Understanding Gloucestershire – 2017

JSNA

Produced on behalf of the Gloucestershire Health and Wellbeing Board

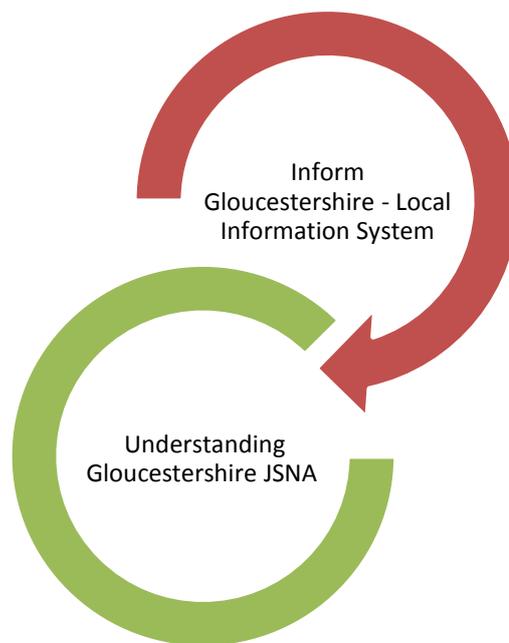**Gloucestershire**
COUNTY COUNCIL

NHS
Gloucestershire
Clinical Commissioning Group

Contents

Introduction

Understanding Gloucestershire – A Joint Strategic Needs Assessment (JSNA) is a high level overview of need in Gloucestershire. It is jointly produced by Gloucestershire County Council and the Clinical Commissioning Group on behalf of the Gloucestershire Health and Wellbeing Board whose members decide the strategic direction of public agency commissioning in Gloucestershire.

The Joint Strategic Needs Assessment presents information about the current and future health and wellbeing needs of the local population, including the wider determinants of health such as the economy, environment and community safety, providing a common understanding of the county and its communities for use by decision makers and commissioners of services

This year's Joint Strategic Needs Assessment is grouped into eleven themes that reflect those found on our Local Information System Inform Gloucestershire. The JSNA is not intended to be an exhaustive assessment, but instead provides an annual summary of the key issues and needs from each theme. This information presented in this document is underpinned by more detailed and in some cases more up to date analysis, which is housed on Inform Gloucestershire.

Inform
Gloucestershire - Local
Information System

Understanding
Gloucestershire JSNA

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Background and context

Gloucestershire's population has grown over the last 10 years with a rise of approximately 40,900 people since 2005[1] and this rise is predicted to continue over the coming years, bringing with it an increased demand for services, jobs, houses and more and opportunities for increased productivity and investment . As well as expanding the population is ageing, meaning that health and care services need to respond to greater numbers of people with higher levels of health needs.

Coupled with reductions in local authority budgets, this means the coming years will be some of the most challenging in the history of the NHS and Social Care.

While these issues are not unique to Gloucestershire, they do pose significant challenges and will require us to rethink how we deliver services. This means a greater emphasis may be placed on helping people to stay healthier for longer and take more ownership of their own care where appropriate, managing demand and working with voluntary and private sector organisations to find new solutions.

Understanding Gloucestershire a Joint Strategic Needs Assessment and the supporting information housed on Inform Gloucestershire provides a crucial evidence base to help us understand these challenges, find new solutions and develop better outcomes for everyone in Gloucestershire.

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[1] Population Change, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population-PopulationChange

Population

Knowing both the population size and demography of an area, and understanding how it is changing, are both important factors for any organisation operating in that area. This is particularly the case for those delivering services to the population both now and into the future. You can find further information and links in the [Population theme of Inform Gloucestershire](#)[1]

The **population** of Gloucestershire was estimated to be around 617,200 in 2015, representing a rise of approximately 40,900 people since 2005. This is equivalent to a growth of 7.0% in population from 2005 to 2015, which is lower than the England & Wales growth of 8.0% in the same period. During the 10-year period, the growth of the **older population** (aged 65 and above) in the county continued to outpace that of the **younger population**, increasing by 25.0%, compared with 0.6% in the 0-19 age group and 4.2% of the 20-64 age group[2].

In 2015, Gloucester has the largest population (127,158 people) of the county's districts, followed by **Cheltenham** and Stroud (116,781 and 116,627 respectively). The three **districts** of Tewkesbury, Cotswold and Forest of Dean have similar sized populations (86,890, 85,162, and 84,544 respectively)[3]. Gloucester continues to be the fastest growing district in Gloucestershire with its population increasing by 11.7% from 2005 to 2015, accounting for just over a third of the county's growth over the period. Tewkesbury was the second fastest growing district[4]. Over half of the growth in both Gloucester and Cheltenham was due to **natural change** (a higher number of births than deaths), whilst in the other districts, growth was driven mainly by **internal migration** (people moving to the district from outside the district)[5].

Assuming current population trends continue, ONS **projections** suggest that the population in Gloucestershire will reach 657,600 by 2024 and 714,000 by 2039[6]. This represents an average annual increase of 0.8% between 2014 and 2024 and 0.6% between 2024 and 2039. These projected growth rates are slightly higher than those for England and Wales. The projections suggest that 8.1% of the growth during the 25 year period will be accounted for by **natural growth** (births minus deaths) and 72.4% by **internal migration** (the net number of people moving into the county from within the UK). **International migration** is projected to account for the remaining 19.5% of growth. Within the county, **Tewkesbury** and **Gloucester** are projected to have the fastest growing populations over the next 25 years (24.5% and 19.9% respectively) whilst the **Forest of Dean** is projected to have the smallest increase (10.9%)[7].

In 2015, 22.6% of the Gloucestershire population were aged **0 to 19**, 56.9% were aged **20-64** and 20.6% were aged **65 or over**. Gloucestershire had a lower proportion of 0-19 year olds and 20-64 year olds, and a higher proportion of people aged 65 or over when compared to the figures for England and Wales[8].

There was considerable variation in **age structure at district level**. The proportion of 0-19 year olds was highest in Gloucester (24.9%), exceeding the national figure for this age group. The proportion of 20-64 year olds was highest in Cheltenham and Gloucester (59.3% and 59.0% respectively) again exceeding the national figure. Cotswold, Forest of Dean, Stroud and Tewkesbury all had a higher proportion of people aged 65 and over when compared with the national figure; at 24.7% Cotswold had the highest proportion of people aged 65 in the county[9].

The dominating feature of ONS population **projections** for 2014 to 2039 is the sharp increase in population in the age group **65 or over**, which is projected to increase from 123,800 in 2014 to 206,300 in 2039 (an increase of 66.6%). This increase is sharper than the national trend for England and Wales and means that by 2039, the proportion of people in Gloucestershire in this age group will have risen to 28.9%. At **district** level, the projected increase in older people is sharpest in Gloucester (rising by 78%) and smallest in Cheltenham (rising by 60.6%)[10].

By comparison, the population of **children and young people** (aged 0-19) in Gloucestershire is **projected** to rise by 11.0% over the twenty-five year period which is in line with the trend for England and Wales. At **district** level, the projected increase in this age group is greatest for Tewkesbury (20.0%) and smallest for the Forest of Dean (3.8%)[11].

The **working age population** (aged 20-64) in Gloucestershire is **projected** to rise by only 1.4% over the same period. This growth is slower than the national trend for this group and means that by 2039 the working population in Gloucestershire will have fallen from 57.1% of the population to 49.6% of the population. There is considerable variation however at **district** level; the working age population is projected to shrink in the rural districts of Cotswold and the Forest of Dean by 4.7% and 8.2% respectively, whilst in Stroud little growth is predicted (only 0.2%). By comparison, this age group is predicted to grow in Gloucester and Tewkesbury by 6.7% and 8.3% respectively[12].

[1] Population, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population
[2] Current Population, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population-CurrentPopulation-CountyDistrictData
[3] *Ibid.*
[4] *Ibid.*
[5] Drivers of change, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population-DriversofChange
[6] Population projections, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=PopulationProjections
National population projections by age and sex are produced by the Office for National Statistics. The projections are based on the most recently available mid-year population estimates (the mid-2014 estimates in this case) and a set of underlying assumptions regarding future fertility, mortality and migration. It is important to note that they do not attempt to predict the impact that future government policies, changing economic circumstances or other factors (for example, government policies on immigration or student fees) might have on demographic behaviour (however, the projections of people of pensionable age do take account of future changes in State Pension Age under existing legislation). Projections become increasingly uncertain the further they are carried forward.
[7] Population Change, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=PopulationProjections
[8] Current Population, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population-CurrentPopulation-CountyDistrictData
[9] *Ibid.*
[10] Population Projections, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=PopulationProjections
[11] *Ibid.*
[12] *Ibid.*

Equality & Diversity

The Equality Act 2010 protects people from discrimination in the workplace and in wider society. The Act identifies nine 'protected characteristics' that are covered by the legislation: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This section outlines the demographic information on people in Gloucestershire who have these protected characteristics and highlights some of the evidence on inequalities experienced by these groups in relation to health and care needs. You can find further information and links in the [Equality and Diversity theme of Inform Gloucestershire[1].](#) Information on some of these groups is also covered in other sections of the JSNA.

The [Population](#) section of the JSNA describes the **age structure** of Gloucestershire's population and highlights the fact that Gloucestershire has a growing older population. The **age profiles of BME populations** in the county are younger than the White British population. In 2011, 91.4% of people who were from non-White British backgrounds were under the age of 65, compared with 80.4% of the White British population. This will change as the BME populations age[2]. The 2011 Census showed that Gloucestershire residents aged 65 or over were more likely than those under 65 to have a long-term health problem or disability (49.0% of people 65 and over compared with 9.3% of people under 65), to be in poor health (11.9% compared with 2.7%), to be without access to a car (22.0% compared with 9.4%) and to be providing unpaid care (14.0% compared with 9.7%); these are all factors which can contribute towards social isolation[3].

According to the 2011 Census, 16.8% of the Gloucestershire population had **a long-term health problem or disability** which limited their day-to-day activities; 7.3% reported that their activities were limited 'a lot' and 9.5% reported their activities were limited 'a little'. The equivalent national figures for England and Wales were 17.9%, 8.5% and 9.4%. The Forest of Dean had the highest proportion of people with a long-term health problem/disability (19.6%) and Cheltenham had the lowest proportion (15.1%)[4]. As stated above, as **age** increases the proportion of people who report a long-term health problem/disability increases.

The 2011 Census showed that 41.9% of people in Gloucestershire who had a **long-term health problem/disability** were aged between 16 and 64, with **economic implications** for the individuals as well as the county. Some 7.3% of people aged 25 or over who had a long-term health problem/disability had never been in paid employment compared with 1.1% of people in this age group who did not have a long-term health problem/disability. However, the Census also showed that people with long-term health problems/disabilities contribute towards the unpaid economy by providing unpaid care: in Gloucestershire 16.2% of people with a long-term health problem/disability provided unpaid care compared with 9.6% of people without a long-term health problem/disability. People with a long-term health problem/disability were also more likely than others to live in a household without access to a car (26.8% of people with a long-term health problem/disability compared with 8.8% of people without a long-term health problem/disability). Finally, 20.6% of people with a long-term health problem/disability lived in social housing compared with 10.8% of people without a long-term health problem/disability.

Estimates suggest that in 2017 there are approximately 11,600 adults in Gloucestershire who have a **learning disability**[5] equating to 2.3% of the adult population; of this group, about 2,400 are estimated to have moderate or severe learning disabilities equating to 0.5% of the population[6]. In

2015/16 Gloucestershire GPs recorded that 0.5% of their registered patients were known to have a learning disability[7]. With regards to children, 3,346 school pupils in Gloucestershire (3.6% of school pupils) were known to have a learning disability in 2014[8]; of these children, 2,753 had a moderate learning disability and 593 had a severe learning disability.

Evidence shows that people with **learning disabilities** have **poorer health** than the general population, much of which is avoidable, and that the impact of these health inequalities is serious[9]. People with learning disabilities are 3 times as likely as people in the general population to have a death classified as potentially avoidable through the provision of good quality healthcare[10]. Men with learning disabilities die on average 13 years younger than men in the general population and women with learning disabilities die on average 20 years younger than women in the general population[11]. Obesity is twice as common in people aged 18-35 with learning disabilities, and being underweight is twice as common in people aged over 64 with learning disabilities, compared with people with no learning disabilities[12]. The prevalence of some health conditions, such as epilepsy and diabetes is higher in people with learning disabilities[13]. One in two females with learning disabilities receives breast cancer screening compared with over 2 in 3 females with no learning disabilities[14]. These inequalities result to an extent from the barriers which people with learning disabilities face in accessing health care.

There are no official estimates of **gender reassignment** at either national or local level. The Gender Identity Research and Education Society (GIRES) estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance[15]. These figures are equivalent to somewhere between 0.6% and 1% of the UK adult population. By applying the same proportions to Gloucestershire's adult population, we can estimate that there may be somewhere between 3,000 and 5,100 adults in the county who are experiencing some degree of gender variance. GIRES also reported in 2011 that approximately 100 children and adolescents are referred annually to the UK's sole specialised **gender identity service**, compared with 1500 adults. However, presentation amongst younger people is growing rapidly and could accelerate if young people feel increasingly able to reveal their gender variation.

Evidence shows that when **transgender people** reveal their gender variance, they are exposed to a risk of **discrimination**, **bullying** and **hate crime** [16]. Transgender people are more likely to report mental health conditions and to attempt suicide than the general population[17]; one study found that 48% of 16-24 transgender people had attempted suicide[18]. Research has also found that transgender people encounter significant difficulties in accessing and using health and social care services due to staffs' lack of knowledge and understanding and sometimes prejudice. Research carried out by Stonewall in 2015 found that a quarter of health and social care staff were not confident in their ability to respond to the specific care needs of transgender patients and service users[19].

In 2011, 50.2% of people aged 16 and above in Gloucestershire were **married**. This was slightly higher than the figure for England of 46.6%. Some 0.3% of people were in a registered same sex **civil partnership** which was in line with the England figure[20]. In 2013 there were 2,408 civil ceremonies and 1,212 religious ceremonies in Gloucestershire; 12 of these were civil partnerships[21].

In 2015 there were 6,697 **live births** in Gloucestershire. Gloucester and Cheltenham continued to account for the largest numbers of births in Gloucestershire, representing 26.8% and 18.6% of all births in the County respectively, whilst Cotswold and the Forest of Dean had the lowest number

(10.9% and 11.7% respectively). Births to mothers aged 30-34 accounted for the largest number of all births in Gloucestershire (32.4% of total births), followed by births to those aged 25-29 (29.3% of total births); this reflects the national trend for England[22].

The Equality Act states that **race** includes colour, nationality, ethnic or national origins. The 2011 Census found that 7.7% of Gloucestershire residents (46,100 people) were **born outside the UK** compared with a national figure of 13.4%; just under half (22,301) were born in another European country and 22% in the Middle East and Asia. More recent estimates suggest that in 2015, 8.4% of Gloucestershire residents were born in another country[23].

With regards to **ethnic groups**, the 2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, and 3.9% were in an 'other White' category. Overall, 4.6% of the population were from Black and Minority Ethnic (BME) backgrounds; this figure increased to 8.4% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included. Some 36% of the people who were not White British were born in the UK.

There is a wide variation at **district** level in the proportion of the population who are **not White British**. At the time of the 2011 Census, Gloucester and Cheltenham had the highest proportions at 15.4% and 11.7% respectively, whilst the Forest of Dean had the lowest proportion at 3.3%. Some 22% of the Gloucestershire Asian/Asian British population lived in Barton and Tredworth ward in Gloucester, and 42% of people who were of Gypsy/Irish Traveller origin lived in Tewkesbury district. People from other BME backgrounds and other White backgrounds were more geographically dispersed.

At the end of the first quarter of 2016, there were 124 **asylum seekers** and their dependents living in Gloucestershire, 119 in Gloucester and 5 in Tewkesbury[24]. This figure does not include asylum seekers who were unaccompanied children.

In relation to **language,** the 2011 Census found that 3.3% of the population in Gloucestershire who were aged 3 or over did not speak English as their main language. Amongst this group, Polish was the most common main language, followed by Gujarati and then a Chinese language. Some 82% of the people, whose main language was not English, could speak English well or very well. Older people were less likely than younger people to be proficient in English; 29% of people aged 50 and over who did not speak English as a main language were not proficient compared with 17% of people aged under 50 who did not have English as a main language[25].

A recent report by the Equality and Human Rights Commission shows that people from **Black and Minority** ethnic groups continue to experience discrimination and inequality in education, employment, housing, pay and living standards, health, and the criminal justice system[26]. In Gloucestershire, the 2011 Census showed **inequalitie**s in a number of areas, including health, housing, access to a car and employment.

In relation to **health,** amongst people aged 65 and over, 58.5% of Asian/Asian British people and 56.7% of Black African/Caribbean/Black British people had a long-term health problem/disability compared with 48.9% of White British people. These inequalities were not reflected at a national

level where, in the same age group, 39.2% of Asian/Asian British people and 44.9% of Black African/Caribbean/Black British people had a long-term health problem/disability compared with 47.1% of White British people. Amongst the whole Gloucestershire population (i.e. not just people 65 or over), people of Gypsy or Irish Traveller origin were, in particular, more likely to be in poor health than other ethnic groups (15.9% of Gypsy/Irish Travellers compared with 4.6% of White British people); this reflected the national picture. National evidence also shows that **asylum seekers** have specific mental and physical health issues and that they can experience difficulties accessing healthcare in the UK[27].

In relation to **housing**, 16.6% of Asian/Asian British people, 11.6% of Black African/Caribbean/Black British people, 12.8% of people of 'other White' origin, 10.2% of people of mixed/multiple ethnic origin and 11.6% of people of 'other' ethnic origin were living in a household with fewer bedrooms than required compared with 4.0% of White British people and 3.9% of White Irish people. These inequalities were smaller than those which existed at a national level.

In relation to **access to a car**, 27.6% of Black African/Caribbean/Black British people, 21.6% of people of mixed/multiple ethnic origin, 18.8% of White Irish people, 16.7% of 'other White' people, 15.2% of Asian/Asian British people and 20.6% of people of 'other' ethnic origin were living in a household with no access to a car compared with 11.1% of White British people. Again these inequalities were smaller than those which existed at a national level.

In relation to **employment**, amongst people aged 25-49, 20.7% of White Irish people, 14.6% of Asian/Asian British people and 13.9% of White British people were in higher managerial, administrative or professional occupations compared with 7.5% of Black African/Caribbean/Black British people[28].

The 2011 Census showed that 63.5% of the Gloucestershire population were Christians, 26.7% had no religion and 7.5% did not state a **religion**. Of the remaining 2.3% of the population, 5,471 people were Muslim, 2,222 were Hindu, 1,040 were Buddhist, 538 were Jewish, 449 were Sikh, and 2,940 were from another religion. Gloucestershire had a lower proportion of people who follow a religion other than Christianity (2.3%) compared with the figure for England and Wales (8.7%). Younger people aged 0-19 were more likely to report no religion than older age groups (33.5% of 0-19 year olds compared with 9.1% of people aged 65 and over). Compared with the 2001 Census, the most significant trends were the decrease in the number of Christians (a fall of 49,500 people), an increase in the number of people following the other main religions and an increase in the number of people reporting no religion. This follows the national trends.

The Census also showed that at **district** level, Cheltenham had the lowest proportion of people who were Christian (58.7%) and Cotswold had the highest (68.7%). Cheltenham had the highest proportion of people who were Buddhist (0.4%), Hindu (0.8%) or who had no **religion (30.8%)**. Gloucester had the highest proportion of people who were Muslim (3.2%).

Evidence from the 2011 Census shows that amongst people over 65, 26.4% of Muslims, 17.4% of Hindus, and 13.6% of Sikhs said their **health was bad** or very bad, compared with 11.7% of Christians, 10.9% of Jewish people, 8.9% of Buddhists and 11.0% of those who followed no religion. This is not necessarily a case of cause and effect, but is more likely to be associated with differences amongst these groups in other factors such as housing and economic status. However, research

suggests that paying attention to the **religious needs** of patients and service users can contribute to their wellbeing and, for instance, reduce their length of stay in hospital; a person's value system, whether resulting from religious or other sources, has been linked to how they respond to illness and treatment[29].

In relation to **sex,** the latest population estimates for Gloucestershire show that in 2015 51% of the population was **female** and 49% **male[30]**. As **age** increases, females outnumber males by an increasing margin; in Gloucestershire in 2015, 53.0% of people aged 65-84 were female, whilst amongst people aged 85+ females accounted for 65.2% of the population. This is due to the fact that women have a longer life expectancy than men (83.7 years compared with 80.1 years in Gloucestershire[31]); as a result a high proportion of single pensioner households (71%) are headed by a female[32]. Figures for Gloucestershire also show that men have a shorter healthy life expectancy than women (63.9 years compared with 66.9 years)[33]. Men in the county also have higher mortality rates than women in relation to cardiovascular diseases and cancer and higher rates of suicide whilst women over 65 in the county have higher rates of injuries due to falls compared with men over 65[34]. These trends are reflected at a national level.

According to the 2011 Census, females in Gloucestershire are also more likely than males to head lone parent households (89.9% of lone parent households are headed by a female), and to be living in a household without access to a car (13.6% of females compared with 9.8% of males)[35]. These are factors which can contribute towards social isolation[36,37]. The 2011 Census also found that in Gloucestershire, amongst people aged 50-64, females were more likely than males to be providing unpaid care (24.2% of women compared with 16.9% of men), whereas amongst people aged 65 and over, men were slightly more likely than women to be providing unpaid care (15.1% of men compared with 13.9% of women): caring responsibilities can again contribute to social isolation and poor health[38].

There is no definitive data on **sexual orientation** at a local or national level. Estimates used by the Department of Trade and Industry in 2003 suggested around 5-7% of the population aged 16+ are lesbian, gay or bisexual (LGB)[39]. If this figure were applied to Gloucestershire it would mean somewhere between 25,400 and 35,500 people in the county are LGB. A more recent estimate from the 2015 ONS Annual Population Survey (APS) suggests that nationally 1.7% of the population is LGB[40]; if this figure was applied to Gloucestershire it would mean that there are approximately 8,600 LGB people in the county. The APS also found that younger people were more likely than older people to identify as LGB.

National research shows that **LGB** people experience **discrimination** and **inequalities** in health, social care, housing, and education[41]. People who are lesbian, gay or bisexual are more likely to have experienced depression or anxiety, attempted suicide or had suicidal thoughts and self-harmed than men and women in general[42]. LGB people who are over 55 are more likely than heterosexual people over 55 to live alone and are more likely than heterosexual people to say that they expect to rely on health and social care providers as they get older[43]. LGB people also report that health and social care providers often assume that they are heterosexual, for example, giving inappropriate advice about preventing pregnancy or ignoring their partners[44]; one survey of LGB people over 55 found that nearly half would be uncomfortable being out to care home staff[45].

[1] Equality and Diversity, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=EqualityandDiversity
[2] Census 2011, http://nomis web.co.uk.
[3] Public Health England, 2015, Reducing Social Isolation Across the Lifecourse,
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
[4] *Ibid.*
[5] PANSI www.pansi.org.uk
[6] Learning Disability Profile, Public Health England. See note 5.
[7] National General Practice Profiles, Public Health England. https://fingertips.phe.org.uk/profile/general-practice/data#mod,1,pyr,2016,pat,19,par,E38000062,are,-,sid1,2000004,ind1,-,sid2,-,ind2,-
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[9] Learning Disability Profile, Public Health England, https://fingertips.phe.org.uk/profile/learning-disabilities
[10] *Ibid*
[11] *Ibid.*
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[13] *Ibid*
[14] *Ibid*
[15] The Number of Gender Variant People in the UK – Update 2011, Gender Identity Research and Education Society (2011) www.gires.org.uk/assets/Research-Assets/Prevalence2011.pdf
[16] Gender Variance in the UK, Gender Identity Research and Education Society
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[17] Transgender Equality, House of Commons Women and Equalities Committee
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[18] The Rare Research Report: LGB&T Mental Health – Risk and Resilience Explored, Nodin, N. et al
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[20] 2011 Census, ONS www.nomisweb.co.uk
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[22] ONS, 2015, Births by Mother's Usual Area of Residence in the UK

http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk

[23] Population of the United Kingdom by Country of Birth and Nationality 2015, ONS
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[24] Immigration Statistics, May 2016, Home Office www.gov.uk/government/publications/immigration-statistics-january-to-march-2016/asylum#data-tables
[25] 2011 Census, ONS www.nomisweb.co.uk
[26] Equality and Human Rights Commission, 2016, Healing a Divided Britain: the Need for a Comprehensive Race Equality Strategy www.equalityhumanrights.com/en/publication-download/healing-divided-britain-need-comprehensive-race-equality-strategy
[27] The Health Needs of Asylum Seekers, Faculty of Public Health,
www.fph.org.uk/uploads/bs_aslym_seeker_health.pdf
[28] 2011 Census, ONS www.nomisweb.co.uk
[29] Religion or Belief: A Practical Guide for the NHS, Department of Health, www.nhs-chaplaincy-spiritualcare.org.uk/NationalHealthService/dh_ReligionOrBelief.pdf; and NHS, Greater Glasgow and Clyde, 2010, http://healthequality.businesscatalyst.com/public_html/why_faith_matters.html
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https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population-CurrentPopulation-CountyDistrictData
[31] Public Health Outcomes Framework, Public Health England, www.phoutcomes.info/
[32] Census 2011.
[33] Public Health Outcomes Framework, Public Health England, www.phoutcomes.info/
[34] *Ibid.*

[35] 2011 Census, ONS www.nomisweb.co.uk

[36] Gingerbread, 2013, Getting together; https://gingerbread.org.uk/content/1862/Measuring-our-impact

[37] Public Health England, 2015, Reducing Social Isolation Across the Lifecourse, see note 2

[38] Carers UK, 2015, Alone and Caring.

[39] Department of Trade and Industry (2003), Final Regulatory Impact Assessment: Civil Partnership Act 2004, http://webarchive.nationalarchives.gov.uk/20070603164510/http://www.dti.gov.uk/files/file23829.pdf

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[41] Stonewall www.stonewall.org.uk/our-work/stonewall-research

[42] , Mental Health, Stonewall health briefing, Stonewall www.stonewall.org.uk/sites/default/files/Mental_Health_Stonewall_Health_Briefing__2012_.pdf

[43] Lesbian, Gay and Bisexual People in Later Life, Stonewall www.stonewall.org.uk/sites/default/files/LGB_people_in_Later_Life__2011_.pdf

[44] Experiences of Health Care, Stonewall, www.stonewall.org.uk/sites/default/files/Experiences_of_Healthcare_Stonewall_Health_Briefing__2012_.pdf

[45] *Ibid.*

Deprivation

Although Gloucestershire generally benefits from a high standard of living, this is not evenly distributed across the county, and pockets of deprivation do exist particularly in the main urban areas and in some of the market towns. The English Indices of Deprivation 2015 are based on seven distinct domains of deprivation which are combined to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every neighbourhood in England. You can find further information and links in the [Deprivation theme of Inform Gloucestershire](#)[1].

In general, Gloucestershire is not a very deprived county. An average **IMD rank for each of the six districts** in Gloucestershire shows that even the most deprived districts (Gloucester City, and Forest of Dean) fall in the middle quintile (middle 20%) for deprivation out of 326 English authorities. Tewkesbury, Cotswold, and Stroud districts are in the least deprived quintile, with Cheltenham in the second least deprived quintile. Looking at the 152 upper-tier authorities, for **Gloucestershire** has an IMD rank of 124, putting it in the least deprived quintile for overall deprivation.[2] Throughout this section, population figures referenced are the Mid 2010[3], and Mid 2015[4] population estimates as relevant.

There are 13 areas of Gloucestershire in the most 10% deprived nationally for the **overall IMD**, an increase from 8 areas in 2010. These 13 areas account for 20,946 people (3.4% of the county population). 10 of these areas are in Gloucester, and the remaining 3 in Cheltenham. There has been a slight shift in the distribution of the population towards the more deprived quintiles, between 2010 and 2015. However, none of these proportions increased or decreased by more than a fifth during this period.

There are 11 areas of Gloucestershire in the most 10% deprived nationally for **Income Deprivation**, the same number of areas as 2010. These 11 areas account for 17,489 people (2.8% of the county population). 7 of these areas are in Gloucester, and the remaining 4 in Cheltenham. There has been a slight shift in the distribution of the population between 2010 and 2015. The only large proportion change between the two years is in the least deprived quintile, where the proportion of the population in the most deprived quintile has increased by just over a quarter between 2010 and 2015; an absolute increase of 1.9% of the county's population.

There are 9 areas of Gloucestershire in the most 10% deprived nationally for **Employment Deprivation**, an increase from 8 areas in 2010. These 9 areas account for 14,143 people (2.3% of the county population). 6 of these areas are in Gloucester, and the remaining 3 in Cheltenham. There has been a slight shift in the distribution of the population between 2010 and 2015. The only large proportion change between the two years is in the second-most deprived quintile, where the proportion of the population has decreased by nearly a quarter between 2010 and 2015; an absolute decrease of 3.8% of the county's population.

There are 23 areas of Gloucestershire in the most 10% deprived nationally for **Education, Skills and Training Deprivation**, an increase from 16 areas in 2010. These 23 areas account for 35,455 people (5.7% of the county population). 10 of these areas are in Gloucester, 6 in Cheltenham, 4 in Forest of Dean, 2 in Tewkesbury, and 1 in Stroud. There has been a slight shift in the distribution of the population between 2010 and 2015. The only large proportion change between the two years is in

Quintile 1, where the proportion of the population in the most deprived quintile has increased by just over a fifth between 2010 and 2015; an absolute increase of 2.4% of the county's population.

There are 7 areas of Gloucestershire in the most 10% deprived nationally for **Health Deprivation and Disability**, an increase from 1 area in 2010. These 7 areas account for 10,948 people (1.8% of the county population). 6 of these areas are in Gloucester, with the remaining 1 in Cheltenham. There has been a shift in the distribution of the population between 2010 and 2015 towards the more deprived quintiles. Large proportion changes between the two years have occurred in all quintiles except Quintile 4. The proportion of the population in the most deprived quintile has nearly tripled, the proportion in Quintile 2 and Quintile 3 has increased by just over a quarter, and the proportion in the least deprived quintile has decreased by more than a quarter between 2010 and 2015; absolute changes of 6.2%, 2.1%, 3.5% and 13.9% of the county's population respectively.

There are 12 areas of Gloucestershire in the most 10% deprived nationally for **Crime**, a decrease from 29 areas in 2010. These 12 areas account for 19,142 people (3.1% of the county population). 7 of these areas are in Gloucester, with the remaining 5 in Cheltenham. There has been a shift in the distribution of the population between 2010 and 2015. Large proportion changes between the two years have occurred in two quintiles: The proportion of the population in the most deprived quintile has decreased by a third, and the proportion in the least deprived quintile has increased by nearly a quarter between 2010 and 2015; absolute changes of 4.6% and 6.8% of the county's population respectively.

There are 33 areas of Gloucestershire in the most 10% deprived nationally for **Barriers to Housing and Services**, an increase from 32 areas in 2010. These 33 areas account for 61,030 people (9.9% of the county population). 16 of these areas are in Cotswolds, 8 of them are in Forest of Dean, 5 in Tewkesbury, 3 in Stroud, and 1 in Gloucester. There has been a slight shift in the distribution of the population between 2010 and 2015, towards the least deprived quintiles. The only large proportion change between the two years is in Quintile 5, where the proportion of the population in the least deprived quintile has increased by nearly a half between 2010 and 2015; an absolute increase of 6.8% of the county's population.

There are 17 areas of Gloucestershire in the most 10% deprived nationally for **Living Environment Deprivation**, the same number of areas as 2010. These 17 areas account for 28,126 people (4.6% of the county population). 8 of these areas are in Gloucester, 4 in Cheltenham, 2 in each of Cotswold and Forest of Dean, and 1 in Stroud. There has been a slight shift in the distribution of the population between 2010 and 2015. However, none of these proportions increase or decrease by more than a fifth between the two years.

There are 19 areas of Gloucestershire in the most 10% deprived nationally **for Income Deprivation Affecting Children**, an increase from 9 areas in 2010. These 19 areas account for 29,351 people (4.8% of the county population). In terms of children and young people aged 0 to 17, these 19 areas account for 7,085 people aged 0 to 17 (5.7% of the county's 0 to 17 population). 10 of these areas are in Gloucester, 6 in Cheltenham, 2 in Tewkesbury, and 1 in Forest of Dean. There has been a slight shift in the distribution of the population between 2010 and 2015. The only large proportion change between the two years is in Quintile 1, where the proportion of the population in the most deprived quintile has increased by over a half between 2010 and 2015; an absolute increase of 3.7% of the county's population.

There are 8 areas of Gloucestershire in the most 10% deprived nationally **for Income Deprivation Affecting Older People**, an increase from 6 areas in 2010. These 8 areas account for 13,015 people (2.1% of the county population). In terms of older people aged 65 and over, these 8 areas account for 1,352 people aged 65 and over (1.1% of the county's 65+ population). 6 of these areas are in Gloucester, with 2 in Cheltenham. There has been a slight shift in the distribution of the population between 2010 and 2015. However, none of these proportions increase or decrease by more than a fifth between the two years.

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[1] Deprivation, Inform Gloucestershire https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=-Deprivation
[2] File 11: upper-tier local authority summaries, Department for Communities and Local Government https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015
[3] Lower Super Output Area Mid-Year Population Estimates, Office for National Statisics https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates
[4] Small Area population estimates in England and Wales: mid-2015, Office for National Statistics http://www.ons.gov.uk/releases/smallareapopulationestimatesinenglandandwalesmid2015

Children and Young People

Getting the right start in life for children in Gloucestershire should mean that they have the best chance of a healthy and happy adulthood with an active and rewarding old age. In order to achieve this, the needs of mothers, families and the wider community need to be considered as well as those of the child themselves. You can find further information and links in the [Children and Young People theme of Inform Gloucestershire](#)[1].

There are 124,799 **children and young people aged 0-17 living in Gloucestershire**[2]. The numbers are showing an increase (2,382 CYP between 2012 to 2015), although the proportion of the county population that this represents is remaining fairly static over the last 4 years at 20%. The main areas of increase in CYP population are in the Gloucester and Tewkesbury districts.

Gloucestershire trends and comparisons with SW and England for **smoking in pregnancy**, **breast feeding**, and **under-18 conceptions**[3] are generally good. Smoking status at time of delivery has fallen from 14.9% in 2010/11 to 11.2% in 2014/15, with the most recent figures being statistically similar to both regional and England figures. The trends for both breastfeeding initiation and breastfeeding prevalence at 6-8 weeks after birth are remaining constant with the 2014/15 figures being 77.1%, and 49.2% respectively. The breastfeeding initiation value is worse than the regional, but better than the England figures. Breastfeeding prevalence at 6-8 weeks is significantly better than the comparators. The trend for under-18 conceptions is decreasing, and has fallen from 41.6 per 1,000 in 1998 to 17.0 in 2014. This most recent value is similar to the regional, and significantly better than the England figures.

There is more uncertainty about the direction of travel and relative performance in Gloucestershire for **low birth-weight babies**, **Chlamydia detection** rate, and **childhood obesity**[4]. The proportion of low birth-weight of term babies was 2.9% in 2014, with a steady trend over the last five years. The latest figure is similar to England, and lower than the regional values. The Chlamydia detection rate (15 to 24 year olds) in Gloucestershire has been decreasing over the last 4 years from 1,800 per 100,000 in 2012 to 1,613 per 100,000 in 2015. This is below the goal rate, and consistently below the regional and England rates. The trend for children with excess weight in 4/5 year olds is steady, with 22.2% of Reception age children having excess weight in 2015/16 (similar to England). 32.1% of children aged 10/11 have excess weight, this is a worsening trend, but is better than the England proportions.

In terms of pupils with a **Special Educational Need or Disability**[5] (SEND), 2.6% of all pupils in 2016 had a Statement, or Education Health and Care Plan (EHCP) (2,460 pupils). This is a slightly lower proportion than the England (2.8%), South West (2.7%) or statistical neighbour (2.96%) percentages. Gloucestershire performed well in terms of the number of new statements issued within 26 weeks, with 100% of statements issued in this timescale during 2015.

Gloucestershire has a high number of **school exclusions**[6] in comparison to national, regional, and Statistical Neighbour rates. In particular the permanent exclusions in both primary, and secondary schools are high, with fixed term exclusions being broadly in-line with comparators. In 2014/15 0.05% of pupils in primary schools were permanently excluded (compared with 0.02% for our Statistical Neighbours), while 0.23% of pupils in secondary schools were permanently excluded

(Statistical Neighbours: 0.09%). The proportion of secondary pupils excluded is the highest among our Statistical neighbours, and in the highest quartile among England authorities.

Apart from at the early years stage, **educational outcomes** in Gloucestershire are consistently in-line with, or out-perform both the South West region and England as a whole. There are however, clear attainment gaps for some groups such as those with Special Educational Needs (SEN), those eligible for Free School Meals, those having English as an Additional Language, and some Black and Minority Ethnic groups.

For the **Early Years Foundation Stage[7]** in 2015, 64% of children achieved a good level of development (GLD), which was an improvement on 2014, but Gloucestershire remains slightly below the regional and national averages of 67% and 66% respectively. There is a notable gap in gender with 72% of girls, and 56% of boys achieving a GLD (mirroring the national gender differences). Children with Black, or Chinese ethnicities are less likely to achieve a GLD. The proportion of children achieving a GLD split by first language shows that children with a first language other than English are less likely to achieve a GLD.

In 2015, at **Key Stage 1[8]** the percentage of pupils achieving level 2 or above in teacher assessments has increased in all subjects since 2014, with the 2015 results being lowest in Writing (88%), and highest in Mathematics (93%). The KS1 results are broadly similar to the SW region across all subjects, and are either similar to or above the England attainment figures. As with other stages, the same pattern in attainment gaps exists in gender, ethnicity, first language other than English, Free School Meal eligibility, and having SEN support.

At **Key Stage 2[9]** the 2015 percentage of pupils achieving level 4 or above in all subjects is greater than both the SW region, and England figures. The highest proportion achieving level 4+ was in Reading (91%, both in tests and teacher assessments), and the lowest in Grammar, Punctuation & Spelling tests (82%). As with previous stages, the gaps in attainment remain consistent in gender, ethnicity, first language other than English, Free School Meal eligibility, and having SEN support. The exception here is that there are negligible gender differences in mathematics results for both tests and teacher assessments. The proportion of pupils in Gloucestershire who make two levels of progress between KS1 and KS2 is approximately 1 percentage point above the SW region and England percentages, with 92%, 95%, and 91% of Gloucestershire pupils making two levels of progress in reading, writing, and mathematics respectively.

For **Key Stage 4[10]** in 2015, 60.9% of Gloucestershire pupils achieved 5+ A* to C including English and maths, which is above the South West region (58.0%) and England (53.8%) proportions. This picture is mirrored in the average GCSE and equivalents point score per pupil, with Gloucestershire (385.3 points) being above the South West (378.7 points) and England (361.7 points) averages. The pattern of gaps in attainment continues at KS4 with the same gaps present in gender, ethnicity, first language other than English, Free School Meal eligibility, and having SEN support.

Looking at the published **attainment of Children in Care[11]** requires caution, as the low numbers of pupils in the relevant key-stage groups means that the proportions are very sensitive to change in each of the year-group cohorts. In 2015, 35% of Gloucestershire Children in Care reached level 4 in Grammar, Punctuation, and Spelling at Key Stage 2 which is below the England (54%), and Statistical Neighbour (46.7%) figures. Similarly, 29% of Children in Care reached level 4 in Reading, Writing &

Maths (compared to 52% in England, and 49.9% for Statistical Neighbours). The published percentage of Children in Care who achieved 5+ A* to C at GCSE is affected by the low numbers of young people in this cohort. Gloucestershire figures are not available for the last two years, but the proportion historically has been consistently higher than our Statistical neighbours.

In Gloucestershire, the rate of CYP recorded as being **Children in Need**[12] (CiN) has increased since the previous reported year. The 2016 Gloucestershire rates of CiN are low, at 273.6 per 10,000 when compared to the England (337.7), and regional (321.5) figures. Gloucestershire has the second lowest rate in the region. The Gloucestershire rates of CYP who had been CiN at some point in the year ending 31st March 2016 are again lower than the England (667.1) and regional (662.5) rates. The Gloucestershire rate is 576.2, which represents a throughput of 7,191 CYP for the year.

The rate of CYP who were the subject of a **Child Protection Plan**[13] (CPP) at 31st March 2016 was 45.5 per 10,000 which is higher than the England (43.1) and regional (43.4) rates. 707 CYP became the subject of a CPP, and 568 ceased to be the subject of a CPP in the year ending 31st March 2016.

Looking at the snapshot numbers of **Children in Care**[14] as at 31st March in the relevant year, not including those CYP looked after on a planned basis for short breaks, or respite. The numbers, and rates, have fluctuated up and down between 2012 and 2015. The number and rate has increased in 2016 with 555 CYP being in care at 31st March (a rate of 45 per 10,000), which is lower than the England (60), and regional (53) rates, with Gloucestershire ranking 12th highest out of 16 local authorities in the region. When looking at the number of CYP who had been looked after at any point during the year ending 31st March, there is an increasing trend in numbers of Children in Care between 2012 and 2016, with a noticeably large increase between 2015 and 2016 (from 760 CYP in 2015, to 840 CYP in 2016).

The number of children being **adopted**[15] during the year has shown a decrease over the last reporting year. There were 50 adoptions in the 2015 reporting year compared to 30 in the year ending 31st March 2016.

The 2014/15 rates of young people aged 10-24 admitted to hospital for **self-harm**[16] in Gloucestershire (526.0 per 100,000) is significantly worse than England (398.8) and similar to the South West (537.9). The Gloucestershire rates increased between 2012/13 and 2013/14, with the most recent rates showing a slight decrease from 2013/14.

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[1] Children and Young People, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=ChildrenandYoungPeople
[2] Current Population, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population-CurrentPopulation-CountyDistrictData
[3] Public Health Outcomes Framework, Public Health England http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000009/ati/102/are/E10000013
[4] *Ibid*.
[5] https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2016
[6] https://www.gov.uk/government/publications/local-authority-interactive-tool-lait.
[7] Early years foundation stage profile results: 2014 to 2015, Department for Education
https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015

[8] Phonics screening check and key stage 1 assessments: England 2015, Department for Education https://www.gov.uk/government/statistics/phonics-screening-check-and-key-stage-1-assessments-england-2015

[9] National curriculum assessments: key stage 2, 2015, Department for Education (revised)https://www.gov.uk/government/statistics/national-curriculum-assessments-at-key-stage-2-2015-revised

[10] Revised GCSE and equivalent results in England: 2014 to 2015, Department for Education https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2014-to-2015

[11] https://www.gov.uk/government/publications/local-authority-interactive-tool-lait.

[12] https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2015-to-2016

[13] *Ibid*.

[14] Children looked after in England including adoption: 2015 to 2016, Department for Education https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016

[15] *Ibid*.

[16] Children and Young People's Mental Health and Wellbeing Profiling Tool, Public Health England http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

Vulnerable Adults and Older People

In this section, we outline the needs of the adult population in Gloucestershire that might have an impact on future demand for social care. The aim is to bring together key evidence to support Gloucestershire County Council and its partner organisations in their understanding of potential social care needs of our most vulnerable adults in the County. You can find further information and links in the [Adults and Older People theme of Inform Gloucestershire](#)[1].

While this section aims to examine potential needs based on projected changes in demographics, the developing [Community Theme](#)[2] on Inform Gloucestershire will use a strength-based approach to look at other characteristics within the population such as social capital and community assets that may mitigate such needs.

In the 12-month period to March 2016, a total of 14,500 adults and older people received **funded social care services** by Gloucestershire County Council. This represents 2.9% of the County's adult population. The number includes 8,000 people receiving long-term care packages of community care, residential care and nursing care.

As at 31 March 2016, a total of 3,285 **older people** (aged 65 or over) were receiving council-funded long-term care packages, i.e. community care, residential care and nursing care (excluding those whose primary need related to learning disability or mental health). This number represents a fall of 16% compared to the number recorded two years earlier. The largest drop was among those aged 85 and over (down by 29.2%). The over-85s, however, remained the largest user group (47.7%), followed by the 75-84s (34.0%) and the 65-74s (18.3%).

Looking ahead, the number of people aged 65 and over in the County is set to continue to rise at a faster pace than nationally, rising from 126,800 in 2015 to reach 206,300 by 2039[3]. An estimated 25,400 older people currently had a long-term illness or disability that limits their day-to-day activities a lot, and this number is predicted to rise to 39,000 by 2030[4].

There will be a significant increase in the number of older people having moderate or severe hearing impairment, obesity and dementia between now and 2030. The number unable to manage at least one self-care activity such as wash, dress and take medicines is also predicted to increase, and the majority of this increase will be among the over-75s[5].

Currently an estimated 18,400 people aged 65+ are carers, most likely to be caring for their partner/spouse or mutual carers. This number is projected to increase to 22,300 in 2025[6].

An estimated 12,700 people aged 65+ in Gloucestershire feel lonely always or often[7], and the biggest contributing factors are poor health, relationship status and living alone. Areas predicted by the ONS as having the highest likelihood of loneliness among older people scatter across both rural and urban areas[8]. Around 11,000 older people are estimated to have depression and 3,500 have severe depression[9].

40% of older people with a severe long-term illness or disability do not have access to cars[10], presenting problems in areas where access by public transport to health care and community facilities is poor. The proportion of over-75s who have a disability using the internet is low (35.3%)[11],

meaning that a large number of older disabled people are not able to access information and services available online.

Nearly two-thirds of carers caring for older people provide at least 35 hours of care each week. More than six in ten carers caring for older people have a long-standing illness or disability themselves. The main area of concern among these carers regarding their perceived quality of life is social isolation[12].

As at 31 March 2016, 664 adults aged under 65 were receiving council-funded long term care packages for those whose primary need related to **physical disability or sensory impairment**. The numbers receiving community care and residential care have fallen compared to two years ago, by 16% and 26% respectively, with the majority of the reduction attributable to the 45-64 age group. Between those two dates, however, the number receiving nursing care rose, by 47%. As of 31 March 2016, the 45-64 year-olds were the largest group receiving long-term care services, accounting for 61.5% of all users. This was followed by those aged 25-44 (30.0%) and those aged 25 and under (8.4%).

The projections suggest that the number of adults aged 18+ in Gloucestershire will rise from 492,300 to 576,600 between 2015 and 2039, with the 18-64 age group predicted to grow by 1.8% and the over-65s by 66.6% in that period[13]. An estimated 9,000 people aged 18-64 in Gloucestershire have a serious physical disability, and an additional 30,000 people aged 18-64 have a moderate physical disability. Both numbers are expected to increase moderately in the next 15 years[14].

For both working-age and older people in Gloucestershire, arthritis is the most common physical disabling condition for claiming disability benefit. This is followed by disease of the muscles/bones or joints, neurological diseases and back pain for the under-65s, and disease of the muscles/bones or joints, cerebrovascular disease and heart disease for the over-65s[15].

Many people with a physical disability have complex need. Some of the most common conditions that people with physical disabilities also experience are long-term pain, depression and mental health conditions.

More than half of carers caring for people with a physical disability or sensory impairment provide care for at least 35 hours each week. Just under 60% of carers caring for people with a physical disability or sensory impairment have a long-standing illness or disability themselves. The main area of concern among these carers regarding their perceived quality of life is lack of encouragement and support[16].

Data as at 31 March 2016 shows a total of 1,271 adults aged 18+ receiving long-term care packages funded by the County Council for those whose primary need related to **learning disabilities**. This represents an overall increase of 6% compared to two years ago. The rise was driven by an increase in the number accessing community care packages, by 14%, mainly by the under-25s. The numbers receiving residential care and nursing care, on the other hand, fell in the same period. Among all long-term care service users, those aged 25-44 were the largest group, followed by those aged 45-64 and the under-25s.

Studies show that people with learning disabilities have poorer health outcome than the general population, much of it is thought to be avoidable. As well as having a poorer quality of life, people with learning disabilities die at a younger age than their non-disabled peers[17].

In Gloucestershire, an estimated 11,400 people aged 18 and over have a learning disability, of these 2,400 have a moderate or severe condition. Around 3,000 people were diagnosed by local GPs as having a learning disability. The number of adults with moderate or severe learning disability in the County is predicted to rise most steeply in the older age group, rising by 19.8% for the over-65s between 2015 and 2025[18].

Model estimates[19] suggest that the most prevalent type of learning disabilities in Gloucestershire is autistic spectrum disorder affecting 4,800 adults in 2015, and the number is projected to rise to 5,130 in 2025. Down's syndrome and challenging behaviour are the second and third most prevalent type, affecting 230 and 160 adults respectively in 2015.

Many people with a learning disability have complex need. They are ten times more likely to have a vision impairment compared to the general population[20]. Approximately 40% of people with learning disabilities have a hearing impairment, with people with Down's syndrome at a particularly high risk of developing vision and hearing loss[21].

Just over a fifth of 2,700 adults in Gloucestershire receiving Disability Living Allowance for learning difficulties in February 2013 were awarded the higher rate of Care Component, meaning that they required high levels of long-term personal care support[22].

Carers caring for people with a learning disability are more likely to provide 100 or more hours of care per week than other carers. Over half of carers caring for people with a learning disability have a long-standing illness or disability themselves. The main area of concern among these carers regarding their perceived quality of life is lack of encouragement and support[23].

Adults with **mental health needs** A total of 191 adults aged 18+ in Gloucestershire were receiving council-funded long-term care packages as at 31 March 2016 for those whose primary need related to mental health. Of these nearly three-quarters were receiving community care services. This was an increase on two years ago, by 46.9%, driven mainly by an increase in the number of users aged 45-64. The 45-64s were also the largest user group. In terms of service type, the greatest increase was for community care, by 54%, while the number receiving residential care has increased also, by 33%. The number receiving nursing care services was very small.

Nationally, about a quarter of the population are thought to have experienced some kind of mental health problem in any one year. Anxiety and depression are the most common conditions, affecting 10% of the population at any one time. Between 1 and 2% of the population experience a severe mental illness[24]. The PANSI model estimates that in 2015, around 58,000 people aged 18-64 in Gloucestershire had a common mental disorder, and 26,000 people aged 18-64 had two or more psychiatric disorders. The model also estimates that between 1,300 and 1,600 people aged 18-64 experienced antisocial personality disorder, psychotic disorder or borderline personality disorder[25].

The number of adults in Gloucestershire diagnosed with depression is increasing, from 27,000 people in 2012/13 to 34,500 people in 2014/15. Of these, just over half were over-65s, and this number is predicted to rise as the population ages[26].

Research shows a strong link between mental health need and alcohol and drug use[27]. In Gloucestershire, an estimated 21,700 people aged 18-64 have alcohol dependence and a further 12,300 are estimated to have drug misuse issues in 2015[28]. It is also estimated that 46% of people with a long-term health condition have a mental health need, and 34% of people with a sight loss suffer from depression[29].

Lonely people are more likely to experience depression. Loneliness is also linked to cognitive decline and dementia in older people, and living alone increases the risk of suicide for both young and older people[30].

Over half of carers caring for people with a mental health need provide care for at least 35 hours each week, and nearly six in ten have a long-standing illness or disability themselves. Compared to other carers, they are more likely to have a mental health need themselves as well as at a higher risk of neglecting themselves. The main area of concern among these carers regarding their perceived quality of life is lack of encouragement and support[31].

Currently, the three most accessed council-funded carer services by **carers** in Gloucestershire are emotional support (3,600 people during Apr-Jun 2016), carers voice (2,290), and information, advice and guidance (1,233), and there was a general upward trend of carers using these three services in the past two years. There was also a significant increase in the number of young carers aged 17-25 accessing support in the same period, up by 32%.

Within the County's population, a total of 62,600 people could be identified as unpaid carers from the Census 2011. This was equivalent to 10.5% of the County's population[32].

There were more females (58.1%) than males (41.9%) in the carer population. The majority of carers were of working age, and the peak age for caring was 50 to 64. Around 60% of carers in Gloucestershire were economically active (including those who were out of work but looking for jobs) and 40% economically inactive[33].

15,600 carers as recorded in the Census were over-65s.This number is projected to rise to 22,300 by 2025. Of these nearly a quarter (24.1%) are predicted to be over-80s, who may require extra support to provide care[34].

70% of people in Gloucestershire provided care for up to 19 hours a week, 11% for 20 to 49 hours and 19% for over 50 hours. People providing care for over 50 hours a week were more likely to be retired. Those who spend long hours providing care were also more likely to experience poor health[35].

Most carers (40%) care for their parents or parents-in-law, and just over a quarter (26%) care for their spouse or partner. 8% of unpaid carers in the UK are parent carers, combining caring for a disabled child alongside other childcare responsibilities[36], which translates into about 5,200 people in Gloucestershire in 2015.

The number of sandwich carers (those who look after an older person whilst still having childcare responsibilities) is growing as the average age for having children rises and as care needs among older relatives continues to grow[37]. The ageing population is also likely to lead to a substantial increase in the number of mutual carers as the number of older couples rises. A national survey also

indicates that 17% of carers are caring for more than one person[38], which equates to 11,000 people in Gloucestershire in 2015.

[1] Adults and Older People, Inform Gloucestershire
https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=AdultsandOlderPeople

[2] Community, Inform Gloucestershire
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Health

This section summarises of some of the key health information for Gloucestershire. It includes Public Health and data from Health Care Services. Further analysis of health data and intelligence about what this means for local services can be found in the health theme of Inform Gloucestershire[1].

Additional information for health care planners and other stakeholders, including information about the population[2] of Gloucestershire can also be found under the population section and in the adults and older people[3] and children and young people[4] sections of Inform Gloucestershire.

Overall, the health of people living in Gloucestershire is better than the England average. However, there are areas of Gloucestershire where residents experience poorer health than the England average.

Additionally, the health of people living in Gloucestershire has not been improving over time as seen in other parts of the country. For residents of Gloucestershire, although Life Expectancy at 65 years of age is better than the England average for both males and females, it is not improving in line with the national trends for life expectancy, especially for females. For men in Gloucestershire, their **Healthy Life Expectancy,** the age to which an individual can expect to live with good health, has been declining since 2010[5].

Children and young people under the age of 20 years make up 22.6% of the population of Gloucestershire[6]. The health and wellbeing of children in Gloucestershire is generally better than the England average. **Infant and child mortality** rates are similar to the England average[7].

Children from poorer backgrounds are more at risk of poorer health outcomes. The level of **child poverty** is better than the England average with 14.4% of children aged under 16 years living in poverty. However this means that more than one in every 10 Gloucestershire children is living in poverty[8].

In 2014/15, children were admitted to hospital for **mental health** conditions at a lower rate to that in England as a whole[9]. The rate of inpatient admissions during the same period because of **self-harm** was higher than the England average[10].

Compared with the England average, Gloucestershire has a similar percentage of children who are **overweight or obese** at Reception age (22.2% of children aged 4-5 are obese) and a better percentage when measured in Year 6 classified as obese or overweight (32.1% of children aged 10-11 years)[11].

School Readiness, a key measure of early years development across a wide range of developmental areas, is lower than average in Gloucestershire. A lower than average proportion of children have achieved a good level of development at the end of the foundation stage, with 64% achieving this milestone[12].

Gloucestershire has an **ageing population** – this describes a population with a higher and growing number and proportion of older people. Older people are more likely to have poor health and more complex health needs. People are also living longer lives with multiple long term conditions.

The three leading **causes of death** in Gloucestershire are cancer (25.7%), circulatory disease (28.0%) and respiratory disease (14.6%)[13].

The causes of death driving the **difference in Life Expectancy** between Gloucestershire's least and most deprived areas include Coronary Heart Disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), Stoke, Cancers and Dementia. **Excess deaths** is a measure used to describe the number of additional deaths that occur in residents living in the most deprived areas because it has a **higher mortality rate** for that cause of death than the comparator area with the least deprived residents. This contributes to an overall life expectancy gap between the least and most deprived areas[14].

For males living in the most deprived areas of Gloucestershire, there were 132 excess deaths and 97 excess deaths for females from **CHD** in 2015 in comparison to residents who were living in the least deprived areas. In the same year, there were more than 70 excess deaths for males and females from **COPD** and more than 50 deaths from **Dementia** in males and 43 deaths for females[15].

The health of an individual is influenced by their **lifestyle**, the **environment** they live in – including access to health care services and their **genetics**. The risk of developing poor health increases with **poor diet**, low levels of **physical inactivity**, **smoking** and excessive **alcohol** consumption.

Gloucestershire is broadly in line with national and regional levels for **alcohol** related admissions to hospital, levels of **physical activity** and **overweight or obese** adults, although some districts have worse rates than the county as a whole, notably in the west of the county in the Forest of Dean, Gloucester City and Tewkesbury[16].

Smoking rates in Gloucestershire are steadily declining and are lower than counties with similar populations[17].

Good **mental health** and **emotional wellbeing** also contributes greatly to a person's health. People with severe mental health needs are more likely to die earlier than average. Adults in Gloucestershire have lower rates of diagnosed mental illness than the national average[18].

Although Gloucestershire has had a higher rate of deaths by **suicide** than England for several years, this has been reducing and is now at a similar level to the England rate[19].

In terms of **health protection**, protecting the health of the population and individuals includes **childhood vaccination** and **vaccination** for influenza (flu) and shingles for at risk groups, the control of communicable diseases, including **sexually transmitted infections** and protecting people from some of the environmental threats to health.

In 2015/16, almost 73% of older people received their free flu vaccination, above the England average of 71%. Vaccination rates are lower for **'at risk' groups** (including people with certain health conditions and pregnant women) at 41%. This is in line with the England average[20].

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The Economy

People who are in work tend to live longer, healthier lives. Being out of work is shown to increase mortality, rates of sickness, disability and mental health problems. It also results in higher medical consultation and use of medication and higher hospital admission rates[1]. Therefore supporting residents into work not only boosts the local economy but improves the life chances and health outcomes for individuals and their families. You can find further information and links in the economy theme of Inform Gloucestershire[2].

Gloucestershire has a prosperous and resilient economy set within a highly attractive natural environment, which offers a high standard of living for local residents. The County is predominantly rural with two urban centres that serve as the main business and commercial heartland. The urban settlements are complemented by vibrant market towns that act as valuable employment hubs and key providers of services. The development of the County has been strongly influenced by connectivity to the Midlands and South West via the M5 corridor and to London and the South East via the M4 corridor.

A strong economy is essential if we are to realise the potential that employment has to improve the health of the local population. **Gross Value Added** (GVA) is a measure of the value of goods and services produced in an economy and is the main indicator used to monitor the overall economic wellbeing of an area. The total GVA of the Gloucestershire economy was approximately £15.97 billion in 2015, representing 13% of the value of output in the South West and 1% of the UK economy[3]. According to latest figures, **GVA per head** in Gloucestershire was £25,872, which was above the South West (£23,031) and UK average (£25,601)[4].

There is a clear association between a strong labour market and the health and wellbeing of residents. The health of the Gloucestershire labour market which deteriorated after the **recession** in line with national trends has recovered gradually to a position of strength. The **employment rate** (the proportion of residents aged from 16 to 64 who were in work) stood at 75.6% during the peak of the recession (April 2009- March 2010) and has recovered to 79.9% during the period April 2015 to March 2016, which is well above the national average of 73.7%[5].

The corresponding **unemployment rates** have consequently reduced. The number of people claiming unemployment related benefits peaked at 12,694 (3.6%) in April 2009, in July 2016 this figure has fallen to 4,180, a rate of 1.1%. This rate is lower than the regional and national averages of 1.2% and 1.8% respectively[6]. Although worklessness may be less of a challenge than previously and in other parts of the country there are still issues in the County particularly in relation to youth unemployment and long term unemployment. **Long term unemployment** can lead to a loss of skills, the motivation to work, and result in individuals being permanently excluded from the labour market. In July 2016 some 740 Gloucestershire residents had been unemployed for more than 12 months[7]. **Youth unemployment** has been shown to have significant impacts on individuals including reducing their life chances[8]. In July 2016 there were 925 18-24 year olds claiming unemployment related benefits in the county, this represents 22.1% of all claimants[9].

Certain groups are at higher risk of unemployment than others, this includes people with no qualifications, with a report by the Office for National Statistics finding the unemployment rate for people with no qualifications was more than three times that of those with a degree or equivalent as

their highest qualification[10]. Gloucestershire has a better **qualified** population than the country as a whole, in 2015 those with **no qualifications** accounted for 6.5% of the 16-64 year old population which was some 2% below the national average and amounted to 24,000 people. At the other end of the scale some 30.1% of the 16-64 year old population had **degrees or equivalent** in 2015 which was above the national average of 28.5%[11].

The high skill level of the population is reflected in the County's **occupation** structure, with managerial, professional or skilled occupations accounting for 58.6% of the total compared to 54.9% nationally[12]. **Attrition rates** are notably low with 83% of residents in Gloucestershire also working in the County[13], this suggests there is a relatively good fit between the skills and occupations of local residents and the requirements of Gloucestershire businesses.

Levels of earnings are an important economic indicator and help to identify areas of relative deprivation and affluence. The median workplace-based gross annual earnings (before tax) for a full time worker working Gloucestershire was £27,384 in 2016, this figure is slightly lower than the median workplace-based gross annual earnings for Great Britain (£28,291). The median residence-based gross annual earnings (before tax) for a full time worker living in Gloucestershire was £27,818, this figure is also slightly lower than the median residence-based gross annual earnings for Great Britain (£28,314)[14].

There are around 28,295[15] **businesses** in the County supporting a **workforce** of approximately 289,400 people[16][17]. The majority of the businesses in the county are small, with 89% employing less than 9 people, this reflects the picture at national level[18]. Research suggests employers and employees who work in small businesses tend to report lower levels of employee absence than large employers as well as shorter duration of absence however, there is generally less health support available to them in the workplace[19].

Both **manufacturing** and **health** are significant sectors in terms of **employment** accounting for 14.1% and 12.1% of employment respectively. Other major sectors include public administration and defence (e.g GCHQ), education, construction and retail[20]. **Employment growth** is predicted in the health (+3,400), business administration and support services (+2,000), construction,(+3,400) accommodation and food services (+4,800) and the mining, quarrying and utilities sector[21](+400).

The number of **job vacancies** advertised between November 2015 and October 2016 stood at 73,660 jobs, this compares to 53,704 in the previous year. The most vacancies were for programmers and software developers (4,497), administrative occupations (2,075) and nurses (2,025). The demand for nursing reflects the importance of the health sector in the county. The high number of vacancies related to information technology and administration indicates the requirements for these skills across all sectors of industry.

There is a positive **entrepreneurial culture** in Gloucestershire, businesses starting up have **very high survival** rates with 88.7% of businesses born in 2010 surviving 1 year and 44.8% surviving 5 years, this compares to a national average of 86.7% and 41.4% respectively[22]. The County also ranks highly in terms of **self employment**, with 46,800 16-64 year olds being self employed, this equates to 15.6% of people in employment, which was above the national average of 13.8%[23].

The **Strategic Economic Plan** sets out ambitious plans to accelerate economic growth by focusing on key drivers of productivity and supporting growth in high value sectors[24]. They include the nuclear-based power generation industry, high tech manufacturing particularly relating to Aerospace and precision engineering and medical instruments and knowledge intensive services including the finance and insurance sectors; the ICT sector (particularly digital media) and businesses in professional, scientific and technical activities. While these sectors provide a focus, Gloucestershire will also offer a supportive environment for all businesses to move up the value chain regardless of which sector they are in. For example, there are opportunities for productivity growth in agriculture through agri-tech which has been identified by government as one of 'eight great technologies' needed to address the increasing demand for more efficient food production and land management.

Maintaining economic growth in light of issues including the **ageing workforce**, retention of young qualified people, **skill shortages** in certain sectors, presents both opportunities and challenges to the future economy of Gloucestershire.

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The Environment

The environments where people are born, live, and age have significant effects on health, wellbeing and quality of life. Healthy living environments support healthy behaviours and reduce health inequalities. Those living in areas with safe water supplies, green open space, clean air and comfortable housing are more likely to be in good health than those lacking such conditions. You can find further information and links in the [Environment theme of Inform Gloucestershire](#)[1].

Gloucestershire's **natural environment** is incredibly varied with 38 landscape character types, 143 Sites of Special Scientific Interest and 3 Areas of Outstanding Natural Beauty which covers 51% of the county's area, as well as nature reserves and other natural assets[2]. The county's natural environment is a valuable resource it provides us with food, flood control, business opportunities, and open space that contributes to the health and wellbeing of people in Gloucestershire. It is estimated that 30.4% of the county's population utilise **open space** for exercise or health reasons in any given week. This is higher than the national (17.9%) and regional (25.4%) averages [3].

Given the county's rich and varied natural environment it is unsurprising that the county is classed as a predominantly **rural** county by the ONS with 29.65% of the total population and 35.89% of the over 65 population living in rural areas[4]. The rural nature of the county is what attracts many residents to the area and facilitates access to open space improving health and wellbeing, however it can also create problems of accessibility and isolation. This can affect all parts of the population, and is a particular problem for people who rely on public transport and the elderly.

Pollution poses a threat to the natural environment and the health of the population. Poor **air quality** negatively affects human respiratory and cardiovascular systems and is the largest environmental risk linked to death. Air quality in Gloucestershire is generally good, however there are Air Quality Management Areas (AQMA) in place in all districts with the exception of Stroud[5]. The AQMA's are located in urban areas or in the case of the Cotswold's at a major road junction, three AQMA's are located in areas of high deprivation. The AQMA's are in place because the level of Nitrogen Dioxide exceeds the allowed annual mean. Another form of air pollution is particulate air pollution which is often linked to areas with high levels of nitrogen dioxide. Public Health England estimate 5% of deaths in Gloucestershire of those over 30 are attributable to particulate air pollution, this is higher than the regional value (4.5%) but lower than the England value (5.3%)[6].

There is evidence that **noise pollution** can lead to a range of health problems including increased stress, strokes, high blood pressure and heart attacks. In 2014/15 Gloucestershire had a rate of 3 noise complaints per 1000 population, this is below both the regional (5.3) and national (7.1) rates[7]. The county also has low levels of population exposed to road, rail and air transport noise pollution both during the day (3.3% of the population) and at night (5.5% of the population). This is broadly in line with regional average and below the national average[8]. **Industrial pollution** can also have a significant impact on the health and wellbeing of residents as well as the quality of the environment. There have been a low number of major industrial incidents in Gloucestershire in the last 10 years (8), but a higher level of 'significant' incidents particularly in areas of the county with concentrations of industry, Gloucester, Cheltenham and the Severn Vale (M5 corridor) [9]. Pollution incidents and the presence of non-native species can affect the air, soil and particularly **water quality**, which in turn can have an adverse effect on the surrounding environment and human health. Of the 8,445 water testing sites in Gloucestershire, 62 tests at 8 sites were classified as a fail between 2010 and 2014[10].

Water can also a pose a threat to human health through incidences of **flooding**, which can endanger life and increase the risk of physical and mental illness. Flooding has had a devastating effect in Gloucestershire, most notably in 2007 when approximately 5,000 residential properties and 500 non-residential properties were flooded and 135,000 people were left without water for 2 weeks[11]. The more adverse impacts of flooding are often felt strongest by the most vulnerable populations; individuals with chronic physical and/or mental illness ethnic minority groups and individuals with low incomes, without insurance and/or living in poor housing conditions for instance, are also likely to be more susceptible to the negative psychological and physical health impacts of flooding[12]. Since the 2007 floods Gloucestershire County Council has invested over £2 million each year in flood risk management and it is estimated that without this 500 homes would have been flooded during the winter of 2012[13]. However, flooding still poses a significant risk, the Severn Estuary floodplain provides homes for ¼ million residents and contains £14 billion of important infrastructure[14]. Climate change predictions suggest incidences of flooding will become more frequent and pressure to provide more new housing means new housing developments are being built on land vulnerable to flooding. In 2013-15 7% of new residential properties created in the Cotswold district were built in National Flood Zone 3, this is similar to the England proportion but higher than the other districts who range from only 1% in Cheltenham to 4% in Gloucester[15].

In addition to increasing the frequency of flood events predictions also suggest **climate change** will mean the UK will experience hotter, drier summers and warmer, wetter winters alongside more extreme weather events with floods, storms and heat waves of greater severity and frequency. Extreme high air temperatures contribute to deaths from cardiovascular and respiratory disease, particularly among elderly people. Climate change may exacerbate health risks and inequalities associated with building overheating, indoor air pollution, flood damage, and water and biological contamination in the indoor environment. Climate is also likely to increase the risk of food-borne diseases. Human activity is now widely agreed to be the cause of the rapid and unnatural changes in the climate, due to the amount of greenhouse gases produced, especially carbon dioxide. In 2014 Gloucestershire's **carbon dioxide emissions** stood at 6.5 tonnes per capita, this was slightly higher than the regional and national totals of 5.8 and 6.0 tonnes per capita[16]. Considerable work has been undertaken in recent years to reduce carbon dioxide emissions to mitigate the impact of climate change, this action has seen emissions in Gloucestershire fall from 8.6 tonnes per capita in 2005 to 6.5 tonnes in 2014[17]. However, the forecast of 52,000 new homes in the county by 2031[18] coupled with employment growth, may make it challenging to sustain the reduction carbon emissions.

The disposal of **waste** is an important environmental issue due to the pressures created by the use of transport and landfill sites, which includes the emission of carbon dioxide and other greenhouse gases. Approximately 1.2 million tonnes of waste is produced in Gloucestershire each year[19]. The projected increase in population and continued economic development means this figure is likely to increase over the coming years. In 2014/15 the majority of the county's household waste (52.3%) was sent to landfill, this was followed by recycling which accounted for 46.7%, which is inline with the regional (47.3%) and above the national (43%) averages[20]. Incineration of waste was minimal at a county level accounting for only 0.89% of waste, this is significantly lower than the regional (14.1%) and national (30.1%) averages[21]. The development of the Javelin Park facility due to be completed in 2019, will dramatically increase the amount of incineration, with estimates suggesting in the future 30% of Gloucestershire's waste will be processed in this way[22].

The standard of accommodation is a major contributory factor in attaining good health. In 2011 there were 254,615 households in Gloucestershire, representing an increase of 7% or 16,749 since 2001[23]. The number of households is projected to increase by 13,000 or 4.9% between 2016 and 2021 and by 55,000 or 20.5% between 2016 and 2037[24]. In 2014, a fifth of dwellings in England (or 4.6 million homes) failed to meet the Decent Homes standard[25], £693,800 was spent by districts in 2014/15 making homes in Gloucestershire decent[26] .

The cost of housing can have a significant impact on an individual's wellbeing with a report by Shelter stating nearly ¼ of household in Great Britain are suffering from stress or depression due to housing costs[27]. The ratio of **house prices** to earnings is one measure of how affordable it is to buy a property. The higher the ratio, the less affordable it is for households to get onto the property ladder. In 2015 someone earning a lower quartile sum in Cotswold required 11.54 times their earnings to purchase a lower quartile priced property, Gloucester was the only district where the ratio (6.20) was lower than the national average at 7.02[28]. Rising house prices and the reluctance of banks and building societies to lend more than 4.5 times an individual's salary has led to many young people privately renting, the average rental cost in Gloucestershire in 2015/16 was £716 a month, which was in line with the regional average (£731) and lower than the England average (£820) however, there is huge variations across the county with average monthly rents in the Cotswolds standing at £1,024 and those in Gloucester at £573[29].

Living in **overcrowded housing** also has implications for mental and physical health. In 2011 5.5% of households (14,035) in Gloucestershire had fewer rooms than the standard requirement and were classed as overcrowded, this was lower than the national average. Between 2001 and 2011 the proportion of households in Gloucestershire that were overcrowded increased by 1.0 percentage points representing 3,217 households[30]. Living in **fuel poverty** often results in cold damp houses, which can contribute to ill health and increases in excess winter deaths. A household is considered to be in fuel poverty if their income is below the official poverty line and their fuel bills are higher than that of the national median. In 2014 an estimated 30,860 households in Gloucestershire were in fuel poverty representing 11.5% of all households, this compares to 10.6% nationally[31]. Housing can also impact on health and wellbeing in a variety of other ways, the Housing Health and Safety Rating System is the statutory way of assessing the overall health and safety risks in dwellings and considers risks including cold, damp, overcrowding, fire and falls. Research carried out by the district councils has suggested that investing in housing repairs to eliminate the most serious (Category 1) housing hazards could save the NHS in Gloucestershire £4,646,485 per year[32].

Homelessness can have a considerable impact on an individual's health and wellbeing. It is also a complex issue that crosses departmental and organisational boundaries. Local authorities have a statutory duty to provide advice and assistance to all households who are homeless or threatened with homelessness. Local authorities may also have a duty to provide suitable accommodation for vulnerable homeless households and must make enquiries to establish whether there is duty to secure suitable accommodation for people who are homeless or threatened with homelessness. Local authorities must establish if those approaching for help are: eligible for housing assistance ; Homeless or threatened with homelessness within 28 days – i.e. if they do not have accommodation which they have a legal right to occupy, which is accessible to them, and which would be reasonable for them to continue to live I; vulnerable (as defined by homeless legislation)and are unintentionally homeless.

If the homeless person meets these criteria, there will be a statutory homeless duty to find suitable accommodation to meet their needs. Local authorities also have a duty to provide emergency accommodation for: eligible, roofless, vulnerable people while enquiries are ongoing. Normally the local authority where the applicant has previously lived or where they have strong family associations will provide the suitable accommodation.

In 2015/16, local authorities accepted a duty to provide suitable accommodation for 358 people in Gloucestershire. This equates to a rate of 0.59 per 1000 population which was lower than the national rate of 2.52. This rate of acceptances increased from 2014/15 when it stood at 0.52, this reflects a national trend which also increased from 2.4 in 2014/15[33]. In 2015/16 there were 673 approaches to district councils across Gloucestershire that did not result in a duty to provide suitable accommodation, the majority of these were from people that were eligible but not homeless[34].

Whilst local authorities may not have a duty to provide accommodation for all homeless or roofless people because they do not meet the definitions above, they will assist all homeless households to resolve their homelessness through advice, sometimes with financial assistance to access accommodation they have found themselves, referrals to available supported accommodation if appropriate, support services, and repatriation services or appropriate alternatives if Rough Sleepers are destitute, homeless, and have no access to public funds. For those Rough Sleepers who do not approach services directly, an active Assertive Outreach Service operates within Gloucestershire to ensure that those Sleeping Rough within the County have an understanding and access to all assistance available.

Between 2010 and 2015 **rough sleeping** has continued to increase nationally year on year, with a total increase of 102% during this period. Over the same period Gloucestershire has reported a total decrease of 30%. In autumn 2016, it was estimated that there were 42 rough sleepers in Gloucestershire. The majority of rough sleepers were located in the most urban areas of the county. In the last year the estimated number of rough sleepers in Gloucestershire has doubled from 21 in 2015 to 42 in 2016, the number of rough sleepers has also increased at a national level, with a total increase of 134% on 2010 figures[35].

The homeless outreach service has successfully engaged and supported previously long term and entrenched rough sleepers into provision. A small cohort of entrenched rough sleepers remain who either refuse to engage or who have no recourse to public funds. The outreach service is also experiencing an increase in numbers of people new to rough sleeping; however with early intervention they are able to support this cohort to quickly move away from the streets.

The transition away from rough sleeping and into accommodation based support can prove challenging for some service users. A significant number of service users have been identified who often move in and out of services, including the repeated involvement of Health and the Police, and who repeatedly fail to sustain accommodation due to their very high and complex needs. Investment has been secured for a county wide Social Impact Bond, over a four year period, to provide personalised support to rough sleepers and individuals entrenched within the homelessness system, with Link workers working with relatively small caseloads supporting each individual to navigate their journey away from homelessness to positive, sustainable outcomes.

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Accessibility (transport and internet)

Gloucestershire has 3,326 miles of road, over 600,000 residents and over a quarter of a million households with over 40,000 of these households without a car or van to enable them to access essential services. Generally speaking, essential services[1] are those necessary to ensure the full social inclusion of people in society. Managing bus service provision effectively is essential to keep communities joined up to local essential services.

Similarly with internet access - moving council services online, the onset of Universal Credit and the move towards making all applications for any type of benefit online only, has prompted local authorities to explore and understand the need within their local areas. You can find further information and links for both sub themes in the [Accessibility theme of Inform Gloucestershire[2]](.).

Cheltenham, Gloucester and the larger market towns in Gloucestershire have the broadest range of frequent bus services available enabling access to essential food retail, education facilities and health services. Approximately 25 smaller towns are also linked up to the bus transport network maintaining links to the larger conurbations in the county as well as just over the borders to towns such as Evesham, Swindon and Chepstow. The area furthest away from services or a key town is in the mid-Cotswolds around Coln Valley including villages such as Bibury.

The National **Indices of Deprivation 2015** includes a measurement of accessibility (**Geographical Barriers**). Each neighbourhood in England has had distance measurements calculated and ranked to post offices, primary schools, general stores/supermarkets and GP surgeries. Most of the land area of Gloucestershire falls within the most deprived quintile with the exceptions of the urban areas of the county. Looking into further detail at the results from the Indices of Deprivation, the neighbourhood of Ermin is the 37th (out of 32,844) most deprived neighbourhood/LSOA in England for Geographical Barriers. Ermin is a relatively large area located to the south of Leckhampton in Cheltenham and to the east of Brockworth and Stroud[3] with a section of the A417 running through it starting from the Air Balloon roundabout at Birdlip through to the north of Cirencester.

Gloucestershire's Local Transport Plan 2015-2031[4] contains one indicator – "Maintain bus passenger access (LTP PI-10)" – which focusses on **public transport access** to GP Surgeries **within 45 minutes**. The target is to maintain a level of access to GP services by public transport within 45 minutes. To monitor this indicator, the county council uses **transport modelling** software (TRACC) to measure access to GPs and ten other **essential services** from every postcode in Gloucestershire. Detailed results are available in the Accessibility Matrix 2016[5] and district breakdowns and detailed maps are available in the Accessibility Overview[6]. The results from the modelling show that 593,909 Gloucestershire residents (95.8% of the total population) are able to access a GP surgery within 45 minutes if reliant on public transport. Public transport access to a hospital (an A&E or Minor Injury Unit) is possible within 45 minutes for 9 out of 10 Gloucestershire residents (the lowest district rate is found in Cotswold District Council area where this changes to only 7 out of every 10 Cotswold residents). Out of the six districts of Gloucestershire, Cotswold District Council has the highest proportion of its residents living in the most inaccessible areas where it either takes over 45 minutes to access an essential service or that it is simply not possible to access due to a lack of public transport in their local area[7], with an average of 18.6% or 1 in 5 residents living in these areas.

Gloucestershire compares well to the South West region and U.K. in terms of **internet access**. According to a Survey from the Office of National Statistics, 7.9% of respondents in Gloucestershire are "lapsed internet users" (people who haven't been online in over three months) or "internet non-users" (never been online) compared with 10.1% in the South West region and 12% in the U.K.

Fastershire[8], a partnership between the county councils of Gloucestershire and Herefordshire, aims to bring faster broadband to the two counties and the "ultimate aim is that by 2018 there will be access to fast broadband for all who need it". Whilst the broadband infrastructure develops, Gloucestershire County Council has been working in partnership with district councils and housing associations to understand access to the internet. This is particularly important given that all claims for Universal Credit are expected to be made online.

ACORN[9][10] indexes have been used to identify areas where people are more **likely to never use the internet**, as the assumption is that people who never use the internet may need support in accessing it as more and more services go online. Alongside this, work has been carried out to identify sites around the county where **free and secure internet** is available (as well as training in using the internet) for those not owning computer equipment[11][12]. Transport accessibility software has been used to assess whether those people who are likely to never use the internet can access Public Internet Points using **public transport**. The results show that all of those living in areas "most likely to have never used the internet" are located near to, or within a 45 minute bus journey of, a public internet access point. The majority will be able to access a Public Internet Point within 15 minutes, the exceptions being the neighbourhoods of Kings Stanley, Ruardean, and Sedbury (near Chepstow) who can access their local internet access point within 45 minutes[13]. Good access to these facilities will make it easier for this group to have access to the internet, and training if necessary.

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[1] The essential services that Gloucestershire County Council use to measure transport accessibility include; Post Office, Supermarket, Library, Primary School, Secondary School, FE College (including Sixth Form), Pharmacy, GP, Fitness Facility and A&E/ Minor Injury Unit. The list of essential services is not exhaustive, bespoke analysis of major employment centres has also been measured but not included into the Accessibility Matrix overall score.

[2] Accessibility, Inform Gloucestershire, https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=-Accessibility

[3] To view the boundary of Ermin LSOA (which is also the same boundary as Ermin Ward) download the Cotswold Ward Boundary map from:
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[7] Some rural bus services are far more infrequent than urban services with some only running once a week, if a particular bus runs outside of the calculation parameters then they will not be reflected in the results. All county council transport modelling calculations are done on a Tuesday morning during peak hours using the

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[10] CACI Limited 2014

[11] Google Map of Gloucestershire's Public Internet Access Points

[12] Local internet access points include all public libraries and community centres where secure internet is available. Publicly available Wi-Fi points such as those found in cafes are excluded due to the nature of this study (applications for Universal Credit online) and Interpol's advice regarding the security risk of sharing personal/financial details using them: http://www.bbc.co.uk/news/technology-26469598

[13] To view the geographic pattern of potential need please download the *overview on transport and internet accessibility within Gloucestershire* document from Inform Gloucestershire on the link below, page 12 shows a map of modelled data that shows people *most likely to have never used the internet* against public transport access and locations of free internet points: https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=-Accessibility

Community

The informal assets and resources that communities possess perform a key role in supporting the health and wellbeing of local people. A person's social networks can have a significant impact on their health and the actions of local community and voluntary organisations have many practical, social and psychological benefits. Social relationships and networks also contribute towards the resilience of communities, that is, their ability to cope with adversity. The JSNA process is ongoing and aims to include an enhanced focus on the human and physical assets of our communities. This section of the JSNA shares some of the initial work we have pulled together around the community. It is very much a starting point and is something we intend to build on in the community section of Inform Gloucestershire over the coming years. Further information can be found on the [Community section of Inform Gloucestershire](#)[1].

There are a wide variety of **physical assets** in Gloucestershire that enhance the ability of individuals, communities and populations to maintain and sustain health and wellbeing. These assets can be anything from GP surgeries, schools, village and community halls and libraries to sports facilities, children's play areas and allotments. There is also a wealth of **community activity** taking place across Gloucestershire in neighbourhoods, villages and through clubs, interest groups and community organisations. Some of these activities take place with the support and involvement of the public sector in Gloucestershire; even more thrive through the enthusiasm and commitment of their own members and the creativity and drive of local people. Information on Gloucestershire voluntary and community groups can be found, amongst others, on the Gloucestershire Healthwatch website, the Gloucestershire VCS Alliance website and the "You're Welcome" website run by Barnwood Trust. The latter is part of an asset-based community development programme run by Barnwood Trust which aims to build strong, inclusive and welcoming communities across Gloucestershire.

Volunteers play a huge role in meeting the needs of people in Gloucestershire. Nationally in 2013/14 48% of people volunteered in some way at least once a month and 74% at least once a year[2]. Customer segmentation data has been used to help develop a better understanding of where volunteers may live in Gloucestershire. Results suggest levels of volunteering are likely to be lower in the main urban areas and around market towns, as well as in areas bordering the River Severn. The St Paul's area of Cheltenham, has the lowest likelihood of volunteering, while conversely Painswick in Stroud has the highest likelihood of volunteering[3].

Carers are a valuable asset within our communities, providing not just voluntary, unpaid care to assist the person they care for to remain independent, but also love, friendship, reassurance and connection. Research published in 2015 suggested that the economic value of the contribution made by carers in the UK is now £132 billion per year. This is close to the total annual cost of health spending in the UK, which was £134.1 billion[4]. According to the 2011 Census, 10.5% of Gloucestershire's population were recorded as carers, with 25% or 15,600 carers aged 65 and over[5]. This number is projected to rise to 22,300 by 2025[6]. Roles of carers are often complex with many also in full time education or employment as well as having to care for loved ones. This increased pressure in the life of a carer can have a negative impact on the health and wellbeing of the carer (a recent survey found that 6 in 10 carers had reached breaking point, and a quarter required medical treatment as a result, 63% suffered depression and 79% reported anxiety[7]).

Community activity can make a significant contribution to social capital. **Social capital** describes the links that bind and connect people within and between communities. Social capital provides a source of resilience, a buffer against risks of poor health. The Office of National Statistics has developed a framework for measuring social capital which covers four broad aspects rather than a single definition. These four dimensions are personal relationships, social network support, civic engagement and trust and cooperative norms[8]. The County Council's Strategic Needs Analysis Team has recently started using customer segmentation data to develop a better understanding of the four broad aspects of social capital at a local level. Initial results suggest the level of social capital in Gloucestershire is very similar to the national average. Many of the areas within Gloucestershire that are predicted to have the highest levels of social capital are rural, the relationship between rurality and social capital will need to be explored further before drawing any conclusions[9].

The ONS measurement of social capital is part of a broader ONS programme to measure national wellbeing, which aims to supplement existing economic, social and environmental measures. In addition to social capital this programme looks at **personal well-being**. The results showed that in 2015/16 Gloucestershire had an average ranking of 7.70 out of 10 in terms of overall life satisfaction which was in line with the national average of 7.65[10]. At district level levels of life satisfaction re highest in Cheltenham (7.81) and lowest in Stroud (7.59)

An absence of social capital and support can lead to individuals becoming isolated. There is a growing evidence base that links loneliness and **social isolation** with poorer health as well as demonstrating that declining health or the need to provide care to a loved one can lead to greater loneliness. The Campaign to End Loneliness suggests loneliness can be as bad for our health as 15 cigarettes a day, that it can increase the risk of high blood pressure, diabetes, cognitive decline, dementia and depression and that it can therefore increase the use of health and social care services. Loneliness and social isolation is widespread in Gloucestershire but varies in intensity and impact geographically and between different social groups[11]. The County Council Strategic Needs Analysis Team has used customer segmentation data to explore the risk of social isolation across the county. The findings suggested that the most vulnerable areas appeared to be associated with the main urban centres and also the fringes of the more isolated market towns. There also appeared to be a cluster of areas of moderate to higher vulnerability in the south west of Forest of Dean district and the north east of Cotswold district[12].

Three groups that can be particularly affected by loneliness and social isolation are carers, people with long-term health problems or disabilities and older people. The results of the 2015 Adult Social Care Service Users Survey showed 1 in 5 respondents felt they did not have enough social contact, the 2014/15 Carers Survey found 73% of carers felt they did not have enough social contact[13]. In addition, social isolation was the most common reason for referrals to the county social prescribing pilot service in 2015[14]. A number of approaches are addressing these needs in the county. Particularly important is the existing contribution of the community, for example, through befriending schemes or lunch clubs.

Quantitative data can give us an idea of the potential assets which exist within a community and the groups of people who are most vulnerable. However, a vital part of understanding the assets and needs of communities is to draw on local knowledge, to hear the **voices of the people** who live in the area. What people say about their neighbourhoods, their needs and the services they use gives

us a better understanding of the strengths of their communities and of the problems they face. For example, Healthwatch Gloucestershire gives patients and carers the opportunity to share their concerns and opinions about their local health and social care services[15].

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[1] Community, Inform Gloucestershire, https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Community

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[3] Further information will be available on the community section of Inform Gloucestershire shortly

[4] Valuing Carers 2015 - The rising value of carers' support, Carer UK https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015

[5] 2011 Census, Office for National Statistics, https://www.nomisweb.co.uk

[6] Projecting Older People Population Information System (POPPI) http://www.poppi.org.uk/

[7] Carers At Breaking Point, Carers UK, https://www.carersuk.org/for-professionals/policy/policy-library/carers-at-breaking-point-report

[8] Measuring Social Capital, Office for National Statistics http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_371693.pdf

[9] Acorn, CACI.

[10] Personal wellbeing in the UK, Office for National Statistics, https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/2015to2016#methodology

[11] Loneliness and social isolation in Gloucestershire, Inform Gloucestershire https://inform.gloucestershire.gov.uk/get/ShowResourceFile.aspx?ResourceID=129

[12] Social Isolation, Inform Gloucestershire https://inform.gloucestershire.gov.uk/get/ShowResourceFile.aspx?ResourceID=396

[13] Carers Survey and Adult Social Care Service Users Survey, Gloucestershire County Council

[14] Loneliness and social isolation in Gloucestershire, Inform Gloucestershire https://inform.gloucestershire.gov.uk/get/ShowResourceFile.aspx?ResourceID=129

[15] Healthwatch Gloucestershire, http://www.healthwatchgloucestershire.co.uk/

Community Safety

Community safety is about helping communities to feel and be safe. It includes road safety, trading standards, fire and rescue, regulating licensed premises, producing/ implementing partnership strategies for anti-social behaviour (ASB) and domestic abuse, and reducing criminal activities by installing "guardians" such as CCTV or alley gating. You can find further information and links in the [community safety theme of Inform Gloucestershire](#)[1].

Police recorded crime rates provide a consistent comparison of comparing crime trends over time and also indicate police workload. Total crime rates for district/borough council areas show that Gloucester City Local Authority and Cheltenham Borough Council areas have historically higher rates of crime when compared against the South West region and England as a whole. However **crime rates** in Cheltenham were considerably lower than the national crime rate in 2015/16 for the first time since the new crime recording standard was introduced back in 2003. This is in comparison to 10 years previously where crime rates in Cheltenham were significantly higher than England. Also, annual recorded crime rates lowered in Cheltenham in 2015/16 whereas they increased nationally.

In 2003/04, crime rates in Gloucester City amounted to approximately 180 crimes to every 1,000 people living in the city. Comparing that with the figure released in 2015/16, crimes rates have more than halved to just under 80 crimes per 1,000 people – this is a significant reduction in crimes witnessed by the resident population of this local authority. The lowest crime rates over the last 12 years have been in the more rural district council areas of the Forest of Dean, Cotswold and Tewkesbury.

Individual **ward level crime rates**[2] show Westgate Ward in Gloucester City consistently has the highest crime rate in Gloucestershire each year – this area comprises a large part of the city centre of Gloucester. When looking into crime types of Burglary, Criminal Damage, Theft and Violence Against the Person as well as police recorded Anti-Social Behaviour (ASB) Incidents, Westgate Ward also has the highest rates in the county. Central Ward in Stroud is consistently the next highest crime/ASB rate ward in the county behind Westgate.

The **Crime Survey for England and Wales** (CSEW) from 2013/14 shows that 12% of adults in England and Wales were classified as having a high level of worry about violent crime, 11% a high level worry about burglary and 7% about car crime. This trend has been the case for a number of years and is significantly lower than the levels of worry in the mid-to-late 1990s when crime measured by the CSEW was at a much higher level than in more recent years. The CSEW also asks people about "how likely do you think you personally are to be a victim of crime in the next year". 19% of adults believed it was either "very" or "fairly likely" that they would be the victim of crime within the next year. The **perceived likelihood of victimisation** was associated more strongly with perceptions of local crime rather than national ones. Respondents that thought crime locally had increased over the last few years felt more than twice as likely that they would be a victim of crime in the next 12 months. Residents who live in the 20% most deprived areas were more likely (26%) than those resident in the 20% least deprived areas (15%) to believe they will be a victim of crime in the next year[3].

Road Safety is a statutory duty for every local authority and to deliver the best results in reducing road traffic collisions it is essential to adopt partnership working. Gloucestershire's Road Safety

Partnership incorporates the County Council, Gloucestershire Highways, Police and the Fire and Rescue Service. For the last two calendar years Gloucestershire has experienced an increase in the number of people that are killed or seriously injured on roads in the county. The dip in 2010 has been partly attributed to extreme weather conditions during the winter resulting in fewer cars driving on the road[4] and any motorists that were on the road at this time drove with great care therefore having a marked effect on the year end total of Killed or Seriously Injured.

The information presented here relates to children aged 10 – 17 years of age. During 2015/16 there were 443 young offenders (aged 10-17)[5] recorded by the Youth Support Team in the county representing a 31% increase on the total from the year before – 2014/15. More detailed data for young offenders in 2015/16 has yet to be published so the following details refer to the 2014/15 cohort. The majority of young offenders in 2014/15 between ages 10 and 14 committed violence against the person, theft and criminal damage crimes. From ages 15 upwards, drug offences become more prevalent along with theft crimes and crimes of violence. Burglary dwelling and non-dwelling is more prevalent a crime in the 17 year old age group. 91.5% of young offenders are classed as White with approximately 8 out of 10 young offenders being male[6].

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[1] Community Safety, Inform Gloucestershire, https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=CommunitySafety
[2] Community Safety Report, Inform Gloucestershire, https://inform.gloucestershire.gov.uk/App_Customers/other/CommunitySafety/Crime/IA2016/atlas.html
[3] Crime Statistics, Focus on Public Perceptions of Crime and the Police, and the Personal Well-being of Victims, 2013 to 2014, ONS http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-public-perceptions-of-crime-and-the-police--and-the-personal-well-being-of-victims--2013-to-2014/index.html
[4] Gloucestershire Road Safety Partnership and http://www.metoffice.gov.uk/climate/uk/interesting/dec2010
[5] Youth Support Team, Gloucestershire County Council
[6] Youth Justice Annual Statistics, Local Level Data, Ministry of Justice and Youth Justice Board for England and Wales https://www.gov.uk/government/statistics/youth-justice-annual-statistics-2014-to-2015