onset often starting earlier. Smoking is also a risk factor for dementia, with research suggesting it can double the risk. Smoking rates tend to be higher in areas of greater deprivation and amongst routine and manual workers^[2].

Local Picture

Currently around 2,400 people are thought to be living with dementia in Swindon and as a higher number of older people is projected in the future, this is likely to increase. Swindon has been recognised by the Alzheimer's Society as a Dementia Friendly Community. Supporting people living with dementia needs a multi-agency approach and locally we have a Dementia Steering group of professionals, a strategy group at the hospital and a very active Dementia Action Alliance (DAA) bringing together community organisations. Locally diagnosis is currently made at the Victoria Centre run by the Avon and Wiltshire Mental Health Partnership and support offered by a range of organisations including Admiral nurses at Great Western Hospital, the Alzheimer's Society, Swindon Carers, local memory cafes and special events such as dances, sporting reminiscence and a Memory Cinema. A bi-monthly WOW (What's on Where) guide is produced listing activities people can attend.

Insights from local people

Swindon has an Emerald group of people living with dementia who gives feedback on services, share their experience and suggest what activities they would like to see. Local people also give feedback on their experience of what is available in the community. To quote some: "Having activities we can attend gives structure to our week. We know we can attend these and everyone understands us and the challenges we are facing."; "The ladies (we brought from care home) enjoyed every aspect of the tea dance and didn't stop smiling all the way through it!"; "It's great to bring Mum to the Memory Café each month, we love spending time together sharing stories and talking to others".

How Swindon is addressing any challenges

Swindon has a dedicated dementia strategy which is being updated this year^[3]. Local challenges include a long wait to get a diagnosis and encouraging people to seek advice early if they have symptoms or are concerned about their memory. Work is under way to address these and learn from what is working well in other areas. Support for people in crisis, in advanced stages of dementia or with more unusual types of dementia has also been identified as areas for further support and focus. At community level, there is a strong focus on ensuring there is a range of activities that appeal to different people living with dementia to ensure that life continues to be as purposeful and active as possible. As well as recognising the known benefits of music, dance and exercise, local people with dementia also contribute ideas and suggestions to what they would like to see and participate in, and the DAA also looks at support available for carers.

References

[1] [Health Select Committee \(2021\). Written evidence submitted by Alzheimer's Society \[ASC 065\]. House of Parliament Committees](#)

[2] [UK Health Security Agency \(2016\). Health Matters: Health inequalities and dementia.](#)

[3] [Swindon Borough Council \(2014\). Swindon's Dementia Strategy 2014-2019](#)

[4] [NHS Digital \(2022\). Recorded Dementia Diagnoses, April 2022](#)

[5] [Wittenberg et al \(2019\). Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040. Care Policy and Evaluation Centre Working Paper 5](#)

[6] [Projecting Older People Population Information System \(POPPI\)](#)

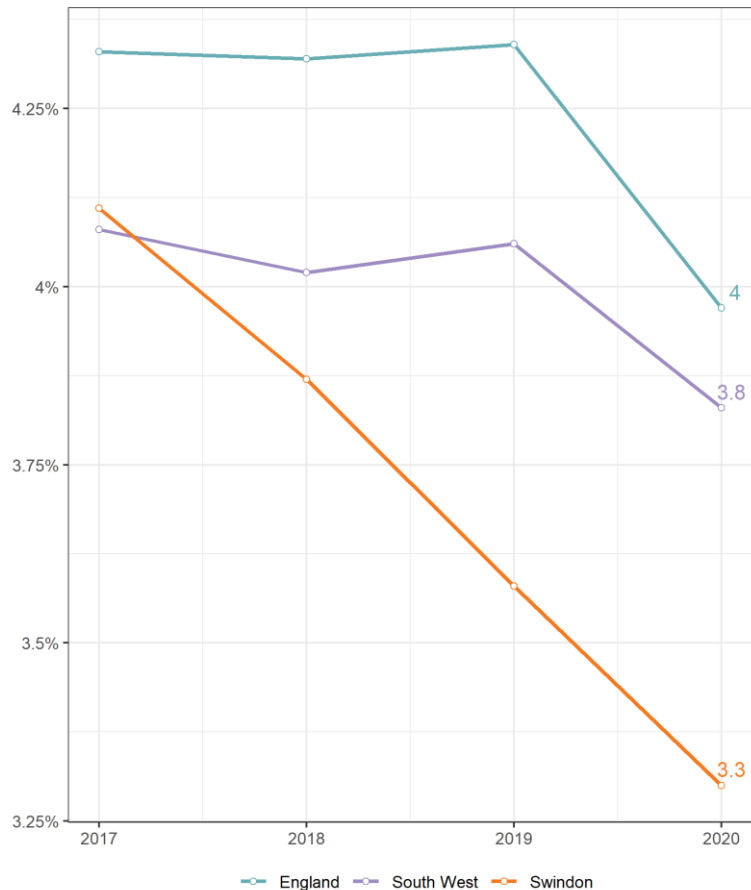
[7] [Dementia Friends](#)

[8] [OHID Fingertips: Dementia Profile](#)

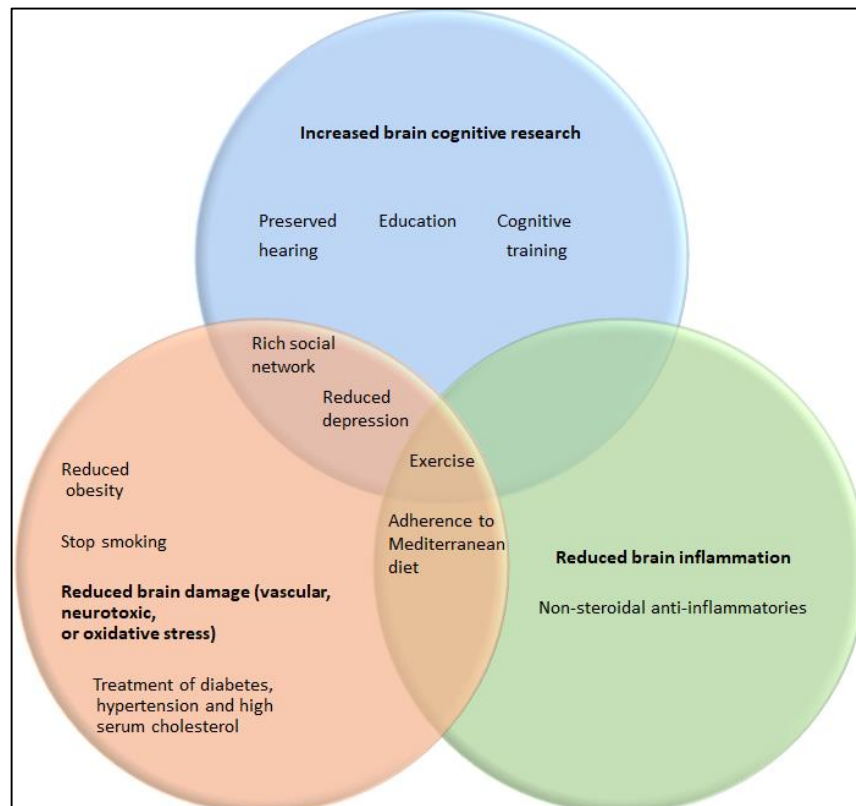
[9] [Alzheimer's Research UK: Dementia Statistics Hub](#)

Dementia: Recorded prevalence

Ages: 65 years and over)

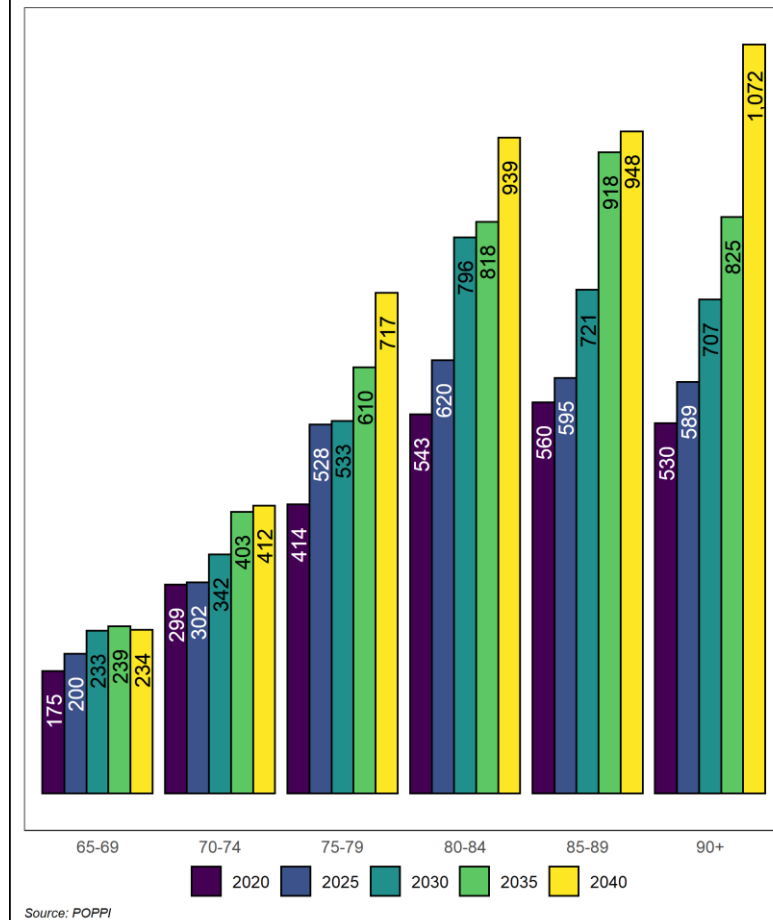


Dementia risk reduction strategies and potential underlying brain mechanisms



Number of people in Swindon predicted to have dementia

By age group (years)

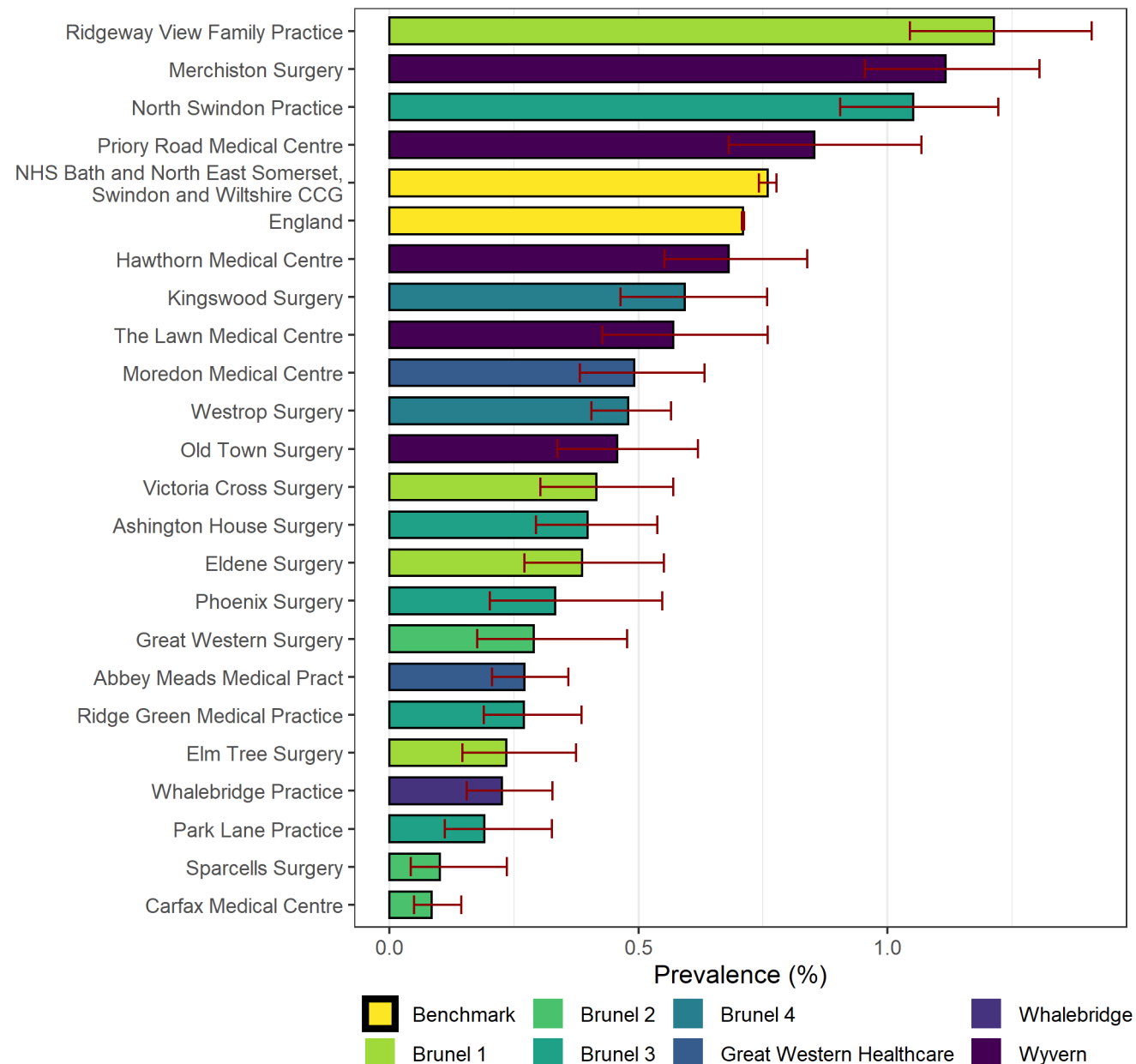


Key facts

- It is [estimated](#) that as of April 2022^[4], 2,372 people over the age of 65 in Swindon live with dementia, with a further 50-100 people under 65. These numbers are likely to increase over the next two decades due to Swindon's population including more older people. The [Dementia UK Update 2019 Report](#)^[5] predicts that by 2030, Swindon will have 3,910 people aged 65+ living with dementia. [POPPI](#)^[6] places these estimates at 3,332 for 2030, with about 42% of these in the over 85 years old. As age is the biggest risk factor for dementia, increasing life expectancy is the driving force behind this projected rise.
- Recorded prevalence of dementia for the over 65 year olds over the last four years has been at lower levels in Swindon than in the South West and England (top left figure). Although the rate has fallen over the recent period, in Swindon, 1,226 people aged 65+ were actually recorded as living with dementia in 2020; the diagnosis rate in this age group is currently (as at 2022) estimated at 52.2%. This is significantly lower than the national target of 67% and the national average of 61.8%
- As of April 2022, there were 10,675 people signed up to be a Dementia Friend^[7] in the Swindon area.
- In 2019/2020, before the Covid-19 pandemic, 66% of patients diagnosed with dementia had a face-to-face review of their care plan in the preceding 12 months, which was the second lowest proportion in the South West, and significantly lower than that of Swindon's statistical neighbours and England. However, a [series of indicators](#)^[8] focused around supporting dementia patients generally indicate that Swindon's residents are receiving a good level of care compared to England, the South West and its statistical neighbours.
- In 2019, [3.2%](#) of total deaths in Swindon were attributed to Alzheimer's disease and other dementias.

Dementia: QOF prevalence for all ages

By GP practice and Primary Care Network (2020/21)



Key facts

- According to a series of studies and organisations, including [Alzheimers Research UK](#)^[9], women are more likely than men to develop dementia over the course of their life with increased female life expectancy being one of them.
- In Swindon, three GP practices, namely Ridgeway View Family Practice, Merchiston Surgery and North Swindon practice, part of three different Primary Care Networks, have statistically significant higher dementia prevalence compared to the NHS BSW CCG and England (left figure).

Falls and bone health

Background

A fall is defined as an unintentional loss of balance resulting in coming to rest on the ground, the floor or other lower level^[1]. Age is recognised as one of the key risk factors for falls, with around a third of people aged 65 and over and around half of people aged 80 and over falling at least once a year^[2]. Of these, 500,000 result in fragility fractures and emergency admissions to hospital due to falls is estimated to cost the NHS £2.3 billion per year and Social Care £1.1 billion^[3]. Osteoporosis is a condition that causes bones to weaken and become more fragile, and therefore puts those living with it more at risk of fragility fractures (fractures that result from something that would not normally cause a fracture). It is estimated that 3 million people have osteoporosis in the UK^[3].

Importance- Implications

People fall for many different reasons but the main risk factors are: age, comorbidities, medication (including anti-depressants and heart medication) and balance issues. Lower levels of physical activity and muscle weakness are also big factors^[3,4]. Falls can lead to reduced self-confidence, loss of independence, depression, fear of falling, task avoidance and reduced quality of life^[5,6]. Hip fracture is a major cause of mobility loss after a fall, and is estimated to cost the NHS £634.3 million a year in England. Hip fractures are a major public health concern due to the ageing population^[7] and also highlight inequalities with hospital costs in a single year following hip fracture for those living in the most deprived areas is £1,220 more than those in the least deprived areas^[7].

Building balance and strength and remaining active throughout life and particularly as people get older is central to reducing the risk of falls. Activity levels decrease with age: 66% of people are active at ages 16-34 but only 38% are active at age 75 and over^[8]. Those in routine/semi-routine jobs and those who are long-term unemployed or have never worked are the least likely to be active (52%) compared to those who are in managerial, administrative and professional occupations (71%). Falls are a significant factor in people needing long term social care.

Local Picture

On average around 350 patients are admitted each month to GWH NHS Foundation Trust with a fall as the primary diagnosis code. Rates for emergency admission due to falls in Swindon are significantly lower than in England and the South West. Rates of hip fracture in the over 65s are more variable than in other areas, but decreased to a level similar to England and the South West in 2020/21. However applying national estimates to the local population suggests 10,000 people are likely to fall each year in Swindon and 4,000 will fall more than once. This puts pressure on local ambulance services and also Homeline which provides an emergency response service at home. Over 15,000 steady steps booklets have been produced and distributed across Swindon which promotes steps to reduce the risk of falling and keeping healthy. Falls are predicted to increase over the next couple of decades. This is likely linked to an ageing population, decreasing levels of physical activity, increasing sedentary lifestyles and poorer health resulting in multiple comorbidities, all of which are risk factors for falls.

How Swindon is addressing any challenges

A new Swindon Falls and Bone Health Strategy will be launched in 2022 outlining an approach to falls reduction which works across different organisations and puts prevention at its heart. As well as promoting strength and balance programmes, working together with care homes, the voluntary sector, and health and social care partners is key. Our multi-agency Falls and Bone Health Collaborative brings a wide range of organisations together to look at how we can reduce the risk of falling but also ensure when people do fall they can access timely and appropriate services.

References

[1] [World Health Organization \(2021\). Falls](#)

[2] [Office for Health Improvement and Disparities \(2022\). Falls: applying All Our Health](#)

[3] [National Institute for Health and Care Excellence \(2018\). NICE Impact falls and fragility fractures](#)

[4] [Ham et al \(2014\). Medication-related fall incidents in an older, ambulant population: the B-PROOF study. *Drugs Aging*, 31\(12\), pp.917-27](#)

[5] [Alsubheen et al \(2022\). Age and Sex Differences in Balance Outcomes among Individuals with Chronic Obstructive Pulmonary Disease \(COPD\) at Risk of Falls. *COPD: Journal of Chronic Obstructive Pulmonary Disease*, 19\(1\), pp.166-173](#)

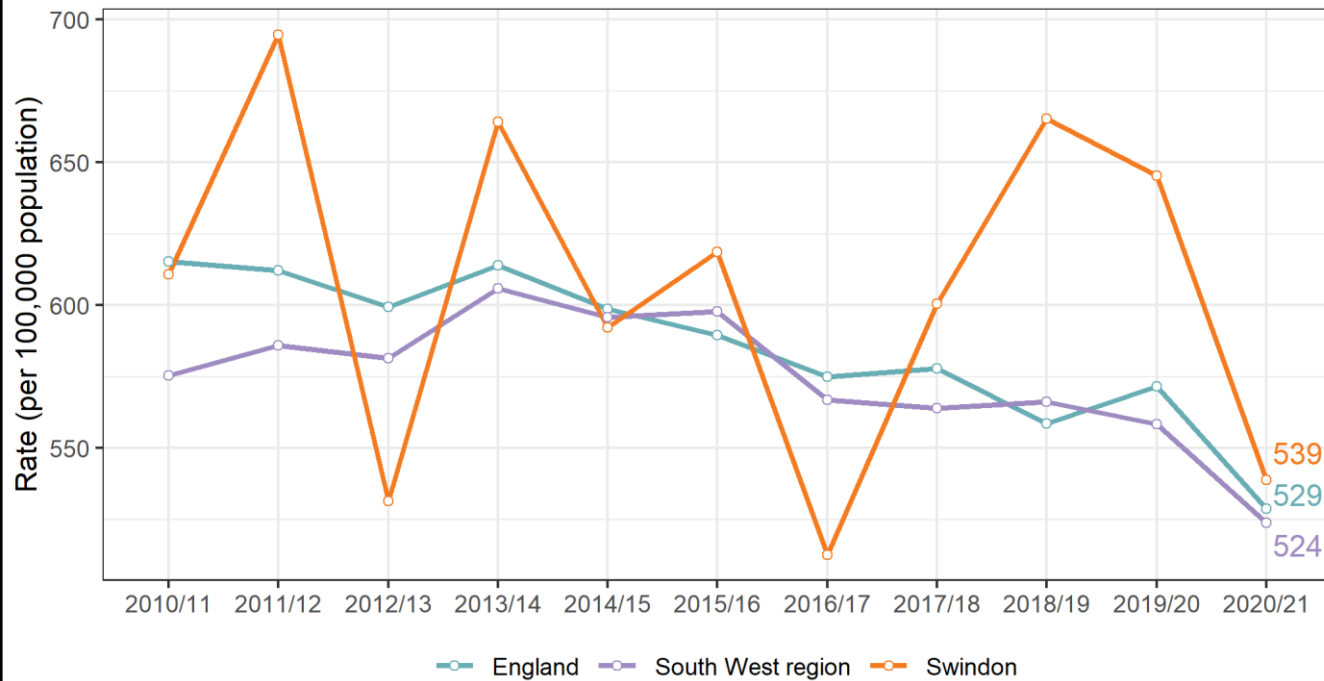
[6] [National Institute for Health and Care Excellence : Clinical Knowledge Summaries \(2019\). Falls Risk Assessment](#)

[7] [Glynn et al \(2020\). How does deprivation influence secondary care costs after hip fracture?. *Osteoporosis International*, 31, pp. 1573–1585](#)

[8] [Sport England \(2021\). Active Lives Adult Survey May 2020/21 Report](#)

Hip fractures

Ages: 65+ years



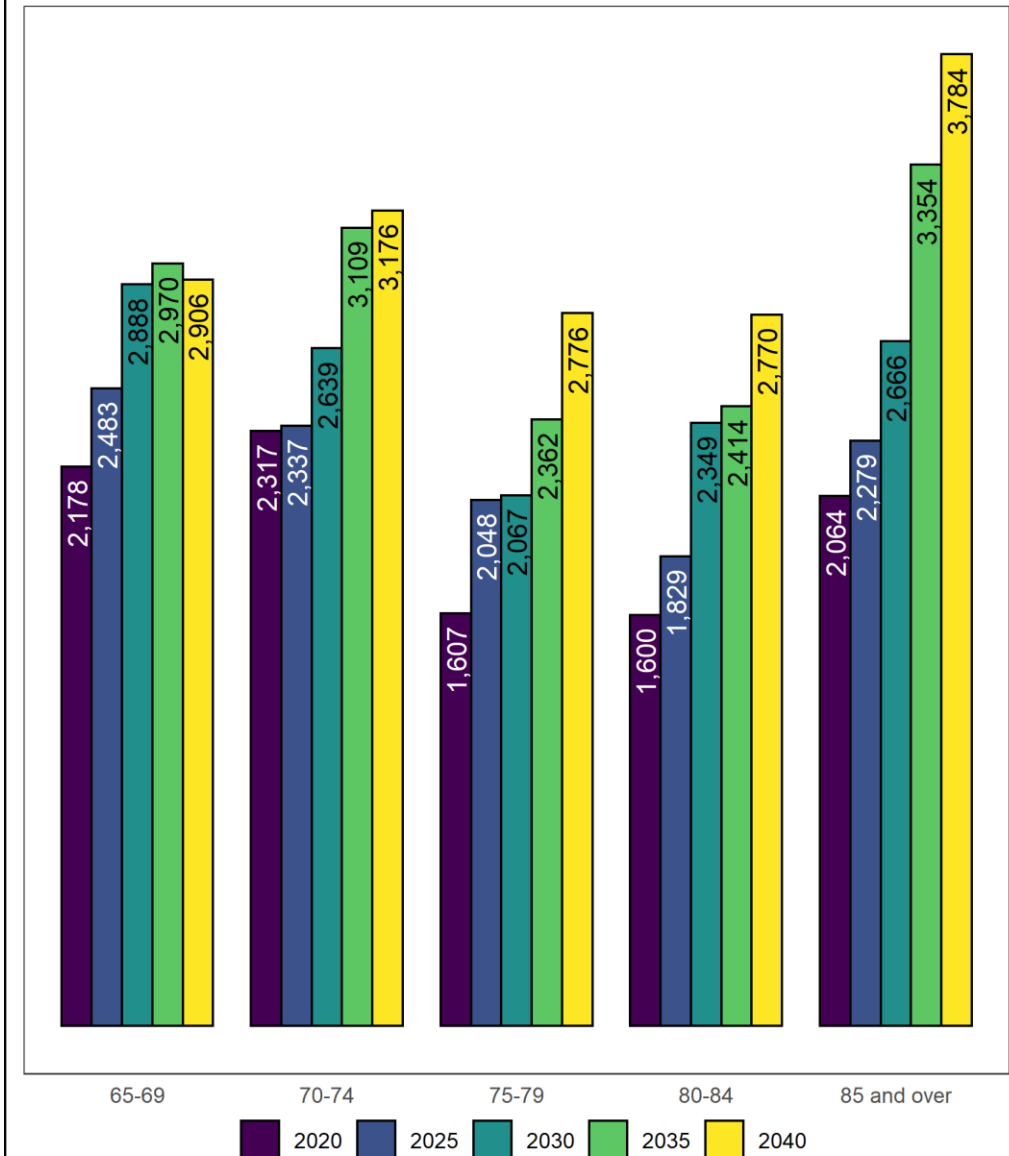
Source: OHID, fingertips

Key facts

- In Swindon, in 2020/21, there were 1,767 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 (2,023) and the South West (1,947). For the 80 plus age group, the rate was 4,630 per 100,000 and significantly lower than England (5,174).
- Over the next 18 years, fall rates in all age groups are projected to increase, particularly in the 85 years olds and over. The chart shows that for those aged 85 and over an additional 1,720 people are projected to have a fall.
- Hip fractures in the over 65s in England and the South West have been relatively steady over the last 10 years. Rates (per 100,000 population) in Swindon were significantly higher in 2018/19 and in 2019/20 at 665.2 than in England (558.5) and the South West (566.3). However, in 2020/21, the rate for Swindon decreased to 539, a similar level to England (529) and the South West (524).

Number of people in Swindon predicted to have a fall

By age group (years)



Source: POPPI

Conclusions

- The JSNA 2022 has provided an overview of the evidence and intelligence relating to the health and wellbeing of the residents of Swindon now and for the future. This document has summarised available data and aspires to dig deeper into topics of interest as intelligence around specific topics increases.
- The town is growing with the population likely to increase across the next 20 years and with that we will see an increasing older population which will bring with it health and wellbeing challenges. We know that to thrive in Swindon we need to start well in terms of maternity and early years, to live well as young adults, and to age well as we get older.
- The JSNA has highlighted key health and wellbeing challenges across the life course, which set the priorities for public health action going forward in a bid to help the residents of Swindon to live longer, happier and healthier lives.
- Please regularly visit the JSNA website (<https://www.swindonjsna.co.uk/>) for updates on the JSNA and to explore our other health related intelligence reports.

List of Abbreviations

Abbreviation	Meaning
ACE(s)	Adverse Childhood Experience(s)
AF	Atrial Fibrillation
APPGAHW	All-Party Parliamentary Group on Arts, Health and Wellbeing
APS	Annual Population Survey
AQMA	Air Quality Management Area
AQAP	Air Quality Action Plan
BFI	Baby Friendly Initiative
BMI	Body Mass Index
BSW	Bath and North East Somerset, Swindon and Wiltshire
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCP	Continuity of Care Plan
CHD	Coronary Heart Disease
CIPFA	Chartered Institute of Public Finance and Accountancy
CKD	Chronic Kidney Disease
CMD	Common Mental Disorder
COPD	Chronic Obstructive Pulmonary Disease
CSP	Community Safety Partnership
CYPMHS	Children and Young People's Mental Health Services
DAA	Dementia Action Alliance
DALYs	Disability-adjusted life years
DHSC	Department for Health and Social Care
DSR	Directly standardised rate
EHCP	Education, Health and Care Plan
EPC	Energy Performance Certificate
EU	European Union
GA	Gamblers Anonymous
GBD	Global Burden of Disease
GP	General Practice or General Practitioner
GWH	Great Western Hospital
HD	Hoarding Disorder
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HWB	Health and Wellbeing Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation

Abbreviation	Meaning
IOT	Institute of Technology
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Children
LARC	Long Acting Reversible Contraception
LBGTQ+	Lesbian, gay, bisexual, transgender, queer/questioning and “plus”, which represents other sexual identities including pansexual, asexual and omniseual, signifying a desire to be inclusive
LD	Learning Disability
LDPB	Learning Disability Partnership Board
LE	Life Expectancy
LGA	Local Government Association
LILEE	Low Income Low Energy Efficiency
LMNS	Local Maternity and Neonatal System
LSOA	Lower-layer Super Output Area
LTC	Long-term condition
MH	Mental Health
MMR	Measles, mumps and rubella
MSDS	Maternity Services Data Set
MSOA	Middle-layer Super Output Area
NCD	Non-communicable disease
NCMP	National Child Measurement Programme
NDH	Non-diabetic hyperglycaemia
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
NO ₂	Nitrogen Dioxide
NVQ	National Vocational Qualifications
OCD	Obsessive Compulsive Disorder
OCU	Opiate and Crack User
OFSTED	Office for Standards in Education, Children's Services and Skills
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PCSP	Personalised Care Support Plan

Abbreviation	Meaning
PCV	Pneumococcal Conjugate Vaccine
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PM	Particulate matter
POPPI	Projecting Older People Population Information
PPV	Pneumococcal Polysaccharide Vaccine
R&D	Research and Development
SBC	Swindon Borough Council
SCBU	Special Care Baby Unit
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SENDi	Special Educational Needs, Disabilities & Inclusion
SIDS	Sudden Infant Death Syndrome
SIF	Schools Inclusion Forum
SIR	Standardised Incidence Ratio
SSP	Swindon Safeguarding Partnership
STEM	Science, Technology, Engineering and Maths
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
SWLEP	Swindon and Wiltshire Local Enterprise Partnership
TB	Tuberculosis
TFR	Total Fertility Rate
UA	Unitary Authority
UK	United Kingdom
UKHSA	UK Health Security Agency
UNICEF	United Nations Children's Fund
UTLA	Upper Tier Local Authority
WHO	World Health Organisation
WOW	What's on Where
YLDs	Years lived with a disability
YLLs	Years of life lost