



Wiltshire Health and Wellbeing Joint Strategic Needs Assessment for Younger People

2017/18



Wiltshire Health and Wellbeing JSNA



Wiltshire Council
Where everybody matters

Summary

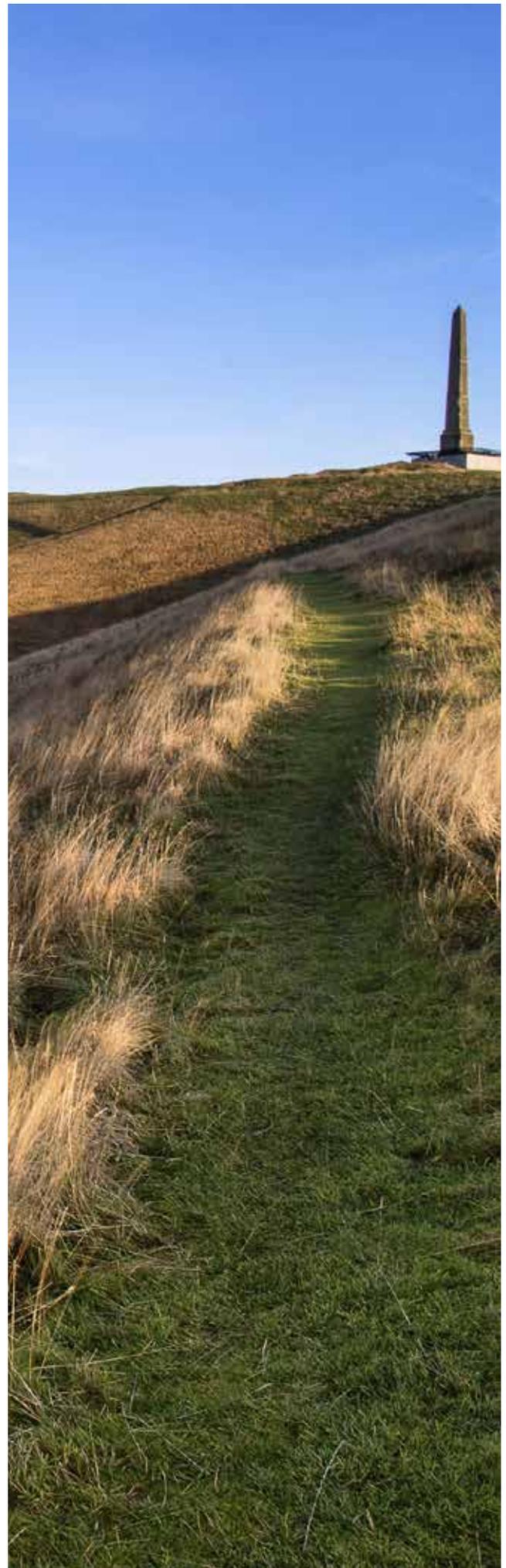
Wiltshire Council and partners have made a commitment to improve the life chances of children by addressing the underlying problems of inequalities. The approach should be not only to protect children from hazards, known to have a negative impact on health and well-being, but also to promote exposure to positive experiences which enhance assets and resilience. Children in families where mental health problems, substance misuse, learning difficulties and domestic violence are present are particularly at risk, and specific evidence-based preventative programs should be implemented to address these issues and enable children and young people to have a secure and nurturing home.

Health services should be aware of these adverse determinants of lifestyles, and tailor the delivery of services to both mitigate their adverse effects, for example the proven financial impact of a long-term condition or a disability, as well as building on positive aspects to improve outcomes. An example would be positive support for involving extended family and/or community members to support the family.

Generally children and young people in Wiltshire make a good start in life, with fewer of them suffering from the consequences of living in poverty and with real opportunities to achieve their full potential. While this is generally true, outcomes at school for those with Special Needs or other disadvantages are not as good as the national average.

Unintentional injury to children is a significant public health issue. It is a major cause of avoidable ill health, disability and death and has a disproportionately large effect on people in deprived communities. The rates of unintentional injury in children in Wiltshire are higher than the national average.

The promotion of healthy lifestyles is key to ensuring the children of today can continue to contribute to the local communities and remain healthy and economically active for as long as possible. While obesity levels in children in Wiltshire are lower than the national average they are still high by historic standards. We also need to ensure that children continue to understand the risks associated with smoking, excess alcohol consumption and substance misuse.



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Background and scope

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood including obesity, heart disease, mental health, educational achievement and economic status. The health and life outcomes experienced by adults can be defined in childhood which is why we need to ensure every child has the best possible start in life and is able to fulfil their potential.

The purpose of the JSNA is to provide the information to support the effective commissioning of services. This JSNA is not an end in itself, but a continuous process of strategic assessment and planning – in order to improve health and reduce inequalities for children and young people (CYP).

The outputs of this JSNA, in the form of evidence and the analysis of needs, should be used to help determine what actions Wiltshire Council, NHS Wiltshire CCG and other partners need to take to meet the health and social care needs of CYP living in Wiltshire and to address the wider determinants that have an impact on health and wellbeing.



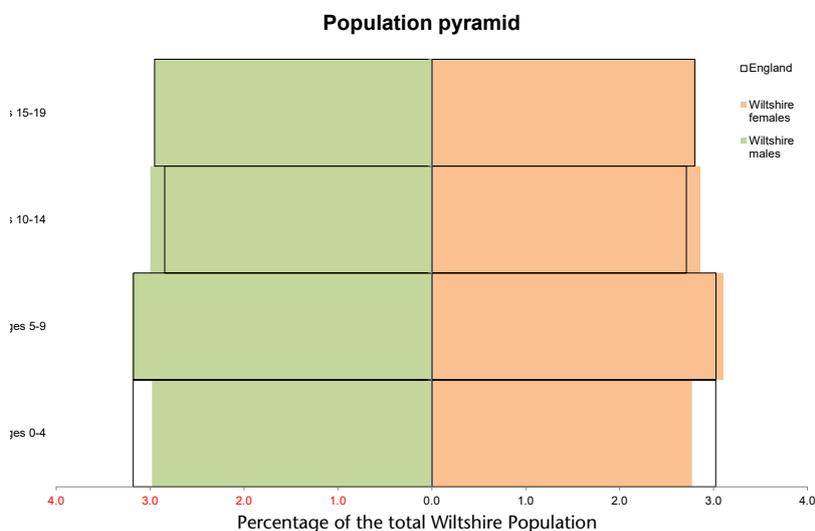
Demographics and overarching indicators

Wiltshire has 114,500 children and young people aged 0-19 according to the 2016 Office for National Statistics (ONS) mid-year estimates. This is 23.6% of the total Wiltshire population.

In Wiltshire the number of births has reduced slightly from the peak seen in 2010 of around 5,500 births to around 5,100 in more recent years. The number of births is expected to remain at this level over the next few years.

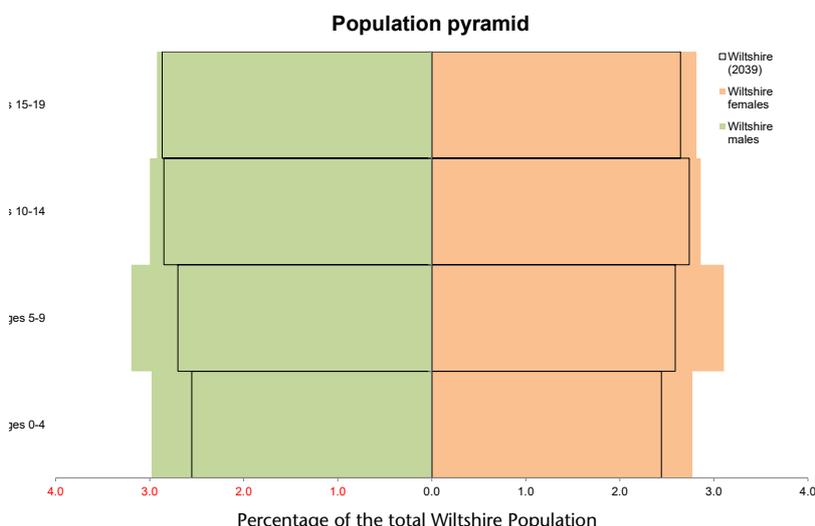
Figure 1 shows the population pyramid by 5 year age band for the Wiltshire population compared to England. Wiltshire has proportionally fewer children aged 0-4 than the England average but slightly more aged 5-14. As these are current mid-year estimates they do not take into account the expected changes in the military population, which may have an impact on them in future years.

Figure 1: Population Pyramid, Age 0-19, Wiltshire and England; Source ONS MYE 2016



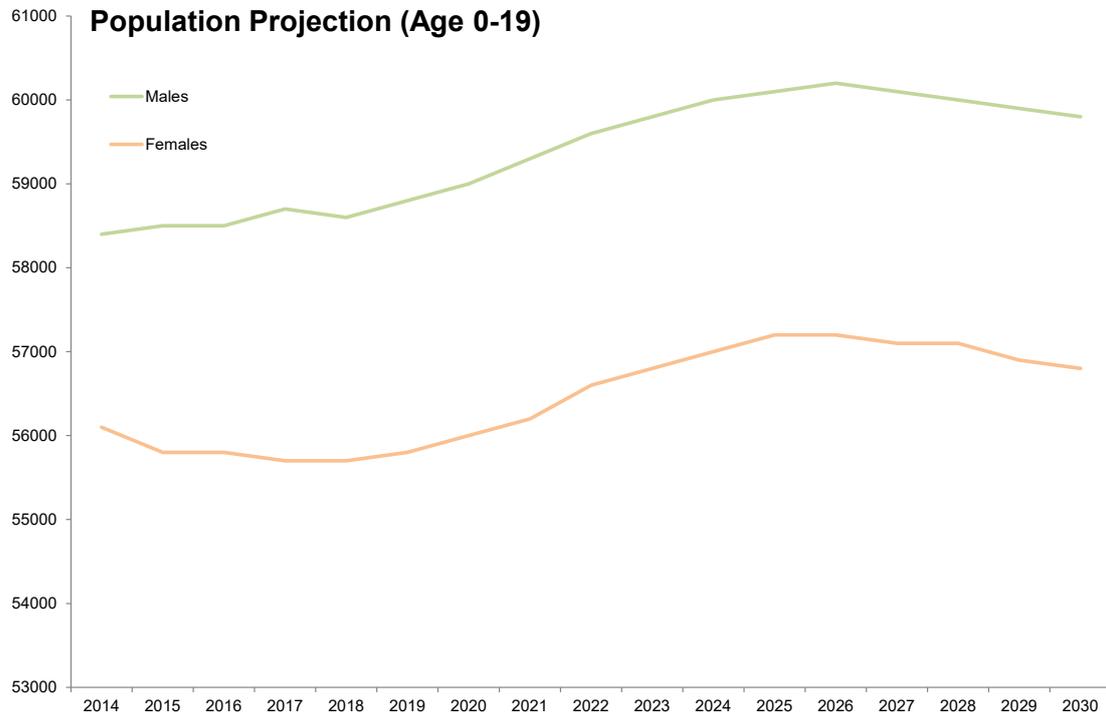
The ONS, recognising the need to understand the likely size and structure of the population in future years, also produces national projections, and sub-national (available for areas in England) projections. These projections are based on observed demographic trends and assumptions about future fertility, mortality and migration. They show how population levels and structure will change if those trends continue and assumptions are realised. Figure 2 shows the breakdown of the population aged 0-19 in Wiltshire currently and the projection for 2039, based on the ONS 2016 Sub National Population Projections (SNPP).

Figure 2: Population Pyramid for Wiltshire, Age 0-19, 2016 and 2039; Source: ONS MYE 2016 and SNPP 2014



While the numbers in this population are expected to remain broadly similar to current numbers, the proportion of the population which this represents is expected to shrink as the older population grows substantially. Figure 3 shows the projection in numbers from the latest sub-national population projections released by ONS.

Figure 3: Age 0-19 Population Projection for Wiltshire; Source: ONS SNPP 2016



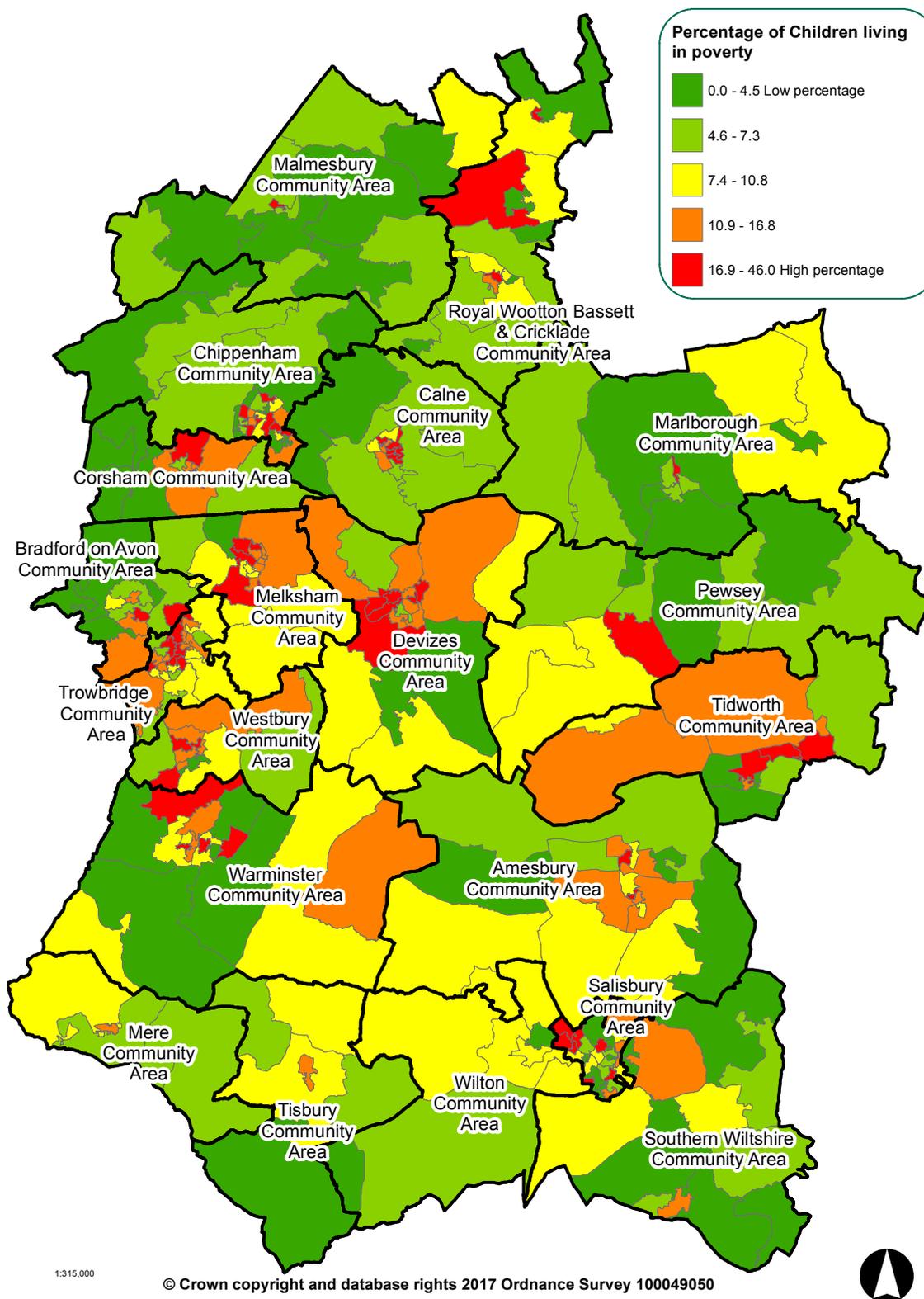
The ONS forecast that the population of children and young people (age 0-19) in Wiltshire will increase to a peak of around 117,300 in 2025 and will then fall back to around 115,500 by 2039. In 2039 the population aged 0-19 will account for 21.4% of the population, 2.2% less than in 2016. This is because the expected number of people aged 65 and over will increase substantially in the same period.



Income Deprivation Affecting Children Index (IDACI)

Child poverty is defined as children living in families where the income is less than 60% of the national median income. In Wiltshire 11.4% of children aged 0-15 are living in poverty compared to 19.9% in England¹. Figure 4 shows the percentage of children living in poverty within Wiltshire. The main areas with higher proportions of children in poverty are the towns of Wiltshire, while rural areas have relatively low levels of children in poverty.

Figure 4: Percentage of children living in poverty

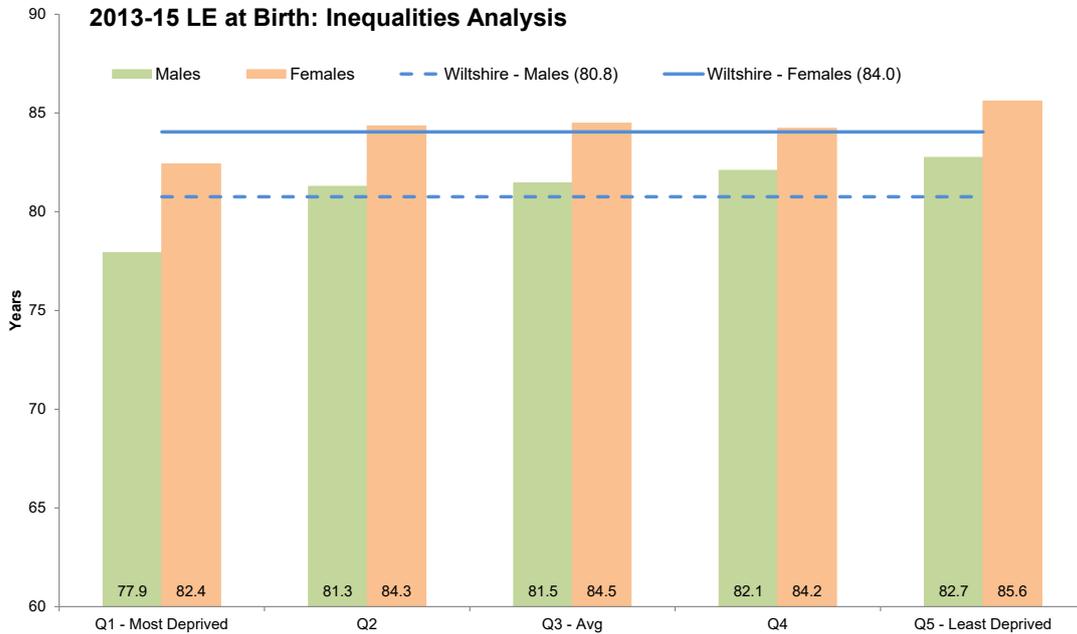


¹ www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Life expectancy

Life expectancy at birth in Wiltshire, based on the 2013-15 mortality data, is 80.8 for males and 84.0 for females. This is significantly higher than the average in England. However within Wiltshire there are differences in life expectancy at birth depending on the levels of deprivation in the area. Figure 5 shows life expectancy at birth for local quintiles of the Index of Multiple Deprivation 2015² (IMD2015) by gender.

Figure 5: Life Expectancy at Birth by IMD 2015 Local Quintiles; Source: PCMD and ONS MYE 2016

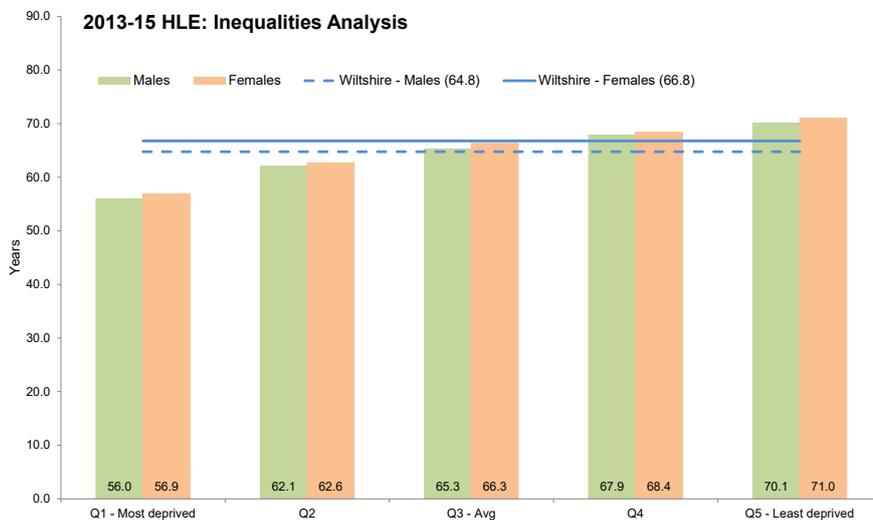


In the most deprived local quintile we see a life expectancy for both males and females which is lower than the Wiltshire average. In the least deprived local quintile the life expectancy is higher than the average, while the remaining 3 quintiles are broadly similar to the Wiltshire average.

Healthy life expectancy

Healthy life expectancy is a measure of how long you might expect to live in a state of good health. In Wiltshire, based on the 2013–15 mortality data, healthy life expectancy for males is 64.8 and for females is 66.8. Males are not significantly different to the England average while females are significantly higher than the England average. Figure 6 shows the healthy life expectancy at birth by local quintiles for IMD2015.

Figure 6: Healthy Life Expectancy at Birth by IMD 2015 Local Quintiles; Source: PCMD and ONS MYE 2016



² www.intelligencenetwork.org.uk/community/



There is a distinct gradient in outcomes for both males and females. For those living in the most deprived areas of Wiltshire healthy life expectancy is under 60 while for those in the less deprived areas it is close to 70. This has implications for the future demands for services.

Causes of death

In 2016 there were 21 deaths among those aged under 20 and of those 11 were infant deaths (aged under 1). Due to the small numbers of deaths it is not possible to describe the causes of death without breaching confidentiality. Infant mortality is monitored with our partners at the BaNES, Swindon and Wiltshire Maternity Strategy Liaison Committee (MSLC) which includes representation from our local providers and the other areas which commission those providers for birthing services.

Burden of ill health

Cancer

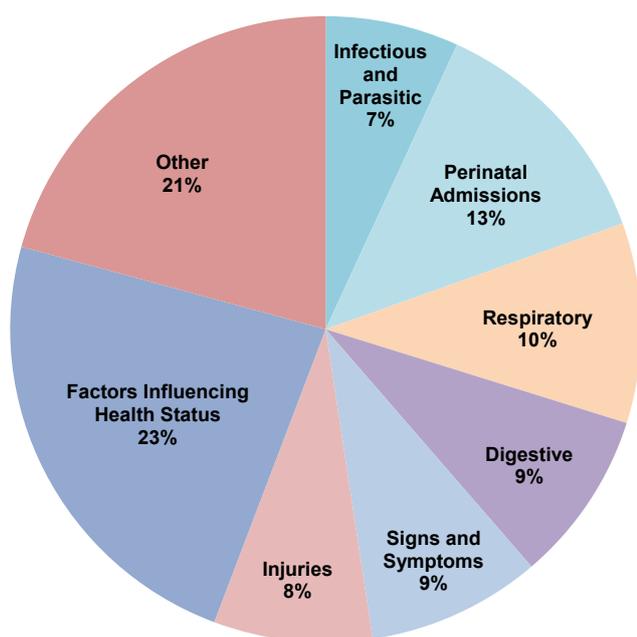
In 2014 there were 21 people aged under 20 diagnosed with cancer in Wiltshire. Due to the small numbers it is not possible to detail the specific cancers without breaching confidentiality.

Physical health

In 2016-17 there were around 15,000 admissions to hospital for young people aged 0 to 17, of which around 6,000 were emergency admissions. Figure 7 shows the breakdown of these admissions by the chapter of the primary diagnosis. Respiratory and digestive diseases cause a large number of admissions to hospital in this age group. Signs and Symptoms³ and Factors Influencing Health Status⁴ are generic categories used for an initial diagnosis when the primary reason for admission is not clear, this is more likely in children as they are less likely to have a medical history.

Figure 7: 2016-17, Primary Diagnosis Chapter for children aged 0-17; Source: NHS Digital, HES Data

2016-17 Age 0-17 causes of admission



In addition to hospital admissions there were around 15,000 attendances at accident and emergency departments for this age group.

³ <http://apps.who.int/classifications/icd10/browse/2016/en#/XVIII>

⁴ <http://apps.who.int/classifications/icd10/browse/2016/en#/XXI>

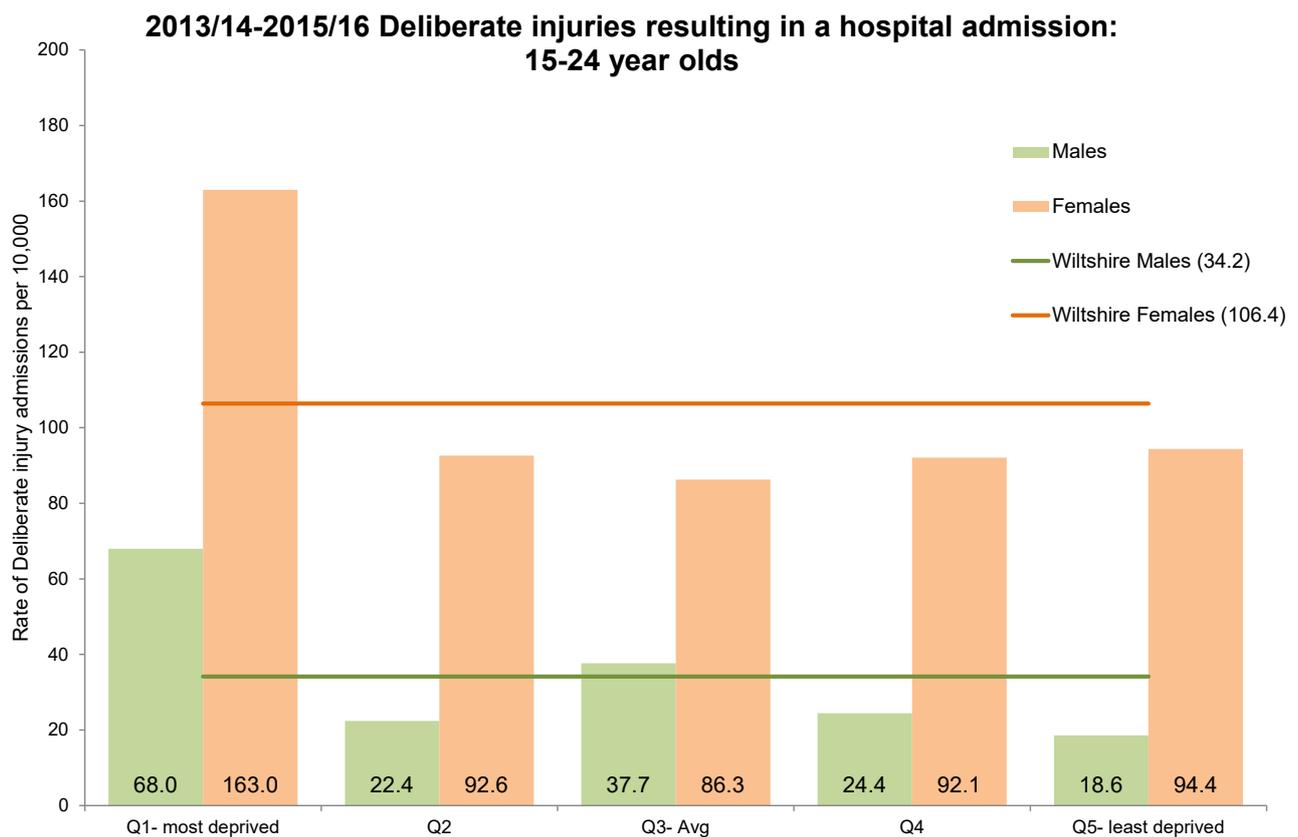
Accidents and injuries

Unintentional injury to children is a significant public health issue. It is a major cause of avoidable ill health, disability and death and has a disproportionately large effect on people in deprived communities. Avoiding injury requires a collective effort across all sectors of society and this needs to take place at all levels, from individuals being aware of risk and adjusting their behaviour accordingly to governmental legislation aimed at pre-empting risk.

The Public Health Outcomes Framework (PHOF) includes a few indicators on accidents and intentional injuries in children and young people. Wiltshire has been flagged as worse than England for indicator 2.07ii, which highlights that the rate of unintentional and deliberate injury in 15-24 year olds in Wiltshire is significantly higher than the national average. 164.6 per 10,000 15-24 year olds in Wiltshire were admitted to hospital for unintentional or deliberate injuries⁵. The national rate in 2015/16 was 134.1 per 10,000. The trend has remained fairly flat since 2011/12.

Early in 2017 this indicator was explored in more detail⁶. The analysis found that 46% of these admissions were from causes considered intentional; that males predominately were admitted for unintentional causes and females were predominately admitted for intentional causes. The report also found that hospital admissions for unintentional causes were generally represented evenly across the deprivation quintiles, whereas admissions for intentional causes had a higher rate in the most deprived quintile. Figure 8 shows the inequality by deprivation for intentional hospital admissions.

Figure 8: Rate of intentional hospital admissions in 15 to 24 year olds per 10,000 (2013/14-2015/16)



⁵ PHOF 2015/16

⁶ Children and young people, accidental and deliberate admissions 2017

www.intelligentenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=56101&servicetype=Attachment



Emotional wellbeing and mental health

There is limited up to date and comparable prevalence data and local data is dependent on extrapolation from national estimates.

Wiltshire has lower than average (for both England and the South West region) estimated prevalence for:

- Any mental health disorder (age 5-16) - 8.5% of population
- Emotional disorders (age 5-16) - 3.3% of population
- Conduct disorders (age 5-16) - 5.0% of population
- Hyperkinetic disorders (age 5-16) - 1.4% of population

Wiltshire has a higher rate than the national average for hospital admissions relating to both self-harm and self-poisoning by alcohol.

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

Further details are available in the Children and Young People's Emotional Wellbeing and Mental Health: Health Needs Assessment for Wiltshire⁷.

In our local survey of school children in 2017 nearly 7,500 children completed the Warwick Edinburgh Mental Wellbeing Score (WEMWEBS) questions. From those who responded around 1,400 (18.4%) were scored as having poor or very poor mental wellbeing.

Health behaviours and services

Weight management

The prevalence of obesity in England has trebled since the 1980s. Obesity contributes to the onset of cardiovascular disease, diabetes and cancer. If the proportion of obese children continued to rise, a whole generation could have a shorter average life expectancy than their parents. However, indications are that the level of child obesity has not increased significantly over the past few years.

In Wiltshire, there have been no statistically significant changes to levels of obesity in Reception Year children since the measurement programme began in 2006/7. This is also true for the Year 6 children, although there has been a slight increase in the percentage of obese or overweight children in Year 6 since 2006/07. However, obesity and overweight levels in Wiltshire remain below the South West and England rates.

In 2015-16 around 4,500 children in Year 6 were measured for height and weight as part of the National Children Measurement Programme (NCMP), of whom 1,319 (29%) were found to be overweight or obese. This means that nearly one in three children from Year 6 are overweight or obese. Figure 9 shows the figures for Wiltshire, the South West, our statistical neighbours and England. Wiltshire is broadly similar to our statistical neighbours and the South West but significantly lower than the England average.

⁷ www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=56111&servicetype=Attachment

Figure 9: Year 6 Children overweight or obese; Source: NCMP 2015-16

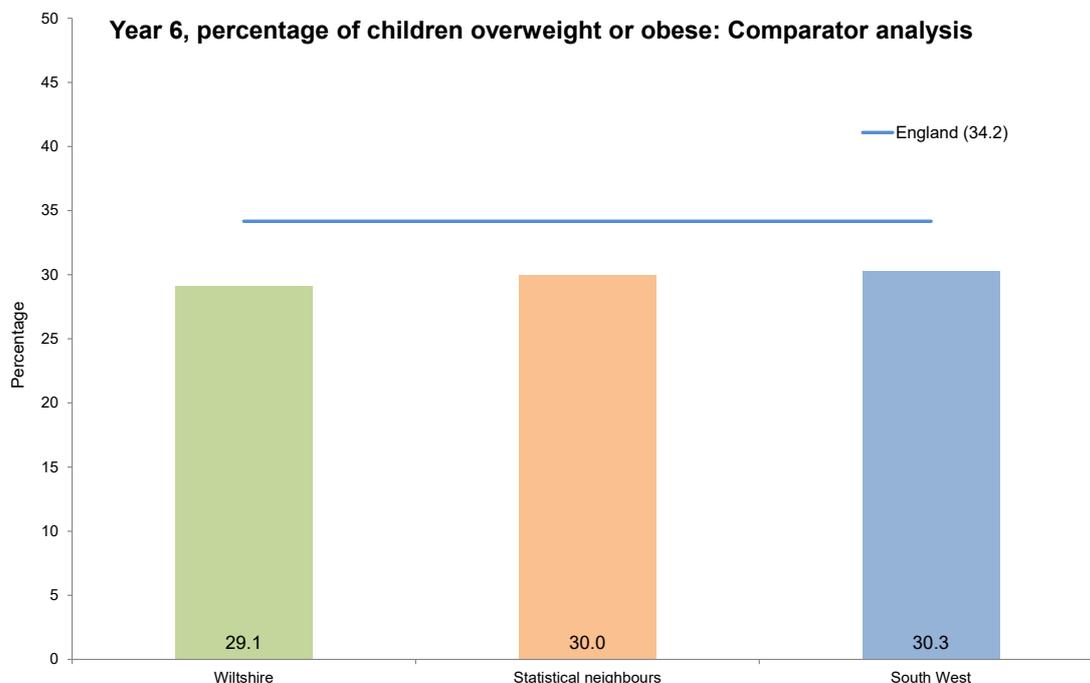
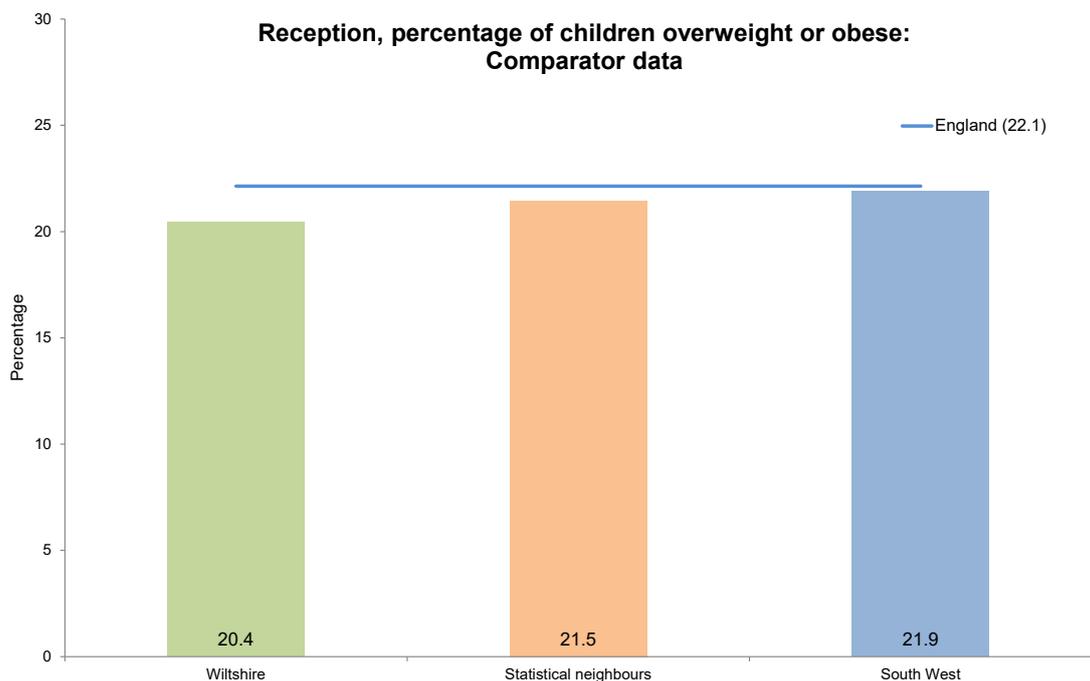


Figure 10 shows the benchmarking picture from the NCMP for 4-5 year old children in the Reception Class. This shows a slightly different picture from that seen with the Year 6 children, with Wiltshire having a lower percentage of overweight or obese children than England, the South West and our statistical neighbours.

Figure 10: Reception Children overweight or obese; Source: NCMP 2015-16



The gap between the Wiltshire and the national average grows from 2% in Reception to 5% in Year 6. Wiltshire Council offers a number of services to support weight management tailored to different stages of life, including Healthy Me, a programme supporting overweight 7-11 year olds. Further information about these services and advice on weight management can be found on the Healthy Weight 4 Life e-toolkit⁸.

⁸ www.wiltshire.gov.uk/public-health-weight



Physically active CYP

Physical activity is an important component of a healthy lifestyle. For example, adults who are physically active have a 20 to 30% reduced risk of premature. Physical inactivity is associated with an increased risk of cardiovascular disease, some cancers, osteoporosis and excess weight and obesity. In addition, physical activity has a protective effect on mental health (associated with reduced stress and depression) and has wide-ranging social benefits.

In our local survey⁹ of school children in 2017 nearly 9,500 children responded and 21.8% (2,058) indicated they did more than eight hours physical activity per week, although the percentage did drop substantially in Year 12 and College. In addition 2 schools in Wiltshire have signed up to do the daily mile which ensures 15 minutes of physical activity in school each day.

Fruit and vegetable consumption

A balanced diet is vital for good health. In particular, the consumption of at least five portions of fruit and vegetables each day is likely to contribute markedly to lowering a person's risk of heart disease, stroke or cancer.

In our local survey of school children in 2017 nearly 9,500 children responded and 25.8% (2,524) indicated they ate more than 5 portions of fruit and vegetables per day. The percentages were lower in males and those eligible for free school meals and the percentages reduced as children progressed through school stages.

Dental health

Oral health is an integral part of general health and concerns itself with the health of dental tissues (the teeth and supporting bone) and the soft tissues of the mouth and gums. Dental disease is still commonplace in England, despite significant improvements in dental health since the 1970s with the advent of fluoridated toothpaste. Oral diseases and conditions can have significant impacts upon quality of life, including sleep disturbances, dietary restriction, social limitation and absence from school and work. Uncontrolled, oral diseases can be life-threatening.

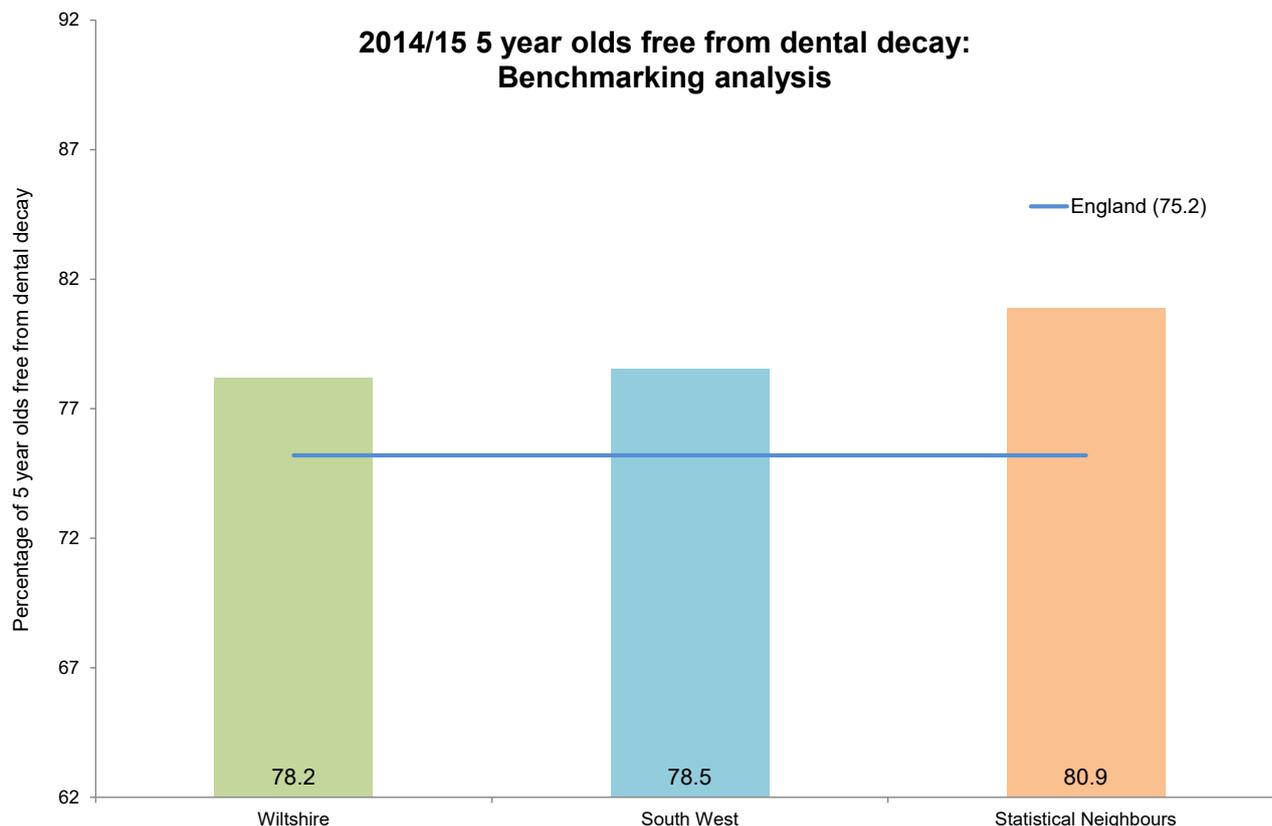
There is also national evidence that inequalities in oral health are persisting and in fact may be worsening. The ageing population brings with it more complex issues; as people retain more natural teeth longer so they need more dental treatment into old age compared with previous generations. However, there have been significant improvements in oral health in England over the past 40 years and England now compares very favourably with the rest of Europe and North America.

Rising expectations for oral health have accompanied overall reductions in disease levels. Just as there are inequalities in the experience of oral disease, so too there are variations in how people value their oral health.

The standard measure for oral health is to look at the number of decayed, missing and filled teeth (DMFT) in children of different ages. A cycle of surveys of different age groups is undertaken annually. Figure 11 shows the percentage of five year olds free from dental decay measured in 2014-15. Wiltshire is broadly similar to the South West which is slightly higher than the England average. Our statistical neighbours have a higher rate than Wiltshire and the England average.

⁹Wiltshire Children and Young People's Health and Wellbeing Survey 2017

Figure 11: 2014-15 Five year olds free from dental decay; Source: Public Health England Oral Health Profiles



Alcohol

The misuse of alcohol has become a serious and worsening health problem in the UK, and represents a priority for Public Health action. Misuse can take different forms, including chronic heavy drinking, binge drinking and drinking in inappropriate circumstance such as before driving. Alcohol misuse has been directly linked to a range of health issues both acute and chronic. Acute issues disproportionately affect younger people and include alcohol related injuries and accidents as well as suicides.

In our local survey of school children in 2017 nearly 9,500 children responded and 19.1% (1,781) indicated they drank alcohol more than just occasionally. This is very age specific and the percentage in Primary School was 1.3% (54 children), in Secondary School it increased to 6.2% (239 children) and in Year 12 and College it was over 30% (381 responders).

The Local Alcohol Profiles for England (LAPE) show that in Wiltshire from 2013/15 to 2015/16 there were 136 admission episodes to hospital for under 18s giving a crude rate of 43.7 per 100,000 population, this is higher than but not significantly higher than the England average. Since this data was first published the rate of admission has halved from 86.9 in 2006/07-2008/09, which is similar to the trend in England.

Smoking

Smoking is the principal avoidable cause of premature deaths in the UK and is also associated with long term conditions. Exposure to second-hand smoke is also known to increase the risk of various conditions (including lung cancer, cardiovascular disease and stroke).

The prevalence of smoking in children and young people is difficult to measure accurately. In our local survey of school children in 2017 nearly 9,500 children responded and 3.8% (365) indicated they smoked on most days. This is very age specific and the percentage in Primary School was 0.5% (22 children), in Secondary School it increased to 4.2% (165 children) and in Year 12 and College it was over 21% (311 responders).

Data for 2015/16 indicate that 10.3% of pregnant women in Wiltshire are smoking at the time of delivery, lower than in the South West (11.2%) and England as a whole (10.6%) but slightly higher than our statistical neighbours (9.6%). The trend in Wiltshire has been downward with 13.9% of pregnant women smoking in 2010-11.

Drug misuse

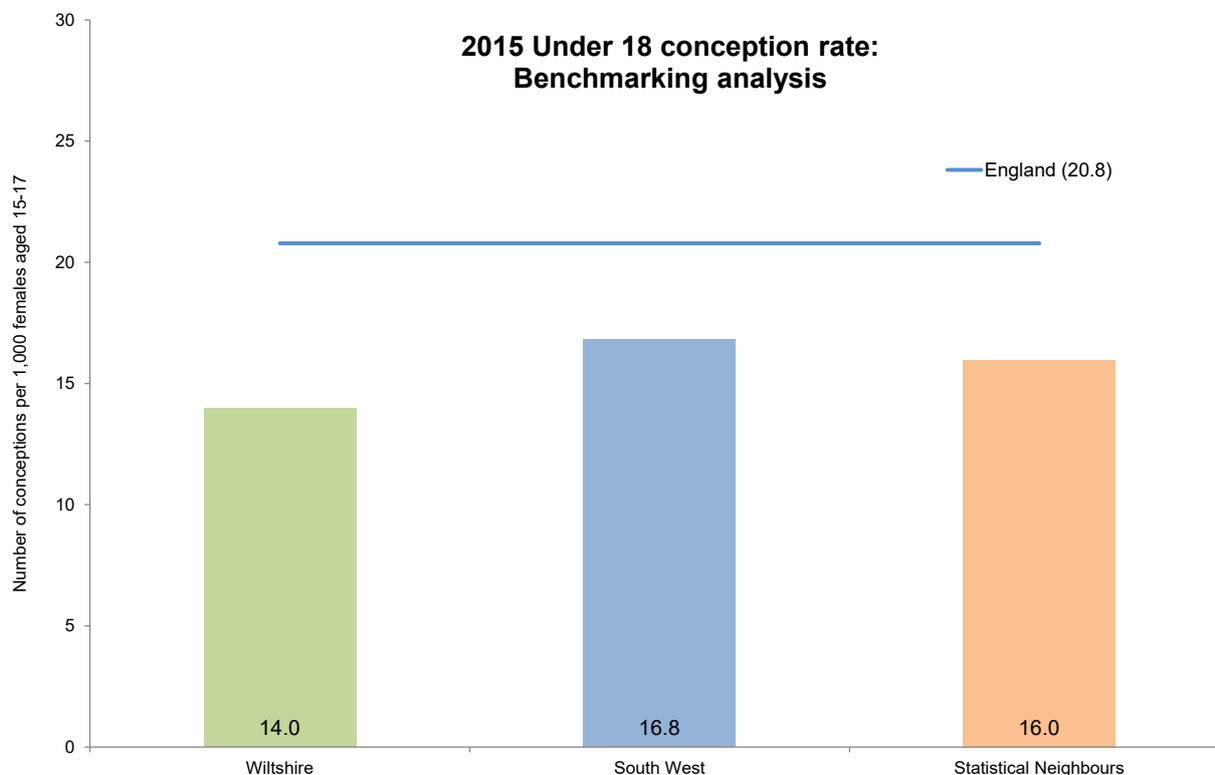
The aim of specialist substance misuse interventions is to stop young people’s drug and alcohol use from escalating, to reduce harm to themselves or others and to prevent them from becoming drug or alcohol-dependent adults. Specialist substance misuse interventions in Wiltshire have been developed to take account of a young person’s age, their levels of vulnerability and the severity of their substance misuse problem. Our local school survey found that 7% of responders in Secondary Schools and 28% of responders in Year 12 and college have tried illegal drugs.

Sexual health

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

The teenage conception rate in Wiltshire is continuing its decline since a peak in 2007. The number of conceptions in 2015 was the lowest (125) since the current data collection system began in 1998-2000. However, whilst the county-wide rate is below the national and regional rates, within Wiltshire there are small areas which have persistently high teenage conception rates. Figure 12 shows the Wiltshire teenage conception rate compared to England, the South West and our statistical neighbours. The rate in Wiltshire is lower than in England, the South West and our statistical neighbours.

Figure 12: Teenage Conception Rate; Source Public Health Outcomes Framework



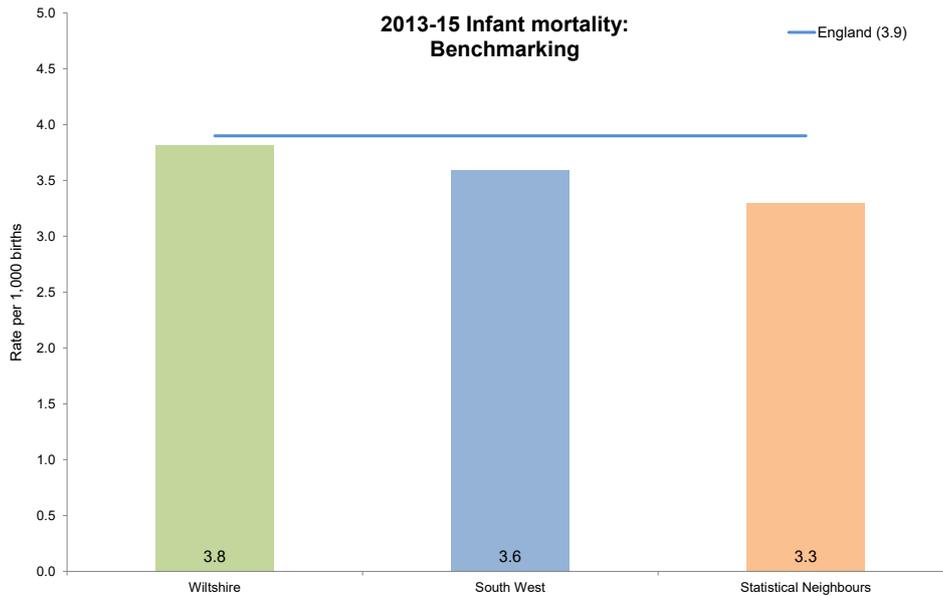
In 2016 there were 9,565 chlamydia tests which represents 18.3% of the target population (aged 15-24) being screened in Wiltshire, compared to 21.6% in the South West and 20.7% in England. In terms of positive test results, 9.3% of tests in Wiltshire were returned positive in 2016, which was slightly higher than the South West (8.2%) and England (9.1%).

Maternity

Infant mortality is an important indicator of the health of a nation or community because it is associated with a variety of factors such as maternal health, the quality and accessibility of medical care, socioeconomic conditions, and public health practices. Infant mortality is the number of deaths of infants aged under 1 year.

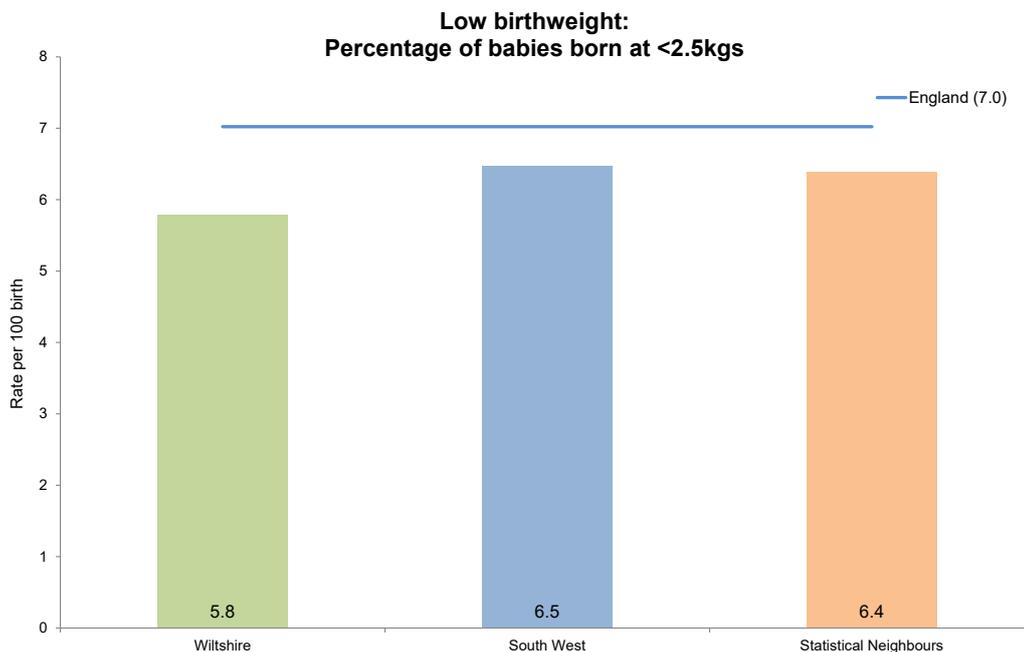
In 2013-15 there were 59 infant deaths in Wiltshire. Figure 13 compares the infant mortality rate in Wiltshire to England, the South West and our statistical neighbours. The Wiltshire infant mortality rate is broadly similar to the England average and the South West and slightly higher than our statistical neighbours.

Figure 13: 2013-15 Infant Mortality Rate; Source ONS



Low birthweight is a risk factor associated with infant mortality; in 2015 there were 5,078 births and of these 267 (5.8%) babies were born weighing less than 2.5kgs. Figure 14 shows a comparison of low birthweight rates. The low birthweight percentage in Wiltshire is lower than England, the South West and our statistical neighbours.

Figure 14: 2015 Low Birthweight Percentage; Source: ONS



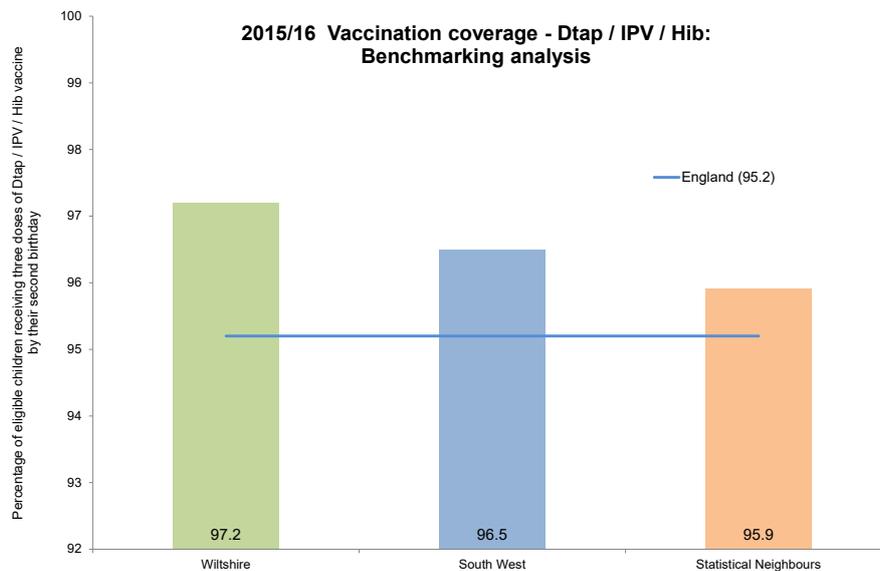
Health protection

Immunisations and vaccinations

Immunisation is a highly cost-effective intervention that is estimated to save up to 3 million lives per year worldwide. The uptake of immunisation programmes is monitored by the Public Health teams in councils and NHS England.

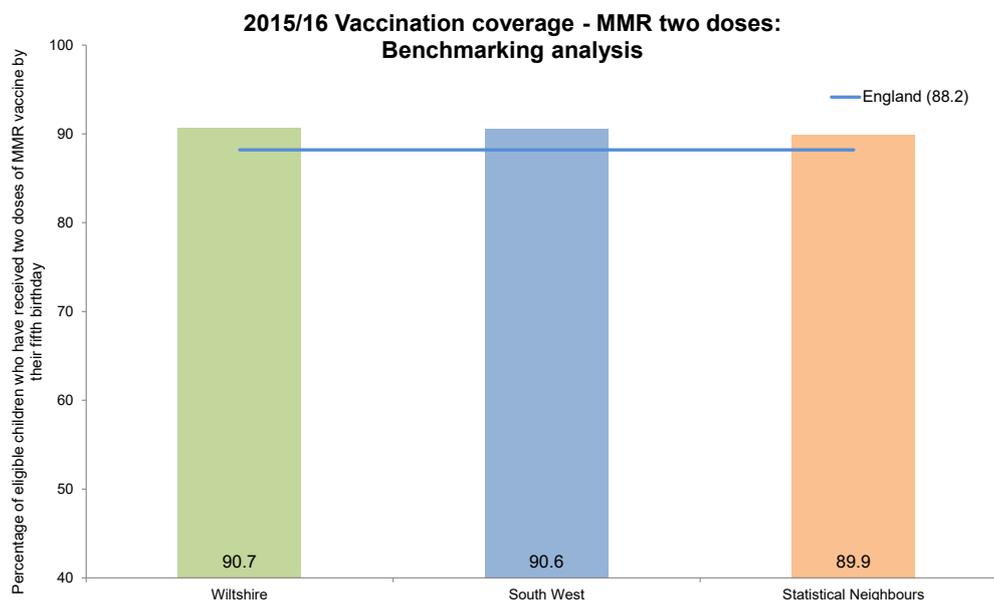
In the first year of life children are vaccinated against Diphtheria, Whooping Cough, Polio, Tetanus, Haemophilus influenza b and pneumococcal infection. Figure 15 shows the coverage for the main first year vaccinations as measured at age 2. Wiltshire has a coverage well above the national average and slightly higher than the South West and our statistical neighbours.

Figure 15: Vaccination Cover for Dtap, IPV and Hib; Source NHS England



In the 2nd year of life children begin their course of vaccinations against measles, mumps and rubella (MMR). Figure 16 shows the coverage for the second dose of MMR which is completed as part of the pre-school check. The coverage in Wiltshire is broadly similar to that seen in England, the South West and our statistical neighbours.

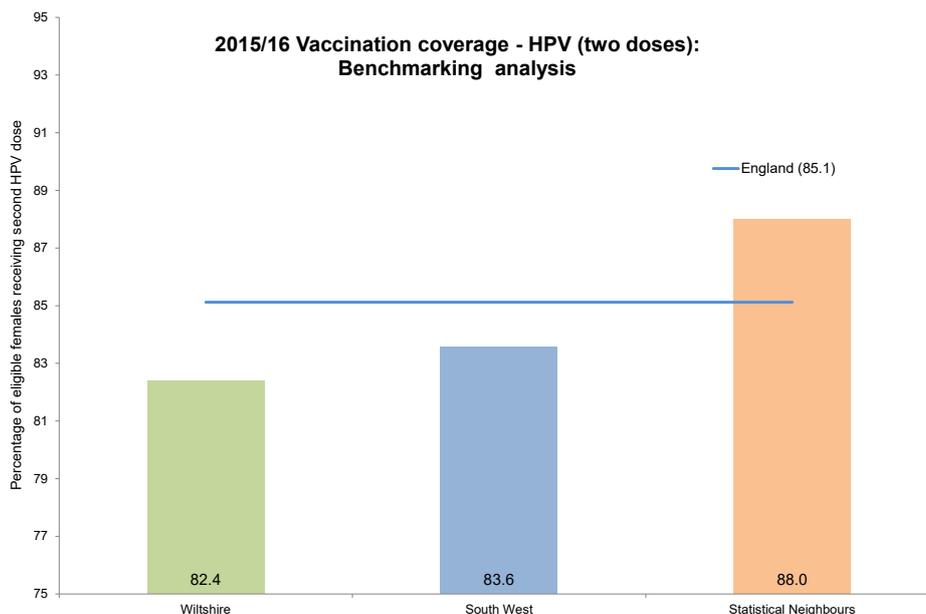
Figure 16: TwoDoses MMR Cover; Source: NHS England



The target for most immunisation programmes is 95% coverage, which in most instances should provide herd immunity to a population. This means that coverage is high enough to reduce disease circulation to such an extent that even those who are unvaccinated are protected from the disease. If people choose not to be immunised then the number of at-risk people in the population will increase and, as a consequence, so will the risk of disease outbreaks.

The national human papillomavirus (HPV) immunisation programme was introduced to protect females against the main causes of cervical cancer. The doses are administered to all girls in Year 8 and Year 9 of secondary schools who volunteer for the immunisation. The target is to get 90% or more of the females vaccinated. 82.4% of Wiltshire’s eligible female population were vaccinated in 2015/16. This is a slightly lower vaccination percentage than England (85.1%), our statistical neighbours (88.0%) and the South West (83.6%). Figure 17 presents the 2nd dose HPV immunisation percentages for 2015/16.

Figure 17: Vaccination coverage for two doses of HPV (2015/16)



In Wiltshire with agreement from the Commissioners, the service provider (Virgin Care) altered the HPV delivery schedule for 2016/17 onwards. This will allow both doses of HPV to be delivered within Year 8. This change will enable the team of nurses to ensure that those girls leaving independent middle schools at the end of Year 8 have completed the two-dose schedule therefore improving coverage.

Wider determinants

The wider determinants of health are also known as the social determinants and have been described as ‘the causes of the causes’. They are the social, economic and environmental conditions that influence the health of individuals and populations. They include the conditions of daily life and the structural influences upon them. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.

Education

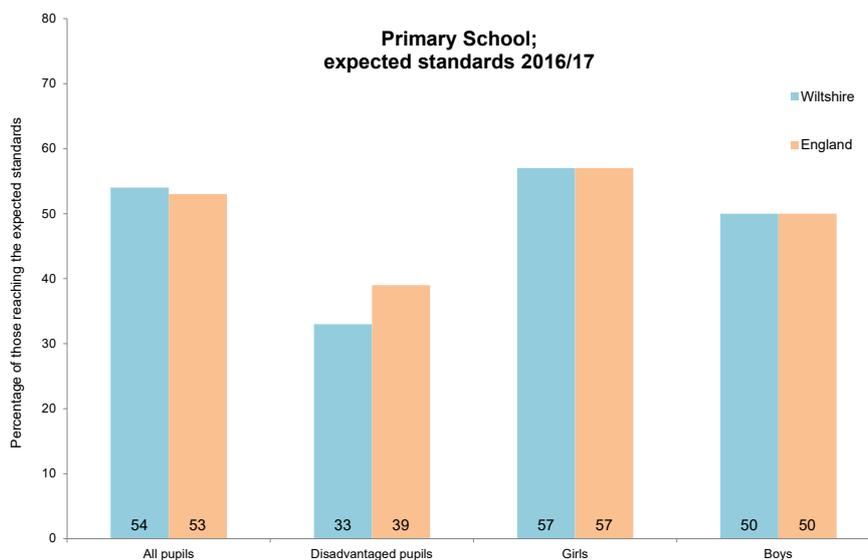
Raising aspirations and narrowing the gaps in achievement between vulnerable groups and their peers are the central goals of the government’s education policy. However, it must be acknowledged that achievement can mean different things to children and young people. There are close links between aspirations and achievement and both are linked with issues such as poverty and parental attitudes and engaging disaffected young people.



Educational achievement in Wiltshire is generally in line or better than similar areas. There have been improvements in the attainment of children in early years settings, primary schools and secondary schools. However, the gap between the attainment of children in vulnerable groups and their peers is too large and whilst showing some improvement should be narrowed further.

In primary school, pupils are ‘meeting the expected standard’ if they achieve a ‘scaled score’ of 100 or more in their reading and maths tests, and their teacher assesses them as ‘working at the expected standard’ or better in writing. Figure 18 shows the percentage of Year 6 pupils achieving the expected standard in 2016-17. In Wiltshire this is broadly similar to the England average except for disadvantaged pupils.

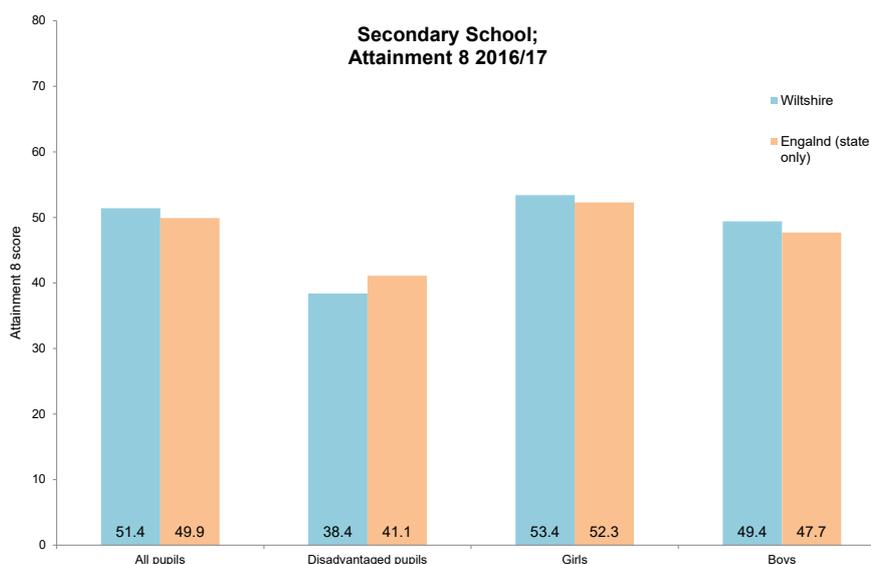
Figure 18: Primary School Attainment; Source Department for Education (DfE).



The secondary school education system is undergoing change, one of the aspects of this change is to move from alphabetical scoring to a numerical system for GCSEs.

As part of this a new method of evaluating performance has been created called attainment 8. The attainment 8 score indicates how well a pupil, school or local authority is performing across 8 different subjects¹⁰. Figure 19 shows the attainment 8 score for Wiltshire and England.

Figure 19 – High School Attainment; Source DfE.



This shows that overall attainment in Wiltshire is slightly higher than the England average, however performance for more disadvantaged pupils is worse than the England average.

¹⁰ www.gov.uk/government/publications/progress-8-school-performance-measure

Community Safety

Youth offending in Wiltshire is quite low but the rate is no longer significantly better than the England average. The number of first time entrants to the Youth Justice System fell by 59% from 815 per 100,000 in 2010 to 332 in 2015, however in 2016 the rate rose 10.6% to 366 per 100,000. There is strong evidence that young people who come into contact with the youth justice system share certain risk factors. These are particularly prevalent among young people whose offending is more serious or persistent.

Domestic abuse is a complex issue that represents a major public health concern, which cuts across all demographic groups. It has been defined as: "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and / or emotional." Wiltshire has undertaken a Domestic Abuse Needs assessment¹¹ which has more information on Wiltshire's approaches to tackling domestic abuse.

Between 2011/12 and 2015/16, there was a 66% increase in the rate of domestic abuse incidents reported to police, and a 78% increase in the number of Multi-Agency Risk Assessment Conference (MARAC) referrals. These increases are likely to reflect positive changes in case reporting and referrals following awareness-raising campaigns. Wiltshire's 2015/16 rate of reported domestic abuse incidents is lower than that of England and the South West, and referrals to outreach and high risk support services remain highest in the 20-59 age group, with a rising trend in referrals of older people, particularly to the outreach service.

Conclusions

Wiltshire Council and partners have made a commitment to improve the life chances of children by addressing the underlying problems of inequalities. The approach should be not only to protect children from hazards, known to have a negative impact on health and well-being, but also to promote exposure to positive experiences which enhance assets and resilience. Children in families where mental health problems, substance misuse, learning difficulties and domestic violence are present are particularly at risk, and specific evidence-based preventative programs should be implemented to address these issues and enable children and young people to have a secure and nurturing home.

Health services should be aware of these adverse determinants of lifestyles, and tailor the delivery of services to both mitigate their adverse effects, for example the proven financial impact of a long-term condition or a disability, as well as building on positive aspects to improve outcomes. An example would be positive support for involving extended family and/or community members to support the family.

Generally children and young people in Wiltshire make a good start in life, with fewer of them suffering from the consequences of living in poverty and with real opportunities to achieve their full potential. While this is generally true, outcomes at school for those with Special Needs or other disadvantages are not as good as the national average.

Unintentional injury to children is a significant public health issue. It is a major cause of avoidable ill health, disability and death and has a disproportionately large effect on people in deprived communities. The rates of unintentional injury in children in Wiltshire are higher than the national average.

The promotion of healthy lifestyles is key to ensuring the children of today can continue to contribute to the local communities and remain healthy and economically active for as long as possible. While obesity levels in children in Wiltshire are lower than the national average they are still high by historic standards. We also need to ensure that children continue to understand the risks associated with smoking, excess alcohol consumption and substance misuse.

¹¹ www.intelligencenetwork.ork.uk/health/adults



Glossary

Deprivation analysis gives an understanding of how well areas with different levels of deprivation are performing in Wiltshire. Deprivation analysis uses the Indices of Multiple deprivation published by Department for Communities and Local Government (DCLG) in conjunction with Oxford Consultants for Social Inclusion (OCSI). The indices of deprivation provide an indication as to the relative levels of deprivation between small geographies within England. Most of the time in this report deprivation is broken into quintiles of deprivation within Wiltshire.

Directly (age) standardised rates apply age-specific rates from the population being studied to a standard population structure, in this JSNA the European Standard Population 2013. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile. The main advantage of directly standardised rates is that they allow comparisons between multiple populations and between time periods. However, if the age-specific rates are based on small numbers, directly standardised rates may not be reliable and in some datasets age is not provided preventing directly standardised calculations.

Incidence is the number or rate of new cases of a disease.

NHS Wiltshire- Sometimes it is not possible to provide a figure for Wiltshire residents but it is possible to provide a figure for those registered at a Wiltshire GP surgery. When this is possible it is called NHS Wiltshire.

Nearest neighbours are a group of local authorities who have similar characteristics to NHS Wiltshire. The definition and groupings were created by NHS Rightcare. NHS Wiltshire's nearest neighbours are NHS Ipswich & East Suffolk, NHS Somerset, NHS South Worcestershire, NHS West Kent, NHS East Leicestershire & Rutland, NHS E & N Hertfordshire, NHS Mid Essex, NHS Bedfordshire, NHS Gloucestershire, NHS West Hampshire. Comparing NHS Wiltshire to these areas gives a better indication as to how well services in Wiltshire are doing.

Prevalence is the proportion of a population who have a specific disease.

Statistical neighbours are a group of local authorities who have similar characteristics to Wiltshire. The definition and groupings were created by the Office of National Statistics. Wiltshire's statistical neighbours are BANES, Cambridgeshire, Devon, Dorset, Gloucestershire, Hampshire, Oxfordshire, Shropshire, West Sussex and Worcestershire. Comparing Wiltshire to these areas gives a better indication as to how well services in Wiltshire are doing.

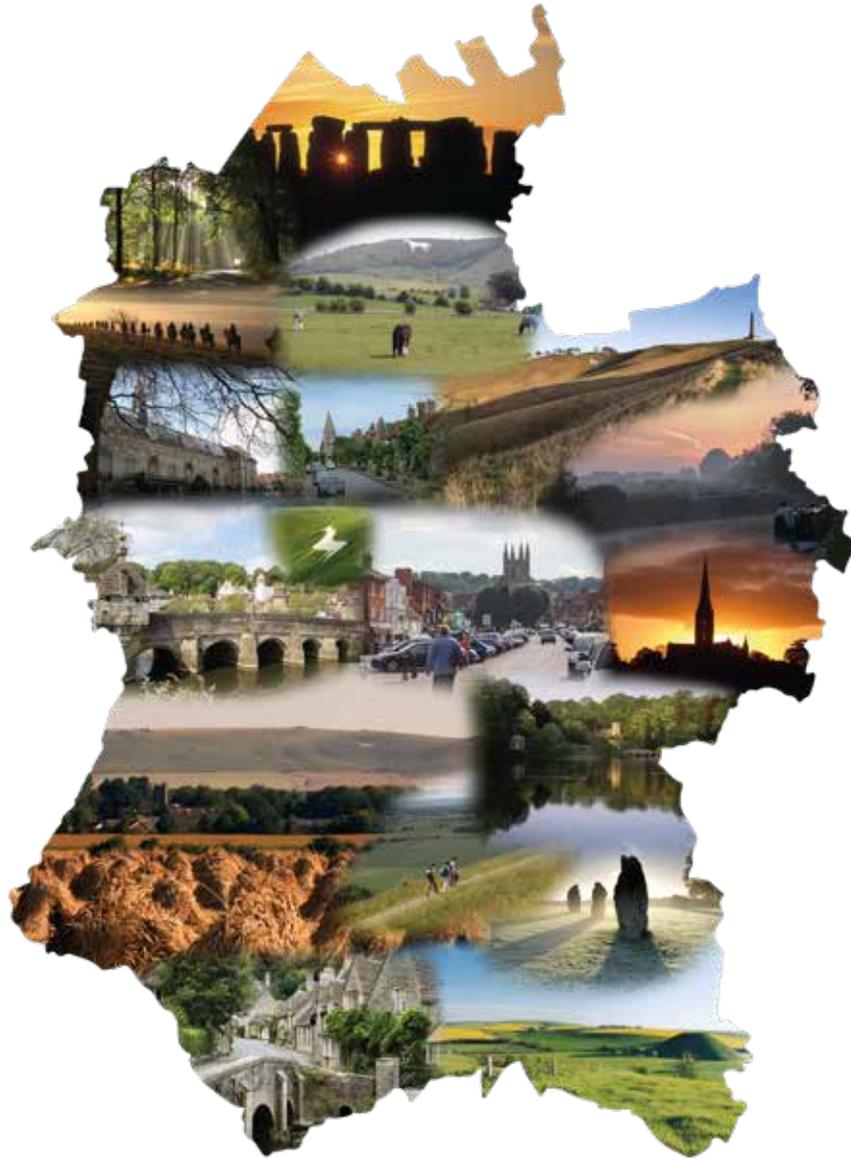
Resources and further information

For more information on any of the indicators mentioned in this report please visit www.wiltshireintelligence.org.uk there you will find 5 data packs full of the indicators present in this report and additional indicators. The indicators in the data packs will often be presented with trend, gender or inequalities information and all items are sourced so you can explore the original data sources if you wish.

The Public Health Outcomes Framework (www.phoutcomes.info) published and updated regularly by Public Health England provides a vast amount of public health data and is a useful starting point if you wish to explore public health data beyond Wiltshire.

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Wiltshire Health and Wellbeing JSNA



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