

forest of dean healthy living

Forest of Dean Area Health Profile

June 2009

NHS

Gloucestershire



Gloucestershire
Conference



1 The Forest of Dean at a glance

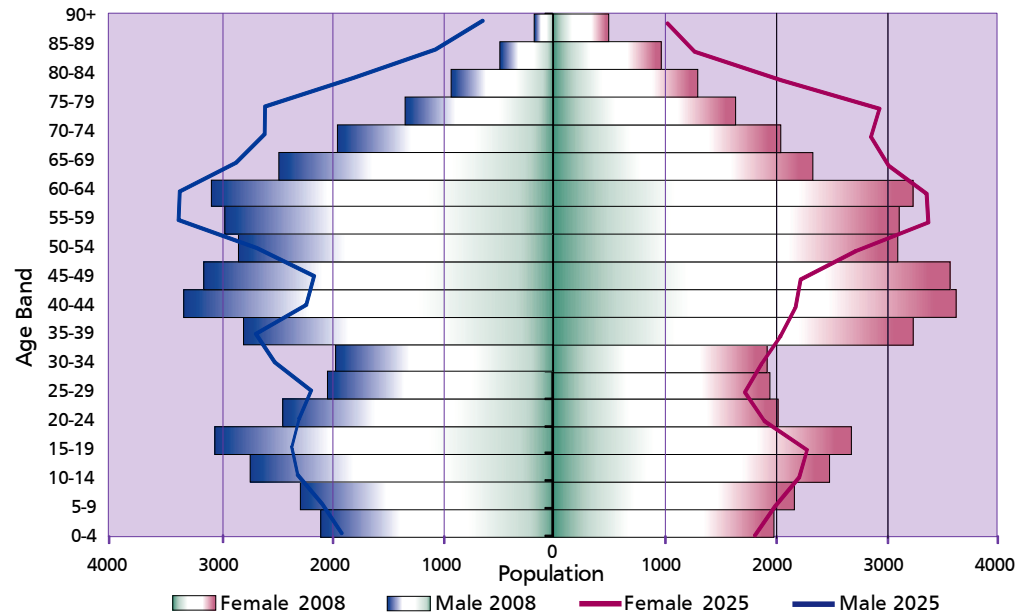
The Forest of Dean is a mainly rural district with four main towns and a dispersed settlement pattern. The district has a resident population of 84,243 living in 562 square kilometres. There is an increasing older population and a decreasing younger population. This trend is reflected in the overall county picture.

Figure 1 shows the distribution of the Forest of Dean population across age groups for males and females in 2008 (represented by bars) compared with 2025 (represented by the lines). Figure 2 shows similar information.

The population of children and young people in the Forest of Dean is predicted to decline between 2008 and 2025. The district is also predicted to experience a large decline in working age population alongside a growth in the number of people aged over 65.

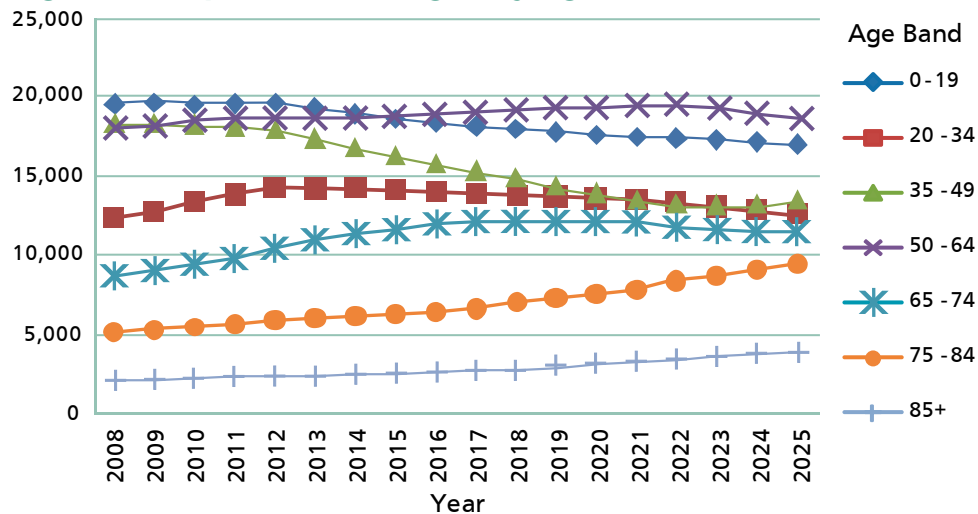
This is likely to have long term implications for the health and economy of the Forest of Dean, although some health trends are currently improving.

Figure 1: Forest of Dean population pyramid: Showing change in age profile between 2008 and 2025



Source: eJSNA data

Figure 2: Population changes by age band 2008 to 2025



Source: NHS Gloucestershire Public Health Intelligence Unit 2008

Overall, the local population suffers poorer health than the county as a whole. In particular there are higher numbers of people with limiting long-term illness and higher numbers of early deaths from coronary heart disease (CHD) and stroke (appendix 1).

Deprivation

Deprivation throughout England can be measured using the Indices of Multiple Deprivation (IMD)¹. These include 38 indicators of deprivation, such as Job Seekers Allowance households, burglary incidents, or distance of travel to primary schools. They are contained in seven domains relating to:

- income deprivation
- employment deprivation
- health deprivation and disability
- education, skills and training deprivation
- barriers to housing and services
- living environment deprivation
- crime.

The IMD measures the levels of deprivation that people experience within different areas of the country. This information is then used to identify areas where resources may need to be targeted.

Levels of deprivation have been measured for three different types of area throughout England. These are large administrative areas (e.g. counties and London boroughs), smaller administrative areas (e.g. districts and unitary authorities) and localised neighbourhoods called Lower Level Super Output Areas. Lower Level Super Output Areas are small geographical units (neighbourhoods) with 1,000 to 3,000 residents. They provide a more in-depth appreciation of variations in deprivation at a local level. We have used the latest IMD 2007 as a measure of multiple deprivation at this local neighbourhood level.

There are no local neighbourhoods in the Forest of Dean that rank in the most deprived fifth (20%) of local neighbourhoods nationally.

Figure 3 shows the 'Health Deprivation and Disability' domain for the Forest of Dean. This specifically measures rates of poor health, early mortality and disability in the area and covers all age ranges. This domain highlights local neighbourhoods within the wards of Cinderford East & West and Lydney East as the most deprived in the district.

¹ See www.communities.gov.uk

Figure 3: IMD 2007 (LSOA) – Health deprivation and disability domain

Health Deprivation and Disability Domain ID 2007 by Lower Super Output Area (LSOA) Forest of Dean District

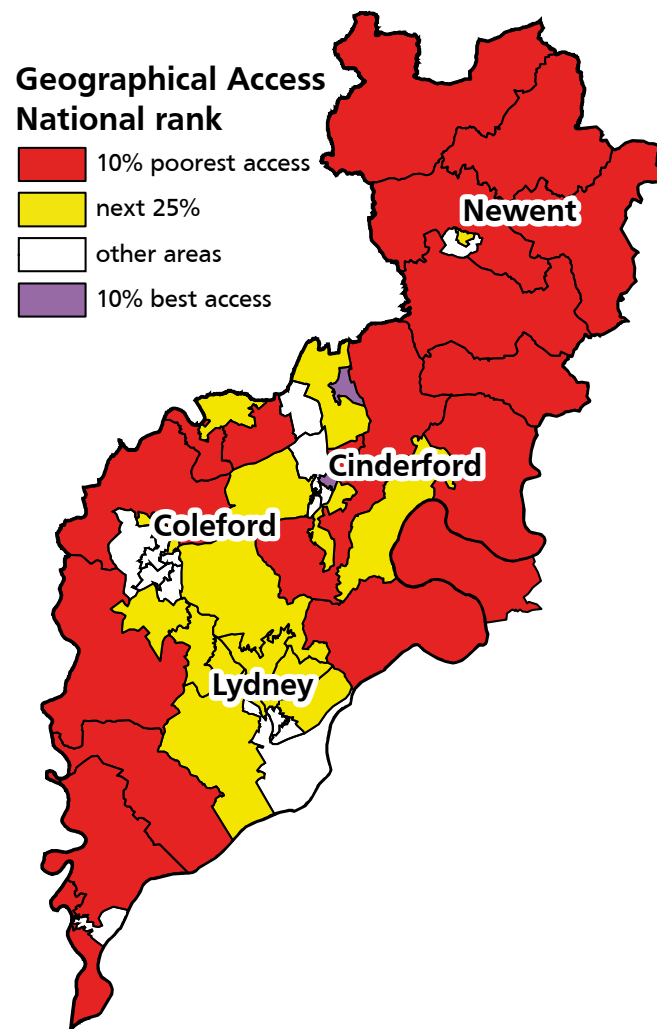


The majority of the population of the Forest of Dean live in a rural area. The Office for National Statistics (ONS) 2007 census indicates that 70.7% of the population in the Forest of Dean live in a rural area.

Figure 4 shows the 'geographical barriers' sub domain of the IMD 2007. This is one of two sub-domains, the other being 'wider barriers' which covers housing issues. The geographical barriers sub domain covers geographical access issues relating to health services, primary schools, general stores or supermarkets and post offices. This highlights the issue of geographical access to services across the Forest of Dean for those living in this largely rural locality.

According to the 2001 census, approximately one in eight of all households living in rural communities do not own their own transport and rural neighbourhoods are not well served by public transport. This particularly affects children and young people and older people. These two groups tend to be those without the financial means to afford their own transport. With the additional issues of poor access to public transport this can result in social isolation and exclusion.

Figure 4: IMD 2007 (LSOA) – Barriers to housing and services sub domain: geographical barriers



2 Key issues for the Forest of Dean

Key issues for this locality have been identified through the eJSNA (see Appendix 1) and are being addressed through the Local Area Agreement (LAA) for Gloucestershire 2008-2011 - see www.gloucestershire.gov.uk/index.cfm?articleid=12808

Many initiatives are underway or planned to address these identified issues. However, there are also gaps where further work needs to be undertaken.

It is recognised that continued success and further progress is dependent on partnership working across all the relevant agencies. A summary of emerging findings from the eJSNA is presented in Box 1

Issues for Forest of Dean

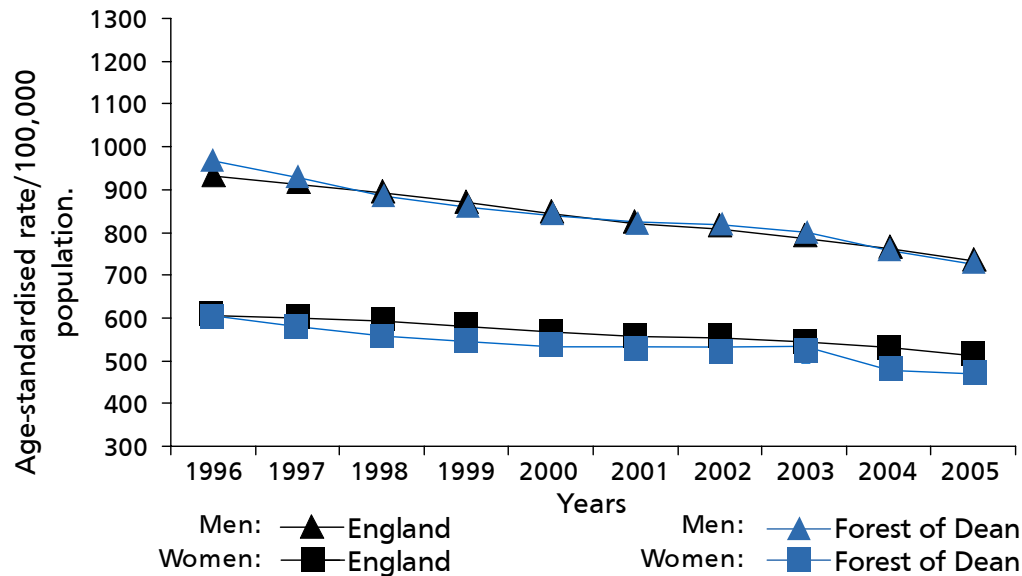
- Lower male life expectancy than the Gloucestershire average
- The rates of premature death from all causes
- The rates of premature death from circulatory diseases
- The rates of premature death from cancer
- The number of deaths from smoking
- Levels of obesity in adults
- The number of road injuries and deaths
- Levels of teenage pregnancy
- The number of people providing unpaid care
- Levels of mental illness
- The number of older people admitted to hospital after a fall
- The number of people with long term limiting conditions

Source: eJSNA

3 Morbidity and mortality

The Forest of Dean has one of the highest rates in the county for all age and all cause mortality (569.5 per 100,000 population compared to 542.5 per 100,000 population for Gloucestershire). The Forest of Dean also has high rates of early deaths from cancer and early deaths from heart disease and stroke compared to Gloucestershire. All age, all cause mortality and early deaths from cancer, heart disease and stroke are now similar to England rates and are falling. This is shown in Figures 5, 6 and 7. Standardised rates have been used as these adjust for the influence of the older population in which there would be a higher number of deaths. There is a need for interventions to increase public awareness of these diseases and encourage screening and early detection.

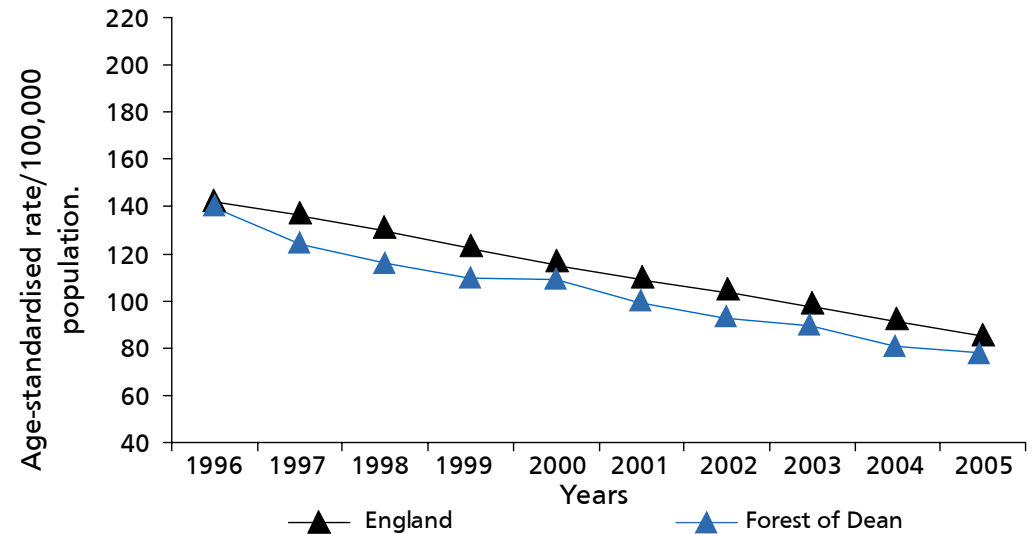
Figure 5: Trend 1 – All age, all cause mortality



Source: APHO Health profiles 2008

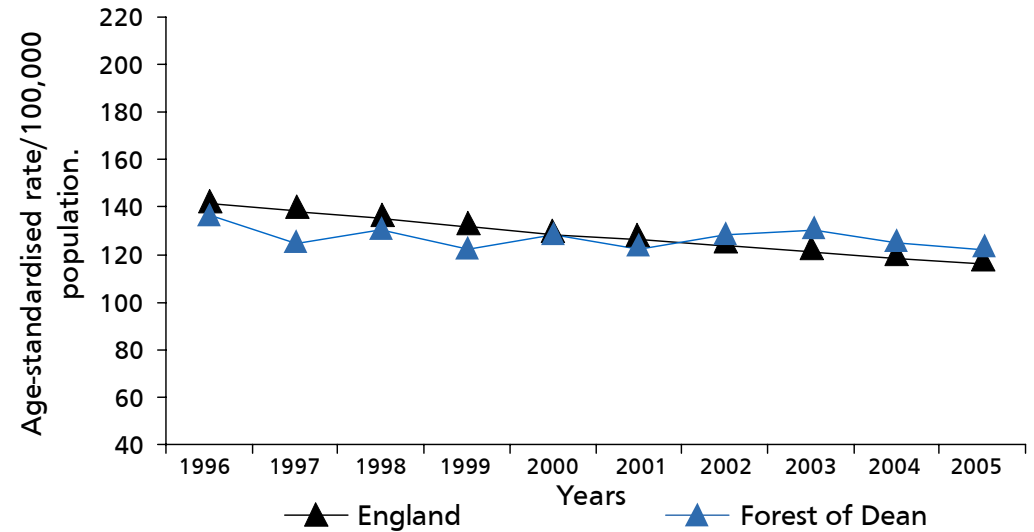


Figure 6: Trend 3 – Early death rates from heart disease and stroke



Source: APHO Health profiles 2008

Figure 7: Trend 2– Early death rates from cancer



Source: APHO Health profiles 2008

4 Life expectancy: comparing the gap in life expectancy within the Forest of Dean

The Association of Public Health Observatories (APHO) has developed a tool to help primary care trusts (PCTs) and local authorities to understand inequalities within their area². We have used the Health Inequalities Intervention Tool to analyse the local life expectancy gap in the Forest of Dean and to suggest preventive interventions that will impact on the life expectancy gap within this locality.

Table 1 shows the absolute and relative gap in life expectancy for the most deprived fifth of areas (quintiles) within the Forest of Dean compared to the Forest of Dean district as a whole³.

The relative gap in life expectancy between the district's most deprived fifth of areas and the Forest of Dean as a whole is greater for males (2.8%) than for females (2.4%). The absolute gap shows that a baby boy born in one of the most deprived areas within the Forest of Dean can expect to live 2.2 years less compared to the average expected life span of baby boys born in the Forest of Dean as a whole. Similarly a baby girl born in one of the most deprived areas in the Forest of Dean can expect to live 1.9 years less compared to the average expected life span for baby girls across the Forest of Dean as a whole.

Table 1: Showing life expectancy at birth in years for Forest of Dean's most deprived quintile (MDQ) and Forest of Dean District, and the relative life expectancy gap (%), 2001-2005

	Life expectancy at birth (years) FOD most deprived quintile	Life expectancy at birth (years) FOD **	Absolute gap (years)	Relative life expectancy gap between MDQ & FOD LA*
Males	74.2	76.4	2.2	2.8 %
Females	79.9	81.8	1.9	2.4%

Source: LHO Health Inequalities Intervention Tool, June 2008

*The relative gap in life expectancy is the difference in life expectancy between the Forest of Dean's most deprived quintile and Forest of Dean LA, as a percentage of Life Expectancy for Forest of Dean LA (the percentage difference). When calculated this way, a relative gap closer to 0 indicates less inequality.

** Life expectancy at birth presented in the Health Inequality Tool differs slightly from that shown in the Forest of Dean Profile because it is based on a different time period (2001 -05 rather than 2004-06)

Breaking down the gap

The underlying causes of the life expectancy gap within the Forest of Dean are presented as a 'scarf' chart in Figure 8. This shows the percentage contribution of various causes of death to the life expectancy gap between the Forest of Dean's most and least deprived fifth of areas (quintiles)⁴.

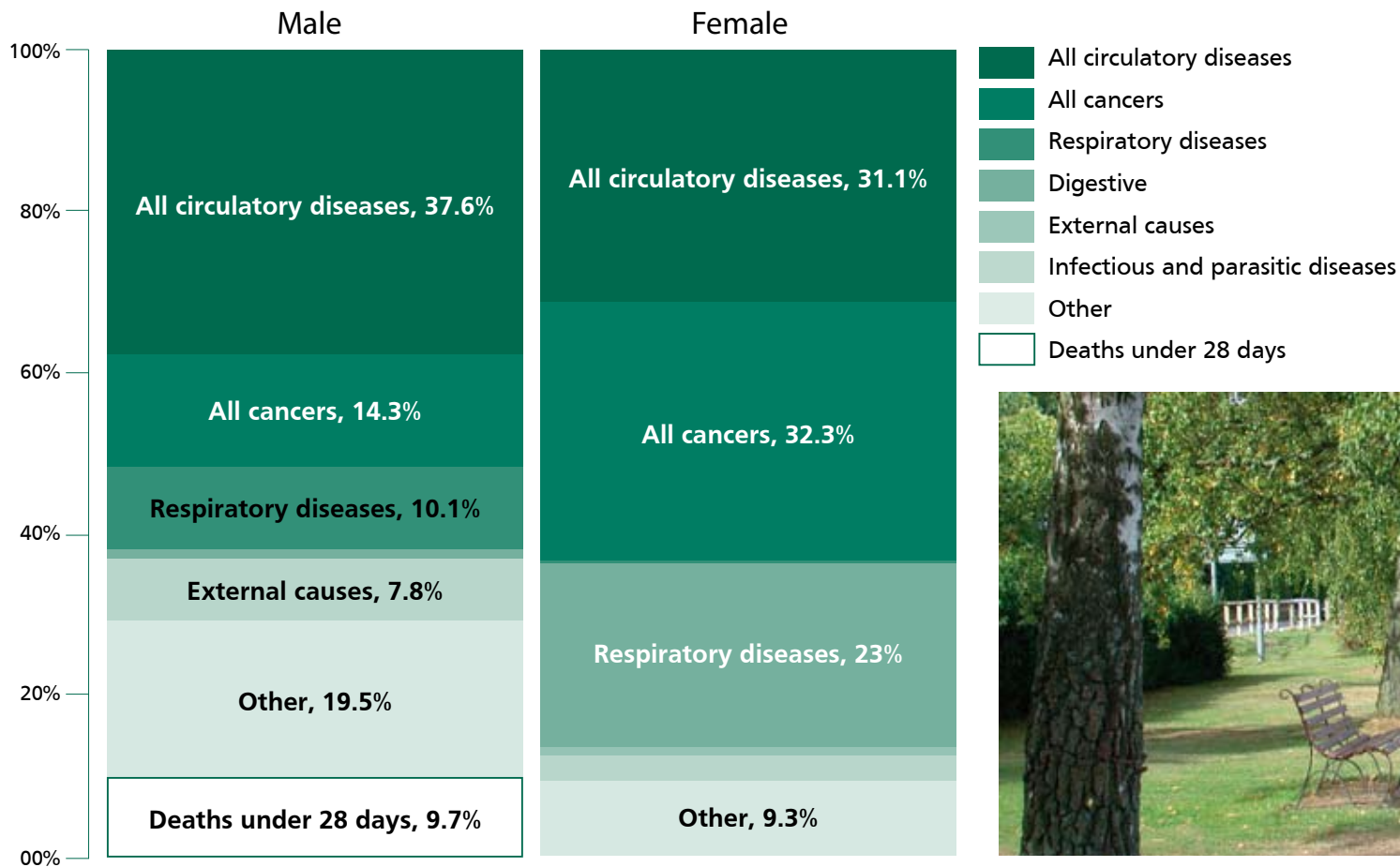
It can be seen that circulatory diseases account for around a third (37.6%) of the gap in male life expectancy and nearly a third (31.1%) of the gap in female life expectancy within the Forest of Dean. Figure 8 also shows us, for example, that eliminating excess deaths from circulatory diseases and cancers in women would reduce the gap in female life expectancy by 60% within the Forest of Dean and potentially save years of life.

² www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx.

³ LHO Health Inequalities Intervention Tool

⁴ The stripes of the scarf do not include the same number of people. Deaths in younger people, especially in babies, contribute to a larger proportion of the gap as more years of life are lost.

Figure 8: Breakdown of life expectancy gap between the most deprived quintile (MDQ) of the Forest of Dean and the least deprived quintile in the District by cause of death



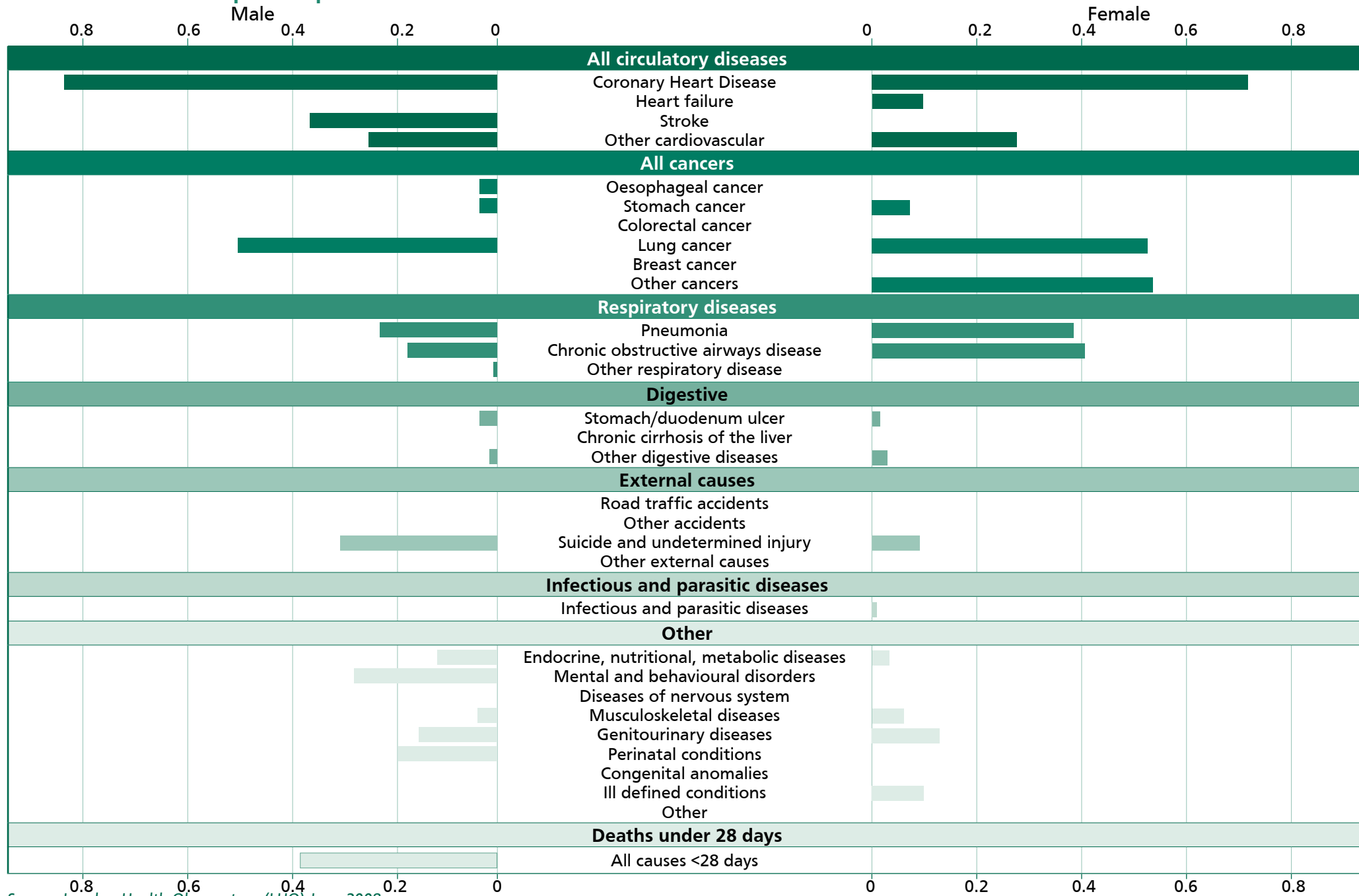
Source: London Health Observatory (LHO) June 2008

Analysis of the gap in life expectancy in the Forest of Dean

The bar chart shown in Figure 9 shows the increases in life expectancy (in years) that would occur in the most deprived fifth of areas of the Forest of Dean if it experienced the same mortality rate as the most affluent fifth of areas for each cause of death separately⁵. It shows us, for example, that if males in the most deprived areas of the Forest of Dean had the same mortality rate from coronary heart disease (CHD) as males in the most affluent areas they would live 0.8 years longer. It should be noted that an average population-level gain of a few months per person masks the fact that some people gain several potential years of life while others are not affected at all.

⁵ I.e. the charts show those diseases where the most deprived quintile has a greater mortality rate than the selected comparator. The charts only show diseases where there is excess mortality in the most deprived quintile of the local authority in relation to the comparator. If there is no (or negative) excess mortality, no bar is shown on the charts.

Figure 9: Life expectancy years gained if the most deprived quintile (MDQ) of Forest of Dean had the same mortality rate as the least deprived quintile in the District for each cause of death



Source: London Health Observatory (LHO) June 2008

Analysing the gap in life expectancy by cause of death is useful because if we can identify the key diseases that make up the gap in life expectancy within the Forest of Dean we can plan interventions that will have the greatest impact on reducing this gap. Figure 9 suggests that key diseases making up the life expectancy gap in the Forest of Dean vary for males and females. This is shown in Table 2.

Table 2: Top 5 key diseases making up the gap in life expectancy within the Forest of Dean

Males	Females
Coronary Heart Disease	Coronary Heart Disease
Lung cancer	Other cancers
Deaths under 28 days	Lung cancer
Stroke	Chronic obstructive airways disease
Suicide and undetermined injury	Pneumonia

These findings suggest key targeted preventative interventions that are likely to impact on the gap in male life expectancy in the Forest of Dean include those aimed at:

- smoking cessation
- increasing physical activity levels
- encouraging healthy eating
- raising cancer awareness
- improving mental health
- reducing the major causes of infant mortality

Key targeted preventive interventions that are likely to impact on the gap in female life expectancy in the Forest of Dean include those aimed at:

- smoking cessation
- increasing physical activity levels
- encouraging healthy eating
- raising cancer awareness
- improving uptake of pneumococcal immunisation in children, adults aged over 65 and people in 'at risk' groups
- promoting the influenza vaccine to people aged 65 or over, and greatly increasing the number of people in 'at risk groups' who are immunised.



5 What are we doing?

In the LAA, health priorities for the locality are highlighted under the following themes:

- healthier communities and older people
- children and young people
- safer and stronger communities

Key issues for each of these themes and how they are being addressed are described below.

Healthier communities and older people

All age, all cause mortality, early deaths from cancer and early deaths from heart disease and stroke are now similar to England rates and continue to fall. Health promotion programmes to raise public awareness, encourage screening and early detection have all contributed to this trend during 2008.

However, there remains considerable variation at the district level which requires targeted interventions and effective partnership working to improve health and reduce health inequalities

Falls Prevention

Development of the falls prevention pathway has continued during 2008 to ensure distributed services across the county with easy access to a wide range of falls prevention services.

There has been a review of the community falls prevention pathway resulting in the development of a programme of evidence-based exercise classes being rolled out during 2009. These are delivered in a variety of settings to reduce the need for travel and ensure affordability. There is also a rolling programme of information events for older people to ensure services are appropriately used.

During 2009, the development of 'Hubs' will allow older people access to healthy lifestyle advice and health and wellbeing services.

A bone health service, a medicines review service for people in care homes and, most recently, a GP-led enhanced service for the detection of osteoporosis in older people at risk have also been developed during 2008.

Since the LAA target was introduced, there has been a steady reduction in the number of older people who fall and sustain a fractured femur.

Smoking Cessation

Although the death rates from smoking are low, smoking still kills around 140 people every year in the Forest of Dean. Pharmacists across the locality are being trained to provide smoking cessation support and this will be publicised widely in workplaces. Additionally, a Stop Smoking Shop has opened in Gloucester city, accessible for those travelling to the city centre to shop, on a drop-in basis.

Obesity

The estimated percentage of adults who eat healthily is lower than the county and England averages. The introduction of an obesity care pathway, engaging GPs in supporting the local community to improve physical activity levels, aims to contribute to the reduction of obesity levels in adults and improve the percentage of adults eating healthily across the locality. The GP exercise referral scheme is now well established.

Continuing interventions supported by the Health Improvement Practitioner, based at the Forest of Dean District Council and jointly funded by NHS Gloucestershire, include schemes such as introducing the *Change 4 Life* programme (www.nhs.uk/Change4Life), *Cooking is Fun* workshops and the development of exercise groups for older people. In addition, the joint funding and support for physical activity officers and walks coordinator posts aim to contribute to achievement of our LAA targets for obesity.

The University of Gloucestershire has recently published a report on physical activity levels across the county¹. This indicates that the county is not achieving the LAA target of an annual one per cent increase in participation, but appears to be 'plateauing' which suggests that new interventions will be required in order to make progress.

Mental health

A care pathway to improve access to psychological therapies for those with mental health issues and for a focus on healthy workplaces are being introduced, to address the increased levels of poor mental health indicated in the locality profile.

⁶ Baker 2009 *Participation in sport and active recreation University of Gloucestershire*

Carers

There is currently a mapping exercise underway to establish the needs of all carers and clarify the gaps in services to meet those needs. This has been raised as an issue in the Older People's Delivery Group, which reports to the Local Strategic Partnership. Results from this project are expected in early autumn.

Children and young people

Teenage pregnancy

This has been a concern in the Forest of Dean for some time. Access to sexual health services is limited. School nurses and youth workers have worked together to set up extended school nurse drop-ins in all of the secondary schools in the district. They provide sexual health advice and support including the provision of emergency hormonal contraception.

Tackling childhood obesity

The National Child Measurement Programme, which measures children at reception (4-5 years) and year 6 (10-11), indicates that for year 6 there are a higher number of overweight and obese children in some parts of the Forest. The priority for 2009-2010 is to increase coverage of this programme to the national target of 85% of reception and year 6 children. Routine feedback on the child's weight status will be given to parents, and information and support offered around achieving and maintaining a healthy weight. The MEND – Mind, Exercise, Nutrition – Do it! Programme, targeted at 7-13 yr olds and their families, has been available and promoted in the Forest for the last two years. See www.mendprogramme.org

Young carers

The needs of young carers has been highlighted as an issue by the Children & Young Peoples Delivery Group (reporting to the LSP) and work is being done to establish what support is needed for this particular group. The needs of young carers are also being explored in the carers mapping exercise, the results of which are expected in the autumn.

A detailed report about infant mortality in Gloucestershire based on routinely collected data and other information sources will be produced for June 2009. A strategy focused on addressing child health inequalities by

ethnicity, social class and geography will be developed and implemented through 2009/10.

Safer and Stronger Communities

Road injuries and deaths

Death and injury from road accidents has been significantly higher in the Forest over the past few years, particularly amongst younger drivers. To date, there has been considerable partnership working to address this issue. Local driving schools, the police and members of the community have been delivering targeted education programmes for young people with the result that the figures are now reducing.



6 Next steps for 2009-2010

We recommend that we concentrate our efforts on the following key issues.

- Use the Change 4 Life programme to increase awareness of healthy eating and the benefits of physical activity in the local population.
- Ensure there are sufficient, easily accessible services, to support those who want to improve their health (e.g. smoking cessation service, weight management care pathway, physical activity options).
- Promote awareness of cancer, heart disease and stroke, mental health issues (including the dementia care pathway) and social isolation to ensure health improvement programmes are targeted effectively.
- Ensure adequate investment in local transport plans and road safety to reduce accidents and encourage participation in physical activity, ensuring adequate access to local services.
- Increase our support for carers and ensure close partnership working to reduce social isolation and improve quality of life, including access to activities and psychological therapies where necessary.

For further information contact:

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Appendix 1: Key statistics for Forest of Dean

Domain	Indicator	Number	Forest Rate	Gloucestershire Rate
Social demography	Resident population 2008, (local population projection 2008) % of total Gloucestershire population	84,243	14.1	
	Geographical area (square km) % of total area of Gloucestershire	562	20.8	
	Patients living in national most deprived quintile of neighbourhoods (Indices of Deprivation 2007) (per 1,000 registered patients)	0	0.0	79.4
	Lone parent households (self-reported at 2001 Census) (rate per 1,000 population)	1,514	46.5	51.0
	Lone pensioner households (self-reported at 2001 Census) (rate per 1,000 population)	4,763	146.4	149.3
	Overcrowded households (calculated from 2001 Census returns) (rate per 1,000 population)	1,136	34.9	45.5
	Black and minority ethnic groups, 2001 Census (% district total, county overall %)	739	0.9	2.8
Lifestyle	Estimate of adults who smoke 2003/05 (%)	n/a	22.1	24.6
	Deaths from smoking 2004/06 (per 100,000 pop 35+)	139	200.0	191.8
	Estimated healthy eating adults, 2003/05 (%)	n/a	23.3	19.4
	Estimate of obese adults, 2003/2005 (%)	n/a	25.6	24.3
	Physically active adults aged 16+, 2005/06 (%)	n/a	12.5	12.7
	Hospital stays related to alcohol, 2006/07 (directly age standardised rate per 100,000)	132	152.8	200.8
	Road injuries and deaths, 2004/06 (crude rate per 100,000 population)	61	74.7	47.3
Children and young people	Obese children in reception year, 2006/07 (%)	50	8.4	10
	Physically active children aged 5-16, 2006/07 (%)	9,056	87.8	86.8
	Teenage pregnancy 2004/06 (under 18 conception rate/1000 females)	56	35.9	30
Independent living	Independent living: persons receiving CACD Home Care during 2006/07 (rate per 1,000 population)	806	9.9	9.3
	People providing unpaid care (self-reported 2001 Census) (rate per 1,000 population)	8,516	113.9	94.7
Older people	Falls: Over 75s admitted to hospital with a fractured femur, 2005/2007 (rate per 1,000 aged over 75)	94	14.8	12.8
Morbidity and mortality	People with limiting Long-Term Illness (self-reported 2001 Census) (rate per 1,000 population)	14,429	192.9	155.1
	Life expectancy at birth 2005/07 - male		77.4	78.7
	Life expectancy at birth 2005/07- female		82.4	82.7
	All age all cause mortality 2005/07 (age standardised rate per 100,000 population)		569.5	542.5
	All cause mortality in under 75s, 2005/07 (age standardised rate per 100,000 population)		288.3	259.5
	Mortality rate for circulatory diseases in under 75s 2005/07 (age standardised rate per 100,000 population)		66.9	62.2
	Mortality rate for cancer in under 75s, 2005/07 (age standardised rate per 100,000 population)		115.8	104.3
Mental Health	Outpatient first attendances: adult mental health: 2006/07 (rate per 1,000 population)	186	2.5	2.3
	Incapacity benefits for mental illness, 2006 (rate per 1,000 working population)	1,130	23.1	21.8

