

Director of Public Health Annual Report: Chart Book



Aneurin Bevan Health Board



Published July 2011

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1 Introduction

This Aneurin Bevan Health Board chart book has been produced by the Public Health Wales Observatory as an appendix to the Director of Public Health Annual Report.

It updates and adds to the chart book produced by the Director of Public Health for Abertawe Bro Morgannwg University Health Board (UHB) for his Interim Annual Report. A decision was made by the Wales Directors of Public Health to use these indicators to inform their annual reports.

The Abertawe Bro Morgannwg UHB chart book indicators originated from a number of sources:

- Public Health Wales Observatory
- Vaccine Preventable Disease Programme (Public Health Wales)
- Public Health Wales Screening Services
- Welsh Cancer Intelligence and Surveillance Unit (Public Health Wales)

This updated chart book draws together information from the above resources and adds new information sourced from:

The Public Health Wales Observatory:

- Director of Public Health Annual Report: supporting indicators, 2011
- Demography Profile, 2009
- Lifestyle Profile, 2010
- Inequalities in mortality in Aneurin Bevan Health Board: interim release to support Directors of Public Health annual reports

From other sources:

- Welsh Health Survey, Welsh Assembly Government (repackaged by the Public Health Wales Observatory)
- Public Health Wales, Vaccine Preventable Disease Programme
- Screening Division (Public Health Wales)
- Welsh Cancer Surveillance and Intelligence Unit (Public Health Wales)

The indicators have been presented under the following chapter headings: demography; determinants of health; use of services and health status. A summary of key points is included at the beginning of each chapter.

Maps included in this document show data by fifths of equal range within the health board area.

Included in Appendix A are web links for the original source reports and further information to support the used in this chart book.

A glossary of some of the terms used in this chart book is included in Appendix B.

Appendix C comprises of a series of local authority area maps showing the MSOA boundaries for the health board area.

2 Demography

2.1 Demography: key points

Population structure

The population of Aneurin Bevan Health Board is estimated to have been 560 thousand in 2009. Around 30 per cent of the Aneurin Bevan Health Board population live in the Caerphilly local authority area and 25 per cent live in the Newport local authority area.

The age structure of the population is similar to Wales but with slightly higher proportions of persons aged under 15 and in their forties and lower proportions of persons in their twenties.

At middle super output area (MSOA) level, higher proportions of persons aged under 18 are found in Greenmeadow; Thornhill and West Pontnewydd in Torfaen, as well as Tredegar Park; Duffryn; Ringland; Pillgwenlly; Alway; Liswerry and Uskmouth in Newport. The areas with the lowest proportions are in Monmouthshire in the areas north of Abergavenny including Pandy; Grosmont; Crucorney; Mardy and Priory.

Among the older age groups the proportion aged 75 and over is about the same as Wales. Within the health board, Monmouthshire has a higher proportion and Caerphilly has a lower proportion whereas Blaenau Gwent, Newport and Torfaen are similar to Wales and the health board average. At the MSOA level, the highest proportions are found in Stow Park and Gaer in Newport, Croesyceiliog and Llanyrafon North in Torfaen as well as in Monmouthshire the areas north of Abergavenny including Pandy; Grosmont; Crucorney; Mardy and Priory. The pattern is very similar in those aged 85 and over.

Population projections

The latest projections indicate that if current trends continue, the number of persons aged 65 and over resident in Aneurin Bevan Health Board area will increase by almost 60 per cent between 2008 and 2033. The proportion aged 75 and over is projected to increase from around seven to ten per cent at local authority level to around 11 to 19 per cent over this period, the sharpest increases being in Monmouthshire and Torfaen. At local authority level, the percentage aged 85 and over is projected to double from between two and three percent to between five and eight per cent by 2033, with the exception of Monmouthshire where a sharper increase is projected with the proportion set to treble in size.

The increase in the number of older people is likely to be associated with a rise in chronic conditions whose prevalence is strongly age-related such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge for the health board. In the current economic climate, the relative (and absolute) increase in economically dependent and, in some cases, care-dependent populations will pose particular challenges to communities.

Birth rate

The General Fertility Rate (GFR) for Aneurin Bevan Health Board is almost identical to the rate for Wales. At the local authority level, Caerphilly and Newport are seen to have rates higher than that for Wales. At the MSOA level, there is considerable variation with Newport having by far the highest and lowest rates i.e. rates are highest in Pillgwenlly and lowest in Caerleon.

All-cause mortality

The European age-standardised all-cause mortality rate takes into account the age structure of the population, allowing valid comparisons to be made between areas. The rate for Aneurin Bevan Health Board is comparable to Wales. Within the health board, rates are higher in Blaenau Gwent and Caerphilly, and lower in Monmouthshire. At the MSOA level, variation is considerable with rates ranging from 393 to 961 per 100,000 population. The lowest rates are found in the Mill, Rogiet, The Elms, Llanfihangel and Magor areas of Monmouthshire. The highest rates are seen in the Pillgwenlly area of Newport. Among persons aged under 75 years the pattern is similar. The health board exhibits a decreasing trend in mortality in persons under 75 years from 2000 to 2009 which is generally in line with the all Wales pattern.

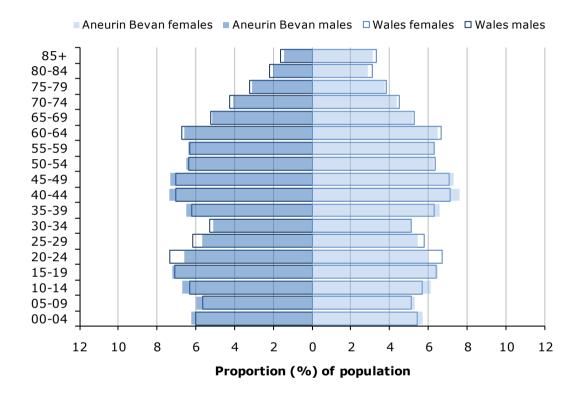
2.2 Population

2.2.1 Population by age and sex

Wales and Aneurin Bevan Health Board

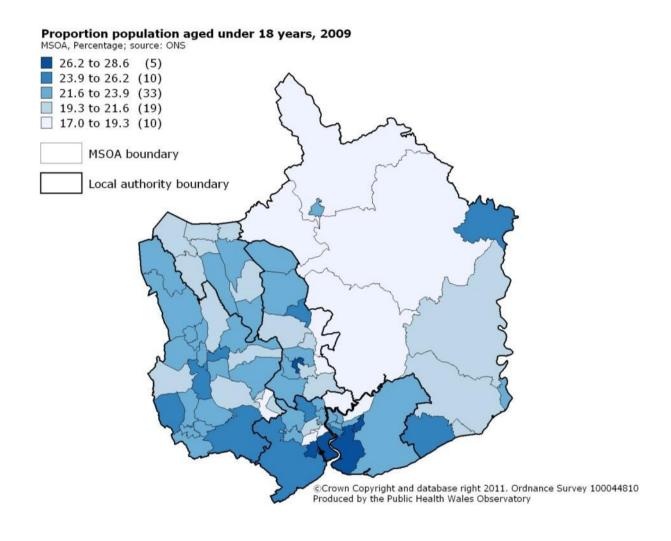
Proportion of population by age and sex Aneurin Bevan Health Board: 2009

Produced by the Public Health Wales Observatory using data from 2009 mid year population estimates, Office for National Statistics



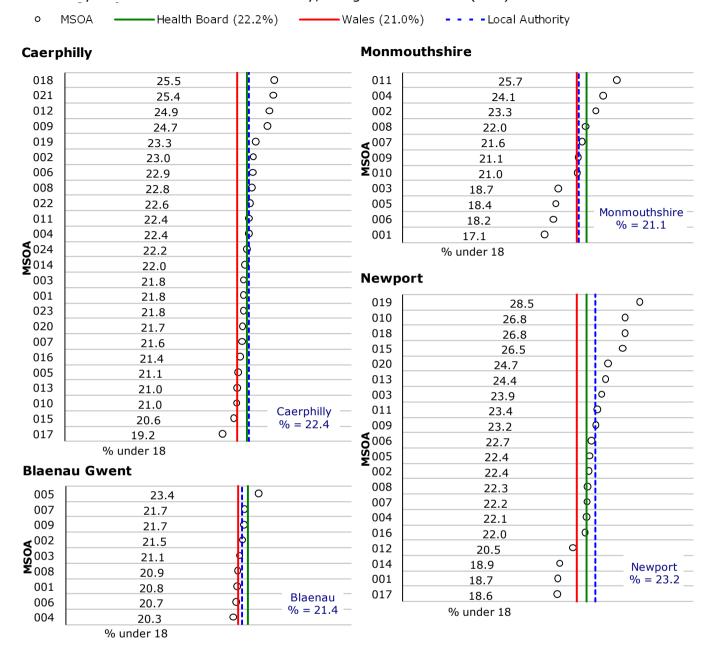
2.2.2 Population aged under 18

Middle super output areas



Percentage of population aged under 18 in Aneurin Bevan Health Board area, 2009

Produced by Public Health Wales Observatory, using data from ONS (MYE)



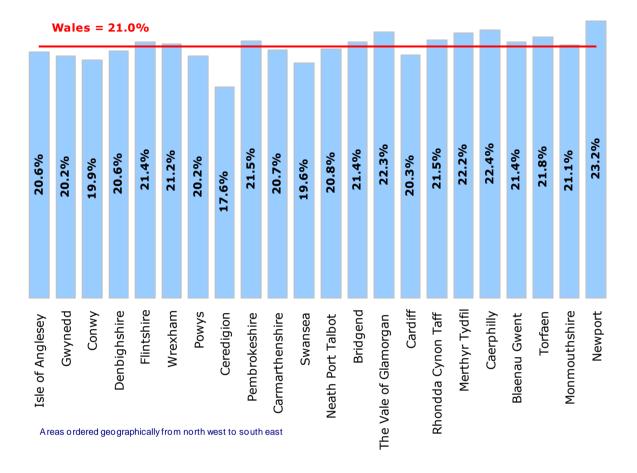
Torfaen



Local authorities

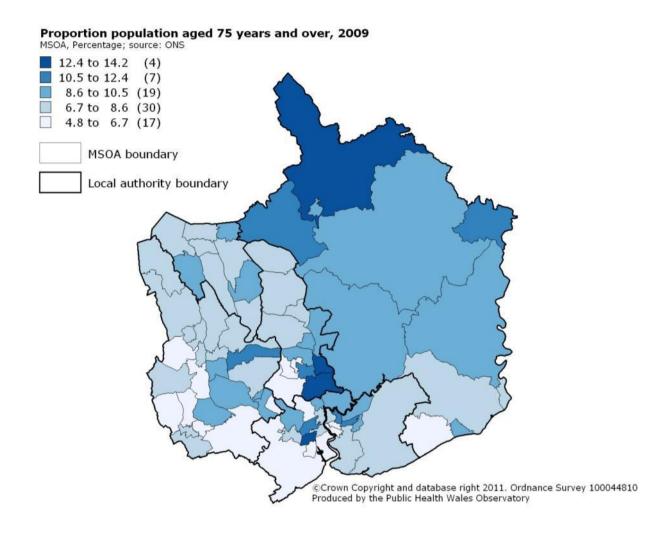
Percentage of population aged under 18 by local authority, 2009

Produced by Public Health Wales Observatory, using data from ONS (MYE)



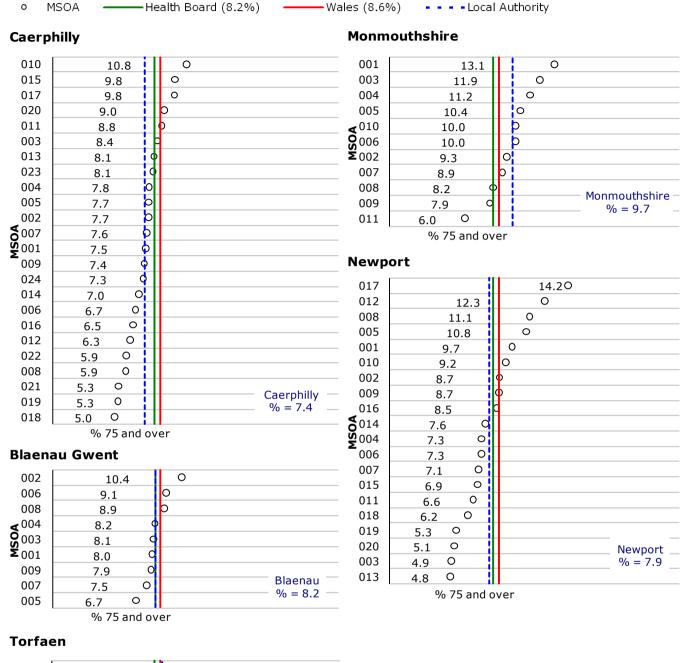
2.2.3 Population aged 75 and over

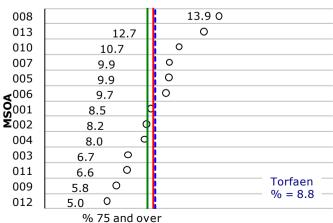
Middle super output areas



Percentage of population aged 75 and over in Aneurin Bevan Health Board area, 2009

Produced by Public Health Wales Observatory, using data from ONS (MYE)

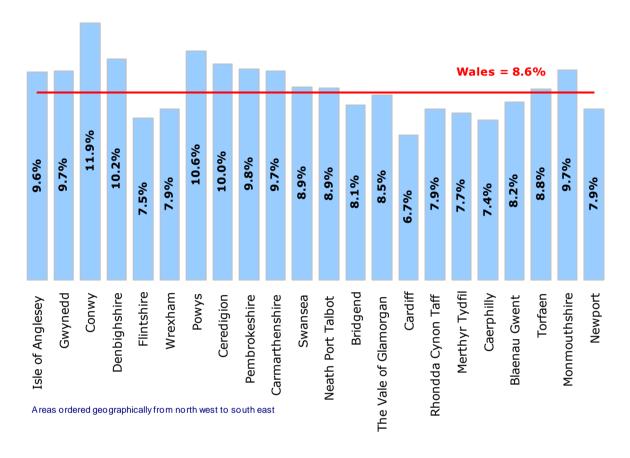




Local authorities

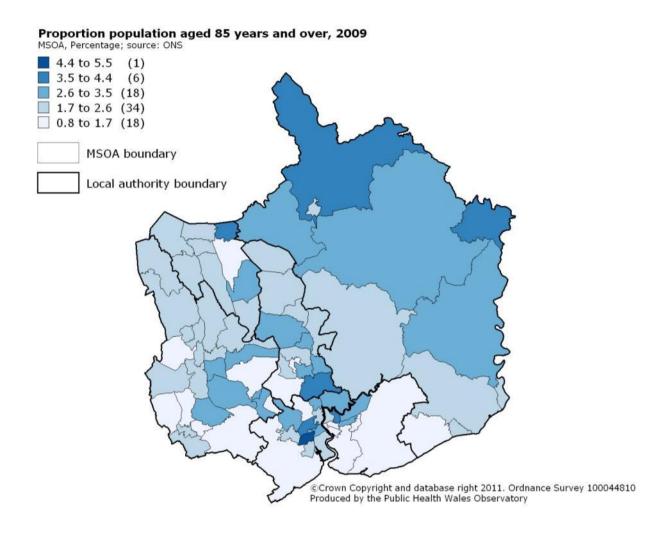
Percentage of population aged 75 and over by local authority, 2009

Produced by Public Health Wales Observatory, using data from ONS (MYE)

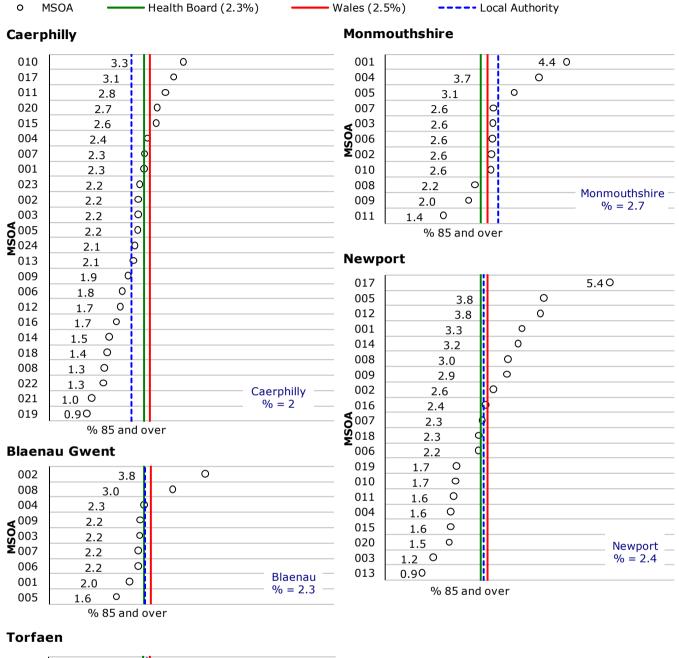


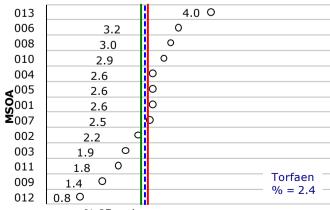
2.2.4 Population aged 85 and over

Middle super output areas



Percentage of population aged 85 and over in Aneurin Bevan Health Board area, 2009 Produced by Public Health Wales Observatory, using data from ONS (MYE)





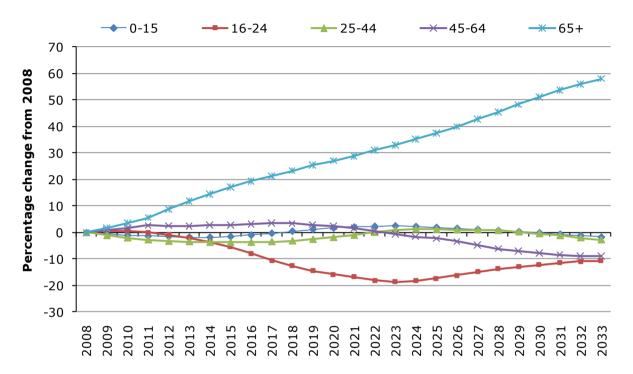
2.3 Population projections

2.3.1 Population projections by age group

Aneurin Bevan Health Board

2008-based population projections for Aneurin Bevan Health Board, persons: 2008 to 2033

Produced by the Public Health Wales Observatory, using data from the Welsh Assembly Government

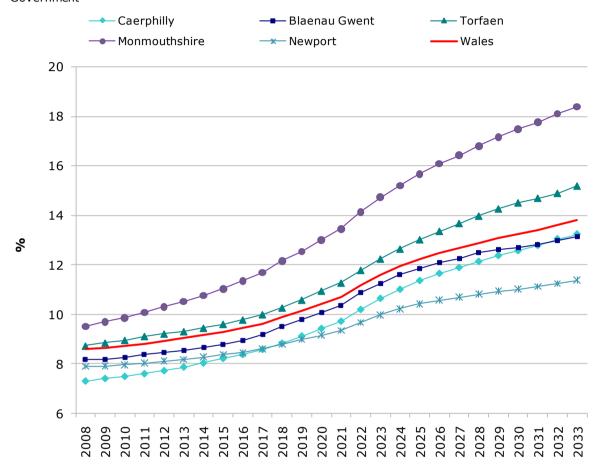


2.3.2 Population projections, persons aged 75 and over

Local authorities within Aneurin Bevan Health Board*

Projected population, 2008-2033, % aged 75 and over

Produced by Public Health Wales Observatory, using data from the Welsh Assembly Government



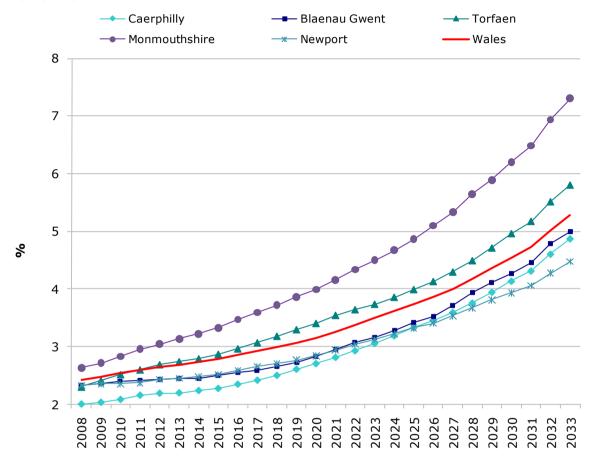
^{*} Y-axis is truncated

2.3.3 Population projections, persons aged 85 and over

Local authorities within Aneurin Bevan Health Board*

Projected population, 2008-2033, % aged 85 and over

Produced by Public Health Wales Observatory, using data from the Welsh Assembly Government

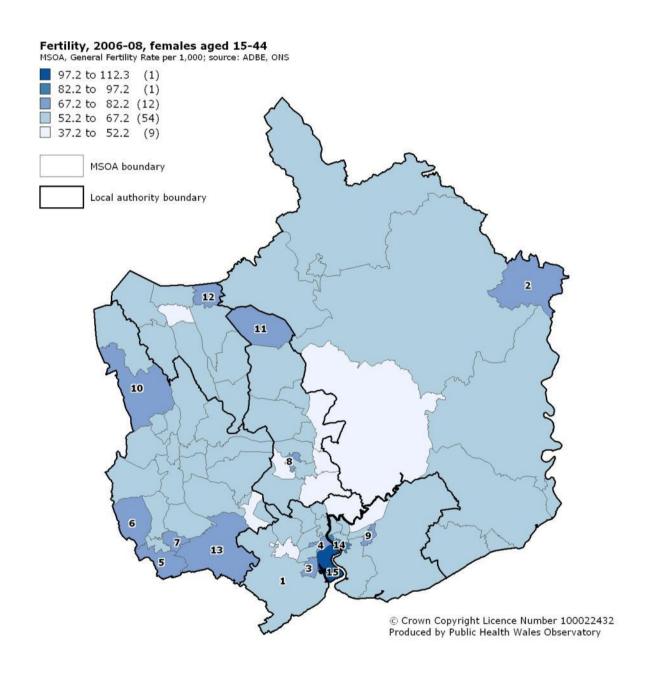


^{*} Y-axis is truncated

2.4 Births

2.4.1 General fertility rate

Middle super output areas

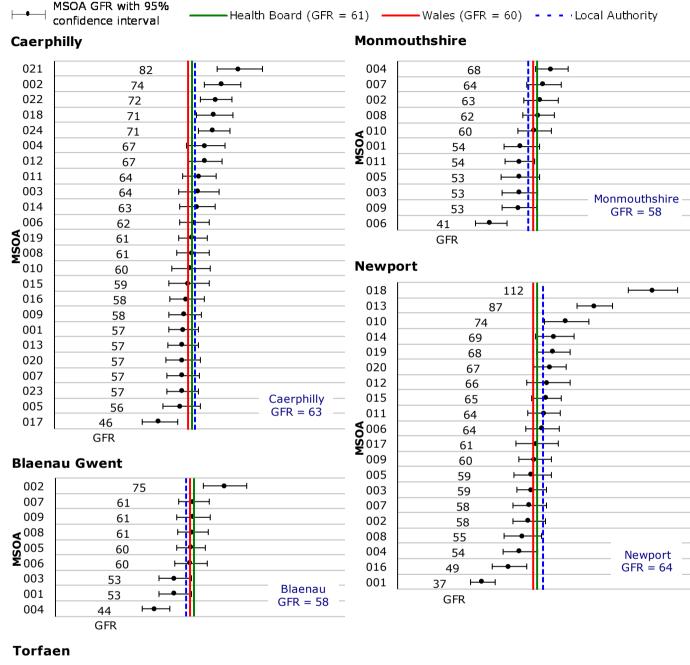


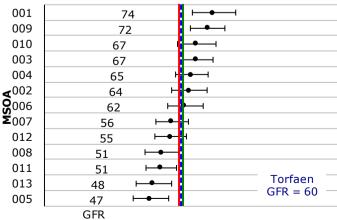
Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

General fertility rate per 1,000 in Aneurin Bevan Health Board area, females aged 15-44, 2006-08

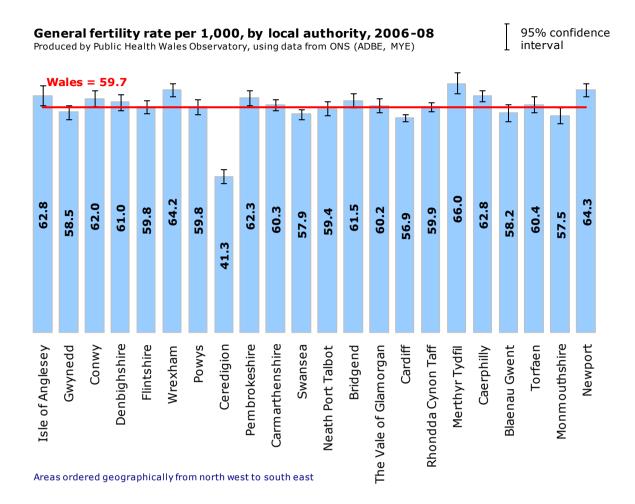
Produced by Public Health Wales Observatory, using data from ONS (ADBE, MYE)

MSOA GFR with 95%





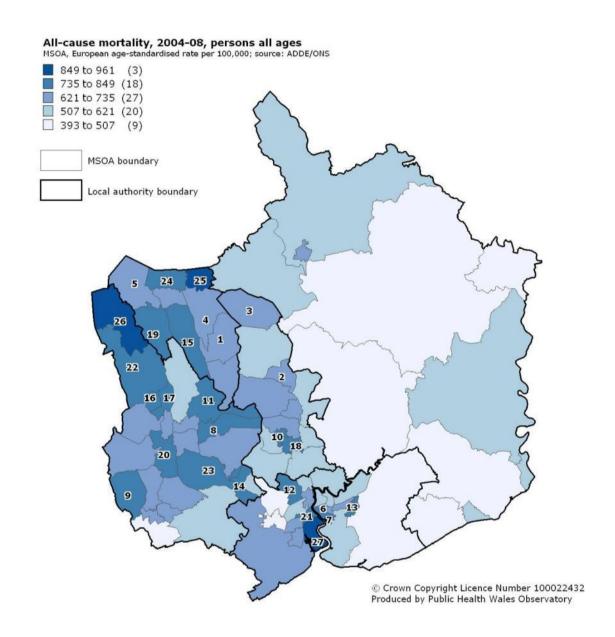
Local authorities



2.5 Deaths

2.5.1 All-cause mortality

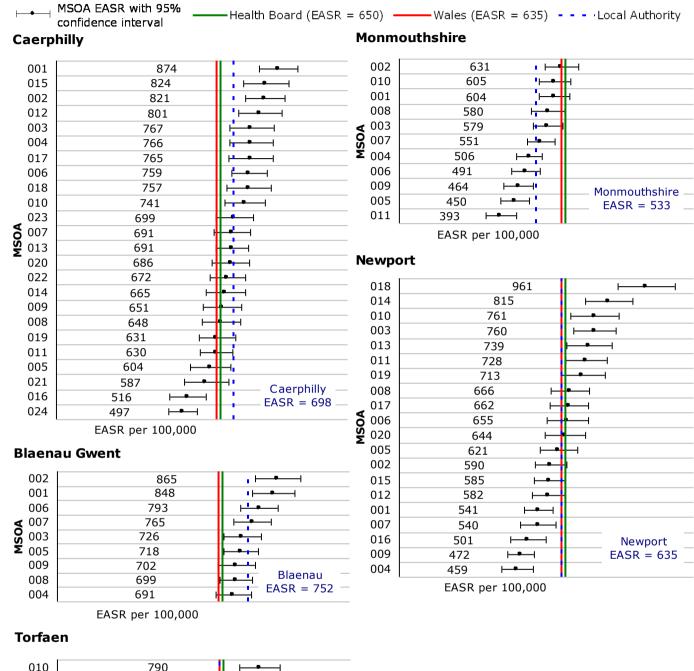
Middle super output areas

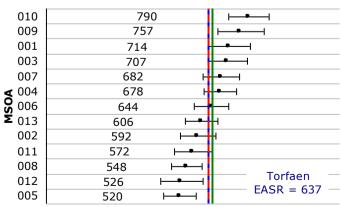


Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

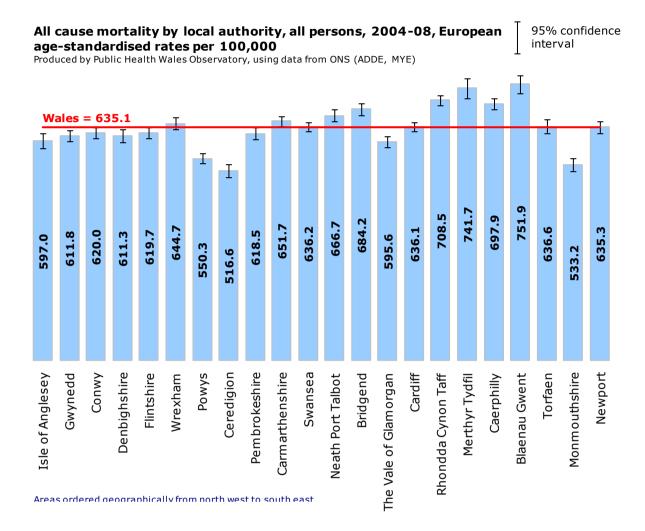
All-cause mortality in Aneurin Bevan Health Board area, all persons, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



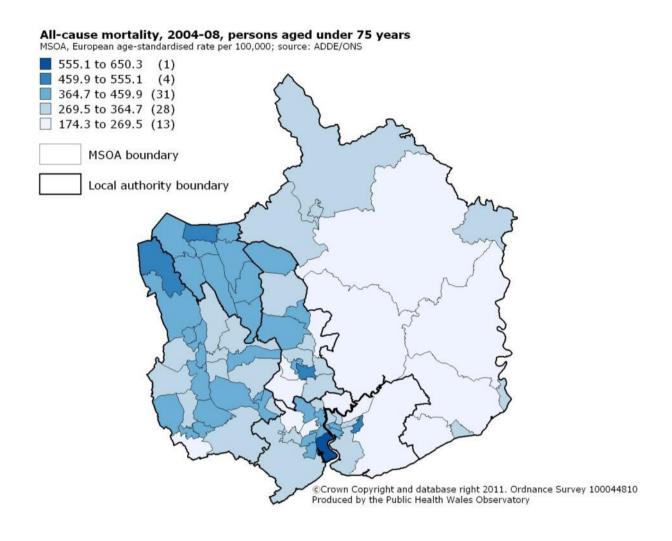


Local authorities



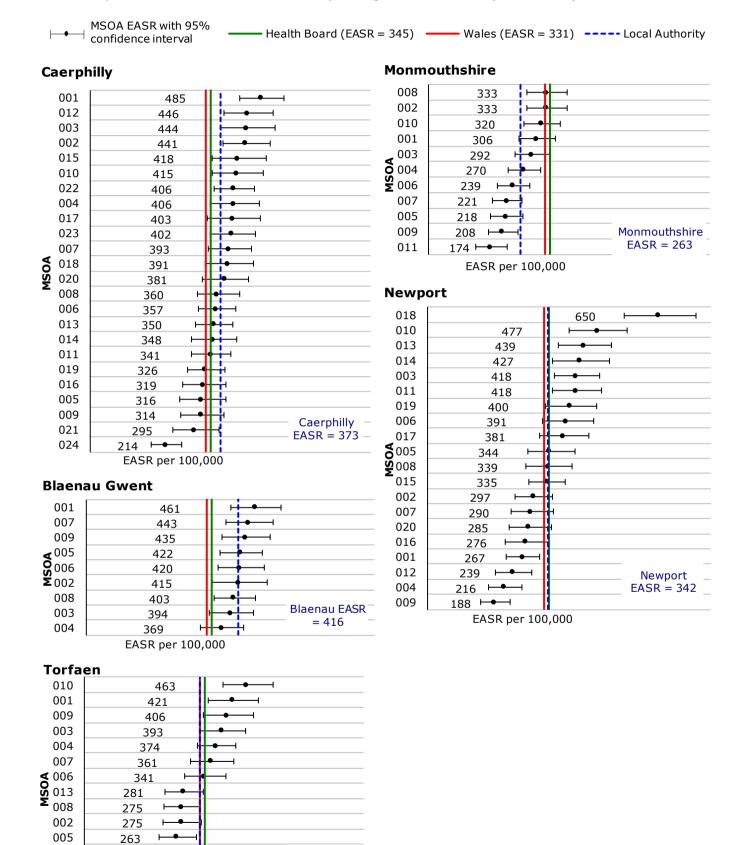
2.5.2 All-cause mortality, aged under 75

Middle super output areas



All-cause mortality in Aneurin Bevan Health Board area, persons aged under 75 years, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



Torfaen EASR

= 331

011

012

245

228

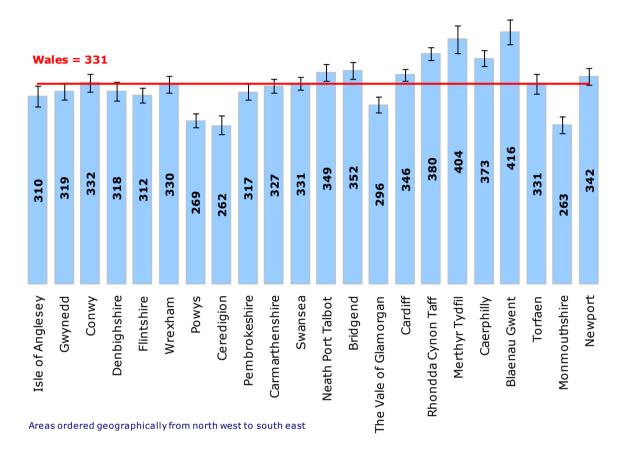
EASR per 100,000

Local authorities



95% confidence interval

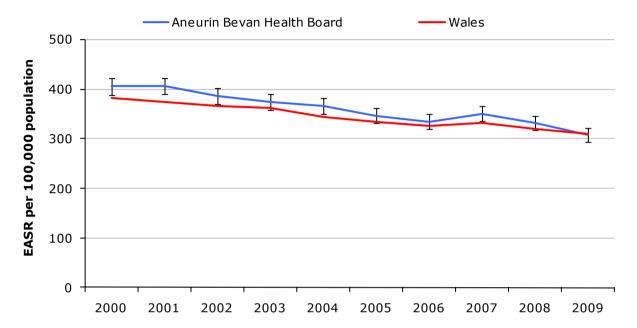
Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



Wales and Aneurin Bevan Health Board trend

All-cause mortality rate trend for Aneurin Bevan Health Board, persons aged under 75: 2000 to 2009

Produced by the Public Health Wales Observatory, using data from ONS (ADDE, MYE)



3 Determinants of health

3.1 Determinants of health: key points

Pattern of deprivation

The pattern of deprivation as described by the Welsh Index of Multiple Deprivation shows that the most deprived areas are located primarily in the west of the Aneurin Bevan Health Board area i.e. Tredegar; Rhymney; Blackwood and Cwmbran. The least deprived areas are in Monmouthshire in places like Devauden, Raglan, to the west of Chepstow and north of Monmouth.

Analysis of the association between deprivation and poor health

The association between socioeconomic deprivation and poor health outcomes is well-established. The Public Health Wales Observatory will be publishing a profile examining the relationship over time between deprivation and mortality later this year. This chart book contains some preliminary analysis released for inclusion in Director of Public Health Annual Reports. The analysis shows that the European age-standardised all-cause mortality rate in the most deprived fifth of areas within Aneurin Bevan Health Board is approximately twice the rate in the least deprived fifth. This gap is slightly higher in males than females. The charts also show the gap is not narrowing.

Lifestyle data

The Welsh Health Survey is a rich source of information on lifestyle. It is a self-reported survey randomly sampling around 15 thousand adults (aged 16+) per year in Wales. The sample is constructed to allow reporting at local authority level.

Lifestyle indicators in the Aneurin Bevan Health Board area are generally worse than, or similar to, the Wales average. Almost one in four people smoke, leading to around 1,000 deaths per year within the health board area.

Nearly half the population of the health board area drinks more alcohol than the recommended limits and more than a quarter binge drink on at least one day a week. Hospital admissions due to alcohol are more common than in Wales as a whole, with particularly high levels found in Blaenau Gwent. In total, more than 10,000 hospital admissions and 180 deaths are caused by alcohol each year.

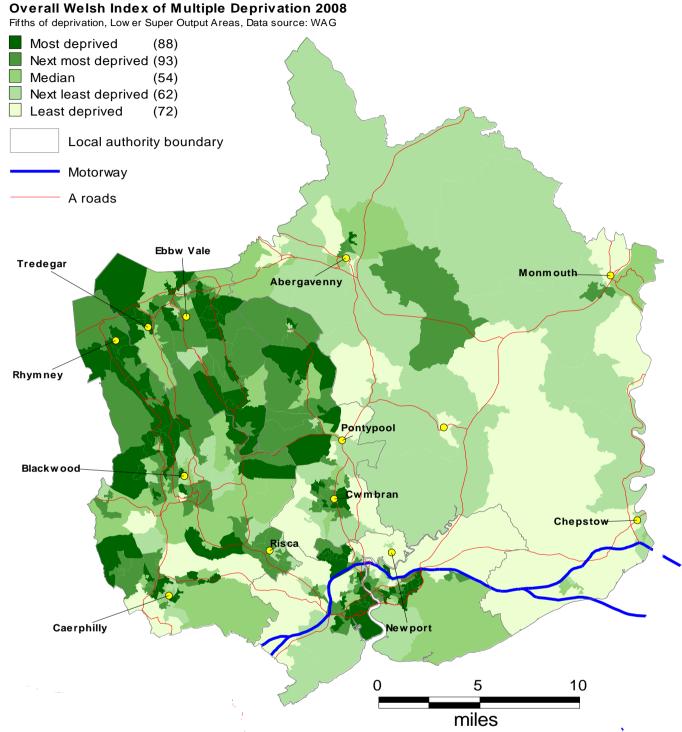
Overall, only around a third of people eat the recommended amount of fruit and vegetables. The picture is even worse for physical activity. Improving diet and physical activity are essential to reducing the high proportions of people who are overweight or obese. Nearly 60 per cent of adults in the health board area are either overweight or obese.

3.2 Wider determinants of health

3.2.1 Deprivation in relation to Wales

The Welsh Index of Multiple Deprivation (2008) is produced at a small area level called lower super output area, and is derived from a broad range of factors including income, employment, health, education, skills and training, community safety, housing, physical environment and access to services. It is a geographically based deprivation measure which can be used to show inequalities in health and suggest areas likely to most need measures to improve health and manage ill-health.

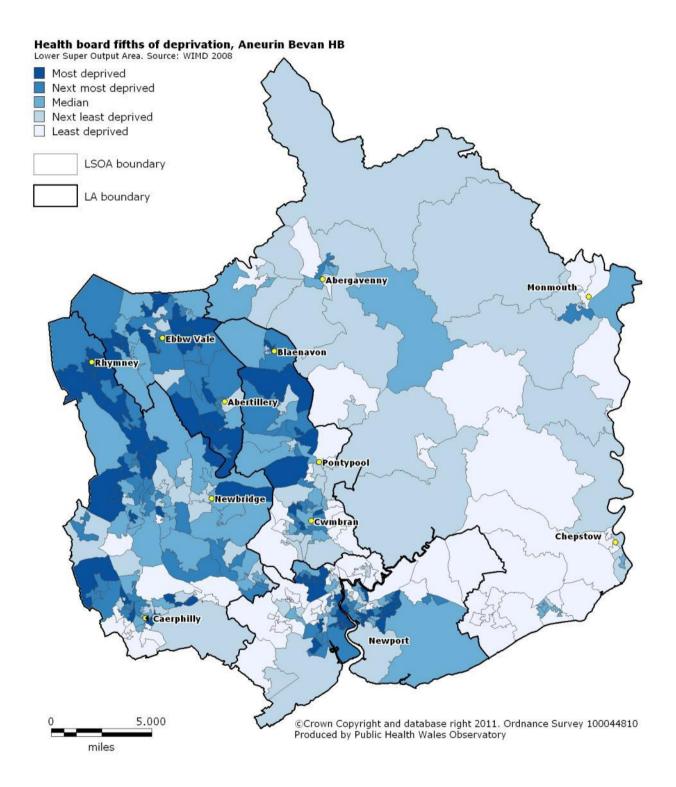
This map shows the level of deprivation in the health board in comparison to the rest of Wales.



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3.2.2 Deprivation within the health board

This map shows the most and least deprived fifths within the health board. It is this grouping that is used to demonstrate inequalities in mortality in the next section.

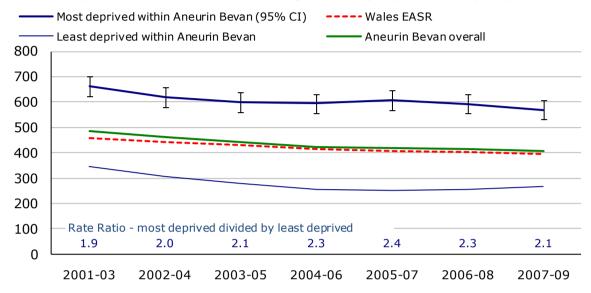


3.2.3 Inequality in all-cause mortality

These graphs compare mortality in the most deprived fifth of the health board population with the least deprived fifth of health board population.

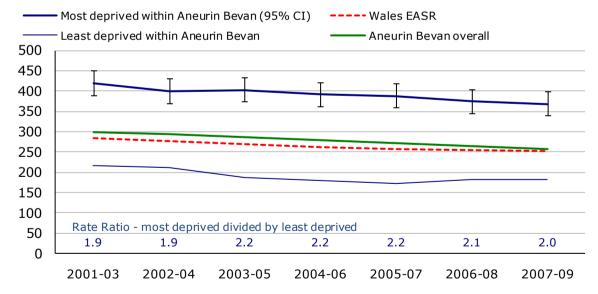
All-cause mortality, under 75, males, European age-standardised rate (EASR) per 100,000, Aneurin Bevan HB and Wales, 2001-09

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WAG)



All-cause mortality, under 75, females, European age-standardised rate (EASR) per 100,000, Aneurin Bevan HB and Wales, 2001-09

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WAG)

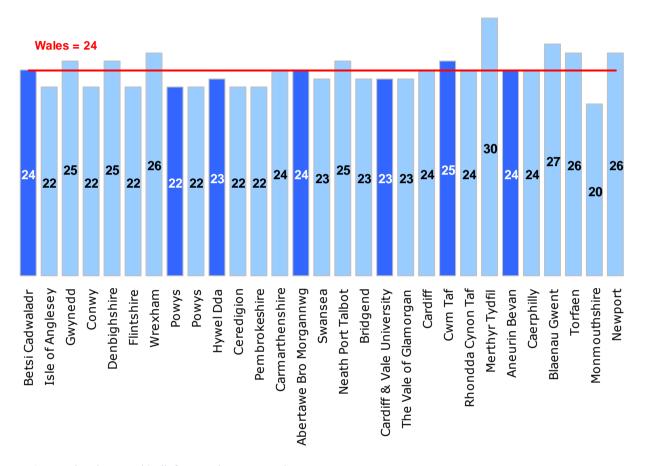


3.3 Lifestyle factors

3.3.1 Smoking as reported by adults

Adults who reported being a current smoker by local authority and health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

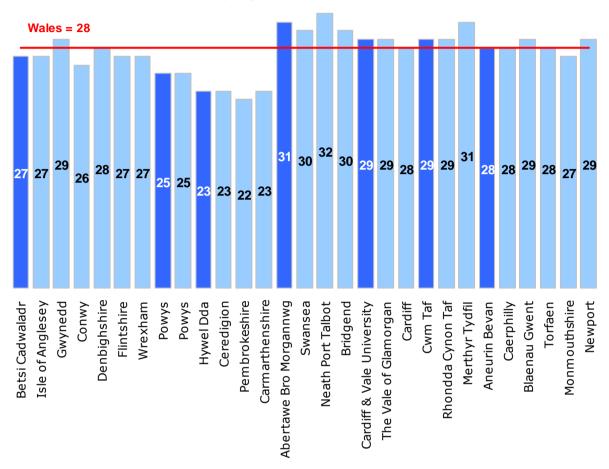


 $\label{lem:continuous} Areas \ ordered \ geographically \ from \ north \ west \ to \ south \ east$

3.3.2 Binge drinking as reported by adults

Adults who reported binge drinking on at least one day in the past week by local authority and health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

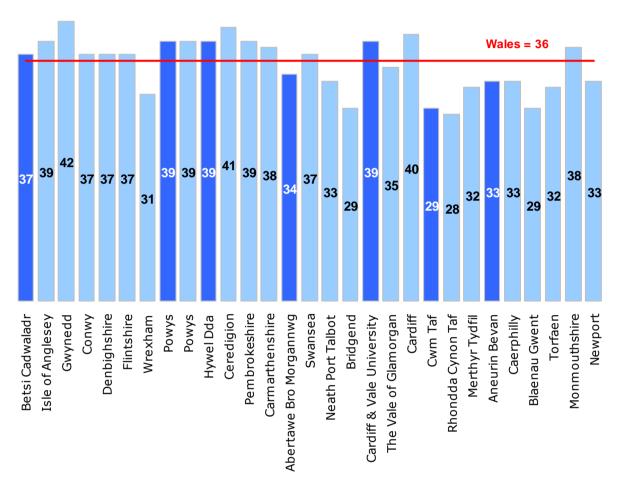


Areas ordered geographically from north west to south east

3.3.3 Five or more fruit or vegetables a day as reported by adults

Adults who reported eating five/more portions fruit/veg the previous day by local authority/health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

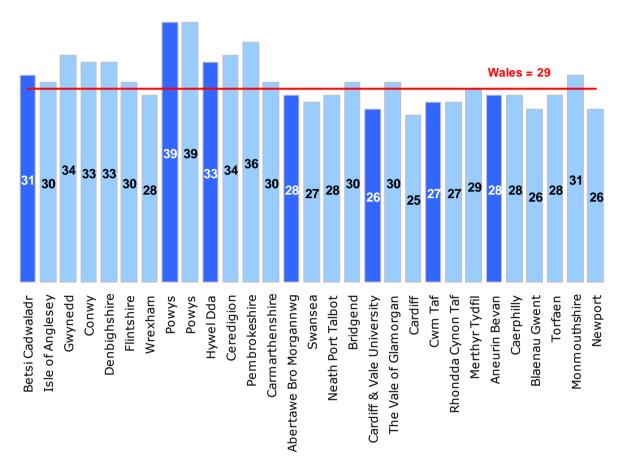


Areas ordered geographically from north west to south east

3.3.4 Physical activity as reported by adults

Adults who reported meeting physical activity guidelines in the past week by local authority/health board, age standardised percentage, 2008-2009

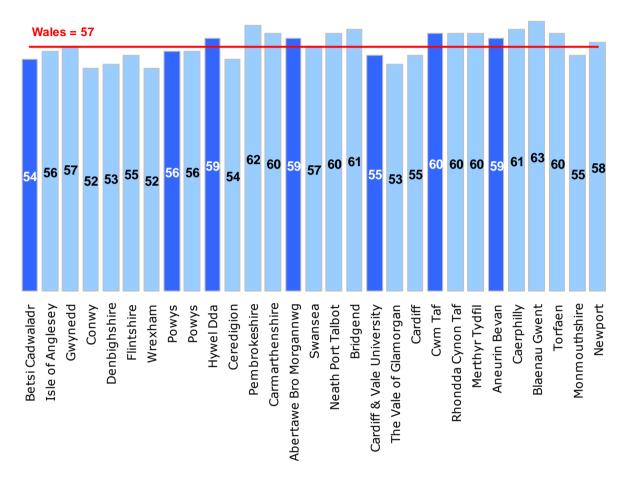
Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



3.3.5 Overweight and obesity, adults based on self reported data

Adults who were overweight or obese by local authority and health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



4 Use of services

4.1 Use of services: key points

Childhood immunisations

Childhood immunisation uptake rates show positive long term trends, although remain below target rates in a number of key areas. Immunisations in children under one year of age reach the 95% target. All immunisations scheduled for children in their second year of life do not reach the 95% target, and coverage of immunisations in five year olds and sixteen year olds are also below target; in particular, uptake of the three-in-one booster by sixteen years which is at less than 20 per cent; there have, however, been recent programmatic changes in the delivery of this vaccine in Aneurin Bevan Health Board and coverage, measured through the quarterly COVER report, is expected to increase substantially. MMR vaccine uptake is a particular concern given a large outbreak of measles in Wales in 2009, and ongoing outbreaks in Europe in 2011. Uptakes of one dose of MMR in two year olds and two doses in five year olds have improved since 2005, but a 95% uptake of two doses is needed to eliminate measles in line with WHO goals. Improving uptake of pre-school and teenage immunisation will reduce risk of outbreaks of vaccine preventable diseases in future.

Seasonal influenza vaccination

In Wales, free seasonal influenza immunisation is offered to all people aged 65 years and over, and people between 6 months and 65 years in clinical risk groups (currently chronic respiratory disease, chronic heart disease, chronic renal disease, chronic liver disease, chronic neurological conditions, diabetes mellitus, and immunosuppression), residents of long-stay care homes and those who were the main carer for an elderly or disabled person whose welfare may be at risk if the carer fell ill. For 2009/10 WAG set a target immunisation uptake rate of 70% for people aged 65 years and over. For the 2010/11 seasonal influenza immunisation campaign the national uptake target was raised to the WHO target of 75% uptake in recommended groups. This target was also put in place for those younger than 65 years in 'at-risk' groups. During the 2010/11 campaign influenza immunisation was also offered to pregnant women who were not an existing clinical risk group.

Uptake of seasonal influenza immunisation for Aneurin Bevan Health Board in persons aged 65 years and over during 2010/11 was 9% under the target level. In persons aged under 65 years in the at risk groups, uptake during 2010/11 was 25% below the target level.

Population Based National Screening Programmes in Wales

Uptake/coverage rates in Aneurin Bevan Health Board for the national screening programmes for bowel, breast and cervical cancer and newborn hearing screening are generally on a par with or slightly higher than Wales overall. However only rates for cervical screening for ages 25-64 and newborn hearing screening achieve the UK target rates, the other programmes fall slightly short of the targets. Rates in Newport for bowel screening, and Blaenau Gwent and Torfaen for breast cancer screening are noticeably lower than for Wales and the other local authorities within Aneurin Bevan.

Primary care services

The latest Welsh Health Survey data show that age-standardised percentages of primary care service use by adults in Aneurin Bevan Health Board are broadly on a par with those for Wales as a whole.

Use of secondary and tertiary care

Age-standardised overall hospital admission rates in persons aged under 75 years for 2009 in Aneurin Bevan Health Board show that overall rates are higher than Wales. For local authority areas within the health board the rate is highest in Blaenau Gwent and lowest in Monmouthshire. Drilling down to the MSOA level there is considerable variation. Rates are lowest in the Devauden; St. Kingsmark; Trellech; Llanishen and Newchurch areas of Monmouthshire, and highest in the Pillgwenlly area of Newport.

Looking at emergency admissions in this age group, the health board rate is above that of Wales and is highest in Blaenau Gwent and Torfaen. At the MSOA level the rate varies greatly (more than for all admissions) with the lowest rates again found the Devauden; St. Kingsmark; Trellech; Llanishen and Newchurch areas of Monmouthshire, and highest in the Pillgwenlly area of Newport. High rates of emergency hospital admission may be indicative of inadequate self-care and primary care services.

The health board elective admission rate is slightly higher that for Wales. The rate is again highest in Blaenau Gwent. At the MSOA level rates are highest in Badminton and Ebbw Vale North areas of Blaenau Gwent. The rates are lowest in the Devauden; St. Kingsmark; Trellech; Llanishen and Newchurch areas of Monmouthshire.

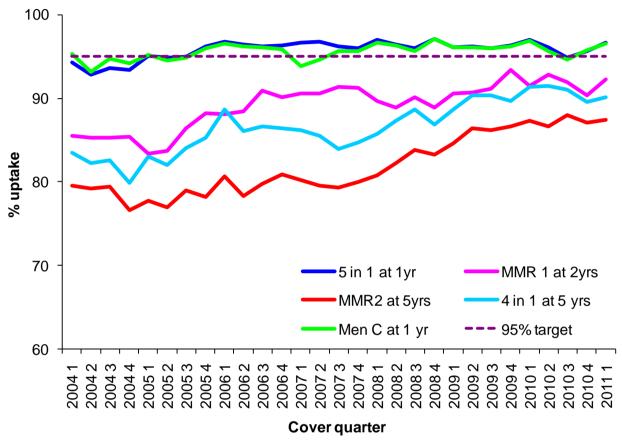
4.2 Prevention services: vaccination uptake

Note: Y-axes in the graphs of this section are truncated

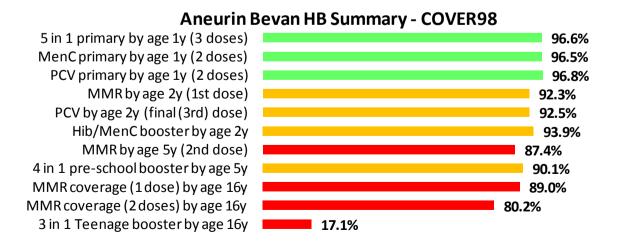
4.2.1 Childhood immunisations

Routine childhood immunisation Aneurin Bevan Health Board area, trends 2004-2011

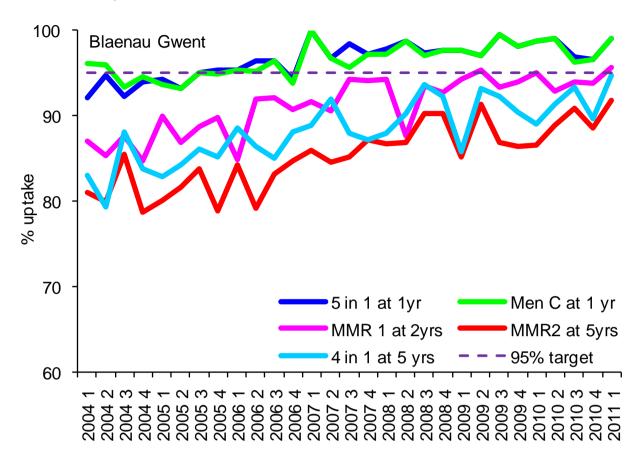
Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports



Routine childhood immunisation Aneurin Bevan Health Board area, 2011 quarter 1 Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports

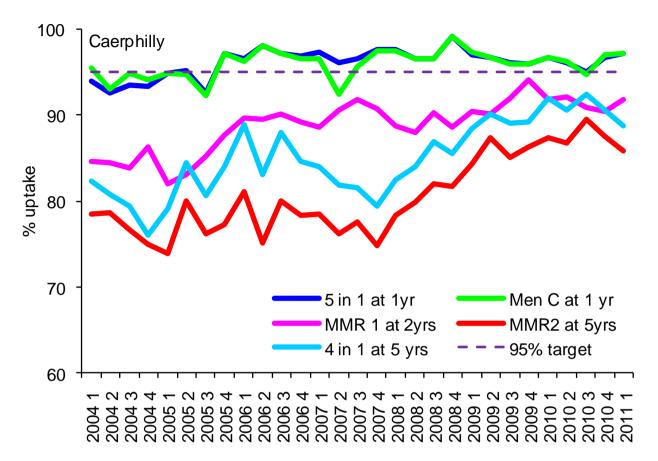


Routine childhood immunisation Blaenau Gwent local authority area, trends 2004-2011 Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports

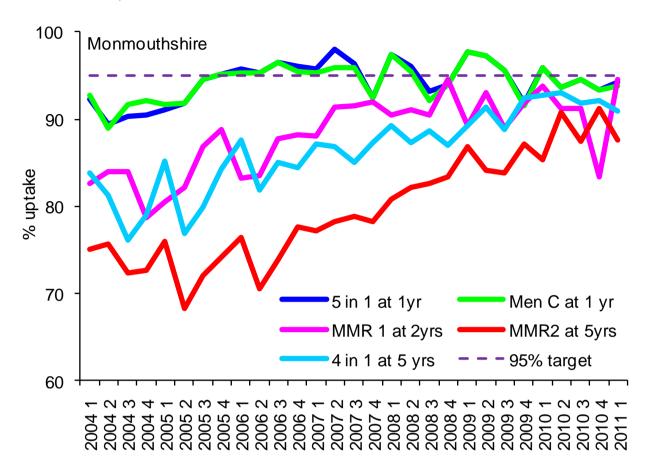


Routine childhood immunisation Caerphilly local authority area, trends 2004-2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports

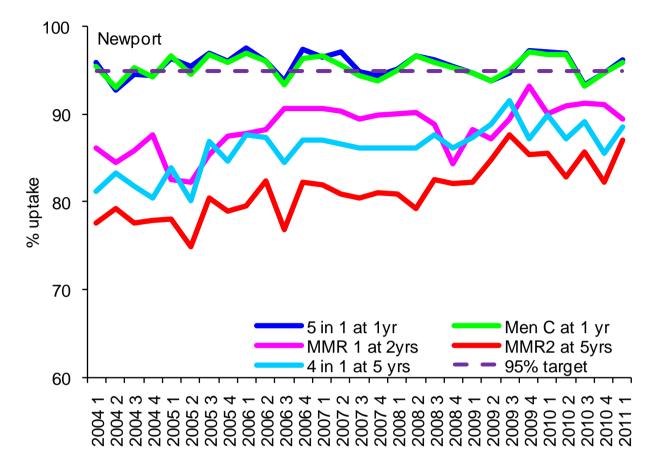


Routine childhood immunisation Monmouthshire local authority area, trends 2004-2011Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports



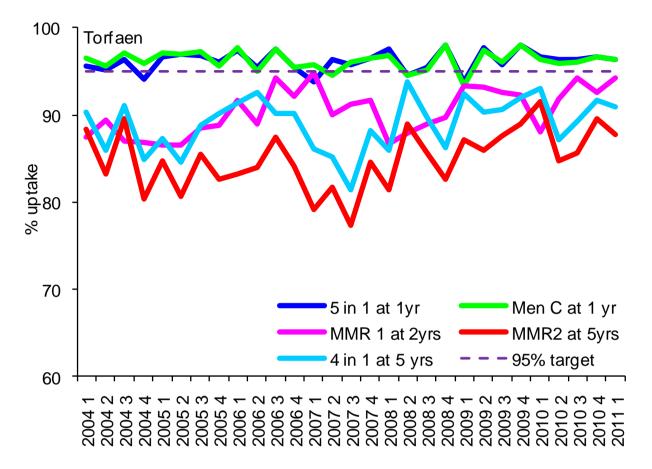
Routine childhood immunisation Newport local authority area, trends 2004-2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports



Routine childhood immunisation Torfaen local authority area, trends 2004-2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports



4.2.2 Seasonal influenza vaccination

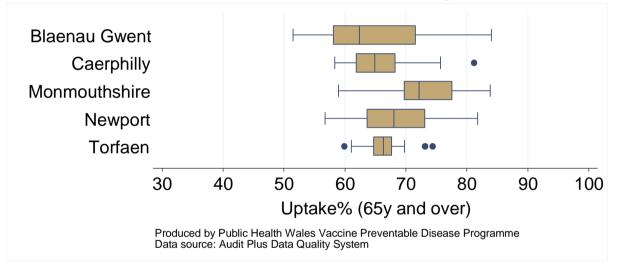
Uptake of seasonal influenza immunisation in Aneurin Bevan Health Board area, 2010/2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, data source: Audit +

	Patients aged 65y and over			Patients aged under 65y at risk			
	Total patients	Patients immunised	Uptake (%)	Total patients	Patients immunised	Uptake (%)	
Blaenau Gwent	13,042	8,246	63.2	8,273	4,180	50.5	
Caerphilly	26,709	17,226	64.5	17,740	8,801	49.6	
Monmouthshire	14,378	10,299	71.6	6,345	3,542	55.8	
Newport	23,946	16,182	67.6	14,812	7,518	50.8	
Torfaen	16,542	10,926	66.1	10,352	4,984	48.1	
Health Board total	94,617	62,879	66.5	57,522	29,025	50.5	

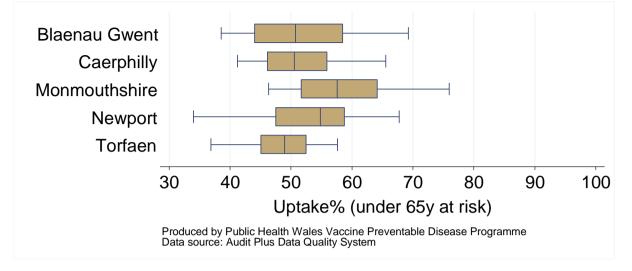
Distribution of practice level seasonal influenza immunisation uptake rates (patients aged 65 years and over), Aneurin Bevan Health Board area, 2010/2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, data source: Audit +



Distribution of practice level seasonal influenza immunisation uptake rates (patients aged under 65 years at risk), Aneurin Bevan Health Board area, 2010/2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, data source: Audit +



The line inside the shaded box represents the median practice uptake rate (half of the local authority practices have an uptake higher than the median value and half have an uptake lower than the median value). The shaded box represents the spread in uptake rates of the central 50% of practices, this is called the interquartile range. The whiskers extending above and below the shaded box represent the spread in practice uptake rates for the majority of practices within the local authority. Any practices with uptake rates that are very different from the majority of practices within the local authority are termed 'outliers' and appear as dots outside the whiskers.

4.3 Population Based National Screening Programmes in Wales

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

In the context of screening programmes:

Uptake is the proportion of people routinely invited for screening for who a screening test result is recorded within the same invitation episode. Uptake is an important measure of the acceptability of a screening programme. There are minimum uptake standards and targets set for each of the programmes.

Coverage is the proportion of people resident and eligible at a particular point in time who have been screened at least once in a defined time period (dependent on the screening interval of the different programmes).

4.3.1 Uptake of national screening programmes in Wales Uptake of breast, bowel, cervical and newborn screening programme statistics for Aneurin Bevan Health Board area, period 1 April 2009-31 March 2010 compared to all Wales Produced by Screening Division, Public Health Wales

Screening programme	Age range / Test frequency in Wales	UK target rate	Wales rate	Aneurin Bevan	Blaenau Gwent	Caerphilly	Monmouth shire	Newport	Torfaen
Bowel Screening ¹	Currently 60-69 years / every 2 years	Uptake: 60%	55.3%	54.8%	54.7%	55.6%	58.0%	51.1%	54.9%
Breast Screening ²	50-70 years / every 3 years	Uptake: Minimum 70%, Target 80%	76.2%	76.3%	70.4%	77.3%	82.8%	74.9%	70.8%
Cervical Screening ³ (aged 20-64)	20-64 years / every 3 years	Coverage: 80% at 5 years (aged 25-64)	76.2%	78.4%	78.5%	78.0%	80.8%	76.9%	78.9%
Cervical Screening ⁴ (aged 25-64)	20-64 years / every 3 years	Coverage: 80% at 5 years (aged 25-64)	79.5%	80.6%	80.4%	80.2%	83.0%	79.6%	81.1%
Newborn Hearing Screening ⁵	Newborn babies / within first month of birth	Uptake: 95%	99.7%	99.8%	99.9%	99.5%	99.6%	99.9%	100.0%

Notes

- 1 Bowel: Uptake of people invited April 2009 to end of March 2010
- 2 Breast: uptake stated (of those routinely invited, number screened)
- 3 Cervical (aged 20-64): coverage stated, tested within 5 years
- 4 Cervical (aged 25-64): coverage stated, tested within 5 years the 25-64 age range allows direct comparison with England
- 5 Newborn: uptake stated (of babies born, number tested)

4.4 Primary care services

4.4.1 Use of primary care as reported by adults

Aneurin Bevan Health Board adults who reported particular service use, Welsh Health Survey 2008 & 2009.

	Observed per cent	Age- standardised percent	Wales per cent
Health service use			
Family doctor (GP) in the past two weeks	18	18	18
In the past three months: Accident, injury or poisoning needing hospital treatment or a visit to casualty	5	4	5
In the past twelve months:			
Pharmacist	71	71	70
Dentist	67	67	70
Optician	50	50	49
Unweighted base (i)			
All aged 16+	6,011	6,011	29,331

Source: Welsh Health Survey 2008 + 2009

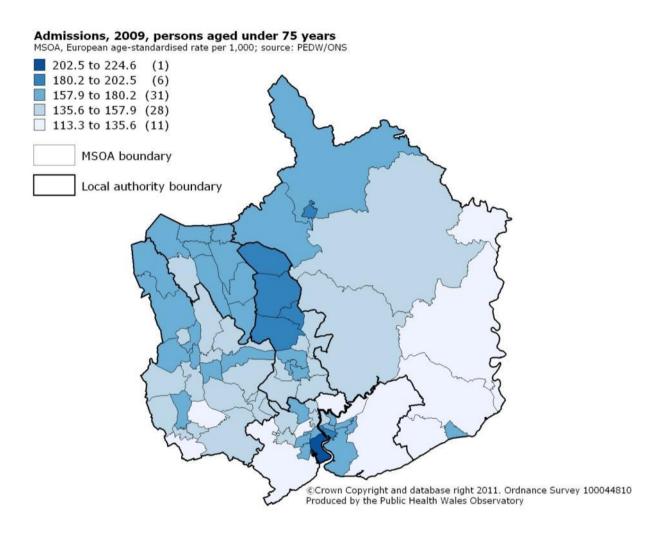
Age standardised rate is standardised to the Wales population.

⁽i) Bases vary: those shown are for the whole sample.

4.5 Use of secondary and tertiary care

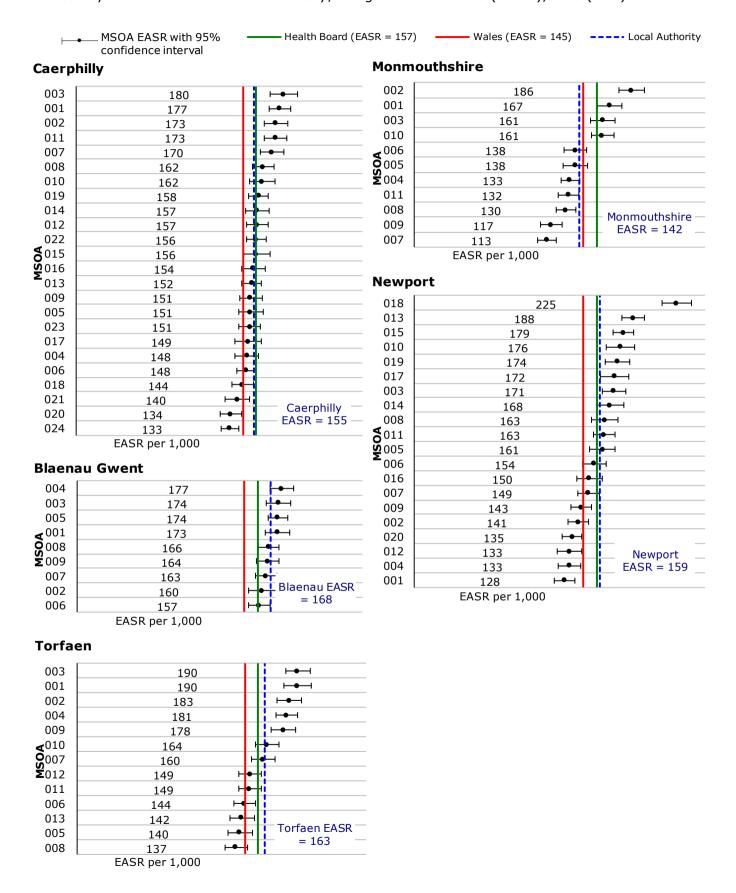
4.5.1 Hospital admissions: individuals aged under 75

Middle super output areas



Hospital admissions in Aneurin Bevan Health Board area, persons aged under 75, 2009, European age-standardised rates per 1,000

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

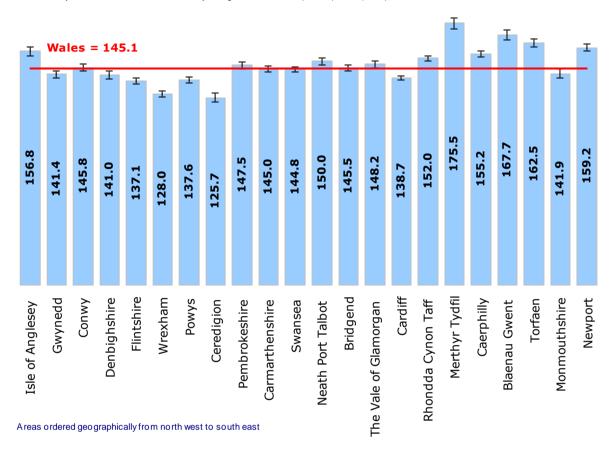


Local authorities

Hospital admissions by local authority, persons aged under 75, 2009, European age-standardised rates per 1,000

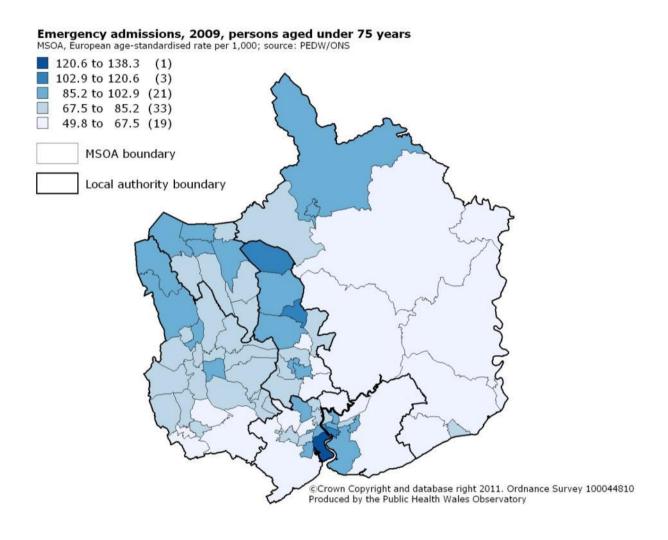
95% confidence interval

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



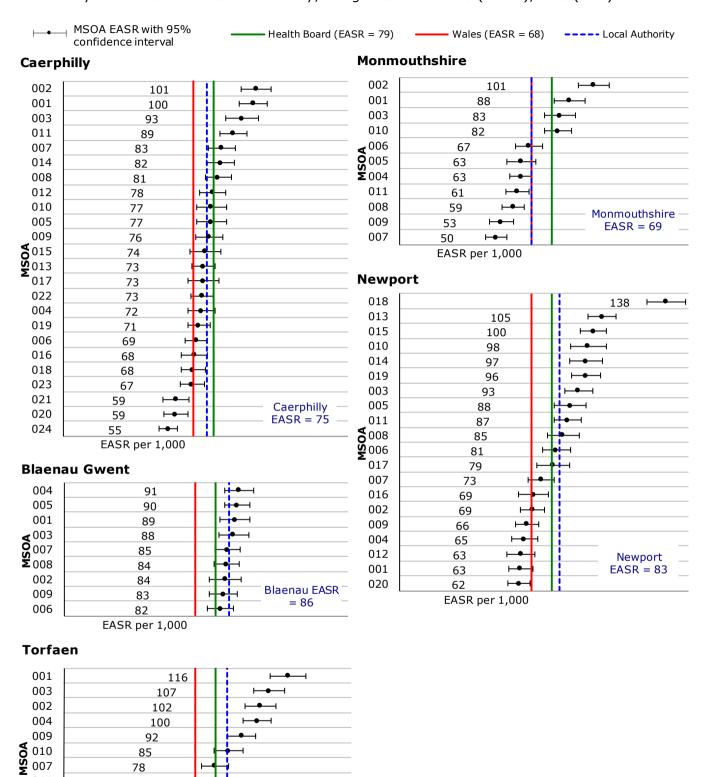
4.5.2 Emergency hospital admissions: individuals aged under 75

Middle super output areas



Emergency hospital admissions in Aneurin Bevan Health Board area, persons aged under 75, 2009, European age-standardised rates per 1,000

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



Torfaen EASR

= 85

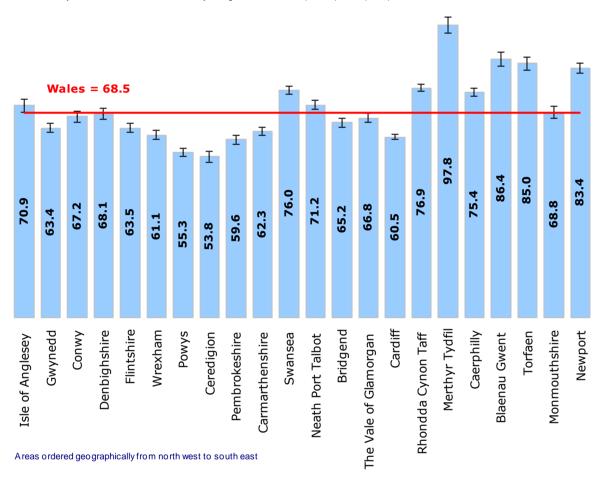
67 ⊢ EASR per 1,000

Local authorities

Emergency hospital admissions by local authority, persons aged under 75, 2009, European age-standardised rates per 1,000

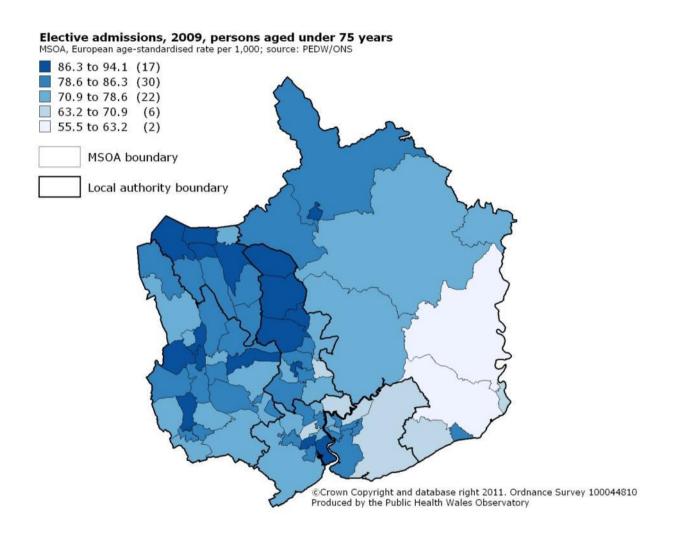
95% confidence interval

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



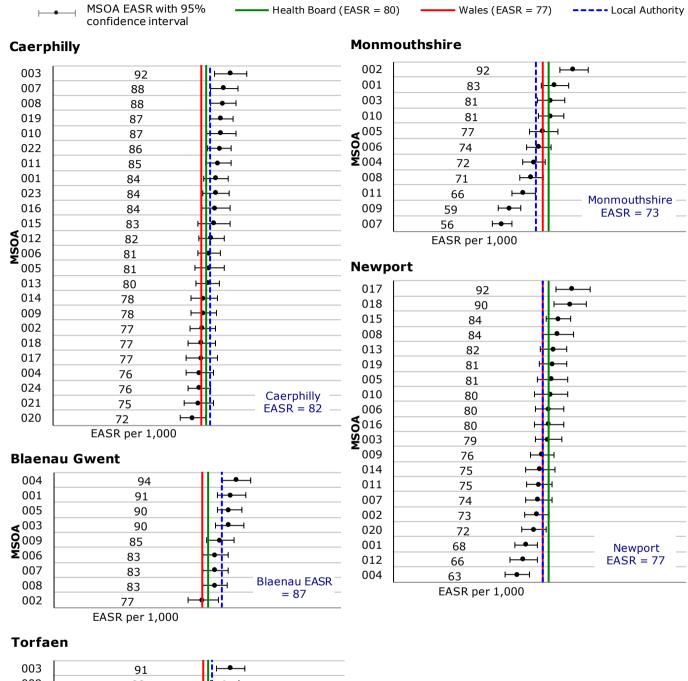
4.5.3 Elective hospital admissions: individuals aged under 75

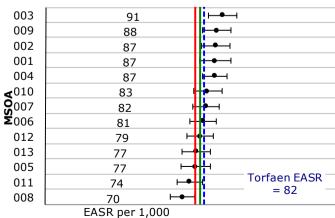
Middle super output areas



Elective hospital admissions in Aneurin Bevan Health Board area, persons aged under 75, 2009, European age-standardised rates per 1,000

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



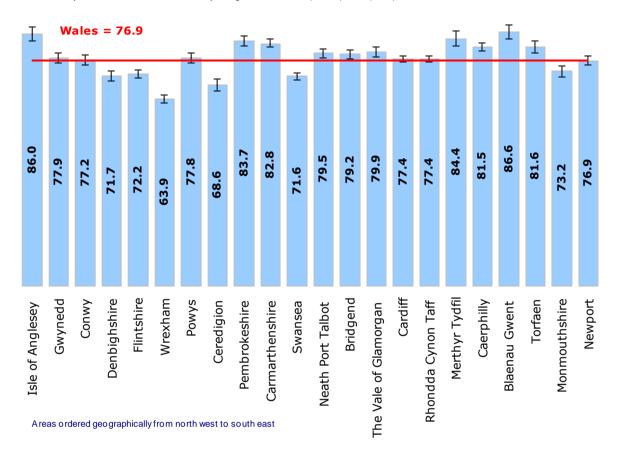


Local authorities

Elective hospital admissions by local authority, persons aged under 75, 2009, European age-standardised rates per 1,000

95% confidence interval

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



5 Health status

5.1 Health status: key points

There are consistent general patterns exhibited across the various indices of health status. The east of Aneurin Bevan Health Board has generally poorer levels of health whereas the west of the area has better levels of health than Wales as a whole.

Low birth weight

Low birth weight is associated with poor maternal health and lifestyle and there is increasing evidence to show an association with adverse effects later in life. The percentage of singleton live born babies weighing under 2500g in Aneurin Bevan Health Board is higher than that for Wales. At the MSOA level, the highest percentage by far is found in the Pillgwenlly area of Newport whereas the lowest percentages are seen in Graig; Bassleg and Rogerstone in Newport, Devauden; St. Kingsmark; Trellech; Llanishen and Newchurch areas of Monmouthshire, and the north east (New Inn) area of Pontypool in Torfaen.

Self-reported health status

The Welsh Health Survey contains a number of questions on health status, including the SF36 questionnaire which can be summarised into overall physical and mental health scores. The latest results show that self reported physical and mental health scores are worse in Aneurin Bevan Health Board than in Wales as a whole. At the local authority level, self reported physical and mental health scores are worse in Blaenau Gwent whereas Monmouthshire has scores well above those for Wales. The data also show that Aneurin Bevan Health Board has a higher age-standardised rate of persons reporting a limiting long term illness (which includes problems related to old age) than Wales. At the local authority level, Blaenau Gwent again exhibits the highest self reported rate and Monmouthshire the lowest self reported rate within the health board area. Looking at persons reporting current treatment for a mental health condition, the health board rate is above that for Wales, with Blaenau Gwent and Torfaen having the highest rates of the 22 local authority areas across Wales.

Mortality from specific conditions

Circulatory disease includes heart disease and stroke and is the most common underlying cause of death in Wales. Lifestyle factors such as diet, exercise, alcohol consumption and especially smoking are known to be implicated in circulatory disease. The European agestandardised mortality rate for Aneurin Bevan Health Board is similar to Wales. At the local authority level rates are higher in Blaenau Gwent and Caerphilly and lower in Monmouthshire. At the MSOA level the rate more than doubles between the lowest and highest areas. The lowest rates are found in the Caerwent, Caldicot, Portskewett, Shirenewton and Gaerllwyd areas of Monmouthshire. Conversely the highest rates are seen in the Llechrhyd, Rhymney, Moriah, Pontlottyn and Twyn Carno areas of Caerphilly.

Coronary heart disease is a sub-category within circulatory disease and includes heart attacks. Smoking is a major cause of coronary heart disease. The European age-standardised mortality rate for Aneurin Bevan Health Board is slightly higher than Wales. At the local authority level rates are higher in Blaenau Gwent and Caerphilly and lower in Monmouthshire. At MSOA level, once again, variation is high. The pattern is very similar to that for circulatory disease with the lowest rates in the Caerwent; Caldicot; Portskewett; Shirenewton and Gaerllwyd areas of Monmouthshire, and the highest rates seen in the Llechrhyd; Rhymney; Moriah; Pontlottyn and Twyn Carno areas of Caerphilly.

Cancer is the second most common cause of death in Wales. Causes of cancer are multifactorial, varying depending on the site but smoking and other lifestyle factors are important risk factors. The European age-standardised mortality rate for Aneurin Bevan Health Board is similar to Wales. Across the local authorities in the health board area, the highest rate is seen in Blaenau Gwent and the lowest in Monmouthshire. At MSOA level there is significant variation. The lowest rates are located in the Llanover; Llantilio Crossney; Mitchel Troy and Raglan areas of Monmouthshire, and the highest rates in the Pillgwenlly area of Newport.

Respiratory disease is a very common cause of death. Once again, smoking is a major risk factor for respiratory disease. The European age-standardised mortality rate for Aneurin Bevan Health Board is almost identical to Wales, again with the highest rate across the local authority areas being in Blaenau Gwent and the lowest in Monmouthshire. At the MSOA level there is considerable variation with the rate more than trebling between lowest and highest areas. The wider confidence intervals on the caterpillar charts are indicative of the fact that there are fewer respiratory disease deaths than for cancer or circulatory disease. The lowest rates are found in the Mill, Rogiet, The Elms, Llanfihangel and Magor areas of Monmouthshire. The highest rates are in the Llechrhyd, Rhymney, Moriah, Pontlottyn and Twyn Carno areas of Caerphilly.

Cancer survival

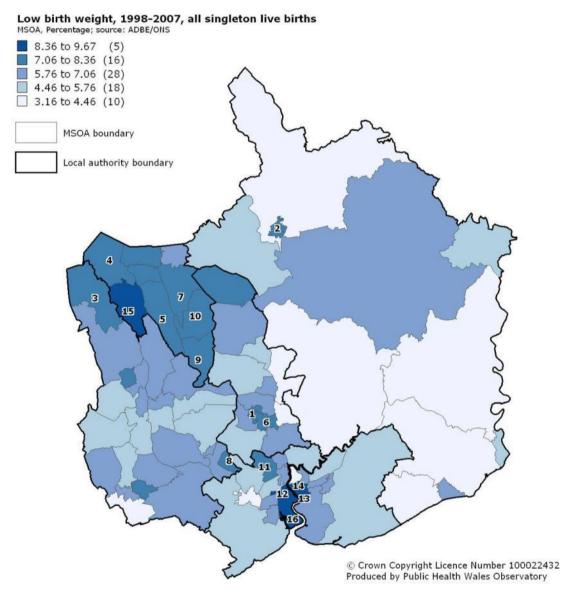
Relative survival is the most widely used method in population studies. It is the ratio of the survival observed in the group of cancer patients to the survival that would be expected if they were subject to the same overall mortality rates by age, sex and calendar period as the general population. The expected probabilities are obtained from life tables for Wales that provide the life expectancy of persons for a given year by age and sex. The problems arising with crude survival are therefore overcome. It enables one to measure variations in cancer survival (or its complement, mortality) independently of variations in expected (background) mortality associated with various factors (age and sex in these analyses). The regional data for Wales indicate a steady improvement in one year relative survival for both males and females.

The site-specific one and five year relative survival figures indicate that there is little difference between Aneurin Bevan Health Board and Wales as a whole for the majority of cancer sites. However, there are some exceptions i.e. prostate cancer where the one and five year survival is statistically significantly lower for men and all malignancies (excluding non melanoma skin cancer) where the one and five year survival for men and the one year survival for women are statistically significantly lower.

5.2 Physical and mental health

5.2.1 Low birth weight

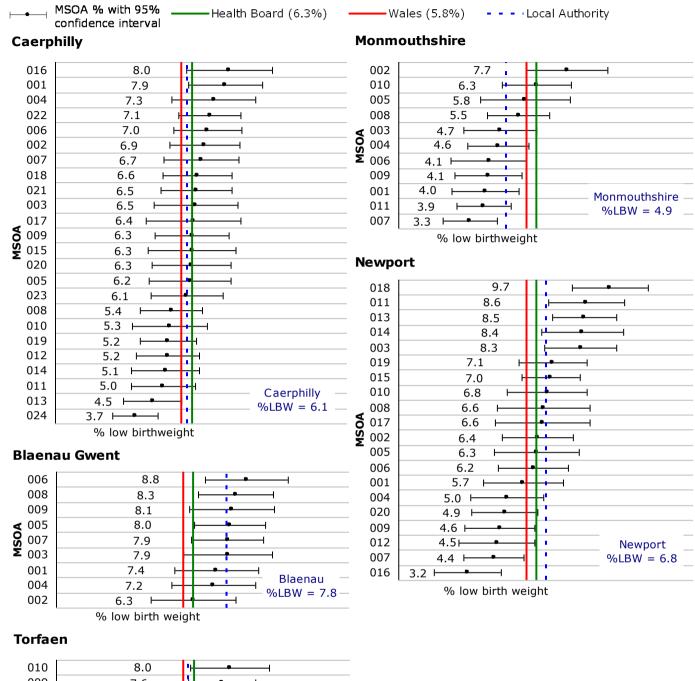
Middle super output areas

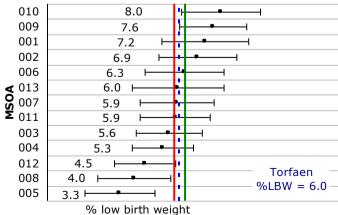


Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

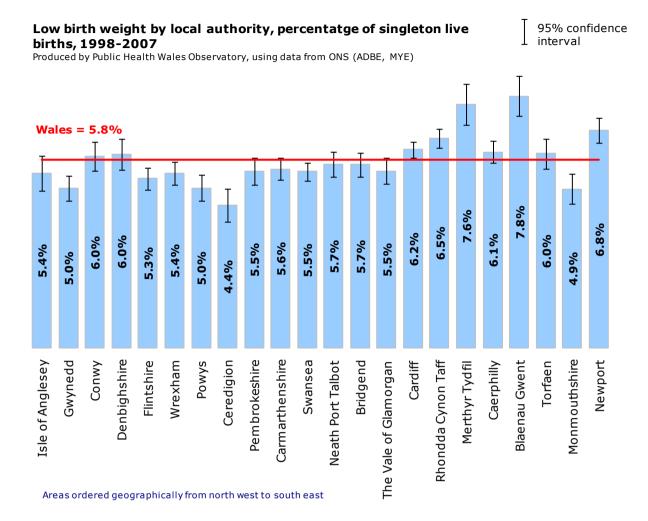
Low birth weight in Aneurin Bevan Health Board area, percentage of singleton live births, 1998-2007

Produced by Public Health Wales Observatory, using data from ONS (ADBE, MYE)





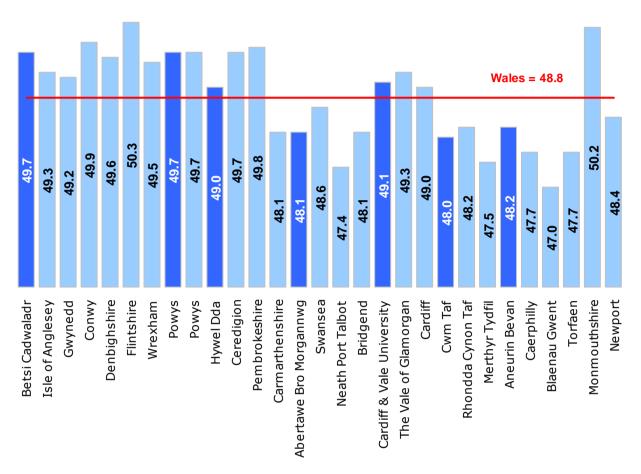
Local authorities



5.2.2 Physical health as reported by adults*

Mean SF-36 Physical component summary score by local authority and health board, age standardised rate, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

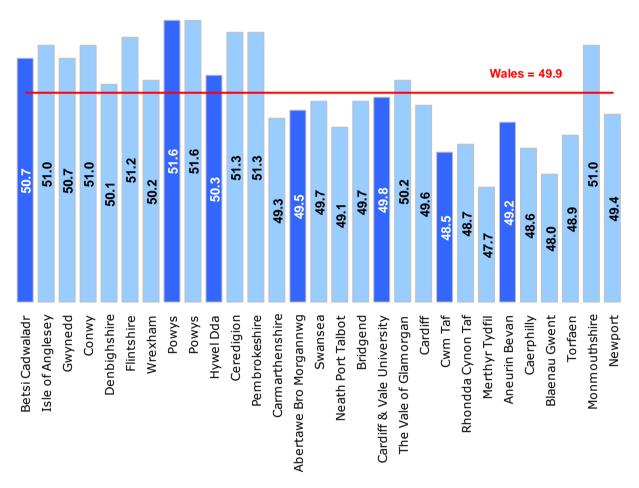


^{*} Y-axis truncated to 45

5.2.3 Mental health as reported by adults*

Mean SF-36 Mental component summary score by local authority and health board, age standardised rate, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

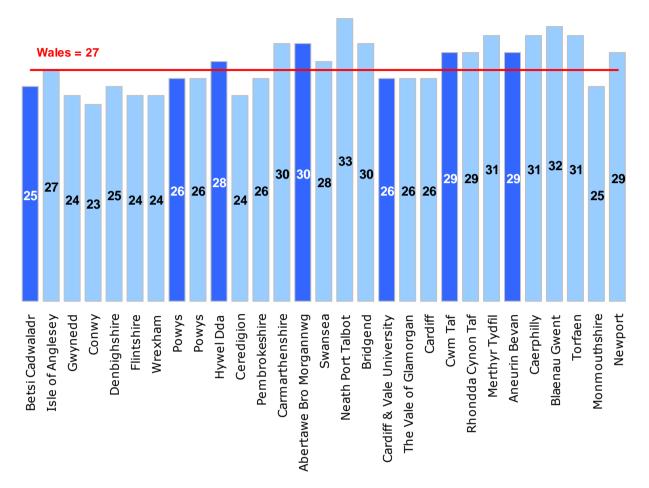


^{*} Y-axis truncated to 45

5.2.4 Limiting long term illness as reported by adults

Adults who reported having a limiting long-term illness by local authority and health board, age standardised percentage, 2008-2009

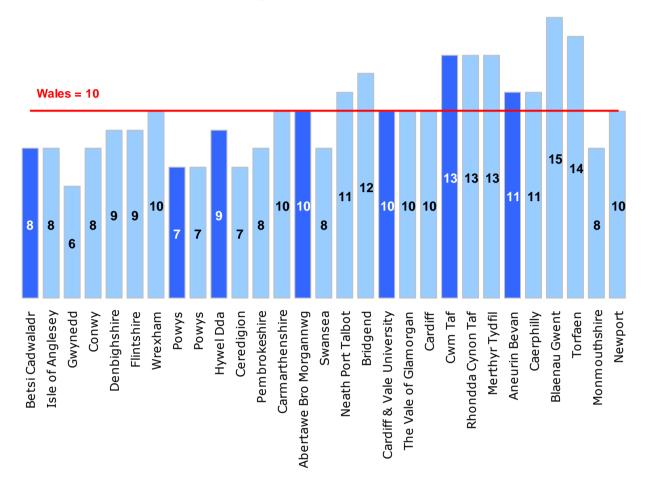
Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



5.2.5 Mental illness as reported by adult

Adults who reported currently being treated for a mental illness by local authority and health board, age standardised percentage, 2008-2009

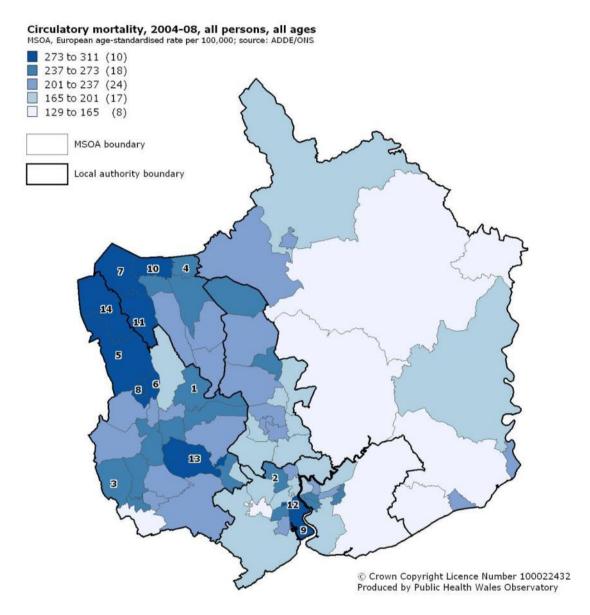
Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



5.3 Mortality from specific conditions

5.3.1 Mortality from circulatory disease, all ages

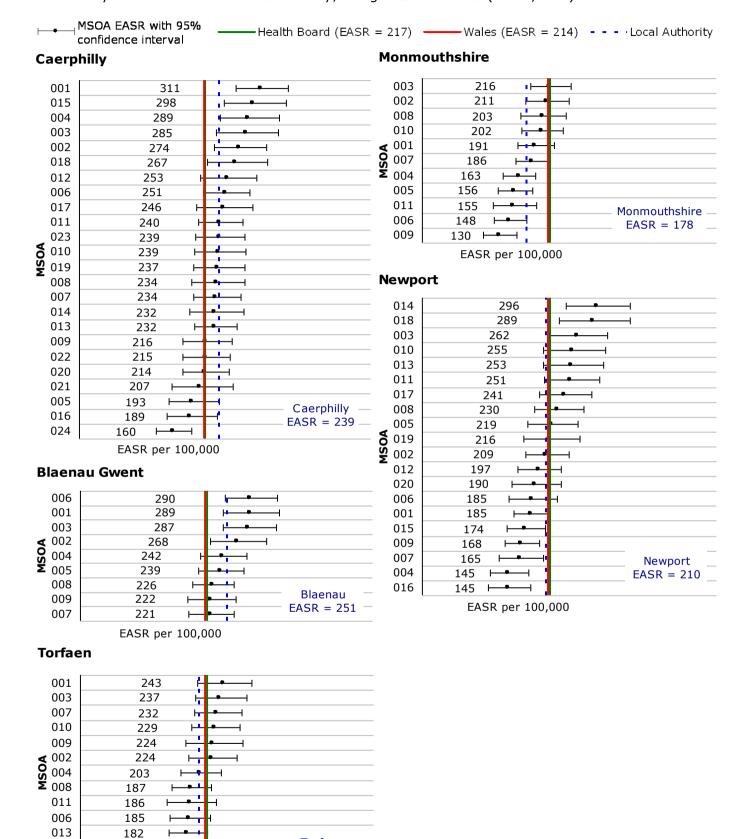
Middle super output areas



Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

Mortality from circulatory disease in Aneurin Bevan Health Board area, all persons, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



Torfaen

EASR = 204

012

005

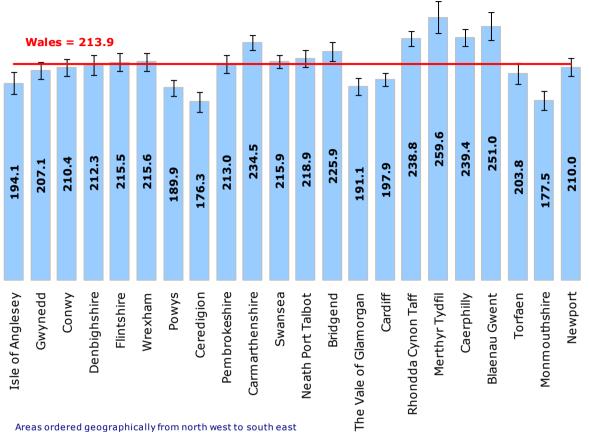
181

170

EASR per 100,000

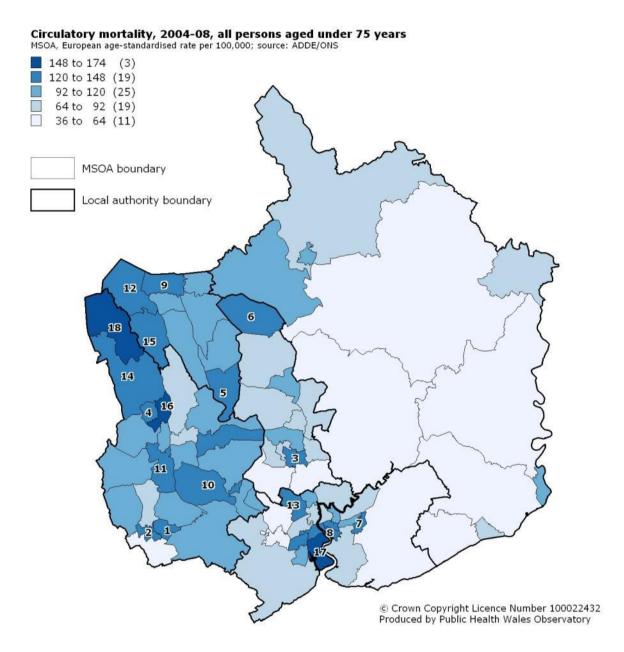
Local authorities





5.3.2 Mortality from circulatory disease, under 75s

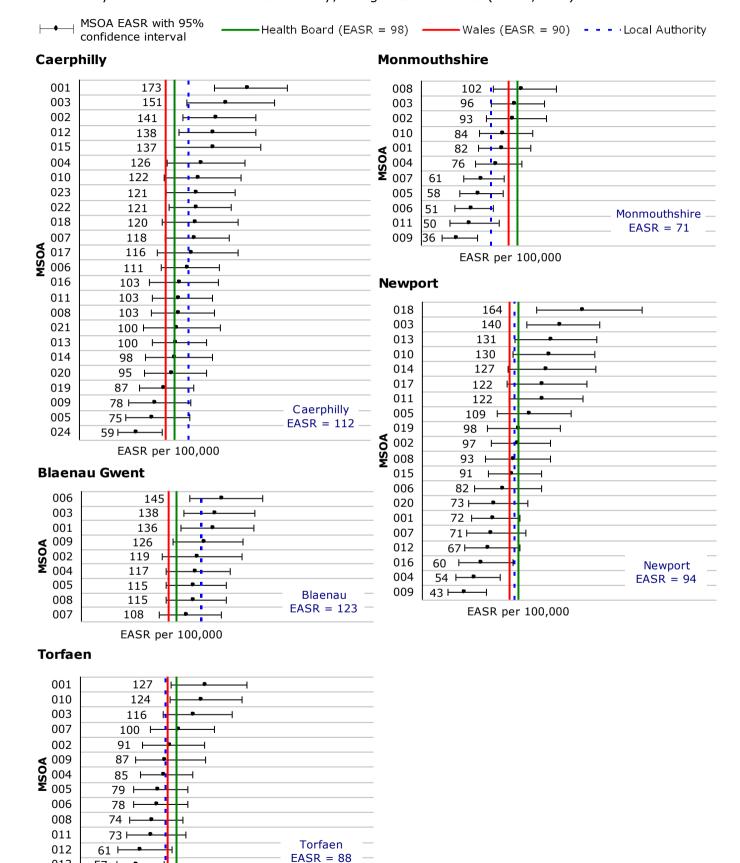
Middle super output areas



Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

Mortality from circulatory disease in Aneurin Bevan Health Board area, all persons aged under 75, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)

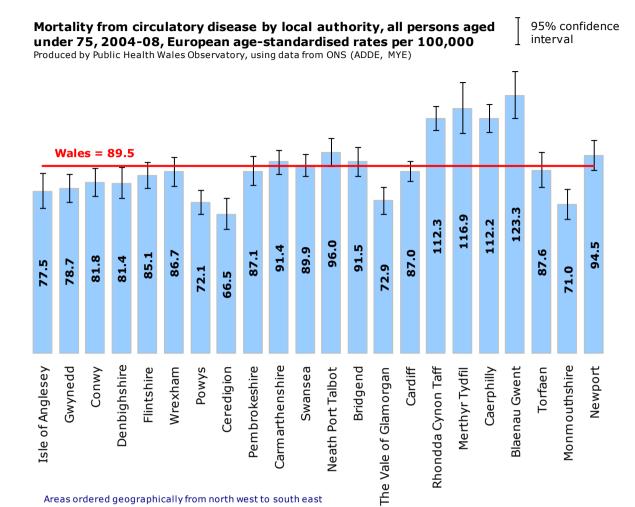


013

57 ⊢

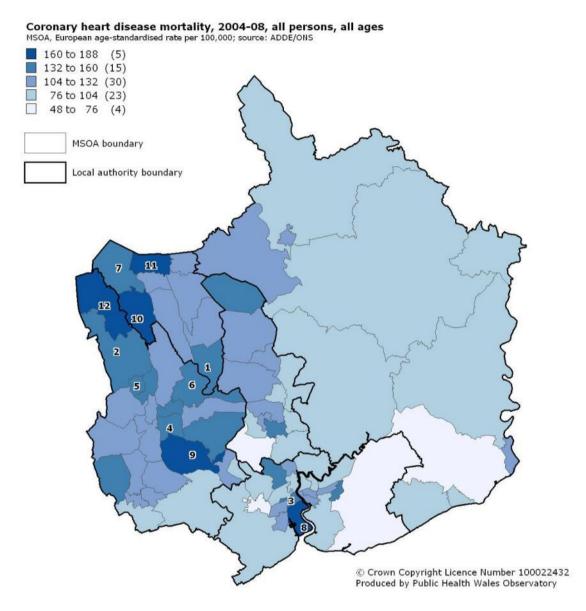
EASR per 100,000

Local authorities



5.3.3 Mortality from coronary heart disease

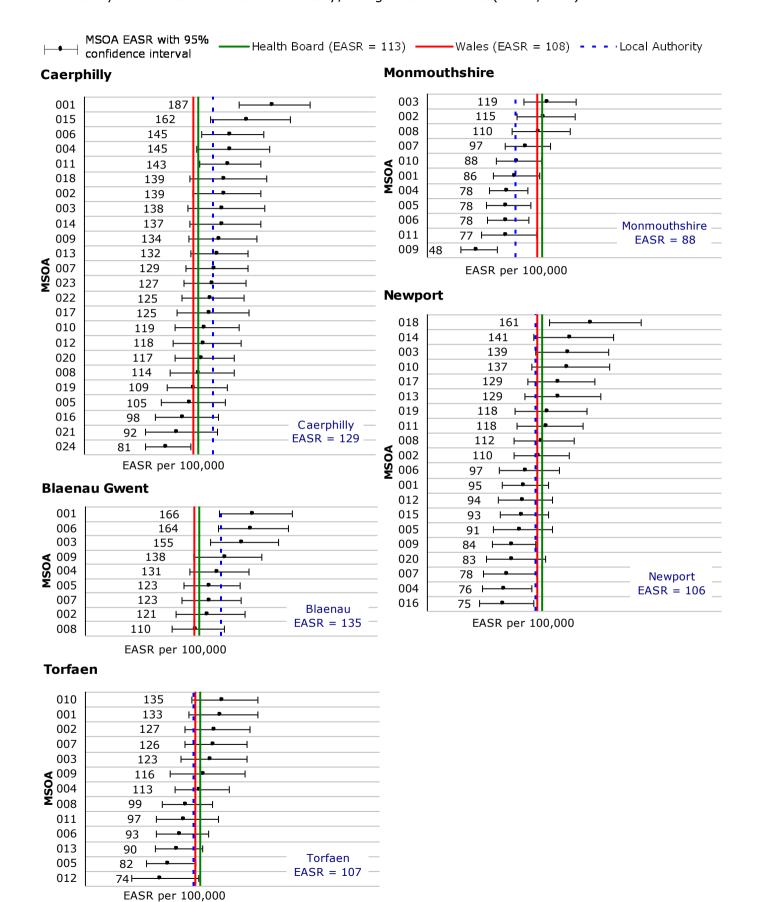
Middle super output areas



Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

Mortality from coronary heart disease in Aneurin Bevan Health Board area, all persons, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)

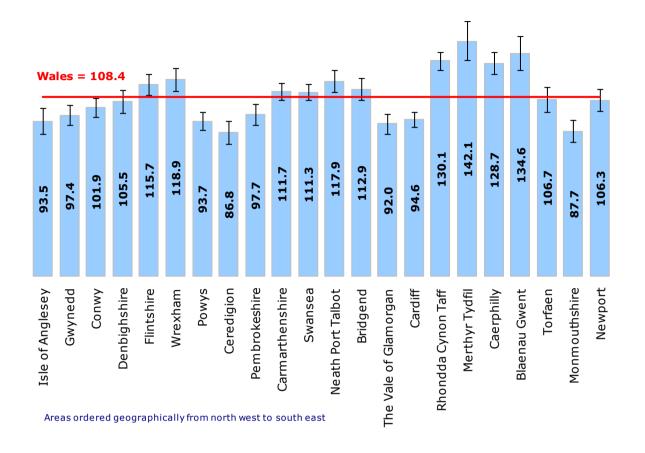


Local authorities

Mortality from coronary heart disease by local authority, all persons, 2004-08, European age-standardised rates per 100,000

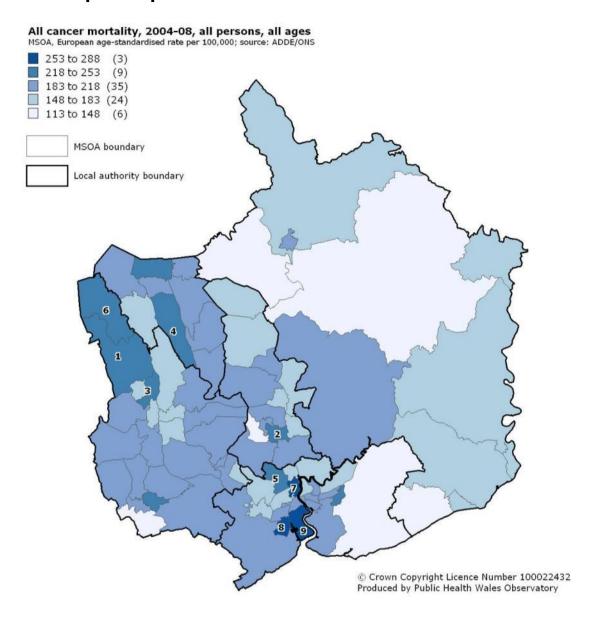
95% confidence interval

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



5.3.4 Mortality from cancer

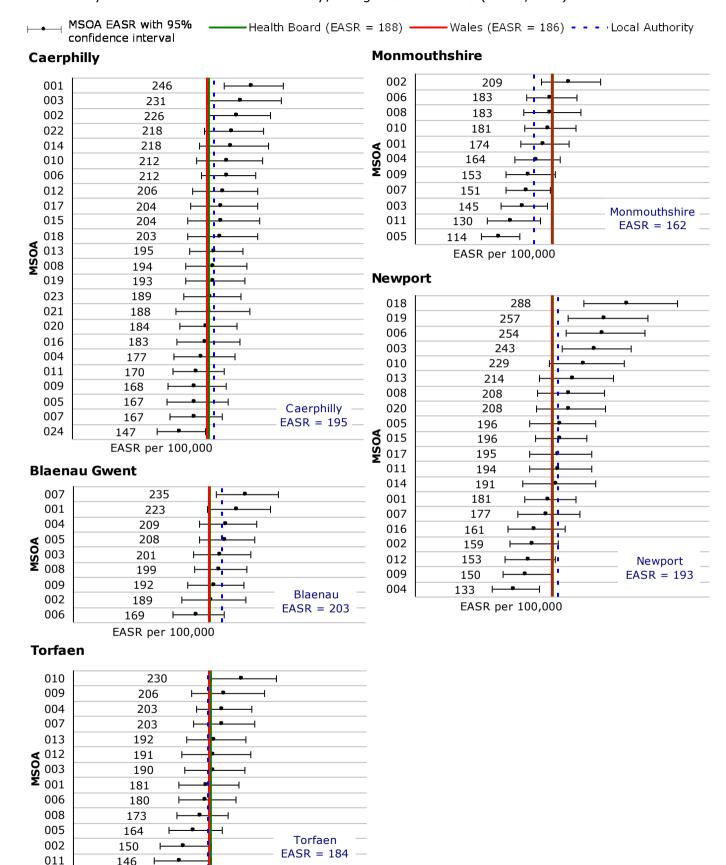
Middle super output areas



Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

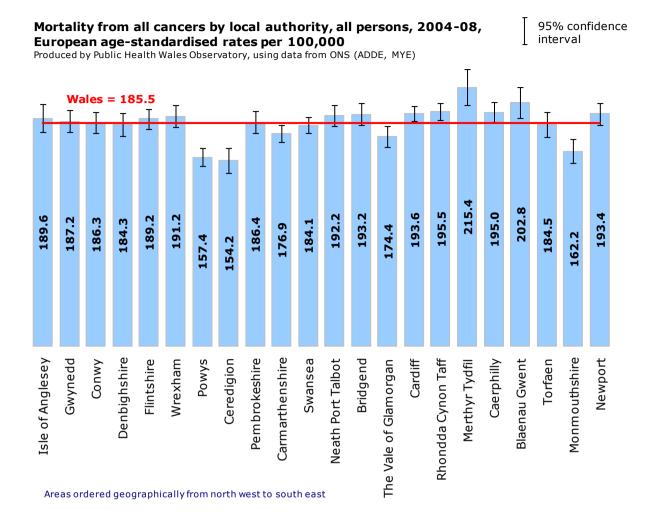
Mortality from all cancers in Aneurin Bevan Health Board area, all persons, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



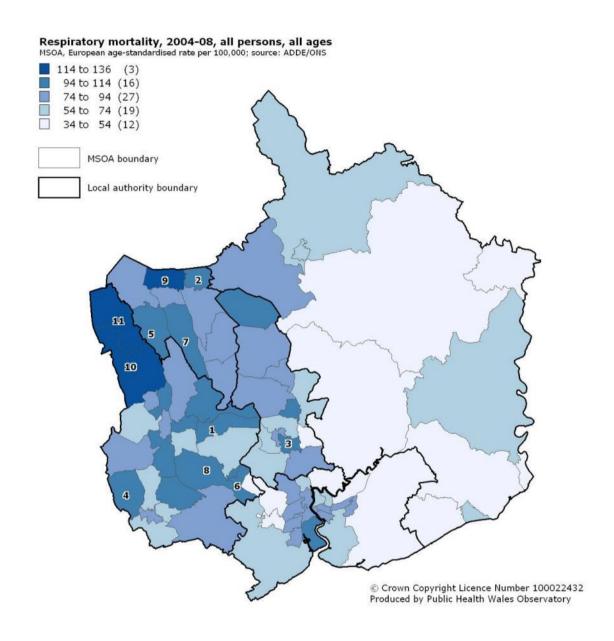
EASR per 100,000

Local authorities



5.3.5 Mortality from respiratory disease

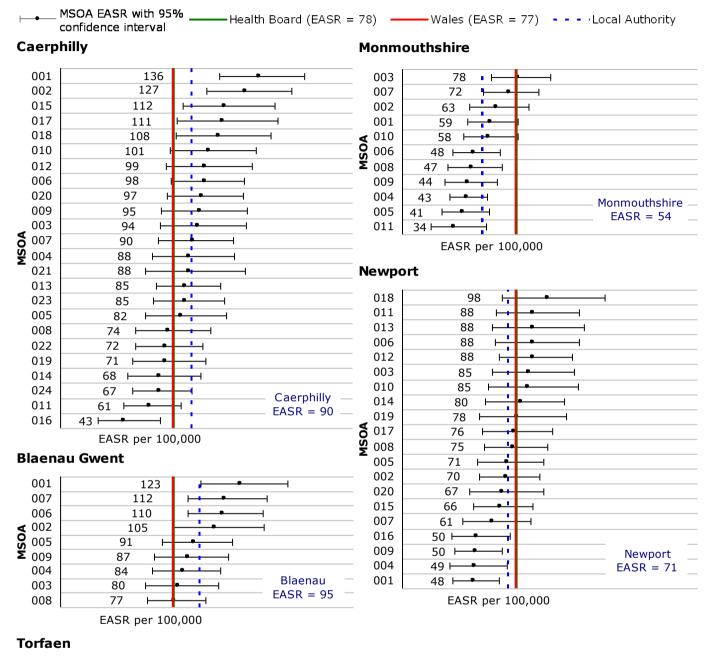
Middle super output areas

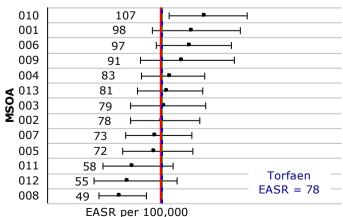


Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

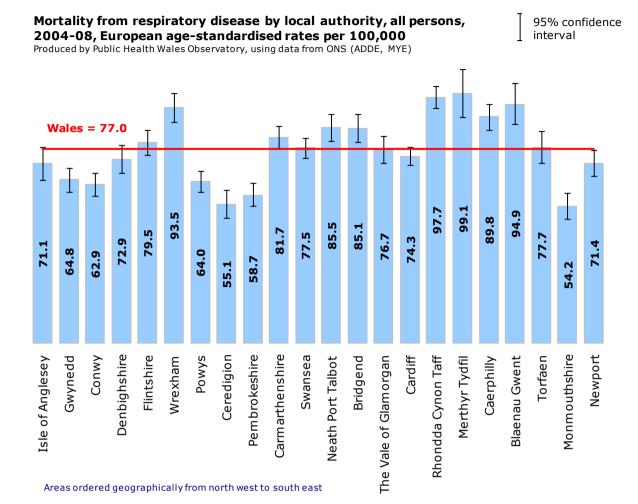
Mortality from respiratory disease in Aneurin Bevan Health Board area, all persons, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)





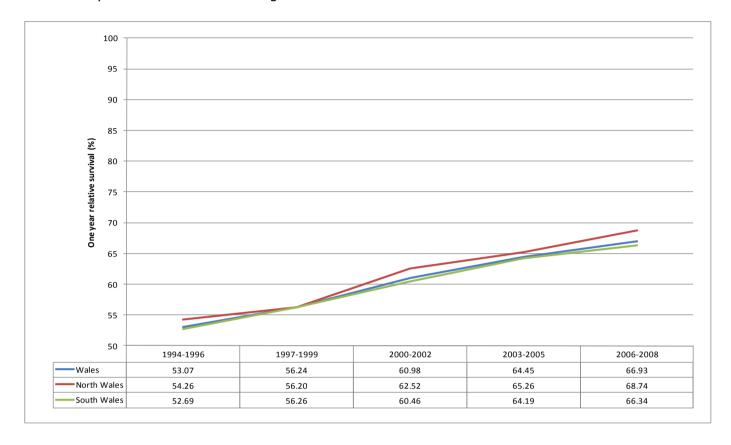
Local authorities



5.3.6 Cancer survival

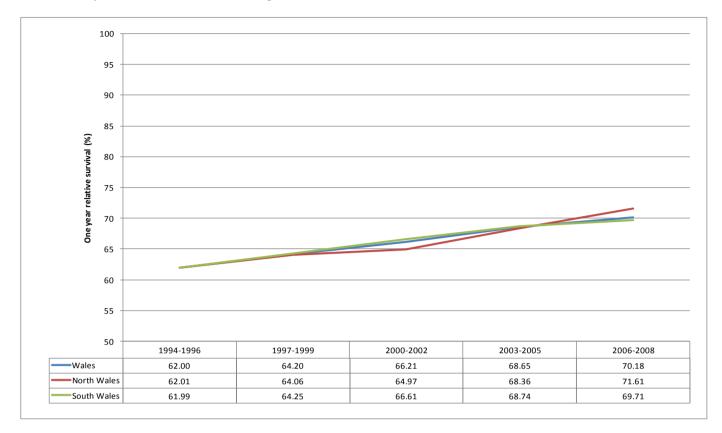
One year relative survival, all cancer (excluding non melanoma skin cancer), males, Wales regions, all persons, 1994/6-2006/8

Produced by the Welsh Cancer Intelligence and Surveillance Unit



One year relative survival, all cancer (excluding non melanoma skin cancer), females, Wales regions, all persons, 1994/6-2006/8

Produced by the Welsh Cancer Intelligence and Surveillance Unit



One year and five year relative survival, by cancer site Aneurin Bevan Health Board area, males and females, 2000-2004 (95% confidence intervals)

Produced by the Welsh Cancer Intelligence and Surveillance Unit

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1 year relative sui	rvivai	
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Cancer Site	Aneurin Bevan	All Wales
Prostate	84.39 (81.92, 86.55)	88.80 (87.95, 89.59)
Lung	20.67 (18.23, 23.22)	22.84 (21.71, 24.00)
Colorectal	67.98 (64.57, 71.14)	71.51 (70.12, 72.85)
Bladder	88.42 (84.67, 91.30)	86.10 (84.51, 87.53)
All malignancies (excl NMSC)	58.70 (57.40, 59.98)	62.11 (61.57, 62.63)

5 year relative survival

Cancer Site	Aneurin Bevan	All Wales
Prostate	72.05 (68.49, 75.28)	77.17 (75.83, 78.45)
Lung	4.92 (3.62, 6.50)	5.36 (4.73, 6.04)
Colorectal	44.29 (40.40, 48.09)	48.59 (46.91, 50.24)
Bladder	73.75 (68.11, 78.56)	72.34 (70.04, 74.50)
All malignancies (excl NMSC)	41.79 (40.37, 43.21)	45.39 (44.79, 45.99)

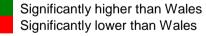
Female

1	vear	relative	survival
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Cancer Site	Aneurin Bevan	All Wales
Breast	93.39 (91.94, 94.59)	93.41 (92.83, 93.94)
Lung	26.21 (23.00, 29.53)	25.53 (24.09, 26.99)
Colorectal	66.49 (62.42, 70.24)	68.80 (67.19, 70.36)
Ovary	58.66 (52.86, 63.99)	63.92 (61.50, 66.24)
Corpus Uteri	87.63 (82.18, 91.50)	89.83 (87.90, 91.46)
All malignancies (excl NMSC)	65.41 (64.14, 66.65)	67.24 (66.71, 67.76)

5 year relative su	ırvival
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Cancer Site	Aneurin Bevan	All Wales
Breast	82.09 (79.87, 84.10)	82.06 (81.14, 82.94)
Lung	5.91 (4.28, 7.90)	6.85 (6.00, 7.76)
Colorectal	47.21 (42.67, 51.60)	49.18 (47.31, 51.01)
Ovary	35.20 (29.67, 40.76)	39.29 (36.78, 41.80)
Corpus Uteri	74.74 (67.75, 80.44)	77.77 (75.02, 80.25)
All malignancies (excl NMSC)	50.81 (49.39, 52.20)	52.76 (52.17, 53.36)



Excl NSCM: Excluding non melanoma skin cancer

Appendix A: Original source reports and further information

The original reports for the data included in this chart book, together with further information and, in some cases, methodological information and other guides to interpretation can be found through the producers of the charts, tables or data included:

Demography	Public Health Wales Observatory	www.publichealthwalesobservatory. wales.nhs.uk
Determinants of health	Public Health Wales Observatory	www.publichealthwalesobservatory. wales.nhs.uk
Use of prevention services: vaccination uptake	Vaccine Preventable Disease Programme	http://www.wales.nhs.uk/sitesplus/888/page/43510
Use of prevention services: screening	Public Health Wales Screening Services	http://www.screeningservices.org.uk/
Use of primary care by adults	Welsh Assembly Government, Welsh Health Survey	http://new.wales.gov.uk/
Use of secondary and tertiary care	Public Health Wales Observatory	www.publichealthwalesobservatory. wales.nhs.uk
Health status	Public Health Wales Observatory	www.publichealthwalesobservatory. wales.nhs.uk
Cancer survival	Welsh Cancer Surveillance and Intelligence Unit	http://www.wales.nhs.uk/sites3/ho me.cfm?OrgID=242

Appendix B: Glossary

Middle Super Output Areas

Middle super output areas (MSOAs) were released by the Office for National Statistics (ONS) in 2004. In contrast with administrative boundaries such as electoral divisions (wards), super output areas were created for the purpose of showing statistical data.

MSOAs have a mean population of 7,500 and a minimum of 5,000. There are 413 MSOAs in Wales and 77 MSOAs in the Aneurin Bevan Health Board area. These are shown on the maps in Appendix 2.

The ONS have stated that super output area geographies will be fixed for at least 10 years. The advantage of using these statistical geographies is stability and homogeneity. However, the main drawback is that they do not conform to known administrative boundaries such as electoral divisions (wards); this makes them less amenable to the public and local government.

Agestandardised rate

Age-standardisation allows comparison of rates across different populations while taking account of the different age structures of those populations.

This chart book uses the direct standardisation method, which produces the rate you would get if the population had the same age-structure as a particular 'standard' population.

The Wales standard population has been used for the Welsh Health Survey indicators and the theoretical European standard population (ESP) has been used for all other age-standardised indicators included in this chart book.

An age-standardised rate only allows for comparison between the rates which have been standardised to the same standard population.

Confidence intervals

Confidence intervals are indications of the random variation that would be expected around a rate. Confidence intervals must be considered when assessing or interpreting a rate. The 95% confidence interval represents a range which has a 95% probability of including the underlying population rate.

The range of the confidence interval is dependent on the size of the population from which the events came. Rates based on small populations are likely to have wider confidence intervals and rates based on large populations are likely to have narrower confidence intervals.

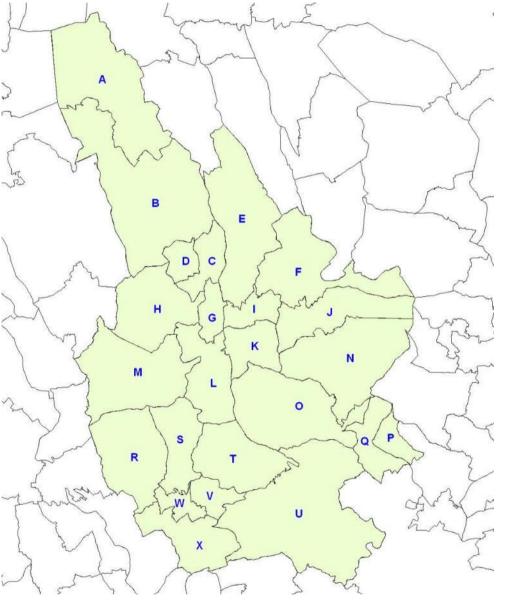
Statistical significance

A result may be deemed statistically significant if it is considered unlikely to have occurred by chance alone. The basis for such judgements is a predetermined and arbitrary cut-off, usually taken as 5% or 0.05. A result may be clinically significant whilst not being statistically significant and vice versa.

Appendix C: Maps showing Middle Super Output Areas in the Aneurin Bevan Health Board area

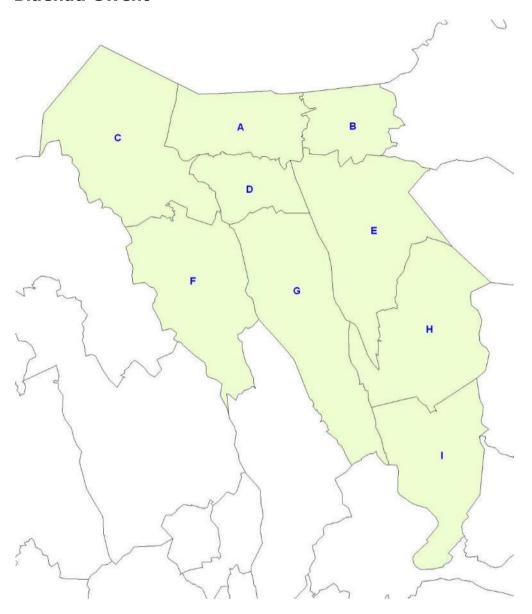
The Public Health Wales Observatory has also produced a web-based interactive map showing MSOA boundaries, with the added facility of background Ordnance Survey mapping. Follow this link: http://www2.nphs.wales.nhs.uk/InstantAtlas/GeographyTool/atlas.html

Caerphilly



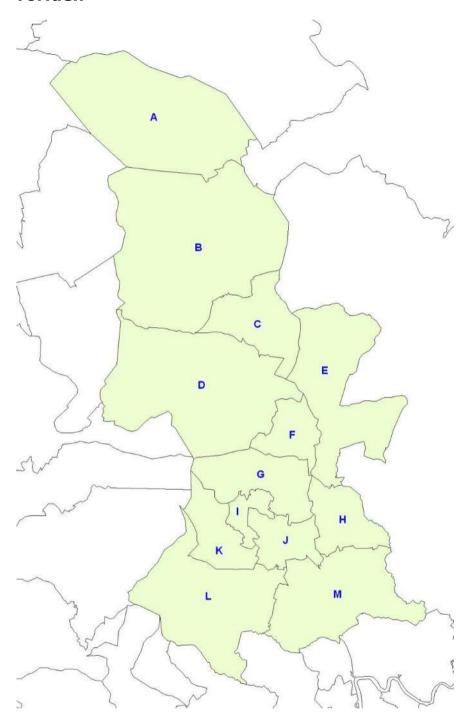
Α	Caerphilly 001	G	Caerphilly 007	М	Caerphilly 013	S	Caerphilly 019
В	Caerphilly 002	Н	Caerphilly 008	N	Caerphilly 014	Т	Caerphilly 020
С	Caerphilly 003	I	Caerphilly 009	Ο	Caerphilly 015	U	Caerphilly 021
D	Caerphilly 004	J	Caerphilly 010	Р	Caerphilly 016	V	Caerphilly 022
Е	Caerphilly 005	K	Caerphilly 011	Q	Caerphilly 017	W	Caerphilly 023
F	Caerphilly 006	L	Caerphilly 012	R	Caerphilly 018	Χ	Caerphilly 024

Blaenau Gwent



- A Blaenau Gwent 001
- B Blaenau Gwent 002
- C Blaenau Gwent 003
- D Blaenau Gwent 004
- E Blaenau Gwent 005
- F Blaenau Gwent 006
- G Blaenau Gwent 007
- H Blaenau Gwent 008
- I Blaenau Gwent 009

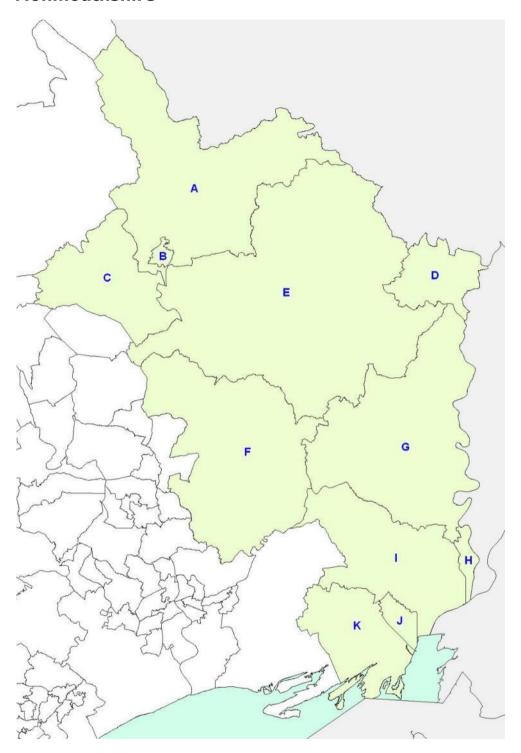
Torfaen



Α	Torfaen 001	Н	Torfaen 008
В	Torfaen 002	Ι	Torfaen 009
С	Torfaen 003	J	Torfaen 010
D	Torfaen 004	Κ	Torfaen 011
Е	Torfaen 005	L	Torfaen 012
F	Torfaen 006	Μ	Torfaen 013
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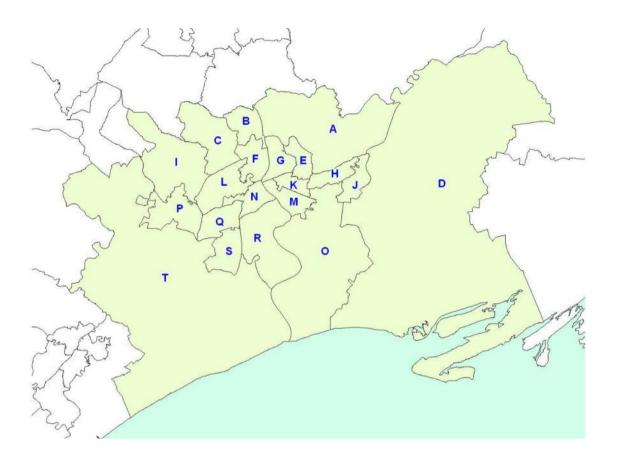
G Torfaen 007

Monmouthshire



- Α Monmouthshire 001
- Monmouthshire 002 В
- С Monmouthshire 003
- D Monmouthshire 004
- Е Monmouthshire 005 F Monmouthshire 006
- G Monmouthshire 007
- Monmouthshire 008 Н
- Ι Monmouthshire 009
- J Monmouthshire 010
- Κ Monmouthshire 011

Newport



Α	Newport 00	1 H	<	Newport 011
В	Newport 00	2 I	L	Newport 012
С	Newport 00	3 N	4	Newport 013
D	Newport 00	4 ľ	V	Newport 014
Е	Newport 00	5 ()	Newport 015
F	Newport 00	6 F)	Newport 016
G	Newport 00	7 (Q	Newport 017
Н	Newport 00	8 F	₹	Newport 018
Ι	Newport 00	9 9	S	Newport 019
J	Newport 01	0	Γ	Newport 020