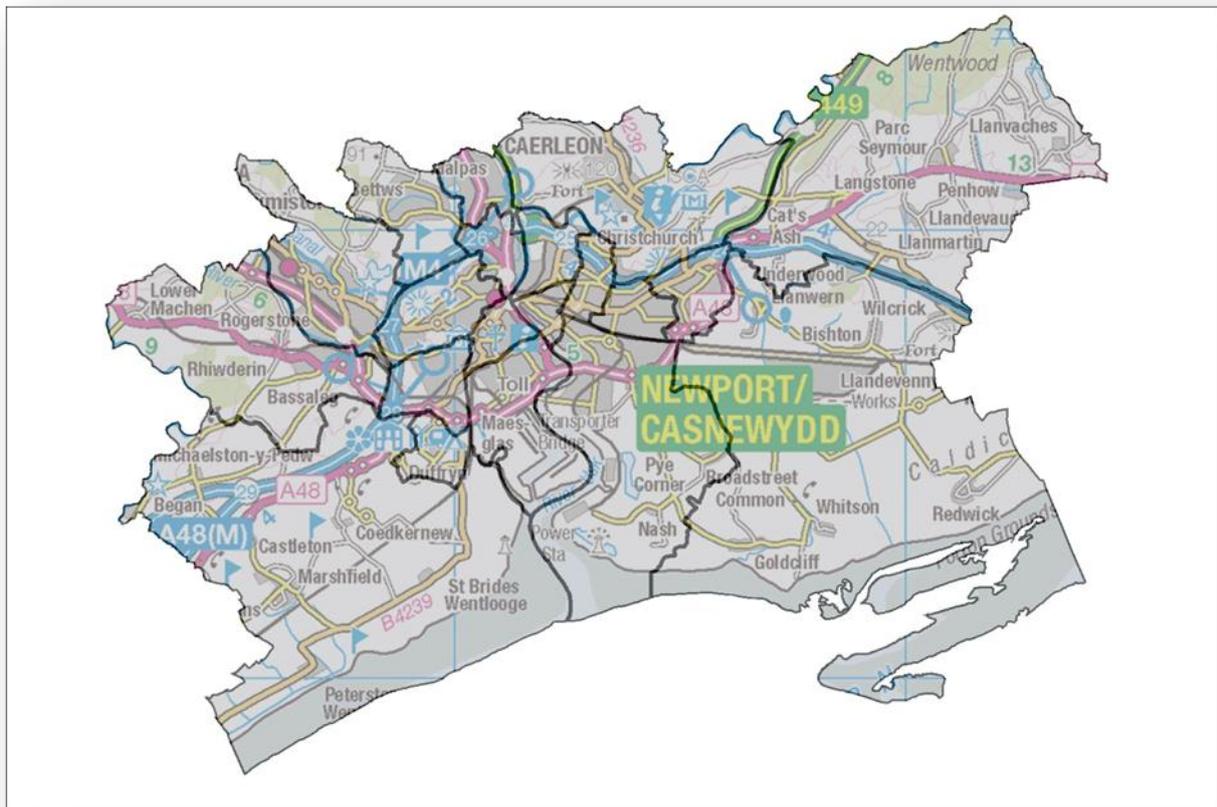


Unified Needs Assessment Health & Wellbeing 2015



City of Newport

Edition 5
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People in Newport are Healthy and Thriving

Introduction

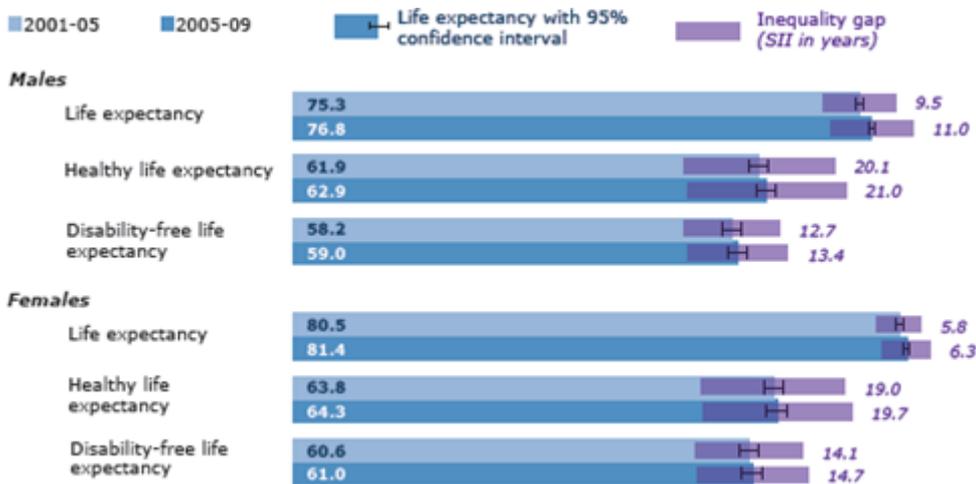
The health status of the population of Newport is generally comparable to that of the national average in Wales. The life expectancy of males and females has increased over the last 10 years, with life expectancy at birth of females comparable to the Wales average and life expectancy for males below the Wales national average.

Despite this, there are many specific significant health problems that need attention. A major underlying aspect of the population health status that needs to be addressed is the considerable difference in health between the richer and poorer areas of the city. This is a stark reminder of the existing inequalities in Newport.

The Slope Index of Inequality (SII) illustrates these inequalities and measures the absolute gap in years of life expectancy, healthy life expectancy and disability free life expectancy between the most and least deprived, taking into account the pattern across all fifths of deprivation within the local authority area¹.

Life expectancy at birth is a widely used statistical measure of the average expected years of life for a newborn based on currently observed mortality rates. As such, life expectancy at birth is also a measure of mortality across all ages.

Quality of life is also important to consider and this can be measured through healthy life expectancy (HLE) and disability-free life expectancy (DFLE). HLE at birth represents the number of years a person can expect to live in good health. Similarly, DFLE at birth estimates the number of years of life expected to be free from a limiting long-term illness or disability. HLE and DFLE incorporate survey data on health and limiting long term illness or disability in Wales and hence their estimation may be affected by any survey sampling error¹.



As mentioned previously life expectancy in Newport, as in Wales in general, is increasing. The data above shows that the average life expectancy for males during 2005-09 was 76.8 (slightly below the Wales average of 77.0) and 81.4 years for females (the same as the Wales average). HLE for males was 62.9 (slightly below the Wales average of 63.5) and 64.3 for females (slightly above the Wales average of 64.3). DFLE for males has increased to 59.0 (slightly below the Wales average of 59.1) and 61.0 for females (slightly below the Wales average of 61.0). However, this improvement is not experienced equally across all areas.

¹ Measuring Inequalities, Trends in Mortality and life expectancy in Wales -Public Health Wales Observatory

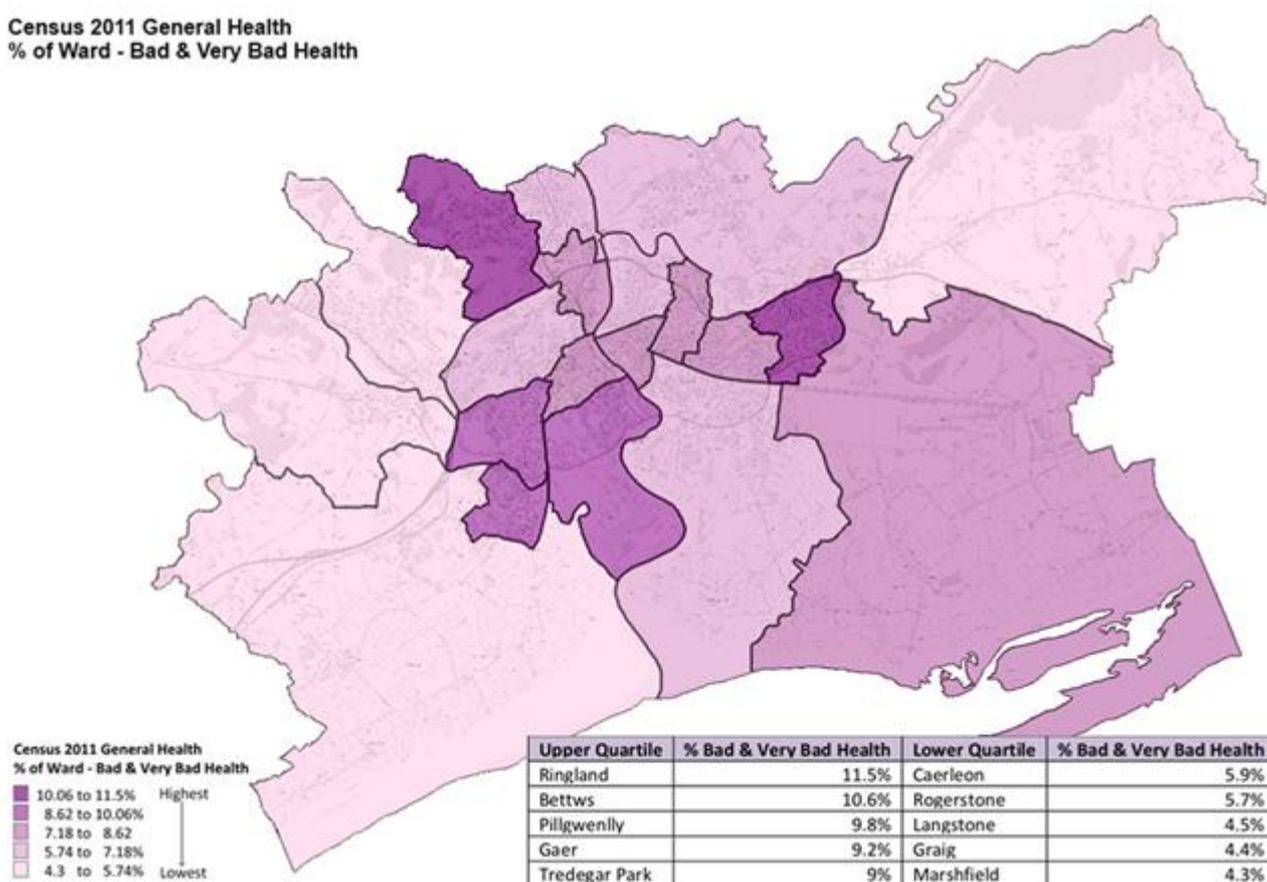
There are in many cases substantial national and local inequality gaps between the most and least deprived areas in both life expectancy and deaths from different causes. There are also inequalities in the quality of life in terms of healthy life expectancy and disability-free life expectancy.

In Newport, the gap in life expectancy for males between the least deprived and the most deprived areas has increased to 11 years above the Wales average of 9.2 years. For females in Newport, the gap in life expectancy has increased to 6.5 years; this is lower than the Wales average which has increased to 7.1 years.

For males HLE the gap is even greater and has increased to 21 years, and is well above the Wales average which has increased to 18.9 years. For females the gap in HLE has increased to 19.7 years, which is higher than the Wales average which has increased to 17.8 years.

For males DFLE the gap has increased from to 13.4 years but is still lower than the Wales average which has increased to 14.8 years. For females DFLE the gap has increased to 14.7 years higher than the Wales average which has increased to 12.5 years.

**Census 2011 General Health
% of Ward - Bad & Very Bad Health**



The difference in ill health can be illustrated by the map above. In the 2011 census 7.4% of the population in Newport reported their general health as bad or very bad, slightly below the Wales average of 7.6%. However in Ringland the percentage was 11.5%, Bettws 10.6%, Pillgwenlly 9.8%, Gear 9.2% and Tredeg Park 9%.

Ill health in particular communities does not happen by chance or through bad luck. Health is multi-dimensional and is influenced by many determinants, which are not always obvious. Poor housing, unemployment, social isolation, individual lifestyle factors and the environment in which we live, can all effect on health and wellbeing.

Lifestyle is an important factor in health outcomes. Mortality due to alcohol and smoking show the greatest inequalities. The rates for smoking-attributable mortality in most deprived areas of Wales are more than twice those in the least deprived areas, and this inequality gap in mortality due to smoking has slightly risen over time. The largest national inequality gaps of all causes shown are in alcohol related mortality with rates three and a half times as high for males in the most deprived areas as in the least deprived areas².

The main areas for concern for Newport are:

- Rates of births with a low birth weight above the Newport and Wales averages in the wards of Pillgwenlly, Ringland and Victoria;
- Rates of breastfeeding below the Wales average (there are some issues with data collection so this must be considered in any work undertaken);
- Rates of children with decayed, missing or filled teeth are above the Wales average, however rates are reducing.
- Children in Need low educational achievements;
- Reduction in the rates of HPV vaccine for girls aged 14 below the Wales average.
- Rates of sexually transmitted diseases for 16-25 year olds well above the Wales averages (data to be monitored to realise a trend);
- Rates of Smoking in upper super output areas (USOA) that cover Malpas, Bettws, Shaftesbury, Stow Hill, Allt-yr-yn, Pillgwenlly, Lliswerry, St Julians and Victoria wards;
- Rates of Fruit and Vegetable Consumption are below the Wales average but are increasing;
- Rates of Physical Activity above the Wales average but are still low.
- Rates of Overweight and Obesity above the Wales average;
- Rates of binge drinking and alcohol specific hospital admissions are above the Wales average. With highest rates of hospital admissions in Bettws, Gaer, Pillgwenlly, Ringland, Stow Hill and Victoria;
- Rates of estimated incidence rates of drug misuse are also above the Wales average.
- Rates of mental illness are also above the Wales average;
- Rates of cardiovascular disease mortality are above the Newport and Wales averages in the wards of Bettws, Pillgwenlly, Ringland and Victoria;
- Rates of respiratory disease hospital admissions are above the Newport and Wales averages in the wards of Pillgwenlly, Stow Hill and Victoria;
- Rates of cancer mortality are above the Newport and Wales averages in the wards of Pillgwenlly and Ringland.

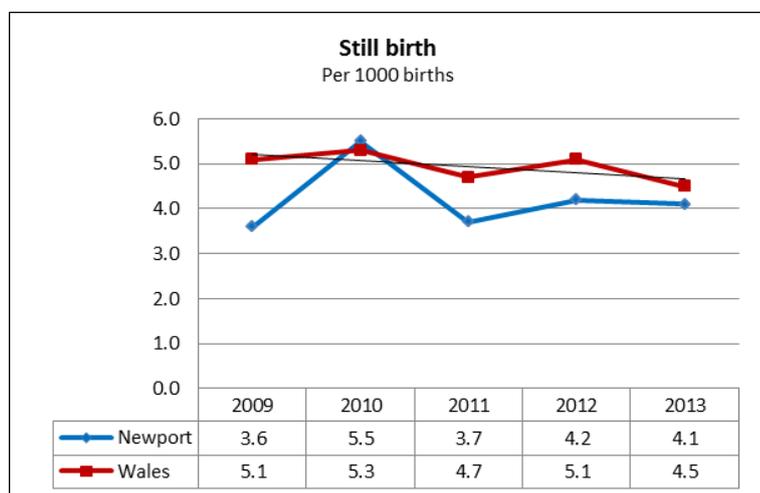
² Measuring Inequalities, Trends in Mortality and life expectancy in Wales -Public Health Wales Observatory

Population Indicators

Still Birth

Data Set (Population Indicator): Still birth rate

Data Source: [Stats Wales](#)



The legal definition of a still birth was altered on 1st October 1992 to include babies born with 24 or more completed week's gestation. Figures for earlier years are based on still births of 28 completed week's gestation³.

Around two thirds of stillbirths are linked to placental complications. This means that for some reason the placenta (the organ that links the baby's blood supply to the mother's and nourishes the baby in the womb) is not functioning properly.

About ten percent of stillborn babies have some kind of congenital abnormality. A small percentage of stillbirths are caused by problems with the mother's health, for example pre-eclampsia, or other problems including cord accidents and infections⁴.

The rate of still births per 1000 births in Newport has fluctuated between 2009 and 2013 but the overall trend is an increase from 3.6 to 4.1. This is still slightly below the Wales average which in contrast has decreased from 5.1 to 4.5. The average of still births in Newport is lower than the Wales average but the difference is not statistically significant due to the low number of still births.

There are a number of things that may increase the risk of having a stillborn baby, including:

- Having twins or a multiple pregnancy;
- having a baby who does not reach his or her growth potential in the womb;
- being over 35 years of age;
- having gestational diabetes, high blood pressure or a blood-clotting disorder;
- smoking, drinking alcohol or misusing drugs while pregnant;
- being obese (having a body mass index of over 30);
- Having a pre-existing physical health condition such as epilepsy.

In Newport there are a range of services and interventions that address the wider determinants of health that can result in still birth. These include:

- Maternity pathways to alcohol and substance misuse services, tobacco, diet and nutrition etc;
- Addressing teenage conceptions through schemes such as the local Condom Card scheme (C-Card);
- Maternity Smoking Cessation Service in Gwent;
- Developing the smoking cessation knowledge, skills and resources for maternity services;
- Flying Start;

³ StatsWales

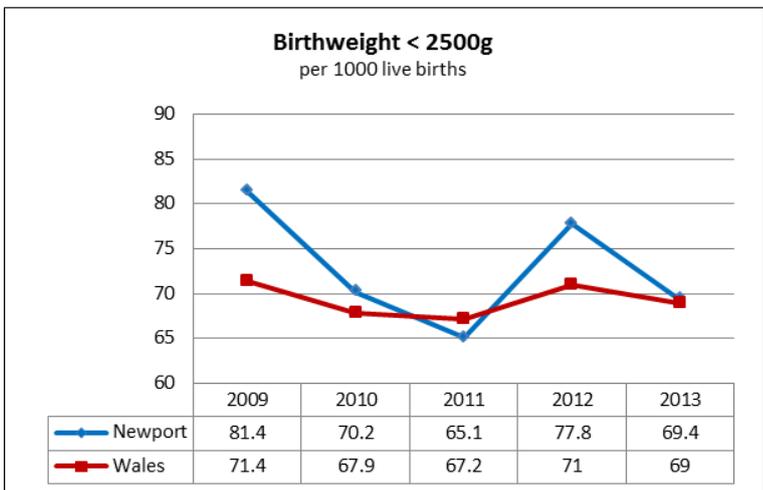
⁴ NHS Choices

Low Birth Weight

Data Set (Population Indicator): Percentage of live births with a weight less than 2,500 grams

Data Source: [Health Map Wales - National Community Child Health Database / NHS Wales Information Service \(NWIS\)](#)

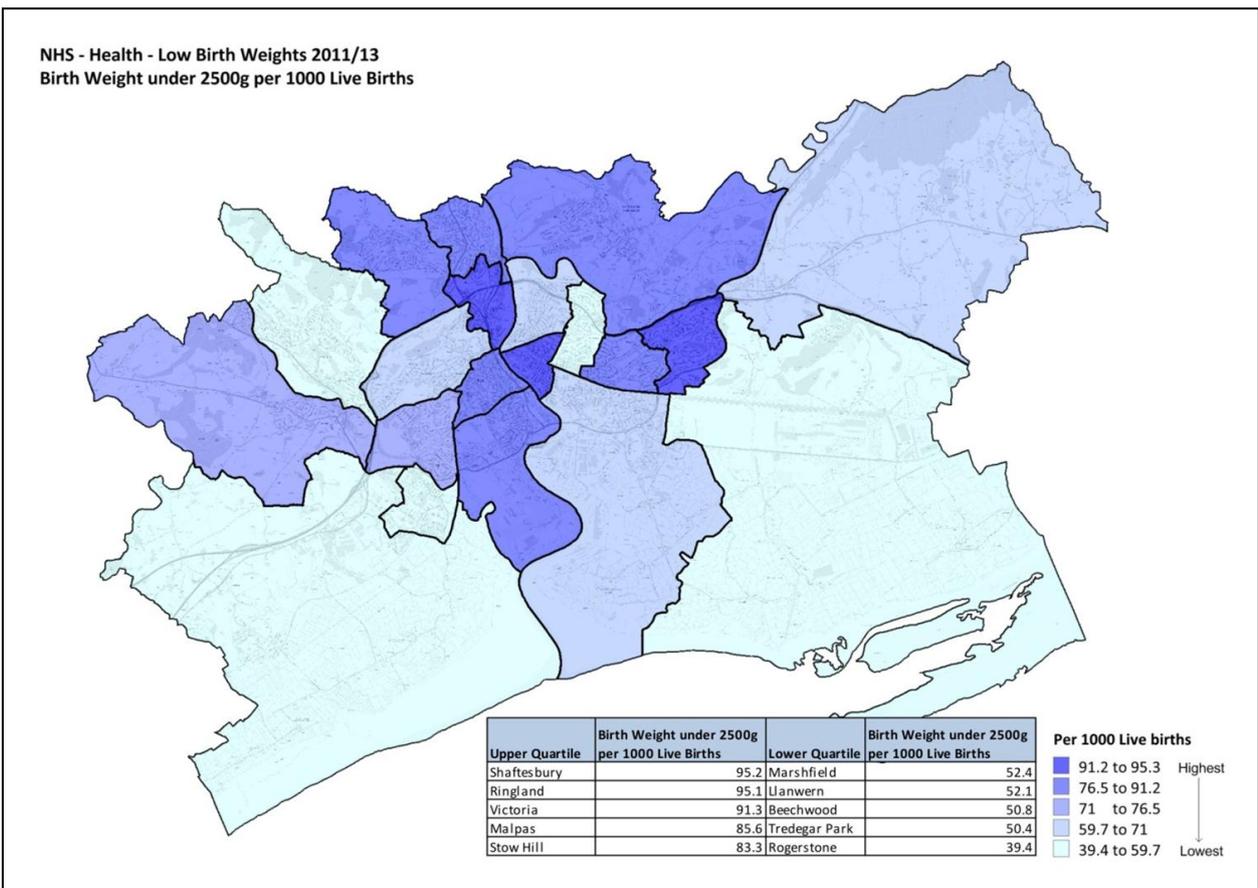
Overarching Theme: Tackling Poverty



Live births with a weight less than 2,500g (per 1,000 live births) in Newport have varied between 2009 and 2013 but the overall trend has been a decrease from 81.4 to 69.4. This rate is now comparable with the Wales average which has decreased from 71.4 to 69.0.

This rate varies across Newport but the wards with a rate consistently above the Newport and Wales average between 2005-2013 are Pillgwenlly, Ringland and Victoria. The only ward with rates consistently below the Newport and

Wales average is Langstone. The map below shows the wards that have the highest and lowest rates in 2011-13.



Low birth weight babies are at greater risk of problems occurring during and after birth, as well as at greater risk of chronic disease in adulthood⁵. The evidence of the link between low birth weight and poor lifestyle during pregnancy is strong.

Specifically, low birth weight is associated with poor maternal general health, a low level of education, poor nutrition, alcohol consumption and smoking both pre-conceptually and during pregnancy⁵.

There is evidence that poor maternal nutritional status at conception and inadequate maternal nutrition during pregnancy can result in low birth weight⁶. However, smoking is the major modifiable risk factor contributing to low birth weight. Babies born to women who smoke weigh on average 200g less than babies born to non-smokers.

The incidence of low birth weight is twice as high among smokers as non-smokers⁷. Smoking cessation in pregnancy is strongly affected by socio-economic status, with women of lower education, income and employment status far more likely to continue smoking than women from higher socio-economic status groups⁸. Other lifestyle choices of the mother linked to low birth weight also include their choice of diet, substance misuse including alcohol consumption during pregnancy.

There is a range of work being carried out in Newport to address the lifestyle factors that can increase the risk of having a low birth weight baby. Specific work that is targeted at pregnant women includes the role of maternity services in providing information and advice on lifestyle choices such as diet and nutrition, alcohol and smoking. As part of the pregnancy pathway pregnant women can be referred onto appropriate services including substance and alcohol misuse services.

A Maternity Smoking Cessation Programme is currently underway in Newport, which not only considers the smoking behaviour of the pregnant mother, but the family as a whole. This programme is aimed at pregnant women in socially deprived areas. Intensive smoking cessation support is offered to women and their families throughout pregnancy and the postnatal period.

A community project Healthy Communities, Healthy Babies took place in 2015-16 looking to raise awareness of the risk factors that lead to low birth weight babies. The target population is women aged 13-24 years living in deprived areas of Newport. The project was focused around two national campaigns; Alcohol Awareness Week in November 2014 and No Smoking Day in March 2015. During these campaigns training took place with key stakeholders around brief intervention around alcohol and smoking. There was also a radio and social media campaign to raise awareness to young women around smoking and drinking in pregnancy.

⁵ National Public Health Service (NPHS), 2006

⁶ Kramer, 2007

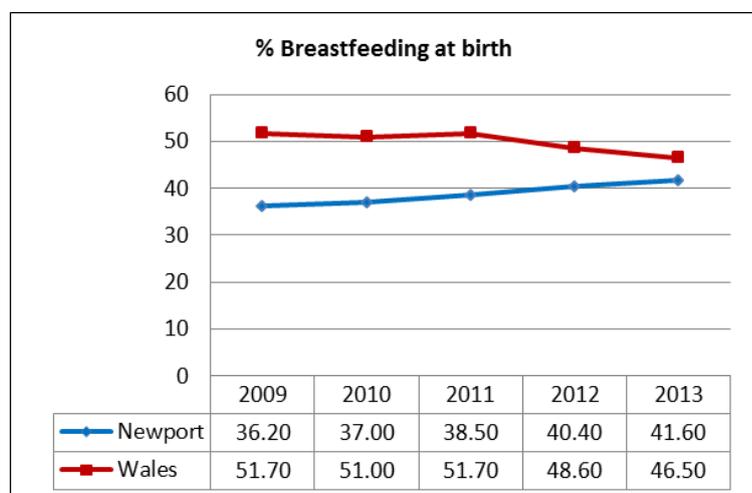
⁷ Messecar, 2001

⁸ Graham and Der, 2009

Breastfeeding

Data Set (Population Indicator): Percentage of live births by breastfeeding status at birth

Data Source: [Health Map Wales - National Community Child Health Database](#)



Breastfeeding at birth percentage for live born babies with known breastfeeding status, i.e. live births who were breastfed at birth divided by live births who were or were not breastfed at birth.

Percentage of live births breastfeeding at birth in Newport has increased gradually year on year from 36.2% in 2009 to 41.6% in 2013. The rate is still below the Wales average which has decreased from 51.7% to 46.5%.

There have been difficulties associated with the definition of the indicator and how the data was collected by midwives in different hospitals and Health Boards. This may have resulted in over/under reporting performance against this measure. A shift towards the standardisation of data recording and reporting will help to ensure more robust reporting in the future.

Research shows that breastfeeding contributes to health in both the short and long term, providing essential nutrients and protective factors for babies in early life.⁹

The close mother-baby contact provided by breastfeeding promotes emotional attachment between mother and child which is crucial for later emotional health and wellbeing in childhood. There are numerous benefits to the health of babies and their mother in both the long and short term.

Babies that are breastfed are at a lower risk of:

- Gastro intestinal infection;
- Respiratory illness;
- Coronary heart disease;
- Obesity;
- Ear infections;
- Urinary tract infections;
- Early onset insulin diabetes;
- Allergies such as eczema;
- Leukaemia and childhood cancers.

Mothers that breastfeed are at a lower risk of:

- Pre-menopausal breast cancer;
- Ovarian cancer;
- Hip fractures, low bone density, osteoporosis and rheumatoid arthritis;
- Are more likely to return to pre-pregnancy weight.

⁹ NICE (2008). Improving the Nutrition of Pregnant and Breastfeeding Mothers and Children in Low Income Households

Despite the focus of health professionals on encouraging mothers to breastfeed their babies, there continues to be a decline in the rate of breastfeeding at birth. Research has shown that mothers in lower socio-economic groups are less likely to choose to breastfeed and get poorer advice and support than middle class mothers¹⁰. The situation has not been helped by the way in which breastfeeding has been presented as part of a middle class lifestyle.

In Newport, the Flying Start health programme are working with vulnerable families from deprived areas (based on the Welsh Index of Multiple Deprivation) by providing additional support and advice on breastfeeding in targeted areas.

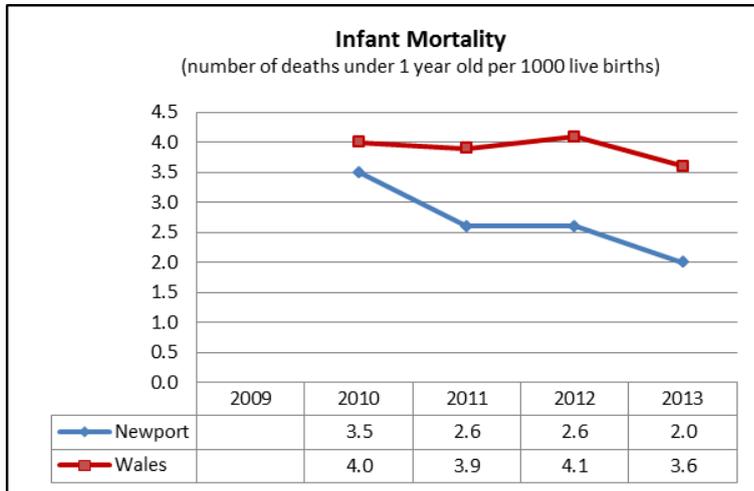
The UNICEF Baby Friendly Initiative in the Community is currently being undertaken by Aneurin Bevan University Health Board (ABUHB) on a pan Gwent basis. Both the Royal Gwent Hospital and Newport Flying Start programme are part of the UNICEF initiative. This initiative has had great success in raising breastfeeding rates in developed and developing countries alike, some of whom report 95% of women choosing to breast feed their babies at birth.

¹⁰ M K Minchin, 2003

Infant Mortality

Data Set (Population Indicator): Infant mortality rate

Data Source: [Welsh Government](#)



The infant mortality rate is the number of deaths in children aged less than one year as a rate per 1,000 live births in the same period. It is considered to be an important indicator of the level of health in a community and is associated with socio-economic deprivation. The main cause of infant mortality in a study of births in England and Wales was found to be premature birth (46%)¹¹. Other causes may include congenital anomalies, infections and sudden infant deaths.

The number of deaths under 1 year old (per 1000 live births) in Newport has decreased from 3.5 in 2010 to 2.0 in 2013. This is in contrast to the Wales average which has varied and reduced slightly from 4.0 to 3.6.

Evidence shows that some infant mortalities are linked to a range of factors including socio-economic deprivation¹¹, quality and access to antenatal care, maternal smoking and passive smoking, teenage pregnancies, maternal alcohol and substance misuse and nutrition and intake of folic acid.

In Newport there are a range of services and interventions that address the wider determinants of health that can result in infant mortality. These include:

- Maternity pathways to alcohol and substance misuse services, tobacco, diet and nutrition etc;
- Addressing teenage conceptions through schemes such as the local Condom Card scheme (C-Card);
- Maternity Smoking Cessation Service in Gwent;
- Developing the smoking cessation knowledge, skills and resources for maternity services;

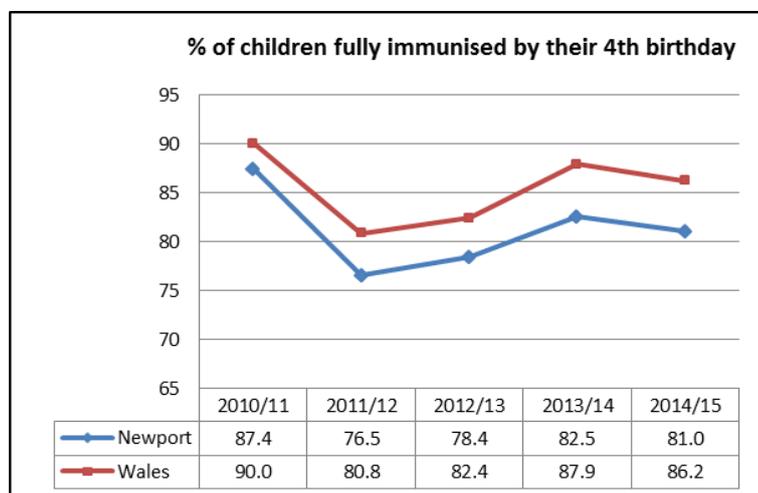
¹¹ National Public Health Service (NPHS), 2006

Early Years Vaccinations

Data Set (Population Indicator): Percentage of children fully immunised by their 4th birthday

Data Source: Public Health Wales - [Annual COVER Reports](#)

Overarching Theme: Tackling Poverty



Surveillance data on the uptake of scheduled childhood vaccinations is collected nationally by Public Health Wales on an annual and quarterly basis and reported via the COVER (Coverage of Vaccination Evaluation Rapidly Report). This provides a snapshot of uptake data at both the national and local levels. The reported data sets cover all UK routine childhood scheduled immunisations for children reaching key birthdays during the recording period.

Uptake of childhood immunisation during the early years of a child’s development is vital to ensuring that children build up immunity and resistance to infectious diseases that could make a child seriously ill or in some cases be fatal.

In Newport the rate in 2010/11 was 87.4%, this rate decreased to 76.5% in 2011/12. Since then an increase has been seen to 82.5% by 2013/14, then a slight decrease to 81.0% in 2014/15. This rate has remained below the Wales average which overall has decreased from 90.0% to 86.2%.

Generally uptake rates for early childhood vaccinations remain consistently high in Newport. This generally reflects the involvement of the health visitor and the regular input and contact that parents have with them. In the majority of cases the health visitors will undertake the vaccinations in most GP surgeries and are responsible for the follow up work with parents that have not taken their child for an immunisation. The health visitor’s role is also vital in making parents more aware of the needs for their child. Over the course of a child’s development health visitors develop a good rapport and relationship with the parents of the children on their caseload, so are effective in encouraging parents to take their children to be vaccinated.

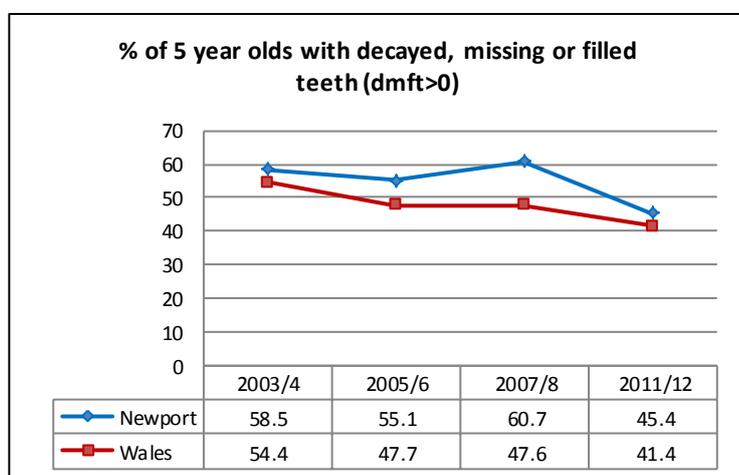
The Aneurin Bevan University Health Board (ABUHB) has provided training on vaccination to support clinical workers. This has increased staff capacity to deal effectively with patients who are ambiguous about taking up vaccinations. Such training has helped to support the clinical workers to confidently explain the facts associated with the vaccine to encourage parents to get their children immunised.

Due to the outbreak of measles in South Wales in 2013 a high profile campaign and extra MMR immunisation clinics have took place to encourage those that have not had the MMR jab to come forward.

Early Years Dental Health

Data Set (Population Indicator): Percentage decayed, missing or filled teeth greater than zero for 5 year olds / Percentage decayed, missing or filled teeth greater than zero for 12 year olds

Data Source: [Welsh Oral Health Information Unit](#)

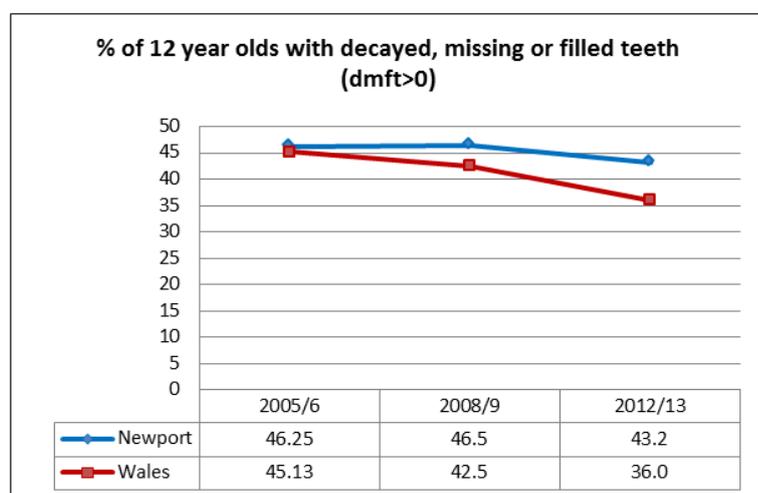


The Welsh Oral Health Information Unit (WOHIU) plans and delivers the British Association for the study of Community Dentistry (BASCD) co-ordinated national surveys of children and young people's oral health together with other epidemiological surveys of priority groups within Wales.

The levels of decayed, missing and filled teeth (dmft) varies by unitary authority, but as highlighted by the WOHIU survey, oral health status is clearly linked to levels of deprivation. The trends indicate that

children living in deprived areas are much more likely to experience decayed missing or filled teeth than children living in more affluent areas.

The percentage of 5 year olds with decayed, missing or filled teeth (dmft>0) has varied between 2003-04 and 2011-12 but the overall trend is a decrease from 58.5% to 45.4%. This rate is still above the Wales average which has decreased from 54.4% to 41.4%.



The percentage of 12 year olds with demft>0 has decreased from 46.25% in 2005/06 to 43.2% in 2012/13. This is still above the Wales average which has decreased from 45.13% to 36.0%. The most effective method of maintaining good oral health is the daily application of fluoride to the surface of the teeth (via tooth brushing with fluoride toothpaste). The avoidance of consuming sugary foods and sugary / fizzy drinks is also understood to be beneficial to oral health, as regular consumption of these foods and drinks are known to have detrimental

effects on teeth. The direct link between poor oral health and areas of deprivation is well documented, with wider lifestyle choices including poor dental hygiene and poor diet understood to be major contributing factors to poor oral health. In younger children, poor oral health may be related to a lack of parental awareness of the appropriate type of toothpaste and tooth brushing techniques, as well as appropriate consumption of food and drinks.

Recent improvements in dental health could relate to the "Designed to Smile" programme which is in place in targeted schools and pre-school settings in Newport. Designed to Smile is a Welsh Government Programme that aims to reduce the gap between the oral health of children from the most deprived and the least deprived families in Wales.

Designed to Smile

As can be seen in the tables below the number of settings and children taking part in the programme in Newport has increased year on year since 2009/10.

Supervised Tooth Brushing – Nursery to Year 2

Newport	No. of settings	No. of classes	Children eligible	Children brushing*	%
2009/10	8	-	-	211	-
2010/11	11	-	-	1072	-
2011/12	29	52	2311	2300	99.5%
2012/13	30	66	2615	2545	97.3%
2013/14	36	69	2510	2333	92.9%

*parental consent required for brushing

Oral Health Education Sessions

Newport	Nursery to Year 2			Year 3 to Year 6		
	No. of settings	Children eligible	Children taking part	No. of settings	Children eligible and taking place	Children taking part
2011/12	29	1828	1828	-	1121	1121
2012/13	30	3065	3065	-	1993	1993
2013/14	36	2510	2510	16	1939	1939

Fissure Sealant Programme – Year 2 and 3

Newport	No. of settings	No. of classes	No. on role	Children with parental consent	No. assessed	No. of teeth sealed
2012/13	17	34	1300	832	778	729
2013/14	17	34	1418	855	801	1632

Fluoride Varnish Applications

Newport	No. of settings	No. of classes	Children eligible	Children with parental consent	No. excluded due to medical grounds	No. of children receiving 1 application**	No. of children receiving 2 applications**
2011/12	-	36	1243	699	41	511	38
2012/13	33	-	2407	1381	66	1121	545
2013/14	16	56	2306	1676	89	556	893

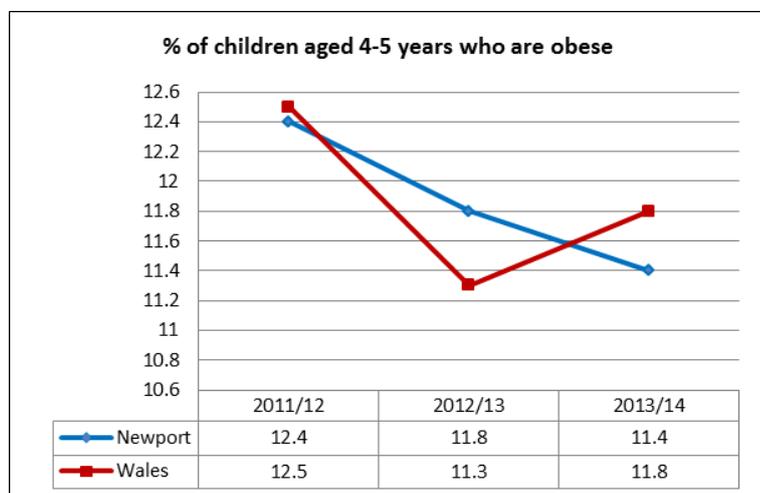
** six monthly

Childhood Obesity

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

Data Source: [Public Health Wales - Child Measurement Programme](#)

Overarching Theme: Tackling Poverty

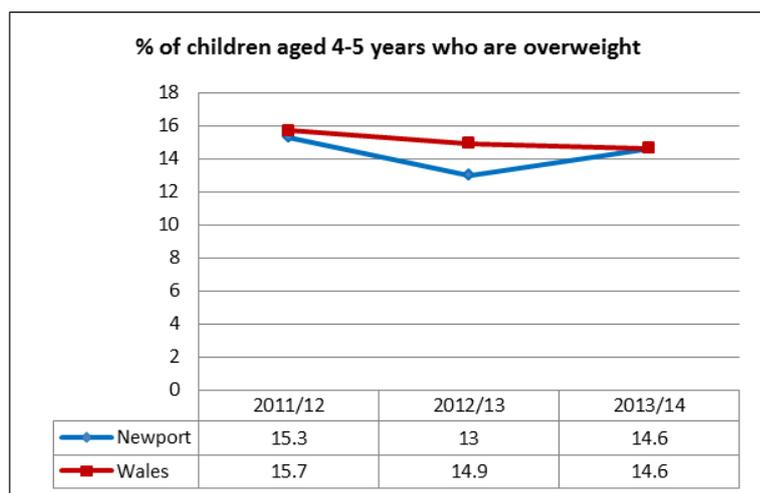


The Child Measurement Programme was implemented in reception year across Wales for the first time during the 2011/12 academic year so a trend is yet to be established. Prevalence rates were calculated using the age and sex-specific body mass index (BMI) centiles calculated using the British 1990 growth reference (UK90) (from a method proposed by Cole et al (1995)). The body mass index (BMI) was calculated using a method proposed by Keys et al (1972)¹².

Obesity can lead to a number of serious and potentially life-threatening diseases such as type 2 diabetes, heart disease, stroke and some types of cancer. In addition, obesity can affect your quality of life and can often trigger depression.

If obesity rates are not reduced, the costs of treating these illnesses will be a considerable burden to the NHS and will lead to an increased demand on a variety of Health and Social care services, which will be difficult to meet.

Obesity rates have tripled in the UK since the 1980s. In Wales, as in many other



countries, the proportion of adults and children who are not maintaining a healthy body weight is increasing. The UK Government Office for Science's Foresight report has predicted that by 2050, 9 out of 10 adults and two-thirds of children in the UK will be overweight or obese.

In Newport in 2011/12 the percentage of children aged 4-5 years who were obese was 12.4% this has decreased to 11.4 by 2013/14 which is below the Wales average which has varied over the same period the overall trend is a decrease from 12.5% to 11.8%. The percentage of children aged 4-5 years who were overweight has varied for Wales between 2011/12 and 2013/14 but the overall trend is a decrease from 15.3% to 14.6%. This is the same as the Wales average which has decreased from 15.7% to 14.6%.

The Foresight report¹³ referred to a "complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain."

- Biology - an individual's starting point; the influence of genetics and ill health;

¹² The Child Measurement Programme for Wales

¹³ Foresight report Oct 2007 – Tackling obesity: future choices

- Activity environment - the influence of the environment on an individual's activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- Physical activity - the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- Societal influences - the impact of society, for example the influence of peer pressure or culture, the media and education;
- Individual psychology - for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- Food environment - the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- Food consumption - the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet.

A number of partners have developed initiatives aimed at reducing the levels of obesity including:

- Communities First and its projects developed within the 'Healthier Communities' theme for example, the introduction of Fruit and Vegetable Co-ops and community activity sessions;
- Newport Live leisure centres working on increasing the numbers of people using their facilities and increasing the healthy food options available within their cafés;
- Newport Live Leisure Trust using market segmentation or social marketing to target particular sections of the population so that the messages displayed are more specific and effective at attracting them to use the services on offer;
- Healthy Schools Scheme;
- National campaigns, including Change 4 Life and food labelling.
- Families First – MEND 2-4 and 5-7

Areas of future development include:

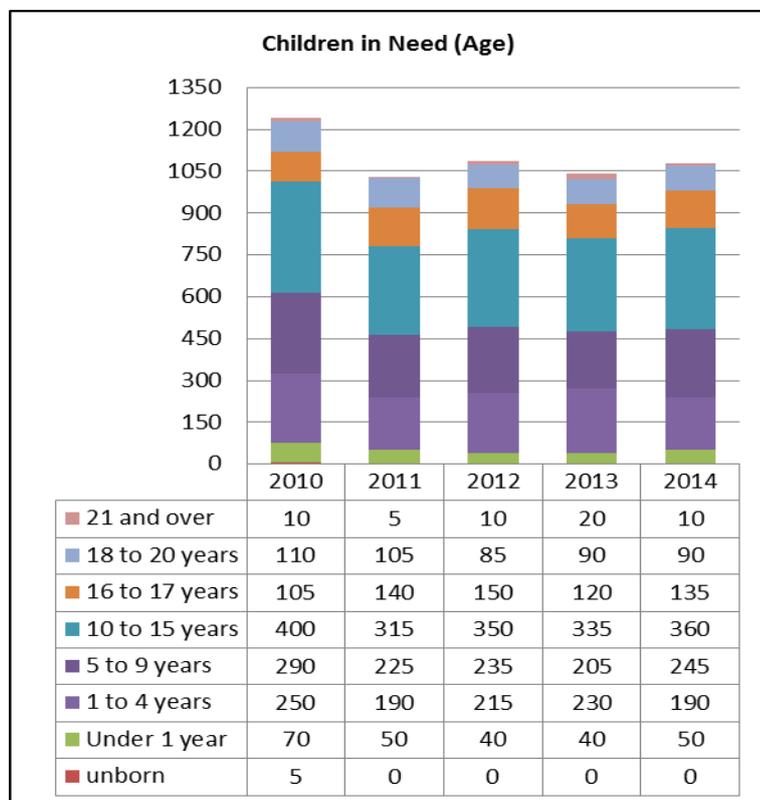
- Implementation of the draft Childhood Obesity Strategy for Gwent
- Improved partnership working with key stakeholders, to ensure that the commitment to reducing levels of obesity is embedded into local policies and plans;
- Target national campaigns (e.g. Change 4 Life) more effectively in an attempt to make individuals and organisations more likely to adopt healthy living messages.

Children in Need

Data Set (Population Indicator): Children in Need Age group / Category of Need / Educational Achievement / Health Surveillance

Data Source: Children in Need Census

Overarching Theme: Vulnerability



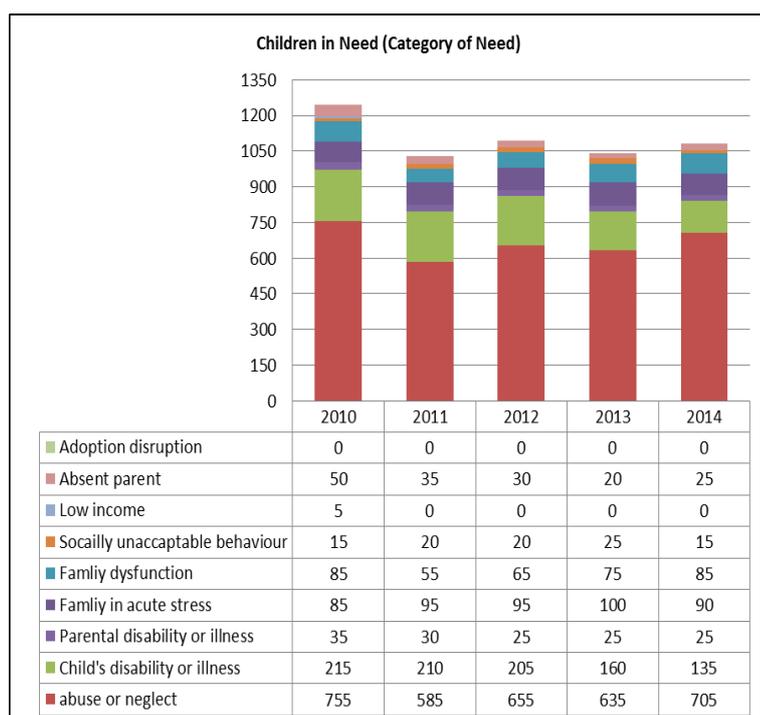
All the data in the Children in Need Census are derived from Children in Need Census returns submitted by Local Authorities and processed by the Welsh Government.

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach, or maintain a satisfactory level of health or development, or their health or development, will be significantly impaired, without the provision of services, or the child is disabled

There were 1,085 children in need included in the Census at 31 March 2014 in Newport. This is 325 per 10,000 children compared with the Wales average of 320.

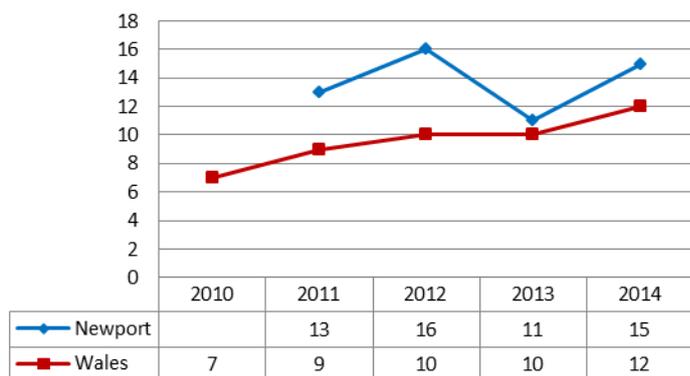
Of the 1,085, 560 (51.6%) were male and 525 (48.4%) were female. 485 (44.7%)

were under 10 year old, 495 (45.6%) were between 10 and 18 years, and 100 (9.3%) were 18 or over.



In 2014, the category of need for 705 (65.0%) was abuse or neglect, 135 (12.4%) child disability or illness, 25 (2.3%) parental disability or illness, 90 (8.3%) family in acute stress, 85 (7.8%) family dysfunction, 15 (1.4%) socially unacceptable behaviour and 25 (2.3%) absent parent.

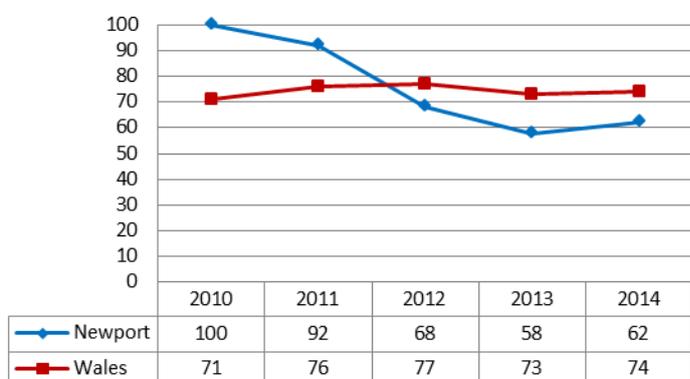
% of children with achieving the core subject indicator at key stage 4



One of the key issues is the difference in educational outcomes for children in need. There is a wide educational attainment gap between children in need and all pupils in Wales.

At core subject indicator key stage 4 level in Newport for Children in Need the rate has fluctuated and in 2014 stood at 15%, this is above the Wales Children in Need average of 12%. It must be noted that this rate is well below the Newport average as a whole which is 52.8%.

% of children with up-to-date child health surveillance checks (aged 0 to 5)

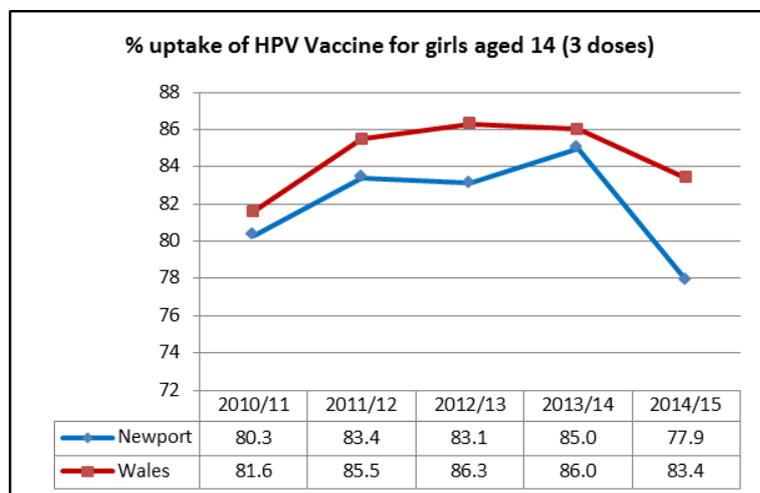


The percentage of children in need aged 0 to 5 with up to date health surveillance checks has decreased in Newport from 100% in 2010 to 62% in 2014. This is now below the Wales average which has increased slightly from 71% to 74%.

Teenage Immunisations & Vaccinations

Data Set (Population Indicator): Percentage uptake of complete 3 doses of HPV vaccine by 14th birthday / Percentage uptake of 3 in 1 teenage booster by 16th birthday.

Data Source: Public Health Wales - [Annual COVER Reports](#)

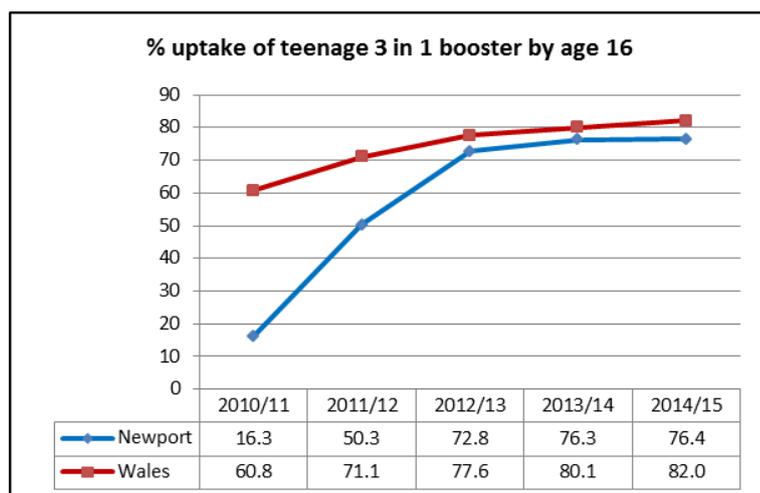


Human papilloma virus (HPV) vaccination protects girls against cervical cancer associated with HPV types 16 and 18. The routine HPV vaccination schedule consists of three doses, usually given to girls in school Year 8 at intervals of one to two months, then six months. This vaccine is a relatively new vaccine and was administered for the first time in 2008/9.

The uptake rate of the three doses of HPV vaccine in girls (reaching their 14th birthday) in Newport has increased from 80.3% in 2010/11 to 85.0% in 2013/14.

However in 2014/15 the rate has decreased to 77.9%. This rate has remained below the Wales average which has increased from 81.6% in 2010/11 to 86.3% in 2012/13 then decreased to 83.4% in 2014/15.

The data over the first few years shows there has been a significant improvement in the uptake rates of HPV vaccine in Newport with a decline last year. This is a picture that is mirrored across the rest of Wales. Improved uptake could be attributed to sustained public confidence and normalisation of the vaccine. A national media campaign that was targeted at young girls to promote the vaccine may have also encouraged more young girls to get vaccinated. The vaccine is administered in schools by school nurses, which has helped to target the majority of the population with the exception of young girls who are not in mainstream education (excluded pupils) and those in the Youth Offending Service. The implementation of a national media campaign supported by Public Health and the Welsh Government was effective along with the introduction of a catch up programme of young girls that missed their vaccination.



The 3 in 1 teenage booster by age 16 protects young people from Tetanus, Diphtheria and Polio. During a person's lifetime they require 5 doses of Tetanus, Diphtheria and Polio in order to build up and maintain immunity to these diseases. The first 3 doses of the vaccine are usually administered as a baby and the fourth around 3 years of age and the final dose between the ages of 13 to 18.

The uptake rate of the 3 in 1 teenage booster by age 16 in Newport has increased considerably from 16.3% in

2010/11 to 76.4% in 2014/15. This is now much closer to the Wales average which has increased from 60.8% to 82.0%.

Previous low uptake rates in Newport compared with the rest of Wales could be due to the way vaccines were administered up until 2010/11. For example, there is no recall system in place for teenage patients in

primary care centres for patients not getting vaccinated. A review by the Cochrane Library¹⁴ of patient reminder and recall systems identified that reminding patients to have vaccinations was an effective way of boosting uptake rates. The review found these observations to be true for both children and adults with the exception of one study on adolescents in an urban area.¹⁴ In the past administration of the booster was in GP surgeries. Since 2010/11 the booster has been given to teenagers aged 15/16 in schools by school nurses, which has also helped to boost take up rates.

A catch up programme has taken place to encourage young people who have missed initial vaccine. The implementation of the Get Protected promotional campaign in 2011 targeted young people in schools and primary care to raise awareness of the vaccine and encourage uptake.

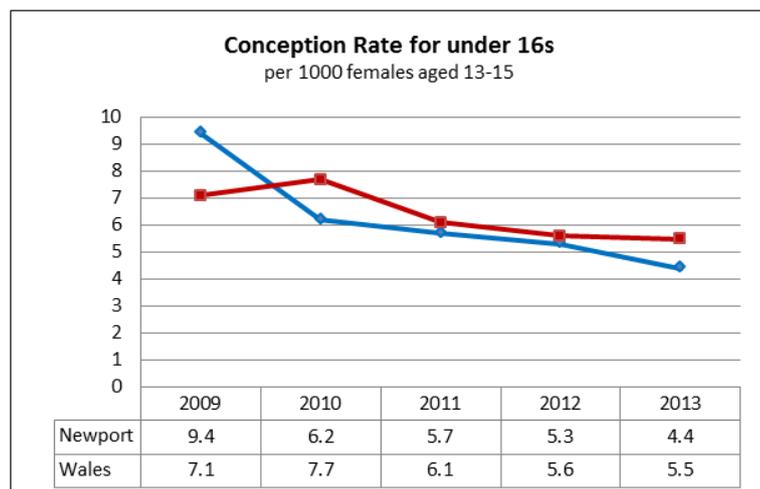
¹⁴ Jacobson Vann JC, Szilagyi P. [Patient reminder and recall systems to improve immunization rates](#). Cochrane Database of Systematic Reviews 2005, Issue 3

Teenage Conception Rates

Data Set (Population Indicator): Under 16 conception rate per thousand females aged 13-15 year old / Under 18 conception rate per thousand females aged 15-17 year old / Under 20 conception rate per thousand females aged 15-19 year old

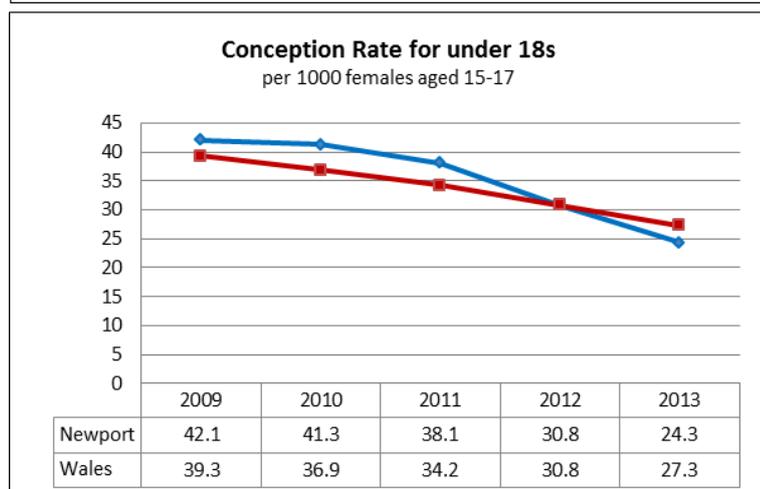
Data Source: [StatsWales](http://stats.wales.gov.uk)

Overarching Theme: Tackling Poverty



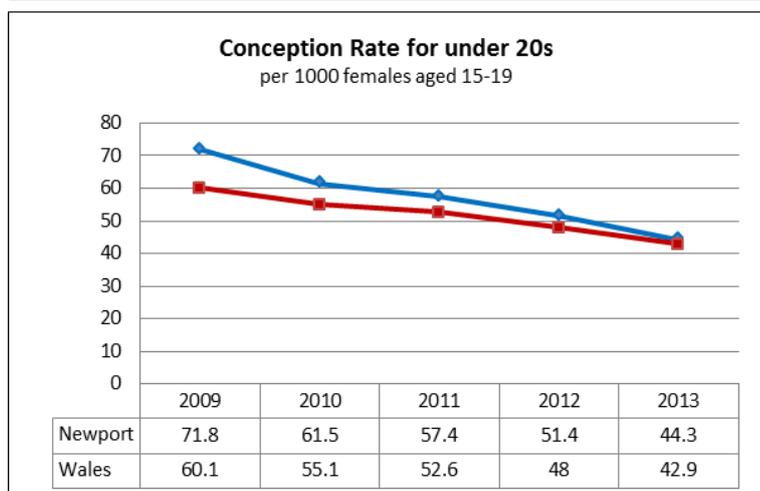
Teenage pregnancy is an important indicator associated with increased risk of poor social, economic and health outcomes for both mother and child. Teenage parents are more likely than their peers to live in poverty and unemployment.

Conception rates for under 16s in Wales are the highest in the UK but have reduced from 7.1 (per 1000 females aged 13-15) in 2009 to 5.5 in 2013. In Newport the rates have also reduced from 9.4 (26 conceptions) in 2009 to 4.4 (12 conceptions) in 2013 which is now below the Wales average.



Conception rates for under 18s in Newport have reduced from 42.1 (123 conceptions) per 1000 females aged 15-17 in 2009 to 24.3 (68 conceptions) in 2013. This is now below the Wales average which has reduced from 39.3 to 27.3.

Conception rates for under 20s in Newport have reduced from 71.8 (354 conceptions) per 1000 females 15-19 in 2009 to 44.3 (207 conceptions) in 2013. This has remained slightly above the Wales average which has also reduced from 60.1 to 42.9.



This gradual reduction in conception rates in Wales could be attributed to the increase in the use of long acting reversible contraception (LARCs) in teenagers.

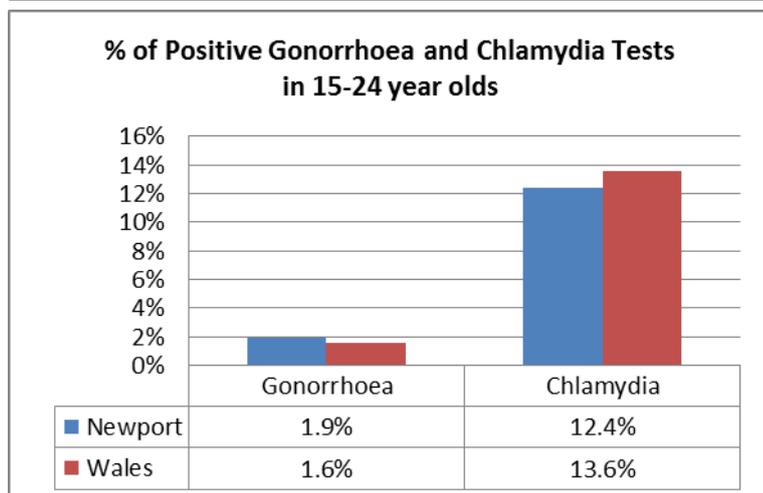
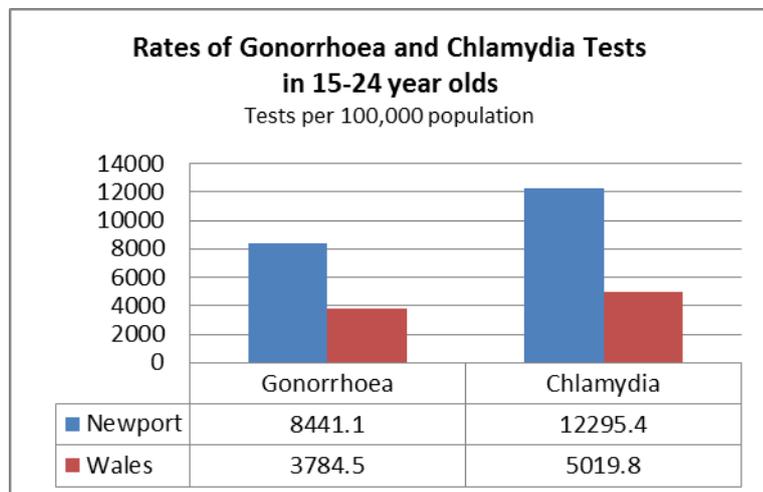
Initiatives are in place to increase the awareness and uptake of LARC through the "Empower to Choose" project and the standardisation of the C-Card scheme (free condom distribution service for

young people aged 13-25 years) across areas of Gwent.

Young People Sexual Health

Data Set (Population Indicator): Rates of Gonorrhoea and Chlamydia tests in 15-24 year olds and the percentage of those for which a positive diagnosis was reported.

Data Source: [Public Health Wales, HIV and STI trends in Wales – Surveillance Report December 2013](#)



Gonorrhoea is a sexually acquired infection caused by the bacterium *Neisseria gonorrhoeae*. After genital chlamydia, gonorrhoea is the second most common bacterial sexually transmitted infection in the UK.¹⁵ If treated early, gonorrhoea is unlikely to lead to any complications or long-term problems. However, without treatment it can spread to other parts of your body and cause serious problems. The more times that you have gonorrhoea, the more likely you are to get complications.

- In women, gonorrhoea can spread to the reproductive organs and cause pelvic inflammatory disease (PID). PID can lead to long-term pelvic pain, ectopic pregnancy and infertility.
- In men, gonorrhoea can cause painful infection in the testicles and prostate gland, which may lead to reduced fertility.¹⁶

Genital Chlamydia trachomatis is the most commonly diagnosed bacterial STI in the UK. Highest rates are seen in young people, especially men and women under

24 years. 10-30% of untreated infected women develop PID. A significant proportion of cases, particularly amongst women, are asymptomatic and so, are liable to remain undetected, putting women at risk of developing PID.¹⁵

This data has only been reported in this format for one year so a trend is yet to be established. The latest reported data shows that in Newport in 2012 there was 8441.1 Gonorrhoea tests per 100,000 population in 15-24 year olds and of those tests 1.9% were positive (approximately 160 per 100,000). This is above the Wales average of 3784.5 tests per 100,000 population of 15-24 year olds and 1.6% testing positive (approximately 60 per 100,000).

In Newport in 2012 there was 12295.4 Chlamydia tests per 100,000 population in 15-24 year olds and of those tests 12.4% were positive (approximately 1525 per 100,000). This is above the Wales average of 5019.8 tests per 100,000 population of 15-24 year olds and 13.6% positive (approximately 683 per 100,000).

To address the issue of sexually transmitted infections amongst the under 25s, a number of existing practices are in place. One such initiative is the Condom Card (C-Card) scheme that is widely used across

¹⁵ Public Health Wales Communicable Disease Surveillance Centre, HIV and STI Trends in Wales Surveillance Report April 2012

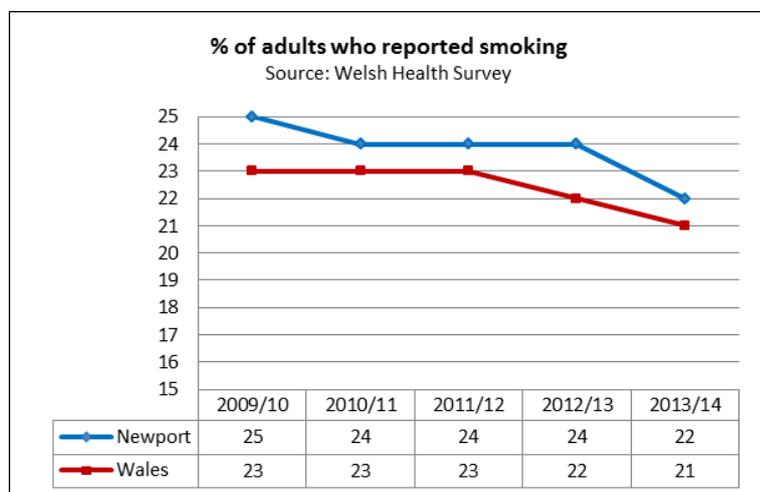
¹⁶ NHS Choices

Newport by young people to access free condoms by signing up for a C-Card. School nurses currently raise awareness of the C-Card in schools in Newport. In addition to the C-Card scheme a parenting guide has been produced that covers aspects of sexual health, alcohol, drugs, healthy living to enable parents to support their children.

Smoking

Data Set (Population Indicator): Percentage of adults who report as currently smoking

Data Source: [Welsh Health Survey](#)



Smoking is known as the single biggest avoidable cause of disease and early death in the UK. Smoking causes many serious and fatal diseases including lung cancer, heart disease, bronchitis and emphysema. It also causes many other cancers, respiratory diseases, strokes and can affect fertility.

The percentage of adults in Newport who smoke has reduced from 25% in 2009/10 to 22% in 2013/14. This is above the Wales average which has decreased from 23% to 21%. In Newport the rate for men in 2013/14 is higher at 24% and lower for women at 20%.

Rates are higher in Upper Super Output Area (USOA) W03000082¹⁷ at 26% and W03000083¹⁸ at 27% for the period between 2008-13.

The reduction in smoking has been driven mainly by the smoking ban which came in to force in 2006. A ban on selling cigarettes directly from vending machines came into force in Wales in February 2012. The Welsh Government imposed the ban after it emerged 10% of regular smokers aged 11-15 in the UK said they bought cigarettes from the machines regularly. In December 2012 cigarettes and tobacco products were removed from view in large shops / supermarkets and smaller shops by April 2015.

In addition the following services are place are:

- Smoking cessation service including Stop Smoking Wales and pharmacies offering Level 3 support;
- Annual national and local No Smoking Day and Stoptober campaigns;
- Local brief intervention training for professionals working with the general public;
- Prevention work with schools including ASSIST and Shakedown programme;
- Smoke Free Environments;
- Maternity prevention.

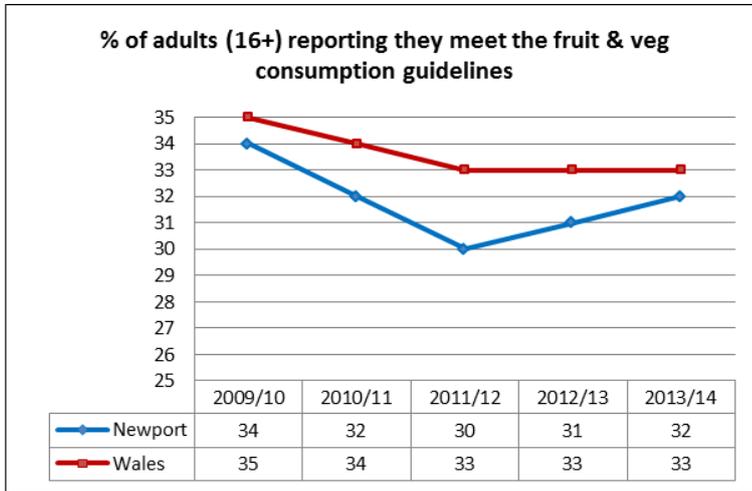
¹⁷ W03000082 contains Malpas, Bettws, Shaftesbury, Stow Hill, Allt-yr-yn and Pillgwenlly wards

¹⁸ W03000083 contains Lliswerry, St Julians and Victoria wards

Nutrition

Data Set (Population Indicator): Percentage of adults who report meeting fruit and vegetable consumption guidelines

Data Source: [Welsh Health Survey](#)



Respondents are asked a number of questions to ascertain how much fruit and vegetables they ate the previous day. From this the number of adults who meet consumption guidelines is calculated.

The consumption of fruit and vegetables as part of a balanced diet has the potential to have a significant positive impact on health. There are numerous protective factors attributed to eating 5 portions of fruit and vegetables a day, including a reduced risk of developing certain cancers and a reduced risk of

developing heart disease (dependent on other factors).

A healthy, balanced diet and regular physical activity are the best ways to maintain a healthy weight, and are key lifestyle choices to make in order to avoid becoming overweight or obese. With the increasing amount of people being diagnosed as obese or overweight in what has been described as an obesity epidemic, fruit and vegetables are a vital healthy food group to include as a daily staple of one's diet, as opposed to sugary and fatty foods which are known to lead to weight gain, and have the potential to cause further health problems. People who develop healthy eating habits early in life are more likely to maintain them in adulthood and have reduced risk of cardiovascular disease, cancer, type 2 diabetes and osteoporosis.¹⁹ This is why fruit and vegetable consumption from an early age is vital for the future health and wellbeing of the population.

The percentage of adults in Newport who report eating the recommended fruit and vegetable consumption guidelines has varied between 2009/10 and 2013/14, but the overall trend is a decrease from 34% to 32%. This rate has remained below the Wales average which has also decreased from 35% to 33%. In 2013/14 the rate for males and females in Newport was comparable at 32%. This rate varied slightly across Newport with the highest rate in USOA W03000084²⁰ at 34% between 2008 and 2013 and the lowest rate in USOA W03000082²¹ at 30%.

A combination of a number of complex factors may be responsible for the decrease of fruit and vegetable consumption in Newport in recent years. The following factors have been known to affect consumption:

- Availability of fresh and good value fruit and vegetables;
- Affordability of fresh fruit and vegetables in comparison with less healthy foods;
- Social factors including social and cultural desirability of eating fruit and vegetables;
- Familiarity and habit of not eating fruit and vegetables;
- Personal ideology including individual's importance placed on fruit and vegetable consumption;
- Lack of knowledge of health benefits associated with fruit and vegetable consumption;
- Obeseogenic environment and the appeal of affordable takeaways and fast food outlets in the city;

¹⁹(Mendelson & White, 1982: Welsh Health Organisation (WHO), 2004)

²⁰ USOA W03000084 contains Marshfield, Graig, Rogerstone, Gaer and Tredegar Park wards

²¹ USOA W03000082 contains Malpas, Bettws, Shaftesbury, Stow Hill, Allt-yr-yn and Pillgwenly wards

- Role of media and advertising of takeaways and fast food outlets.²²

A number of partners have developed initiatives aimed at increasing healthy eating including:

- Projects developed in Communities First areas within the 'Healthier Communities' theme e.g. the introduction of Fruit and Vegetable Co-ops;
- Local authority leisure centres working on increasing the healthy food options available within their cafés;
- Fruit and Vegetable co-ops in Newport City Council workplaces including the Civic Centre and Newport Leisure Centre;
- Foodwise Programmes being run by the Exercise Referral Scheme and Communities First.

Areas of future development include:

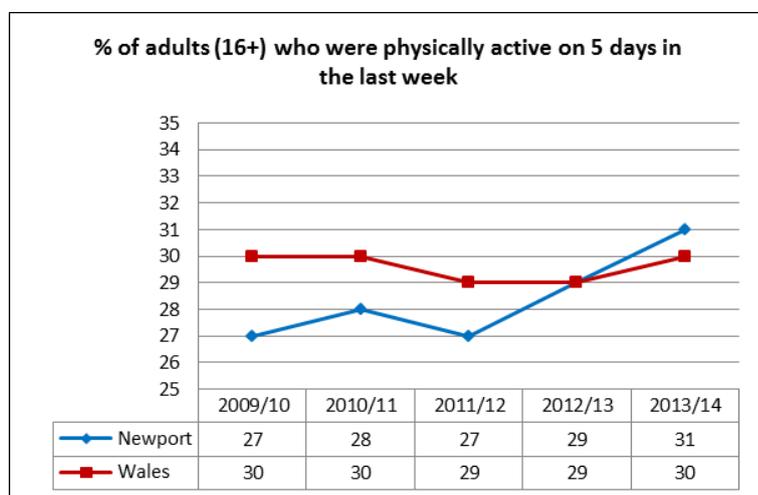
- Expansion of the Foodwise Programme;
- Improved partnership working with key stakeholders, to ensure that the commitment to improving levels of fruit and vegetable consumption is embedded into local policies and plans (e.g. Healthy Newport partnership);
- Target national campaigns (e.g. Change 4 Life) more effectively in an attempt to make individuals and organisations more likely to adopt healthy eating messages and engage in increased fruit and vegetable consumption.

²² J Pollard*, S. F. L. Kirk and J. E. Cade (2002). Factors affecting food choice in relation to fruit and vegetable intake: a review. *Nutrition Epidemiology Group, Nuffield Institute for Health, University of Leeds, 71–75 Clarendon Road, Leeds LS2 9PL, UK.*

Physical Activity

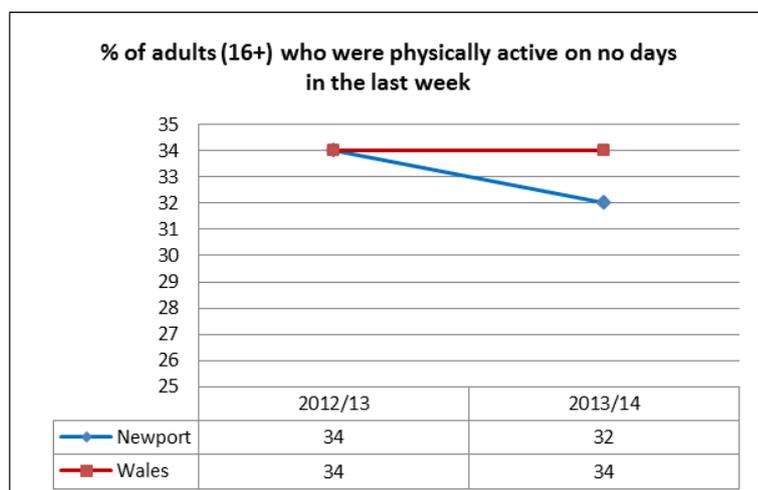
Data Set (Population Indicator): Percentage of adults who meet physical activity guidelines / Percentage of adults who were physically active on no days in the last week

Data Source: [Welsh Health Survey](#)



The data is sourced from the Welsh Health Survey. Respondents are asked how often and for how long in the last 7 days they have taken part in light, moderate or vigorous exercise/physical activity.

Regular physical activity can make an important contribution to improving quality of life for adults i.e. both physical and psychological.²³ Physical activity is a vital component in maintaining a healthy body weight and along with eating a healthy balanced diet, is the most effective way of avoiding becoming overweight or obese. Physical inactivity also known as sedentary behaviour is in itself a risk factor for numerous conditions such as high blood pressure and can contribute significantly to illnesses such as, heart disease, stroke, diabetes and some cancers.²⁴ Physical activity is also a very important factor in maintaining muscle and bone strength during adulthood; this is an important element of ageing healthily and reducing the risk of falls in old age.



Since 2009/10 the percentage of adults

meeting the physical activity guidelines in Newport has fluctuated. However, the general trend is an increase from 27% to 31% in 2013/14. This is now slightly above the Wales average which has remained relatively constant fluctuating between 29% and 30%. The rate is higher for males at 39% and lower for females at 23% in 2013/14. This rate also varies across Newport between 2008 and 2013 higher rates were reported in USOA W03000082²⁵ at 37% and W03000083²⁶ at 38%. In contrast these areas also have the highest rates of inactivity at 37% for W03000082 and 38% in W03000083.

The percentage of adults who were physically active on no days in the previous week was only collected for the first time during the 2012/13, so a trend is yet to be established. The percentage in Newport has decreased from 34% in 2012/13 to 32% in 2013/14. This is below the Wales average which has remained at 34% in both years.

A number of factors are known to contribute to the level and frequency of physical activity of adults, many of which may be specific to Newport:

²³ World Health Organisation, 2004

²⁴ Department of Health, 1993

²⁵ USOA W03000082 contains Malpas, Bettws, Shaftesbury, Stow Hill, Allt-yr-yn and Pillgwenlly wards

²⁶ USOA W03000083 contains Llisserry, St Julians and Victoria wards

- Environment we live in;
- Personal ideology - the perception of what it means to be physically active. Some research has suggested that people perceive sport as the only form of being physically active.
- Personal knowledge of the importance of physical activity;
- Time restraints - a lack of time is often a reason given by working aged adults and adults with families in particular;
- Financial restraints - similarly, a lack of finances to spend on exercise activities is often a reason given for lack of physical activity;
- Lack of knowledge of health benefits associated with physical activity;
- Social and cultural values placed on the importance of physical activity.²⁷

A number of partners have developed initiatives aimed at increasing the levels of physical activity including:

- Communities First and its projects developed within the 'Healthier Communities' theme e.g. the introduction of community activity sessions, etc;
- Newport Live leisure centres working on increasing the numbers of people using their facilities;
- Newport Live Leisure Trust utilising market segmentation or social marketing techniques, in order to target particular sections of the population with more effective and specific messages around physical activity;
- The National Exercise Referral Scheme working with the clients (16+) classified as sedentary or with a number of associated health risks. The scheme offers low cost prescribed exercise supported by exercise professionals over a set period of time, in order to increase the health and wellbeing of the population;
- Increase in the number of walking and cycling routes in Newport.

The areas of future development are:

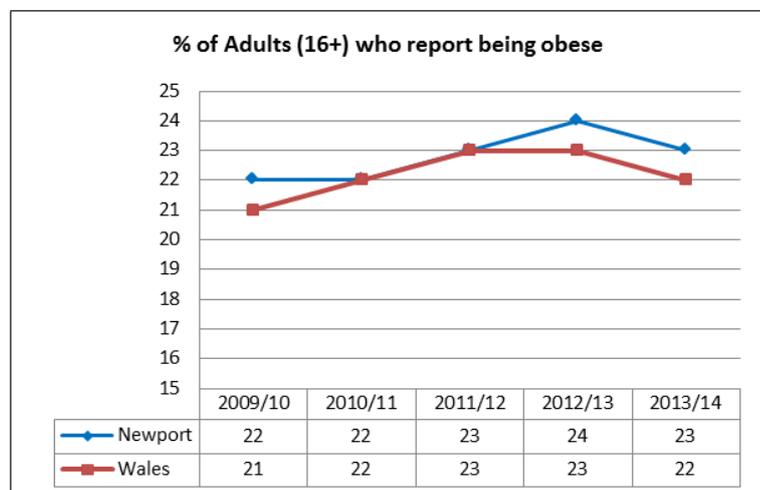
- Improved partnership working with key stakeholders, to ensure that the commitment to reducing levels of obesity is embedded into local policies and plans;
- Promotion of active travel opportunities;
- Target national campaigns (e.g. Change 4 Life) more effectively in an attempt to make individuals and organisations more likely to adopt healthy living messages.

²⁷ Carnegie Research Institute, Leeds Met University (2007). *The National Evaluation of LEAP: Final Report on the National Evaluation of the Local Exercise Action Pilots*. Prepared for the Department of Health, Countryside Agency and Sport England. Decloe, M.D., Kaczynski, A.T., Havitz, M.E. cited in National Recreation and Park Association (2009). [Social participation, flow and situational involvement in recreational physical activity](#). Haughton McNeill, L., Kreuter, M.W. and Subramanian, S.V. (2006). Social Environment and Physical activity: A review of concepts and evidence.

Overweight or Obese

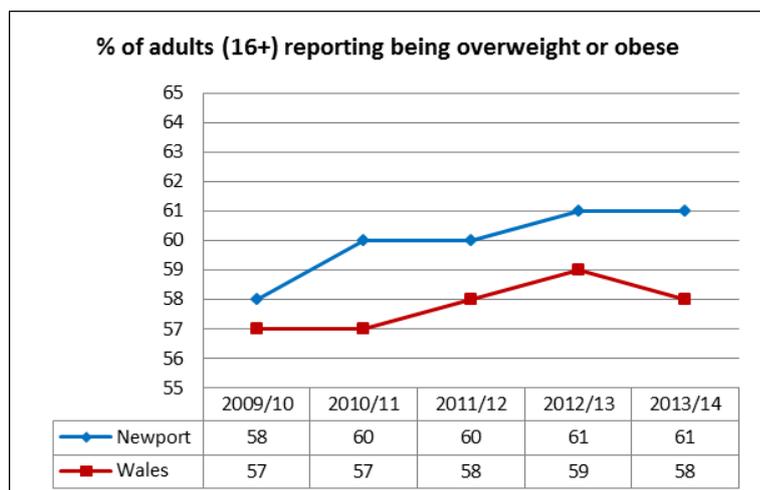
Data Set (Population Indicator): Percentage of adults (16+) reporting as obese / Percentage of adults (16+) reporting as overweight or obese

Data Source: [Welsh Health Survey](#)



This data is sourced from the Welsh Health Survey. Respondents are asked their height and weight and from these details a Body Mass Index (BMI) is calculated for each respondent. Those with a BMI of 30 or more are classed as obese. Those with a BMI of 25 or more are classed as overweight or obese.

Obesity can lead to a number of serious and potentially life-threatening diseases such as type 2 diabetes, heart disease, stroke and some types of cancer. In addition, obesity can affect your quality of life and can often trigger depression.



If obesity rates are not reduced, the costs of treating these illnesses will be a considerable burden to the NHS and will lead to an increased demand on a variety of Health and Social care services, which will be difficult to meet.

Obesity rates have tripled in the UK since the 1980s. In Wales, as in many other countries, the proportion of adults and children who are not maintaining a healthy body weight is increasing. The UK Government Office for Science's Foresight

report has predicted that by 2050, 9 out of 10 adults and two-thirds of children in the UK will be overweight or obese.

In Newport the percentage of adults that reported being obese has fluctuated between 2009/10 and 2013/14. However the overall trend is a slight increase from 22% to 23%. This rate is now above the Wales average which has also fluctuated with an overall trend increase from 21% to 22%.

In Newport the percentage of adults that report being overweight or obese has increased from 58% in 2009/10 to 61% in 2013/14. This is above the Wales average which has fluctuated with an overall trend of a slight increase from 57% to 58%. In 2013/14 the rate for males in Newport is higher at 65% and lower for females at 57%. This rate varied across Newport with the highest rate in USOA W03000081²⁸ at 62% between 2008 and 2013. However obesity alone is higher in W03000083²⁹ at 27% compared with the Newport average of 23%.

²⁸ USOA W03000081 contains Llanwern, Langstone, Caerleon, Beechwood, Alway and Ringland wards

²⁹ USOA W03000083 contains Lliswerry, St Julians and Victoria wards

The Foresight report³⁰ referred to a “complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain.”

- Biology - an individual’s starting point; the influence of genetics and ill health;
- Activity environment - the influence of the environment on an individual’s activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- Physical activity - the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day (see [Physical Activity](#));
- Societal influences - the impact of society, for example the influence of peer pressure or culture, the media and education;
- Individual psychology - for example a person’s individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- Food environment - the influence of the food environment on an individual’s food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- Food consumption - the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual’s diet (see [Nutrition](#));
- Increase in alcohol consumption and its association with higher calorie intake.

A number of partners have developed initiatives aimed at reducing the levels of obesity including:

- Communities First and its projects developed within the ‘Healthier Communities’ theme for example, the introduction of Fruit and Vegetable Co-ops and community activity sessions;
- Local authority leisure centres working on increasing the numbers of people using their facilities and increasing the healthy food options available within their cafés;
- Newport Live Leisure Trust using market segmentation or social marketing to target particular sections of the population so that the messages displayed are more specific and effective at attracting them to use the services on offer;
- The National Exercise Referral Scheme working with the clients (16+) classified as sedentary or with a number of associated health risks. The scheme offers low cost prescribed exercise supported by exercise professionals over a set period of time, in an attempt to improve the health and wellbeing of people referred to the scheme;
- Foodwise Healthy Eating Courses;
- Healthy Schools Scheme;
- National campaigns, including Change 4 Life and food labelling.

Areas of future development include:

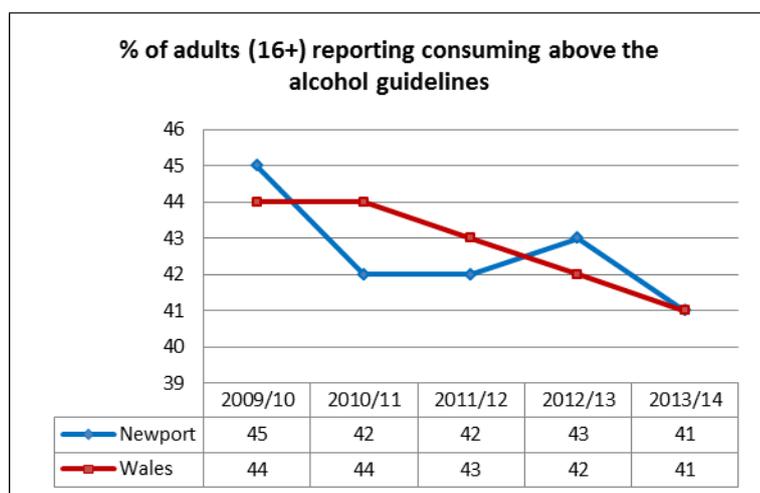
- Improved partnership working with key stakeholders, to ensure that the commitment to reducing levels of obesity is embedded into local policies and plans;
- Target national campaigns (e.g. Change 4 Life) more effectively in an attempt to make individuals and organisations more likely to adopt healthy living messages.

³⁰ Foresight report Oct 2007 – Tackling obesities: future choices

Alcohol Consumption

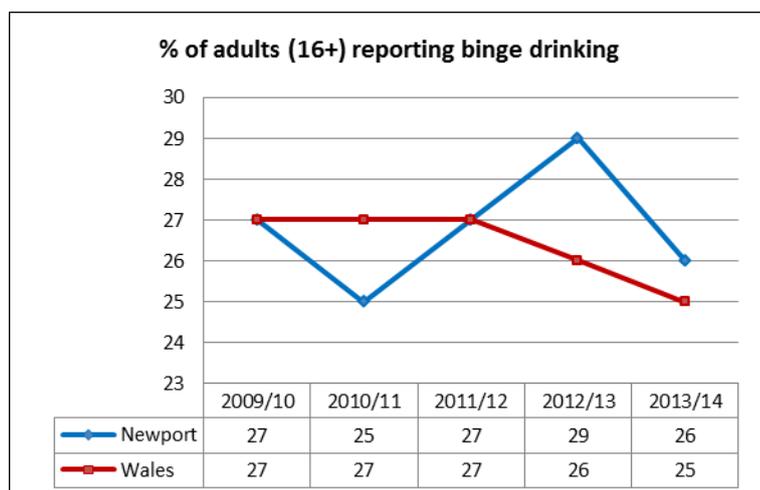
Data Set (Population Indicator): Percentage of adults who report drinking above the recommended guidelines / Percentage of adults who report binge drink

Data Source: [Welsh Health Survey](#)



In the survey respondents are asked a number of questions about how often they drink and how much they drink.

Alcohol consumption above recommended limits can lead to a range of conditions such as liver disease, reduced fertility, high blood pressure, increased risk of various cancers and cardiovascular diseases³¹. Too much alcohol can also cause chronic inflammation of the pancreas which can impair its ability to secrete insulin and ultimately lead to diabetes³².



Other problems that are linked to excess alcohol include: Assault, sexually transmitted infections, obesity, road traffic crashes, liver damage, unwanted pregnancy, falls and injuries, mental health problems, physical inactivity, self-harm, relationship problems, cancers, dental problems, homelessness, financial problems and workplace problems.³³

The percentage of adults who report drinking above the recommended guidelines in Newport has fluctuated between 2009/10 and 2013/14 but the

overall trend is a decrease from 45% to 41%. This is now comparable with the Wales average which has also decreased from 44% to 41%.

The rate for males in Newport is higher at 47% and lower for females at 35% in 2013/14. This rate also varies across Newport between 2008 and 2013 with higher rates reported in USOA W03000081³⁴ and W03000084³⁵ at 46%.

The percentage of adults who reported binge drinking in Newport has fluctuated between 2009/10 and 2013/14 but overall there has been a slight decrease from 27% to 26%. This is still above the Wales average which has decreased from 27% to 25%. The higher rate of binge drinking is in USOA W03000081 at 29% compared to the Newport average of 26% (between 2008 and 2013).

³¹ NHS Choices

³² American Diabetes Association

³³ Public Health Wales Website

³⁴ USOA W03000081 contains Llanwern, Langstone, Caerleon, Beechwood, Always and Ringland wards

³⁵ USOA W03000084 contains Marshfield, Graig, Rogerstone, Gaer and Tredegar Park wards

In the Welsh Health Survey the percentage of people reporting drinking over the consumption guidelines has reduced in recent years, however these rates are still relatively high in Newport and Wales and this is driven by a number of factors including:

- Cost - lower unit price for alcohol. e.g. supermarket drink promotions encourage drinking, happy hours in pubs
- Size of glasses
- Increased licensing hours for some establishments
- Increase of people drinking at home with the closure of many local pubs
- Increased availability / access to alcohol
- Increases due to high levels of unemployment and areas of deprivation
- Changes in culture, with the acceptability of drinking increased especially for women
- Size of individual premises as larger venues could increase social drinking
- Increase in acceptability of binge drinking e.g. stag/hen/birthday parties
- Glamourising of alcohol on TV and in films
- Harmful effects of alcohol are not reported in the media in the same way as other drugs
- Hospital being located in Newport could possibly increase hospital admissions

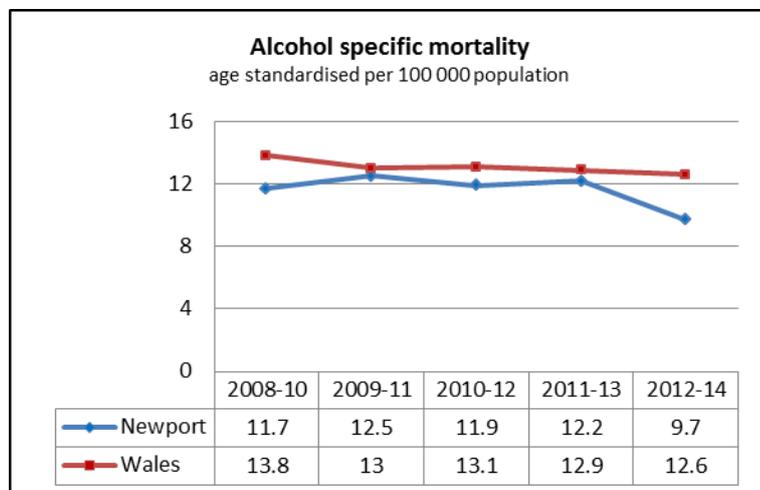
A number of partners have developed initiatives aimed at reducing the levels of alcohol misuse including:

- Campaigns such as 'Know Your Limits'.
- Awareness raising adults and young people
- Work with licensing of premises
- City centre policing
- Enforcement
- Parent Guide to Drugs and Alcohol
- Families First Counselling for Alcohol and Substance Misuse
- Gwent Area Planning Board has completed a detailed Substance Misuse Needs Assessment for Gwent. This is informing the commissioning process for Alcohol and Substance Misuse Services in Gwent.

Alcohol Deaths / Hospital Admissions

Data Set (Population Indicator): Alcohol Related Mortality / Alcohol Specific Hospital Admission
(European Age Standardised Per 100,000 Population)

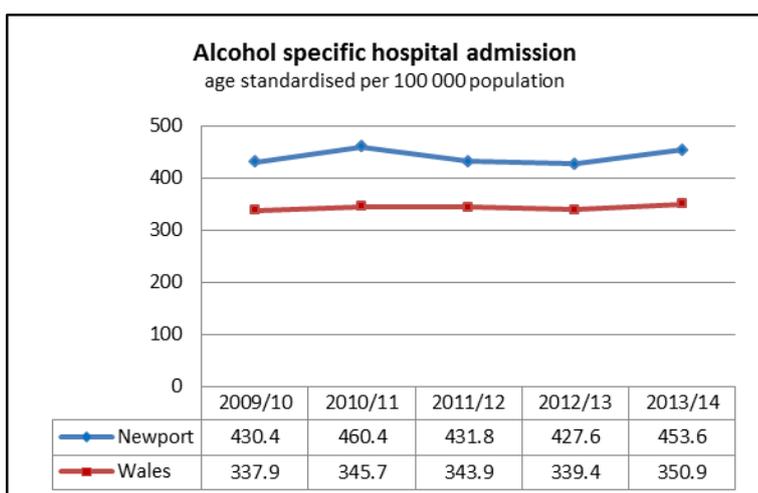
Data Source: [Health Map Wales](#) / NWIS



These datasets are European age standardised per 100,000 population. Alcohol related deaths follow the Office for National Statistics (ONS) definition of alcohol related deaths (which includes causes regarded as most directly due to alcohol consumption). Alcohol specific conditions are those that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose).

Alcohol consumption above recommended limits can lead to a range of conditions such as liver disease, reduced fertility, high blood pressure, increased risk of various cancers and cardiovascular diseases³⁶. Too much alcohol can also cause chronic inflammation of the pancreas which can impair its ability to secrete insulin and ultimately lead to diabetes³⁷.

The number of deaths per 100,000 population specific to alcohol in Newport has fluctuated between 2008/10 and 2012/14 but the overall trend is a decrease from 11.7 to 9.7. This is below the Wales average which has decreased slightly from 13.8 to 12.6.



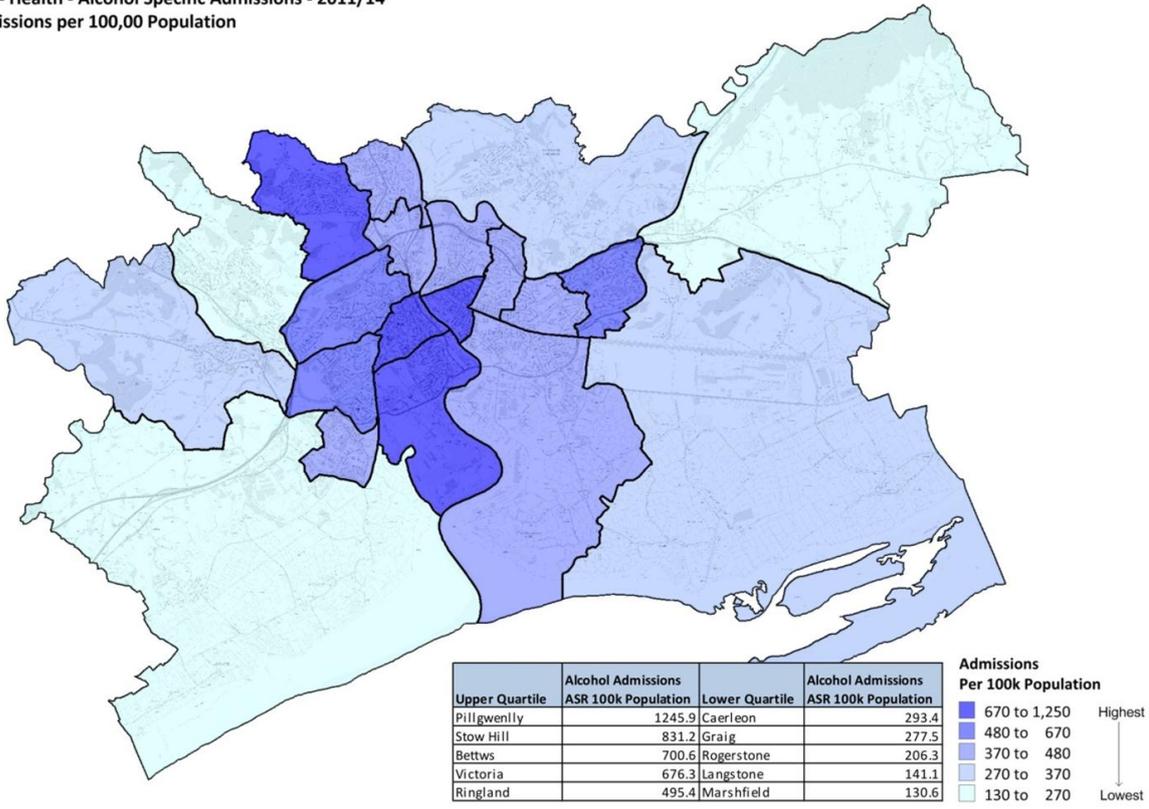
The number of alcohol specific hospital admissions (per 100,000 population) in Newport has increased from 430.4 in 2009/10 to 453.6 in 2013/14. This rate has remained well above the Wales average which has also increased overall from 337.9 to 350.9.

The rate of alcohol specific hospital admissions (per 100,000 population) is higher in some wards in Newport than others. The wards with rates consistently above the Wales and Newport averages between 2005-08 and 2011-14 are Bettws, Gaer, Pillgwenlly, Ringland, Stow Hill and Victoria. The wards with rates consistently below the Newport and Wales averages are Marshfield and Rogerstone. The map overleaf shows the wards that have the highest and lowest rates in 2011-14.

³⁶ NHS Choices

³⁷ American Diabetes Association

NHS - Health - Alcohol Specific Admissions - 2011/14
Admissions per 100,00 Population

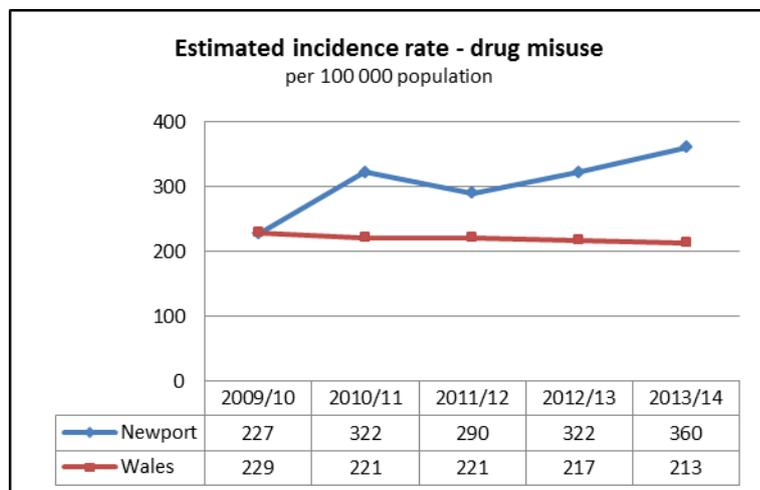


See [Alcohol Consumption](#) for more information.

Drug Misuse - Estimated Incidence Rates

Data Set (Population Indicator): Estimated Incidence – Drug Misuse Rates

Data Source: StatsWales



These estimated incidence rates per 100,000 population are calculated using data only related to people presenting to treatment services for drug misuse and these may constitute only a proportion of all misusers.

All drugs carry risks and it is not always known how an individual will react to a drug. Drugs can be broadly divided into three categories based on their main effects. They may act solely as stimulants, as depressants or as hallucinogens (also known as psychedelics).

Quite a few drugs have mixed effects. Many show two effects at the same time, and can then be described either as stimulant hallucinogens (for example, ecstasy) or as depressant hallucinogens (for example, cannabis).

Stimulants make you feel alert and like you have lots of energy and confidence. However, they can put pressure on your heart and there is a risk of heart failure. They include cocaine, speed, ecstasy, and mephedrone. Depressants make you feel relaxed and chilled out but they can slow down your heart rate and breathing which can be fatal. They include alcohol, tranquillisers, heroin and cannabis. Hallucinogens can make you view reality in a distorted way - your sense of movement and time can speed up or slow down and you might see vivid distortions, illusions or hallucinations (seeing things that are there). They include LSD and magic mushrooms. In addition to these 3 broad categories, each particular drug has its own specific effects and risks. Some drugs are quite new and their harms may not yet be fully known.³⁸

The rate of substance misusers presenting for treatment per 100,000 population in Newport has varied between 2009/10 and 2013/14 but the overall trend is a slight increase from 227 to 360. This rate is above the Wales average which has reduced slightly from 229 to 213.

Gwent Area Planning Board has completed a detailed Substance Misuse Needs Assessment for Gwent. This informed the commissioning process for Alcohol and Drug Misuse Services in Gwent.

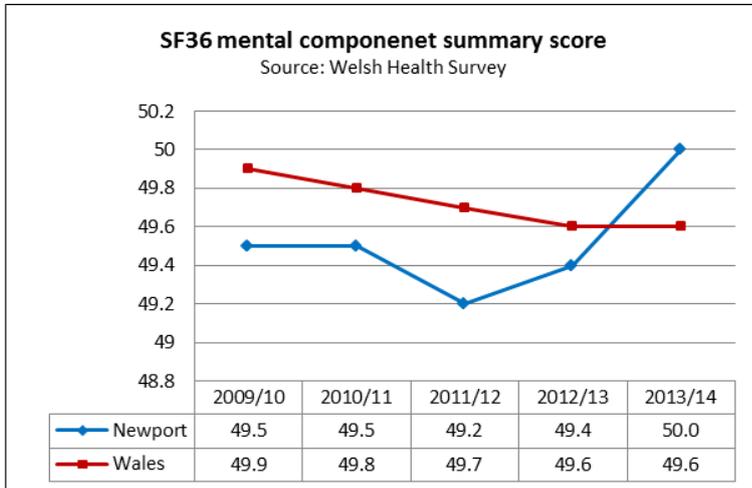
³⁸ FRANK

Mental Wellbeing / Mental Health

Data Set (Population Indicator): SF36 Mental Component Summary Mean Score / Percentage of adults being treated for mental illness

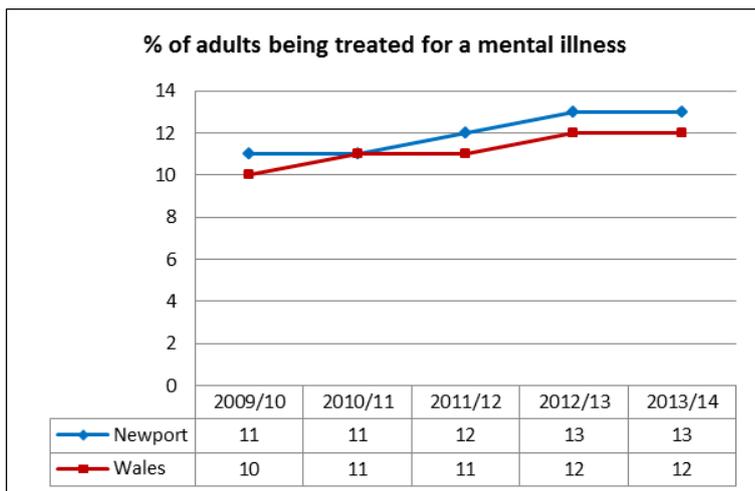
Data Source: [Welsh Health Survey](#)

Overarching Theme: Vulnerability



The SF36 score is derived from a number of self-assessed questions within the Welsh Health Survey asking respondents about their mental health and the impact on their lives. A higher score indicates better mental health.

Mental health and wellbeing can affect a wide range of factors in our lives including forming and sustaining relationships, going to work and school, being able to participate in leisure activities and feeling part of the wider community.



The SF36 mental component summary score for Newport has fluctuated between 2009/10 and 2013/14, but the overall trend is an increase from 49.5 to 50.0. This rate is now above the Wales average which has decreased from 49.9 to 49.6.

The percentage of adults being treated for a mental illness in Newport has increased from 11% in 2009/10 to 13% in 2013/14. This is slightly above the Wales average which has increased from 10% to 12%.

The health and wellbeing of individuals and communities is influenced by a wide range of social, environmental and economic factors as well as individual genetics, behaviours and experiences. It has been widely established that some health determinants can improve mental health, while some can increase the risk of poor mental health.³⁹ For example, protective factors for mental health may include supportive friends and family, good quality housing, feeling safe and part of a community, accessible leisure opportunities and availability of support for major life transitions. Risk factors for poor mental health may include social isolation, unemployment, social or cultural discrimination, lack of accessible services or leisure opportunities and low self-esteem.⁴⁰

A number of factors could be driving the lower rate of SF36 score in Newport. These include:

- Deprivation – there are a number of deprived areas in the Newport;
- Current recession and the reduction in regeneration funding;
- Environmental factors;
- Substance misuse including alcohol;

³⁹ Kazdin and Kagan, 1994

⁴⁰ National Public Health Service (NPHS), 2008

- Poor diet and lack of physical activity;
- Urban environment increasing isolation and lack of social networks.

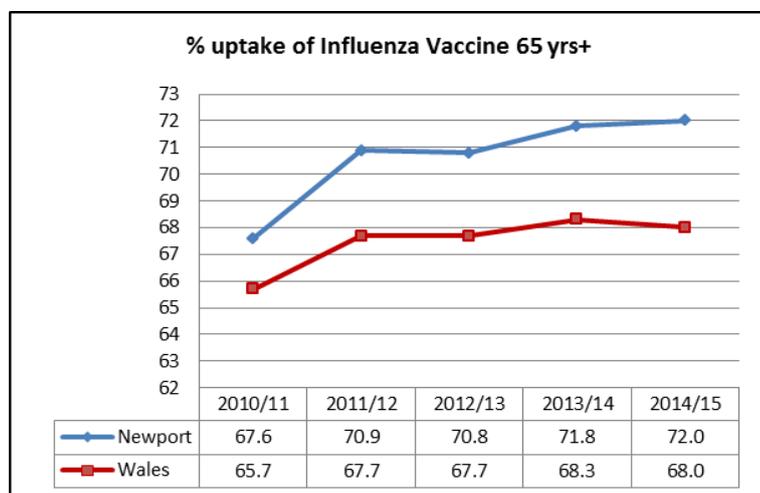
Partners have developed initiatives including:

- Five Ways to Wellbeing;
- Mental Health First Aid (training for front line professionals);
- Scheme to get people with a mental health illness back in to work (Job Centre Plus);
- Helping people with mental illness into volunteering and work (Hafal and Gofal);
- Targeting raising awareness through parenting programmes and networks;
- Social and Emotional Aspects of Learning (SEAL) programme;
- Hospital to Home Scheme to prevent those admitted to hospital losing their accommodation (funded through Supporting People);
- Befriending for those with dementia (Alzheimer's Society);
- Good Neighbours Scheme for older people (WRVS - volunteer services supporting older people);
- Lunch clubs for older people;
- Day centres for older people;
- Kensington Court day centre.

Influenza Immunisations & Vaccinations

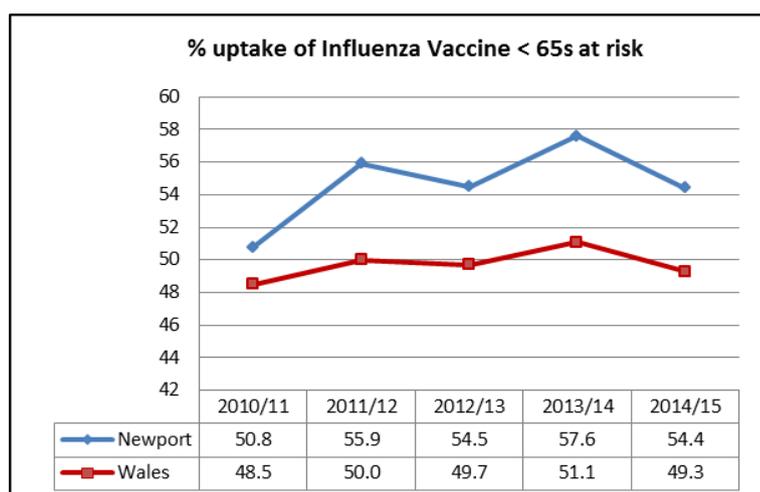
Data Set (Population Indicator): Percentage uptake of influenza immunisation – aged 65 and over / Percentage uptake of influenza immunisation – under 65 and at risk

Data Source: Public Health Wales - [Annual COVER Reports](#)



In Wales and the UK, the flu jab is routinely offered free to people considered to be more at risk of developing complications from contracting flu. You are eligible for a free flu vaccine if you:

- are 65 years of age or over;
- are pregnant;
- have a serious medical condition (see below);
- are having a treatment that suppresses the immune system such as chemotherapy.



Medical conditions include:

- chronic (long-term) respiratory disease;
- chronic heart disease;
- chronic kidney disease;
- chronic liver disease;
- chronic neurological disease, such as stroke, TIA, polio syndrome;
- diabetes;
- Weakened immune system due to conditions, such as HIV or AIDs.

Influenza or flu is a highly infectious acute viral infection, affecting people of all ages, mainly during the winter months⁴¹. Flu remains one of the most serious vaccine preventable diseases in the UK today. The disease itself causes a great burden on an overstretched NHS in winter months and can lead to increased mortality in vulnerable groups.

The uptake in Newport of the flu vaccination for those 65 and over has increased from 67.6% in 2010/11 to 72.0% in 2014/15. This is above the Wales average which has increased from 65.7% to 68.0%. For those at risk under 65 the uptake has varied but overall there is an increase from 50.8% to 54.4%. This is above the Wales average which has increased slightly from 48.5% to 49.3%.

Increases in uptake have been seen in recent years due to:

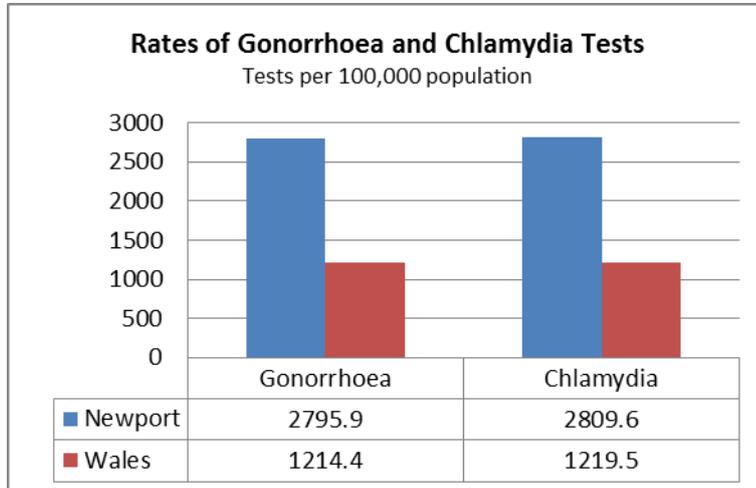
- Promotional campaigns;
- Investigating and evaluating problems with data recording mechanisms to ensure improved reporting;
- An increased coverage in the media due to concerns of pandemic flu;
- The development of a Welsh NHS intranet resource to support all professionals who provide or manage immunisation services and Immunisation Conferences.

⁴¹ Public Health Wales

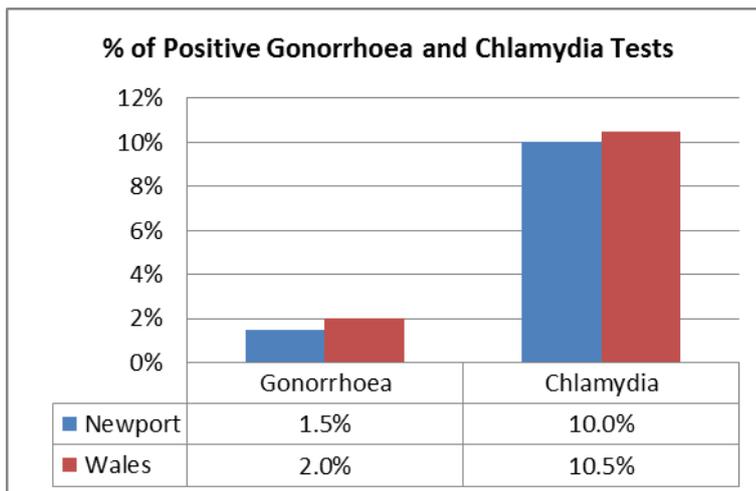
Adult Sexual Health

Data Set (Population Indicator): Rates of Gonorrhoea and Chlamydia tests and the percentage of those for which a positive diagnosis was reported.

Data Source: [Public Health Wales, HIV and STI trends in Wales – Surveillance Report December 2013](#)



Gonorrhoea is a sexually acquired infection caused by the bacterium *Neisseria gonorrhoeae*. After genital chlamydia, gonorrhoea is the second most common bacterial sexually transmitted infection in the UK.⁴² If treated early, gonorrhoea is unlikely to lead to any complications or long-term problems. However, without treatment it can spread to other parts of your body and cause serious problems. The more times that you have gonorrhoea, the more likely you are to get complications.



- In women, gonorrhoea can spread to the reproductive organs and cause pelvic inflammatory disease (PID). PID can lead to long-term pelvic pain, ectopic pregnancy and infertility.
- In men, gonorrhoea can cause painful infection in the testicles and prostate gland, which may lead to reduced fertility.⁴³

Genital Chlamydia trachomatis is the most commonly diagnosed bacterial STI in the UK. Highest rates are seen in young people, especially men and women

under 24 years. 10-30% of untreated infected women develop PID. A significant proportion of cases, particularly amongst women, are asymptomatic and so, are liable to remain undetected, putting women at risk of developing PID.⁴²

This data has only been reported in this format for one year so a trend is yet to be established. The latest reported data shows that in Newport in 2012 there was 2795.9 Gonorrhoea tests per 100,000 population and of those tests 1.5% were positive (approximately 42 per 100,000). This is above the Wales average of 1214.4 tests per 100,000 population with 2.0% testing positive (approximately 24 per 100,000).

In Newport in 2012 there was 2809.6 Chlamydia tests per 100,000 population and of those tests 10.0% were positive (approximately 281 per 100,000). This is above the Wales average of 1219.5 tests per 100,000 population with 10.5% positive (approximately 128 per 100,000).

The Cordel Gum clinic at the Royal Gwent Hospital offers sexual health and contraception advice and screening and treatment for sexually transmitted infection and blood-borne viruses.

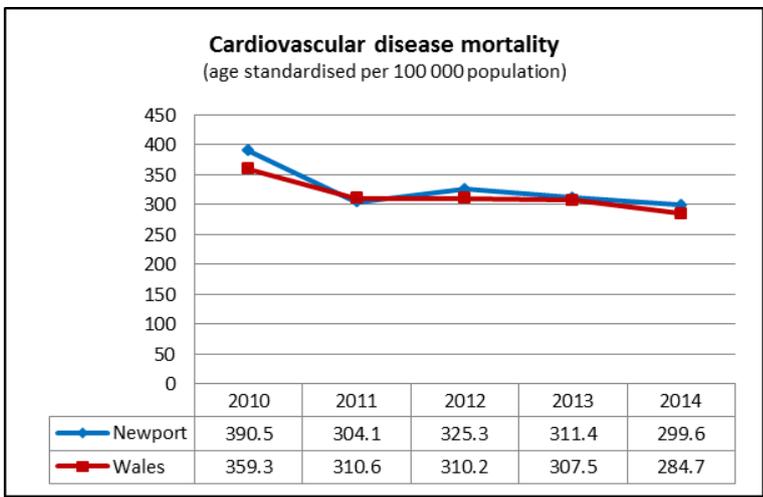
⁴² Public Health Wales Communicable Disease Surveillance Centre, HIV and STI Trends in Wales Surveillance Report April 2012

⁴³ NHS Choices

Cardiovascular Disease

Data Set (Population Indicator): All cardiovascular disease (CVD) mortality (age standardised) per 100,000 population

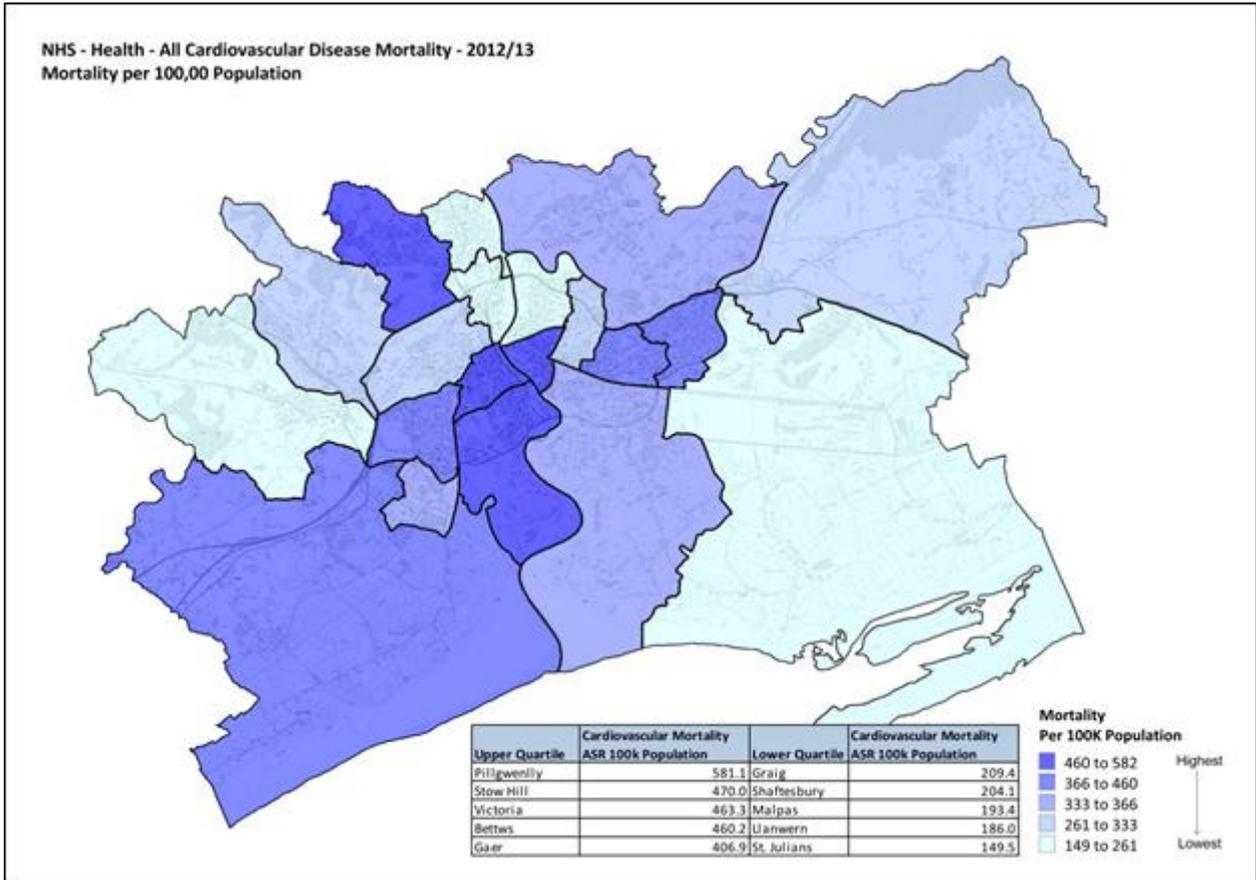
Data Source: [Health Map Wales / NHS Wales Information Service \(NWIS\)](#)



Cause of death is based on the underlying cause of death as provided on the individual's death certificate. There are four main types of CVD. These are coronary heart disease, stroke, peripheral arterial disease and aortic disease. CVD is a big health problem and the leading cause of death both in the UK and worldwide.⁴⁴

The number of deaths due to CVD (age standardised per 100,000 population) in Newport have decreased from 390.5 in 2010 to 299.6 in 2014. This is above the

Wales average which has reduced from 359.3 to 284.7.



The rate of deaths from CVD (age standardised per 100,000 population) is higher in some wards in Newport than others. The map above shows the wards that have the highest and lowest rates in 2012-13. However, it should be noted that the wards with rates consistently above the Wales and Newport averages between

⁴⁴ NHS Choices

2004-05 and 2012-13 are Bettws, Pillgwenlly, Ringland and Victoria. The wards with rates consistently below the Newport and Wales averages are Graig and St Julians.

There are nine main risk factors for CVD. These are:

- smoking;
- poor diet;
- lack of exercise or physical activity;
- being overweight or obese;
- excessive alcohol consumption;
- stress;
- high blood pressure - Increased risks include:
 - Family history of high blood pressure;
 - Age – the risk of developing high blood pressure increases as you get older;
 - Ethnic Group - African or Caribbean origin;
 - Lifestyle factors such as high amount of salt in your food, lack of physical activity, being overweight or obese , smoking and drinking large amounts of alcohol;
- High blood cholesterol - increased risks include:
 - Family history of a cholesterol related condition or early heart disease or stroke;
 - Age - The older you are, the greater the likelihood of your arteries narrowing;
 - Ethnic group - Indian, Pakistani, Bangladeshi or Sri Lankan descent;
 - Lifestyle factors including an unhealthy diet, lack of physical activity, obesity, excessive amounts of alcohol and smoking
- Diabetes - The rapid rise in the number of adults developing type 2 diabetes is due to increasing levels of obesity, a lack of physical activity, increase in unhealthy diets and an ageing population.

Many of the risk factors are linked, which means that if you have one of the risk factors you are also likely to have others.⁴⁵

A study of 2,500 men over 35 years which started in 1979 showed that those following four or five of the following healthy lifestyle behaviours were 60% less likely to have heart attacks and strokes. The lifestyle behaviours included not smoking, a low BMI (18-25), meeting the physical activity guidelines, a low fat diet combined with consuming five portions of fruit and vegetables a day and alcohol intake within recommended guidelines.⁴⁶

The reduction in CVD mortality could be partly due to reduction in smoking levels (see [Smoking](#)). All of the other risk factors listed above are not improving (see [Overweight & Obese](#), [Physical Activity](#), and [Nutrition](#)) in the Newport area. This does suggest that the reduction in mortality could be partly due to improvements in treatment and medicines for these conditions.

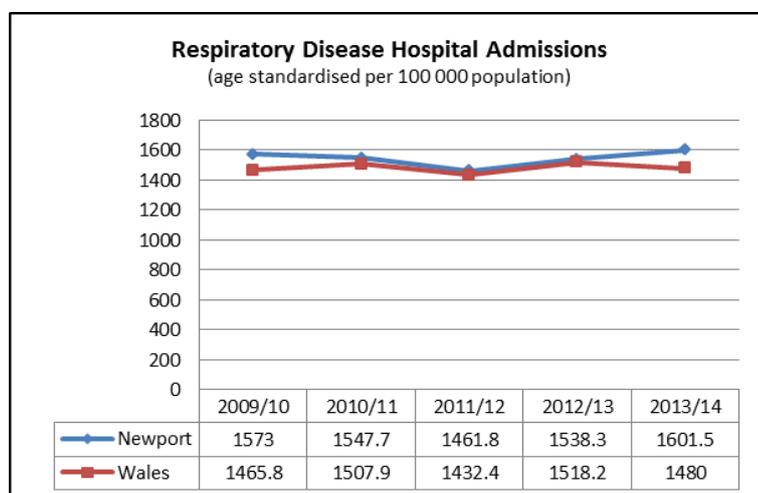
⁴⁵ NHS Choices

⁴⁶ Caerphilly Cohort Study, Prof Peter Elwood

Respiratory Illness

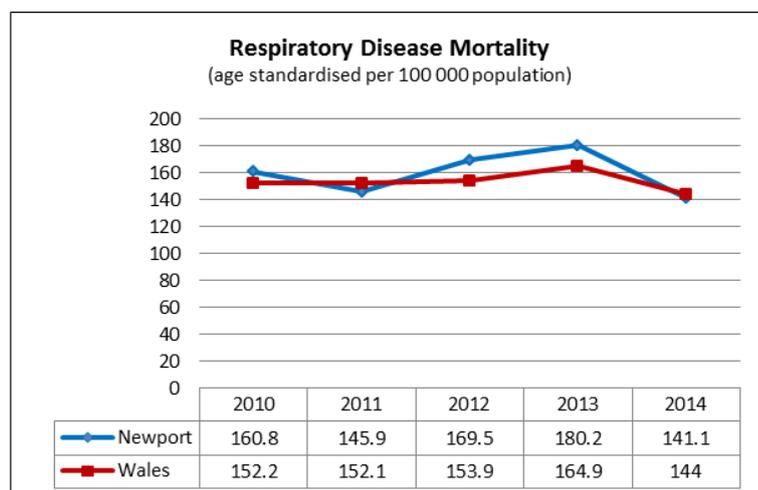
Data Set (Population Indicator): Respiratory disease emergency hospital admissions (age standardised per 100,000 population)

Data Source: [Health Map Wales /NHS Wales information Service \(NWIS\)](#)



Hospital emergency admission are all emergency hospital admissions where patient class = 1 (ordinary inpatient) or 2 (day case), admission method = 21, 22, 23, 24, 25, 27, 28 or 29 (emergency admission). Figures are European age-standardised rates for all respiratory diseases.

The number of hospital admissions per 100,000 population due to respiratory disease has varied, but the overall trend is an increase from 1573.0 in 2009/10 to 1601.5 in 2013/14. This rate has remained above the Wales average which has increased from 1465.8 to 1480.0.



The number of deaths per 100,000 population has varied, but the overall trend is a decrease from 160.8 in 2010 to 141.1 in 2014. This has reduced towards the Wales average which has decreased from 152.2 to 144.0.

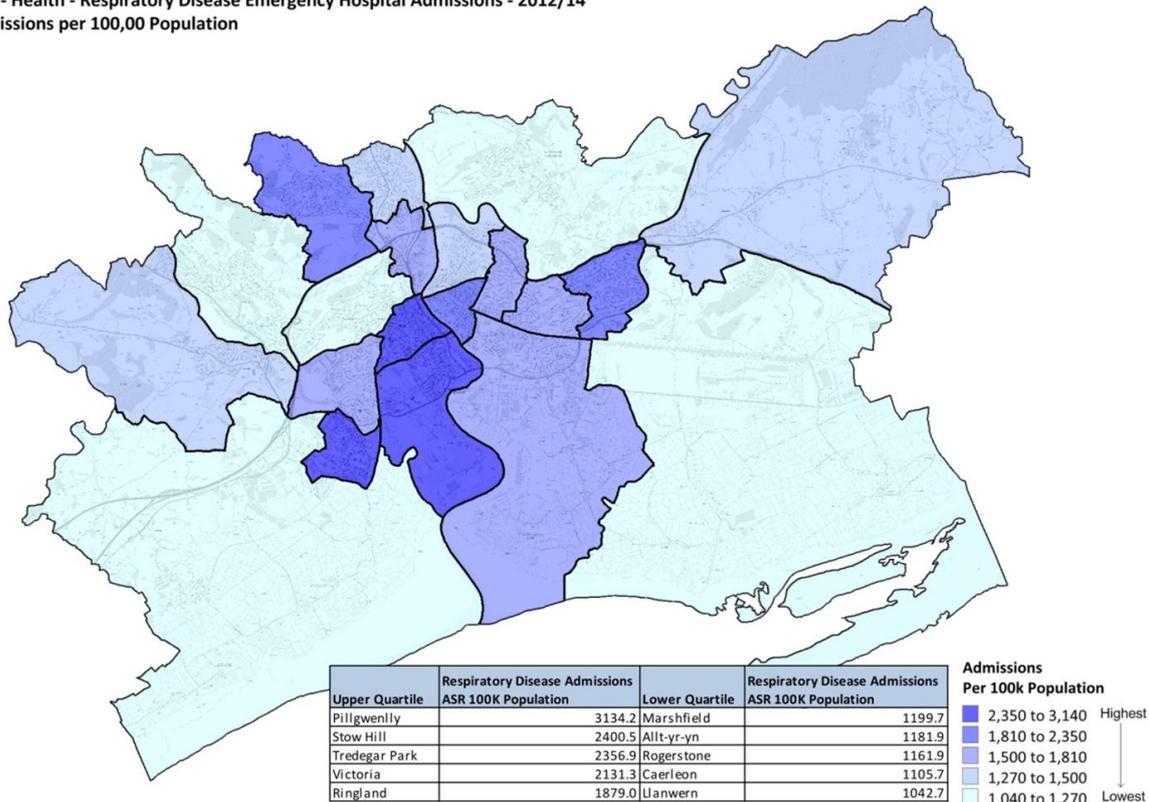
Respiratory disease is a common cause of ill health, hospitalisation and death. It includes pneumonia, lung diseases due to external agents such as coal miners' pneumoconiosis, chronic lower

respiratory diseases such as emphysema, asthma, chronic obstructive and pulmonary disease and acute upper and lower respiratory tract infections including a common cold and acute bronchitis.⁴⁷

The rate of hospital admissions due to respiratory disease (age standardised per 100,000 population) is higher in some wards in Newport than others. The map below shows the wards that have the highest and lowest rates in 2012-14. However, it should be noted that the wards with rates consistently above the Wales and Newport averages between 2004-06 and 2012-14 are Pillgwenlly, Stow Hill and Victoria. The wards with rates consistently below the Newport and Wales averages are Allt-Yr-Yn and Rogerstone.

⁴⁷ Ash Wales, 2011. Smoking and Respiratory Disease Factsheet. Accessed on 9th December 2011

NHS - Health - Respiratory Disease Emergency Hospital Admissions - 2012/14
Admissions per 100,00 Population



There are a range of factors that impact upon respiratory disease including inadequate lung development in childhood, smoking, passive smoking, genetics, air pollution, occupational exposure to materials such as dust, asbestos fibres and other irritant particles, social deprivation and socio-economic status.⁴⁷ It is important to note that smokers are at greater risk of developing a number of diseases, which include a range of respiratory diseases such as chronic obstructive pulmonary diseases.⁴⁸

The UK Scientific Committee on Tobacco and Health concluded in 1998 that contact with second-hand smoke causes lung cancer and heart disease among adult non-smokers and respiratory disease, cot death and asthma among children.⁴⁹

There are a range of influencing factors driving the trends, some of which are being addressed across a range of teams, projects and departments. It should be noted that some of the wider factors driving these trends are genetic and therefore we are unable to prevent.

In Newport, there is a variety of work being conducted to address social deprivation, including the role of Communities First where specific needs are identified in local action plans (with wider partners such as education and health services supporting these). Other teams such as Flying Start and Sure Start are also funded to specifically target areas of deprivation.

A number of interventions are currently being carried out to reduce smoking, which are highlighted in the [Smoking](#) section.

⁴⁸ Royal College of Physicians Tobacco Advisory Group, 2000

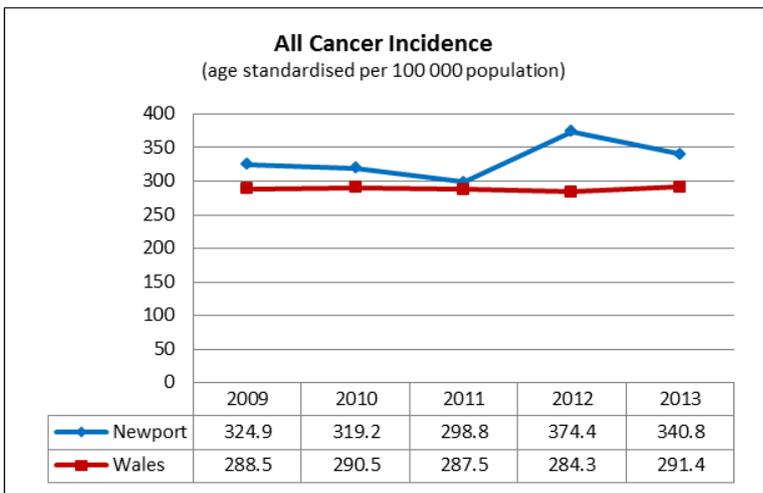
⁴⁹ Department of Health, 1998

Viruses such as flu (influenza) are known to complicate already existing respiratory illnesses. The flu vaccine is targeted at people with chronic conditions, including respiratory illnesses in an attempt to prevent serious complications as a result of contracting flu during winter months.

Cancer

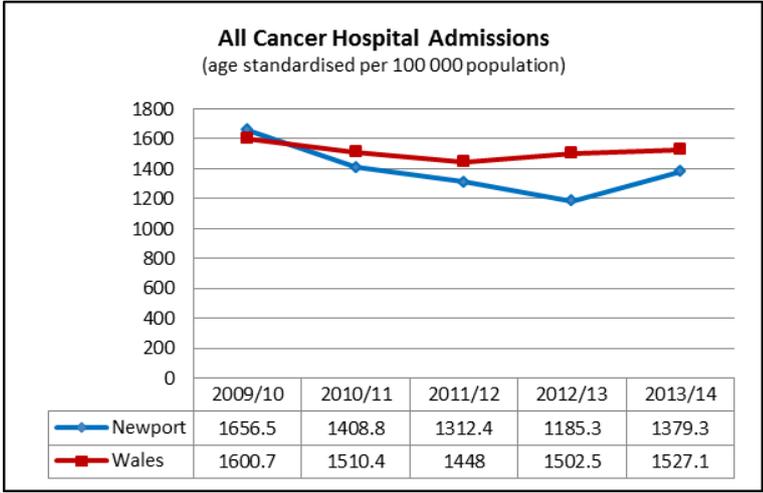
Data Set (Population Indicator): All Cancer Incidence / All cancer mortality / All cancer hospital admissions (European age standardised) per 100 000 population

Data Source: [Health Map Wales /NHS Wales information Service \(NWIS\)](#)

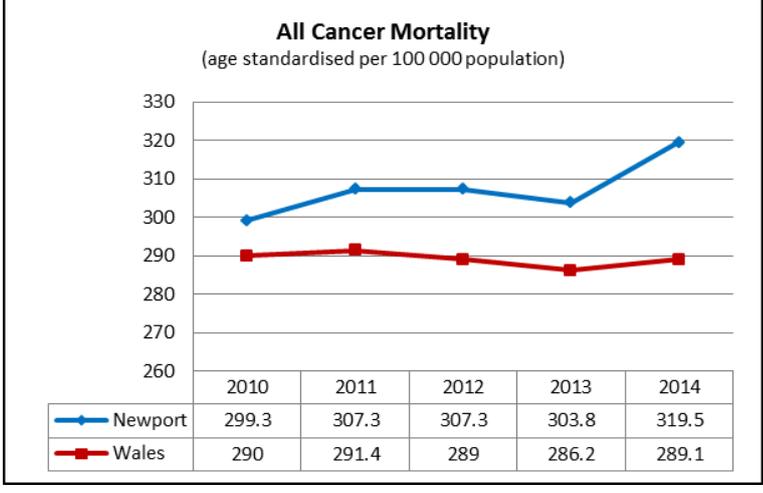


All this data is sourced from Health Map Wales and is European Age Standardised per 100 000 population. Age standardisation rates are expressed as the number per 100,000 that would occur in that area if it had the same age structure as the standard population.

The number of cancer incidences per 100,000 population have varied but the overall trend is a slight increase from 324.9 in 2009 to 340.8 in 2013. This is above the Wales average which has increased from 288.5 to 291.4.

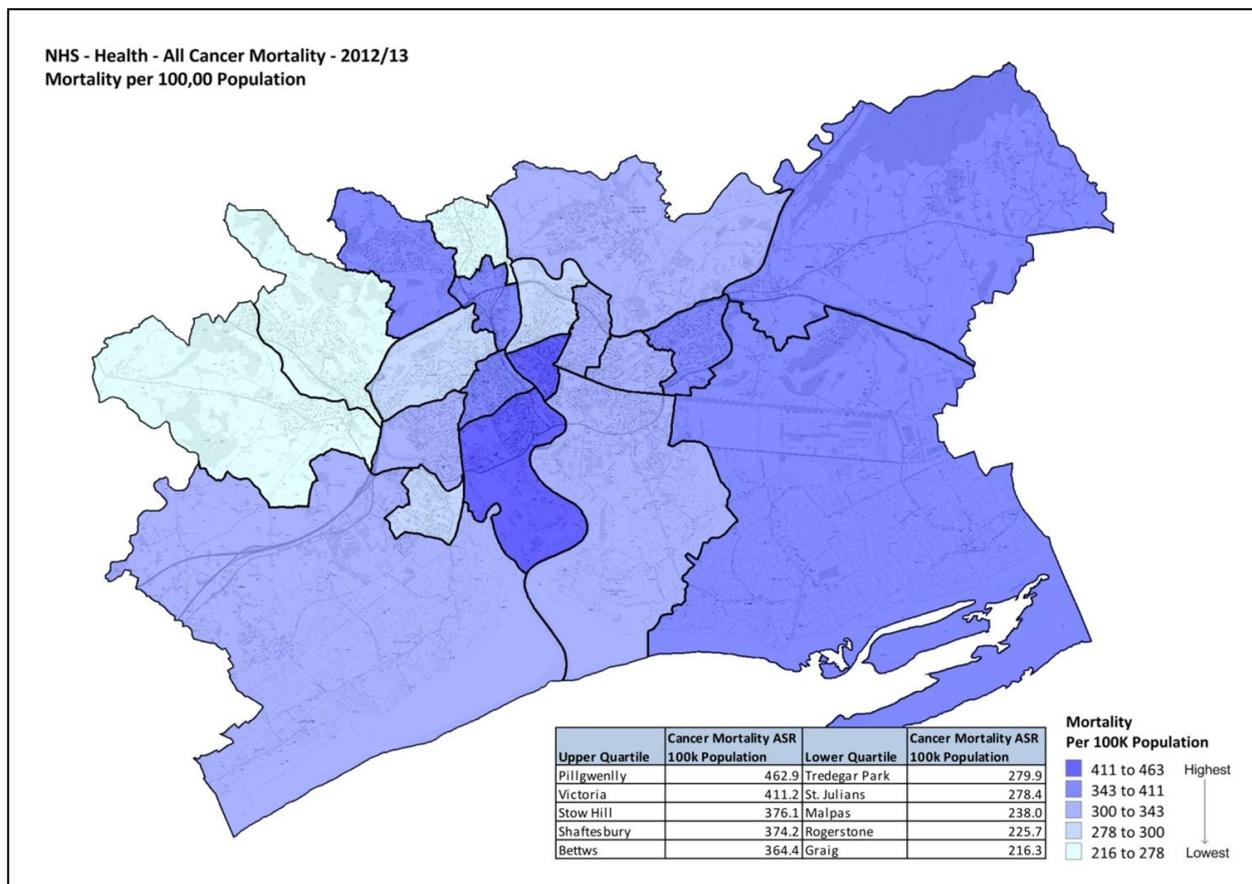


The number of cancer hospital admissions per 100,000 population have varied but the overall trend is a decrease from 1656.5 in 2009/10 to 1379.3 in 2013/14. This is slightly below the Wales average which has decreased slightly from 1600.7 to 1527.1.



The number of deaths per 100,000 population due to cancer have varied but the overall trend is an increase from 299.3 in 2010 to 319.5 in 2014. This rate has remained above the Wales average which has remained relatively constant decreasing slightly from 290.0 to 289.1.

The rate of deaths from cancer (age standardised per 100,000 population) is higher in some wards in Newport than others. The map below shows the wards that have the highest and lowest rates in 2012-13. However, it should be noted that the wards with rates consistently above the Wales and Newport averages between 2004-05 and 2012-13 are Pillgwenlly and Ringland. The wards with rates consistently below the Newport and Wales averages are Malpas and Rogerstone.



A recent study⁵⁰ has found that tobacco smoking was the biggest risk factor for cancer, responsible for over 19% of all new cases. Other factors included being overweight (5.5% of cases), having a poor diet (9.2%) and drinking too much alcohol (4%). As cancers usually have multiple causes, these figures do not mean that specific people can be identified whose cancer was caused by each of these factors, but they can help to estimate how many cases could be prevented by cutting out all of these harmful factors.

The researchers compiled a total of 14 lifestyle and environmental factors for which there is good evidence from high quality studies of a likely causal association with cancer:

- Tobacco;
- Alcohol;
- four elements of diet (consumption of red and processed meat, fruit and vegetables, fibre and salt);
- being overweight;
- lack of physical exercise;
- occupation;
- infections;
- use of hormones after menopause (such as in HRT);
- breastfeeding.

⁵⁰ Parkin DM. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. British Journal of Cancer, 2011

Another study of 2,500 men over 35 years which started in 1979 showed that those following four or five of the following healthy lifestyle behaviours were 40% less likely to develop cancer. The lifestyle behaviours included not smoking, a low BMI (18-25), meeting the physical activity guidelines, a low fat diet combined with consuming five portions of fruit and vegetables a day and alcohol intake within recommended guidelines.⁵¹

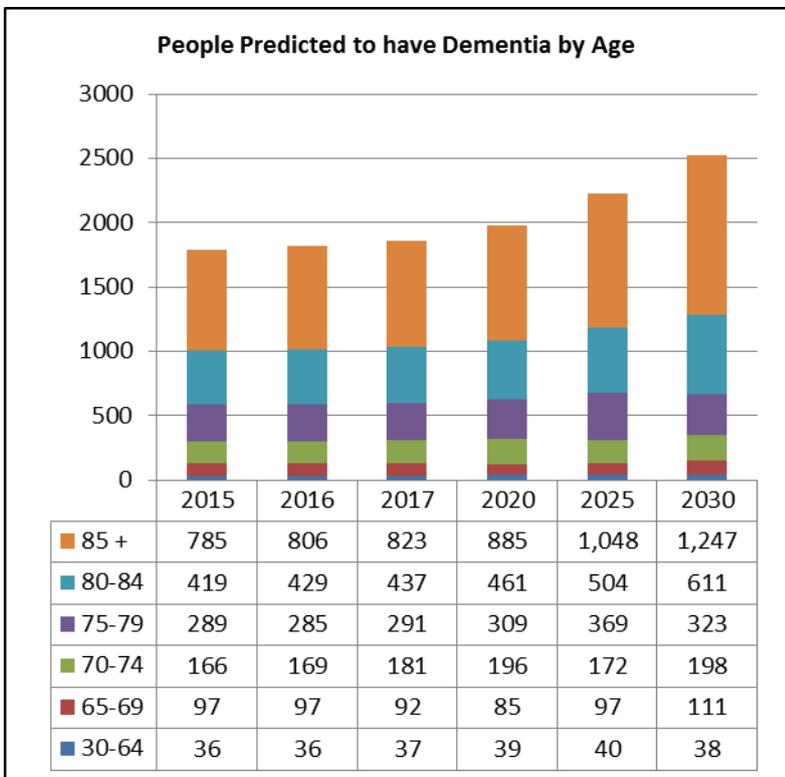
The reduction in cancer mortality could be partly due to reduction in smoking levels (see [Smoking](#)). Many of the other risk factors listed above are not improving (see [Breastfeeding](#), [Obesity](#), [Physical Activity](#) and [Nutrition](#)) in the Newport area. This does suggest that the reduction in mortality could be partly due to improvements in treatment and medicines.

⁵¹ Caerphilly Cohort Study, Prof Peter Elwood

Dementia

Data Set (Population Indicator): People predicted to have Early Onset Dementia and Dementia by Age Projected to 2030

Data Source: [Daffodil](#)



Dementia is a common condition that affects about 800,000 people in the UK. Your risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65.

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of the brain and its abilities. This includes problems with:

- memory loss
- thinking speed
- mental agility
- language
- understanding
- judgement

People with dementia can become apathetic or uninterested in their usual activities, and have problems controlling their emotions. They may also find social situations challenging,

lose interest in socialising, and aspects of their personality may change.

Dementia is caused by damage in the brain. The most common causes of dementia are called neurodegenerative diseases, and include Alzheimer's disease, frontotemporal dementia, and dementia with Lewy bodies. With these diseases, the brain cells degenerate and die more quickly than is part of the normal ageing process. This leads to a decline in a person's mental and, sometimes, physical abilities. The gradual changes and damage to brain cells are caused by a build-up of abnormal proteins in the brain.

A study of 2,500 men over 35 years which started in 1979 showed that those following four or five of the following healthy lifestyle behaviours were 60% less likely to suffer from dementia. The lifestyle behaviours included not smoking, a low BMI (18-25), meeting the physical activity guidelines, a low fat diet combined with consuming five portions of fruit and vegetables a day and alcohol intake within recommended guidelines.⁵²

The graph above shows the predictions in the increase of dementia over the next 15 years. The prediction for 2015 is 1792 people. This is predicted to rise to 2528 people by 2030, an increase of 736 (41%) in 15 years.

The risk factors for developing dementia are:

- Age - The risk increases with age. Dementia is not a normal part of getting older or an acceleration of ageing. It is caused by different diseases.
- Cardiovascular Disease including heart disease and stroke so the following lifestyle choices are risks:
 - Not exercising regularly;
 - Smoking;

⁵² Caerphilly Cohort Study, Prof Peter Elwood

- Being overweight or obese;
- High blood pressure;
- Cholesterol level;
- Diabetes;
- Unhealthy unbalanced diet;
- Drinking over the alcohol recommended limits.
- Genes - In very rare cases, a faulty gene can be passed down in a family that causes the disease in anyone who inherits it.⁵³

The predicted rises in dementia in Newport is likely to be related to the increase in life expectancy. Other reasons could be due to other risk factors that are not improving (see [Obesity](#), [Physical Activity](#) and [Nutrition](#)) in the Newport area.

See [Smoking](#), [Obesity](#), [Physical Activity](#) and [Nutrition](#) for current initiatives to improve lifestyle factors. Initiatives to support people with dementia are:

- Befriending for those with dementia (Alzheimer's Society);
- Good Neighbours Scheme for older people (WRVS - volunteer services supporting older people);
- Lunch clubs for older people;
- Day centres for older people;
- Dementia Cafes (Alzheimer's Society);
- Voice and Choice Advocacy Service is for People with Dementia (Alzheimer's Society);
- Art class set up for younger people with dementia providing an opportunity to meet new people and gain confidence (Alzheimer's Society);
- Community Support for people living with dementia, offering companionship and emotional support. A trained member of staff can provide practical support helping to keep a person independent within the community (Alzheimer's Society).

⁵³ Alzheimer's Research UK

Carers

Data Set (Population Indicator): Number / percentage of the population providing unpaid care / number / percentage of carers with bad and very bad health / number / percentage of carers who are economically active

Data Source: [2011 Census](#) / [State of Caring Survey 2014](#)

Overarching Theme: Vulnerability

A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment.

The [2011 Census](#) (see below) shows that 11.4% of the population of Newport provide unpaid care; this is below the Wales average of 12.1%.

PROVIDING UNPAID CARE	Newport	%	Wales	%
All Usual Residents	145,736	100.0	3,063,456	100.0
1 to 19 Hours Unpaid Care a Week	9,548	6.6	212,436	6.9
20 to 49 Hours Unpaid Care a Week	2,549	1.7	54,046	1.8
50 or More Hours Unpaid Care a Week	4,507	3.1	103,748	3.4

The numbers below have been calculated using the 2011 census and population estimates up to 2030 and are the number of people predicted to be providing unpaid care up to 2030. This data was sourced from [Daffodil](#). As can be seen the number of people that will be providing unpaid care is predicted to increase in Newport from 16,812 people in 2015 to 18,577 people in 2030. This is an 11.0% increase.

PROVIDING UNPAID CARE	2015	2020	2025	2030
<u>1-19 hours of unpaid care</u>				
Children aged 0-15	283	301	314	317
People aged 16-24	684	633	620	674
People aged 25-64	7,210	7,554	7,762	7,773
People aged 65-74	1,062	1,068	1,073	1,230
People aged 75-84	345	373	430	436
People aged 85 and over	67	76	91	108
<u>20-49 hours of unpaid care</u>				
Children aged 0-15	45	48	50	51
People aged 16-24	212	196	192	209
People aged 25-64	1,782	1,867	1,919	1,921
People aged 65-74	328	330	331	380
People aged 75-84	176	190	219	222
People aged 85 and over	37	42	50	60
<u>50+ hours of unpaid care</u>				
Children aged 0-15	41	44	46	46
People aged 16-24	128	118	116	126
People aged 25-64	2,739	2,870	2,949	2,953
People aged 65-74	911	916	921	1,055
People aged 75-84	602	650	749	760
People aged 85 and over	160	181	215	256

Long Term Health

The 2011 census also shows that those that provide full time unpaid care in Newport are more likely to have bad or very bad health. 15.6% of those providing over 50 hours of unpaid care a week reported their health as bad or very bad this is below the Wales average of 16.0% but double the Newport average for all residents of 7.4%.

BAD & VERY BAD HEALTH	Newport	%	Wales	%
All Usual Residents	10,720	7.4	233,607	7.6
1 to 19 Hours Unpaid Care a Week	436	4.6	9,986	4.7
20 to 49 Hours Unpaid Care a Week	242	9.5	5,165	9.6
50 or More Hours Unpaid Care a Week	703	15.6	16,576	16.0

The State of Caring Survey 2014 undertaken by Carers Wales across Wales found the following:

79% of carers in Wales report that caring has a negative impact on their health.

70% of carers find it difficult to get a good night's sleep as a result of caring.

67% of carers have reduced the amount of exercise they do since they started caring.

83% of carers feel more stressed because of their caring role

78% of carers feel more anxious because of their caring role

Employment

ECONOMICALLY ACTIVE	Newport	%	Wales	%
All Categories	116,348	100.0	2,507,160	100.0
Economically Active Total	71,301	61.3	1,485,982	59.3
1 to 19 Hours Unpaid Care a Week	6,357	66.6	140,576	66.2
20 to 49 Hours Unpaid Care a Week	1,336	52.4	27,072	50.1
50 or More Hours Unpaid Care a Week	1,303	28.9	29,454	28.4

The 2011 census shows that those that provide full time unpaid care in Newport are less likely to be employed. 28.9% of those providing over 50 hours of unpaid care a week reported that they were economically active, this is comparable with the Wales average but this is well below the percentage of 61.3% for the whole population.

The State of Caring Survey 2014 undertaken by Carers Wales across Wales found the following:

53% said it was the stress of juggling everything that meant they gave up work.

44% gave expensive or lack of suitable care services as reasons they gave up work or retired early to care.

49% said that as a result of giving up work or retiring early to care, they would not have enough savings for pay for their own care needs in the future.

Disabled People

Data Set (Population Indicator): Number / percentage of households with at least one person with a long term disability or illness / Number / percentage of people whose day to day activities are limited a lot or a little / number / percentage of people economically active that reported their day to day activities as limited a lot or a little

Data Source: [2011 Census](#)

Overarching Theme: Vulnerability

DISABILITY	Newport	%	Wales	%
All Households	61,172	100.0	1,302,676	100.0
Households with at least one person with a long term disability or illness	17,796	29.1	395,883	30.4

The 2011 census shows that 29.1% of households have at least one person with a long term disability and illness. This is below the Wales average of 30.4%.

MOBILITY	Newport	%	Wales	%
All Usual Residents	145,736	100.0	3,063,456	100.0
Day-to-Day Activities Limited a Lot	15,515	10.6	364,318	11.9
Day-to-Day Activities Limited a Little	14,801	10.2	331,537	10.8

10.2% of the population in Newport reported that day to day activities are limited a little compared with the Wales average of 11.9%. 10.6% of the population in Newport reported that day to day activities are limited a lot compared with a Wales average of 10.8%.

Employment

ECONOMICALLY ACTIVE	Newport	%	Wales	%
All categories	116,348	100.0	2,507,160	100.0
Economically Active Total	71,301	61.3	1,485,982	59.3
Day-to-Day Activities Limited a Lot	1,463	9.8	35,327	10.0
Day-to-Day Activities Limited a Little	4,454	31.6	98,967	31.2

The 2011 census shows that those that report their day to day activities as limited a little or a lot are less likely to be economically active.

In Newport 61.3% of all categories are economically active. This compares with 9.8% of those that said their day to day activities were limited a lot and 31.6% of those that said their activities were limited a little.

Older People

Data Set (Population Indicator): Number / percentage of the population over 65 / People rating their health as bad or very bad by age / People reporting their day to day activities as limited a little or limited a lot / Older People predicted to be unable to manage at least one self-care activity on their own projected to 2030 / Older People predicted to be unable to manage at least one domestic task on their own project to 2030 / People predicted to be admitted to hospital due to a fall projected to 2030 / Older People predicted to be living alone projected to 2030

Data Source: [2011 Census](#) / [Daffodil](#)

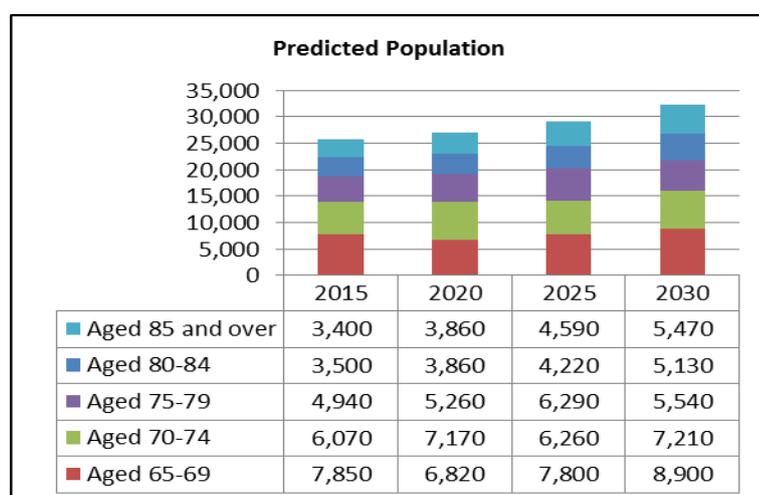
Overarching Theme: Vulnerability

The 2011 Census shows that over 65s equate for 16.3% of the population, this is below the Wales average of 18.3%.

POPULATION	Newport	%	Wales	%
All Usual Residents	145,736	100.0	306,3456	100.0
Age 65 -74	12,544	8.6	300,550	9.8
Age 75 - 84	8,059	5.5	187,434	6.1
Age 85 - 89	2,115	1.5	49,360	1.6
Age 90 and over	1,033	0.7	25,200	0.8
Total 65 and over	23,751	16.3	562,544	18.3

An overall increase of 6.4% in the population has been recorded between the census of 2001 and 2011. The population increase for over 65s is 7.5% with the largest increases being in the age 85-89 at 34.5% and age 90 and over at 26.8%.

POPULATION GROWTH	2001	2011	% Diff
All Usual Residents	137,014	145,736	+6.4
Age 65-74	11,789	12,544	+6.4
Age 75-84	7,923	8,059	+1.7
Age 85-89	1,572	2,115	+34.5
Age 90 and over	817	1,033	+26.4
Total 65 and over	22,101	23,751	+7.5



The Newport over 65 of age population is predicted to increase further over the next 15 years. By 2030 the number of people over 65 is predicted to increase to 32,250, which is a further 35% increase from 2011.

In 2001 over 65s accounted for 16.1% of the population this had increased to 16.3% by 2011. By 2030 it is predicted that over 65s will account for 19.5% of the population in Newport.

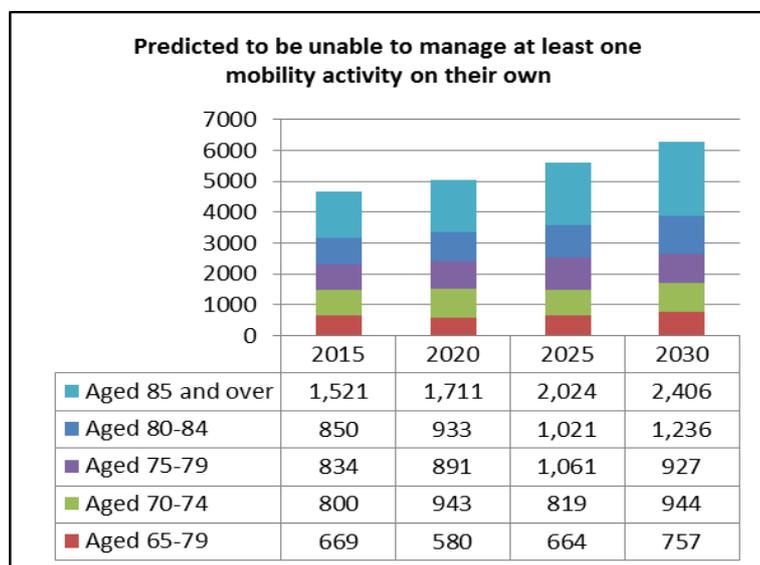
Long Term Health

BAD & VERY BAD HEALTH	Newport	%	Wales	%
All categories	10,337	7.2	224,623	7.5
Age 65 to 74	2,028	16.3	46,201	15.5
Age 75 to 84	1,709	21.8	37,807	20.8
Age 85 and over	796	29.0	16,847	26.7
Total age 65 and over	4,533	19.7	100,855	18.6

In the 2011 census 19.7% of people in Newport over 65 years of age reported their health as bad or very bad. This is above the Wales average of 18.6%. It can also be seen that if you are over 65 in Newport you are almost 3 times more likely to report having bad or very bad health than the population as a whole. In addition 29.0% of people in Newport over 85 years of age reported their health as bad or very bad.

Disability

DISABILITY	Newport	%	Wales	%
<u>Day to Day Activities Limited A Little</u>				
All categories	14,801	10.2	331,537	10.8
Age 65 and over	6,644	28.0	150,066	26.7
<u>Day to Day Activities Limited A Lot</u>				
All categories	15,515	10.6	364,318	11.9
Age 65 and over	7,918	33.3	192,001	34.1



In the 2011 census 10.2% of the population in Newport reported their day to activities as limited a little compared with 28.0% of the over 65 population. 10.6% of the population reported their day to day activities limited a lot compared with 33.3% of the over 65 population.

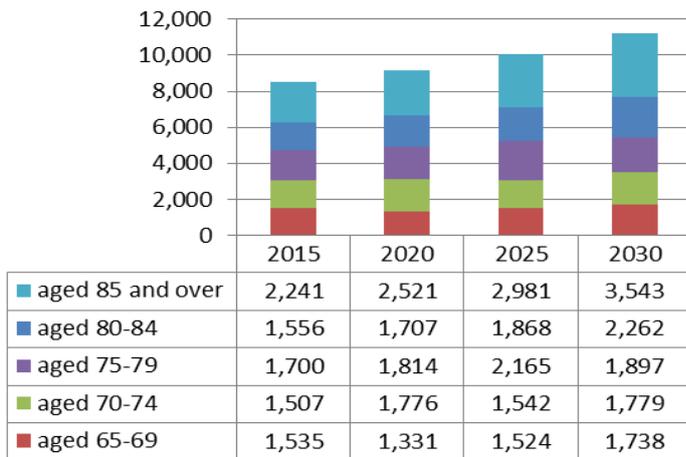
Mobility activities include going out of doors and walking down the road, getting up and down stairs, getting around the house on the level, getting to the toilet, getting in and out of bed.

The number of people aged 65 and over predicted to be unable to manage at least one mobility activity on their own in 2015

is 4,674 in Newport. This is predicted to increase to 6,270 by 2030 which is an increase of 34.1% in the next 15 years.

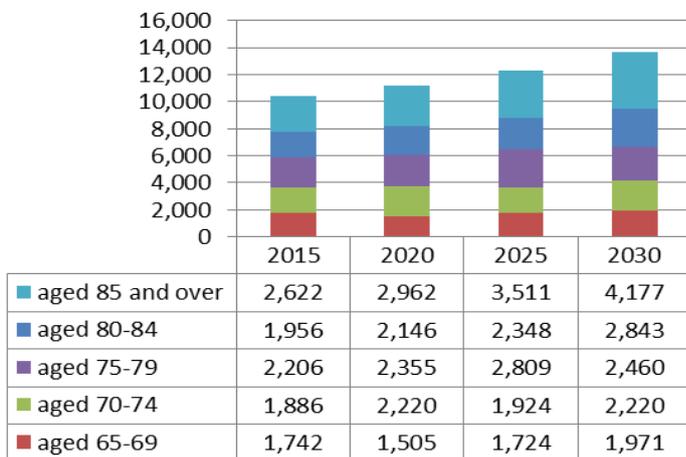
Self-care activities include bathing, showering or washing all over, dressing and undressing, washing face and hands, feeding, cutting toenails, taking medicines.

Predicted to be unable to manage at least one self care activity on their own



The number of people aged 65 and over predicted to be unable to manage at least one self-care task in 2015 is 8,539 in Newport. This is predicted to increase to 11,219 by 2030 which is an increase of 31.4% in the next 15 years.

Predicted to be unable to manage at least one domestic task on their own



The number of people aged 65 and over predicted to be unable to manage at least one domestic task in 2015 is 10,412 in Newport. This is predicted to increase to 13,671 by 2030 which is an increase of 31.3% in the next 15 years.

Domestic tasks include household shopping, washing and drying dishes, cleaning windows inside, jobs involving climbing, using a vacuum cleaner to clean floors, washing clothing by hand, opening screw tops, dealing with personal affairs, doing practical activities.

Figures are taken from Living in Britain; Results from the 2001 General Household

Survey, Supplementary report: People aged 65 and over, table 29, 35 and 37. The General Household Survey (GHS) is a continuous survey, carried out by the Office for National Statistics (ONS), which collects information from people living in private households in Great Britain. The GHS periodically includes a set of questions for people aged 65 and over, covering a range of topics including health, ability to perform a range of domestic and self-care activities and the help they receive. In 2001, the GHS collected information from 3,356 people aged 65 and over living in private households.

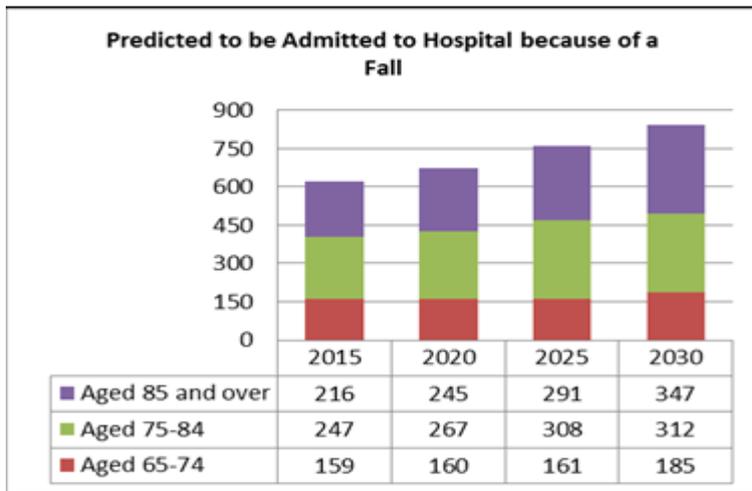
The prevalence rates have been applied to population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility tasks, domestic tasks or self-care activities listed, to 2030.

Falls

Anyone can have a fall, but older people are more vulnerable than others. This is mainly because long-term health conditions increase the chances of a fall.

Falls are a common but often overlooked cause of injury, and sometimes death. Around one in three adults over 65 who live at home will have at least one fall a year, and about half of these will have more frequent falls.

Most falls do not result in serious injury, but there is a risk of problems such as broken bones.

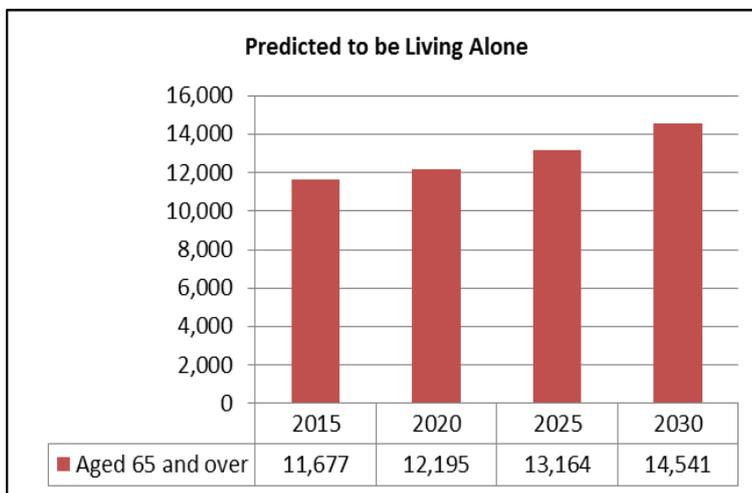


Falls can also have an adverse psychological impact on elderly people. For example, after having a fall some people can lose confidence, become withdrawn and may feel as if they have lost their independence.⁵⁴

The graph above is based on data from the Patient Episode Database for Wales (PEDW), Admissions due to falls, data for 2012/13, NHS Wales Informatics Service. The prevalence rates have been applied to population projections to give estimated numbers predicted to be admitted to hospital due to a fall, to 2030.

As can be seen the figures for admission to hospital due to a fall for those over 65 are predicted to increase from 622 in 2015 to 844 by 2030, this is a 36.9% increase.

Loneliness & Isolation



Older people are especially vulnerable to loneliness and social isolation – and it can have a serious effect on health. But there are ways to overcome loneliness, even if you live alone and find it hard to get out. Hundreds of thousands of elderly people are lonely and cut off from society in this country, especially those over the age of 75.

People can become socially isolated for a variety of reasons such as getting older, weaker, no longer being the hub of their family, leaving the workplace, disability or illness, and the deaths of spouses and

friends. Whatever the cause, it's shockingly easy to be left feeling alone and vulnerable, which can lead to depression and a serious decline in physical health and wellbeing.

In Newport in 2015 it is predicted that 11,677 people over 65 live alone. This accounts for approximately 45% of all those that are over 65. By 2030 it predicted to increase to 14,541.

Figures are taken from the Living in Wales survey 2008. The Living in Wales survey is carried out by Ipsos MORI for the Welsh Assembly Government. It is the main source of information on households and the condition of homes in Wales. This annual survey was carried out from 2004 to 2008. It was based on face to face interviews with the household reference person or another appropriate adult in a sample of households across Wales. The successor to Living in Wales, running annually from 2009-10 onwards, is the National Survey for Wales. The prevalence rates have been applied to population projections to give estimated numbers predicted to live alone, to 2030.

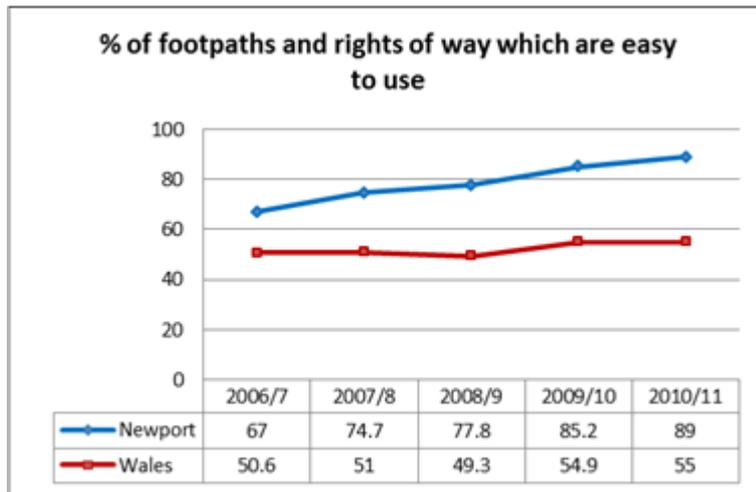
To reduce loneliness and isolation there are a range of schemes in place in Newport. There are befriending schemes and Community Connectors can help people living in Newport find out what is going on locally and how to get involved in social activities to combat loneliness.

⁵⁴ NHS Choices

Footpaths & Rights of Way

Data Set (Population Indicator): Percentage of Footpaths and Rights of Way which are easy to use

Data Source: [StatsWales](#) no longer updated



Paths and other rights of way are intended to be easy to use by the category of user entitled to use the path (e.g. footpaths should be useable by walkers, bridleways by horse riders). Surveys to assess 'easy to use' use the methodology developed by the now superseded Countryside Agency and Countryside Stewardship Scheme as a benchmark standard, which is based on a minimum 5 per cent random sample of lengths of whole Rights of Way.

The environment has a profound connection with our health and wellbeing. Environmental problems like air pollution, impact negatively on our health, but attractive outdoor spaces and scenery make us feel good and we can improve our health by using them for sport and active recreation.⁵⁵

Walking, cycling and active play form an important role in enabling people to meet their recommended levels of physical activity as part of everyday living. As there is a clear link between the design of the environment and participation in these activities, it is important that the physical environment in Wales supports individuals to undertake regular physical activity as part of everyday life.⁵⁶

The percentage of footpaths and other rights of way that are easy to access in Newport has increased from 67% in 2006/7 to 89% in 2010/11. This has remained above the Wales average which has increased at a lesser rate from 50.6% to 55%.

In Newport there is work underway to increase cycling and walking. This includes:

- Mapping and clearing all existing walking and cycle paths
- Increase of the network – including walkways along the river
- Cycle maps
- Walking maps
- Promotion of walking and cycling
- Newport Cycle Challenge
- Walk Newport Walking Group
- Walking and Functional Exercise Group

Areas of future development include:

- Further promotion of walking and cycling
- Update of walking maps
- City Centre walking maps

⁵⁵ Environment Strategy for Wales

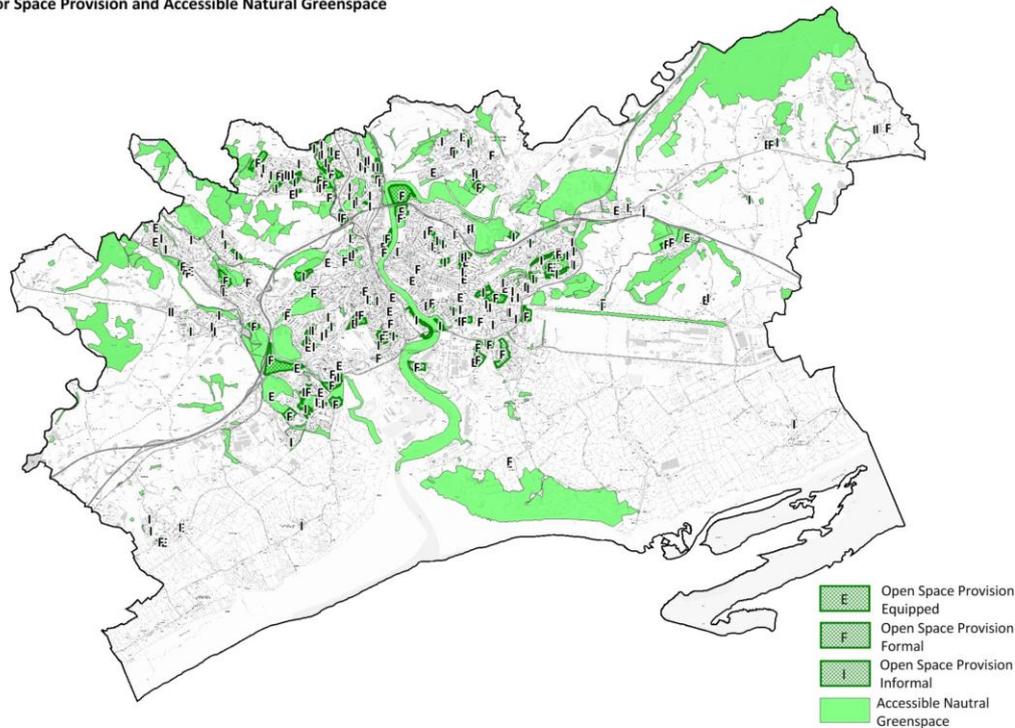
⁵⁶ Creating an Active Wales

Accessible Green Space

Data Set (Population Indicator): FIT (Field in Trust) minimum 'Benchmark Standards' for outdoor sport and play open space assessment surplus / shortfall

Data Source: Newport City Council

Outdoor Space Provision and Accessible Natural Greenspace



The map above shows open space provision (equipped, formal and informal) and also accessible natural greenspace.

Open space provision across the city is measured using the Council's adopted minimum standard of 2.4 hectares per 1,000 population for open space, sport and recreation which is derived from the FIT (Field in Trust) minimum 'Benchmark Standards' for outdoor sport and play.

Formal includes:

- Facilities such as pitches, greens, courts, athletics tracks and miscellaneous sites such as croquet lawns and training areas
- Facilities described within the education sector which are available for public use
- Facilities within the voluntary, private, industrial and commercial sectors, which serve the leisure time needs for outdoor recreation of their members or public

Informal includes:

- Casual or informal playing space within housing areas

Equipped includes:

- Designated areas for children and young people containing a range of facilities and an environment that has been designated to provide focused opportunities for outdoor play

The environment has a profound connection with our health and wellbeing. Environmental problems like air pollution, impact negatively on our health, but attractive outdoor spaces and scenery make us feel good and we can improve our health by using them for sport and active recreation.

It is recommended that all people should have access to ample high quality green space in order to

maintain their health and wellbeing. In addition to the intrinsic value green space offers to wildlife and habitat conservation, the availability of green space also has huge economic benefits in terms of the image of a place, increasing house prices and stimulating tourism. In 2007, the Wales Environment Research Hub estimated that the economic value of Wales' wildlife and nature activities, attendant to the wealth of green space available in the country, stood around £1.9 billion.

Ward & Population	Formal Category Summary		Informal Category Summary		Equipped Category Summary		Summary		Shortfall / Surplus*
	FIT Reqt*	Actual*	FIT Reqt*	Actual*	FIT Reqt*	Actual*	FIT Reqt*	Actual*	
Victoria 7,464	11.94	0.12	4.11	0	1.87	0.19	17.91	0.31	-17.60
Marshfield 6,270	10.03	2	3.45	1.33	1.57	0.13	15.05	3.46	-11.59
Allt-yr-yn 8,782	14.05	3.77	4.83	7.27	2.20	0.59	21.08	11.63	-9.45
Graig 6,159	9.85	3.37	3.59	2.15	1.54	0.18	14.98	5.7	-9.28
Rogerstone 10,158	16.25	12.86	5.59	3.88	2.54	0.17	24.38	16.91	-7.47
Alway 7,576	13.33	8.27	4.58	4.68	2.08	0.09	19.99	13.04	-6.96
Langstone 4,425	7.08	1.72	2.43	2.29	1.11	0.19	10.62	4.2	-6.42
Beechwood 8,331	12.12	0.53	4.17	11.49	1.89	0.1	18.18	12.12	-6.06
Caerleon 8,061	12.90	7.78	4.43	5.79	2.02	0.32	19.35	13.89	-5.46
Pillgwenlly 7,318	11.71	6.3	4.02	6.03	1.83	0.34	17.56	12.67	-4.89
Ringland 8,550	13.68	5.82	4.70	12.11	2.14	0.38	20.52	18.31	-2.21
Llanwern 2,961	4.74	3.35	1.63	0.75	0.74	0.56	7.11	5.66	-1.45
Shaftesbury 5,135	8.22	9.2	2.82	1.68	1.28	0.43	12.32	11.31	-1.01
Stow Hill 4,773	7.64	0.64	2.39	9.52	1.19	0.29	11.22	10.45	-0.77
Malpas 7,997	12.80	4.98	4.40	14.87	2.00	0.29	19.19	20.14	0.95
St. Julians 8,675	13.88	24.87	4.77	3.41	2.17	0.13	20.82	28.41	7.59
Bettws 7,606	12.17	16.57	4.18	10.55	1.90	0.12	18.25	27.24	8.99
Tredegar Park 4,421	7.07	12.84	2.21	7.7	1.11	0.28	10.39	20.82	10.43
Gaer 8,721	13.95	30.04	4.80	7.06	2.18	1.32	20.93	38.42	17.49
Lliswerry 12,353	19.76	45.17	6.79	4.4	3.09	0.28	29.65	49.85	20.20
All Wards 145,736							349.50	324.54	-24.97

*** hectares**

As can be seen in the table above Newport as a whole is 24.97 hectares below the FIT requirements. Only Malpas, St Julians, Bettws, Tredegar Park, Gaer and Lliswerry exceed the FIT requirements overall but still have shortfalls in equipped or formal open space.

However, it is difficult for a single indicator to aptly describe the accessibility of green space, and this indicator in particular does not give an indication of the quality of green space available, which may vary considerably based on subjective perceptions of available green areas. Moreover, several of the city's inner wards are conspicuously lacking in green space, largely due to the constraints of infrastructure and dense housing.

In Newport the benchmark standards have been applied to outdoor sport and play provision and used to help identify any areas of Newport lacking in provision on a ward-by-ward basis and used within the planning process.

Newport is conscious of the need to provide high-quality, accessible green space, and access to the riverside and natural areas has been a key consideration in the regeneration of the city. The Riverside Park, which has restored industrial land to a public green space, is a notable achievement for 2010. This indicator is not only about access to green space, but also the value added to the lives of residents and visitors. Other notable achievements in that regard are the Forest Schools project, the establishment of the Allt-yr-yn nature reserve, the restoration of Newport's historic Fourteen Locks Canal Centre, Beechwood, and Belle Vue Parks, the annual Parklife festival, and Newport's extremely successful Guided Walks programme.

Data Development

The areas for data development are:

- Breastfeeding data at 4 and 16 weeks at a local authority level;
- Smoking data for children and young people at a local authority level;
- Physical Activity data for children and young people at a local authority level;
- Nutrition data for children and young people at local authority level;
- Mental wellbeing data for children and young people at a local authority level;
- Environmental data.

Contact Details

For further information about this UNA, One Newport LSB and its work programme please contact:

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