



Abertawe Bro Morgannwg University Health Board Director of Public Health Annual Report 2015





Message from the Director of Public Health

The health and life expectancy of our local population continues to improve. However, we continue to see health inequalities in certain areas and amongst some vulnerable groups. We need to do more.

For the last two years I have prioritised public health action in three major areas associated with health inequalities:

- smoking cessation
- tackling obesity
- increasing immunisation uptake across all ages.

These areas still need sustained intervention to bring about improvements in people's health. The importance of keeping active throughout life is clearly recognised and so for the coming year I also intend to run programmes to support and empower our diverse communities to become healthier through:

- tackling physical inactivity and
- increasing activity levels across the population.

I will spend this next year challenging my friends, family and colleagues to commit to a personal activity target. Mine is to walk 10,000 steps a day at least 5 days of the week - not easy but definitely achievable. Signing up for the Welsh Pedometer Challenge has spurred me on and helped me make walking a regular part of my day. The Welsh Pedometer Challenge can be accessed at <http://bit.ly/1Emv1FS>

I am grateful to all members of my public health team for their energetic and creative work over this last year, and for their contribution to this annual report and the associated ABMU Health Board Public Health Performance Indicator Report Cards.

S. L. Hayes





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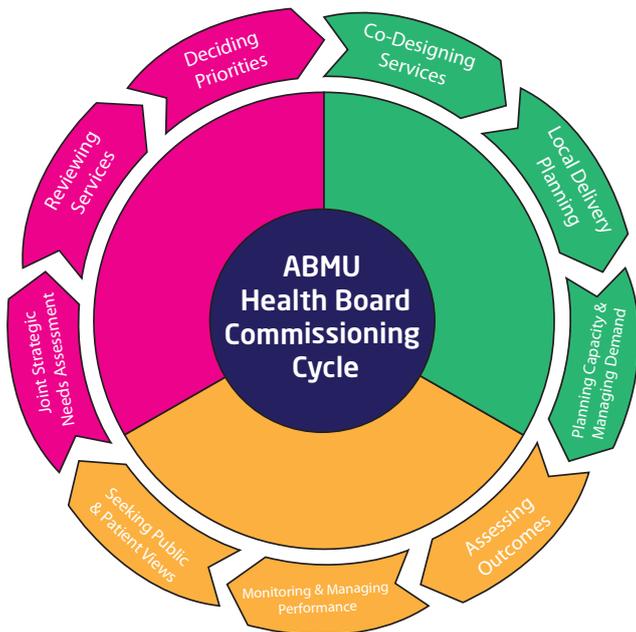
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The local health context in 2014

Life expectancy for the people living in the ABMU Health Board area has increased over the last 10 years but continues to be below the Wales average and there is variation across the area. However, the inequality in life expectancy between males and females has reduced from 5.3 years to 4.3 years. There may be many reasons for this improvement but it is possible that narrowing the gap in prevalence of smoking between males and females which started in the late 1970's may be responsible. Currently 21.6% of men and 20.1% of women smoke in ABMU Health Board area.

Preventing illness and premature deaths relies on people leading healthy lives. The health service must work in partnership with local government, voluntary agencies, families, communities and individuals to create healthy environments that support them to make healthy choices. We need to listen to our communities to hear what they think are the barriers to being healthy so we can help overcome them.



Recognising the value of incorporating prevention and early intervention into health services, ABMU Health Board has decided to develop a formal commissioning programme.

Commissioning in the NHS is the process of ensuring that the health and care services provided, effectively meet the needs of the population. It includes assessing population needs, agreeing health outcomes important to patients,

Key Facts in ABMU Health Board

- Consistent with the national picture, people are living longer
- Inequality in life expectancy at birth between males and females has reduced between 1991-1993 and 2011-2013
- Not everyone lives a long life in good health
- Over a quarter of our population are very satisfied with life



looking at the evidence about how best to achieve these and designing our services so they can deliver. Local Public Health Teams play an important role in supporting this.

This year ABMU Health Board is leading on establishing local NHS commissioning via its 6 new commissioning boards :-

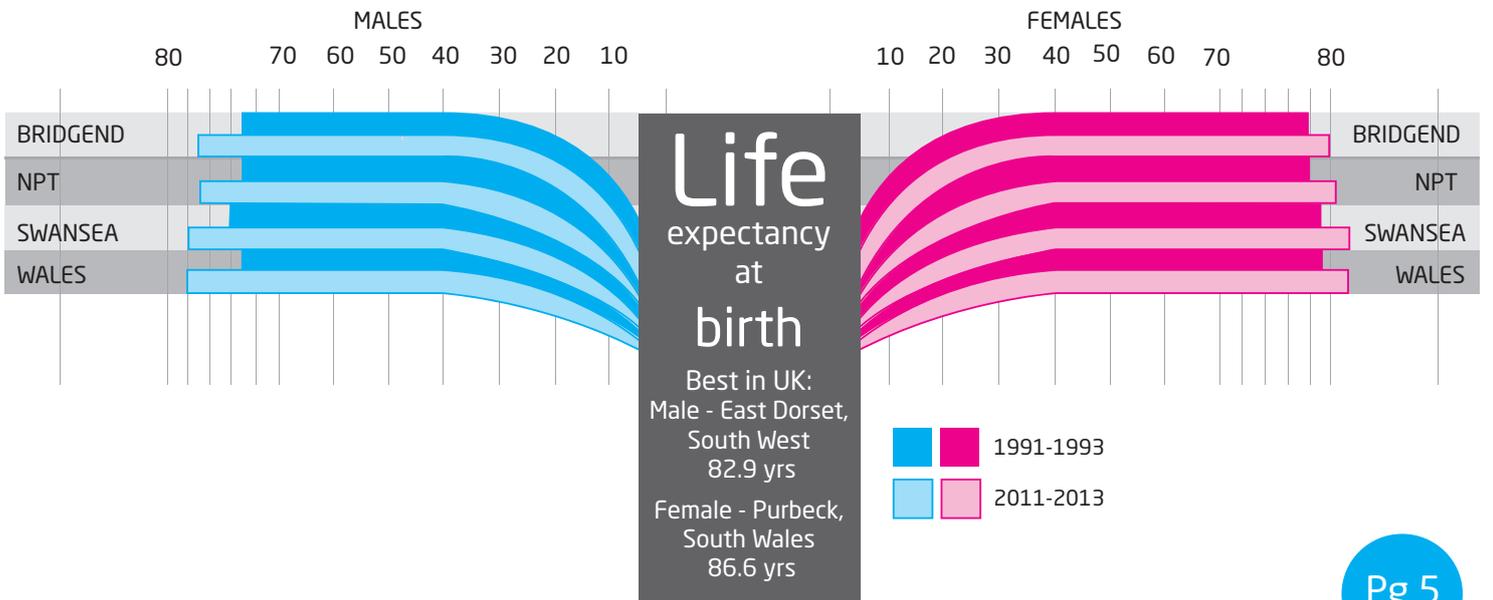
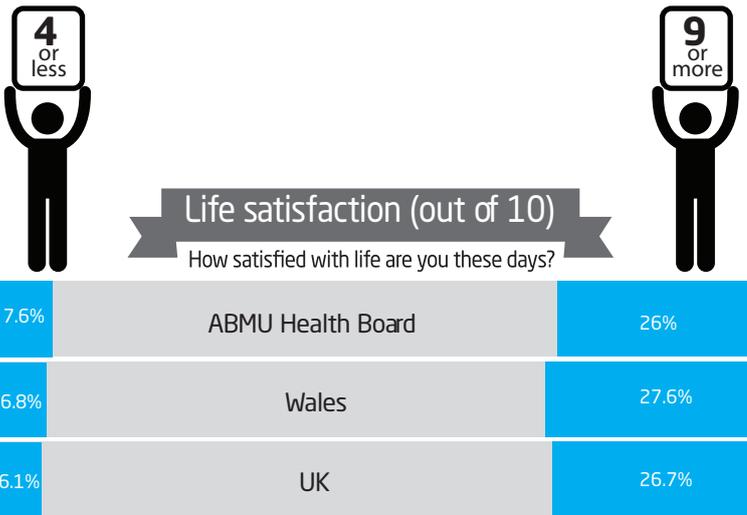
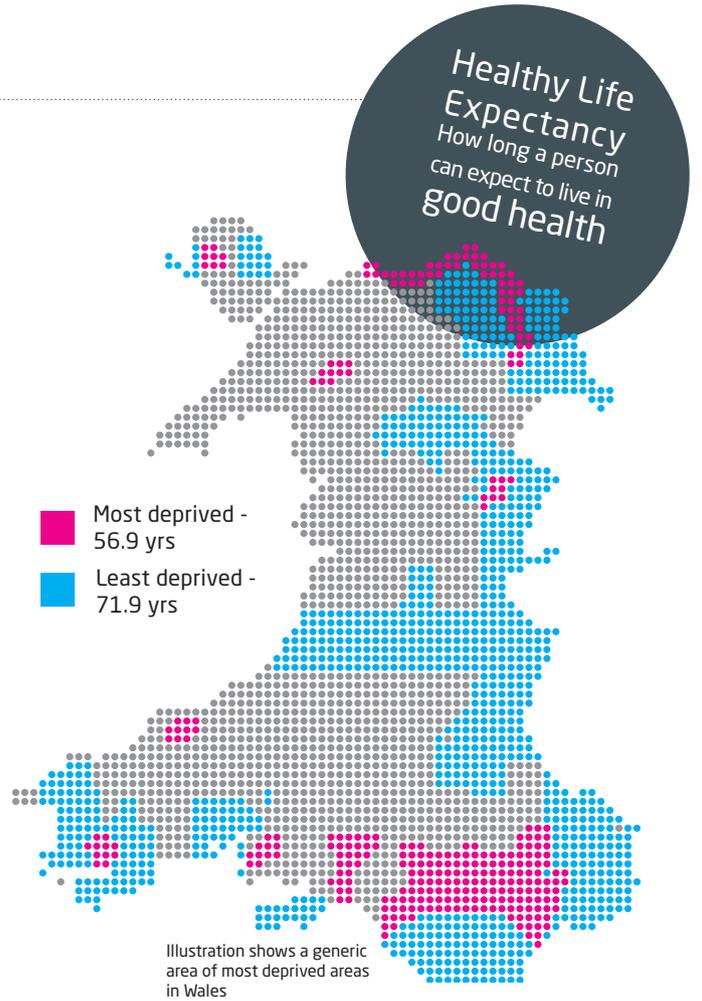
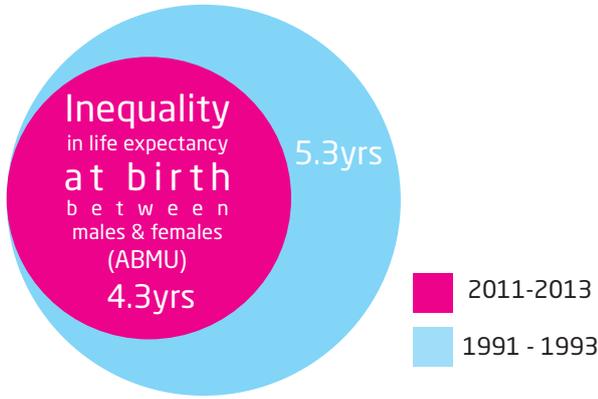
- Cancer
- Children and young people
- Long term conditions
- Planned care
- Unscheduled care
- Mental health and learning disabilities

The Local Public Health Team is heavily involved in this work, supporting the commissioning boards to embed approaches that address inequalities, use evidence based interventions and focus on outcomes.

The commissioning boards will continue to:-

1. Propose new models of care and services with partners which shift care up-stream and help to prevent ill health
2. Identify opportunities to re-allocate existing resources to areas that deliver improvements in quality, patient experience and outcomes
3. Deliver the principles of prudent healthcare – i.e. reduce inappropriate variation, do no harm, co-production, address greatest need first; this includes meeting the needs of our most deprived communities.

The local health context in 2014





Smoking

Despite the reduction in smoking in the UK over the last 40 years smoking still places a considerable burden on the NHS and is the most significant lifestyle factor in increasing health inequalities in our population.

One in two smokers die early through smoking and on average a smoker dies 10 years earlier than a non smoker. Exposure to second hand smoke can lead to fatal diseases and children and young people are particularly vulnerable to the harmful effects of second hand smoke. Smoking is strongly associated with social disadvantage and our most vulnerable populations including pregnant teenagers, offenders and people with mental health conditions are much more likely to smoke.

The majority of smokers say they would like to stop smoking but giving up is difficult and the average smoker tries many times before they successfully quit. A recent survey found 12% of smokers now use electronic cigarettes in the UK.

Key Facts in ABMU Health Board

- There are over 90,000 smokers. That's 1 in every 5 adults (21%)
- There are around 9400 fewer adult smokers than in 2007-08
- People in our most deprived areas are 3.8 times more likely to die from chronic obstructive pulmonary disease compared to our least deprived communities
- Smokers are up to 4 times more likely to quit with support



Smoking and respiratory health

In ABMU Health Board typically over 260 people die of chronic obstructive pulmonary disease (COPD) per year. COPD is a chronic health condition that affects the lungs making it harder and harder to breathe. Smoking or exposure to second hand smoke is the primary cause of COPD and giving up smoking is the best thing a person can do once they receive a diagnosis of COPD.

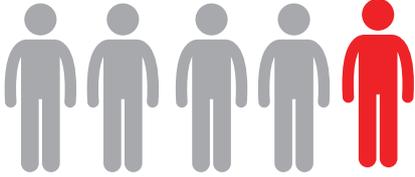
Patient story

Kenneth Richards, of Pontycymmer, Bridgend, quit smoking with the support of the 'Start Here' scheme in his local pharmacy. Ken had smoked since he was a young boy and had never managed to completely kick the habit, until now. He has now been a non-smoker for 6 months thanks to the help of his local pharmacist, Rhodri. Ken suffers with COPD and since giving up finds his breathlessness is much improved.

"It's so simple to do. I just went to the pharmacy every couple of weeks, Rhodri took the time to talk to you properly and give you the nicotine replacement. I'm indebted to him and would recommend the service to anybody!"

Smoking

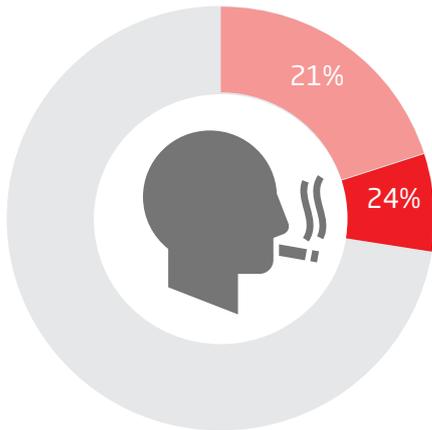
ONE FIVE SMOKERS



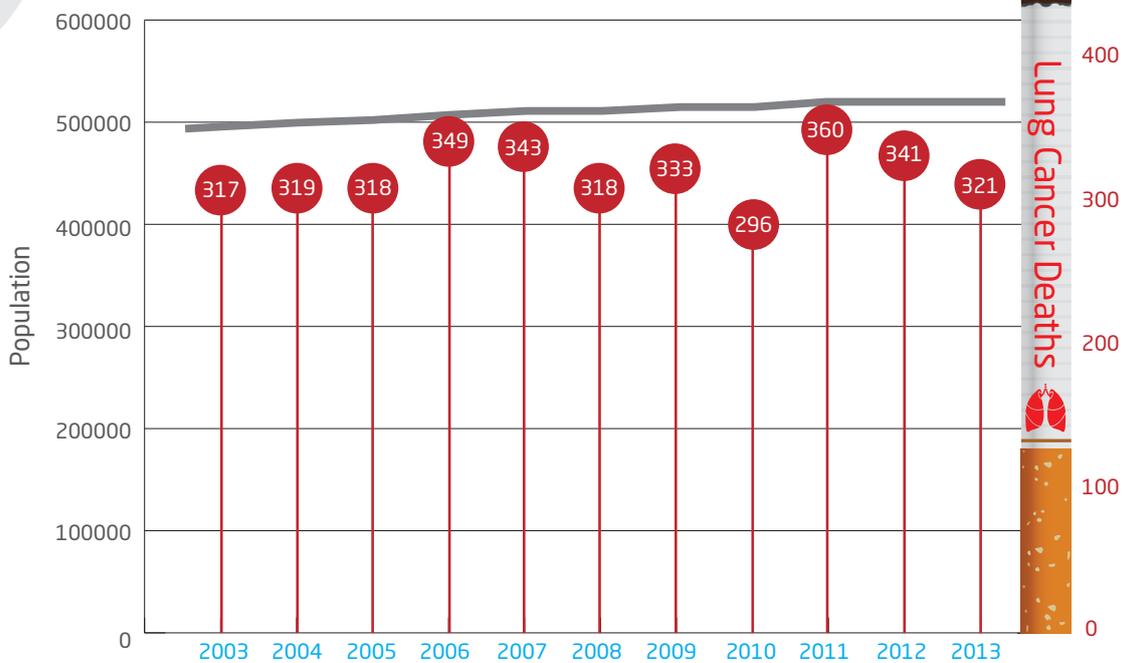
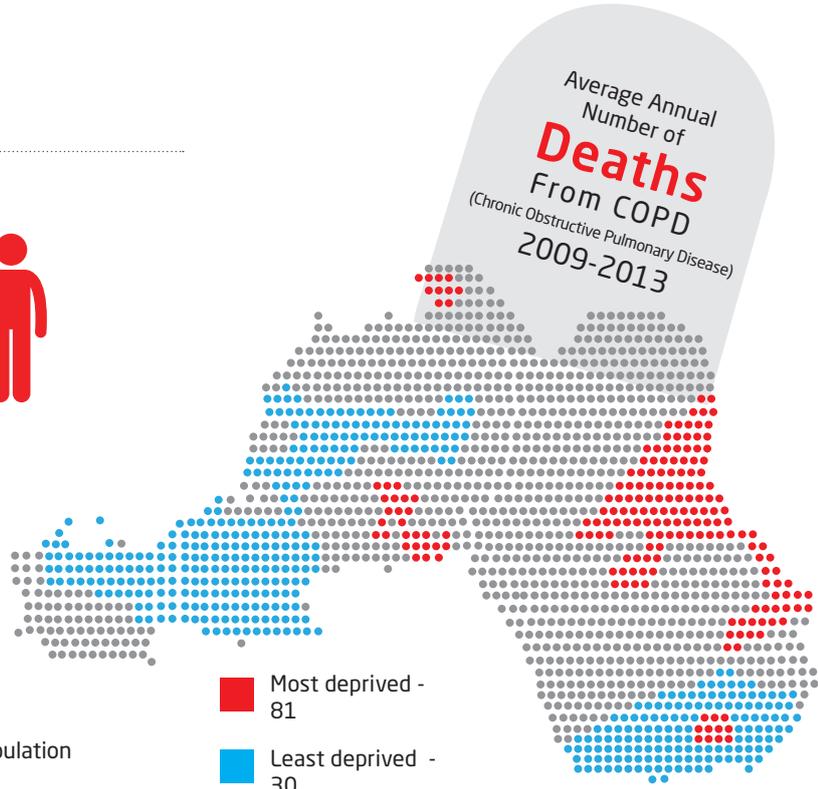
90,000 Smokers in ABMU Health Board 2013-14



99,400 Smokers in ABM University Health Board in 2007-08 (1 in 4)



Percentage of population (ABMU) 2007-08
 Percentage of population (ABMU) 2013-14



Smokers are UP TO **4 TIMES** More Likely to Quit WITH SUPPORT



Smoking

Stop smoking services

There is now a wide range of stop smoking services that smokers can access locally. Stop Smoking Wales continues to offer its support through its group sessions and one-to-one clinics in community venues throughout the area, along with its online and telephone support options.

Thirty six community pharmacies now provide a stop smoking service called 'Start Here'. Smokers can access intensive behavioural support along with free nicotine replacement therapy over a 12 week period. ABMU Health Board's hospital stop smoking service is also now up and running. Its stop smoking advisors provide support to inpatients to help them quit smoking during their hospital stay and signpost patients to community-based support services when they are discharged home.



Time to Quit Hospital Stop Smoking Service Team

3 services - 5 ways to quit



Hospital Stop Smoking Service

Call: 01639 684532

- Offers support throughout your hospital stay
- Gives one to one behavioural support
- Gives advice on nicotine replacement therapy
- Gives advice on withdrawal symptoms
- Uses carbon monoxide testing

Community Pharmacy Stop Smoking Service

- Offer 12 weeks support in a community pharmacy close to your home
- Gives one to one behavioural support
- Gives advice and supply nicotine replacement therapy
- Gives advice on withdrawal symptoms
- Uses carbon monoxide testing
- www.abm.wales.nhs.uk/quittingstarthere

Stop Smoking Wales

Call: 0800 085 2219

- Offer 7 weeks support in many community venues
- Gives behavioural support in a group, one to one, or using the telephone
- Online support is also available
- Gives advice on nicotine replacement therapy
- Gives advice on withdrawal symptoms
- Uses carbon monoxide testing



Obesity

The best way to start healthy habits is in the very early years of a child's life. Parents and carers influence children through the way they present themselves as role models, the foods and activities they make available in the home and the parenting style they adopt. One of the most effective approaches for tackling obesity in childhood is to work with parents.

It can sometimes be difficult to tell if a child is overweight. As children are becoming heavier it's easy to become used to seeing bigger children. Research shows that children of a healthy weight tend to be fitter, healthier, less likely to have low self esteem and be bullied. The Child Measurement Programme provides the most up to date and accurate picture of child growth in Wales. ABMU Health Board School Health Nurses measured the weight and height of 5,217 children in the reception year of school in the 2013 – 2014 academic year. They contact parents when a child is identified as overweight (over the 91st Body Mass Index centile) to offer advice and support.

Even though over 70% of 4 to 5 year old children are a healthy weight there is a big difference in the levels of obesity depending on where children live. In ABMU Health Board area the lowest levels of obesity are seen in more affluent areas such as Gower.

ABMU Health Board and partners have a group of professionals working together on preventing childhood obesity and helping children and families when they are overweight. One of the priorities is to increase breastfeeding as there are many benefits for the baby, including being more likely to have healthy weight when older.



In January 2015 Midwives, Health Visitors, Flying Start staff, voluntary peer supporters and neonatal teams across ABMU Health Board launched a campaign to promote that very first feed of breast milk. Your Baby's First Gift encourages mums and dads to think about those precious moments that are the emotional gift of skin contact and that early first feed.

The origins of this campaign started with Midwife Leanne Thomas who works within the Flying Start area of Bettws in Bridgend.

They hope to increase the number of mums who are still breastfeeding ten days after their baby is born.

The infant feeding co-ordinators have been working with Midwifery and Health Visiting Services and the third sector on a consistent approach to discussions about breastfeeding, skin to skin contact and close and loving relationships with parents during pregnancy. The Hello Baby programme is an antenatal session which helps parents-to-be build relationships with their babies before they are born. The session also provides information on the latest research on skin to skin contact and provides an opportunity for mothers-to-be to learn about their feeding options, and the support available to them. The infant feeding co-ordinators have been working with Swansea University on validation of the Hello Baby Programme.

Key Facts in ABMU Health Board

- There are over 100,000 obese adults in our population. That's over 1 in 5 people (23.3%)
- There are around 9000 more adults who are obese than in 2007-08
- 11.5% of boys aged 4-5 years were obese in 2013-14 (down 3.6% on 2011-12)
- 12.6% of girls aged 4-5 years were obese in 2013-14 (down 1.7% on 2011-12)
- 3 in 10 (28.9%) adults eat five or more portions of fruit and vegetables per day
- Less than 1 in every 3 adults (27.1%) in Wales' most deprived communities eat 5 or more portions of fruit and vegetables per day



Obesity

Physical activity - walking and cycling

The benefits of increased physical activity are clear. Being physically active reduces the risk of:

- Heart disease
- Stroke
- Obesity
- Type 2 diabetes
- Certain types of cancer including colon and breast
- Depression
- Falls (in older people).

Physical activity can also improve bone health and mental wellbeing. It can also help tackle social exclusion and isolation.

The benefits of walking and cycling

Walking and cycling help reduce sedentary behaviours and improve physical health by helping to lower blood pressure and improve heart health. They are also good ways to enjoy spending time with others and connect with the outdoor environment, which can benefit mental wellbeing. Both can aid weight loss and combat stress.



As well as being an enjoyable way to spend free time, walking and cycling can be incorporated into day to day activities and used as healthy ways to travel from place to place. Since they do not cause congestion or pollution, they are choices that are kind to the environment as well as to health.

The Ramblers have walking groups across the health board area.

There is a lot of information on local routes online:

- www.swansea.gov.uk and www.npt.gov.uk – contain information about a wide range of picturesque walking and cycling routes in Swansea and Neath Port Talbot
- www.love2walk.co.uk and www.naturalneighbourhoods.com/community outlines many walks in the Bridgend area and the 'Dare to Discover' app is a great interactive guide about recommended walking routes.





Obesity

Percentage of **overweight or obese** adults

2007-2008:
Overweight/obese adults = 91235
Population 16+ = 414706



2013-2014:
Overweight/obese adults = 100168
Population 16+ = 429259

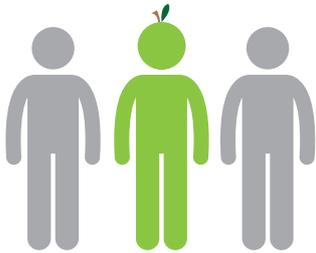


+ 9000 than in 2007/08



Over 100,000 obese adults in ABMU Health Board Area in 2013-14

Just Over 1 in 5 People - 23.3%



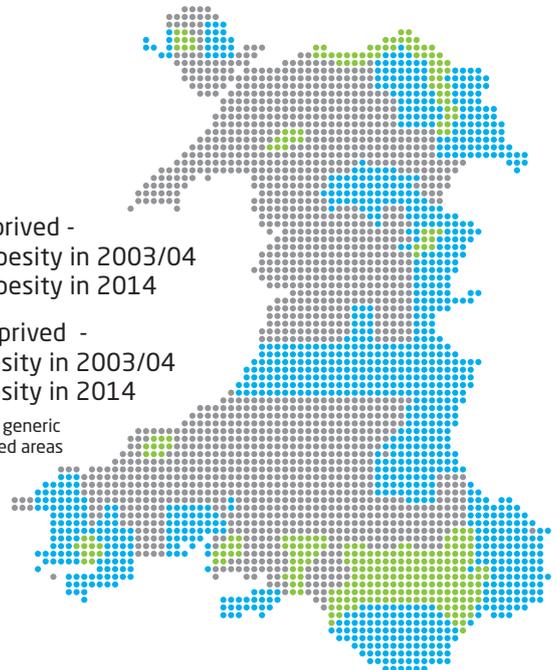
2014: Consumption of 5+ portions of fruit and vegetables per day in adults: most deprived areas =27.1%; least deprived areas 26.5%

Less than 1 in 3 people in the most deprived areas of Wales eat 5+ portions of fruit and vegetables per day

Prevalance of **obesity**

- Most deprived - 23.7% obesity in 2003/04 27.3% obesity in 2014
- Least deprived - 14% obesity in 2003/04 17% obesity in 2014

Illustration shows a generic area of most deprived areas in Wales



Physical activity

(moderate activity 5+ days per week)



2 in 10 women (23.2%) are physically active 5 or more days a week



3.5 in 10 men (35.4%) are physically active 5 or more days a week



Vaccination and immunisation

Influenza

Vaccination against influenza (or flu) is recommended every year for all those who are eligible. This is because protection from the vaccine gradually decreases and flu strains change over time.

Every year the World Health Organisation try to predict what strains of flu will be circulating in the next season. Most years it is well matched and there is good protection. In 2014/15 the seasonal influenza vaccine provided lower protection against flu infection than expected but was still valuable in reducing the burden of flu for the most vulnerable people in our communities.

Dr Richard Pebody, Public Health England's Head of Flu Surveillance says

"It's not possible to fully predict the strains that will circulate in any given season, and there is always a risk of a drift occurring as we have seen this year. However, it's important to be aware that this does not occur every season. Flu vaccine is still the best protection we have against an unpredictable virus which can cause severe illness and deaths each year among at-risk groups, including older people, pregnant women and those with a health condition."

Welsh Government's Tier 1 targets for vaccination are:

- 95% uptake of all scheduled vaccinations for children up to age 4
- 75% uptake of influenza vaccination among:
 - Those aged 65 years and older
 - Those aged 6 months to under 65 years in clinical at risk groups
 - Pregnant women
- 50% uptake of influenza vaccination for health care workers with direct patient care.

The scale of the influenza vaccination programme is continually expanding with the inclusion in the 2013/14 season of children aged 2 and 3 and Year 7 school pupils. In 2014/15 the programme also saw the addition of 4 year olds.

Changes to the children's schedule are planned for the 2015/16 season with all children aged 2 and 3 and those in reception class and Years 1 and 2 being offered vaccination against influenza.

Key Facts in ABMU Health Board

- Influenza vaccination uptake in the 65+ age group has remained fairly stable in recent years and was 65.2% in 2014/2015
- Influenza vaccination for clinical risk groups (aged 6 months to 64 years) remain low - 44.1% in 2014/2015
- Over 3 in 4 pregnant women (80.9%) received their influenza vaccination*

*Data from a snapshot survey carried out in January 2015



Positive achievements in 2014/15

- ABMU Health Board has achieved a 5% increase in the uptake of the Fluenz influenza vaccine in 2014/2015 compared to previous year.
- Two practices in ABMU Health Board have achieved over 80% uptake for Fluenz in 2-4 year olds (Wales average is 36.7%)
- ABMU Health Board has the second highest Year 7 Fluenz uptake in Wales
- Our Year 7 Fluenz uptake has achieved 7.7% increase on last year's campaign
- Neath Port Talbot exceeded the percentage uptake achieved in 2013/2014 in both the 65+ age group and 6 months to 64 years at risk groups
- Health Board staff uptake is 0.1% less than end of season last year but a greater number of vaccines have been given this year.

Vaccination and immunisation

Pregnancy and influenza

A woman's immune system becomes less effective during pregnancy, so viruses like the influenza can cause serious problems to mother and baby.

These include mothers having severe infections; babies being born prematurely; a low birth weight; and stillbirths or the baby dying within the first weeks of life. The vaccine is safe and can protect pregnant women and their babies from potentially serious complications – before and following birth.



Sarah, from Gorseinon, had the influenza jab while pregnant with her first child during last year's campaign. Her daughter Gwen, who celebrated her first birthday in June 2015, was born weighing a healthy 8lb 0.5oz.

Sarah said:

"The midwives promoted the importance of having the flu vaccination as it didn't just protect me but also my unborn baby, who would continue to be protected after birth."

"I have had no problems at all. Everything has been fine."

"It's a personal choice but going by my own experiences I would advise it – there is no reason to be concerned."

Update on 2014

- The Healthy Schools and Preschools Teams worked with the School Health Nursing Teams on the flu campaign for relevant school aged children. They promoted key messages to encourage uptake of the vaccine via newsletters, distributing resources, and training for teachers.
- The Public Health Team worked closely with the local Councils for Voluntary Services to promote the benefits of the flu vaccination and dispel myths and barriers. Myth Busting training was delivered to third sector volunteers and employees, community events were attended, and articles produced in local publications. Many organisations, community groups and members disseminated messages via social media to encourage friends and families to have the vaccination.
- High performing GP practices were visited by the Local Health Public Team, to identify good practice within their influenza campaigns. The learning has been widely shared in preparation for the 2015/16 influenza vaccination programme.

Case study

Afan Valley Medical Practice was one of a handful of GP practices across Wales to achieve the 75% Tier 1 target for flu vaccination for both patients aged 65 and over and those under 65 with chronic conditions; 82.6% and 75.4% respectively.

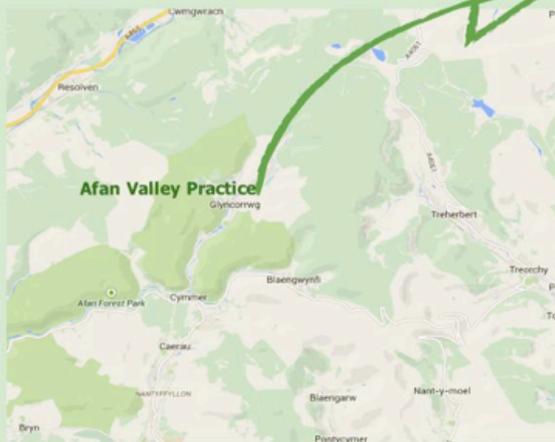
These vaccination rates have been achieved by year on year incremental improvements driven by a passionate leader and committed team at the Afan Valley Practice.

This great work was depicted in a 'top tips' poster presentation by a member of the ABM Local Public Health Team and achieved first place in the 12th Welsh Immunisation Conference poster presentation in April 2015. A presentation of this work was also well received at the International Healthy Cities Conference in Finland earlier this year and the practice was also nominated for the ABMU Health Board Chairman's Award.

Vaccination and immunisation

Top tips for a successful flu vaccination campaign in General Practice

The annual influenza vaccination campaign aims to minimise flu related morbidity, mortality, GP consultations and hospital admissions



In 2013/14 Afan Valley Practice was one of only a handful of GP practices in Wales to achieve the 75% flu vaccination uptake target

82.6% for patients aged 65 and over

75.4% for patients aged 6 months to 64 years with a chronic condition



Use your software to produce a list of eligible patients
Regenerate the list weekly until everyone has either been offered, had or refused the flu vaccination

Phone patients as letters mostly get ignored



Offer abundant and super efficient flu vaccination clinics



Train staff to provide an informed evidence based invite making particular reference to the patient's medical history and why it is important that they have the flu vaccination



60 seconds to protect a patient against flu

GP's to vaccinate

Clinics morning, afternoon, evening and weekends

Earn over £11 per qualifying patient. Some of which is used to boost the staff socialising fund and pay end of year bonuses



Record you have spoken to the patient and use a code e.g. "90XD51000 seasonal vaccine refused" to avoid mistakenly calling the patient again

Use a computer template to ensure swift recording of details such as vaccine batch number, expiry, routine or at risk group for those under 65 years

After the initial rush offer open access slots so any remaining eligible patients can just turn up

Claire Thompson, Health Promotion Specialist, Abertawe Bro Morgannwg Public Health Team
Dr Mark Goodwin, Afan Valley Practice, Glyncorrwg, Neath Port Talbot

Vaccination and immunisation

Childhood vaccination in ABMU Health Board

Last year, following the measles outbreaks in ABMU Health Board, we made recommendations to continue to encourage those not vaccinated to take up this protection. In the first quarter of 2015 95.4% of 2 year olds in ABMU Health Board received their first Measles Mumps and Rubella (MMR) vaccination, and 90.4% of 16 year olds received 2 MMR vaccinations. However, only 83.6% of 4 year olds in ABMU Health Board were up to date with their primary immunisations, and as a health board we still have work to do to make sure all our young people are protected from vaccine preventable diseases.

This year we continue to work towards the Welsh Government target vaccination rate of 95%. Currently, the number of children receiving all their routine vaccinations by 4 years old stands at 84.9%. The teenage booster injection rate at 16 years old stands at 83.2%. ABMU Health Board has exceeded the 95% target in the areas of children who have had their MMR vaccination at 1 year of age and those who have received the first MMR vaccination by the age of 16 (96.7%). In addition ABMU Health Board achieved the highest uptake of the pertussis (whooping cough) vaccination of pregnant women (77.5%) in Wales.

Reducing inequalities in vaccination uptake remains a big priority for us. This year, unlike the national picture, we continued to reduce the gap in childhood vaccination uptake at age 4 between the least and most deprived areas, by a further 1.7%.

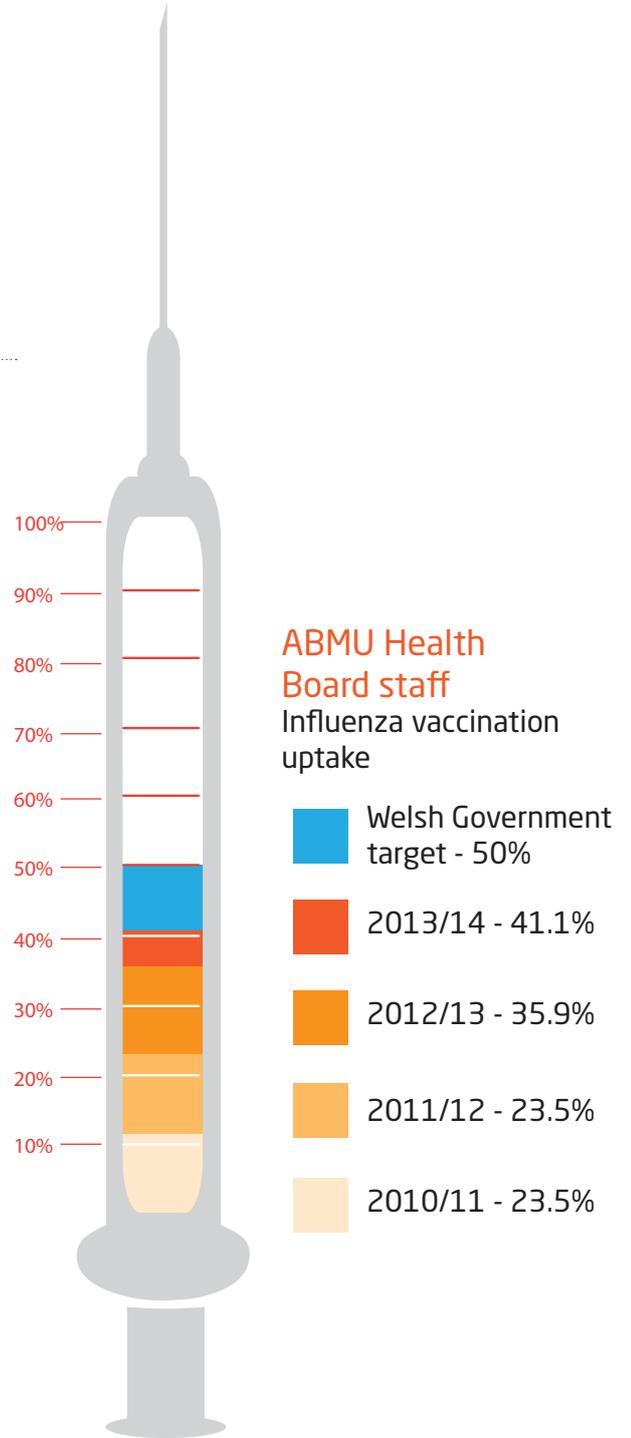
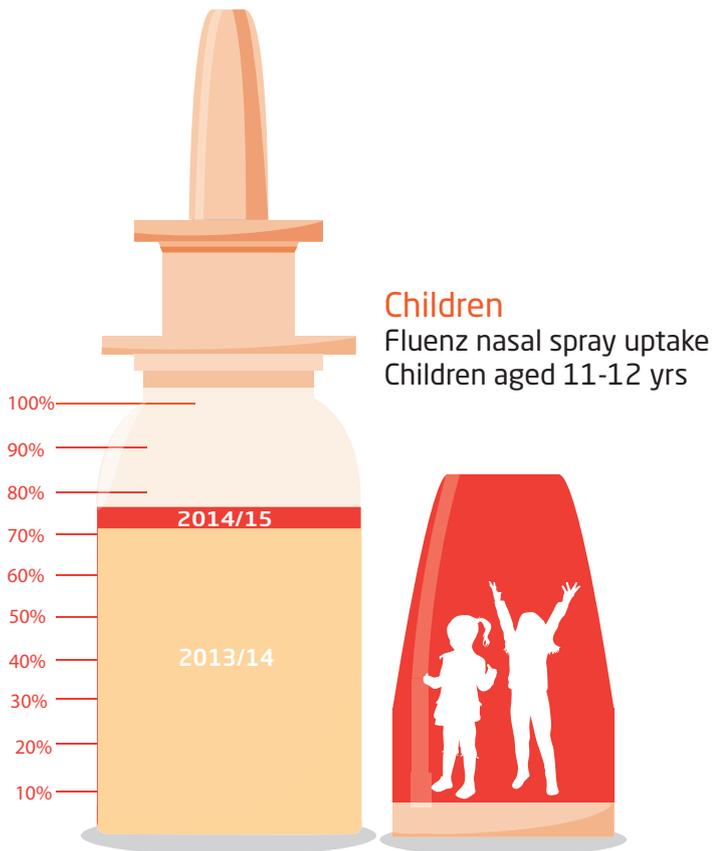


Case study

The Welsh Network of Healthy Schools Scheme has, since its inception, developed strong relationships and influence within schools. The scheme covers primary and secondary schools and a pre-school component was introduced in 2011. Healthy School Teams co-ordinate delivery of the programme locally, provide advice and support to schools and facilitate access to training and materials.

The Local Public Health Team have utilised the established relationship of the local scheme with schools, to communicate information about vaccination and immunisation programmes. This work was captured on a poster presentation that was taken to the 12th Welsh Immunisation Conference (see left).

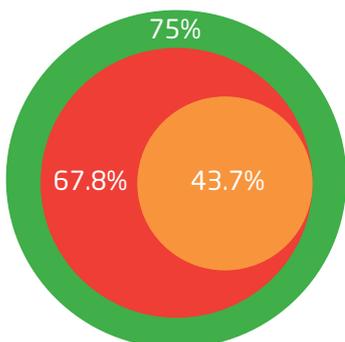
Vaccination and immunisation



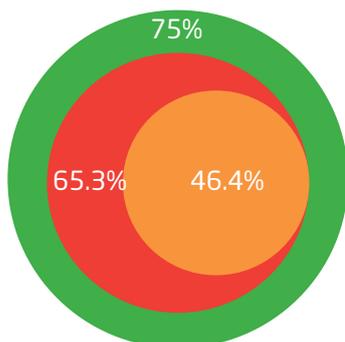
Influenza vaccination (%) (2014/15)

All Wales uptake - 65yrs + = 68.1% Under 65yrs at risk = 49.5%

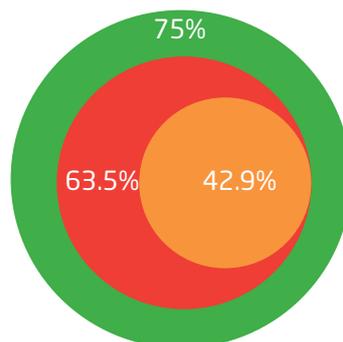
Bridgend



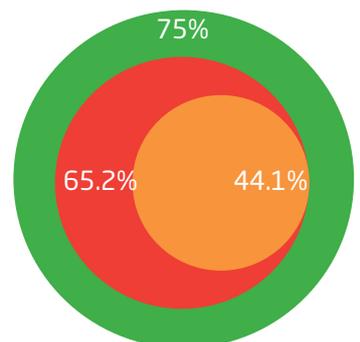
NPT



Swansea



ABMU





Key Facts in ABMU Health Board

- A new all Wales surveillance system has been set up for incidents of carbon monoxide poisoning, to improve notifications and safety
- Numbers of the most common sexually transmitted infections, chlamydia and gonorrhoea, have fallen over the past year

Health protection

Infectious diseases and environmental incidents continue to be a threat to human health, and it is therefore important to be able to deal with these effectively.

The Mid & West Health Protection Team of Public Health Wales is based in Swansea city centre. Their job is to react to notifications of infectious diseases, outbreaks and also other health protection incidents, such as for example chemical fires. The team works closely with the Director of Public Health, the Local Public Health Team and the local authorities in the ABMU Health Board area. The most important infections where health protection action might be required include food poisoning (which is very common) but also other rarer but potentially more devastating infections like meningitis or legionnaires disease.



Scarlet fever in ABMU Health Board

Spring 2015 saw an unusually high number of scarlet fever cases in the ABMU Health Board area. Scarlet fever is a bacterial illness that mainly affects children. It causes a distinctive pink-red rash and is highly infectious. Most mild cases of scarlet fever will clear up on their own, but treatment for the illness speeds recovery, reduces the risk of complications and makes the child non-infectious more quickly.



Figures published by Public Health Wales show that since January 2015 there have been 251 cases of scarlet fever reported in the ABMU Health Board area, with 65 being reported in March alone. Many of these cases were in schools and nurseries so the health protection team communicated with local schools about the signs and symptoms of the illness and what measures to take. The team also made contingency plans for immunising young children against varicella (chickenpox) where chickenpox and scarlet fever were circulating together in nursery settings.

Thankfully the outbreak is now nearly over, with only 18 cases reported in July 2015 and this number expected to fall again in August.



Oral health

Dental decay is one of the most common diseases affecting children and yet is almost always preventable. The 2013-14 dental epidemiological survey of 3 year olds in Wales reported that in ABMU Health Board 19.2% of 3 year olds surveyed had at least one tooth affected by decay. This is above the Welsh average of 14.5%.

Of those children with decay experience, in ABMU Health Board the mean number of teeth affected was 3.26, the highest figure across all the health boards. Children living in the most deprived areas had much higher prevalence of decay experience, highlighting the oral health inequalities across Wales, and the need to continue supporting the targeted prevention programme, Designed2Smile.

In adults, the increasing number of new cases of mouth cancer is very concerning particularly as the highest percentage increases have been seen in the younger age groups. From 2001-2011, incidence in men aged 35-44 years more than doubled.

Social inequalities are seen in not just the prevalence of mouth cancer, but also stage of diagnosis. In many cases, the cause is due to lifestyle factors, and action can be taken to reduce the risk. Public health efforts to reduce smoking prevalence and alcohol abuse, as well as improving uptake of the human papilloma virus vaccine, are all needed to reduce health inequalities and to stop the increase in mouth cancer and other cancers with the same risk factors.

Key Facts in ABMU Health Board

- Nearly 1 in 5 children (19.2%) aged 3 have a least 1 tooth affected by decay
- Over 1 in 3 children (38%) aged 3 had dental plaque at the time of being examined
- Children aged 3 living the most deprived communities in Wales are almost twice as likely to experience dental decay as those living in the least deprived communities (20.2% and 11.2% respectively)



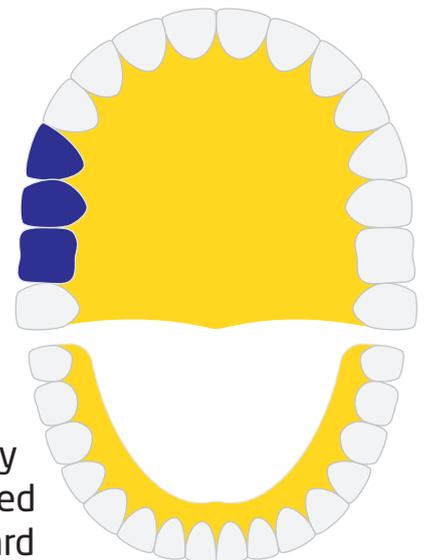
Children's teeth



Nearly 1 in 5 children (19.2%) aged 3 have at least 1 tooth affected by decay in ABMU Health Board



Children living in Wales' most deprived communities are almost 2 times more likely to experience tooth decay



Children aged 3 with decay have, on average, 3 decayed teeth in ABMU Health Board



Data source references:

The local health context in 2014

Life-expectancy

National statistics:

<http://bit.ly/1JIYah7>

Life satisfaction

National statistics:

<http://bit.ly/1U8z2F3>

Healthy life expectancy

Public Health Wales Observatory

Smoking

E-cigarette survey:

<http://bit.ly/1uBNa6K>

Welsh Health Survey:

<http://bit.ly/1FT50Ly>

Welsh Cancer Intelligence and Surveillance Unit:

<http://bit.ly/1hllkrq>

Obesity

Welsh Health Survey

<http://bit.ly/1FT50Ly>

Vaccination and immunisation

Public Health Vaccine Preventable Disease Programme

<http://bit.ly/1PVVxao>

Health protection

Public Health Wales Health Protection Division

<http://bit.ly/1PWGJrZ>

Oral health

Welsh Oral Health Information Unit

<http://bit.ly/1MXBOIU>



ABM University Health Board

Public Health Performance Framework Indicator Report Cards (28/08/15)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

WORSE than Welsh average		NB: This is not based on statistical significance.
EQUAL TO OR BETTER than Welsh average		

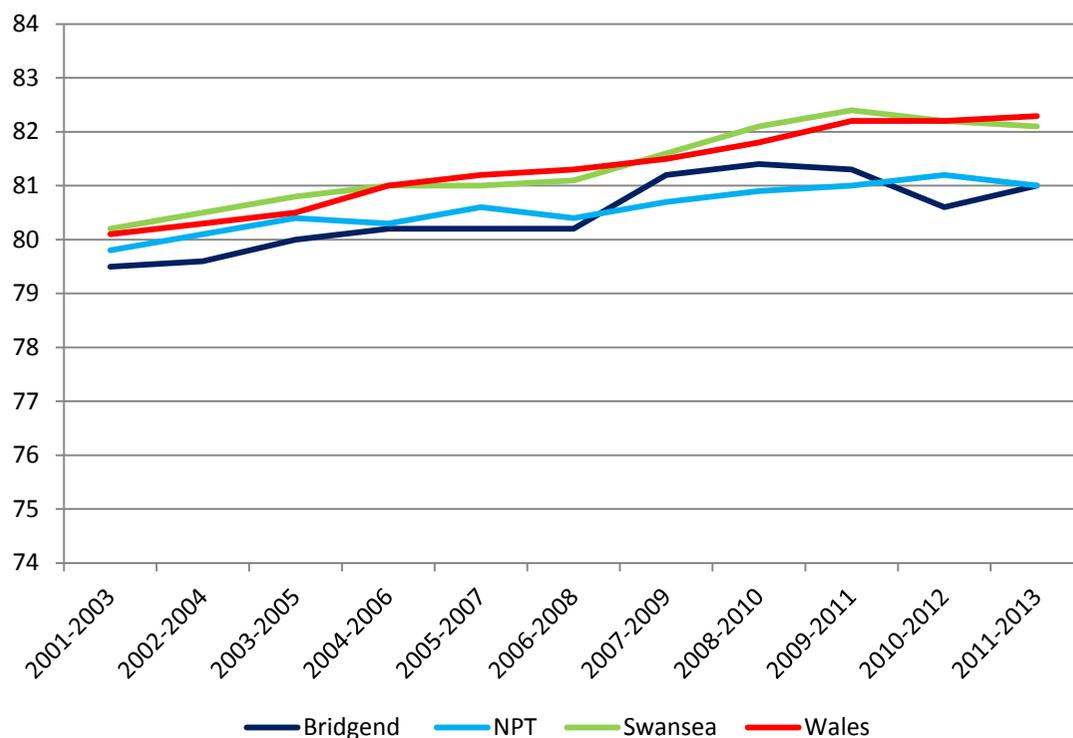
Indicator no.	Indicator domain	Indicator	Status			
			ABM	Bridgend	NPT	Swansea
Indicator Report Cards (28/08/15)						
S1 (f)	Life expectancy	Life expectancy at birth (female)		WORSE	WORSE	WORSE
S1 (m)	Life expectancy	Life expectancy at birth (male)		WORSE	WORSE	WORSE
S2 (f)	Life expectancy	Healthy life expectancy (female)	WORSE	WORSE	WORSE	BETTER
S2 (m)	Life expectancy	Healthy life expectancy (male)	WORSE	WORSE	WORSE	WORSE
S3 (f)	Inequalities	Slope index of inequality (female)	WORSE	WORSE	BETTER	WORSE
S3 (m)	Inequalities	Slope index of inequality (male)	WORSE	BETTER	WORSE	WORSE
Health improvement (health, wellbeing & inequalities)						
HI1	Obesity	% of adults who are overweight or obese	WORSE	WORSE	WORSE	BETTER
HI2	Obesity	% of adults who are obese	WORSE	WORSE	WORSE	BETTER
HI3	Obesity	% of children (age 4-5) who are overweight or obese	WORSE	BETTER	WORSE	BETTER
HI4	Obesity	Physical activity: % of adults meeting physical activity guidelines	WORSE	WORSE	WORSE	WORSE
HI5	Obesity	Physical activity: Number of referral to NERS				
HI6	Obesity	Healthy eating: % of adults eating 5+ fruit and vegetables	WORSE	WORSE	WORSE	WORSE
HI7	Obesity	Breastfeeding: % of babies breastfed at birth	WORSE	WORSE	WORSE	WORSE
HI8	Smoking	% of adults who currently smoke	WORSE	BETTER	WORSE	BETTER
HI9	Smoking	% of smokers accessing smoking cessation services and % CO validated quitters at 4 weeks	BETTER			
HI10	Smoking	% of children aged 11-15 who smoke	BETTER			
HI11	Alcohol	% of adults drinking above alcohol guidelines on at least one day per week	BETTER	WORSE	BETTER	WORSE
HI12	Alcohol	% of adults binge drinking on at least one day per week	WORSE	WORSE	BETTER	WORSE
HI13	Sexual health	Rate of teenage conceptions <18 per 1,000 population	WORSE	WORSE	WORSE	BETTER
HI14	Inequalities	Child poverty: % of children in households with less than 60% median income		WORSE	WORSE	WORSE
HI15	Inequalities	% 15 year olds achieving 5 GCSEs (A*-C)		WORSE	BETTER	BETTER
HI16	Inequalities	% working age people employed		BETTER	WORSE	WORSE
HI17	Oral health	dmft age 5	WORSE	BETTER	WORSE	BETTER
Health protection						
HP1	Vaccination	Uptake of influenza vaccination: 65+	WORSE	WORSE	WORSE	WORSE
HP2	Vaccination	Uptake of influenza vaccination: under 65 at risk	WORSE	WORSE	WORSE	WORSE
HP3	Vaccination	Uptake of influenza vaccination: pregnant women	WORSE	WORSE	WORSE	WORSE

HP4	Vaccination	Uptake of influenza vaccination: healthcare workers	WORSE			
HP5	Vaccination	Vaccination of children to age 4: 5in 1 age 1	BETTER	BETTER	BETTER	BETTER
HP6	Vaccination	Vaccination of children to age 4: Meningococcal Group C Vaccine	BETTER	BETTER	BETTER	BETTER
HP7	Vaccination	Vaccination of children to age 4: MMR 1 age 2	BETTER	BETTER	BETTER	BETTER
HP8	Vaccination	Vaccination of children to age 4: PCV age 2	WORSE	BETTER	WORSE	BETTER
HP9	Vaccination	Vaccination of children to age 4: HIB / Men C booster age 2	BETTER	BETTER	WORSE	BETTER
HP10	Vaccination	Vaccination of children : MMR 2 age 5	BETTER	BETTER	BETTER	WORSE
HP11	Vaccination	Vaccination: uptake of scheduled vaccinations age 4	WORSE	WORSE	BETTER	WORSE
Health services						
HS1	Morbidity	Rate of emergency admissions for hip fractures aged 65+	WORSE	WORSE	WORSE	WORSE
HS2	Screening	Breast screening: % eligible women screened	BETTER	BETTER	BETTER	BETTER
HS3	Morbidity	% Low birth weight babies	BETTER	BETTER	BETTER	BETTER

Report card: S1 (f) Life expectancy

Indicator: Life expectancy at birth (females)

Trend: 2001-03 to 2011-2013



Why is it important?

Increasing life expectancy without a significant increase in the number of years in good health is likely to place a significant burden on NHS health and social care services. With an ageing population, projections show a sharp increase in the number of people with chronic conditions and dementia across the ABM University Health Board area.

How are we doing?

As with the rest of the UK female life expectancy at birth across the ABM area local authorities has continued to increase in the last decade. The figures for Bridgend and NPT have remained consistently below the Welsh average.

Benchmark

Years: 2011-2013						
Local		Worst		Best		Wales
ABM		Not available		Not available		
Bridgend	81.0	Blaeneu Gwent LA	80.1	Monmouthshire LA	84.2	
NPT	81.0					
Swansea	82.1					

Indicator notes:

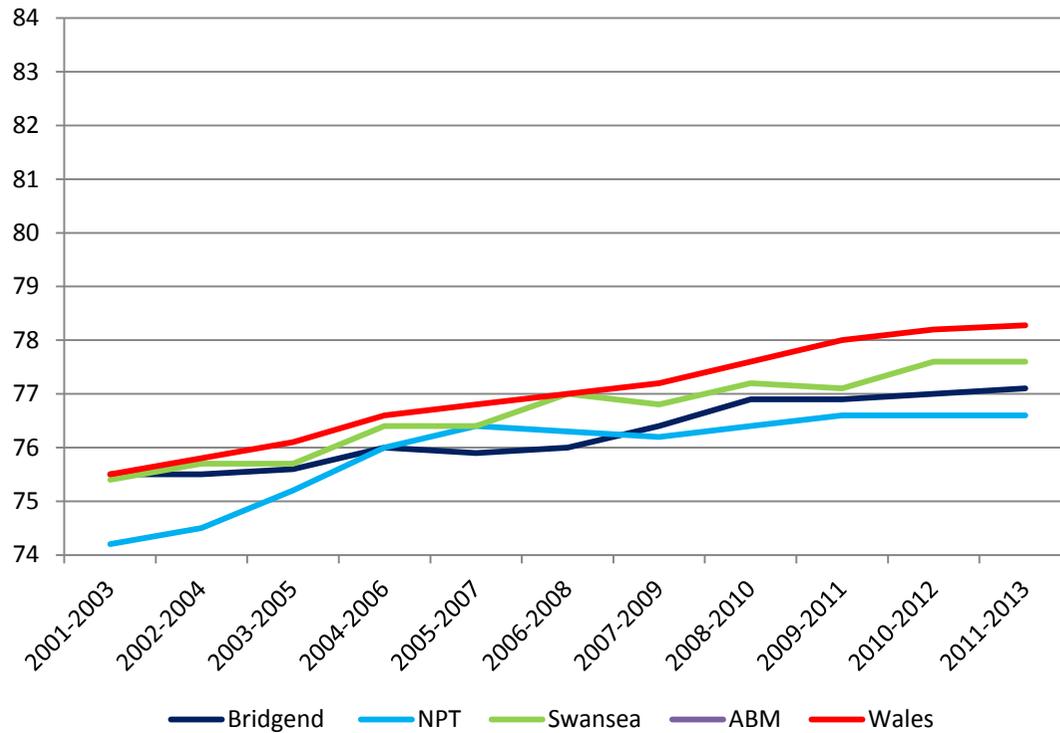
Local authority averages mask considerable variation at small area level.

Source: [National Statistics http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies](http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies)

Report card: S1 (m) Life expectancy

Indicator: Life expectancy at birth (males)

Trend: 2001-03 to 2011-2013



Why is it important?

Increasing life expectancy without a significant increase in the number of years in good health is likely to place a significant burden on NHS health and social care services. With an ageing population, projections show a sharp increase in the number of people with chronic conditions and dementia across the ABM University Health Board area.

How are we doing?

As with the rest of the UK male life expectancy at birth across the ABM area local authorities has continued to increase in the last decade. The figures for Bridgend and NPT have remained consistently below the Welsh average.

Benchmark

Years: 2011-2013						
Local	Worst		Best		Wales	
ABM	Not available		Not available		78.3	
Bridgend	77.1	Blaeneu Gwent LA	75.5	Powys LA		80.4
NPT	76.6					
Swansea	77.6					

Indicator notes:

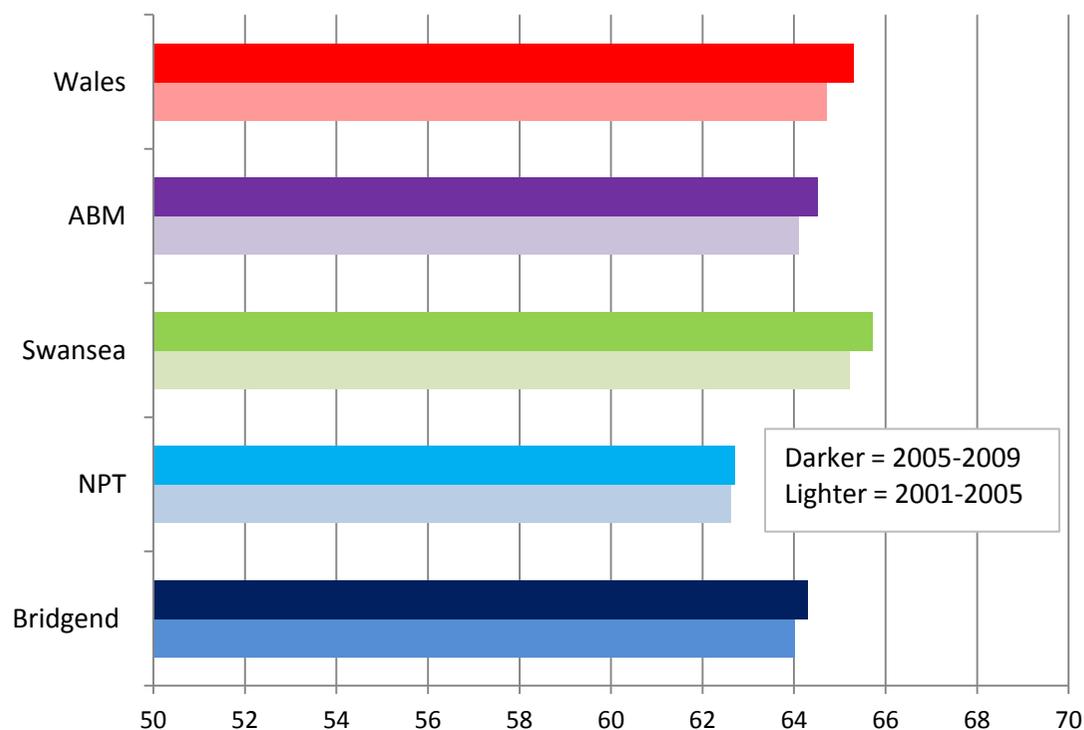
Local authority averages mask considerable variation at small area level.

Source: [National Statistics http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies](http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies)

Report card: S2 (f) Healthy life expectancy

Indicator: Healthy life expectancy at birth in years (females)

Trend: 2001-05 to 2005-09



Why is it important?

Healthy life expectancy represents the number of years a person can expect to live in good health. There are important socio-demographic differences in healthy life expectancy. Not only can people from more deprived populations expect to live shorter lives, but a greater proportion of their life will be in poor health.

How are we doing?

Consistent with Wales, there has been an increase in female healthy life expectancy across the ABM area local authorities. Across ABM this equates to 0.4 years between 2001-2005 and 2005-2009.

Benchmark

Years: 2005-2009						
Local		Worst		Best		Wales
ABM	64.5	Cwm Taf HB	60.6	Betsi Cadwaladr HB	67.9	65.3
Bridgend	64.3	Merthyr Tydfil LA	59.6	Monmouthshire LA	69.7	
NPT	62.7					
Swansea	65.7					

Indicator notes:

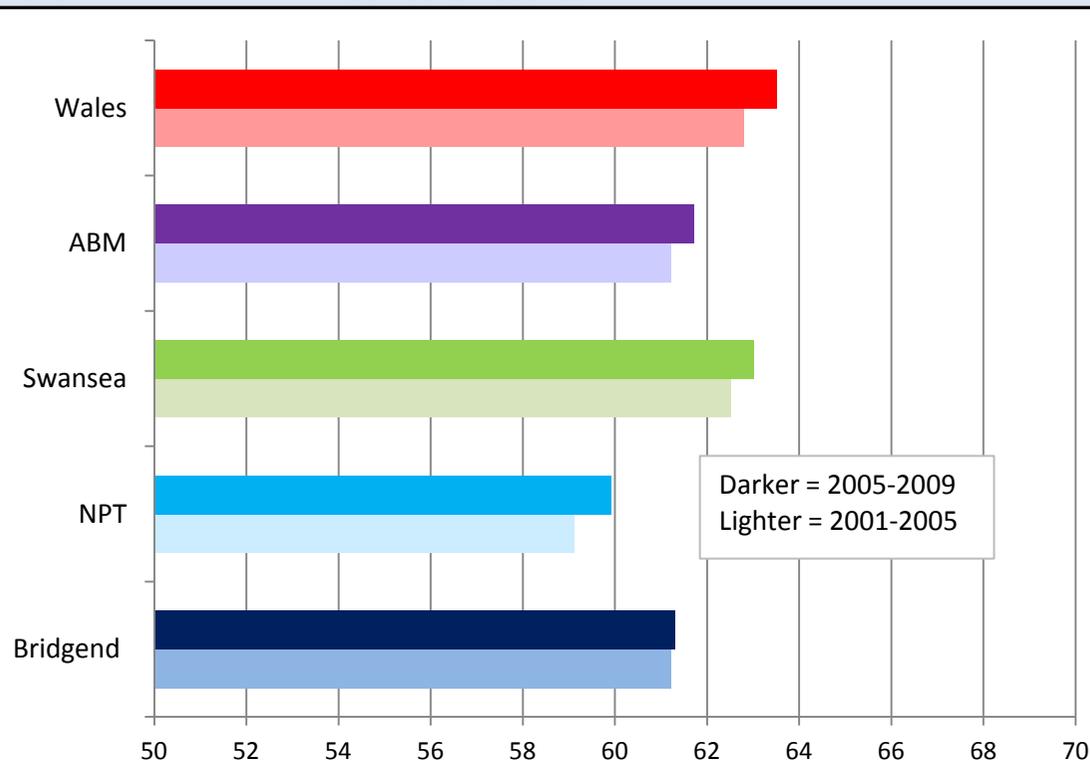
Healthy life expectancy is calculated using survey data on health in Wales and therefore may be affected by any survey sampling error. Data due to be updated in 2016.

Source: Public Health Wales Observatory: <http://howis.wales.nhs.uk/sitesplus/922/page/47835>

Report card: S2 (m) Healthy life expectancy

Indicator: Healthy life expectancy at birth in years (males)

Trend: 2001-05 to 2005-09



Why is it important?

Healthy life expectancy represents the number of years a person can expect to live in good health. There are important socio-demographic differences in healthy life expectancy. Not only can people from more deprived populations expect to live shorter lives, but a greater proportion of their life will be in poor health.

How are we doing?

Consistent with Wales, there has been an increase in male healthy life expectancy across the ABM area local authorities. Across ABM this equates to 0.5 years between 2001-2005 and 2005-2009.

Benchmark

Years: 2005-2009						
Local		Worst		Best		Wales
ABM	61.7	Cwm Taf HB	60.0	Powys HB	67.7	63.5
Bridgend	61.3	Blaeneu Gwent LA	57.1	Monmouthshire LA	68.2	
NPT	59.9					
Swansea	63.0					

Indicator notes:

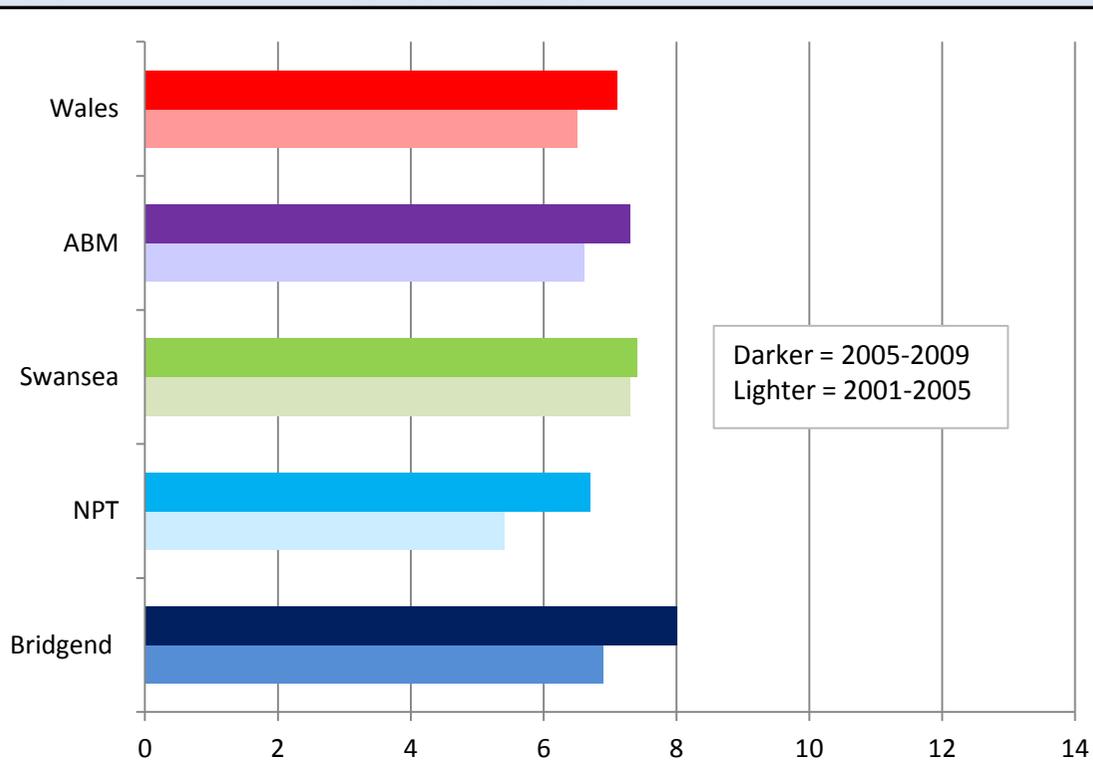
Healthy life expectancy is calculated using survey data on health in Wales and therefore may be affected by any survey sampling error. Data due to be updated in 2016.

Source: Public Health Wales Observatory: <http://howis.wales.nhs.uk/sitesplus/922/page/47835>

Report card: S3 (f) Inequalities

Indicator: Slope index of inequality (in years) - females

Trend: 2001-05 to 2005-09



Why is it important?

Although life expectancy at birth is increasing and on average people are living longer in good health, this health gain is not equally distributed across the ABM University Health Board population. The life expectancy gap (slope index of inequality) between our least and most deprived communities has increased. This gap reflects the way deprivation, poverty and the social determinants of health (e.g. housing and employment) affect the life chances of individuals and communities. These inequalities are unjust, unfair and unacceptable.

How are we doing?

As with the Welsh average, across the ABM area local authorities the female life expectancy gap between the most and least deprived areas has widened between 2001-2005 to 2005-2009.

Benchmark

Years: 2005-2009						
Local		Worst		Best		Wales 7.1
ABM	7.3	Cardiff & Vale HB	9.9	Hywel Dda HB	4.1	
Bridgend	8.0	Cardiff LA	10.0	Ceredigion LA	1.2	
NPT	6.7					
Swansea	7.4					

Indicator notes:

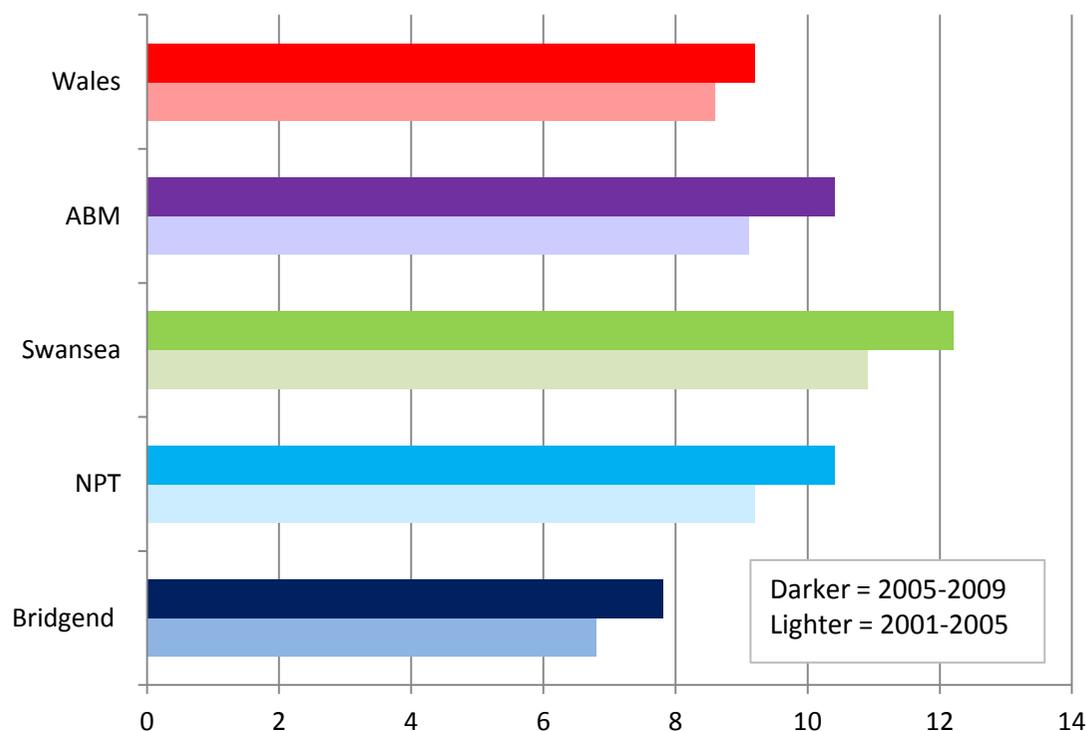
The slope Index of Inequality compares the difference in life expectancy at birth in years between the least and most deprived fifths taking into account the overall pattern of deprivation in a population. The smaller the slope index of inequality the better. Data due to be updated in 2016.

Source: Public Health Wales Observatory: <http://howis.wales.nhs.uk/sitesplus/922/page/47835>

Report card: S3(m) Inequalities

Indicator: Slope index of inequality (in years) - males

Trend: 2001-05 to 2005-09



Why is it important?

Although life expectancy at birth is increasing and on average people are living longer in good health, this health gain is not equally distributed across the ABM University Health Board population. The life expectancy gap between our least and most deprived communities has increased. This gap reflects the way deprivation, poverty and the social determinants of health (e.g. housing and employment) affect the life chances of individuals and communities. These inequalities are unjust, unfair and unacceptable.

How are we doing?

As with the Welsh average, across the ABM area local authorities the male life expectancy gap between the most and least deprived areas has widened between 2001-2005 and 2005-2009. The ABM area male life-expectancy gap is considerably higher than the female life-expectancy gap in 2005-09 (male = 10.4 years, female 7.3 years).

Benchmark

Years: 2005-2009						
Local		Worst		Best		Wales 9.2
ABM	10.4	Cardiff & Vale HB	11.8	Powys HB	5.5	
Bridgend	7.8	Cardiff LA	12.8	Blaenau Gwent LA	2.6	
NPT	10.4					
Swansea	12.2					

Indicator notes:

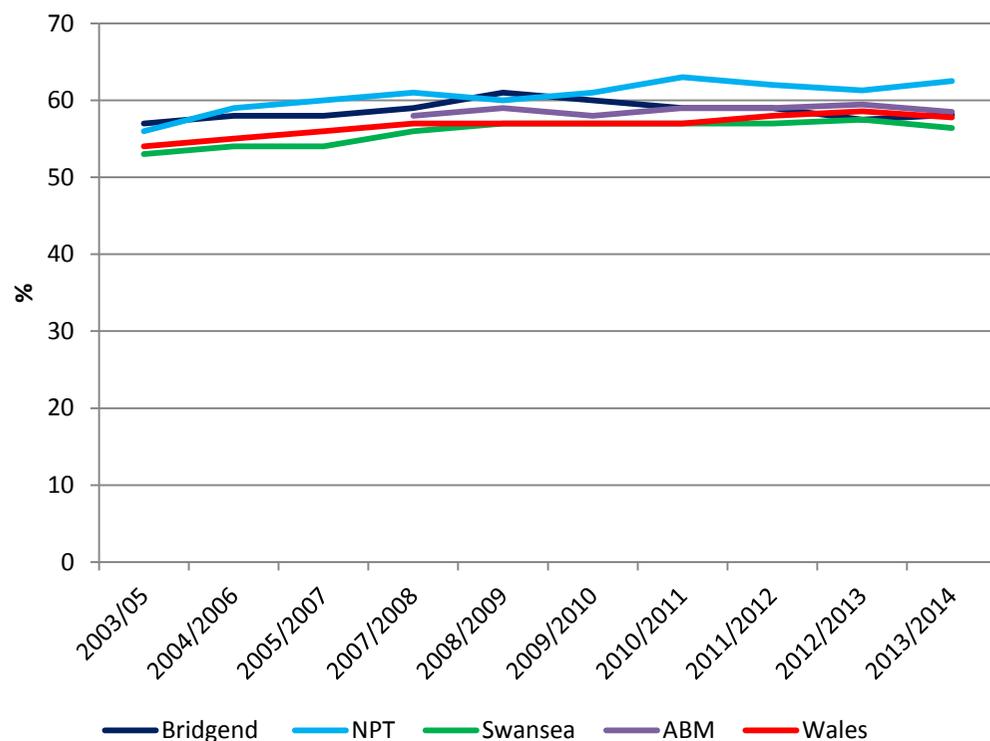
The slope Index of Inequality compares the difference in life expectancy at birth in years between the least and most deprived fifths taking into account the overall pattern of deprivation in a population. The smaller the slope index of inequality the better. Data due to be updated in 2016.

Source: Public Health Wales Observatory: <http://howis.wales.nhs.uk/sitesplus/922/page/47835>

Report card: HI1 Obesity

Indicator: Percentage of adults who are overweight or obese

Trend: 2003-5 to 2013-14



Why is it important?

Being overweight or obese is a significant risk factor for type 2 diabetes, coronary heart disease, dementia, knee osteoarthritis, mental health disorders and back pain. The prevalence of overweight and obesity is underpinned by diets and physical activity levels of children and adults not meeting guidelines for a healthy lifestyle. In particular, trends are showing low levels of initial breastfeeding at birth, increased consumption of energy dense processed food, not meeting recommendations for fruit and vegetable consumption and high levels of sedentary behaviour.

How are we doing?

Rates of overweight and obesity are high in ABM University Health Board area as in Wales and have shown an upward trend. Neath Port Talbot has consistently had the highest levels of overweight and obesity, with Swansea having the lowest. Bridgend and Neath Port Talbot have been consistently above the Welsh average. ABM University Health Board has the fourth highest level of overweight and obesity of the Health Boards.

Benchmark

Percentage 2013-2014						
Local		Worst		Best		Wales
ABM	58.5	Cwm Taf HB	63.5	Cardiff & Vale HB	51.7	57.8
Bridgend	58.1	Rhondda Cynnon Taf LA	63.7	Cardiff LA	50.9	
NPT	62.5					
Swansea	56.4					

Indicator notes:

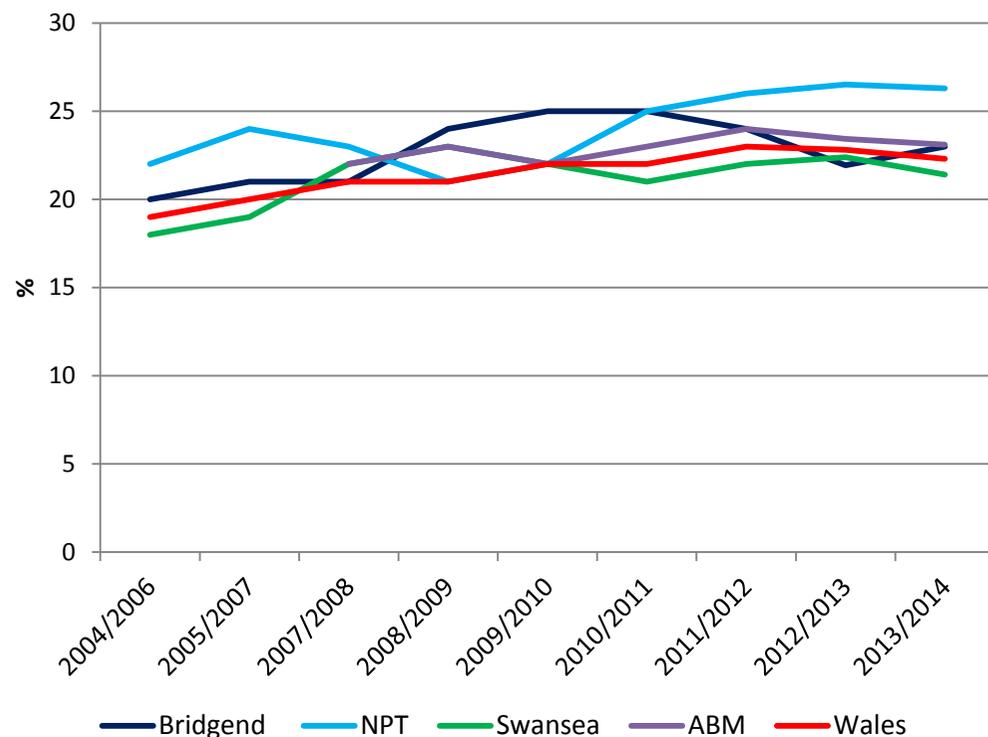
This indicator is self-reported and likely to be an underestimate. The ABM and LA averages mask the variation between the most deprived and least deprived communities. These averages also mask variation by age group. The percentage who are overweight or obese peaks in the 45-64 year age band.

Source: Welsh Health Survey: <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>

Report card: HI2 Obesity

Indicator: Percentage of adults who are obese

Trend: 2004-6 to 2013-14



Why is it important?

Rising levels of obesity are important as obesity is closely associated with the development of chronic conditions and disability. The direct cost of obesity to ABM University Health Board in terms of resource utilisation related to hospital admissions, outpatient visits, GP and practice nurse consultations and prescriptions was estimated to be £13 million per year in 2008/09. Modelled estimates predict that without investment and intervention, levels will continue to increase with a significant rise in obesity related diseases.

How are we doing?

Rates of obesity are high and are showing an upward trend. Overall, Bridgend and Neath Port Talbot have been consistently above the Welsh average with Swansea below the Welsh average.

Benchmark

Percentage: 2013-14						
Local		Worst		Best		Wales
ABM	23.1	Cwm Taf HB	27.1	Cardiff and Vale UH	18.5	
Bridgend	23.0	Blaenau Gwent LA	29.1	Ceredigion	17.0	
NPT	26.3					
Swansea	21.4					

Indicator notes:

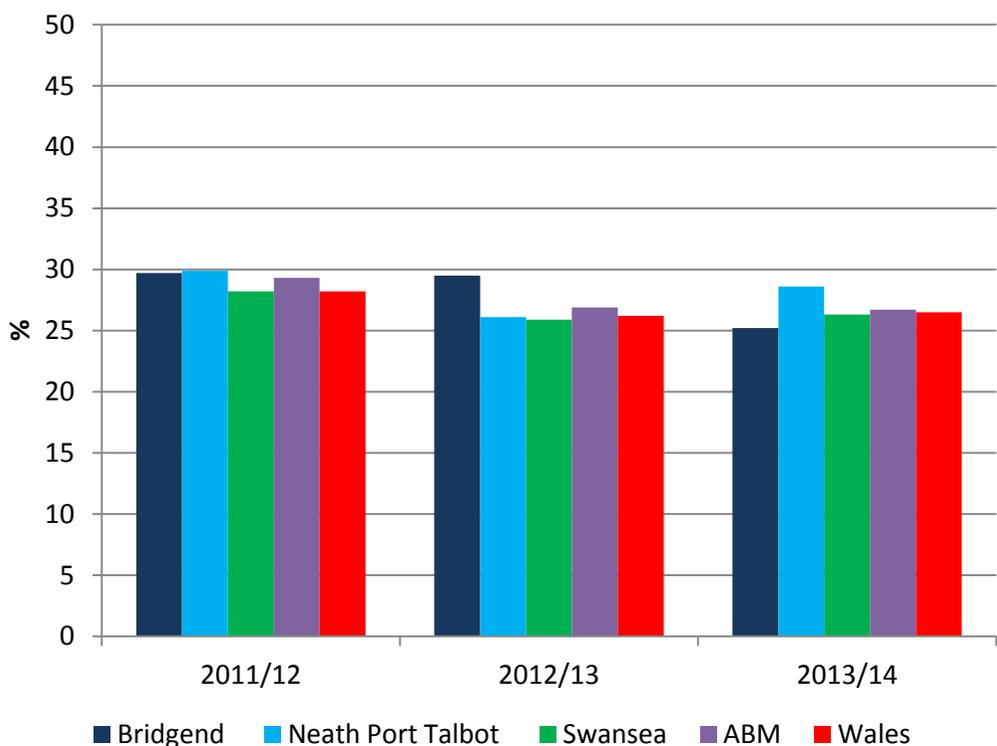
This indicator is self-reported and likely to be an underestimate. The ABM and LA averages mask the variation between the most deprived and least deprived communities. These averages also mask variation by age group. The percentage who are overweight or obese peaks in the 45-64 year age band.

Source: Welsh Health Survey: <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>

Report card: HI3 Obesity

Indicator: Percentage of children (aged 4-5 years) who are overweight or obese

Trend: 2011-2012 - 2013-2014



Why is it important?

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. The emotional effects are often seen as the most immediate by children themselves. Although many of the serious physical health consequences are not seen until adulthood, some obesity related conditions such as type 2 diabetes can develop during childhood and young adulthood. Overweight and obese children are more likely to become obese adults, with the associated higher risks of morbidity, disability and premature mortality. Childhood obesity is largely preventable and early intervention is vital at this stage.

How are we doing?

ABMU HB had the fourth highest level of % of children (4-5 years) overweight or obese at 26.7%. This was higher than Wales (26.5%), England (22.5%), and the English region with the highest prevalence, the North East of England (24.4%). Over one in ten children (12.0%) in ABM University Health Board area are obese and this is higher than the Welsh average (11.8%). In ABM, girls are more likely to be obese than boys (12.6% and 11.5% respectively), although the opposite is true in Wales as a whole. In Wales obesity levels in children aged 4-5 years increase with levels of deprivation, this data is not available at the HB level.

Benchmark

Percentage: 2013-14						
Local		Worst		Best		Wales
ABM	26.7	Cwm Taf HB	28.4	Cardiff and Vale UH	22.1	
Bridgend	25.2	Merthyr Tyfil	32	Vale of Glamorgan	21	
NPT	28.6					
Swansea	26.3					

Indicator notes:

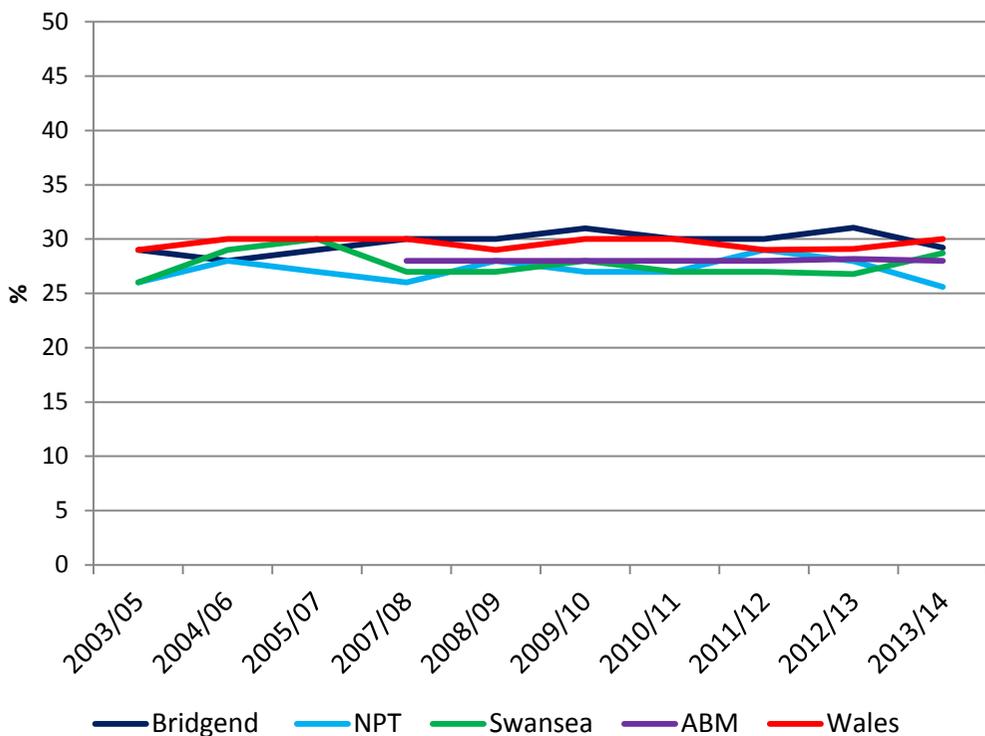
The Child Measurement Programme was implemented in reception year across Wales for the first time during the 2011/12 academic year. While prevalence of obesity appears to have fallen from 13.2% in 2011/12 to 12.0% in 2013/14, these figures should be treated with caution until more information becomes available. 92.8% of eligible children in the ABMU area participated in the programme.

Source: Public Health Wales Child Measurement Programme, 2011-12 and 2012-2013

Report card: HI4 Obesity

Indicator: Physical activity: percentage of adults meeting physical activity guidelines

Trend: 2003-05 to 2013-14



Why is it important?

Regular physical activity has many benefits to health, including mental health and well-being. People who are physically active have a reduced risk of developing major chronic diseases such as coronary heart disease, stroke, diabetes and some cancers and a 20-30% reduced risk of premature death. The latest data shows that only 28% of adults in ABM University Health Board area undertake sufficient activity to benefit their health. Evidence is emerging that not only increasing activity levels but reducing sedentary behaviour is important. It has been estimated that the cost of physical inactivity to Wales is about £650 million per year.

How are we doing?

The % of adults meeting physical activity guidelines in ABM University Health Board area has remained static since 2007-08 at 28%. This is slightly below the Welsh average. Neath Port Talbot had the third lowest levels of all local authorities in Wales in 2013-14.

Benchmark

Percentage: 2013-14						
Local		Worst		Best		Wales
ABM	28.0	Cwm Taf HB	27.3	Powys HB	34.0	
Bridgend	29.2	Neath Port Talbot LA	25.6	Ceredigion LA	34.5	
NPT	25.6					
Swansea	28.7					

Indicator notes:

This indicator is self-reported and likely to be an underestimate as it is influenced by the respondent's ability to accurately recall and assess their physical activity levels. The averages masks variation by age and gender as the proportion of adults meeting the recommended guidelines decreases with age and men are more likely than women to meet the recommendations.

Source: Welsh Health Survey: <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>

Report card: HI5 Obesity

Indicator: Number of referrals to NERS

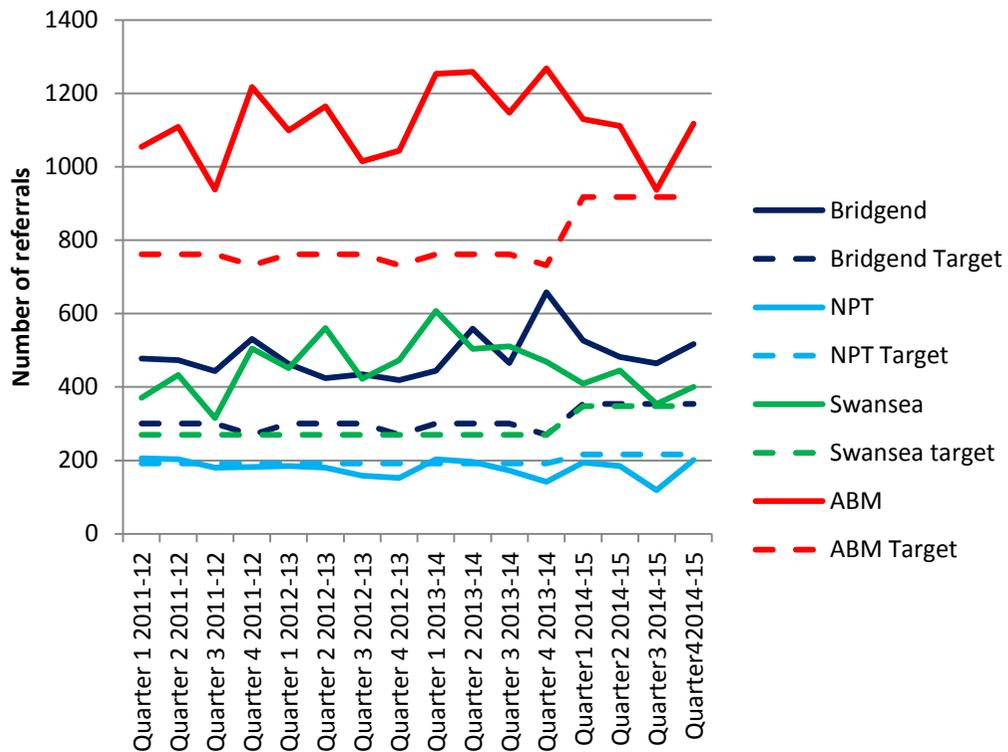
Trend: Quarter 1 2011-12 to Quarter 4 2014-15

Why is it important?

The national exercise on referral scheme (NERS) aims to increase long term participation in physical activity of clients who have a chronic disease or are at risk of developing chronic disease. Physical activity and exercise are considered principal interventions for use in primary and secondary prevention of chronic diseases. A randomised controlled trial found that all participants in NERS had higher levels of physical activity than the control group at 12 months, with this difference being significant for patients referred for coronary heart disease risk factors with positive effects on anxiety and depression.

How are we doing?

Bridgend and Swansea local authorities have consistently exceeded their referral targets. The NERS scheme is focusing on the quality indicators of actual take up, 16 week completion, actual take up and participation in physical activity at one year.



Benchmark

Indicator notes:

Number or referrals to NERS: Quarter 4 2014-15						
Local		Worst		Best		Wales
ABM	1118	Not applicable		Not applicable		
Bridgend	517					
NPT	201	Not applicable		Not applicable		
Swansea	400					

Comparing the number of referrals between areas in Wales without looking at the targeted number of referrals is not helpful due to different staffing levels which is historical.

Source: NERS database

Report card: HI6 Obesity

Indicator: Healthy Eating: % of adults eating 5+ portions of fruit and vegetables

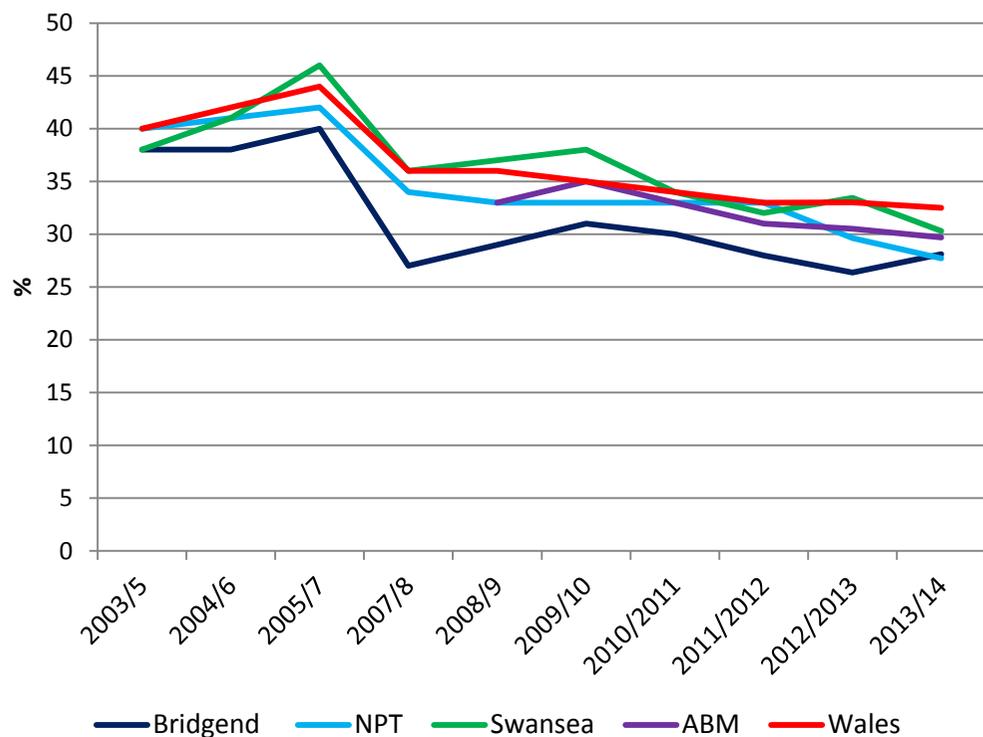
Trend: 2003-05 to 2013-2014

Why is it important?

The indicator percentage of adults eating 5+ portions of fruit and vegetables is often used as a proxy for measuring a healthy diet. There is good evidence that a diet rich in fruits and vegetables as part of a well balanced healthy diet can lower the risk of heart disease, stroke and keep eyes healthy. Specific components in fruit and vegetables have been shown to be protective against some cancers. The World Health Organization recommends eating a minimum of 400g of fruit and vegetables a day for the prevention of chronic diseases. This recommendation has been converted into the at least five different portions of fruit and vegetables per day message.

How are we doing?

Overall there has been a downward trend in the % of adults eating 5+ portions of fruit and vegetables in the ABM University Health Board area as in Wales. The county of Neath Port Talbot now has the lowest estimated percentage of adults consuming the recommended levels of fruit and vegetables per day out of all the local authorities in Wales.



Benchmark

Indicator notes:

Percentage: 2013-14						
Local		Worst		Best		Wales
ABM	29.7	Cwm Taf HB	28.1	Hywel Dda HB	36.7	
Bridgend	28.1	Neath Port Talbot	27.7	Ceredigion	39.0	
NPT	27.7					
Swansea	30.3					

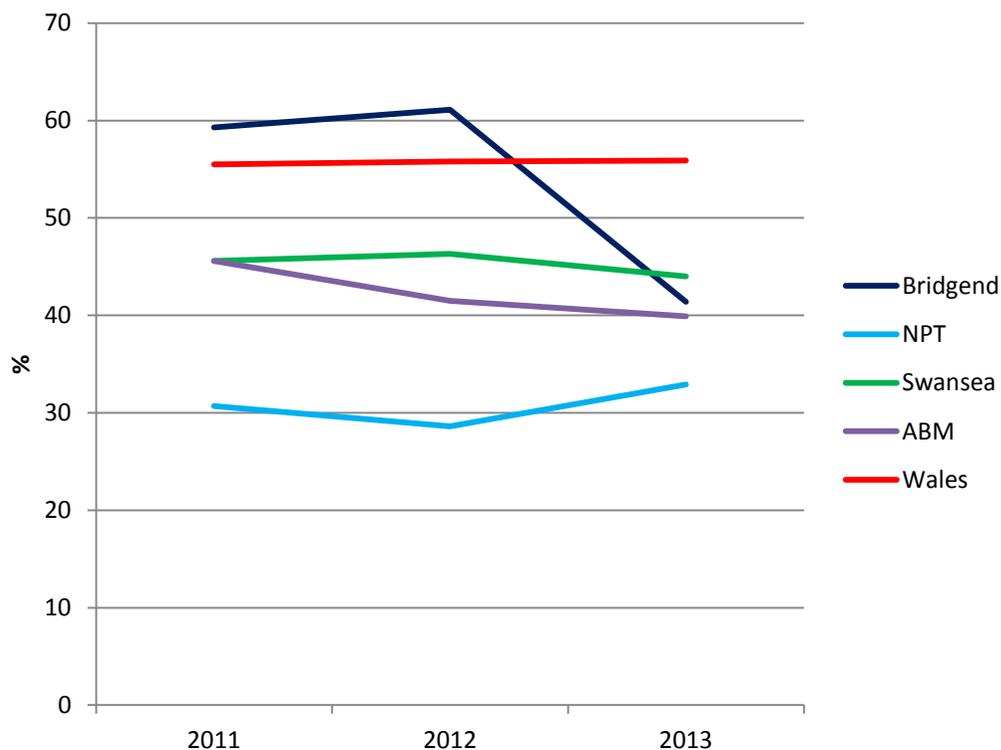
This indicator is self-reported and likely to be an underestimate as it is influenced by the respondent's ability to accurately recall diet and portion size. Averages mask variation between the most deprived and least deprived communities. Averages also is likely to mask variation by age which at the Health Board level shows an increased consumption with age.

Source: Welsh Health Survey: <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>

Report card:HI7 Obesity

Indicator: Breastfeeding: Percentage of babies breastfed at birth

Trend: 2011-2013



Why is it important?

The foundation for preventing obesity in children is breastfeeding and healthy family nutrition and physical activity practices. Infants who are not breastfed experience more episodes of diarrhoea, ear infections, lower respiratory infections, resultant increases in hospital admissions and are at a higher risk of sudden infant death. It is thought that breastfeeding enhances the bonding process between baby and mother. Some studies have shown that performance in childhood intelligence tests is better in children who have been breast-fed.

How are we doing?

Rates in Neath Port Talbot remain lower than Bridgend, Swansea and Wales as a whole but increased in 2013. ABM University Health Board is 40.9% points lower than the best performing Health Board. Lack of data completeness makes it difficult to interpret the trend for Bridgend and as a result ABM as a whole but action is being taken to remedy this data flow issue.

Benchmark

Percentage: 2013						
Local		Worst		Best		Wales
ABM	39.9	ABM UHB	39.9	Powys HB	80.8	
Bridgend	41.4	Blaenau Gwent LA	29.7	Powys LA	80.8	
NPT	32.9					
Swansea	44					

Indicator notes:

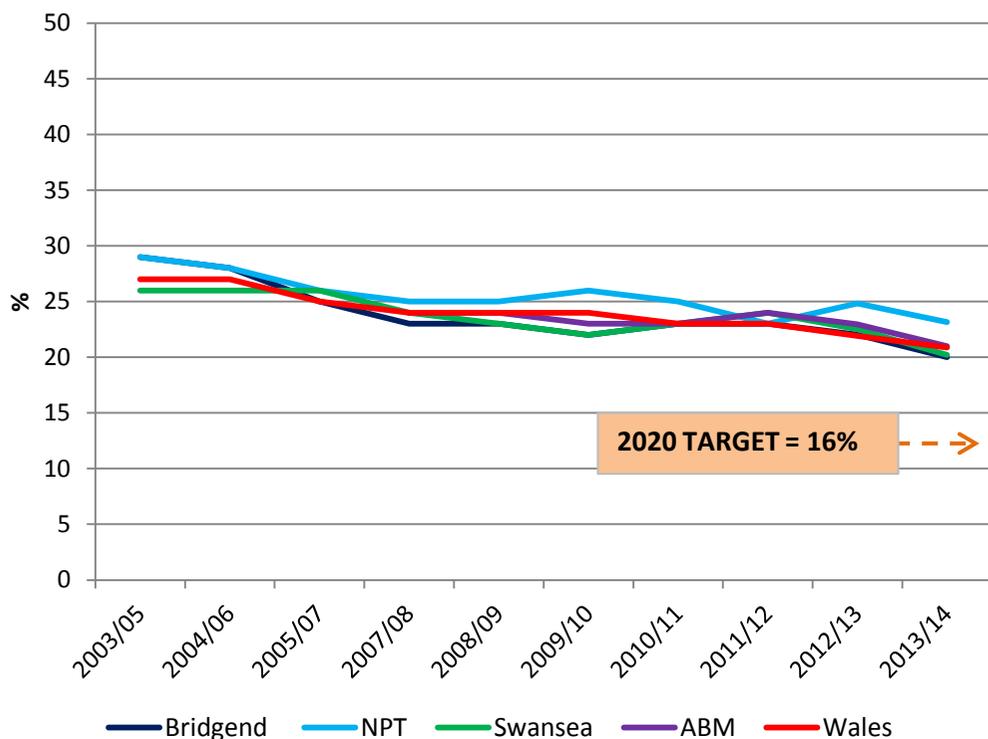
Figures reflect babies breastfed at birth as a proportion of all live births. Reported where breastfeeding status is known and non age standardised. It should be noted that the figures for Bridgend reported on StatsWales are inaccurate due to incomplete data.

Source: Community Child Health Database: <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Community-C>

Report card: HI8 Smoking

Indicator: Percentage of adults who currently smoke

Trend: 2003-05 to 2013-2014



Why is it important?

Smoking is the single biggest avoidable cause of disease and early death in Wales. Smoking is a risk factor for coronary heart disease, stroke, dementia, respiratory diseases and many cancers. Exposure to secondhand smoke in children and young people, contributes to conditions such as sudden infant death syndrome, respiratory childhood disease and meningococcal disease. Smoking in pregnancy is linked to spontaneous abortion, preterm birth, low birth weight and stillbirth. Smoking is also the leading cause of health inequalities. A recent report has estimated that the overall cost of smoking to ABM area is £131.8 million per year based on the prevalence of smoking in 2009/10.

How are we doing?

Trend data shows that the prevalence of smoking declined considerably from the 1970s until the mid 2000s, but in recent years it has remained fairly stable. It is estimated there are over 90,000 smokers across the ABM University Health Board area. The percentage of adults who currently smoke is in line with the Welsh average. The prevalence of smoking is highest among those aged 25 – 34 years old and gradually declines with age. More men (21.6%) than women (20.1%) smoke daily in ABM University Health Board area. Smoking is strongly associated with deprivation and socio-economic status.

Benchmark

Percentage: 2013-14						
Local		Worst		Best		Wales
ABM	21.0	Cwm Taf HB	22.9	Powys HB	18.6	
Bridgend	20.0	Blaenau Gwent LA	25.3	Vale of Glamorgan LA	17.6	
NPT	23.1					
Swansea	20.2					

Indicator notes:

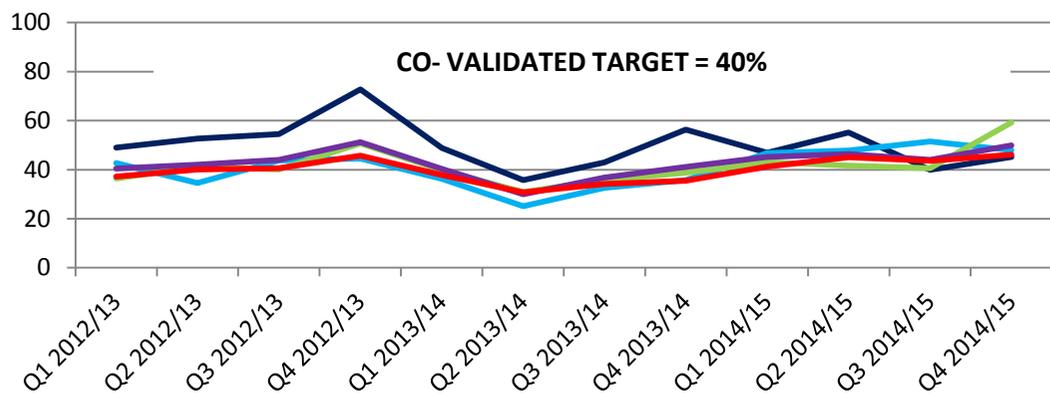
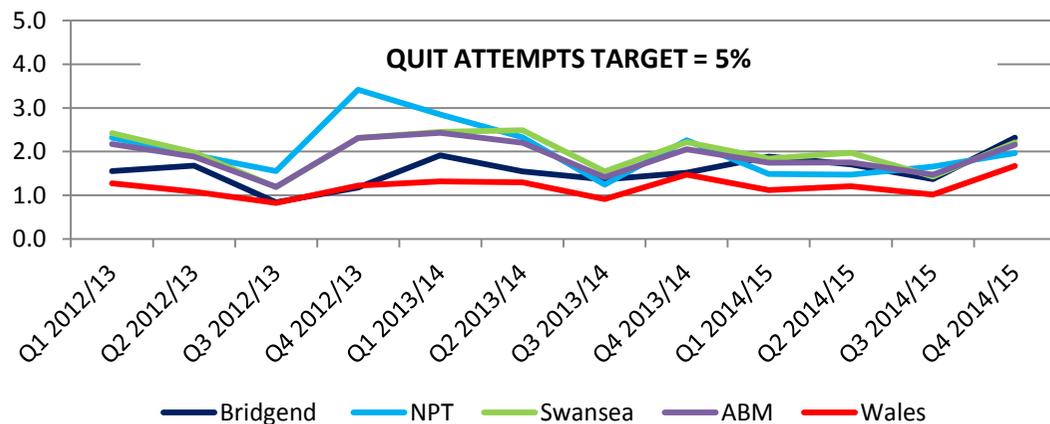
This indicator is self-reported and likely to be an underestimate. The HB and LA averages mask differences in age groups, genders and between areas of high and low deprivation.

Source: Welsh Health Survey 2013/14

Report card: HI9 Smoking

Indicator: Percentage of smokers making a quit attempt through smoking cessation services & percentage of CO validated 4-week quitters

Trend: 2012-13 to 2014-15 quarterly data



Why is it important?

Smoking is the single biggest avoidable cause of disease and early death in Wales. Smoking is a risk factor for coronary heart disease, stroke, dementia, respiratory diseases and many cancers. Exposure to secondhand smoke in children and young people, contributes to conditions such as sudden infant death syndrome, respiratory childhood disease and meningococcal disease. Smoking in pregnancy is linked to spontaneous abortion, preterm birth, low birth weight and stillbirth. Smoking is also the leading cause of health inequalities. A recent report has estimated that the overall cost of smoking to ABM area is £131.8 million per year based on the prevalence of smoking in 2009/10.

How are we doing?

It has been estimated that at maximum capacity Stop Smoking Wales can contribute 2.8% to the Tier 1 and NICE 5% target. In the period 2012-13 to 2014-2015 Stop Smoking Wales performance in ABM University Health Board area has remained consistently above the Welsh average. With the introduction of level 3 pharmacy services in 2015 we should see an increase in performance. In recent quarters there has been a reduction in the percentage of CO-validated quitters in ABM and across Wales.

Benchmark

Percentage: Quarter 4, 2014/2015

	Treated smokers	CO-validated 4-wk quitters
ABM	2.2	49.9
Wales	1.7	46.1

Indicator notes:

The estimated number of smokers is derived from the Welsh Health Survey 2011-12, 2012-2013, 2013-2014 and mid-year population estimates for 2012, 2013 and 2014 respectively.

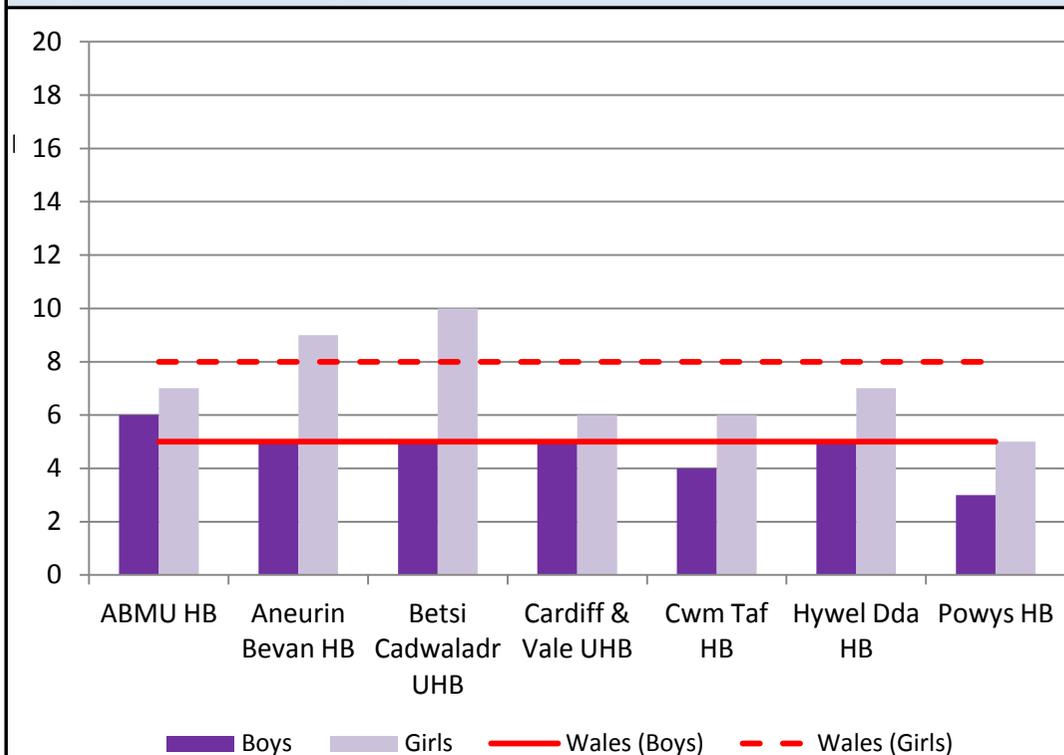
A quitter in the Tier 1 target is defined as a treated smoker. Smoking cessation services now include: Stop Smoking Wales, in-house services (including primary care) and pharmacy services.

Source: Stop Smoking Wales

Report card: HI10 Smoking

Indicator: Percentage of children aged 11-15 years who smoke

Trend: 2009-10



Why is it important?

Smoking is the single biggest avoidable cause of disease and early death in Wales. Smoking is an important risk factor for coronary heart disease, stroke, respiratory diseases and many cancers. Smoking is also the leading cause of health inequalities. The earlier a child starts smoking the less likely they are to quit in adulthood and children are three times more likely to become smokers when they get older if they grow up around smokers.

How are we doing?

Data from the Health Behaviour in School Aged Children for Wales shows the percentage of children aged 15 smoking at least once per week has declined since the 1990s (1993/95 girls =27%, boys =18%; 2009/10 girls =16%, boys =11%). Smoking rates for boys and girls across Health Boards are broadly similar.

Benchmark

Percentage: 2009-10						
Local		Worst		Best		Wales
ABM	6.0	AB & B. Cadwaladr HB	7.0	Powys HB	4.0	
Bridgend						
NPT		Not available		Not available		
Swansea						

Indicator notes:

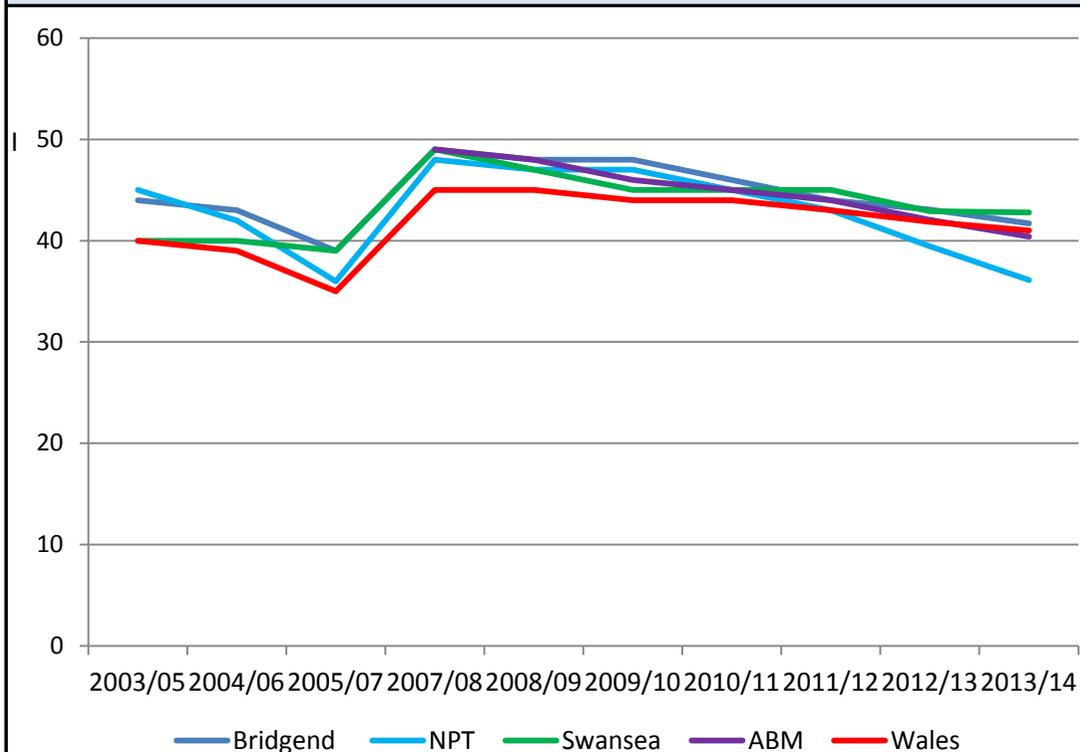
Health Board data are only available from 2009/10.

Source: [Health Behaviour in School Aged Children Survey http://dera.ioe.ac.uk/13167/2/110328healthbehaviour.pdf](http://dera.ioe.ac.uk/13167/2/110328healthbehaviour.pdf)

Report card: HI11 Alcohol

Indicator: Adults who reported drinking above guidelines on at least one day in the past week

Trend: 2003-05 to 2013-14



Why is it important?

Long term, excessive alcohol consumption is a major cause of often fatal liver disease. Alcohol use is also a contributing factor to some cancers, diabetes, mental health problems, dementia, brain injury and can lead to foetal alcohol syndrome if consumed by a pregnant woman. The estimated Health Service cost in Wales of alcohol related chronic disease and alcohol related acute incidents is between £70 million and £85 million per year.

How are we doing?

The percentage of adults drinking above guidelines in ABM University Health Board has slowly decreased since 2007. Swansea has the highest percentage of the three localities. Marked gender differences are observed in ABM with 47.7% of men versus 33.7% of women reporting drinking above guidelines. In Wales there is no clear association between alcohol consumption above the guidelines and deprivation / socio-economic status.

Benchmark

Percentage: 2013-14						
Local		Worst		Best		Wales
ABM	40.4	Cardiff and Vale UH	43.5	Hywel Dda	38.5	
Bridgend	41.7	Monmouthshire LA	44.9	Neath Port Talbot LA	36.1	
NPT	36.1					
Swansea	42.8					

Indicator notes:

Figures are based on self-report data and are likely to underestimate alcohol consumption. In 2005-2007 there was a marked decrease in the rates, followed by a sharp increase of 10% across Wales and up to 12% in NPT. The reasons behind these marked differences are unknown.

Source: Welsh Health Survey: <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>

Report card: HI12 Alcohol

Indicator: % of adults binge drinking on at least one day per week

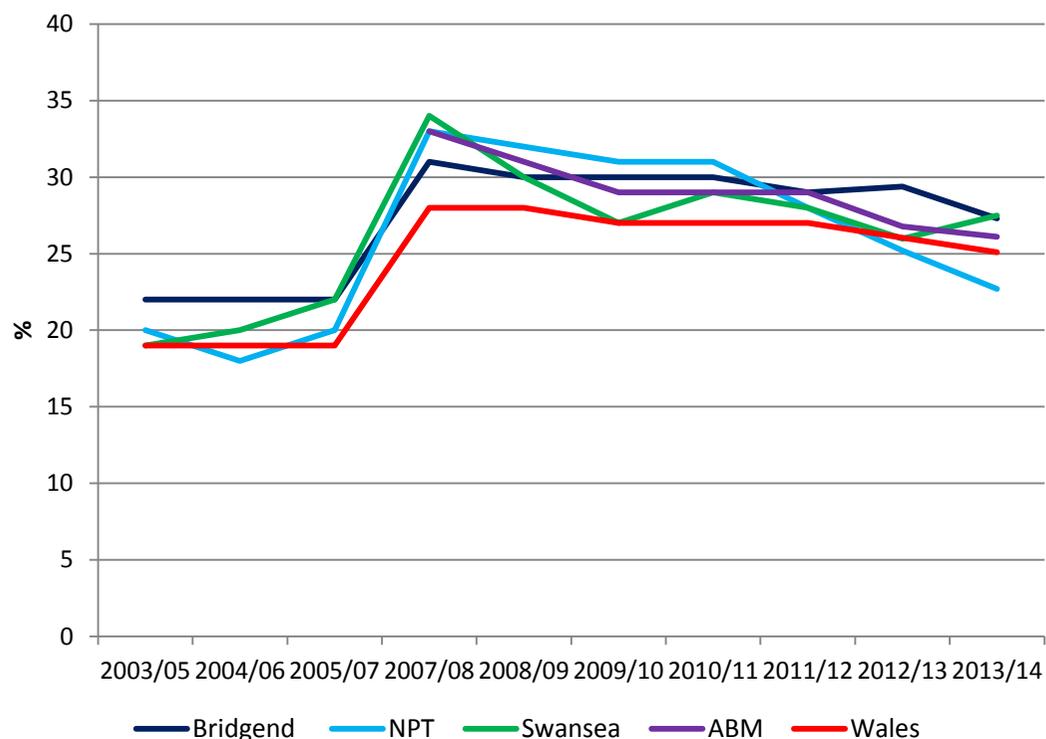
Trend: 2003-05 - 2013-14

Why is it important?

Binge drinking can lead to accidents and falls, it can effect your mood and memory and in extreme cases can lead to death by overdose. Binge drinking is linked to violent, aggressive and anti-social behaviour. The estimated Health Service cost in Wales of alcohol related chronic disease and alcohol related acute incidents is between £70 million and £85 million per year.

How are we doing?

Rates have slowly decreased in ABM University Health Board since 2007 but have always been higher than the Wales average. There is a difference of 5.2 percentage points between ABM University Health Board and the lowest HB rate of 20.9%. Marked gender differences are observed in ABM with 31.6% of men versus 21.1% of women reporting binge drinking. In 2008/09 Neath Port Talbot had the highest levels of binge drinking out of the 3 local authorities, since then it's levels have decreased and now it has the lowest rates of binge drinking in the health board area.



Benchmark

Percentage: 2013-14						
Local		Worst		Best		Wales
ABM	26.1	Cardiff and Vale UH	26.6	Powys HB	20.9	
Bridgend	27.3	Flintshire LA	28.4	Pembrokeshire LA	18.1	
NPT	22.7					
Swansea	27.5					

Indicator notes:

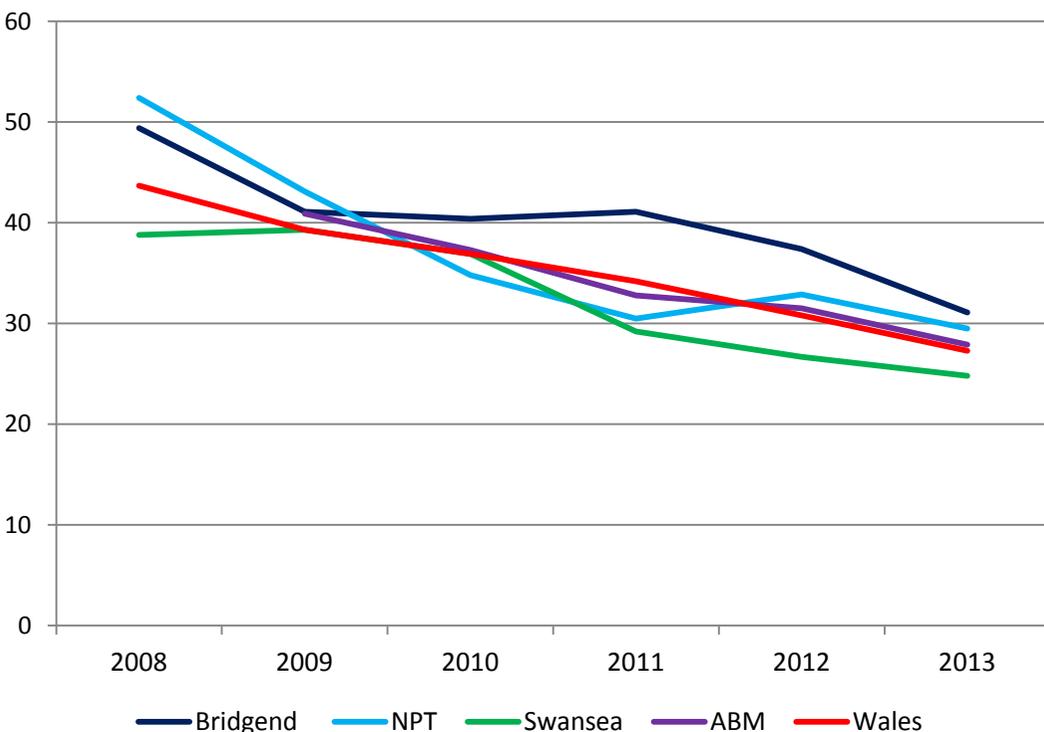
Figures are based on self-report data and are likely to underestimate alcohol consumption. In 2007-08 there was a sharp increase of 9% in the Wales average rate. Similarly in NPT, Bridgend and Swansea rates increased by up to 13%. Reasons behind this marked increase are unknown.

Source: Welsh Health Survey: <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>

Report card: HI13 Sexual health

Indicator: Rate of teenage conceptions under 18 years per 1000 population

Trend: 2008 -2013



Why is it important?

Conception statistics are derived by combining information on births and legal abortions. Teenage pregnancy is more often associated with poor health and social outcomes for both mother and the child. Teenage mothers are more likely to smoke throughout their pregnancy, less likely to breast feed and less likely to complete their education. Children born to teenage parents are more likely to live in poverty and become teenage parents themselves. Teenage conception represents avoidable burden on the individual, the NHS and wider welfare support services. Each unintended pregnancy avoided is estimated to save the NHS £3,320.

How are we doing?

Teenage conception rates in Wales and England have generally been falling over recent years. In 2013 Swansea had the lowest under 18 conception rate within the Health Board area, 24.8 (per 1000 women) which is below the Welsh rate of 27.3. Both NPT and Bridgend were higher than the Welsh rate at 29.5 and 31.1 respectively. The rates mask significant variation in teenage conception between poor and affluent communities.

Benchmark

Rate per 1000 women under 18 years (15-17 years): 2013						
Local		Worst		Best		Wales
ABM	27.9	Cwm Taf HB	37.6	Powys HB	16	27.3
Bridgend	31.1	Wrexham LA	41.2	Monmouthshire LA	15.2	
NPT	29.5					
Swansea	24.8					

Indicator notes:

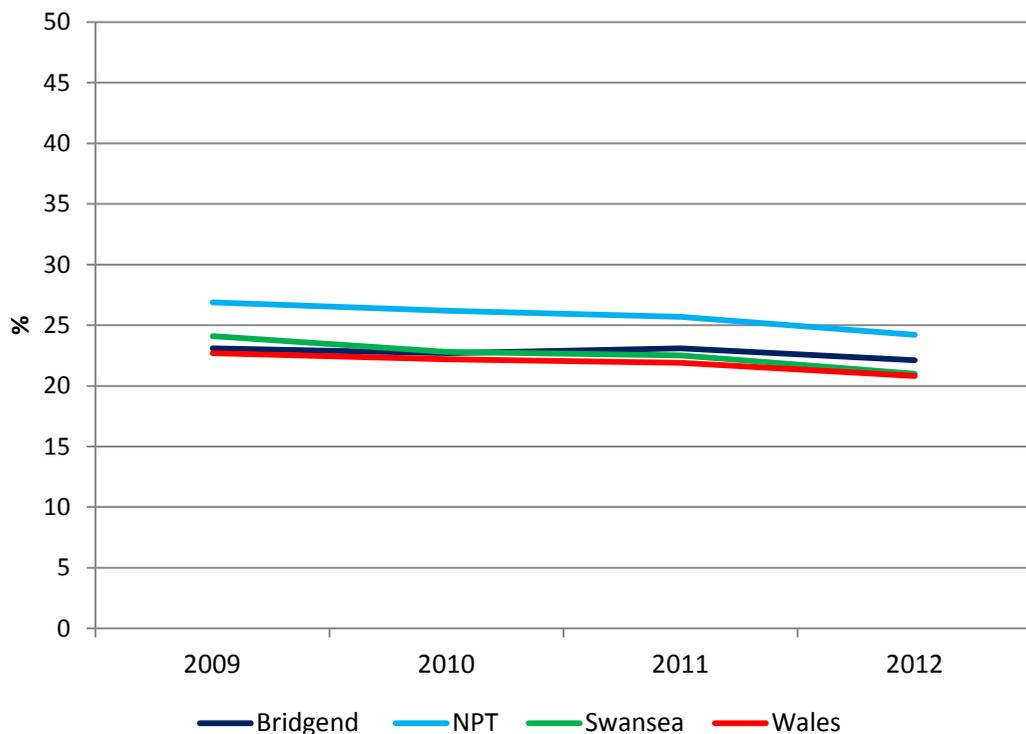
ABM University Health Board level data available from 2009.

Source: statswales.wales.gov.uk & Teenage Conceptions in Wales, 2012, SB23/2014, Statistics for Wales

Report card: HI14 Inequalities

Indicator: Child poverty: % of children in households with less than 60% median income

Trend:



Why is it important?

Poverty and social inequalities in childhood have profound effects on the health of children and their impact on health continues throughout the lifecourse into late adulthood. Children in poverty are more likely to suffer disability and chronic illness and are more likely to be admitted to hospital during childhood. They are also more susceptible to acute illnesses. Poor children are more likely to experience mental health problems and to suffer from the consequences of parenting failure associated with chronic stress, debt and depression, induced by economic disadvantage.

How are we doing?

Swansea, Neath Port Talbot and Bridgend all have a greater percentage of children in households with less than 60% median income compared to the Welsh average. Swansea has seen the largest reduction between 2009 and 2012 (3.1% points). In 2012, the three local authorities and Wales were higher than the average for England (18.6%) and Scotland (17.5%). The percentage for Neath Port Talbot was double that of the best performing Welsh Local Authority (Monmouthshire at 11.9%).

Benchmark

Percentage (2011)						
Local		Worst		Best		Wales
ABM		Not available		Not available		
Bridgend	22.1	Blaenau Gwent LA	28.3	Monmouthshire LA	11.9	
NPT	24.2					
Swansea	21					

Indicator notes:

The indicator is for the percentage of children and young people aged 20 and under in households with less than 60% median income. An indicator for the under 16s is also available.

Source: HMRC, Personal Tax Credits related statistics Children in Low Income Families Local Measure: <http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm>

Report card: HI15 Inequalities

Indicator: Percentage 15 year olds achieving 5 GCSEs (A*-C) (Level 2 threshold including mathematics and English or Welsh)

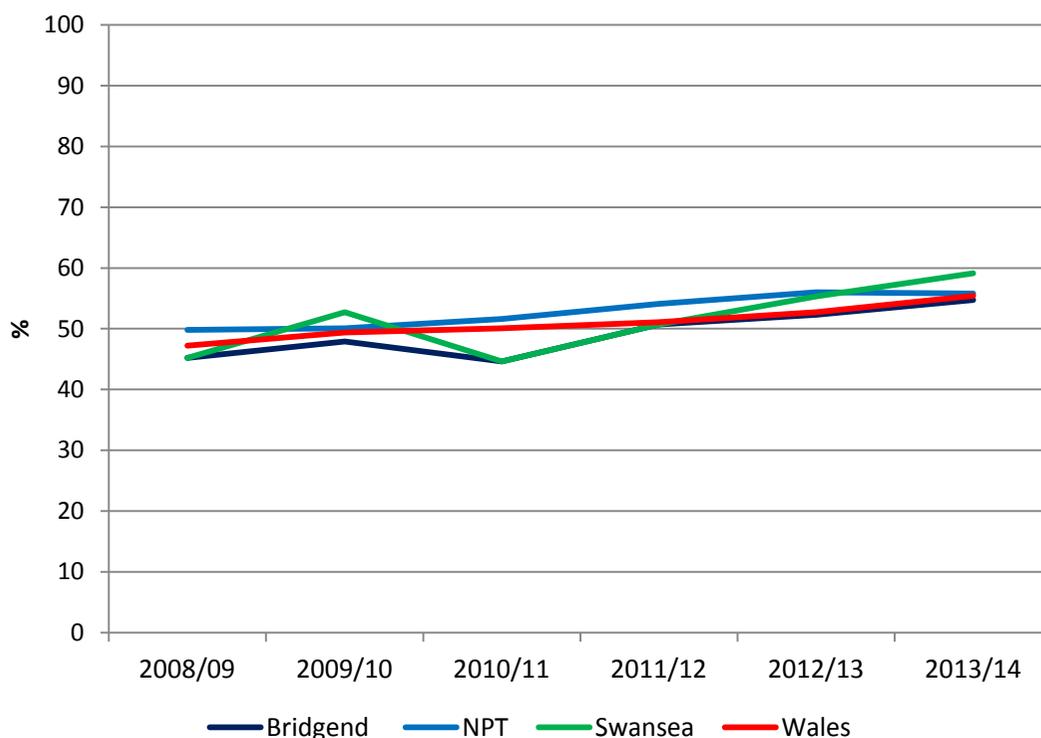
Trend: 2008-09 to 2013-14

Why is it important?

Education is key social determinant of health. Inequalities in education and skills affect physical and mental health, as well as income, employment and quality of life. Whilst investment in the early years is essential, a sustained commitment to children and young people is required to reduce the social gradient involving schools, families and communities.

How are we doing?

Consistent with the Wales average, there has been an upward trend across the three ABM area local authorities in the percentage of 15 year olds achieving the level 2 threshold. In 2013-2014 figures for Swansea and NPT local authorities were above the national average.



Benchmark

% of pupils aged 15 who achieved Level 2 threshold: 2013-2014						
Local		Worst		Best		Wales
ABM		Not available		Not available		55.4
Bridgend	54.8	Blaenau Gwent LA	41.8	Monmouthshire	65.6	
NPT	55.8					
Swansea	59.1					

Indicator notes:

There is considerable variation in this indicator at a Lower Super Output Area which is associated with deprivation levels across the ABM area. Data are not routinely analysed at Health Board area level.

Source: <http://wales.gov.uk/statistics-and-research/examination-results/?lang=en#/statistics-and-research/examination-results/?tab=previous&lang=en>

Report card: HI16 Inequalities

Indicator: Percentage working age people employed

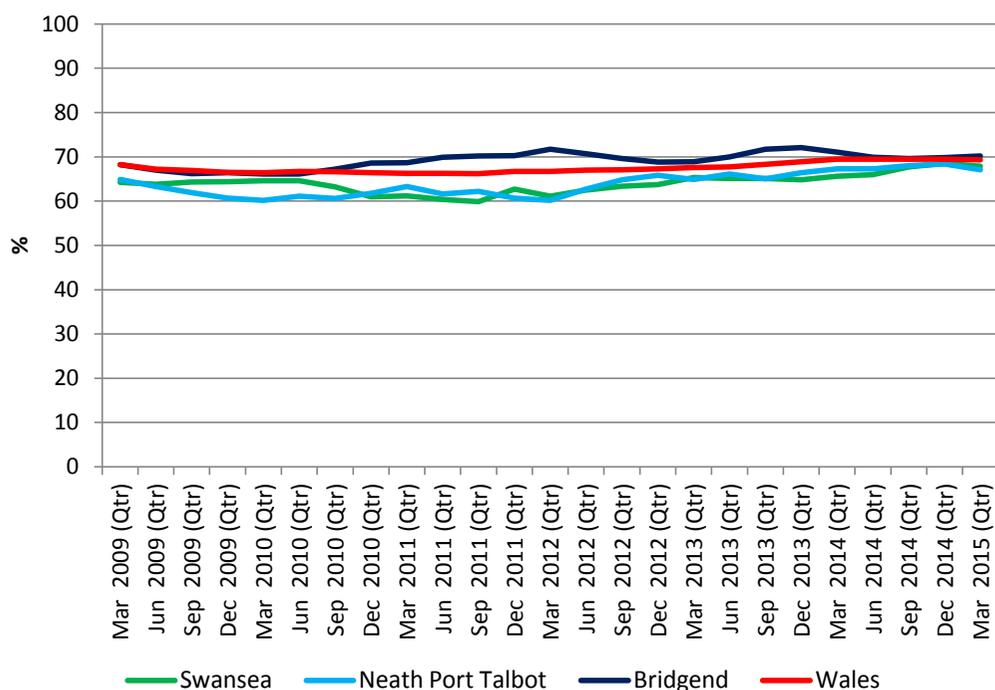
Trend: 2008-2015 quarterly data

Why is it important?

There is good evidence that work is good for physical and mental health and well being and that being out of work is harmful to physical and mental health and wellbeing. Employment is the most important way of gaining adequate financial resources essential for material wellbeing and full participation in society. Work also meets essential psychosocial needs in society including enhanced self esteem, morale, job satisfaction as well as reduced stress. There is a link between worklessness, higher mortality, limited long standing illness and poor mental health.

How are we doing?

Both NPT and Swansea have had a lower percentage of the working age population employed compared to the Welsh average but are showing signs of a gradual increase from March 2012.



Benchmark

Indicator notes:

Percentage: March 2015 Quarter

	Local	Worst	Best	Wales
ABM		Not available	Not available	69.5
Bridgend	70.2	Ceredigion LA 64.5	Powys LA 78.9	
NPT	67.1			
Swansea	67.9			

Working age is defined as people aged 16 to 64. In employment covers people who did some paid work in the reference week (whether as an employee or self employed); those who had a job that they were temporarily away from; those on government-supported training and employment programmes; and those doing unpaid family work.

Source: Annual Population Survey: <http://www.infobasecymru.net/IAS/themes/economy/tabular?viewId=9&geold=1&subsetId>

Report card: HI17 Oral health

Indicator: Decayed, missing and filled teeth (dmft) at age 5 years

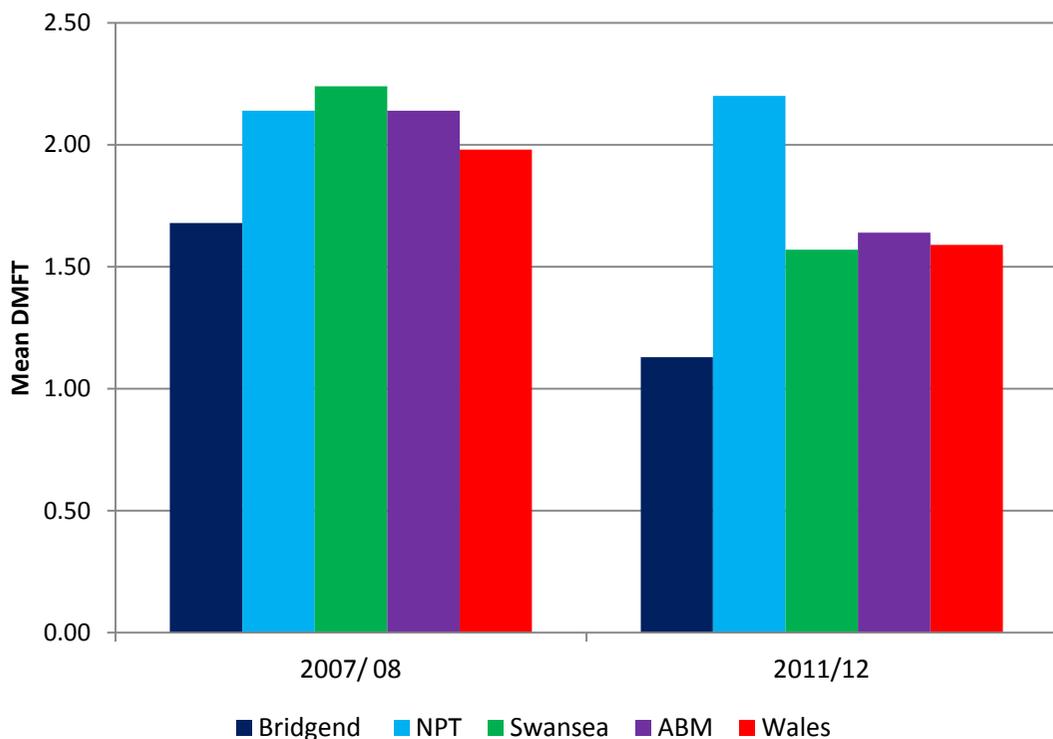
Trend: 2007-08 to 2011-12

Why is it important?

Oral health is integral to general health. Dental caries is the most common childhood disease and is more prevalent in deprived communities. Dental caries is preventable. It commonly results in pain and infection, time absent from school and the possible need for treatment under general anaesthesia. Approximately 2000 children living in the ABM University Health Board area require treatment under general anaesthetic each year.

How are we doing?

The national child oral health improvement programme, Designed to Smile was implemented in 2009-10. The 2011-12 dental epidemiological survey of 5 year olds illustrate that child oral health is improving in Wales across all social groups, with a reduction in decayed, missing and filled teeth from 1.98 to 1.59. ABM University Health Board has shown statistically significant reductions in mean dmft, and mean dmft of those with decay experience. Neath Port Talbot is the only ABM area LA not to show a reduction in dmft in the 2011/12 survey; 2.14 in 2007/08 to 2.20 in 2011/12.



Benchmark

Mean dmft at age 5 years 2011/12						
Local		Worst		Best		Wales
ABM	1.64	Aneurin Bevan HB	2.01	Hywel Dda HB	1.21	1.59
Bridgend	1.13	Blaenau Gwent LA	3.08	Vale of Glamorgan LA	0.91	
NPT	2.20					
Swansea	1.57					

Indicator notes:

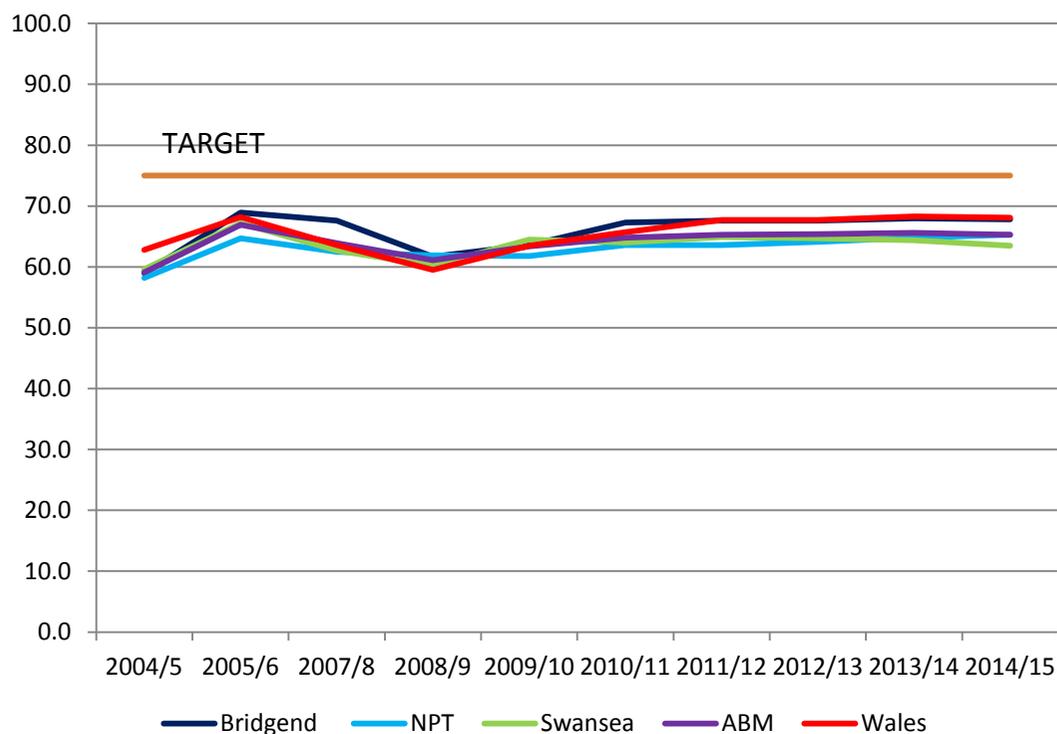
Trend data are only available from the last two epidemiological surveys (2007-08 and 2011-12) due to the change in consent arrangements for dental examinations in school year 1 (5 years) which now requires formal written parental consent. The data should not be compared with earlier surveys.

Source: Picture of oral health 2012. Dental epidemiological survey of 5 year olds 2011/12. Welsh Oral Health Information Unit & PHW

Report card: HP1 Vaccination

Indicator: Uptake of influenza vaccination: 65+ (%)

Trend: 2004-05 to 2014-15



Why is it important?

Influenza is an acute viral infection of the respiratory tract. It is highly infectious characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. The illness may be complicated by (and may present as) bronchitis, secondary bacterial pneumonia, meningitis, encephalitis or meningoencephalitis. The risk of serious illness from influenza is higher amongst older people. Most cases tend to occur during an eight- to ten-week period during the winter. Influenza immunisation has been recommended to directly protect those in clinical risk groups who are at a higher risk of associated morbidity and mortality.

How are we doing?

Uptake of influenza immunisation was 65.2% in those aged 65 years and older during 2014-15. This is below the Welsh Assembly Government uptake target of 75% and lower than the Welsh average. Over the past four years Bridgend had the highest percentage uptake of influenza vaccination in older people of the three localities.

Benchmark

Percentage: 2013-15						
Local		Worst		Best		Wales
ABM	65.3	Hywel Dda HB	65	Betsi Cadwaladr HB	70.2	
Bridgend	67.8	Ceredigion LA	60.1	Wrexham LA	74	
NPT	65.3					
Swansea	63.6					

Indicator notes:

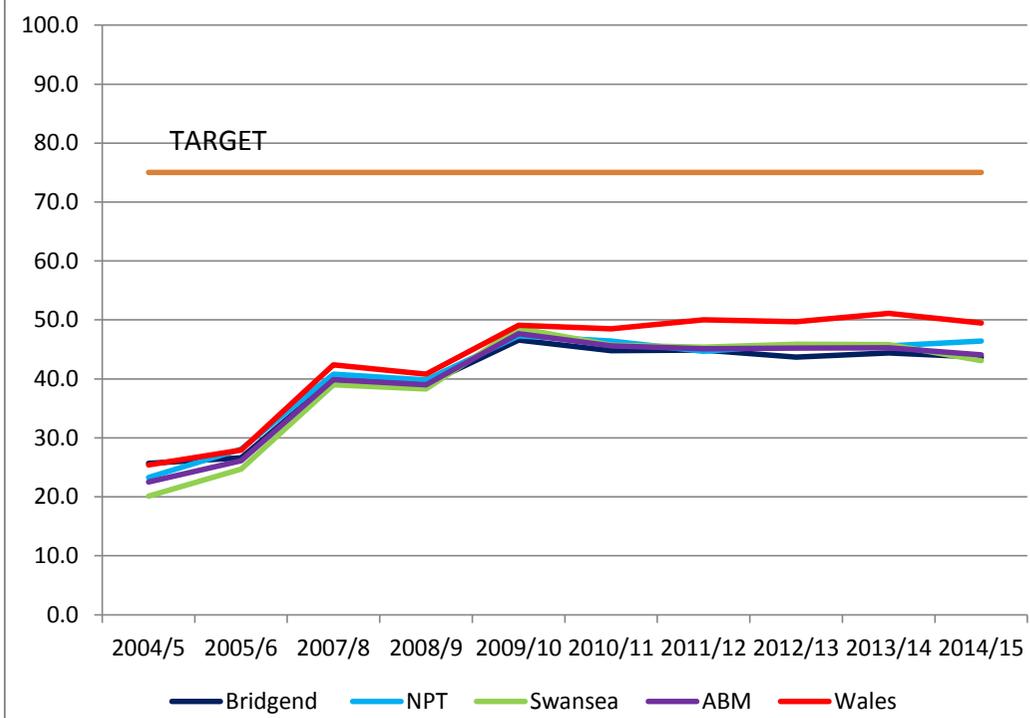
1. 2009-10 data were calculated using a different methodology; 2. Data for 2006-07 immunisation campaign are unavailable; 3. Completeness of data varies by year.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21303>

Report card: HP2 Vaccination

Indicator: Uptake of influenza vaccination: under 65 at risk (%)

Trend: 2004-05 to 2014-15



Why is it important?

Influenza is an acute viral infection of the respiratory tract. It is characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. The illness may be complicated by (and may present as) bronchitis, secondary bacterial pneumonia, meningitis, encephalitis or meningoencephalitis. The risk of serious illness from influenza is higher amongst those with underlying health conditions. Most cases tend to occur during a ten week period in the winter. Immunisation has been recommended to directly protect those in clinical risk groups who are at a higher risk of associated morbidity and mortality.

How are we doing?

Uptake of influenza immunisation was 44.1% in those aged under 65 years at risk during 2013-14. This is below the Welsh average of 49.5%. ABM University Health Board is the worst performing Health Board in Wales, 8.9% below the best performing. ABM University Health Board has been consistently below the Welsh average over the past four years. Swansea had the lowest uptake of all local authorities in Wales in 2014/15.

Benchmark

Percentage: 2013-15						
Local		Worst		Best		Wales
ABM	44.1	ABM HB	44.1	Aneurin Bevan HB	53	49.5
Bridgend	43.7	Swansea LA	43.1	Monmouthshire LA	58.5	
NPT	46.4					
Swansea	43.1					

Indicator notes:

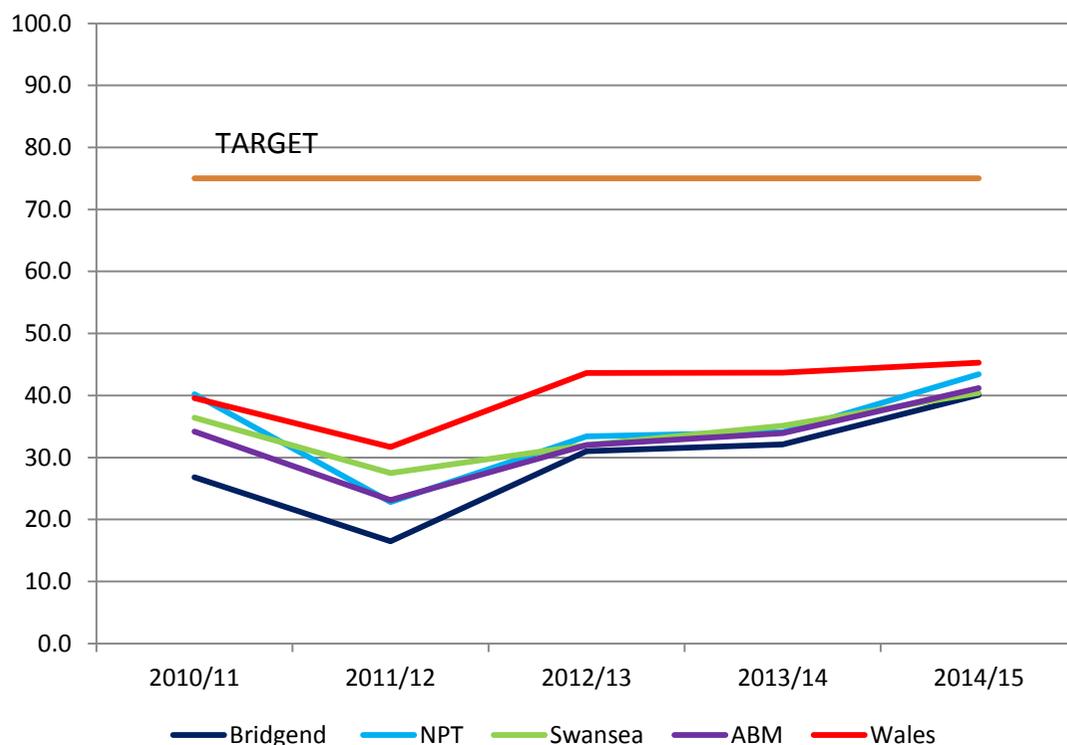
- 2009-10 data were calculated using a different methodology;
- Data for 2006-07 immunisation campaign are unavailable;
- Completeness of data varies by year.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21303>

Report card: HP3 Vaccination

Indicator: Uptake of influenza vaccination: pregnant women (%)

Trend: 2010-11 to 2014-15



Why is it important?

Influenza is an acute viral infection of the respiratory tract. It is characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. The illness may be complicated by (and may present as) bronchitis, secondary bacterial pneumonia, meningitis, encephalitis or meningoencephalitis. The risk of serious illness from influenza is higher amongst pregnant women where it may also be associated with perinatal mortality, prematurity, smaller neonatal size and lower birth weight. Immunisation has been recommended to directly protect those in clinical risk groups who are at a higher risk of associated morbidity and mortality.

How are we doing?

In 2014-15 41.2% of pregnant women were vaccinated against influenza, a 7.3% increase on the previous year. This is lower than the target of 75% and lower than the Wales average of 45.3%. ABM University Health Board is the worst performing Health Board in Wales, 7.6 percentage points below the best performing. ABM University Health Board has been consistently below the Welsh average over the past four years.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales
ABM	41.2	ABM HB	41.2	Betsi Cadwaladr HB	48.8	
Bridgend	40.1					
NPT	43.4					
Swansea	40.4				45.3	

Indicator notes:

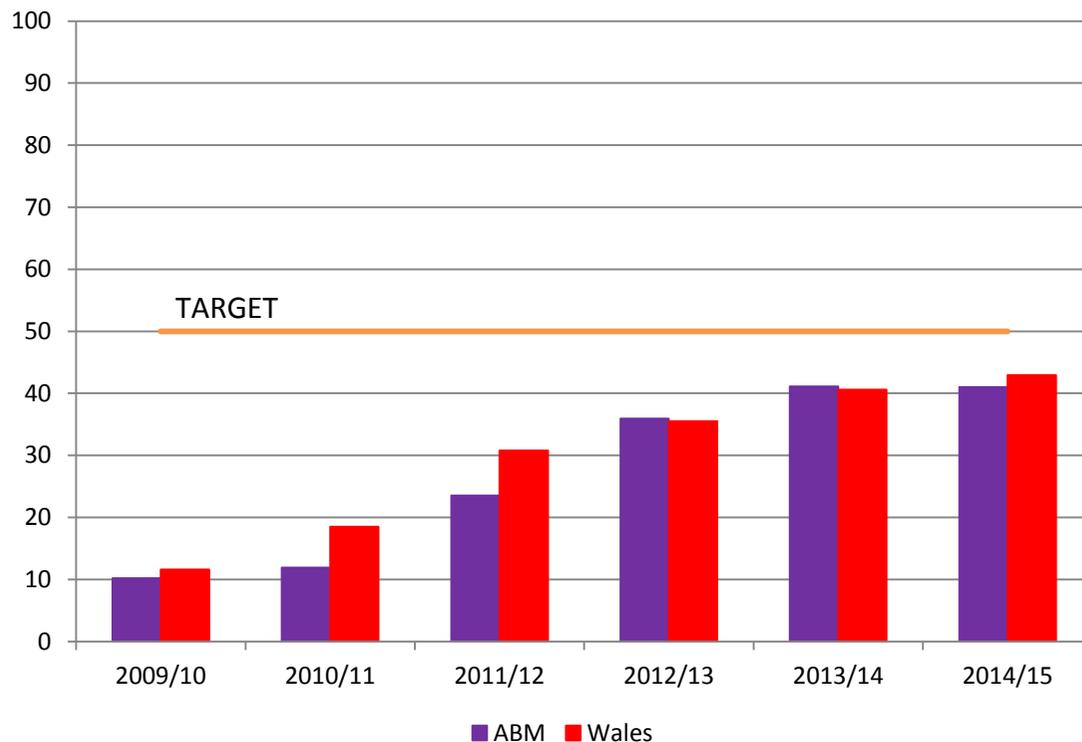
The data shown represents GP uptake figures for pregnant women, which includes in the denominator women whose pregnancies were not full term and ended before they could be offered the vaccination. A point of delivery survey is also carried out with pregnant women to measure vaccination, which only includes women whose pregnancies go to full term. The survey found 80.9% of women had received their flu vaccination.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21303>

Report card: HP4 Vaccination

Indicator: Uptake of influenza vaccination: healthcare workers (%)

Trend: 2009-10 to 2014-15



Why is it important?

Influenza is an acute viral infection of the respiratory tract. It is characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. The illness may be complicated by (and may present as) bronchitis, secondary bacterial pneumonia, meningitis, encephalitis or meningoencephalitis. Most cases tend to occur during a ten week period in the winter. Flu can spread quickly in closed environments like hospitals. Vaccination is recommended for frontline healthcare workers, to reduce the risk of staff and patients contracting and transmitting the flu virus to those in clinical risk groups who are at a higher risk of associated morbidity and mortality.

How are we doing?

Uptake of the influenza vaccination has increased from 10% in 2009-10 to 41.0% in 2014-15 in ABM University Health Board healthcare workers. This is in line with the trend overall in Wales and slightly lower than the Welsh average.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales
ABM	41	Welsh Ambulance Service NHS Trust	31	Velindre NHS Trust	69.1	42.9

Indicator notes:

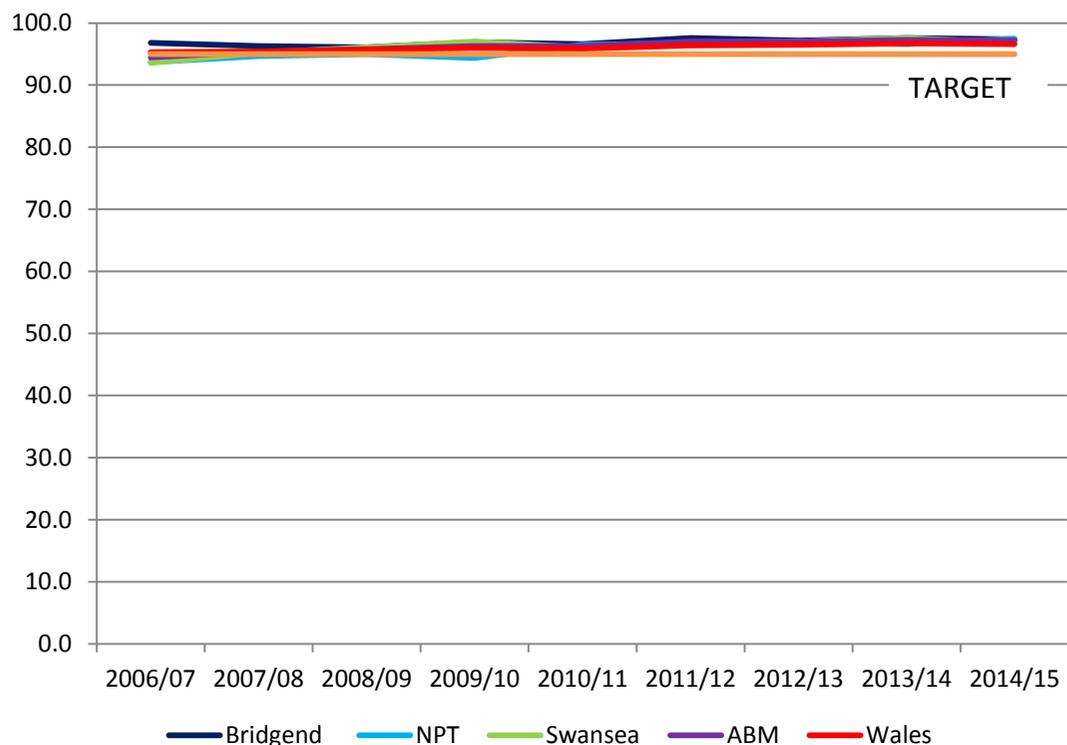
Immunisation uptake data for NHS staff are provided by Health Board Occupational Health departments.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21303>

Report card: HP5 Vaccination

Indicator: Vaccination of children to age 4: 5in 1 age 1 (%)

Trend: 2006-07 to 2014-15



Why is it important?

The 5 in 1 vaccine protects against five serious childhood diseases of diphtheria, tetanus, whooping cough (pertussis), polio, and Hib (Haemophilus influenzae type b).

How are we doing?

ABM University Health Board and its localities are above the Welsh average. Swansea and Neath Port Talbot have shown an increase of 3.2 and 3.8 percentage points respectively between 2006-7 and 2014-15. In the same time frame the uptake in Bridgend has increased by 0.6 percentage points. During 2014-15 the uptake in Swansea dropped by 0.8 percentage points.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales
ABM	97.2	Cardiff & Vale HB	94	Cwm Taf HB	98.4	96.6
Bridgend	97.4	Cardiff LA	93.4	Merthyr Tydfil LA	98.8	
NPT	97.5					
Swansea	96.8					

Indicator notes:

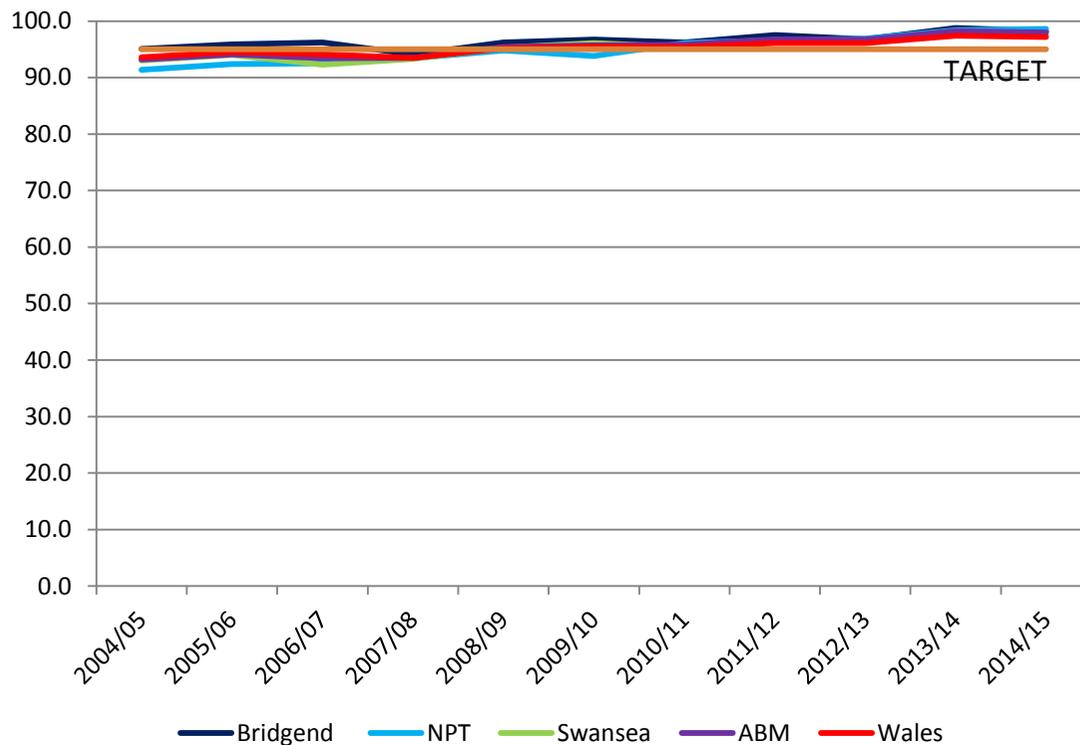
Data presented are drawn from the National Community Child Health Database (NCCHD). The quality of the information in the NCCHD, and therefore in this report, is dependent on the completeness of Health Board Child Health records and return of forms from practices to local Child Health Offices.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21302>

Report card: HP6 Vaccination

Indicator: Vaccination of children to age 4: Meningococcal Group C Vaccine (%)

Trend: 2004-05 to 2014-15



Why is it important?

Meningococcal disease usually presents as meningitis or septicaemia or a combination of both. Clinical deterioration may be very rapid. The most severe long term complications include hearing loss, severe visual impairment, communication problems, limb amputation(s), seizures and brain damage. The incidence of meningococcal disease is highest in children under 5 years of age with a peak in children under one year of age. An important method of controlling bacterial meningococcal disease is maintaining high levels of immunisation among whole populations.

How are we doing?

Uptake of Meningococcal Group C Vaccine is showing an upward trend since 2004-5. Uptake of the vaccine in ABM University Health Board in 2014-15 was 98.0% which is higher than the Welsh average. ABM University Health Board has been above the Welsh average for the past four years.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales 97.2
ABM	98	Cardiff and Vale UH	94.8	Cwm Taf HB	98.5	
Bridgend	98.2	Cardiff LA	94.3	Blaenau Gwent LA	99.2	
NPT	98.6					
Swansea	97.2					

Indicator notes:

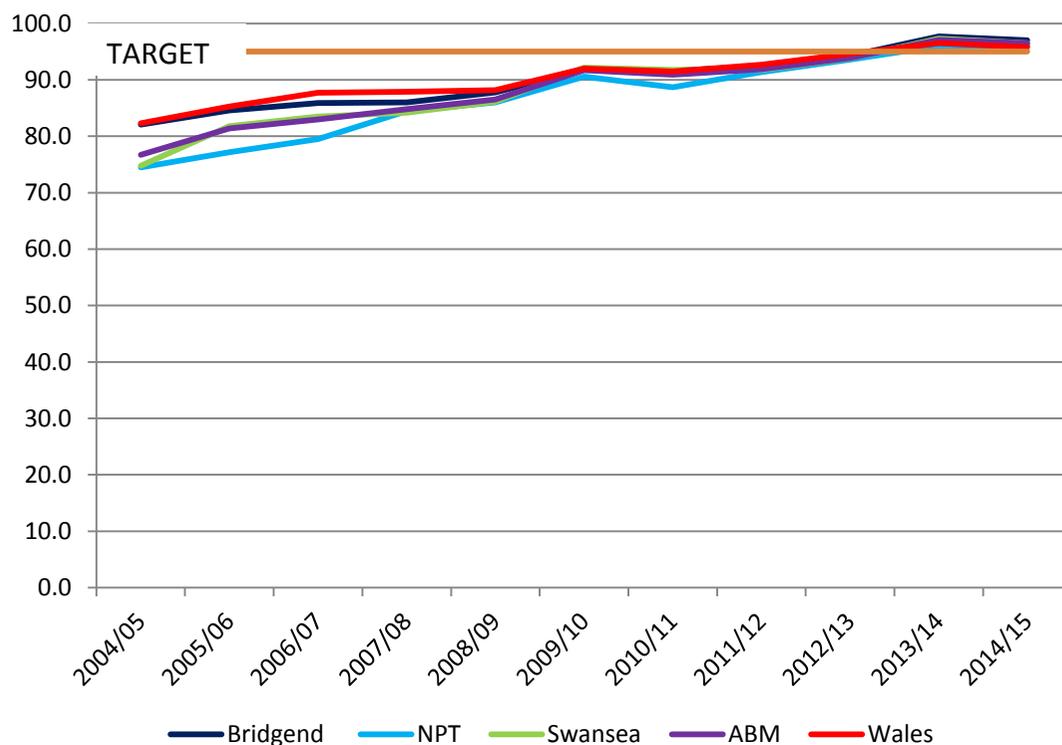
1. 2007-08 data are based on ammended MenC uptake. 2. Data presented are drawn from the National Community Child Health Database (NCCHD). The quality of the information in the NCCHD, and therefore in this report, is dependent on the completeness of Health Board Child Health records and return of forms from practices to local Child Health Offices.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21302>

Report card: HP7 Vaccination

Indicator: Vaccination of children to age 4: MMR 1 age 2 (%)

Trend: 2004-05 to 2014-15



Why is it important?

Measles, mumps and rubella are highly infectious conditions that can have serious, potentially fatal, complications, including meningitis, swelling of the brain (encephalitis) and deafness. Measles, Mumps and Rubella are legally notifiable diseases in the UK. Immunisation with Measles Mumps Rubella (MMR) vaccine is the safest way to protect someone from measles infection. MMR is a safe and highly effective vaccine.

How are we doing?

Uptake of the MMR 1 vaccine is showing an upward trend since 2004-5. In 2014-15 the uptake in ABM University Health Board was higher than the Welsh average of 95.8%, and 0.3 percentage points below the best performing Health Board.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales
ABM	96.5	Cardiff and Vale UH	93.9	Cwm Taf HB	96.8	
Bridgend	97	Cardiff LA	94.3	Anglesey LA	98	
NPT	96.1					
Swansea	96.5					

Indicator notes:

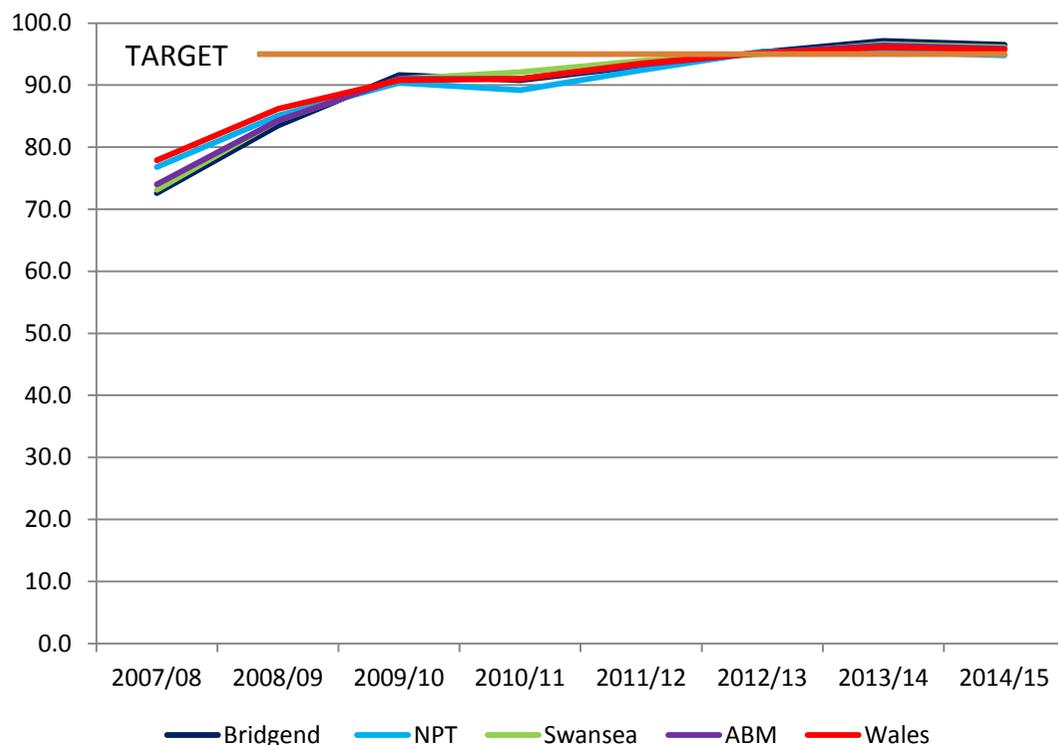
Data presented are drawn from the National Community Child Health Database (NCCHD). The quality of the information in the NCCHD, and therefore in this report, is dependent on the completeness of Health Board Child Health records and return of forms from practices to local Child Health Offices.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21302>

Report card: HP8 Vaccination

Indicator: Vaccination of children to age 4: PCV age 2 (%)

Trend: 2007-08 to 2014-15



Why is it important?

Pneumococcal disease is a respiratory infection often presenting as pneumonia or acute otitis media, which can become invasive causing bacteraemia or rarely meningitis. It mainly affects the very young and very old. The organism is spread by respiratory droplets. Pneumococcal Conjugate Vaccine (PCV) is very effective in preventing otitis media, pneumonia and invasive disease, and has an excellent safety record. Children reaching 1yr of age would have been offered one dose of PCV at 2 months of age and one dose at 4 months of age. Children reaching 2yrs would have been offered their third and final PCV dose at around 13 months of age.

How are we doing?

Uptake of the PCV vaccination at age 2 has shown an upward trend since 2008/09 equating to over 10 per cent. The percentage uptake in ABM University Health Board is 95.9% slightly below the Welsh average and 1.1 percentage points behind the best Health Board in Wales. For the first time since 2011-12, the uptake in Neath Port Talbot falls below the 95.% target.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales
ABM	95.9	Cardiff & Vale HB	93.7	Cwm Taf HB	97.1	
Bridgend	96.5	Cardiff LA	93.1	Anglesey LA	98.3	
NPT	94.8					
Swansea	96.1					

Indicator notes:

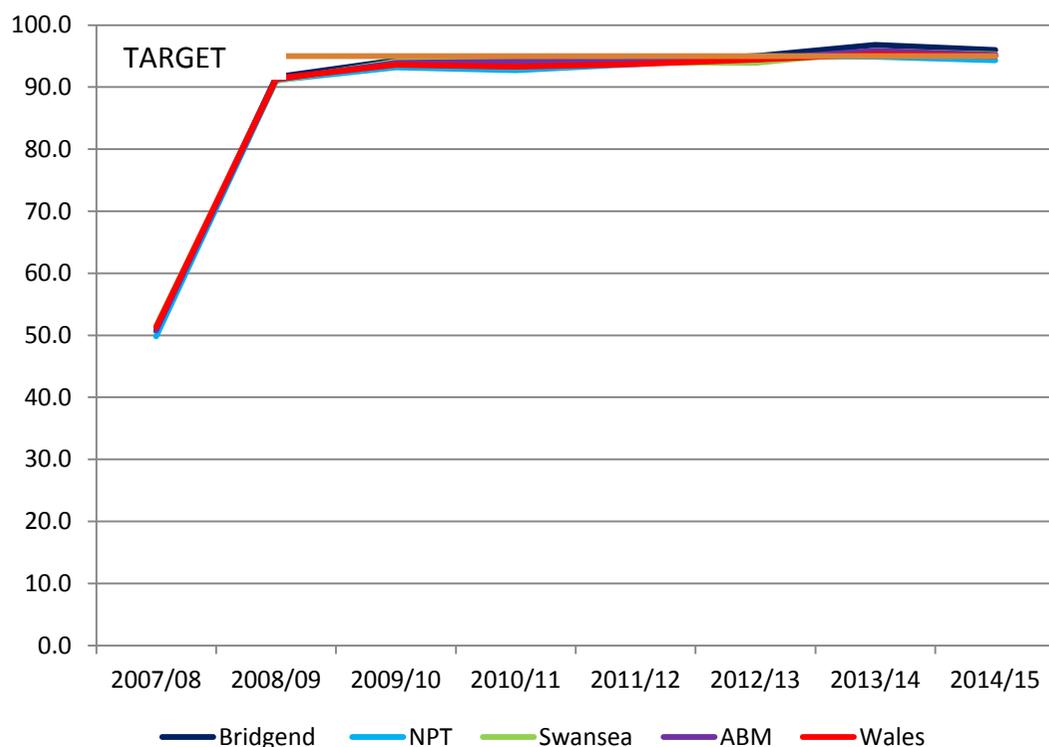
1. Data illustrates uptake of full primary 2 dose course of pneumococcal conjugate vaccine. 2. 2007-08 figures represent progress in the catchup campaign. 3. Data presented are drawn from the National Community Child Health Database (NCCHD). The quality of the information in the NCCHD, and therefore in this report, is dependent on the completeness of Health Board Child Health records and return of forms from practices to local Child Health Offices.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21302>

Report card: HP9 Vaccination

Indicator: Vaccination of children to age 4: HIB / Men C booster age 2 (%)

Trend: 2007-08 to 2014-15



Why is it important?

Hib disease normally presents as meningitis or epiglottitis. It mainly affects children under 5 years, but can affect any age. Meningococcal disease usually presents as meningitis or septicaemia. It can affect all ages, but the incidence is highest in children under 1 year, and also age 16-24 years. The organisms are spread by respiratory droplets. Both conditions are notifiable diseases. Meningitis is very serious, and can cause permanent disability and death.

How are we doing?

Uptake of the HIB/Men C booster vaccination at age 2 has shown a steady increase since 2008-09 and is now stable above 95.0%. The percentage uptake in ABM University Health Board is 95.2%, slightly above the Welsh average and 1.4 percentage points behind the best Health Board in Wales.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales
ABM	95.2	Cardiff & Vale HB	92.9	Cwm Taf HB	96.6	
Bridgend	96.0	Cardiff LA	92.1	Anglesey LA	97.6	
NPT	94.3					
Swansea	95.3					

Indicator notes:

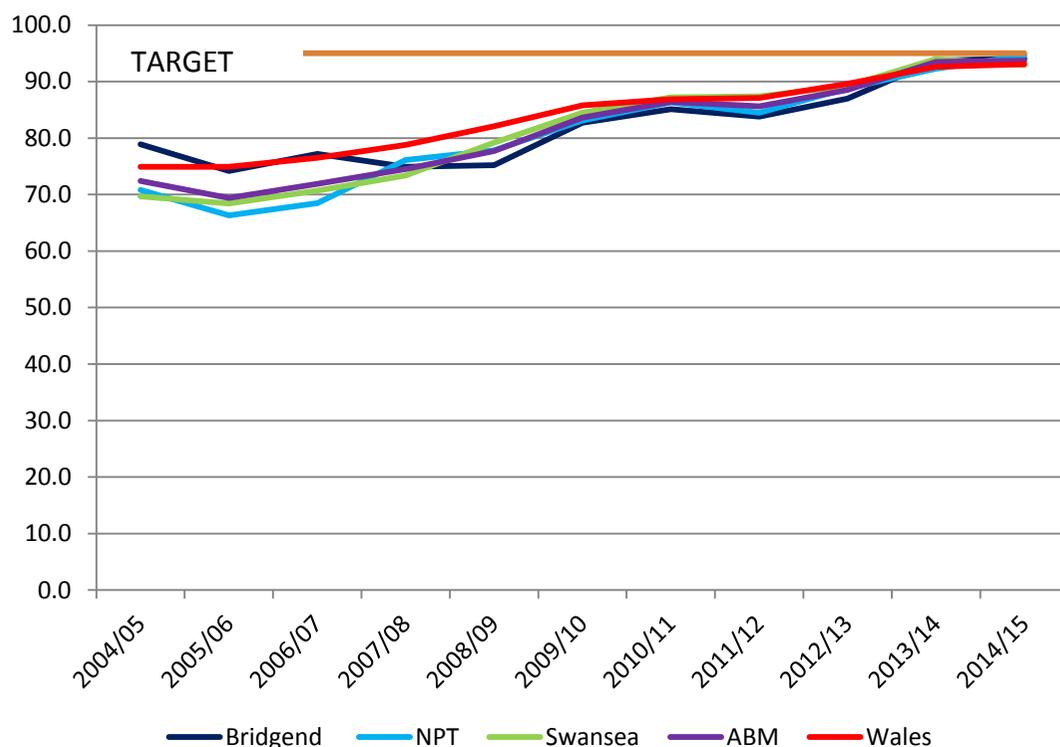
1. 2007/08 figures represent progress in the catchup campaign. 2. Data presented are drawn from the National Community Child Health Database (NCCHD). The quality of the information in the NCCHD, and therefore in this report, is dependent on the completeness of Health Board Child Health records and return of forms from practices to local Child Health Offices.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21302>

Report card: HP10 Vaccination

Indicator: Vaccination of children : MMR 2 age 5 (%)

Trend: 2004-05 to 2014-15



Why is it important?

Measles, mumps and rubella are highly infectious conditions that can have serious, potentially fatal, complications, including meningitis, swelling of the brain (encephalitis) and deafness. Measles, Mumps and Rubella are legally notifiable diseases in the UK. Immunisation with Measles Mumps Rubella (MMR) vaccine is the safest way to protect someone from measles infection. MMR is a safe and highly effective vaccine.

How are we doing?

Uptake of the vaccine has shown an upward trend since 2004/5. In 2014/15 uptake was 93.7% in ABM which was 0.6 percentage points above the Welsh average and 0.7 percentage points below the best performing Health Board. For the first time since 2007-09, the uptake in Neath Port Talbot and Bridgend is higher than in Swansea.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales
ABM	93.7	Powys HB	90.4	Cwm Taf and Betsi C	94.4	
Bridgend	94.1	Powys LA	90.4	Gwynedd LA	95.3	
NPT	94.6					
Swansea	92.9					

Indicator notes:

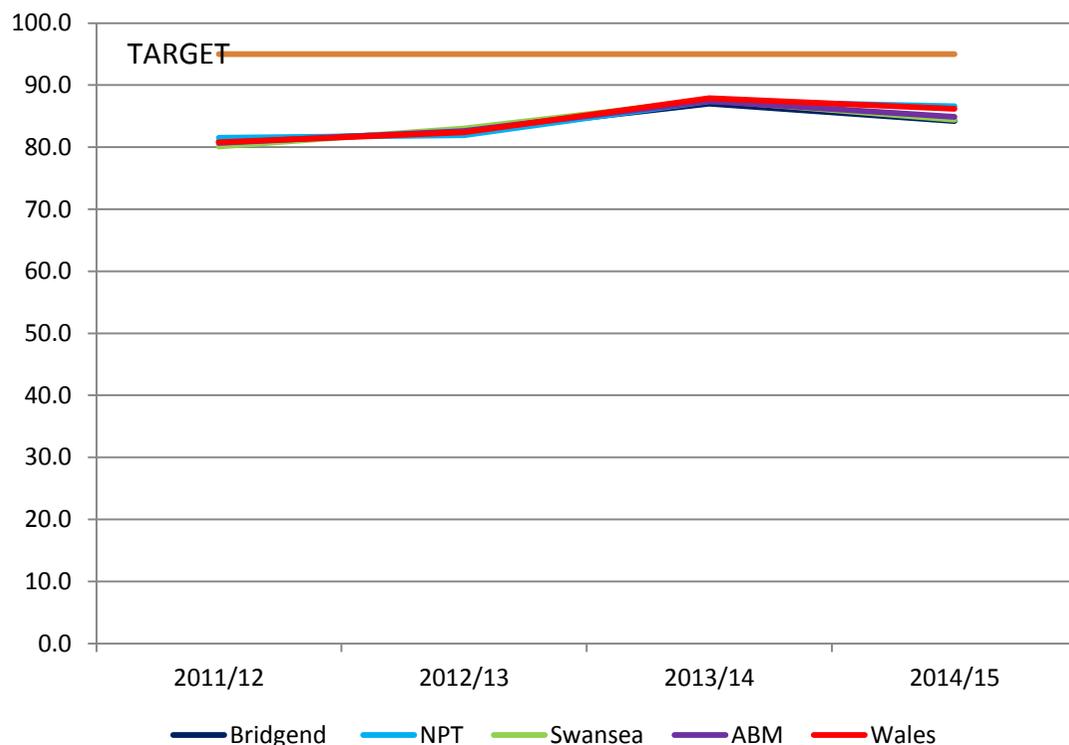
Data presented are drawn from the National Community Child Health Database (NCCHD). The quality of the information in the NCCHD, and therefore in this report, is dependent on the completeness of Health Board Child Health records and return of forms from practices to local Child Health Offices.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21302>

Report card: HP11 Vaccination

Indicator: Vaccination: uptake of scheduled vaccinations age 4 (%)

Trend: 2011-12 to 2014-15



Why is it important?

This data illustrates the proportion of children who were up to date with all their routine immunisations at four years of age; 4 in 1 preschool booster, final dose of pneumococcal conjugate vaccine, the Hib/ MenC booster and second MMR dose by four years of age.

How are we doing?

Completion of the vaccine programme by age 4 has increased since first reporting of this data in 2011/12. In 2014/15 uptake was 84.9% in ABM University Health Board which was below the Welsh average and 1.7 percentage points above the worst performing Health Board.

Benchmark

Percentage: 2014-15						
Local		Worst		Best		Wales
ABM	84.9	Aneurin Bevan HB	83.2	Betsi Cadwaladr HB	90.4	
Bridgend	84.1	Newport LA	81	Anglesey LA	92.2	
NPT	86.6					
Swansea	84.4					

Indicator notes:

Data presented are drawn from the National Community Child Health Database (NCCHD). The quality of the information in the NCCHD, and therefore in this report, is dependent on the completeness of Health Board Child Health records and return of forms from practices to local Child Health Offices.

Source: Public Health Wales Vaccine Preventable Disease Programme: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21302>

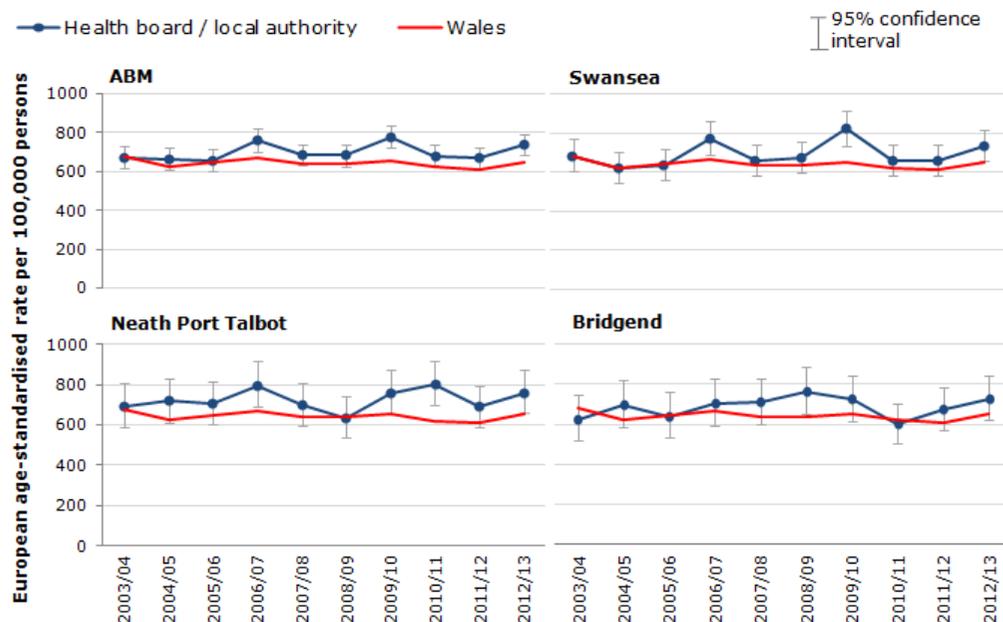
Report card: HS1 Hip fractures

Indicator: Emergency hospital admissions with a diagnosis of fractured neck of femur, aged 65+

Trend: 2003-04 to 2012-2013

Emergency hospital admissions with a primary diagnosis of hip fracture, European age-standardised rate per 100,000, persons aged 65 & over, Abertawe Bro Morgannwg UHB, local authorities and Wales, financial years 2003/04 to 2012/13

Produced by Public Health Wales Observatory, using PEDW (NWIS) & MYE (ONS)



This data uses the new 2013 European Standard Population, please refer to the Data guide for further details.

Why is it important?

Fractured neck of femur in older adults is associated with a mortality rate of 10% at one month after a fall, 20% at four months and 30% at one year. Of those who recover many experience loss of mobility and independence. Hip fractures are associated with osteoporosis. The average age of patients with fracture of neck of femur is 80+ and 75% are female. With an ageing population numbers are set to increase. (Adapted from NHS Institute for Innovation and Improvement, 2006)

How are we doing?

Rates across Wales have remained relatively stable in the period 2003-04 to 2012-2013. In 2012-2013 the ABM University Health Board was significantly higher than the Welsh average.

Benchmark

European Age-Standardised rate per 100,000 population: 2012-2013

Local		Worst		Best		Wales
ABM	739	ABMU HB	739	Betsi Cadwaldr HB	601	651
Bridgend	727	Carmarthenshire LA	874	Conwy LA	481	
NPT	758					
Swansea	732					

Indicator notes:

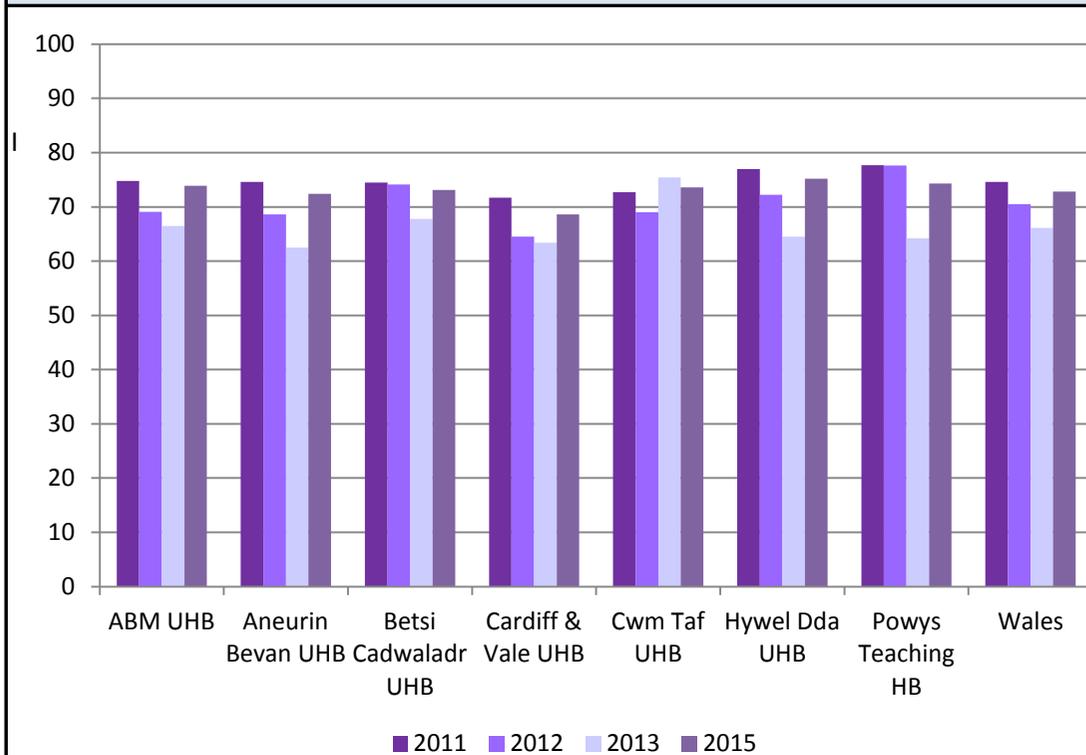
The results shown are based on all admissions (spells) in those aged 65 and over with any mention of fractured neck of femur (ICD-10 code S72.0) in the diagnostic record of the admitting episode. Individuals can have multiple spells in a single year. There is known to be variation across Wales in the recording of secondary diagnoses in the diagnostic record.

Source: Public Health Wales Observatory: <http://howis.wales.nhs.uk/sitesplus/922/page/52072>

Report card: HS2 Health Services - Screening

Indicator: Breast screening: % eligible women screened

Trend: 2011 - 2015



Why is it important?

Mortality rates from breast cancer have almost halved in Wales and in ABM University Health Board area since the 1980s. The 2008-2012 European Age Standardised rate for ABM University Health Board is significantly lower than the Welsh average (23.3, 95% CI 20.2-24.7 and 24.8 per 100,000 population respectively). Despite the reduction in mortality breast cancer remains the most common form of cancer in women the UK. The early detection of breast cancer through screening is a significant factor in predicting survival. There is a social gradient in the uptake of breast screening.

How are we doing?

The uptake of screening in Wales and ABM UHB has almost returned to levels seen in 2011, following a slump in more recent years. In ABM University Health Board area uptake of screening is now 0.9 percentage points less than it was in 2011. Wales' screening uptake rate is currently higher than the equivalent figure for England, 72.8% and 70.7% respectively.

Benchmark

Percentage (coverage as at 18/01/2015)						
Local		Worst		Best		Wales
ABM	73.9	Cardiff and Vale UHB	68.6	Hywel Dda HB	75.20%	
Bridgend	74.1	Cardiff LA	66.50%	Monmouthshire	76.2	
NPT	74.8					
Swansea	73.3					

Indicator notes:

Data reflects uptake (the % of eligible and invited women screened) and round length (time taken for screening to invite women) coverage in women aged 53-70 years.

Source: Public Health Wales - Screening Division

Report card: HS3 Health Services - Morbidity

Indicator: Percentage singleton live births with low birth weight (under 2500g)

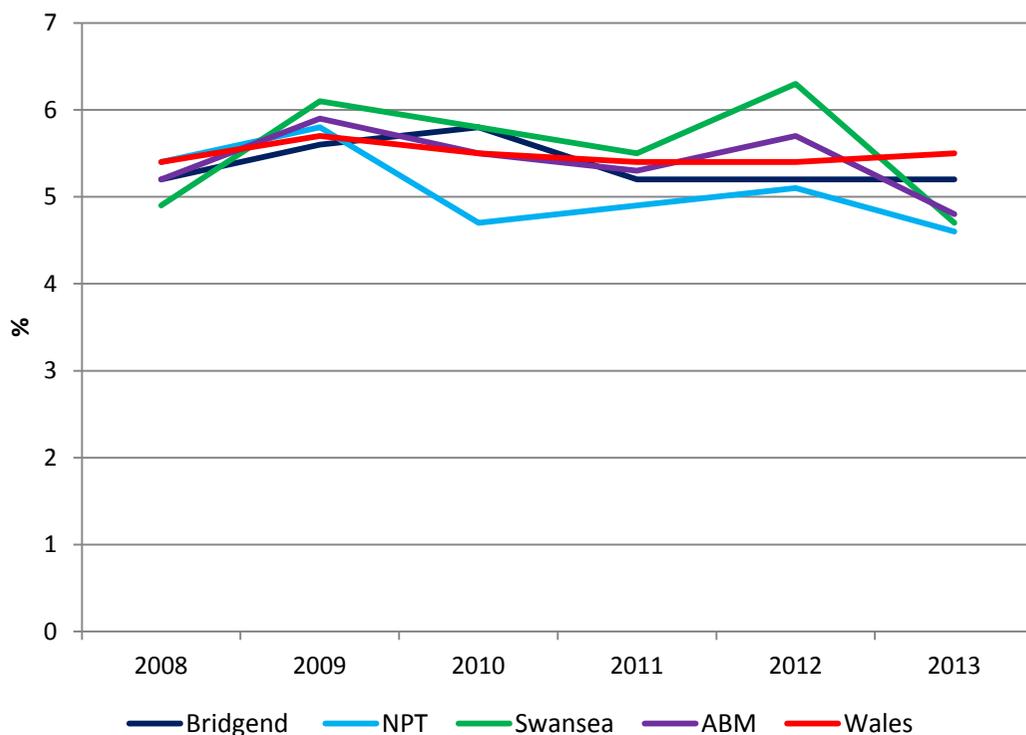
Trend: 2008 - 2013

Why is it important?

Low birth weight is an indicator of infant morbidity and mortality and can lead to chronic diseases in adulthood. There is a strong association between low birth weight and deprivation. Risk factors include mother's age and general health and well being, poor nutrition, smoking and alcohol consumption both pre conceptually and during pregnancy, socio economic status and ethnicity.

How are we doing?

The percentage of singleton births with low birth weight (LBW) in ABMU HB area has remained relatively stable during the period 2008 to 2013, and is now lower than that seen at an all Wales level. In 2013, the percentage of singleton births with LBW in all localities in ABM are lower than the Welsh percentage. This level data masks the variation in births with low birth weight between affluent and poorer communities.



Benchmark

Indicator notes:

Percentage singleton live births with low birth weight (under 2500g) 2013						
Local		Worst		Best		Wales
ABM	4.8	Cwm Taf HB	7.2	ABM UHB	4.8	
Bridgend	5.2	Blaenau Gwent	7.4	Conwy LA	4.3	
NPT	4.6					
Swansea	4.7					

The data refers to singleton live births. Multiple births present increased risk of preterm birth and low birth weight.

Source: Public Health Wales Observatory (specific request to Tracy Price)