

## Summary of Section 2

If we are to implement effective strategies for prevention and promotion we need to understand and act on the full range of influences on people's health status. Many of these influences have little to do with the delivery of health care services, although these play a role, particularly in ensuring fair access to healthcare for all, for example, we know that certain groups such as those with physical disabilities, mental illness, learning disability or whose first language isn't English, tend to have less access to the full range of services than most.

Actions to improve health and reduce health inequalities therefore involve working in partnership with individuals, communities and other agencies' such as our local authorities to tackle the wider determinants of health:

- General conditions – e.g. socio-economic status
- Living and working conditions e.g. housing, employment, services
- Social and community networks
- Lifestyle
- Age, sex and constitutional factors

We know that these often interact together to compound people's lifetime experience of inequalities, best defined by the term 'social exclusion'. The Government has defined social exclusion as *"a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown."*

Local data allows us to identify areas where the worst health inequalities exist and which are most likely to experience social exclusion. One useful measure is the index of multiple deprivation (IOMD), which has seven domains, including health status. Using this measure, wards in central Cheltenham such as Hesters Way, St Paul's, and St Mark's, score particularly highly, as does the Prior's Park area of Tewkesbury. Increasing deprivation is associated with increasingly poor health and is evidence of major inequalities existing within our local area.

An advantage of the IOMD is that it can be used as a composite score, or each domain can be looked at separately to provide more detailed information on a particular aspect of a population's deprivation status. One domain refers to access to services deprivation and we find that the rural areas of Tewkesbury score particularly badly on this domain, although they do well on the other aspects of the IOMD. This highlights the diverse nature of our population, where a range of issues both rural and urban need to be addressed.

Unemployment rates for Cheltenham and Tewkesbury are below the average for England and Wales. However, within the PCT, there are very wide variations at ward level with significant unemployment 'hotspots' around areas such as Tewkesbury Prior's Park, Hesters Way, St Peter's and Oakley.

It is estimated that in the PCT area there are between 1,000 and 1,200 homeless people (including children). Amongst the adults in this number 300-400 may have mental health problems, up to 530 may be misusing drugs and up to 380 may be dependent on alcohol. The PCT has less overcrowded households than the national average. However, there are once again significant variations across the area with the central Cheltenham wards experiencing the worst overcrowding.

Overall the level of educational attainment in the PCT is high. Again, however, if we look at the proportion of people with no qualifications by ward we find this ranges from over 40% in Oakley to under 5% in Park.

The extent to which people feel part of strong, social and community networks can best be encapsulated in the term 'social capital'. Three aspects of PCT-level information may help us to develop a better picture of the extent of social capital. These are:

- proportion of single parent families;
- crime rates; and
- informal carers.

Interestingly, other than violent crime, Cheltenham and Tewkesbury has the highest rates among Gloucestershire PCTs, for the types of crime listed. Burglaries in particular are nearly 2% higher than for West Gloucestershire. The PCT, Social Services and the Police are working together to address issues of crime specific to the older population.

Data from the 2001 Census shows that just over 10% of females and under 10% of males provide some form of informal care. Although the bulk of our carers are in middle age, there are a number who are under 19 or over 75. Gloucestershire Young Carers' Project provides support to those under 19 and recently celebrated its tenth anniversary. It is recognised as one of the most successful young carers projects in the country.

The importance of lifestyle was highlighted in the healthy lifestyles chapter of the report. Sometimes, however, people are unable to choose healthy options because of other constraints. The Whaddon Lynworth and Priors supermarket minibus is an example of how a neighbourhood project has improved access to healthy foods for its residents.

Finally there are some factors which we have little ability to change – our gender, age or ethnic background. Partner agencies can work together to ensure that services are tailored to meet the needs of these different sections in our society, even if, as in the case of our traveller population, they are relatively small in number.

Local Strategic Partnerships (LSPs) have been created by the Government in each local authority area to strengthen partnership working. These are non-statutory, non-executive organisations, whose core responsibilities are to:

- prepare and implement a community strategy for the area;
- develop and deliver a local neighbourhood renewal strategy to tackle deprivation;
- co-ordinate local plans, partnerships and initiatives and provide a forum for local councils, the police, health services, central government and other agencies to work to meet community needs; and
- work with local councils to develop local public service agreements (PSAs).

They should also ensure that local people are more involved in changes that occur in their communities

The PCT is a partner in three LSPs: Cheltenham, Tewkesbury and Gloucestershire. Each strategic partnership has a sub-group specifically focused on health improvement and each subgroup has an action plan that identifies contributions from a range of partners to both improve the health of our entire population and to address health inequalities.

The LSPs are relatively new and are still developing, each at a different pace and in a different way as one might expect of locally focused organisations. As they become stronger they should provide an ideal means of supporting the PCT in meeting both its core health improvement function and also on delivering its vision for the people of Cheltenham and Tewkesbury.