

# Adult Social Care and Communities Scrutiny Committee Induction

## Report from the Executive Director of Adult Social Care and Public Health

22<sup>nd</sup> June 2021 – Public Health Report

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### Introduction

*‘Helping to make Gloucestershire a place where everyone can be healthy, feel safe, and flourish’*

The Health and Social Care Act (2012)<sup>1</sup> conferred statutory duties on local authorities to promote the health of their population and gave them responsibility for commissioning specific public health services, supported by a ring-fenced grant, taking effect in 2013. This gave an opportunity for public health teams to influence and support wider local government decisions that impact the public’s health, given that much of what determines health – including good-quality homes, access to stable and rewarding work, safe and secure streets and a health promoting environment – are influenced more strongly by local government. This was extended to include responsibilities for 0-5 year olds (health visiting) in 2015.

### Who We Are

In 2016, Gloucestershire County Council formed “Commissioning Hubs”: public health was aligned with commissioning of support services for people in vulnerable circumstances, to become the Prevention, Wellbeing and Communities (PWC) Hub.

- PWC is a team of over 60 individuals, including public health consultants and commissioning leads across a number of portfolio areas.
- A budget of over £35 million (exc. COVID funding) – the majority of which is from the ring-fenced public health grant.
- Recently, this includes the development and delivery of the COVID -19 Local Outbreak management Plan (LOMP) and a response function delivered by Health Protection Practitioners. There is an additional c. £20 million funding associated with this Plan which is described in a separate paper for ASC Scrutiny Committee.

### Needs Analysis: the Gloucestershire Picture

The Health and Social Care Act (2012)<sup>1</sup> aboveintroduced duties and powers for newly formed Health and Wellbeing Boards. This included mandating a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). Their purpose is to improve the health and wellbeing of the local community and reduce health inequalities by understanding the local picture and what health needs exist.

The Gloucestershire JSNA can be found on the ‘[Inform Gloucestershire](#)’ website along with a wide range of data about our population and county. It tells us that overall Gloucestershire is one of the healthiest counties in England. Health

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<sup>1</sup> <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

outcomes are above the national average and deaths from the major diseases like cancer, heart disease and strokes are below the national average and falling. The Public Health England '[Fingertips](#)' website is a further excellent source of health and wellbeing data to help inform local policy and commissioning [Appendix 1](#) shows the most recent Public Health England Health Profile for Gloucestershire.

The picture in Gloucestershire is far from perfect. There are areas of Gloucestershire where residents experience significantly poorer health than the England average. Additionally, although life expectancy at 65 years of age is better in Gloucestershire compared to England overall, it is not improving in line with the national trends for life expectancy. In addition, the age to which men in Gloucestershire can expect to live with good health (known as 'healthy life expectancy') has been declining since 2010. This, coupled with the fact we have an ageing population, presents one of our greatest challenges.

The three leading causes of death in Gloucestershire are cancer (28.6%), circulatory disease (24.0%) and respiratory disease (13.2%). Yet, there are differences across the districts e.g. Tewkesbury has the highest cancer mortality rate, Cheltenham the highest circulatory disease mortality rate and Gloucester, the highest rate for respiratory deaths (taking account of the age differences in each area).

Lifestyle factors such as smoking, poor nutrition, physical inactivity and alcohol misuse are important contributors to most preventable diseases. Unless we take early action create the conditions needed for individuals, families and communities to take steps to improve their own health and wellbeing now, we will not be able to resource the increases in people with ongoing care needs in the future.

### **Prevention, Health Inequalities and the Joint Health & Wellbeing Strategy**

Health inequalities are the 'avoidable and unfair differences in people's health across different population groups' which are a result of social inequalities 'in the conditions in which people are born, grow, live, work and age'<sup>2</sup>.

Health inequalities have been documented between population groups across at least four dimensions, with people often falling into more than one category.

- Socio-economic status and deprivation: e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment).
- Protected characteristics: e.g. age, sex, race, sexual orientation, disability
- Vulnerable groups or 'inclusion health' groups: e.g. vulnerable migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless
- Geography: e.g. urban, rural<sup>3</sup>.

The Joint Health and Wellbeing Strategy (2019-2030) (JHWS) is the key strategic driver for the work on prevention and health inequalities in Gloucestershire. Alongside this the NHS Long Term Plan **Error! Bookmark not defined.** (LTP) provides the overarching framework for the work of the Integrated Care System (ICS) on prevention and health inequalities. Both Health and Wellbeing and ICS Boards have committed to embedding action on health inequalities across their strategic priorities. COVID-19 has further exposed and amplified the health

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<sup>2</sup> Marmot, M. et al (2010) Fair Society, Healthy Lives. [www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf](http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf)

<sup>3</sup> <https://www.england.nhs.uk/ltp/menu/definitions-for-health-inequalities/>

inequalities that already existed in the country. It has presented a new imperative for effective action to reduce health inequalities – and an opportunity to ‘build back fairer’<sup>4</sup>.

Whilst some of this work has been progressed during the pandemic, the main focus has been on the immediate needs of vulnerable groups e.g. through the work of community resilience, homelessness and mental health groups; and on supporting equitable uptake of COVID-19 vaccinations across the population; both critical for helping to mitigate against COVID-19 related health inequalities and protecting the wider community from the virus. In the wake of Covid next priorities will be to refocus our efforts in the light of our learning from the pandemic and ensure we use this opportunity to create a coherent ‘whole system’ approach to deliver long- term sustainable change.

### **Strategic and Service Drivers for the Hub**

The work of the Hub is driven by national and local strategic drivers (Appendix II) as well as intelligence on the health and wellbeing of our population.

### **Our Approach**

We work across GCC and the wider system (health, social care, housing, criminal justice, voluntary sector, communities and partners) to influence and enable colleagues, partners and communities to embed prevention, early intervention and self-care to improve health and wellbeing, and manage demand for services.

Learning from experience and promoting evidence-based change, we give equal weight to physical and mental health and focus our resources where the need/capacity to benefit is greatest to: address avoidable health inequalities; prevent health, social care and housing crises; reduce the risk of harm and support the most vulnerable.

We take a strengths-based approach: collaborating with communities and other stakeholders to help build community capacity, develop community safeguarding and resilience, and make the most of all of Gloucestershire’s assets. Creative commissioning and partnership working enable individuals and communities to act for themselves; building confidence, aspiration and resilience. By working to tackle the root causes of problems e.g. the wider determinants of health, we can develop more sustainable solutions to reducing health inequalities.

### **What We Do**

The Local Government Association has identified that investment in public health leads to reduced pressure on national and local government and the NHS, saving money that can be further invested in prevention and early intervention. This, in turn, through improved health and wellbeing and health equality, leads to further reductions in pressure on care services and wider economic benefits and most importantly, as a happy and healthier population.

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<sup>4</sup> Stansfield J, South J, Mapplethorpe T. What are the elements of a whole system approach to community-centred public health? A qualitative study with public health leaders in England’s local authority areas. *BMJ Open* 2020;10:e036044. doi:10.1136/bmjopen-2019-036044

## **Budget**

In 2021/22, the public health grant allocation for Gloucestershire is £24,572,514. The allocation is based on a national formula linked to health inequality and health need. The Prevention, Wellbeing and Communities Hub also holds £10.105m commissioning budget for people in vulnerable circumstances and wider hub activities.

The public health grant is spent on activities whose primary purpose is to positively impact on the health and wellbeing of the local population, with the aim of reducing health inequalities in local communities.

During 2020/21 additional grants were received to fund new responsibilities for test and trace activities in response to the COVID-19 pandemic with £2.221m being received to fund the Local Management Outbreak Plan and further c.£20 million funding being announced so far by the DHSC to support proactive containment and intervention measures (see separate paper).

## **Mandated Functions**

Gloucestershire County Council is required to deliver a number of mandated functions:

- appropriate access to sexual health services
- health protection assurance functions delegated from the Secretary of State
- ensuring NHS commissioners receive population public health advice (CCG core offer)
- the National Child Measurement Programme (NCMP) through which reception and year six school children are weighed and measured each year to track obesity rates within the population
- ensuring those eligible are invited to receive an NHS Health Check; a cardiovascular risk assessment for 40-74 year olds without pre-existing conditions
- five mandated points of contact through the health visiting (0-5) service

The conditions of the public health grant also identify further requirements, such as improving outcomes from drug and alcohol treatment services and oral health promotion. We also commission services for those who have poor life experiences, creating vulnerabilities from which they may or may not recover. The gap in living well, between them and others, can be wide and difficult to close without help from those around them to resolve issues and build on their strengths. This investment funds services, which support individuals and families to achieve independent living and social and economic resilience; and to be part of, and sustained by, their community connections and relationships.

## **Priority Areas**

Outside of COVID-19 response work, the team is involved in a wide range of commissioning, influencing and enabling activity, a flavour of which is given below.

## ➤ **Public Mental Health**

This work focuses on prevention of mental ill-health, and promotion of positive mental wellbeing and good mental health at population level across all age groups.

We commission a range of services including a self-harm helpline, a mental health and Voluntary and Community Sector (VCS) navigator role, and resources and training for schools to support the wellbeing of pupils via Gloucestershire Healthy Living and Learning (GHLL).

The Suicide Prevention Steering Group brings together a number of partners, including the police, mental health services, and the Coroners Office. The group oversees the county's regular Suicide Audits, and the countywide suicide prevention strategy and action plan, in addition to real time surveillance of suspected suicides. The steering group is supported by the wider Suicide Prevention Partnership Forum which has over 2,100 members from across the public, VCS and private sectors, people with lived experience and members of the public.

A number of additional mental health services have been commissioned in response to Covid-19. These services help provide additional capacity to respond to an increased demand for mental health support through the pandemic, including:

- an anonymous helpline for children and young people aged 9-21 years
- digital mental wellbeing platforms for adults and under-18s offering free online counselling and one-to-one counselling support for adults whose mental health has been significantly impacted by the Covid-19 pandemic.

## ➤ **Sexual Health**

Since 2013, Local Authorities have been mandated to ensure that comprehensive, open access, confidential sexual health services are available. The main service provider for specialist sexual health services is Gloucestershire Health and Care (GHC). The service provides contraception; the diagnosis and treatment of sexually transmitted infections; psychosexual medicine; and targeted routine care for people in vulnerable/ high risk groups

GCC also commission targeted sexual health prevention services. These services include: community-based HIV prevention and testing, free condom distribution via the C-Card scheme, social care support for clients with HIV and their carers (provided by the Eddystone Trust); a Teenage Pregnancy Service and Maternity Contraception Service (Gloucestershire Hospitals NHS Trust); and resources and training for schools via Gloucestershire Healthy Living and Learning (GHLL). We also commission GP delivered Long Acting Reversible Contraception (LARC) (coils and implants) and community pharmacy access to emergency contraception.

Services have remained open throughout the pandemic, albeit with an adapted model utilising the established programme of online STI testing; and facilities to enable remote tele-consultations have also been introduced. In person appointments have remained available for urgent or vulnerable patients. Commissioners are working together with providers to ensure there is additional capacity in the sexual health system to meet any additional demand generated by the pandemic.

## ➤ **Domestic Abuse**

Domestic abuse (DA) causes harm to adults, children and communities; violates human rights and can affect anyone regardless of age, gender, sexuality, race, income, class, mental or physical ability and lifestyle. There are strong links between DA and other areas of our work including mental health; drugs and alcohol, supporting people and complex needs. Further impetus to the agenda has been given by the Domestic Abuse Act, which passed into law on 29<sup>th</sup> April 2021. For the first time it creates a statutory definition of domestic abuse, and explicitly recognises children as victims if they see, hear or otherwise experience the effects of abuse.

We have close links with the Sexual Violence Partnership Board and work with partners to identify and share the learning from Domestic Homicide Reviews. In 2020/21 the core service, which operates under the name of 'GDASS', received over 7,000 referrals, up from 5,700 in 2017/18.

The DA Joint Commissioning Framework (developed in Gloucestershire in 2018) covers procurement of specialist DA services for: victims 16+, places of safety, addressing perpetrator behaviour, young people 13+, early identification and workforce development activity, and services to address stalking outside the context of DA. It does not include commissioning activity for children under 13 years.

The new DA Act places a duty on Tier One local authorities to provide support to victims of domestic abuse and their children in refuges and other safe accommodation (Tier 2 authorities have a duty to cooperate), and to establish a multi agency Domestic Abuse Local Partnership Board (LPB) which is obliged to prepare a DA needs assessment and Strategy every three years. MHCLG funding has been allocated to local authorities to support them in meeting their statutory duties and Gloucestershire has received £1,105,661 for 2021/22.

## ➤ **Adult Drug and Alcohol Services**

GCC is responsible for commissioning drug and alcohol treatment and recovery services and is required, as a condition of the Public Health Grant, to have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

The current contract for the drug and alcohol treatment service was awarded to Change Grow Live (CGL) from 1 January 2017 for five years with an option to extend until March 2024 which has now been taken up. The 2020/21 contract value is £5,350,000.

CGL provides a comprehensive service, encompassing group and 1:1 work, psychosocial interventions, medical treatment/prescribing, harm reduction (e.g. needle exchange), drug and alcohol arrest referrals, hospital in-reach, residential rehabilitation and in-patient detox and broader recovery support (e.g. housing, training and employment). In 2019/20 the service supported 2,605 individuals. An adapted service model has been in place throughout the pandemic with a greater emphasis on keeping people in treatment to ensure individual and community safety and Commissioners have supported the complex case cell to ensure that individuals experiencing multiple disadvantage could be accommodated and supported.

Current team activity is focused around ensuring a coordinated harm reduction offer and a clear pathway for those with co-existing substance misuse and mental health conditions; completing an alcohol related deaths audit with the Adult Safeguarding Board; reviewing investment into children and young people's substance misuse services; and additional drug treatment, crime and harm reduction activity aimed at driving down the crime associated with the drug market, particularly acquisitive crime and violent crime, and the rise in drug-related deaths.

### ➤ **Supporting People**

Supporting People (SP) pays for the housing support that is provided to vulnerable people to help them live as independently as possible and includes help to people to:

- Settle/stay in their own home with basic skills/confidence to manage day to day
- Gain access to education, training or employment
- Meet their aspirations and foster their ability to achieve positive outcomes such as becoming a more active member of the local community
- Contact other services such as social care, health, doctors and colleges

These services are delivered through Accommodation Based Support and Community Based Support (CABS) services. CABS Services form an integral part of the County's rehousing, early intervention and prevention pathway for people in vulnerable circumstances and homeless individuals. Since April 2020, all CABS services have been purchased through a pseudo-multi provider, multi-purchaser Framework. This enables other partners to purchase those services within the pathway to meet their specific needs.

This pathway has been co-designed in partnership with local stakeholders and partners, and captures services that support people in vulnerable circumstances to prevent and/or move away from rough sleeping and homelessness and to live safe, settled and secure lives.

Over the years CABS services have evolved from delivering long term, deficit-based support services to a considerably more effective short-term strength-based approach. There has been a shift from an over reliance of fixed accommodation and specialist services to a more flexible community based and generic approach that can better respond to changing patterns of need. The remodelling of these services has allowed providers to significantly increase the numbers of individuals they are able to support as well as the quality of outcomes achieved.

### ➤ **Healthy Lifestyles**

The Gloucestershire Healthy Lifestyles Service (HLS) <https://www.hlsglos.org/> started in 2017 and will be delivered in the county until April 2024. It provides free, 12 week 1:1 health coaching programmes across the county for those wishing to make a lifestyle change. People can either self refer or be referred by a health professional to receive support for the following:

- Weight Management (including free access to Slimming World groups)
- Physical activity
- Stop smoking (2020/21 saw the largest number of people accessing the service to quit smoking with a quit rate of 69%)
- Alcohol reduction

Stop smoking and weight management are both priorities within the NHS Long Term Plan, with some funding attached, and we are working in partnership to enhance our local offers.

The service is responsible for delivering a range of training packages e.g. Mental Health First Aid (MHFA) and Making Every Contact Count (MECC) as well as delivering specific programmes of intervention including:

- The Gloucestershire Workplace Accreditation Award – working with business to enable them to support their workforce around mental / physical health & wellbeing.
- The Healthy Me, Baby & Beyond programme - supports pregnant women and their families up to a child's 2nd birthday to make/maintain positive lifestyle choices.
- The Schools Peer Support Prevention Programme – working with secondary school pupils to build knowledge, skills and understanding relating to risk taking behaviours such as smoking, alcohol and sexual health.
- The NHS Health Check is a universal programme and should be offered to all eligible people aged 40-74 and there is an opportunity to support the reduction of health inequalities by prioritising checks to the most deprived groups, or people with the greatest CVD risk. During the pandemic we have seen a significant downturn in NHS Health Checks activity in Primary Care. Over the next few months we will be engaging with GPs to resume full activity; strengthening our targeted approach to delivery and pathways to lifestyle support.
- A whole systems approach to reducing obesity and implementation and evaluation of 'We Can Move' (formerly Gloucestershire Moves) countywide physical activity programme and the development and implementation of Gloucestershire Moves – Gloucestershire's programme to promote active lifestyles.

### ➤ **Children's Public Health**

The Council is responsible for commissioning Public Health Nursing Services and is required, as a condition of the Public Health grant, to offer five mandated visits in early years and to deliver the Healthy Child Programme for families and children aged 0 to 5 years, and 5 – 19 years.

Public Health Nursing provides universal Health Visiting and School Nursing services to all families and children in Gloucestershire and offers levels of additional targeted support to families with greater needs. Advice and support are available around a range of public health needs including for families during transition to parenthood, maternal mental health assessment and support for breastfeeding, parenting, prevention of accidents, development and school readiness in early years. The Health Visiting service is key to the early identification and support of children and young people at risk of poor outcomes including those with Special Educational Needs and Disabilities (SEND). School age children are able to access support for developing resilience and improving emotional wellbeing, support to achieve and maintain a healthy weight, interventions to protect health in relation to risky behaviours including alcohol, drugs, relationships and sexual health and support for children and families with additional health and wellbeing needs. The PHNS are an essential part of the safeguarding system providing a key universal preventative role

within the overall children's workforce, and are in contact with and accessible to all children and young people and their families particularly in the early years.

We also work with the Children and Families Hub and the Clinical Commissioning Group to scope out a health and care model for children and young people aged 0 – 19 and to deliver a Gloucestershire strategy, underpinned by a collaborative governance framework. We have a service level agreement with the Education Hub for the Gloucestershire Healthy Living and Learning offer to schools and commission and support the delivery of the Pupil Wellbeing Survey.

We commission the National Child Measurement Programme and in order to support children and families affected by obesity are working with families in parts of Gloucester City and the Forest of Dean (where childhood obesity levels are highest) to pilot an innovative children's healthy weight offer.

We continue to support the Health and Wellbeing Board as it seeks to embed our approach to Adverse Childhood Experiences (ACEs) and how an ACEs informed approach should be taken forward in Gloucestershire and offer leadership and input into the Action on ACEs work programme and partnership.

#### ➤ **Core Offer to the CCG**

Under the Health and Social Care Act 2012<sup>1</sup>, the CCG has a duty to obtain advice appropriate for enabling it effectively to discharge its function from persons who have a broad range of professional experience in: prevention, diagnosis or treatment of illness and the protection or improvement of public health. A Memorandum of Understanding is in place which outlines the offer of support from Public Health. This includes: Population Health Management and Population Health Intelligence programmes; support for ILPs (place-based working), PCNs and CPGs; supporting the development of the ICS staff health and wellbeing agenda via the ICS OD delivery group and supporting the implementation, monitoring and evaluation of initiatives delivered as part of the integrated care system (ICS).

#### ➤ **Enabling Active Communities and Individuals**

We lead GCC's contribution to the multi-agency Enabling Active Communities and Individuals (EAC-I) work-stream, which bring together projects and programmes which improve health and wellbeing through mobilising assets within communities; this includes working with community organisations to develop innovative approaches to addressing health inequalities in key population groups. Last year, EAC-I was successful in bidding for £1m of national grant funding broadly aimed at improving collaborative working, building community capacity and tackling health inequalities and their root causes.

We continue to coordinate and develop the community offer across the whole care sector; working within prevention and early intervention elements of the operating model and being cognisant of how the system works and how changes to the community offer can affect demand elsewhere

#### ➤ **Health Protection**

Local Authority Directors of Public Health have an independent scrutiny and assurance role, ensuring that the arrangements of local partners and providers:

- Prevent and mitigate the harm from infectious diseases
- Minimise the health impact from environmental hazards

In 2020/21, the team ran the staff flu vaccination programme and responded to incidents related to avian flu, hepatitis C and multi resistant TB. With respect to screening and immunisations the team work closely with NHS England PHE staff to seek assurance regarding the delivery and take up of screening and immunisation programmes for our local population. We are currently managing the Covid-19 Hub & overseeing delivery of the Local Outbreak Management Plan (LOMP) which provides the local road map for the system to prevent, contain, monitor and respond to outbreaks of COVID-19, alongside our Gloucestershire partners. The team is very much still in response mode and has provided an effective co-ordinated 7-day duty desk to respond to information, advice and guidance. Further details are outlined in more detail in a separate report.

## Looking Forward

Helping people to stay healthy and live independently for longer and ensuring children have the best start in life are major contributors to reducing cost pressures across the system in the medium and longer term. As such, our prevention activity plays a key role in supporting the new Council Strategy and therefore the commissioning intentions of other parts of Gloucestershire County Council, including children's and adult social care, as well as the wider system.

Contract arrangements for Community Based Support (CBS) and Accommodation Based Support (ABS) end dates have been aligned so that we can remodel and retender the entire provision of ABS and CBS to take a 'whole system approach' to develop those services and pathways that enable independent living and prevent homelessness. Savings will be realised during the programme through reductions in community-based support in line with utilisation and reduce capacity of accommodation-based support in line with demand. This will be undertaken in parallel with key partners regarding the opportunities to align investment and models to achieve shared outcomes and objectives.

Our commissioning intentions for 2021/22 are:

1. Deliver mandated functions where they have not been paused by NHS England due to C:19 and reinstate those that have:
  - NHS Health Checks, Sexual Health, National Child Measurement Programme, Health Protection, Core Offer to the CCG & Health Visiting service
2. Deliver our driving change projects:
  - Local Outbreak Management Plan (LOMP)
  - Establishment of multi-purchaser, multi provider pseudo framework for Community and Accommodation Based Support services (CABS).
3. Engage and influence partners to improve the public's health and ensure support for people in vulnerable circumstances and the building and harnessing of communities' capacity

- address health inequalities through the Covid-19 BAME Task and Finish Group
  - support mental health and wellbeing through the Covid-19 Mental Health & Wellbeing Cell; working with partners to ensure support is available to people, especially those in vulnerable circumstances.
4. Develop and embed health and wellbeing and reducing health inequalities across GCC business and the wider system.

## Appendix 1: Gloucestershire Health Profile 2019<sup>5</sup>

### Health in summary

The health of people in Gloucestershire is generally better than the England average. Gloucestershire is one of the 20% least deprived counties/unitary authorities in England, however about 12.6% (13,320) children live in low income families. Life expectancy for both men and women is higher than the England average.

### Health inequalities

Life expectancy is 8.4 years lower for men and 5.4 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas.

### Child health

In Year 6, 18.6% (1,224) of children are classified as obese, better than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 30\*. This represents 38 admissions per year. Levels of teenage pregnancy and GCSE attainment (average attainment 8 score) are better than the England average.

### Adult health

The rate for alcohol-related harm hospital admissions is 674\*. This represents 4,344 admissions per year. The rate for self-harm hospital admissions is 212\*, worse than the average for England. This represents 1,280 admissions per year. Estimated levels of smoking prevalence in adults (aged 18+) and physically active adults (aged 19+) are better than the England average. The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average. The rate of killed and seriously injured on roads is worse than the England average. The rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are better than the England average.

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<sup>5</sup> <https://fingertips.phe.org.uk/profile/health-profiles/data#page/13/ati/202/are/E10000013>

\* rate per 100,000 population

## Health summary for Gloucestershire

### Key

Significance compared to goal / England average:

<b>Significantly worse</b>	<b>Significantly lower</b>	Increasing / Getting worse	Increasing / Getting better
<b>Not significantly different</b>	<b>Significantly higher</b>	Decreasing / Getting worse	Decreasing / Getting better
<b>Significantly better</b>	<b>Significance not tested</b>	Increasing	Decreasing
		Increasing (not significant)	Decreasing (not significant)
		Could not be calculated	No significant change

### Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	80.2	80.2	79.6	Increasing (not significant)
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	83.7	83.8	83.2	Increasing (not significant)
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	5340	295.8	301.5	330.5	Decreasing (not significant)
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	1085	59.7	61.9	71.7	Decreasing (not significant)
5 Mortality rate from cancer	<75 yrs	2016 - 18	2184	119.9	125.6	132.3	Decreasing (not significant)
6 Suicide rate	10+ yrs	2016 - 18	172	10.4	11.1	9.64	Increasing (not significant)

### Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on	All	2016 - 18	884	46.9	39.8	42.6 \$	Could not be calculated

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
<b>England's roads</b>	ages						
<b>8 Emergency hospital admission rate for intentional self-harm</b>	All ages	<b>2018/19</b>	1280	<b>212.1</b>	<b>272.8</b>	<b>193.4</b>	Increasing (not significant)
<b>9 Emergency hospital admission rate for hip fractures</b>	65+ yrs	<b>2018/19</b>	730	<b>534.4</b>	<b>566.3</b>	<b>558.4</b>	Decreasing (not significant)
<b>10 Percentage of cancer diagnosed at early stage</b>	All ages	<b>2017</b>	1313	<b>51.3</b>	<b>53.3</b>	<b>52.2</b>	Increasing (not significant)
<b>11 Estimated diabetes diagnosis rate</b>	17+ yrs	<b>2018</b>	n/a	<b>77.9</b>	<b>74.0</b>	<b>78.0</b>	Decreasing (not significant)
<b>12 Estimated dementia diagnosis rate</b>	65+ yrs	<b>2019</b>	5977	<b>68.1 *</b>	<b>62.4 *</b>	<b>68.7 *</b>	Increasing (not significant)

#### Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
<b>13 Hospital admission rate for alcohol-specific conditions</b>	<18 yrs	<b>2016/17 - 18/19</b>	115	<b>30.2</b>	<b>44.1</b>	<b>31.6</b>	Decreasing (not significant)
<b>14 Hospital admission rate for alcohol-related conditions</b>	All ages	<b>2018/19</b>	4344	<b>673.8</b>	<b>680.0</b>	<b>663.7</b>	Increasing/getting worse
<b>15 Smoking prevalence in adults</b>	18+ yrs	<b>2018</b>	61322	<b>12.1</b>	<b>13.9</b>	<b>14.4</b>	Decreasing (not significant)
<b>16 Percentage of physically active adults</b>	19+ yrs	<b>2017/18</b>	n/a	<b>70.7</b>	<b>70.7</b>	<b>66.3</b>	Increasing (not significant)
<b>17 Percentage of adults classified as overweight or obese</b>	18+ yrs	<b>2017/18</b>	n/a	<b>61.4</b>	<b>61.0</b>	<b>62.0</b>	Increasing (not significant)

#### Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
<b>18 Teenage conception rate</b>	<18 yrs	<b>2017</b>	152	14.8	14.9	17.8	Decreasing (not significant)
<b>19 Percentage of smoking during pregnancy</b>	All ages	<b>2018/19</b>	666	11.1	10.9	10.6	Increasing (not significant)
<b>20 Percentage of breastfeeding initiation</b>	All ages	<b>2016/17</b>	2758	- ~	79.5	74.5	Could not be calculated
<b>21 Infant mortality rate</b>	<1 yr	<b>2016 - 18</b>	66	3.35	3.28	3.93	Increasing (not significant)
<b>22 Year 6: Prevalence of obesity (including severe obesity)</b>	10-11 yrs	<b>2018/19</b>	1224	18.6	16.5	20.2	Increasing (not significant)

#### Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
<b>23 Deprivation score (IMD 2015)</b>	All ages	<b>2015</b>	n/a	15.0	-	21.8	Could not be calculated
<b>24 Smoking prevalence in adults in routine and manual occupations</b>	18-64 yrs	<b>2018</b>	n/a	19.8	25.5	25.4	Decreasing (not significant)

#### Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
<b>25 Percentage of children in low income families</b>	<16 yrs	<b>2016</b>	13320	12.6	14.0	17.0	Increasing (not significant)
<b>26 Average GCSE attainment (average attainment 8 score)</b>	15-16 yrs	<b>2018/19</b>	296466	49.0	46.7	46.9	Decreasing (not significant)

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
<b>27 Percentage of people in employment</b>	16-64 yrs	<b>2018/19</b>	308500	<b>81.6</b>	<b>78.9</b>	<b>75.6</b>	Increasing (not significant)
<b>28 Statutory homelessness rate - eligible homeless people not in priority need</b>	Not applicable	<b>2017/18</b>	120	<b>0.44</b>	<b>0.32</b>	<b>0.79</b>	Increasing (not significant)
<b>29 Violent crime - hospital admission rate for violence (including sexual violence)</b>	All ages	<b>2016/17 - 18/19</b>	405	<b>22.5</b>	<b>34.9</b>	<b>44.9</b>	Decreasing (not significant)

### Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
<b>30 Excess winter deaths index</b>	All ages	<b>Aug 2017 - Jul 2018</b>	563	<b>29.9</b>	<b>29.5</b>	<b>30.1</b>	Increasing/getting worse
<b>31 New STI diagnoses rate (exc chlamydia aged &lt;25)</b>	15-64 yrs	<b>2018</b>	2379	<b>610.4</b>	<b>655.3</b>	<b>850.6</b>	Increasing /getting worse
<b>32 TB incidence rate</b>	All ages	<b>2016 - 18</b>	56	<b>2.97</b>	<b>2.75</b>	<b>9.19</b>	Decreasing (not significant)

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).

For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

### Indicator value types

**1,2** Life expectancy - years **3,4,5** Directly age-standardised rate per 100,000 population aged under 75 **6** Directly age-standardised rate per 100,000 population aged 10 and over **7** Crude rate per 100,000 population **8** Directly age-standardised rate per 100,000 population **9** Directly age-standardised rate per 100,000 population aged 65 and over **10** Proportion - % of cancers diagnosed at stage 1 or 2 **11** Proportion - %

recorded diagnosis of diabetes as a proportion of the estimated number with diabetes **12** Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia **13** Crude rate per 100,000 population aged under 18 **14** Directly age-standardised rate per 100,000 population **15,16,17** Proportion **18** Crude rate per 1,000 females aged 15 to 17 **19,20** Proportion **21** Crude rate per 1,000 live births **22** Proportion **23** Index of Multiple Deprivation (IMD) 2015 score **24** Proportion **25,26** Slope index of inequality **27** Proportion **28** Mean average across 8 qualifications **29** Proportion **30** Crude rate per 1,000 households **31** Directly age-standardised rate per 100,000 population **32** Ratio of excess winter deaths to average of non-winter deaths **33** Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) **34** Crude rate per 100,000 population

*	Value compared to a goal (see below)
~	Value not published for data quality reasons
\$	Aggregated from all known lower geography values

#### Thresholds for indicators that are compared against a goal

Indicator Name	Green	Amber	Red
<b>12 Estimated dementia diagnosis rate (aged 65 and over)</b>	>= 66.7% (significantly)	similar to 66.7%	< 66.7% (significantly)

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## Appendix II: Strategic Drivers for the PWC Team

### National Strategic Drivers

#### Preventing Ill-Health and Health Inequalities

The strategy for Public Health in England was laid out in the Government's White Paper *Healthy Lives, Healthy People (2010)*<sup>6</sup>. More recently the Prevention Green Paper *Advancing Our Health – Prevention in the 2020s (2019)*<sup>7</sup>, the *NHS Long Term Plan (2019)*<sup>8</sup> have driven the strategic direction.

*Marmot Review 10 Years On (2020)*<sup>9</sup> – noted widening health inequalities over the last decade and reiterates the need for action across the social determinants of health including the development of anchor institutions approaches and a 'health systems' approach to population health, with partnerships among a range of sectors.

A new health and social care White Paper '*Integration and innovation: working together to improve health and social care for all*<sup>10</sup>' was published in February 2021 setting out proposals for a new Health and Care Bill and this will build on the ambitions in the NHS Long Term Plan. There are also plans to make changes in social care, public health and mental health with further details still to emerge.

#### Preventing the (repeat) risk of harm to people in vulnerable circumstances

The **Ending Violence Against Women and Girls Strategy 2016 – 20**<sup>11</sup> provides an overview of the wide range of actions the government is taking to end violence against women and girls. It was launched on 8 March 2016 and refreshed in March 2019 and was the precursor to the Domestic Abuse Act 2021.

The **Serious Violence Prevention Strategy 2018**<sup>12</sup> – focuses on prevention and early intervention as one of the four main themes. This is also underpinned by guidance on the public health approach to reducing violence.

The **Rough Sleepers Strategy 2018**<sup>13</sup> – sets out the government's vision for halving rough sleeping by 2022 and ending it by 2024. The original target to eliminate rough sleeping had been 2027 but this has now been brought forward. COVID has been a huge stimulus for getting people off of the streets and achieving the goals set out in the strategy.

The **Homelessness Reduction Act 2017**<sup>14</sup> - modifies and extends existing homelessness protection

**Children Social Care Act 2017** – extension of duties for care leavers up to 25.

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<sup>6</sup> <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

<sup>7</sup> [Advancing our Health: Prevention in the 2020s](https://www.gov.uk/government/publications/advancing-our-health-prevention-in-the-2020s)

<sup>8</sup> <https://www.longtermplan.nhs.uk/>

<sup>9</sup> [The Marmot Review: 10 years on](https://www.gov.uk/government/publications/marmot-review-10-years-on)

<sup>10</sup> [Integration and innovation: working together to improve health and social care for all](https://www.gov.uk/government/publications/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all)

<sup>11</sup> <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

<sup>12</sup> <https://www.gov.uk/government/publications/serious-violence-strategy>

<sup>13</sup> <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

<sup>14</sup> <https://www.legislation.gov.uk/ukpga/2017/13/contents>

## Local strategic drivers

- The strategic priorities of the **Joint Health and Wellbeing Strategy (2019-30)** are: ACEs; Best Start in Life; Mental Health and Wellbeing; Social Isolation; Housing; Physical Activity; and Healthy Lifestyles (focusing initially on Healthy Weight)
- The strategic priorities of the **Safer Gloucestershire Partnership** include: Locality-based crime; safeguarding children; deprivation and vulnerability; drug and alcohol misuse; domestic abuse and sexual violence; criminal exploitation

Integrated Care System (ICS) priorities and local delivery of the NHS Long Term Plan (2019-29):

- Strategic Lead for the ICS Five-year ICS Prevention and Health Inequalities Framework
- Strategic leadership for Population Health Management and Evaluation
- Public Health support to Integrated Locality Partnerships (ILPs)

Director of Public Health Annual Reports:

- 2019 – '**Healthonomics**<sup>15</sup>' - focusing on the link between health and wealth, recommendations include the development of an anchor institutions approach
- 2020 – '**Beyond COVID: Race, Health and Inequality**<sup>16</sup>' – recommends local action to control and mitigate the short- and longer-term impacts.

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<sup>15</sup> <https://www.gloucestershire.gov.uk/gloucestershire-county-council-news/news-september-2019/public-health-report-calls-for-action-to-tackle-inequalities-and-grow-the-economy/>

<sup>16</sup> <https://www.gloucestershire.gov.uk/gloucestershire-county-council-news/news-october-2020/public-health-report-calls-for-action-on-health-inequalities-faced-by-bame-residents/>