

Understanding Gloucestershire - A Joint Strategic Needs Assessment

Introduction

Helen and I are pleased to share Understanding Gloucestershire – A Joint Strategic Needs Assessment (UG-JSNA) which 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.

It aims to provide a common understanding of the county and its communities for use by decision makers and commissioners of services, and is structured where possible around the life-course stages. It looks at the needs of communities and how we expect them to change in the future and assesses current and future health and social care needs of the citizens of Gloucestershire. It also constitutes the primary evidence base that informs the Health and Wellbeing Board Strategy.

The UG-JSNA is produced annually and is collated by the Joint Strategic Needs Analysis Team at Gloucestershire County Council overseen by the UG-JSNA Information and Analysis Group whose membership includes all the relevant partners and stakeholders.

For any feedback please contact the Strategic Needs Analysis Team:
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You can find a PDF of the whole Understanding Gloucestershire JSNA [here](#).

Executive Summary

Gloucestershire Context

This section provides a summary of Gloucestershire's significant demographic trends and its current social and economic profile. Trends in the population profile both for adults and children contribute to changing patterns of need and demand. These patterns are also affected by variation in factors such as deprivation, ethnicity, rurality and economic activity both within the county and in comparison with the rest of the country.

- The number of older people aged 65 and above in the county has been growing by an average of 2,100 people a year between 2003 and 2013. Projections suggest that this will increase to 3,400 a year between 2012 and 2037 as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.
- Although Gloucestershire benefits from a high standard of living, this wealth is not evenly distributed and pockets of deprivation do exist. Gloucestershire had eight local areas amongst the most deprived 10% in England in 2010. They were all located in Cheltenham and Gloucester districts and accounted for 12,700 residents amounting to 2% of the total population of the county.
- The latest statistics on the number of overseas nationals registering to work in Gloucestershire show that the number of migrant workers to the county has decreased from 4,400 in 2006/07 to 2,800 in 2013/14. It is difficult to predict future patterns of immigration into the county.
- Females in Gloucestershire can generally expect to live between 3 and 4 years longer than their male counterparts. Life expectancy for both genders has been steadily increasing in the county over the past decade. Males in the least deprived Gloucestershire decile (10th of population) can expect to live 7.8 years longer than those in the most deprived decile. For females, this gap is 6.3 years. For both genders, this deprivation gap has slightly widened, suggesting that health inequalities are increasing.
- The three leading causes of death in Gloucestershire are cancer (27.9%), cardiovascular disease (26.8%) and respiratory disease (14.2%), in line with the national pattern. Premature death rates for all three conditions can be reduced with improved prevention and treatment.
- There are approximately 30,000 businesses in the county supporting a well-qualified and highly skilled

employed workforce of 291,500 people. The occupational structure in the county reflects this high level of qualification and skill base with a higher than average proportion of professional occupations than at the South West regional and national level.

[Full 'Gloucestershire context' section](#)

Section content:

1. Demographics
2. Deprivation
3. Life expectancy
4. Mortality
5. Economy
6. Gloucestershire economy
7. Protected characteristics
8. Community voice
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Getting the right start in life

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. This section examines some of the key factors in ensuring a good start for children in Gloucestershire.

- Gloucestershire trends and comparisons with the South West and England for smoking in pregnancy, breast feeding, teenage pregnancies are generally positive.
- 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.
- Apart from the early years stage Gloucestershire consistently out-performs both the south west region and the country as a whole in educational outcomes.
- Educational outcomes are generally in line with or better than the South West and England though the significant attainment gaps for some groups such as Special Educational Needs, Free School Meals, English as an Additional Language and some Black and Minority Ethnic groups continue to be a focus for attention.
- Rising numbers of children in the county are leading to increased demand for school places and other services.
- Outcomes for most children in Gloucestershire are good and getting better. The GCP Children's Partnership Plan has contributed to significant improvements as evidenced by the views of children and young people, for example, in the online pupil survey.
- The Gloucestershire care system for children appears to be characterised by a large and increasing 'throughput' in the care system. There are high volumes of brief care episodes and fluctuating rates of care exits due to returning home or children in care turning 18.
- The number of children being adopted has increased over the last year. There were 50 adoptions in 2014 compared to 25 in 2013.
- The rate of young people aged 10-24 being admitted to hospital for self-harm in Gloucestershire (406.7 per 100,000) is significantly worse than for England though better than the South West. Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men.

[Full 'Getting the right start in life' section](#)

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1. Maternity
2. Maintaining a healthy weight - childhood
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4. Promoting the welfare of children and safeguarding
5. Community voice
6. Key messages

Keeping healthy - prevention

While age is the leading risk factor for the majority of chronic health conditions, people's lifestyle can also impact on their health and wellbeing; notably their likelihood of developing conditions such as cardiovascular disease, cancer and respiratory disease. According to the World Health Organisation almost half of diseases such as the above are associated with four risk factors: poor diet, physical inactivity, smoking, and excess alcohol consumption. Poor mental and emotional wellbeing has also been shown to impact on health outcomes.

This section looks at the prevalence of these lifestyle risk factors in Gloucestershire to help inform decisions about how ill health might be prevented.

- Until 2012/13, the rate of alcohol related hospital admissions in Gloucestershire had been steadily rising for 4 years, and was significantly higher than both the regional and national averages. However, the most recent year of data shows a sharp fall in the Gloucestershire rate, bringing it more into line with these benchmarks.
- Smoking rates in Gloucestershire are steadily declining, and are consistently lower than the national and regional benchmarks.
- Whilst adult excess weight levels in Gloucestershire overall are in line with national and regional benchmarks Tewkesbury and Forest of Dean Districts have higher rates than other Districts in the county.
- Whilst physical activity levels in Gloucestershire are also broadly in line with national and regional benchmarks, they are lower in Gloucester and the Forest of Dean District than in the other Gloucestershire Districts.
- Loneliness and social isolation are recognised both as factors in worse health outcomes and as a possible consequence of poorer health. Work is underway to capture its extent in the county.
- Whilst healthy life expectancy for women in Gloucestershire is almost two years better than for their regional counterparts, the average for Gloucestershire men is lower than for the South West as a whole.

[Full 'Keeping healthy - prevention' section](#)

Section content:

1. Mental health
2. Alcohol
3. Smoking
4. Maintaining a healthy weight - adults
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Particular Needs

Some groups of people across all age ranges can have particular health and social care needs. Some are born with severe conditions; some develop them during childhood or early adulthood whilst the majority develop more specific needs as part of the ageing process. As the elderly population grows so the need for effective targeting of support becomes increasingly important. The aim is help people remain as independent as possible in the community and out of hospital and residential care because that is what they, in general, want and because it is becoming increasingly unaffordable to continue to meet what can often be relatively high level needs, in this way.

- While overall health tends to be good, this is not true for everyone and for every part of the county. Some groups of individuals, such as those on lower incomes, people from certain ethnic groups and people with mental health problems, may experience poorer health outcomes.
- 16.7% of Gloucestershire residents (99,746 people) reported having a long term limiting health problem or disability. This is below the national and regional averages of 17.6% and 18.4% respectively.

usability. This is below the national and regional averages of 17.0% and 16.4% respectively.

- Analysis of disability living allowance and attendance claimant numbers show the rate to be higher in the Forest of Dean than in other Gloucestershire District, the South West and Great Britain as a whole. Commonest disabling conditions are arthritis, mental health and learning difficulty. In general, the pattern of conditions is in line with the national picture.
- For children with Special Educational Needs the greatest changes in recent years have been a fall in the number of children with Behavioural, Emotional and Social Difficulties and a rise in the number of children with Severe Learning Difficulties
- Whilst the estimated trend in the number of working age adults with physical disabilities in the county is relatively flat, a sharp rise in the number of older people with physical disabilities is projected
- In 2014 there was an estimated 11,360 people aged 18+ with a learning disability living in Gloucestershire. The number of people aged 18+ with a learning disability is forecast to increase to 12,542 people by 2030. This represents an increase of 1,182 people or 10.4%.
- Whilst people with disabilities in Gloucestershire are less likely to be in a job, do well academically or participate in sport, the gap is reducing.
- The latest data for the suicide rate in the county (2010-12) show it to be significantly higher in Gloucestershire than for England as a whole and it is three times as common for males as for females.
- For the majority of long-term conditions, Gloucestershire has a significantly higher prevalence rate than for the country as a whole. This is likely to be because Gloucestershire has an older age structure than England, and we know that age is the leading determinant for long term conditions
- The number of people with dementia in Gloucestershire is projected to rise by two thirds in the next 15 years.
- The number of adult social care users with County Council funding receiving community-based services in the year has fallen by 16% between 2011/12 and 2013/14, numbers in residential care by 2% and in nursing care by 1%.
- In 2014 50.6% of those who died in Gloucestershire did so in their usual place of residence (typically their home or care home), slightly below the regional average but significantly above the national figure.

[Full 'Particular needs' section](#)

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Healthy and sustainable places and communities

Local communities already play a huge role in meeting the needs of their members. This happens in many ways, such as formal voluntary groups, informal networks of friends or adults and children caring for their loved ones. As levels of need increase in a challenging financial climate for the state sector the importance of the community contribution can only increase.

- A wide range of community assets, both informal and formal, play a vital role in meeting local need. We need to improve our understanding in this area and will improve the evidence base for the extent and value of such assets in the year ahead.
- Carers play a key role in meeting the physical and social needs of many people in the community. Within districts the percentage of carers in the population varies from 9.1% in Cheltenham to 11.8% in the Forest of Dean.
- The number of carers is likely to rise by 12% to 70,000 by 2017 due mainly to the increasing number of older people.

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- volunteers make a vital contribution to community wellbeing but we need to better understand the need and demand for them across the county
- The Forest of Dean and Gloucester had the highest proportion of their adult population with no qualifications and the lowest percentage with qualifications at level 4 and above in 2011. These two Districts performed worse than the South West and the country as a whole for the 'Level 4+' measure. The Forest of Dean also performed worse for both comparators for the 'no qualifications' measure.

[Full 'Healthy and sustainable places and communities' section](#)

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