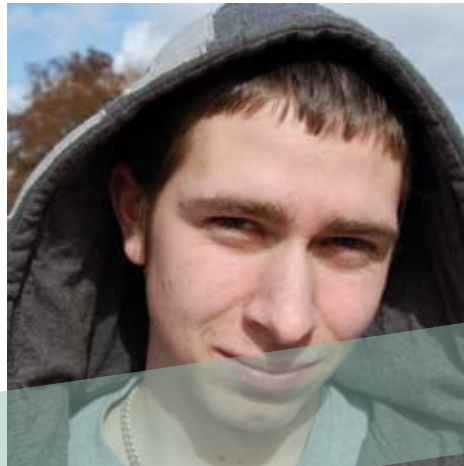


# Mere Community Area Joint Strategic Needs Assessment



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## Introduction

In order to plan the right services for the people of Wiltshire, we review the future health care and wellbeing needs of the local population through a process known as the Joint Strategic Needs Assessment (JSNA) each year. This results in a report which describes those needs and transforms data into knowledge and knowledge into wisdom. This informs the strategic direction of service delivery which will help meet those needs. As we prepare this report, we discuss it with local people and their representatives through formal and informal consultation and engagement.

This year, in order to make this engagement more meaningful, we have extended the county-wide JSNA report by producing a series of community-level health profiles. This document covers the Mere Community Area (as at April 2009), and is intended to be part of the overall Mere Community Area Profile.

This document has been produced by NHS Wiltshire in collaboration with Wiltshire Council, with contributions from Wiltshire Police and Dr Foster Intelligence, and using data from the Office for National Statistics (ONS).

Some of the indicators presented in this document use data from small areas or small populations and some use data from a relatively short time period. The impact of natural random variation in these datasets is greater than in larger datasets and this must be taken into account when interpreting data.

For each indicator presented, the 20 Community Areas are ranked from best (ranked 1<sup>st</sup>), eg lowest proportion of smokers, to worst (ranked 20<sup>th</sup>), eg the lowest proportion of people self-reporting good or very good health. A glossary of terms and definitions is given at the back of this document.

A full methodology document is available on request from NHS Wiltshire, telephone 01380 733808 or email [jsna@wiltshire.nhs.uk](mailto:jsna@wiltshire.nhs.uk).

We welcome your comments or questions about this document. Please email them to [jsna@wiltshire.nhs.uk](mailto:jsna@wiltshire.nhs.uk). All of the 20 Community Area Health JSNAs will also be made available on the JSNA website <http://www.wiltshirejsna.org/> and the Wiltshire and Swindon Intelligence Network <http://www.intelligencenetwork.org.uk>.



## Summary

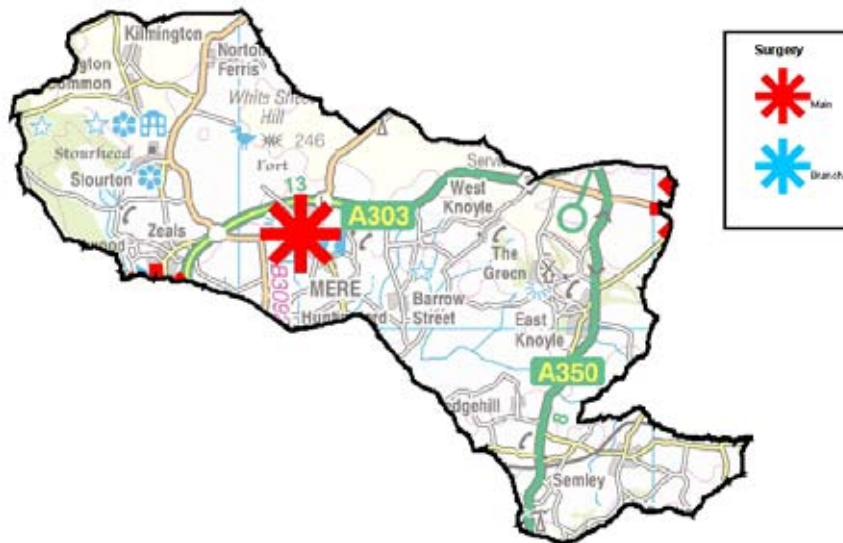
Mere Community Area has a resident population of 5,487 and has one main GP surgery. In terms of deprivation the Mere Community Area includes three Super Output Areas (SOAs) that lie in the 20% most deprived SOAs in Wiltshire.

Seven people were killed or seriously injured on its roads in 2008, this was the 2nd lowest out of the 20 Community Areas and less than the Wiltshire average (13.8). Almost one in three (28.6%) of children measured in Mere in their reception year (age 4 and 5) were obese or overweight. This is higher than the Wiltshire average (21.8%) and Mere ranks 18<sup>th</sup> out of the 20 Community Areas (where 1<sup>st</sup> is best).

Mere compares favourably (1<sup>st</sup>) among the Community Areas for many indicators such mortality from cancer (low mortality rate) and also has the 2<sup>nd</sup> lowest premature mortality from any cause amongst all Community Areas. However, it compares unfavourably (20<sup>th</sup>) on the Child Wellbeing Index (poor wellbeing); leisure centre attendance (low numbers attending) and hospital admissions for diabetes (high admission rate).



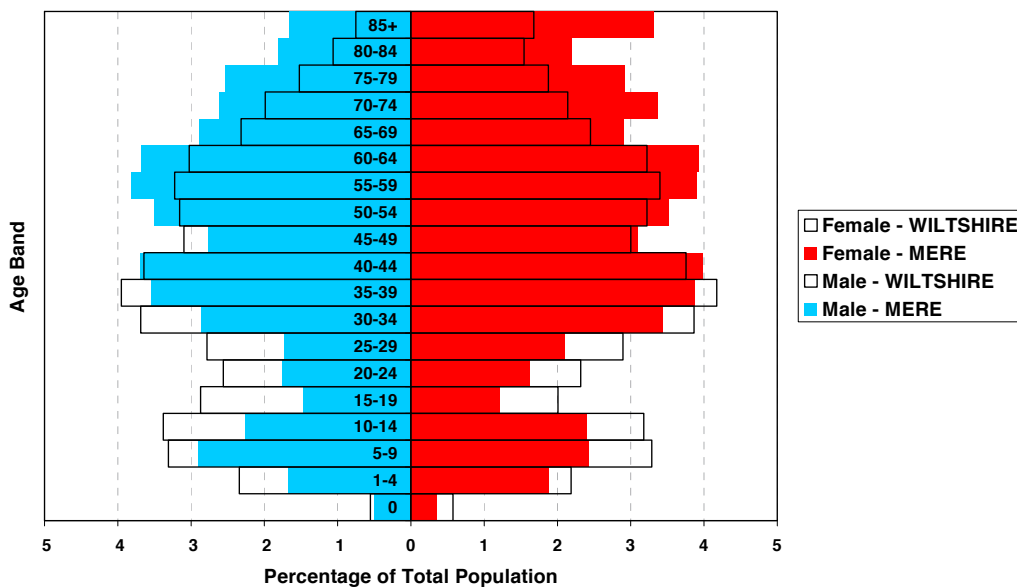
## Map of Mere Community Area (with GP surgeries)



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## Population

Mere Community Area has an overall resident population of 5,487. It has a proportionately larger percentage of people aged over 50, and almost twice the number of women aged 85 and over, than the Wiltshire average. Mere also has a smaller proportion in the younger age groups (1 to 39).



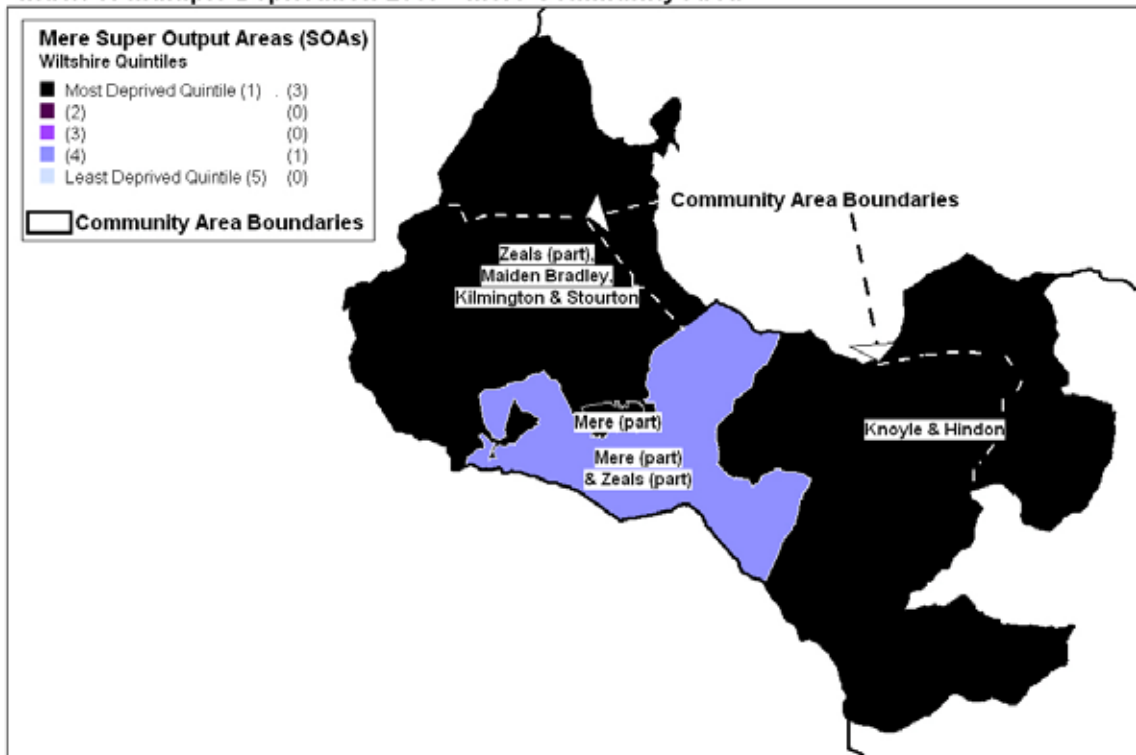
## Deprivation

Deprivation is a multi-dimensional concept that focuses on the inability of individuals to play a full part and enjoy full opportunities in the life of their community or society. It is emphasized as lack of financial or material resources, but also social, cultural and political aspects.

The Index of Multiple Deprivation (IMD) 2007 brings together 37 indicators covering specific aspects of deprivation. These aspects include income, employment, health and disability, education, skills and training, barriers to housing and services, living environment and crime. Deprivation is associated with an unmet need in these areas. The IMD provides a comparative ranking of areas of deprivation across England.

Knoye and Hindon (a small part of which lies in the Tisbury Community Area) is the most deprived area in Mere Community Area. Nationally it is in the 3<sup>rd</sup> most deprived quintile (15,818th most deprived area in England out of 32,482).

Index of Multiple Deprivation 2007 - Mere Community Area

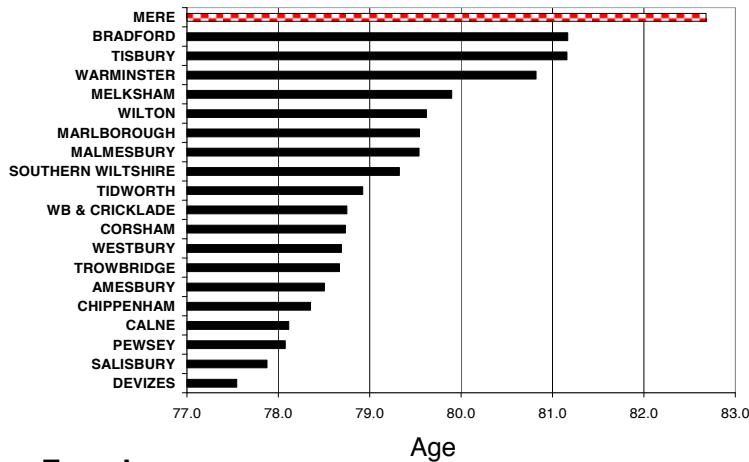


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## Life expectancy

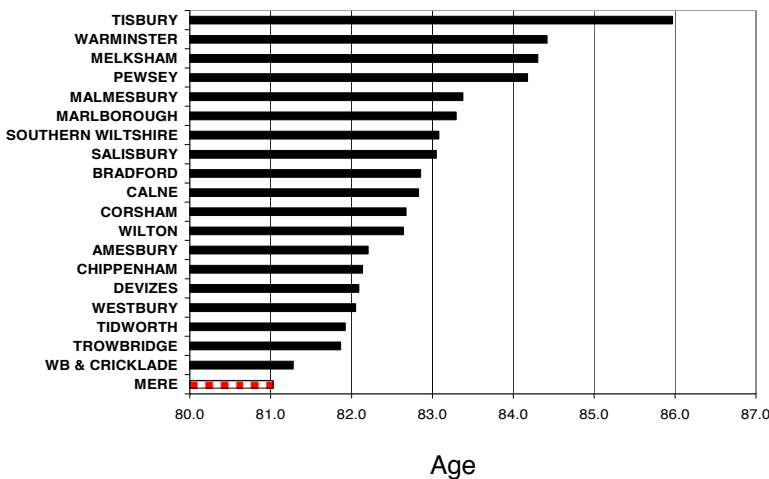
Life expectancy is a measure of overall health and is useful in highlighting health inequalities between areas. There is a clear gradient in life expectancy between the most and the least deprived wards in Wiltshire of 5.2 years gap between these two groups. Life expectancy at birth was estimated using data from 2004 to 2006.

### Males



For males in Mere life expectancy at birth is estimated as 82.7 years, compared to the average for Wiltshire of 79.0 years. Mere ranks 1<sup>st</sup> for male life expectancy amongst the 20 Community Areas.

### Females



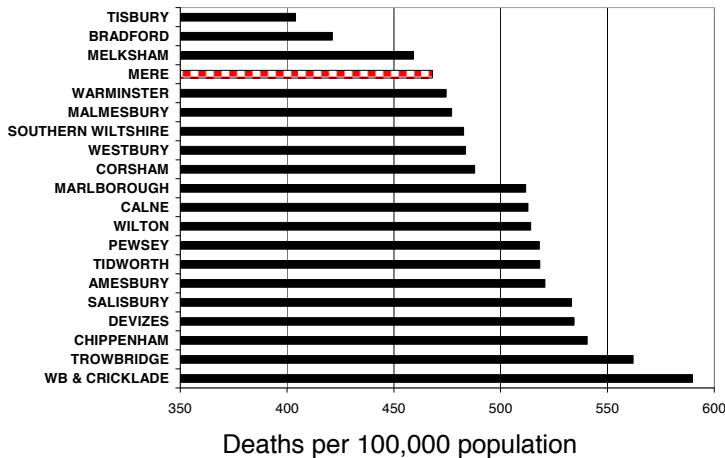
For females in Mere life expectancy at birth is estimated as 81.0 years. Wiltshire average life expectancy for females is 82.8 years and Mere ranks at the bottom of the 20 Community Areas.

The difference in life expectancy between males and females in Mere seems striking (ie males appear have the longest life expectancy amongst the 20 Community Areas whilst females have the shortest). However, the absolute difference between the two in total is 1.6 years. This difference, could have arisen because the estimate is based on small numbers (the total population is just over 5,000) hence random variation (like a few deaths in younger ages) could have a large impact on the estimates. It is also worth noting that this is a snapshot estimate and does not show any trends over time for life expectancy for Mere residents. We have discussed this matter with the local General Practitioners (GPs) and to date have not identified any particular factors of concern.

# Mortality

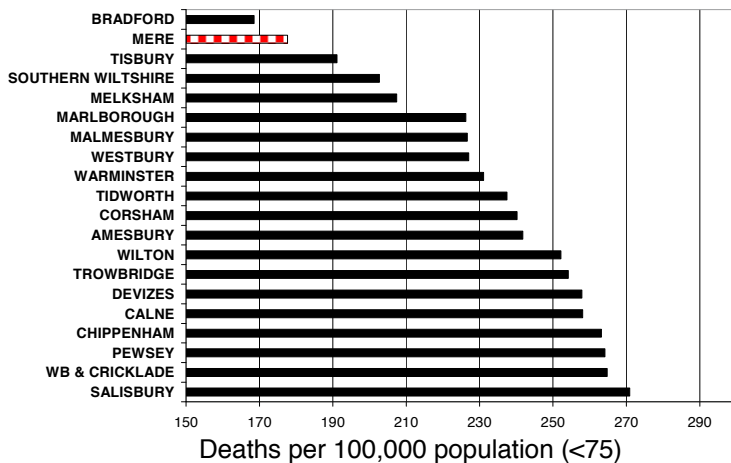
## All age all cause mortality

All age all cause mortality rates (adjusted for age differences between the Community Areas) are a measure of the overall health of a population and, together with life expectancy, are amongst the most useful indicators in highlighting health inequalities between areas.



There were 468 deaths (from any cause at any age) per 100,000 population between 2004 and 2006 in Mere compared to the Wiltshire average of 508 per 100,000 and it ranks Mere 4<sup>th</sup> out of the 20 Community Areas.

## Premature (< 75) all cause mortality

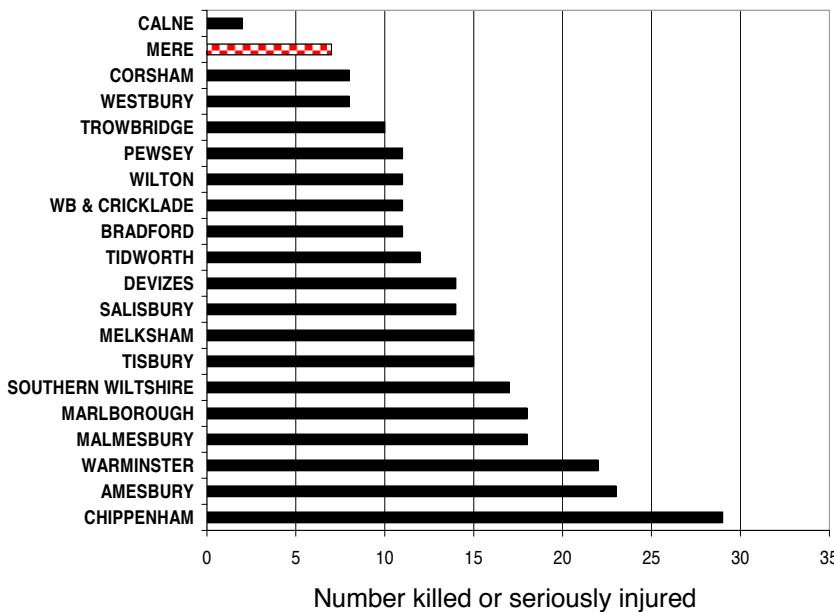


Premature mortality shows us how many and which deaths we can and should prevent. Premature mortality is defined as deaths in people younger than 75. There were 178 premature deaths per 100,000 population under 75 between 2004 and 2006 in Mere. This figure is equivalent to 1 in 1,689 people under 75 dying each year. This compares to the Wiltshire average of 240 per 100,000. Mere ranks 2<sup>nd</sup> out of the 20 Community Areas.

## Health and wellbeing indicators

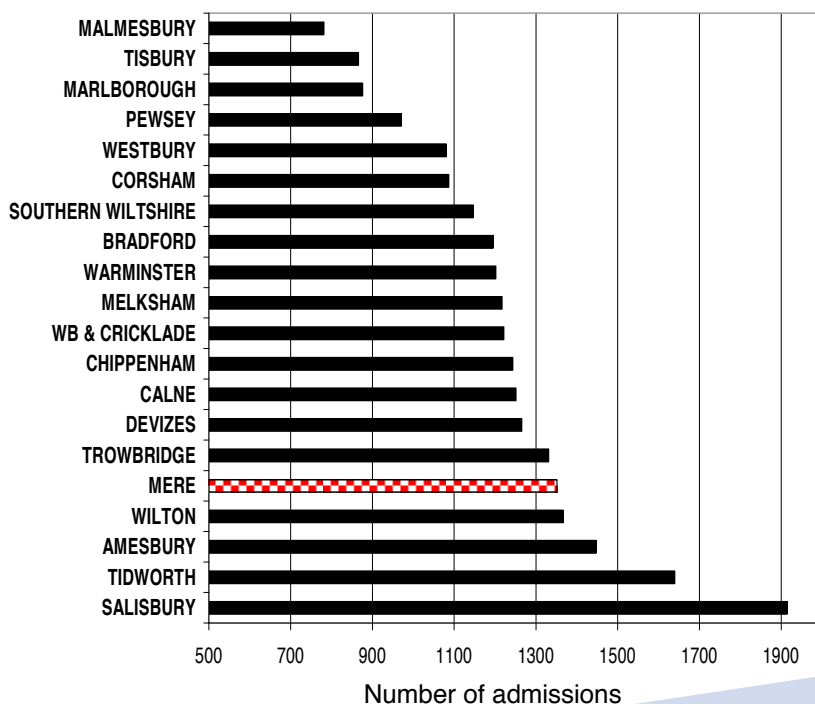
The following indicators are important and need to be addressed with appropriate initiatives in order to improve the health and wellbeing of the local population and reduce inequalities. Further details on inequalities, life-style factors and health and wellbeing are presented in the core JSNA document for Wiltshire 2008/09, which can be viewed on the JSNA website <http://www.wiltshirejsna.org>.

### Traffic accidents



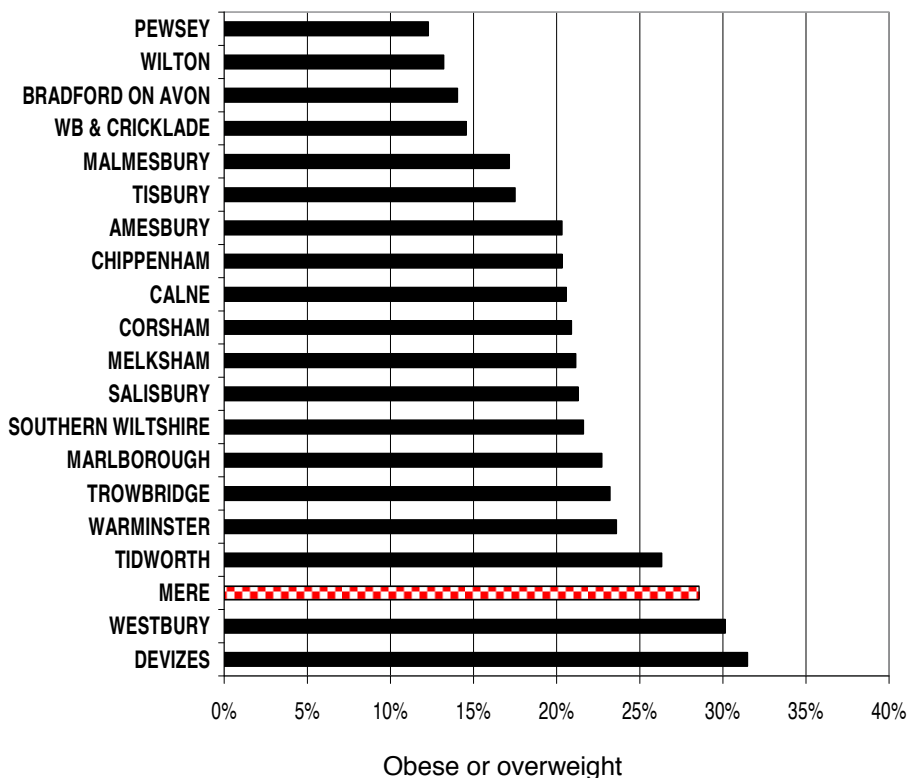
There were seven people killed or seriously injured on roads in Mere in 2008 according to data from Wiltshire Police. This compares favourably to an average of 13.8 per Community Area in Wiltshire overall. Mere ranks 2<sup>nd</sup> lowest out of the 20 Community Areas. When comparing areas the volume of traffic and type of roads in each area should be taken into account.

### Hospital admissions related to alcohol



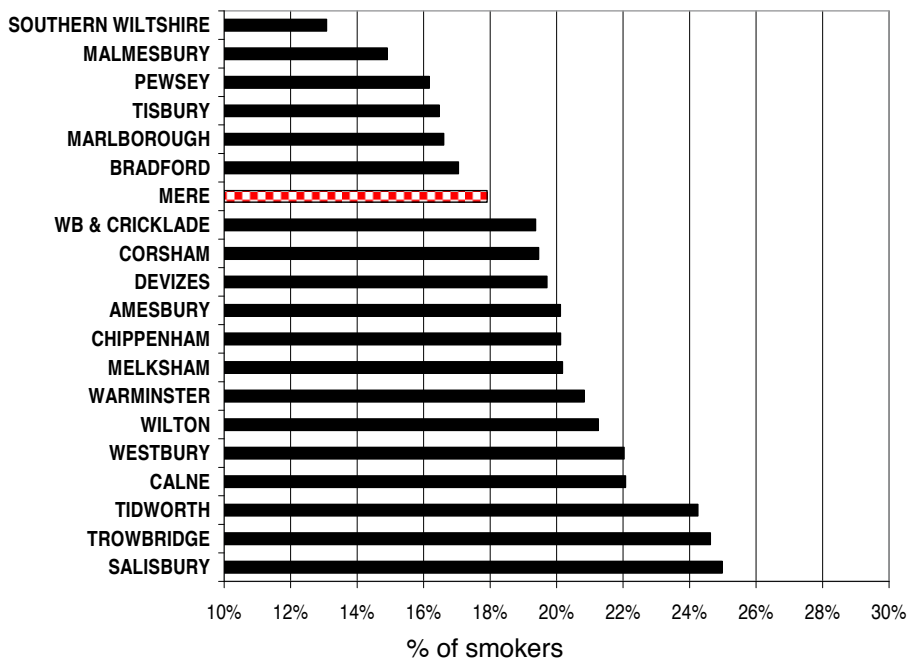
Alcohol misuse is associated with significant health, wellbeing and social problems. After taking account of its age profile, there were 1,352 hospital inpatient admissions per 100,000 people in Mere between May 2008 and April 2009 that were due to alcohol related causes. This is higher than the Wiltshire average of 1,324 and is equivalent to one admission per 74 people. Mere ranks 16<sup>th</sup> out of the 20 Community Areas.

## Childhood obesity



Obesity in childhood leads to serious health problems in adulthood and premature mortality. Children in the school reception year (age 4 to 5 years) had their heights and weights measured in 2007/08. About 1 in 3.5 children of this age (28.6%) measured in Mere were found to be overweight or obese compared to an average of 21.8% in Wiltshire. Mere ranks 18<sup>th</sup> out of the 20 Community Areas.

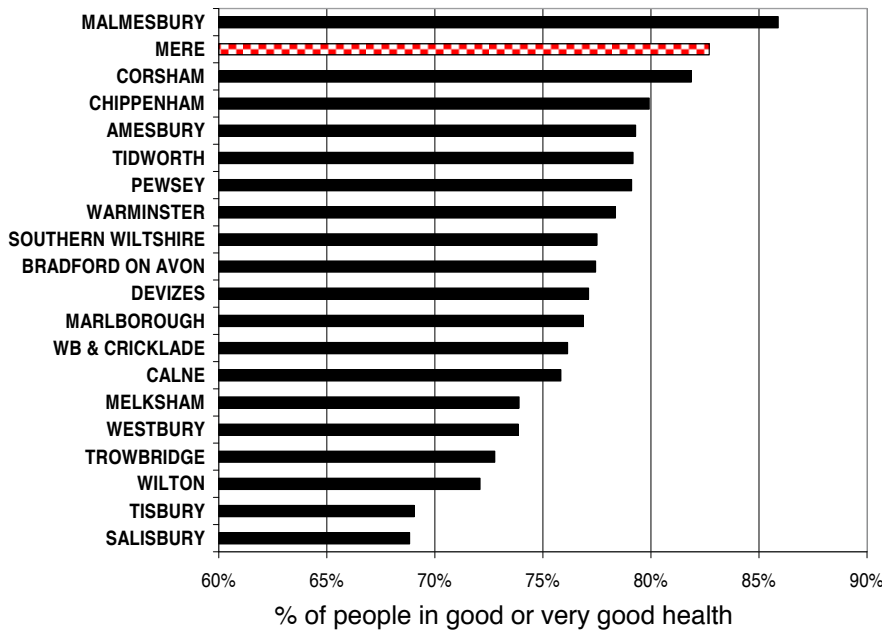
## Smoking prevalence



Smoking is strongly linked to many causes of premature mortality, such as many cancers and cardio-vascular diseases. The percentage of the total population who smoke has been estimated using 2006 survey data and local population and deprivation information. These estimates show that 17.9% of people in Mere smoke. This is higher than the

Wiltshire average of 20.2%. Mere ranks 7<sup>th</sup> out of the 20 Community Areas. The Wiltshire NHS Stop Smoking service provides support for those wishing to quit smoking. The service is available at walk-in clinics, GP practices, and some pharmacies. For more information please phone the NHS Free smoking helpline 08000224332 or visit [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree).

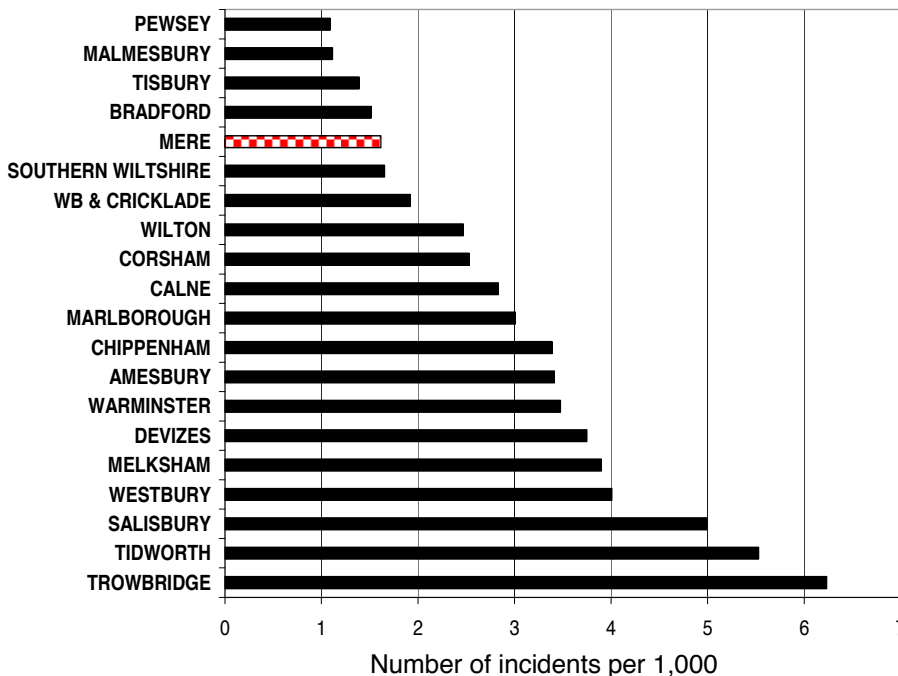
## Self-reported health



Respondents to the 2008 Wiltshire Place and Household surveys were asked how good their health was in general. The percentage of people saying they were in good or very good health in Mere was 82.7% compared to the Wiltshire average of 76.8%. Mere ranks 2<sup>nd</sup> out of the 20 Community Areas.

## Domestic violence

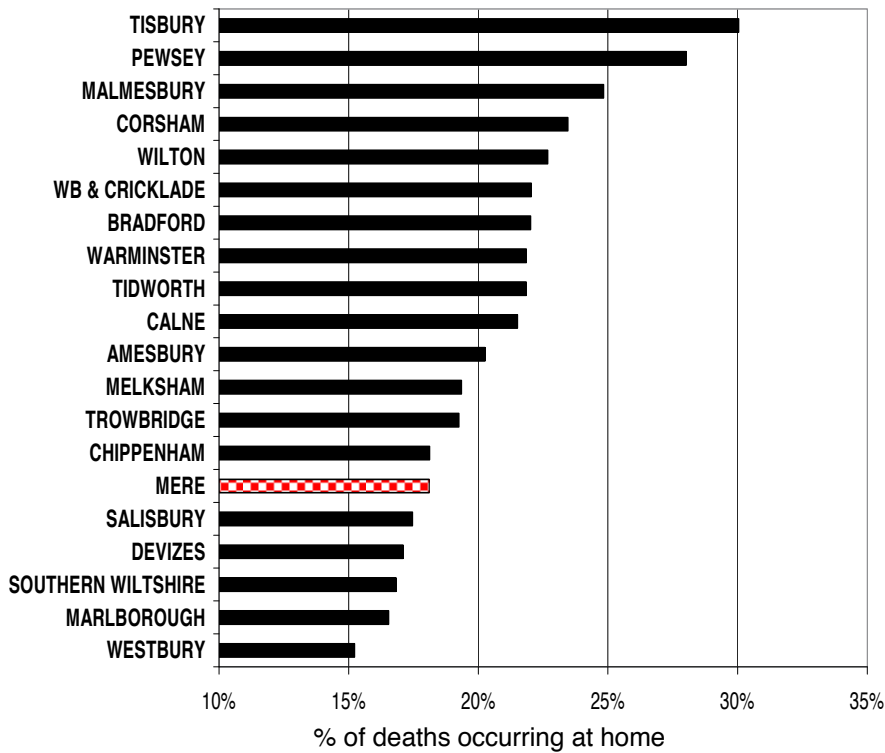
Wiltshire Police record a range of domestic violence related incidents that involve violence against the person or sexual assault. It is nationally recognised that domestic violence is vastly under reported with only 20% of incidents reported to the police.



There were 1.6 incidents per 1,000 people (aged 15 or over) reported in Mere during April 2008 to June 2009. This compares with the Wiltshire average of 3.4 per 1,000 and ranks Mere 5<sup>th</sup> out of 20 Community Areas. Agencies in Wiltshire are working to increase the proportion of domestic violence incidents that are reported to the Police. Therefore a higher incident rate

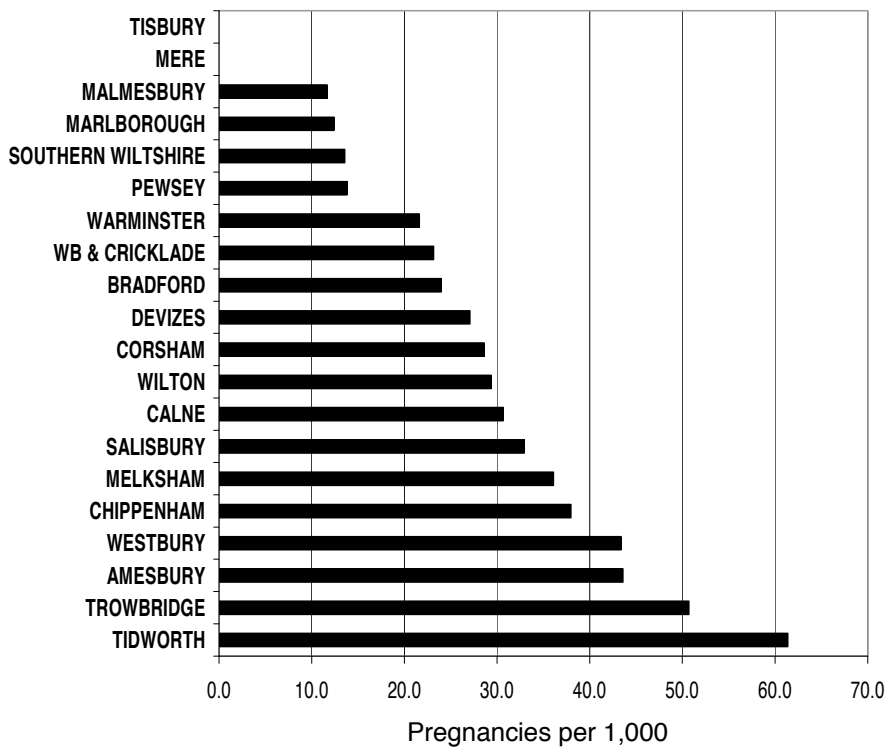
will reflect a higher reporting rate as well as higher prevalence. Anyone wishing to seek help and advice on domestic violence issues can contact the National 24hr Domestic Violence Helpline on 0808 200 0247, the Men's Advice Line and Enquiries (MALE) on 0808 801 0327, or log on to [www.speakoutwiltshire.com](http://www.speakoutwiltshire.com).

## Deaths occurring at home



Being able to choose where to die is important. Nationally 64% of people say they would wish to die at home. In Wiltshire we are following the national strategy to support people in their home at the end of their lives. In Mere 18.1% of deaths occurred at home (2004 to 2006). This compares to the Wiltshire average of 19.9%. Mere ranks 15<sup>th</sup> out of the 20 Community Areas.

## Teenage pregnancy



Teenage pregnancy is associated with significant health and wellbeing problems for the mother-to-be and the child. Figures for Community Areas were based on 2007/08 and 2008/09 data. There were a small number of teenage pregnancies in Mere during this time, and because of confidentiality protection guidelines we are not able to publish the actual figure and rate. The same principle applies to figures for Tisbury.

## Other indicators

The indicators presented below provide more information on the health and wellbeing of the local population for the Community Area. For each of them the percentage or prevalence in the local population is compared to the Wiltshire average (and the highest and lowest Community Area figures). The last column presents the ranking of the Community Area in the County, where 1 is the best rank and 20 the worst rank.

Indicator Footnote	MERE CA Value	MERE CA Rate*	Lowest rate	Wiltshire Average Rate	Highest rate	CA Rank (out of 20)
<b>Long-standing illness, disability or infirmity?<sup>1</sup></b> Source: Wiltshire Council. % self-reporting "Yes" on 2008 Place Survey (unstandardised)	19	38.0	23.5	32.4	41.5	<b>18</b>
<b>Chlamydia Screening<sup>2</sup></b> Source: NHS Wiltshire Screening Programme. Screens per 1,000 15-24 population 2007/08	24	58.4	27.3	91.0	215.9	<b>13</b>
<b>Child Wellbeing Index 2009<sup>number</sup></b> Source: DCLG. Lower score indicates a higher level of well being		126.0	56.5	79.8	126.0	<b>20</b>
<b>Disability Living Allowance claimants<sup>2</sup></b> Source: DWP. Crude rate per 1,000 population	168	30.0	21.2	32.4	42.8	<b>8</b>
<b>Alcohol consumption<sup>1</sup></b> Source: Experian Target Group Index survey. % of people reporting that they have an alcoholic drink every day	800	14.3	9.5	13.7	16.5	<b>13</b>
<b>Purchasing of fruit<sup>1</sup></b> Source: Experian Target Group Index survey. % of people reporting that they did NOT spend £2 on fruit in the week previous to the survey	423	7.6	4.2	6.5	9.3	<b>17</b>
<b>Exercise - leisure centre attendance<sup>1</sup></b> Source: Experian Target Group Index survey. % of people reporting that they have NOT visited a leisure centre in the last 12 months	4002	71.4	54.0	62.0	71.4	<b>20</b>
<b>Fractured Neck of Femur - Hospital Admissions<sup>3</sup></b> 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. ICD10 S72	6	30.5	30.5	75.7	121.3	<b>1</b>
<b>Stroke - Hospital Admissions<sup>3</sup></b> 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. ICD10 I60-I69	9	62.0	60.9	111.4	182.6	<b>2</b>
<b>Chronic Obstructive Pulmonary Disease - Hospital Admissions<sup>3</sup></b> 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. ICD10 J40-J44	9	96.1	45.3	96.0	184.5	<b>12</b>
<b>Asthma - Hospital Admissions<sup>3</sup></b> 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. ICD10 J45-J46	1	32.2	11.7	97.1	172.7	<b>3</b>
<b>Coronary Heart Disease (CHD) - Hospital Admissions<sup>3</sup></b> 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. ICD10 I20-I25	20	186.5	186.5	302.6	419.5	<b>1</b>
<b>Diabetes - Hospital Admissions<sup>3</sup></b> 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. ICD10 E10-E44	4	102.9	22.0	58.4	102.9	<b>20</b>
<b>Cancer - Hospital Admissions<sup>3</sup></b> 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. ICD10 C00-C97	114	1381.4	1381.4	1958.4	4015.0	<b>1</b>
<b>Falls - Hospital Admissions<sup>3</sup></b> 2007/08. Hospital Episode Statistics (Inpatient Admissions) by Primary Diagnosis. Directly standardised rates (by age) per 100,000 population. ICD10 W00-W19	30	378.0	290.7	392.1	452.4	<b>9</b>
<b>Mortality from Circulatory Disease (CVD)<sup>3</sup></b> 2004-06 mortality data. Directly standardised rates (by age) per 100,000 population. ICD10 I00-I99	97	160.5	146.0	171.1	207.0	<b>10</b>
<b>Mortality from Cancer<sup>3</sup></b> 2004-06 mortality data. Directly standardised rates (by age) per 100,000 population. ICD10 C00-C97	49	110.7	110.7	153.5	176.1	<b>1</b>
<b>Breastfeeding<sup>1</sup></b> Source: NHS Wiltshire. % of mothers breastfeeding (partially or completely) at 6 to 8 weeks. 2008/09 data	15	45.5	15.0	35.5	57.2	<b>6</b>
<b>Dental Health - children<sup>number</sup></b> Average number of fillings, decayed or missing teeth per child aged 5 surveyed. Modelled from 2005/06 Dental Health Survey data		1.8	0.0	1.6	3.4	<b>13</b>

<sup>1</sup> %, <sup>2</sup> per 1,000, <sup>3</sup> per 100,000

## Glossary

<b>All age all cause mortality</b>	Deaths from any cause at any age.
<b>BMI</b>	Body mass index
<b>CHD</b>	Coronary heart disease
<b>Commissioning</b>	A continuous cycle of activities that contribute to the securing of services, including the specification of services to be delivered, contract negotiations, target setting, monitoring and managing performance.
<b>Community Area</b>	20 local administrative areas of Wiltshire based on research into local communities and normally centred around a local town.
<b>Community Area Board</b>	18 formally constituted arms of Wiltshire Council with delegated authority to act as a local executive of the Council. The Boards consist of elected Council members and representatives from health, police, fire and other organizations. All Boards apart from South West Wiltshire are co-terminous with Area Partnerships.
<b>Community Area Partnership</b>	20 key local bodies to act as the co-ordinated voice of the community with representation from town and parish councils, local business, the voluntary sector, local people and community leaders. The partnerships carry out consultations, debate local issues and prioritise community needs in Community Area Plans.
<b>COPD</b>	Chronic obstructive pulmonary disease
<b>CVD</b>	Cardio-vascular disease
<b>DCLG</b>	Department for Communities and Local Government
<b>DH/DoH</b>	Department of Health
<b>Dr Foster Intelligence</b>	A public-private partnership between the NHS Information Centre (a special health authority of the NHS) and Dr Foster, a commercial provider of healthcare information.
<b>IMD</b>	Index of Multiple Deprivation
<b>Life expectancy at birth</b>	Life expectancy at birth is an estimate of the average number of years a new-born baby would survive if they experienced the particular area's age-specific mortality rates for the time period under consideration throughout their life. The figure reflects mortality among those living in the area in each time period, rather than mortality among those born in each area.
<b>NHS Wiltshire</b>	New name for Wiltshire PCT
<b>Obese (child)</b>	Above the 98 <sup>th</sup> percentile when compared with the UK 1990 growth chart for age and gender of the child.
<b>ONS</b>	Office for National Statistics
<b>Overweight (child)</b>	Between the 91 <sup>st</sup> and 98 <sup>th</sup> percentile when compared with the UK 1990 growth chart for age and gender of the child.
<b>SOA</b>	Super Output Area: nationally defined geographical area for use in small area statistics containing 1,000 to 2,000 people.
<b>Wiltshire Council</b>	Unitary council formed 1 <sup>st</sup> April 2009.



