



Healthy Gloucestershire 2008 - 2018

The Health and Community Wellbeing Strategy for Gloucestershire

September 2008



**Gloucestershire
Conference**

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Executive Summary

Healthy Gloucestershire is the strategy of the Gloucestershire Health and Community Wellbeing Partnership. It is important because it will drive the work of the partnership over the next ten years. In essence the strategy is our Partnership's 'offer'; it sets out the aims of the partnership over the next ten years.

This document is intended to enable all partners of **Gloucestershire Conference** to help influence planning and decision making. A shorter version will be made available in format(s) accessible to all Gloucestershire residents.

Healthy Gloucestershire sets out the way that the Gloucestershire Health and Community Wellbeing Partnership will achieve its strategic aim;

“To improve the overall health and wellbeing of people living in Gloucestershire and to narrow the gap in health outcomes between communities and groups living in our disadvantaged and more affluent areas”

The intention is, through our joint efforts, to improve the health of those who live and work in the county and reduce health inequalities. We will target areas and groups with poor health outcomes to achieve a level of health and wellbeing that is closer to those in more affluent areas and in more advantaged groups, thus benefiting all local residents. In addition all workstreams and policies must be developed to meet the diverse health and social care needs of different groups and communities so that everyone has the opportunity to maximise their health outcomes.

This strategy has been developed through consultation with a wide range of stakeholders including Local Health & Wellbeing Partnerships; District Councils, Local Patient and Public Involvement (PPI) / Local Involvement Networks (LINKS) interim forums; and partners in the Gloucestershire Conference to ensure that it reflects the health and wellbeing needs of Gloucestershire residents and local priorities for action.

Gloucestershire residents generally experience relatively good health but this is not true for everyone, or indeed for every part of the county. Every year, far too many people in Gloucestershire suffer avoidable ill health or die earlier than they should. Health inequalities are unacceptable and there is strong evidence that with the right interventions, they are preventable.

Gloucestershire Health & Community Wellbeing Partnership will:

- Provide strategic leadership to promote health and wellbeing in Gloucestershire with a strong focus on reducing health inequalities. This includes improving the health of people of all ages and safeguarding, supporting and improving the independence and wellbeing of adults.
- Develop strategic leadership of the joint planning and commissioning of social and health care for adults in Gloucestershire through activity and services to safeguard, support and improve their independence and wellbeing.

- Manage delivery; provide financial management and performance management of the **Gloucestershire Health and Community Wellbeing Partnership**.
- Engage the support and active participation of a range of stakeholders in developing and delivering a strategy for Health and Wellbeing in Gloucestershire.
- Support other parts of the Gloucestershire Conference in achieving health and wellbeing outcomes.

Ten priority areas for action have been identified for Gloucestershire Health and Community Wellbeing Partnership to focus efforts on over the next ten years. These are listed below. Reducing Health inequalities is a cross cutting theme that underpins the work of the partnership in each area.

- a) **Active and Healthy ageing**
- b) **Reduce obesity**
- c) **Reduce alcohol harm**
- d) **Reduce smoking prevalence**
- e) **Improved sexual health**
- f) **Better access to services for all**
- g) **Healthier workplaces**
- h) **Improved emotional health and wellbeing**
- i) **Putting people first – transforming social care**
- j) **Accessible, Healthy and safe housing**

Healthy Gloucestershire strategy takes the form of a set of action cards. This is to ensure that the strategy can be effectively communicated as widely as possible to partner organisations and local residents.

To prevent this strategy from being a 'wish list' a named 'Champion' and 'Sponsor' has been identified for each priority area

- The Champions – Provide a named lead for each action card
- The Sponsors – Provide board level accountability for each priority area¹

Each action card presents key facts about that topic area and examples of what we are currently doing to improve health and reduce health inequalities.

The cards set out where we want to be in ten years time (i.e. what we expect to be different) and how we propose to get there (action plan). Information on how the topic areas link to Local Area Agreement outcomes, relevant local strategies, plans and work-stream is also included.

Expected Outcomes:

- All policies, strategies, services and interventions contribute to the overall aim of improving the overall health and wellbeing of people living in Gloucestershire and ensuring disadvantaged communities and groups are helped to experience similar health outcomes to those in the more affluent areas.

1. The roles of both 'Champion' and 'Sponsor' are listed in Appendix 2.

- By joint and coordinated efforts, resources are used more “smartly” and effectively, bringing lasting (sustainable) benefits.
- Everyone will have greater opportunities to make healthier choices and improve their health and wellbeing but at the same time can access the information, services and support that they need/when they need.

It is intended that this strategy should be a ‘living’ document. Progress in each area will be regularly reviewed as the needs and priorities of Gloucestershire’s population change. The Joint Strategic Needs Assessment has a vital role to play in identifying emerging priorities for Gloucestershire. Therefore, while the core strategy document is a long term statement, the action cards will be regularly reviewed and updated and additional action cards may be recommended with the agreement by the partnership board.

An equality and diversity impact assessment will be carried out on the work plan for each action card to ensure our actions promote health and reduce health inequalities for all Gloucestershire residents irrespective of race, gender, disability, age, ethnicity, religion and sexuality.

The development and implementation of **Healthy Gloucestershire** will be led by the **Healthy Gloucestershire** working group (comprising of the named Champions for each priority area). Each Champion will be responsible for overseeing development, implementation and monitoring of the strategy in their priority area. The working group will be accountable to and report quarterly/as required to the Gloucestershire Health and Community Wellbeing Partnership on the progress of **Healthy Gloucestershire**.

Members of the Partnership Board who are sponsors will provide Board level accountability for their defined priority areas. The working group will operate within the terms of reference laid down by the partnership.²

A risk assessment will be conducted on each action card. Any major risks will be reported to the partnership board.

Sustainability statement

Gloucestershire Health and Community Wellbeing Partnership is committed to making sure that the improvements delivered through the strategy will represent best practice with respect to sustainability. Each of the action plans for the priority areas will identify work required to embed sustainability. Some of the ways that we have already done this are:

- Developing Healthy Gloucestershire as a 10 year vision for health and social care to encourage more long term thinking and to tackle the issues that require longer term solutions.
- Working with Voluntary and Community Sector organisations both as providers of services and in strategic planning.
- Engaging stakeholders in the process of developing the strategy and the priorities at an early stage.
- Identifying as a priority area ‘Accessible, healthy and safe housing’.

1 Context

1.1 The Countywide Picture

The context for this strategy is the Gloucestershire Conference, which brings together a wide range of partners from the statutory, business, voluntary and community sectors. Together these partners plan for the future of the County. The Conference has set out its goals in “**Our Place: Our Future**” a Sustainable Community Strategy for Gloucestershire.” This strategy:

- Sets out the current and future challenges affecting Gloucestershire
- Recognises the new expectations that are being placed on services and service delivery, and

Agrees the five aims that set our framework for joint action over 10 years for Gloucestershire to be a place:

- Where the future matters
- Where communities matter
- Where everyone matters
- Where people want to live
- That thrives.

Our Place: Our Future is supplemented by the delivery plans of its five thematic partnerships. **The Gloucestershire Health and Community Wellbeing Partnership** is one of those thematic partnerships. The other thematic partnerships are:

- Children and Young People
- Safer and Stronger Communities
- Economic Development and Enterprise
- Natural and Built Environment.

There is also a network of six Local Strategic Partnerships (LSPs), one for each district council area. These take a more local perspective on the issues as well as contributing to the countywide agenda. Together these partnerships make up the Gloucestershire Conference and all make their contributions to addressing improved health and wellbeing in Gloucestershire. Engagement of stakeholders and a strong focus on the views of, and the benefits to, Gloucestershire communities is fundamental to achieving the aims of **Our Place Our Future**.³

Healthy Gloucestershire, and the more focussed strategies and delivery plans that relate to it, play a vital part in achieving the vision for the future of Gloucestershire. The structure of the partnership is shown at Appendix 3.

In developing the **Healthy Gloucestershire** strategy we recognise that narrowing health inequalities and improving health across all ages requires joined-up working across the five thematic partnerships. Because of the wide range of factors that influence health and health inequalities, it follows that some of our outcomes will be delivered, or link closely with, those of other thematic partnerships in Gloucestershire. The Children and Young People's thematic Partnership, for example, currently focuses on seven identified priorities linked to the five outcomes in the 'Every Child Matters' Government White Paper (see table 1) and clearly has a key role to play in delivering many of the priorities identified in this strategy. The **Healthy Gloucestershire** strategy aspires to help make explicit those areas where links across the partnerships are needed to deliver our desired outcomes.

Healthy Gloucestershire sets out the way that the Gloucestershire Health and Community Wellbeing Partnership will achieve its strategic aim:

"To improve the overall health and wellbeing of people living in Gloucestershire and to narrow the gap in health outcomes between communities and groups living in our disadvantaged and more affluent areas"

Joint work over recent years has already created a number of strategies for specific services. These:

- All involve the NHS and social care.
- Some involve wider partnerships e.g. Carer's Strategy, Supporting People Strategy.
- Were consulted on with wider stakeholder groups and partners.

These strategies all contribute to health and community well being, but mostly focus on already vulnerable groups rather than looking at the whole community or population and how to promote its overall wellbeing. Healthy Gloucestershire aims to bring together that wider picture, as set out in the strategic aim above, which can then form the context for addressing more fully the needs of specific groups.

1.2 National Policy Drivers

Three Government White Papers; 'Our Health, Our Care, Our Say' (2006), 'Choosing Health' (2004) and 'Stronger and Prosperous Communities' (2006) form the context for **Gloucestershire Health and Community Wellbeing Partnership** work. These are described briefly below.

The 'Our Health Our Care Our Say' White Paper sets out the vision to provide people with good quality social care and NHS services in the communities where they live. It aims to achieve four main goals:

- Better prevention services with earlier intervention.
- Give people “more choice and a louder voice”.
- Do more on tackling inequalities and improving access to community services.
- More support for people with long-term needs.

This is the core policy document that sets out under three themes the seven broad outcomes that society aims to achieve for all its citizens and particularly adults who have become vulnerable through illness, age or disability.

The ‘Choosing Health’ White paper sets out the key principles for supporting the public to make healthier and more informed choices about their health.

The Local Government White Paper ‘Strong and Prosperous Communities’ (2006) is also directly relevant to, and at the core of, efforts to improve the health of our local population. It aims to give local people and local communities more influence and power to improve their lives. It is about creating strong, prosperous communities and delivering better public services through a rebalancing of the relationship between central government, local government and local people. It links to the role of the Gloucestershire Conference and the Local Area Agreement which is the partnership and between government and the local area that sets out shared targets for improvement to life in Gloucestershire.

These various policies describe their goals in slightly different ways, but they are all related, essentially, to the seven outcomes of “Our Health, Our Care, Our Say” and the chart that follows sets this out.

Gloucestershire's Health and Wellbeing Strategic Aim

To improve the overall health and wellbeing of people living in Gloucestershire and to narrow the gap in health outcomes between communities and groups living in our disadvantaged and more affluent areas.

Our Health, Our Care, Our Say

Three themes	Putting people more in control of their own health and care		Enabling and supporting health, independence and wellbeing		Rapid and convenient access to high-quality, cost-effective care		
Seven Outcomes	Improved health and emotional wellbeing	Improved quality of life	Making a positive contribution	Choice and control	Freedom from Discrimination	Personal dignity	
LAA – outcomes for the Partnership	Improve health and reduce health inequalities		Contribute to the reduction in obesity levels				Support independence, health and wellbeing for vulnerable people
Choosing Health and Tackling Health Inequalities	Reducing numbers of people who smoke especially in disadvantaged groups and pregnant women and promoting smoke free environments	Tackling obesity (supporting healthy eating, weight management, physical activity)	Improving mental health and wellbeing including suicide reduction		Improving sexual health and reducing teenage pregnancy	Reducing harm from substance misuse and encouraging sensible drinking	
Every child matters - outcomes	Be safe	Stay healthy	Enjoy and achieve		Make a positive contribution	Achieve economic wellbeing	

1.3 What do we mean by Health and Wellbeing?

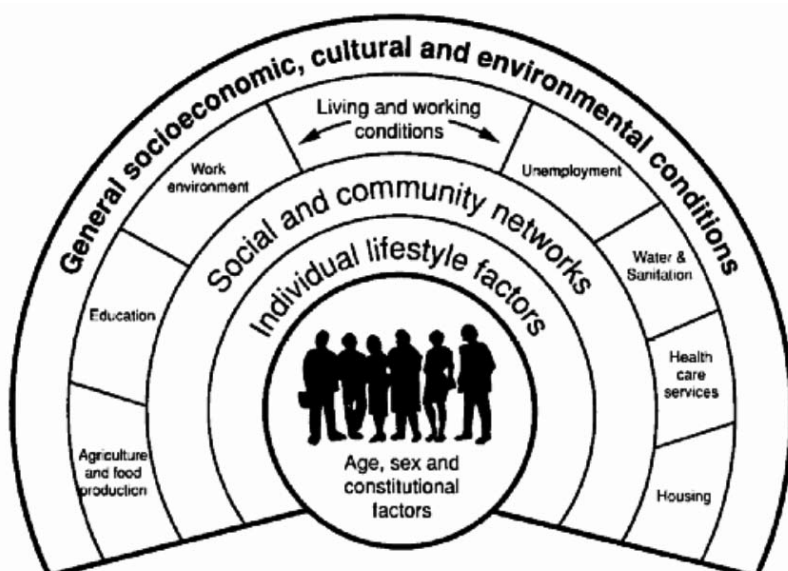
The words 'health' and 'wellbeing' mean different things to different people so it is important to define what we mean when we use the terms in the context of this strategy. We have adopted the World Health Organisation definition where health is defined as:

'...a complete state of physical and mental wellbeing and not merely the absence of disease or infirmity'.

Using this definition, it is clear that there is a range of factors that influence people's health. These include individual factors such as a person's age, sex and genetics, but also incorporate wider influences such as social networks, lifestyles, environment, employment (or unemployment), education, poverty (or affluence), health and housing. These 'wider determinants' are clearly illustrated in Figure 2.

We know that people living in Gloucestershire generally experience good health – life expectancy at birth is above average and death rates from major killers like cancer and heart disease are below the England average. However a minority experience significantly poorer health outcomes. Tackling health inequalities while improving overall health is a key aim of this strategy. But what do we mean by health inequalities? The term 'Health Inequalities' is used to describe the observable differences in health outcomes between different groups of people and across different geographical areas that are wholly or partially a result of these different health determinants. Every year, far too many people in Gloucestershire suffer avoidable ill health or die earlier than they should. Health inequalities are unacceptable and there is strong evidence that with the right interventions, they are preventable.

Figure 2: The Wider Determinants of Health



Source Dahlgren G. & Whitehead M. Health Inequalities, London HMSO 1998

Acknowledging that a wide range of factors influence a person's health and wellbeing, it follows that health improvement (while reducing inequalities) can only be achieved through carefully coordinated action by different organisations, groups and individuals that have an impact on these wider determinants.

While those with a clear health or social care 'label' such as primary and community care, hospitals, nurses and doctors, social workers etc have their part to play, equally important are other statutory agencies including education, transport, urban and rural planning, housing, environmental health, the police, the voluntary and community sector organisations and elements of the private sector.

'Wellbeing' is a more general concept that covers a range of policy areas that help people to feel more comfortable, secure and fulfilled in their lives. The Local Government Act (2000) afforded Local Authorities new powers that revolve around the concept of "environmental, economic and social wellbeing". Local Authorities have a duty to develop community strategies for "improving or promoting the economic, social and environmental wellbeing of their area".

1.4 Summary

Health and wellbeing are determined by a wide range of factors that can only be tackled effectively through good partnership working. In Gloucestershire the Gloucestershire Health and Community Wellbeing Partnership is one of five thematic partnerships that make up the Gloucestershire Conference (family of partnerships). It aims to improve health and wellbeing and reduce health inequalities for people living in Gloucestershire. Healthy Gloucestershire is the strategy of the Gloucestershire Health and Community Wellbeing Partnership. It is important because it will drive the work of the partnership over the next ten years. In essence the strategy is Gloucestershire's Health and Community Wellbeing Partnership's 'offer'; it sets out the aims of the partnership over the next ten years and how we intend to deliver on our commitments.

The intention is, through our joint efforts, to improve the health of those who live and work in the county. We will target areas and groups with poor health outcomes to achieve a level of health and wellbeing that is closer to those in more affluent areas and in more advantaged groups, thus benefiting all local residents.

2. Developing the strategy

This strategy has been developed through consultation with a wide range of stakeholders including Local Health & Wellbeing Partnerships; District Councils, Local PPI/LINKS interim forums; Gloucestershire Conference and Gloucestershire NHS to ensure that it reflects the health and wellbeing needs of Gloucestershire residents and local priorities for action.

A workshop style meeting for local partners and patient representatives was held in December 2007. A first draft of the Healthy Gloucestershire strategy was taken to this meeting for consultation. The draft strategy included establishing the local context and some information about the health and wellbeing of the local population. It is available on this link <http://www.gloucestershirehlp.nhs.uk/>.

In February 2008, a working group was established to take forward development of the **Healthy Gloucestershire** strategy.⁴ Membership included representation from the County Council, Districts, PPI / LINKS interim forum, Voluntary and community sector and Public Health.

The working group gave consideration to local priorities including the County and District Councils' Sustainable Community Strategies (where available); Gloucestershire Primary Care Trust's Strategic Framework; the Joint Strategic Needs Assessment and the Director of Public Health's recently published Annual Public Health Report.⁵

Ten priority areas were identified and agreed by the partnership to focus their efforts on over the next ten years. The revised strategy, including these priorities, was presented at a second workshop style meeting of partners and patient representatives in 11th July 2008 and feedback was obtained.

4. A number of volunteers put their names forward to sit on the working group. Membership of the working group evolved over time to comprise of a champion for each of the topic area that had been identified.

5. The Director of Public Health's Annual report is an independent report on the state of health of Gloucestershire's population.

3. What is it like for people living in Gloucestershire at the moment?

3.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment is the means by which, Gloucestershire Primary Care Trust and Local Authorities describe the future health, care and wellbeing needs of local populations and therefore underpin this Health and Wellbeing strategy. Information from the Joint Strategic Needs Assessment, MAIDEN and the Director of Public Health's Annual report are used in this section to provide a baseline, i.e. 'Where we are now'. This will allow us to identify priority areas for improving health and reducing health inequalities in Gloucestershire. The needs assessment shows that Gloucestershire is a relatively affluent and healthy county with pockets of deprivation and clear evidence of health inequalities.

The Children and Young People's Needs Analysis for Gloucestershire is due to be completed shortly. This will be used to inform the Children and Young People's Plan. The Gloucestershire Health and Community Wellbeing partnership will use this information (when available) to help plan how we can work with the Children and Young People's partnership to deliver on our shared priorities and help to achieve the seven priorities linked to the five Every Child Matters outcomes which forms the focus of the Children and Young People thematic partnership's work over the next three years.

3.2 Demography of Gloucestershire

The age structure of the population differs across the county. Gloucester city has a "younger" profile as 31.9% of its population is under 25 years old compared to 29.1% in Gloucestershire as a whole. Gloucester also has the highest proportion of children and Cotswold has the lowest. Stroud and Cheltenham tend to have more older people over 65 years, but because of its size, Gloucester city also has a significant number of older residents which is often masked by its younger population profile i.e. Gloucester has more older residents than Cotswold, the Forest of Dean or Tewkesbury.

The latest data we have on the ethnic population of Gloucestershire comes from the Census 2001. This shows the county is also home to black and minority ethnic [BME] communities which tend to be located in the urban areas. For example, 7.5% of the residents of Gloucester city are from BME communities compared with only 2.8% in the county as a whole. In fact Gloucester city has the second highest proportion of BME residents in the South-West, exceeded only by Bristol (8.2%).

Since the Census 2001 there has been an increase in migrant workers, including those from Eastern Europe and these will not be reflected in the Census 2001 figures. A report produced by Gloucestershire County Council in November 2006 indicated that Gloucestershire is second only to Bristol as a destination for migrant workers into the South West region and migrant working has increased in relation to Bristol.

Since 2003, 11,373 migrant workers have registered for work in Gloucestershire. All Districts have seen an influx of migrant workers, with the Forest of Dean district recording

the largest number of registrations (although they may be living outside the county)⁶ and Tewkesbury the smallest. Most (60.4%) of migrant workers who registered in Gloucestershire were from Eastern Europe, a further 15.8% were citizens of former soviet states. Polish workers accounted for 39.5% (4,488) of all the registered migrant workers. The numbers of migrant workers registering annually from the Indian subcontinent, Africa and South East Asia have decreased considerably since 2003/04. There are proportionately more males than females registering as migrant workers.⁷ Health related issues to be considered for migrant populations from Eastern European countries are HIV, Hepatitis C and TB.

3.3 Expected population changes

The population profile of Gloucestershire is changing, with an ageing population but also new (often younger) immigrants. Public health and social care priorities are also changing as lifestyles, and the way we deliver services change, thus the needs profile is projected to change. Within three years the local older population will outnumber the child population for the first time.

3.4.1 Older people

The county's population aged 65 and over is projected to increase by at least 50% between now and 2029, from 107,000 to 166,000. The growth is predicted across all districts.⁸ The number of very elderly (80+) is set to increase at a fast pace and there will be an increasing prevalence of lone pensioners (from the current 47,000 to 76,000 by 2026).

As Gloucestershire's population ages, there will more older people requiring care and support than at present. The county's old-age dependency ratio will increase from 29 people aged 65+ per 100 people of working age to 42 between 2001 and 2026. (LAA) In the Census (2001) 16.1% of Gloucestershire residents stated that they had a Long Term Limiting Illness. This compares with 18.2% in England and Wales.

3.4.2 Children & Young People

The county's population aged under 19 (140,094) is projected to decrease across the county by 3.3% between 2002 and 2026 in all districts except Tewkesbury where extensive new housing is planned. Here the population aged under 19 is expected to increase by 28.1%. In Cotswold it is expected to decrease by 17.4%. These figures are based on the assumption that the planned level of house-building is delivered.

Gloucestershire's population is expected to follow the national trends with an increase in elderly people and single person household's thus increasing demand on housing, health and social services. A recent report by Gloucestershire County Council highlighted eight demographic issues that would have major impacts on future service planning, provisions and deliveries in the county and districts. These are shown in Box 1.

6. There is some question over the interpretation of the data for Forest of Dean district, which are greater detail in the report.

7. Migrant Workers In Gloucestershire Fiona Williams, The Research Team Chief Executive's Support Unit, Gloucestershire County Council.

8. The Research Team Gloucestershire County Council Key demographic issues and implications for Local Public Services Briefing Paper Feb 2008.

Box 1: Key demographic issues for Gloucestershire source: Research team Gloucestershire County Council

- Continuous population growth
- A sharp increase in household numbers
- An expansion of the older population
- An ageing workforce
- Changes in the child population
- High levels of population turnover
- An increasingly diverse population
- Social changes

3.4.3 Health and Wellbeing in Gloucestershire

Gloucestershire residents generally experience relatively good health but this is not true for everyone, or indeed for every part of the county.⁹ The wide range of factors that influence health have been described above. Indices have been developed nationally which take into account key determinants of health and create a single comparable measure of deprivation (i.e. the Index of Deprivation [ID2007]). Using this index we can see that although Gloucestershire County is relatively affluent, small areas¹⁰ of Podsmead; Matson and Robinswood; St Paul's; Westgate; Kingsholm and Wotton; and St Mark's appear in the top 10% of most deprived small areas nationally.

3.3.4 Health inequalities in Gloucestershire - Key Facts

Nationally, the gap between the least and most wealthy members of the population is growing. Locally, male life expectancy at birth in the most deprived areas of the county is 7½ years shorter when compared to the most affluent areas. Similarly a female at birth in the one of the most deprived areas of Gloucestershire can expect to have a lifespan shortened by 6 years compared to a female at birth in one of the most affluent areas.

Infant deaths are one of the most sensitive indicators of health inequalities. Between 1996-98 and 2003-05, the infant death rate has remained static in the most deprived fifth of areas in Gloucestershire but has improved in the population as a whole. Thus the inequalities gap (the difference between infant death rates in the most deprived fifth of areas and the overall Gloucestershire population) has widened rather than narrowed.

Levels of smoking, obesity and mental health problems are higher in poorer neighbourhoods.

It has been estimated that more than half of the gap in health inequalities is attributable to smoking.

Rates of death and of hospital admissions specifically caused by alcohol are five times higher in the most deprived areas of the South West compared to the most affluent areas. In Gloucester City, alcohol specific hospital admissions (where admission is wholly due to alcohol misuse) are significantly higher for both men and women compared to the South West.

9. The Gloucestershire Local Area Agreement 2008-2011.

10. The term 'Small areas' refers to 'Super Output areas' which are small geographical units covering between 1,000 and 3,000 people and provide a more in-depth appreciation of variations in deprivation at a local level.

Across the county, Gloucester City has the worst death rates (after accounting for age differences) and life expectancy and, arguably, the greatest need of all the districts for health improvement.

Some of our most deprived wards (e.g. Westgate and Matson in Gloucester City) have disease specific rates that are 50% above those for the rest of the county.

Mental health

Suicide rates in Gloucestershire are higher in areas of deprivation. Rates of self-harm seem to be increasing in the UK, and this is also the case in Gloucestershire especially in the most deprived areas. In 2005/06, there were 1,176 admissions for self-harm across the county.

Lifestyle choices and health inequalities

Lifestyle choices have an important effect on an individual's risk of ill health, but choices may be influenced by wider factors such as income, unemployment, housing, social and cultural norms (the wider determinants of health). Partners will need to work together to recognise and address these factors if we are to make a real and lasting difference to improve health and reduce health inequalities.

Smoking

In Gloucestershire, the only two Local Authority areas to have a smoking prevalence rate higher than the national average (of 26%) are the urban areas of Cheltenham (26.2%) and Gloucester (28.5%), which are home to some of our deprived communities. In the most deprived wards, the rate is even higher i.e. the most deprived ward in the Forest of Dean has a smoking prevalence of 40%, in Cheltenham it is 46.6% whilst in the most deprived Gloucester ward it is 53%. There are clearly close links between deprivation, smoking and smoking cessation. While a person from an affluent area may succeed in quitting for four weeks after one or two attempts¹¹, in contrast, a person experiencing multiple deprivation will need to make about eight attempts in order to quit for four weeks, which is the national smoking cessation measure.

Obesity

Nationally obesity levels have doubled in the past ten years. In Gloucestershire, about a quarter of children 4-5 are either overweight or obese. This rises to about a third of 10 to 11 year olds. National trends suggest those living in our most deprived communities face greatest risk.

Obesity in older people

The Care Services Improvement Partnership (CSIP) have estimated that 22% of men and 27% of women aged 65-79 have a BMI above 30 and 20% of men, and 26% of women aged 80 and over have a BMI of over 30. The county's older population (aged 65 and over) with a BMI above 30 is projected to increase by 42% between 2008 and 2025.¹²

Teenage pregnancy

Teenage pregnancy rates (under 18 conception rates) in Gloucestershire have reduced by 30% (from 41.6 to 29.2 per 1,000) between 1998 and 2006. While teenage pregnancy rates in the county are generally low there are significantly higher rates in some wards in Gloucestershire.

11. Evaluation of the Gloucestershire Smoking Advice Service [GSAS] 2004.

12. Source: Projecting Older People Population Information System (POPPI): Figures may not sum due to rounding, Crown copyright 2006.

There are 12 wards across the county which have been identified as teenage pregnancy 'hot spots', where the rate of conception for teenage girls aged 15-17 is higher than 60 per 1,000.¹³

Statistical analysis shows a strong association between deprivation and teenage pregnancy in Gloucestershire with higher rates of teenage pregnancy in more deprived areas.

Equality and Diversity

While there is a strong association between areas of deprivation and health inequality, client groups or communities defined by characteristics other than geography also experience health inequality. For example:

Older people in Cotswold and Stroud have difficulties accessing services and experience higher levels of fuel poverty

Men tend not to visit their GP regularly, or to receive health messages through the means and networks used by women

Disabled children and the **children of disabled parents** are at higher risk of growing up in poverty, experiencing social exclusion and achieving poorer outcomes in education and work

People who regularly use mental health services have higher rates of smoking related disease and obesity

People from black and minority ethnic groups are more at risk of diabetes, obesity and tobacco-related diseases

Migrant workers face challenges when accessing health services – through lack of transport, language barriers, or difficulty navigating their way through the system.

All Gloucestershire residents, irrespective of race, gender, disability, age, ethnicity, religion and sexuality should be able to secure the same access to health and social care services in Gloucestershire.

Both nationally and locally there is a widespread paucity of information on factors such as ethnicity, religion and sexuality which means that is often not possible to assess equity issues. It will be vital to establish an equality and diversity impact assessment process on all policies and strategies for improving health and reducing inequalities. In addition all workstreams and policies must be developed to meet the diverse health and social care needs of different groups and communities so that everyone has the opportunity to maximise their health outcomes. The views of Gloucestershire's diverse groups and communities should be sought and taken into account in the design, planning and delivery of local strategies to improve health and reduce inequalities.

4. What will we deliver?

Gloucestershire Health & Community Wellbeing Partnership will:

- Provide strategic leadership to promote health and wellbeing in Gloucestershire with a strong focus on reducing health inequalities. This includes improving the health of people of all ages and safeguarding, supporting and improving the independence and wellbeing of adults
- Develop strategic leadership of the joint planning and commissioning of social and health care for adults in Gloucestershire through activity and services to safeguard, support and improve their independence and wellbeing.
- Manage delivery; provide financial management and performance management of the **Gloucestershire Health and Community Wellbeing Partnership**.
- Engage the support and active participation of a range of stakeholders in developing and delivering a strategy for Health and Wellbeing in Gloucestershire.
- Support other parts of the Gloucestershire Conference in achieving health and wellbeing outcomes.

In addition Gloucestershire Health and Community Wellbeing Partnership will work in partnership to deliver the health improvement “Big Wins” identified in “Choosing Health” (Box 2).

Box 2: Other Health Improvement “Big Wins” identified in “Choosing Health”

- Targeted interventions with disadvantaged groups e.g. identified through health equity audits, joint/participatory needs assessments, equality impact assessments
- Improving (equitable) access to primary care, secondary prevention and social care i.e. based on equal access for equal, objectively assessed, needs
- Accessible, quality services/advice (responsive to those with diverse needs)
- Personalised support and “Health Trainers”
- High quality family and early years support and “Healthy Schools”
- “Active Ageing”

The partnership will work together to achieve the following broad objectives:

Box 3: Objectives

- **Keeping people well and living longer:** This means adding not only life to years, but years to life and will require preventing illness and promoting health and wellbeing by tackling some of the biggest public health issues of the 21st century such as our aging population, increasing levels of migration and the rising level of childhood obesity. It also means addressing the wider determinants of health.
- **Make healthier lifestyle choices easier** i.e. link strategies and services across a number of areas (e.g. transport, environment, economic development, health, housing, social care, education, local media etc) to create a “health enabling” environment.
- **Support and enable people to improve their health and wellbeing**, take more responsibility for their health (e.g. smoke less, eat healthily, take physical activity, look after their sexual health, mental health and wellbeing etc.) This will be achieved through helping:
 - **Children and Young People** to develop healthy patterns of behaviour; stay safe and active
 - **Adults** to adopt healthier patterns of behaviour
 - **Vulnerable groups and others with special needs** e.g. some older people/ people with disabilities, to live independently; stay safe and active
 - **Recognise and support the valuable role of volunteers and carers**, enabling all to have a voice in shaping the services they contribute to, provide and receive, building community capacity (e.g. training health volunteers and supporting carers) and making optimal use of different settings (e.g. schools, the workplace, the home, social or cultural groups)
 - **Leading by example through having a healthy and health promoting workforce** by creating a health enabling environment in the workplace and building the capacity of staff to deliver health promotion information and health improvement interventions
- **When people become unwell, minimising the impact of disease on their quality of life:** This means ensuring earlier intervention, more support for people with long term needs and help for carers, helping people to manage illness and/or long term conditions and effectively access/utilise health information and services when needed. Providing care closer to home; working in partnership across health and social care services to provide a seamless service for patients. Integrating services commissioned by the NHS with services commissioned by the Local Authority and more joint commissioning between Primary Care Trusts and Local Authorities.
 - Children and Young People understand and have a say in managing their health needs and access appropriate quality services and support, commensurate with clearly defined need.

- Adults understand and manage their health needs; access and effectively utilise appropriate, quality services and information commensurate with clearly defined need.
- Vulnerable groups and others with special needs e.g. some older people/ people with disabilities manage their health; access appropriate, quality services and information commensurate with defined need.
- **Putting people first in health and social care:** This means making delivery of Health and Social Care services as person centred as possible by shaping services around the needs and preferences of individuals, their families and carers; providing integrated health and social care packages and providing individual budgets to give people more say in the type of support they receive. Enjoy general wellbeing for as long as possible and receive appropriate “end of life” care and support.
- **Reduce the health inequalities gap:** In line with national and locally agreed targets and make sustainable health improvements in deprived geographic communities (focussing on the top 20% most deprived initially then expanding to the top 30%) and in specific vulnerable groups/those with special needs e.g. the homeless, travellers, prisoners, refugees, migrants, minority groups, those with disabilities etc.

4.1 Priority areas for action

Ten priority areas for action have been identified for Gloucestershire Health and Community Wellbeing Partnership to focus efforts on over the next ten years. These are listed below. Reducing Health inequalities is a cross cutting theme that underpins the work of the partnership in each area.

- a) Active and Healthy ageing
- b) Reduce obesity
- c) Reduce alcohol harm
- d) Reduce smoking prevalence
- e) Improved sexual health
- f) Better access to services for all
- g) Healthier workplaces
- h) Improved emotional health and wellbeing
- i) Putting people first – transforming social care
- j) Accessible, Healthy and Safe housing

5. How will we deliver?

The **Healthy Gloucestershire** strategy takes the form of a set of action cards (up to four sides of A4 paper). This is to ensure that the strategy can be effectively communicated as widely as possible to partner organisations and local residents.

To prevent this strategy from being a 'wish list' a named Champion and Sponsor has been identified for each priority area:

- The Champions – Provide a named lead for each action card
- The Sponsors – Provide board level accountability for each priority area¹⁴

The roles of Champions and Sponsors are listed in Appendix 2.

Each card is written in plain English and will be made available in different languages and formats (e.g. video clips) so that they are accessible to every one in Gloucestershire.

The action cards present the key facts about that topic area and examples of what we are currently doing to improve health and reduce health inequalities.

Each card sets out where we want to be in ten years time (i.e. what we expect to be different) and how we propose to get there (action plan). Information on how the topic areas link to Local Area Agreement outcomes, relevant local strategies, plans and work-stream is also included.

It is intended that this strategy should be a 'living' document. Progress in each area should be regularly reviewed as the needs and priorities of Gloucestershire's population change. An equality and diversity impact assessment will be carried out on the work plan for each action card to ensure our actions promote health and reduce health inequalities for all Gloucestershire residents irrespective of race, gender, disability, age, ethnicity, religion and sexuality.

5.1 Action cards

The action cards and named Champions and Sponsors are presented below:

Topic area	Champion	Organisation	Sponsor
1. Healthy ageing	David Grocott	Gloucestershire County Council	Frank Baynham
2. Reduce obesity	Adrian Jevans / Rhiannon Herbert	Food Vision / Active Gloucestershire	Carole Toppie
3. Reduce alcohol harm	Peter Steel	Gloucestershire Drugs and Alcohol Service	Alice Walsh
4. Reduce smoking prevalence	Kate Gegg	Gloucestershire Primary Care Trust	Sally Pearson
5. Improved sexual health	Debbie Harvey / Rachel Wigglesworth	Gloucestershire Primary Care Trust	Shona Arora
6. Improved access to services	Bill Wragge	Cotswold DC	Margaret Sheather
7. Healthier work places	Richard Lewis / Dilys Warren	GPCT/Stroud DC	Rob Rees
8. Improved emotional health and wellbeing	Ian Gregory	(2gether Foundation Trust)	Shaun Clee
9. Putting people first – transforming social care	Carey Wallin	Gloucestershire County Council	Tony Hicks
10. Accessible, healthy and safe housing	Verna Green	Tewkesbury Borough Council	Tim Perrin

5.2 Expected Outcomes

- All policies, strategies, services and interventions contribute to the overall aim of improving the overall health and wellbeing of people living in Gloucestershire and ensuring disadvantaged communities and groups are helped to experience similar health outcomes to those in the more affluent areas.
- By joint and coordinated efforts, resources are used more “smartly” and effectively, bringing lasting (sustainable) benefits.
- Everyone will have greater opportunities to make healthier choices and improve their health and wellbeing but at the same time can access the information, services and support that they need.

The **Healthy Gloucestershire** strategy aims to ensure that the work of the partnership

Gloucestershire Health & Community Wellbeing Partnership

makes a positive difference to the health and wellbeing of all people living in Gloucestershire. To realise this aim, the partnership needs to drive through some challenging changes. For example the partnership is committed to reducing the rate of alcohol related hospital admissions across the county, which, in Gloucester Local Authority area is higher than both the regional and national average.¹⁵ Specific work at hospitals will only form one part the action to achieve this. Other targeted work by Gloucestershire NHS, Local Authorities, Crime & Disorder Reduction Partnerships and Third Sector partners will be crucial to delivering on this commitment.

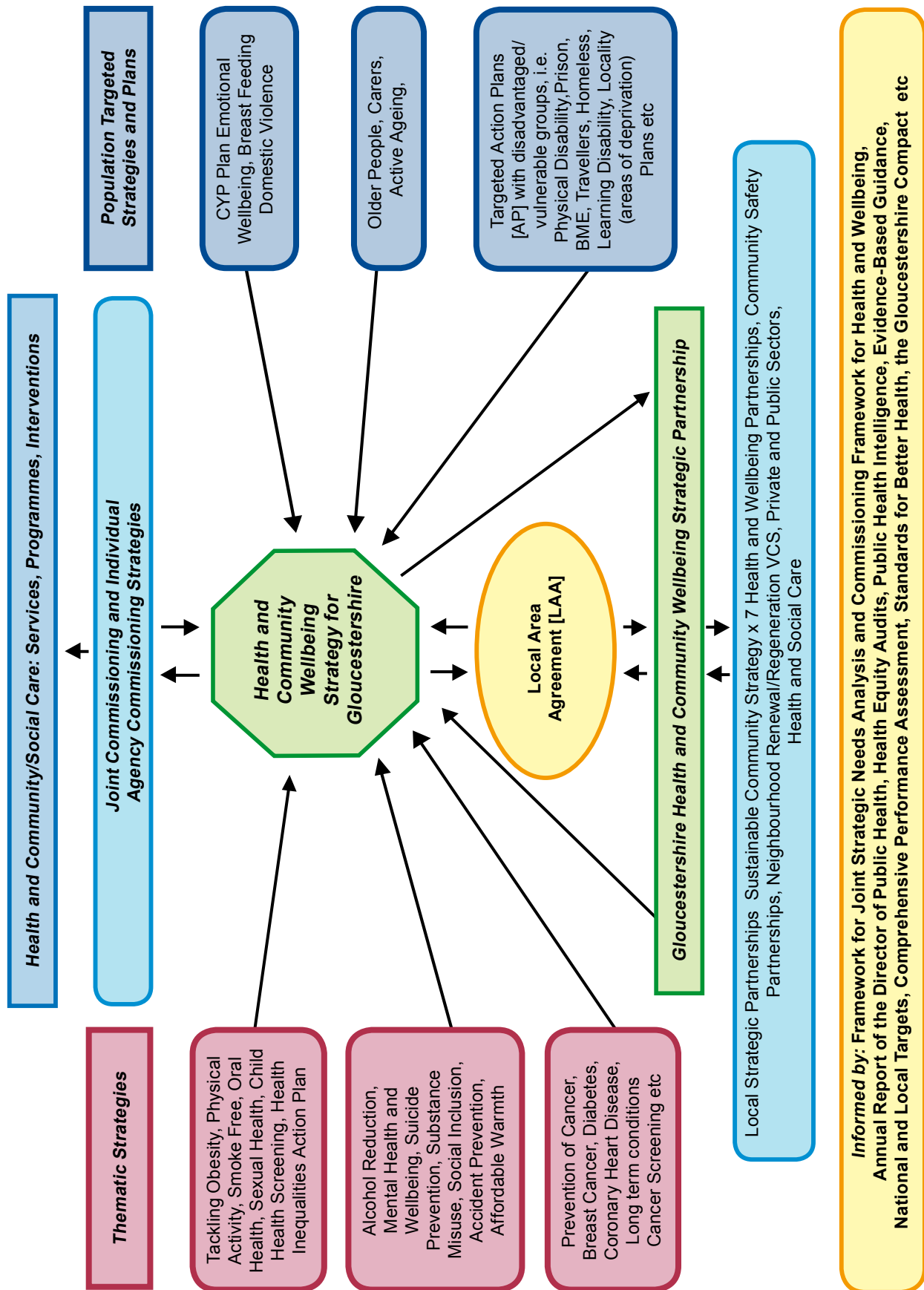
The joint efforts needed to achieve our aim can not be underestimated and are equalled only by the importance of the health and wellbeing outcomes we hope to deliver for Gloucestershire residents.

Membership of the Gloucestershire Health and Community Wellbeing Partnership:

Member	Organisation
Group Director of Community and Adult Care	Gloucestershire County Council
Joint Director of Public Health,	Gloucestershire NHS / Gloucestershire County Council
Lead Cabinet Member Community and Adult Care,	Gloucestershire County Council
One Representative from each District Council (Member or Director)	District Councils
Non Executive Director	Gloucestershire NHS
One Representative from each Local Health and Wellbeing partnership	Local Health and Wellbeing partnerships
Chief Executive Representative	Local Authorities
Community and Adult Care Senior Manager	Gloucestershire County Council
Public Health Consultant	Gloucestershire NHS
Chair of Voluntary & Community Sector Health and Social care Strategy Group and two other members	Voluntary & Community Sector
LINKS Representative	LINKS
Executive Director each NHS Provider Trust	Gloucestershire NHS
Independent Care Sector Representative	Independent Care Sector
Housing Providers Representative	Housing Providers
County Partnerships Manager	Gloucestershire NHS

Gloucestershire Health & Community Wellbeing Partnership

Appendix 1: Health and Community Wellbeing Strategy for Gloucestershire – Joining our work together.



Appendix 2. The role of Champion and Sponsor leads

Champion

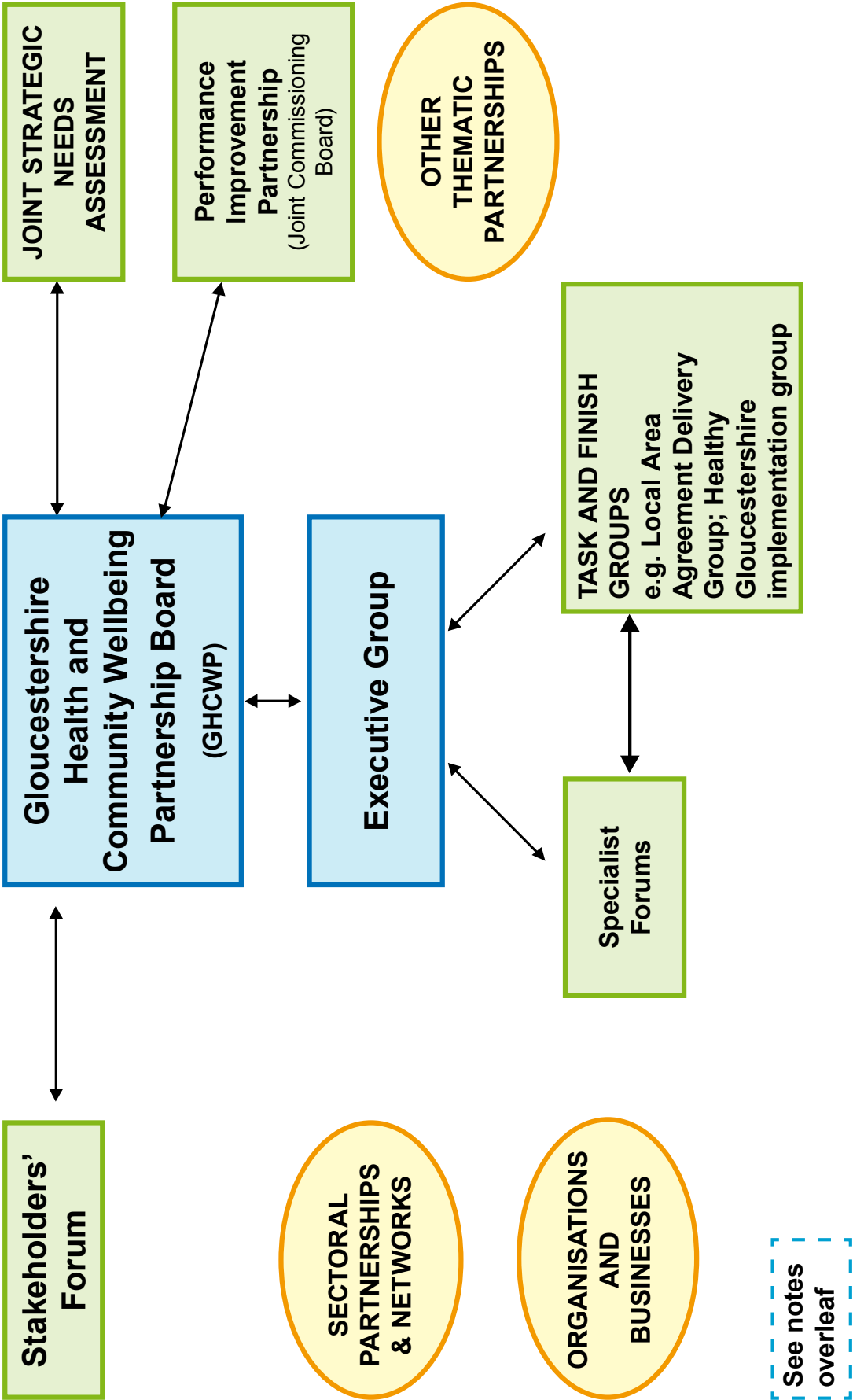
- Lead on development of the Health & Wellbeing priority card in their priority topic area
- Working with district local strategic partnerships and their thematic partnerships to influence and agree specific contributions to delivering the outcomes in their priority topic area
- Identify the relevant local strategies and delivery partnerships to deliver outcomes and targets in the priority topic area - Being clear who is accountable for delivery of tasks
- Identify and report any gaps/duplications in countywide strategies, actions plans and work-streams in their priority topic area.
- Putting in place effective mechanisms to monitor progress, report achievement of milestones and any changes to delivery of the strategy in their priority topic area
- Making sure that all partners responsible for delivery submit progress reports regularly
- Regularly reporting to the Sponsor including any areas of concern as early as possible
- Regularly attend and contribute to **Gloucestershire Health and Community Wellbeing Partnership** working group meetings and make briefing reports to the **Gloucestershire Health and Community Wellbeing Partnership** Executive Group

Sponsor

- To provide board level accountability for development and delivery of the **Gloucestershire Health and Community Wellbeing Partnership** strategy in a specified priority topic area
- To receive quarterly briefings from the Champion lead in their priority topic area
- Reporting progress quarterly to the **Gloucestershire Health and Community Wellbeing Partnership** Executive group
- Alerting the **Gloucestershire Health and Community Wellbeing Partnership** board of any risks to delivering the strategy outcomes in their priority topic area as early as possible.

Gloucestershire Health & Community Wellbeing Partnership

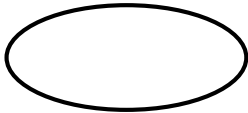
Appendix 3: GHCWP structure



Notes



Indicates the H&CWP and its key links.



Indicates other parts of the Gloucestershire Conference to which the H&CWP will need to relate.

The upward relationship of the H&CWP, not shown in this diagram, is to the core of the Conference structure: the GSP, Accountable Bodies Group and Community Strategy Executive Board, as appropriate for a thematic partnership.

“Specialist Forums” means groups that bring together all key parties for a particular care group or interest. A number exist currently and will probably need reviewing once the partnership and its wider governance arrangements are established. Their membership probably currently overlaps to some extent with the stakeholders’ forum and local health and wellbeing partnerships.

Task and Finish Groups will draw on a number of the other groups in the structure for their membership.

Gloucestershire Health & Community Wellbeing Partnership

Appendix 4 – Acronym buster

BME	Black minority Ethnic
CYP	Children and Young People
CYPSP	Children and Young People Strategic Partnership
DCSF	Department of Children Schools and Families
DH	Department of Health
EDE	Economic Development and Enterprise
EIA	Equality and Impact Assessment
GCC	Gloucestershire County Council
G1st	Gloucestershire First
GHCWP	Gloucestershire Health and Community Wellbeing Partnership
GSSCP	Gloucestershire Safer and Stronger Communities Partnership
GSP	Gloucestershire Strategic Partnership
GOSW	Government Office for South West
HCOP	Healthier Communities and Older People
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LSP	Local Strategic Partnership
MAIDeN	Mult Agency Information Database for Neighbourhoods
NIS	National Indicator Set
NBE	Natural Built Environment

Active

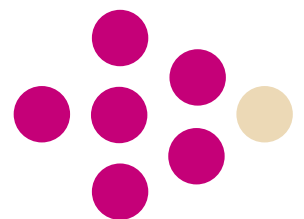


Exercise

Healthy Living



Gloucestershire Health & Community Wellbeing Partnership



**Gloucestershire
Conference**