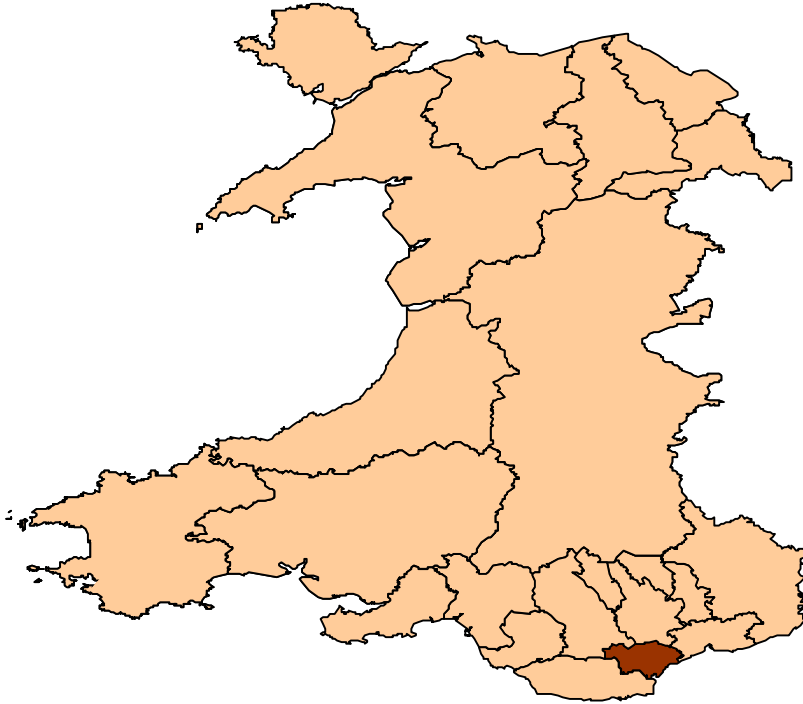




CARDIFF
HEALTH ALLIANCE

CYNGHRAIR IECHYD
CAERDYDD



**CARDIFF
HEALTH, SOCIAL CARE
AND WELL-BEING
NEEDS ASSESSMENT
2004**

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1 - PREFACE

Guidance from the Welsh Assembly Government (WAG) requires each Local Authority and Local Health Board (LHB) to jointly produce a comprehensive assessment of the needs of their population as the foundation for the development of the statutory Health, Social Care and Well-being Strategy. The Public Health Director on each LHB is to lead the development of the needs assessment.

In Cardiff the decision was taken to vest responsibility for the development of both the needs assessment and the Strategy with Cardiff Health Alliance, a partnership of Cardiff Council, Cardiff Local Health Board, Cardiff and Vale NHS Trust, Voluntary Action Cardiff, Cardiff Community Health Council and Race Equality First. The Public Health Director is a Board member of the Health Alliance.

A Steering Group was established to oversee the whole project and that in turn established a working group, chaired by the Public Health Director, to produce the needs assessment.

The strength of this partnership approach was that there was access to a wide range of information that could be brought into the needs assessment. To deal with the quantitative data, staff from the National Public Health Service worked with a Senior Researcher seconded from the Local Authority's Cardiff Research Centre.

Information was also provided from a wide range of operational services in the NHS, the Local Authority and the voluntary sector.

This built on the work undertaken in 2002 to produce the Cardiff Community Profile, which brought together data on health and deprivation in Cardiff.

It was also decided that it would be valuable to try to capture some more qualitative information to 'test' and supplement the quantitative data and provide input to the Needs Assessment from the grassroots level. This consisted of two elements, a questionnaire sent out to a wide range of organisations in Cardiff and a series of locality based 'Have Your Say' workshops. The workshops were intended to go further than identifying needs by involving the community in developing priorities for the Health, Social Care and Well-being Strategy. These processes are explained in detail in the next section.

The output of the process is a large bank of information on the enclosed CD ROM and this short summary document focusing on highlight findings and priority needs. This information is also available on the Cardiff Health Alliance Website.

It is hoped that the quality and detail of this information is such that it will provide a major resource for those planning health and social care services in Cardiff in all sectors and at all levels over the next few years. Further it can

contribute to a range of planning activities beyond health and social care under the Cardiff Community Strategy.

The information produced by this whole process, both quantitative and qualitative has informed the development of the Cardiff Health, Social Care and Well-being Strategy. The approach, the commitment to partnership working and the involvement of the community is to be continued in the development of the Strategy itself. The anticipated outcome is a Health, Social Care and Well-being Strategy that is owned by all the key stakeholders and that is seen by the people of Cardiff as part of the way forward to improving the health and well-being of the whole population.

2 - SUMMARY OF THE QUALITATIVE NEEDS ASSESSMENT AND CONSULTATION

INTRODUCTION

Comprehensive needs assessment includes analysis of a variety of epidemiological, comparative and corporate methods including drawing on the qualitative sources of information.

A broad approach to looking at the needs of communities for the Strategy was therefore planned from the outset, and this summary describes the approach and outcomes of the qualitative needs assessment process.

This was undertaken in a variety of ways to maximise the contribution of a range of organisations, individuals and the public. The use of a variety of methods assists in triangulating the sources of information to ensure the needs assessment is robust. An underpinning principle of the approach taken was to engage participants in decision making and prioritise needs throughout the process.

A number of sources of information have been used through this consultation period. A series of workshops were held specifically for the Health, Social Care and Well-being Strategy needs assessment. There was also the opportunity, through the partnership process to make links to consultation events organised primarily for other purposes, but which had the potential to inform the needs assessment. These sources are indicated as follows:

'Have Your Say' Workshops

These workshops were designed specifically as the consultation mechanism for the needs assessment and are described below. A full report on the workshops is included in the CD ROM and on the Cardiff Health Alliance Website.

Youth Congress

This event was organised by Cardiff Council to engage young people in the Community Planning Process for the city, inform the development of the Children and Young People's Framework and to support the Council's corporate approach to promoting youth democracy. A report on the Congress will be available from Cardiff Council.

'Your Future – You Decide'

This event was a public seminar held at the All-Nations Centre in November 2003 with the purpose of beginning a dialogue with older people around the Cardiff response to the Strategy for Older People. It was organised by Age Concern on behalf of the multi-agency Advisory Planning Group for Older People.

The event aimed to give older people the opportunity to become involved in influencing local policy and services, to establish the issues most important to older people and to establish how older people would like to be involved in influencing local policy and services for the future. Over 150 older people attended the event, which provided group based opportunities to contribute to three consultation issues. A full report of the event will be available from Age Concern.

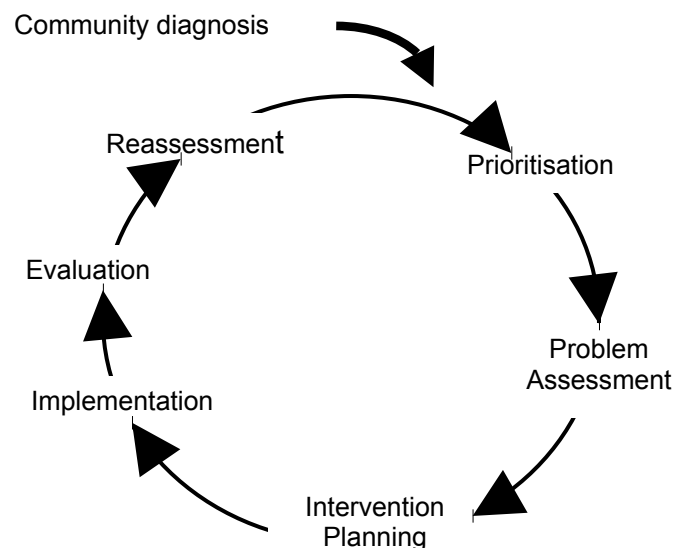
Written Responses

Organisations were also asked to provide written evidence to the needs assessment process through a questionnaire format. This requested groups and organisations to identify needs and prioritise their three most important issues. The information proved to be very rich and has been summarised and will be made available through the Cardiff Health Alliance Website. This information has been used to enrich the needs assessment and will also be a source of information for the development of the detail of the Health and Well-being Strategy.

'HAVE YOUR SAY' WORKSHOPS

The method adopted in the needs assessment workshops was a modified form of the King's Fund Community Orientated Primary Care (COPC). This approach has been tried and tested as a positive method of community needs assessment with primary care teams in England. There had also been practical use of the tools in Cardiff with a group of 8 general practices in Eastern Cardiff in 1998. The process was modified to extend its scope beyond primary care to look at communities from the perspective of all issues that have the potential to affect health, social care and well being. COPC provided a structured framework that enabled participants to work together to identify needs from a local community perspective. Participants jointly developed a profile of both individual and whole community based problems that impact on health, social care and well being. The outcome of the workshops was based on consensus building to agree a series of prioritised local needs. The overall process at the heart of COPC is outlined in the diagram below.

Figure 1: The Community Oriented Primary Care Process



At the heart of the Health, Social Care and Well-being needs assessment was the commitment to involve as many people as possible who live and work in the various communities in Cardiff. The size of Cardiff and diversity of its distinct communities gave rise to the decision to divide the city into four geographical areas, or localities, as a focus for each workshop. These were as follows:

Cardiff North
Cardiff Central
Cardiff West
Cardiff South East

Four events, each a day and a half in length were organised in October and November 2003, this being the consultation period for the needs assessment in Cardiff. A total of 192 individuals representing a range of organisations from the statutory, voluntary and community sectors as well as representatives of the public, service users and carers took part. In each locality workshop participants were further divided into groups by ward or naturally grouped communities.

The workshops focussed on the first three stages of the COPC framework.

Community Diagnosis

This stage enabled those working and living in each community to gel and work together as a team in order to identify issues or problems on a population basis. It was purposively fun and light-hearted but at the same time focussed on producing a detailed map of the specific community or area. Participants physically mapped current community provision and pinpointed issues or problems within the defined area. Demographic and epidemiological data were combined with local knowledge and experience to provide a more comprehensive picture of the broad health issues affecting people living in various communities. This involved presenting participants with a summary of the qualitative needs assessment and combining this with their local knowledge of the area. Independent facilitators ensured that key issues were recorded for use in the next prioritisation stage.

Prioritisation

A central principle of the needs assessment consultation process was to engage participants in a process of prioritisation of needs. This involved the use of a set of criteria, in the form of a grid, to assist in this process. The six criteria used were as follows:

- Prevalence and/or incidence of the issue
- The severity of the problem
- Availability of known and/or effective solutions
- Acceptability and feasibility of the solution
- The potential for engaging communities in the issue
- Cost and available resources to resolve the issue

Participants used these criteria to establish their own priorities. These were then combined to achieve an overall consensus of the top six issues for their specific community. Facilitators provided feedback of these six priorities to a plenary session where a series of common themes were drawn out for the locality as a whole. This provided a comprehensive picture of the wide range of issues and problems that face the community. Participants were then involved in a further exercise, based on a voting system to determine the six overall priorities for each locality in Cardiff.

Detailed Problem Assessment

Participants were asked to arrange themselves into one of six groups according to the established priorities. The purpose of this session was to analyse each priority in more detail, drawing together the experience of each of the smaller groups. Drawing on the information gained from previous sessions participants were asked to consider the extent of the problem in relation to who, and how many people it affected, as well as examining current knowledge, understanding and potential interventions.

SUMMARY OF THE PRIORITISED NEEDS

A desktop analysis of the headline and detail of the six priorities identified in each workshop has been undertaken to provide a broad summary of the issues raised through these workshops. There were clear similarities and differences between the localities, and the summary below has identified nine themes from the 24 priorities identified. The themes are not mutually exclusive, and the key issues raised through the workshops have been presented under each theme. Full summaries of the workshops are presented on the CD ROM. It should also be highlighted that in each workshop a re-current theme highlighted by participants was the many positive aspects of living and working in Cardiff's diverse communities.

Additional information from the other sources of the needs assessment have also been included in these summaries. These summaries are broadly presented in priority order as determined through the workshops.

Older People

The needs of older people was the single issue that was highlighted across all four locality workshops. The key issues raised were as follows.

The concept of looking after the older person in a holistic 'whole person' approach was paramount. There was sense that further joint working was required to ensure that providers across health, social and voluntary sectors are providing services in a joined up manner at the point of delivery to older people and their carers. A focus on supporting people to be able to stay in their homes and local communities was emphasised.

There was felt to be limited activities and opportunities for social support within local communities for older people, particularly for people who had

difficulties accessing facilities directly (for example through lack of transport, or the physical environment). It was stated that voluntary organisations could play a greater role in meeting these needs.

The 'Your Future – You Decide' event highlighted additional issues, directly from the older person's perspective including a desire for participation in planning, improved information and tackling age discrimination.

Housing

A range of issues were raised in relation to housing. Affordable housing to allow people to stay in their own local community was stated as an issue, and that a range of provision was required locally to meet the varying demands of different types of residents. Work to address the imbalance between overcrowding in some households and under-occupancy in others was sought.

Provision of specific housing was raised in relation to a stated need for:

- Sheltered or warden controlled accommodation
- Nursing home places
- People with additional support needs including people with mental health problems or a disability
- Homeless people and young families in temporary accommodation

Specific deficits in terms of the quality of housing were highlighted in terms of poor maintenance by some private landlords, inadequate heating and the need to improve waiting times for home adaptations.

Community Cohesion

This category covered a variety of themes that could be broadly distinguished into the following categories.

Due to substantial demographic and social changes, social capital in some communities was felt to be in decline and there was a need to halt and reverse this decline. Overall it was felt that many local services are provided from poor quality facilities.

In new, and planned, housing developments there was concern that the infrastructure to support the emergence of a sense of community was poorly planned and that more could be done to address this. This included the development of integrated local facilities and through proactive community development as new communities were created.

Young People

The focus of concern in relation to young people was the limited range of local social and leisure activities for young people. It was felt that such provision would contribute to tackling a range of needs among young people including

building self-esteem, mental and emotional problems, substance misuse and underage drinking, smoking, physical inactivity and poor diets. The 'lack of fun' was highlighted as an issue. Concern that services in place were open only at limited times and more flexibility in provision to directly reflect the needs of young people were required, for example in relation to the provision of health services. Improving the information about the opportunities available to young people was indicated as an area requiring attention.

There was concern raised of the effect on the community of groups of young people congregating on the streets in some communities and that territorialism between groups of young people restricted access to services and activities.

These issues were reflected in the youth congress where issues of concern were the need for tailored services for young people in relation to sexual health and substance misuse, improved information and the impact of bullying.

Young Families

A number of specific issues were raised in relation to children and young families that included:

- Parenting skills for new parents
- Speech and language delays
- Injuries to children
- Mild to moderate mental health problems

Community-wide issues were also raised in relation to concerns about the lack of social networking opportunities for some parents and the need for proactive work to link people into existing networks. Limited access to extended families because of transport difficulties across the city was discussed.

Primary Health Care

A range of specific issues were highlighted in relation to the provision of primary care services, including:

- A local practice was absent in some large communities
- Health services tailored to young people particularly to address sexual health and substance misuse
- Speech Therapy and physiotherapy
- An 'Outreach' approach by primary care to refer patients to non-traditional forms of treatment such as exercise
- Waiting times for services and particularly orthopaedics

Crime

Crime and the fear of crime was highlighted across all localities, specifically relating to issues at a very local level (eg car crime, joy-riding, burglary, street safety and prostitution were highlighted) suggesting that solutions to these issues need to be developed at a local level. Also raised was that some communities experience difficulties due to their role as centres of social activity that draw people from across Cardiff who do not necessarily respect the local community.

Drug and alcohol related crime was highlighted as an issue across Cardiff with concerns over drug dealing being a strong theme throughout the workshops.

Equality

This issue was highlighted as one of the six priorities in one locality but was also a theme running through each of the workshops. This was expressed in terms of the need for mainstream services to be tailored to the needs of specific client groups including people with a disability, gay and lesbian people and reflecting the ethnic diversity of the city.

Transport

Transport was also prioritised in one locality and was raised as an issue across all the workshops. In particular, the need for people without access to a car to be able to cross the city is a problem, as there are limited cross-city routes. Accessing some of the key sites of service provision such as the University Hospital of Wales is also problematic. Public transport access to services from some of the outlying communities of the city was an issue. Greater use of voluntary transport schemes was felt to be a solution to these issues.

14 March 2004

3 - SUMMARY OF THE QUANTITATIVE NEEDS ASSESSMENT

KEY POINTS

Cardiff contains 29 Electoral Divisions with a total population of 343,289 according to the NHSAR. The majority of Cardiff's population growth is forecast to occur in the South East locality.

Children and the elderly represent the most needy age groups for Health Services.

- The population structure of the Central locality contains a lower proportion of both children and the elderly than Cardiff as a whole.
- The South East locality has a higher proportion of both younger and older age-groups than Cardiff as a whole.
- The West locality has a higher proportion of children than Cardiff as a whole and a proportion of elderly almost identical to Cardiff as a whole.
- The North locality has a lower proportion of children than Cardiff as a whole and the highest proportion of elderly of any of the four localities.

In regard to other special health needs groups:

- Cardiff's two formal gypsy traveller sites providing residential accommodation for 77 families are both located in the east of the South East locality.
- The majority of Cardiff's homeless are located in Hostels in Central, the southern portion of South East Cardiff and in the West locality Electoral Divisions closest to the city centre.
- The vast majority of Cardiff's ethnic minority populations are resident in inner-city Central, South East and West locality Electoral Divisions.
- 58% of Cardiff's 25,000 students are concentrated in Central Cardiff.
- Most of Cardiff's Asylum seeker population are located in the inner-city Electoral Divisions of Central and South East Cardiff.
- Sexually transmitted diseases are rising rapidly. Most of the sex industry in Cardiff is located in the inner-city Electoral Divisions of the Central and South East and (to a lesser extent) West localities and it is likely that the majority of the sex worker population is also resident there.

Half of the ten Electoral Divisions with the highest all-cause standardised mortality rates¹ (SMRs) for deaths under the “fair-innings” age of 75 years old are in the South East locality of Cardiff.

The single largest cause of death in Cardiff is cardiovascular disease. One of the major determinants is smoking – which is increasing in young women, and another is obesity - which is increasing rapidly throughout the population.

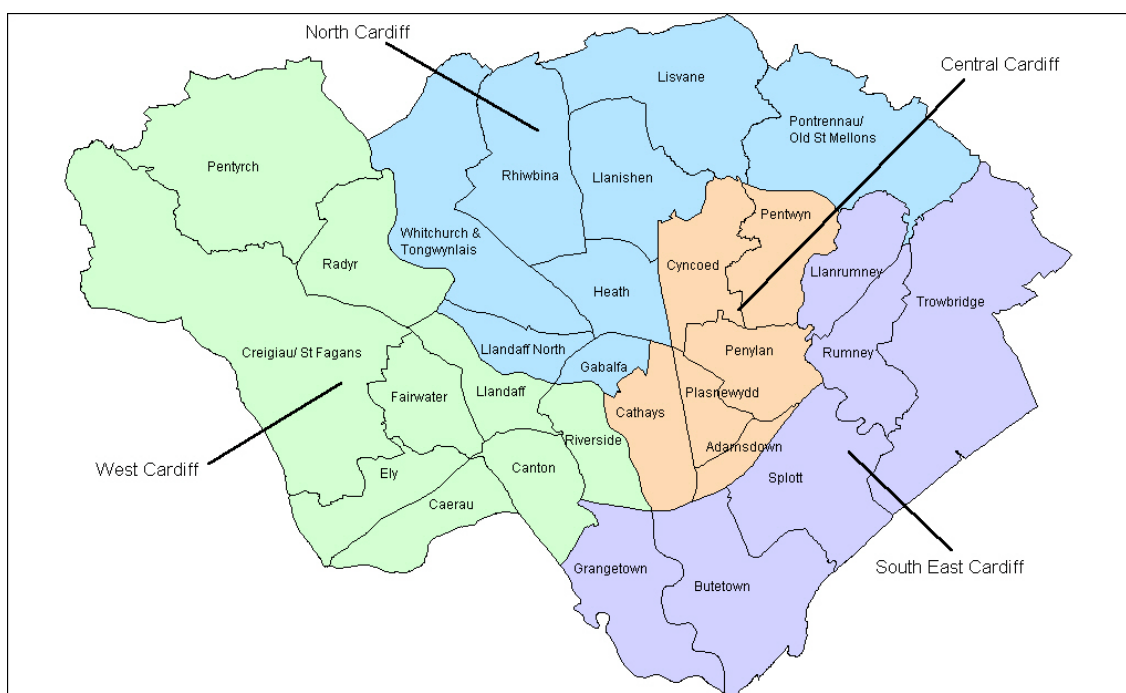
The percentage of low birth weight (LBW) babies is higher in the South East than in Cardiff as a whole. Eight of the ten Electoral Divisions with the highest percentages of LBW babies in the city are located within the Central and South East areas of Cardiff.

The two areas with by far the highest reported community safety problems are Cathays and Butetown.

There is a tenfold variation in unemployment rates between electoral divisions in the city with the highest rates in the Butetown (8.6%) and Adamsdown (7.1%). Five of the 10 Electoral Divisions with the worst unemployment are in the South East locality.

Half of the ten Electoral Divisions with the highest proportion of income support dependants under sixteen are located in the South East Cardiff locality. Butetown has the worst rate (56%) in Cardiff by a considerable margin.

GEOGRAPHY



¹ Standardised Mortality Rates (SMRs) allow a “fair”, “like-with-like”, comparison of death rates

DEMOGRAPHY

Because of serious ongoing and unresolved concerns regarding the accuracy and reliability of the 2001 Census of Population the population denominators used in this report are those used for Cardiff and its 29 Electoral Divisions in the Cardiff Community Profile – 2002. Those estimates were produced by Cardiff Research Centre (part of Cardiff Council) in December 2000 using the 1999 Mid Year Estimate of population as the control sample. For a full explanation of the methodology used please see pages 15 & 16 of the 'Cardiff Community Profile – 2002'.

Demographic comparisons within Cardiff have been based mainly upon the NHS administrative register (NHSAR) which enumerates patients registered with GPs. This is however usually about 3% over-enumerated as a result of delays in the removal of the names of people who have died from this database though this will to some extent be offset by homeless, traveller and prison populations not registered with a GP. This 3% over-enumeration is likely to be reasonably constant geographically - facilitating accurate comparisons between Electoral Divisions. The same comments cannot be made regarding variation in the probable 2001 census under-enumeration, which seems to vary considerably between Electoral Divisions. Hence where possible use has been made of the 2001 NHSAR rather than the 2001 census.

Current population

According to the NHS Administrative Register (NHSAR) of patients registered with a GP Cardiff has 343,278 people with 88,862 (25.8%) living in Central locality, 72,747 (21.2%) living in the South East locality, 87,373 (25.5%) in the North locality, and 94,307 (27.5%) in the West locality.

Projected future population growth by locality

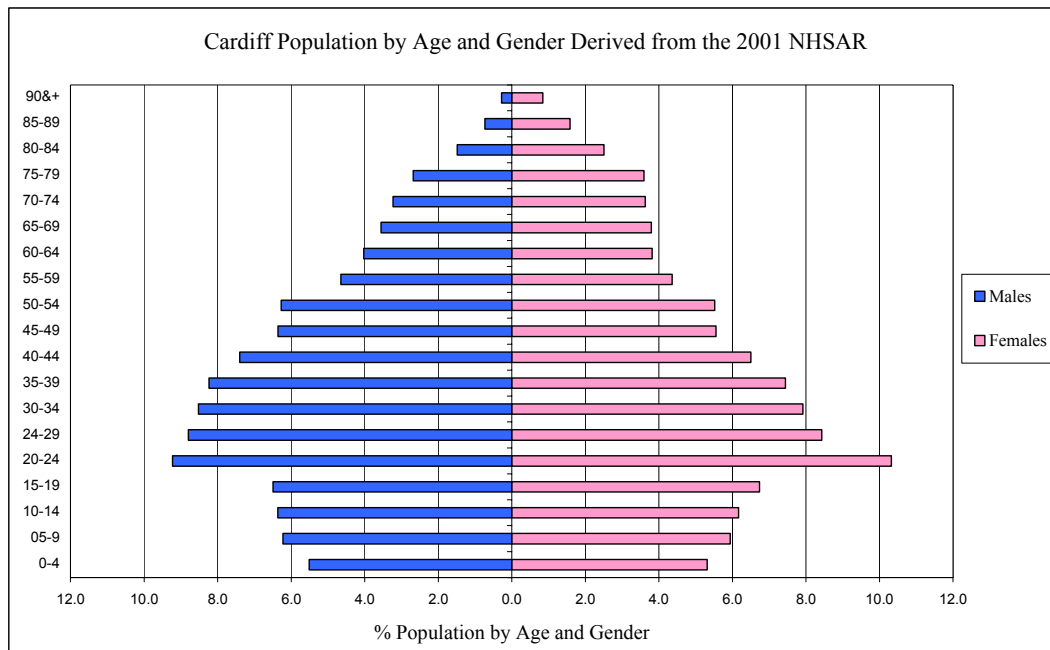
In terms of a crude population growth estimate - almost 2/3rds of Cardiff's projected 5% population growth by 2007 will take place in the South East area alone².

Population Age Structure

Cardiff's population age structure is shown below. It has a much higher proportion of young people aged 15-24 than Wales as a whole – partly due to a large number of students. It also has a lower proportion of persons of retirement age than the Wales average, and a slightly higher proportion of persons aged 0 to 15 years old.

between areas by correcting for the differences in the age structures of different populations.

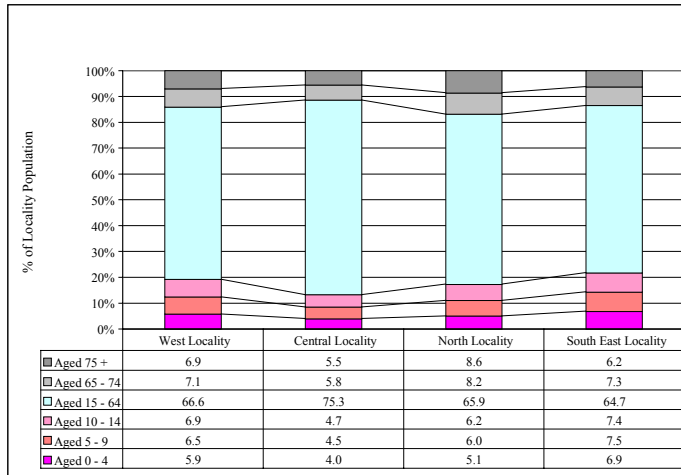
² Summing the projected supply of new residential dwellings over and above the dwelling stock in 2001, and assuming a Cardiff wide vacancy rate of approximately 2% (Cardiff Council data).



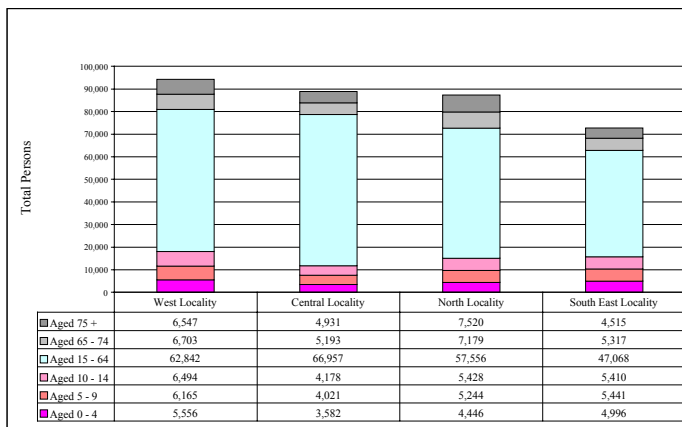
SPECIAL NEEDS AGE-GROUPS - CHILDREN AND THE ELDERLY

Children and the elderly represent the most needy age groups for Health Services. The population structure of the Central locality contains a lower proportion of both children and the elderly than Cardiff as a whole. The South East locality has a higher proportion of both younger and older age-groups than Cardiff as a whole. The West locality has a higher proportion of children than Cardiff as a whole and a proportion of elderly almost identical to Cardiff as a whole. The North locality has a lower proportion of children than Cardiff as a whole and the highest proportion of elderly of any of the four localities.

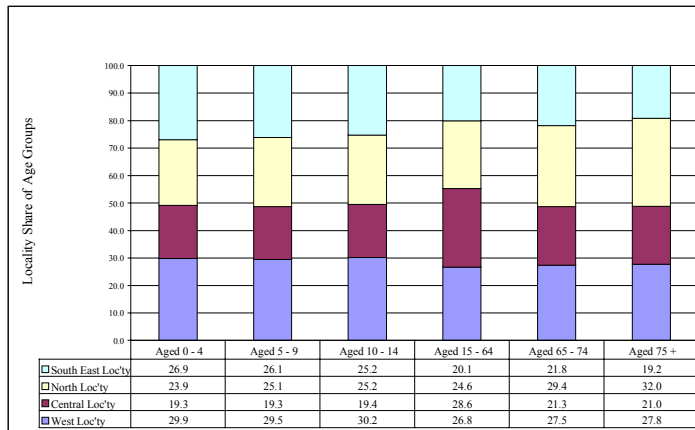
Population Proportions by Age Groups for LHB Localities



Population by Age Groups for LHB Localities



Proportion of Age Groups by LHB Locality



Children Aged 0-14

Just under 20% of Cardiff's children live in the Central locality, just over 26% live in South East Cardiff, just under 30% live in West Cardiff and just under 25% live in North Cardiff.

Within the 6 Electoral Divisions in Central, Pentwyn, is the only Electoral Division with a proportion of children higher than the Cardiff average. Pentwyn strikingly contains almost around a third of Central's children followed by Plasnewydd with between 15 and 20%. Cathays (the City Centre) has a very low proportion of children and contains only 7% of Central's children.

Among the South East's 6 Electoral Divisions Trowbridge contains over one quarter of its children followed by Grangetown with over 22%.

Within the West locality's 9 Electoral Divisions almost 24% of its children live in Ely, around 14% in each of the Electoral Divisions of Riverside, Caerau and Fairwater. At the lower end, only around 5% live in Creigiau / St Fagans, under 5% in Radyr / Morganstown and just over 4% live in Pentyrch.

Within the North locality around 22% of its children live in Llanishen, about 18% live in Whitchurch / Tongwynlais and at the lower end only just over 5% live in Gabalfa and around 4% live in Lisvane.

Elderly

The Central locality and the South East locality each contain around 21% of Cardiff's entire elderly population. The West locality contains just fewer than

28% of Cardiff's elderly and the North locality contains the greatest proportion with around 30%.

Within Central only Cyncoed and Penylan have a higher proportion of elderly than the Cardiff average – Cyncoed substantially so. Almost half of Central's elderly live in Cyncoed and Penylan. Adamsdown contains only just over 8% of Central Cardiff's (already lower proportion) of elderly.

Among its 6 Electoral Divisions, strikingly Llanrumney contains almost 25% of the South East's more substantial elderly population and at the other extreme, Butetown, contains approximately 8%.

Just under 18% of the West locality's elderly population live in Fairwater, about 16% each in both Ely and Canton and under 15% live in Riverside. At the other extreme only around 3.5% of the West's elderly live in Pentyrch, just over 4% in Creigiau / St Fagans and around 5.5% live in Radyr / Morganstown.

Within the North locality's high elderly population around 22% live in each of the two Electoral Divisions of Whitchurch / Tongwynlais and Rhiwbina. Over 17% live in Llanishen and around 15% live in Heath.

OTHER SPECIAL NEEDS POPULATION GROUPS

Gypsy Travellers

Due to the nomadic culture of this community, actual demographic data is difficult to capture. However, in the Cardiff area there are two formal sites that provide permanent residential accommodation for 77 families. These are both located in the Trowbridge Electoral Division in the South East locality. In addition there are approximately 60 families who are housed around the Cardiff area and approximately 12 -15 families living on the roadside who have no official stopping place. Most families have a large number of children.

Studies indicate that the life expectancy and the general health experience of Gypsy Travellers is lower than the settled population. Injuries among children are high, especially road traffic accidents. Overcrowding is prevalent and sanitation can be inadequate, children particularly are susceptible to infectious disease and their mobility means they are often not immunised. Gypsy children are at particularly high risk of lead poisoning. The prevalence of genetically inherited conditions is higher than average and there is a relatively high level of infant mortality and a higher incidence of low birth weight babies.

The Homeless

Reliable estimates of the numbers of homeless people are difficult to come by. A crude estimate of people who are homeless and hostel residents in Cardiff is 1000. Because of the location of the hostels most of these will be

resident in the Electoral Divisions of the Central, South East and West Cardiff localities closest to the City Centre.

The homeless do not constitute a homogenous population – they suffer from the same disorders as the general population. They also have additional special needs. There is a higher prevalence of mental disorder; they are four times more likely to suffer violent death, they suffer multiple health problems and they have less contact with services. Most have substance dependency problems or acquire them when homeless, and these can co-exist with mental health disorders.

Although numbers are small, homeless people place disproportionately large demands on services. High service users with multiple needs, often require help from several different agencies such as health, education, social, non-statutory and probation. Their need for care is greater. There are difficulties in accessing care, especially GP registration or engaging with traditional models of service delivery. Services may not be sensitive to their needs and planned secondary care access is particularly difficult.

Black and Minority Ethnic Populations

Cardiff has an minority ethnic population of 25,735³. The various ethnic minorities form a higher proportion of the population in Grangetown, Riverside (West locality), Plasnewydd and Butetown than elsewhere. The highest proportion of Black people is found in Butetown, with similar absolute numbers (around 600 people) in Grangetown. The highest population proportions and absolute numbers of Asian people in Cardiff are found in Grangetown (1897), Riverside (1873) and Plasnewydd (1552). Chinese and mixed races are more evenly distributed across the city. In overall population terms Asian people are the largest single ethnic minority (4% of the overall Cardiff population) numbering nearly as many as black, Chinese and Mixed Race people combined.

Many of these populations live in the poorest inner city areas and rank amongst the most impoverished of the city's inhabitants.

There is evidence that demonstrates the poor health of these populations, for example, low birthweight, high incidence of diabetes and complications of same, high level of iron deficiency amongst infants. Health status and access to health and social care is generally diminished in most ethnic minority populations.

The difficulties of language and cultural barriers are most evident when individual patients require consultations.

³ According to the 2001 census – which seems likely to be an underestimate as a result of likely under-enumeration problems particularly evident in the Electoral Divisions with the highest ethnic minority populations.

Student Population

58% of Cardiff's 25,000 students are concentrated in Central Cardiff particularly in Cathays (7,785), Plasnewydd (3,605) and Penylan (1,740). A large number are also resident in Gabalfa (3,110), a North locality Electoral Division immediately bordering the boundary of the Central locality. Students, in common with others of similar age, have special needs in relation to sexual health services.

Asylum Seeker Population

According to official statistics 1,213 Asylum Seekers and dependents have been dispersed to Cardiff as at 7/7/03. The largest numbers of the 911 supported by the Council Asylum Seekers Service live in Adamsdown (262) and Grangetown (140) followed by Splott (101) and Plasnewydd (100).

When asylum seekers are granted leave to remain as refugees they register with GPs and are recorded on the NHS central register and the Census in the same way as any other resident. They may continue to have special health needs however.

Many refugees have been exposed to years of repression. Against this background they may well have developed chronic psychiatric illness and mental disability as a result of the severe trauma. Asylum seekers and refugees in the UK often come from areas with high incidence of infectious diseases including tuberculosis. In addition, the language barrier may make the acquisition of the usual day to day primary and secondary care services more difficult.

Carers

According to the National Strategy for Carers, 1 person in 8 in the UK is now a carer. With a population of around 340,000 according to the NHSAR, these data would indicate that Cardiff might currently have around 40,000 carers.

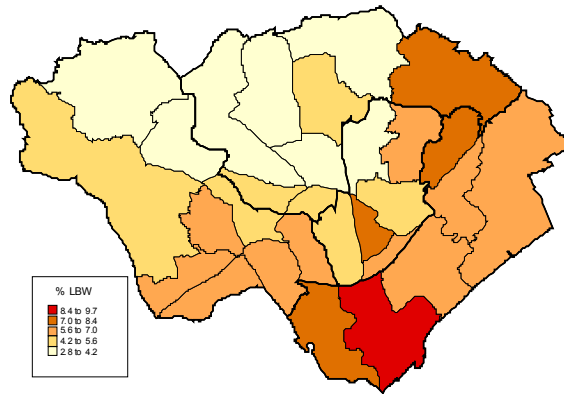
SELECTED POPULATION HEALTH PROBLEMS AND INDICATORS

Low Birth Weight Rates

Low birth weight (LBW) has commonly been associated with poor general health, education, nutrition, and risk factors such as smoking and alcohol consumption, both pre-conceptually and during pregnancy. It is also a reliable measure of the development in health, education, nutrition and of levels of smoking and drinking alcohol before and during pregnancy.

The percentage of LBW babies is higher in the South East than in Cardiff as a whole. Eight of the ten Electoral Divisions with the highest percentages of LBW babies in the city are located within the Central and South East areas of Cardiff.

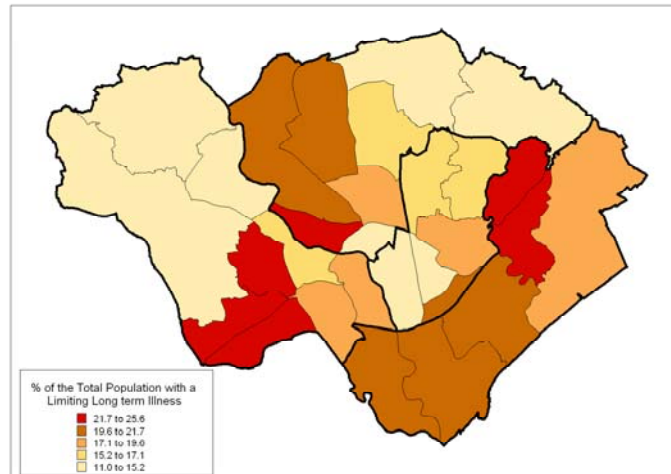
Rate of single live low birth weight babies 1991 to 2000 (<2,500g)



Disability and Handicap: Limiting Long Term Illness Rates

Disability is the extent to which any impairment in function (for example due to injury or disease) interferes with the ability to perform tasks, activities or to be independent. Handicap is the degree to which any impairment or consequent disability interferes with an individual's social role – at home or in the wider community including employment. In order to illuminate these issues, the 2001 Census asked respondents whether they or any dependent members of their household suffered from a Limiting Long Term Illness (LLTI). 18.5% of Cardiff's household population suffer from a LLTI. The South East (21.33) and West (19.50) have the highest percentages of total household population with LLTI.

Proportion of Total Household Population with LLTI by Electoral Division (2001 Census)



Mental Health Problems (In those Aged 15-64)

The best evidence of the prevalence of psychiatric disorder is provided by the National Survey of Psychiatric Morbidity. Estimated numbers of people aged 15-64 with psychiatric disorder in Cardiff are as follows: psychoses (938 people), alcohol dependence (11,018), drug dependence (5,157), all neuroses (37,507), and depressive episode (5,626).

These figures demonstrate the large prevalence of depression and other neuroses in contrast to the number of those with psychoses. From these figures it is apparent that the main service for neuroses cannot be provided by specialist mental health services and most of the treatment for these conditions is more appropriately provided in primary care.

Substance Misuse

Substance misuse has become an increasing problem. It affects both teenagers and adults but mostly the 15-30 age group. Substance abuse in the Welsh context ranges from illegal drugs to solvents and alcohol misuse plus misuse of prescribed and over-the-counter medicines. Misuse of any of these can result in psychiatric disorders, addiction and premature death. It is not possible to appraise the frequency precisely at locality level, however, using the National Survey of Psychiatric Morbidity, estimated numbers of people aged 15-64 with drug dependence in Cardiff would be 5,157. This is likely to be an underestimate and does not include those below aged 15.

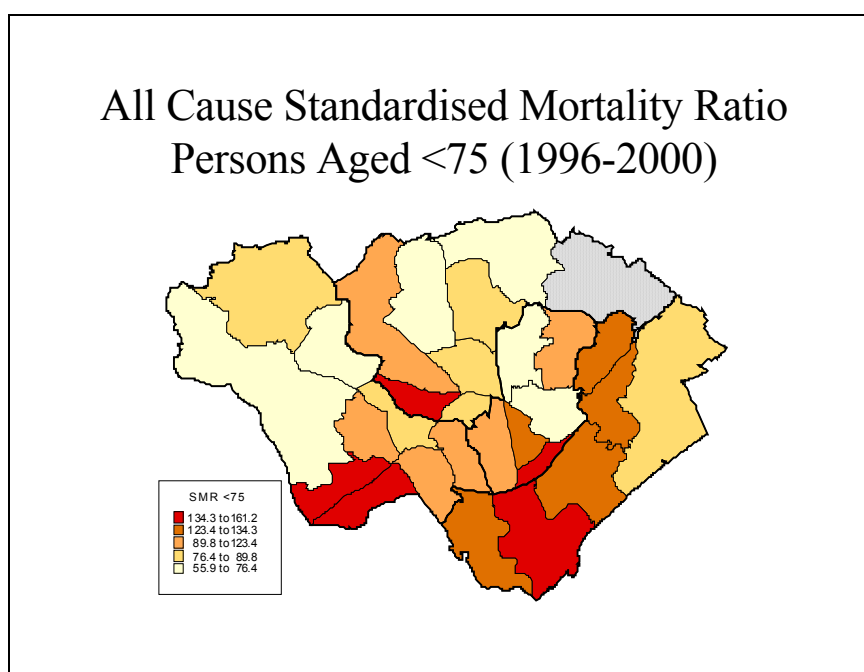
Sexually Transmitted Infections / Sex Industry

The sex industry in Cardiff is concentrated considerably in Adamsdown and Plasnewydd in the Central locality, Butetown in the South East locality and also in Riverside in the West locality. Clients are from across Cardiff and further afield, however, sex workers are more likely to be resident in or close to the Electoral Divisions where the industry is concentrated. According to the regular statutory anonymous collated reports from genito-urinary clinics across the UK the rates of all sexually transmitted diseases have been rising considerably in the last five years.

All Cause Standardised Mortality Rates

Half of the ten Electoral Divisions with the highest all-cause standardised mortality rates⁴ (SMRs) for deaths under the “fair-innings” age of 75 years old are in the South East locality of Cardiff.

Taking specific Electoral Divisions in the city. Adamsdown (Central) has the highest measure of premature death in Cardiff followed by Llandaff North (North locality) Caerau (West) Butetown and Ely (West) in that order. Lisvane (North), has the lowest rate of premature death followed in order by Creigiau/St.Fagans (West), Radyr (North), Cyncoed (Central) and Penylan (Central).



The single largest cause of death in Cardiff is cardiovascular disease. One of the major determinants is smoking – which is increasing in young women, and another is obesity - which is increasing rapidly throughout the population.

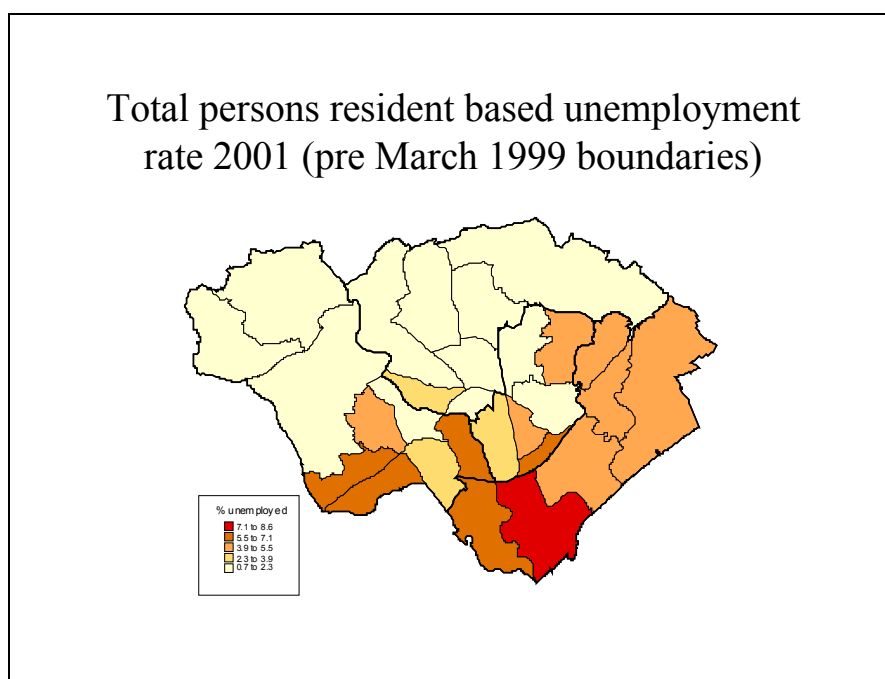
⁴ Standardised Mortality Rates (SMRs) allow a “fair”, “like-with-like”, comparison of death rates between areas by correcting for the differences in the age structures of different populations.

SELECTED HEALTH DETERMINANT INDICATORS

Unemployment Rates

There is a tenfold variation in rates between electoral divisions in the city with the highest rates in the Butetown (8.6%) and that with the lowest rate Lisvane and [Old] St Mellons (0.8%) - in the North locality. The other Electoral Divisions with substantially higher rates than the overall Cardiff unemployment figure of around 3% are Adamsdown (7.1%), Ely (6.9), Riverside (6.8), Caerau (6.5), Grangetown (6.2%), Splott (5.3%), Plasnewydd (5.1%), and Llanrumney (5.1%).

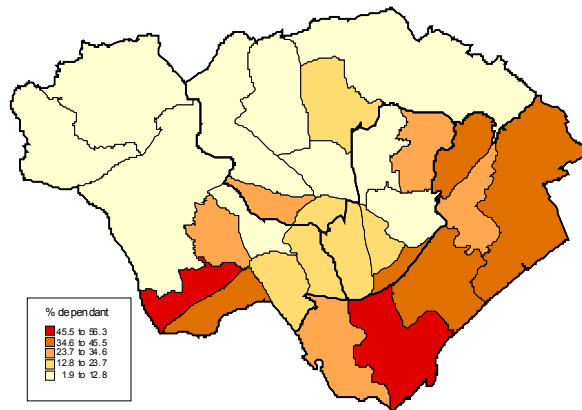
There is consistent evidence from different types of studies that unemployment is associated with adverse health outcomes – including poorer mental health, cardiovascular disease and increased mortality. Unemployment has a direct effect on health beyond the effects of socio-economic status, poverty, risk factors, or prior ill-health.



Poverty Indicators

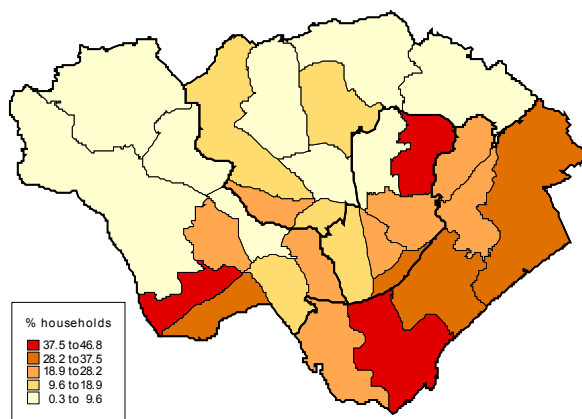
There is a stark variation in the percentage of dependant children living in households in receipt of Income Support. The variation in rates is a good indication of 'child poverty'. The overall percentage of dependant children in Cardiff living in households in receipt of Income Support is 26%. Six of the ten Electoral Divisions with the highest percentage of dependants are located in the South East locality. Butetown has the worst rate (56%) in Cardiff by a considerable margin from Ely (West locality) (46%) then Splott (40%), Caerau (West locality) (40%), Trowbridge (39%), Adamsdown (Central locality) (38%), Llanrumney (36%), Grangetown (32.7%) Llandaff North (North locality) (32.3) and Rumney (28.4%).

% Income Support Dependants Under 16 August 1999 (pre March 1999 boundaries)



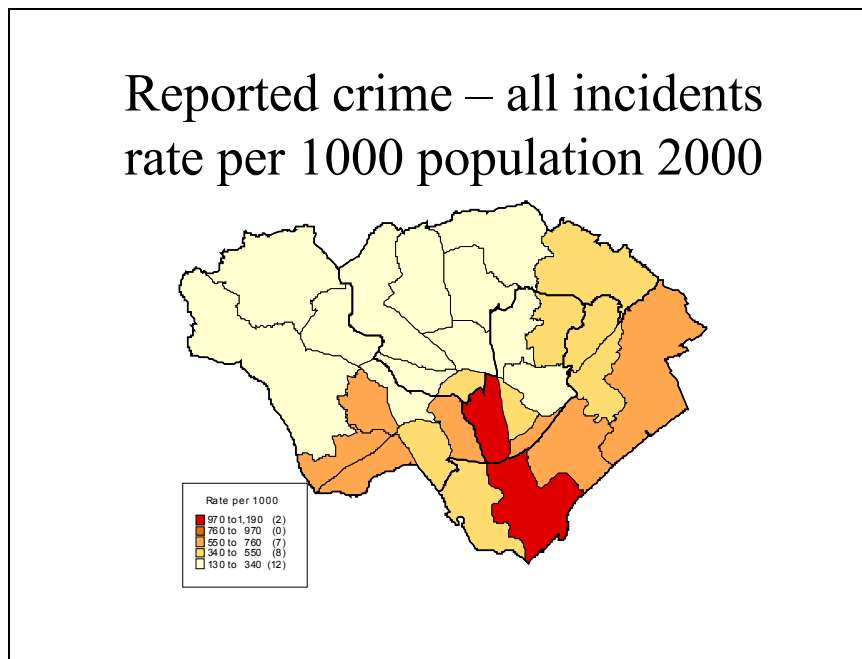
Housing Benefit schemes are administered by local authorities to assist those on low incomes to pay their rent. Half of the ten Electoral Divisions with the highest proportion of income support dependants under sixteen are located in the South East Cardiff locality. Butetown has the worst rate (56%) in Cardiff by a considerable margin.

% households in receipt of Housing Benefit 2001



Community Safety and Crime Rates

The two areas with by far the highest reported community safety problems are Cathays and Butetown. These Electoral Divisions, however, contain the City Centre and the Bay areas, both of which experience very enhanced population levels during the day and in the evenings as a combination of the workforce and leisure seekers are present in large numbers. Therefore the rates (which are calculated using residents population as the denominator) for these Electoral Divisions are artificially elevated.



30 March 2004

4- FURTHER INFORMATION

Further information on the Cardiff needs assessment and the Health, Social Care and Well-being Strategy can be obtained from:

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C/o Cardiff Local Health Board
Trenewydd
Fairwater Road
Llandaff
Cardiff
CF5 2LD

Tel - 029-2055 2212

Fax - 029-2057 8032

E-mail – HSCW@cardiffhb.wales.nhs.uk

Website – www.cardiffhealthalliance.org/

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