1. Introduction

The 2010 Area Health Profile provides a brief overview of some of the main health issues for Gloucester. It does not include comparative locality data on these issues as this is presented in the Gloucestershire Health Profile. Therefore it is recommended that these profiles should be read together.

Many factors impact on health and wellbeing in a population. In addition to health care services, socio-economic factors such as education, housing, employment and income have a significant influence. The 2010 Area Health Profile contains information on socio-economic determinants not covered in the 2009 Area Health Profile - employment, income and living environment. It also contains information about some of the typical health and lifestyle characteristics of local populations using a social marketing tool, HealthACORN. An update on some of the current partnership and project work is also included, and finally some recommendations for future work are made.

This document is divided into the following sections:
- Demographics
- How healthy is Gloucester – what are the key issues
- Factors influencing health and wellbeing – what and where
- What we are doing now
- What else we need to do

2. Demographics – now and in the future

The geographical area of Gloucester covers 1.5% of the County’s total area and has a population of 114,900 people, which equates to 19.6% of the total County population (Office for National Statistics (ONS) 2008). According to the Office for National Statistics, Gloucester is forecast to have a population increase (2009-2025) of 12.4% in those aged 19 and under (County 2.9%) and a 39.8% population increase in those aged 65 and over (County 48.1%)

Gloucester is predominantly an urban area with only 0.3% of people living in rural areas (2001). The Gloucester population is relatively evenly spread across all 5 quintiles. However, it has the highest percentage of residents in the county living in the most deprived quintile (25.1%), [based on national quintiles of the Index of Multiple Deprivation 2007 by Lower Super Output Area].

Figure 1 shows estimates of the current and projected population by age and gender. Population projections are constructed using a set of assumptions. If these assumptions or variables change, the projected populations will alter. For example, population projections presented last year included assumptions based on the Regional Spatial Strategy (RSS). Current projections no longer take into account the RSS assumptions; therefore the population pyramids presented in this report are slightly different from last year.
Figure 1

Gloucester Population 2009 vs. 2025

Source: eJSNA

Figure 2 illustrates the projected shift in the numbers and proportions of children, adults and older people over the next 16 years.

Figure 2

Resident Population by age group in Gloucester 2009 and 2025

Source: eJSNA
Ethnicity
Gloucester city has the highest black and minority ethnic (BME) population (9,800) which is 8.6% of the population compared to the county average of 4.9%, as shown in Figure 3 below.

Figure 3

![Ethnic Minority Population 2007](image)

The minority ethnic groups represented in Gloucester are shown in Figure 4.

Figure 4

![Ethnic minority population 2007](image)

Source: eJSNA

A higher percentage of school pupils (years 1-11) come from a BME background (19.6%), compared to the county average of (12.5%). The percentage of pupils with a first language other than English is 7.2% compared to the county rate of 3.1%.
3. How healthy is Gloucester – what are the key issues?

Data taken from a survey of the local population in April 2009 indicates that 77.6% of respondents reported having overall good health and wellbeing, which is less than the County rate of 79.5%. This data is supported by the information in the Joint Strategic Needs Assessment (JSNA) which shows that Gloucester is a relatively deprived area and the health of the people in Gloucester is worse in some aspects than the England average. Although there are inequalities in Gloucester, the life expectancy is similar to the England average. In addition, over the last ten years, the rates of early death from cancer, heart disease and stroke have improved. The main causes of death and serious illness in Gloucester, like the rest of the county are:

- circulatory diseases (heart disease and stroke)
- cancers
- respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD)

Data taken from the JSNA show that compared to the Gloucestershire and England averages, Gloucester has some areas of health and wellbeing where the City is either doing better or worse as shown respectively in the green and red boxes below.

### Better than the England or County Average
- Lower percentage of overweight and obese children in reception
- Higher percentage of adults setting a smoking quit date
- Higher percentage of adults 18 and over who successfully quit smoking at 4 weeks
- Lower ratio of excess winter deaths compared to average non-winter deaths
- Lower percentage of people over 75 admitted to hospital after a fall
- Lower prevalence\(^1\) of coronary heart disease (CHD)
- Lower prevalence of people having suffered stroke and/or transient ischaemic attack (TIA)
- Lower prevalence of chronic obstructive pulmonary disease (COPD)
- Lower incidence\(^2\) of breast cancer

### Worse than the England or County Average
- Higher incidence of reported domestic abuse crimes
- Lower rate of breastfeeding initiation
- Higher percentage of children living in poverty
- Higher rates of alcohol related recorded crimes
- Higher rates of hospital stays for alcohol related harm
- Higher percentage of people 16 and over who smoke
- Higher percentage of deaths from smoking
- Higher percentage of early deaths from cancer
- Higher percentage of early deaths from heart disease and stroke

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\(^1\) Prevalence is the total number of cases of a disease.

\(^2\) Incidence is the number of new cases of a disease.
• Higher incidence of all cancers
• Higher incidence of malignant melanoma
• Higher prevalence of people living with Type 2 diabetes
• Higher percentage of mothers who smoke at time of booking
• Higher teenage pregnancy rate in under 16 and under 18 year olds
• Higher percentage of people over 75 admitted with a fractured femur after a fall
• Higher prevalence of people under 75 living with mixed anxiety, depression and neurotic disorders
• Higher prevalence of people aged 65 and over living with severe depression

The amber box below contains a number of lifestyle factors that influence the health and wellbeing of people but for which the data are not robust, making comparisons against national or county figures less valid, or where there is no nationally agreed population target. Whilst it is encouraging that Gloucester is performing well in certain areas, (as described in the county profile) it is important that continued efforts are made to improve performance in all the key lifestyle behaviours that impact on ill-health if further health gains are to be made and inequalities reduced.

• Physical activity in adults
• Physical activity in children
• Healthy eating in adults
• Healthy eating in children
• Obesity in adults
• Obesity in children
• Smoking and tobacco control
• Alcohol misuse

Further information on all the above issues can be found in the county profile.

4. Factors influencing health and wellbeing – what and where?

The county profile provides details of the burden of disease at a district level and in the county as a whole. Where data is available national comparisons are made. It highlights the main causes of illness and death (circulatory diseases, cancers and respiratory diseases) and identifies other health issues of relevance to the Gloucestershire population.

If we are to reduce the burden of disease and ill-health it is important that we understand the factors that influence this and how best they can be modified. In February 2010, Professor Michael Marmot published a review on health inequalities, *Fair Society, Healthy Lives*. The review proposed an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. Together with lifestyle factors such as smoking, physical activity, alcohol intake and diet these can significantly influence the risk of developing disease, disability or dying prematurely.
These factors tend to be concentrated among the same people and their effects on health are cumulative. The rest of this section explores intra-district variations in some key social determinants and lifestyle factors.

We use information from the Index of Multiple Deprivation (IMD) 2007 to assess where inequalities exist. The Index of Multiple Deprivation is based on Lower Super Output Areas (LSOAs) and measures indices in seven domains. In this section, in addition to the health deprivation and disability domain, we examine three of the remaining domains: ‘employment deprivation’; ‘income deprivation’ and ‘living environment deprivation’, as they have significant impact on health and wellbeing. It is possible to examine indices of deprivation at national and county levels. This year we are examining intra-county variation by using the total county’s LSOAs and dividing them into 5 equal groups or quintiles.

4.1 Employment
The experience of unemployment has consistently been associated with an increase in overall mortality, and in particular with suicide. The most deprived communities experience higher rates of unemployment than the least deprived communities.

Unemployment can have both short and long term effects on health. However, long term unemployment has the most adverse effects through financial problems which may result in lower living standards, reduced social integration and lower self-esteem; increased anxiety and depression, increased smoking, alcohol consumption and decreased physical activity.

The employment deprivation domain measures employment deprivation conceptualised as involuntary exclusion of the working age population from the labour market. The information used to calculate the employment deprivation score is:

- Recipients of Job Seekers Allowance (JSA) (both contribution based and income based), Incapacity Benefit and Severe Disablement Benefit for men aged 18-64 and women aged 18-59.
- Participants in the New Deal for the 18-24s and the 25+ who are not in receipt of JSA.
- Participants in the New Deal for lone parents (after initial interview).
Figure 5 shows that within Gloucester, there are areas in Kingsholm and Wotton, Westgate, Barton and Tredworth, Moreland, Podsmead, Grange, Tuffley, Matson and Robinswood and Barnwood which have some of the highest levels of employment deprivation in the county.

**Figure 5**

![Employment Deprivation 2007 by Lower Layer Super Output Areas (LSOA) Gloucester](image)

Source: MAiDeN

**Recession**

Unemployment levels across Gloucestershire increased steadily from the end of 2008, corresponding with the period of recession. However, since the beginning of January 2010 Gloucester has seen a decrease in unemployment. Gloucester has consistently had the highest levels of unemployment in the county (June 2007 – May 2010) and saw the sharpest rise in unemployment during the months of recession.

**Figure 6**

![Claimant rate - Jobseekers Allowance and National Insurance credits for Gloucester, Trends 2007-2010](image)

Source: Office for National Statistics Crown Copyright Reserved (Nomis) Produced by CESU Research Team (Economics), June 2010
4.2 Income Deprivation
Income is the most important modifiable determinant of health and is strongly related to health and wellbeing. People on low incomes are more likely to refrain from purchasing goods and services which maintain or improve health. In addition, those on low incomes are more likely to suffer from mental ill-health, social isolation and experience the highest rates of illness and premature death.

There is also evidence that particular social groups are at risk of low income. Groups that have significantly reduced employment opportunities include disabled adults, people with mental health problems, those with caring responsibilities, lone parents and young people.

Income deprivation is calculated using:

- Adults and children in Income Support (IS) Households, Income Based JSA households and Pension Credit households.
- Adults and children in those working Tax Credit households where there are children in receipt of Child Tax Credit whose equivalised\(^3\) income (excluding housing benefits) is below 60% of the median before housing costs.
- Adults and children in Child Tax Credit households (who are not eligible for IS, Income-Based JSA, Pension Credit or Working Tax Credit) whose equivalised income (excluding housing benefits) is below 60% of the median before housing costs.
- National Asylum Support Service (NASS) supported asylum seekers in England in receipt of subsistence support, accommodation support, or both.

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\(^3\) "Equivalisation" means adjusting a household's income for size and composition so that incomes of all households can be compared.
Figure 7 shows that within Gloucester there are areas in: Kingsholm and Wotton, Westgate, Barton and Tredworth, Moreland, Podsmead, Matson and Robinswood, Tuffley, and Barnwood which are experiencing some of the highest income deprivation in the county.

**Figure 7**

Source: MAiDeN

### 4.3 Living Environment

Poor housing conditions are associated with a wide range of health conditions including respiratory conditions (e.g. asthma), lead poisoning, injuries, and mental health. The highest risks to health in housing are attached to cold, damp and mouldy conditions. Anxiety and depression also increase with the level and type of housing problems people experience.

Exposure to air pollutants may lead to short term effects such as reduced visibility, headaches, allergic reactions, irritation to the eyes, nose and throat, and longer term effects such as breathing difficulties, asthma and various chronic respiratory illnesses such as lung cancer and heart disease. In infants and young children, the effects can be far worse as their respiratory defences have not been fully formed, affecting their lung development and breathing capacities.

This domain focuses on deprivation with respect to the characteristics of the living environment. It comprises two sub-domains: the ‘indoors’ living environment which measures the quality of housing, and the ‘outdoors’ living environment which contains two measures about air quality and road traffic accidents.
The ‘indoors’ living environment
• Social and private housing in poor condition and houses without central heating.

The ‘outdoors’ living environment
• Air quality and road traffic accidents involving injury to pedestrians and cyclists

Figure 8 shows that within Gloucester there are areas in Elmbridge, Kingsholm and Wotton, Westgate, Barton and Tredworth, Moreland, Tuffley, Matson and Robinswood, Quedegeley Severn Vale, Quedegeley Fieldcourt, and Barnwood where living environment deprivation is amongst the highest in the county.

Figure 8

Source: MAiDeN
4.4 Health Deprivation and Disability

The IMD sub-domain ‘Health Deprivation and Disability’ measures rates of poor health, early mortality and disability over the whole age range. Figure 9 shows that, for example, Kingsholm and Wotton, Barton and Treadwoth and Podsmead are amongst the highest in the county.

Figure 9

In order to understand more about the local population within districts, we have used data provided by the HealthACORN classification. HealthACORN is a social marketing tool which uses a combination of government and consumer research data to build up a profile of the typical health and lifestyle characteristics of local populations (including diet, exercise and illness attributes).

HealthACORN groups the population into 4 ‘HealthACORN groups’ based on Lower Super Output Areas (LSOAs) (which consist of approximately 650 households). The 4 groups are:

- Group 1 - Existing health problems
- Group 2 – Future health problems
- Group 3 – Possible future concerns
- Group 4 – Healthy
This profile covers information on groups one and two as they enable us to identify populations which are currently experiencing health problems and populations which are harbouring future health problems. These population groups are the most likely to benefit from services and interventions to improve health.

**Group 1 - Existing health problems**

Group 1 covers a fifth of the population of the UK and classifies areas where there are households with existing health problems and the levels of illness are above average. In group 1, the proportion of people with angina is 60% higher than average and the proportion who have suffered a heart attack 45% above average. The incidence of diabetes, high blood pressure and high cholesterol are also above average. This is the only group where this is the case.

**Figure 10**

Figure 10 shows the number of households in each LSOA with occupants in group 1 – ‘existing health problems’. The LSOAs shaded dark blue have over a third of households which fall into this category. It has been identified that 9 out of 74 LSOAs have more than one third of households with existing health problems.
Group 2 - Future health problems

The HealthACORN group 2 ‘future health problems’ helps us to identify specific areas harbouring future health problems. Households classified as being in group 2 do not currently have high incidence of existing illnesses except for depression, asthma and migraine which occur more in this group than the other 3 HealthACORN groups (existing problems, possible future concerns and healthy). The indicators of potential ill health for this group are the high prevalence of smoking and obesity compared to other groups. Diet tends to be poor: relatively few people eat many vegetables and the consumption of both fast food and sugary drinks is above average.

Figure 11

![Map of Gloucester showing future health problems]

Source: MAIDeN

Figure 11 shows that within Gloucester there is a significant proportion of the population that do not have healthy lifestyles. It identifies 15 out of a total of 74 LSOAs which have more than one third of households harbouring future health problems.

Table 1 brings together information from a variety of sources about socio-economic factors and health and wellbeing issues at LSOA level. It focuses only on those LSOAs identified in the most deprived quintiles for index of deprivation domains and those with more than one third of households with existing or future health problems. This provides an indication of particular areas to target and demonstrates the inter-relationship between socio-economic factors and health outcomes.
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6. What are we doing now?

Although the information set out in this year’s profile highlights some continuing challenges in improving the health and wellbeing of Gloucester residents, there is already much activity going on to address some of these. Below are examples of the current work that is taking place through partnerships to improve health and wellbeing.

Reducing smoking prevalence

- Stop Smoking Shop: The ‘Quit Stop’ opened in December 2008 and is now the most successful stop smoking shop in the country, winning a national innovation award in 2010. It is situated in Gloucester city centre and offers appointments and a drop-in facility 6 days a week, including Saturdays. Clients have speedy access to Specialist Stop Smoking Advisers for behavioural advice, pharmacological support and follow-up. In 2009/10, the total number of clients accessing the shop was 7474. The service is successfully offering appointments to over 180 smokers a week and has now helped over 900 smokers quit in this period. Over 60% of clients are from areas of highest deprivation.

Following a recent user satisfaction survey, the clients surveyed found the shop’s location to be very convenient. More than half (53%) of clients surveyed became aware of the Stop Smoking Shop by walking past it, and all clients were either happy or very happy (72%) with the stop smoking support they received within the shop. NHS Gloucestershire is now supporting other Primary Care Trusts (PCTs) in the development of their own models. The Department of Health has also visited the shop and is using this model and our results to publish national guidelines.

- Access to stop smoking services is available at venues across the city for those wishing to quit smoking. These are provided through local pharmacies, GP surgeries and at various other locations - ‘there is a service near you’.

Promoting healthy lifestyles

The Healthy City Partnership, comprising of Gloucester City Council, NHS Gloucestershire and local organisations continues to fulfil a number of activities to promote health and wellbeing.

- Health Walks Scheme: Gloucester City Council Sports Development team runs a regular series of volunteer-led health walks. The walks are free and cover most parts of the city.
- Get Fit 4 Success: A 10-week spring-summer term project taking place in three local primary schools; Hatherley Infants, Hillview Junior School, and Tredworth Junior School. Activities are designed to encourage children to eat healthily and get active.
- Fresh Start Health and Activity Programme: The exercise referral scheme has been expanded to improve provision and accessibility. It includes referring
clients to health walks, gym and class based activities, singing, dancing and art classes.

- Gloucester Free Swim Programme- The first year of the governments free swim programme has been well received. Participants aged 60 and over, made up a total of 1568 swimmers with 57% being new swimmers. The younger age group of 16 and under had 42% new swimmers of a total of 8431 participants.

- Living and Learning Centre (L&LC): The L&LC delivered a number of projects promoting healthy eating, physical activity and social integration. The Bangladeshi Women’s Swimming Group and the Bounce Programme are just two of these projects.

Reducing inequalities

- NHS Gloucestershire prioritises projects aimed at reducing health inequalities, particularly through the Community Health Trainers Programme and the Health Inequalities Small Grants Projects:

Community Health Trainers

- The Health Trainer Programme went live in February 2010, following the successful completion of the Level 3 City and Guilds Training by 7 Health Trainers. Four of the Health Trainers are working in Gloucester, including one at Rycroft Approved Premises, supporting offenders.

Users of the service have received support around healthy eating, weight loss, physical activity, alcohol use and stress. Many have been signposted to other services such as the NHS Stop Smoking Service, Independence Trust and community education.

Small Grants Projects

- Projects funded during the last year have focused on promoting healthy lifestyles. For example, Finlay and Tredworth Children’s Centre organised a parent-led healthy eating project and Gloucester City Homes Sheltered Housing Project ran sessions for their clients promoting physical activity, healthy eating, smoking cessation and sexual health.

Promoting cancer awareness, mental health and social inclusion

- NHS Gloucestershire carried out a questionnaire (the Cancer Awareness Measure) to find out people’s awareness of the risk factors and symptoms of cancer, and the barriers to early presentation. The findings of the questionnaire will be used to develop appropriate interventions, in particular for lung and breast cancer awareness.

- A Healthy Past Times event was organised in collaboration with Gloucester City Council. Over 20 community groups brought older city residents together at a full day event, featuring culturally sensitive health related activities and workshops.
Promoting Healthy Ageing
In December 2009, the post of Healthy Ageing Coordinator was commissioned to lead and advise on health improvement programmes for older people. This has included focusing on improving healthy ageing in targeted settings and with BME groups including:

- provision of a comprehensive list of health professionals who are able to provide Health Talks to 3 lunch clubs in Gloucester, attended by older people from BME communities (Linking Communities)
- delivering healthy ageing messages (using drama and music) to older people from a BME sheltered housing scheme and care homes, through the ANT Project (Ageing Naturally Together)
- working closely with the Chinese Women’s Guild in Gloucester to coordinate a Healthy Ageing Awareness Day.
- engaging volunteer service users who have followed a 6 week Falls Clinic programme and regained their confidence following a fall, to be ‘Envoys’, demonstrating to other older people how they have maintained independence.
- delivering Healthy Ageing talks to various over 50s groups in Gloucester, including library clubs, with audience sizes varying from 10-35.
- Living Books – these are real people who have a Long Term Condition or life changing experience that they are willing to talk with another person about. The other person ‘borrows’ them for a pre-arranged period in a virtual library session.
7. What else do we need to do?

Data from the Joint Strategic Needs Assessment has identified the following areas for action in Gloucester:

- Smoking
- Alcohol misuse
- Cancer, respiratory diseases, CHD and stroke
- Mental health
- Children living in poverty
- Type 2 diabetes
- Breastfeeding initiation
- Teenage pregnancy
- Falls
- Physical activity, obesity and healthy eating in children and adults

Data from the IMD 2007 and HealthAcorn identifies where initiatives should be targeted for maximum impact. There is a pattern of poor lifestyles associated with socio-economic deprivation in areas of Gloucester such as Westgate, Kingsholm and Barton and Tredworth. Unless these are tackled effectively, levels of ill-health, disability and early death will rise in these communities. In a number of other areas such as Warden Hill, St Marks and Oakley, there are communities with a significant number of people already living with long term illness. Many of these are older people who are likely to benefit from services and interventions to prevent them becoming more vulnerable to further ill-health and social exclusion. The Commissioning series 2 ‘Promoting Healthy Lifestyles – What Works’ provides examples of evidence based interventions.

It is anticipated that this Area Health Profile will be circulated widely and will be used to assist in deciding priorities for action across partner agencies. It will need to be considered by the Local Strategic Partnership, its constituent organisations and thematic partnerships, including the local Health and Wellbeing Partnership, in order to inform current and future work programmes.

For further information contact the Director of Public Health
NHS Gloucestershire/Gloucestershire County Council