

Published July 2011

Contents

1	INTRODUCTION	. 1
2	DEMOGRAPHY	. 2
	2.1 Demography: key points	
	2.2 Population	
	2.2.1 Population by age and sex	4
	2.2.2 Population aged under 18	5
	2.2.3 Population aged 75 and over	8
	2.2.4 Population aged 85 and over	11
	2.3 Population projections	13
	2.3.1 Population projections by age group	13
	2.3.2 Population projections, persons aged 75 and over	14
	2.3.3 Population projections, persons aged 85 and over	
	2.4 Births	16
	2.4.1 General fertility rate	16
	2.5 Deaths	19
	2.5.1 All-cause mortality	
	2.5.2 All-cause mortality, aged under 75	22
_	DETERMINANTS OF HEALTH	~~
3	DETERMINANTS OF HEALTH	
	3.1 Determinants of health: key points	
	3.2.1 Deprivation in relation to Wales	
	3.2.3 Inequality in all-cause mortality	
	3.3 Lifestyle factors	
	3.3.1 Smoking as reported by adults	
	3.3.2 Binge drinking as reported by adults	3.2 2.1
	3.3.3 Five or more fruit or vegetables a day as reported by adults	
	3.3.4 Physical activity as reported by adults	
	3.3.5 Overweight and obesity, adults based on self reported data	
	5.5.5 Overweight and obesity, addits based on sen reported data	55
4	USE OF SERVICES	36
	4.1 Use of services: key points	36
	4.2 Prevention services: vaccination uptake	
	4.2.1 Childhood immunisations	
	4.2.2 Seasonal influenza vaccination	41
	4.3 Population Based National Screening Programmes in Wales	43
	4.3.1 Uptake of national screening programmes in Wales	
	4.4 Primary care services	44
	4.4.1 Use of primary care as reported by adults	
	4.5 Use of secondary and tertiary care	
	4.5.1 Hospital admissions: individuals aged under 75	
	4.5.2 Emergency hospital admissions: individuals aged under 75.	
	4.5.3 Elective hospital admissions: individuals aged under 75	

5 HEALTH STATUS	54
5.1 Health status: key points	
5.2 Physical and mental health	
5.2.1 Low birth weight	
5.2.2 Physical health as reported by adults*	59
5.2.3 Mental health as reported by adults*	60
5.2.4 Limiting long term illness as reported by adults	61
5.2.5 Mental illness as reported by adult	62
5.3 Mortality from specific conditions	63
5.3.1 Mortality from circulatory disease, all ages	63
5.3.2 Mortality from circulatory disease, under 75s	66
5.3.3 Mortality from coronary heart disease	69
5.3.4 Mortality from cancer	
5.3.5 Mortality from respiratory disease	
5.3.6 Cancer survival	78
APPENDIX A: ORIGINAL SOURCE REPORTS AND FURTHER	
INFORMATION	81
APPENDIX B: GLOSSARY	82
APPENDIX C: MAPS SHOWING MIDDLE SUPER OUTPUT AR	FAS TN
THE CWM TAF HEALTH BOARD AREA	

© 2011 Public Health Wales NHS Trust.

Material contained in this document may be reproduced without prior permission provided it is done so accurately and is not used in a misleading context.

Acknowledgement to Public Health Wales NHS Trust to be stated.

Copyright in the typographical arrangement, design and layout belongs to Public Health Wales NHS Trust.

1 Introduction

This Cwm Taf 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 Cwm Taf 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 Cwm Taf Health Board is estimated to have been 290 thousand in 2009. Over 80 per cent of the Cwm Taf Health Board population live in the Rhondda Cynon Taf local authority area.

The age structure of the population is similar to Wales but with slightly higher proportions of persons aged under 5 and 20-44, and slightly lower proportions of persons aged 60 and over. The proportion of persons aged under 18 is slightly higher than Wales. At middle super output area level (MSOA), higher proportions of persons aged under 18 are found in Pontsticill; Gurnos and Galon Uchaf in Merthyr Tydfil, as well as in Upper Church Village; Llantwit Fardre; Hendreforgan; Thomastown and Bryn Golau in Rhondda Cynon Taf. The areas with the lowest proportions are in the Hawthron; Rhydfelen; Pentrebach; Treforest and Ton-Teg areas of Rhondda Cynon Taf.

Among the older age groups the proportion aged 75 and over is lower than Wales. At the MSOA level, the highest proportions are found in the area around Gellideg in Merthyr Tydfil. The lowest proportions are found in the areas of East Church Village and Llantwit Fardre in Rhondda Cynon Taf. The pattern is similar in those aged 85.

Population projections

The latest projections indicate that if current trends continue, the number of persons aged 65 and over resident in Cwm Taf Health Board will increase by 50 per cent between 2008 and 2033. The proportion aged 75 and over is projected to increase from around eight per cent at local authority level to around 12 to 13 per cent over this period. The percentage aged 85 and over is projected to double from around two per cent to around four to five per cent by 2033. Although significant, the increases projected in the proportion of persons aged over 75 years and 85 years for Cwm Taf health board are lower than for Wales.

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 Cwm Taf Health Board is similar to the rate for Wales. Within the health board, the rate for Merthyr Tydfil is higher than the rate for Rhondda Cynon Taf. At the MSOA level, there is considerable variation. Rates are particularly low in the areas of Hawthron; Rhydfelen; Pentre Bach and Treforest in Rhondda Cynon Taf. The areas with the highest rates are Penrhys; Pontygwaith and Tylorstown in Rhondda Cynon Taf, followed by Pontsticill; Gurnos and Galon Uchaf in Merthyr Tydfil.

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 Cwm Taf Health Board is higher than Wales. Within the health board, rates are highest in Merthyr Tydfil. At the MSOA level, variation is considerable with rates ranging from 537 to 920 per 100,000 population. The highest rates are found in the Gellideg area of Merthyr Tydfil; the lowest rates are found in Pontyclun; Llanharry; Miskin; Brynna and Llanharan in Rhondda Cynon Taf, and the Clwydyfagwyr; Trefechan and Winch Fawr area in Merthyr Tydfil. Among persons aged under 75 years the pattern is similar, however, the highest rate for the age group is found in the area around Cymmer and Trebanog in Rhondda Cynon Taf. The health board exhibits an overall decreasing trend in mortality in persons under 75 years from 2000 to 2009 but with rates above that of the all Wales pattern.

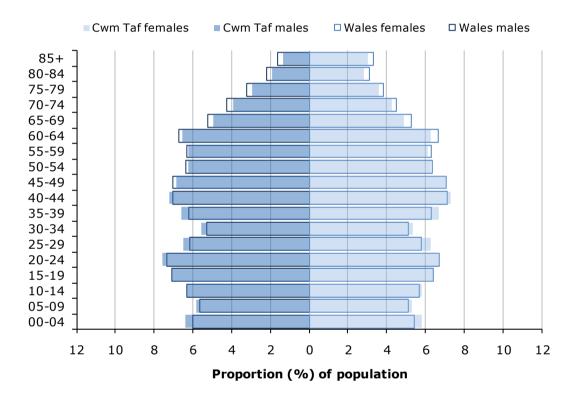
2.2 Population

2.2.1 Population by age and sex

Wales and Cwm Taf Health Board

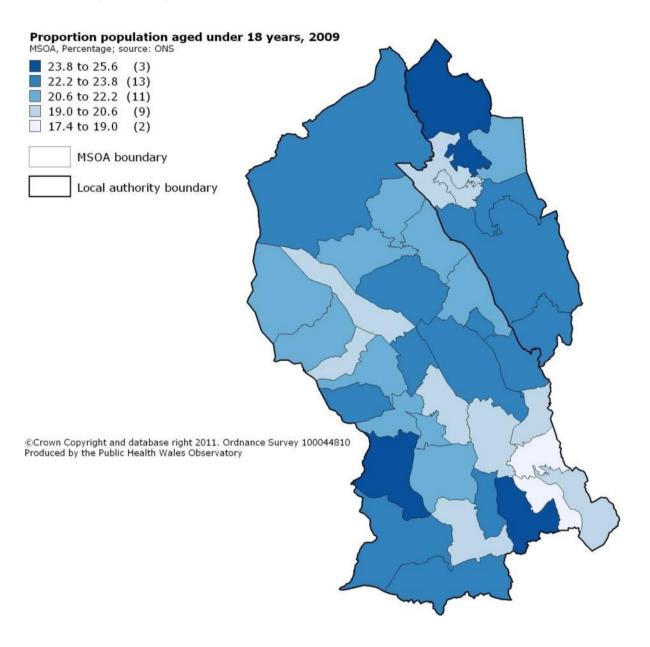
Proportion of population by age and sex Cwm Taf Health Board: 2009

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 Cwm Taf Health Board area, 2009

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



Rhondda Cynon Taf

027 0 24.7 023 0 24.3 800 0 23.8 013 0 23.7 029 0 23.2 012 0 23.2 031 0 23.1 001 0 22.9 028 0 22.7 0 005 22.5 015 0 22.4 016 22.2 018 22.2 024 22.0 006 21.4 **Y** 006 014 020 21.4 21.4 007 21.0 003 21.0 010 20.9 002 20.8 004 20.6 С 011 20.6 0 017 20.5 0 009 20.4 0 019 20.3 030 0 20.0 0 026 19.5 021 0 19.2 022 0 17.5 RCT % = 21.5 025 0 17.4

% under 18

Merthyr Tydfil

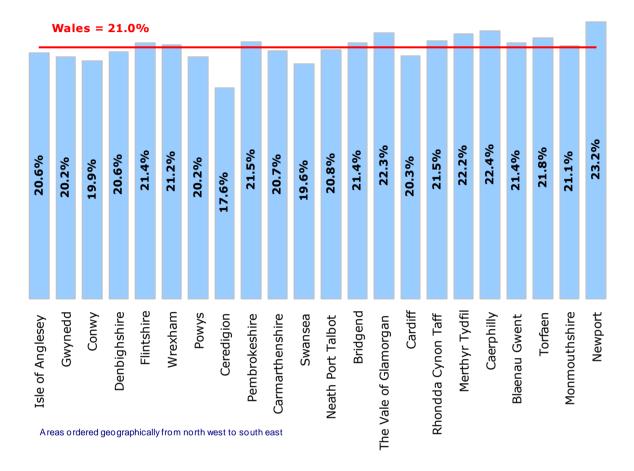
001	25.6	0
007	22.8	0
⋖ 005	22.3	φ
8 005 006 002	22.2	φ
∑ 002	21.8	d _
003	20.3	Merthyr Tydfil
004	19.5	% = 22.2

% under 18

Local authorities

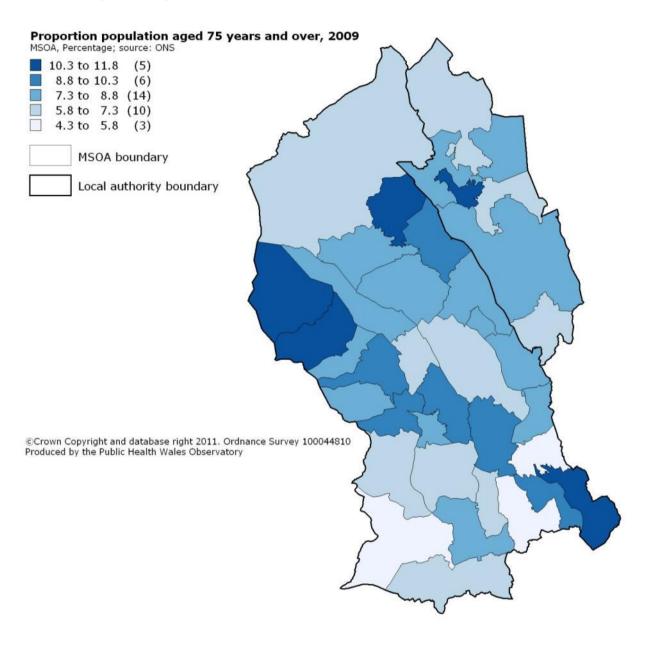
Percentage of population aged under 18 by local authority, 2009

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



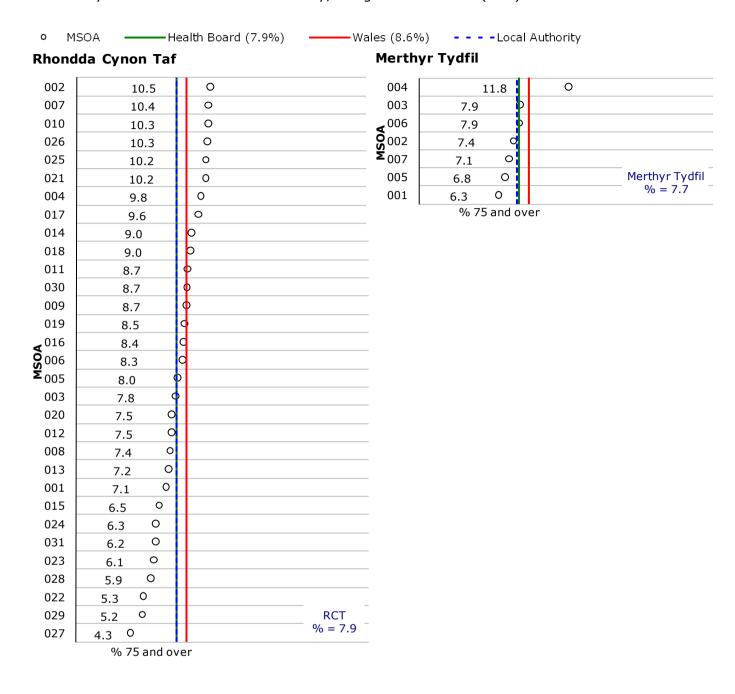
2.2.3 Population aged 75 and over

Middle super output areas



Percentage of population aged 75 and over in Cwm Taf Health Board area, 2009

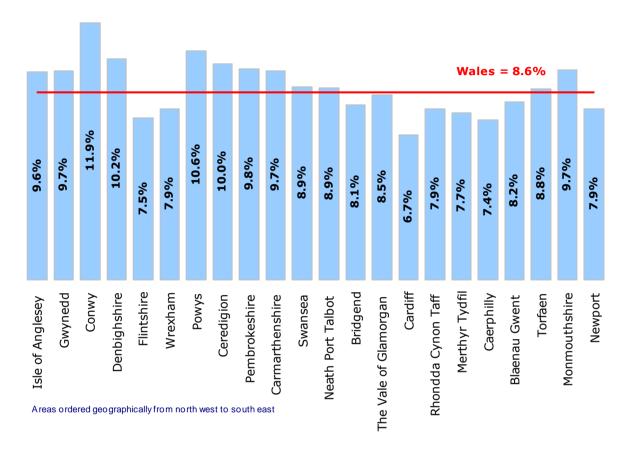
Produced by Public Health Wales Observatory, using data from ONS (MYE)



Local authorities

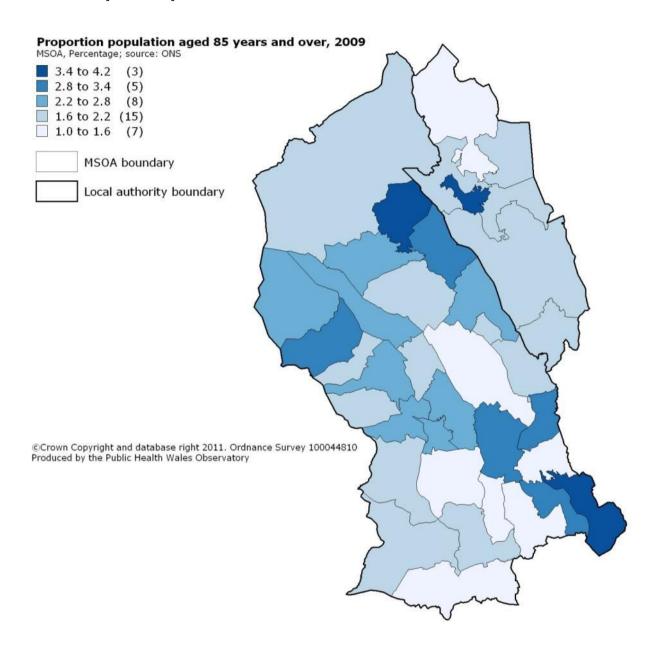
Percentage of population aged 75 and over by local authority, 2009

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



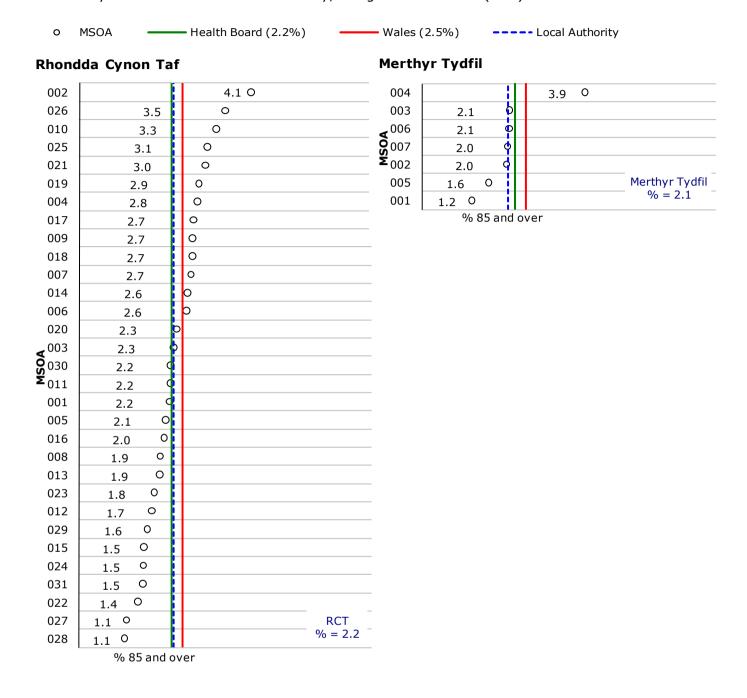
2.2.4 Population aged 85 and over

Middle super output areas



Percentage of population aged 85 and over in Cwm Taf Health Board area, 2009

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



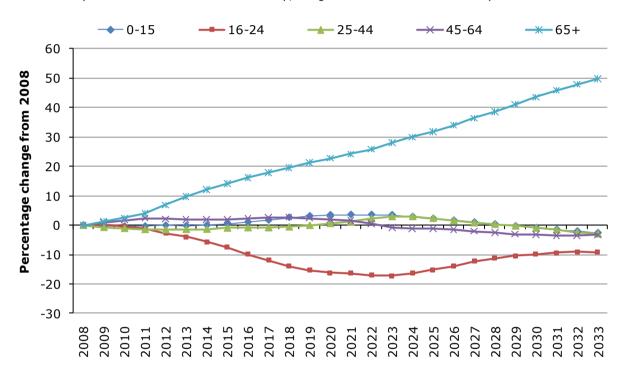
2.3 Population projections

2.3.1 Population projections by age group

Cwm Taf Health Board

2008-based population projections for Cwm Taf Health Board, persons: 2008 to 2033

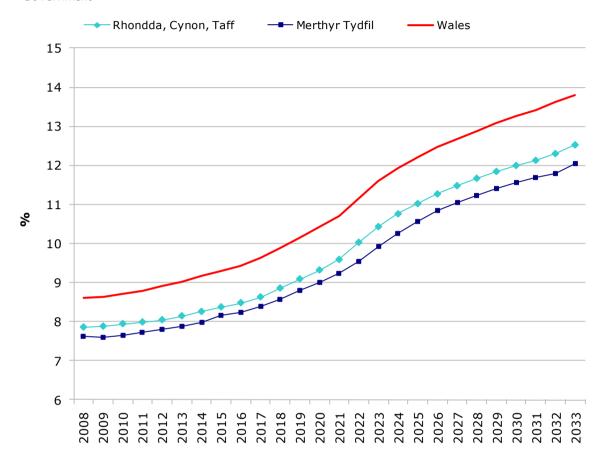
Produced by the Public Health Wales Observatory, using data from the Welsh Assembly Government



2.3.2 Population projections, persons aged 75 and over

Local authorities within Cwm Taf Health Board*

Projected population, 2008-2033, % aged 75 and overProduced by Public Health Wales Observatory, using data from the Welsh Assembly Government

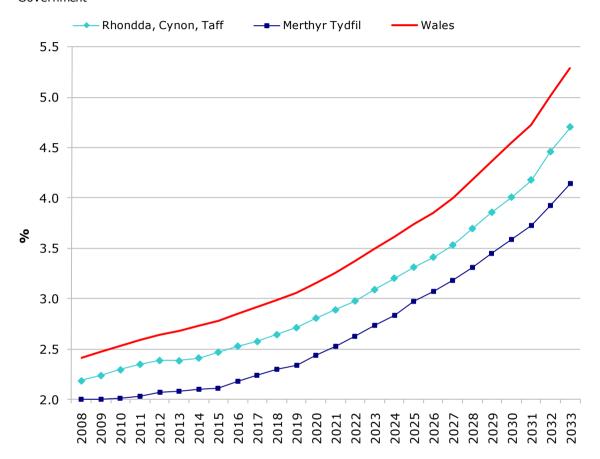


^{*} Y-axis is truncated

2.3.3 Population projections, persons aged 85 and over

Local authorities within Cwm Taf Health Board*

Projected population, 2008-2033, % aged 85 and overProduced by Public Health Wales Observatory, using data from the Welsh Assembly Government

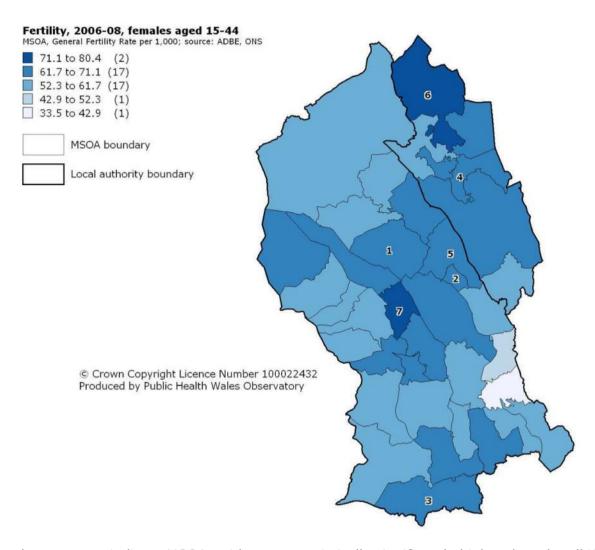


^{*} Y-axis is truncated

2.4 Births

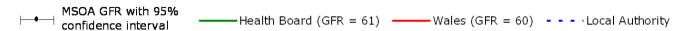
2.4.1 General fertility rate

Middle super output areas



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

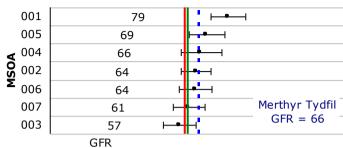
General fertility rate per 1,000 in Cwm Taf Health Board area, females aged 15-44, 2006-08 Produced by Public Health Wales Observatory, using data from ONS (ADBE, MYE)



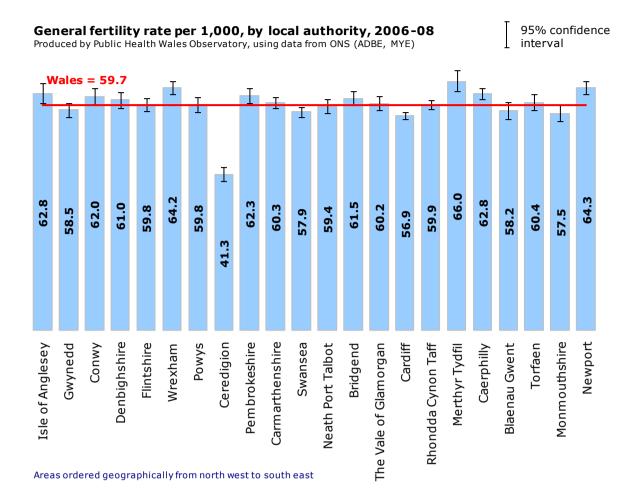
Rhondda Cynon Taf

RCT GFR = 60 ----

Merthyr Tydfil



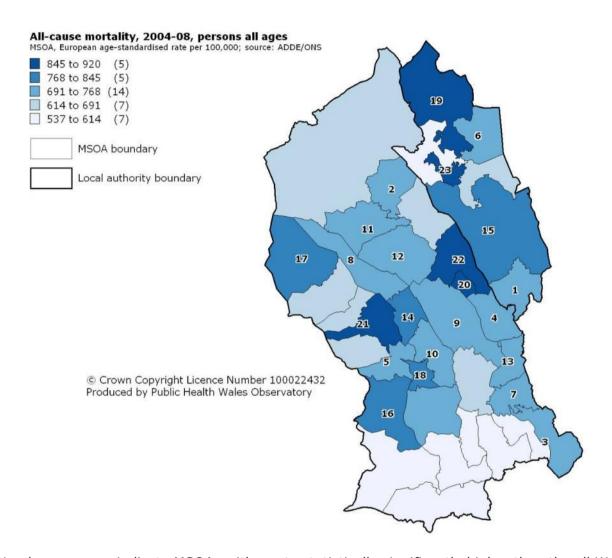
Local authorities



2.5 Deaths

2.5.1 All-cause mortality

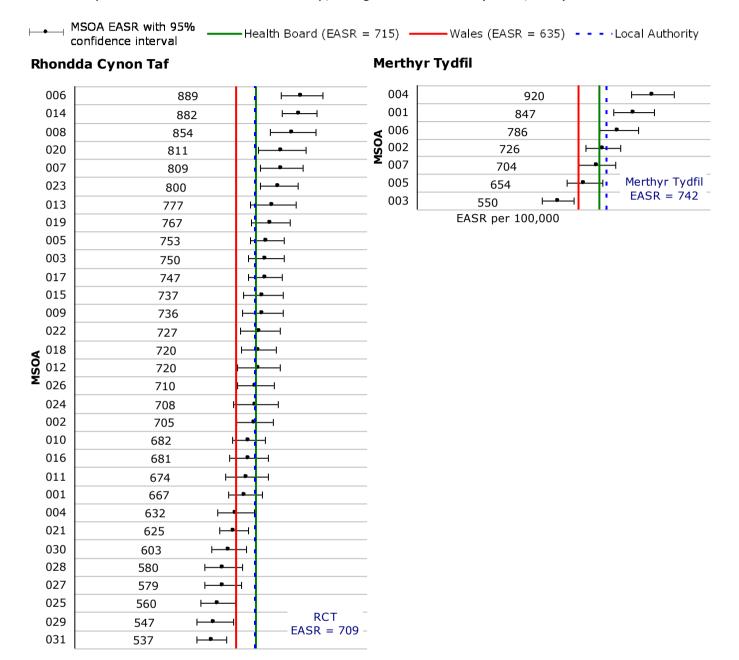
Middle super output areas



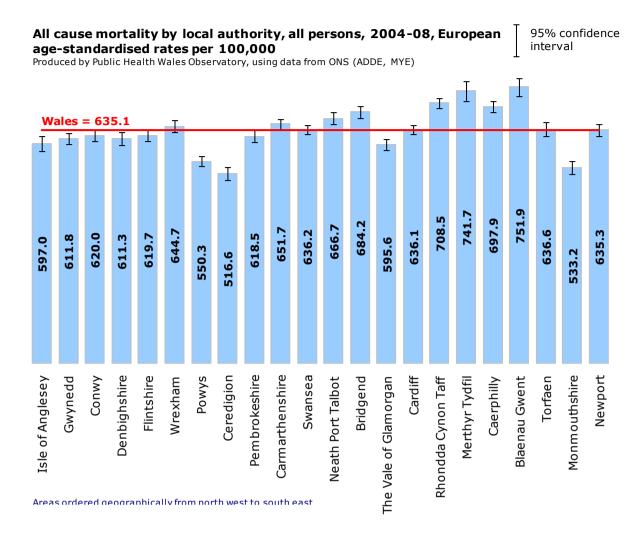
Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

All-cause mortality in Cwm Taf Health Board area, all persons, 2004-08, European agestandardised rates per 100,000

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

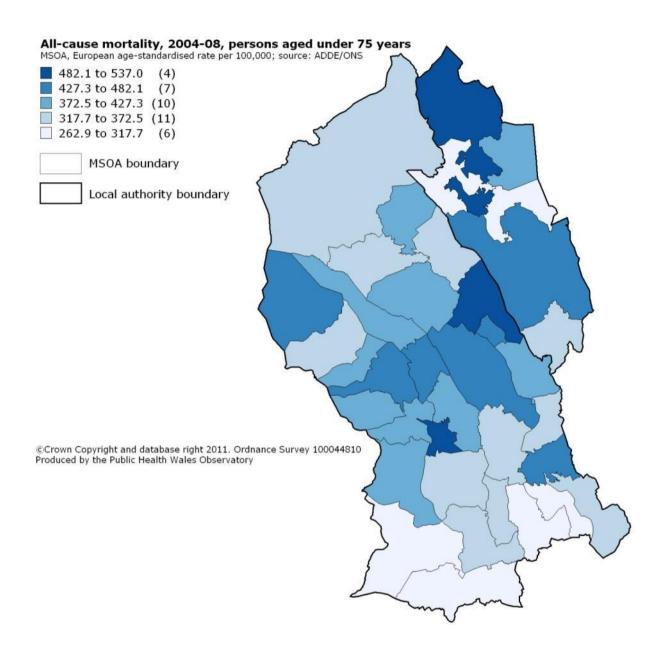


Local authorities



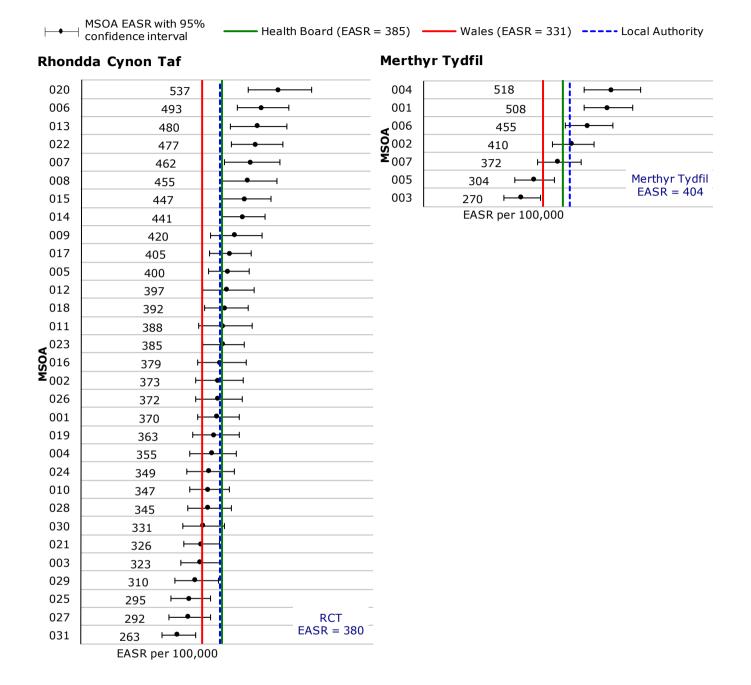
2.5.2 All-cause mortality, aged under 75

Middle super output areas



All-cause mortality in Cwm Taf 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)

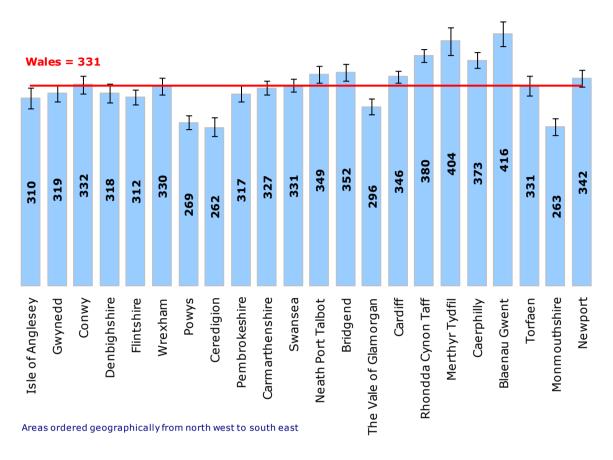


Local authorities



95% confidence interval

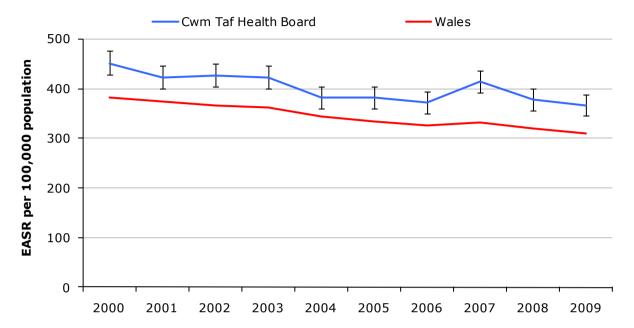
Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



Wales and Cwm Taf Health Board trend

All-cause mortality rate trend for Cwm Taf 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 scattered across parts of Merthyr Tydfil town and Aberfan in the Merthyr Tydfil local authority, and Aberdare; Abercynon; Penywaun; Rhondda; Bedlinog; and Glyncoch in Rhondda Cynon Taf. The least deprived areas are located in Heolgerrig in Merthyr Tydfil, and Cwmdare; Coed-y-cwm; Treforest; Upper Church Village and the southern parts of Rhondda Cynon Taf local authority.

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 Cwm Taf Health Board is around twice that of 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 Cwm Taf Health Board area are generally worse than, or similar to, the Wales average. At local authority level, the smoking rate for Merthyr Tydfil is the highest of the 22 local authority areas in Wales and considerably higher than the rate for Rhondda Cynon Taf. Overall in the health board area, one in four people smoke, leading to around 630 deaths per year.

The survey shows that 44 per cent of the population of the health board area drinks more alcohol than the recommended limits and nearly three out of ten people binge drink on at least one day a week. Hospital admissions due to alcohol are more common in the health board than in Wales. Similarly, hospital admissions due to drugs for males are more common than in Wales, however, it is less common than Wales for females. In total, around 5,500 hospital admissions and 110 deaths are caused by alcohol each year.

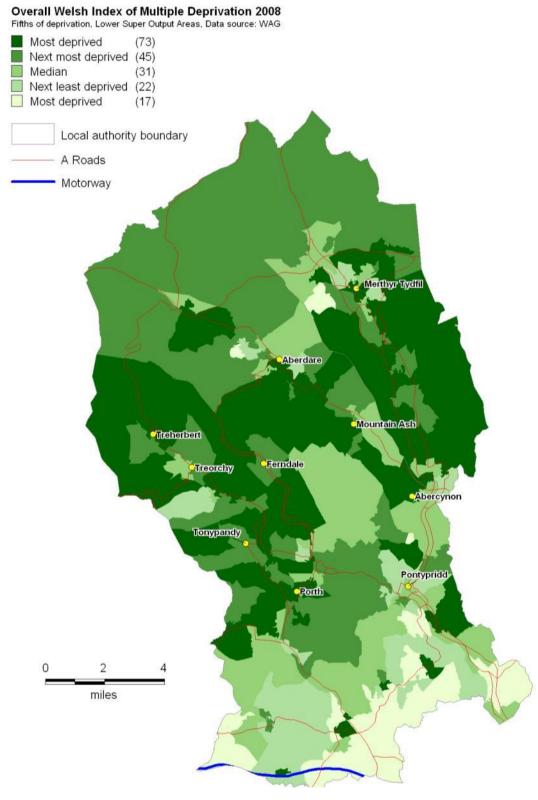
Overall, under a third of people eat the recommended amount of fruit and vegetables. The picture is even worse for physical activity. Improving diet and physical activity are essential to reducing the high proportions of people who are overweight or obese. Around 60 per cent of adults in the health board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

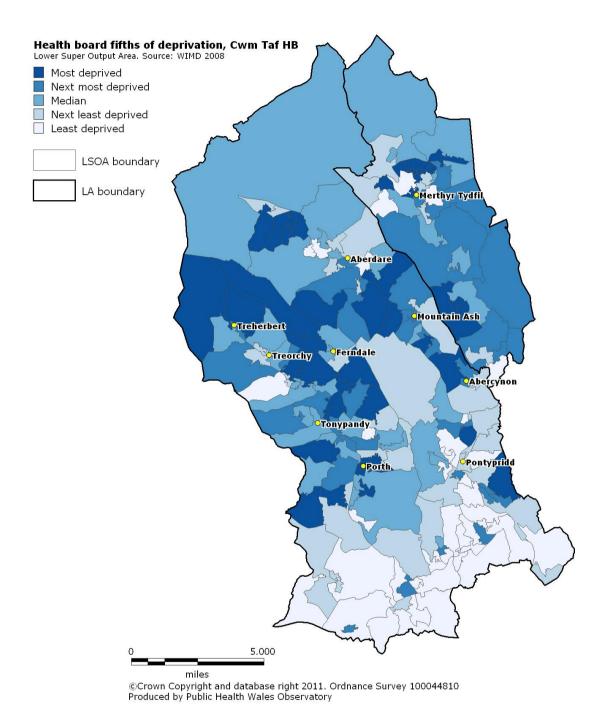
This map shows the level of deprivation in the health board in comparison to the rest of Wales.



This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Wales Centre for Health. Licence Number: 100044810. 2009

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.

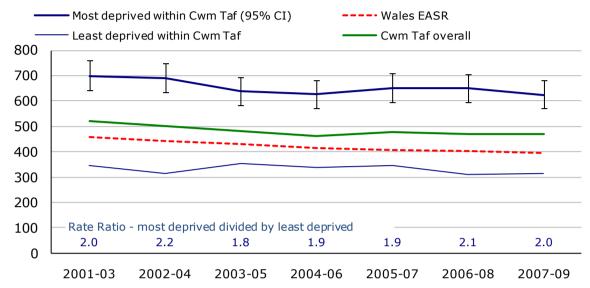


3.2.3 Inequality in all-cause mortality

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

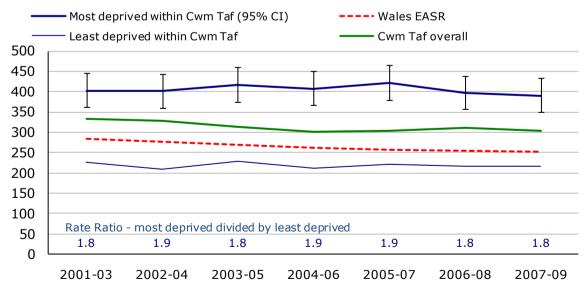
All-cause mortality, under 75, males, European age-standardised rate (EASR) per 100,000, Cwm Taf HB and Wales, 2001-09

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, Cwm Taf HB and Wales, 2001-09

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

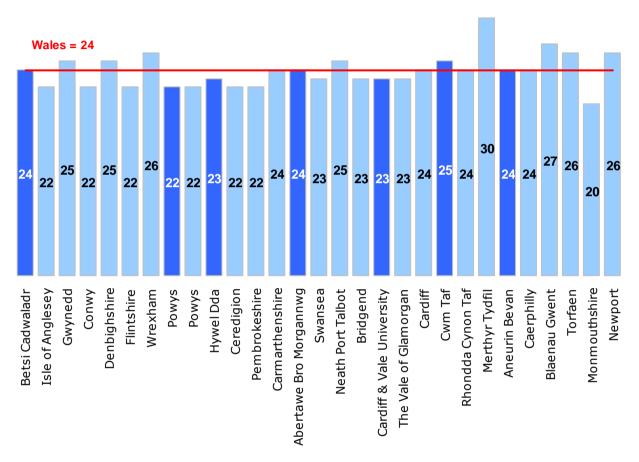


3.3 Lifestyle factors

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

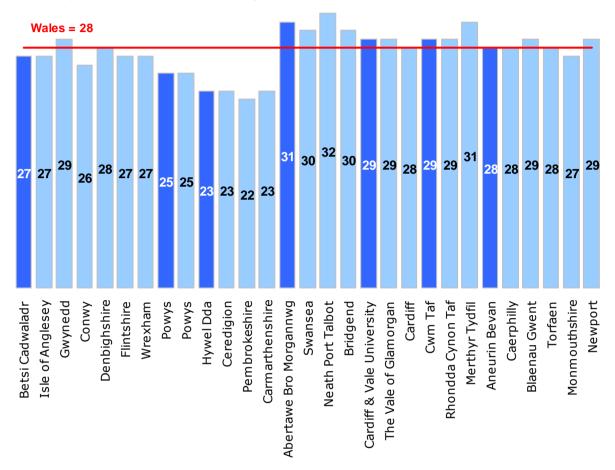


Areas ordered geographically from north west to south east

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

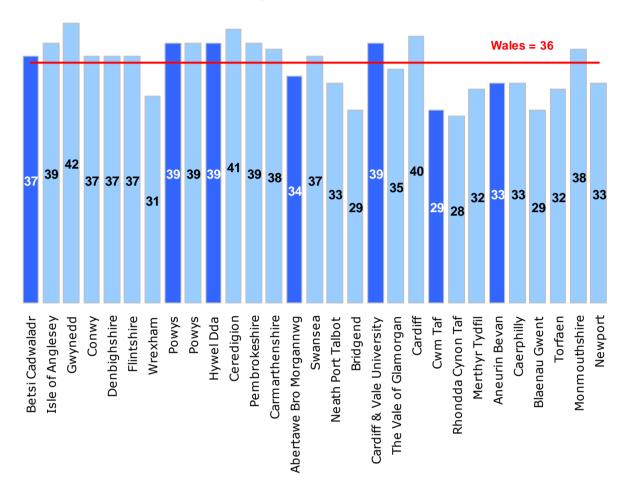
Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



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

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

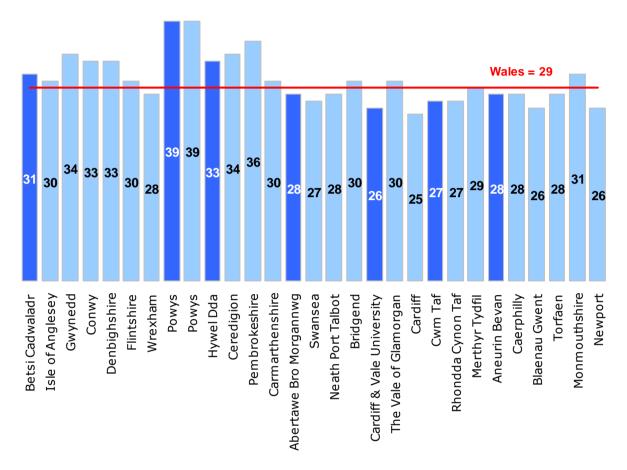
Adults who reported eating five/more portions fruit/veg the previous day by local authority/health board, age standardised percentage, 2008-2009 Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



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

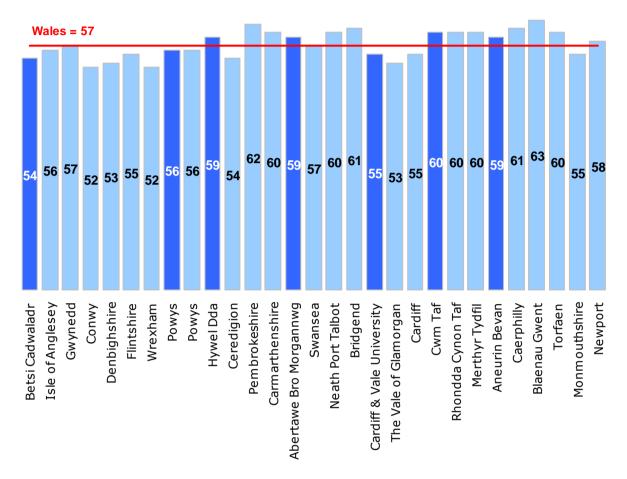


Areas ordered geographically from north west to south east

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



Areas ordered geographically from north west to south east

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. For immunisations scheduled for children in their second year of life, uptake of the Hib/MenC booster reaches the 95% target, whereas uptake of the MMR and PCV do not. Coverage of immunisations in five year olds and sixteen year olds are also below target. 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 2005/06, but a 95% uptake of two doses is needed to eliminate measles in line with WHO goals. Improving uptake of preschool 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 Cwm Taf Health Board in persons aged 65 years and over during 2010/11 was 12% under the target level. In persons aged under 65 years in the at risk groups, uptake during 2010/11 was 27% below the target level.

Population Based National Screening Programmes in Wales

Uptake/coverage rates in Cwm Taf 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 better than Wales overall. However only rates for breast screening and newborn hearing screening achieve the UK target rates, the other programmes fall slightly short of the targets.

Primary care services

The latest Welsh Health Survey data show that age-standardised percentages of primary care service use by adults in Cwm Taf Health Board are broadly on a par with those for Wales as a whole, except for dental services for which use is lower in the health board.

Use of secondary and tertiary care

Age-standardised overall hospital admission rates in persons aged under 75 years for 2009 in Cwm Taf Health Board show that overall rates are slightly higher than Wales. The rate in Merthyr Tydfil is the highest out of the 22 local authorities in Wales. Drilling down to the MSOA level there is considerable variation. Rates are lowest in Treorchy; Hawthorne; Rhydfelen; Pentrebach and Treforest in Rhondda Cynon Taf; the highest rate is found in the Pontsticill; Gurnos and Galon Uchaf area in Merthyr Tydfil.

Looking at emergency admissions in this age group, the health board rate is above that of Wales. The rate in Merthyr Tydfil is the highest out of the 22 local authorities in Wales. At the MSOA level the rate varies greatly with the lowest rates found in Upper Church Village and Llantwit Fardre in Rhondda Cynon Taf. The highest rate is again found in the Pontsticill; Gurnos and Galon Uchaf area in Merthyr Tydfil. High rates of emergency hospital admission may be indicative of inadequate self-care and primary care services.

The health board elective admission rate is comparable to that for Wales. The rate in Rhondda Cynon Taf is lower than in Merthyr Tydfil. At the MSOA level the rates are highest in Pontsticill; Gurnos; Galon Uchaf; Merthyr Vale; Aberfan; Bedlinog and Troedyrhiw in Merthyr Tydfil. The lowest rates are found in Hawthorn; Rhydfelen; Pentrebach; Treforest and Treorchy in Rhondda Cynon Taf.

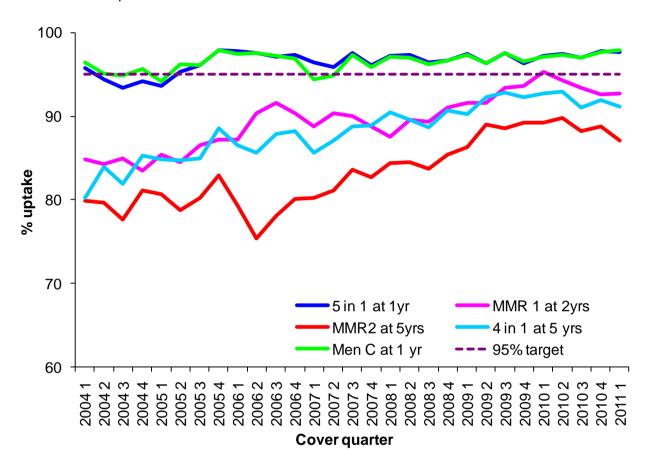
4.2 Prevention services: vaccination uptake

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

4.2.1 Childhood immunisations

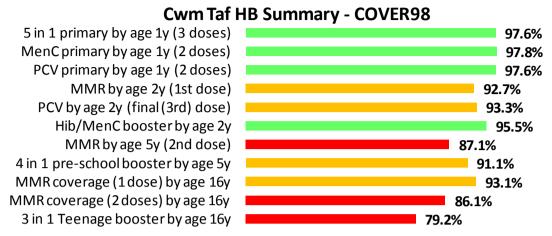
Routine childhood immunisation Cwm Taf Health Board area, trends 2004-2011

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



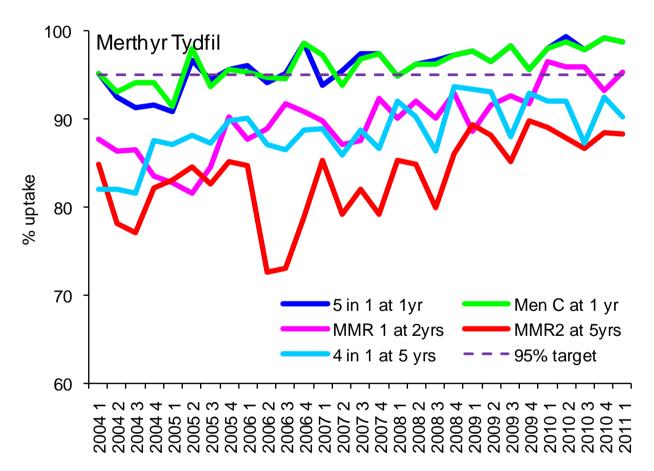
Routine childhood immunisation Cwm Taf Health Board area, 2011 quarter 1

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



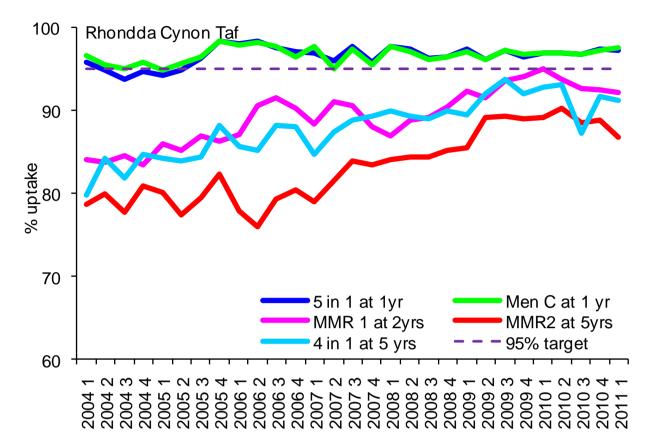
Routine childhood immunisation Merthyr Tydfil area, trends 2004-2011

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



Routine childhood immunisation Rhondda Cynon Taff area, trends 2004-2011

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



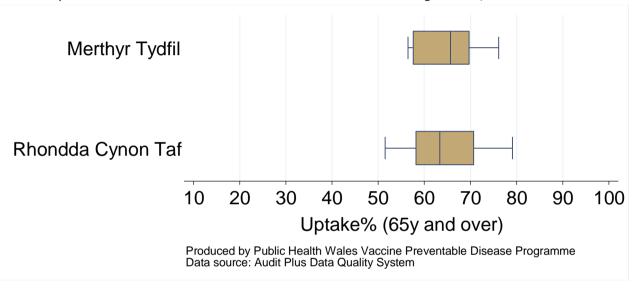
4.2.2 Seasonal influenza vaccination

Uptake of seasonal influenza immunisation in Cwm Taf Health Board area, 2010/2011Produced 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 (%)	
Merthyr Tydfil	9,617	6,244	64.9	6,194	3,017	48.7	
Rhondda Cynon Taf	40,995	25,854	63.1	25,403	12,060	47.5	
Health Board total	50,612	32,098	63.4	31,597	15,077	47.7	

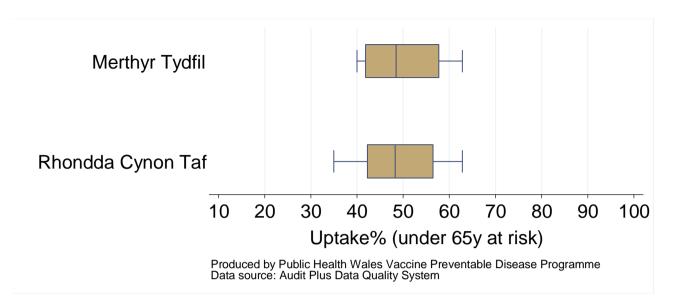
Distribution of practice level seasonal influenza immunisation uptake rates (patients aged 65 years and over), Cwm Taf Health Board area, 2010/2011

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), Cwm Taf 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 Cwm Taf 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	Cwm Taf	Merthyr Tydfil	Rhondda Cynon Taf
Bowel Screening ¹	Currently 60-69 years / every 2 years	Uptake: 60%	55.3%	56.4%	54.7%	56.8%
Breast Screening ²	50-70 years / every 3 years	Uptake: Minimum 70%, Target 80%	76.2%	82.3%	83.8%	81.3%
Cervical Screening ³ (aged 20-64)	20-64 years / every 3 years	Coverage: 80% at 5 years (aged 25-64)	76.2%	76.2%	74.0%	76.8%
Cervical Screening ⁴ (aged 25-64)	20-64 years / every 3 years	Coverage: 80% at 5 years (aged 25-64)	79.5%	78.8%	76.4%	79.4%
Newborn Hearing Screening ⁵	Newborn babies / within first month of birth	Uptake: 95%	99.7%	99.8%	99.5%	99.8%

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

Cwm Taf 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	17	17	18
In the past three months: Accident, injury or poisoning needing hospital treatment or a visit to casualty	6	6	5
In the past twelve months:			
Pharmacist	69	70	70
Dentist	66	65	70
Optician	50	51	49
Unweighted base (i)			
All aged 16+	2,887	2,887	29,331

Source: Welsh Health Survey 2008 + 2009

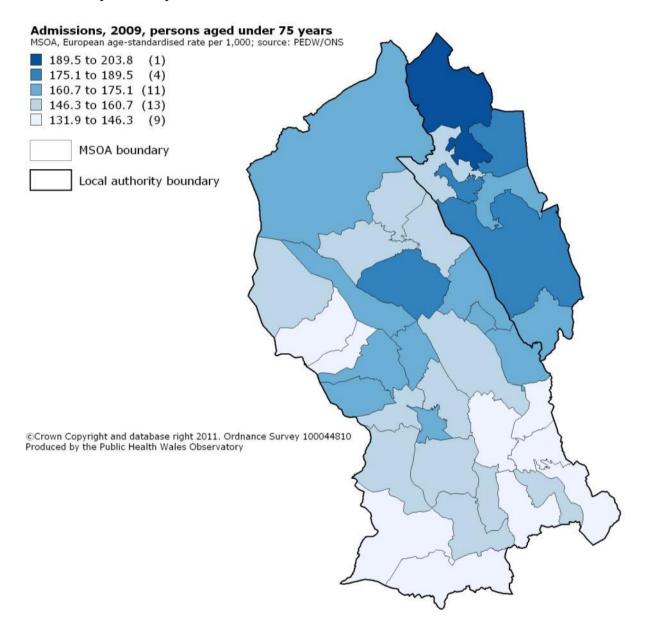
⁽i) Bases vary: those shown are for the whole sample.

Age standardised rate is standardised to the Wales population.

4.5 Use of secondary and tertiary care

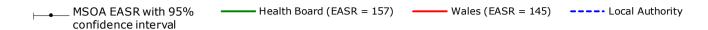
4.5.1 Hospital admissions: individuals aged under 75

Middle super output areas



Hospital admissions in Cwm Taf 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)



Rhondda Cynon Taf

Merthyr Tydfil



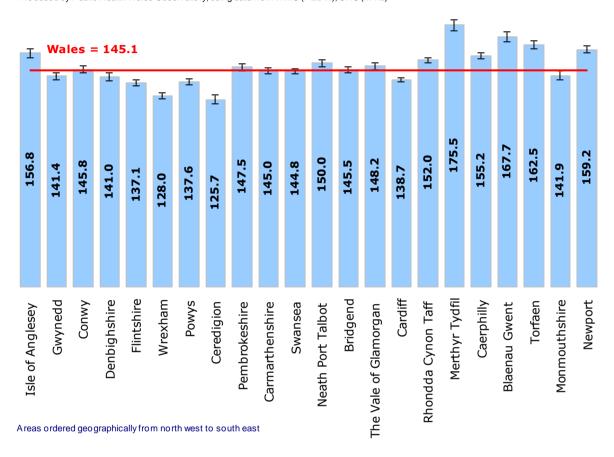
005	180			⊢
013	174			⊢●⊣
020	173			
800	171			⊢
014	169		Ì	⊢●⊣
006	167			
001	166			
009	164			
012	163		Ì	•
016	162		}	● -1
015	161		ŀ	●
023	160		į	-
024	159		H	•—∣
004	158		H	•
∢ 018	156		나	—
8 003	153		H	⊢
∑ 017	152	ı	d	H
007	150	F	4	
002	150	F	4	-1
028	150	F	٩	H
030	147	-	ŀ	l
025	146		ŀ	4
031	146	۲	H	
029	143	⊢•	Н	
011	143	⊢•	H	
019	142	—	H	
026	137	⊢•	l	
021	135	⊢●⊣	1	
027	135	⊢•	ļ	
010	134	——	I	RCT
022	132	⊢	Li	EASR = 152
	EASR per 1,000			

Local authorities

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

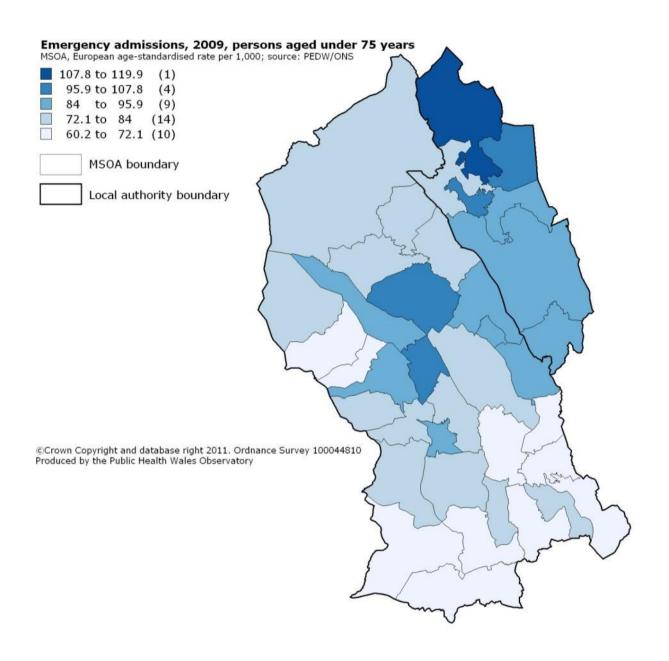
95% confidence interval

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



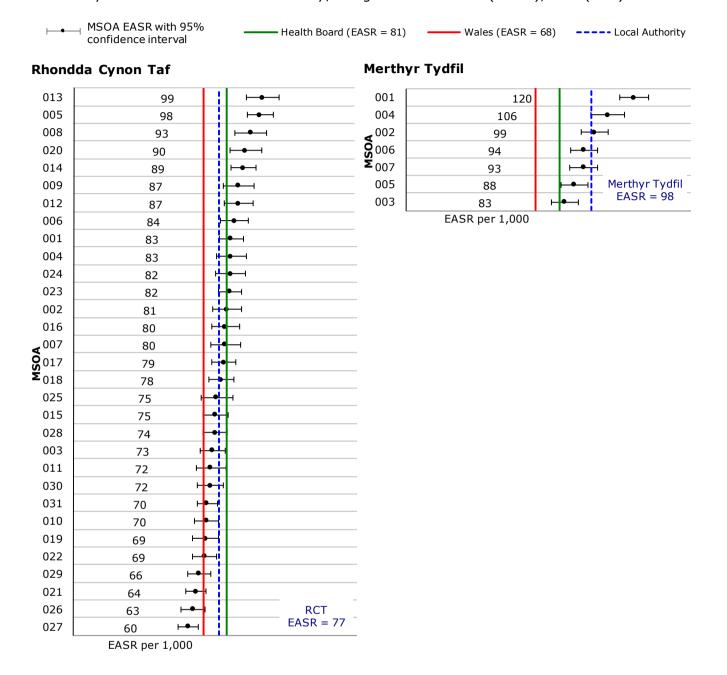
4.5.2 Emergency hospital admissions: individuals aged under 75

Middle super output areas

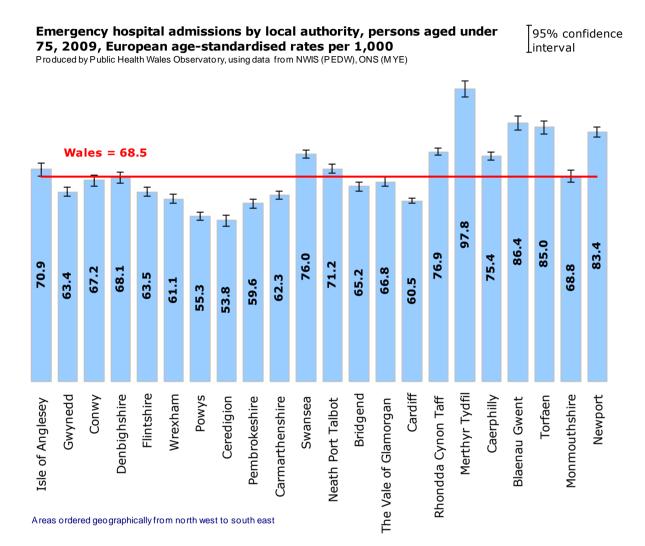


Emergency hospital admissions in Cwm Taf Health Board area, persons aged under 75, 2009, European age-standardised rates per 1,000

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

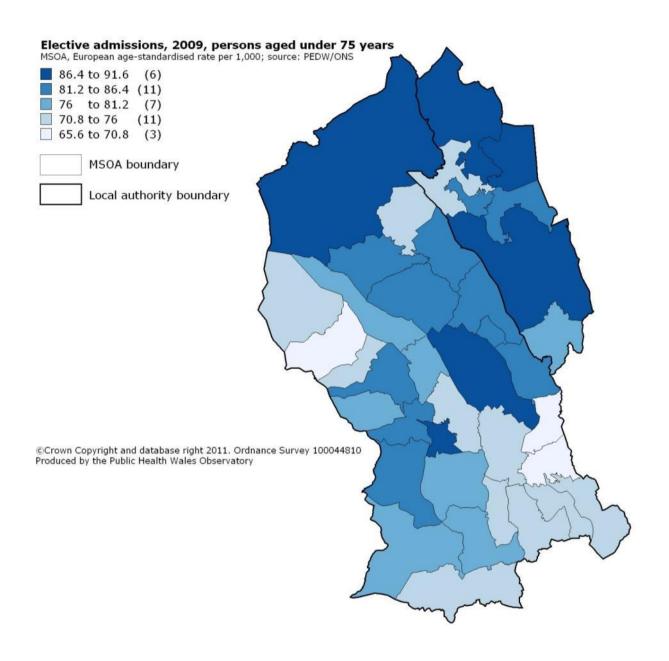


Local authorities



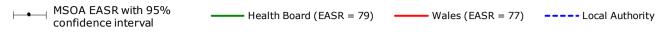
4.5.3 Elective hospital admissions: individuals aged under 75

Middle super output areas



Elective hospital admissions in Cwm Taf 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)

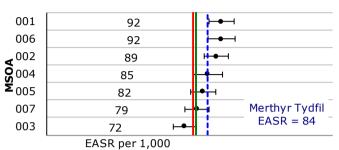


Rhondda Cynon Taf

030 016 029 **RCT** EASR = 77

EASR per 1,000

Merthyr Tydfil

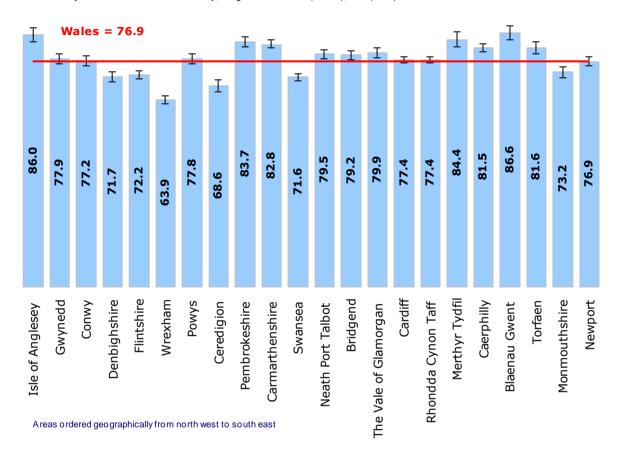


Local authorities

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

795% 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. Cwm Taf Health Board has much poorer levels of health than Wales as a whole. Between the two local authority areas of the health board, Merthyr Tydfil shows the poorest levels of health. However there is considerable variation within local authority areas.

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 Cwm Taf Health Board is higher compared to Wales. At the MSOA level, the areas with the highest percentages are found in Pontsticill; Gurnos and Galon Uchaf in Merthyr Tydfil, and Penrhiwceiber in Rhondda Cynon Taf. The areas with the lowest percentages are Cwmdare; Llwydcoed; Trecynon; Tonyrefail East; Talbot Green and Llantrisant.

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 Cwm Taf Health Board than in Wales as a whole. For mental health, mean self reported SF-36 scores were lower in Merthyr Tydfil than in any other local authority in Wales. Self reported physical and mental health scores are worse in Merthyr Tydfil than in Rhondda Cynon Taf. The data also show that the age-standardised rate of adults reporting a limiting long term illness (which includes problems related to old age) in Cwm Taf Health Board is higher than Wales. Looking at persons reporting current treatment for a mental health condition, the overall health board rate is the highest in 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 Cwm Taf Health Board is higher than Wales. The rate for Merthyr Tydfil is higher than that for Rhondda Cynon Taf but both are among the highest in Wales. At MSOA level there is great variation between the lowest and highest rates. Both the highest and lowest rates are found in Merthyr Tydfil; the highest in Gellideg and the lowest in Clwydyfagwyr; Trefechan and Winch Fawr. The pattern is broadly similar for the under 75 age group.

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 Cwm Taf Health Board is higher than the Wales rate. At local authority level, the rates for Merthyr Tydfil and Rhondda Cynon Taf are among the highest in Wales. At MSOA level, once again, variation is high. Pentre and Ton Pentre in Rhondda Cynon Taf are the areas with the lowest rate; Gellideg in Merthyr Tydfil is once again the area with the highest rate. The pattern is very similar to that for circulatory disease.

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 Cwm Taf Health Board is higher than Wales and following the general pattern, the rate for the Merthyr Tydfil local authority is the highest in Wales. At MSOA level there is considerable variation. The lowest rates are located in Bynna and Llanharan in Rhondda Cynon Taf. Pontsticill; Gurnos; Galon Uchaf and Gellideg in Merthyr Tydfil, and Ferndale and Maerdy in Rhondda Cynon Taf are the areas with the highest rates.

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 Cwm Taf Health Board is higher than Wales. The rates for the two local authorities are the highest in Wales which may relate to the industrial legacy and high smoking levels in the health board. At the MSOA level however, there is considerable variation with the rate more than doubling between lowest and highest. 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 Ton-Teg; Beddau; Brynteg and Tynant in Rhondda Cynon Taf; the highest rates are located in Ystrad; Gelli and Llwynypia in Rhondda Cynon Taf, followed by Gellideg in Merthyr Tydfil.

Cancer survival

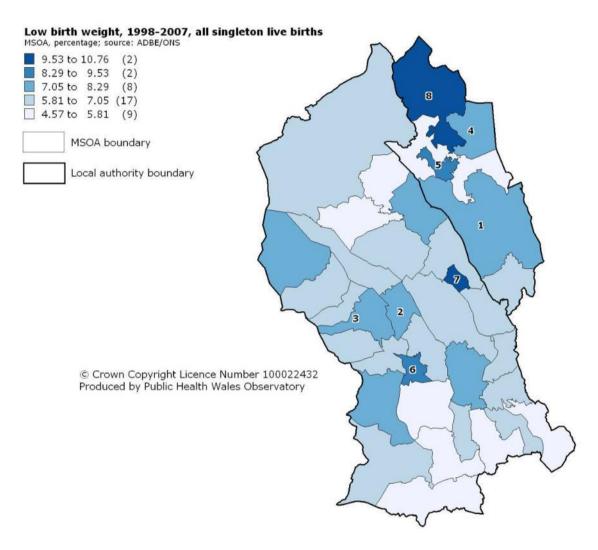
Relative survival is the most widely used method in population studies. It is the ratio of the survival observed in the group of cancer patients to the survival that would be expected if they were subject to the same overall mortality rates by age, sex and calendar period as the general population. The 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.

For all malignancies (except NMSC), the one and five year relative survival figures for males, and five year relative survival figures for females indicate that Cwm Taf Health Board is significantly worse than Wales. Drilling down to each cancer type, there is little variation except for the five year relative survival figures for breast cancer in females, which are also significantly worse when compared to Wales.

5.2 Physical and mental health

5.2.1 Low birth weight

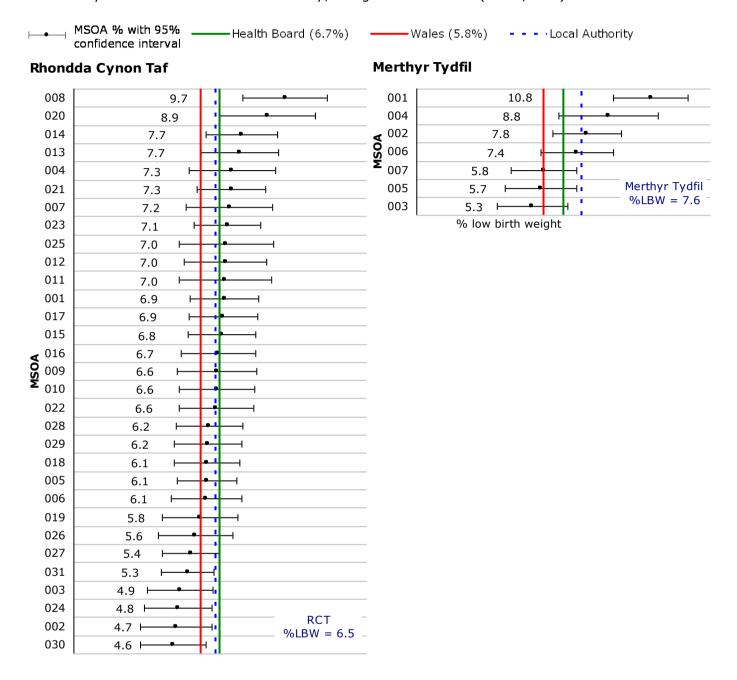
Middle super output areas



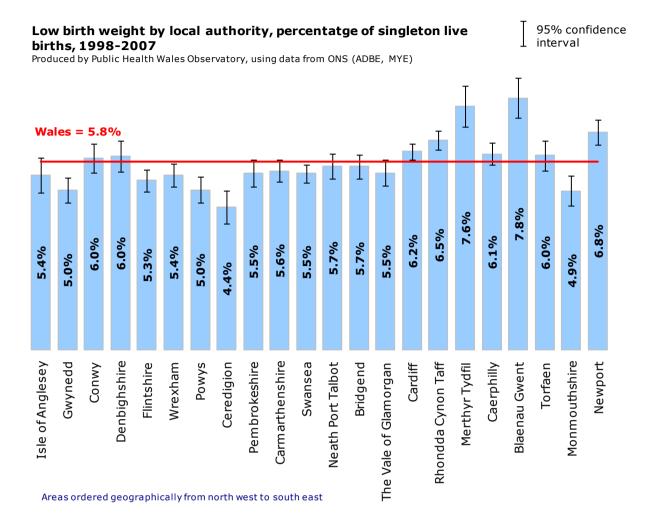
Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

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

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



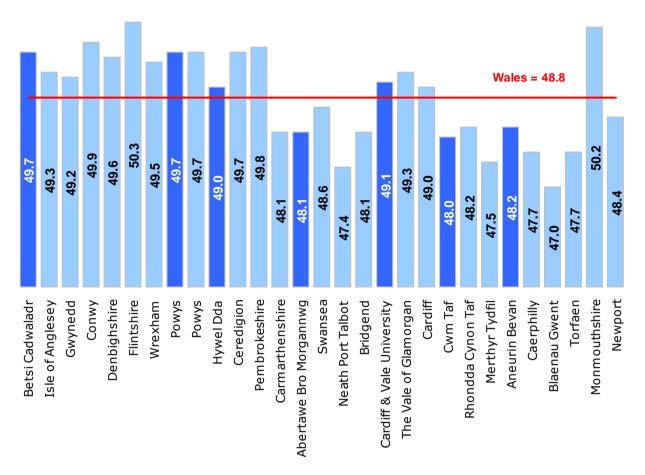
Local authorities



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



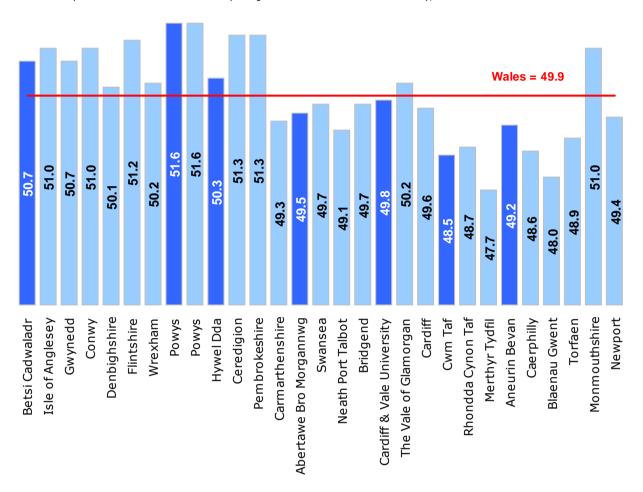
 $\label{lem:continuous} \textbf{Areas ordered geographically from north west to south east}$

^{*} Y-axis is 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

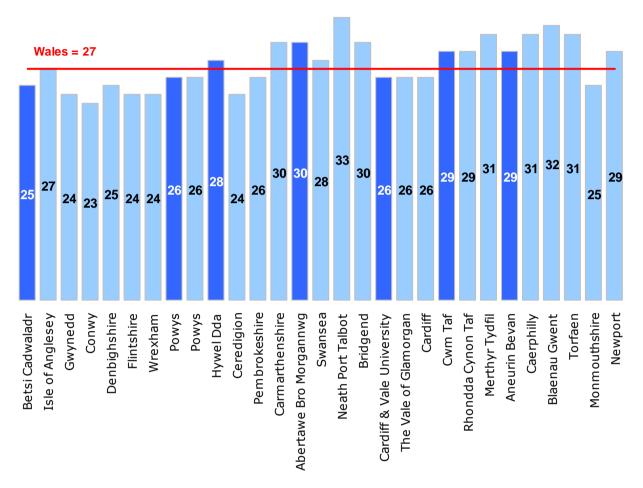


 $\label{lem:continuous} \textbf{Areas ordered geographically from north west to south east}$

^{*} Y-axis is 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

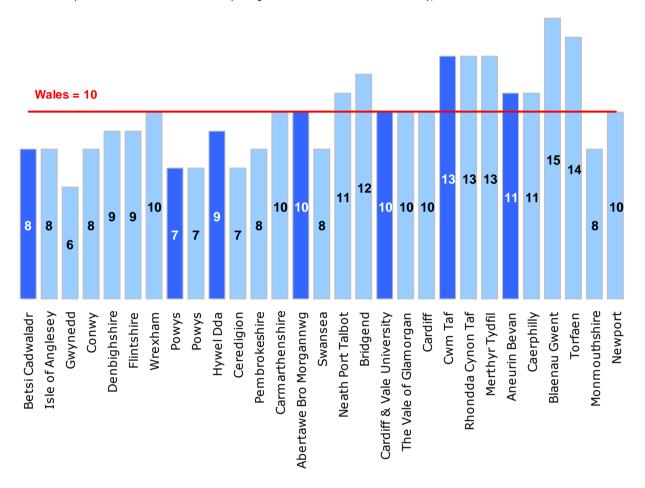


Areas ordered geographically from north west to south east

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

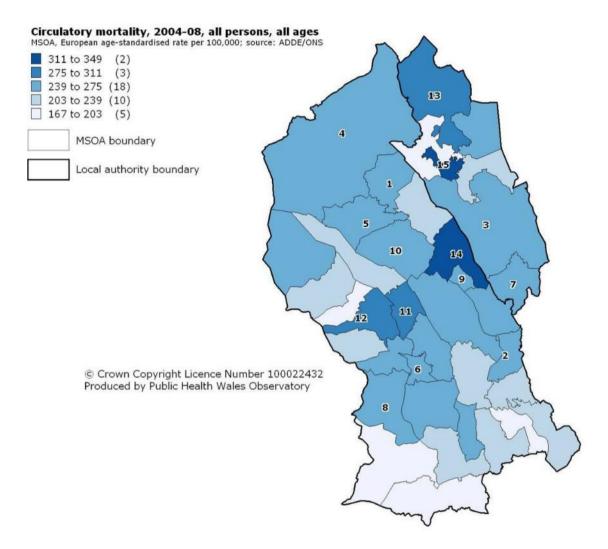


Areas ordered geographically from north west to south east

5.3 Mortality from specific conditions

5.3.1 Mortality from circulatory disease, all ages

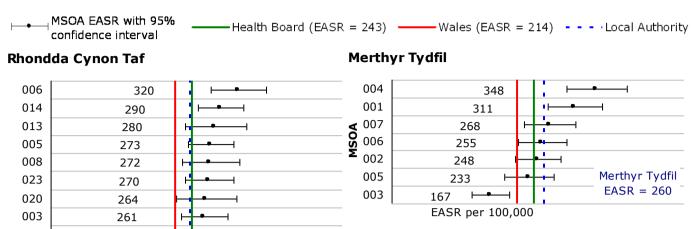
Middle super output areas



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

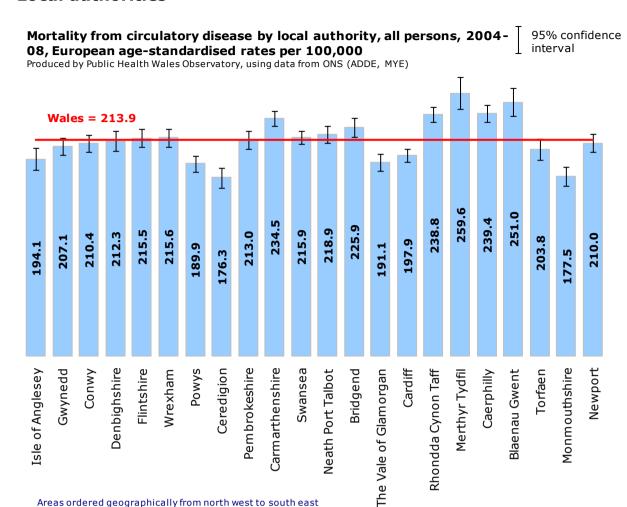
Mortality from circulatory disease in Cwm Taf Health Board area, all persons, 2004-08, European age-standardised rates per 100,000

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



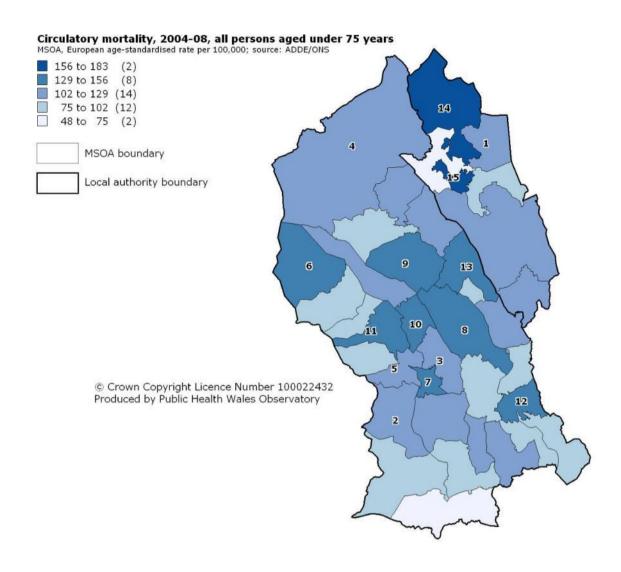
Local authorities

Areas ordered geographically from north west to south east



5.3.2 Mortality from circulatory disease, under 75s

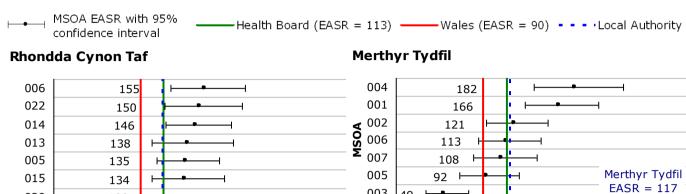
Middle super output areas



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

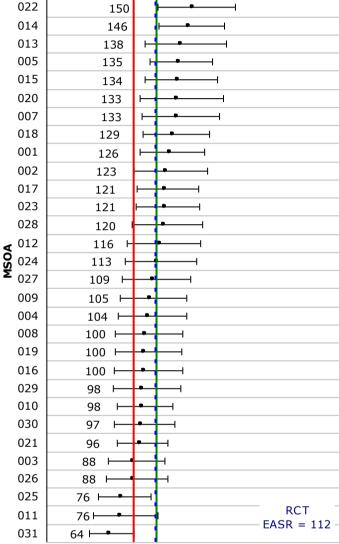
Mortality from circulatory disease in Cwm Taf Health Board area, all persons aged under 75, 2004-08, European age-standardised rates per 100,000

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

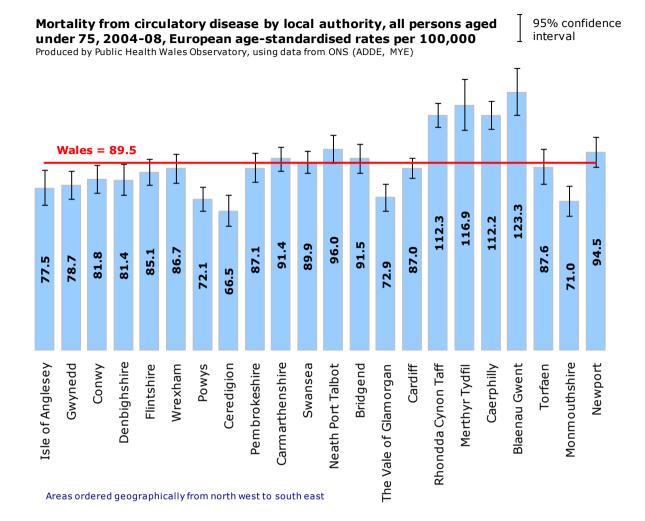


003 |49 ⊢

EASR per 100,000

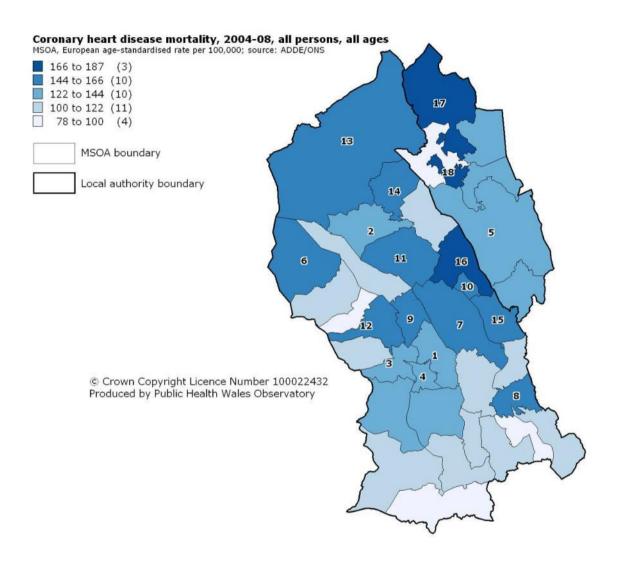


Local authorities



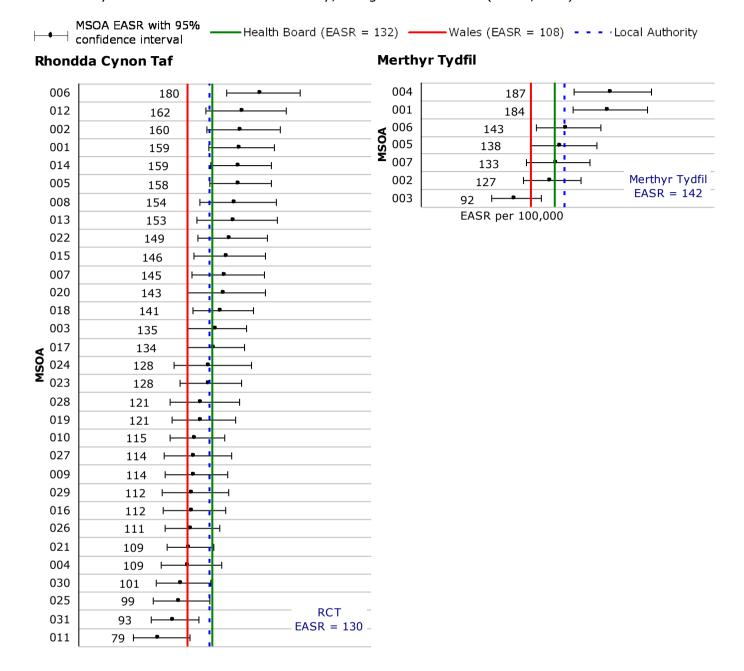
5.3.3 Mortality from coronary heart disease

Middle super output areas

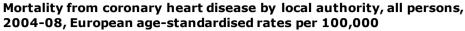


Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

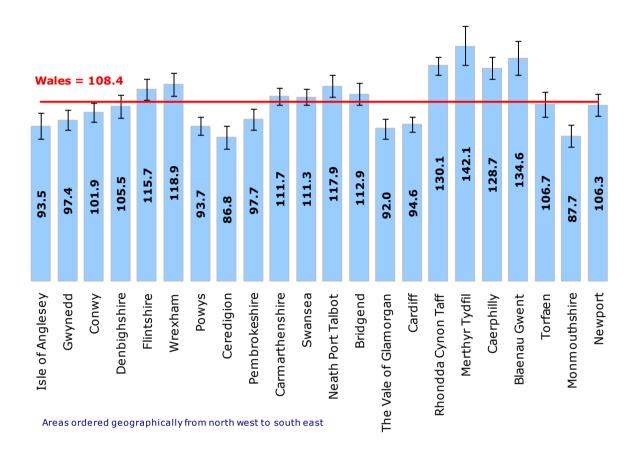
Mortality from coronary heart disease in Cwm Taf Health Board area, all persons, 2004-08, European age-standardised rates per 100,000



Local authorities

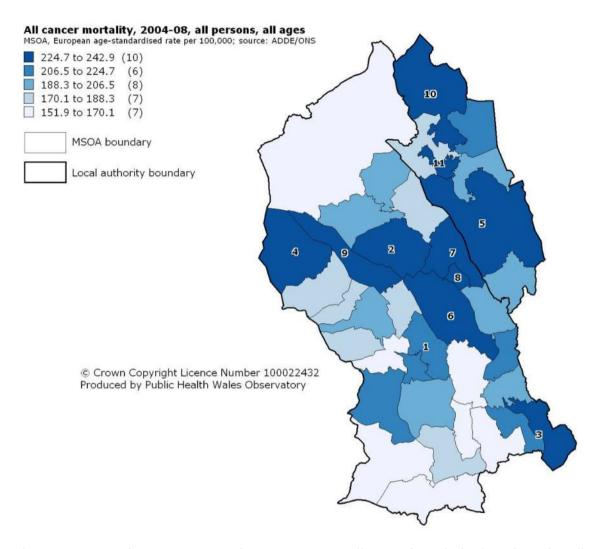


95% confidence interval



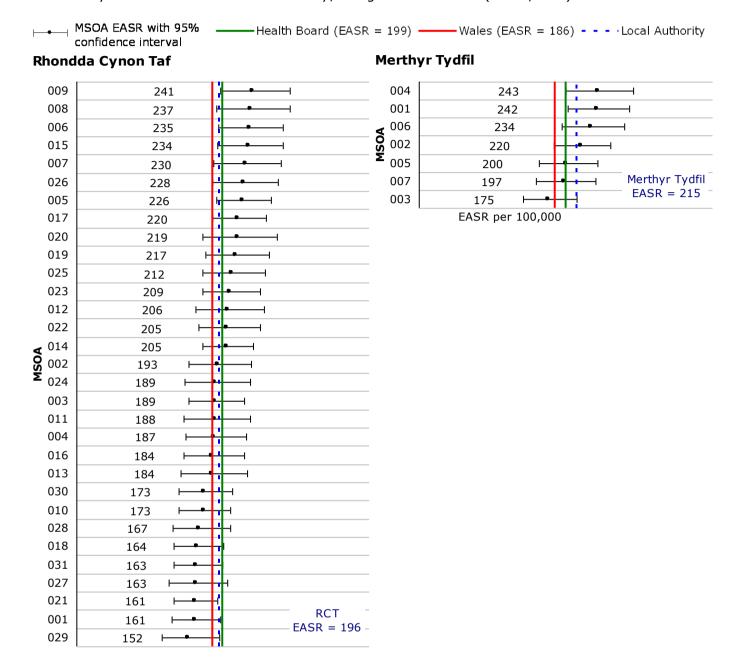
5.3.4 Mortality from cancer

Middle super output areas

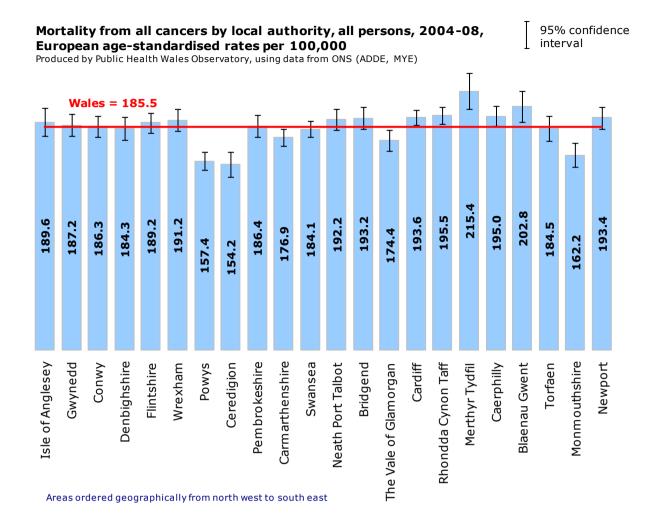


Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

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

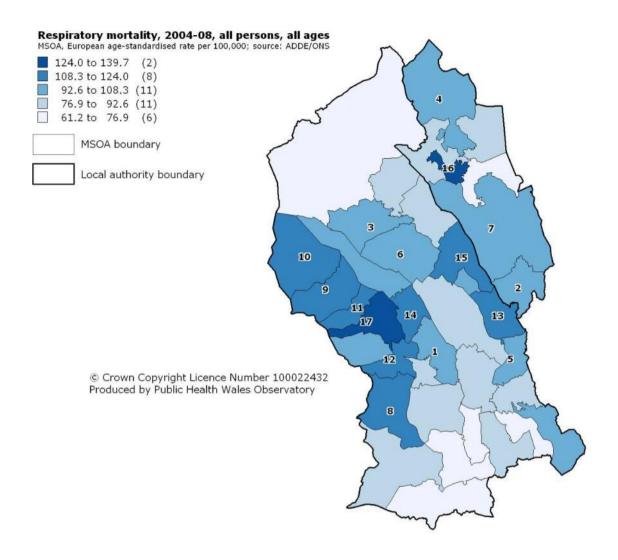


Local authorities



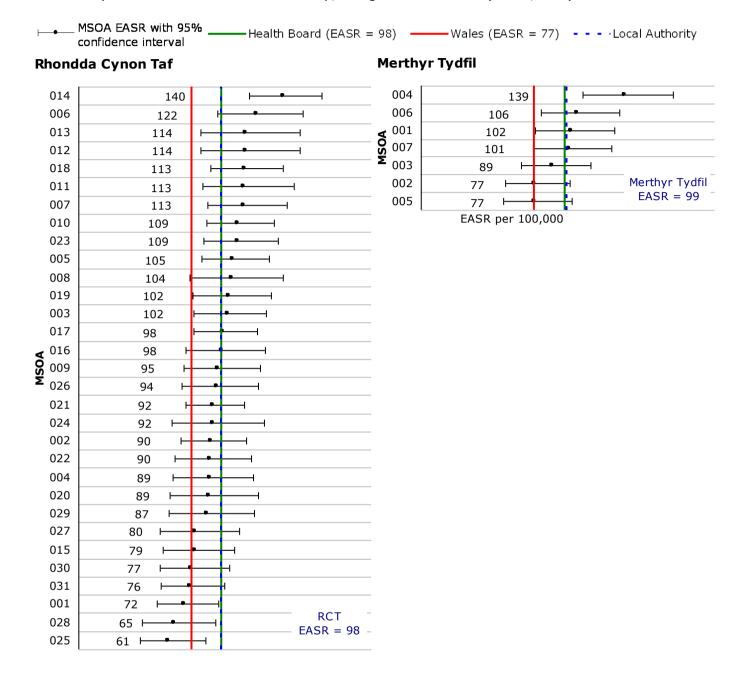
5.3.5 Mortality from respiratory disease

Middle super output areas

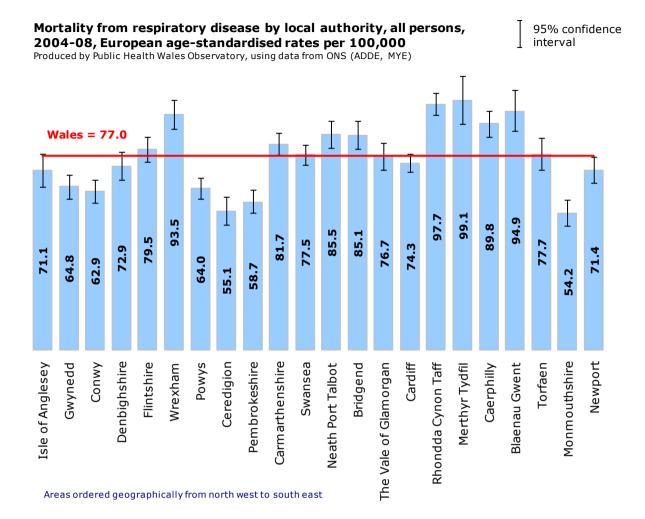


Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

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



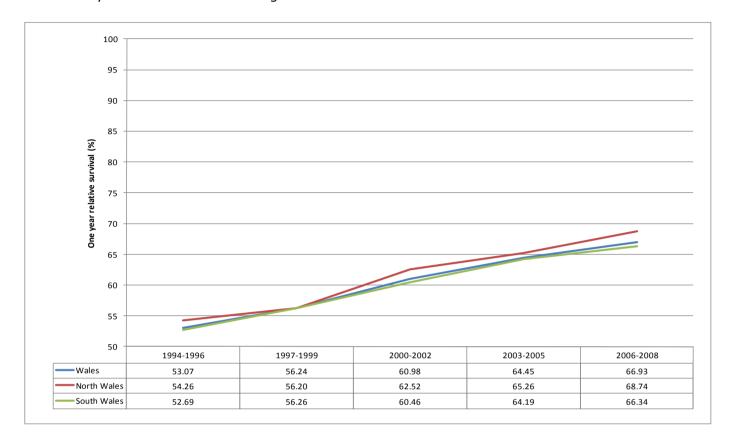
Local authorities



5.3.6 Cancer survival

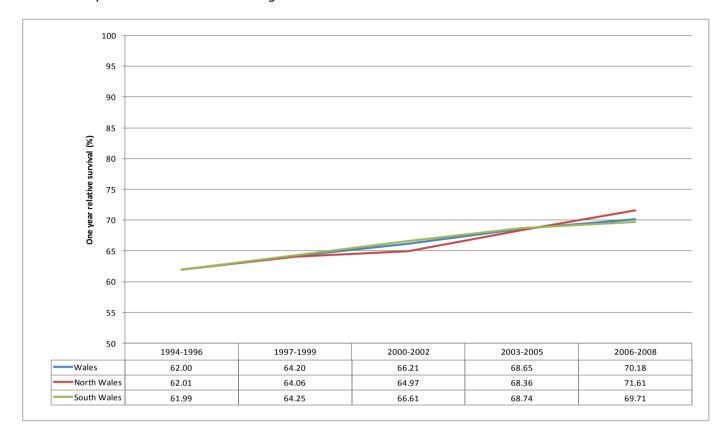
One year relative survival, all cancer (excluding non melanoma skin cancer), males, Wales regions, all persons, 1994/6-2006/8

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 Cwm Taf Health Board area, males and females, 2000-2004 (95% confidence intervals)

Produced by the Welsh Cancer Intelligence and Surveillance Unit

١	1	а	е

	1 year relative survival	
Cancer Site	Cwm Taf	All Wales
Prostate	88.85 (85.72, 91.33)	88.80 (87.95, 89.59)
Lung	23.02 (19.47, 26.76)	22.84 (21.71, 24.00)
Colorectal	68.64 (63.89, 72.90)	71.51 (70.12, 72.85)
Bladder	81.38 (75.28, 86.11)	86.10 (84.51, 87.53)
All malignancies (excl NMSC)	59.58 (57.80, 61.31)	62.11 (61.57, 62.63)

5 year relative survival

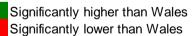
Cancer Site	Cwm Taf	All Wales
Prostate	75.39 (70.50, 79.59)	77.17 (75.83, 78.45)
Lung	5.80 (3.92, 8.18)	5.36 (4.73, 6.04)
Colorectal	46.32 (40.99, 51.47)	48.59 (46.91, 50.24)
Bladder	69.45 (61.48, 76.09)	72.34 (70.04, 74.50)
All malignancies (excl NMSC)	42.31 (40.37, 44.24)	45.39 (44.79, 45.99)

Female

	1 year relative survival	
Cancer Site	Cwm Taf	All Wales
Breast	91.66 (89.45, 93.42)	93.41 (92.83, 93.94)
Lung	25.08 (20.67, 29.71)	25.53 (24.09, 26.99)
Colorectal	72.71 (67.25, 77.42)	68.80 (67.19, 70.36)
Ovary	68.49 (60.35, 75.30)	63.92 (61.50, 66.24)
Corpus Uteri	88.38 (81.23, 92.92)	89.83 (87.90, 91.46)
All malignancies (excl NMSC)	66.16 (64.43, 67.82)	67.24 (66.71, 67.76)

5 year relative survival

Cancer Site	Cwm Taf	All Wales
Breast	76.37 (73.05, 79.34)	82.06 (81.14, 82.94)
Lung	7.42 (4.89, 10.64)	6.85 (6.00, 7.76)
Colorectal	49.21 (43.03, 55.10)	49.18 (47.31, 51.01)
Ovary	43.82 (35.44, 51.88)	39.29 (36.78, 41.80)
Corpus Uteri	77.96 (68.62, 84.83)	77.77 (75.02, 80.25)
All malignancies (excl NMSC)	50.04 (48.11, 51.94)	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 38 MSOAs in the Cwm Taf 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 agestructure 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.

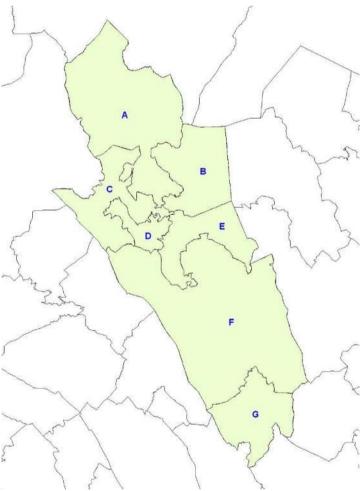
Statistical significance

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 Cwm Taf Health Board area

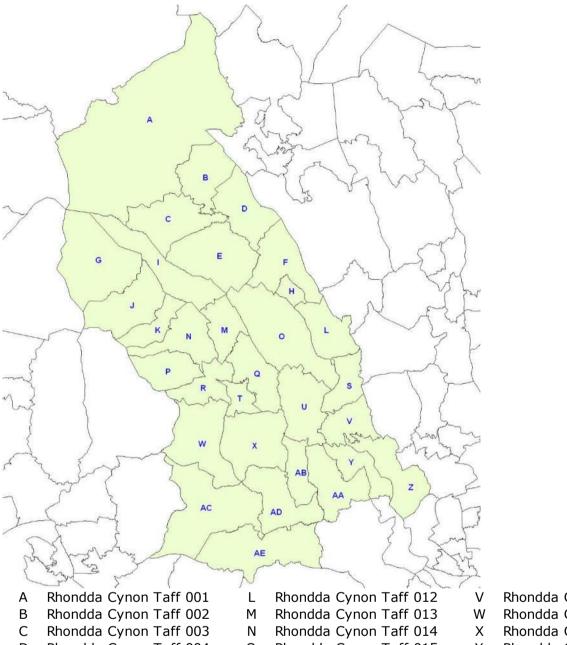
The Public Health Wales Observatory has also produced a web-based interactive map showing MSOA boundaries, with the added facility of background Ordnance Survey mapping. Follow this link: http://www2.nphs.wales.nhs.uk/InstantAtlas/GeographyTool/atlas.html

Merthyr Tydfil



- A Merthyr Tydfil 001
- B Merthyr Tydfil 002
- C Merthyr Tydfil 003
- D Merthyr Tydfil 004
- E Merthyr Tydfil 005
- F Merthyr Tydfil 006
- G Merthyr Tydfil 007

Rhondda Cynon Taff



$\overline{}$	Midridad Cyridii Taii 001
В	Rhondda Cynon Taff 002
С	Rhondda Cynon Taff 003
D	Rhondda Cynon Taff 004
Е	Rhondda Cynon Taff 005
F	Rhondda Cynon Taff 006
G	Rhondda Cynon Taff 007
Н	Rhondda Cynon Taff 008
Ι	Rhondda Cynon Taff 009
J	Rhondda Cynon Taff 010

Rhondda Cynon Taff 011

Κ

M Rhondda Cynon Taff 013
 N Rhondda Cynon Taff 014
 O Rhondda Cynon Taff 015
 P Rhondda Cynon Taff 016
 Q Rhondda Cynon Taff 017
 R Rhondda Cynon Taff 018
 S Rhondda Cynon Taff 019
 T Rhondda Cynon Taff 020
 U Rhondda Cynon Taff 021

Rhondda Cynon Taff 022 Rhondda Cynon Taff 023 Rhondda Cynon Taff 024 Υ Rhondda Cynon Taff 025 Ζ Rhondda Cynon Taff 026 Rhondda Cynon Taff 027 AΑ Rhondda Cynon Taff 028 AΒ Rhondda Cynon Taff 029 AC ΑD Rhondda Cynon Taff 030 Rhondda Cynon Taff 031 ΑE