

**Wiltshire Community Area  
Health Profiles  
for Cohort 3**

**2011**

A Healthy Schools Plus Guide for Schools



**Healthy Schools Plus**  
SOUTH WEST

## Introduction:

**W**iltshire is a pretty healthy place to live! According to the Health Profile for Wiltshire 2010 (published by APHO and Department of Health, © Crown Copyright 2010):

- ♦ the health of people in Wiltshire is generally better than the England average. Life expectancy for men and women is higher than the England average;
- ♦ The rate of serious injuries and deaths on the roads in Wiltshire is higher than England. Around 300 people are killed or seriously injured on Wiltshire's roads each year;
- ♦ deprivation levels are lower than the England average, however there are still 10,000 children living in poverty in Wiltshire;
- ♦ Wiltshire has a higher rate of malignant melanoma skin cancer than the England rate. There are about 80 new cases in Wiltshire each year;
- ♦ over the last ten years rates of deaths from all causes combined, early death rates from heart disease and stroke and early death rates from cancer have declined and remain lower than the England average;
- ♦ The percentage of children classified as obese, the percentage of children spending at least 3 hours a week on school sport and the rates of teenage pregnancy in Wiltshire are all better than the England average.

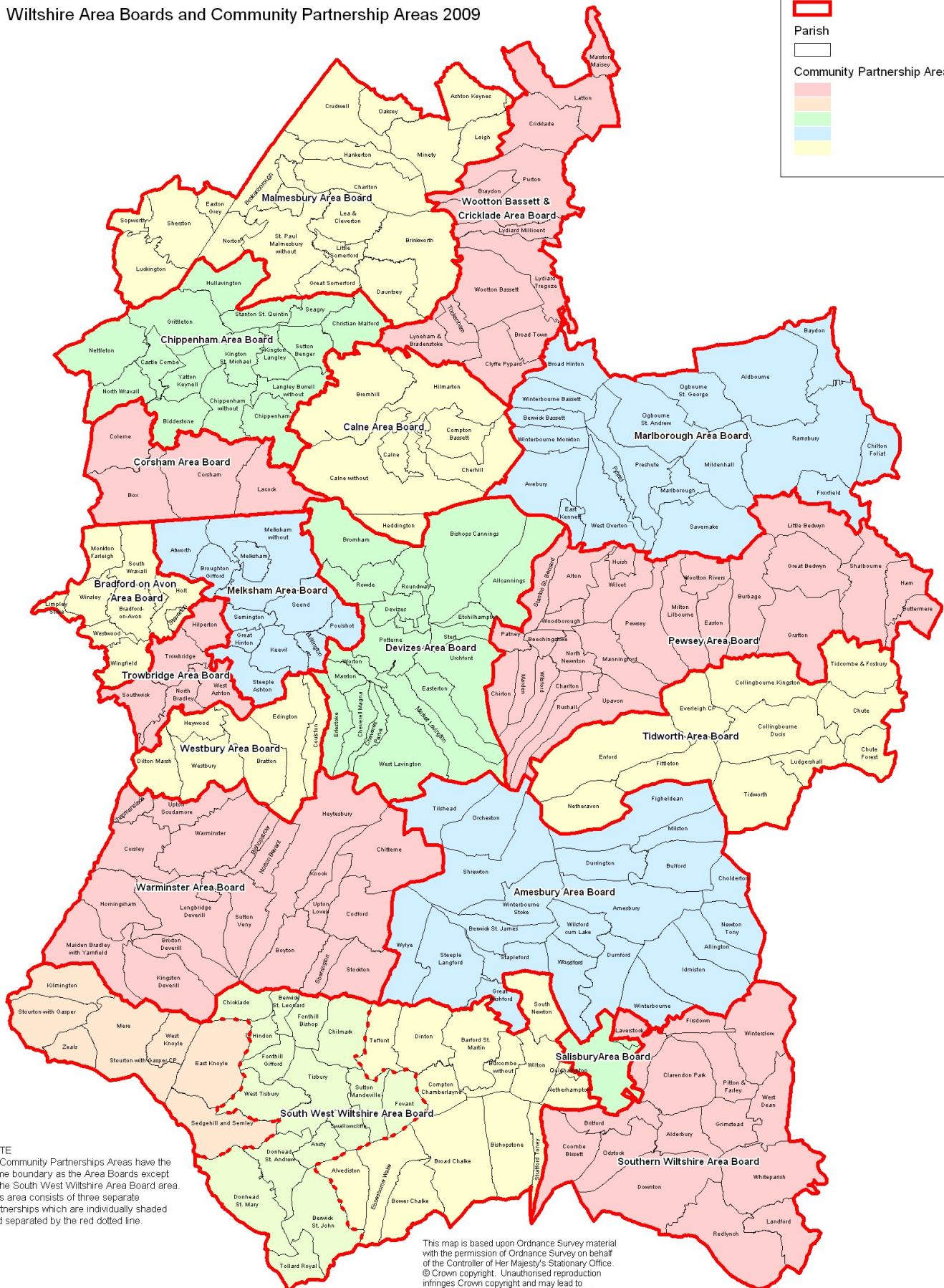
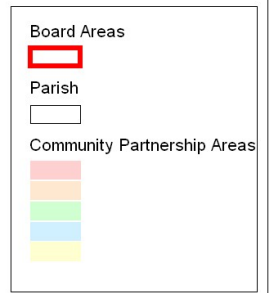
The purpose of this guide is to provide schools with Local Area Health data which will inform the planning of local and school priorities and associated activities to enable them to participate in Healthy Schools Plus.

Under each heading, where possible, there is data relating to each of the Wiltshire Community Areas (please see Community Area map opposite). In this way, it is easy to see which issues are affecting your local area and enable comparisons to be made with other areas.

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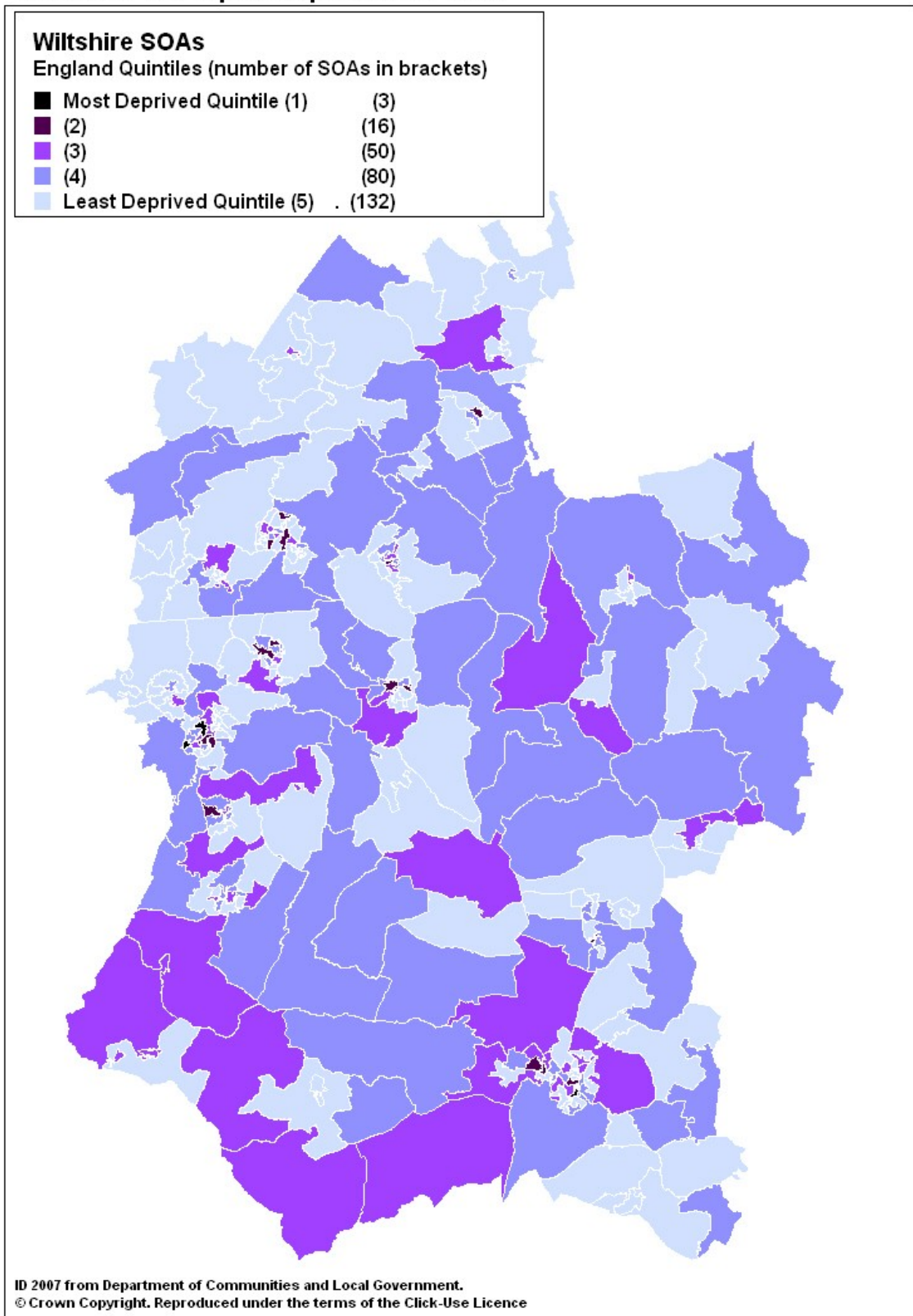
# Wiltshire Area Boards and Community Partnership Areas 2009



NOTE  
All Community Partnerships Areas have the same boundary as the Area Boards except in the South West Wiltshire Area Board area. This area consists of three separate partnerships which are individually shaded and separated by the red dotted line.

This map is based upon Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office. © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Wiltshire County Council 100023455, 2008.

## Index of Multiple Deprivation 2007



### Indices of Deprivation 2007 (ID 2007)

3 areas in Wiltshire are within the most deprived 20% nationally. They are home to 5000 people. 2 of the 3 areas are in Trowbridge and the other is in Salisbury.

There are no areas within Wiltshire within the most deprived 10% in England.

## Top Ten Areas of Deprivation in Wiltshire (2007)

Local Name	RANK in ENGLAND*	RANK in WILTS
Trowbridge John of Gaunt - Studley Green	5033	1
Salisbury St Martin - central	5113	2
Trowbridge Adcroft - Seymour	5885	3
Salisbury Bemerton - south	7406	4
Salisbury Bemerton - west	7689	5
Chippenham Queens - east	9150	6
Westbury Ham - west	9220	7
Trowbridge Drynham - Lower Studley	9581	8
Calne Abberd - south	9725	9
Melksham North - north east	9830	10

\* England rankings out of a total of 32,482



# National Child Measurement Programme Data 2008-9

Full results are available from the Information Centre website: <http://www.ncmp.ic.nhs.uk>.

Two sets of graphs are provided, one for Reception aged pupils (see below) and one for Year 6. The figures shown are the % of children measured who were found to be obese or overweight. This measure was chosen because the number of pupils in some areas is small and quoting only obese pupils would break disclosure rules.

'CI' refers to 'Confidence Interval'. These indicate the level of uncertainty about each value on the graph (in the table). Longer/wider intervals mean more uncertainty. 95% confidence intervals have been used in the analysis of this data which means that we can be 95% sure the true value of an indicator lies within the range shown.

Comparison can also be made to regional and national figures which are:

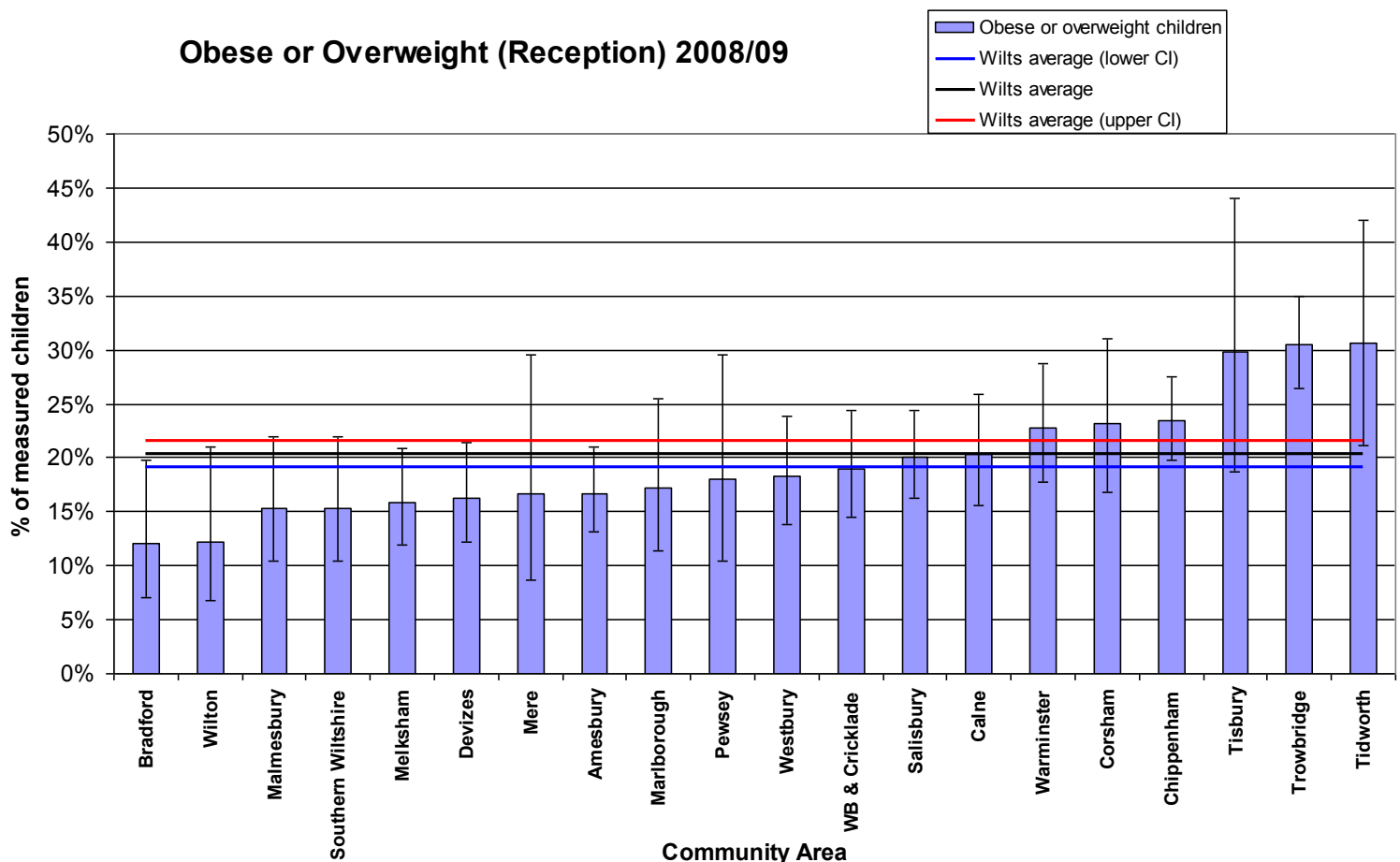
South West (reception) – 22.9% (CI = +/- 0.3%)

South West (Year 6) – 30.5% (CI = +/- 0.3%)

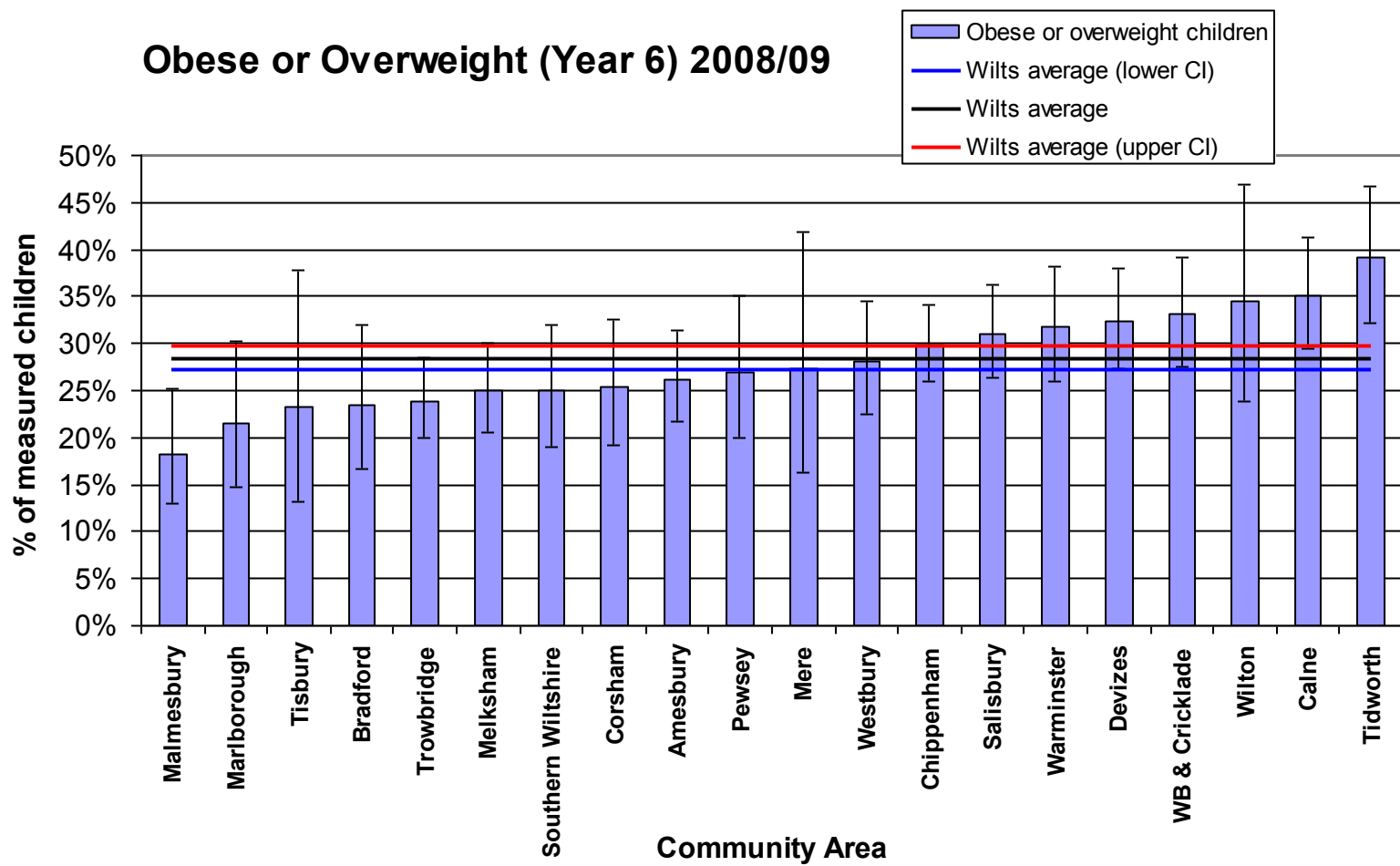
England (reception) – 22.8% (CI = +/- 0.1%)

England (Year 6) – 32.6% (CI = +/- 0.1%)

## Obese or Overweight (Reception) 2008/09



## Obese or Overweight (Year 6) 2008/09



# Sexual Health

Chlamydia is the most commonly diagnosed STI in the UK. It's most common in men and women under 25 years old. Chlamydia is known as the 'silent' infection because most people who have it show no symptoms.

If untreated, chlamydia can spread to other parts of the body and cause pain, especially in the abdomen. It may lead to infertility (inability to have children).

It affects approximately one in ten sexually active young people

The National Chlamydia Screening Programme is aimed at 15-24 year olds, therefore all figures presented are for this age group only.

Data source is Waveform Database, NHS Wiltshire, National Chlamydia Screening Programme 2010.

This only covers activity at Wiltshire clinics that has postcoded information and can be allocated to a Community Area. Performance figures for all screens in 09/10 show that 14.2% of the target population was screened in Wiltshire compared to the national figure of 22.1%. **9.8% of results were returned positive in Wiltshire in 2009/10 which is the highest in the South West and higher than the England figure of 7.4%.** This indicates screens are being appropriately targeted at those most at risk.

Community Area	Number of screens	Screens per 1000 (15-24 pop)	Positive Screens	% of positive screens
Tisbury	48	71.9	5	10.4%
Westbury	300	165.8	31	10.3%
Amesbury	509	117.9	50	9.8%
Chippenham	714	152.6	70	9.8%
Trowbridge	592	122.5	52	8.8%
Melksham	398	134.6	34	8.5%
Malmesbury	131	71.8	11	8.4%
Pewsey	108	95.6	9	8.3%
Tidworth	366	125.1	30	8.2%
Bradford	165	98.4	13	7.9%
Southern Wiltshire	141	69.8	11	7.8%
Warminster	254	85.1	19	7.5%
Marlborough	178	73.7	13	7.3%
Devizes	380	119.2	25	6.6%
Calne	276	121.8	17	6.2%
Wootton Bassett & Cricklade	219	61.3	13	5.9%
Salisbury	556	116.1	33	5.9%
Corsham	231	107.0	13	5.6%
Mere	34	85.4	SUP	SUP
Wilton	74	93.6	SUP	SUP
<b>Wiltshire</b>	<b>6079</b>	<b>118.3</b>	<b>472</b>	<b>7.8%</b>



# Teenage Pregnancy

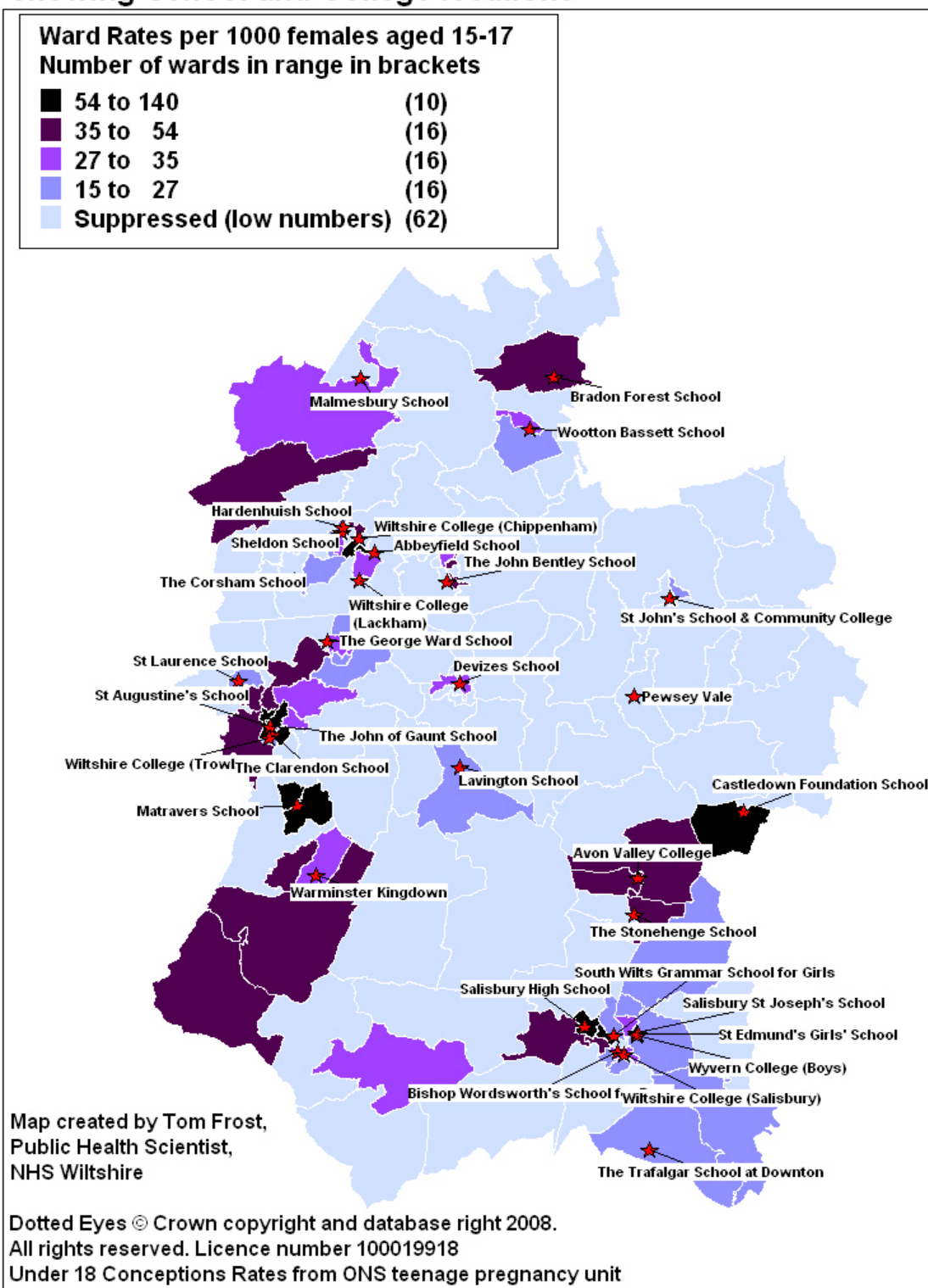
Data source – NHS Secondary User Service hospital inpatient data (deliveries) and British Pregnancy Advisory Service (terminations) modelled by information analysts at NHS Wiltshire.

2 years of data has been analysed (October 2008 to September 2010) and the average number of pregnancies per year calculated. This number has been converted into a rate by dividing it by the number of girls aged 15 to 17 in each Community Area (standard practice when calculating a teenage pregnancy rate even though some pregnancies may occur to girls aged younger than 15). Calculation of a rate allows Community Areas of different sizes to be compared more equitably.

The figures for Mere, Pewsey, Tisbury and Wilton have been suppressed because of low numbers in line with data protection rules.

AVERAGES OVER 24 MONTHS - OCT 08 TO SEP			
NAME	Average number per year	Average rate per year	Average 1 in X per year
Tidworth	16	50.4	19.9
Westbury	16	43.4	23.0
Trowbridge	34	42.6	23.5
Amesbury	23	37.7	26.5
Salisbury	29	34.1	29.3
Calne	16	29.7	33.6
Chippenham	23	27.7	36.1
WB & Cricklade	17	27.3	36.6
Melksham	16	25.7	39.0
Wilton	4	22.8	43.8
Corsham	8	19.5	51.2
Malmesbury	7	19.0	52.7
Warminster	9	18.4	54.4
Marlborough	9	16.2	61.6
Southern Wiltshire	5	10.4	95.7
Bradford	3	8.5	118.1
Devizes	6	7.1	141.0
Pewsey			
Mere			
Tisbury			
WILTSHIRE	282	29.7	33.7

## Under 18 Conception Rates by Ward (2004-06) showing School and College locations



The map above presents data from the Office of National Statistics on teenage conceptions from 2004-6 and clearly shows 'teenage pregnancy hotspots' in Wiltshire.

# Oral Health

The measure used is the average number of decayed, missing or filled teeth (dmft) per surveyed child.

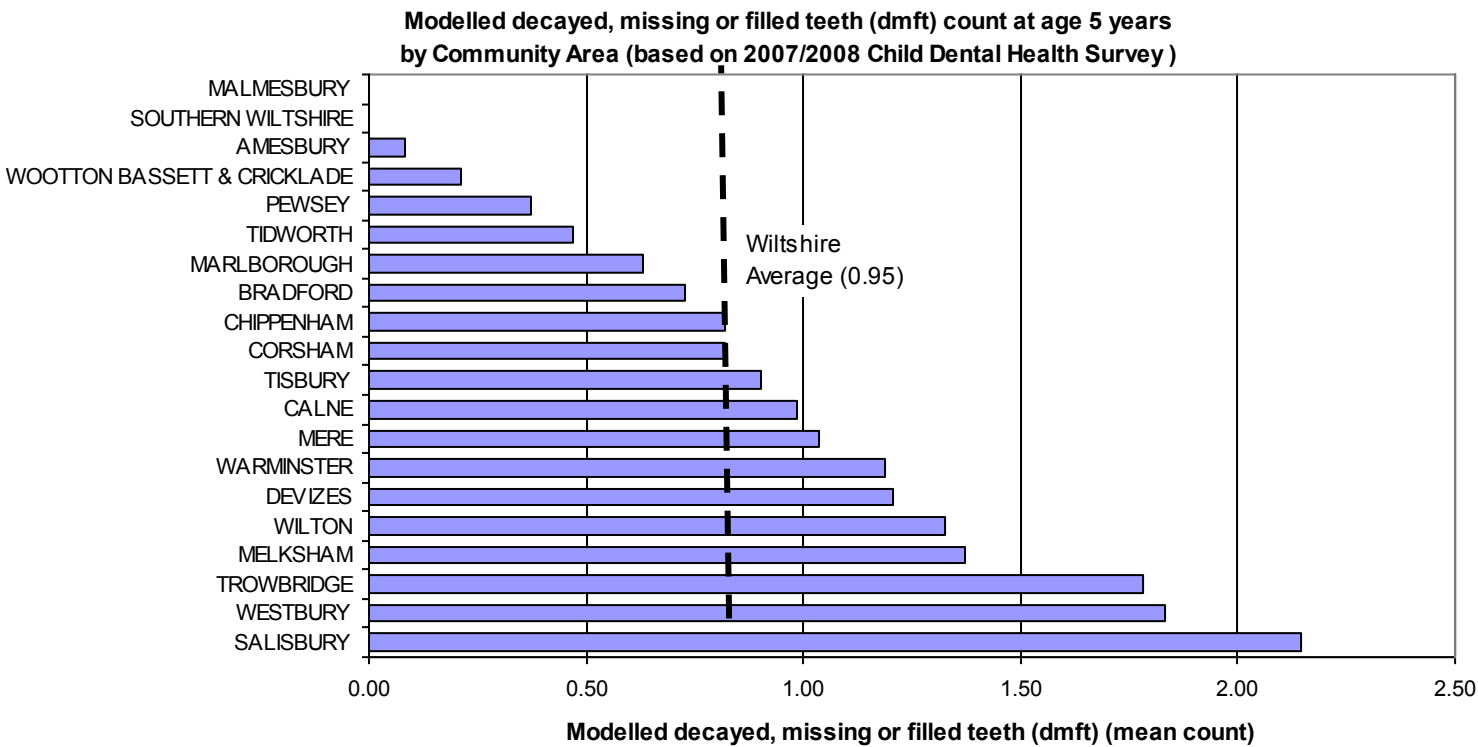
The North West Public Health Observatory are the custodians of the survey data (2007-8) and they currently have not released the child level data which would enable figures to be directly calculated at Community Area level (albeit with large confidence intervals).

Therefore Community Area estimates were produced by modelling local authority estimates and deprivation data.

Local Authority estimates are:

Kennet – 0.57  
North Wiltshire – 0.46  
Salisbury – 1.38  
West Wiltshire – 1.31

The national average is 1.1.



# Alcohol and Drugs Data

## Alcohol Related Admissions

Data Source: NHS Wiltshire Hospital Patient System (Sept 2009 to August 2010).

The alcohol related admissions figures do not represent actual patient numbers. Instead they are derived from applying Alcohol Attributable Fractions to admission numbers to estimate the proportion of cases of a disease or type of injury that may be attributed to the consumption of alcohol.

The numbers have been (directly) standardised against the European Standard Population to take account of different age and gender structures in different Community Areas.

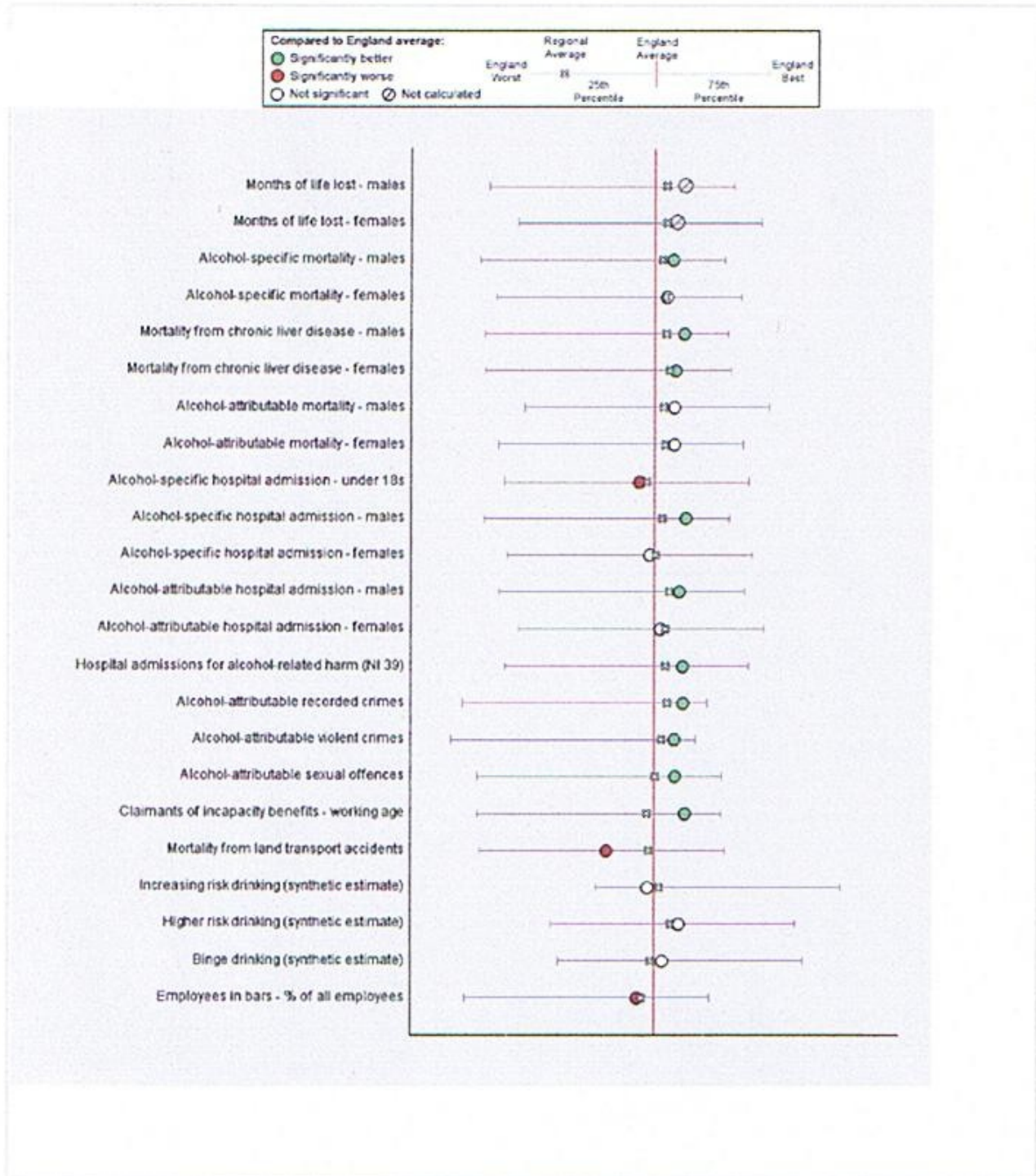
NAME	Standardised alcohol related admission rate per 100,000 (Sept 09 to Aug 10)	1 in X
Salisbury	2042.5	49.0
Tidworth	1891.1	52.9
Amesbury	1594.1	62.7
Wilton	1560.9	64.1
Calne	1420.6	70.4
Trowbridge	1406.2	71.1
Melksham	1404.3	71.2
WB & Cricklade	1401.1	71.4
Devizes	1395.6	71.7
Corsham	1395.1	71.7
Mere	1394.7	71.7
Warminster	1383.1	72.3
Chippenham	1357.4	73.7
Southern Wiltshire	1295.5	77.2
Westbury	1283.1	77.9
Bradford	1232.8	81.1
Pewsey	1152.6	86.8
Marlborough	1048.6	95.4
Tisbury	991.3	100.9
Malmesbury	969.1	103.2
WILTSHIRE	1449.8	69.0



# LAPE

Local Alcohol Profiles For England

## Profile of alcohol related harm - Wiltshire



NorthWest  
Public Health  
Observatory



Department  
of Health



NWPHO is part of the UK & Ireland Association of Public Health Observatories



# Alcohol and Drugs Data from the Health Related Behaviour Survey 2008

The survey involved 2387 pupils from 24 Wiltshire primary schools and 7 secondary schools. Wiltshire Council's Personal Development Education Team co-ordinated the survey, which was funded by NHS Wiltshire and Wiltshire Council. Wiltshire data has been compared with a compilation of survey areas that also have completed similar versions of the questionnaire in 2008. This survey was also taken in 2006 and 2002, enabling the measurement of local trends.

## Alcohol

### Wiltshire Primary School Pupils in year 4 5 and 6 (ages 8 to 11 years)

- 9% of the sample had at least one alcoholic drink (more than just a sip) in the last week.
- Of those who said they drink alcohol, 56% said it was on one day, 22% on two days, 22% on more than 2 days during the last week.
- The most popular drinks were wine and beer.
- 77% of pupils said they don't drink alcohol.

### Wiltshire Secondary School Pupils in year 8 and year 10 (ages 12-13 and 14-15)

- 33% of pupils had at least one alcoholic drink in the last week.
- Boys: 2% of year 8 and 24% of year 10 boys drank 7 or more units of alcohol in the last 7 days before the survey.
- Girls: 3% of year 8 girls and 17% of year 10 girls drank 7 or more units of alcohol in the 7 days before the survey.
- Beer, wine and premixed spirits were the most popular drinks.
- Supermarkets were reported as the most common place where alcohol was bought, by 3% of young people aged 12-15; this includes 2% of year 10 boys and 7% of year 10 girls.
- 13% of pupils said that they got drunk on at least one day in the last week.
- "At home" was by far the most common location where alcohol was drunk, with the largest group stating that their parents 'always knew' when they drank at home.

### Local trends and comparison data

- 2008 levels of drinking in Wiltshire primary schools are similar to the wider sample, as they were in 2006.
- Secondary school pupils in 2008 were more likely to have had an alcoholic drink in the last 7 days, than pupils in the wider sample, but no more likely to say that they got drunk.
- More year 10 pupils in 2008 drank alcohol the week before the survey compared with Wiltshire pupils in 2006.
- 18% of year 10 boys and 26% of year 10 girls said they had got drunk in the last 7 days compared with 16% of boys and 22% of girls in 2006.



# Tobacco

## Wiltshire Primary School Pupils in years 4, 5 and 6 (ages 8 to 11 years)

- 96% of pupils said that they had never smoked at all.
- 4% of pupils reported that they had tried smoking once or twice.
- 0% smoked at least one cigarette in the last 7 days.
- 2% said they would definitely smoke when they are older, 9% said maybe.

## Wiltshire Secondary School Pupils in year 8 and year 10 (ages 12-13 and 14-15)

- 80% of year 8 pupils and 55% of Year 10 pupils said they had never smoked at all.
- Boys: 2% of Year 8 boys and 14% of Year 10 boys reported that they smoke occasionally or regularly.
- Girls: 3% of Year 8 girls and 15% of Year 10 girls reported that they smoke occasionally or regularly.
- 15% of boys and 14% of girls in Year 10 had at least 1 cigarette in the last week.
- 4% of Year 10 girls got their last cigarettes from a shop. 8% said they got them from friends.
- 56% of the Year 10 girls who smoke say that they would like to give up.

### Local trends & comparison data

- Levels of smoking in Wiltshire primary schools are similar to that in the wider sample.
- Wiltshire secondary school pupils are more likely to say they have never smoked at all compared to the wider sample.
- In 2008 3% of primary pupils said they had tried smoking once or twice, compared with 5% in 2006 and 10% in 2002.
- More Wiltshire year 6 pupils say they have never smoked at all in 2008, 95% of boys and 96% of girls; this compares with 93% of boys and 94% of girls in 2006 and 82% and 87% respectively in 2002.
- 67% of secondary age pupils in 2008 said that they have 'never smoked at all', in 2006 this figure was 64% and in 2002 47%.

## Other drugs

### Wiltshire Primary School Pupils in year 4, 5 and 6 (ages 8 to 11 years)

- 57% of Year 6 pupils reported that their parents had talked to them about drugs. 52% said that their teachers had.
- 15% say they are 'fairly sure' or 'certain' they know a user of drugs (not medicines).
- 2% of primary children said they had been offered cannabis. 2% said they had been offered other drugs than cannabis.

### Wiltshire Secondary School Pupils in year 8 and year 10 (ages 12-13 and 14-15)

- 8% of pupils reported that they had taken an illegal drug in the last year, 4% had taken one in the last month.
- 10% of Year 10 boys and 13% of Year 10 girls have taken an illegal drug and alcohol on the same occasion.
- 38% are 'fairly sure' or 'certain' that they know someone who takes drugs.
- 32% of Year 10 pupils have been offered cannabis. 23% said they had been offered other drugs, apart from cannabis.
- Cannabis leaf/resin is by far the most popular drug taken, used by 7% in last year. Any other drugs used in the last year were used by 1% or less.
- Age 13 & 14 are the most common ages that illegal drugs are first tried.
- 66% of pupils report lessons about legal and illegal drugs as useful. 24% say lessons were 'not at all useful' or can't remember any.

### Local trends and comparison data

- Illegal drug use in Wiltshire secondary schools has shown a significant and steady decline since 2006 and 2002.
- In 2002, 19% of pupils reported that they had taken an illegal drug in the last year, in 2006 10% and in 2008 8%. In 2002 10% had taken one in the last month, 6% in 2006 and 4% in 2008.
- Wiltshire secondary pupils are more likely to say that cannabis use is 'always unsafe' than in previous years.
- Wiltshire Year 10 girls are less likely to say that they have ever taken drugs compared with girls in the wider sample. They are just as likely to say that they have been offered drugs.

# Sources of Further Information

## Useful websites

[www.apho.org.uk](http://www.apho.org.uk)

The APHO (Association of Public Health Observatories) website contains Wiltshire health profiles which can be downloaded.

[www.swpho.nhs.uk/resource/view.aspx?RID=35469](http://www.swpho.nhs.uk/resource/view.aspx?RID=35469)

This SWPHO (South West Public Health Observatory) link will take you to an interactive mapping tool designed to provide local health data for schools engaging with Healthy Schools Plus. It contains data at ward level. Comparisons can also be made with surrounding areas/wards.

[www.healthyweight4children.org.uk](http://www.healthyweight4children.org.uk)

The 'Healthy Weight for Children Hub' is a new interactive network to help tackle the rising numbers of obese children in the South West. It contains a database of interventions packed with ideas and resources. There is also a networking forum where you can find out what others working to reduce obesity in children have been doing across the region.

[www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)

There are lots of ideas and resources available useful for schools wishing to link their work with the national 'Change4Life' campaign.

[www.ncb.org.uk](http://www.ncb.org.uk)

The National Children's Bureau/Sex Education Forum website has lots of resources for schools wishing to improve and develop their SRE programmes.

[www.drugeducationforum.com](http://www.drugeducationforum.com)

A national umbrella body for organisations that deliver or support the delivery of drug education in England.

[www.talktofrank.com](http://www.talktofrank.com)

This site is aimed at young people and contains A-Z of drugs, discussion forums and where to get help and advice. It is a source of info for schools, parents and carers.

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

This website gives a comprehensive range of information, including specific section on children and young people and a link to a document called 'Internet Resources on Alcohol for Young People, Parents/Carers & Professionals'

## Appendices

# Social Marketing Approaches for Tackling Obesity\*

Recent years have seen a significant increase in the proportion of overweight and obese people in the population, with a real impact on the nation's health and thus on the need for the provision of services to support this population. Of particular concern are the growing numbers of obese and overweight children.

To address this, the Department of Health (DH) has launched *Healthy Weight, Healthy Lives*, a major programme aimed in the first stage at families with children and those who influence their behaviour including grandparents, carers and teachers.

To support the programme DH has developed a segmentation<sup>1</sup> of families with young children through researching attitudes and behaviours in relation to food and physical activity. This has resulted in the development of six 'clusters', or groups of individuals with similar attitudes and behaviours. A summary of the characteristics of these clusters can be seen overleaf.

DH is using the segmentation to plan the strategy for the programme of communication and other activities. Using the maps and guide provided, the segmentation can now also be used at a local level to:

- i) apply the national segmentation work to your own local area/s as a starting point to consider the attitudes and behaviours relating to diet and activity in your local population/s;
- ii) help plan local provision of services;
- iii) help market and promote local services in an appropriate and engaging way.

\* This information has been taken from 'Healthy Weight, Healthy Lives' Market Segmentation and Mapping—An Introductory Guide, December 2008 (Department of Health)

## Summary of the characteristics of the clusters

	Cluster 1:	Cluster 2:	Cluster 3:	Cluster 4:	Cluster 5:	Cluster 6:
<b>Description</b>	Struggling parents who lack confidence, knowledge, time and money	Younger parents who lack the knowledge and parenting skills to implement a healthy lifestyle	Affluent families, who enjoy indulgent food	Already living a healthy lifestyle	Strong family values and parenting skills but need to make changes to their diet and activity levels	Plenty of exercise but potentially too many bad foods.
<b>Family diet</b>	Seek convenience, eat for comfort, struggle to cook healthily from scratch.	Children fussy eaters, rely on convenience foods	Enjoy food, heavy snackers, parents watching weight	Strong interest in healthy diet	Strong parental control but diet rich in energy-dense food and portion size an issue	Eating motivated by taste, diet includes both healthy and unhealthy foods
<b>Physical activity</b>	Seen as costly, time consuming and not enjoyable. High levels of sedentary behaviour	No interest in increasing activity levels because perceive children to be active	Believe family is active, no barriers to child's activity except confidence	Family active although believe children not confident doing exercise	Know they need to do more: time, money, self-confidence seen as barriers	Activity levels are high, particularly among mothers
<b>Weight status</b>	Mothers obese and overweight	Families obese and overweight. Fail to recognise children's weight status	Families obese and overweight. Low recognition of children's weight status	Below average levels of obesity and overweight	Parental obesity levels above average, children below	Low family obesity levels but child overweight levels are a concern
<b>Demographic</b>	Low income, likely to be single parents	Young, single parents, low income	Affluent parents of all ages, households vary in size	Affluent older parents, larger families	Range of parental ages, single parent families	Average incomes, younger mothers, households vary in size
<b>Intent to change</b>	High, but fear of being judged and lack of confidence are powerful barriers	Currently low due to lack of knowledge, but willing to accept help once alerted to risks	Low intent to change and likely to deny that problems exist	Low intent to change but already leading a healthy lifestyle	Low intent on diet but significant intent to change on physical activity	Highest among the clusters for both diet and physical activity, so influencing them is not a priority
<b>Potential task</b>	Build confidence, increase knowledge and provide cheap convenient diet solutions	Increase understanding of risks of current lifestyle and develop parenting skills	Encourage recognition of problem and awareness of true exercise and snacking levels	Learn from successful techniques used by cluster	Focus on increasing activity levels and educate on portion size	Focus on providing cheap, convenient, healthy high energy foods to fuel active lifestyle

Key:

Red = High risk

Amber = Medium risk

Green – Low risk

**NB: Clusters 1-3 are the ones to focus on!**



# Social Marketing Cluster Map

