

Understanding Gloucestershire

A Joint Strategic Needs Assessment

2015

Produced on behalf of the
Gloucestershire Health and Wellbeing Board

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1. 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 is 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.

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2. Executive summary

Gloucestershire context

- 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.

Getting the right start in life

- 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.

Keeping Healthy – Prevention

- 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.

Particular needs

- 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 needs, 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.
- 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 change in recent years has been a rise in the number of children with Moderate Learning Difficulties, as well as increases in numbers with Speech, language & Communication needs, and Specific 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.

Active communities

- 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.
- 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.

3. Gloucestershire context

3.1 About this section

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.

3.2 Demographics

3.2.1 *Population trend and projections*

The population of Gloucestershire was estimated to be around 605,700 in 2013¹, representing a rise of approximately 36,000 people since 2003, an average increase of 3,600 people per annum. This is equivalent to an annual growth of 0.64% in the 10 years to 2013, lower than the England and Wales average of 0.77%.

The growth in Gloucestershire during this period has been driven mainly by internal migrants (people moving to the county from elsewhere in the UK), typically aged 30-44 moving with their young families. Natural growth, caused by higher numbers of births than deaths, accounted for an increasing proportion of the population rise in recent years as the number of births increasingly exceeded deaths.

Between 2003 and 2013, the growth of the older population (aged 65 and above) continued to outpace that of the younger population. The rate of growth in the county's older population is also higher than that in England and Wales².

Table 1: Population Trends 2003-2013

	Gloucestershire				England and Wales
Age Group	Population 2003	Population 2013	Change 2003-2013	% Change 2003-2013	% Change 2003-2013
All Ages	569,300	605,654	36,354	6.4%	7.7%
0-19	138,200	137,479	-721	-0.5%	3.3%
20-64	331,500	347,819	16,319	4.9%	7.0%
65+	99,500	120,356	20,856	21.0%	17.3%

Assuming current population trends continue, the ONS projections³ for the next 25 years suggest that the population in Gloucestershire will reach 655,800 by

¹ Mid-2003 and Mid -2013 Population Estimates, Office for National Statistics

² *Ibid.*

2025 and 696,200 by 2037. This represents an annual increase of 0.68% or 4,100 people between 2012 and 2025, and 0.51% or 3,400 people between 2025 and 2037. Both percentages are below the growth rates predicted for England.

The dominating feature of the projected trend is a sharp increase in the number of older people (aged 65+). At the same time, projections for children and young people and working age-people indicate only moderate growth. In the long-term, in particular, the working-age population is predicted to decline slightly.

The same projections also suggest that 16.9% of the growth during the 25-year period will be accounted for by natural growth and 69.2% by internal migration. International migration is projected to contribute to another 13.9% of the total growth.

Table 2: Projected Population Growth 2012-2037

Projected Population Growth 2012-2037				
	Gloucestershire		England	
Age Group	% Projected Change 2012-2025	% Projected Change 2025-2037	% Projected Change 2012-2025	% Projected Change 2025-2037
All Ages	8.9%	6.2%	9.2%	6.4%
0-19	7.4%	1.0%	8.6%	0.7%
20-64	0.6%	-1.1%	3.4%	1.5%
65+	35.4%	27.1%	30.4%	26.6%

3.2.2 Ageing population

The number of older people aged 65 and above in the county has been growing by an average of 2,100 people per year between 2003 and 2013. Projections suggest that this will increase to 3,400 per annum between 2012 and 2037 as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.

Significantly, the projected percentage increase of the older population is greater in Gloucestershire than in England over the period 2012-2037 (up 72.2% compared to 65.1%). The impact of the county's ageing demographic is further heightened by the small growth of its child and working-age population compared to England.

In particular, the number of people aged 75 and over (the ages at which GCC adult care and other support services are most likely to be required) is projected

³ 2012-Based Sub-national Population Projections, Office for National Statistics

to increase by an annual average of 2,300 in the same period. The table below shows that the number of people aged 85 and above will see the fastest rate of growth particularly in the long term.

Table 3: Projected Population Growth of Older Population 2012-2037

Projected Growth of Older Population 2012-2037					
	Population			% Change	
	2012	2025	2037	2012-2025	2025-2037
All 65+	117,100	158,600	201,600	35.4%	27.1%
65-74	62,300	74,200	89,800	19.1%	21.0%
75-84	38,100	58,400	67,500	53.3%	15.6%
85+	16,700	26,000	44,300	55.7%	70.4%

The number of wards with large number of older people is also increasing. In 2011, 40 council wards (i.e. 28% of all wards) in the county had at least 1,000 residents aged 65+. By 2013, the number grew to 50 (i.e. 35.2% of wards), spreading across urban and rural areas.

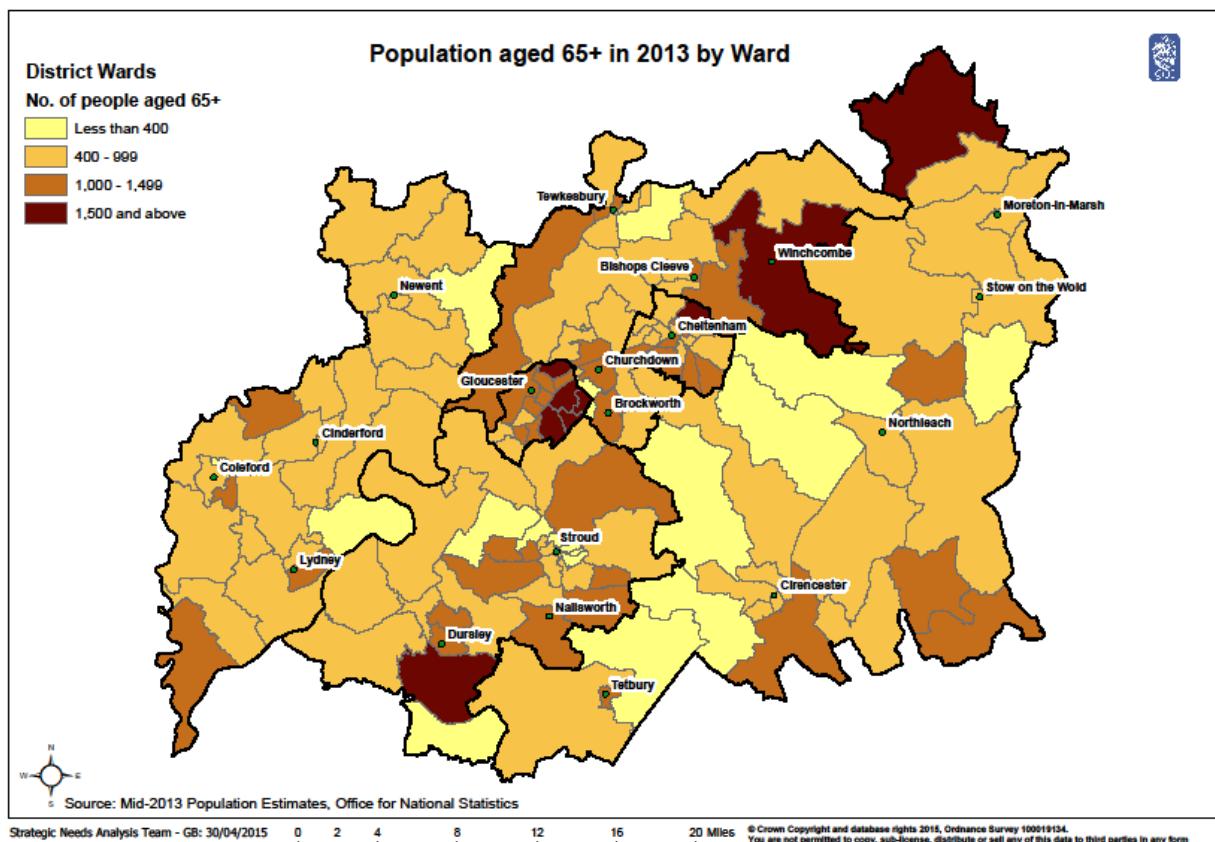


Figure 1: Population Aged 65+ by Ward⁴

⁴ Mid-2013 Population Estimates, Office of National Statistics

3.2.3 International migration and Ethnic population

The 2011 Census shows that 46,100 people who are usually resident in Gloucestershire were born outside the UK, representing 7.7% of the total population (nationally it was 13.4%). Among these, 40% (18,400 people) were recent migrants, having arrived since 2004⁵.

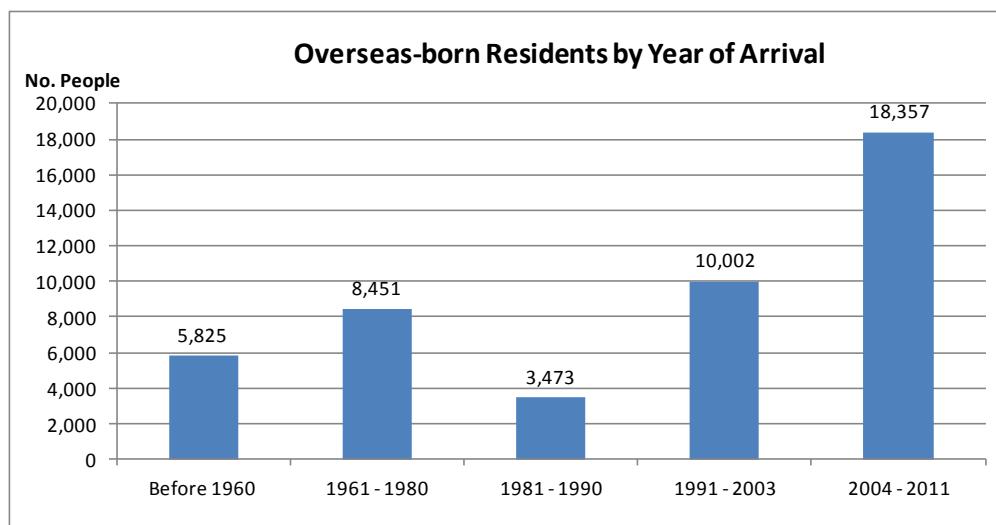


Figure 2: Overseas-born Residents⁶

The migration pattern since 2004 was closely linked to inflow from East European countries. This has resulted in the 'White Other' population in the county more than doubling between 2001 and 2011, from 9,000 to 19,300. The 'White other' group now accounts for 3.2% of the county population, compared to 1.6% in 2001.

At the same time, the percentage of Black and Minority Ethnic (BME) population rose from 2.8% to 4.6%. The figure is low compared to the national percentage of 14.1%.

Ethnic groups showing the biggest growth in the county in the 10 years to 2011 were White-British (+11,500 people), 'White-other' (+10,300), Other Asian (+2,300) and Indians (+2,000).

⁵ 2011 Census, Office for National Statistics, (Ethnic Group)

⁶ 2011 Census, Office of National Statistics (Year of arrival in the UK)

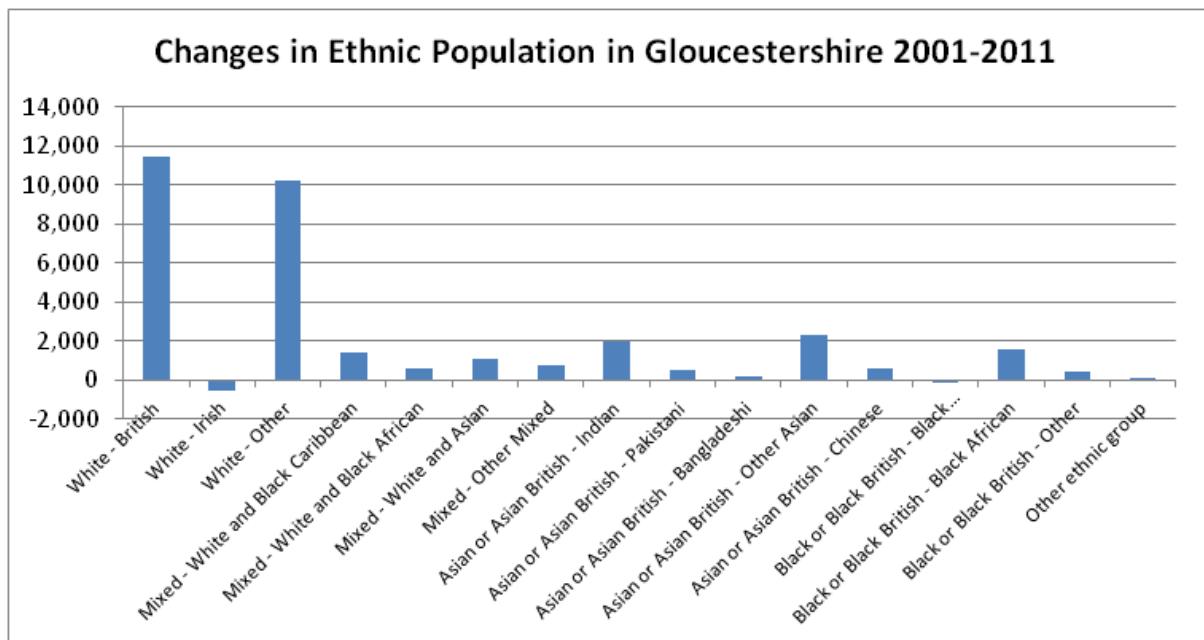


Figure 3: Changes in Ethnic Population⁷

Figure 4 shows that Black and Minority Ethnic Groups account for 10.9% of the total population in Gloucester compared to 1.5% of the population in the Forest of Dean.

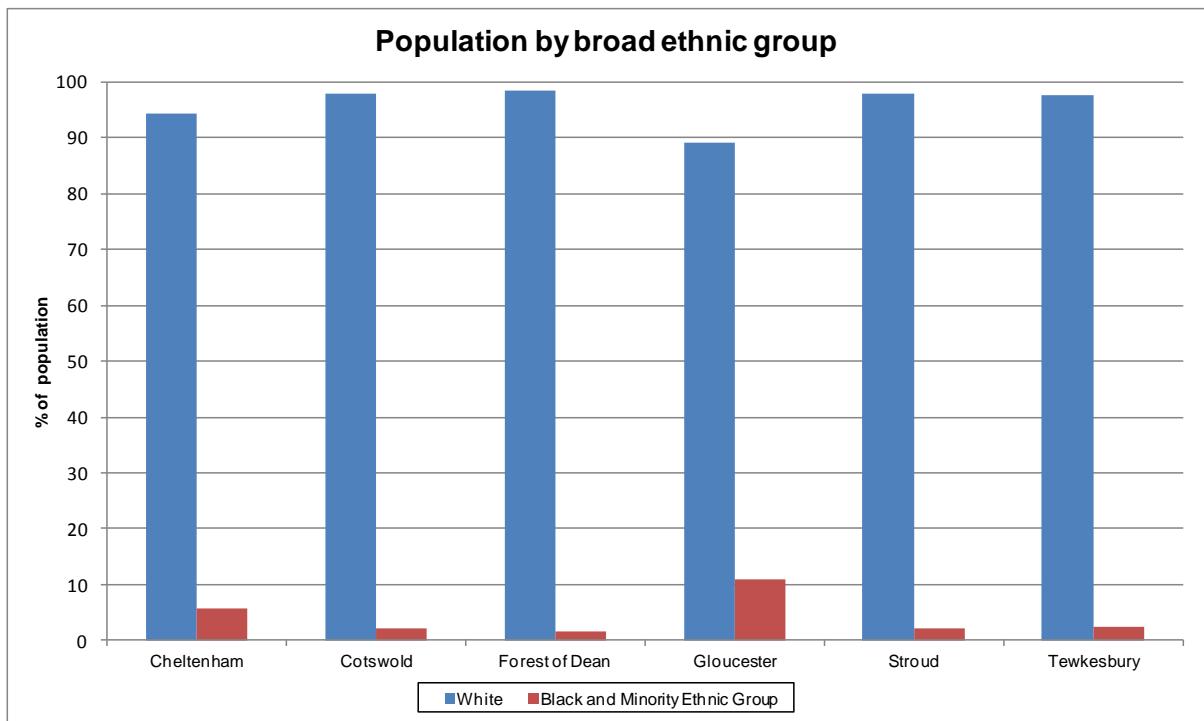


Figure 4: Population of Gloucestershire's districts by broad ethnic group 2011⁸

⁷ 2001 and 2011 Census, Office of National Statistics (Ethnic Group)

⁸ 2011 Census, Office for National Statistics, (Ethnic Group)

There is wide variation in the proportion of BME population at district level, with Gloucester and Cheltenham continued to have the largest proportions of BME and non-British White population in the county, accounting for 15.4% and 11.7% of the district's population respectively.

It is difficult to predict future patterns of immigration into 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 2013/14⁹. ONS long-range projections forecast that on current trends, net international migration (immigration minus emigration) to Gloucestershire will be 12,900 over the 25-year period of 2012-2037¹⁰.

It is likely that the future growth of the ethnic population in Gloucestershire will be increasingly accounted for by natural growth from within the domestic population, as it has a young age structure. 91.4% of the ethnic population are children and working-age in 2011, compared to 81.3% of the Gloucestershire population as a whole.

3.3 Deprivation

The 2010 Indices of Deprivation published by ONS are used throughout this document. Updated figures for 2015 are not due to be released until September 2015.

Although Gloucestershire benefits from a high standard of living, this wealth is not evenly distributed and pockets of deprivation do exist, particularly in the main urban areas and in some of the market towns.

The Index of Multiple Deprivation 2010¹¹ combines some thirty eight indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation.

Gloucestershire had eight areas amongst the most deprived 10% of areas in England in 2010¹². They were all located in Cheltenham and Gloucester districts as illustrated below and accounted for 12,700 residents amounting to 2% of the total population of the county.

⁹ Department for Works and Pension

¹⁰ 2012-Based Sub-national Population Projections, Office for National Statistics

¹¹ <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>

¹² *Ibid.*

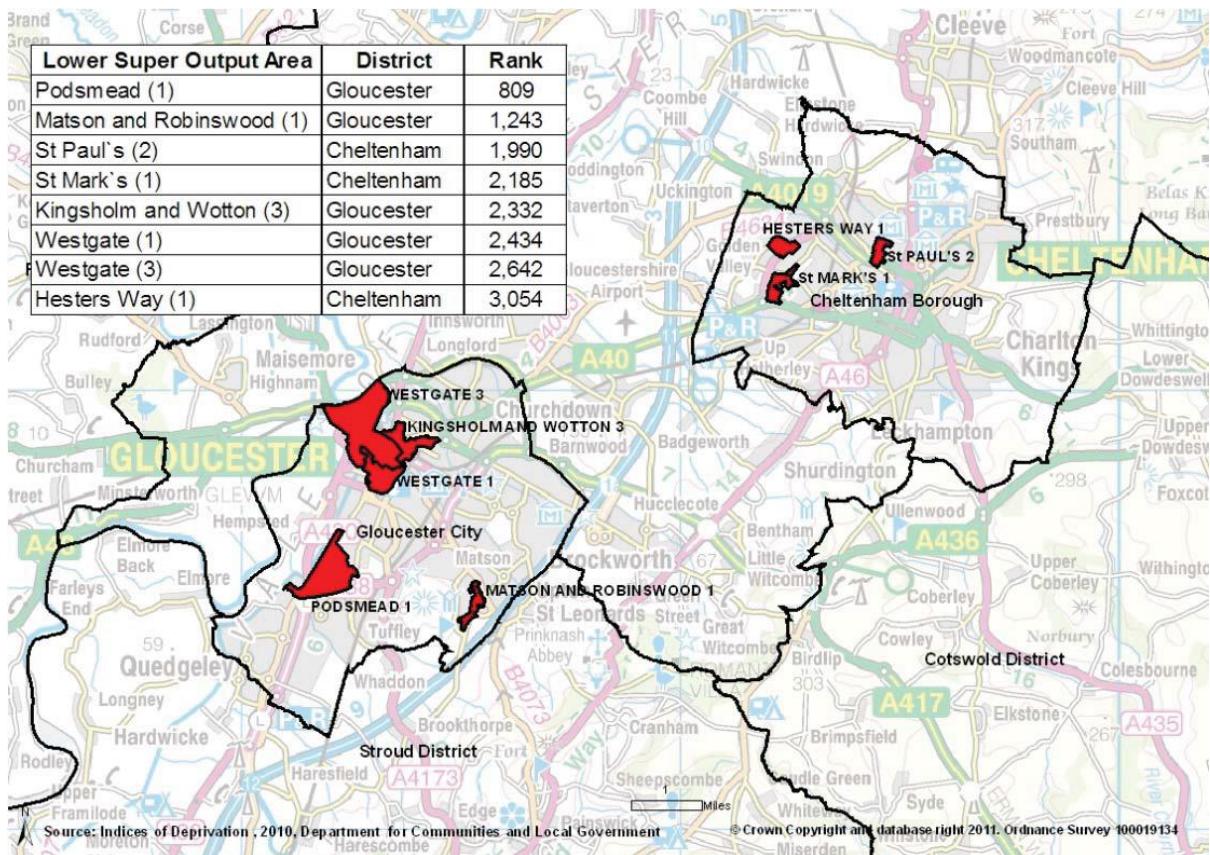


Figure 5: The eight LSOAs in Gloucestershire that fall within the most deprived 10% LSOAs in England in 2010

These eight neighbourhoods (2010) are the hotspots in terms of overall multiple deprivation and a greater proportion of residents in these areas will experience higher recorded crime rates, more low birth weight babies, higher rates of prevalence of heart disease and bronchitis, be more likely to leave school with no work, education or training destination, more likely to be dependent on Community and Adult Care services, have lower incomes, high unemployment rates and a poorer living environment compared to the rest of the county.

A further nineteen areas fall into the most deprived 20%. They tend to represent a wider range of hotspots located around the market towns and account for a further 29,600 residents comprising 5% of the total population of the county. Latest population estimates show the number of residents has increased to 30,100 but remains at 5% of the total population of the county.

In contrast, those areas in Gloucestershire that are amongst the least deprived 20% nationally account for almost a third of county's residents.

3.4 Life expectancy

3.4.1 Actual

Life expectancy at birth is one of the “overarching indicators” in the Public Health Outcomes Framework, and is an important indication of overall health outcomes. It represents the average number of years a person in a particular area would expect to live based on current mortality rates.

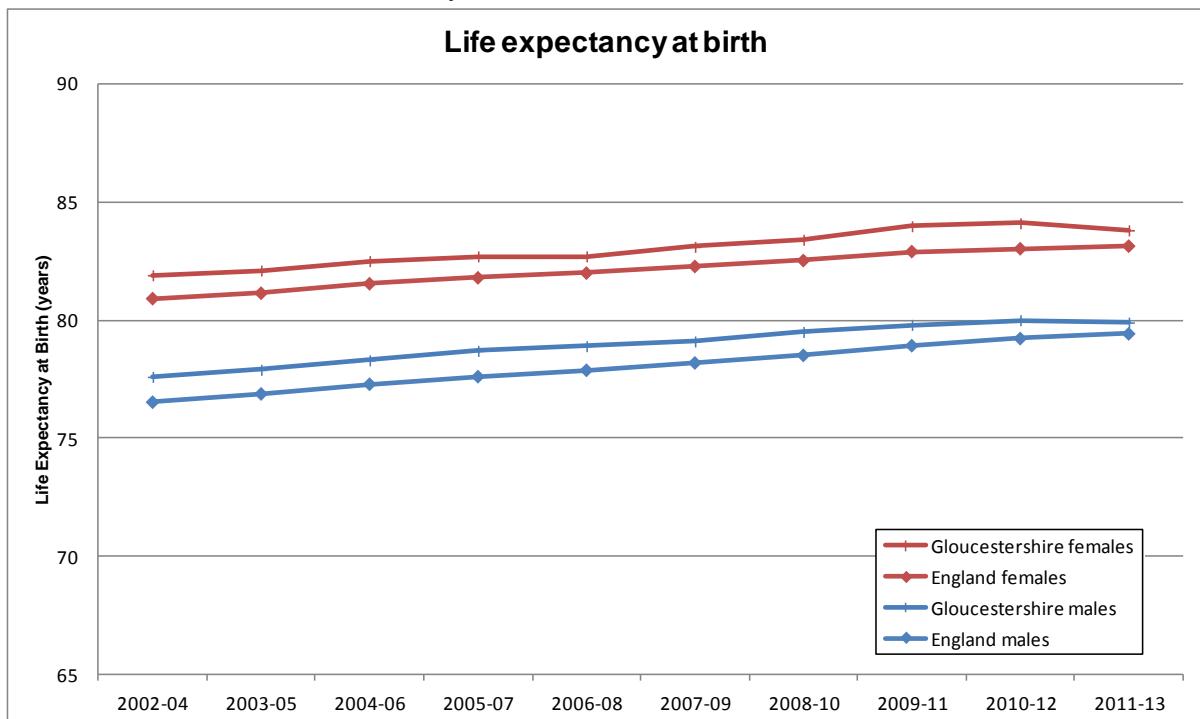


Figure 6: Life expectancy at birth (Note: y-axis does not start at 0 for comparison purposes)

Females in Gloucestershire can generally expect to live between 3 and 4 years longer than their male counterparts. Life expectancy for both men and women has been steadily increasing in the county over the past decade. Over this period, life expectancy has been around a year longer for Gloucestershire residents than the national average. The most recent data for 2011-13, suggests that this gap may be narrowing, but further data is needed to see if this trend is maintained.

3.4.2 Life Expectancy by Deprivation

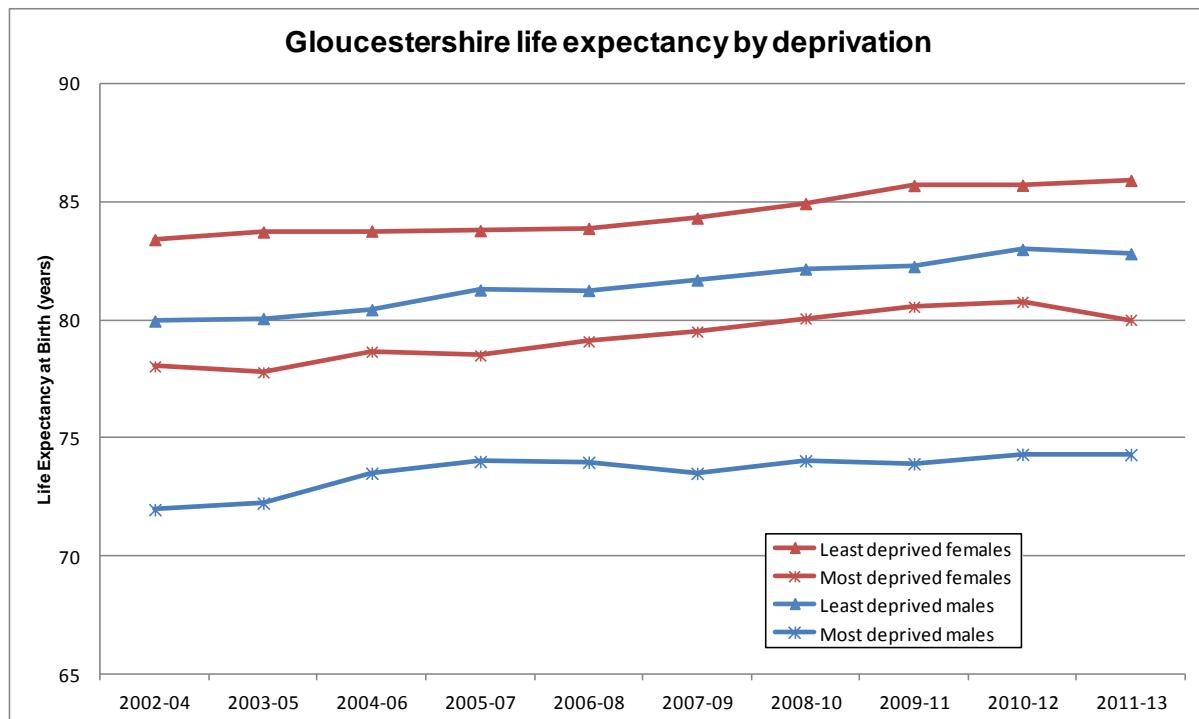


Figure 7: Gloucestershire life expectancy by deprivation (Note: y-axis does not start at 0 for comparison purposes)

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, the gap is 6.3 years. Over the past decade, both males and females, deprived and also un-deprived, have seen an increase in life expectancy. For both genders, this deprivation gap has widened slightly, suggesting that health inequalities are increasing.

3.5 Mortality

3.5.1 Leading causes of death

The three leading causes of death in Gloucestershire are cancer, cardiovascular disease (CVD), and respiratory disease, respectively¹³. This is consistent with the national picture.

¹³ End of Life Care http://www.endoflifecare-intelligence.org.uk/profiles/CCGs/Cause_of_Death/atlas.html

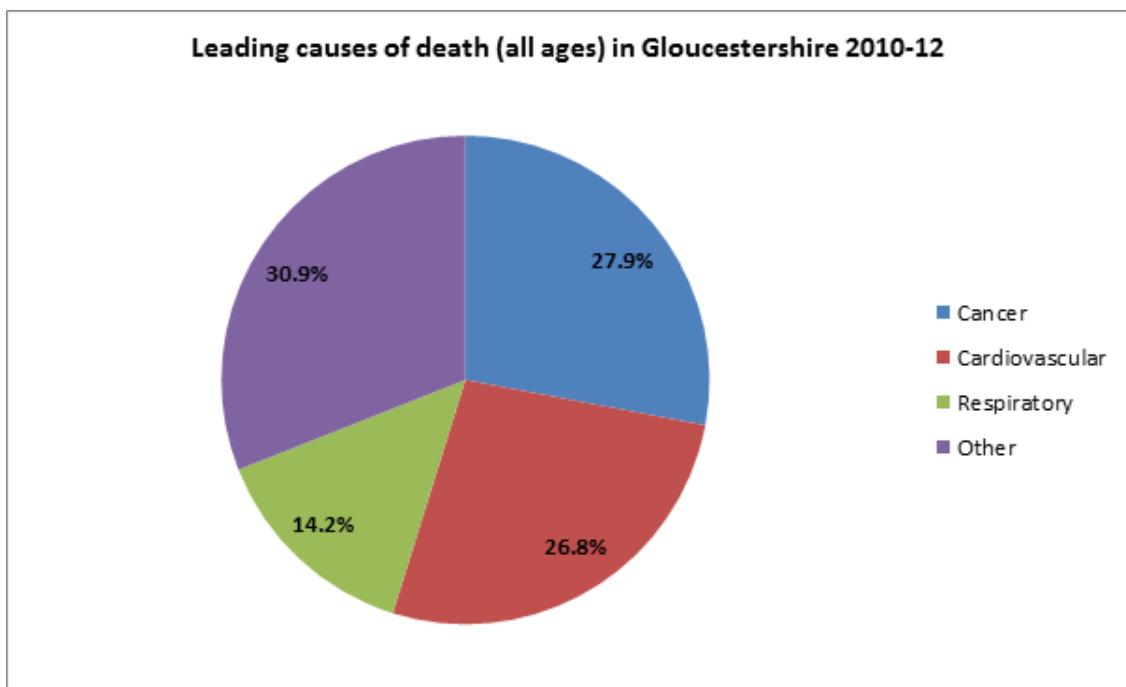


Figure 8: Leading causes of death (all ages) in Gloucestershire 2010-12

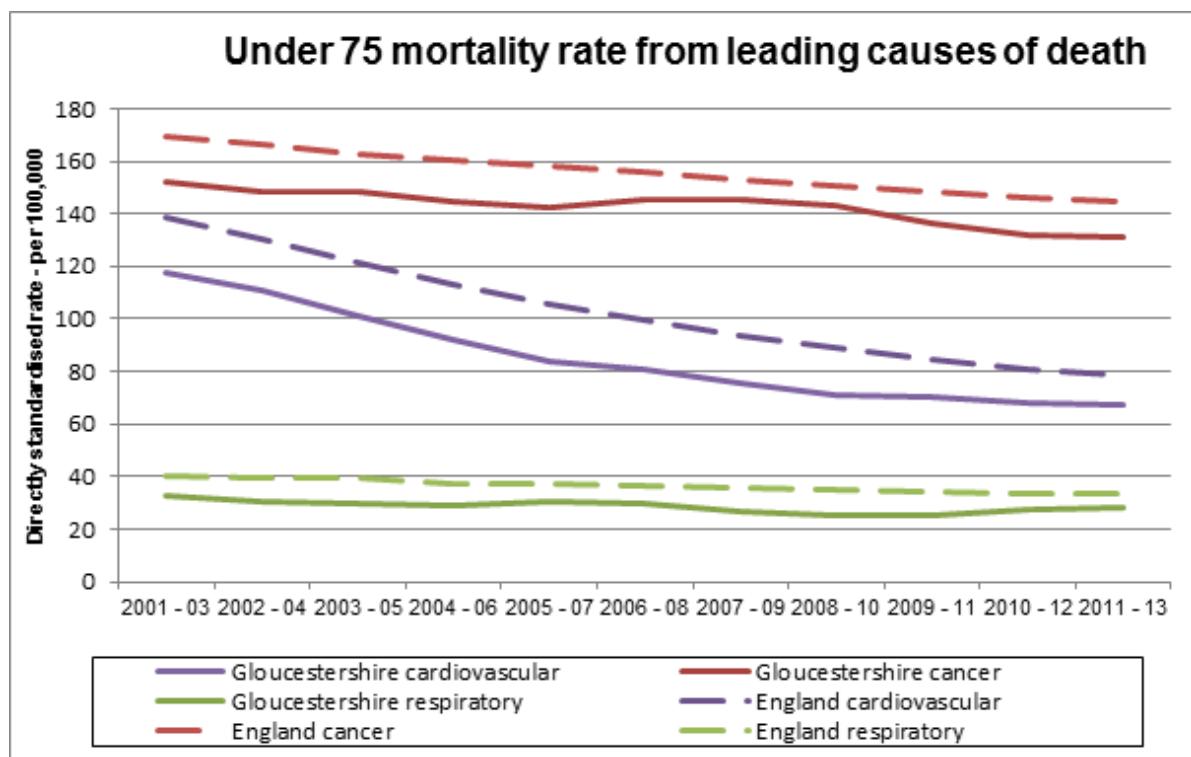


Figure 9: Under-75 mortality rate from leading causes of death.

For all three leading causes of death in the county, Gloucestershire consistently has a significantly lower rate than the national benchmark. Trend data shows that the county has seen a relatively sharp fall in early deaths from CVD over the last decade. Premature mortality from cancer has also declined, but not at the same rate. The rate of early deaths from respiratory diseases has remained relatively

static over the same period. In all cases, the trend in the county mirrors the national picture.

3.5.2 Excess winter deaths

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with colder weather. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population¹⁴. Research carried out by the Eurowinter Group¹⁵ and Curwen¹⁶ found that mortality during winter increases more in England and Wales compared to other European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.

Research from the Marmot Review Team¹⁷ argues cold housing has a dramatic impact on the excess winter death rate either caused by poorly insulated homes or because the occupier cannot afford to adequately heat their home. The indoor temperature of a home can affect an occupant's physical, mental and social health and wellbeing. Living in sub-optimal indoor temperatures may substantially increase the risk of respiratory (influenza, pneumonia and bronchitis) and cardiovascular (heart attacks and strokes) conditions. Due to prolonged periods of time occupants over the age of 85 spend in their homes, it is no surprise that the elderly are most at risk to excess cold.

¹⁴ ONS Statistical Bulletin: Excess Winter Mortality in England and Wales, 2011/12 (Provisional) and 2010/11 (Final) is <http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2011-12--provisional--and-2010-11--final-/ewm-bulletin.html>, Last Accessed 16/09/2013 (2) (3)

¹⁵ The Eurowinter group (1997) Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions in Europe. *The Lancet* 349, 1341-1346

¹⁶ Curwen M (1990/91) Excess winter mortality: a British phenomenon? *Health Trends* 4, 169-75 (4) Department of Health, Healthy lives, healthy people: Improving outcomes and supporting transparency, (23rd January 2012), accessed 15/05/13
at:<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> (5) Cold Weather Plan for England 2012
www.gov.uk/government/publications/cold-weather-plan-for-england-2012-published, Last Accessed 16/09/2013

¹⁷ The Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty. Available at http://www.foe.co.uk/resource/reports/cold_homes_health.pdf

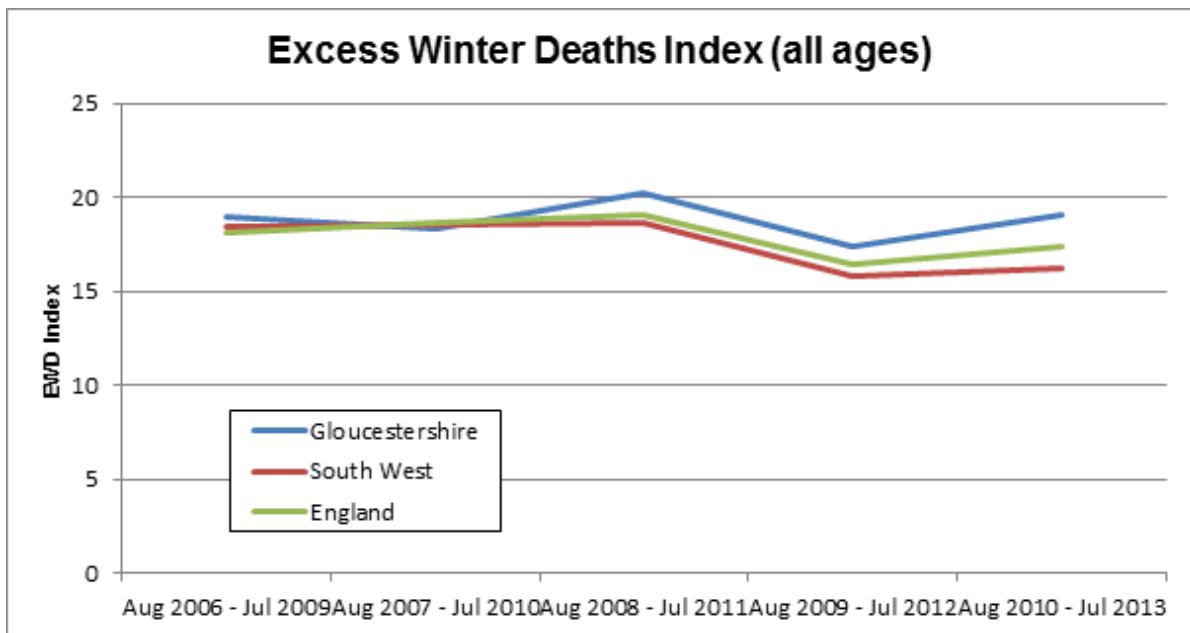


Figure 10: Excess Winter Deaths Index (all ages)

The rate of excess winter deaths in the county fluctuates in a similar pattern to the national and regional benchmarks, and this pattern is dictated by the severity of the winters. Whilst the local rate is starting to slowly move away from the benchmarks, statistically this deviation is not yet significant.

3.6 Economy

3.6.1 Global economy¹⁸

The UK economy has been recovering at a relatively strong rate since early 2013, although there were signs of a slight slowdown in growth in late 2014 due to problems in the Eurozone and other geopolitical uncertainties. This growth has been driven primarily by services over the past five years but manufacturing and construction have also been on an upward trend since early 2013 despite some slowdown in late 2014.

The UK economy is still growing, but at a much slower rate in the first quarter of 2015 than at the end of 2014 which is thought to be due to a slower service sector, a shrinking construction industry, and a slight squeeze on industrial production caused by lower oil and gas prices.

The services sector is likely to remain the main engine of UK growth for both output and employment. However, manufacturing and construction growth

¹⁸ UK Economic Outlook March 2015. <http://www.pwc.co.uk/the-economy/publications/uk-economic-outlook/index.jhtml>

although slowing recently, should remain positive contributors to overall UK growth in 2015-16.

3.7 Gloucestershire economy

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.

The total output of the Gloucestershire economy was approximately £14 billion¹⁹ in 2013, representing 12% of the value of output in the South West and 1% of the UK economy. According to latest figures, Gross Added Value (GVA) per head in Gloucestershire was £23,269, on a par with the UK (£23,755) but above the South West average (£21,163).

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 reflected in 2014 by an employment rate of 78%²⁰, well above the national average of 72%. The corresponding unemployment rates have consequently reduced. Although worklessness may be less of a challenge than in other parts of the country there are however, still issues at county level that relate to youth unemployment and long term unemployment. Further details can be found in section 7.9

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 regional and national level. Attrition rates (the number of people that commute to work outside of the county) are notably low with 88% of residents in Gloucestershire also working in the county.

Gloucestershire enjoys entrepreneurial and innovative business strengths as reflected by a comparatively high proportion of business births and very high business survival rates. Examples are companies such as GE Aviation, Messier-Bugatti-Dowty, Renishaw, Ultra Electronics, Bottlegreen Drinks Co, Watts Group,

¹⁹ Regional Gross Value Added (Income Approach) NUTS3 Tables, Workplace based GVA1,2 NUTS3 at current basic prices. ONS <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-339598>

²⁰ Annual Population Survey 2011-2014 ONS Crown Copyright Reserved (Nomis)

Supergroup and Green Fuels. The county also ranks highly in terms of the proportion of employment in 'export intensive' sectors including both manufacturing and tradable services.

Manufacturing and health are significant sectors in the county. Other major sectors include public administration and defence (including GCHQ), education, construction and retail.

High future employment growth is predicted in the health, business administration and support services, construction, and accommodation and food services while high rates of GVA growth are forecast in ICT, property and business services (all key aspects of the knowledge-intensive service sector). The manufacturing sector is also forecast to grow and is expected to continue to be significant in terms of economic output relative to the rest of the UK.

The Gloucestershire Local Economic Partnership 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. These sectors include the nuclear-based power generation industry, high tech manufacturing particularly relating to Aerospace and precision engineering and medical instruments and also knowledge intensive services such as the finance and insurance sectors; the ICT sector (particularly digital media) and businesses in professional, scientific and technical activities.

There are also a number of other sectors that will be important in terms of maintaining high rates of employment in the labour market including: agriculture, construction, retail, tourism and leisure, health, education and public administration.

Maintaining economic growth in light of global and local issues such as the ageing workforce, retention of young qualified people, skill shortages in certain sectors and matching of skill supply and demand within a highly influential global activity will present many challenges to future economy of Gloucestershire.

3.8 Protected characteristics

The Equality Act 2010²¹ legally protects people from discrimination in the workplace and in wider society. The Act identifies nine 'protected characteristics' or groups that are covered by the legislation: *Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race and Ethnicity, Religion & Belief, Sex, Sexual Orientation*. Some aspects of these groups such as *Age, Disability, Race and Ethnicity* are covered in other sections.

²¹ The Stationery Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>
Accessed 15/04/2015.

Equality information about the Gloucestershire population as well as our service users and workforce can be found on the County Council website²²:

3.8.1 Age

Age influences other 'protected characteristics', with certain age groups having different characteristics to the population as a whole²³.

- Older people are significantly more likely to be disabled
- A higher proportion of 0-19 year olds are from BME groups
- Females account for a larger proportion of older people than men
- Older people are more likely to have been widowed, and consequently are more likely to be living alone
- Older people are more likely to practice Christianity.

The age of an individual, combined with additional factors including other 'protected characteristics' may affect their health and social care needs.

Individuals may also experience discrimination and inequalities because of their age. A report by the European Social Survey²⁴ suggests age discrimination is the most common form of prejudice experienced in the UK, with 28% respondents saying they had experienced prejudice based on age.

For information about changes in Gloucestershire's age profile and projections please see section 3.2.1

3.8.2 Disability

For further information about disability please see section 6.2.

3.8.3 Gender Reassignment

Gender reassignment is defined by the Equality Act 2010²⁵ as a person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This means an individual does not need to have undergone any treatment or surgery to be protected by law.

There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity

²² Equality information and analysis, Gloucestershire County Council

<http://www.goucestershire.gov.uk/article/112269/Information-and-analysis>

²³ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

²⁴ European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey

http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf Accessed 17/04/2015.

²⁵ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

Research and Education Society estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population²⁶. By applying the same proportions to Gloucestershire's adult population²⁷, we can estimate that there may be somewhere between 2,900 and 4,700 adults in the county that are experiencing some degree of gender variance.

National research suggests individuals with some degree of gender variance experience discrimination and marginalisation in a number of ways that impacts on wider factors such as education, housing and perceptions and experiences of crime and violence. They have also demonstrated higher levels of health risk behaviours, such as smoking and drug and alcohol use, as well as higher levels of self-harm²⁸.

3.8.4 Marriage and Civil Partnerships

The Equality Act 2010²⁹ protects individuals who are in a civil partnership, or marriage, against discrimination.

In 2011, 50.2% of people aged 16 and above in Gloucestershire were married, Figure 11 shows this was higher than the regional and national average. The proportion of people in a registered same sex civil partnership in Gloucestershire stood at 0.3%, which was in line with the national and regional averages.

²⁶ Gender Identity Research and Education Society, The Number of Gender Variant People in the UK <http://www.gires.org.uk/assets/Research-Assets/Prevalence2011.pdf> Accessed 07/04/2015.

²⁷ ONS, Mid Year Estimates 2013 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-322718> Accessed 15/04/2015.

²⁸ Public Health England, The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document. <http://lgbt.foundation/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/> Accessed 22/04/2015.

²⁹ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

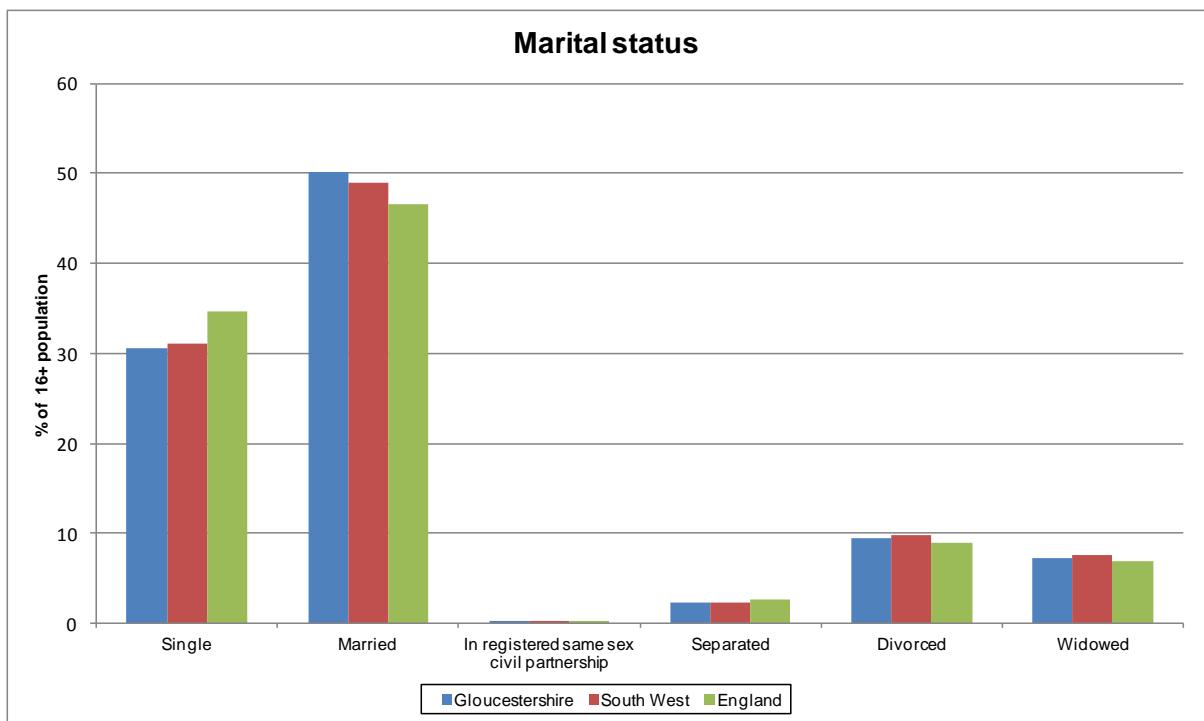


Figure 11: Percentage of the 16+ population by marital status, 2011³⁰

Evidence suggests being married is associated with better mental health. There is less evidence on the benefits of being in a civil partnership; however, it is likely the benefits will also be experienced by people in similarly committed relationship such as civil partnerships³¹.

3.8.5 Pregnancy and maternity

The Equality Act³² protects women who are pregnant, have given birth in the last 26 weeks (non work context) or are on maternity leave (work context) against discrimination in relation to their pregnancy.

In 2013 there were 6,554 live births in Gloucestershire³³. Figure 12 shows the largest number of live births was among the 25-34 year old age groups, illustrating the trend of later motherhood. This is also the age when the employment rate for women is at its highest. Births to mothers aged 35 and over

³⁰ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

³¹ Department of Health, NO HEALTH WITHOUT MENTAL HEALTH: A cross-Government mental health outcomes strategy for people of all ages - Analysis of the Impact on Equality (AIE) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf Accessed 20/04/2015

³² The Stationery Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

³³ ONS, Live Births by Area of Usual Residence, 2013 <http://www.ons.gov.uk/ons/rel/vsob1/births-by-area-of-usual-residence-of-mother--england-and-wales/2013/index.html> Accessed 20/04/2015.

account for a slightly higher proportion of total births in Gloucestershire than they do nationally. Conversely births to mothers under the age of 25 make up a lower proportion of total births.

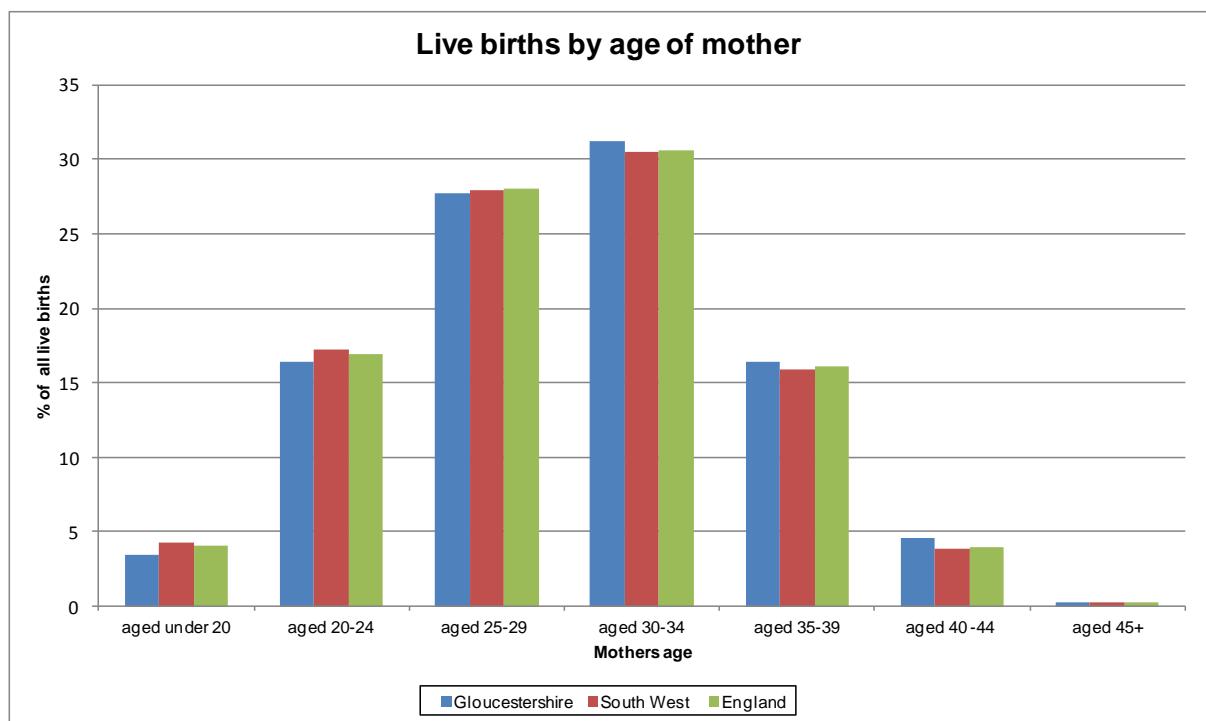


Figure 12: Live births by age of mother, 2013³⁴

3.8.6 Race and Ethnicity

Ethnicity is an important issue because, as well as having specific needs relating to language and culture, research has found people from Black and Minority ethnic groups are more likely to have lower incomes, gain lower levels of education qualifications, have higher rates of unemployment and experience poorer health³⁵. Individuals may also experience discrimination and inequalities because of their ethnicity. A report by the European Social Survey suggests 15% of respondents in the UK had experienced prejudice based on ethnicity³⁶.

³⁴ *Ibid.*

³⁵ The University of Manchester in Association with the Runnymede Trust, Local Ethnic Inequalities - Ethnic Differences in Education, Employment, Health and Housing in Districts of England and Wales, 2001-2011 <http://www.runnymedetrust.org/uploads/Inequalities%20report-final%20v2.pdf> Accessed 22/04/2015.

³⁶ European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf Accessed 17/04/2015.

For information about Gloucestershire's BME groups please see section 3.2.3

3.8.7 Religion and Belief

In 2011, 63.5% of residents in Gloucestershire reported they are Christian, making it the most common religion. This is followed by 'no religion' which accounts for 26.7% of the total population³⁷.

Figure 13 shows Gloucestershire has a higher proportion of people who are Christian or have no religion than the national average. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.

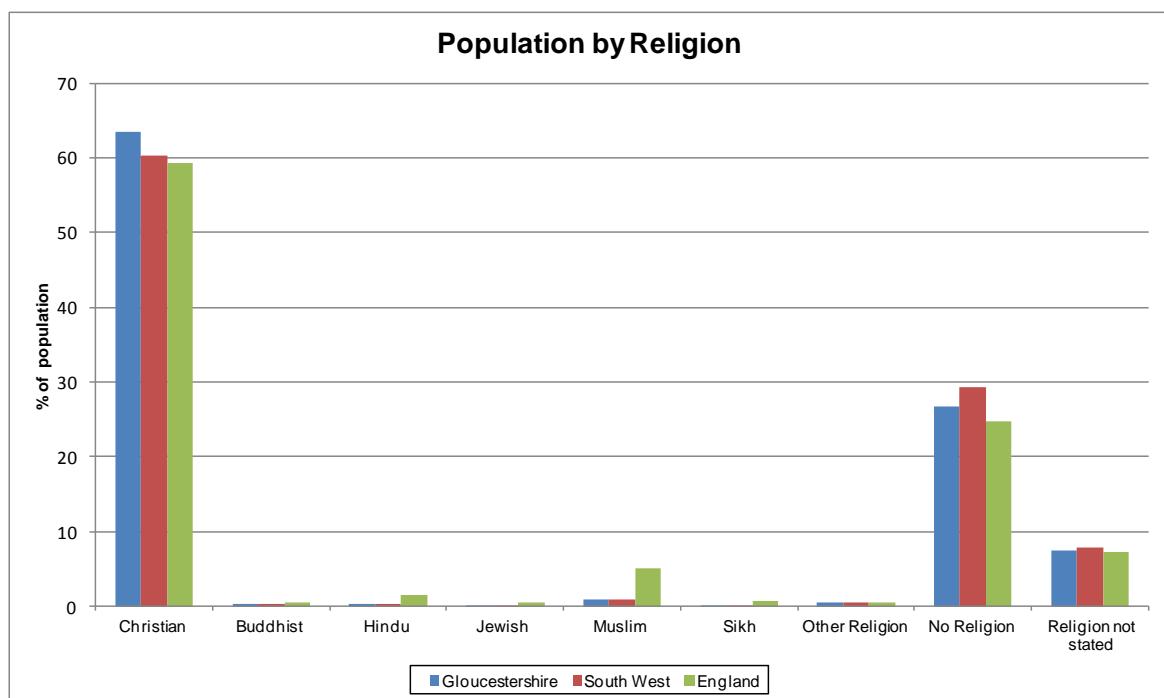


Figure 13: Percentage of the population by Religion, 2011³⁸

3.8.8 Gender

The overall gender split in Gloucestershire is slightly skewed towards females, with males making up 49.1% of the population and females accounting for 50.9%³⁹. This situation is also reflected at district, regional and national level.

As age increases females outnumber males by an increasing margin, something which is also observed at district, regional and national level. These gender differences, have resulted in the majority of single pensioner households being

³⁷ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

³⁸ *Ibid.*

³⁹ ONS, Mid Year Estimates 2013 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-322718> Accessed 15/04/2015.

headed by a woman⁴⁰. Females are also more likely to head lone parent households with dependent children. In Gloucestershire 89.9% of such households are headed by women, a figure which is in line with the national average⁴¹.

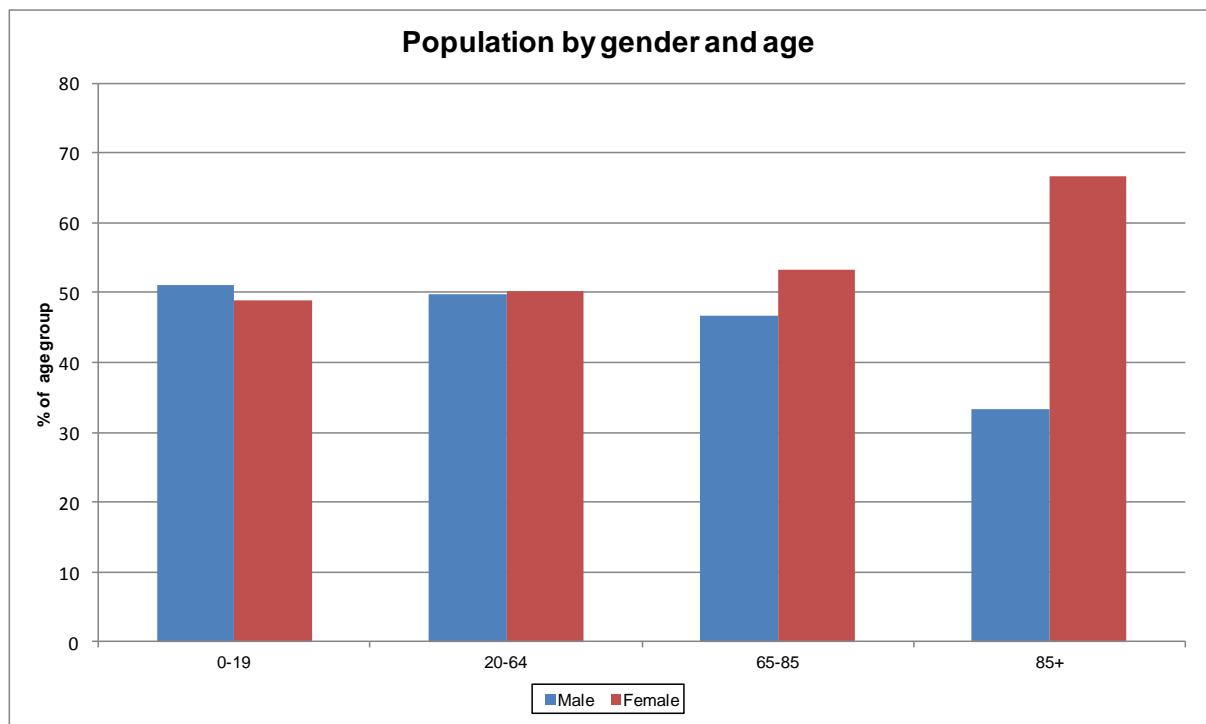


Figure 14: Gloucestershire's population by gender and broad age groups, 2013⁴²

The gender of an individual, combined with additional factors such as living alone, may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their gender. A report by the European Social Survey found 24% of respondents had experienced prejudice based on gender⁴³. Discrimination on the grounds of gender was reported by more respondents than discrimination based on ethnicity.

3.8.9 Sexual Orientation

The 'protected characteristic' of Sexual Orientation refers to those individuals who are attracted to those of the opposite sex, the same sex or either sex⁴⁴.

⁴⁰ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

⁴¹ *Ibid.*

⁴² ONS, Mid Year Estimates 2013 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-322718> Accessed 15/04/2015.

⁴³ European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey

http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf Accessed 17/04/2015.

⁴⁴ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>

There is no definitive data on sexual orientation at a local or national level. A number of studies have attempted to provide estimates for the proportion of people who may identify as lesbian, gay or bisexual, generating a range of different results.

Estimates used by the Government Treasury, and quoted by Stonewall, suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual⁴⁵. If this figure was applied to Gloucestershire it would mean somewhere between 24,900 and 34,800 people in Gloucestershire are Lesbian, Gay or Bisexual⁴⁶.

However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.5% of people aged 16 and over⁴⁷. If this figure was applied to Gloucestershire it would mean there were around 8,000 Lesbian, Gay and Bisexuals in the county⁴⁸. Results from the Integrated Household Survey can also be broken down by age. There are some noticeable differences, with 2.7% of those aged 16-24 identifying themselves as Gay, Lesbian or Bisexual, compared with only 0.4% of those aged 65 and over⁴⁹.

National research suggests lesbian, gay and bisexual people experience discrimination and marginalisation in a number of ways that impacts on wider factors such as education, housing and perceptions and experiences of crime and violence. Lesbian, gay and bisexual communities have been found to demonstrate higher levels of health risk behaviours, such as smoking and drug and alcohol use, as well as higher levels of self-harm. Life expectancy for lesbian, gay, bisexual people is also lower than average⁵⁰.

For further information about the protected characteristics please see our population profile, which can be found here:

<http://www.goucestershire.gov.uk/inform/index.cfm?articleid=110774>

Accessed 15/04/2015.

⁴⁵ Stonewall (2009) How many lesbian, gay and bisexual people are there?

http://www.stonewall.org.uk/at_home/sexual_orientation_faqs/2694.asp Accessed 20/04/2015

⁴⁶ ONS, Mid Year Estimates 2013 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-322718> Accessed 15/04/2015.

⁴⁷ Integrated Household Survey, January to December 2011: Experimental Statistics

<http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2013/stb-intergrated-household.html> Accessed 12/11/2014

⁴⁸ ONS, Mid Year Estimates 2013

⁴⁹ Integrated Household Survey, January to December 2011: Experimental Statistics

<http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2013/stb-intergrated-household.html> Accessed 05/05/2015.

⁵⁰ Public Health England, The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document. <http://lgbt.foundation/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/> Accessed 22/04/2015.

3.9 Community Voice

3.9.1 *Healthwatch Gloucestershire*

Healthwatch is the only body looking solely at people's experience across all health and social care, and is uniquely placed as a network, with a local Healthwatch in every local authority area in England.

Healthwatch Gloucestershire has three main functions:

- To gather people's views and experiences of health and social care and use them to influence those who commission and provide services, helping them to be more responsive to what matters to service users and the public and to enable the design of services around needs
- To provide the public with information and signposting to help them make informed choices about their health and social care needs
- To provide access to the Independent Health Complaints Advocacy Service, who provide free, confidential support to people who need help to make a complaint about NHS services they have received. They also refer people to specialist support organisations for social care.

Healthwatch Gloucestershire has a statutory seat on the Health and Wellbeing Board and should use this influence to highlight patient and public experience of health and social care. Feedback is used to inform the JSNA and development of services locally.

The 2014/15 annual report from Healthwatch Gloucestershire has been published and can be found [here](#).

3.10 Gloucestershire summary benchmarking indicators

This is a summary of Gloucestershire's performance for a set of health and community indicators comparing ourselves with the South West region and England as a whole. We have not included comparisons with other groups of statistical neighbours for reasons of simplicity so this should not necessarily be taken as assessment of how well Gloucestershire performs.

Table 4: Gloucestershire summary benchmarking indicators⁵¹

Indicator	Period	Gloucestershire	South West	England
Public Health Outcomes Framework				
1.01ii - Children in poverty (under 16s)	2012	13.8%	15.1%	19.2%
1.05 - 16-18 year olds not in education employment or training	2013	4.8%	5.2%	5.3%
1.16 - Utilisation of outdoor space for exercise/health reasons	Mar 2013 - Feb 2014	18.0%	22.2%	17.1%
1.18i - Social Isolation: % of adult social care users who have as much social contact as they would like	2013/14	46.2%	45.0%	44.5%
2.06i - Excess weight in 4-5 year olds	2013/14	24.7%	23.5%	22.5%
2.06ii - Excess weight in 10-11 year olds	2013/14	32.1%	31.0%	33.5%
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2013/14	98.1 per 10,000	110.6 per 10,000	112.2 per 10,000
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2013/14	141.2 per 10,000	147.0 per 10,000	136.7 per 10,000
2.12 - Excess Weight in Adults	2012	63.8%	62.7%	63.8%
2.13i - Percentage of physically active adults	2013	57.9%	58.0%	56.0%
2.13ii - Percentage of inactive adults	2013	26.2%	27.3%	28.3%
2.18 - Alcohol related admissions to hospital (Persons)	2012/13	655 per 100,000	618 per 100,000	637 per 100,000
4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)	2011-2013	67.2 per 100,000	67.1 per 100,000	78.2 per 100,000

⁵¹ Public Health Outcomes Framework and Adult Social Care Outcomes Framework

Indicator	Period	Gloucestershire	South West	England
4.5 under 75 mortality rate from cancer	2011-2013	130.9 per 100,000	134.3 per 100,000	144.4 per 100,000
4.7 Under 75 mortality rate from respiratory diseases	2011-2013	28.1 per 100,000	26.8 per 100,000	33.2 per 100,000
4.10 - Suicide rate (Persons)	2011-13	11.5 per 100,000	10.1 per 100,000	8.8 per 100,000
		0.753 average health status score	0.750 average health status score	0.726 average health status score
4.13 - Health related quality of life for older people	2012/13			
4.16 Estimated diagnosis rate for people with dementia		no data	no data	no data
Adult Social Care Outcomes Framework				
ASCOF, 1A - Social care-related quality of life	2013/14	19.5	19.2	19
ASCOF, 1D -Carer-reported quality of life	2013/14	7.7	8.2	8.1
ASCOF, 3D - Proportion of people who use services and carers who find it easy to find information about services	2013/14	81.7%	76.8%	74.5%
ASCOF, 2A(2) - Permanent admissions to residential and nursing care homes, per 100,000 population aged 65+	2013/14	800.1	638	650.6
ASCOF, 2B(1) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	2013/14	70.4%	79.6%	82.5%
ASCOF, 2B(2) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	2013/14	3.7	3.8	3.3
ASCOF, 2C(1) - Total delayed transfers of care per 100,000 aged 18+	2013/14	3.3	11.7	9.6
Children's Indicators				
Indicator	Period	Gloucestershire	Average of Statistical Neighbours	England
Rate of children per 10,000 population subject to a Child Protection Plan	2013/14	35.4	40.3	42.1
Compared with benchmark		Better	Similar	Worse
		Lower	Similar	Higher
				Not compared

4. Getting the right start in life

4.1 About this section

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

4.2 Maternity

4.2.1 *Smoking in pregnancy*

Smoking in pregnancy has detrimental effects on both the health of the mother and the growth and development of the baby. Smoking during pregnancy is associated with serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

Encouraging pregnant women to stop smoking during pregnancy and to remain as non-smokers after the birth also has longer term health benefits for both mother and child, such as reduced childhood exposure to secondhand smoke.

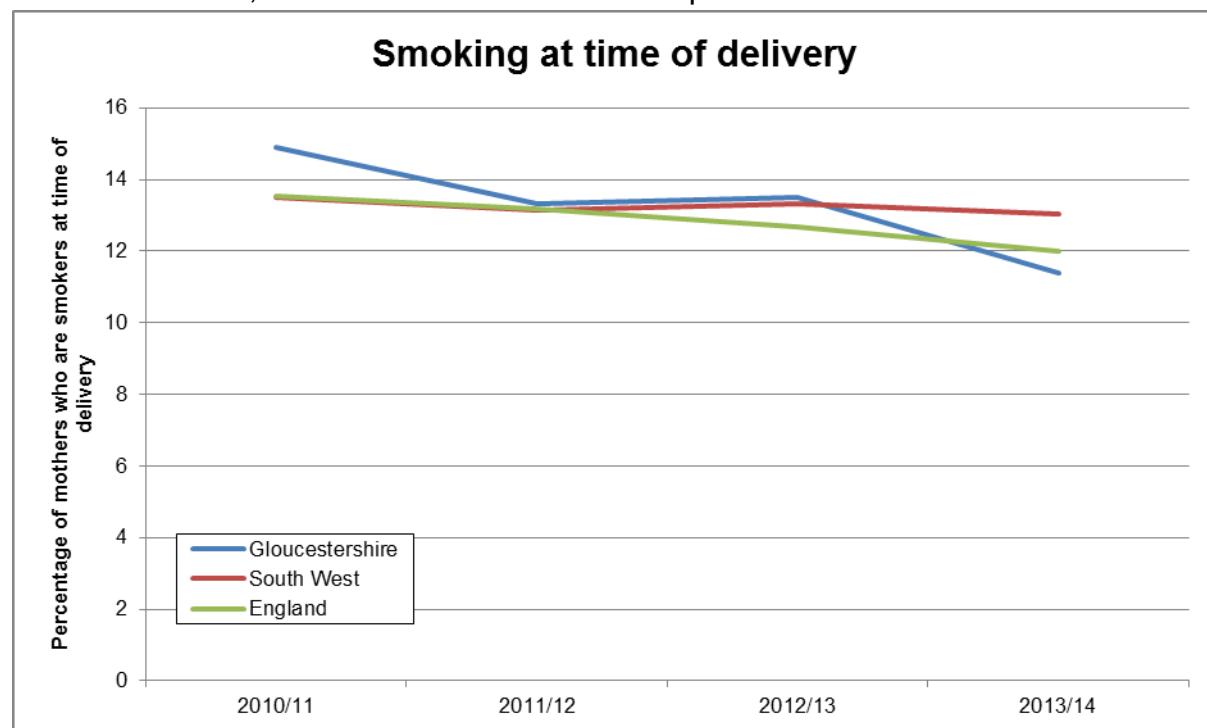


Figure 15: Smoking at the time of delivery 2010/11 – 2013/14

Smoking at time of delivery is generally in decline in Gloucestershire, and is currently below the national and regional rates⁵².

4.2.2 *Low birth weight*

Low birth weight increases the risk of childhood mortality and of developmental problems for the child. It is also associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with maternity services.

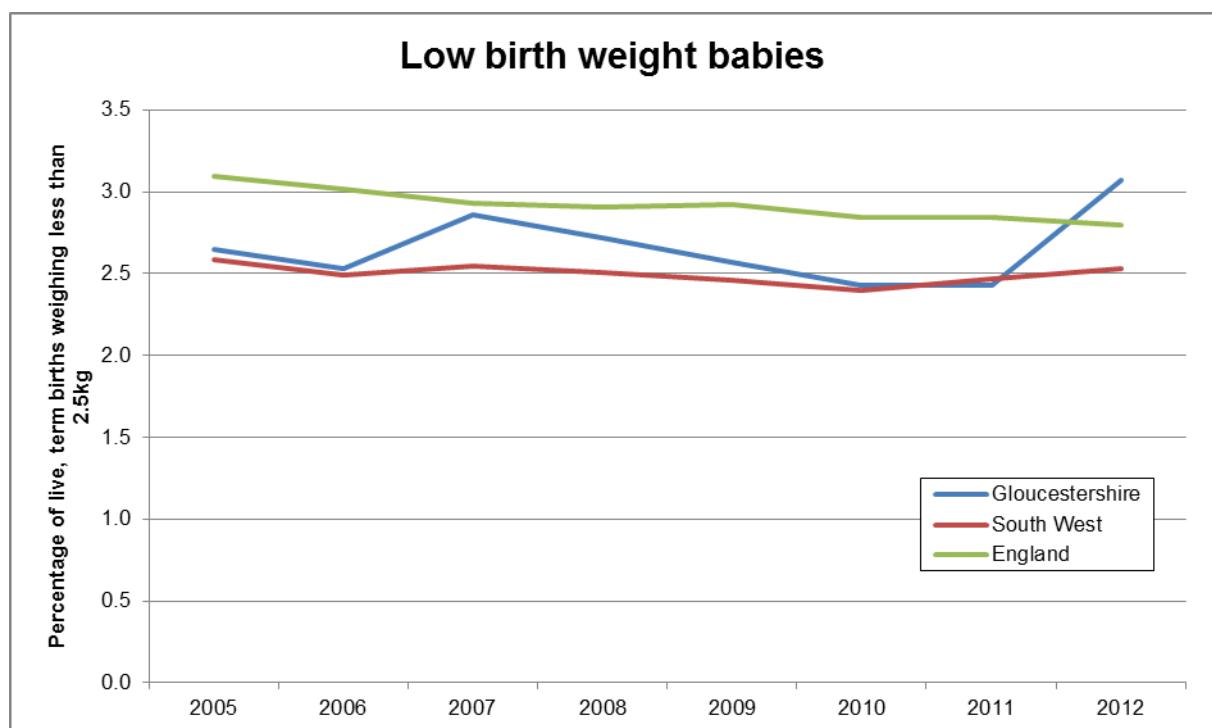


Figure 16: Low birth weight babies 2005-2012.

Low birth weight births in Gloucestershire have generally been at a fairly consistent rate since data recording began in 2005, and have been in line with the regional and county benchmarks. There appears to have been a rise in 2012, and this will be monitored accordingly to see if the upward trend continues⁵³.

4.2.3 *Breast feeding*

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the

⁵² Public Health Outcomes Framework <http://www.phoutcomes.info/>

⁵³ *Ibid.*

mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

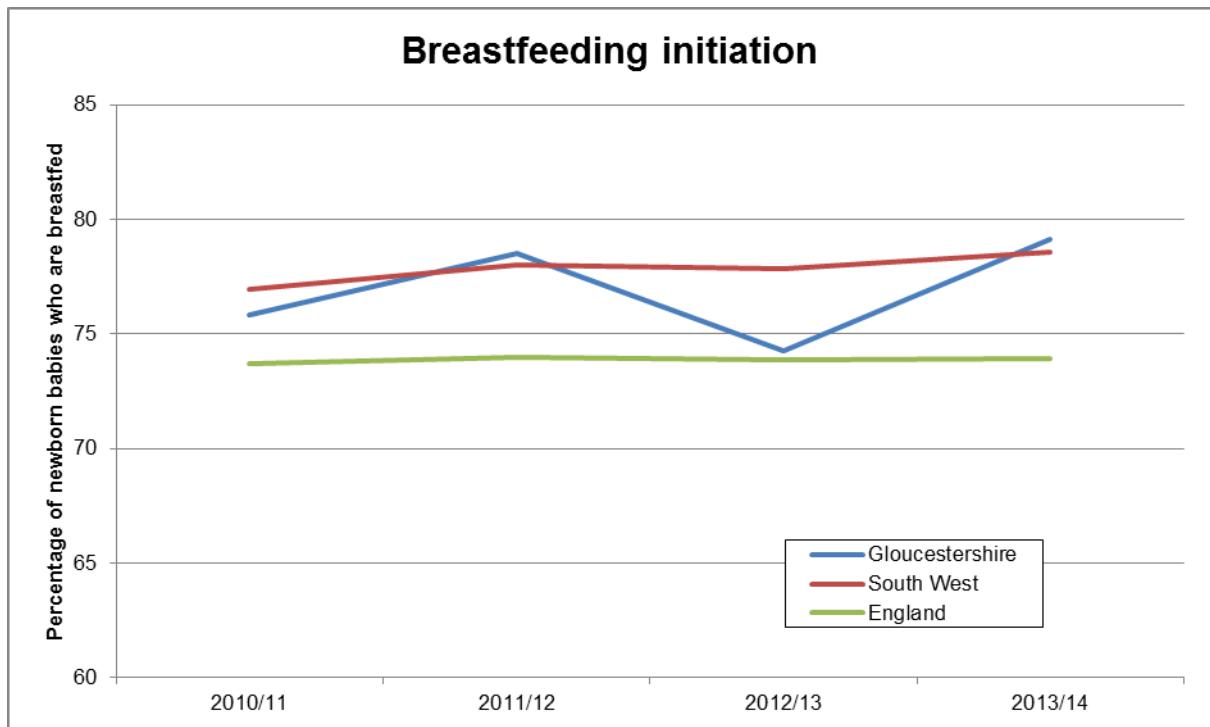


Figure 17: Breastfeeding initiation 2010/11 – 2013/14. Note: y-axis does not start at 0 for comparison purposes.

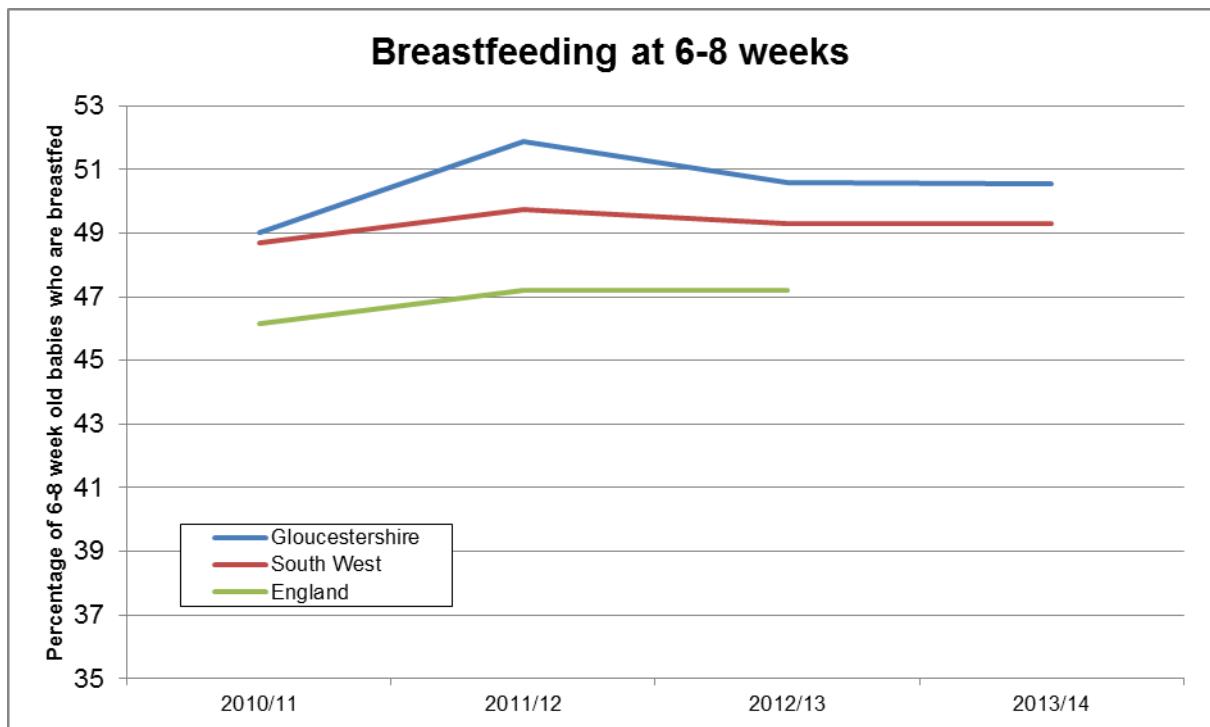


Figure 18: Breastfeeding at 6-8 weeks 2010/11-2013/14 Note: y-axis does not start at 0 for comparison purposes. Note: national data not yet available for 2013/14.

Breastfeeding rates across Gloucestershire are fairly static. Initiation rates are in line with the regional benchmark, and above the national benchmark. Statistics indicate Gloucestershire mothers are more likely to continue breastfeeding until at least 6-8 weeks than their regional and national counterparts⁵⁴.

4.2.4 Sexual health - Teenage pregnancies

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children⁵⁵.

Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems⁵⁶.

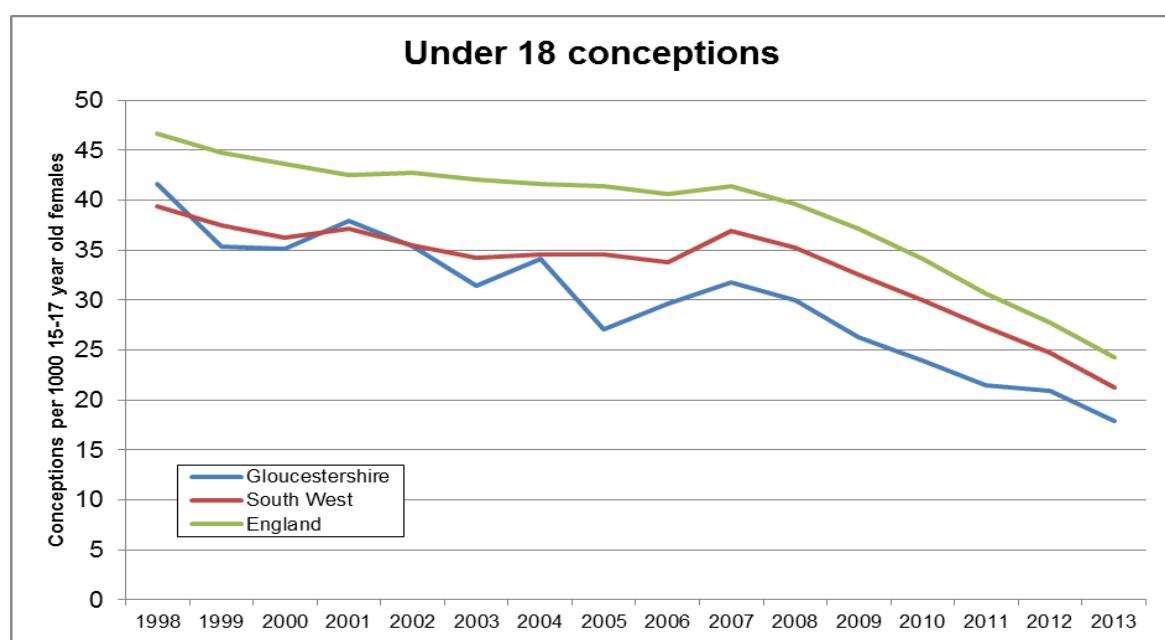


Figure 19: Under 18 conceptions 1998-2013

⁵⁴ *Ibid.*

⁵⁵ Local Government Association, Tackling Teenage Pregnancy, 2013, http://www.local.gov.uk/c/document_library/get_file?uuid=9f5ef790-eee2-422d-851c-6eb5c3562990&groupId=10180

⁵⁶ *Ibid*

Under 18 conception rates have more than halved in Gloucestershire since the 1998 recording baseline. They remain below the regional and national benchmarks⁵⁷.

4.2.5 Sexual health – Chlamydia screening

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

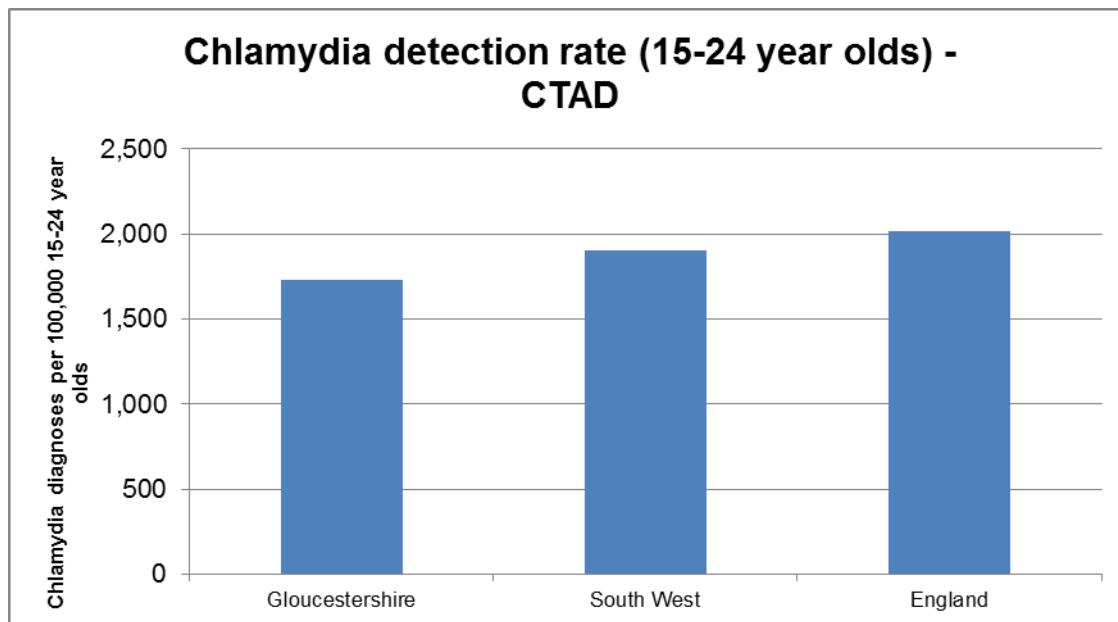


Figure 20: Chlamydia detection rate (15-24 year olds – CTAD). Note: No time-series data currently available due to change of recording system

Chlamydia detection rates in Gloucestershire are currently below the regional and national benchmarks⁵⁸. It should be noted that this does not necessarily mean that we have a lower rate of young people with Chlamydia; it could be related to the proportion of people screened.

4.3 Maintaining a healthy weight – childhood

The UK is experiencing an epidemic of obesity affecting both adults and children. The Health Survey for England (HSE) found that among boys and girls aged 2 to 15, the proportion of children who were classified as obese increased from 11.7 per cent in 1995 to 16.0 per cent in 2010, peaking at 18.9 per cent in 2004.

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking

⁵⁷ Public Health Outcomes Framework <http://www.phoutcomes.info/>

⁵⁸ Public Health Outcomes Framework <http://www.phoutcomes.info/>

child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age⁵⁹⁶⁰⁶¹. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Locally and nationally, children are more likely to be overweight in year 6 rather than reception. Over the past 8 school years, excess weight levels for Gloucestershire reception children have fluctuated slightly, but have generally remained slightly less than 25%. This is generally slightly above the national average. For the same time period overweight levels for Gloucestershire year 6 children have risen slowly from 30% to around 32%. This has been consistently below the England average for this age group.

Gloucestershire's Online Pupil Survey⁶² found that the 76% of pupils ate breakfast regularly every morning or usually every morning) in 2014; this is similar to 2012 (74%) and 2010 (75%). The number of pupils who eat breakfast declines as pupils get older. Girls consistently eat breakfast less frequently than boys. Only 64% of girls in Year 10 usually eat breakfast compared to 89% in Year 4. At secondary school, 17% of boys report never or not often eating their breakfast, compared to 30% of girls.

34% of pupils report having 3 or more snacks every day (e.g. sweets, chocolate, biscuits and crisps), this is similar to 2012 (35%) and decreased slightly since 2010 from 37%.

⁵⁹Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *The American Journal of Clinical Nutrition* 1999;70(suppl): 145S-8S.

⁶⁰Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. Do obese children become obese adults? A review of the literature. *Preventative Medicine* 1993;22:167-77.

⁶¹Starc G, Strel J. Tracking excess weight and obesity from childhood to young adulthood: a 12-year prospective cohort study in Slovenia. *Public Health Nutrition* 2011;14:49-55.

⁶²http://www.ghll.org.uk/OPS_Summary_2014.pdf

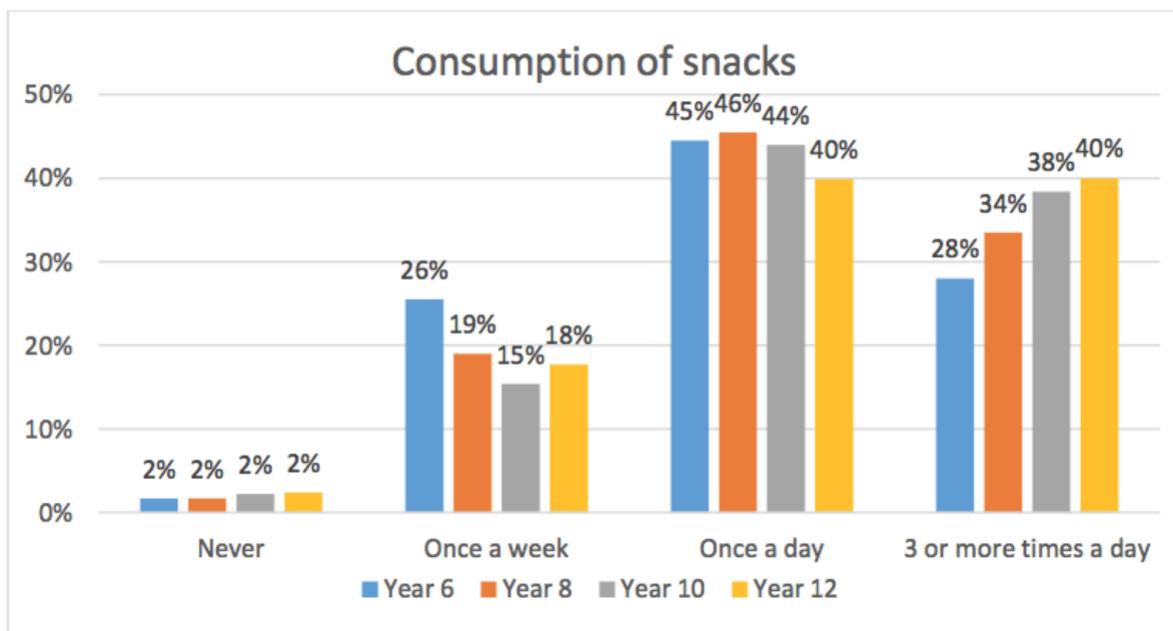


Figure 21: Pupils reported to consume snacks

In 2014, 87% of pupils in the survey said that the food provided at home enabled them to eat healthily usually or most of the time, this is similar to 2012 (86%) and has risen from 82% in 2006. The patterns persisted across all age groups.

Physical activity

75% of pupils in the county had at least 4 hours of physical activity (including play) each week and the proportion has remained at a similar level since the survey began 6 years ago. 80% of pupils in secondary schools took part in physical activity for at least 4 hours a week, compared to 74% of primary pupils.

The survey found that in primary and secondary phases, the proportion of girls doing at least 4 hours of physical activity (70%) each week was lower than boys (80%). This drops to 50% of girls and 73% of boys in year 12/FE.

82% of pupils felt they did enough exercise to keep them healthy (78% of girls and 86% of boys).

32% of girls said there was something that would help them do more exercise compared to 26% of boys.

4.4 Education

4.4.1 Summary

An evidence base of educational performance is being collated and will be available soon. When finished, it will cover variation in outcomes for Districts and comparison with our statistical neighbours as well as the areas summarised here.

Apart from the early years stage Gloucestershire consistently out-performs both the south west region and the country as a whole in educational outcomes. A

summary of performance at different stages follows. Following that there is a summary of the educational attainment gaps that persist for certain groups of children such as those eligible for Free School Meals and those from certain BME groups.

4.4.2 Early Years outcomes

A new Early Years Foundation Stage Profile (EYFSP) was introduced in 2012. The Good Level of Development (GLD) measure relates to the number and proportion of children achieving at least the expected level within three prime areas of learning and the specific areas of literacy and numeracy.

In 2014 57% of children achieved a GLD, which was an improvement on 2013, but Gloucestershire remains below the regional and national averages of 62% and 60% respectively.

4.4.3 Phonics outcomes

The last three years' results for Year 1 phonics tests show that Gloucestershire has not only improved by 14% but is above the regional and national average.

4.4.4 Key Stage 1: Level 2+ Outcomes

Table 5 shows KS1 achievement at L2 or above in Reading, Writing, Speaking and Listening, Maths and Science over the last five years. Standards have improved for all subjects apart from Science where Gloucestershire showed a slight decline in 2013 before improving in 2014.

In 2014 Gloucestershire at 89% was 1% below the national average in Reading. For the remaining subjects the county is either the same or above the national average.

Table 5: Percentage of pupils achieving level 2 or above⁶³ in KS1 teacher assessments⁶⁴

KS1		All pupils (Level L2+) %				
		2010	2011	2012	2013	2014
Reading	Gloucestershire	87	87	88	89	89
	South West	85	86	88	89	90
	England	85	85	87	89	90
Writing	Gloucestershire	83	84	85	85	86
	South West	82	82	84	86	87
	England	81	81	83	85	86
Speaking and Listening	Gloucestershire	-	89	89	89	90
	South West	-	88	89	90	90
	England	-	87	88	89	89
Mathematics	Gloucestershire	91	91	91	91	92
	South West	90	90	91	92	93
	England	89	90	91	91	92
Science	Gloucestershire	90	90	91	89	90
	South West	90	90	91	92	92
	England	89	89	89	90	91

⁶³ Level 2 is the expected level of achievement for pupils at the end of key stage 1

⁶⁴ DfE Sfr 34/2014

4.4.5 Key Stage 2: Level 4+ Outcomes

Key Stage 2 results continue to improve in Gloucestershire and are also above both regional and national averages as shown in Table 6

Table 6: Achievement at KS2 in Reading test, Writing teacher assessments and Mathematics test⁶⁵

KS2	Percentage of pupils achieving L4+, L4B+ & L5+ in READING, WRITING AND MATHEMATICS							
	% L4+			% L4B+ ⁶⁶		% L5+ ⁶⁷		
	2012	2013	2014	2013	2014	2012	2013	2014
<i>Gloucestershire</i>	78	79	81	68	70	24	25	27
<i>South West</i>	75	76	79	64	67	21	22	23
<i>England</i>	75	76	79	63	67	20	21	24

In terms of individual subjects at Level 4+ attainment in Gloucestershire has improved over the last five years and high levels across all subjects have been maintained. The highest outcome was in Reading at 91% which is 2% higher than the south west and national averages and the lowest at 87% for Writing.

Gloucestershire has also maintained a high level of achievement in Science at 90% over the last three years while the South West and England experienced a decline in 2013.

In the combined Reading, Writing and Mathematics Gloucestershire attainment levels increased by 12% to 81% in 2014 compared to a 14% increase regionally and nationally to 79%.

⁶⁵ DfE SfR 50/2014

⁶⁶ Level 4b is not included in the STA data but is derived from the test level and marks. A pupil with a mark in the top two thirds of the level 4 mark range or with level 5 or 6 is deemed to be at level 4b or above. It should be noted that these figures are not subject to the same statistical equating as the level thresholds to ensure that national standards are maintained. In addition, the level 4 mark range is not always an exact multiple of three. Changes over time at level 4b or above should therefore be interpreted with care

⁶⁷ Level 6 tests were re-introduced in 2012. Any pupils achieving level 6 are included in the level 5 or above figures

4.4.6 Key Stage 2: Level 4+ Progress

As with attainment, it is evident from Table 7 that progress across KS2 has improved in all subjects over the past three years. Pupils making expected progress in Gloucestershire primary schools have been consistently above regional and national averages.

Table 7: Percentage of pupils making expected progress⁶⁸ in reading between key stage 1 and key stage 2⁶⁹⁷⁰

KS2		KS2 Progress levels %		
		2012	2013	2014
2 levels of progress in Reading	Gloucestershire	91	90	92
	South West	90	88	91
	England	90	88	91
2 levels of progress in Writing	Gloucestershire	91	93	95
	South West	90	91	93
	England	90	92	93
2 levels of progress in Mathematics	Gloucestershire	88	89	91
	South West	87	87	89
	England	87	88	90

4.4.7 Key Stage 4: Outcomes

After peaking at 63% in 2011 Gloucestershire achievement for 5+ A*-C GCSEs including English and Maths declined to 61% in 2014 as shown in Table 8. The regional and national picture reflects a different pattern in that values peaked in 2013 before declining a year later by 3 percentage points. The county does, however, remain above the regional and national averages.

In terms of achievement relating to 5+ A*-C GCSEs there has been a steady improvement up to 2013 at national, regional and county level. There is however, a reversal of this trend between 2013 and 2014 with a decrease in attainment levels of about 13 percentage points in Gloucestershire and the South West and 17 percentage points nationally as depicted in Table 8.

Table 8: GCSE and equivalent results of pupils at the end of key stage 4

⁶⁸ Pupils are expected to make at least two levels of progress between KS1 and KS2

⁶⁹ Where a pupil has a non-numerical KS2 test result, the teacher assessment result is taken into account in deciding the KS2 level

⁷⁰ DfE SfR 50/2014

KS4		Percentage of pupils at the end of KS4 achieving at GCSE and equivalents:				
		2010	2011	2012	2013	2014
5+ A*-C inc. English & Mathematics GCSEs	Gloucestershire	60.1	62.9	62.3	61.8	60.8
	South West	55.4	57.9	57.5	59.5	56.7
	England	55.3	58.4	59.1	60.8	56.8
5+ A*-C	Gloucestershire	76.1	79.4	82.0	83.0	69.6
	South West	72.7	76.8	79.8	79.8	66.2
	England	76.3	80.7	83.2	83.1	65.8

4.4.8 Key Stage 4: Progress

Table 9 shows that a decrease in the proportion of Gloucestershire pupils making expected progress in English between 2011 and 2012 was reflected at national and regional level. Although Gloucestershire performance was slower to recover in 2014 it was again better than these comparators at 73.3%.

In terms of progress in mathematics the reverse holds with Gloucestershire peaking slightly earlier in 2012 than regionally and nationally before all areas experienced a decline between 2013 and 2014, Gloucestershire with 69% was still above the regional and national averages.

Table 9: Percentage of pupils in state-funded schools⁷¹ making expected progress in English and mathematics between key stage 2 and key stage 4 2009 to 2014⁷²

Progress measures		Percentage of pupils in state-funded schools making expected progress in English and mathematics between KS2 and KS4				
		2010	2011	2012	2013	2014
Making expected progress in English	Gloucestershire	71.7	74.1	68.1	68.7	73.3
	South West	70.6	72.4	67.0	69.5	71.8
	England	69.3	71.8	68.0	70.4	71.6
Making expected progress in Mathematics	Gloucestershire	68.8	71.0	73.7	73.1	69.0
	South West	63.0	64.6	67.7	70.3	65.7
	England	62.0	64.8	68.7	70.7	65.5

4.4.9 Key Stage 5: Outcomes

⁷¹ State-funded schools include academies, free schools, city technology colleges and state-funded special schools. They exclude independent schools, independent special schools, non-maintained special schools, hospital schools, pupil referral units and alternative provision. Alternative provision includes academy and free school alternative provision

⁷² DoE SfR 02/2015

At Key Stage 5 there are two measures of performance⁷³, one is the average point score per student and the other is the average point score per exam entry, both of which need to be taken into account.

Despite all areas undergoing decline as shown in Table 10: A level and level 3 results of state-funded students , Gloucestershire has been outperforming both the South West and England in terms of average point score per student which in 2014 at 751.9 was 63.1 points and 37.9 points higher than the South West and England respectively.

The average point score per exam entry also remains slightly higher for Gloucestershire than for England with a difference of is 2.1 in 2014. This indicates that students in Gloucestershire are doing more A levels than the national average and also gaining better grades in those A levels.

The proportion of students achieving two passes although higher than the regional and national average, at 93% however, reflects a steady decline in the last five years as shown in Table 10.

In terms of the proportion of students achieving 3A*-A grades or better then Gloucestershire has shown a steady improvement over the last five years which is the reverse of the situation in the South West and nationally.

Table 10: A level and level 3 results⁷⁴ of state-funded⁷⁵ students^{76 77}

⁷³ The **average point score per student** provides a measure of the average number of A level equivalent studied and the grades achieved. The more qualifications undertaken by a student and the higher the grades achieved, the higher the average point score per student.

KS5		A level and level 3 results of state-funded students				
		2010	2011	2012	2013	2014
Average point score by students achieving all Level 3 qualifications: Per student	Gloucestershire	777.3	783.3	765.4	762.1	751.9
	South West	728.0	729.5	713.4	707.3	688.8
	Statistical neighbours	732.3	729.7	712.1	698.6	692.1
	England	744.8	745.9	733.0	724.3	714.0
Average point score by students achieving all Level 3 qualifications: Per entry	Gloucestershire	218.7	219.9	215.2	215.5	216.7
	South West	213.6	215.0	210.8	212.5	213.0
	Statistical neighbours	211.1	212.6	209.0	210.0	210.6
	England	214.4	216.2	212.8	213.7	214.6
Percentage of students achieving at least 2 substantial level 3 qualifications	Gloucestershire	96.3	95.5	95.8	94.3	92.6
	South West	94.4	94.1	93.4	92.8	89.5
	England	94.8	94.0	93.6	92.3	90.5
Percentage of students achieving 3 A*-A grades or better at A level or Applied single/double award A level	Gloucestershire	12.5	13.2	12.9	13.3	14.0
	South West	10.0	10.6	10.4	10.5	10.1
	Statistical neighbours	10.0	10.1	9.9	9.3	9.2
	England	12.8	13.1	12.8	12.5	12.0

⁷⁴ Cumulative results for each academic year

⁷⁵ Students entered for a GCE or Applied GCE A level or other Level 3 qualification equivalent in size to an A-level

⁷⁶ Age at the start of the 2010/11 academic year i.e. 31 August 2010

⁷⁷ DoE SfR 02/2011, 01/2012, 05/2013, 02/2014, 03/2015

4.4.10 Vulnerable groups

The following figures provide a comparison in achievement across all key stages for the following vulnerable groups: Pupils from black and minority ethnic groups, pupils whose first language is other than English, pupils who are eligible for Free School Meals (FSM) and pupils with Special Educational Needs (SEN).

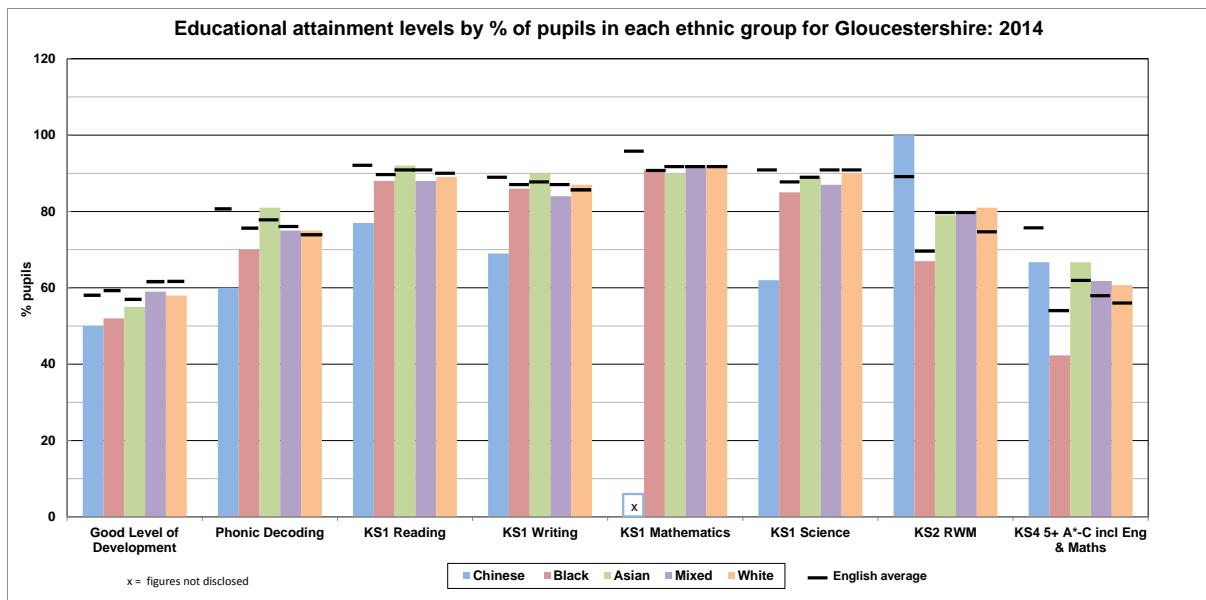


Figure 22: Educational attainment levels by proportion of pupils for ethnic groups in Gloucestershire 2014⁷⁸

Variations in educational achievement between the ethnic groups is displayed in Figure 22. Generally the Asian ethnic pupils have achieved some of the highest attainment levels across the key stages compared to the other groups and nationally. Apart from KS2 Reading Writing and Maths (RWM) where Chinese pupils attained 100% the group has done relatively poorly at the lower key stages. This variation is however, a reflection of low numbers.

⁷⁸ DfE SfR 46/2014, DfE SfR 34/2014, DfE SfR 50/2014, DfE SfR 06/2015

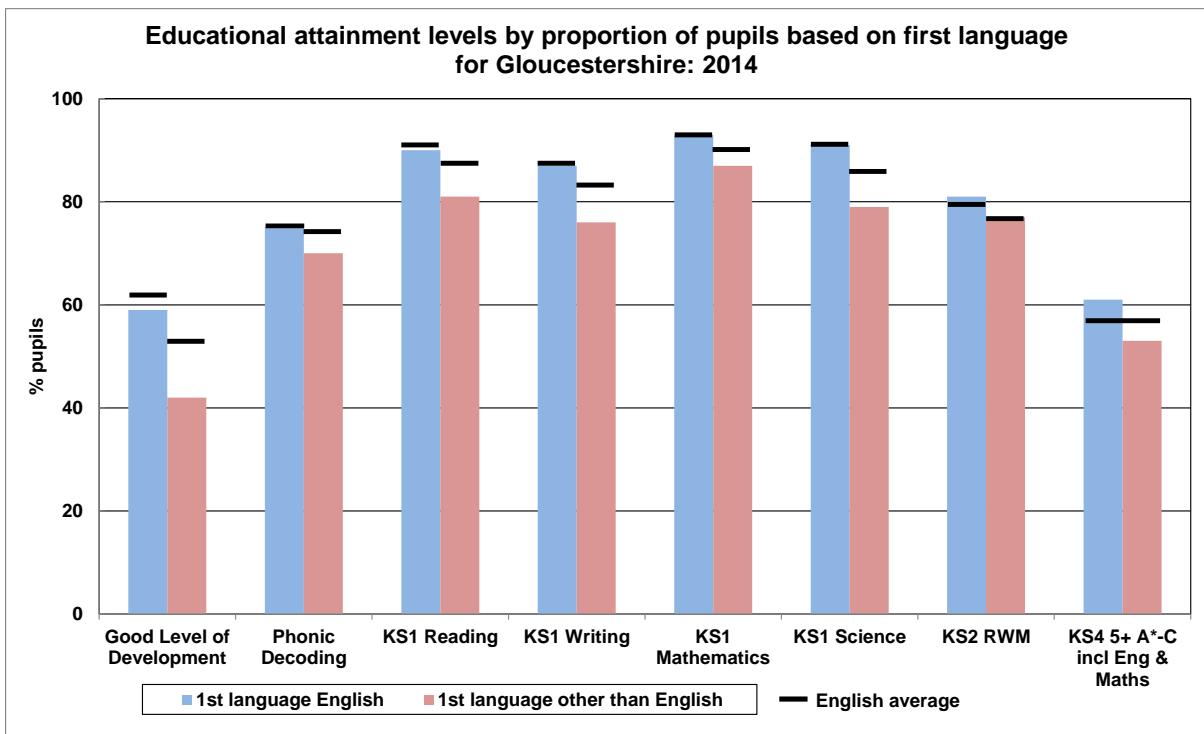


Figure 23: Educational attainment levels by proportion of pupils based on first language for Gloucestershire 2014⁷⁹

The gap in achievement by pupils whose first language is other than English compared with pupils whose first language is English is at its widest in the Early Years Good Level of Development stage as depicted in Figure 23. The former group also achieved well below the national average. The gap in achievement is also reflected but to a lesser extent at KS1 and KS4. The narrowest gap between the two groups and in relation to national averages is shown at KS2RWM which also reflects an improvement in the last three years.

⁷⁹ DfE SfR 46/2014, DfE SfR 34/2014, DfE SfR 50/2014, DfE SfR 06/2015

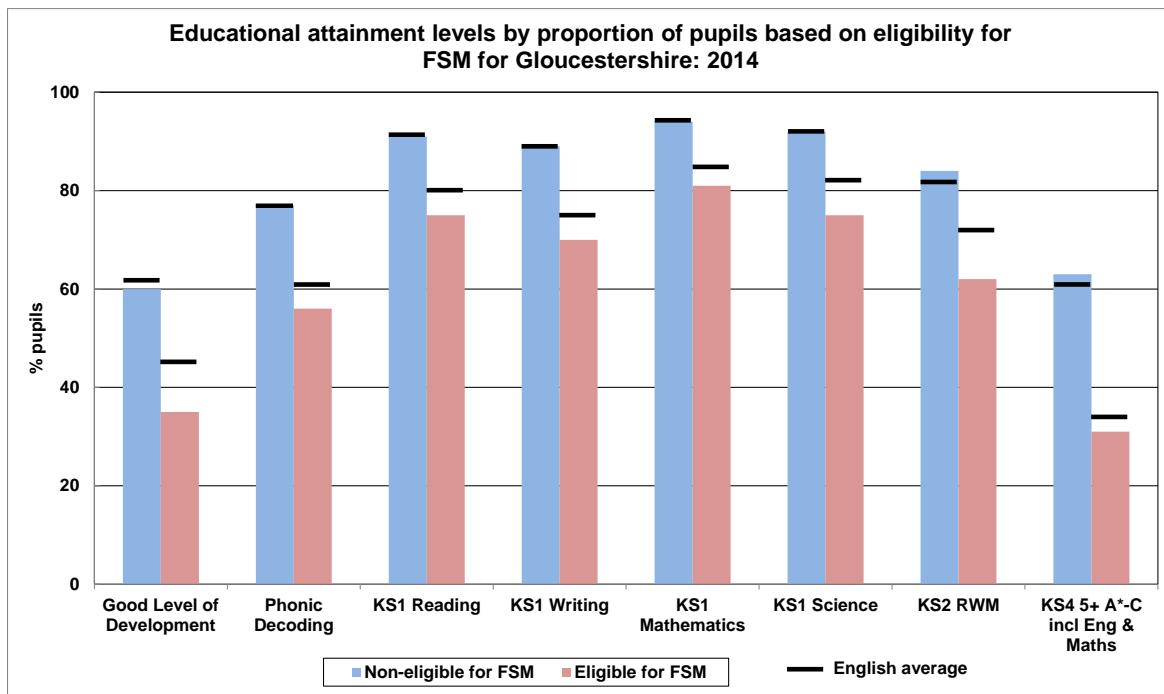


Figure 24: Educational attainment levels by proportion of pupils based on eligibility for Free School Meals for Gloucestershire 2014⁸⁰

The gap in achievement levels between those not eligible and those eligible for Free School Meals is widest at either end of the attainment spectrum as shown in Figure 24. The attainment level for pupils who are eligible for Free School Meals was also below the national average at all stages in 2014 with the largest gaps occurring at the Early Years Good Level of Development and KS1 Science stages.

⁸⁰ *Ibid.*

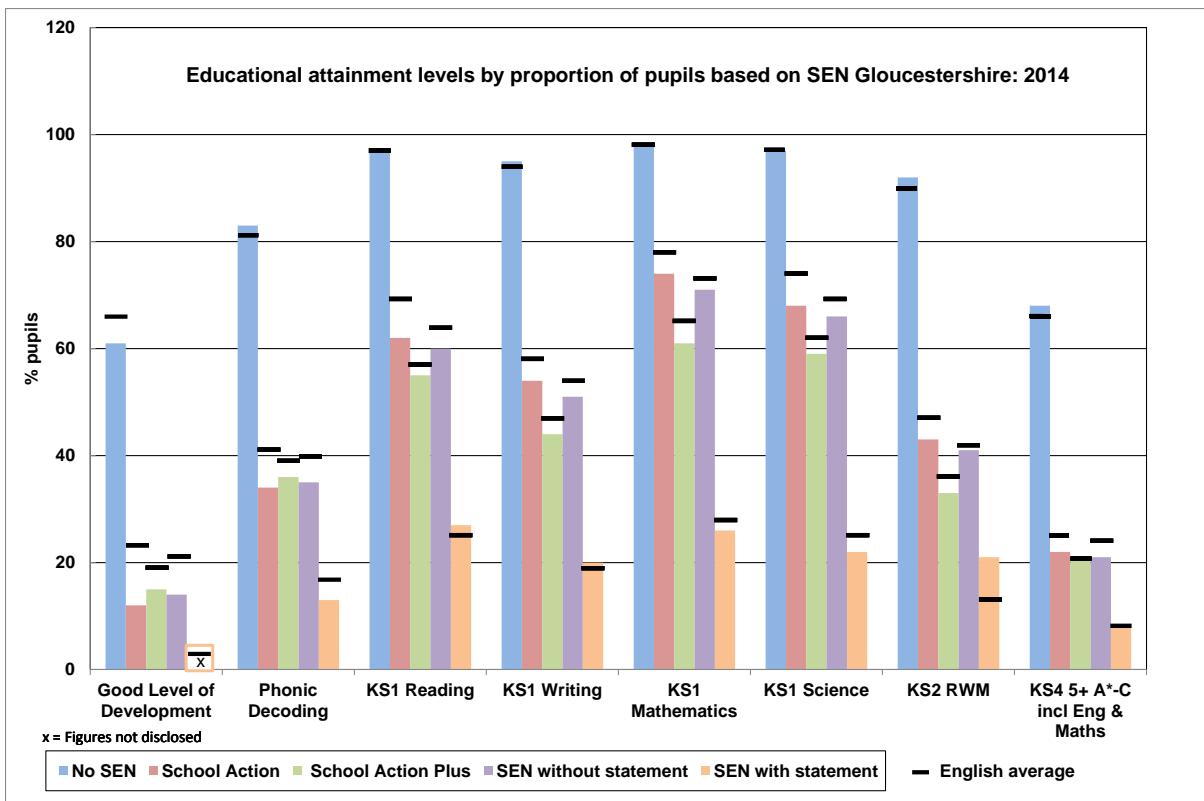


Figure 25: Educational attainment levels by proportion of pupils based on Special Educational Needs for Gloucestershire 2014⁸¹

Figure 25 provides a breakdown of achievement levels for pupils with no SEN and those with SEN. The latter group is broken down further into SEN with and without a statement. SEN without a statement comprises School Action and School Action Plus.

The large gap between those pupils with no SEN and those with SEN is reflected across all levels of attainment especially in the Early Years and at KS4 stages as shown in Figure 25. SEN attainment in Gloucestershire has also been consistently lower than that of SEN pupils nationally. At KS4 5+ A-C* including English and Mathematics the gap has narrowed due to a local rate of improvement.

⁸¹ DoE SfR 46/2014, DoE SfR 34/2014, DoE SfR 50/2014

4.5 Promoting the welfare of children and Safeguarding

4.5.1 *Summary*

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions including specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

4.5.2 *Early help*

Whilst children make up a reducing percentage of the total population of Gloucestershire, there are significantly rising numbers of children living in the county. This is particularly so in the urban areas, both with children being born here and due to in-migration. This can be clearly seen in the rising demand for primary and secondary school places.

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, through the online pupil survey.

Families First⁸² (our local name for the national Troubled Families programme⁸³) is successfully delivering an Early Help Offer and is preparing for the 2015 expanded programme as an early adopter.⁸⁴

4.5.3 *Social care overview*

The following chart shows the rates of social care activity over the last available published reporting year (2013/14). It shows the rate of activity per 10,000 CYP aged 0-17 (based on 2013 mid-year estimates of population).

⁸² <http://www.goucestershire.gov.uk/families-first> Accessed 15/06/2015

⁸³ <https://www.gov.uk/government/policies/support-for-families> Accessed 15/06/2015

⁸⁴ <http://www.goucestershire.gov.uk/cypp> Accessed 06/05/2015

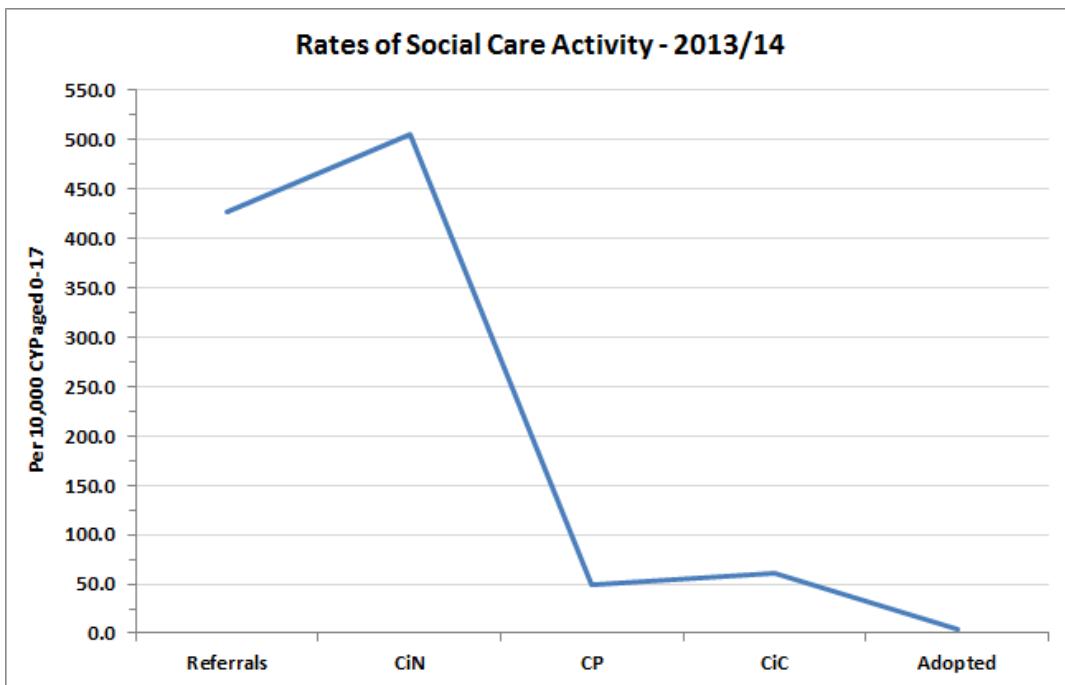


Figure 26: Rates of social care activity 2013/14, per 10,000 CYP aged 0-17⁸⁵

Children's services are delivered across seven localities in Gloucestershire. The following chart shows some of the available 2014/15 activity rates split by these seven children's service localities.

⁸⁵ <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2013-to-2014> and <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption--2>
Accessed 06/05/2015.

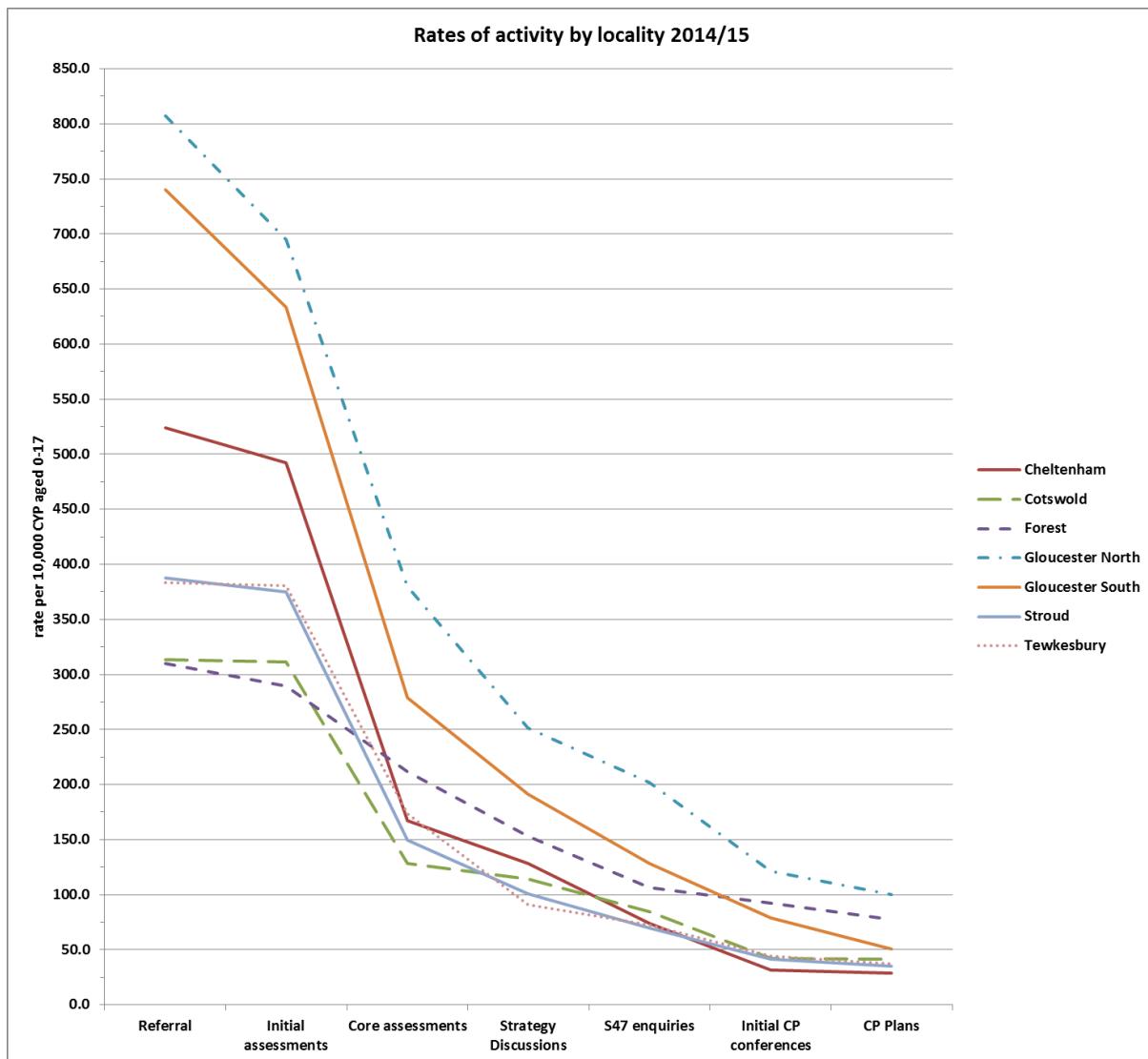


Figure 27: Social care activity by CYP locality, 2014/15⁸⁶.

Gloucester North, followed by Gloucester South and Cheltenham, has the highest rate of activity at referral and initial assessment stages, while Forest of Dean locality has the lowest rates. At the initial child protection conference, and child protection plan stages, Gloucester North remains as the locality with the highest rate of activity, but Forest of Dean has the second highest rates. Cheltenham locality however falls to the lowest rate of activity out of the seven CYP localities.

⁸⁶ Extract from LiquidLogic ICS 01/05/2015. 0 to 17 population from ONS 2013 mid-year estimates.

4.5.4 Children in Need

A CYP is legally defined as being a Child in Need (CiN) if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority;
- their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- they are disabled.

In Gloucestershire, the rate of CYP recorded as being CiN has increased since the previous reported year. The following table shows the rates per 10,000 CYP reported as being CiN over the last few years. Note that there has been a new Integrated Children's System introduced since the end of 2011, and confidence in the last three reported years of CiN data is far higher than for the historical data.

Table 11: Children in Need numbers, and rates, as at 31st March by year⁸⁷

	2011	2012	2013	2014
Number of CiN at 31st March	4,219	2,865	2,846	2,982
Rate per 10,000 CYP	340.4	234.5	232.3	242.9

The 2014 Gloucestershire rates of CiN are low when compared to the England (346.4), and regional (351.5) figures. Gloucestershire has the lowest rate in the region.

The Gloucestershire rates of CYP who had been CiN at some point in the year ending 31st March 2014 are again lower than the England (680.5) and regional (696.3) rates. The Gloucestershire rate is 504.5, which represents a throughput of 6,193 CYP for the year.

⁸⁷ <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2013-to-2014>

Accessed 30/04/2015.

4.5.5 **Child Protection**

As a Local Authority, Gloucestershire has the duty to instigate section 47 enquiries if they are informed that a child who lives, or is found, in their area is:

- the subject of an emergency protection order; or
- in police protection

or there is reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm⁸⁸. From these enquiries, it is possible that a child will need further protection, and an Initial Child Protection Conference will be held, from which a plan is put in place to protect the CYP, namely the Child Protection Plan (CPP).

Gloucestershire has seen a drop in rates of children the subject of Section 47 (S47) enquiries started during each year, against an increase both regionally and nationally. The following table shows the rates of S47 enquiries completed per 10,000 CYP over the last four years.

Table 12: Rates of children the subject of Section 47 enquiries completed in the year ending 31st March⁸⁹

	Rates of S47 enquiries completed per 10,000 CYP in year ending 31st March...			
	2011	2012	2013	2014
Gloucestershire	128.5	94.6	87.6	82.8
South West	96.5	93.6	95.3	123.5
England	101.1	109.9	111.5	124.1

The following table shows the numbers of CYP becoming, and ceasing to be, the subject of a CPP over the past few years.

⁸⁸ <http://www.legislation.gov.uk/ukpga/1989/41/section/47> Accessed 01/05/2015.

⁸⁹ LAIT <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait> Retrieved 01/05/2015.

Table 13: Net gain/reduction in numbers of CYP subject of a CPP in Gloucestershire by year⁹⁰.

	Year ending 31st March...			
	2011	2012	2013	2014
Number of CYP becoming the subject of a CPP in the year ending 31st March	537	409	567	604
Number of CYP ceasing to be the subject of a CPP in the year ending 31st March	606	434	543	585
Net gain / reduction	-69	-25	+24	+19

The rate of CYP who were the subject of a CPP at 31st March is slightly lower than the England and regional rates. The table below gives the rates for this.

Table 14: Rates of CYP subject of a CPP at 31st March by year⁹¹.

	Rate of CYP the subject of a CPP at 31st March (per 10,000 CYP)			
	2011	2012	2013	2014
Gloucestershire	37.5	32.7	33.8	36.5
South West	33.9	36.3	37.3	40.3
England	38.7	37.8	37.9	42.1

⁹⁰ <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2013-to-2014>

Accessed 01/05/2015.

⁹¹ *Ibid.*

4.5.6 *Children in Care*

A child who is being looked after by the local authority is known as a child in care. In some cases a child will have been placed in care voluntarily by parents struggling to cope. In other cases children's services will have intervened because a child was at risk of significant harm⁹².

The following table gives snapshot numbers of Children in Care as at 31st March in the relevant year. These numbers have been rounded to the nearest five, and do not include those CYP looked after on a planned basis for short breaks, or respite. The numbers, and rates, are fairly consistent across 2010 to 2014, with a peak in Children in Care as at 31st March 2013.

Table 15: Numbers (rounded to nearest five) and rates of Children in Care in Gloucestershire as at 31st March by year⁹³.

	2010	2011	2012	2013	2014
Number of Children in Care at 31st March	490	480	460	520	475
Rate per 10,000 CYP	40	39	38	43	39

The Gloucestershire rate of CYP looked after at 31st March 2014 is lower than the England (60), and regional (51) rates, with Gloucestershire ranking 13th out of 16 local authorities in the region⁹⁴.

When looking at the number of CYP who had been looked after *at any point* during the year ending 31st March, there is a general increasing trend in numbers of Children in Care. The following table shows numbers of Children in Care looked after at any point during the year ending 31st March. These numbers have been rounded to the nearest five, and do not include those CYP looked after on a planned basis for short breaks, or respite.

⁹² <http://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/child-in-care/>
Accessed 05/05/2015.

⁹³ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption--2>
Accessed 06/05/2015.

⁹⁴ *Ibid.*

Table 16: Numbers (rounded to nearest five) of CYP in Gloucestershire looked after at any point in the years ending 31st March⁹⁵.

	Year ending 31st March...				
	2010	2011	2012	2013	2014
Number of CYP looked after during the year.	645	700	650	705	740

In comparison, the numbers of CYP looked after as part of a planned series of short breaks or respite has remained relatively constant between 2010 to 2014, although there has been a decrease in numbers since 2012. It remains to be seen whether this trend continues, or moves up towards the five-year average once more. The following table shows the number of children looked after exclusively under one or more agreed series of short term placements at any time during the years ending 31st March. These figures exclude children who have been looked after under both a series of short term placements and other legal statuses during the year (again rounded to the nearest five).

Table 17: Numbers (rounded to nearest five) of CYP in Gloucestershire looked after at any point as part of a planned series of short breaks in the years ending 31st March⁹⁶.

	Year ending 31st March...				
	2010	2011	2012	2013	2014
Number of CYP looked after during the year as part of planned short breaks.	95	75	100	95	70

In terms of the turnover of numbers of Children in Care in each year, the following table shows the number of CYP starting, and leaving, care in each of the years ending 31st March. This excludes those CYP looked after as part of planned short breaks, and is rounded to the nearest five.

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

Table 18: Net gain/reduction in numbers of Children in Care in Gloucestershire by year⁹⁷.

	Year ending 31st March...				
	2010	2011	2012	2013	2014
Number of CYP starting to be looked after in the year ending 31st March	190	215	180	250	220
Number of CYP ceasing to be looked after in the year ending 31st March	170	235	200	200	275
Net gain / reduction	+20	-20	-20	+50	-55

Improving outcomes for children and reducing the number of children in care by 2018 will be a significant challenge given the growing 0-19 population. Analysis reveals Gloucestershire's Children in Care cohort is becoming increasingly diverse, with most new care entrants in 0-4 and 11-15 age group, disproportionately male, entering on Section 20 (where parents agree to let their children live somewhere else, usually in LA foster care) and due to increasing rates of 'challenging behaviour'.

The Gloucestershire care system appears to be characterised by a large and increasing 'throughput' in the care system. This overall rise in the number of children in care (which reflects the national picture⁹⁸) could be reliant on a number of factors. We are exploring the following national and local underpinning drivers:

- Revised court timescales which have resulted in more timely decisions for younger children, allied to some court practice and case law which may have resulted in some children who may have been adopted being placed with long term foster carers
- Increased awareness and changes in response to young people who may be at risk of sexual exploitation
- A workforce profile that indicates a longer term trend towards less experienced social workers which may have led to more children and young people coming into care for periods as a way of managing risks or crisis

⁹⁷ *Ibid.*

⁹⁸ Department for Education, 2015, <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption--2>

- An increased use of section 20 (voluntary accommodation) for all age groups
- Some children and young people who are now in care who may have benefited from early, more permanent interventions to address issues, where the practice now would be different.

In terms of placements, most children who don't require highly specialist residential placements are accommodated in Gloucestershire within our In-house Foster Care Service. A small percentage is placed with Connected Persons. Gloucestershire County Council also relies on Independent Foster Agencies (IFAs) to meet demand which comes at significant financial cost.

The reliance on Independent Foster Agencies to provide foster placements spans the full range of placement/approval types including emergency placements, sibling, teenage and supported lodgings placements. There is a shortage of placement choice for older children, particularly given the increasing number of older care entrants.⁹⁹

The number of children being adopted has shown an increase over the last year. The following table shows the numbers of children who have ceased to be looked after because they have been adopted.

Table 19: Number of CYP adopted in the year ending March 31st, rounded to the nearest five. [x = suppressed due to small numbers]¹⁰⁰

Adopted	Year ending 31st March...			
	2011	2012	2013	2014
Application unopposed	20	15	15	30
Consent dispensed with	10	x	10	20
<i>Total</i>	30	-	25	50

⁹⁹ Sufficiency Statement and Commissioning Intentions for Children in Care 2015-2018 (draft)

¹⁰⁰ *Ibid.*

4.5.7 Children's mental health

Public Health England has developed a Children and Young People's Mental Health and Wellbeing Profiling Tool¹⁰¹ to support an intelligence driven approach to understanding and meeting need. It collates and analyses a wide range of publicly available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It can be used to compare Gloucestershire data with regional and national averages.

There was estimated to be 7,042 children aged 5-16 with any type of mental health disorder in the county in 2013, 8.7% of the population. This compares with 8.9% for the South West and 9.6% for England as a whole. In general rates of mental health prevalence and mental health- related hospital admissions are lower for children in Gloucestershire than the South West region.

For the measure 'Young people aged 10-24 admitted to hospital for self-harm' Gloucestershire (406.7 per 100,000) is significantly worse than England (352.3) though better than the South West (418.4). 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. It is however pertinent to note that admission figures for self-harm greatly underestimate the problem since many people do not attend hospital. Within the districts, significant rates were in Gloucester, Cheltenham, and Stroud, while the rates in the Cotswold and Forest of Dean were better than national average¹⁰². Locally available admission figures show that Gloucestershire saw a sustained increase in self-harm admissions for both genders from 2005 to 2010 (Figure 17).

There were a total of 555 children and young people aged less than 19 years (16.5% of all admissions) admitted to acute hospital for self harm between 2009 and 2013. The number of patients admitted starts to rise from age 13 peaking at 17 years with a slight decrease at 18 years (Figure 22) About eight out of ten (79.5%) were female.

¹⁰¹ Public Health England, Children and Young People's Mental Health and Wellbeing Profiling Tool, <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>, accessed 18/06/2015

¹⁰² *Ibid.*

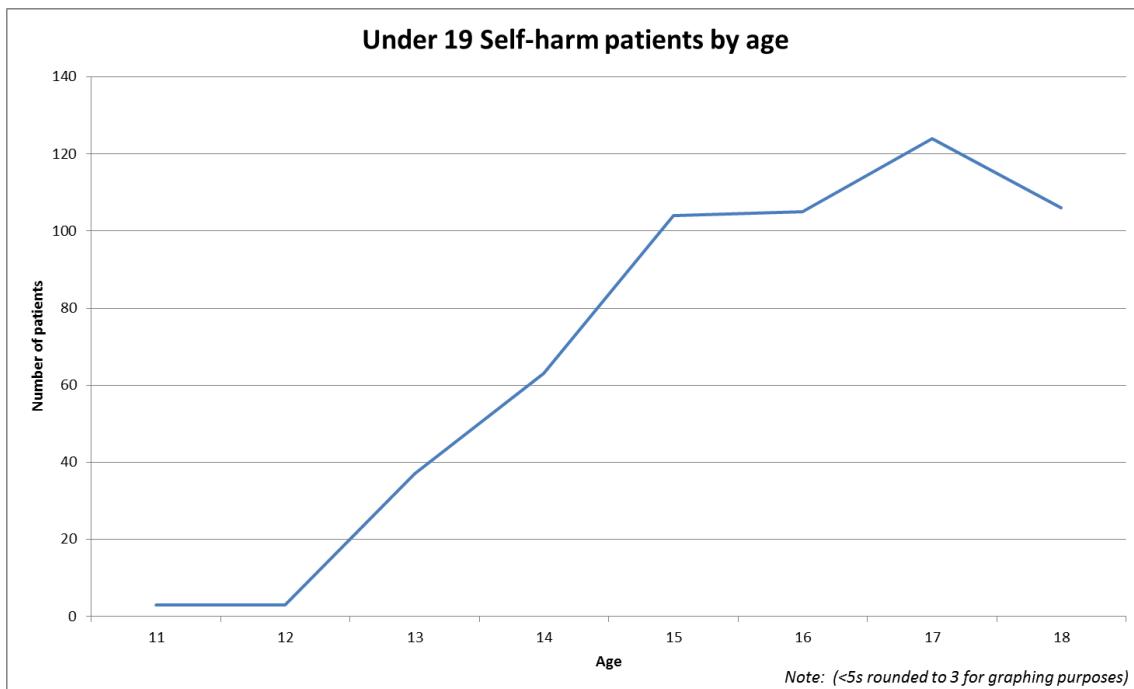


Figure 28: Number of Children and Young People Admitted for Self Harm in Gloucestershire by Age – 2009/10 to 2012/13

In the 2014 Online Pupil Survey years 8, 10 and 12+ pupils were asked about self-harm. 4.5% responded that they had self-harmed weekly or daily. Cutting was the most frequently cited method.

4.6 Community voice

4.6.1 *Online Pupil Survey*

The results of the Gloucestershire Online Pupil Survey 2014 were evaluated and they give a positive picture of the experience of young people in the county.

More than 23,000 young people from schools, sixth forms and Further Education Colleges took part in the survey and told us what they think about a range of issues - from healthy eating, physical activity and living well to their experiences at school and how safe they feel.

The results of the survey are used to help schools, the council and NHS Gloucestershire to target support in the areas where it is most needed, particularly for the most vulnerable children, including young carers and children in care.

The headlines from the 2014 survey are that around 87% of our young people are confident about their future, three quarters of them do four or more hours of physical activity each week and an increasing number of young people feel confident in how their school deals with bullying.

The Online Pupil Survey 2014 Summary Report can be found here:
<http://www.goucestershire.gov.uk/schoolsnet/onlinepupilsurvey>

4.7 Key messages

- Gloucestershire trends and comparisons with SW 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 at 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 SW 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, through the online pupil survey.
- The Gloucestershire care system for children appears 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 return home or children in care turning 18.
- The number of children being adopted has shown an increase over the last year. There were 50 adoptions in 2014 compared to 25 in 2013.
- For the measure 'Young people aged 10-24 admitted to hospital for self-harm' Gloucestershire (406.7 per 100,000) is significantly worse than 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.

5. Keeping healthy – prevention

5.1 About this section

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.

5.2 Mental health

The costs of meeting mental health needs to the economy in England were estimated a few years ago at a massive £105 billion, with treatment costs expected to double in the next 20 years¹⁰³. Public Health England has made available a set of mental health profiling tools that are available to all¹⁰⁴. They are primarily intended to provide better access to data and information to support people involved in commissioning, planning and providing services locally.

Common mental health needs are covered here. More acute conditions are dealt with in the following section.

41,183 people aged 16-74 were estimated to have mixed anxiety and Depressive disorders in the county in 2013, 9.36% of the population. 8.5% of the people in the county reported themselves as having low happiness and 18.1% with high anxiety in 2013/14. This is lower than for the South West and England, though not significantly so. Our rate of admissions for depressions between 2009/10 and 2011/12 is significantly below the national rate and below the South West figure¹⁰⁵.

More work needs to be done to develop our understanding of how common mental health needs vary across the county and between different socio-economic and ethnic groups.

¹⁰³ No health without mental health, Department of Health, 2011, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

¹⁰⁴ Public Health England, Mental Health Dementia and Neurology, <http://fingertips.phe.org.uk/profile-group/mental-health>, accessed 10/06/2015

¹⁰⁵ Public Health England, Common Mental Health Disorders, <http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders>, accessed 18/06/2015

5.3 Alcohol

5.3.1 Hospital admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions, including liver disease, cardiovascular disease and some cancers. It is also a factor in crime and antisocial behaviour. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

Alcohol related hospital admissions are one indicator of the extent of harmful drinking in a community.

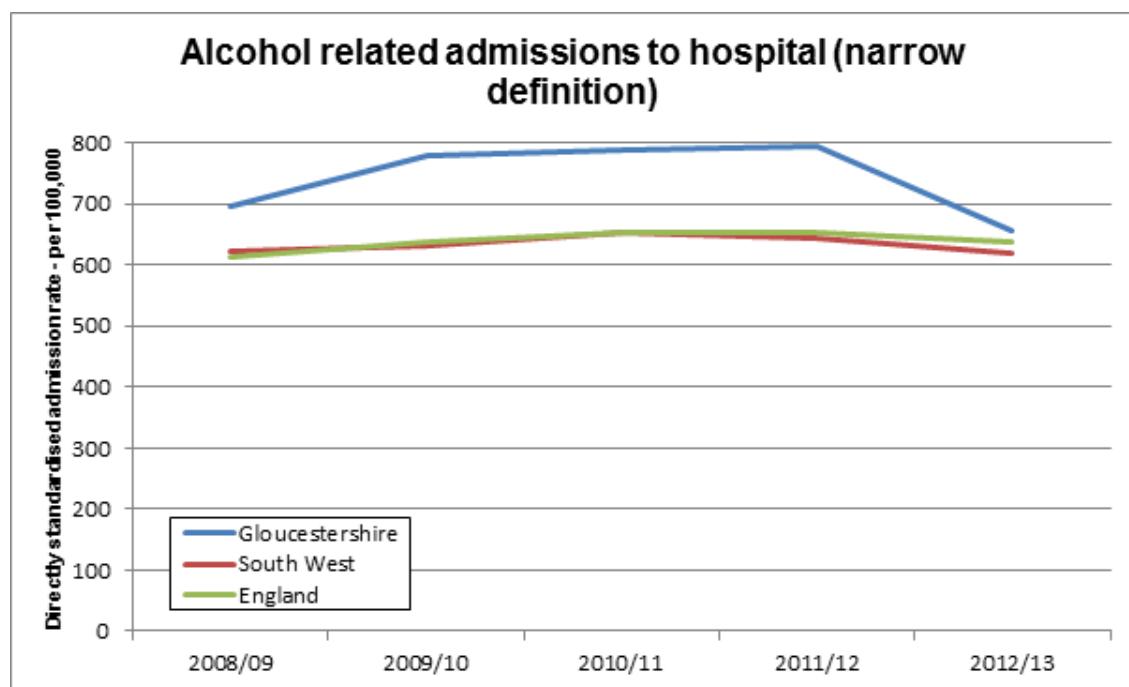


Figure 29: Alcohol related admissions to hospital (2008/09-2012/13)

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 benchmarks. However, the most recent year of data shows a sharp fall in the Gloucestershire rate, bringing it more into line with the benchmarks

5.4 Smoking

5.4.1 Smoking prevalence

Smoking is a major risk factor for many diseases, including lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is estimated that up to half of smokers will die from a smoking related condition.

Nationally, in 2008/09, some 463,000 hospital admissions in England among adults aged 35 and over were attributable to smoking, or some 5 per cent of all hospital admissions for this age group. Illnesses among children caused by

exposure to second-hand smoke lead to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year¹⁰⁶.

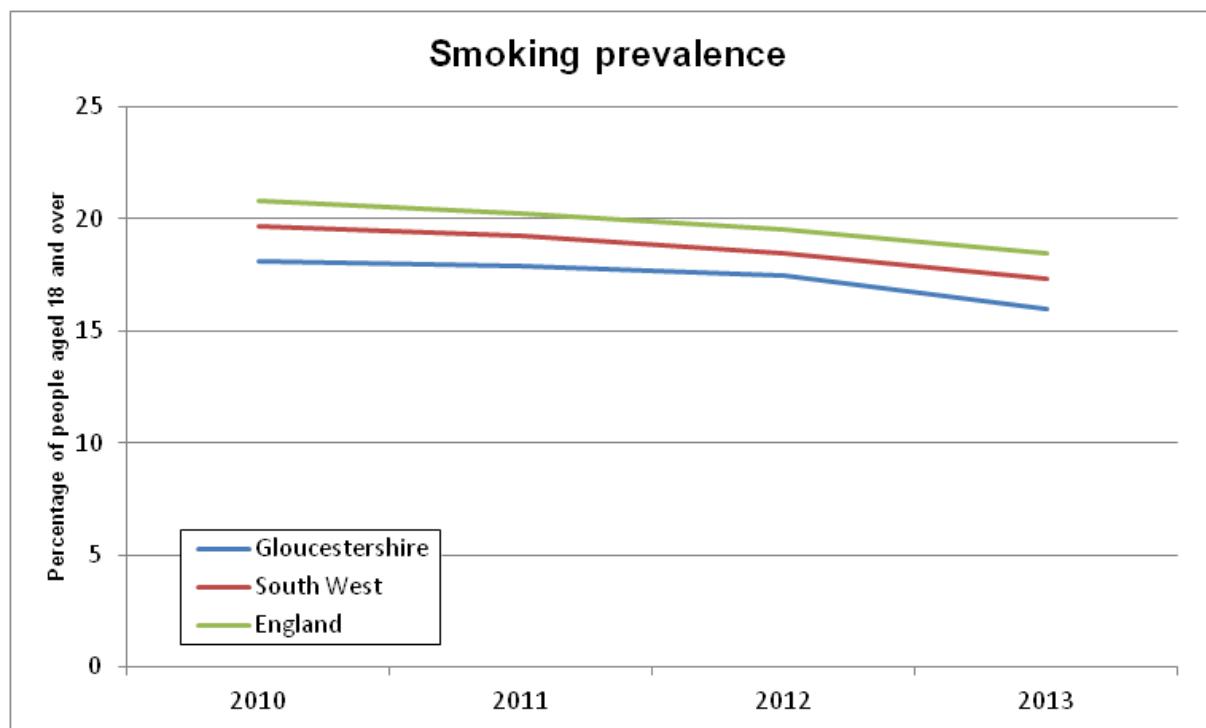


Figure 30: Smoking prevalence 2010-2013

Smoking rates in Gloucestershire are steadily declining, and are also consistently lower than the national and regional benchmarks.

5.5 Maintaining a healthy weight – Adults

5.5.1 Excess weight

Obesity in adults is a major determinant of premature mortality and avoidable ill health. It is associated with a number of conditions, including cardiovascular disease, type 2 diabetes, and cancer. Obesity can also impact on an individual's emotional wellbeing, and is a factor in absenteeism from work.

¹⁰⁶ Passive Smoking and Children, Royal College of Physicians, London, 2010.

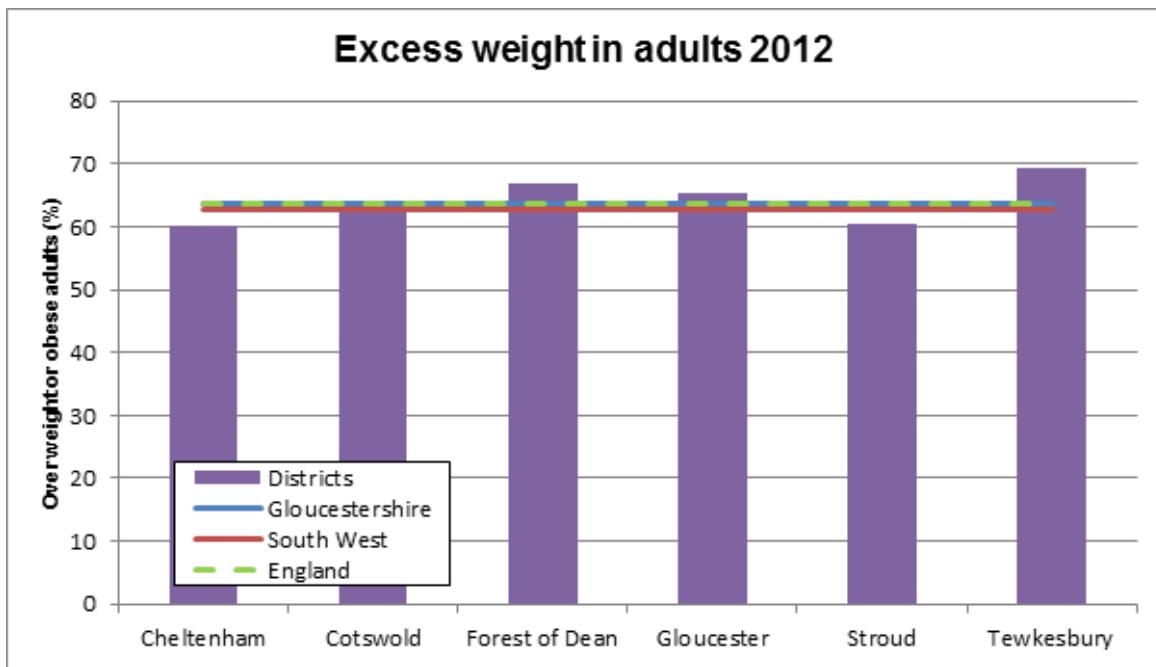


Figure 31: Excess weight in adults by District 2012 Note: No time-series data currently available due to change of definitions

Currently 64% of adults in Gloucestershire are overweight or obese, statistically in line with the national and regional benchmarks. There is some variation across the Gloucestershire Districts, with Forest of Dean and Tewkesbury Districts having the highest rates, and Cheltenham and Stroud District the lowest.

5.5.2 Physical activity

Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £1.6 billion per year.

The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more.

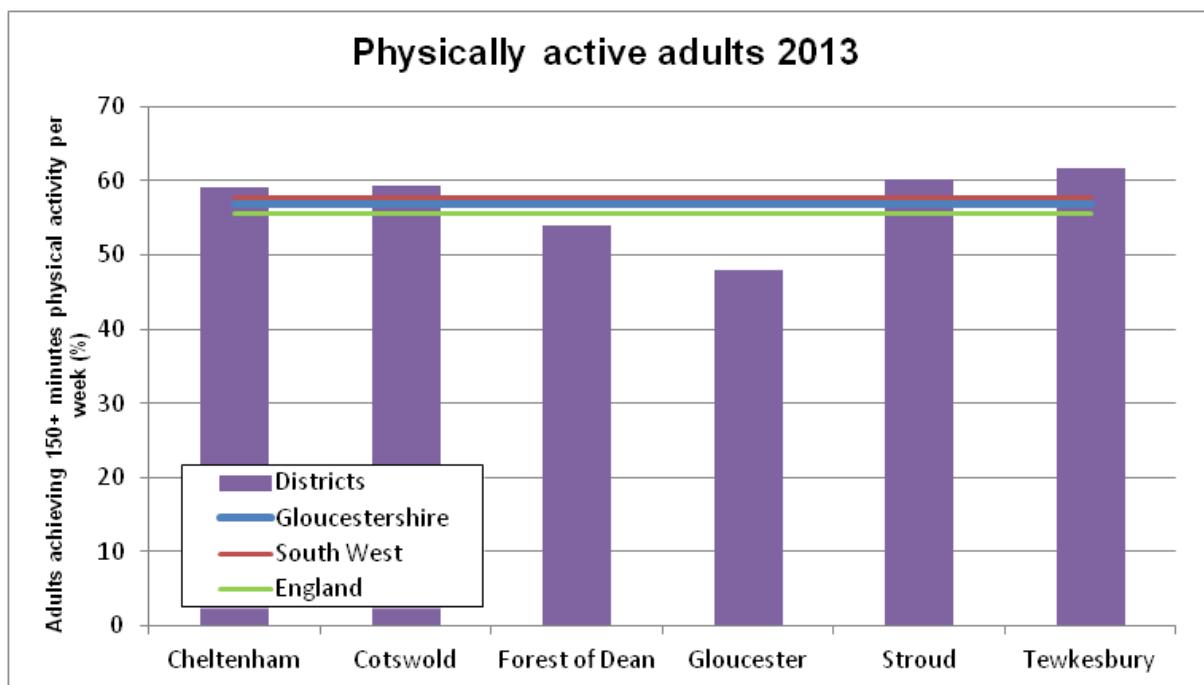


Figure 32: Physically active adults by District 2013 Note: No time-series data currently available due to change of definitions

Physical activity levels in Gloucestershire are higher than England, but slightly lower than the South West in general. Most districts are performing well, but there are issues with inactivity in the Forest of Dean and particularly Gloucester

5.6 Social Isolation

5.6.1 National evidence

Loneliness and social isolation affects different people in different ways. Some people are lonely in a crowd whilst others are perfectly content living on their own with little social contact. There is, though, 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 on their website¹⁰⁷ summarises research on the effects of loneliness on health as follows:

Physical health

- As bad as 15 cigarettes a day
- Increased risk of high blood pressure and diabetes

Mental Health

- Increased risk of cognitive decline and dementia

¹⁰⁷ <http://www.campaigntoendloneliness.org/loneliness-research/> 12/05/2015

- More prone to depression and increased risk of suicide

Maintaining independence

- More likely to visit GP, higher medication use, more falls
- Earlier entry to residential and nursing care
- More likely to access A&E services

5.6.2 Estimated local need

In Gloucestershire we have adapted a methodology, initially developed by Essex County Council, to estimate where people are most likely to be socially isolated in the county¹⁰⁸. A number of risk factors were aggregated to give a 'vulnerability to social isolation' score. This was then mapped as follows:

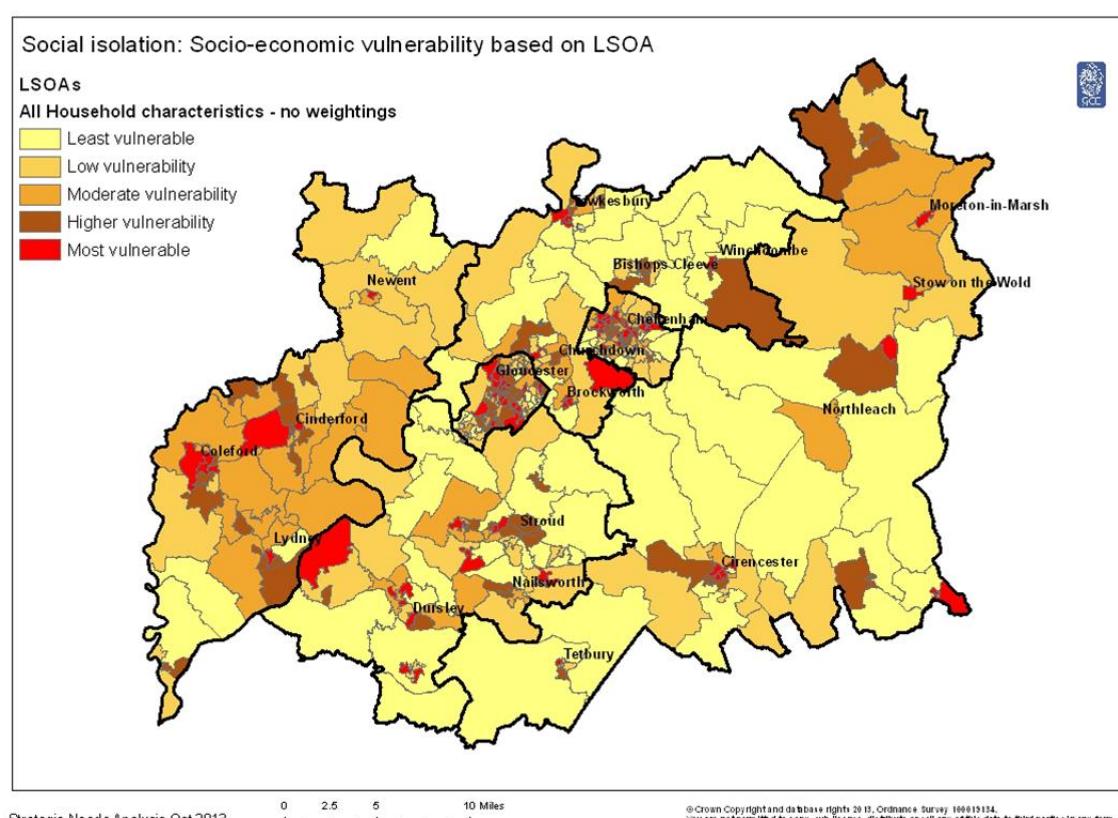


Figure 33: Estimated vulnerability to social isolation in Gloucestershire

5.6.3 Actual local need

This does not, of course, necessarily reflect where people are actually lonely. Some communities may have developed effective formal and/or informal ways of

¹⁰⁸ Social isolation in Gloucestershire, Gloucestershire County Council, 2013, <http://www.goucestershire.gov.uk/inform/index.cfm?articleid=94013>

addressing loneliness. A map such as this can be used as a starting point for investigating the real extent of loneliness in the county as in a recent piece of research by Cotswold District Council¹⁰⁹. Here, focus groups confirmed many of the findings of national and international research: that loneliness and isolation are prevalent amongst older people; that this has a detrimental effect on their health and wellbeing and can lead to dependence on statutory health services; and that early intervention and preventative services and activities can help to prevent or alleviate loneliness. Among the issues identified were lack of accessible, appropriate and convenient transport, access to IT and need for community-based social groups and outings.

Other ways of identifying the real extent of loneliness and social isolation in the county are being explored. These include the adult social care service user and carers surveys. The 2012/13 carers survey highlighted both the number of carers who are experiencing high levels of isolation but also the extent to which these carers struggle to access the information and advice that might help them.

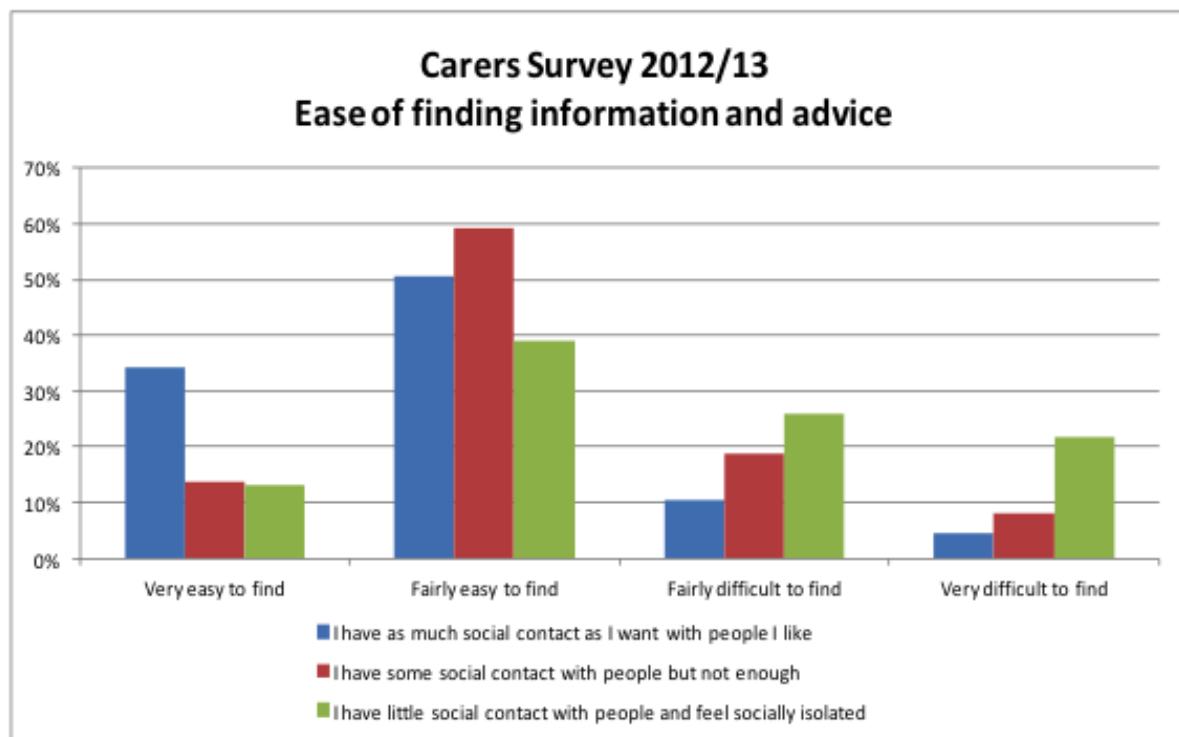


Figure 34: Carers Survey 2012/13 – Ease of finding information and advice.

Finally, when social workers carry out needs assessments of adult social care service users one of the needs they assess is their need for social activities and relationships. By mapping the number of service users who are recorded with a need that is high or very high in local areas we can see where adult social care

¹⁰⁹ Research into the scale, extent and impact of loneliness and isolation in the Cotswolds, Cotswold District Council, 2014, <http://www.cotswold.gov.uk/media/777430/Loneliness-Report.PDF>

users with the highest level of actual loneliness are concentrated as shown in Figure 35. It should be stressed that this dataset is not comprehensive – not all assessments in the period include such as rating. It should also be stressed that it does not show actual levels of need for social activity and relationships for the whole population with social care needs. The means testing element of the social care system will exclude many who do have high levels of need for social contact. This might explain why areas of the Cotswolds that the model suggests would be characterised by higher levels of loneliness do not show up in this map. However, it should highlight areas that contain concentrations of those with most loneliness and least financial resources.

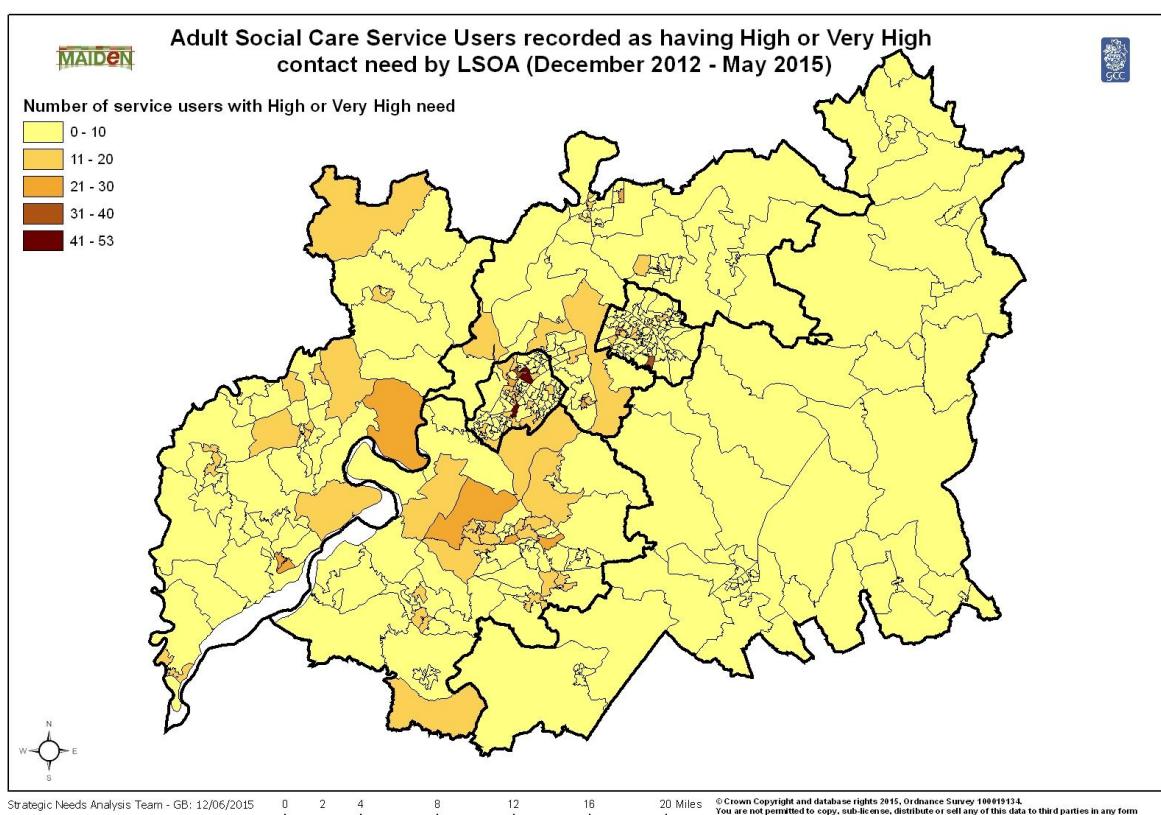


Figure 35: Adult social care users recorded as having a high or very high level of need for social activities and relationships December 2012 - May 2015.

5.6.4 Future work on social isolation

The various strands of intelligence about loneliness and social isolation in Gloucestershire are being collated in a report for the Health and Wellbeing Board which should be available in the next two months.

5.7 Healthy ageing

5.7.1 Healthy life expectancy

Healthy life expectancy is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

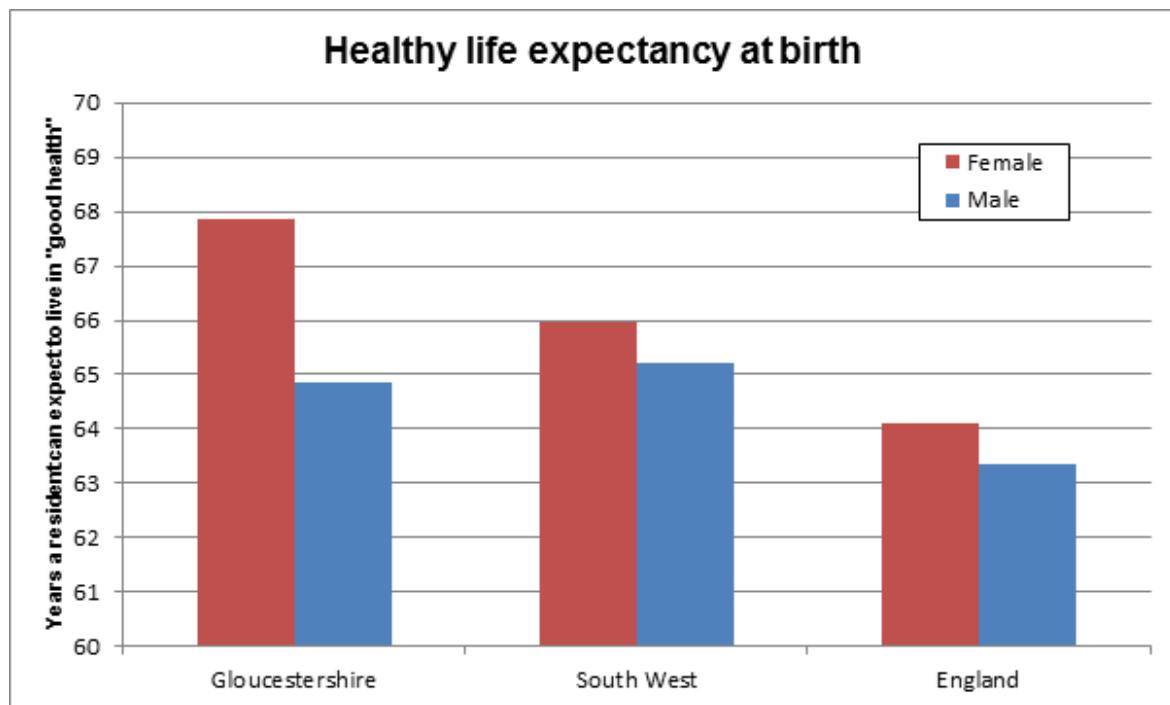


Figure 36: Healthy life expectancy at birth Note: No time-series data currently available due to change of definitions Note: y-axis does not start at 0 for comparison purposes

Much like general life expectancy, females can expect to live longer in good health than males. Gloucestershire females have longer healthy lives than their regional and national counterparts. This trend is not so pronounced with males.

Whilst a decline into a period of poorer health is inevitable for most people at the end of their life, an effective preventative and care support approach can do much to minimise its length. The following diagram, based on research from University of Newcastle, illustrates the typical sequence of decline in abilities in the last years of life. It also shows how the rate of decline can be substantially reduced by:

- Effective reablement in the first phase of decline. One example would be regaining confidence and rediscovering old networks of friends, and/or physical recovery following a broken hip.
- Compensation in the second phase using any kind of equipment that maximises the ability to stay in control and be engaged in living, despite an irreversible loss of some physical or mental ability.

- Care in the final phase when the loss of physical and/or mental abilities removes the ability to look after oneself. Even then, the nature of care should facilitate engagement with every individual's differing ideas of what will stimulate them and give an essential quality of life.

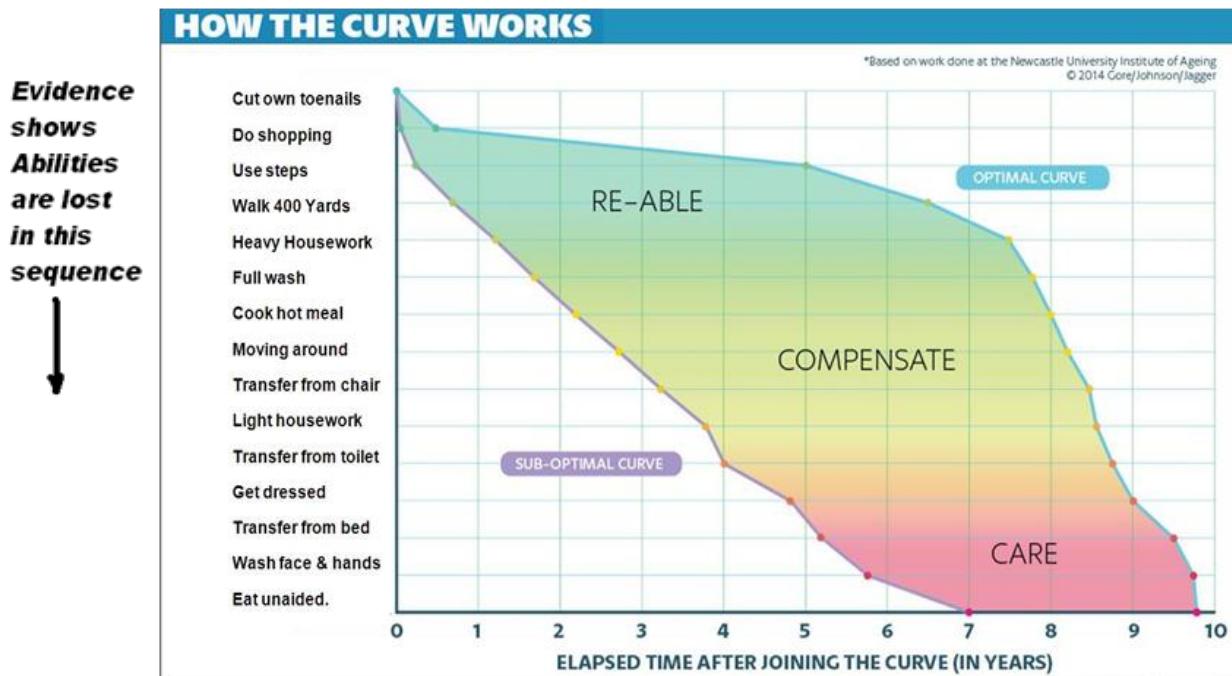


Figure 37: The last 10 years of life¹¹⁰

The next section covers that part of the population with higher-level needs which may have arisen late in life, as here, or conditions they were born with or developed in childhood or adulthood.

5.8 Community voice

5.8.1 Joining Up Your Care

Joining up your care (JUYC) acknowledges that much has improved in the NHS and social care in Gloucestershire over the last 20 years:

- Greater awareness that good physical health requires people to enjoy good mental health
- More people managing their own care at home e.g. diabetic patients monitoring their blood sugar levels
- More services in, or near, people's own homes

¹¹⁰ Based on work done at the Newcastle Institute of Ageing, supplied by ADL Smartcare

- Fewer people needing surgery to diagnose internal health problems e.g. through the use of scanning machines
- Fewer people needing surgery due to advances in drug treatment e.g. anti-biotic treatment for stomach ulcers
- More people needing to spend less time in hospital e.g. after a hip replacement
- Other health professionals now doing tasks previously done by doctors
- Major advances in the treatment of, and survival from, serious illnesses such as stroke and cancer.

JUYC also sets out 'Today's Challenge', noting that the scale of the challenge we face as a health and care community in Gloucestershire is huge. The issues below were also highlighted by NHS England as part of their national 'Call to Action'¹¹¹:

- An ageing society with greater health and social care needs, with the number of over 85 year olds expected to double over the next 20 years
- More people living with more complex illness, long term conditions (such as diabetes and dementia) and disability, including children and young people
- Increasing demand for services and rising public expectations
- The rising cost of drugs and new medical technology
- The impact of a rapidly changing world and pace of life on our mental health
- The need to tackle health inequalities (differences in health based on where you live or social circumstances)
- We are running out of money to meet all the challenges above.

The objective of the JUYC Engagement and communications activities was to enable as many individuals and groups to access the JUYC information and provide a range of opportunities for individuals and groups to comment and ask questions to inform their responses to the Engagement.

The full outcome of the engagement report can be found here:

<http://www.glosccg.nhs.uk/wp-content/uploads/2012/03/JUYC-Outcome-of-Engagement-Report-Final-v2.pdf>

¹¹¹ <http://www.england.nhs.uk/2013/07/11/call-to-action/>

5.9 Key messages

- 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 benchmarks. However, the most recent year of data shows a sharp fall in the Gloucestershire rate, bringing it more into line with the benchmarks.
- Smoking rates in Gloucestershire are steadily declining, and are also 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 shorter than for the South West as a whole.

6. Particular Needs

6.1 About this section

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.

6.2 Disability

6.2.1 *Total population*

Under the Equality Act¹¹² a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. The definition is designed to be as broad as possible to cover a wide variety of conditions and impairments including; Sensory Loss, Physical Disabilities, Learning Disabilities, Mental Illness, as well as diseases such as Cancer.

There is no single measure of the number of people with disabilities; instead information is available from a number of sources, many of which use slightly different definitions of disability. The Census of Population is one of the most widely used measures and is based on a broad definition of disability.

According to the 2011 Census 16.7% of Gloucestershire residents (99,746 people) reported having a long term health problem or disability, this was below the national average and regional averages of 17.6% and 18.4% respectively. The following graph shows the proportion of people reporting a long-term limiting health problem or disability increases with age, following the national trend.

¹¹² The Stationery Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>
Accessed 15/04/2015.

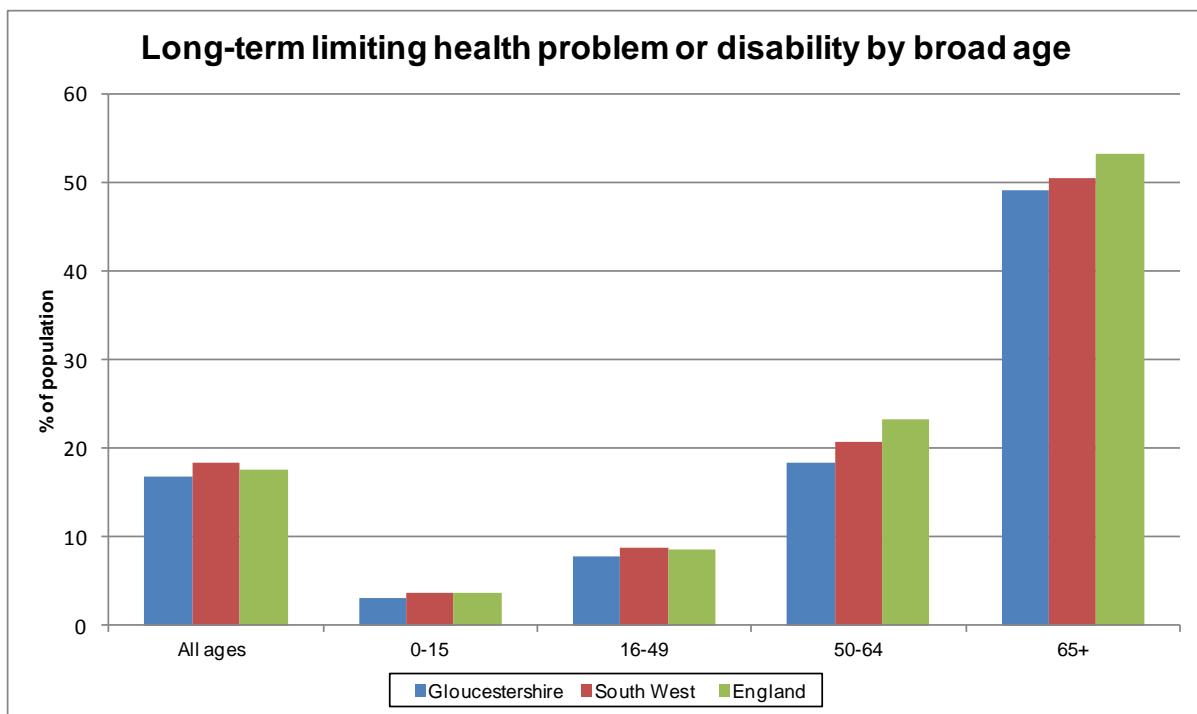


Figure 38: Percentage of the population with a long-term limiting health problem or disability by broad age group, 2011¹¹³

The information provided by the Census has some limitations, it is based on self-reported health, it is not updated regularly and provides no information about the type of health problem or disability.

Individuals with disabilities may be entitled to claim Disability Living Allowance (DLA)¹¹⁴, Attendance Allowance (AA)¹¹⁵ or Personal Independence Payments (PIP)¹¹⁶. The purpose of these benefits is to contribute towards the extra cost of a health problem or disability, they can be claimed by those in employment as well as those without employment and in conjunction with other benefits. The number of people claiming these benefits is often used as a measure of disability as the information is regularly updated and can be broken down by condition. The data set will not reflect all of those with a disability, there will be people who feel they do not need financial help and therefore do not apply for these benefits.

¹¹³ *Ibid.*

¹¹⁴ Disability Living Allowance can be claimed by a person who has a disability or health condition which requires them to have help with their personal care or have supervision needs, and/or those who have difficulty getting around provided they claim before the age of 65. Disability Living Allowance is being replaced by Personal Independent Payments for all people aged 16+.

¹¹⁵ Attendance Allowance is available to people aged 65+ who develop a disability or health condition which requires them to have help with their personal care or have supervision needs, and/or those who have difficulty getting around.

¹¹⁶ Personal Independence Payments are replacing Disability Living Allowance for people aged 16-64. The transfer to Personal Independence Payments should be complete by late 2017.

There will also be people who apply but are not eligible because their disability is not considered severe enough.

Disability Living Allowance and Attendance Allowance cannot be claimed at the same time, this means it is possible to combine the counts of these benefits to estimate the total number of disabled people claiming a disability benefit. In August 2014 there were 36,630 people claiming Disability Living Allowance or Attendance Allowance in Gloucestershire, representing 6.0% of the total population¹¹⁷, Figure 39 shows this was lower than the regional and national average of 7.6%. Within Gloucestershire, the Forest of Dean has the highest proportion of disability benefit claimants with 8.0% of residents claiming Disability Living Allowance or Attendance Allowance.

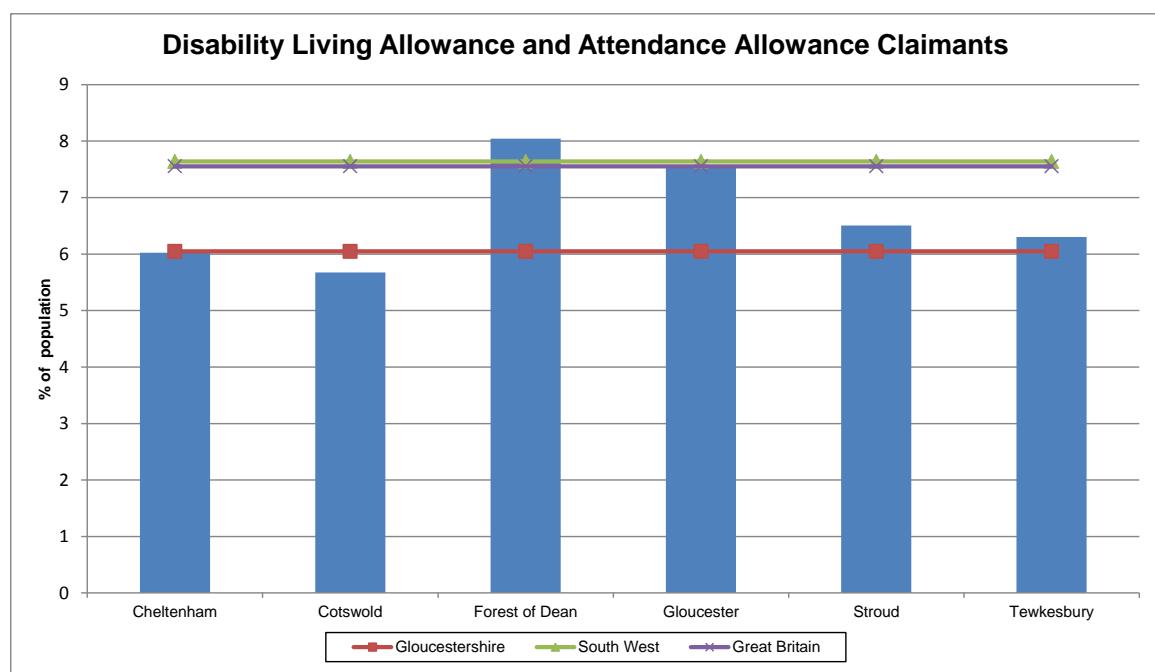


Figure 39: Proportion of the population claiming Disability Living Allowance or Attendance Allowance, August 2014¹¹⁸

Figure 40 shows the total number of disability benefit claimants in Gloucestershire and Great Britain has been falling since 2013. This is primarily due to the introduction of Personal Independence Payment for new working age claimants, which began in April 2013.

¹¹⁷ DWP, Tabulation Tool – WPLS(100% of claimants) <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html> Accessed 05/05/2015.

¹¹⁸ *Ibid.*

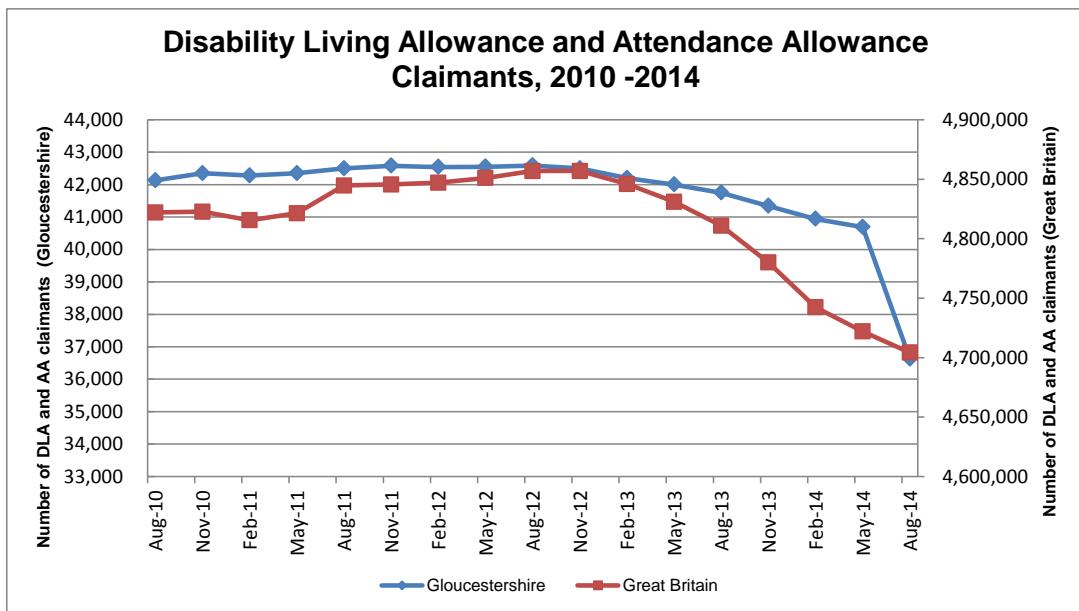


Figure 40: Five year trend in the number of Disability Living Allowance and Attendance Allowance Claimants in Gloucestershire and Great Britain, 2010-2014¹¹⁹ (Note: y-axis does not start at 0)

The characteristics of Gloucestershire's Disability Living Allowance and Attendance Allowance claimants are illustrated in Figure 41. Females and people aged 65+ account for the largest proportion of disability benefit claimants, the majority of claimants have been long term claimants, with over 65% claiming for over 5 years. These characteristics are reflected at a regional, national and district level.

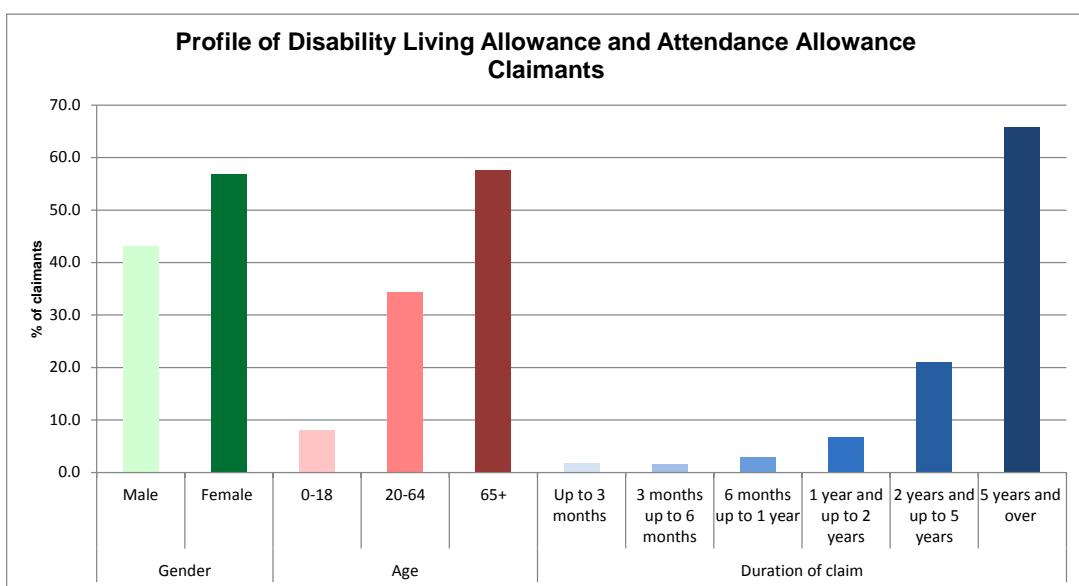


Figure 41: Profile of Disability Living Allowance and Attendance Allowance Claimants in Gloucestershire, August 2014¹²⁰

¹¹⁹ Ibid.

There is some variation between age groups. Figure 42 shows that males are responsible for more than twice as many claims than females in the 0-17 age group, while females account for almost double the number of claimants amongst the 65+ age group.

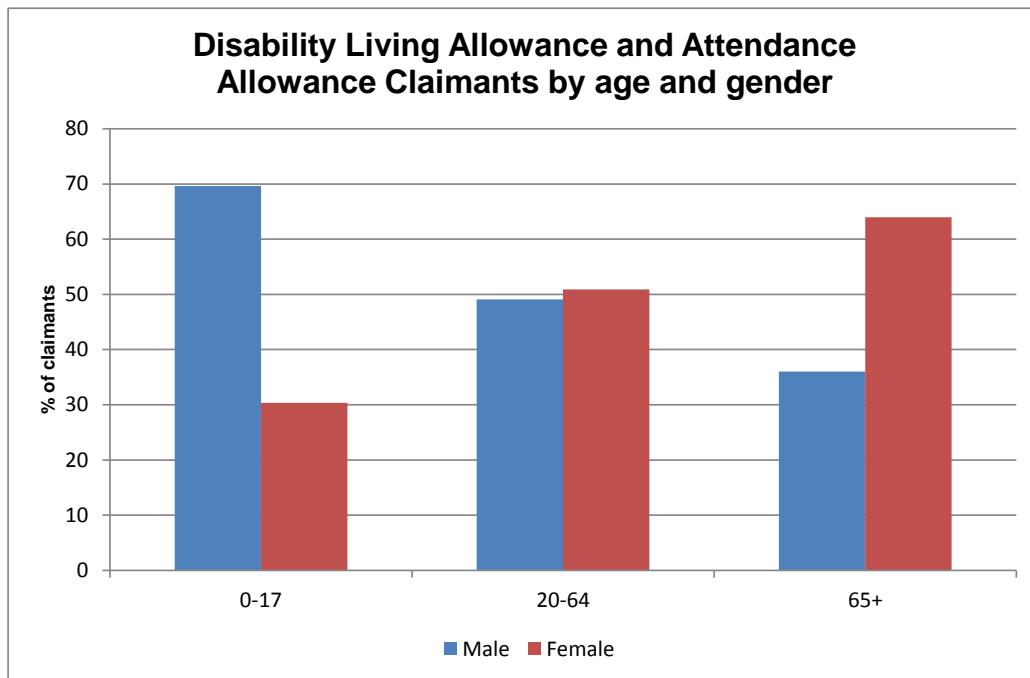


Figure 42: Disability Living Allowance and Attendance Allowance Claimants by age and gender, August 2014¹²¹

Benefit data can be broken down by the main disabling condition of the claimant. Five percent of all claims are sampled. The percentages derived from this sample data are applied to the total number of disability benefits claims to create an estimated count of claims for each condition. Figure 43 shows that in August 2014, arthritis was the most commonly reported disabling condition in Gloucestershire, representing over a fifth (22.4%) of all claims. Mental health was the second most common condition, reported by almost 15% of claimants. The conditions reported in Gloucestershire generally follow the national and regional trend.

¹²⁰ *Ibid.*

¹²¹ *Ibid.*

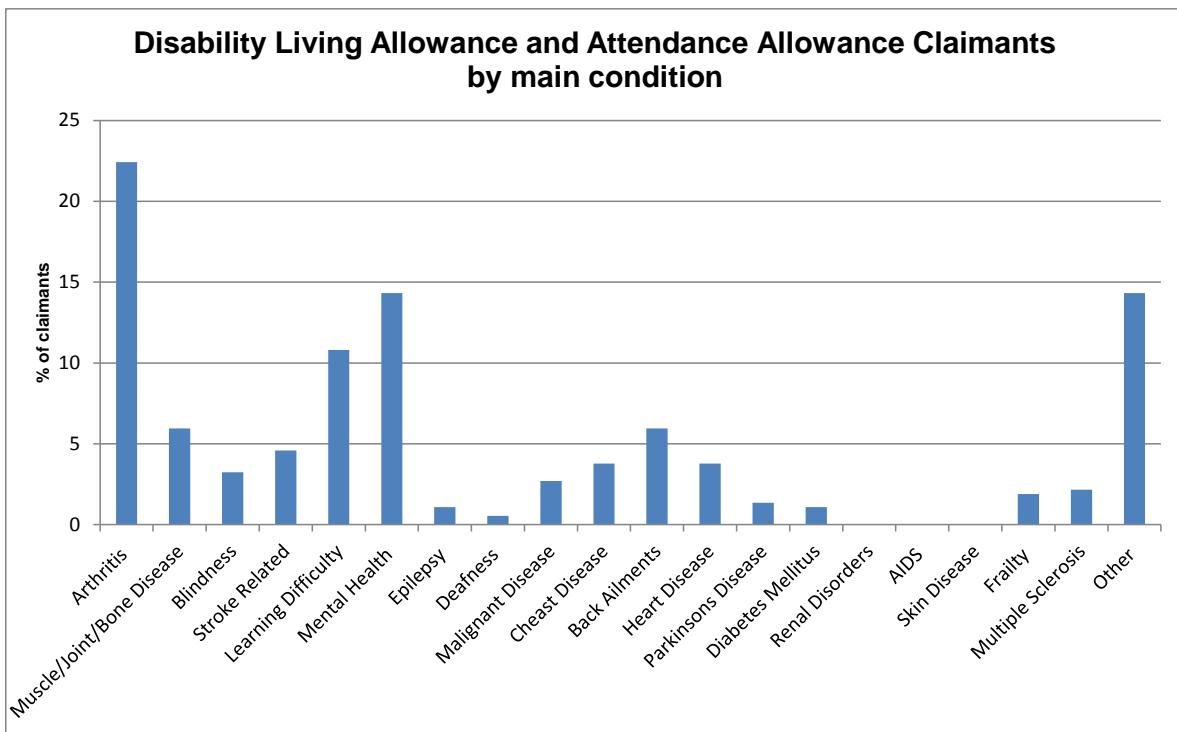


Figure 43: Disability Living Allowance and Attendance Allowance Claimants by main disabling condition, August 2014¹²²

There are some differences in the conditions reported by Disability Living Allowance claimants and Attendance Allowance claimants. The following graph shows age related conditions such as arthritis, stroke related problems and frailty all account for a significantly higher proportion of Attendance Allowance claimants than Disability Living Allowance claimants, reflecting the older nature of the claimants. Learning Difficulties account for almost 20% of Disability Living Allowance claimants, but no Attendance Allowance claimants. This is unsurprising as Attendance Allowance can only be claimed for conditions that develop after the age of 65, and the nature of learning difficulties means they are usually diagnosed earlier in life.

Personal Independence Payments are replacing Disability Living Allowance for the working age population. Since April 2013 new working age claimants have had to apply for Personal Independence Payments. Existing working age claimants of Disability Living Allowance will eventually be asked to claim Personal Independence Payments instead of Disability Living Allowance. This process is being introduced in stages and is due to start in Gloucestershire in May 2015¹²³. Data about the numbers of Personal Independence Payments

¹²² DWP, Tabulation Tool – 5% sample data <http://tabulation-tool.dwp.gov.uk/5pc/tbtool.html>
Accessed 06/05/2015.

¹²³ DWP, Introducing Personal Independence Payment
<https://www.gov.uk/government/policies/simplifying-the-welfare-system-and-making-sure-work-pays/supporting-pages/introducing-personal-independence-payment> Accessed 05/05/2015.

claimed in Gloucestershire is experimental and is not comparable with data about Disability Living Allowance and Attendance Allowance. The latest data for January 2015 show that in Gloucestershire there were 2,019 people claiming Personal Independence Payments¹²⁴.

Figure 44 shows the number of Personal Independence Payment claimants has been increasing month on month since April 2013.

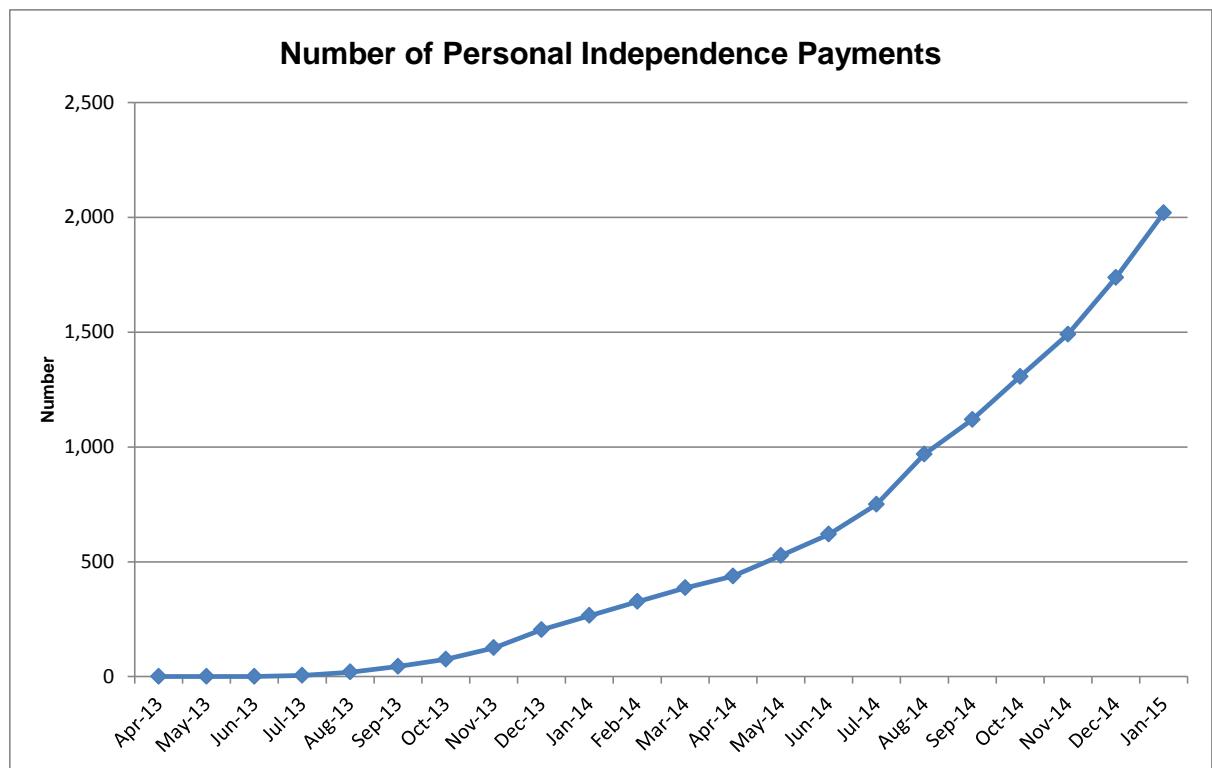


Figure 44: Number of Personal Independence Payment Claims in Payment, April 2013 to January 2015¹²⁵

6.2.2 Children with Special Educational Needs

Census data and information about disability related benefit claimants provide an overall picture of the number of disabled people. Other sources of information provide us with a partial picture by focusing on particular age groups. The number of children with Special Educational Needs is often used as a proxy measure for children with disabilities. Special Educational Needs affect a child's ability to learn and can include; behavioral issues, learning difficulties physical disabilities. The definition of Special Educational Needs means it will not capture all disabilities, only those that affect a child's learning.

¹²⁴ DWP, Stat-Xplore <https://stat-xplore.dwp.gov.uk/> Accessed 07/05/2015.

¹²⁵ *Ibid.*

In 2015/16 there were 12,206 children and young people in Gloucestershire's maintained schools and academies with Special Educational Needs, this equates to 14.5% of pupils¹²⁶. Figure 45 shows the total number of pupils with Special Educational Needs has been falling since 2009/10 when it stood at 15,394 pupils¹²⁷.

Over the last two academic years, the number of children with SEN without statements / EHC plans has continued to decrease. This may be due to more accurate identification of those with SEN following implementation of the Special Educational Needs and Disability (SEND) reforms. The new SEND code of practice, which was introduced on 1st September 2014, removed the requirement for separate 'school action or early years action' and 'school action plus or early years action plus' categories. These were replaced by a single 'SEN support' category. The Children and Families Act 2014 also replaced 'SEN statements' with 'education, health and care plans'.

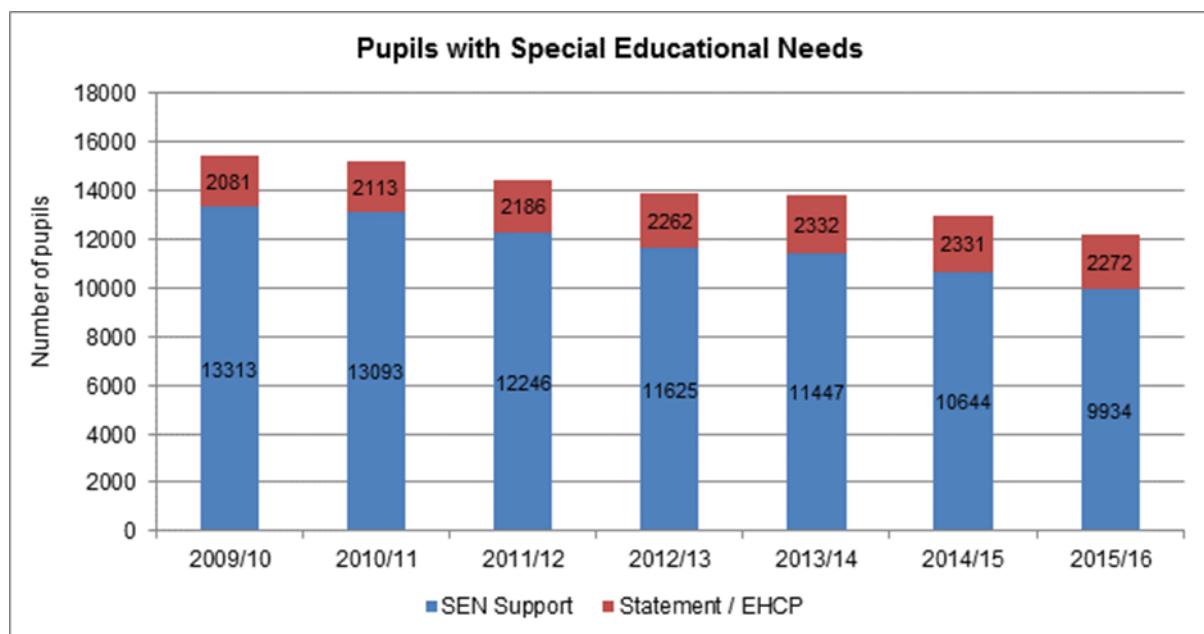


Figure 45: Number of pupils on the Special Educational Needs and Disability (SEND) Code of practice, 2009/10 to 2015/16¹²⁸

From the January 2015 School Census onwards, primary need was collected for those pupils on SEN support or with a statement of SEN / EHC plan. Pupils who were formerly School Action but transferred to SEN support were required to provide a type of need. In 2015/16 the most common type of need was Moderate

¹²⁶ School Census, January 2015/16.

¹²⁷ Figures relate to pupils recorded as having a Statement of SEN / Education Health and Care Plan or as being on SEN Support in the January School Census.

¹²⁸ School Census, January 2009/10 to January 2015/16. SEN Support figures preceding 2015 relate to pupils on School Action and School Action Plus.

Learning Difficulties (MLD), this was followed by Speech, Language and Communication needs (SLCN) and Specific Learning Difficulties (SpLD). Figure 46 illustrates the trend in primary need over the last two academic years^{129,130}. The greatest change has been in the number of pupils identified as having Moderate Learning Difficulties (MLD)¹³¹.

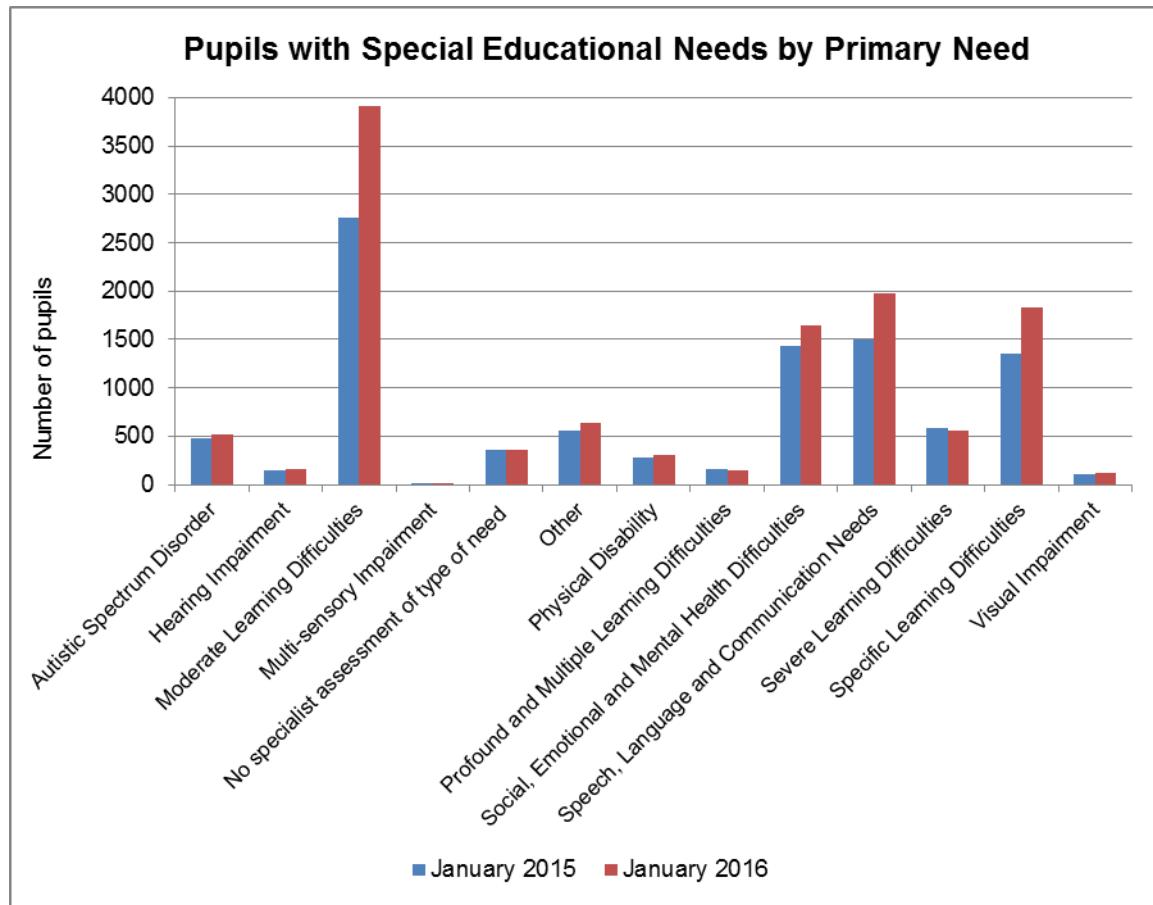


Figure 46: Number of pupils with Special Educational Needs by primary need, 2014/15 to 2015/16¹³²

For further information about children with Special Educational Needs please see our SEND needs analysis¹³³.

¹²⁹ Due to changes in coverage, it is not possible to produce a direct comparison of type of primary need with data for years preceding 2014/15. However, in the January 2015 School Census, a primary need was not submitted for all pupils receiving SEN Support. Therefore not all pupils receiving SEN Support in 2015 are included in the chart.

¹³⁰ From 2015 the classification of type of need changed: the previous code of 'Behaviour, Emotional and Social Difficulties (BESD)' was removed and a new code 'Social, Emotional and Mental Health (SEMH)' was introduced, although this wasn't a direct replacement. The code 'SEN support but no specialist assessment of type of need (NSA)' was also introduced.

¹³¹ Based on the Primary Need determined by the school in the January School Census. This may differ to the need recorded on the pupil's Statement / EHCP.

¹³² School Census, January 2009/10 to January 2015/16.

6.2.3 Adults with disabilities

The Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI) provide current and future estimates of the number of adults with learning and physical disabilities.

In 2014 there was an estimated 38,231 people aged 18-64 with a severe or moderate physical disability living in Gloucestershire¹³⁴ and an additional 22,861 people aged 65+ who are unable to manage at least one mobility activity on their own¹³⁵.

Figure 47 shows the number of people with a moderate or serious physical disability is projected to increase marginally between 2014 and 2025, before falling slowly. In contrast the number of people aged over 65 who are unable to manage at least one mobility activity on their own, is forecast to increase steeply during the period, from 22,861 in 2014 to 35,875 in 2030. This increase is likely to result in a noticeable increase in demand on health and social care services. The number is projected to grow from 22,861 in 2014 to 24,063 in 2016.

¹³³

https://search3.openobjects.com/mediamanager/gloucs/glosfamilies/files/children_and_youth/people_0-24_years_with_special_educational_needs_and_disabilities - needs analysis v1.0.pdf

¹³⁴ Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

¹³⁵ Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

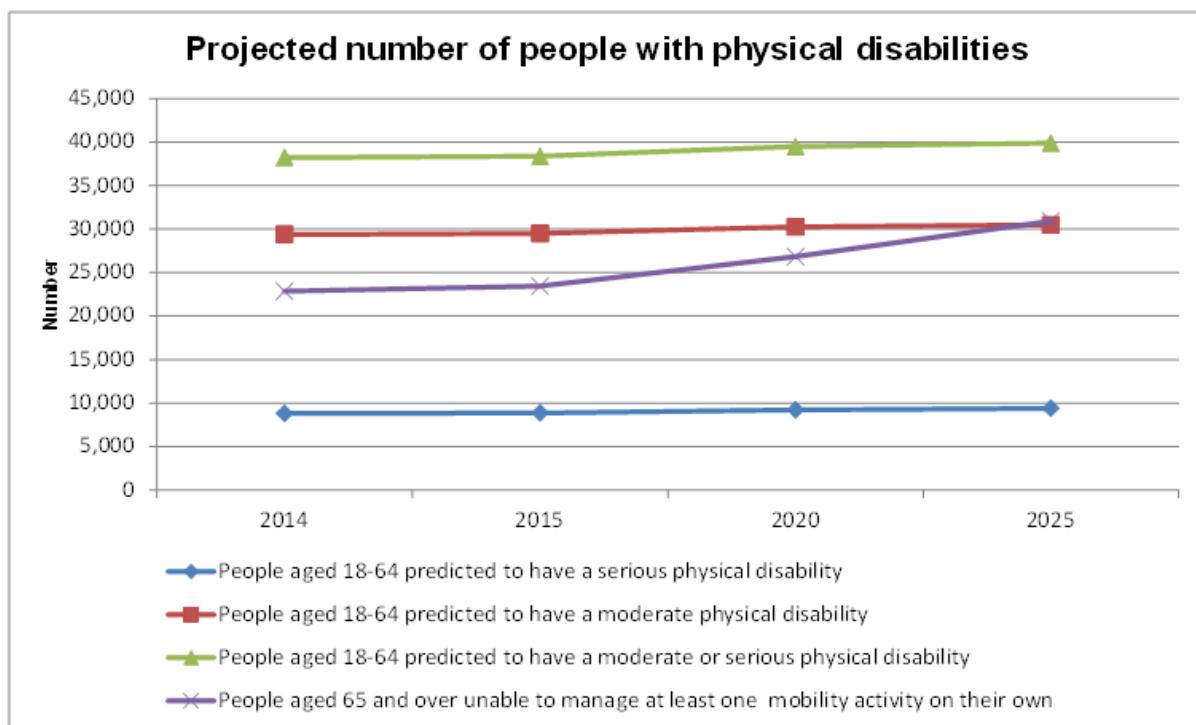


Figure 47: Projected number of people with moderate or serious physical disability (aged 18-64)¹³⁶ or unable to manage at least one mobility activity on their own, 2014-2025¹³⁷

In 2014 there was an estimated 11,360 people aged 18+ with a learning disability living in Gloucestershire. Figure 48 shows the number of people aged 18+ with a learning disability is forecast to increase to 12,142 people by 2025, this represents an increase of 782 people or 6.9%. This number is forecast to increase to 11,522 people between 2014 and 2016; this represents an increase of 162 people or 1.4%.

¹³⁶ Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

¹³⁷ Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

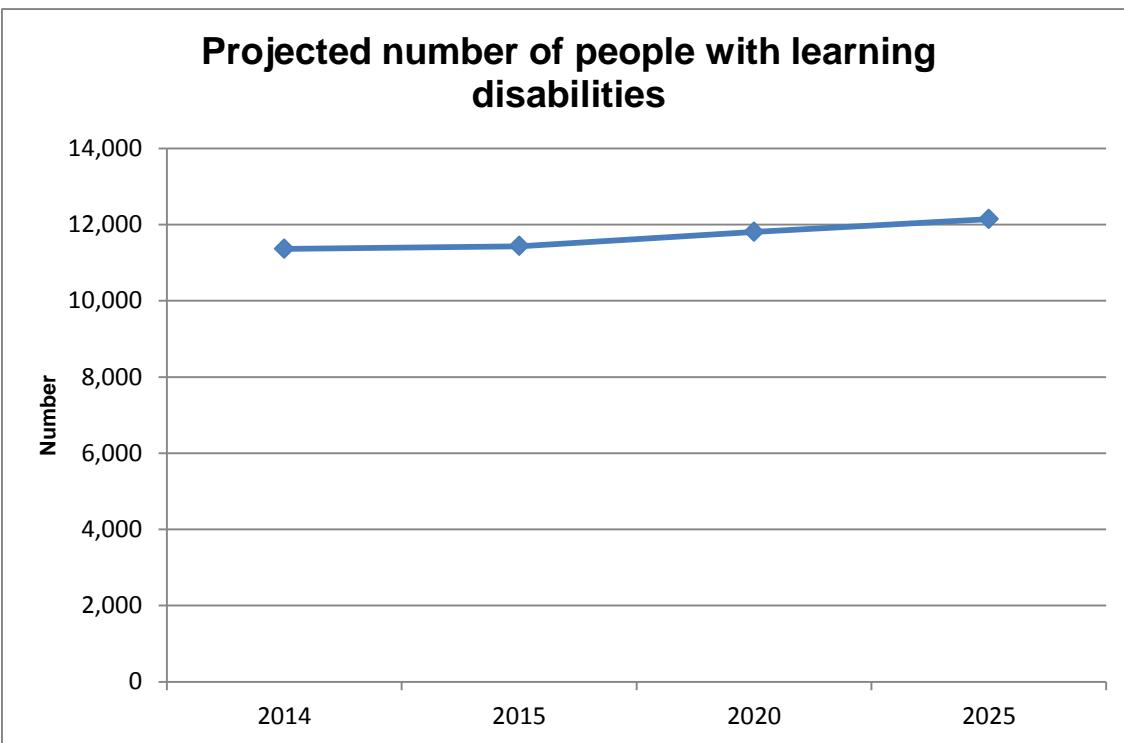


Figure 48: Projected number of people aged 18+ with a learning disability, 2014-2025¹³⁸

6.2.4 Experiences and outcomes of people with disabilities

National research has shown people with disabilities are more likely to be at risk of poor outcomes than their peers. A report by the Office for Disability Issues shows that nationally people with disabilities are¹³⁹:

- More likely to live in poverty, 19% of individuals in families with at least one disabled member live in relative income poverty compared to 15% of individuals in families with no disabled member.
- More likely to experience unfair treatment at work than non-disabled people. In 2008, 19% of disabled people experienced unfair treatment at work compared to 13% of non-disabled people.
- More likely to be victims of crime than non-disabled people. This gap is largest amongst 16-34 year-olds where 39% of disabled people reported having been a victim of crime compared to 28% of non-disabled people.
- Less likely to live in households with access to the internet than non-disabled people. In 2011, 61% of disabled people lived in households with internet access, compared to 86% of non-disabled people

¹³⁸ *Ibid.*

¹³⁹ Department for Work and Pensions and Office for Disability Issues, Disability Facts and Figures <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures> Accessed 07/05/2015.

Local data also shows people with disabilities are:

- Less likely to be in employment than non-disabled people. During the period January 2012-December 2012, 57.8% of working age disabled people were in employed in Gloucestershire, compared to 81.2% of non-disabled people¹⁴⁰.
- Less likely to achieve 5 or more GCSE's grades A*-C. In 2014 21.4% of pupils with SEN but without a statement and 8.1% of pupils with a statement of SEN achieved 5+GCSE A*-C grades including English and mathematics, this compares to 68.1% of pupils without SEN¹⁴¹.
- Less likely to participate in sport. In 2012/13, 20.1% of people with a limiting illness or disability participated in sport at least once a week, compared to 39.8% of people without a limiting illness or disability¹⁴².

However there is also evidence to suggest people with disabilities are increasingly achieving great things, and building better lives. Employment rates for disabled people in Gloucestershire are improving, children with Special Education Needs are achieving greater success at GCSE Level and participation of disabled people in sports is increasing¹⁴³.

6.3 Mental health

In 2012 there was an estimated 1,720 people aged 16+ in Gloucestershire with a psychotic disorder, 0.35% of the population. This compares with 0.4% for the country as a whole. Psychotic conditions are high level need mental health issues that cause people to perceive or interpret things differently from those around them, often involving hallucinations or delusions¹⁴⁴. In 2012/13 there were 132.4 attendances per 100,000 population at Accident and Emergency departments in Gloucestershire for a psychiatric disorder. This is significantly

¹⁴⁰ ONS, Annual Population Survey <https://www.nomisweb.co.uk> Accessed 07/05/2015.

¹⁴¹ DfE SfR 50/2014.

¹⁴² Active People Survey, Sport England

http://archive.sportengland.org/research/active_people_survey/active_people_survey_7.aspx

Accessed 30/04/2015.

¹⁴³ Strategic Needs Analysis Team, Children and young people (0-24) with Special Educational Needs and Disabilities (SEND) - Needs Analysis

https://search3.openobjects.com/mediamanager/gloucs/glosfamilies/files/children_and_youth_people_0-24_years_with_special_educational_needs_and_disabilities - needs analysis v1 0.pdf

Accessed 28/04/2015.

¹⁴⁴ NHS Choices <http://www.nhs.uk/conditions/psychosis/pages/introduction.aspx> Accessed 02/07/2015

below the rate for England as a whole which is 243.5 per 100,000. Psychiatric disorders are much broader than psychotic conditions, and cover all mental health conditions, whatever level of need¹⁴⁵.

Gloucestershire performs relatively well on most mental health measures when compared with the region and, in particular, England as a whole. For suicides, though, outcomes have been worse, in recent years, when compared with both the region and England, significantly so in the latter case, as shown in this graph.

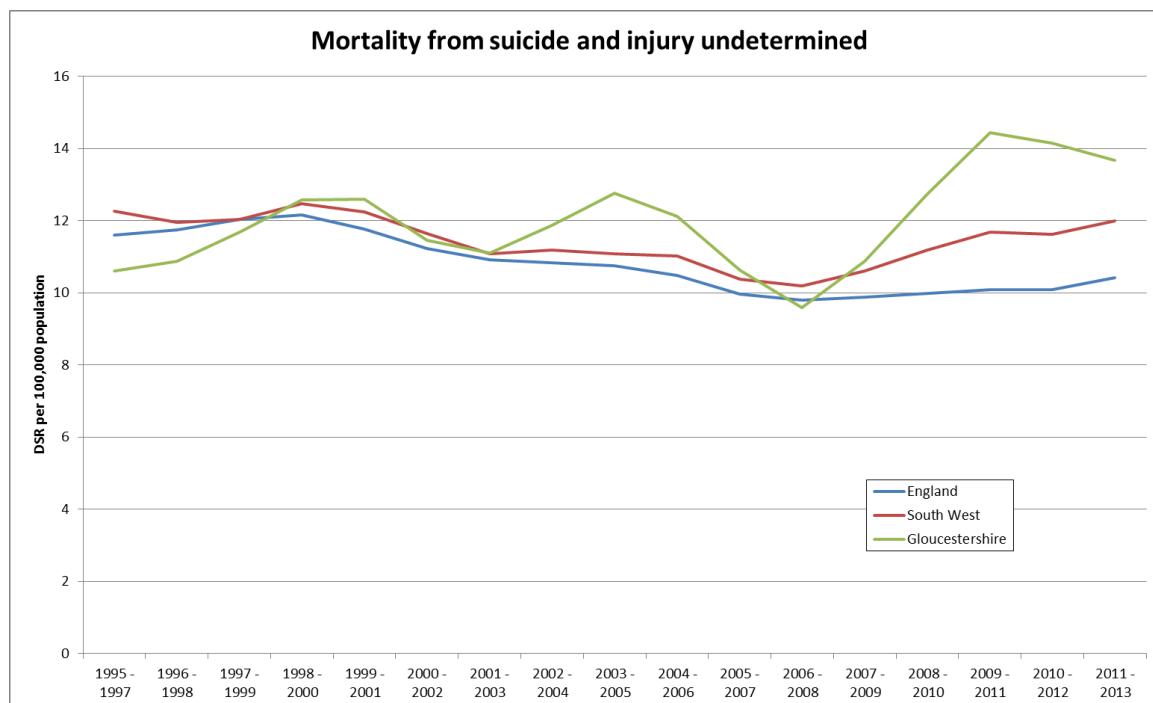


Figure 49: Suicide and Injury Undetermined in Persons aged 15 +, 3-year moving averages 1993/1995 to 2011/13¹⁴⁶

¹⁴⁵ NHS choices

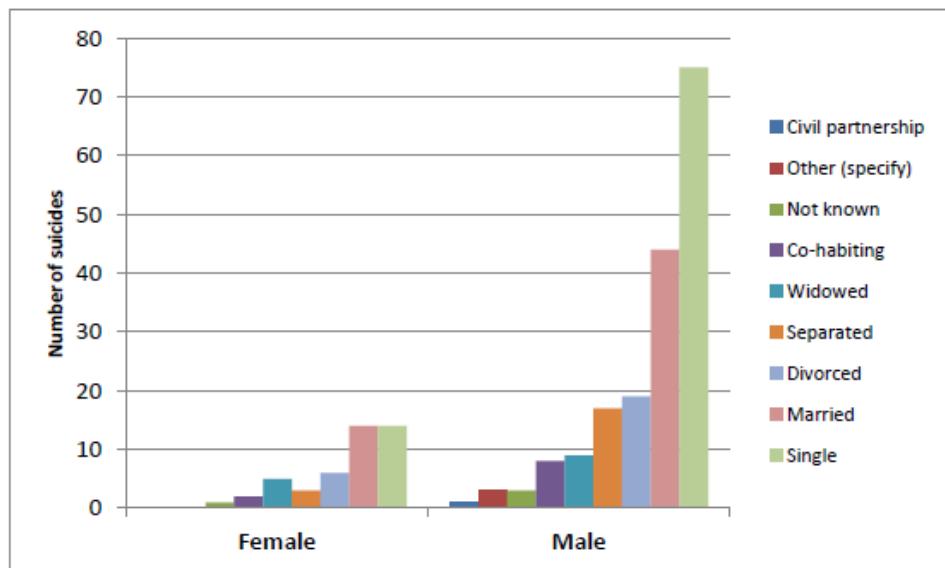
<http://www.nhs.uk/conditions/Pages/bodymap.aspx?Subject=Mental%20health%20disorders>

Accessed 02/07/2015

¹⁴⁶ HSCIC Indicator Portal

https://indicators.ic.nhs.uk/download/NCHOD/Data/31D_114DR15++_D.csv Accessed 2/7/2014

The following graph illustrates suicide numbers by marital status and reveals a striking difference by gender in suicide rates. Many more single males have died by suicide compared to females, whilst an equal number of single and married women have died by suicide. This contrasts with self-harm where 60% of admissions to acute hospitals of Gloucestershire residents from April 2009 to March 2013 were female¹⁴⁷.



6.4 Long-term conditions

About 15 million people in England have a long-term condition¹⁴⁸. Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment.

Long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease)¹⁴⁹

People with long-term conditions now account for about 50 per cent of all GP appointments, 64 per cent of all outpatient appointments and over 70 per cent of all inpatient bed days.

Treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure¹⁵⁰

Projections for the future of long-term conditions are not straightforward. The Department of Health (based on self-reported health) estimates that the overall

¹⁴⁷ Gloucestershire Public Health Intelligence Unit

¹⁴⁸ Department of Health (2012). Report. [Long-term conditions compendium of Information: 3rd edition](#)

¹⁴⁹ *Ibid*

¹⁵⁰ *Ibid*

number of people with at least one long-term condition may remain relatively stable until 2018. However, analysis of individual conditions suggests that the numbers are growing, and the number of people with multiple long-term conditions appears to be rising.^{151 152}

Key:

- Significantly lower than England average
- Not significantly different from England average
- Significantly higher than England average

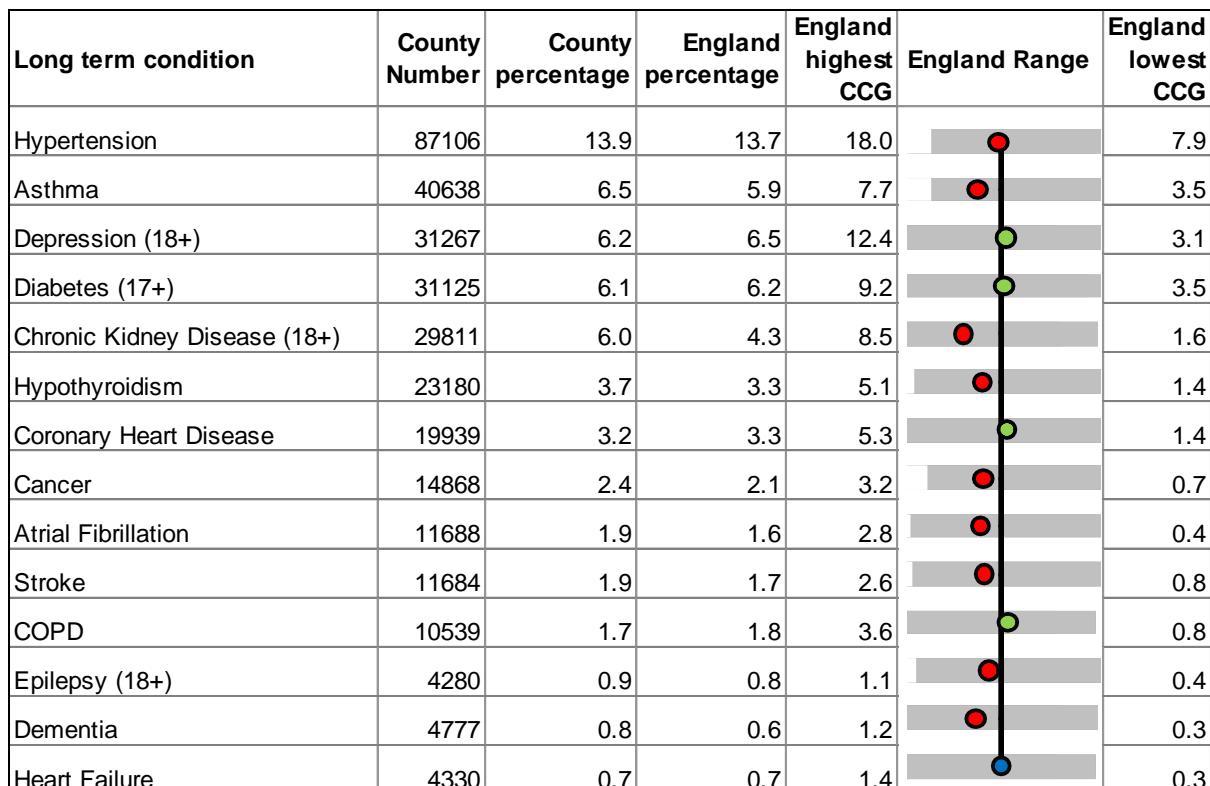


Figure 50: Long term conditions. All data from 2013/14, aside from Chronic Kidney Disease which is 2012/13. Data not age standardised. Data is dependent on GPs diagnosing and recording conditions correctly.¹⁵³

For the majority of long term conditions (LTCs) recorded on QOF disease registers, Gloucestershire has a significantly higher prevalence rate than for the country as a whole. QOF data is not age standardised, and as such the higher prevalence of LTCs is likely to reflect the county's older age structure.

¹⁵¹ The Kings Fund <http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity>

¹⁵² Department of Health (2012). Report. [Long-term conditions compendium of Information: 3rd edition](#)

¹⁵³ PHE GP Profiles <http://fingertips.phe.org.uk/profile/general-practice/data#mod,1,pyr,2014,pat,19,par,E38000062,are,-,sid1,3000008,ind1,273-4,sid2,-,ind2,->
Accessed 02/07/2014

QOF registers only capture people who have been diagnosed by their GP as such they may not reflect the true level of need in the county.

The higher prevalence rates of LTCs in the county are likely to have implications for health and social care spend.

6.5 Visual impairment and sight loss

The overall prevalence of partial sight and blindness (PSB) in Gloucestershire is estimated at 3.4% slightly above the national average of 3%. The four leading causes of PSB are age-related macular degeneration (AMD), cataracts, glaucoma, and diabetic retinopathy. Nationally, it is estimated that these conditions are responsible for: 16.7%, 13.5%, 5.3%, and 3.5% respectively of partial sight and blindness. The prevalence of PSB in Gloucestershire is projected to increase to 4.9% by 2030 (from 3.4% in 2011); and will increase at a faster rate than the country as a whole. This is likely to be explained by the county's ageing population¹⁵⁴.

Age is the primary risk factor for visual impairment and sight loss. Age is also associated with increased risk of developing a range of long term conditions; and when designing care packages it will be important to consider the impact of co-morbidities alongside PSB. Women are more likely to be affected by PSB than men. Other risk factors for PSB: include low income households, ethnicity and lifestyle behaviours, such as smoking (a risk factor in AMD) and obesity (a risk factor for diabetes). People with a learning disability are also more likely to experience sight loss. Understanding which groups are likely to be more vulnerable to sight loss can provide an indication of the drivers of future need and inform early intervention strategies¹⁵⁵.

6.6 Dementia

There are 850,000 people estimated to be living with dementia in the UK¹⁵⁶ though recent research suggests that actual prevalence may be lower¹⁵⁷. The cost to the country has been estimated at £26.3 billion a year as shown in the following infographic.

¹⁵⁴ RNIB (2014) Sight Loss Data tool guidance notes, RNIB

¹⁵⁵ UK Vision Strategy Case for Change 2013-2018, RNIB; Sight Loss UK 2013, RNIB

¹⁵⁶ Alzheimer's Society, 2014, Dementia UK 2nd Edition, <http://www.alzheimers.org.uk/dementiauk>

¹⁵⁷ Yu-Tzu Wu *et al*, 2015, Dementia in western Europe: epidemiological evidence and implications for policy making, *The Lancet*, [http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422\(15\)00092-7/abstract](http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422(15)00092-7/abstract)

Dementia costs the UK £26.3 billion a year

That's enough to pay the annual energy bill of every household in the country.



Figure 51: National dementia costs¹⁵⁸

The Alzheimer's Society has produced a comprehensive report detailing the evidence of dementia need and costs¹⁵⁹.

There are estimated to be over 9,000 people aged 65 and over with dementia in Gloucestershire and this is forecast to rise by two thirds to almost 15,000 in 2030. Almost 64% are women.

¹⁵⁸ Alzheimer's Society, Dementia 2014 infographic, <http://www.alzheimers.org.uk/infographic>

¹⁵⁹ Alzheimer's Society

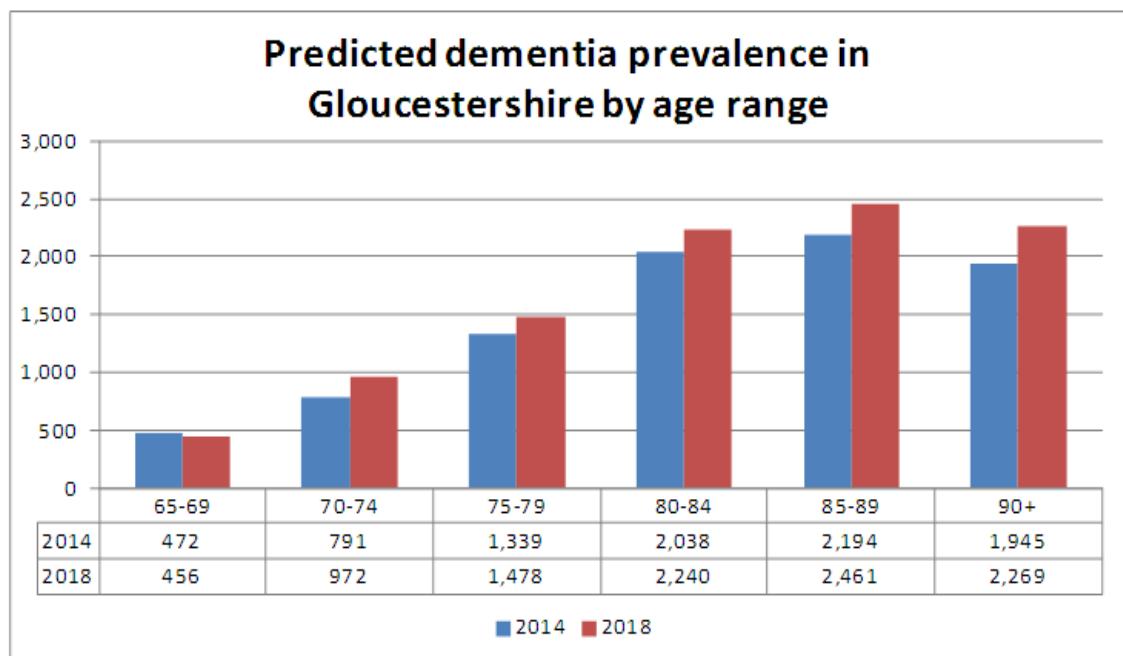


Figure 52: Predicted dementia prevalence by age in Gloucestershire¹⁶⁰.

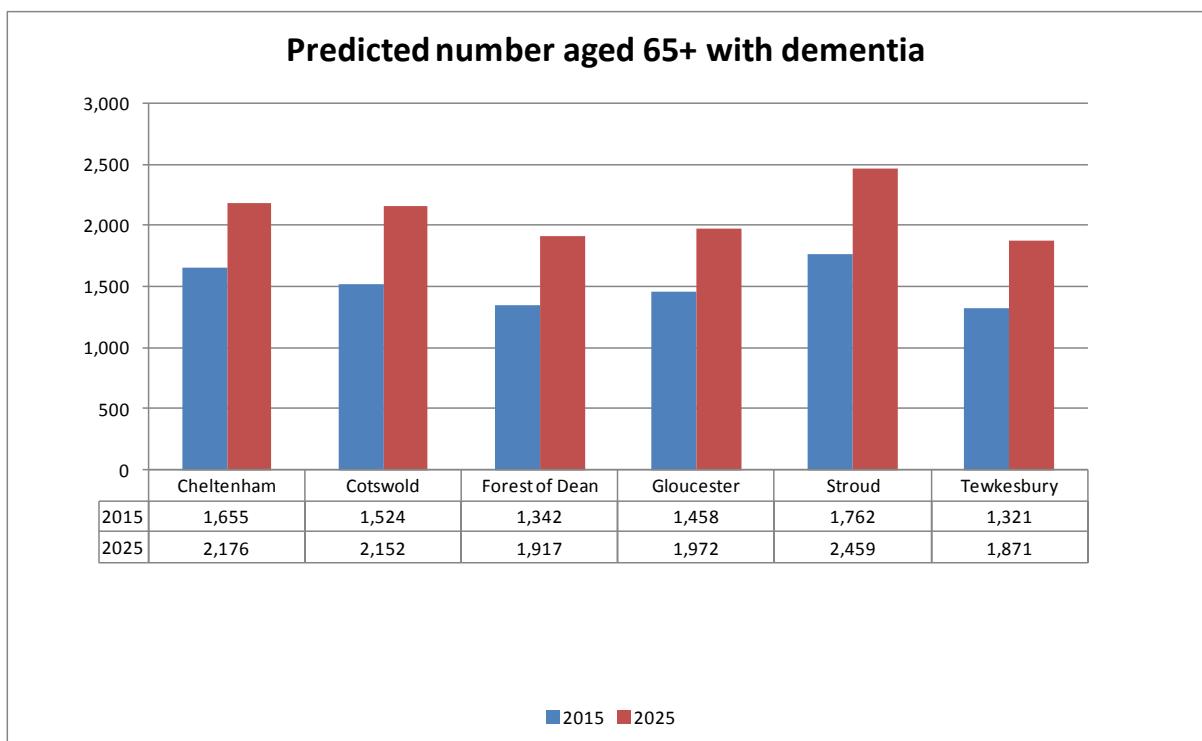


Figure 53: Predicted number aged 65+ with dementia 2015-2025¹⁶¹

The main risk factors for dementia are type 2 diabetes, hypertension, midlife obesity, depression, low levels of physical activity and smoking

¹⁶⁰ POPPI, 2015

¹⁶¹ *Ibid.*

Using modeled GP practice data we can see where those with dementia are most likely to live.

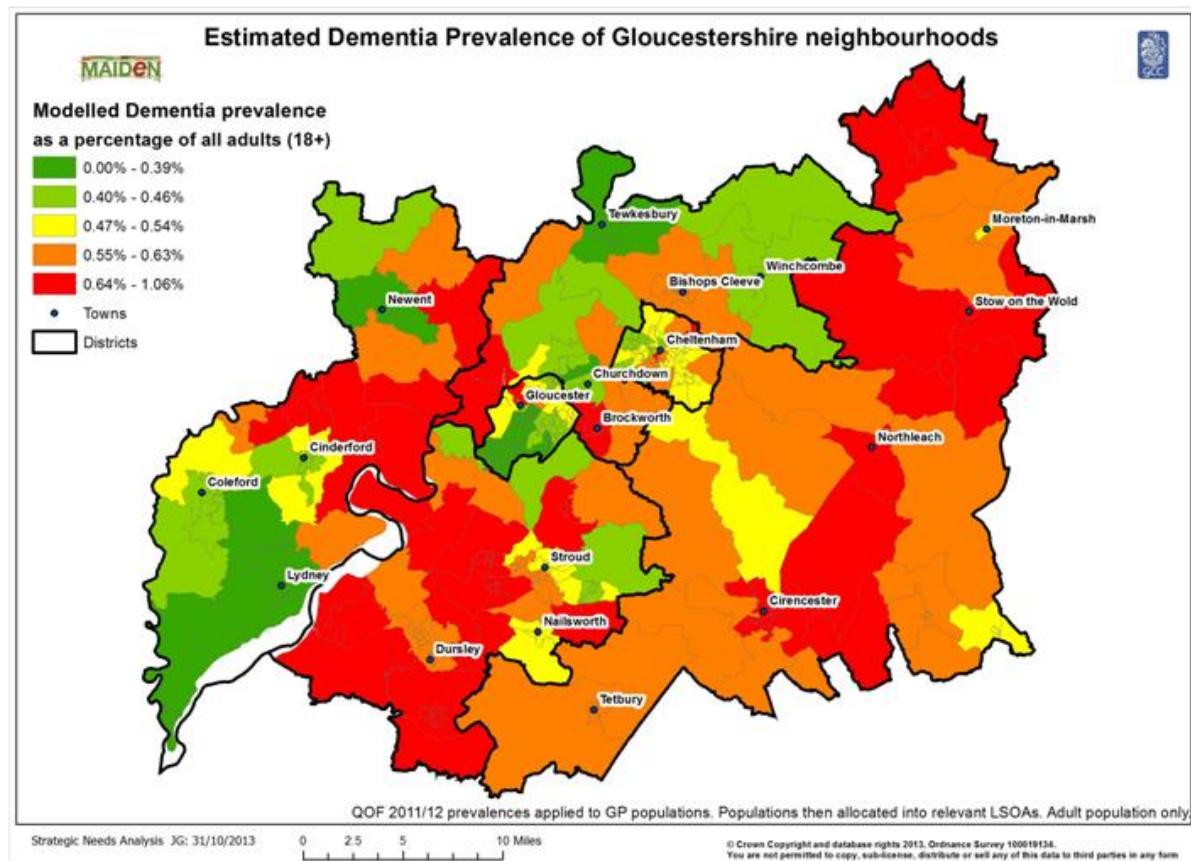


Figure 54: Estimated dementia prevalence of Gloucestershire neighbourhoods

6.7 Service use profile – community-based care

Public Health England publishes a tool collating a large number of adult social care outcome and activity indicators that allows comparison of Gloucestershire performance with the South West and England¹⁶².

In 2013/14 1,777 people received community-based adult social care services per 100,000 population in Gloucestershire. This is significantly below the rate for the South West (2,692) and England (2,482). In Gloucestershire, as elsewhere, there is a general trend for a reduced number of people receiving community-based services (Figure 55). Of the 8,580 service users 6,085 were aged over 65. The primary condition for 1,170 of the service users aged 18-64 was a physical disability, 975 a learning disability and 285 a mental health need¹⁶³.

¹⁶² Public Health England, Adult Social Care Profile, <http://fingertips.phe.org.uk/profile/adultsocialcare>

¹⁶³ NASCIS, Department of Health, <https://nascis.hscic.gov.uk/> accessed 18/06/2015

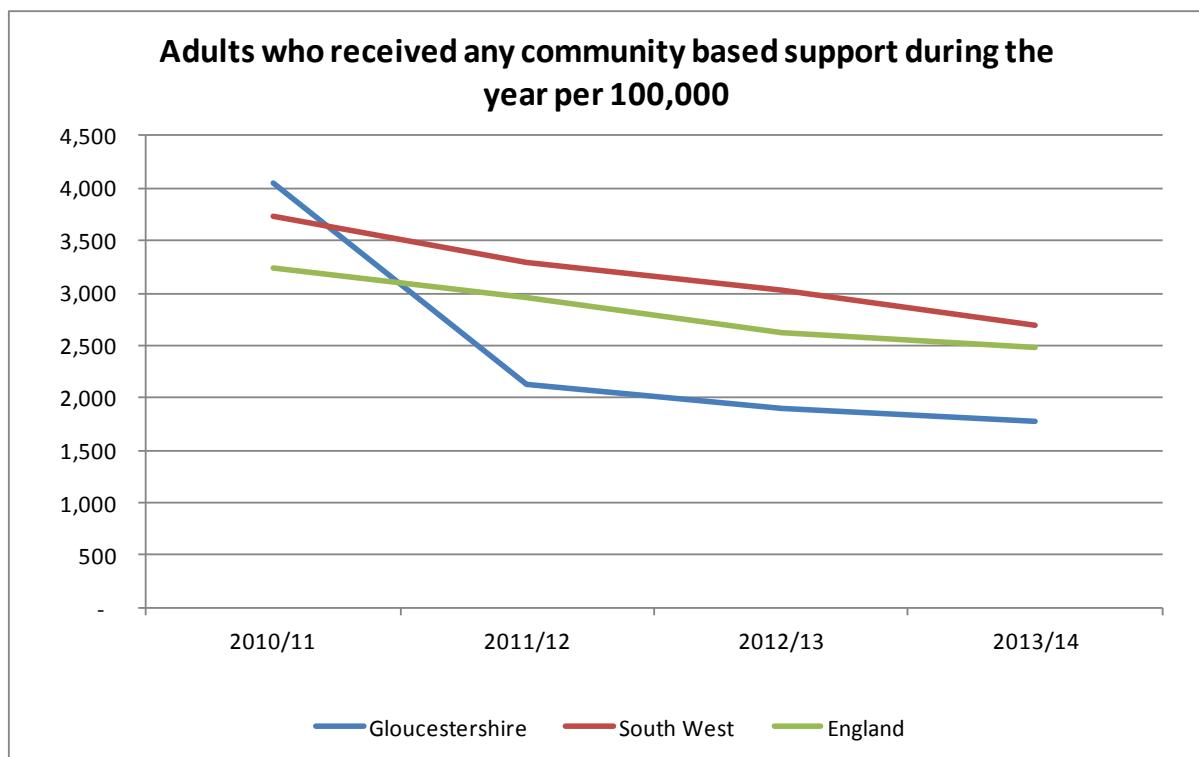


Figure 55: Adults who received any community based support during the year per 100,000 2010/11-2013/14

6.8 Service use profile – residential and nursing care

Eventually many adults with social care needs have to move in to residential or nursing care. The following two graphs show that Gloucestershire had a lower rate of people in residential care than England and the South West region in recent years. In contrast, with nursing care Gloucestershire had a higher rate of people in nursing care when compared with the England and the South West¹⁶⁴.

¹⁶⁴ NASCIS, Department of Health, <https://nascis.hscic.gov.uk/> accessed 18/06/2015

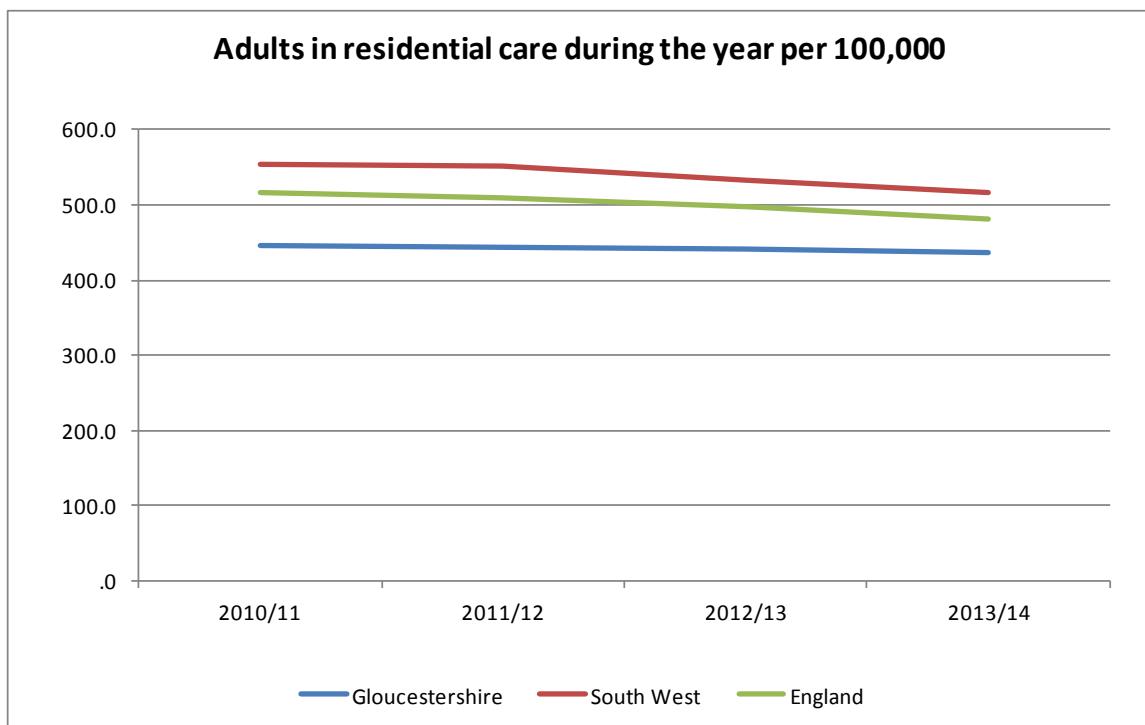


Figure 56: Adults in residential care during the year per 100,000 2010/11-2013/14¹⁶⁵

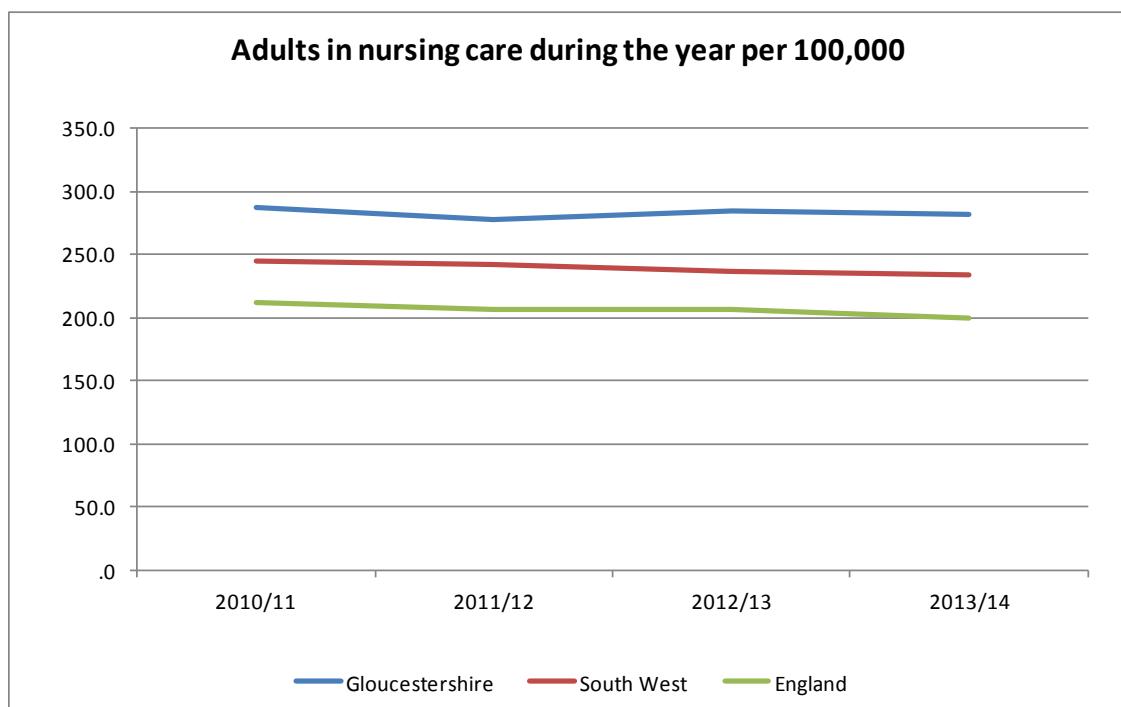


Figure 57: Adults in nursing care during the year per 100,000 2010/11-2013/14¹⁶⁶

¹⁶⁵ NASCIS, Department of Health, <https://nascis.hscic.gov.uk/> accessed 18/06/2015

¹⁶⁶ *Ibid.*

In 2013/14. Gloucestershire adult social care services supported 1,575 people aged 65 and over in residential care and 1,285 in nursing care. For 18-64 year olds there were 530 in residential care and 75 in nursing care. People whose primary care need was a learning disability made up 405 of those in residential care and those whose primary care need was a physical disability made up 45 of those in nursing care¹⁶⁷.

It should be noted that for all types of care there is an evident trend of reducing numbers of services locally, regionally and nationally. This is happening at a time when levels of need will be increasing as the population ages. This reduction in the numbers of people receiving such services can only be achieved by reducing the level of their needs through services such as reablement or telecare or their needs being met in the community.

6.9 Service user survey

Every year a sample of adults who have been assessed for social care services by the Gloucestershire County Council are surveyed to assess their outcomes and satisfaction with services. Some of the Adult Social Care Outcome Framework (ASCOF) measures are derived from questions in the survey. The following table shows our historic performance and the draft first cut results for 2014/15 for these measures. Our performance generally compares favourably with similar local authorities.

Table 20 Gloucestershire adult social care service survey 2012/13-2014/15

ASCOF measure	2012/13	2013/14	2014/15 (1st cut draft results)
(1A) Social care-related quality of life	19.5	19.5	19.2
(1B) The proportion of people who use services who have control over their daily life	79%	81%	78%
(1I1) The proportion of people who use services who reported that they had as much social contact as they would like	Not available	46%	47%
(3A) Overall satisfaction of people who use service with their care and support	64%	67%	67%
(3D1) The proportion of people who use services who find it easy to find information about services	73%	82%	76%

¹⁶⁷ *Ibid.*

ASCOF measure	2012/13	2013/14	2014/15 (1st cut draft results)
(4A) The proportion of people who use services who feel safe	74%	67%	68%
(4B) The proportion of people who use services who say that those services have made them feel safe and secure	91%	83%	91%

6.10 Place of death

The national End of Life Care Strategy¹⁶⁸ sets out an ambition to provide all adults nearing the end of life, regardless of diagnosis, access to high quality care and to support more people to realise their choices and preferences for care. Survey data suggests that many people would, given the choice, prefer to die at home and few wish to die in hospital¹⁶⁹.

Over half of people dying in Gloucestershire now do so in their usual place of residence – an improvement of two percentage points in the three years to September 2014. Gloucestershire performs significantly better in this regard than the country as a whole and at a similar rate to the South West region. Between 2010 and 2012, on average, 46.0% in Gloucestershire died in hospital, 25.0% died at home, 22.4% died in a care home, 3.5% in a hospice and 2.8% in other places.

¹⁶⁸ Department of Health, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf, 2008

¹⁶⁹ National End of Life Care Intelligence Network, http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death, 27/5/2015

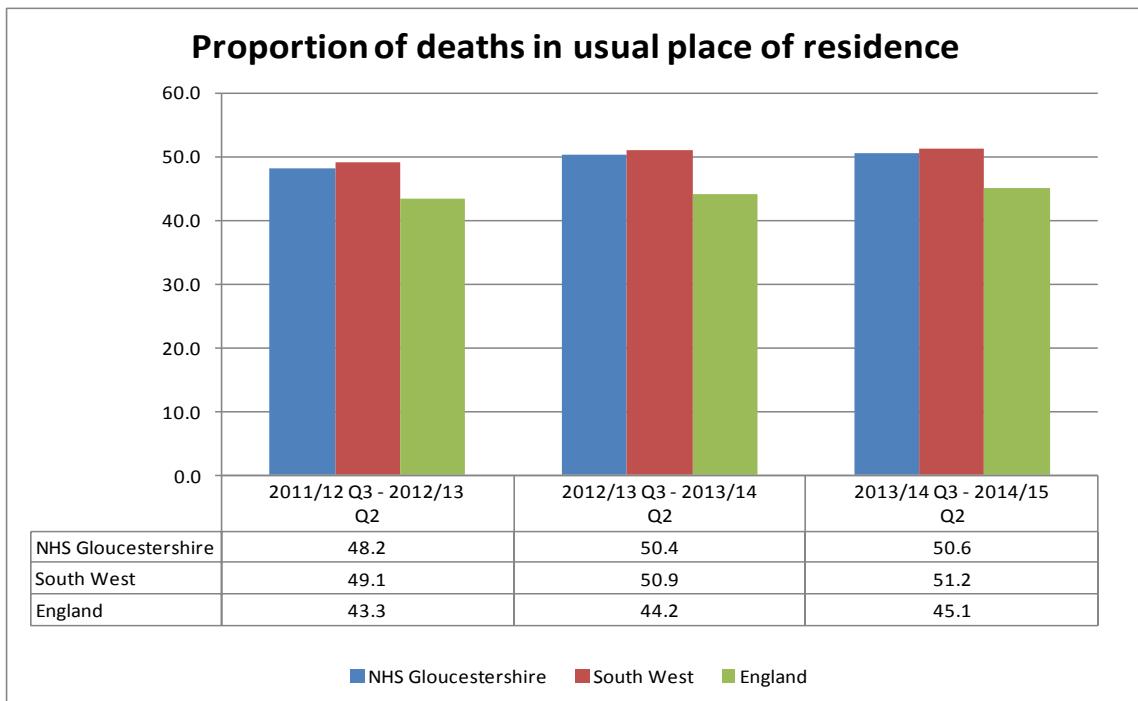


Figure 58: Death in usual place of residence¹⁷⁰

6.11 Community voice

6.11.1 Healthwatch Gloucestershire

Healthwatch is the only body looking solely at people's experience across all health and social care, and is uniquely placed as a network, with a local Healthwatch in every local authority area in England.

Healthwatch Gloucestershire has three main functions:

- To gather people's views and experiences of health and social care and use them to influence those who commission and provide services, helping them to be more responsive to what matters to service users and the public and to enable the design of services around needs
- To provide the public with information and signposting to help them make informed choices about their health and social care needs
- To provide access to the Independent Health Complaints Advocacy Service, who provide free, confidential support to people who need help to make a complaint about NHS services they have received. They also refer people to specialist support organisations for social care.

The 2014/15 annual report from Healthwatch Gloucestershire has been published and can be found [here](#).

¹⁷⁰ National End of Life Care Intelligence Network, http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death, 27/5/2015

6.11.2 Building Better Lives

The county council consulted on the Building Better Lives policy's principles of the council moving towards an all- age, all- disability approach. The findings of the consultation and revised proposed policy were brought to cabinet and approved on July 23, 2014. The policy will be the basis of our direction of travel for the next ten years and be followed by a period of implementation planning. Based on the findings of the consultation, an implementation plan is being created for an all age disability service that would be more effective, ensuring a smooth transition from childhood to adulthood, and services that are not divided up based on age or disability. It will take into account the national policy context, local perspectives and best practice principles about the structure and design of services. The full report can be found here:

<https://gloucestershire-consult.objective.co.uk/portal/health/buildingbetterlives/buildingbetterlives?tab=files>

6.12 Key messages

- 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 needs, 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.
- 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 change in recent years has been a rise in the number of children with Moderate Learning Difficulties, as well as increases in numbers with Speech, language & Communication needs, and Specific 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 in males as in 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
- Numbers with dementia in Gloucestershire are projected to rise by two thirds in the next 15 years.
- Numbers of adult social care users receiving community-based services in the year have 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.

7. Healthy and Sustainable Places and Communities

7.1 About this section

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.

7.2 Community Assets

There is already a wealth of community activity taking place across Gloucestershire in neighbourhoods, villages and through clubs, interest groups and community organisations¹⁷¹. Some of these activities take place with the support and involvement of the public sector in Gloucestershire. Even more communities thrive through the enthusiasm and commitment of their own members and the creativity and drive of local people.

An example is the lunch clubs that provide a way of reducing loneliness for socially isolated older people in particular. This map shows where they are located in the Forest of Dean.

¹⁷¹ Dursley Locality Resource Google Map

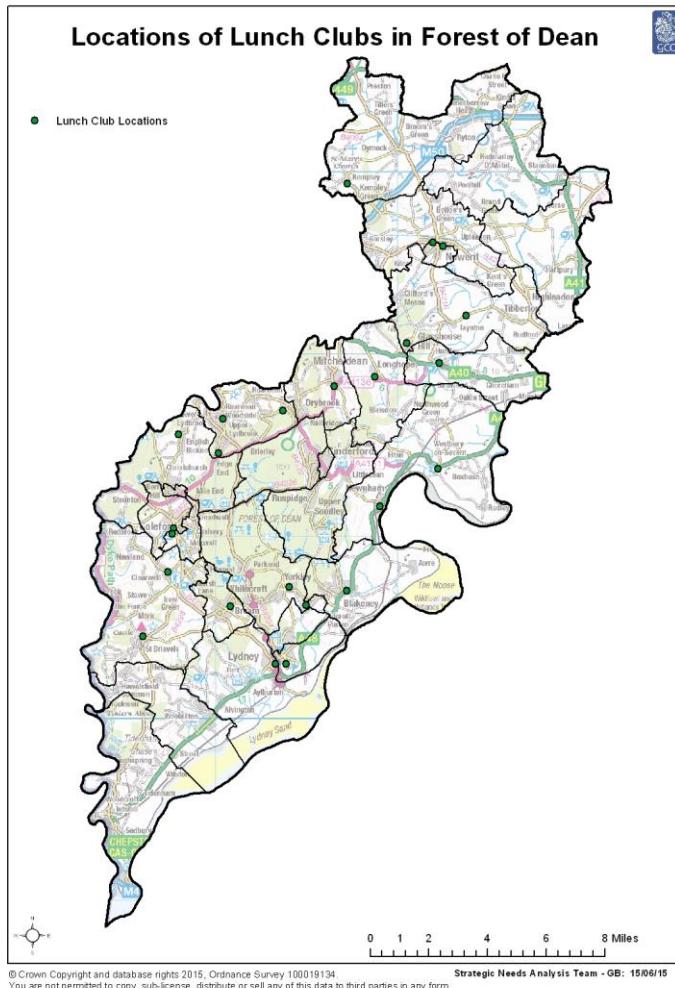


Figure 59: Locations of lunch clubs in the Forest of Dean 2015

We recognise that there is a host of other community assets that meet people's needs across the county and we intend to develop an evidence base that much better captures both the extent of such assets and the value they provide to the community.

7.3 Carers

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 anxiety¹⁷²). Records of carers whose needs have been assessed by Gloucestershire County Council reveal that approximately 85% of carers are either the wife/husband/partner or son/daughter. Carers can be classified into 4 generalised groups;

¹⁷² [Carers At Breaking Point](#), Carers UK

- Parent carers – Combining caring for a child with special needs alongside other childcare responsibilities (estimated at 8% of total carers/5,000 people in Gloucestershire).
- ‘Sandwich carers’ – Combining looking after an older relative alongside childcare responsibilities (estimated at 3.5% of people aged 35-69 which, when equating it to Gloucestershire’s total 35-69 population, is an estimated 9,800).
- Caring for more than one person – The Survey of Carers in Households estimates that up to 17% of carers (Gloucestershire estimate 10,650) care for more than one person¹⁷³.
- Mutual carers – Examples are two older people living together, or a person with learning difficulties providing care for his/her parents.

The number of unpaid carers in Gloucestershire has risen by 12% since 2001 and is expected to rise by another 12% to 70,000 by 2017, due mainly to the increasing number of older people¹⁷⁴.

The ageing population is also likely to lead to a substantial increase in the number of mutual carers, generally older married couples looking after each other. The latest data from Projecting Older People Population Information (POPPI) supports this in regard to carers aged 65 and over and, when applied to Gloucestershire, projects an 8.6% increase of these carers in the next four years (see Figure 60). These projected figures can also be broken down by district with Stroud forecast to have the larger numerical increase of the six districts for carers aged 65 and over during the next few years (increase of 324 carers) and the Forest of Dean projected to expect the largest proportional increase (9.7%) of carers in this age group.

¹⁷³ <http://www.hscic.gov.uk/pubs/carersurvey0910>

¹⁷⁴ ONS, 2011 Census

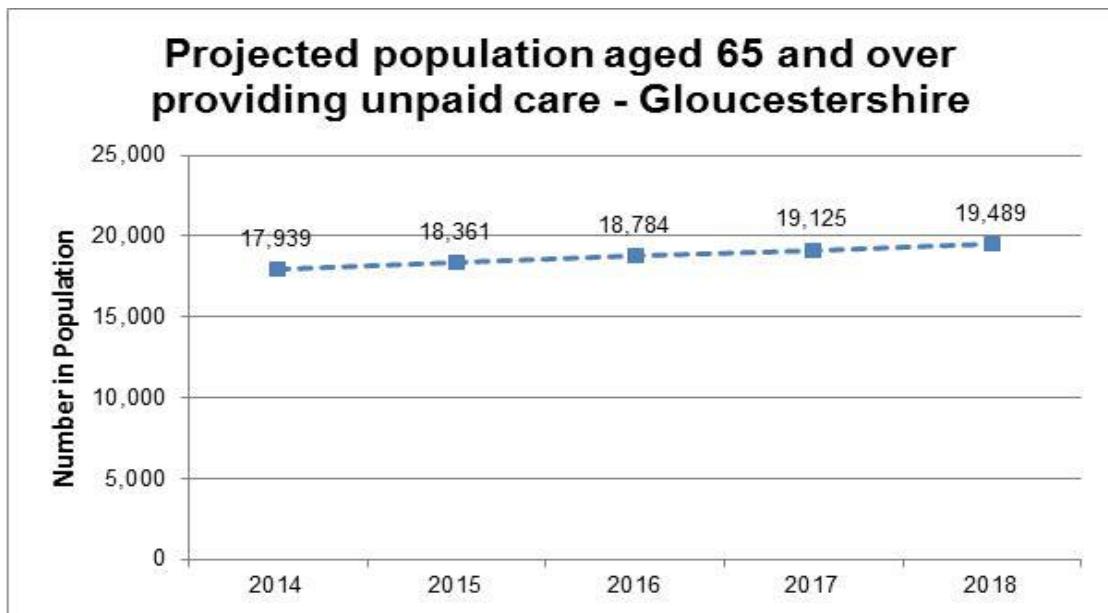


Figure 60: People aged 65 and over providing unpaid care to a partner, family member or other person

Within districts the percentage of ALL carers in the population varies from 9.1% in Cheltenham to 11.8% in the Forest of Dean¹⁷⁵.

Gloucester and the Forest of Dean have the highest proportions of carers providing over 50 hours of care a week with 23% and 22% of all carers in each district, respectively, compared with 19.5% for Gloucestershire as a whole. The Forest of Dean and Gloucester are also the districts with the highest proportions of people who have their day-to-day activities limited a lot by disability or long term health problem (8.9% and 7.6% respectively)¹⁷⁶.

Figure 61 takes data from the 2011 population census and the results in Gloucestershire show a similar pattern to the national picture. The percentage of life spent providing unpaid care is highest at age fifty¹⁷⁷.

¹⁷⁵ ONS 2011 Census

¹⁷⁶ *Ibid.*

¹⁷⁷ [2011 Census Analysis, Unpaid Care Expectancies by NHS Clinical Commissioning Groups, England 2010-12](#) released June 2014

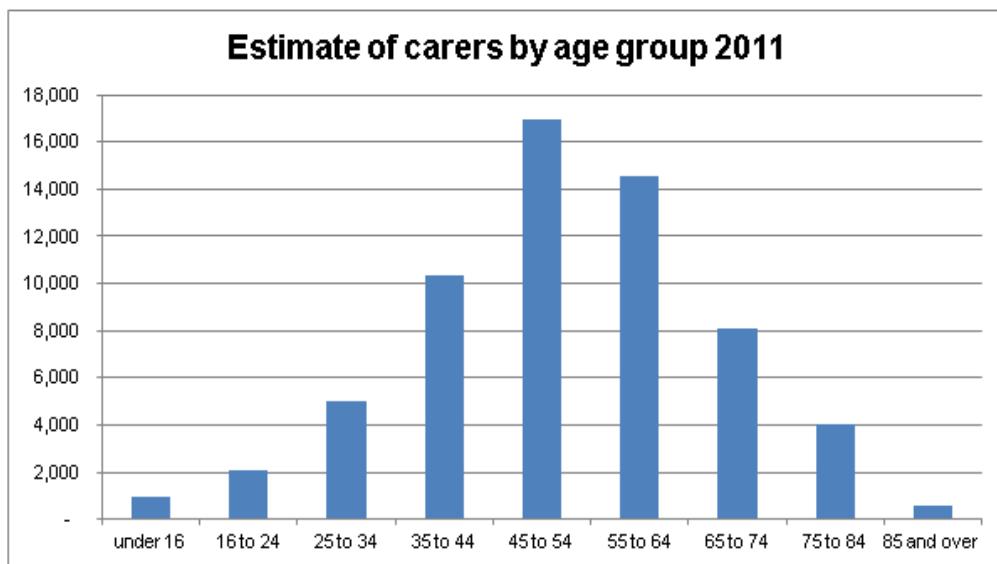


Figure 61: Estimate of carers by age group (2011 Census)

Young carers are defined here as children and young people under 25 years-old, who provide unpaid care for family members, friends, neighbours or others because of long-term physical or mental ill-health, disability, or problems relating to old age.

Nationally there were 413,779 young carers which equates to around 2.5% of the age group¹⁷⁸. Within Gloucestershire, the Forest of Dean had the highest proportion of young people providing unpaid care at 2.5% of the under 25 population, while the Cotswold had the lowest proportion at 1.7%¹⁷⁹. These figures have increased across Gloucestershire when compared against the 2001 Census.

Using 2011 census data we estimate that there are over 1,600 children and young people, aged 17 and younger, providing unpaid care in Gloucestershire.

Looking at all young carers in the Gloucestershire County Council care system during Quarter 4 2014/15, half of young carers are aged between 12-16 years. Just under a third are aged between 17 and 25 and 1 in 5 young carers are aged between 8 and 11 years. The total number of young carers on the system in Quarter 4 is 1,178. Figure 62 shows in which district young carers live.

¹⁷⁸ Census 2011, <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262>

¹⁷⁹ *Ibid.*

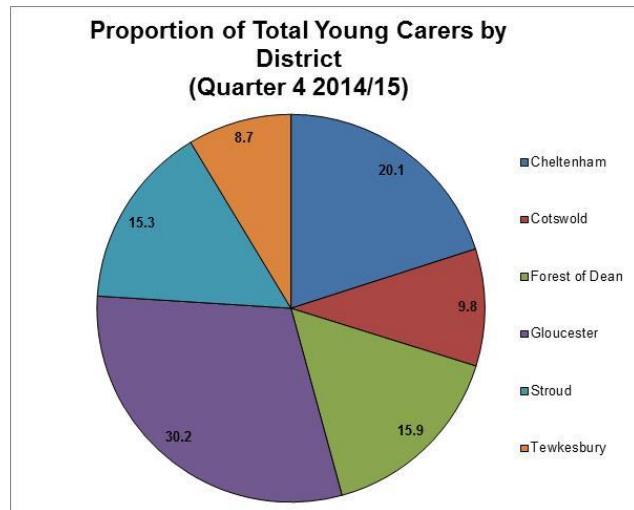


Figure 62: Young Carers by District (GCC data)

Unpaid care relieves pressures on health and social services but adequate state support for these carers is essential to avoid someone who is a carer ending up having to be cared for also. Data capture must be improved locally and nationally (currently mainly available in “projections” except for the ten yearly population census which gives the most comprehensive data available to analyse although this is now 4 years old) in order to understand the true nature and scale of caring and how best to support this group in society. The report published by Carers UK in September 2014 states that “*Carers save the economy an estimated £119 billion per year with the unpaid care they provide, an average of £18,473 per carer*”.

The views of over 500 carers whose needs had been assessed by or on behalf of Gloucestershire County Council were captured in the 2014/15 carers survey¹⁸⁰. Five measures in the Adult Social Care Outcome Framework (ASCOF) are derived from this survey. The following table shows that performance has declined since the last survey. This at least partially reflects the trend nationally. Work is ongoing to understand what underlies these outcomes.

¹⁸⁰ NASCIS, 2015, <https://nascis.hscic.gov.uk/>

Table 21 Carers survey – ASCOF measures

ASCOF measure	Gloucestershire	
	2012-13	2014-15
ASCOF 1D Carer Reported Quality of Life score (composite of responses to 6 survey questions)	7.70	7.40
ASCOF 1I :Proportion of people who use services and their carers who reported that they had as much social contact as they would like	31.3%	26.8%
ASCOF 3B Overall Satisfaction of Carers with Social Services	46.1%	38.5%
ASCOF 3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for	69.6%	68.1%
ASCOF 3D The proportion of people who use services and carers who find it easy to find information about services	71.9%	64.6%

7.4 Volunteering

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 year¹⁸¹. The County Council Strategic Needs Analysis Team has recently started work on developing a better understanding of where volunteers live and where they are most likely to be recruited.

7.5 Culture and Leisure

There is a wide and varied choice of cultural and leisure activities in Gloucestershire that improve the health and wellbeing of its residents whilst bringing in tourists which in turn bolsters the economy. Tourism and the visitor economy make an essential contribution to the economic and social wellbeing of local people, businesses, and the environment.

In 2011 tourism industries¹⁸² contributed £0.71 billion to Gloucestershire's economy, which represents around 5.77% of the county's total output; this was slightly lower than the national average of 6.25%¹⁸³. There are three main types of tourism – day trips, overnight domestic stays and overseas tourism. The

¹⁸¹ Community Life Survey England 2013-14, Cabinet Office, 2014,

¹⁸² This includes transport activities, accommodation for visitors, travel agencies, food and beverage serving activities, transport equipment rental, sporting and recreational activities, and cultural activities.

¹⁸³ Tourism Supply - Value of Tourism Industries - <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> (accessed 29/05/2015)

following chart shows length of stay and spend for overseas (inbound) tourism which plays a significant role due to its importance to increasing Gross Domestic Product – in simple terms, spend by a domestic tourist would have happened anyway had they stayed at home but spend by an overseas visitor adds 100 pence to every pound to the UK's GDP. According to Figure 63, inbound tourism spend peaked in 2009 and nights stayed in Gloucestershire peaked in 2010.

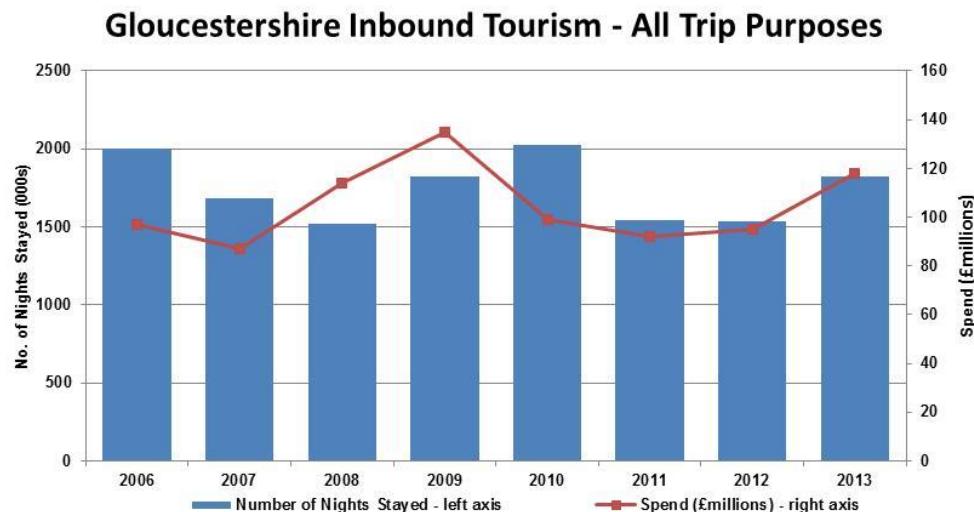


Figure 63: Gloucestershire Inbound Tourism¹⁸⁴

Leisure plays an important role in improving wellbeing and there is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing. The following chart is taken from Natural England's Monitor of Engagement with the Natural Environment (MENE) survey and shows Gloucestershire having a similar percentage of people exercising and going outdoors for health reasons when compared to England as a whole. However, Gloucestershire performs significantly worse when compared against the South West region.

¹⁸⁴ Figures available from: <http://www.t-stats-uk.co.uk/visitengland/TableChart.aspx> and further details about the International Passenger Survey can be found here: <http://www.visitbritain.org/about-international-passenger-survey>

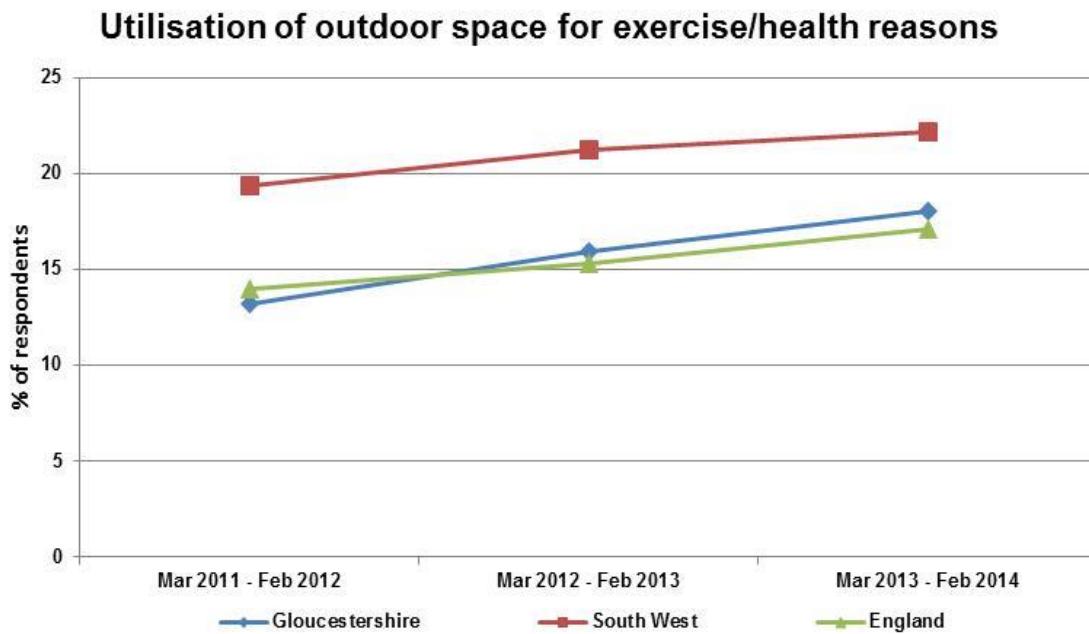


Figure 64: Utilisation of Outdoor Space for Exercise/Health Reasons¹⁸⁵

7.6 Transport

Suitable public and community transport can play a key role in reducing social isolation and making all that a community has to offer accessible to those who need it most. Work is just starting on mapping transport usage against need to better understand the effectiveness of transport services in meeting community needs. The following map shows the variation in accessibility by public transport of key services such as post offices, supermarkets, libraries, schools and GPs across the county

¹⁸⁵ <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/4/par/E12000009/are/E10000013/iid/11601/age/164/sex/4>

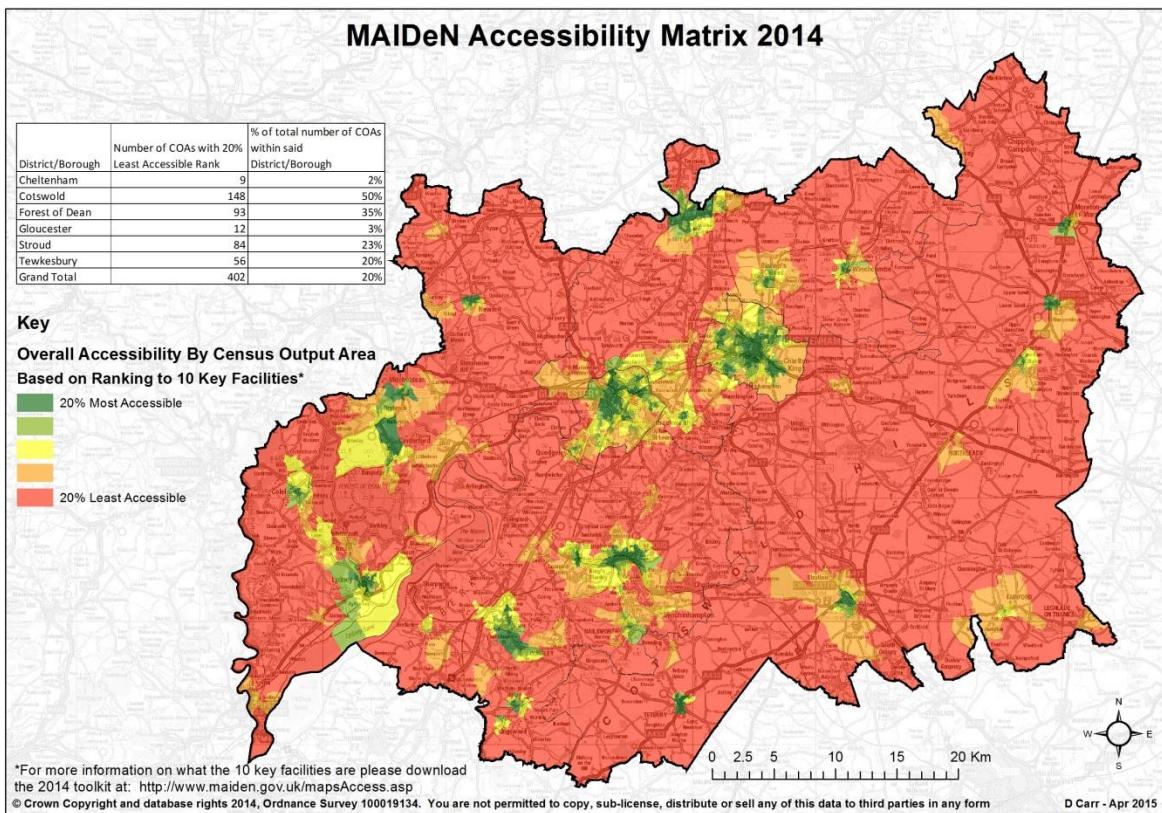


Figure 65: Overall Accessibility by Public Transport to Key Facilities

The MAIDeN accessibility toolkit 2014¹⁸⁶ both provides accessibility maps and allows interactive production of accessibility reports that can be based on individual postcodes.

¹⁸⁶ <http://www.maiden.gov.uk/mapsAccess.asp>

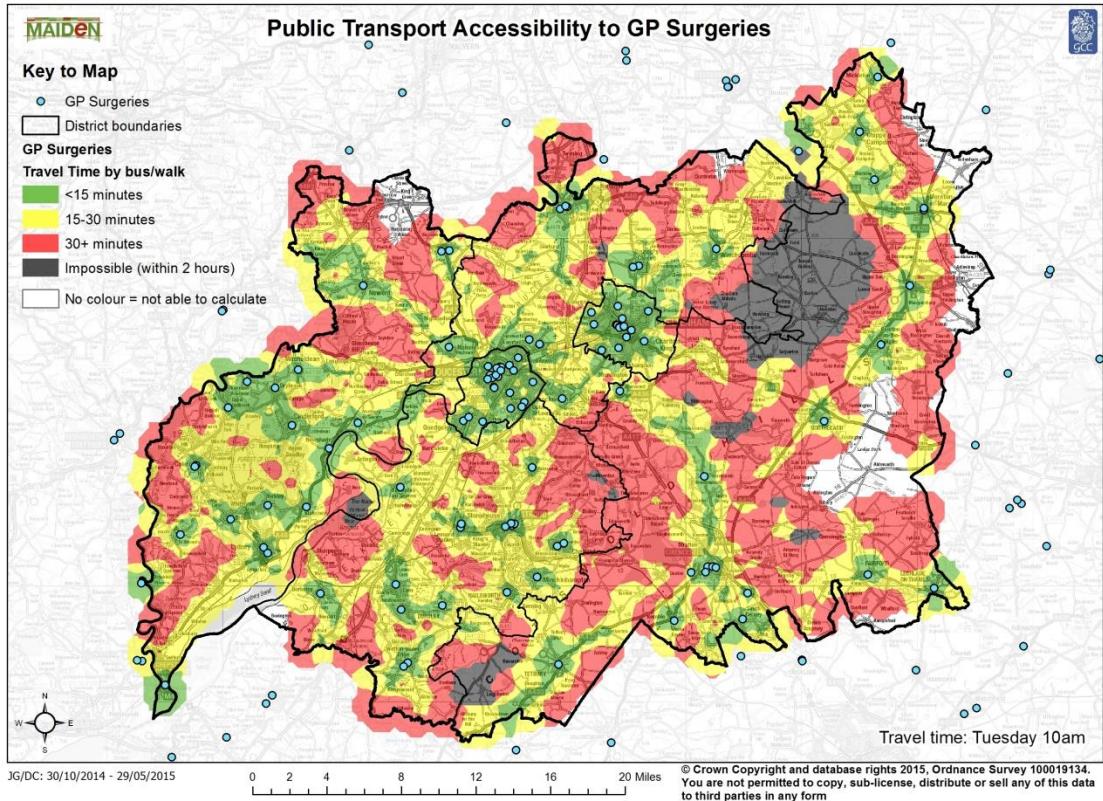


Figure 66: Accessibility to GP Surgeries by Public Transport

7.7 Housing

7.7.1 Housing type

Between 2001 and 2011, the proportion of owner-occupied households in the county reduced from 73.7% of all households to 69.4% and the proportion in privately rented accommodation rose from 9.6% to 15.4%¹⁸⁷. Nationally in 2011, the proportions were 63.5% for owner-occupied and 18.1% for privately rented households. This was accompanied by an increase in the proportion of flats and apartments in the county from 13.4% to 15.1%. Generally, properties in the rental sector are of a lower standard than those owned by the occupier. In Stroud, the private rented sector has a much higher proportion of pre 1919 dwellings with 36.5% of private rented dwellings built before 1919. These properties are usually much more expensive to heat and suffer from disrepair.

¹⁸⁷ ONS, 2011 Census (Tenure)

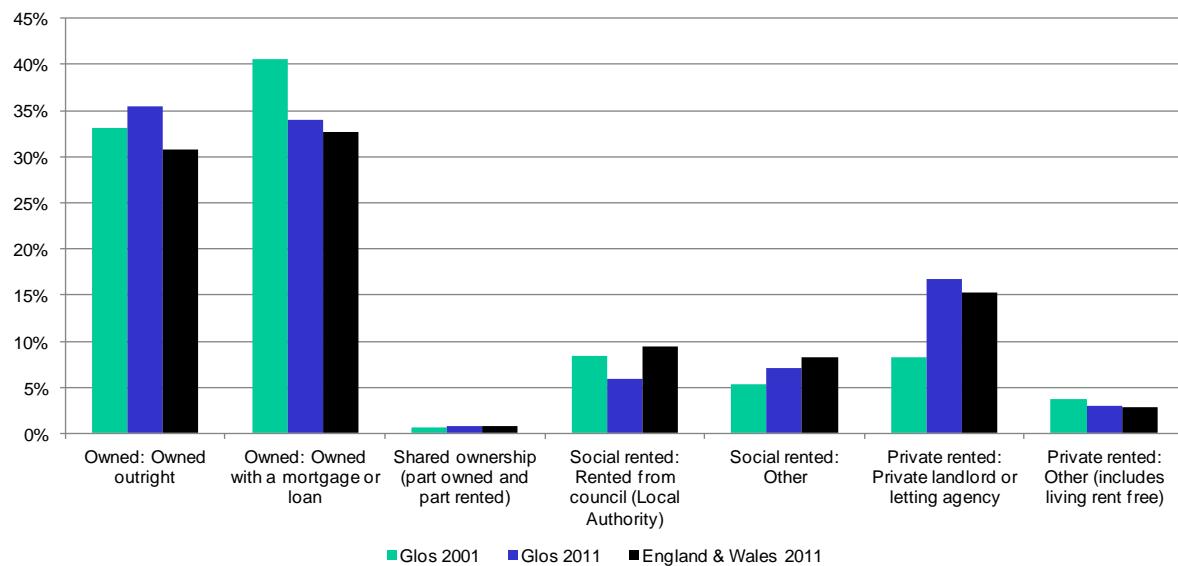


Figure 67: Housing Tenure

It is noteworthy that the number of people in residential/nursing care in 2011 (4,170) was little changed from 2001 despite the large increase in the number of older people. The number funded by GCC fell from 2,357 in 2002 to 2,118 in 2011 (about half of the total number in residential care)¹⁸⁸.

7.7.2 Household energy efficiency and fuel poverty

The proportion of households in Gloucestershire without central heating fell from 7.9% in 2001 to 2.7% in 2011. Gloucestershire had twice as many households with oil fired central heating (8.2%) than England and Wales (4.1%) reflecting the rurality of the county.

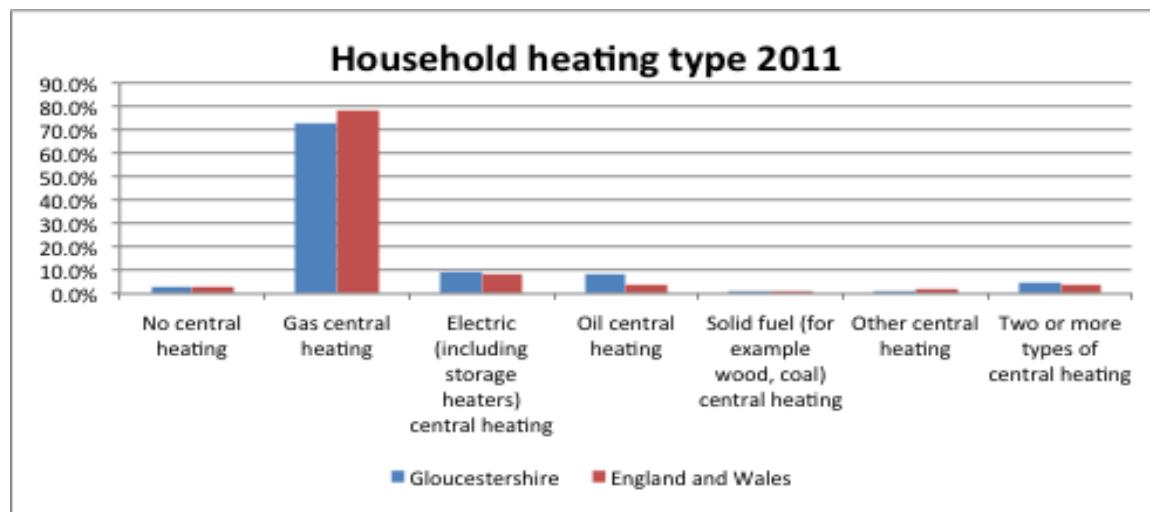


Figure 68: Household Heating Type 2011

¹⁸⁸ ONS, 2011 Census

A household is considered to be in fuel poverty if the occupants need to spend more than the average fuel costs and (due to this cost) the household residual income falls below the official poverty line. 10.7% of households in Gloucestershire are in fuel poverty, this is slightly higher than the average in England of 10.4%¹⁸⁹. The likelihood of being fuel poor increases if a property is energy inefficient, in 2013 nearly a third of households living in the most inefficient rated homes (SAP rated G) were in fuel poverty. A homes SAP rating (rated from A-G) is strongly influenced by the main heating fuel. It follows that those using more expensive fuels (oil, LPG, coal) are more likely to have a lower scoring efficiency rating, will be in fuel poverty and therefore will be struggling to heat the home to an adequate level or will have to go without other necessities e.g. food, in order to keep the home warm¹⁹⁰.

7.7.3 *Housing health hazards*

Gloucestershire's district councils, as part of their strategy to improve the health, safety and wellbeing of residents in private sector housing in the county, have modeled the extent of the public health costs arising from sub-standard housing. The following table shows that over 45,900 dwellings in the county have category 1 hazards that if addressed would result in an annual saving to the NHS of £4.6 million.

Table 22: Category 1 Hazards for Gloucestershire

Category 1. Hazards for Gloucestershire			
	No. of Dwellings	Cost to NHS (£)	Savings to NHS (£)
Excess Cold	20,344	1,930,645	1,737,377
Damp & Mould	1,478	361,962	360,750
Falls on level	5,664	828,473	745,552
Falls on stairs	15,547	1,694,933	1,577,709
Falls between levels	2912	226,349	225,097
TOTAL	45,945	£5,042,362	£4,646,485

Although children are not classed as the 'most' vulnerable to excess cold, the link between poor housing and children's physical and mental health is well established¹⁹¹. This includes educational attainment, emotional wellbeing and resilience, which can have dramatic effects on a child's life chances. The Marmot

¹⁸⁹ Department of Energy and Climate Change (DECC) Annual fuel poverty statistics report, 2015

¹⁹⁰ *Ibid*

¹⁹¹ Shelter (2006), Chance of a lifetime - The impact of bad housing on children's lives. Available at http://england.shelter.org.uk/_data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

Review Team¹⁹² suggested 'children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in warm homes.

7.8 Education

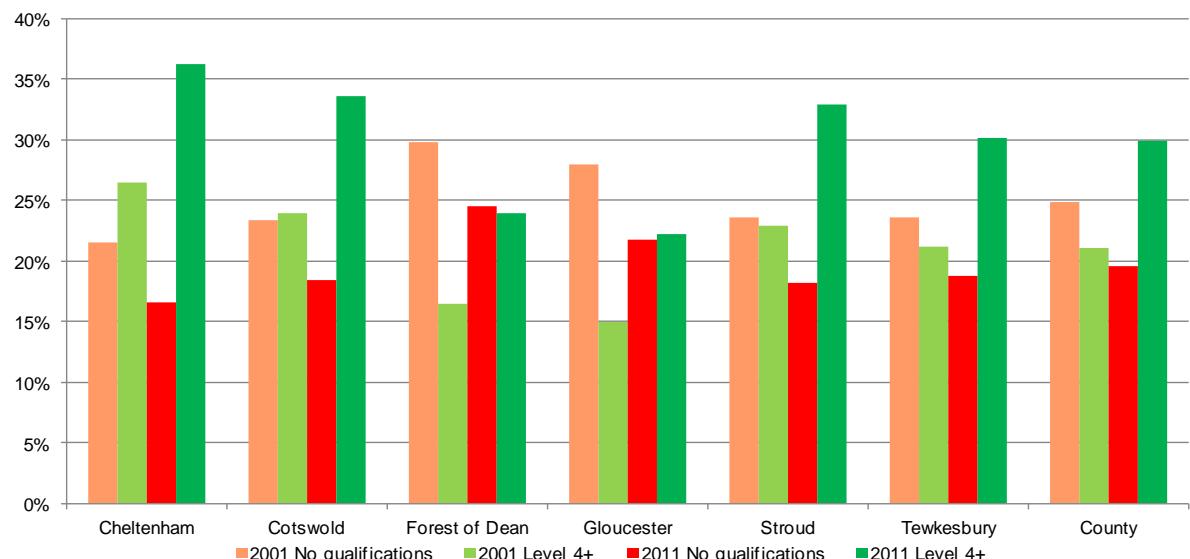
7.8.1 *Highest level of education by district*

The 2011 census provides a view of the variation in qualification levels within Gloucestershire as well as the trend between 2001 and 2011. The following graph compares the percentage with no qualifications with the percentage with qualifications at Level 4 and above. It should be noted that the 2001 census is based on the 16-74 population whilst for the 2011 census all adults aged 16 and over are included¹⁹³.

The percentage in Gloucestershire with no qualifications has reduced from 25% to 20% and improved from 21% to 30% for adults with qualifications at Level 4 and above.

The equivalent figures for England and Wales in 2011 are 23% for those with no qualifications and 27% with qualifications at level 4 and above.

Highest level of qualification 2001-2011



*Figure 69: Highest Level of qualification by district 2001-2011*¹⁹⁴

¹⁹² The Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty. Available at http://www.foe.co.uk/resource/reports/cold_homes_health.pdf

¹⁹³ ONS 2001, 2011 Census (Highest level of qualification by age)

¹⁹⁴ ONS 2001, 2011 Census

The Forest of Dean and Gloucester have the highest proportion of their adult population with no qualifications and the lowest percentage with qualifications at level 4 and above. Recent GCSE outcomes for the two Districts reflect continuing poorer outcomes for these two districts relative to the rest of the county.

The county performs better for both the 'no qualifications' and the '% level 4 and above' measures than the South West and the country as a whole.

Table 23: Proportion with no qualifications and with a Level 4 and above qualification 2011¹⁹⁵

Qualification	Gloucestershire	England and Wales	South West
% no qualifications	19.6%	22.7%	20.7%
%Level 4+	29.9%	27.2%	27.4%

7.9 Unemployment

Claimant unemployment rates across all districts have halved since 2013, as reflected in Figure 70, and are at their lowest for over 20 years. In April 2015 Cotswold district had the lowest rate at 0.7% and Gloucester district the highest at 2%.

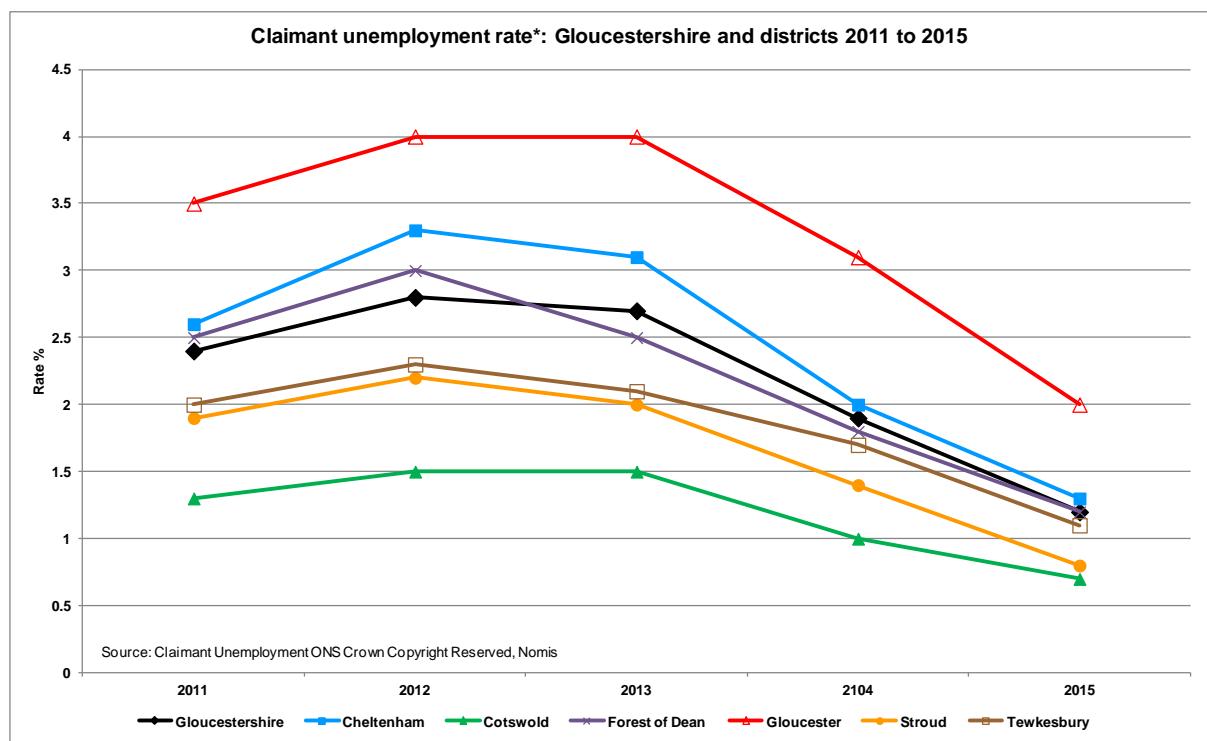


Figure 70: Claimant unemployment rate Gloucestershire and Districts 2011-2015¹⁹⁶

¹⁹⁵ ONS 2011 Census (Qualifications and students)

¹⁹⁶ Claimant Unemployment ONS Crown Copyright Reserved, Nomis, 2015

The total number of claimants in Gloucestershire in 2011 amounted to 9,000 people which decreased to 4,600 in 2015.

Figure 71 shows improvement over the last four years in line with the overall decline in claimants together with the reversal in the trend for those 18 to 24 yr olds claiming for more than six months. The proportion of 18 to 24 yr old claimants in the total working population claimants has also reduced from about a third to close to 20%.

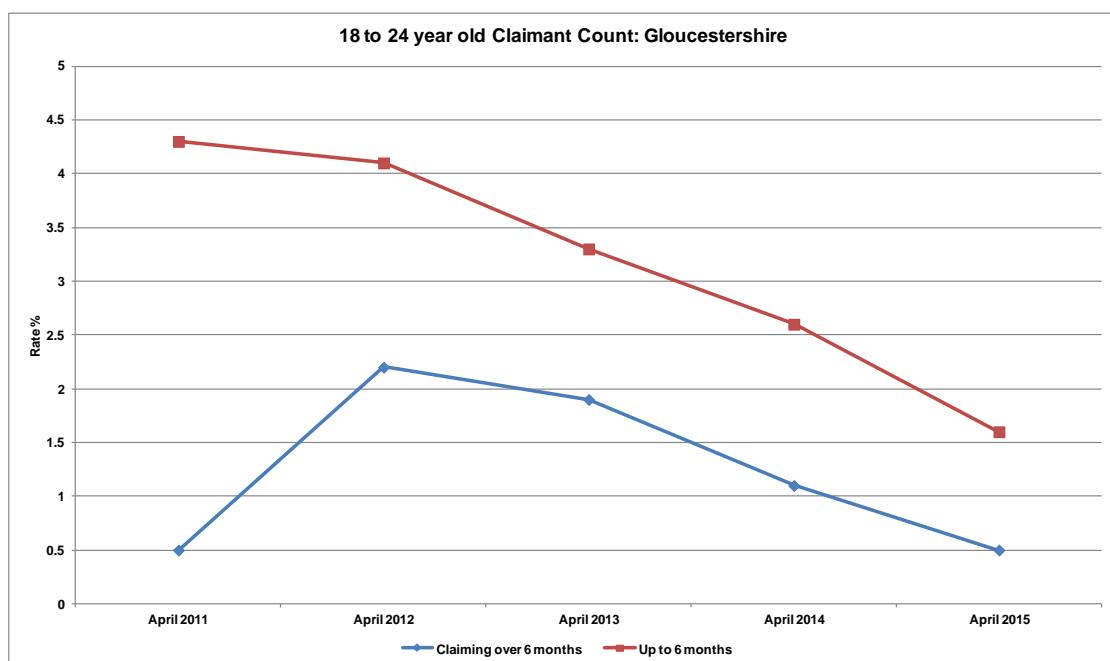


Figure 71: 18 to 24 year old claimant count for Gloucestershire 2011-2015¹⁹⁷

Figure 72 shows that, apart from seasonal spikes, the number of NEETs in the County has shown a downward trend since peaking at 953 people in 2011.

¹⁹⁷ Claimant Unemployment ONS, Nomis, 2015

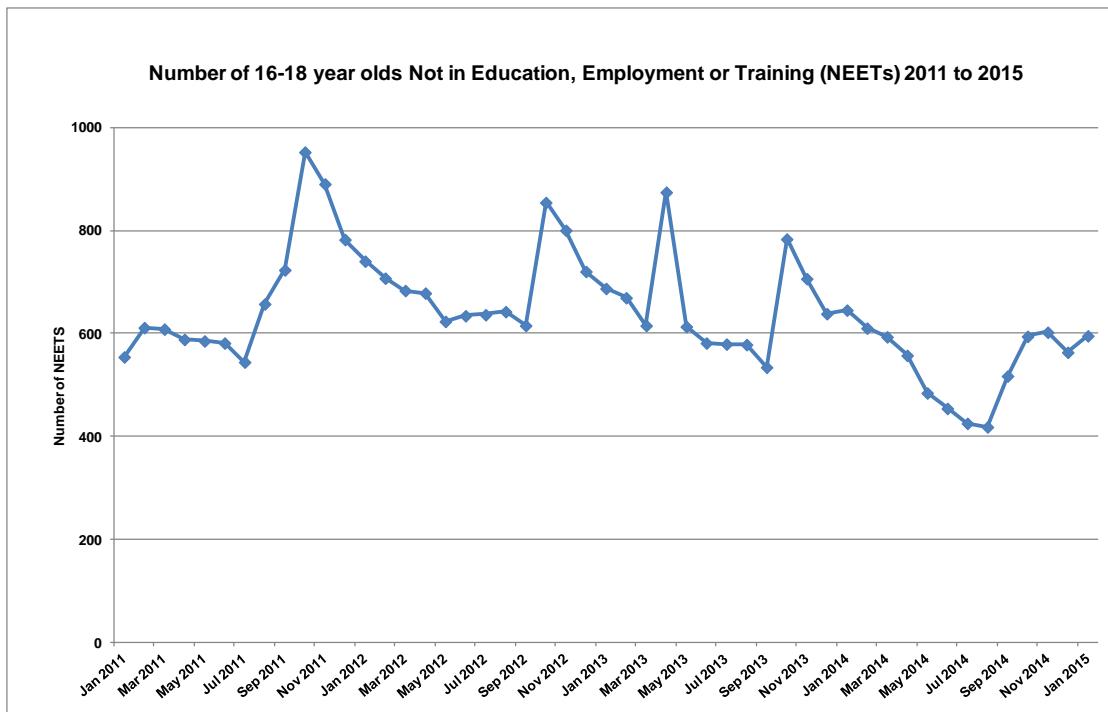


Figure 72: Number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Gloucestershire¹⁹⁸

7.10 Community Safety

Community safety is about helping communities to be and feel safe. Road safety, trading standards, fire and rescue, regulating licensed premises, producing and implementing partnership strategies for anti-social behaviour (ASB) and domestic abuse, and reducing criminal activities by installing “guardians” such as CCTV or alley gating are just some examples of community safety. In this section, there will be a focus on police recorded crimes rates over time, serious/fatal and slight road traffic collisions and youth offending. More information on community safety can be found on Inform Gloucestershire¹⁹⁹.

7.10.1 Crime rates

Police recorded crime rates provide a consistent way of comparing crime trends over time and also indicate police workload. The following chart shows crime rates for all crime split by District/Borough Council area, this does not include incidents such as ASB. Gloucester City and Cheltenham have experienced higher rates of crime when compared against the South West region and England as a whole. The lowest crime rates over the last 12 years have been in the more rural districts of the Forest of Dean, Cotswold and Tewkesbury. Individual ward level crime rates are available on the Inform Gloucestershire website.

¹⁹⁸ Youth Support Team, GCC, 2015

¹⁹⁹ <http://www.goucestershire.gov.uk/inform/communitysafety>

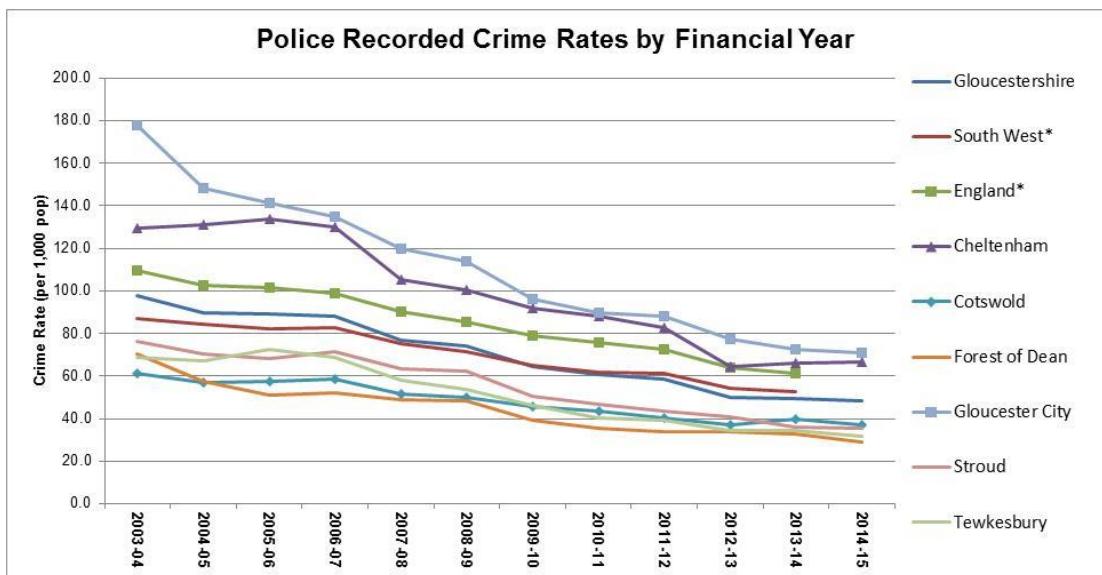


Figure 73: Police Recorded Crime Rates by Financial Year²⁰⁰

7.10.2 Road Safety

Road Safety is a statutory duty for every local authority. To deliver the best results in reducing road traffic collisions it is essential to adopt partnership working. This is indeed the case for Gloucestershire's Road Safety Partnership which incorporates the County Council, Gloucestershire Highways, Police and the Fire and Rescue Service. The following two charts show yearly totals (calendar years) for Road Traffic Collisions in the county²⁰¹.

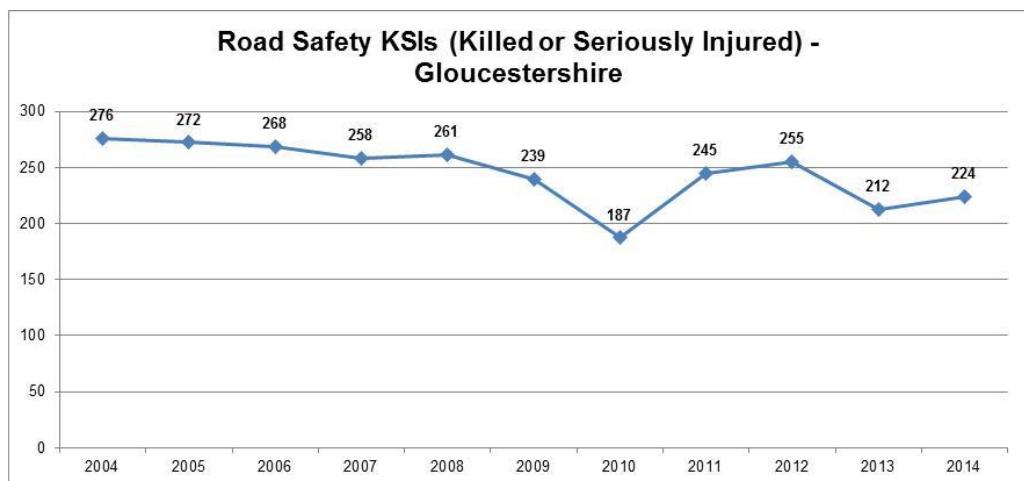


Figure 74: Number of Casualties Killed or Seriously Injured²⁰² by RTCs in Gloucestershire by Calendar Year

²⁰⁰ Source: Gloucestershire Constabulary and Office for National Statistics

²⁰¹ Data provided by Gloucestershire Road Safety Partnership. For more information on Road Safety go to: <http://roadsafety-gloucestershire.org.uk/data/>

²⁰² Serious injury: An injury for which a person is detained in hospital as an "in-patient", or any of the following injuries whether or not they are detained in hospital: fractures, concussion, internal injuries,

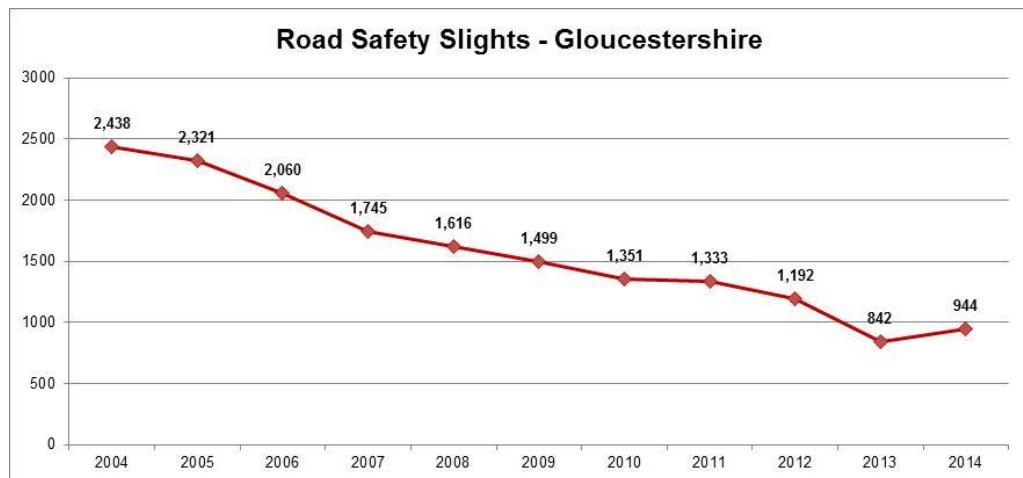


Figure 75: Number of Casualties with Slight²⁰³ injuries from RTCs by Calendar Year

7.10.3 Youth offending

The information presented in this section relates to children aged 10 – 17 years of age. During 2014/15 there were 338 young offenders in the county. The majority of young offenders in 2013/14 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 become less so²⁰⁴.

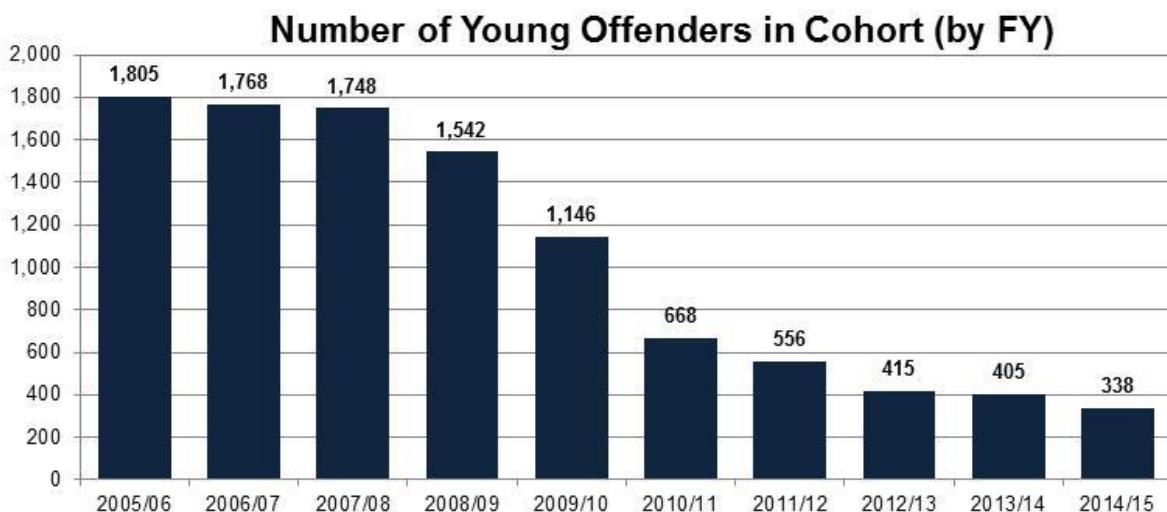


Figure 76: Number of Young Offenders in Gloucestershire²⁰⁵

crushings, burns (excluding friction burns), severe cuts, severe general shock requiring medical treatment and injuries causing death 30 or more days after the accident.

²⁰³ Slight injury: An injury of a minor character such as a sprain (including neck whiplash injury), bruise or cut which are not judged to be severe, or slight shock requiring roadside attention. This definition includes injuries not requiring medical treatment.

²⁰⁴ <https://www.gov.uk/government/statistics/youth-justice-annual-statistics-2013-to-2014> -> "Regional Tables" -> Offences by region table 2013-14.xls

²⁰⁵ Youth Support Team, Gloucestershire County Council

7.11 Community voice

7.11.1 *Together We Can*

The Meeting the Challenge 'Together We Can' consultation report details the findings from seven focus groups designed and conducted in partnership with Gloucestershire County Council (GCC) by the independent market research agency, Enventure Research as the second phase of its 'Meeting the Challenge' consultation.

The groups were conducted with a representative sample of residents, carers, community group representatives and Parish Council representatives. The overall aim of the second part of the consultation was to conduct further engagement to help shape the ideas developed in the Council's three draft policies ('Active Individuals', 'Active Communities' and 'Growing Older in Gloucestershire') and their implementation, accomplishing a clear direction of travel of GCC in the way it supports individuals and communities.

This qualitative research is designed to be illustrative, detailed and exploratory, providing insight into perceptions, attitudes and intended behaviours of participants rather than conclusions from a quantifiable sample. With that in mind, the focus groups do not allow statistical conclusions to be drawn about the extent to which views are held across the county.

You can read the full report here:

http://togetherwecan.goucestershire.gov.uk/repository/documents/phase_2_consultation_report_findings.pdf

7.12 Key messages

- 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.
- 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 for both comparators for the 'no qualifications' measure.