DRAFT

Narrowing the gap – more people spending more years in good health A Health and Wellbeing Strategy for Swindon: 2023 - 2033









Why have a Health and Wellbeing Strategy?

Swindon has a Health and Wellbeing Board which is a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The 2012 Health and Social Care Act set out specific duties for the Board to:

- Produce a Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment
- Develop a Joint Local Health and Wellbeing Strategy
- Encourage and enable integrated working between health and social care

This strategy builds on <u>Swindon's Joint Strategic Needs Assessment</u> as well as bringing together additional information from a range of sources including:

- An evaluation of the previous strategy which covered 2017-2022 and had 5 key priorities covering a healthy start in life, ageing well, inequalities, mental health and building sustainable environments
- Data from the 2021 Census
- A review of life expectancy data for Swindon
- Community insight and engagement
- Work with stakeholders from different and diverse groups (e.g. ethnic, religious) in Swindon
- Insight from young people via a schools survey
- Insight from other health and care organisations.

It also reflects the many strategies in Swindon that outline our different topics and priorities, and provides a way of linking these under a single vision. It has been developed alongside the new Integrated Care Strategy (the 'system level' strategy) for Bath and North East Somerset, Swindon and Wiltshire (BSW) and the first five-year Joint Forward Plan for the Integrated Care Board which will deliver it. The two strategies are complementary and differentiate the activity that will be taking place at 'system' (i.e. BSW) and 'place' (i.e. Swindon) levels.

This is Swindon

Nearly 223,000 people live in Swindon, projected to increase by about 5% between 2020 and 2030. The 2021 Census shows the number of people aged 50-64 has increased by 26% since 2011 with nearly 1 in 5 people in this age group.

Between now and 2040 there will be an increase in the number who are 60+ with a projected additional 4000 residents over the age of 85 by 2040.

2,528 births were recorded in Swindon in 2020 with 1 in 3 born to non-UK born mothers

Around 86% 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.

Swindon is a large and diverse town which reflects a heritage of railways, expansion and economic growth. Health in Swindon tends to be reflective of the England average although this hides variation between both geographical areas and between different groups. Life expectancy is similar to England and to other statistical neighbours but healthy life expectancy is worse. In Swindon females are likely to spend 21.4 years and males 18.4 years of their life in poor health. This is driven by many things, both in terms of lifestyle (e.g. smoking, being active), long term conditions (e.g. 10,000 people in Swindon are registered with diabetes) and also the availability of other things that contribute to a happy and healthy life such as a education, a warm home, and a good job. Alongside this, and emphasised by the Covid pandemic, is the importance of good mental health: people having a purpose in life, social network and access to green space and nature as well as timely and appropriate support when life gets tough.

Swindon has 7,485 businesses supporting 123,000 jobs. There are currently over 100 pubs, 13 libraries, 9 parks, and 7 outdoor gyms.

Swindon overall is ranked as the 98th most deprived area out of 151 Upper Tier Local Authorities (UTLAs) in England but some smaller areas are in the 10% most deprived in the country.

One in three children aged 10-11 and one in four children aged 4-5 in Swindon are overweight or obese.

The hospital admissions rate for mental health conditions in 0-17 years old has been increasing since 2013/14. Swindon has a higher than England for both admissions for mental health and also for self harm.

Hypertension (14.2% for all ages), depression (11.9% for 18+years), diabetes (7.9% for 17+ years), asthma (6.9% for 6+ years) and obesity (8.7% for 18+years) were the most prevalent long term conditions in Swindon for 2020/21

Listening to what people say: What does good health look like?



Bigram based on qualitative work undertaken by Swindon Livewell Community Researchers and Navigators.

Principles, Aim and Priorities

Our Principles inform how the priorities have been chosen but also the overarching approach to improving health and wellbeing in Swindon over the lifetime of the strategy. Our priorities are chosen on the basis that if we get these right we will improve health across the lifecourse and for many years to come.

Being Focused

We want to focus on fewer priorities that maximise impact and efficiently use the finite resources available across the community.

Addressing Inequalities

Tackling unfair and avoidable differences in health outcomes related to where people come from, live or any barriers they face is a priority.

Starting with Prevention

There are many strategies which address specific health needs or service delivery. This strategy prioritises prevention before cure to increase the chance of living a healthy and happy life for as long as we can.

Making it Real

This strategy is about
Swindon and the people who
live, work and visit there.
Working together and
listening to what is important
locally is central to this.

Overall Aim: To increase the number of years spent in good health for people in Swindon, particularly through reducing inequalities in healthy life expectancy

Improve Mental
Health and
Wellbeing

Eat well and Move More

Stop Smoking and Reduce Alcohol

Starting Well Living Well Ageing Well

Improve Mental Health and Well-being

A good day is one with focus...

Why It Is Important

Good mental health is a driver for healthy life expectancy and how people feel about themselves, independent from any physical illness they may have. Local people highlight that mental health influences both their individual behaviour (e.g. ability to go out, socialise, eat well etc.) as well as being the health condition they feel is most important for Swindon.

An estimated 15% of people in Swindon live with a common mental disorder such as anxiety or depression. Depressive disorders were the second most common cause of healthy years lost to disability for men before the age of 70. In 2020/21, there were 10,500 people in contact with NHS secondary mental health, learning disabilities and autism services, a third of which were under 18 years.

Swindon is the 6th highest area in the country for hospital admissions as a result of self-harm in those aged 15-19 years and 20-24 years. Our local How Are You Survey in schools for 2022 shows two in five 14 to 16 year olds have self harmed, one in five don't have someone at home they can turn to for support, and one in five have sometimes or often experienced online bullying.

Regardless of age, loneliness and isolation can impact on people's resilience and how they manage both physical conditions and stresses that life throws at them.

Making Links

Reducing selfharm, with a particular focus on children and young people

Supporting strong communities to reduce loneliness and isolation

> **Encouraging** workplaces to promote mental health training

Partnership work to ensure when people need professional support it is there

Improving Mental Health and Wellbeing

> Reducing the impact and likelihood of adverse childhood experiences

Mental ill health is a problems for people in Swindon. **Everyone looks** depressed

Supporting

carers and

recognising

the

contribution

they make

Work around

bereavement as

this is a known

trigger for poor

mental health

and isolation

keeping good

Eat Well and sleep well and think well. (F 58)

> Tthink Covid has damaged a lot of people, including myself. A lot of people are trying to get back on their

> > (F62)

A good day is one Keeping busy is where I've managed important and to cope with what comes and get out of company (M 72) the house (F87)

health issues will be the most important issue (F 49)

I think mental

People don't talk when they're isolated and then they don't cope so well (F 64)

I am sometimes worried about having people to talk to, it's a lonely place where live (M 76)

feet but don't know how.

Eat Well and Move More

Why It Is Important

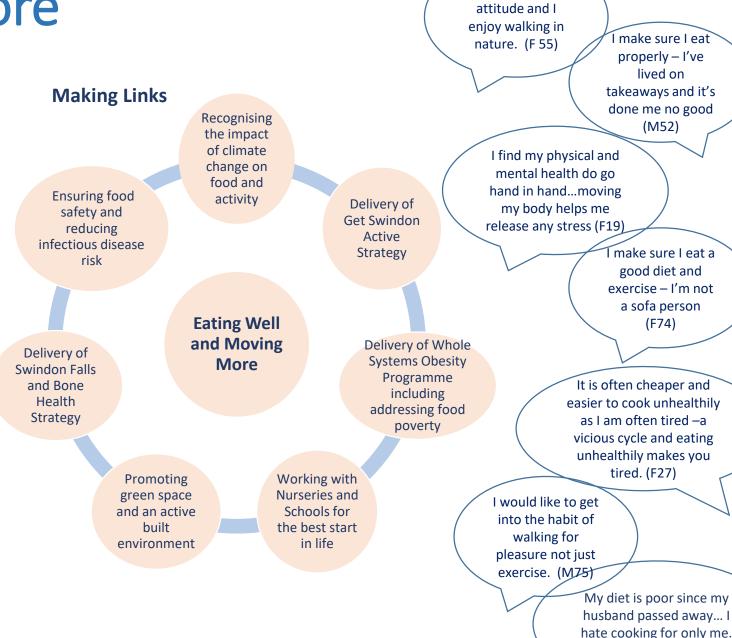
National research tells us that low healthy life expectancy (HLE) drives inequality and this often relates to what people eat and being active. For example:

- More than 1 in 8 children in the lowest HLE areas became overweight between entering primary school and starting secondary school.
- The majority of adults in the lowest HLE areas were not meeting the "five-a-day" healthy eating guideline, and
- Over a third of adults in the lowest HLE areas were physically inactive (defined as doing less than 30 minutes of physical activity of moderate intensity per week).

Locally we know that Swindon has had high levels of childhood obesity and this didn't improve during the life of the last Health and Wellbeing Strategy (2017-2022). The percentage of children who are overweight or obese at age 4 to 5 is double in some wards compared to others.

Being overweight and not being active increases the risk of diabetes, hypertension and cardiovascular disease, some cancers and cognitive decline*. For Swindon, low back pain is the main cause of healthy years lost to disability before the age of 70. Back pain can also be affected by being overweight.

Feedback from local residents highlights that exercise and nutrition are central to what good health looks like for many of them.



I have a positive

(F 74)

Stop Smoking and Reduce Alcohol

Why It Is Important

Tobacco use is the biggest driver of health inequalities: in Swindon 12.5% of the adult population smoke but this increases to one in five of people in routine or manual jobs and two in five of people living in social housing.

Smoking rates remained the same through the lifetime of the previous strategy as have mortality rates from respiratory conditions considered preventable. The under 75 mortality rate from cancers considered preventable in Swindon is worse than other parts of the South West.

We estimate over 9,000 children in Swindon live in smoking households and this can increase the risk of illness such as cot death, glue ear, and asthma.

Although e-cigarettes is now an effective stop smoking aid, we also know there is evidence of young people vaping by choice: in Swindon a 2022 survey of 14-16 year olds in schools found 16% use vapes although only 4% smoke 2 or more cigarettes a week.

Alcohol has been identified as a risk factor in over 60 medical conditions. In Swindon in 2020/21 there was a much higher rate of hospital admission linked to alcohol than the England average. Misuse of alcohol can also be linked to homelessness and domestic violence and measures of both got worse during the last strategy.

There is national evidence that the Covid pandemic influenced drinking habits: for some it has resulted in more hidden drinking and for people who were heavy drinkers that they drink more. This both increases inequalities and the complexity of people needing support or accessing treatment services.

Making Links

Supporting families who are impacted by alcohol

use

Stopping before you start – linking with schools to support early healthy choices Delivery of Tobacco Control Strategy and Substance Misuse Strategy

Stopping Smoking and Reducing Alcohol

Identifying early cancer risk linked to smoking and alcohol Trading Standards role in addressing illegal supply

Partnership work to ensure support services are available when needed A good day would be one where I don't start the day with a cigarette (M 48)

For the first three to six months I found that the craving was very intense but watching that clock, refusing offers of cigs, sucking boiled sweets, looking forward to the footie on Sky and mentally praising myself regularly ... eventually the craving dropped to an acceptable level and I realised I really was an ex-smoker. (M)

I worry that I smoke and would like to give up (M 56)

> I do smoke and I know I should try not to (F 78)

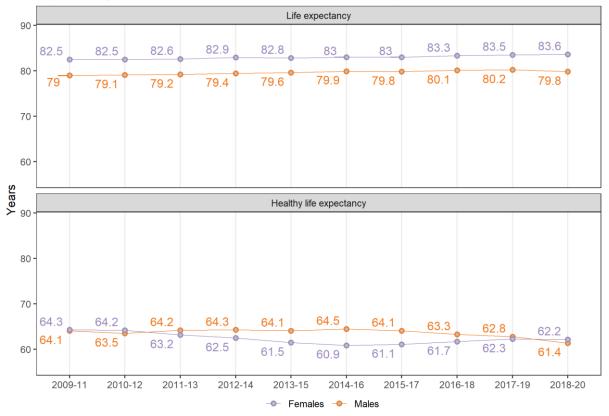
Does it work?

This strategy will be monitored by the Health and Wellbeing Board and an annual update report will be produced.

The key measure of success is improvement in healthy life expectancy: the percentage of time spent in good health and the number of years in good health. We also want to address variation between different areas and communities.

Life expectancy and Healthy life expectancy in Swindon

(3 year average- Source: OHID, Public Health Outcomes Framework)



Improving Mental Health and Wellbeing

- Quality Outcomes Framework % 18+ depression prevalence (2021/22 12.4%)
- Percentage of adults who feel lonely often or always or some of the time (2019/20 25.56%)
- Emergency admissions for intentional self harm (2020/21 735 per 100,000)
- % of school pupils with social, emotional and mental health needs (School age) (2021 3.6%)

Eating Well and Moving More

- Prevalence of overweight / obese at reception (NCMP) (2021/22 23.8%)
- Prevalence of overweight / obese at Year 6 (NCMP) (2021/22 36.9%)
- Percentage of physically active adults (2020/21 70.1%)
- Percentage of adults classified as overweight or obese'. 65.0% (2021/21)
- Percentage of physically active children and young people' (30.2%, 2020/21)

Stopping Smoking and Reducing Alcohol

- Smoking Prevalence in Adults (2020 12.5%)
- Smoking Prevalence in routine and manual workers (2020 22.9%)
- Potential years of life lost due to smoking related illness (2016-18 1296 per 100,000)
- Hospital admissions for alcohol related conditions (2020/21 1480 per 100,000)
- Potential years of life lost due to alcohol related conditions (2020 1073 per 100,000 Male, 371 per 100,000 Female)

References will be provided in Annex A

Annex A Glossary and References

| Asthma | A common lung condition that causes occasional breathing difficulties (NHS Overview, 2021) |
|-------------------------|--|
| Bigram | A unit of two words, letters, or symbols that occur together in a text (Collins Dictionary) |
| Depression | Depression is characterised by the absence of a positive affect (a loss of interest and enjoyment in ordinary things and |
| | experiences), low mood, and a range of associated emotional, cognitive, physical, and behavioural symptoms [NICE, 2022b] |
| Diabetes | Diabetes is a condition that causes a person's blood sugar level to become too high. (NHS Overview, 2023) |
| Healthy life expectancy | The average number of years that an individual 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 (Public Health England, 2017) |
| Hypertension | High blood pressure (NHS Overview, 2023) |
| Inequalities | Avoidable, unfair and systematic differences in health between different groups of people (King's Fund, 2022) |
| Life expectancy | The average number of years that an individual is expected to live based on current mortality rates (Public Health England, |
| | 2017) |
| Lifecourse | A life course approach to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access |
| | to health services, and safeguarding the human right to health throughout their life time. (Public Health England, 2019) |
| Obesity | The term obese describes a person who has excess body fat. The most widely used method to check if you're a healthy |
| | weight is body mass index (BMI). (NHS Overview, 2023) |
| Prevalence | An estimate of the number of cases of a given disease or risk factor in the population at a point in time or over a given time |
| | period. (Office for Health Improvement and Disparities) |
| Statistical neighbours | This measure uses various indicators to group local authorities with those most statistical similar to them, in order that |
| | benchmarking can be applied against those authorities most similar, rather than just those geographically nearest. (CIPFA, |
| | 2018) |

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