



**Vale of Glamorgan
Local Service Board
Unified Needs Assessment**

**Priority Outcome Ten – Health
and Wellbeing**

December 2013

**Produced by the
Business Intelligence Group**

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Priority Outcome Ten:

Health inequalities are reduced and residents are able to access the necessary services, information and advice to improve their wellbeing and quality of life.

Approach

In order to explore the extent to which health inequalities are reduced and residents are able to access the necessary services, information and advice to improve their wellbeing and quality of life, and the appropriateness of this outcome as a priority, we need to identify suitable indicators upon which to make a judgement. Since no single direct indicator exists to measure this outcome we have identified a number of proxy indicators which might serve to assess the position in the Vale.

Indicators

We have considered indicators in the following areas:

Population;

Deprivation and the determinants of health;

Life expectancy;

Mortality;

General health;

Chronic disease;

Lifestyle;

Immunisations;

Mental health;

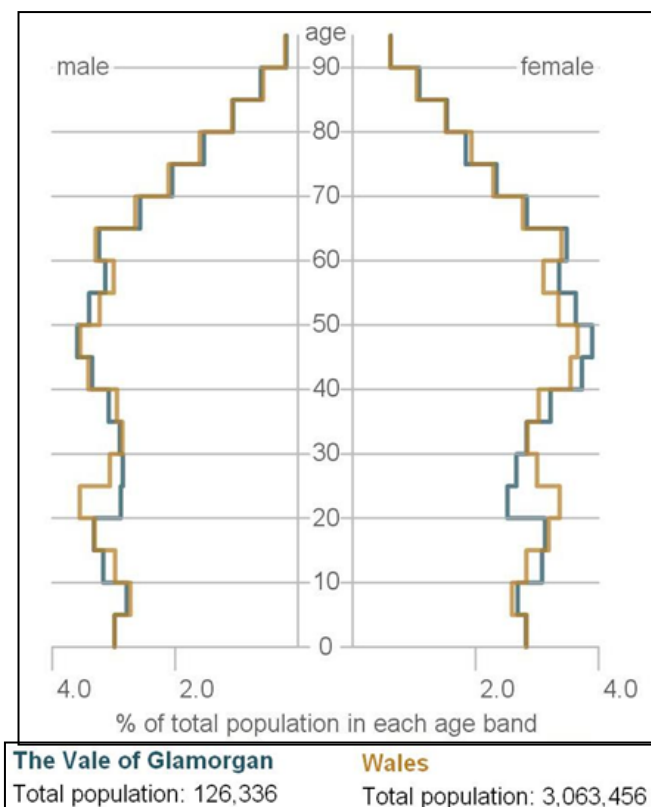
Access to healthcare; and

Social services provision.

Population

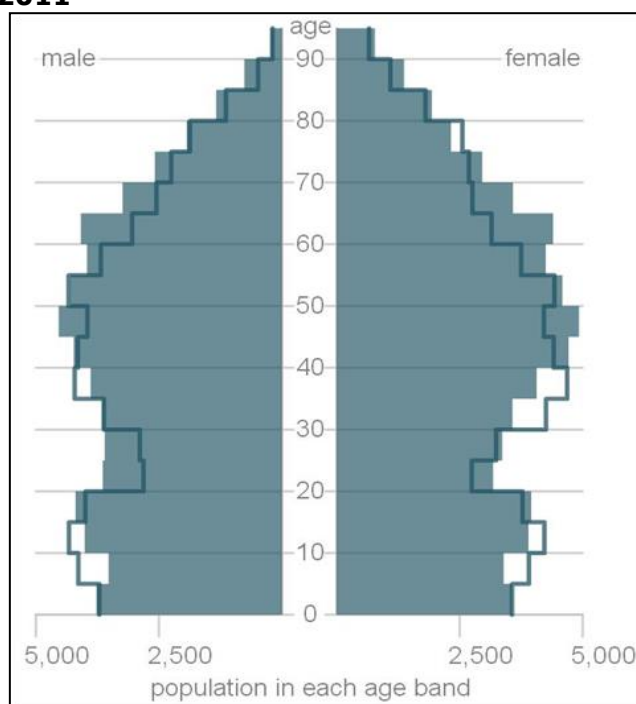
When considering the provision of health and social care related services, it is important to consider the population demographics of the area. The 2011 Census showed the Vale of Glamorgan to have a total population of 126,336 (48.7% males, 51.3%). As shown in the following chart, the age profile of the population is similar to Wales as a whole. It is evident that the number of people aged 55 years and older has increased since the 2001 Census and demographic predictions suggest that this rise in numbers of older people is set to continue. As shown previously in chapter 4, the numbers of those aged 65 and older is predicted to increase by more than half between 2013 and 2036 in the Vale of Glamorgan, having a large impact on the provision of health and social care services.

Figure 1: Percentage of total population by age band and sex, the Vale of Glamorgan versus Wales, Census 2001



Source: Census 2001

Figure 2: Total population by age band and sex, The Vale of Glamorgan versus Wales, Census 2011



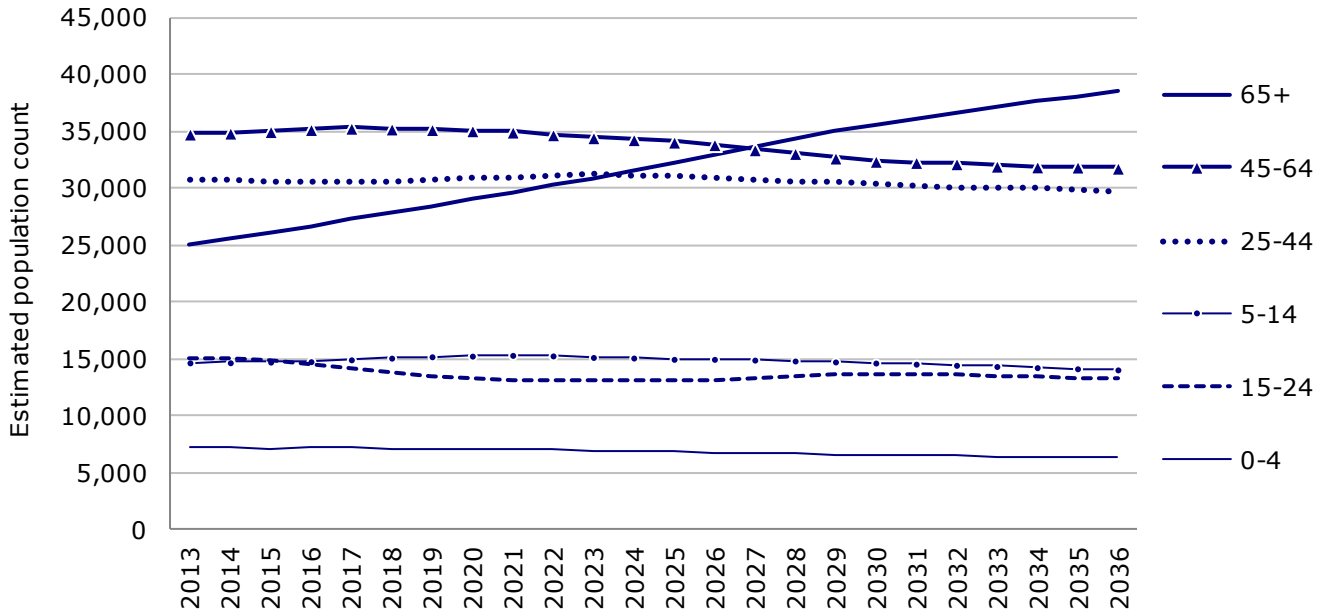
Shaded bars show Census 2011; lines show Census 2001

Source: Census 2011

Figure 3: Population projection, by age group, Vale of Glamorgan, 2013-36

Projected population, counts by age group, The Vale of Glamorgan, 2013-2036

Produced by Public Health Wales Observatory, using WG population projections

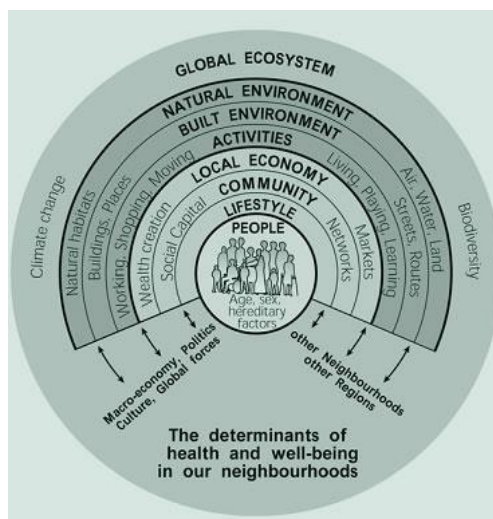


Source: Public Health Wales Observatory

Deprivation and the determinants of health

A range of factors can combine to affect the health and wellbeing of individuals and communities, including circumstances and environment, and it is therefore essential that a partnership approach is adopted to address population health issues. When considering the data contained within this chapter regarding the health status of residents in the Vale of Glamorgan, it is important to consider all of the factors that can amalgamate to impact on a person’s health and wellbeing as shown in the diagram below.

Figure 4: The Health Map, Barlon and Grant

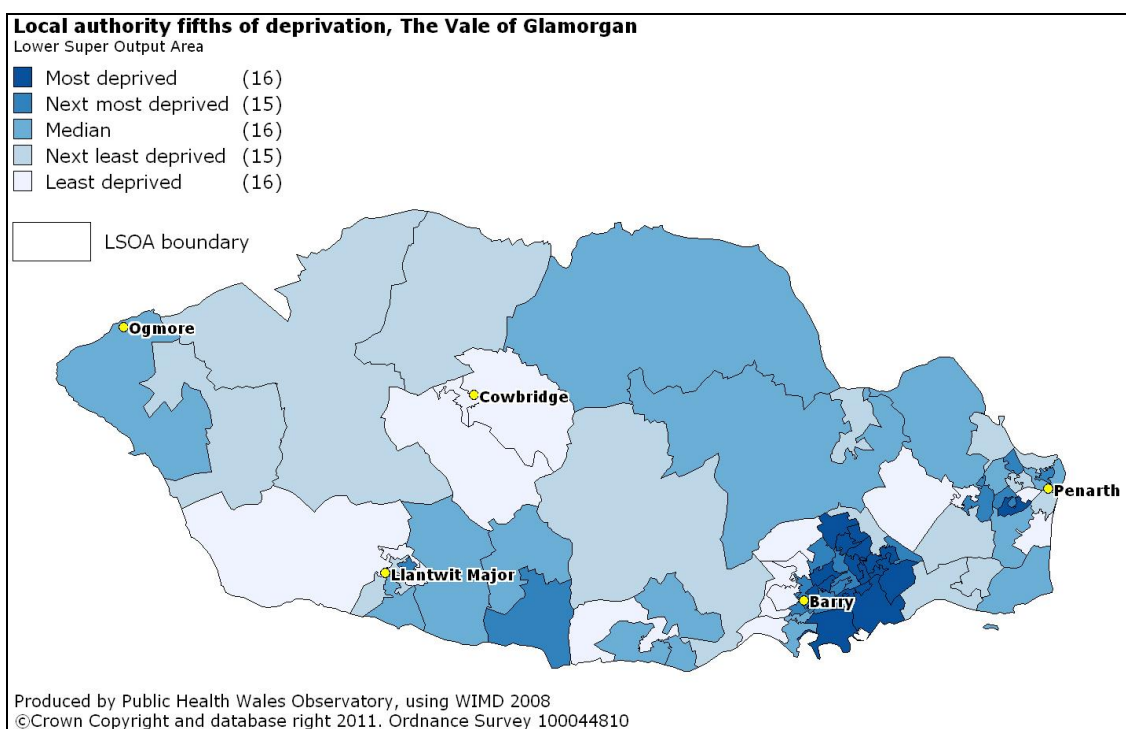


The Health Map, Barlon and Grant 2006 [1], adapted from Whitehead and Dahlgren (1991)[2]

It can be suggested that the factors contained in the above diagram all impact on whether a person is in deprivation and therefore a correlation exists between deprivation and a person’s health and wellbeing status.

Deprivation is a wider concept than poverty. Poverty means a lack of money whereas deprivation refers to wider problems caused by a lack of resources and opportunities. As stated in previous chapters, the Welsh Index of Multiple Deprivation (WIMD) is the official measure of deprivation in small areas in Wales and measures the relative concentrations of deprivation at the small area level¹. The WIMD is constructed from eight different types of deprivation: income; housing; employment; access to services; education; health; community safety and physical environment. In the map below, the LSOAs in the Vale of Glamorgan have been ranked and divided into fifths depending on their WIMD score. LSOAs in the most deprived fifth are coloured dark blue through to the least deprived fifth in light blue. This map shows clear higher levels of deprivation around Barry and parts of Llantwit Major and Penarth. However an area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation rank and it is important to remember that not everyone living in a deprived area is deprived—and that not all deprived people live in deprived areas.

Figure 5: Deprivation by fifths, LSOA, Vale of Glamorgan, WIMD 2008



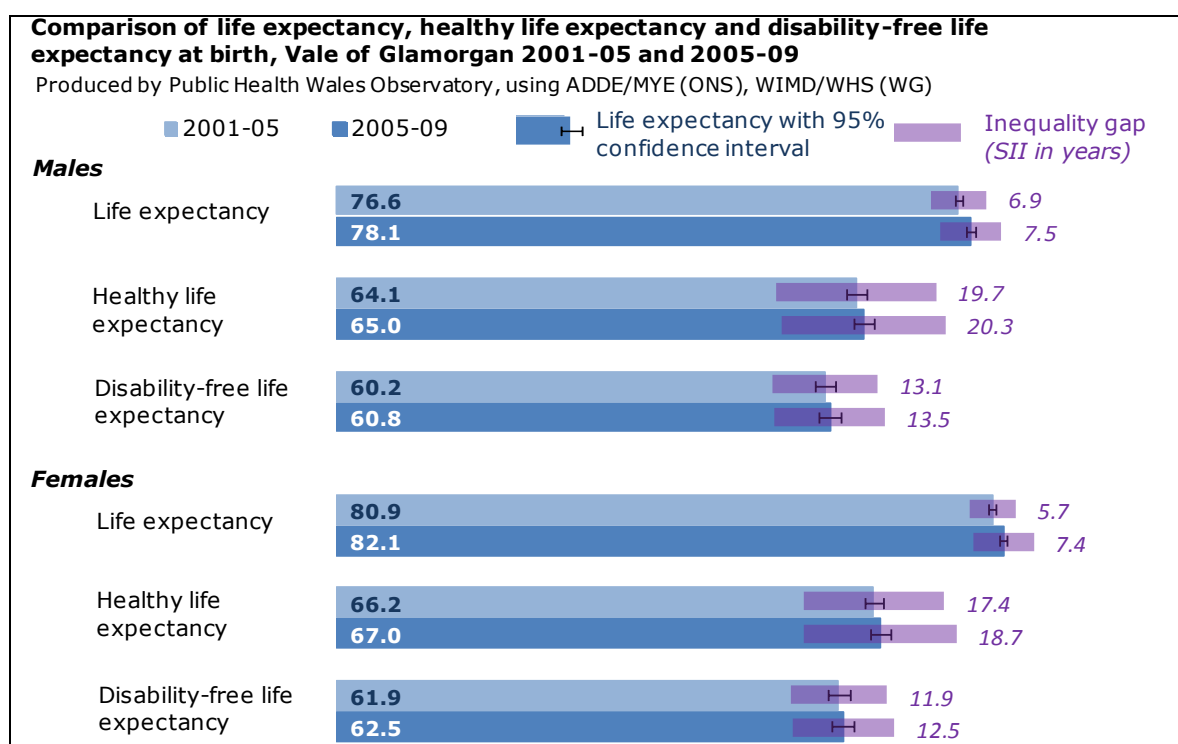
Source: Public Health Wales Observatory

¹ Welsh Index of Multiple Deprivation (webpage) Available at <http://wales.gov.uk/topics/statistics/theme/wimd/?lang=en> Accessed 14/8/13

Life expectancy

Life expectancy in the Vale of Glamorgan, as in Wales in general, is increasing. In 2005-09 the average life expectancy in males was 78.1 (up from 76.6 in 2001-05) and 82.1 in females (up from 80.9 in 2001-05). However, this improvement is not experienced equally across all areas. The Slope Index of Inequality (SII) measures the absolute gap in years of life expectancy between the most and least deprived, taking into account the pattern across all fifths of deprivation within the local authority. The below chart shows that there are substantial gaps in life expectancy between people living in the most and least deprived areas of the Vale of Glamorgan. There are even more stark differences in healthy life expectancy and disability-free life expectancy. For example, the gap in life expectancy between the most and least deprived fifths is about 8 years, while the gap in healthy life expectancy is around 20 years. Moreover, these differences are increasing despite the overall improvement.

Figure 6: Comparison of life expectancy, healthy life expectancy and disability-free life expectancy, Vale of Glamorgan, 2001-05 and 2005-09



Source: Public Health Wales Observatory

Using the most recent local authority figures produced by ONS, life expectancy in the Vale of Glamorgan is similar to or better than the Welsh average. However other areas in England and Wales have a higher life expectancy as shown in the following table.

Table 1: Life expectancy at birth, England, Wales and selected local authority areas, 2009-11

Females, 2009-11 (England and Wales (E&W) only):	
Highest in E&W: East Dorset	86.4
Monmouthshire (100 th out of 346 areas in E&W)	83.9
Vale of Glamorgan (157 th)	83.4
England	82.9
Wales	82.2
Lowest in E&W: Manchester	79.3
Males, 2009-11 (E&W):	
Highest in E&W: East Dorset	83.0
Monmouthshire (78 th out of 346 areas in E&W)	80.5
Vale of Glamorgan (163 rd)	79.4
England	78.9
Wales	78.0
Lowest in E&W: Blackpool	73.8

Source: Office for National Statistics

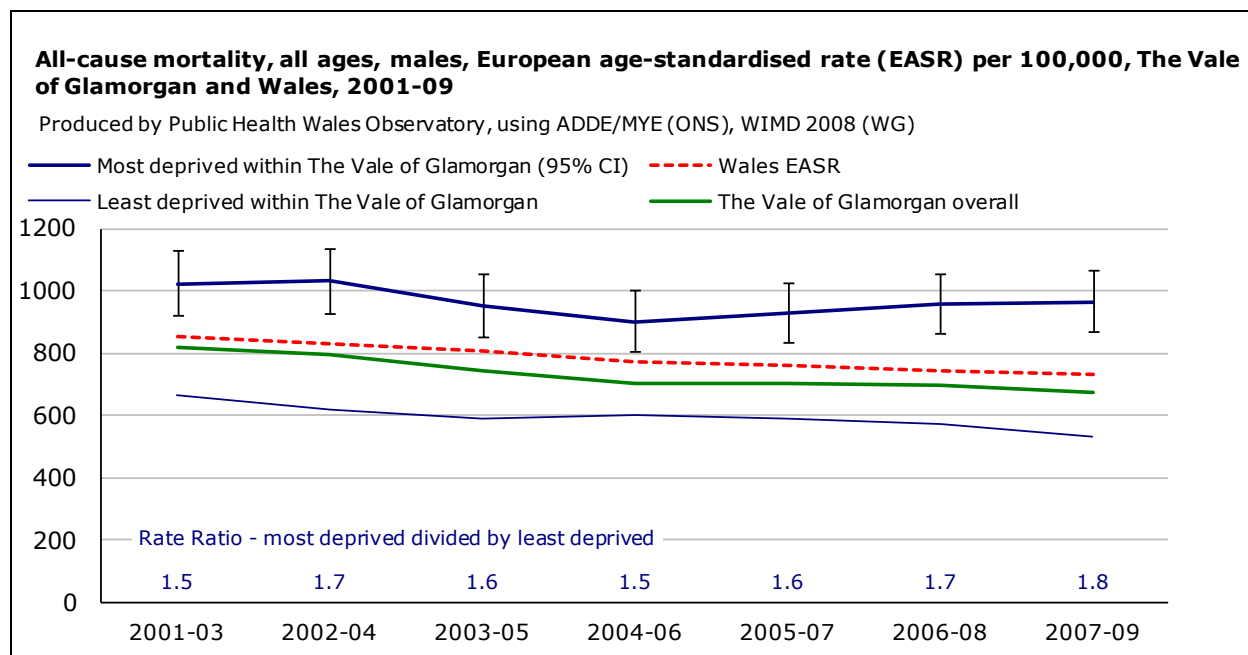
Health status

The following section outlines the health status of the population of the Vale of Glamorgan using selected disease categories.

All cause mortality

The following chart shows trends in all cause mortality between 2001 and 2009. As in Wales as a whole, all cause mortality rates fell over this time period in the Vale of Glamorgan suggesting an improvement in health status. Rates in the Vale of Glamorgan were consistently lower than the Welsh average, which again is positive. However rates fell more slowly in the most deprived areas of the County with the most deprived people within the Vale (shown by the top blue line) having mortality rates considerably higher than the Welsh average. This effect has led to a widening gap between mortality rates in the most and least deprived groups.

Figure 7: All-cause mortality, all ages, males, Vale of Glamorgan, 2001-09

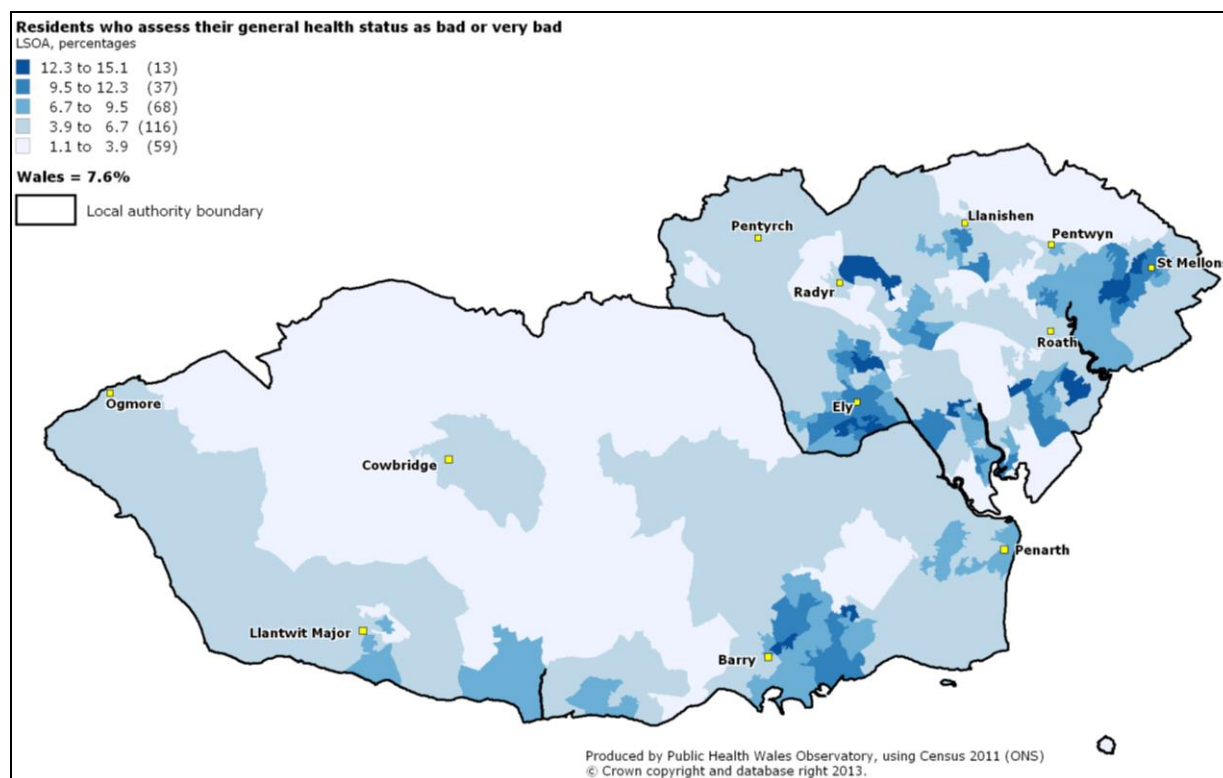


Source: Public Health Wales Observatory

General health

There is strong evidence that deprivation is linked with poor health. The following map demonstrates this association in the Vale of Glamorgan. The map shows levels of self reported 'bad' or 'very bad' health in each of the County's LSOAs. Again it is clear that self reported poor health correlates very closely with the areas of deprivation shown previously.

Figure 8: Residents who assess their general health as 'bad' or 'very bad', by LSOA



Source: Public Health Wales Observatory

Chronic disease

Chronic diseases such as heart disease and stroke become more common with increasing age. The predicted increases in the older population are therefore likely to have significant effects on the numbers of people living with chronic disease in the Vale of Glamorgan and in turn, the health and social care services required to support people with these conditions. The predicted increase in numbers suffering from dementia and diabetes in the Vale of Glamorgan is shown in the following tables.

Table 2: Estimated number of people aged 30-64 predicted to have early onset dementia, and people aged 65 and over predicted to have dementia, by age and gender, Vale of Glamorgan, 2015 – 2030

	2015	2020	2025	2030
People aged 30-39 with early onset dementia	1	1	1	1
People aged 40-49 with early onset dementia	4	3	3	4
People aged 50-59 with early onset dementia	17	18	17	15
People aged 60-64 with early onset dementia	12	13	14	14
Total population aged 30-64 with early onset dementia	34	36	36	34
People aged 65-69 with dementia	100	94	98	109
People aged 70-74 with dementia	175	209	197	207
People aged 75-79 with dementia	289	342	410	393
People aged 80-84 with dementia	418	499	598	723
People aged 85 and over with dementia	852	981	1,217	1,540
Total population aged 65 and over with dementia	1,833	2,123	2,521	2,973

Source: Daffodil (Welsh Government Statistical Directorate). Figures may not sum due to rounding

Table 3: Estimated numbers of people predicted to have diabetes, 2015-30

Estimated numbers of people predicted to have diabetes*, Cardiff, The Vale of Glamorgan and Wales, 2015 - 2030				
	2015	2020	2025	2030
Cardiff				
APHO	22,760	25,340	28,360	32,260
Daffodil	14,650	15,730	17,030	18,730
The Vale of Glamorgan				
APHO	9,440	10,460	11,480	12,500
Daffodil	7,180	7,730	8,250	8,740
Wales				
APHO	241,970	264,990	287,930	311,330
Daffodil	170,140	181,400	192,040	202,530
Produced by Public Health Wales Observatory, using Daffodil (WG) and APHO Diabetes Prevalence Model				
APHO = Association of Public Health Observatories				
*The online Daffodil tool bases its estimates on the percentage of Welsh Health Survey respondents stating they are currently being treated for diabetes, i.e. diagnosed cases only. The APHO model, in contrast, estimates the number of both diagnosed and undiagnosed cases.				

Source: Public Health Wales Observatory

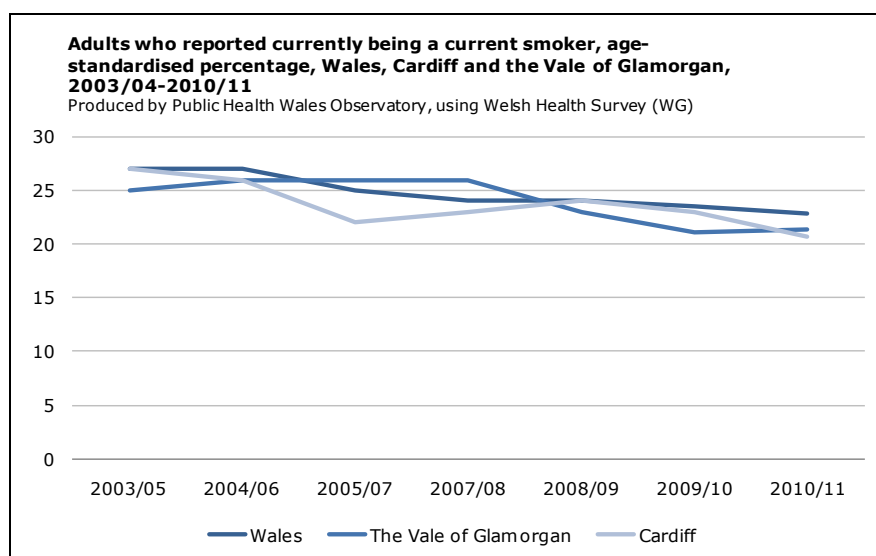
Lifestyle

Lifestyle (people’s behaviour patterns) is one of the wider determinants of health and cultural values and beliefs shape these behaviours, which are influenced by personal socio-economic circumstances. The degree of choice over lifestyle behaviours is hotly debated as many issues are outside the control of the individual and are influenced by the wider determinants. For example, the influential Foresight Report², which investigated the causes of obesity, concluded that it was not simply the result of certain health behaviours, but caused by ‘a complex multifaceted system of determinants (causes) where no single influence dominates’.

Lifestyle behaviours are known to contribute to the development of many diseases such as heart disease, cancer, type 2 diabetes, stroke and dementia. They are therefore important, preventable causes of disease.

The following graphs show trends in lifestyle behaviours in the Vale of Glamorgan up to 2010/11. These trends show that smoking rates are improving, however trends in consumption of fruit and vegetables are deteriorating and physical activity rates are static. Rates of obesity are also climbing steadily, with 56% of the adult population in the Vale of Glamorgan now being classed as overweight or obese.

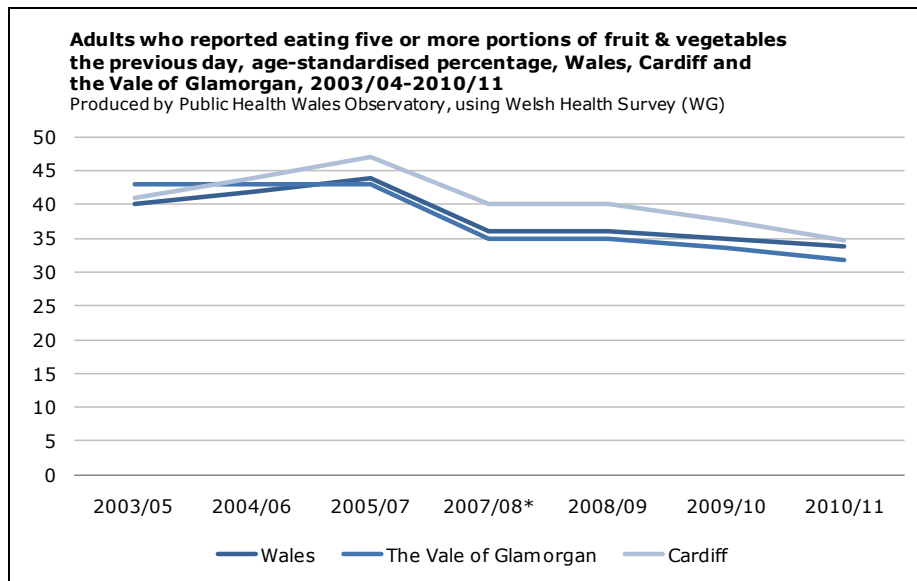
Figure 9: Percentage of adults in the Vale of Glamorgan reported as a current smoker, 2003-05 to 2010-11



Source: Public Health Wales Observatory

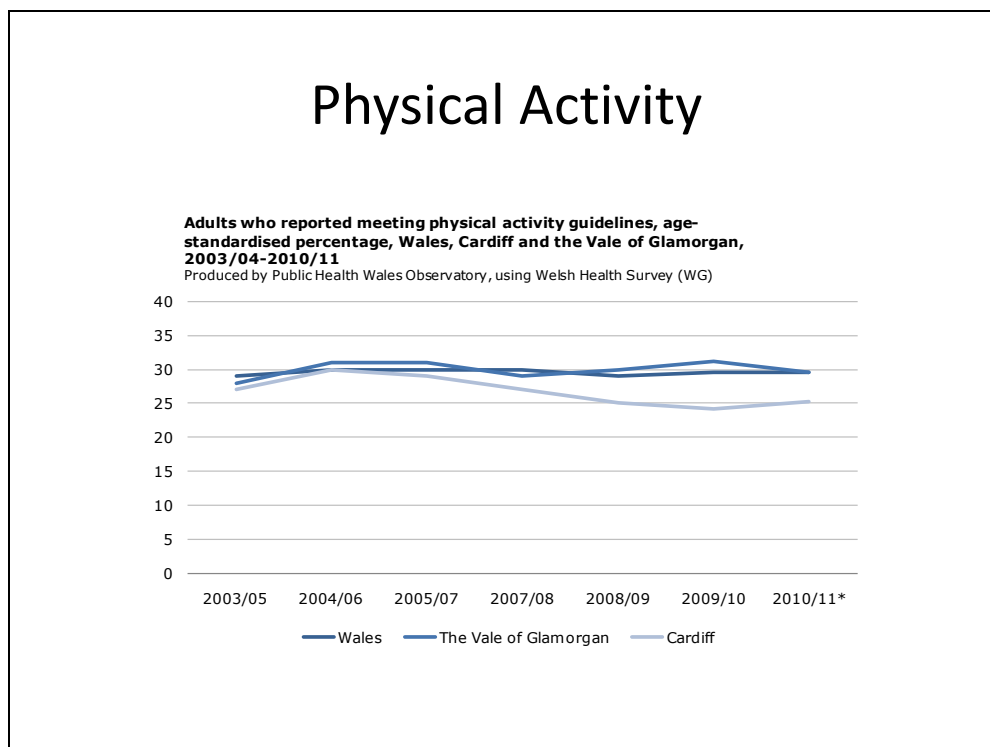
² Government Office for Science (2007) (2nd Ed) Foresight – Tackling Obesity: Future Choices – Project Report London: Government Office for Science

Figure 10: Percentage of adults in the Vale of Glamorgan reported as eating five or more portions of fruit and vegetables the previous day, 2003-05 to 2010-11



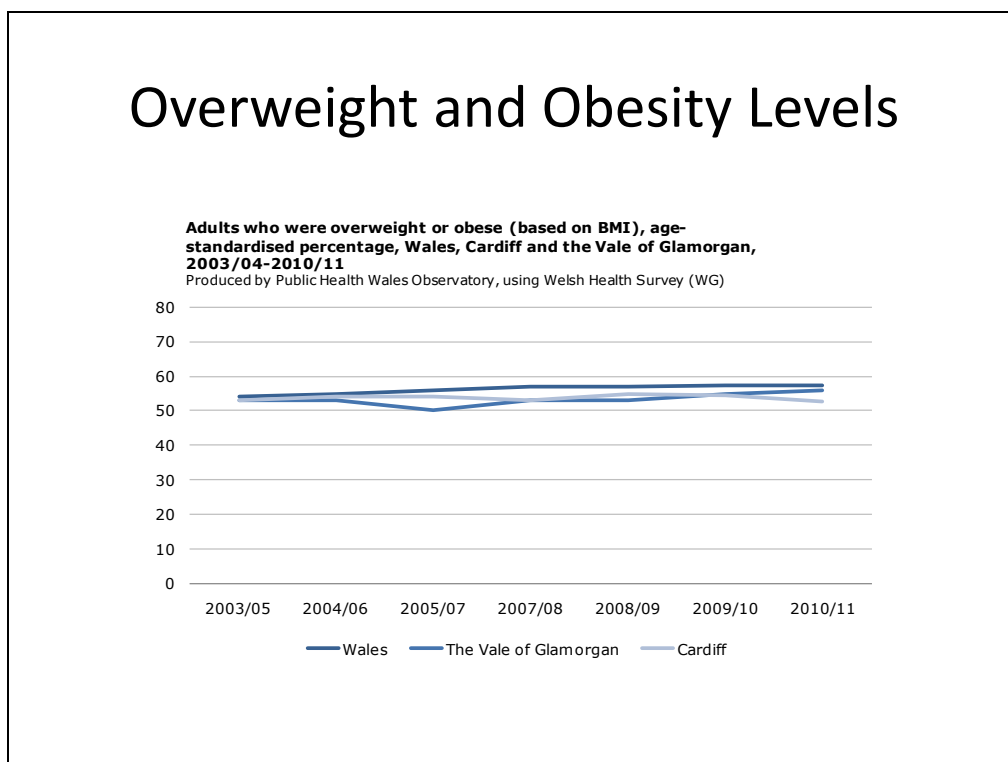
Source: Public Health Wales Observatory

Figure 11: Percentage of adults in the Vale of Glamorgan reported as meeting physical activity guidelines, 2003-05 to 2010-11



Source: Public Health Wales Observatory

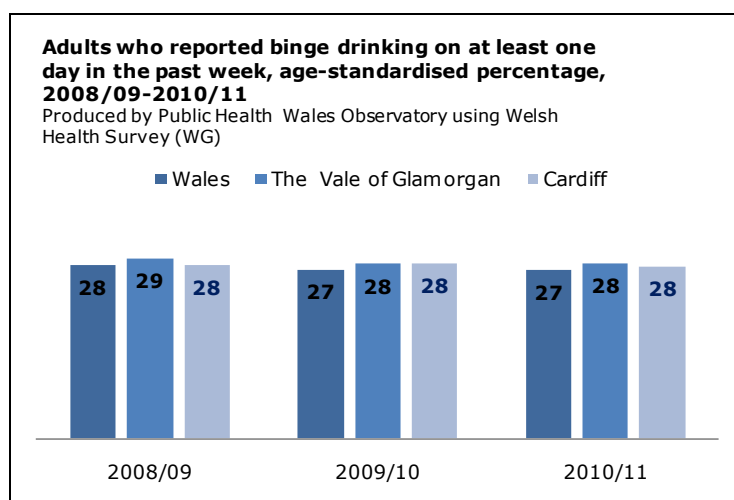
Figure 12: Percentage of adults in the Vale of Glamorgan who are overweight or obese, 2003-05 to 2010-11



Source: Public Health Wales Observatory

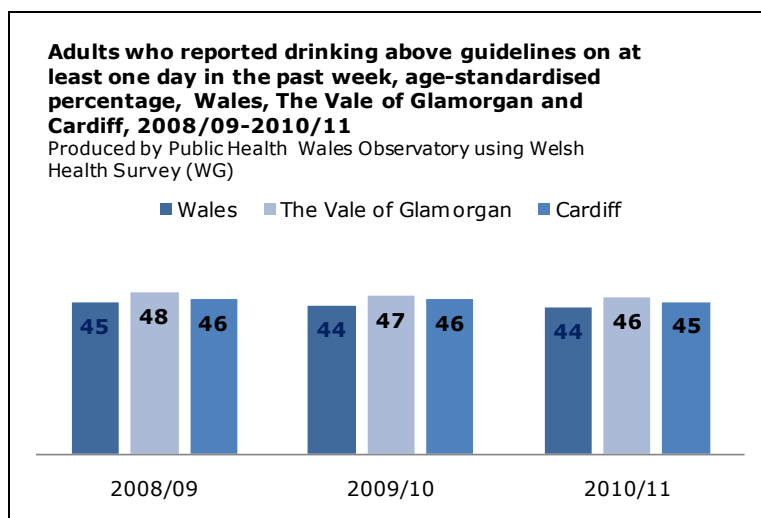
Harmful levels of alcohol consumption are associated with both short and long term health and social effects on individuals, families and communities. The following graphs show that levels of self reported harmful drinking remained relatively static in the Vale of Glamorgan between 2008 and 2011. However there has been a steep rise in alcohol specific hospital admissions over the last decade (2001 – 11), particularly in males.

Figure 13: Percentage of adults in the Vale of Glamorgan reported as binge drinking on at least one day in the past week, 2008-09 to 2010-11



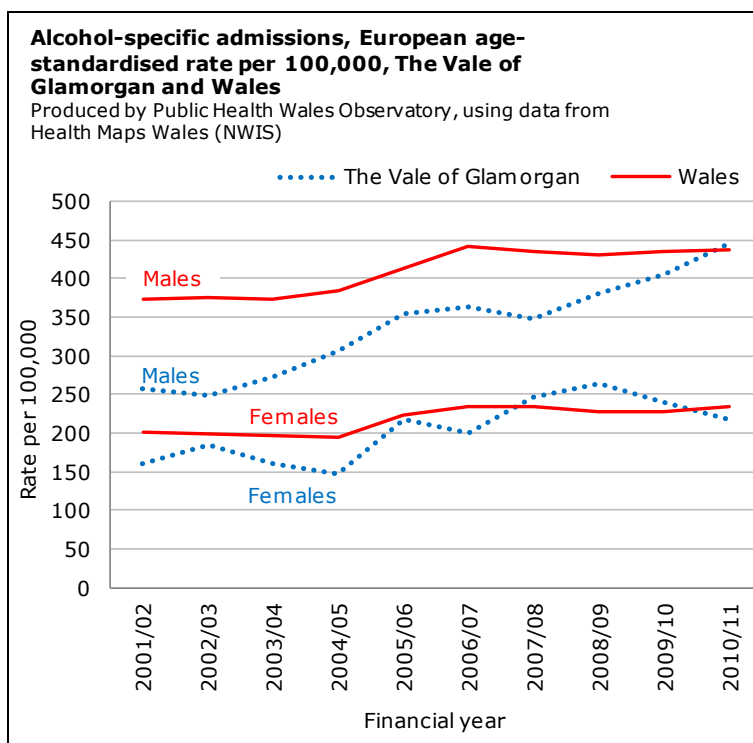
Source: Public Health Wales Observatory

Figure 14: Adults in the Vale of Glamorgan reported as drinking above guidelines on at least one day in the past week, 2008-09 to 2010-11



Source: Public Health Wales Observatory

Figure 15: Alcohol-specific admissions, Vale of Glamorgan, 2001-02 to 2010-11

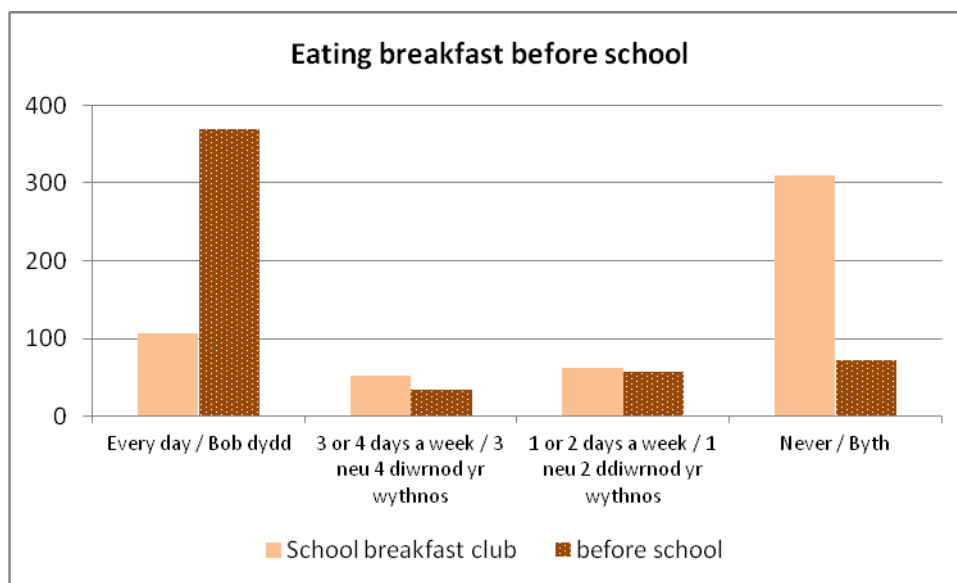


Source: Public Health Wales Observatory

The Vale of Glamorgan School Pupils Needs Assessment 2013 asked respondents a number of questions in relation to their eating habits.

The following graph shows primary school pupils’ responses when asked whether they eat breakfast either before school or during breakfast club at school. The graph shows that the highest response was ‘everyday before school’.

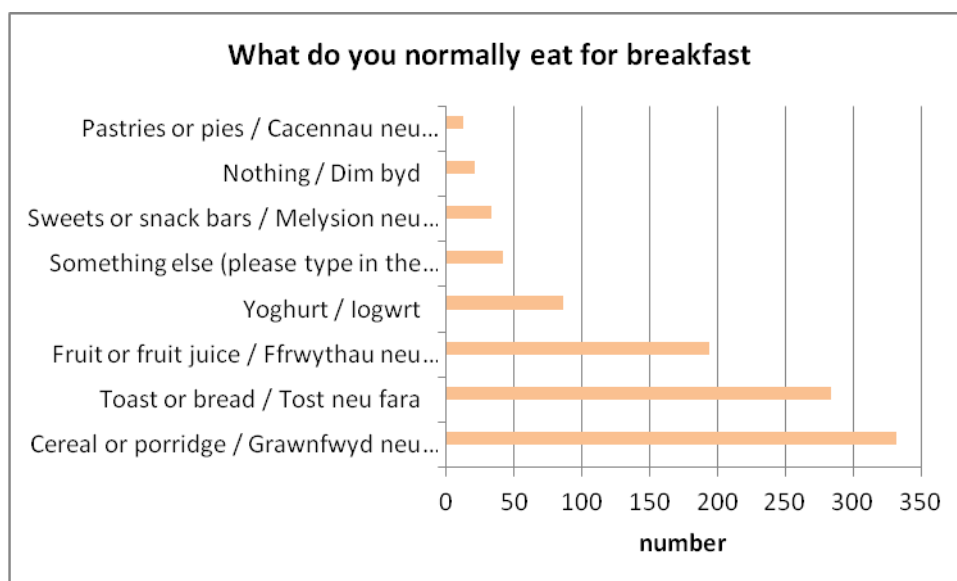
Figure 16: Eating breakfast before school, primary school pupils - School Pupils Needs Assessment 2013



Source: School Pupils Needs Assessment 2013

Primary school pupils were also asked what they normally eat for breakfast and the responses are shown in the following graph. The most common answers were cereal or porridge, toast or bread and fruit or fruit juice.

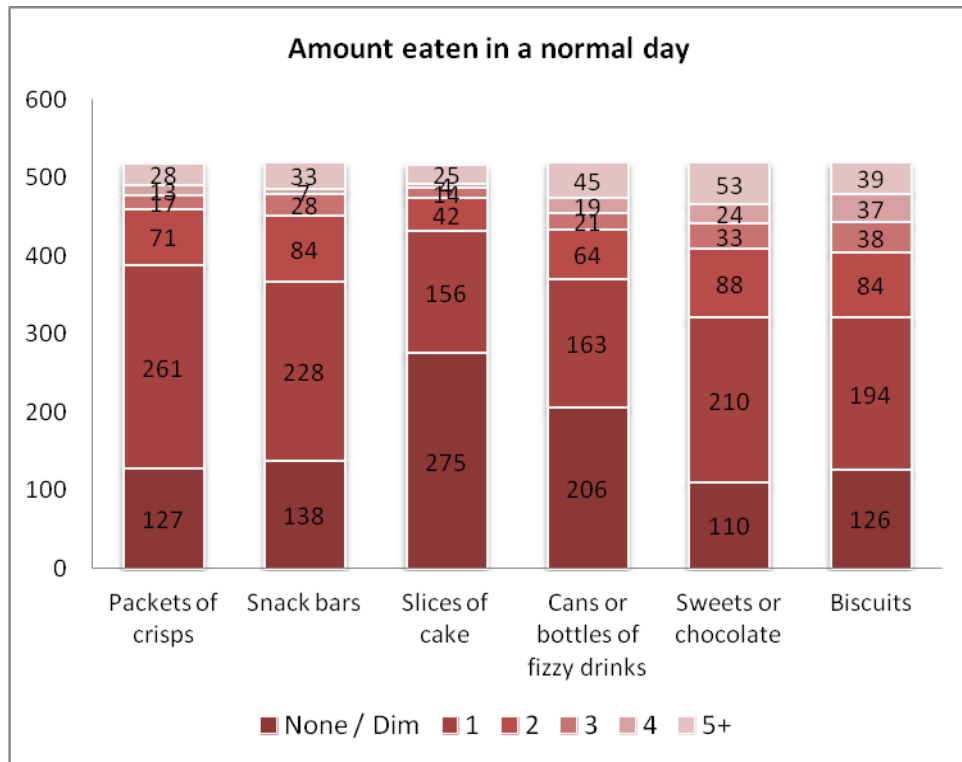
Figure 17: What pupils normally eat for breakfast, primary school pupils - School Pupils Needs Assessment 2013



Source: School Pupils Needs Assessment 2013

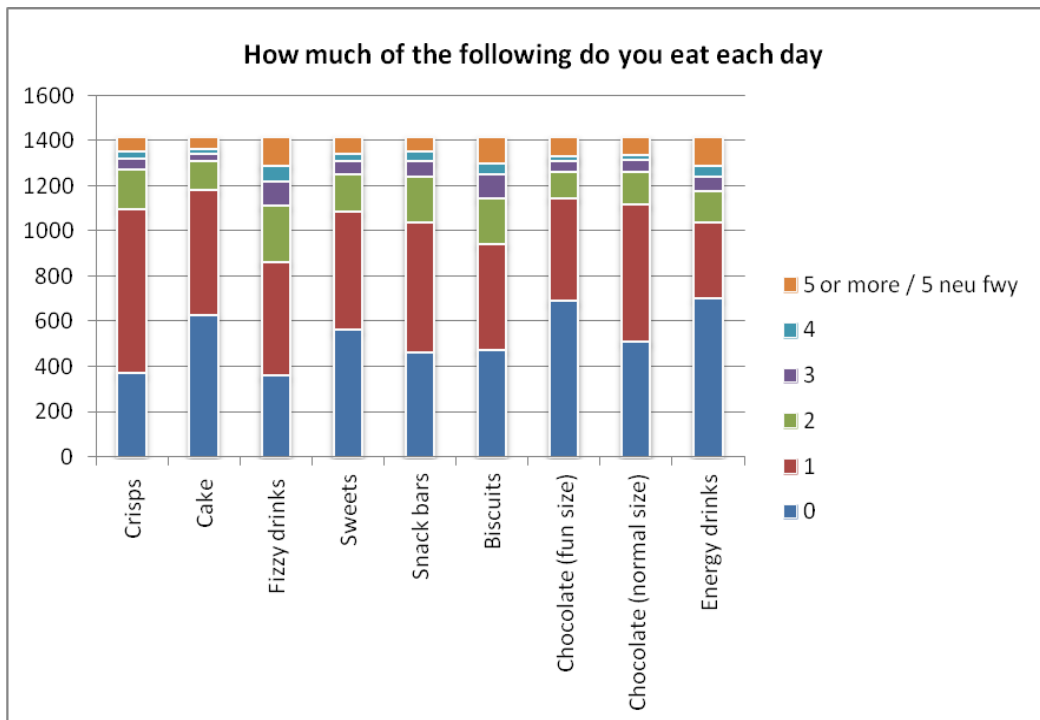
Pupils were also asked how many types of 'junk food' they eat in a day and the results are shown in the following graphs.

Figure 18: Amount of 'junk food' eaten in a normal day, primary school pupils - School Pupils Needs Assessment 2013



Source: School Pupils Needs Assessment 2013

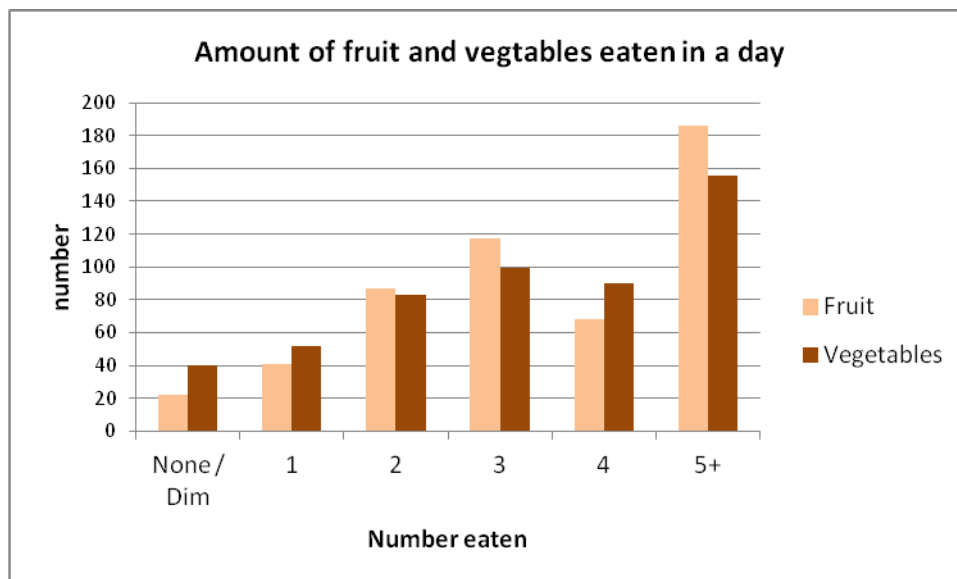
Figure 19: Amount of 'junk food' eaten in a normal day, secondary school pupils - School Pupils Needs Assessment 2013



Source: School Pupils Needs Assessment 2013

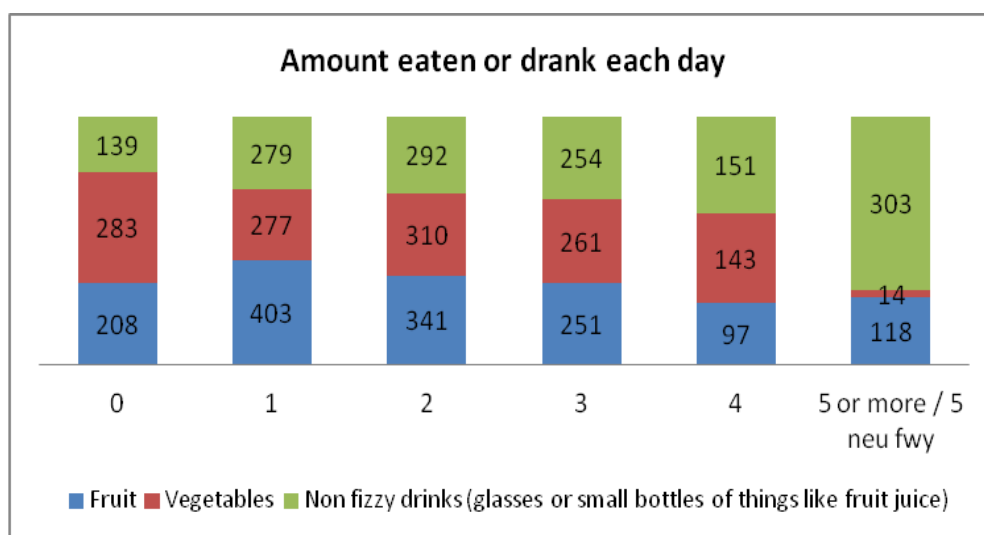
The following graphs show pupils responses when asked about how many portions of fruit and vegetables they consume each day

Figure 20: Amount of fruit and vegetables eaten in a normal day, primary school pupils - School Pupils Needs Assessment 2013



Source: School Pupils Needs Assessment 2013

Figure 21: Amount of fruit and vegetables eaten in a normal day, secondary school pupils - School Pupils Needs Assessment 2013



Source: School Pupils Needs Assessment 2013

Immunisations

Vaccination is a safe and effective way to prevent life-threatening and disabling illnesses. It is important that all babies, children and young people are immunised against vaccine preventable diseases. When 95% of a population is fully immunised, the spread of disease can be significantly reduced. This is the so called 'herd immunity'. Targets for the uptake of all childhood immunisations are therefore set at 95% and are part of the Tier 1 target for the NHS in Wales.

The following graph shows the trend in uptake of childhood immunisation in the Vale of Glamorgan since 2004. Uptake of early vaccinations (5 in 1 at 1 year and Meningitis C at 1 year) have generally been good, although have fallen slightly over the last few months³. Uptake of MMR1 (by age 2yrs) has recently achieved the target, however uptake of preschool immunisations remain below target levels.

Uptake of vaccination in older children is a concern as it falls significantly below target and is not showing improvement. This specifically relates to the teenage 3 in 1 booster, which protects against Diphtheria, Tetanus and Polio, and Human Papilloma Virus (HPV) which is offered to girls and aims to prevent cervical cancer. Most recent data for the Vale of Glamorgan shows an uptake of 79.3% at 16 years for teenage booster (target 95%) and 84% at 15 years for HPV (target 90%).

Headline uptake data can hide marked variation in uptake between smaller areas. For example uptake of teenage booster by age 16 varies between GP practice area from over 95% to below 50%⁴.

In addition to the childhood immunisation programme, certain vaccinations are offered to people at higher risk from infectious diseases in all age groups. This includes the seasonal Flu campaign. Influenza vaccination aims to minimise Flu related morbidity, mortality, GP consultations and hospital admissions. Free seasonal Flu immunisation is offered annually to all people aged 65 and older, and those between 6 months and 65 years in specific clinical risk groups. During 2012/13, immunisation was offered for the first time to all pregnant women. The target uptake for all groups is 75% and is also included as a Tier 1 target for the NHS in Wales.

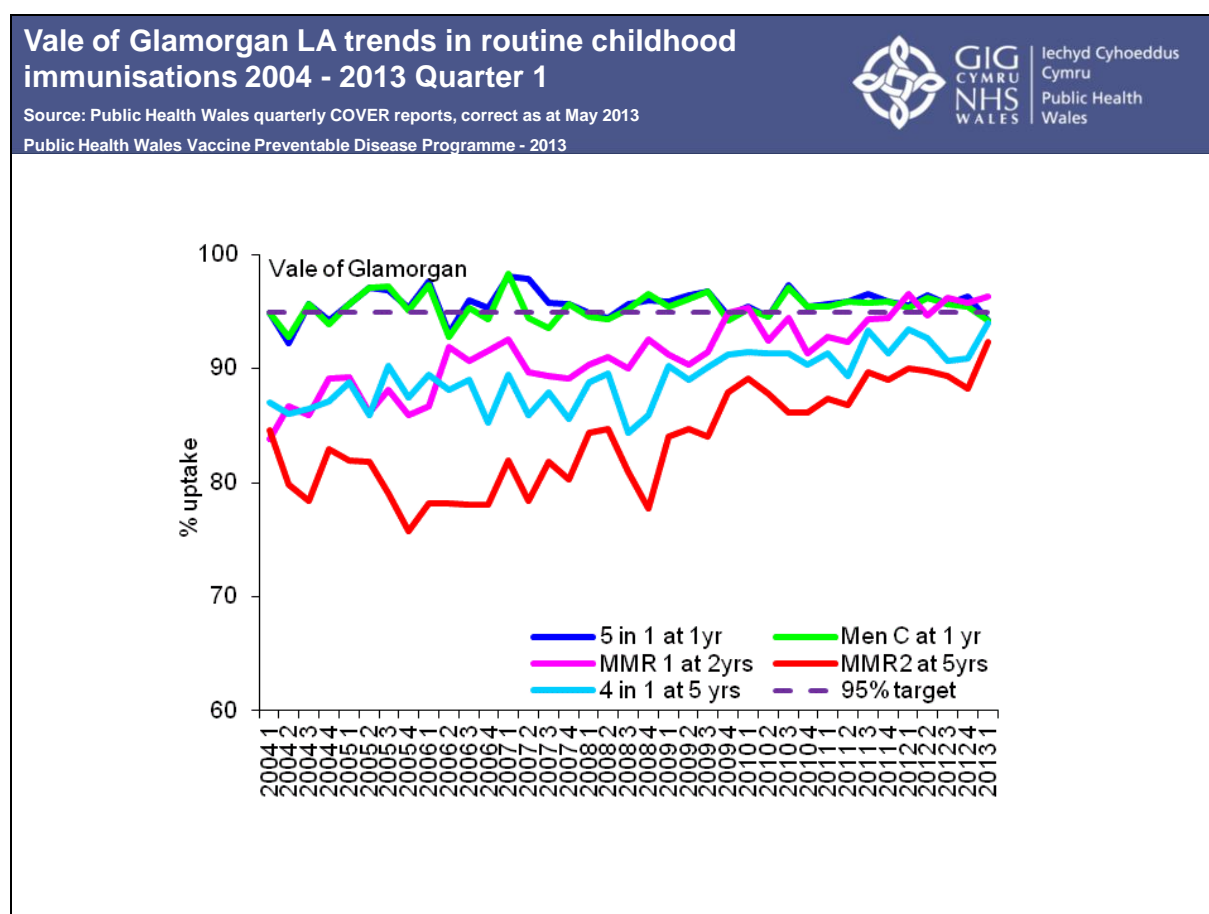
In the 2012/13 season, Flu vaccine uptake in people aged 65 and older in the Vale of Glamorgan overall was 70.5%, which is above the Welsh average (67.7%). However, again there were marked differences in uptake levels within the Vale as shown in chapter 4. Uptake in at risk groups below 65 years was 52.4%, which was again above the Welsh average (49.7%). Both show improvement from previous years but fail to reach the target levels.

Major changes are being made to the immunisation schedule from summer 2013. This includes a new annual seasonal Flu vaccine for all 2-16 year olds, which is being introduced in a phased way from September 2013, a new rotavirus vaccine for all babies and a shingles vaccine for older people.

³ Public Health Wales Vaccine Preventable Disease Programme (May 2013) Vaccine Uptake in Children in Wales January to March 2013 Available at [http://www2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/\(\\$All\)/F37F844411D5BD8480257B79003201A1/\\$File/Cov13q1%20\(Report106%20version1a\).pdf?OpenElement](http://www2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/($All)/F37F844411D5BD8480257B79003201A1/$File/Cov13q1%20(Report106%20version1a).pdf?OpenElement) Accessed 14/8/13

⁴ Public Health Wales Vaccine Preventable Disease Programme (April 2013) Practice Level Childhood Immunisation Uptake Report: Cardiff and Vale University Health Board January 2012 – December 2012

Figure 22: Routine childhood immunisations, Vale of Glamorgan, 2004 to 2013



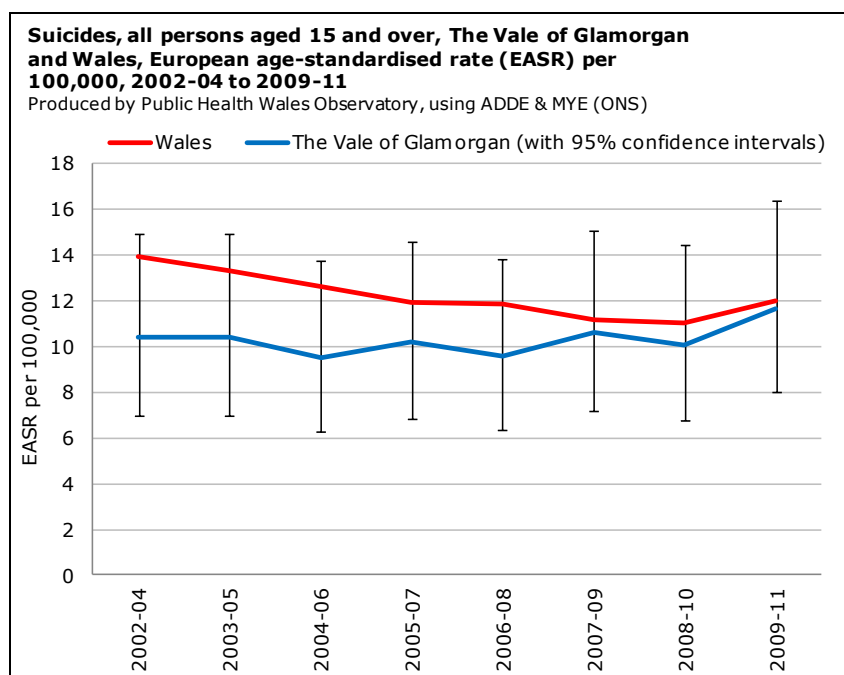
Source: Public Health Wales

Mental Health

Mental well-being affects our everyday lives and approximately one in four people will have a mental illness at any point in time. Unfortunately, some people may harm themselves or commit suicide.

Across Wales, the suicide trend has been going down over previous years as shown in the following graph. However, it did peak in 2011, most likely due to changes in the Coroners' narrative verdict. In contrast, in the Vale of Glamorgan, despite suicide rates being below the Welsh average, the trend has remained fairly static, this is of concern to Public Health Wales. On average around 10 people a year commit suicide in the Vale of Glamorgan.

Figure 23: Suicide rate, all ages, Vale of Glamorgan, 2002-04 to 2009-11



Source: Public Health Wales Observatory

Access to healthcare

As population changes create an increased demand for health and social care services, it is important that people are able to easily access these services. The Vale of Glamorgan has 6.1 GPs per 10,000 population, which is slightly low (Cardiff 6.1), but may be accounted for by residents of the Western Vale accessing primary care outside of the local authority.

Recent analysis released by Public Health Wales Observatory has looked at drive times for patients to access their nearest GP surgery. The following tables show drive times for the Eastern Vale, Western Vale and Central Vale areas. The effect of the rural nature of the environment clearly affects the drive time of patients in the Western Vale.

Table 4: Modelled percentage of patients living within specified driving times to their registered main practice in Eastern Vale GP cluster, 2012

Modelled percentage of patients living within specified driving times to their registered main practice in Eastern Vale GP cluster, 2012		
Time band (Minutes)	Number registered	Percentage
Less than 5	16,690	45.6
5 or more, less than 10	16,190	44.3
10 or more, less than 15	3,320	9.1
15 and over	390	1.1
*Unmatched postcode	-	-
Total†	36,580	

Produced by Public Health Wales Observatory, using WDS (NWIS), MapInfo Drivetime

*Postcode could not be matched to an area of residence and therefore could not be classified or drivetime was not available

†Total does not include counts of <5, totals may not match due to rounding

Source: Public Health Wales Observatory

Table 5: Modelled percentage of patients living within specified driving times to their registered main practice in Western Vale GP cluster, 2012

Modelled percentage of patients living within specified driving times to their registered main practice in Western Vale GP cluster, 2012		
Time band (Minutes)	Number registered	Percentage
Less than 5	8,930	33.1
5 or more, less than 10	5,340	19.8
10 or more, less than 15	7,230	26.8
15 and over	5,470	20.3
*Unmatched postcode	-	-
Total†	26,960	

Produced by Public Health Wales Observatory, using WDS (NWIS), MapInfo Drivetime

*Postcode could not be matched to an area of residence and therefore could not be classified or drivetime was not available

†Total does not include counts of <5, totals may not match due to rounding

Source: Public Health Wales Observatory

Table 6: Modelled percentage of patients living within specified driving times to their registered main practice in Central Vale GP cluster, 2012

Modelled percentage of patients living within specified driving times to their registered main practice in Central Vale GP cluster, 2012		
Time band (Minutes)	Number registered	Percentage
Less than 5	14,270	23.2
5 or more, less than 10	32,630	53.1
10 or more, less than 15	9,560	15.5
15 and over	5,040	8.2
*Unmatched postcode	10	0.0
Total†	61,510	

Produced by Public Health Wales Observatory, using WDS (NWIS), MapInfo Drivetime

*Postcode could not be matched to an area of residence and therefore could not be classified or drivetime was not available

†Total does not include counts of <5, totals may not match due to rounding

Source: Public Health Wales Observatory

The Vale of Glamorgan population is served by Cardiff and Vale University Health Board for general healthcare needs, although people living the west of the County may access services provided by Abertawe Bro Morgannwg Health Board. Waiting times for common procedures to be undertaken in 2011-12 are provided below as an indicator of access.

Table 7: Waiting time in days, common procedures, by LHB area, 2011-12

Local Health Board	Bladder Endoscopy	Cataracts	Hernias	Hip Revision and replacement	Knee Replacement	Tonsillectomies	Upper GI	Varicose Veins
Abertawe Bro Morgannwg	84.75	150.71	118.78	184.14	188.11	95.11	59.02	126.17
Cardiff and Vale	53.44	89.57	126.73	214.22	196.37	127.67	56.19	140.02

Source: HOWIS: Health Maps Wales: Waiting Times for Common Procedures

Access to emergency care within Emergency Units continues to be a concern with limited compliance with the 95% 4 hour wait target to A&E attendances across Wales.

Social services provision

Again the ageing population demographic found within the Vale of Glamorgan will impact on demand for services including those provided by social services.

The percentage of clients aged 18-64 who are supported in the community has decreased progressively from 93% in 2010-11 to 89.1% in 2012-13.

The rate of older people (aged 65+) supported in the community per 1,000 population increased from 50.10 in 2010/11 to 55.62 in 2011/12 but decreased to 47.66 in 2012/13.

The average number of working days between initial enquiry and completion of the care plan has substantially improved with 68 days in 2010/11 dropping to 38 days in 2012-13.

Despite this, the rate of delayed transfers of care for social care reasons per 1,000 population, aged 75 or over has risen from 3.76 in 2010/11 to a peak of 7.9 in 2011/12 before falling slightly to 6.6 in 2012/13.

Further information on social services provision can be found in chapter 4.

Conclusions

The age profile of the population of the Vale is similar to Wales as a whole. It is evident that the number of people aged 55 years and older has increased since 2001 and demographic predictions suggest that this rise in numbers of older people will continue, with the numbers of those aged 65 and over predicted to increase by more than half between 2013 and 2036. As chronic diseases such as heart disease and strokes become more common with increasing age, the predicted increases in the older population are therefore likely to have significant effects on the numbers of people living with these conditions in the Vale in the future, which will have an impact on the level of health and social care services required to support them.

Health generally in the Vale of Glamorgan is fairly good with life expectancy at birth similar to or better than the Welsh average. However this above average life expectancy is not experienced equally across all areas. Other areas of England and Wales also have a higher life expectancy.

A clear association with deprivation and poor health has been identified as there are substantial gaps in healthy life expectancy between people living in the most and least deprived areas of the Vale and this gap is also widening. As a number of outcomes in the Community Strategy are focused on reducing deprivation, this will have a corresponding impact on improving health.

All cause mortality rates in the Vale of Glamorgan have fallen over time and have been consistently lower than the Welsh average suggesting an improvement in health status and a favourable picture in the Vale overall when compared with the national picture. However rates have fallen more slowly in the most deprived areas of the Vale and the mortality rates in these areas have been considerably higher than the Welsh average. Once again, this effect has led to a widening gap between mortality rates in the most and least deprived areas.

Whilst there is a downward trend in smoking rates, trends in the consumption of fruit and vegetables are deteriorating and physical activity rates have remained static. Rates of obesity are also increasing steadily with over 50% of the population of the Vale now being overweight or obese. Whilst self reported levels of harmful drinking have remained relatively static in the Vale in line with the

Welsh average there has been a steep rise in alcohol specific hospital admissions over the last decade (2001-11).

In 2012/13, the Flu vaccine uptake in people aged 65 and over in the Vale has increased and is above the Welsh average. Uptake in other at risk groups has again increased and was also above the Welsh average but both failed to reach target levels.

Uptake of early childhood immunisation has generally been good, although it has fallen slightly over the last few months of 2012/13. Uptake of MMR1 (by age 2 years) has recently achieved the target; however uptake of preschool immunisation remains below target levels.