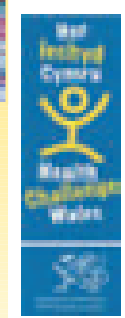
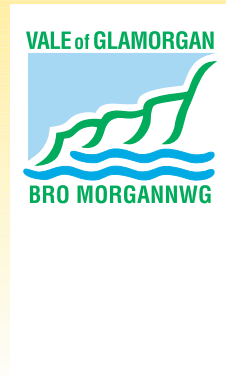


# Health, Social Care and Well Being

An assessment of need for the Vale of Glamorgan (2008-11)



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## INTRODUCTION

The Vale of Glamorgan is generally perceived to be a good place to live, and has a significant number of the most affluent areas in Wales. A national survey recently declared it to be one of the best places in Britain to bring up a family, being the only Welsh district to make the top 20 out of 408 local authorities across Britain. Most indicators of health, social care, and well being show that the Vale does much better than the Welsh average. A Public Opinion survey (2005) found 87% of respondents were proud to live in the Vale, compared to 80% in 2003. 74% were satisfied with the overall services provided by the Council, compared to 68% in 2003. However, there are several localities, particularly in Barry, where deprivation is amongst the highest in Wales. Also people living in rural areas of the Vale can have difficulty accessing services.

This is the second health needs assessment, part of an ongoing, inclusive process based on evidence and consensus that aims to provide a clear understanding of the state of health locally. It has been produced in accordance with the Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007, and will underpin the Health Social Care and Well-Being Strategy (2008-11) by:

- Addressing the public health agenda at local level;
- Supporting implementation of the Community Strategy and other local strategies and frameworks;
- Informing priority setting and commissioning.

The document provides an overview of the findings, identifies unmet needs, options for improvement, and flags up areas that will require further needs assessment work in the coming years.

## DEMOGRAPHY

Gaining an understanding of the local geography and population statistics is a vital introduction to any assessment of health need.

The Vale of Glamorgan is located in South Wales to the west of Cardiff. It covers about 33083 hectares with over 50 kilometres of coastline. The main settlements are Barry (the largest town with a population of 47700), Penarth (20400), Llantwit Major with Boverton (9700), Dinas Powys (7340), Cowbridge with Llanblethian (4200), Rhoose with Fontygary (4440), and St Athan with Eglwys Brewis (4000). Penarth and Barry are predominantly urban areas and relatively densely populated, whilst the Western Vale covers the more rural areas from Wenvoe to St Brides Major which are less densely populated. 80% of the Vale of Glamorgan is rural with a strong farming tradition.

It contains 23 electoral divisions (also called wards). It is also made up of 15 Middle Super Output Areas (MSOAs) – there are 413 in Wales; and 78 Lower Super Output Areas (LSOAs) – there are 1896 in Wales. These statistical geographies and wards are used descriptively in the needs assessment.



**Total population:** About 122930 people live in the Vale (2005 mid year estimates); that comprises of about 59180 males and 63750 females, reflecting the fact that women generally live longer than men. 17.1% are over 65 years and 5.4% are less than 5 years. Age and sex distribution is similar to Wales generally.

The **total fertility rate** (TFR) is a measure showing the average number of children who would be born to women of child bearing age (15-44 years) if all women survived to the end of their child bearing years and bore children according to current age-specific fertility rates. Based on 2004 births this is 1.73 for the Vale and 1.76 for Wales.

The **general fertility rate** (GFR) is the number of live births divided by the number of women of child bearing age (15-44) multiplied by a thousand. The GFR for Wales decreased between 1996 and 2002 but has increased in more recent years, reflecting the changes in numbers of births. The GFR in the Vale of Glamorgan was above the Wales rate in 1996 but has decreased to a rate below the Welsh average in more recent years. In 2005 there were 1278 live births in the Vale. GFR was 53.4 for the Vale and 56.2 for Wales.

**Life expectancy** in England and Wales has improved in every decade since the 1840s, from 41 years for males and from 43 years in females. It is now (ONS 2003-5) 77.0 years for males in the Vale (All Wales = 76.2 years) and 80.8 years for females (All Wales figure = 80.6 years).

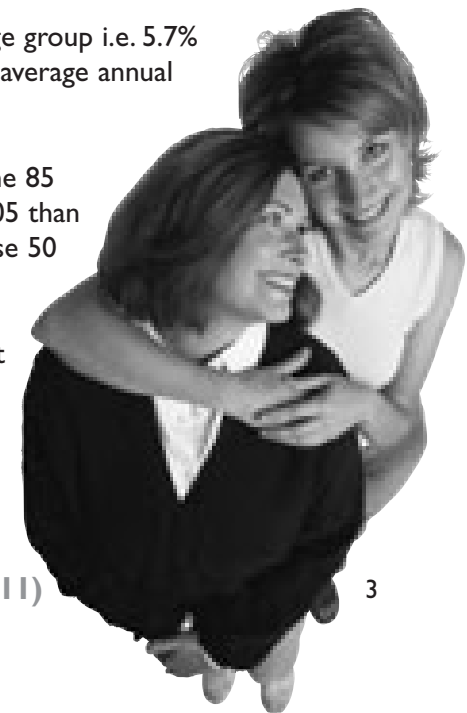
**Recent population trends:** The population of Vale of Glamorgan in 2005 was estimated to be 5.7% higher than it was 10-years earlier in 1996.

This equates to an average annual increase of 660 people across all age groups.

The actual trends within the age groups vary considerably;

- **0-24:** this age group saw an overall increase i.e. 4.1% higher in 2005 than in 1996, which equates to an average annual increase of 150 persons.
- **25-44:** this age band experienced a small overall decrease i.e. 1.6% lower in 2005 than in 1996, which equates to an average annual decrease of 50 persons.
- **45-64:** this age group experienced an overall substantial increase i.e. 14.1% higher in 2005 than in 1996, which equates to an average annual increase of 400 persons.
- **65-84:** a large overall increase is seen in this age group i.e. 5.7% higher in 2005 than in 1996, which equates to an average annual increase of 100 persons.
- **85+:** the largest overall increase was seen in the 85 and over age band which was 25.0% higher in 2005 than in 1996, equating to an average population increase 50 persons.

**Future population projections:** The Government Actuary's Department (GAD) produces national population projections for the UK. These are



based on assumptions from analysis of recent demographic trends and may not reflect what eventually happens. They are based on the three components of population change i). fertility, ii). life expectancy and iii). net migration.

2003 based projections for the period 2003-2023 indicate that the Welsh population will increase by about 0.3% each year. With increasing life expectancy, particularly in men, the number of those aged 65 and over will have increased by 38.6% (an increase of 45.7% in those aged 75 years and over), while those under 16 years will fall by 7.2%.

GAD trend projections do not, however, take into account local policy influences. These policy based trends can have a dramatic effect on what actually happens. Local population projections are currently being modelled by the Vale of Glamorgan Council to inform the Local Development Plan. This will need to reflect local developments, in particular the new £15 billion defence training academy that will be based at St Athan and further development around Barry Waterfront and Cardiff Bay. These will attract thousands of additional residents of working age and their families. The defence training academy alone could increase the population of the Vale by 10% by 2011.

**Ethnicity and Religion:** The 2001 census indicated that 97.8% of the Vale population were categorised as white, with 2.2% in minority ethnic groups. 12.8% identified themselves as being Welsh, compared with a figure of 14.4% for Wales.

The 2001 Census asked a new, optional question on religion. 73% stated

that they were Christian. 25.8% stated that they had no religion or did not answer.

**Knowledge of Welsh:** 16.9% of the Vale population have one or more skills in the Welsh language and 83.7% have no knowledge of Welsh (Wales average is 72% with no knowledge of Welsh).

## DEATH, DISEASE AND DISABILITY

### Mortality

Mortality (death) rates are often used as a proxy for the level of health in a population. Wales compares poorly with many countries in Europe, and has done so for many decades. Although life expectancy at birth has increased by about five years across Europe over the last 25 years, consistently over that time life expectancy in Wales has been three to four years less than the best countries in Europe. Whilst England does not figure amongst the best in Europe, mortality experience is better than in Wales.

As expected mortality rates are higher in the elderly than younger people. They are also higher for men than women although the gap is closing. All cause mortality in the Vale is significantly lower than the Welsh average.

The **main causes of death** are i). diseases of the circulatory system (mainly heart disease and stroke) which account for about 40%, followed

by ii). cancer which accounts for about 25% of deaths, iii). diseases of the respiratory system which cause about 13% of deaths, with pneumonia accounting for just under half (about 44%). In younger age groups injuries are a commoner cause of death. All the main causes of death above are lower in the Vale than the Welsh average.

Infant mortality rates (deaths in the first year of life) have continued to fall and are now quite rare. As they are based on statistically small numbers figures which fluctuate from year to year, they should be treated with caution. The number of infant deaths was particularly high in the Vale in 2004 (14 deaths recorded) accounting for the significantly high infant mortality rate recorded in the Vale based on 2000-2004 figures. Neonatal mortality rates, perinatal rates and still birth rates, were also all above the Wales average for 2000-4, and despite the likely “small numbers” statistical explanation this needs close examination.

Many of the risk factors for the main causes of death are preventable. About 85% of deaths due to lung cancer, the most common cancer in the world, are caused by smoking. Of deaths from heart disease, at least 15% are also caused by smoking, and another 20% are linked to poor diet.

### **Morbidity**

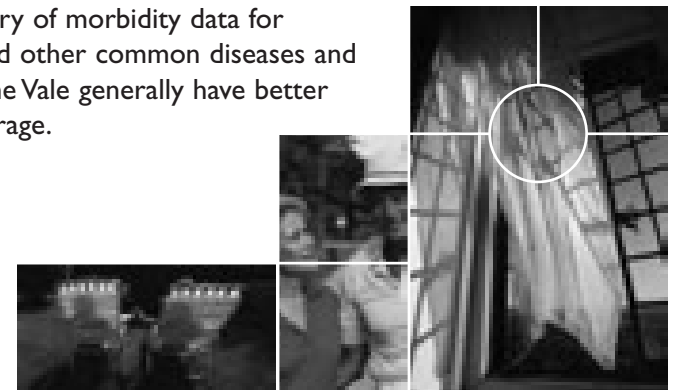
In the 2001 Census, 12.5% of the Welsh population said that their health had been “not good” over the past 12 months. Rates varied considerably within Wales, but all local authority areas had rates above the English average, being 10.4% in the Vale.

Reliable data on morbidity (ill health) and disability are more difficult to obtain than mortality. The Welsh Health Survey (WHS) (2003-5) surveyed a sample of the Welsh population and provided a picture of people’s lifestyle, morbidity and disability.

Health status scores were produced for mental and physical health. The Vale of Glamorgan scored “significantly higher”, i.e. denoting better health than most other parts of Wales. These scores are, however, lower for women than men, indicating worse health and well-being in women. They also decrease with age (except those relating to mental health), indicating worse health among older people.

Health status scores and levels of Limiting Long Term Illness (LLTI) are statistically significantly higher in more deprived areas. The Vale has one of the lowest % LLTI in Wales (Vale = 25% of adults; Welsh average = 28% of adults, and 5% of children).

Table I provides a summary of morbidity data for circulatory, respiratory and other common diseases and disabilities. Residents of the Vale generally have better health than the Wales average.



**Table 1:** Welsh Health Survey (2003-5) morbidity data comparing Wales and Vale of Glamorgan adult residents (%).

<b>Illness/disability</b>	<b>Wales</b>	<b>Vale</b>
Currently being treated for any heart condition, including high blood pressure	23	N/A*
Currently being treated for any heart condition, excluding high blood pressure	10	10
Currently being treated for high blood pressure	18	18
Currently being treated for heart failure	2	N/A
Ever treated for a stroke	3	N/A
Ever treated for cancer	4	4
Currently being treated for any respiratory illness	14	12
Currently being treated for asthma	10	11
Currently being treated for bronchitis	3	N/A
Currently being treated for any mental illness	9	9
Currently being treated for any diabetes	5	5
Currently being treated for arthritis	14	11
Currently being treated for back pain	12	11
Currently being treated for epilepsy	1	N/A
Fewer than 21 of their own teeth, or dentures	30	24
Eyesight difficulties	6	N/A
Hearing difficulties	14	N/A

\*N/A= not available





**Cancer:** Wales has among the highest rates of cancer registration in western Europe. The five most common cancers in Wales (1995-2004) based on registrations are:

- i). for males: prostate, lung, colon, bladder and rectum, and
- ii). for women: breast, lung, colon, ovary, rectum.

The incidence and 5 year survival rates for these in the Vale are no worse than the Wales average, and in many cases significantly better.

5-Year survival for all cancers combined has risen from 28% 30 years ago to about 50% today. This varies from just 2.5% for pancreatic cancer to 95% for testicular cancer. Almost two thirds of all women newly diagnosed with breast cancer are now likely to survive at least 20 years. Cancer has become a curable or chronic disease, not a death sentence, for many.

Improvements in survival can be made by earlier detection through awareness raising and cancer screening programmes, better access to specialist surgery, effective chemo- and radio-therapy, and routine use of multi-disciplinary teams.

In addition to the successful screening programmes for breast and cervical cancer, bowel cancer screening is to be rolled out in Wales in the next couple of years.

Many of the risk factors for the main causes of ill health are avoidable. They can be prevented or alleviated for example by not smoking, having a healthy diet, adequate exercise, and drinking alcohol sensibly.

**Oral health:** Dental caries (tooth decay) is the most common disease in Wales. Levels of dental caries in young children remain high, being almost five times worse in Wales than the best areas in the UK. More than half of children age 5 years have decayed, missing or filled deciduous teeth (Wales average = 54%). The level in the Vale (44%), though significantly lower than the Wales average, is still unacceptably high for an essentially preventable disease.

Dental caries can be effectively reduced by:

- reducing the consumption and especially the frequency of intake of sugar in the diet,
- brushing at least twice a day with a fluoride toothpaste, and
- encouraging use of fluoride supplements and fissure sealants.

**Diabetes:** The prevalence of diabetes continues to rise and is set to reach 5% by 2010. This increase is primarily due to growing levels of obesity, a causal factor for Type 2 diabetes. Better detection is a more positive contributory factor to increased prevalence. Early detection and treatment can prevent the harmful complications of diabetes, e.g. blindness, kidney failure, heart disease, amputation.

## HEALTH AND WELL-BEING

Health was traditionally taken to mean the absence of disease. It is now widely recognised that there are a large number of factors that affect our health and well-being, e.g. a person's individual genetic make-up, age and gender; the lifestyle choices that they make; environmental factors, as



well as health services and social care provision. These are all referred to as the wider determinants of health and summarised in Figure 1.

In 2003 Sir Derek Wanless reported in his “Review of Health and Social Care in Wales” that:

- Health was relatively poor in Wales,
- An insupportable burden was being put on the acute health care sector and its workforce. Contributory factors include technological advance, an ageing population and increased public expectation.
- Pressure on the acute sector could be reduced through enhancing community and primary care services,
- Wales was not getting as much out of its health spend as it should,
- More success was needed in engaging the public in addressing their own health, and
- More resources should be put down-stream into promoting health and preventing disease, rather than seeing this as an “add-on” when people got ill.

### • Lifestyle

Many of the causes of death and disease that we read about earlier could be avoided or reduced by changing the way we live, and some of the lifestyle choices that we make. Smoking, diet and exercise are very important, as are alcohol and other substances of misuse, accidents and injuries, infections and mental health. These themes form part of Health Challenge Wales, launched by Welsh Assembly Government in 2005, in recognition of the key contribution they have to make. Patterns of behav-

our that we establish early in life are often continued to adulthood, hence the importance of getting healthy lifestyle messages across to children at an early age and establishing good habits.

**Figure 1.** The wider determinants of health.



### Smoking

Smoking is the single biggest avoidable cause of disease and early death in Wales. It kills around 114,000 people in the UK every year. Most die from one of the three main diseases associated with cigarette smoking i.e. cancer, chronic obstructive lung disease (bronchitis and emphysema)

and coronary heart disease. Specific percentage deaths attributable to smoking include:

- Lung cancers: 84 per cent
- Chronic obstructive lung disease: 84 per cent
- Ischaemic heart disease: 17 per cent
- Cerebrovascular disease (stroke): 10 per cent

It is estimated that non-smoking adults exposed to second hand smoke (i.e. passive smoking) are about 25% more likely to develop lung cancer and heart disease. Exposure to environmental tobacco smoke is also a major risk factor for conditions such as sudden infant death syndrome and respiratory childhood diseases.

**25.1% of Vale of Glamorgan adults reported being a current smoker** (WHS 2003-5). This is slightly below the Welsh average of 27.1% and represents a slight decrease on the previous figure of 26.1% (WHS 1998).



Adult men smoke more than women. However, in Wales teenage girls aged 13-15 are almost twice as likely as boys to be smoking daily.

Smoking is particularly widespread amongst lower socio-economic groups and people living in poorer communities are more exposed to second hand smoke. Smoking is estimated to account for over half the difference in risk of premature death between social classes, and reducing the prevalence of

smoking will help reduce health inequalities.

Continued public health action is required to further reduce the prevalence of smoking, and falls into three areas:

- i). Prevention – work to help young people not start smoking;
- ii). Cessation – support for smokers in giving up;
- iii). Environmental action – actions to encourage non smoking as the norm:

- Smoke free policies
- Enforcement of legislation (sales of cigarettes, advertising)
- Taxation to increase the price

On 2nd April 2007 new legislation came into force in Wales banning smoking in enclosed public places, an important intervention in decreasing smoke related illness and health inequalities. Successful implementation of the ban over the next few years will require support for monitoring and enforcement by the Environmental Health Department of the local authority.

### Nutrition

Good diet and adequate food supply are essential for promoting health and well-being. Not eating enough food and lack of variety cause malnutrition and deficiency diseases. Excess intake contributes to cardiovascular diseases, diabetes, cancer, obesity and dental caries.

Poor nutrition contributes to about 30% of coronary heart disease deaths and 33% of all cancer deaths.

Diet in the UK has changed over the past few decades to over consumption of energy-dense fats and sugars, producing obesity.

- **52.9% of Vale of Glamorgan adults are overweight/obese (WHS 2003/05), compared to a Welsh average of 54.1%.** This shows a slight increase from the 1998 figure of 51.5%.
- 42.6% of adult Vale residents (WHS 2003/05) reported eating the recommended 5 or more portions of fruit and vegetables the previous day (Welsh average = 40%), i.e. most (57.4%) were not.
- Data show that those living in deprived areas eat a less healthy diet.
- From January 2007 the existing child health survey element of the Welsh Health Survey will include an extended data collection to include the gathering of height and weight measurements of children. This will assist with monitoring obesity trends in children.

In the general population it is estimated that one in seven people aged 65 years and over has medium or high risk of malnutrition, but that prevalence is higher in those who are institutionalised (e.g. in hospitals and long term care homes). Malnutrition predisposes to disease, delays recovery for illness and adversely affects body function, well-being and clinical outcomes.

Diet is a modifiable lifestyle determinant. Changing our dietary habits for the better, alongside an improvement in our activity levels will have a major impact in reducing rates of the chronic diseases.

### Physical activity

Physical activity not only contributes to well being but is also essential for good health. People who have a physically active lifestyle have approximately 50% less risk of developing coronary heart disease (CHD), stroke and type 2 diabetes compared to those who have a sedentary lifestyle, and can reduce their risk of premature death by about 20-30%.

Physical activity improves mental health too, decreasing levels of stress, anxiety and depression.

Downward trends in activity levels are one of the principal reasons for the conversely upward trends in obesity. With physical activity being one half of the energy balance equation, it follows that this must continue to be an important focus for national and local action. Its importance is highlighted as it is a key priority area identified in Health Challenge Wales. It is also identified as a specific action point to be addressed as a 'Health Gain' target for Wales by "increasing the present rate of moderate-to-vigorous exercise undertaken by people aged 50 to 65 to 30 minutes on five days a week by 2012."

The Welsh Health Survey in 1998 reported that only 28% of adults achieved the recommended minimum of 30 minutes moderate activity on five or more days of the week. Results from the latest survey show little change with 29% achieving the recommended minimum (men 36% but women only 23%). **The Vale of Glamorgan was slightly below the Welsh average with only 27.7% of the adult population meeting minimum guidelines.**

WHS (2003-5) found that a higher proportion of men than women meet the guidelines within each age group, and the proportion meeting the guidelines decreases with age, particularly for men.

Findings indicate that people with inactive lifestyles in England and Wales have more than double the prevalence of smoking, hypertension or high cholesterol. There is a strong correlation between physical activity levels and social class. Low educational attainment also appears to be a strong predictor of high inactivity levels.

Current guidelines state that children should engage in 60 minutes or more physical activity on 5 or more days a week; where physical activity is described as any activity that increases your heart rate and makes you get out of breath some of the time.

There are no reliable and comparable lifestyle data available for children and young people in Wales at the LHB level. However, the Health Behaviour in School-aged Children (HBSC) study provides some useful data:

- i). Children that were aged 11 and living in Wales in 2001/2 were less likely to be achieving the guidelines for physical activity than children living in England, Scotland and Ireland.
- ii). Overall the survey shows that the proportion of children meeting the guidelines for physical activity in Wales decreases with age, most noticeably in girls where it more than halves, from 37.4 to 17.6 per cent, between the ages of 11 and 15.

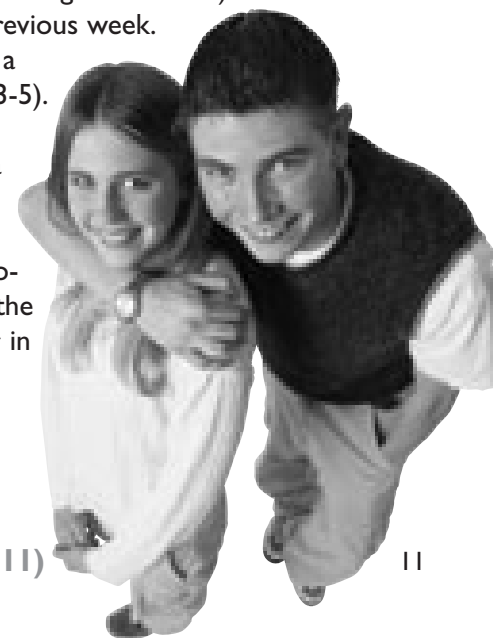
### Alcohol and other substances of misuse

Alcohol is part of our culture of socialising and celebrating. However, there is a serious downside as alcohol has been estimated to be a factor in:

- Half of all violent crimes.
- 1 in 6 attendances for treatment at Accident and Emergency departments, rising to 1 in 8 at peak times.
- About 40% of deaths in fires and 15% of drownings.

The number of alcohol-related deaths in Wales continues to rise. Despite the serious health effects of excess alcohol **over 40% (40.3%) of adults in the Vale (All Wales figure = 39.8%) report that their average alcohol consumption is above the recommended guidelines** of no more than 4 units/day for males and no more than 3 units/day for women. Also about 20% (18.8%) of adults in the Vale (All Wales figure = 19.3%) reported binge drinking at least one day the previous week. This means men drinking more than 8 units in a day, and women more than 6 units. (WHS 2003-5).

For 13 year olds nearly a quarter of girls and a third of boys in Wales reported drinking alcohol weekly. Data for 15 year olds shows that Wales has the highest proportion of young people reporting drinking on a weekly basis of all the countries participating in the Health Behaviour in School Aged Children (HBSC) survey.



Substance misuse of illegal drugs such as cannabis, amphetamines and heroin can seriously damage both physical and mental health leading to a wide range of social and economic problems for the individual and society.

- UK has a higher prevalence of drug misuse than any other country in Europe.
- Figures from the British Crime Survey (2004/5) show that 11% of adults (aged 16-59 years) and almost a third (30.1%) of young adults (aged 16-24 years) in Wales reported using drugs in the last year.
- The Welsh National Database for Substance Misuse (2005-6) that 58% of referrals for men and 61% of referrals for women were for people aged less than 30 years. The median age on referral is 27 years. The number of referrals can be seen to be greatest in the 20-29 and 30-39 age groups.
- The number of referrals for drug misuse for men was almost two and a half times higher than the number of referrals for women.

### Accidents and injuries

The Vale has the lowest rate of death by injury (ONS 2002-04) in Wales, that being 23.3/100,000 population compared to 30.9/100,000. There is considerable variation within the Vale, however, with the highest injury related mortality being in the rural Vale and the most deprived areas of Barry, i.e. in MSOAs Vale of Glamorgan 001, 007, 009, 012 (see Appendix 1).

In 2004 there were 492 road traffic collision casualties in the Vale, peak

incidence being in the 15-24 year age group.

The age groups most frequently admitted to hospital for unintentional injury are typically children, young people and the elderly. There were a total of 596 such events in 2003. A further 172 hospital admissions that year were for intentional self harm injuries.

All Wales data reveal that most injuries occur at home.

### Infections

#### a). Immunisation

Immunisation is the most cost effective public health intervention ever after clean water, saving two million lives a year worldwide according to WHO. Diseases which were once common in the UK are now rarely seen thanks to decades of immunisation and rising uptake.

Immunisation rates are generally higher in the Vale than the Wales average. Figures for the uptake of influenza vaccine for the 2005-6 'flu season indicated that the Vale was one of seven LHBs where the 70% target was exceeded (being 70.7% in the Vale; all Wales figure = 68.2%).

By their first birthday babies should have a series of three vaccines to protect them from whooping cough, polio, tetanus, diphtheria and one type of meningitis



(Hib). This is called the “5 in 1”. A milestone was reached in Wales in August 2006 when the uptake of this vaccine reached the 95% target. Latest data (COVER 82) indicate that uptake is 98.1% in the Vale (all Wales = 95.3%). The 2007/8 national (SAFF) target for uptake of the 2nd dose MMR (measles, mumps, rubella) vaccine is 95%. Uptake remains low, however, being 81.9% in the Vale (All Wales = 78.3%) and will remain a focus for improvement in future years.

A new vaccine will be introduced into the national immunisation programme from August 2008. It will protect against Human Papilloma Virus which causes cervical cancer. The vaccine will be given to all girls aged 12-13 years with the aim of reducing cervical cancer by up to 70%.

#### **b). Sexual health**

Data from genitourinary medicine (GUM) clinics in Wales indicate that rates of sexually transmitted infections (STIs) are increasing, although they remain lower than those observed in many parts of the UK. Between 2003 and 2004 the number of new cases of gonorrhoea, anogenital chlamydia, herpes and warts diagnosed in GUM clinics in Wales all increased.

In 2004, there was a 13% increase of uncomplicated chlamydia infection (a major cause of infertility, ectopic pregnancy and pelvic inflammatory disease) from 3126 episodes in 2003, to 3541 episodes in 2004. This represents a continuation of the recent trend in increasing rates of diagnoses, partly reflecting increased awareness and improved diagnostic techniques.

The number of cases of HIV infection newly diagnosed in Wales in 2004 was similar to the previous year at around 100 new diagnoses per year. However, the prevalence of HIV/AIDS in Wales continues to increase due to continuing transmission in gay men, immigration of people who have acquired their infection overseas, and better survival of those infected with HIV in the past.

There are still barriers to effective surveillance of STI in Wales. Data (KC60) returns are not timely and neither laboratory nor KC60 data can provide data on the incidence of STI in Local Health Board resident populations.

#### **c). Food hygiene**

In 2005 South Wales had the second largest outbreak of E Coli 0157 in the UK. This highlighted the importance of the work carried out by the Food Safety Service of local authorities. In the Vale, over 1000 food premises are inspected according to assessed risk. The Chief Medical Officer's review recommended that local authorities review resources to ensure adequate capacity to respond to emergency situations including guaranteed access out-of-hours, which is not currently locally available.

#### **d). Other**

Key areas include the need for continued reduction of healthcare acquired infections, e.g. MRSA, and addressing the health risks of emerging infection such as pandemic influenza.



**Mental health:** Mental health is essential for the well being and effective functioning of individuals and communities. People's perception of their mental health in the Vale of Glamorgan, as measured by the WHS, is better than the Welsh average. It is better in males than females generally and worse in more deprived areas.

Welsh Assembly Government (WAG) recommend that mental health promotion strategies and interventions should adopt approaches which i). reduce risk factors and ii). promote protective factors at individual, community and policy level.

i). Reducing risk factors includes support for individuals experiencing bullying, bereavement, domestic violence, and caring responsibilities, decreasing social isolation and exclusion, tackling discrimination, and focus on reducing the impact of deprivation and inequalities.

ii). Strengthening protective factors include counselling, exercise, stress/anger management, art/drama, self-help groups, drop-ins, mentoring, supported employment, volunteering.

#### • Environment

For the purposes of the needs assessment the term environment is used to cover health determinants within the natural, man-made and social environment.

#### Housing

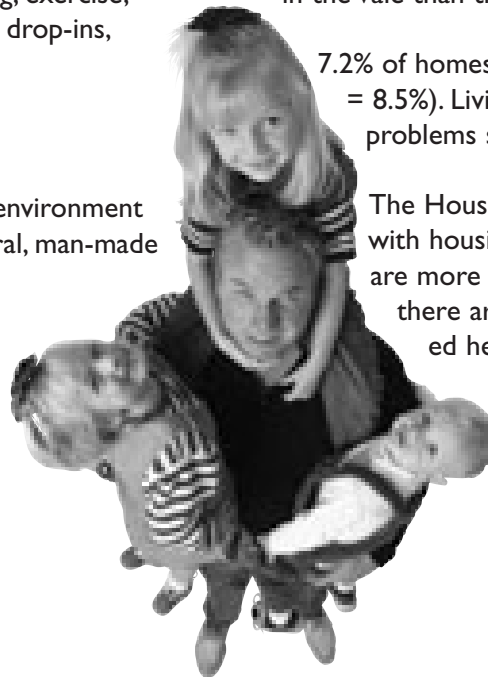
There are over 51,000 dwellings in the Vale of which about 80% are owner occupied and 9% are Council houses. Median house prices are well in excess of the Welsh average which has highlighted the need for affordable housing locally.

The development of the defence training academy in St Athan will increase the need for new housing in the area. A transient increase in migrant workers involved in the building trade may well increase the population in rented accommodation, temporary accommodation, in caravans, and the homeless.

162 households were classed as "eligible, unintentionally homeless and in priority need" in 2006-7 in the Vale, compared to 197 in 2001-2. Homelessness did increase in the intervening years but is generally lower in the Vale than the Welsh average.

7.2% of homes in the Vale were deemed unfit for habitation (all Wales = 8.5%). Living in an unfit home can be a significant risk due to problems such as dampness or dangerous electrics.

The Housing and Health Survey 2003 confirmed that problems with housing stock such as damp, dust, condensation and noise are more common in the more deprived areas of the Vale, and there are links between these problems and poor self-reported health status.



In terms of home insulation, the rates in the Vale, whilst being comparable to the Welsh average (6.6% compared to 6.5% in 2003), have some way to go to reach the best performing authority (Flintshire) which had almost double the rate. The Vale has the second highest index of excess winter deaths in people over 65 years in Wales, which represents 79 deaths that are potentially avoidable.

The Vale of Glamorgan Council has been distributing grants (e.g. Disabled Facilities Grants) to enable people to adapt their own homes so that they can continue living there independently. This might involve installation of a stair-lift or bath aids and can be part of a package of discharge from hospital or care in the community. The demand for grants currently outstrips resources. The Council and Local Health Board are aware that, with an ageing population, the need for such adaptations, including the use of Telecare and Extracare Housing, will increase in the future.

### **Education**

Lack of skills and/or qualifications influences a person's ability to secure employment, earn a stable income and affects their future life prospects including the ability to improve their health.

Around 1 in 9 of the working age population in the Vale holds no qualifications compared with 1 in 6 nationally.

Educational attainment of children in the Vale is higher for all qualifications (NVQ, GCSE and A level).

### **Employment and the economy**

People's ability to work and contribute to the local economy is dependent on their health. Similarly, lack of employment and income can impact on people's health and well-being.

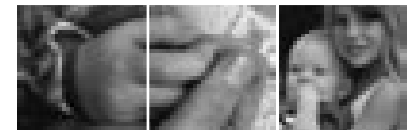
A higher % of the working population is economically active in the Vale (77.5% in 2005) compared to the all Wales figure, although a similar proportion are unemployed (5% in 2005). A lower percentage of households in the Vale claim incapacity benefits, income support, or pension credit allowance, with the highest % of claimants being in the most deprived areas.

Developments like the St Athan defence training academy bring with them the potential for more jobs for local people.

### **Transport**

Availability of transport is important to people being able to access employment, health and leisure facilities. Limited access can result in social exclusion.

Lower proportions of households in the Vale are without a car or van (21.5% compared to the all Wales figure of 26%). A higher percentage of people in the Vale use public transport to get to work (8.4%, compared to 6.5% all Wales average).



A local Public Opinion Survey (2003) explored views on access. As expected respondents from the rural Vale, for example St Brides, found getting to places more difficult than those in urban area. 17% of residents found getting to the local hospital difficult (range 13% in urban areas to 26% in rural areas).

### **Community safety and crime**

Feeling safe when living and working within a community is often influenced by a person's perception or understanding of actual levels of crime and disorder. The impact of crime on health is well documented, as is the fear of crime.

The rate of all recorded crime in the Vale is lower than in Wales (2005). This is also the case for the individual categories of burglary, violence against the person, criminal damage and vehicle and other theft. However, when the Safer Vale Partnership carried out a survey in 2004 they found that over 50% of respondents stated that they were either fairly worried or very worried about numerous types of crime.

### **Natural environment**

The natural environment can have a considerable impact on the health and well-being of individuals and communities. The Vale of Glamorgan Council's Environmental Health Service (EHS) is responsible for regulating many aspects of this including air and water quality, radon gas, noise and contaminated land.

Where levels of air pollutants exceed nationally agreed levels the Council has a duty to declare an Air Quality Management Area. This has not been necessary to date.

Sampling (2005-6) indicated that a lower % of river length was classified as being of good chemical quality (84.3%) compared to Wales, but a higher % was of good biological quality (90.8%).

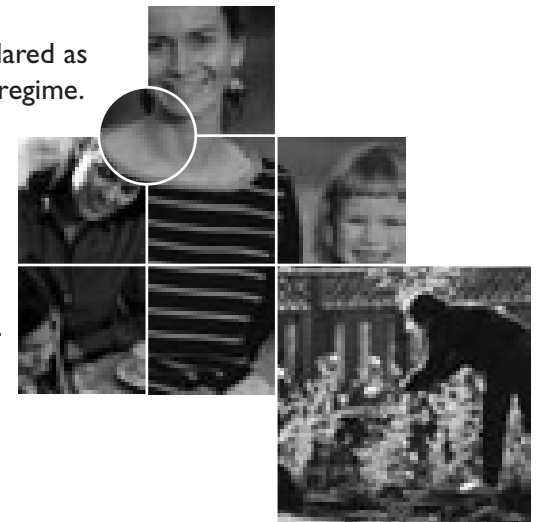
Some parts of the Vale are "Radon Affected Areas" and since 2002-3 all new builds and extensions of property need radon protection measures unless it is proven that there is no radon escape or effect on the property.

EHS is responsible for regulating noise exposure in the workplace and investigate about 800-900 complaints about noise from residents each year. Failure to comply with a noise abatement notice can result in prosecution.

To date, no land in the Vale has been declared as Contaminated Land under the statutory regime.

### **• Health and Social Care Service Provision**

The 2003 "Review of Health and Social Care in Wales" by Sir Derek Wanless outlined a number of systemic weaknesses in the Welsh NHS, including inefficient



use of resource, an insupportable burden being put on the hospital sector, over-reliance on buildings (i.e. an estates-led, rather than a service-led, model of care), and a lack of critical mass of expertise (i.e. expertise is spread too thinly).

In response to these findings, in 2005, the Welsh Assembly Government published its strategy for the delivery of world-class health services in Wales by 2015, "Designed for Life." The core of the strategy is that as many services as possible should be delivered in out-of-hospital settings, as locally as possible. This requires the development of primary, community and intermediate care, puts more resources into promoting health and preventing disease, and recognises the need to engage with the public in addressing their own health.

This section provides a brief overview of the range of health and social care services currently provided for residents of the Vale and their future needs.

### **Primary care**

Primary care services are provided by GPs, dentists, opticians (also called optometrists), chemists (also called pharmacists), and their associated staff such as practice nurses and hygienists. They are the first point of contact that most people have with the health service, providing more than 90% of patient contacts with the NHS.

The 2003-5 Welsh Health Survey found that, of adults aged 16 years and over, 14% reported that they had talked to their GP about their own

health in the past two weeks (all Wales figure = 17%). In the last year, 81% of adults reported using a pharmacist, 70% had used a dentist, and 50% had used an optician (the corresponding all Wales figures are 80%, 67% and 46%).

For descriptive purposes the Vale can be subdivided into three geographic areas:

- Eastern Vale of Glamorgan (Penarth and Dinas Powis)
- Central Vale of Glamorgan (Barry and Sully)
- Western Vale of Glamorgan (Cowbridge and Llantwit Major)

### **a). General Medical Services (GMS)**

There are 17 General Medical Practices within the LHB area, with 6 in Eastern Vale, 8 in Central Vale and 3 in Western Vale (plus branch surgeries from 2 practices where the main surgery is located in the Central Vale). The average practice list size for the Vale of Glamorgan is 7,109 (all Wales figure is 5,885). This is the second highest in Wales and reflects the fact that the Vale LHB is one of only four LHBs in Wales with no single-handed GPs. There are no significant difficulties with recruitment of general practitioners to vacancies in the Vale. The ratio of female to male GPs is currently approximately 2:1.

Under the new GMS contract core services are provided for "management of patients who are ill or who believe themselves to be ill, general management of the terminally ill and management of chronic disease." Practices can choose to opt out of additional services, including out of hours; however, LHBs remain responsible for ensuring their local

availability. Since all practices have opted out of the Out of Hours Additional Service, the LHB has contracted with Primecare to provide a call handling, triage, treatment centre and home visiting service between the hours of 6.30pm and 8.00 am. Performance is regularly monitored against agreed standards and reported to the Board. Practices can apply to carry out a list of enhanced services, with high take up in the Vale.

All 17 practices participate in the voluntary Quality & Outcomes Framework (QOF), which financially rewards practices for achieving a range of quality indicators in clinical and organisational domains. In the year ending 31st March 2006, 1,050 QOF points were available to each practice. The average number of points scored by Vale of Glamorgan LHB practices was 1,020. This compares well with a Welsh average of 1,003 points.

In March 2007 the first of seven new primary care centres opened in Barry as part of the LHB's Primary Care Estate Strategy. Services are increasingly being developed in primary care, with community and intermediate care support, to deliver services out of hospital where possible. The LHB and Council are aware that any significant new economic or housing developments, such as those planned in St Athan, will require additional health service provision.

#### **b). General Dental Services**

There are 26 dental practices within the Vale of Glamorgan. This represents 6 practices in Eastern Vale, 14 practices in Central Vale and 6 practices in Western Vale. A local assessment of dental services carried out in

order to inform commissioning of 2007-8 dental activity found there to be sufficient NHS dentists to meet the needs of Vale residents; however, this provision may not always be in resident's own town or village.

#### **c). Optometry services**

Optometry services are provided by 18 practices within the Vale of Glamorgan. This represents 5 practices in Eastern Vale, 9 practices in Central Vale and 4 practices in Western Vale. Local optometrists are involved in a number of innovative schemes designed to meet the needs of the population. The Primary Eyecare Acute Referral Scheme (PEARS) has, for example, been set up to enable optometrists direct referral access to hospital ophthalmology services. This means that, whilst the GP is informed of the eye problem, the patient does not have to wait to see the GP before being referred on to the ophthalmologist.

#### **d). Community pharmacy**

Community pharmacy services are provided by 27 pharmacies within the Vale of Glamorgan. This represents 9 pharmacies in the Eastern Vale, 12 pharmacies in the Central Vale and 6 pharmacies in the Western Vale.

Similar to the new GMS contract, the new pharmacy contract comprises of core essential services, advanced services and enhanced services. Essential services are provided by all



pharmacy contractors, and consist of dispensing, repeat dispensing, clinical governance, signposting, self-care, disposal of unwanted medicines and promotion of healthy lifestyles. Medicine Use Reviews are an example of advanced services; enhanced services are commissioned locally to meet local need, for example, supervised consumption of methadone.

In 2006, a review of community pharmacies mapped their location against other indicators such as population density, morbidity and mortality and different groups such as young children and the elderly, and reported a generally high level of congruence.

### **Hospital, community and intermediate care**

The Vale of Glamorgan is served, primarily, by two major NHS Trusts; Cardiff & Vale NHS Trust providing secondary care services to the central and eastern Vale, with Bro Morgannwg NHS Trust, based in Bridgend, providing the majority of services in the western Vale. There has been a slight shift recently, with Pontypridd & Rhondda NHS Trust (based at the Royal Glamorgan Hospital in Llantrisant) providing an increasing number of services, particularly obstetrics, to residents of the central and northern Vale. As a result, the LHB is reviewing its commissioning intentions to reflect this element of patient choice.

Cardiff and Vale NHS Trust comprises of 7 hospitals and 34 health centres. Two of its hospitals, Llandough hospital in Penarth and Barry hospital, are in the Vale of Glamorgan. Bro Morgannwg NHS Trust comprises of 12 hospitals and 31 community premises. The main hospital, the Princess of Wales hospital, is situated in Bridgend.

Highly specialist (tertiary services), for example interventional cardiology, renal dialysis and transplantation, are commissioned by Health Commission Wales.

Designed for Life has led to a drive to reconfigure the way in which NHS services are delivered, particularly in respect of secondary care services. As part of this drive, the LHB and its partner organisations are involved in reconfiguration work at both a) regional and b) sub-regional level. This includes the Programme for Health Service Improvement with Cardiff and Vale NHS Trust, and the Delivering Integrated Services project with Bro Morgannwg NHS Trust.

### **a). Hospital activity**

- Over half of all GP referrals to the Trusts fall within five specialties: general surgery, gynaecology, ophthalmology, trauma and orthopaedics, and dermatology.
- An overall reduction in GP referrals to hospital based care has been seen since the LHB introduced its Referral Management Centre in September 2005, with more patients now receiving alternative treatment in primary care and community settings.
- 9% of the Vale adult population reported (WHS 2003-5) being in hospital as an inpatient in the past year (all Wales figure 10%).
- Inpatient admission rates for the Vale (elective and emergency) are lower than the Welsh average.
- Day case admission rates are higher than the Welsh average.
- Admission rates depend on a variety of factors including distance from





home, ability to cope if living alone and bed availability. Generally areas of greater deprivation are associated with higher inpatient admission rates.

#### **b). Waiting lists**

- Waiting times identify capacity gaps and mismatches between health needs and service delivery. In 2006, waiting times (both more than 3 months and 6 months) were higher in the Vale than the Welsh average, being particularly long at Cardiff and Vale NHS Trust.
- Significant progress was made however in reducing waiting times for both local Trusts and 2006-7 (SAFF) targets for daycases, inpatients and outpatients were achieved.
- The 2006-7 target that 95% of all new patients should spend less than 4 hours in a major Accident and Emergency department from arrival to admission was not met by either local Trust (C&V = 81%; Bro Morgannwg = 92%).
- Recent changes to the Welsh Ambulance Service have led to significant improvements in response times in the Vale. National targets are set to achieve 60% of all first responses to Category A (immediate life threatening) calls arriving within 8 minutes, 70% of all first responses to Category A calls arriving within 9 minutes, and 75% of all first responses to Category A call arriving within 10 minutes. These were all achieved locally in the last quarter of 2006-7 and continue to be regularly monitored.

#### **c). Heart disease**

- Speed is of the essence when treating a person with a heart attack. A national target is set that 70% of “call to needle” thrombolytic treatment should be achieved within 60 minutes. The latest report of 2006-7 data (MINAP) indicates that the all Wales figure is 41% (an improvement on 30% in 2005-6); University Hospital of Wales (Cardiff and Vale NHS Trust) achieved 55%; Princess of Wales hospital achieved 62%; the all England average was 64%. The report concludes that in Wales there is room for both pre-hospital and within-hospital improvement.
- The % of heart attack patients prescribed secondary prevention medication on discharge (2006-7) exceeds targets. In Wales figures were 99% for aspirin, 93% for beta blockers and 95% for statins, and were higher in University Hospital of Wales and Princess of Wales hospitals.
- The 2001 Coronary Heart Disease National Service Framework (CHD NSF) recommended angiography rates of 5000 per million population by 2004-5, with 2000 per million population for those with stable angina. While Wales has comprehensively fallen short of meeting these targets, the new updated NSF due out in 2007-8 sets even higher targets based on British Cardiac Society recommendations phased through to 2012.
- The 2001 CHD NSF recommended angioplasty (PCI) rates of 1100 per million population. 725 PCIs per million population are currently commissioned in Wales.
- The 2001 CHD NSF recommended a Coronary Bypass Graft (CABG) rate of 1100 per million population. 439 CABGs per million population are currently commissioned in Wales.

- The UK as a whole has a low rate of pacemaker implantations. The Western European average new implant rate for 2003-4 is 703 per million population. The England average is 437.5, and the Wales average is 306.9.

#### **d). Stroke**

The Royal College of Physicians Stroke Audit (2006) draws urgent attention to the growing divide in quality of stroke care between Wales and the rest of the United Kingdom. Only 28% of patients in Wales were treated in a stroke unit during their stay in hospital compared to 64% in England, and 73% in Northern Ireland. It is known that patients who receive care in a specialist unit have a 50% reduced risk of death and better long-term recovery.

#### **e). Cancer**

- Speed of diagnosis and treatment is essential in the area of cancer. 2006-7 targets for access to specialist cancer services were achieved for Vale residents.
- Access to new cancer drugs in Wales is to be fast-tracked with a new expert Group set up in April 2007 to provide rapid appraisal.
- In 2006, the Cancer Services Coordinating Group published 'Radiotherapy Equipment Needs and Workforce Implications 2006-2016'.



This report, commissioned by WAG, considered the evidence for the increasing demand for radiotherapy over the next decade, and concluded that eleven linear accelerators were required in South East Wales by 2016, an increase of six; there is an immediate need to move to seven linear accelerators. Current provision in SE Wales is the lowest in the whole of the UK.

#### **f). Community and intermediate care**

- 2006-7 targets to reduce the number of delayed transfers of care (DTocS) were not achieved despite increased partnership working.
- 2006-7 targets to reduce average lengths of stay for elective and emergency admissions were partially achieved.
- 2006-7 targets to increase the % daycase rate were partially achieved.
- 2006-7 targets to increase the new to follow-up rates of patients seen in outpatient clinics were partially achieved.

All the above targets require the development of alternatives in the primary and community care setting for them to be achieved.

#### **Social Services**

The social services provided by the Vale of Glamorgan Council comprise of advice and practical help given to vulnerable children and their families, and vulnerable adults that have problems due to social circumstances. The results of a recent review carried out by the Social Services Inspectorate for Wales (2007) found the services to be mainly good and noted that considerable work had been undertaken in

addressing a number of problems highlighted in the review carried out six years earlier.

It concluded that the Council was now making available a good range of services for children and their families which were better focused on the key tasks of safeguarding children and promoting their welfare. As for adult services, it concluded that there has been an increase in the range of available services, with a greater capacity to meet identified need. Steps had been taken to improve access to services in relatively isolated communities and more emphasis put on promoting independence and supporting people at home. Some significant gaps were however noted including limited availability of services such as those that either respond to crisis and the need for intermediate care, or to provide support to carers.

In 2005-2006, 258 referrals of adult abuse were made within the Vale. Of the referrals, 37% related to older people, 21% to older mentally infirm people, 19% to physical disability, 17% to learning disability and 6% to adults with mental illness.

The social services strategic vision for the next 10 years, Fulfilled Lives, Supportive Communities, seeks to develop services so that “better educated, better informed and empowered service users, carers and their families, supported by more accessible, more widespread and independently available information will be able, and will expect, to play a much more active role in managing their own situation, assessing their own needs, selecting their own care provision, and managing their resources.”

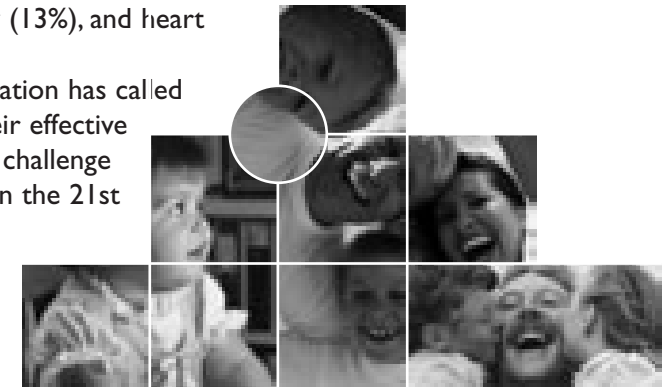
## HEALTH NEEDS OF SPECIFIC GROUPS IN OUR POPULATION

This section provides information on specific groups including those highlighted as priorities in the Health Social Care and Well-being Strategy (2003-8).

### • People with chronic conditions

Improvements in many of the wider determinants of health, including medical and technological advances have led to greater life expectancy, and a growing elderly population. Patterns of disease have changed over the years with the burden shifting from the young to the old, and from communicable disease to chronic conditions.

- One third of adults report having at least one chronic condition.
- Of people aged over 65 years, two-thirds report having at least one chronic condition and one third have multiple chronic conditions.
- Three quarters of over 85 year olds report having a limiting long term illness.
- The most commonly reported chronic conditions treated in Wales are arthritis (14%), respiratory (13%), and heart conditions (9%).
- The World Health Organisation has called chronic conditions and their effective management “the greatest challenge facing healthcare systems in the 21st century.”



- Chronic conditions are responsible for 80% of primary care visits and 60% of hospital admissions in the UK.
- Half (49%) of all Vale hospital admissions in 2005/6 attributed to chronic conditions were associated with three groups – cardiovascular (17.6%), musculoskeletal (20.8%) and respiratory conditions (10.7%).
- Chronic conditions are more prevalent in deprived populations; however a recent Wales Audit Office (WAO) report reviewing the management of chronic conditions in the Vale of Glamorgan did not find deprivation to be a main driver for admissions.
- Local GP practices vary widely in the numbers of patients aged 65+ with LLTI who are admitted to hospital as emergencies. This variation suggests potentially avoidable admissions.
- The Vale has a higher proportion (22%) than Wales as a whole (20.8%) of medical inpatients with long term conditions who stay in hospital for more than six days.
- Nearly one fifth of all medical emergency hospital for Vale residents with LLTI are repeat admissions.
- The WAO report concluded that current support arrangements pre- and post-admission may not be sufficient to prevent avoidable admissions, and that improved case finding and associated management may reduce hospital demand.
- An all Wales in-patient census identified that a large minority (41.3 per cent) of medical patients lived alone and just over half (52.7 per cent) received no support or services from health, social care or community and voluntary services prior to admission. Overall in Wales, one fifth of medical patients admitted for a long term condition (995 out of 5,063) lived alone and received no support.
- Only 1.8 per cent of Vale of Glamorgan residents admitted with a long

term condition was admitted to a community hospital, compared with 6.4 per cent for Wales (PEDW 2005/06).

- The WAO report recognised the need to develop primary and intermediate care capacity to manage chronic conditions in the community and reduce pressure on the acute sector, and the importance of patient education and self-management.
- A recent survey carried out by the Local Health Board found 37 self-care services in the Vale; however, many people were not aware of them.

Further developments in this area should therefore focus on i). preventing and delaying the onset and early deterioration of chronic conditions by encouraging healthy lifestyles, early detection, patient education and supported self-management; ii). developing the local provision of care in the community leading to fewer avoidable hospital admissions and re-admissions; iii). managing chronic conditions in an integrated way between different care settings.

#### • Older people

People are living longer and the proportion of the population classified as elderly is growing. Whilst ageing can be a positive process we know that the proportion of individuals with chronic conditions and disability increases markedly with age. To plan effective services it is necessary to understand the most important health and social factors affecting older people in the Vale of Glamorgan. These are:

- There about 21,000 (5.4%) people over 65 years, about 10,200 (8.3%) aged 75 years and over, and about 2460 (2%) over the age of 85 years.

The highest proportion of elderly residents aged over 65 years live in MSOAs Vale of Glamorgan 002, 005, 006, 008, and 0013 (see Appendix 1).

- 53.1% of those 65 years and over reported having a limiting long term illness (Census 2001), compared to the Wales average of 57.2%.
- Vale residents over 65 make healthier lifestyle choices than in other areas of Wales – ranking 10th for diet including green vegetables or salad 6/7 days per week, 7th for weekly exercise and 4th for smoking habits. However the proportion of people taking the recommended minimum levels of exercise (on average 27.7% in the Vale) falls with age. Also it is estimated that one in seven people aged 65 years and over has a medium or high risk of malnutrition.
- Older people in the Vale have relatively high rates of influenza (70.7%) immunisation, above the Wales average (68.2%) for 2005-6.
- Maintenance of independence is often dependent on care provision. One in six people in Wales are themselves carers.
- The proportion of Vale residents themselves aged 75+ providing unpaid care is the highest across Wales at 11% (Welsh average 9%).
- The number of people providing unpaid support to the older population in the Vale with long-term mental or physical health problems or disability during 2005/6 was 13,849 (11.6% of the population).
- For those living alone informal support may not be available. 3827 older people (75 and over) live alone in the Vale of Glamorgan. Whilst this is the lowest proportion of all Welsh authorities it still represents nearly 40% of that age group.
- More local older people own their own houses than in other parts of Wales, but the homes are often large and underused and can be

difficult to maintain and keep warm.

- The Vale has the second highest index of excess winter deaths in people over 65 years in Wales. This represents 79 deaths that are potentially avoidable.
- Local elderly people enjoy higher rates of specific local support interventions such as home adaptations or equipment than the Welsh average.
- Many elderly people can be financially vulnerable. Fewer local elderly people claim additional income support, pension credit, guarantee and/or savings credit compared to the rest of Wales, but there are localised areas of high elderly claimants in some socially deprived areas.
- Availability of transport can contribute towards a healthy lifestyle through better access to health food outlets, appropriate exercise, minimising social exclusion and maintaining of independence.
- Access to health services is a particular issue in the rural Vale.
- There are proportionately more pensioner households in the Vale with a car, although many older women do not drive.
- There is a policy shift away from housing older people in residential care homes and towards maintaining them in their own homes when ever possible. Consequently, the numbers of assessments for community care services in the over 65s, and clients supported by those services, are increasing. At the same time there is a significant fall in the number of nursing home and residential placements. More than half of the 407 care home placements were aged over 85 years in 2006.
- The numbers of clients receiving community care services has risen in recent years, with around 1800 elderly people receiving services in



2006. There is an increase in those using the direct payment system which is likely to continue.

- Older people are the heaviest users of health and healthcare services, with healthcare utilisation increasing with age. Their use of health services is, however, influenced by variations in service provision, the propensity of older people to seek treatment, and the provision of domiciliary social services.
- In the Vale, the rate of people aged over 65 years admitted to hospital electively is slightly higher than the Wales average, whereas the rate of people aged over 65 years admitted to hospital on an emergency basis is lower than the Wales average.
- Most delayed transfers of care (DTOC), a term applied to hospital inpatients that are ready to move on to the next stage of care but are unable to do so, occur in the elderly.

Further developments to meet the needs of older people in the Vale should focus on maintaining independence. This includes: i). promoting health and preventing disease through a healthy diet, suitable exercise, immunisation etc.; ii). enabling people to continue to live independently in their home when possible through provision of local social and health care services to meet assessed individual needs, using Telecare solutions, home adaptations and grants, rapid response services, user and carer information; iii). provision of a range of step-up and step-down facilities to meet individual needs as levels of dependency vary such as



Extracare housing, increased locally-based intermediate care and rehabilitation services, and adequate long term care (including for the Elderly Mentally Infirm(EMI)).

### • **People with mental health problems**

Mental health is essential for the well being and effective functioning of individuals and communities. People's perception of their mental health in the Vale of Glamorgan, as measured by the WHS, is better than the Welsh average. It is better in males than females generally and worse in more deprived areas.

- Unfortunately mental illness is common with about 10% of people reporting that they are currently being treated for mental illness (WHS 2003-5). This is higher in females than males, being particularly high around the menopause.
- Multiple psychiatric conditions can often be found in the same patient at one time, e.g. depression and alcohol dependency.
- The commonest mental disorders are anxiety and depression which together affect around 15% of the population at any one time. An estimate of numbers of patients in the Vale with other mental illnesses is given below:
  - Phobias/obsessive-compulsive disorders – 2043
  - Psychotic disorders such as schizophrenia – 400
  - Alcohol dependence – 5823
  - Personality disorder (any) – 3463
- The leading cause (23%) of self-reported work-related illness is due to



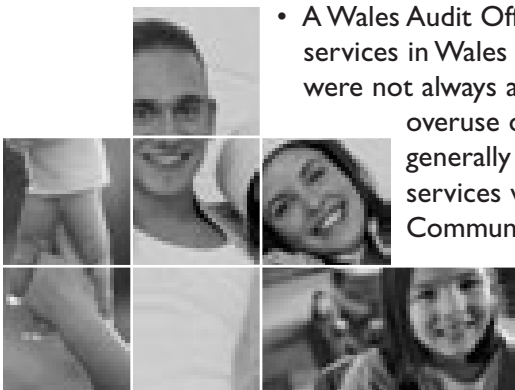
stress, depression and anxiety. This is also the leading cause (35%) of working days lost (Health and Safety Executive 2005-6).

- There are between 9 and 15 deaths in the Vale each year from suicide or undetermined intent, more commonly in men. There has been no overall improvement in the last ten years but rates are lower than the Wales average.
- A local needs assessment carried out by the former Bro Taf Health Authority (2002) concluded that i). a significant number of people with mental health problems did not need admission to large, often outdated mental institutions, and ii). community services needed to be enhanced to provide them with community based care, with admission to more modern inpatient services when appropriate. This conclusion was in keeping with the strategic direction set out in the Adult Mental Health National Service Framework (NSF). It has led to the closure of many old mental hospitals, a process that is still on going, and the development of a community based approach. A new inpatient facility, the 57-bed Llanfair Unit at Llandough hospital, has recently opened.
- In 2005 there were 93 Vale residents remaining in mental health inpatient beds, most being 65 years and over.

- A Wales Audit Office review of adult mental health services in Wales (2005) reported that current services were not always appropriate. Locally there was a historical overuse of medium and low secure units. More generally in Wales it found: i). general practice services were often underdeveloped, ii). most Community Mental Health Teams (CMHT) were not fully integrated and out-of-hours cover was variable, iii). there were key

- gaps in services (and professional recruitment) acting as alternatives to hospital admission and which might improve earlier hospital discharge, including assisted housing, iv). poor links at interfaces e.g. adult to Child and Adolescent Mental Health Services (CAMHS), health to social care.
- 210 clients aged 18-64 years were receiving social work support from the CMHTs at 31/03/2007.
- Between 2004/5 and 2005/6 the volume of respite care provided to adults with a mental health problem has remained constant.
- There is good access to counselling services at GP practices in the Vale although there is a low level of psychologists and psychological therapists compared to other LHBs.
- Vale residents are the second highest users of the all Wales Mental Health Helpline even though rates of mental illness are much lower than in some other areas.
- Crisis mental health teams at Cardiff and Vale NHS Trust provide immediate help to patients facing a crisis, offering specialist care in the patient's own home. They recently reported a resulting cut in demand for hospital admissions of nearly 20% in the last two years.
- A current review of mental health services is being carried out in Wales during 2007.

**CAMHS:** Children also suffer mental health problems, many of which remain undiagnosed and untreated even though there is evidence that early intervention can prevent progression to more severe disease. Between 1 in 5 and 1 in 10 children suffer from a mental disorder at any one time, around 3000 or more children in the Vale of Glamorgan. Time trend studies have confirmed a rise in adolescent mental health problems in recent years. Higher rates of mental ill health are found in particular



groups including Looked After Children, those in families of 5 or more children, lone parent families and children living in poverty. Many of these families are found in the more socially deprived areas. A review of CAMHS is taking place in Wales and will inform service change in future years.

**Mental Health Services for Older People (MHSOP):** The prevalence of dementia increases with age, being about 5% in those aged 65 and over, and 20% of those aged 80 and over. Current treatment requires multi-disciplinary assessment and support, focused on maintaining personal independence, enabling people to remain in their own home wherever possible. It is by far the commonest reason for requiring institutional care. As the numbers of older people are projected to grow over the next 25 years, the extent to which these older people are dependent as a result of dementia and other chronic conditions will be a crucial determinant in planning future long term care services.

Further developments to meet the needs of people with mental health problems should focus on i). promoting mental health by reducing risk factors and strengthening protective factors, ii). developing a range of services that can meet individual needs in the community avoiding hospital admission where possible, and iii). better integration of services at interfaces, e.g. between teams, health and social care, adults and CAMHS.

#### • Children and young people

The needs of children differ from those of adults; they have their own special needs and cannot be viewed as small adults when planning health and social care services for them.

Across the UK children's health improved steadily in the last century, mainly due to better living conditions, but assisted by better health care and cost effective interventions such as the childhood immunisation programmes.

Not all children do so well however, and children who have a poor start in life often suffer poor health in later. Risk factors which make children more vulnerable to ill health, such as unhealthy lifestyles, poor housing and educational attainment, are often compounded; they occur most commonly in disadvantaged groups and deprived geographical areas.

Generally local children enjoy better health, a better environment and make healthier lifestyle choices than in most other parts of Wales. However there are pockets of severe deprivation where coordinated and targeted services are needed to reduce inequalities.

There is a concern that the current increase in obesity, smoking (particularly in teenage girls), alcohol consumption and sexually transmitted diseases affecting children and young people may make today's adolescents grow up to be less healthy than their parents. By addressing the health and social needs of children and young people in the Vale we can, over time, influence and improve the lives of all ages within the local population.

The key facts below highlight what we know currently about the health and well being of local children:

- 0-24 year olds make up a third (31.2%) of the local population and those aged 0-18 years one quarter (25.7%).
- The highest proportion of the population aged 0-24 years lives in

MSOAs Vale of Glamorgan 007, 009, 012 and 014 (see Appendix 1), i.e. around St Athan, Rhoose and the more deprived wards of Barry.

- Although the birth rate is lower than the Welsh average, the 0-24 year age group in the Vale is increasing by approximately 150 persons per year. This could rise rapidly with the influx of workers and their families for the St Athan site development.
- Infant mortality rates, neonatal mortality rates, perinatal rates and still birth rates, were all above the Wales average for 2000-4, and despite the likely “small numbers” statistical explanation this needs close examination.
- The number of low birth weight babies (<2500g) has fallen since 1993 and the percentage in the Vale (5.7%) is slightly below the Welsh average (5.9% - ONS 2002-4). About 100 low birth weight babies are born each year in the Vale, most of them in the most deprived wards of Barry.
- Teenage conceptions and pregnancies in Britain are higher than in many other European countries. The Vale (2002-4) has significantly lower teenage conception figures than the rest of Wales; underage conceptions being 6.1 (per 1000 females 13-15) in the Vale, compared to 8.0 in Wales. Whilst this is welcome, as in general teenage mothers and their children suffer from poor social, economic and health outcomes, the figures are likely to hide variations within the Vale.
- In 2006, 99.8% of babies in the Vale who were eligible and suitable for the new newborn hearing testing were offered screening.
- Although most serious childhood infectious disease is preventable through immunisation and local uptake is

generally good, only 82% of 5 year olds in the Vale have received their 2nd dose of MMR by 5 years of age (COVER 82) and uptake of the new pneumococcal vaccine has been slow compared to other areas in Wales.

- Dental health in Welsh children is getting worse after a long period of improvement. Even though the mean dmft score for 5 year olds in the Vale is the fourth lowest in Wales, over 40% of five year olds in the Vale have some dental caries (dmft>0).
- The Vale has the lowest rate in Wales for emergency hospital admissions (for injury or poisoning) of young people under 25 years.
- The number of children on child protection registers rose significantly in 2006. 59 children under 18 were included, an increase of 23%. The majority were registered due to emotional abuse or neglect.
- 204 children were being “looked after” in 2006. 100% of these had a care plan in place for their first placement and on their 16th birthday, and no children under 6 were being cared for in an external placement.
- In 2006 205 children in the Vale of Glamorgan were registered on the Disability Index register. Of these 123 under 16 year olds were registered with learning disabilities, of whom 116 were living in the community, most supported in their own families.
- 68% of children (38 pupils) with visual impairment (VI) were being educated in mainstream schools in 2004, with one VI qualified teacher covering the whole area.
- 4785 children aged 0-15 were living in families claiming out of work benefits in 2005; whilst this is about 20% of Vale children on average up to 60% of



- children in Gibbonstown and surrounding districts are affected.
- As in the rest of Wales, nearly a quarter of all dependent children live in lone parent families but in the Vale more are cared for by parents working full time, especially lone fathers.
  - In 2005 more local young people found work, and less claimed job-seekers allowances (33.7%) than in Wales as a whole.
  - Educational attainment of children in the Vale is higher for all qualifications (NVQ, GCSE and A level).
  - The areas of greatest child deprivation (WIMD 2005) are Castleland, Gibbonstown, Court and Cadoc where there are over 1500 children under 4 years, 1138 lone parents, the highest proportion of children living in families claiming benefits and 50% of recorded teenage pregnancies.

Further development to meet the needs of local children should i). promote healthy lifestyles and improved uptake of childhood immunisation programmes, ii). target those in vulnerable groups and the most deprived areas, iii). ensure that all services commissioned for children recognise their own special needs and that they cannot be viewed as small adults.

In the future a single children and young persons' plan will be used to commission services by teams of professionals from health, education, social services, housing and the environment working together to improve inequalities. Further more detailed needs assessment work is underway to support this plan.

## • People with disability

People with disability often need additional and sometimes specialist support to live independently within their communities. Many face barriers to employment, transport, education, accommodation, and health services.

### Learning disability

People with learning disability (LD) are a group of individuals with a history of developmental delay, a delay in or failure to acquire a level of adaptive behaviour and/or social functioning expected for their age and in whom there is evidence of significant intellectual impairment.

The three underpinning principles enshrined within the 1983 Mental Handicap Strategy for Wales remain key values when considering the health and social care needs of people with LD:

- a). The right to an ordinary pattern of life within the community,
- b). The right to be treated as an individual,
- c). The right to additional help and support in developing maximum potential, including education, day opportunities, employment, accommodation etc.

- An increasing number of children with LD now live to become adults, with a population of increasingly elderly carers.
- Overall prevalence is between 3 and 4 per 1000 population, i.e. around 400 prevalent cases in the Vale (all ages). LD is more common in males than females.

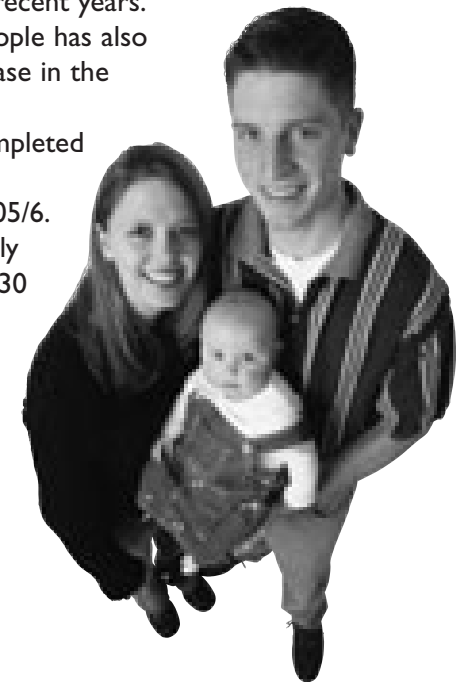
- The rate of severe learning disability present at birth is around 6 per 1000 babies although diagnosis may not take place until later in the child's life.
- At 31st March 2006 there were 3,215 Welsh children and young people under 16 entered on the register of those with learning disabilities, of which 123 were from the Vale of Glamorgan. This figure may well underestimate local prevalence because registration is voluntary and will only include those known to the local authority. 116 were living in community settings of whom 96% were supported with in their own families.
- There is strong evidence that people with learning disabilities have poorer general health and more specific health needs than the general population. These include problems with hearing and eyesight, mental health and behavioural difficulties, epilepsy, thyroid disorders, heart disorders and dental problems. More specifically there is a high rate of early onset Alzheimer's disease in individuals with Down's Syndrome.
- Despite increased health needs, people with LD do encounter problems in accessing health services, including dentistry services and routine health screening services, and do not always receive the health care that they require.
- In 2006, the majority of GPs in the Vale provided the "directed enhanced service" for LD newly introduced by WAG. This is an annual health check arrangement for all adults with a learning disability who are on the local authority maintained learning disability registers.

Further developments to meet the needs of people with LD should therefore include i). provision of a range of services as they progress from children to adults e.g. services for those with challenging behaviour,

complex needs, supported accommodation, education and employment, ii). facilitating their use of health care services, iii). provision of respite and day care for patients and carers, iv). fewer out of area placements to keep care as local as possible and maintain social contacts with family and friends.

#### **Other disabilities**

- There are acknowledged gaps in the provision of services for people with autistic spectrum disorder (ASD). Work is on going at national, regional and local level to address these. An Action Plan is expected later in 2007-8.
- The volume of social care in the home provided to people with a physical disability (e.g. visual impairment) aged between 18 and 65 increased by nearly 26% between 2004/5 and 2005/6.
- There has been an increase of 20% in the number of adaptations provided for younger people with a disability in recent years.
- The demand for services from older disabled people has also increased. Between 2004/5 and 2005/6 the increase in the number of clients was over 10%.
- The number of community care assessments completed in relation to younger physically disabled clients increased by about 23% between 2004/5 and 2005/6.
- The number of nights of respite care for physically disabled people decreased slightly from 632 to 330 although the number of people using the service increased by 23% from 22 users to 27 for the period 2004/5 to 2005/6.





## • Carers

A carer is a person who provides help or assistance to an adult or child who could not manage alone otherwise due to illness, disability or age.

- According to the 2001 census there are 13,849 people in the Vale who provide unpaid care. Of these 3,090 provide 50+ hours a week of unpaid care.
- The number of carers of adults formally known to Social Services at 31 December 2006 was 2756. Of these, 756 were aged 18 – 64 years and 2000 aged 65 years and over.
- About 40% of carers have reported that their physical or mental health have been affected as a result of caring.
- Some 77% of respondents to a Carers UK survey reported that they were worse off financially after becoming carers.
- Supporting carers in their caring role and helping them to maintain their own health and well-being is an important component of the Vale's Carer's Strategy. The Carers Grant Scheme is there to provide financial support when needed.
- As the focus changes to providing more care in the community and maintaining individual independence, carers are increasingly recognised as a cornerstone of health and social care in the community.

## HEALTH INEQUALITIES

The needs assessment flags up marked differences in health, i.e. health inequalities, some associated with gender, age and vulnerable group, and others by geographical area. As well as having many of the most affluent

areas in Wales we also have some of the most deprived. The concept of deprivation goes wider than poverty, which mainly considers economic issues. The Welsh Index of Multiple Deprivation 2005 (WIMD) is made up of seven separate domains (or kinds) of deprivation: income, employment, health, education, housing, access to services, and environment. These are ranked in different ways by domain and overall score for LSOAs. It recognises that people in some areas suffer from "multiple deprivation" and that they have an uphill struggle to stay fit and healthy.

Two LSOAs in the Vale fall within the 10% most deprived LSOAs in Wales. These are Castleland 1 (Vale of Glamorgan 015E), and Court 3 (Vale of Glamorgan 007A). The majority of other LSOAs in the Vale are less deprived than the Wales average (see Appendix 1) by overall score. It is the stated policy of the Welsh Assembly Government to minimise health inequalities where possible by national and local action.

## NEXT STEPS

The needs assessment will underpin the Health Social Care and Well-being Strategy (2008-11) that will be consulted on in 2007. This strategy will set out how through working together health and well-being in the area can be improved.





## GLOSSARY

<b>Health</b>	A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.
<b>Well-being</b>	A feeling of general satisfaction and happiness; a resource for living.
<b>Social care</b>	Social care is the infrastructure provided to support vulnerable people and their families in the community
<b>Determinants of health</b>	These are the factors that affect our health. They include individual factors (e.g. genetic inheritance, lifestyle behaviours), social factors (e.g. education, housing, the natural and man-made environment), and service related factors (e.g. access to health and social care services).
<b>Mortality</b>	Deaths within a population
<b>Morbidity</b>	Ill health within a population
<b>Need</b>	Often defined in terms of the ability to benefit
<b>Needs assessment</b>	A method of identifying unmet health, well-being and social care needs of a population in a systematic way. It provides information upon which decisions about tackling unmet needs can be made.
<b>Excess Winter Deaths Index</b>	This is calculated as excess winter deaths divided by the average non-winter deaths expressed as a percentage
<b>Stillbirth rate</b>	This is the number of stillbirths expressed as a rate per 1,000 total births (live and still) occurring after 24 weeks' gestation.
<b>Perinatal death rate</b>	This is the number of deaths in babies who are stillborn or liveborn but die before the end of the 7th day of life, expressed as deaths per 1,000 live and stillbirths in the same year.
<b>Neonatal death rate</b>	The neonatal mortality rate is expressed as the number of deaths in infants in the first 28 completed days of life per 1,000 live births in the same year.
<b>Infant mortality rate</b>	This is the number of deaths in children aged less than one year per 1,000 live births in the same year.
<b>Limiting long-term illness</b>	Any long-term illness, health problem or disability which limits daily activities or work. Similar term to chronic condition.

## APPENDIX I



## The Vale of Glamorgan Electoral Divisions





**NOTES**



**NOTES**