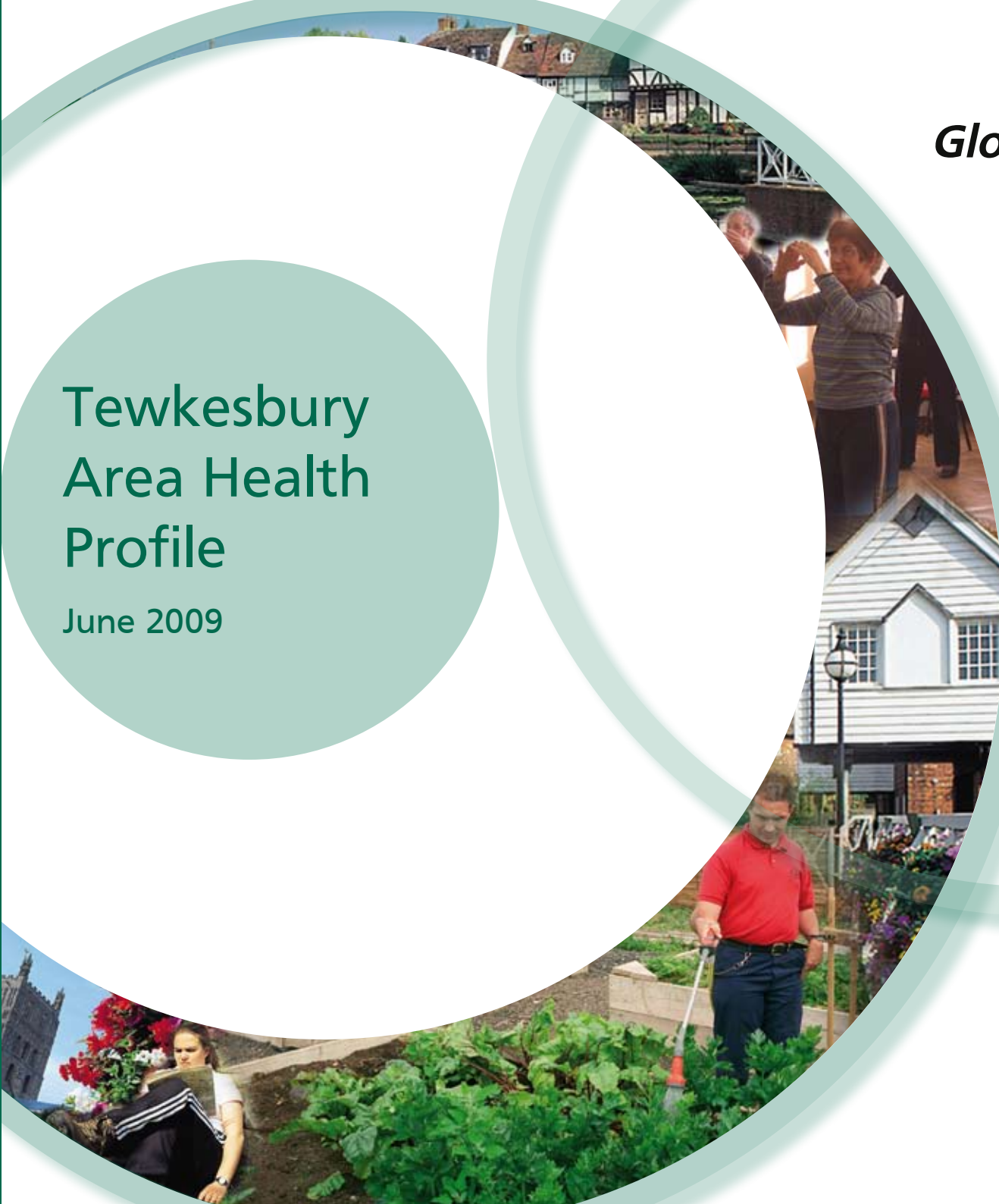


# tewkesbury healthy living

## Tewkesbury Area Health Profile

June 2009



**NHS**

*Gloucestershire*



**Gloucestershire  
Conference**

# 1 Tewkesbury<sup>1</sup> at a glance

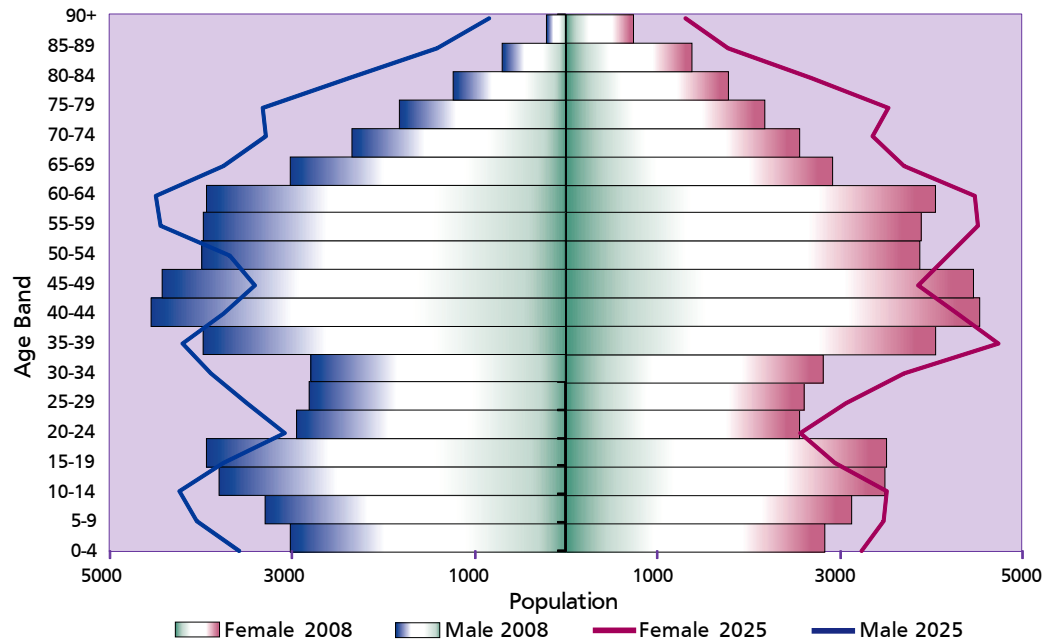
Tewkesbury has a population of 81,285 people, living in an area of 415 square kilometres. The population is expected to grow fairly rapidly over the next 20 years. Current population projections suggest that it will see particular growth in its 0-19 and its over-65 populations. Figure 1 shows the distribution of Tewkesbury's population across age groups for males and females in 2008 (represented by bars) compared with 2025 (represented by the lines).

Although the local projection suggests the population in all districts of Gloucestershire will see an upward trend, the extent to which the population will increase and the trajectory of growth varies greatly between districts. One key factor impacting on the distribution of future population growth in Gloucestershire over the next 20 years will be the locations and scale of planned housing development across the county<sup>2</sup>.

With the largest housing programme stipulated in the draft Regional Spatial Strategy and the highest proportion of targets to be realised, Tewkesbury is projected to be the fastest-growing district in Gloucestershire between 2007 and 2026. The population is expected to soar by nearly 25,000 people, or 31%, to 106,000 over the period and contribute almost half of the total county growth. No other districts are anticipated to experience such steep growth as Tewkesbury.

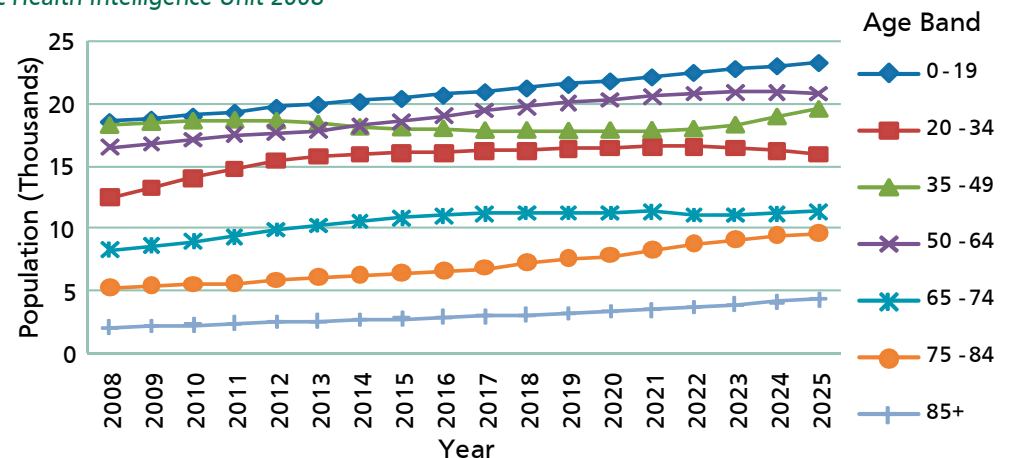
In addition, Tewkesbury is expected to be the only district in the county to have an increase in the number of children and young people – 4,800 between 2007 and 2026 – as attraction of internal migrants stimulates further natural growth. Figures 1 and 2 illustrate projected population trends between 2008 and 2025.

**Figure 1: Tewkesbury population pyramid showing change in age profile between 2008 and 2025.**



Source: NHS Gloucestershire Public Health Intelligence Unit 2008

**Figure 2: Population changes for Tewkesbury by age band 2008 to 2025**



Source: NHS Gloucestershire Public Health Intelligence Unit 2008

1 Please note: the word 'Tewkesbury' is used throughout this document to refer to Tewkesbury District

2 Research Team Chief Executive Support Unit, Gloucestershire County Council 2008 The Gloucestershire Story

Currently, residents experience low levels of unemployment and crime and achieve a higher than average level of education. However, whilst crime is predicted to fall by around four per cent across the county as a whole, crime in Tewkesbury is predicted to rise by 15% over the next 20 years. This is due to the fact that Tewkesbury is the only district where numbers of people at the ages of peak criminal propensity are projected to grow over the next two decades, as described above<sup>3</sup>.

## Deprivation

Deprivation throughout England can be measured using the Indices of Multiple Deprivation (IMD). 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.

<sup>3</sup> Research Team Chief Executive Support Unit, Gloucestershire County Council 2008  
The Gloucestershire Story

<sup>4</sup> See [www.communities.gov.uk](http://www.communities.gov.uk)

This allows each area to be ranked relative to one another according to their level of deprivation. Within Tewkesbury district the neighbourhood of Tewkesbury Priors Park is the only area that ranks within the national most deprived fifth (20%) of areas. Approximately 1,400 Tewkesbury residents live in this neighbourhood. Understanding where our deprived areas are is important in enabling us to target resources appropriately if we are to tackle health inequalities in the county. The Gloucestershire Story 2008 outlines some of these inequalities (see below).

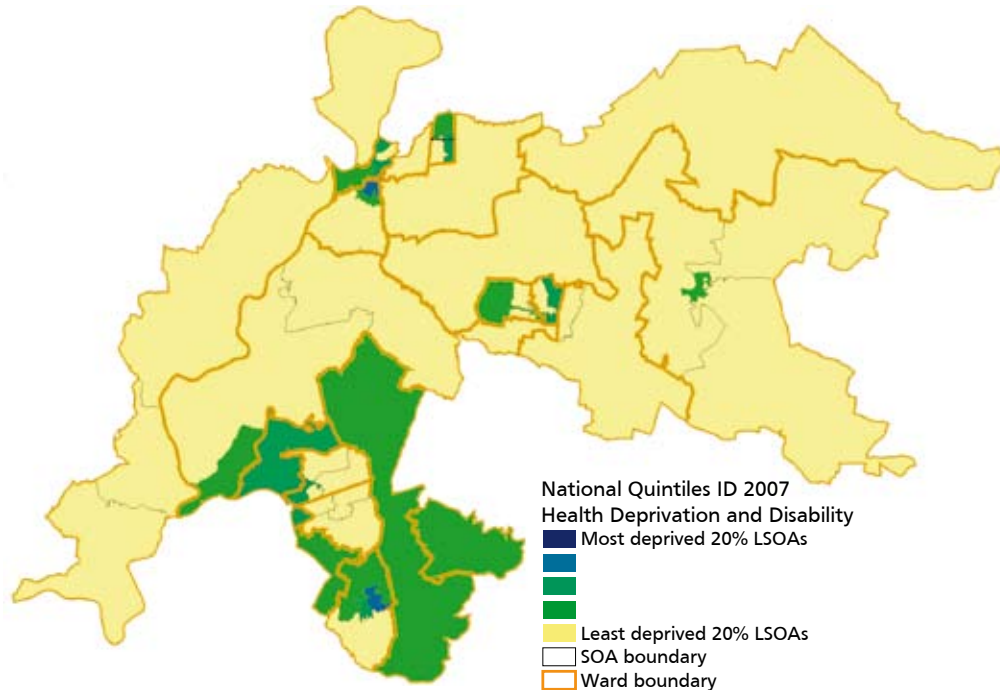
### Some examples of inequalities in Gloucestershire:

- Rates of prevalence of coronary heart disease are twice as high in our most deprived communities as in our least deprived, as are rates of chronic obstructive pulmonary diseases (bronchitis/emphysema).
- Our most deprived communities spend 50% more per person per week on tobacco than do our least deprived communities.
- Young adults from our most deprived communities are much more likely than other young adults in the county to leave school with no work, education or training destination.
- Infants and young children from our most deprived communities are twice as likely as those from our least deprived communities to be admitted to hospital in an emergency.
- Birth rates are almost 40% higher in our most deprived communities than in our most comfortable, with low birth weight babies almost 50% more common.
- Residents of our most deprived communities are significantly more likely than other Gloucestershire residents to experience anti-social behaviour in their neighbourhoods
- People who live in our most deprived neighbourhoods are much more likely than other residents of the county to become victims of a recorded crime.

Source: Gloucestershire Story 2008

Figure 3 shows the 'Health Deprivation and Disability' domain of the IMD 2007 for Tewkesbury. This specifically measures rates of poor health, early mortality and disability and covers the entire age range. Two local neighbourhoods in the wards of Brockworth and Priors Park have the highest levels of health deprivation and disability in the district. There are clear links between deprivation and health with those living in the most deprived areas often experiencing the worst outcomes. As outlined above, it is widely accepted that deprivation increases the risk of early death and is associated with higher rates of illness from certain diseases.

**Figure 3: Health deprivation & disability domain Index of Multiple Deprivation 2007 by Lower Super Output Areas (LSOAs) for Tewkesbury District**



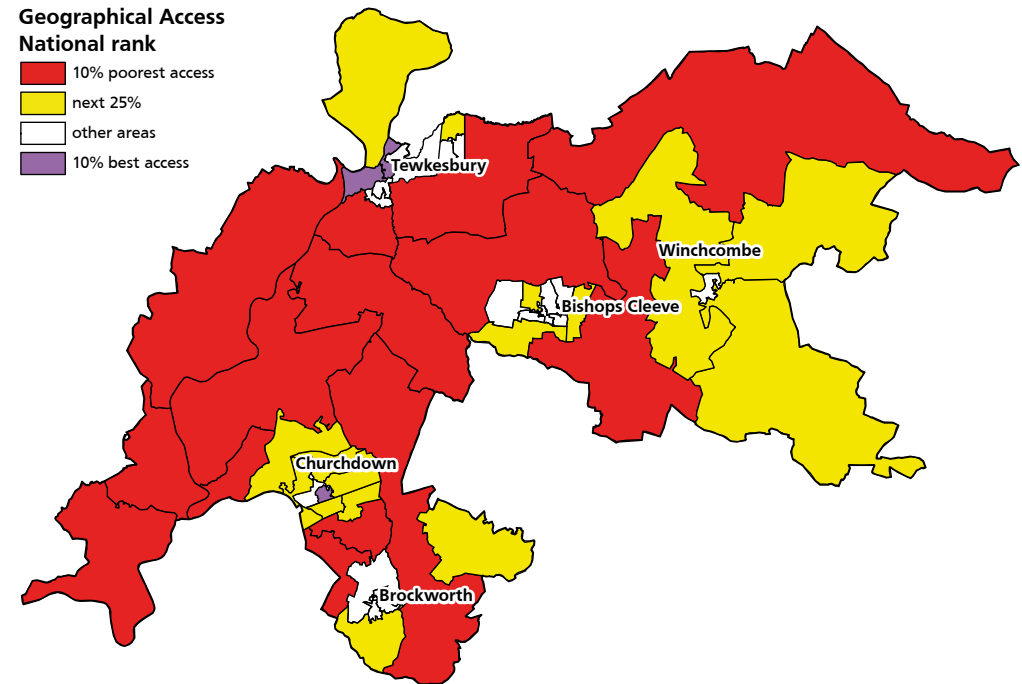
Source: NHS Gloucestershire Public Health Intelligence Unit 2008

Figure 4 shows the 'geographical barriers' sub domain of the IMD 2007. This is one of two kinds of barriers that make up the 'Barriers to Housing and Services' sub domain of the IMD 2007. The other is 'wider barriers' which covers housing issues. The geographical barriers sub domain covers

geographical access issues relating to key services including GP premises, primary schools, general stores or supermarkets and post offices.

As we can see from Figure 4 much of the district experiences difficulty in accessing these services.

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



Source: MAIDeN - 2008

The Sustainable Community Strategy for Tewkesbury has yet to be fully developed, but improving access to services will be included within its three proposed ambitions.

**Ambition 1: A Thriving Economy**

**Ambition 2: A Healthy, Safe and Inclusive Community**

**Ambition 3: A Sustainable Natural and Built Environment**

The Sustainable Community Strategy is currently under consultation. The final version will be available at [www.tewkesbury.gov.uk/lsp/index.cfm?articleid=1385](http://www.tewkesbury.gov.uk/lsp/index.cfm?articleid=1385)

## 2 Key issues for Tewkesbury

Although overall the health of the population of Tewkesbury is above the county and national average, data from the eJSNA shows that there are a number of key issues that need to be addressed. Over the last ten years, rates of all age, all cause mortality and rates of circulatory diseases and cancer have been lower than England as a whole. Although estimated smoking rates are lower than the England average, smoking still kills around 130 people every year in Tewkesbury. Estimates suggest levels of binge drinking are lower than England. The estimated proportion of adults and children who are classified as obese is similar to the England average; the percentage of children who are physically active is lower<sup>5</sup>. A summary of key issues for Tewkesbury is presented in Appendix 1. and summarised in the box below.

### Issues for Tewkesbury

- The number of road injuries and deaths
- Levels of physical activity in children
- The number of people providing unpaid care

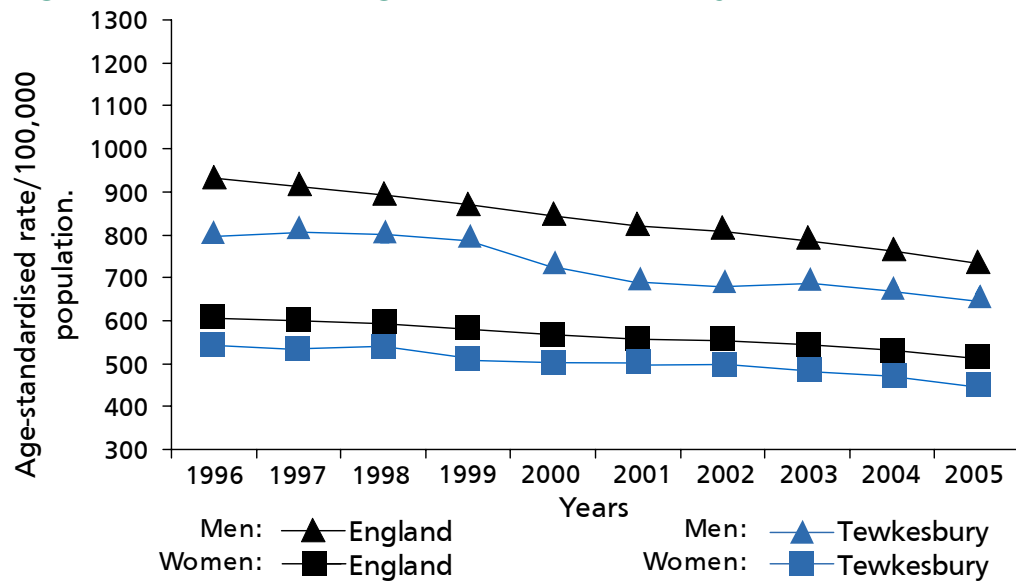
Source: eJSNA



# 3 Morbidity and mortality

All age all cause mortality and early death rates from heart disease, stroke and cancer are shown in figures 5-7. 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. Whilst the trend graphs below show a downward trend for all age all cause mortality and early death rates from heart disease, stroke and cancer, these diseases still have significant impact on health and as Figure 8 shows they are accountable for a significant percentage of the life expectancy gap. This is explored further in section 4.

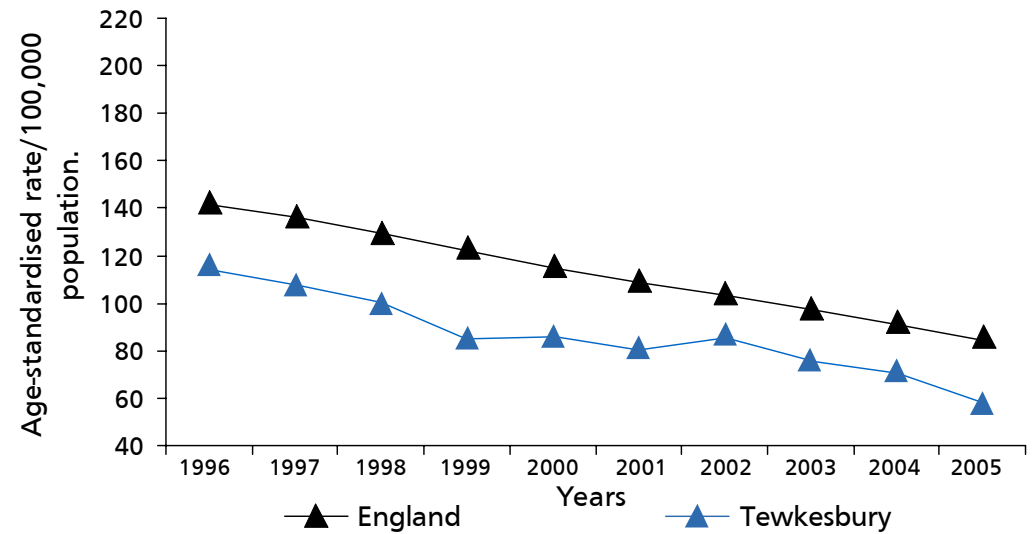
**Figure 5: Trend 1: All age, all cause mortality**



Source: APHO Health Profiles 2008

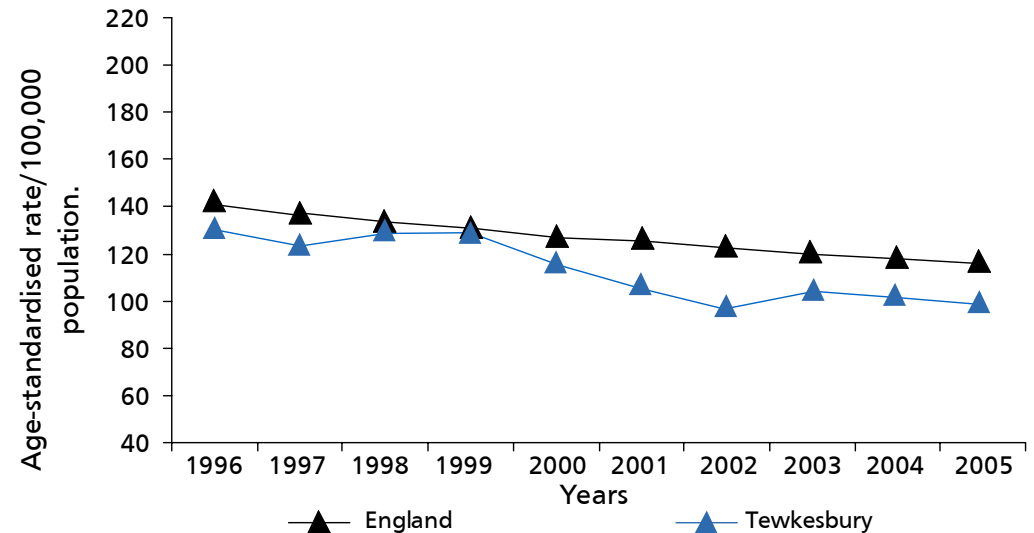


**Figure 6: Trend 2: Early Death rates from Heart Disease and Stroke**



Source: APHO Health Profiles 2008

**Figure 7: Trend 3: Early Death Rates from Cancer**



Source: APHO Health Profiles 2008

# 4 Life expectancy: comparing the gap in life expectancy within Tewkesbury

The Association of Public Health Observatories (APHO) has developed a tool to help primary care trusts and local authorities to understand inequalities within their area<sup>6</sup>. We have used the Health Inequalities Intervention Tool to analyse the local life expectancy gap in Tewkesbury and to suggest preventive interventions that will impact on the life expectancy gap within the district and save years of life for Tewkesbury residents.

Table 1 shows the absolute and relative gap in life expectancy for the most deprived fifth of areas (quintile) in Tewkesbury compared to the district as a whole.

The relative gap in life expectancy between Tewkesbury's most deprived fifth of areas and Tewkesbury district as a whole is greater for males (4.0%) than for females (2.4%). The absolute gap shows that a baby boy born in the most deprived fifth of areas in Tewkesbury can expect to live 3.1 years less compared to the average expected life span of boys born in Tewkesbury district as a whole. Similarly a girl born in the most deprived fifth of areas in Tewkesbury can expect to live 2.0 years less compared to the average expected life span for girls across Tewkesbury district as a whole.

**Table 1: Life expectancy at birth in years for Tewkesbury's most deprived quintile (MDQ) and Tewkesbury district and the relative life expectancy gap (%), 2001-2005**

	Life expectancy at birth (years) Tewkesbury most deprived quintile	Life expectancy at birth (years) Tewkesbury District**	Absolute gap (years)	Relative life expectancy gap between MDQ & Tewkesbury District*
Males	75.7	78.8	3.1	4.0 %
Females	80.2	82.2	2.0	2.4%

Source LHO: Health Inequality Intervention Tool June 2008

\*The relative gap in life expectancy is the difference in life expectancy between Tewkesbury's most deprived quintile and Tewkesbury District, as a percentage of life expectancy for Tewkesbury District (the percentage difference). When calculated this way, a relative gap closer to zero indicates less inequality. \*\* Life expectancy at birth presented in the Health Inequality Tool differs slightly from that shown in Tewkesbury Locality Profile because it is based on a different time period (2001-05 rather than 2004-06)

## Breaking down the gap

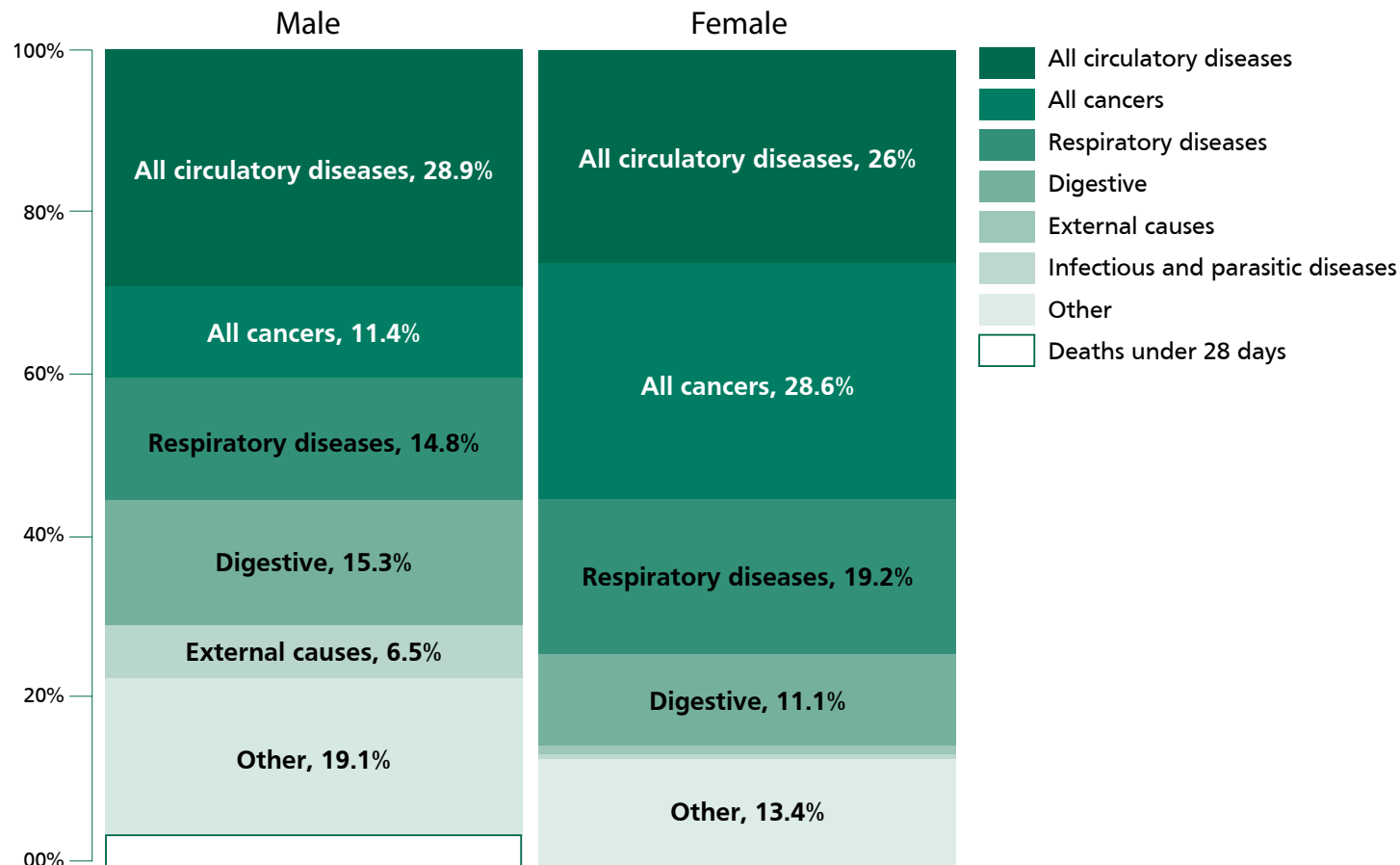
The underlying causes of the life expectancy gap within Tewkesbury are presented below as a 'scarf' chart (Figure 8.). This shows the percentage contribution of various causes of death to the life expectancy gap between Tewkesbury's most and least deprived quintiles<sup>7</sup>.

It can be seen that circulatory diseases account for over a quarter of the gap in male (28.9%) and female (26.0%) life expectancy within Tewkesbury. Figure 8 also shows us, for example, that eliminating excess deaths from circulatory diseases and cancers in women would halve the gap in female life expectancy within the district.

6 [www.lho.org.uk/HEALTH\\_INEQUALITIES/Health\\_Inequalities\\_Tool.aspx](http://www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx).

7 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 Tewkesbury 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 Tewkesbury

The bar chart displayed in Figure 9 shows the increases in life expectancy (in years) that would occur in the most deprived fifth of areas in Tewkesbury if they experienced the same mortality rate as the most affluent fifth of areas for each cause of death separately<sup>8</sup>.

It shows us, for example, that if females in the most deprived areas of Tewkesbury had the same mortality rate from coronary heart disease as females in the least deprived areas in Tewkesbury they would live nearly 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.

<sup>8</sup> 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 Tewkesbury 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 Tewkesbury we can plan interventions that will have the greatest impact on reducing this gap and saving years of life. Figure 9 suggests that key diseases making up the life expectancy gap in Tewkesbury 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 Tewkesbury**

Males	Females
Coronary heart disease	Coronary heart disease
Stroke	Breast cancer
Chronic obstructive airways disease	Chronic obstructive airways Disease
Lung cancer	Pnuemonia
Other digestive diseases	Other cancers

These findings suggest key targeted preventve interventions that are likely to impact on the gap in male life expectancy are those aimed at:

- smoking cessation
- increasing physical activity levels
- encouraging healthy eating
- rasing cancer awareness.

Key targeted preventative interventions that are likely to impact on the gap in female life expectancy in Tewkesbury include those aimed at:

- smoking cessation
- increasing physical activity levels
- encouraging healthy eating
- raising cancer awareness

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, and social and cultural norms. These factors may be particularly relevant when considering preventive and other initiatives in the more deprived communities.



# 5 What are we doing?

The Gloucestershire Health and Community Wellbeing partnership have identified ten priority areas to focus efforts on over the next ten years:

1. Active and healthy ageing
2. Reduce obesity
3. Reduce alcohol harm
4. Reduce smoking prevalence
5. Improved sexual health
6. Better access to services for all
7. Healthier workplaces
8. Improved emotional health and wellbeing
9. Putting people first – transforming social care
10. Accessible, healthy and safe housing

NHS Gloucestershire is working closely with the Tewkesbury Borough Council via the Health and Wellbeing Partnership to address these priorities and sustain the achievements to date.

## Road injuries and deaths

Death and injury on the road are important public health concerns in the UK. Road traffic collisions (RTCs) are one of the leading causes of death for children and are unevenly distributed across the population, with higher death and injury rates among people living in the more deprived areas.

The JSNA has highlighted that the crude rate per 100,000 of the population<sup>9</sup> for road injury and deaths in Tewkesbury district is higher (62.2) than those for Gloucestershire (47.3).

The Tewkesbury Community Safety Partnership (CSP) has recognised this as a priority for the borough and has included the LAA indicator, NI 47, 'Reduce the number of fatalities and serious injuries as a result of road collisions' as one of its priorities in its Strategic Assessment 2008 – 2011. The LAA can be downloaded from [www.gloucestershire.gov.uk/index.cfm?articleid=12808](http://www.gloucestershire.gov.uk/index.cfm?articleid=12808).

<sup>9</sup> A crude rate does not account for differences in age or gender

The CSP has funded the cost of hand-held speed guns which are loaned to communities where speeding is deemed to be a problem. This allows them to monitor the speed of vehicles over a given period of time and report their findings back to the police. In addition, bin stickers have been distributed across many of the district's rural communities. These are attached to wheelie bins to remind drivers of the legal speed limit in the area. Further analysis of the data is needed to explore where the 'hot spots' are within the district, to ensure that resources are targeted appropriately.

## Physical activity levels in children

Physical activity levels in children aged 5-16 are 80.2% compared to 86.8% for Gloucestershire. In 2008, the Local Strategic Partnership formed two new thematic groups, Tewkesbury Children and Young People's Group and a Community Sport and Physical Activity Network. These groups include a range of partners and have action plans to increase the levels of physical activity in this age group.

In addition to the work of these groups, Tewkesbury is one of nine towns to be awarded money through the Department of Health, Healthy Communities Challenge Fund. The 'Healthy Towns' bid was submitted as a partnership bid between Tewkesbury Borough Council, NHS Gloucestershire, Gloucestershire Food Vision and Active Gloucestershire. The bid totals £2.4 million, half of which comes from the Department of Health.

The programme will run until 2011 and will focus on improving and developing the physical and built environment, increasing physical activity and improving diet and nutrition. This programme will run in conjunction with and complement the Department of Health's tackling obesity movement 'Change4life'. See [www.nhs.uk/Change4Life/Pages/default.aspx](http://www.nhs.uk/Change4Life/Pages/default.aspx)

## Number of people providing unpaid care

According to the 2001 census, Tewkesbury has a higher rate of people (per 1,000 population) providing unpaid care (98.3) than that for Gloucestershire (94.7).

Gloucestershire County Council's Community and Adult Care Directorate and Children's and Young People's Directorate, NHS Gloucestershire, Gloucestershire Hospitals NHS Foundation Trust and the 2gether NHS

Foundation Trust have worked in partnership to develop a Carers' Strategy for the county. The aim of the strategy is to ensure that the needs of carers are recognised and that steps are taken by the statutory organisations to improve the lives of carers.

The strategy includes ten principles that cover the most significant aspects of a carer's life. Each organisation is drawing up an action plan that will show how the organisation intends to improve the lives of carers in all of these ten areas. NHS Gloucestershire has increased its financial support for carers' support services and will continue to work in partnership to ensure that the enormous contribution made by carers is valued appropriately. Further analysis is needed to understand how the action plans are affecting carers in Tewkesbury and if and where additional support is needed.



## 6 Next steps for 2009/2010

Healthy lifestyle interventions should be evidence based and culturally appropriate, focussing on physical activity and improving and developing the physical and built environment.

Promoting healthy ageing and improving the lives of carers will be a priority for Tewkesbury.

Interventions to reduce road injuries and deaths will need to be targeted effectively.

Services will focus on targeting the areas of Tewkesbury with greatest deprivation and groups experiencing the worst health outcomes.

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# Appendix 1: Key statistics for Tewkesbury

Domain	Indicator	Number	Tewkesbury Rate	Gloucestershire Rate
Social demography	Resident population, 2008 (local population projection 2008) % of total Gloucestershire population	81,265	13.6	
	Geographical area (square km) % of total area of Gloucestershire	415	15.3	
	Patients living in national most deprived quintile of neighbourhoods (Indices of Deprivation 2007) (per 1,000 registered patients)	1,394	17.7	79.4
	Lone parent households (self-reported at 2001 Census) (rate per 1,000 population)	1,533	47.4	51.0
	Lone pensioner households (self-reported at 2001 Census) (rate per 1,000 population)	4,777	147.6	149.3
	Overcrowded households (calculated from 2001 Census returns) (rate per 1,000 population)	1,218	37.6	45.5
	Black and minority ethnic groups 2001 Census (% district total, county overall %)	1,068	1.4	2.8
Lifestyle	Estimate of adults who smoke 2003/05 (%)	n/a	19.9	24.6
	Deaths from smoking 2004/06 (per 100,000 population 35+)	127	180.0	191.8
	Estimated healthy eating adults, 2003/05 (%)	n/a	25.6	19.4
	Estimate of obese adults, 2003/05 (%)	n/a	21.8	24.3
	Physically active adults aged 16+, 2005/06 (%)	n/a	13.0	12.7
	Hospital stays related to alcohol, 2006/07 (directly age standardised rate per 100,000)	148	183.1	200.8
	Road injuries and deaths 2004/06 (crude rate/100,000 population)	49	62.2	47.3
Children and young people	Obese children in reception year, 2006/07 (%)	62	10.7	10
	Physically active children 5-16yrs, 2006/07 (%)	8,995	80.2	86.8
	Teenage pregnancy 2004/06 (under 18 conception rate/1,000 females)	44	29.5	30
Independent living	Independent living: persons receiving CACD Home Care during 2006/07 (rate per 1,000 population)	637	8.1	9.3
	People providing unpaid care (self-reported 2001 Census) (rate per 1,000 population)	7,762	98.3	94.7
Older people	Falls: Over 75s admitted to hospital with a fractured femur 2005/07 (rate per 1,000 aged over 75)	92	12.8	12.8
Morbidity and mortality	People with limiting Long-Term Illness (self-reported 2001 Census) (rate per 1,000 population)	11,863	150.2	155.1
	Life expectancy at birth 2005/07 – male		79.3	78.7
	Life expectancy at birth 2005/07 – female		83.1	82.7
	All age all cause mortality 2005/07 (age standardised rate per 100,000 population)		515.0	542.5
	All cause mortality in under 75s 2005/07 (age standardised rate per 100,000 population)		232.9	259.5
	Mortality rate for circulatory diseases in under 75s, 2005/07 (age standardised rate per 100,000 population)		50.6	62.2
	Mortality rate for cancer in under 75s, 2005/07 (age standardised rate per 100,000 population)		93.4	104.3
Mental health	Outpatient first attendances: adult mental health: 2006/07 (rate per 1,000 population)	160	2.0	2.3
	Incapacity benefits for mental illness, 2006 (rate per 1,000 working population)	670	14.3	21.8



