South Gloucestershire Council

Delivering for you

Adult Social Care & Ageing Well

Needs Assessment Phase 1, May 2024

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1 Executive Summary

1.1 Background

This needs assessment has been developed in consultation with Adult Social Care Commissioners, and stakeholders from across the health and social care system. A number of topics and questions were identified to support future service planning in South Gloucestershire.

Purpose of this needs assessment

In South Gloucestershire, approximately 2 in 5 people are over 50. The population of South Gloucestershire is expected to continue to grow over the next 20 years, with the over-75 population increasing to 11.4% of the total by 2041.

As a population, we are living longer than ever before but, as people age, they are more likely to need health and social care services. This Needs Assessment assesses local data and insights to understand the health, care, or other needs of over 50s in South Gloucestershire. This analysis then helps to identify priorities and make recommendations that aid in the review and planning of services and can raise questions that tackle particular issues or challenges for this group.

Method and Data Sources

Needs Assessments are based on the data and information that is available at the time, so provide a ‘snapshot’ of the needs of the population which can then be used as a comparison with future data to help us understand any changes that may have occurred.

Locally, a Client Level Data set (CLD) is being developed to link adult social care records to NHS records at an individual level. This will significantly deepen our understanding of the health needs and inequalities in our Adult Social Care population and help identify future demand for specific social care service areas. Until the CLD is up and running, the ability to report on current Adult Social Care activity data is limited.

A key data source in this needs assessment is the BNSSG System-Wide Dataset, which contains information from primary care on health conditions and lifestyle factors. Permissions to use this data and share results are covered by the “Population Segmentation” primary care opt-out (ref: *PHM_220706_01*).

Summary of Findings

Older adults in South Gloucestershire are generally healthy compared to national averages. However, deprivation is a major cause of variation in how long people live in good health across the area.

- Healthy life expectancy at 65 is an important indicator of how well a population is ageing. On this measure, South Gloucestershire is in line with its nearest statistical neighbours.
- The relationship between poor health and deprivation is evident from an early age and worsens over time. People in more deprived areas of South Gloucestershire are living a larger proportion of their lives in worse health than those in more affluent areas.
- The top five causes of years lived with disability in South Gloucestershire are low backpain, diabetes, age-related hearing loss, Chronic Obstructive Pulmonary Disease (COPD) and Falls.
- One in three people aged over 50 in South Gloucestershire have high blood pressure. The next most common long-term conditions are anxiety and depression, then chronic pain. With increasing age, other conditions such as dementia and hearing loss become more common and impactful.

The Age Friendly Communities programme provides an opportunity to refresh our approach to healthy ageing. This includes a focus on independent living and addressing barriers to full engagement, for example in employment, the built environment and public life. This is also an opportunity to focus on prevention, person-centered care, and better integration, which will help narrow inequalities and reduce demand for social care.

- Many of the conditions driving health and social care service needs are preventable. However, acute pressures on services have driven the focus away from prevention.
- Men in South Gloucestershire are twice as likely as women to die from preventable causes. Cardiovascular disease and cancer are the biggest causes of preventable death.
- 1 in 12 older adults currently smoke in South Gloucestershire and 1 in 5 are ex-smokers. Tobacco is the single most important, entirely preventable cause of ill health, disability, and death in this country. Smoking increases the chance of developing health conditions that decrease quality of life and increase need for social care.
- The greatest inequalities in long term conditions are seen with painful conditions, where an adult from the most deprived areas of South Gloucestershire is twice as likely to have a painful condition than those in the least deprived areas. Painful conditions and their management are an area of local focus.
- A&E attendances are higher among people living in areas of higher deprivation and increase with age, and for those living in poorer health.

- Lifestyle interventions to reduce the risk factors for developing preventable conditions, early detection through screening programmes and NHS health checks can prevent conditions from developing or requiring intervention.
- The NHS Health Check programme helps to identify early signs of poor health in those aged 40-74. South Gloucestershire has a high uptake of NHS health checks but those in the poorest health and from the most deprived communities are still not accessing the service equally. More can be done locally to improve uptake among disadvantaged groups in order to reduce, rather than widen, inequalities.
- The current local models for analysing inequalities and impact of healthcare use does not routinely capture impact on quality of life from some common health conditions, such as hearing loss.

Strengthening our collection and use of data and community insights is a priority for informing commissioning plans.

- Locally, the CLD is being developed to link adult social care records to NHS records at an individual level, and the first iteration of this is now available. This will deepen our understanding of the health needs and inequalities in our Adult Social Care population and help identify future demand for specific social care service areas.
- However, currently there are still data gaps and limitations in the way it can be used. Until the CLD is fully up and running, the ability to report on current Adult Social Care activity data is limited.
- Current gaps in health and care data also hamper our ability to understand local need and improve services. For example, more than 1 in 4 people aged over 50 were classed as disabled in South Gloucestershire in the 2021 census. Having a disability may indicate higher or earlier health and social care needs. However, local data on disability cannot currently be broken down in detail. There is also a legal requirement for service providers to collect data and make reasonable adjustments to improve services for disabled customers under the Equalities Act 2010. More can be done to meet these legal requirements and build a full picture of local need.
- In addition, not enough is yet known locally about the use and experience of service users from minority ethnic groups, particularly those with dementia.
- The response rate for the Adult Social Care survey was low, and there may be an opportunity to increase uptake with future engagement work.
- The council is actively engaged in collating feedback from older adults and service users, including through the development of Age-friendly Community development. These insights, when available, will be used to co-design services, inform commissioning, and help to influence decision making across South Gloucestershire Council which will address the barriers that impact a growing older population.

The population of “much older” adults is growing. Services are not currently located where most older people live.

- The number of older adults in South Gloucestershire is growing, particularly in the 75+ age group. The proportion of the total population that are aged 50+ is not

predicted to change but there will be a shift of people currently aged 50 to 74 into older age groups. Health and social care needs rise with increasing age.

- Most residents over 65 in South Gloucestershire, including those with disabilities, have lived in the area for at least 20 years, and usually in the same home. This can help us predict where to expect rising social care needs in coming years.
- There are many services available in the community, delivered through the Council, NHS, voluntary sector, and community groups. Provision continually changes and new initiatives are introduced. However, funding constraints have a constant impact on the long-term sustainability of services in the community.
- Key health and social care services are often not located near where residents over the age of 50 are living. There is an opportunity to improve access and sustainability of services by reviewing the provision, colocation, and accessibility of services in areas with a high density of over 50s.

There are opportunities to improve coordination of initiatives to support financial wellbeing in older adults. This will help reduce inequalities.

- On average, most of the population aged over 50 live in areas of relative affluence. However, many people live in poverty within these areas. This puts them at risk of even poorer health outcomes than people living in more deprived areas, who may have access to additional targeted support or infrastructure.
- Roughly 4 in 5 residents aged 50 to 64 are in employment in South Gloucestershire, higher than national and Southwest rates. However, the average wage in South Gloucestershire is lower than the national average and local house prices are considerably more expensive than nationally and are rising.

More can be done to use local data and insights to meet the needs of South Gloucestershire's diverse communities.

- People from minority ethnic groups make up less than 4% of the current population aged 50+ in South Gloucestershire. However, this population is growing. Residents from minority ethnic groups report lower levels of satisfaction with Adult Social Care services.
- People of all sexual orientations often remain sexually active as they age and national rates of STIs in older adults are rising. Understanding the sexual orientation of those aged over 50 is an important aspect of providing person-centered care.
- The number of Asylum Seekers and Refugees (ASR) aged over 50s resettled in South Gloucestershire has grown in recent years. The health and social care needs of this population are not well understood, though this population is known to be at higher risk of mental health issues. Older ASR may face barriers to employment and accessing financial credit.
- South Gloucestershire has 3 prisons within its county boundaries. The Council has legal obligation to assess the need for, and provide, social care for those in the judicial system locally. Nationally, the age of prisoners is rising, and research suggests the health and care needs of prisoners aged 50-59 are advanced by 10

years, meaning demand for health and social care input for this group is likely to grow.

A local Dementia Strategy is in development. Improving dementia prevention and diagnosis as well as supporting dementia carers are priority areas.

- Prevention interventions focused on lifestyle factors, inequalities, social isolation, and hearing loss can be effective at reducing rates of cognitive decline.
- Dementia diagnosis rates in South Gloucestershire are below the national target. A dementia diagnosis is a good indicator of higher rates of unplanned health service use, and poorer health outcomes.

Important issues for older adults also include caring responsibilities, social isolation, falls, alcohol dependency and oral health.

- South Gloucestershire has a higher proportion of people identifying as unpaid older adult carers than the national average. The majority are female. Many carers face challenges with finances, physical and mental health, in work or education due to their caring role. The South Gloucestershire Carers' strategy sets out the actions needed for improving outcomes for this group.
- Locally, over 1 in 20 adult social care users aged 65+ report having little social contact with people and feeling isolated. Social isolation in older adults is a risk factor for dementia as well as alcohol and drug dependency. People more at risk of loneliness and social isolation include those with sensory impairments, physical disabilities, and poor access to transport.
- Emergency admissions for falls in South Gloucestershire in the over 65s is higher than the national rate. Falls can lead to serious injury and be expensive to the health and social care system as well as reducing quality of life and independence for the individual. Falls, and related 'long lies' after a fall has taken place can be prevented with education for care providers, early identification of frailty, home adaptions and medication reviews. Falls prevention is a priority area within South Gloucestershire.
- Almost half of those with a recorded alcohol dependency in South Gloucestershire were aged 50 and over. Among this group, 2 in 3 were men and many of those affected also have a mental health condition. The physical and mental health impact of dependency can drive health and social care needs. There is the opportunity to explore the local drivers of alcohol and drug use and the impact on health and social care use in this cohort in the next phase of the needs assessment.
- Oral diseases including tooth decay and gum disease are largely preventable, however older adults and those living in care homes are at greater risk of oral disease due to poorer general health and functional limitations. Care home residents experience worse oral health than the general adult population and more can be done locally to follow best practice guidance on oral health in care settings where residents are reliant on care staff to help them with personal care.

Recommendations

The following recommendations were developed in partnership with Adult Social Care Commissioners, and stakeholders from across the health and social care system. This report and recommendations will be shared widely with organisations and agencies who work with and plan services for people over 50, their families, and carers. It is hoped that recommendations will inform strategies, priorities, and work planning in the short, medium, and long term. The recommendations are for action by Adult Social Care, Public Health, the ICS, Provider Organisations, Primary Care and by wider teams within the Council in partnership with the community and the voluntary sector.

1. **The Age Friendly Strategy to embed prevention within all 9 pillars of the Age Friendly Communities programme. This will mean working in partnership with our local communities and across all sectors, including the built environment, housing, health, and care.**

2. **Adult Social Care Commissioning and Partnerships, and Public Health to prioritise work to improve the completeness and usability of health and ASC data, with support from the Public Health team and service providers.**

3. **Adult Social Care Commissioning and Partnerships, and Public Health to review location of services and models of delivery to ensure equitable access for the over 50s population, recognising the impact of rurality.**

4. **Adult Social Care Commissioning and Performance Teams and Public Health to agree a programme of analysis and insight gathering to fill current knowledge gaps.**

5. **The Age Friendly Strategy to ensure that programmes of work within all 9 pillars of Age Friendly Communities meet the needs of South Gloucestershire's diverse communities using local insights and data.**

6. **The Age Friendly Strategy to incorporate work with Community Development, Economic Policy teams and employers to share knowledge and develop projects around financial wellbeing and employment for older adults.**

7. **Public Health, Adult Social Care data teams and the ICS Population Health Management team to develop a local model of complex needs, building on the Cambridge Morbidity Score, accounting for impact on quality of life and social care services.**

2 Introduction

2.1 What is a Needs Assessment

A Needs Assessment is a way of using a range of data and information to understand more about a population, community' or group of people to help identify what their health, care or other needs might be. This information is brought together and analysed to give insight into what might be priorities for a particular population, to make recommendations that help review and plan services and to raise questions that tackle particular issues or challenges. Needs Assessments are based on the data and information that is available at the time, so provide a 'snapshot' of the needs of the population which can then be used as a comparison with future data to help us understand any changes that may have occurred. What is this Needs Assessment for (and what doesn't it include)?

This is an Ageing Well Needs Assessment (AWNA) for South Gloucestershire. It seeks to determine what is known locally about the health and social care needs of the local population to inform adult social care service planning and provision.

The needs assessment aims to capture a range of information, data, and intelligence about the health, care, and other needs of those aged over 50 in our area. This is a huge population, and a wide range of data has been included and considered. Because of that this needs assessment will not have captured everything about everyone. There are many different services that are available to people aged over 50 and this needs assessment was not able to cover them all or provide specific information about them. We also know that some data is not captured or is not captured in a way that allows us to analyse and understand it. So, we have done our best to bring together information to identify broad cross cutting needs, inequalities and subjects that are of concern or require further investigation. We hope this needs assessment provides a good foundation for more specific work.

Please note: in some cases, more specific needs assessments already exist. Rather than reiterating their specific findings, these reports have been reviewed as part of this work and are included in the references.

2.2 Who was involved in the development of the Needs Assessment?

This needs assessment has been developed in consultation with Adult Social Care Commissioners, and stakeholders from across the health and social care system. Topics and questions were identified that would support future service planning in South Gloucestershire. A scoping document was developed to reflect the breadth of topics that sit under 'Ageing Well' focusing on adult social care, which was agreed by the

Commissioning Transformation Board (CTB) which is the steering group for this needs assessment.

Due to ageing well and adult social care being broad topics, and limitations in locally available data, a phased approach was developed. This document represents Phase 1, which sets the scene, gathering the information we have across the system, identifying questions for potential further analysis and making recommendations. In Phase 2, additional analysis will be undertaken and reported in response to Phase 1 recommendations.

A project team was formed to develop and deliver Phase 1 and included stakeholders from healthcare, social care, public health, the voluntary sector, and data leads from across the system.

2.3 What is this needs assessment for and what happens next?

This information will be shared widely with organisations and agencies who work with and plan services for people over 50, their families, and carers. It is hoped that they will use the data captured in the needs assessment and the finding from the analysis to better inform strategies, priorities, and work planning across the short, medium, and long term.

2.4 Background and Context

2.4.1 What do we mean by Ageing Well?

Ageing well is not merely ageing without ill health or disease, but about people being able to be independent, contribute to and participate in society as desired.

The South Gloucestershire Ageing Better Plan (2019-2023) set out the vision for older people in South Gloucestershire:

'Older people in South Gloucestershire have a good quality of life, with access to support, information and services which help them lead the lives they wish to lead, making it a good place to grow older.'

This plan is in the process of being refreshed locally as part of a new Age Friendly Strategy, with a focus on achieving the WHO Age Friendly Community standards. This spans eight domains:

- Outdoor Spaces & Buildings
- Transportation
- Housing
- Social Participation
- Respect & Social Inclusion
- Civic Participation & Employment
- Communication & Information
- Community Support & Health Services

2.4.2 Who does this relate to in South Gloucestershire?

In South Gloucestershire, almost 111,000 people were aged over 50 in 2021, accounting for 38.2% of the population or approximately 2 in every 5 people. Of these approximately 55,000 or almost half were over 65, accounting for 18.8% of total population. The over 65 cohort has also grown rapidly, having doubled as a proportion of the population in the previous two decades, and is expected to continue to grow. The population aged 50 and over is predicted to grow by 17.9% between 2021 and 2041, but overall will make up a similar proportion of the total population of South Gloucestershire. However, we are expected to see a shift of people currently aged 50 to 74 into older age groups, and the population aged 75+ will make up 11.4% of the overall population in 2041 compared to 9.3% in 2021.

Although increases in life expectancy in England have plateaued in recent years, people are still living for far longer than in previous decades. However, for many in later life those additional years are spent in poor health with conditions that reduce independence and quality of life. In South Gloucestershire in 2018-2020, men currently aged 65 are on average expected to live a further 19.8 years, roughly to the age of 85, with only 11.4 of those years expected to be spent in good health. Women aged 65 are expected to live a further 22.3 years on average, roughly to the age of 87, with only 13.7 years spent in good health. When looking at healthy life expectancy at birth (which applies local age-specific mortality rates and self-reported health status to a whole life span, rather than just after the age of 65) we find that healthy life expectancy is lower, with males estimated to live up to the age of 65.3 in good health, and females up to the age of 67.1.

The concept of ageing well is not age specific, as the foundation for healthy ageing begins in early life. However, in the context of this needs assessment, we are primarily looking at the population over the age of 50. This age threshold was chosen because the over-50 population includes those more likely to need support or services for preventable conditions in the coming years, and those more likely to be using these services already. As a result, there is an opportunity for this population to be further supported with rehabilitation or management of their conditions to prevent further deterioration in their health and to improve quality of life.

2.4.3 Policy and Local Context

The ‘People at the Heart of Care’ white paper set out the key objectives as part of a 10-year vision for transform support and care in England:

1) People have choice, control, and support to live independent lives.
2) People can access outstanding quality and tailored care and support.
3) People find adult social care fair and accessible.

The subsequent policy paper published in April 2023, highlights the steps the government is taking to work towards these objectives, including additional funding to local authorities to improve services and increase capacity. The health and social care system nationally and locally is facing unprecedented pressure to support an ageing population with complex

health and social care needs in a climate of growing fiscal and workforce pressures. This parliamentary briefing from January 2024 outlines how adult social care is funded, and highlights that nationally adult social care provision is being impacted by demographic pressures such as an ageing population, pressures on local government budgets, increases in the national minimum wage and growing costs of care packages.

The Care Act Factsheets provide an overview of the responsibilities of local authorities under the Care Act 2014. The landscape to support healthy ageing in South Gloucestershire already spans communities, third sector organisations, health, and adult social care. Complex systems can exacerbate inequality and make support harder to navigate. The remit of adult social care is broad, and provision can be defined as any service provided to an adult after a care act assessment has taken place. These services span community-based support to keep people in their own homes to finding appropriate residential care or reablement when needed.

The health and social care system nationally and locally is facing unprecedented pressure to support an ageing population with complex health and social care needs in a climate of growing fiscal and workforce pressures. In addition, it is important to acknowledge the impact of the Covid-19 pandemic on the health and wellbeing of our communities, including the impact of potential reductions in access to services, social isolation and loneliness and the economic impact. Alongside the ongoing cost of living crisis, which is impacting peoples' spending power and impacting access to basics such as good nutrition, warmth over winter months, and the costs of travelling to services, it is important to note the crisis will be impacting on the costs of delivering services across health and social care and retaining the workforce.

Data for health and social care is currently collected and stored separately and this can make it more difficult to join up health and social care pathways and provision, as well as making it more difficult to identify trends in local needs and plan for the future. The Public Sector Equality Duty requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities. The specific duties require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives, and capturing data on service use and monitoring discrepancies in outcomes is key to this.

2.4.4 Local data context: opportunities and limitations

Locally, the CLD is being developed to link adult social care records to NHS records at an individual level. The first iteration of this is now available, though issues with data completeness and quality remain. The CLD will significantly deepen our understanding of the health needs and inequalities in our Adult Social Care population and help identify future demand for specific social care service areas. Until the CLD is fully up and running, the ability to report on current Adult Social Care activity data is limited.

Due to complexity of the systems currently used to store adult social care data, some of the topics initially scoped for this phase had to be collated using proxy measures. Where it

has not possible to develop an effective proxy measure, data may be supplied within a future addendum to this report once the CLD is updated and may help to generate more robust answers on service use and local needs. However, the steering group took the pragmatic decision to proceed with publication of the needs assessment despite some data gaps because the report was needed to support service planning.

2.5 Objectives

Overall, the objective of this project is to carry out a deep dive on Ageing Well in South Gloucestershire in relation to adult social care needs. This includes:

1) Profiling demographic characteristics of over 50s in South Gloucestershire and assessing the extent to which current and changing needs are being met.
2) Profiling health characteristics of over 50s in South Gloucestershire and modelling use of social care.
3) Exploring the age-related health needs of specific groups such as those with learning disabilities, mental health, or specific protected characteristics.
4) Capturing resident voices and experiences of ageing in South Gloucestershire.
5) Highlighting challenges and gaps in service provision as well as good practice.
6) Exploring data including qualitative feedback aligned to the ageing better plan priority areas.
7) Reviewing literature and guidance on specific needs in this population where local data is not sufficient to inform local work.
8) Supporting the collation of key data sets held by stakeholders across the landscape to create a shared understanding of the needs of this population.
9) Developing recommendations to inform strategies and commissioning to improve the outcomes in this group.

2.6 Timescales

There are two phases to this Joint Strategic Needs Assessment (JSNA):

Phase 1 (May 2024)

1) Collating existing data to clarify local knowledge around demographics and health and social care service use, including preventative activities, and needs, and potential impacts, recognising overlap and project interdependencies due to related local workstreams.
2) Identifying gaps in available data and knowledge and identifying opportunities to embed further data collection and capture qualitative data.

Phase 2 (tbc)

1) A programme of further analysis examining existing local offers, and needs related to gaps identified in phase 1 in line with identified priorities for Adult Social Care Commissioning, Age Friendly Strategy, and Age Friendly Communities development, with key areas to be determined and prioritised by Adult Social Care and Public Health.

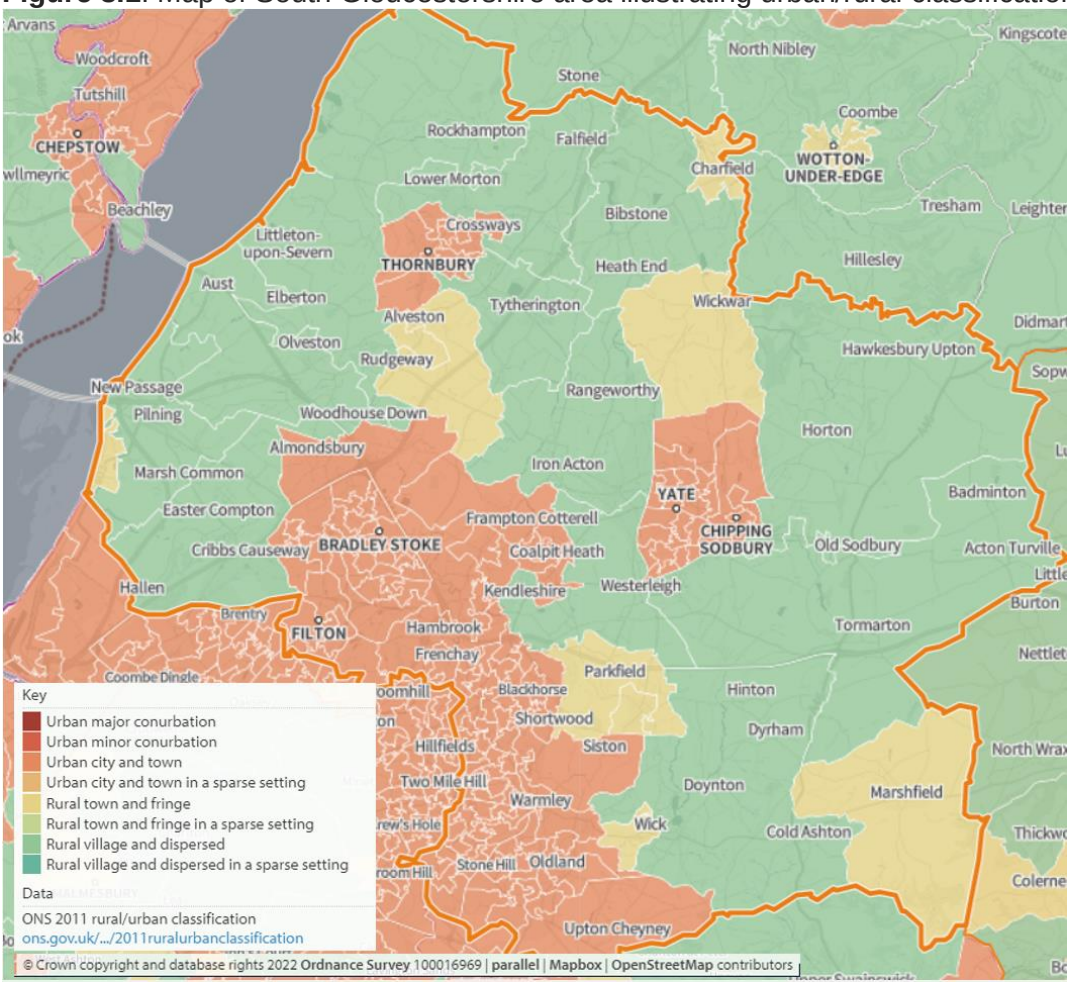
2) Broad engagement with people over 50 in South Gloucestershire, and other members of the community, including agencies to ensure the perspectives of people as they age are built into the work on Age Friendly communities.

3 Demographics

3.1 South Gloucestershire

South Gloucestershire Unitary Authority covers an area of approximately 496.96 square kilometres, bordering the local government areas of Bristol, Bath and North East Somerset, Wiltshire, and Gloucestershire. A large portion of the South Gloucestershire population live on the Bristol 'fringe' area, with further population concentrations living in the towns of Yate, Chipping Sodbury and Thornbury, as shown in Figure 3.1.

Figure 3.1: Map of South Gloucestershire area illustrating urban/rural classification.



Source: SHAPE Place Atlas https://app.shapeatlas.net/

3.1.1 Resident population

The resident population figures show an estimate of the population aged 50+ who live in South Gloucestershire. Based on the mid-year population estimates by the Office for National Statistics (ONS), in 2021, 110,983 people in South Gloucestershire were aged

50+ population. This accounted for 38.2% of total population, similar to England (38.0%). Of those aged 50 and over, 52.1% were women, and 47.9% were men. This ratio of women to men is slightly higher than the ratio for all ages (1.09 to 1 compared to 1.02 to 1). 18.8% of the population of South Gloucestershire were aged 65 and over (54,565 people) and 9.3% were aged 75 and over (26,952 people). In England, these proportions were 18.5% and 8.7%, respectively.

3.1.2 GP-Registered population

ONS estimates of the resident population are key to understanding the size and distribution of South Gloucestershire's older population. However, several sections in this report, such as Long-Term Conditions, use data from the BNSSG ICB's System-Wide Dataset which relates to the GP-registered population of South Gloucestershire. The population registered with primary care practices varies slightly from the resident population as individuals may register with a GP practice near to where they live or work for example. In January 2023, 106,508 people registered in South Gloucestershire practices were aged 50 and over, and 26,955 were aged 75+.

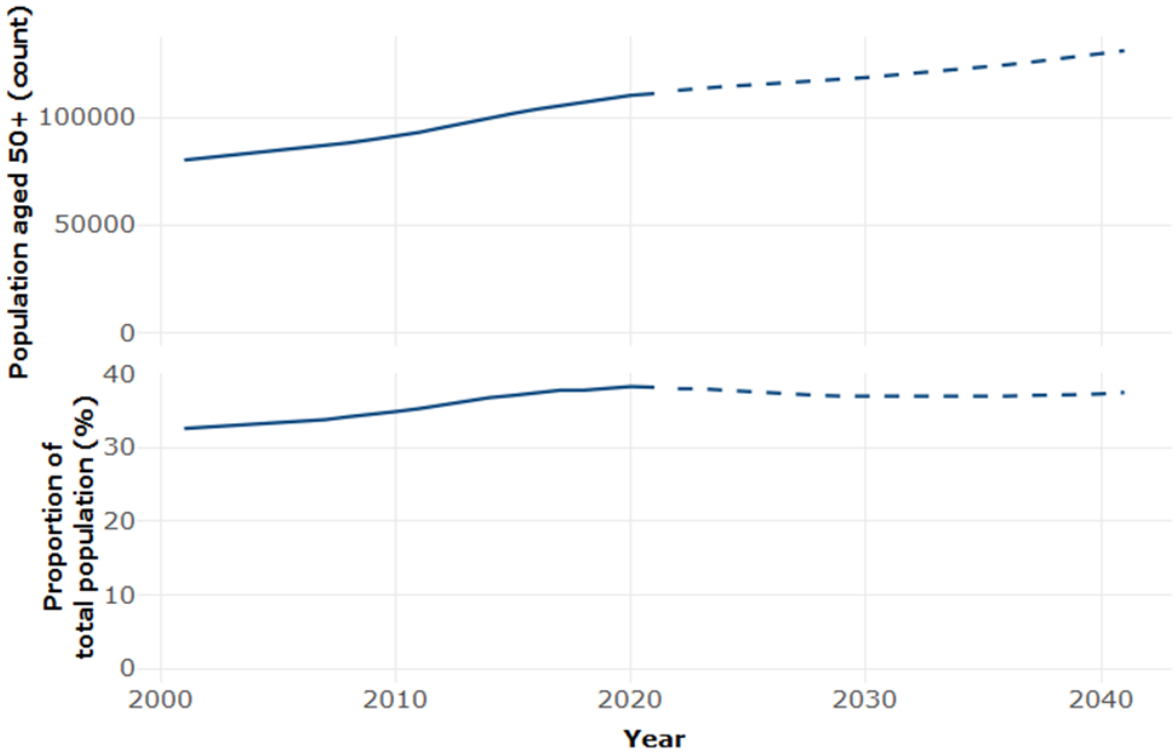
3.1.3 Population Projections

Key message

The number of older adults in South Gloucestershire is growing, particularly in the 75+ age group. The proportion of the total population that are aged 50+ is not predicted to change but there will be a shift of people currently aged 50 to 74 into older age groups. Health and social care needs rise with increasing age.

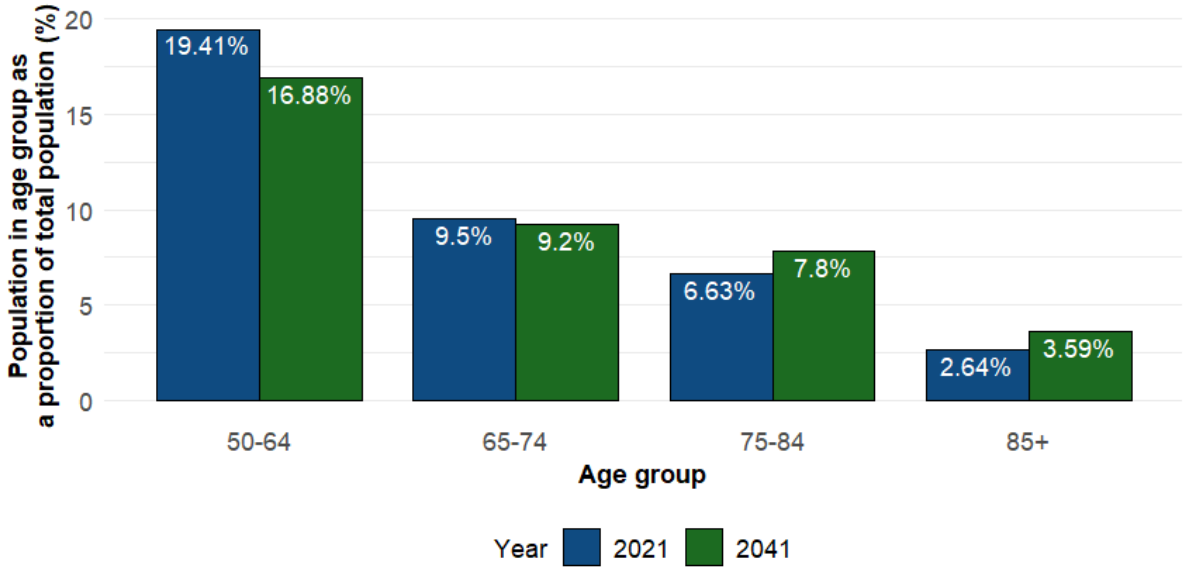
Since 2001 the population aged 50 and over has steadily increased from 80,097 to 110,983 people (38.6% increase). As shown in figure 3.2, the population aged 50+ is predicted to grow by 17.9% between 2021 and 2041, a slightly slower growth than that predicted for the overall South Gloucestershire population (20% increase). The 50+ age group is predicted to make up 37.4% of population in 2041, similar to the proportion in 2021 (38.2%).

Figure 3.2: Resident population aged 50 and over in South Gloucestershire over time (2001 to 2041), mid-year population estimates and proportion of the overall local authority population.



Source: 2001-2021 data from ONS mid-year population estimates, 2022-2041 data from ONS population projections (2018-based).

Figure 3.3: Population aged 50 and over in South Gloucestershire as a proportion of overall population in 2021 and 2041.



Source: 2021 data from ONS mid-year population estimates, 2041 data from ONS population projections (2018-based).

Table 3.1: Projected % change from 2021 to 2041 by age group.

Age group	2021 Population	2041 Population	Percentage change
50-64	56,418	58,967	+4.5%
65-74	27,613	32,143	+16.4%
75-84	19,285	27,256	+41.3%
85+	7,667	12,522	+63.3%

Source: 2021 data from ONS mid-year population estimates, 2041 data from ONS population projections (2018-based).

3.1.4 Population Churn

Key message

Most residents over 65 in South Gloucestershire, including those with disabilities, have lived in the area for at least 20 years, and usually in the same home. This can help us predict where to expect rising social care needs in coming years. However, this data may not hold for those from minority ethnic groups, populations that have often moved into South Gloucestershire within the last five years and where we have less data.

The South Gloucestershire Council residents survey (2022) found that five out of every six (85%) respondents aged over 65 has lived in South Gloucestershire for at least twenty years, and well over two thirds of this age-group have lived in their current property for a similar length of time. Just 2% of those aged over 65 have moved house in the district in the past two years, and just 5% have done so within the past five years. Most of these are new arrivals into the district; once settled here, older people are less likely to change address; just 1% have done so since locating in South Gloucestershire.

Three in five (60%) people with disabilities have lived in this district for at least twenty years. Over half (54%) of people with disabilities have lived where they do now for eleven years or more, and two-fifths of people with disabilities (39%) are still in the same property they lived in twenty years ago. Only a small proportion (2%) of those with disabilities have relocated in the past year, and just 7% have done so within the past two years – including those relocating from outside the district.

Although overall just one in five respondents (20%) have lived in South Gloucestershire for five years or less, this proportion rises to three times that level among people from minority ethnic groups, three-fifths of whom (60%) have moved into South Gloucestershire in the past five years. Just 7% of the minority ethnic response to this survey moved into the district more than twenty years ago. Nearly one in five minority ethnic respondents moved to the district in the past year, and a third (33%) in the past two years.

Although the response breakdowns for residents with disabilities, and those from minority ethnic groups were not broken down by age, the responses suggest that the majority of over 65s in South Gloucestershire are settled in the area may wish to remain close to their support networks as they find themselves needed more support.

3.1.5 Access to Services

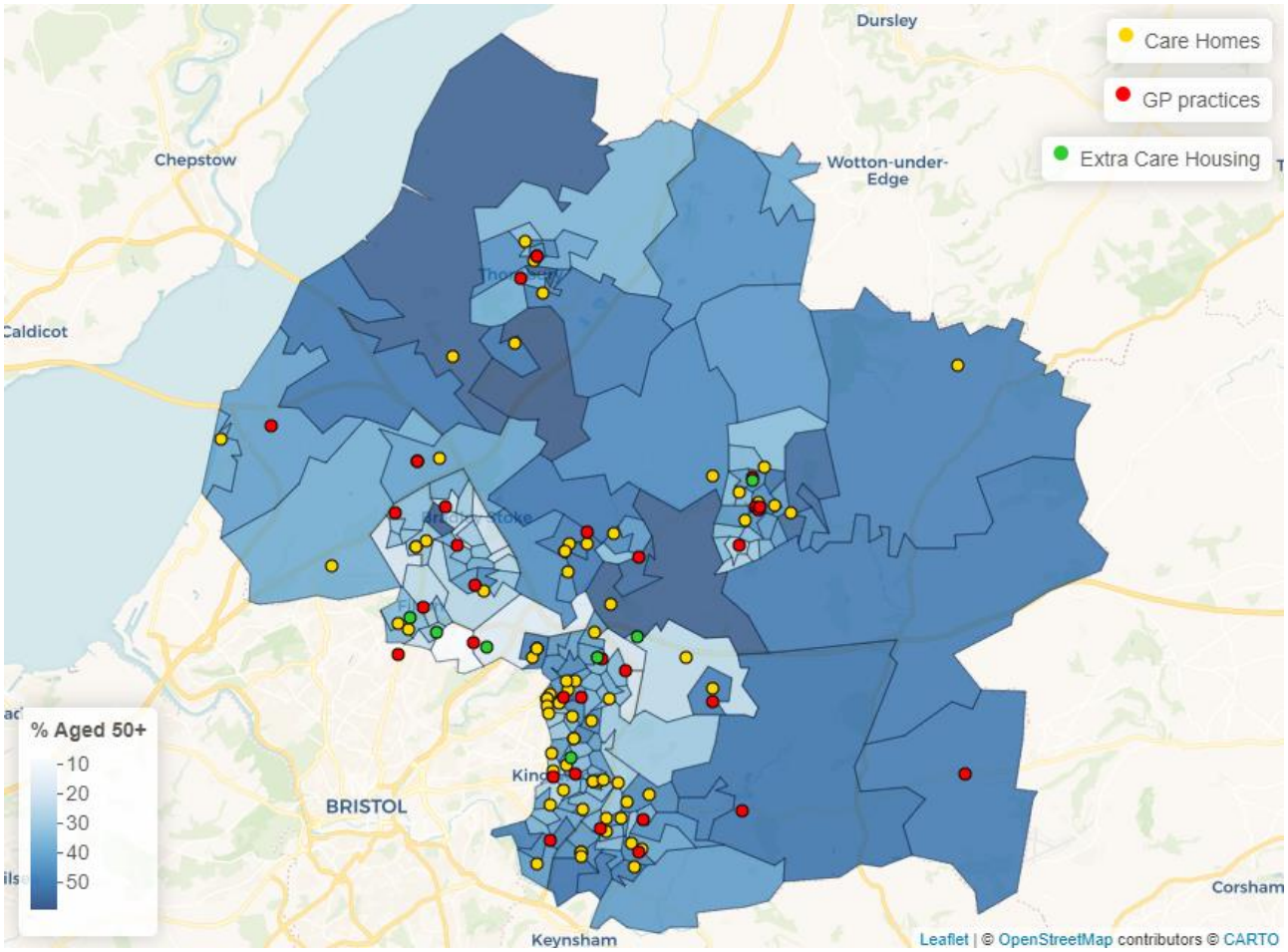
Key message

Health and social care services are often not located near where residents over the age of 50 are living. There is an opportunity to improve access and sustainability of services by reviewing the provision, colocation, and accessibility of services in areas with a high density of over 50s.

Based on the ONS 2011 urban/rural classification of LSOAs in South Gloucestershire (see Figure 3.1), the proportion of people aged 50 and over living in rural areas is higher than the rest of the population. 6.5% of the population aged 50+ lives in areas classed as “Rural town and fringe”, and 9.9% live in areas classed as “Rural village and dispersed”, compared to 5.7% and 7.9% for the rest of the South Gloucestershire population, respectively. The remaining residents, 83.6% for ages 50+, and 86.4% for all ages, live in “Urban city and town” areas. Those that live in more rural areas may struggle to access health and social care services and other amenities.

Figure 3.4 shows the density of residents aged over 50 in South Gloucestershire, overlaid with the location of GP practices and care homes. When looking at a similar map showing over 65s, the areas of higher density remained relatively stable. As we know that health needs are likely to rise as the population ages, factors such as needing to travel to appointments, to collect medications, or access community spaces and events may become harder to do. The provision, colocation, and accessibility of services in areas with a high density of over 50s, should be prioritised in the planning of services with a view to improving both accessibility and sustainability.

Figure 3.4: Heat map of the percentage of people aged 50 and over in each South Gloucestershire LSOA, 2021.



Source: ONS mid-year population estimates.

Table 3.2: South Gloucestershire LSOAs with highest percentage of people aged 65+, 2021.

LSOA Name	Population Aged 65+	% Pop Aged 65+	% Pop Aged 50+
Alveston / Rudgeway / Earthcott Green area	535	37.2	58.9
Barnhill Quarry / Wickwar Road area	630	36.1	55.0
Patchway CofE Primary / Shellmor Ave area	479	34.7	57.3
St Davids Road / Sibland Road area	504	34.4	56.1
Oldbury on Severn rural area	555	32.6	57.0
Westerleigh Village and surrounding rural area	539	32.1	57.4
St Johns Way area	412	30.8	55.4
Area surrounding Silverhill School	482	30.8	51.2
Willsbridge / Cleeve Wood area	501	30.7	52.1
The Manor CE Primary School area	517	30.4	55.0

Source: ONS mid-year population estimates.

3.1.5.1 Village Agents

In South Gloucestershire we have introduced Village Agents across our rural areas to improve access to information and services. Four Village Agents have been employed by our commissioned partner West of England Rural Network (WERN) and the Village Agent model will soon cover all rural areas in South Gloucestershire with the recruitment of a 5th Village Agent. The role of Village Agents is to support and help the most isolated people gain access to high quality information and services and coordinate informal networking and support mechanisms, enabling older people to feel more secure, remain independent and in their own homes for longer. This in turn may see the need for fewer interventions and interactions with the NHS or social care.

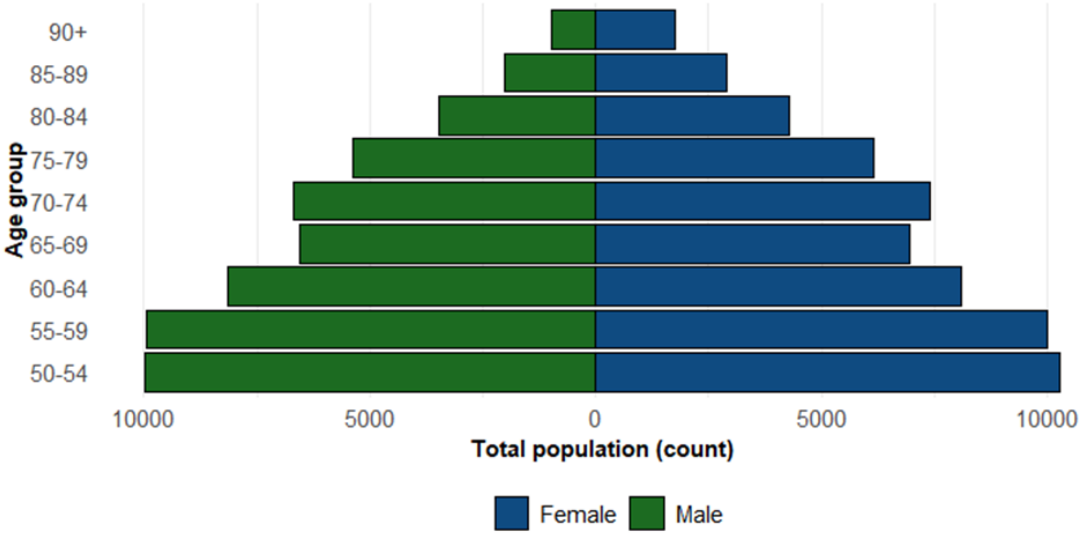
3.2 Characteristics of the population aged 50+

General information on demographic characteristics of South Gloucestershire and changes seen in the most recent census can be found on the ONS "How life has changed in South Gloucestershire: Census 2021" webpage. Wherever it has been possible to do so reliably, data within this report has been broken down by demographic characteristics.

3.2.1 Age & Sex

Over half (56,418 people, 50.8%) of the 50+ population is below the age of 65. Among those aged 50 and over, there are 57,826 (52.1%) women and 53,157 (47.9%) men. The older the population, the larger the proportion of women: 50.8% women in the age band 50-54 compared to 64% among those aged 90+. Full breakdowns are shown in figure 3.5.

Figure 3.5: Age and sex breakdown of population aged 50 and over in South Gloucestershire, 2021.



Source: NOMIS, ONS mid-year estimates.

3.2.2 Ethnicity

Key message

People from minority ethnic groups make up less than 4% of the current population aged 50+ in South Gloucestershire. However, this population is growing. Residents from black and minority ethnic groups report lower levels of satisfaction with Adult Social care services.

Results from the 2021 population census have shown that 96.5% of the population aged 50 and over in South Gloucestershire are White: English, Welsh, Scottish, Northern Irish or British, with the next largest group being those with an Asian, Asian British, or Asian Welsh background (1.7%). Full breakdowns are shown in table 3.3 below. It is important to note that additional breakdowns on White: other, which may include individuals from Polish or Ukrainian backgrounds, have not been possible at this stage.

The population in South Gloucestershire from minority ethnic groups is growing. Particularly, the population reporting as "Asian, Asian British, or Asian Welsh" has increased from 2.5% in the 2011 census to 3.8% in the 2021 census. Although these changes are mostly driven by younger age groups, they are also apparent in the population aged 50 and over, with an increase from 1% to 1.7% among the Asian, Asian British, or Asian Welsh population, and 0.4% to 0.8% in the Black, Black British, Black Welsh, Caribbean or African population. Furthermore, the proportion of people from minority ethnic groups is likely to keep increasing as younger populations move into older age groups.

Local consultation feedback shows lower levels of satisfaction with Adult Social care services for those from minority ethnic groups in South Gloucestershire. Recommendations from the Black South West Network 'Make it Work' report would be a useful tool to support commissioners to implement an equitable and relational approach to adult social care services. A further report and guidance from the South Gloucestershire Race Equality Network entitled 'Experiences of Culturally and Ethnically Diverse Adult Social Care Service Users in South Gloucestershire' is expected in April 2024.

Table 3.3: Ethnicity of the population aged 50 and over in South Gloucestershire, 2021.

Main ethnic group	Ages 50-74		Ages 65+	
	Population	%	Population	%
Asian, Asian British or Asian Welsh	1,309	2.3	559	1.0
Black, Black British, Black Welsh, Caribbean or African	702	1.2	209	0.4
Mixed or Multiple ethnic groups	460	0.8	148	0.3
Other ethnic group	335	0.6	138	0.3

White: English, Welsh, Scottish, Northern Irish or British	51,574	91.7	52,130	96.2
White: Gypsy or Irish Traveller, Roma or Other White	1,527	2.7	620	1.1
White: Irish	355	0.6	389	0.7

Source: ONS Census 2021.

3.2.3 Disability

Key Message:

More than 1 in 4 people aged over 50 were classed as disabled in South Gloucestershire in the 2021 census, increasing to 1 in 3 of those aged over 65. Having a disability may indicate higher or earlier health and social care needs, however, local data doesn't allow for this need to be broken down in detail at present. There is a legal requirement for service providers to collect data and make reasonable adjustments to improve services for disabled customers under the Equalities Act 2010.

In 2021 in South Gloucestershire, just over a quarter (25.5%) of the population aged 50 and over were classed as disabled under the Equality Act. The proportion of people living with a disability is higher among older adults, as can be seen in table 3.6.

Table 3.6: People in South Gloucestershire who have a disability under the Equality Act by age group, 2021.

Age group	Disabled under the Equality Act	Not disabled under the Equality Act
50 to 64	10,211 (18.1%)	46,050 (81.9%)
65+	17,954 (33.1%)	36,240 (66.9%)

Source: ONS Census 2021.

The census does not provide additional information on the types of disabilities which people aged 50 and over are living with. Some further information is available from the BNSSG ICB's System-Wide Dataset however, this is limited to those with a recorded disability or impairment and may be an indication of those with the highest level of need, therefore the figures may be an underestimate of those living with disabilities in the community.

For the provision of reasonable adjustments, Government guidance under the Equalities Act 2010, notes: "Service providers are required to make changes, where needed, to improve service for disabled customers or potential customers. There is a legal requirement to make reasonable changes to the way things are done (such as changing a

policy), to the built environment (such as making changes to the structure of a building to improve access) and to provide auxiliary aids and services (such as providing information in an accessible format, an induction loop for customers with hearing aids, special computer software or additional staff support when using a service)".

3.2.3.1 Physical Disabilities

The Projecting Older People Population Information System (POPPI) has estimated that in 2020, 10,100 people aged 65 and over in South Gloucestershire had issues with their mobility. That is, they were unable to manage at least one mobility activity on their own (ex: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed). Of these 10,100 people with mobility issues, an estimated:

- 3,471 (34%) were men, and 6,629 (66%) were women.
- 6,785 (67%) were aged 65-85, and 3,315 (33%) were aged 85 and over.

Note that these figures were derived from 2001 prevalence figures.

3.2.3.2 Sensory Impairment

Sight loss: Among the registered population aged 50+ in South Gloucestershire, 905 people are recorded as having a visual impairment (0.4% of those aged 50 to 74, 2.1% of those aged 75+).

In the UK, 250 people start to lose their sight every day, and one in five will start to live with sight loss in their lifetime. The number of people estimated to be living with sight loss in South Gloucestershire is 9,800, and this number is projected to grow to 11,800 by 2032. 715 people of all ages are registered as blind or partially sighted, and in 2020/21, 72 people were issued certificates of vision impairment. (Source: RNIB Sight Loss Data Tool Version 5.2, extracted March 2023, a full version of the extract is available online via the RNIB website, however can be supplied a supplement upon request).

Hearing loss: Among the registered population aged 50+ in South Gloucestershire, 8.7% of those aged 50 to 74 and 24.2% of those aged 75 and over have hearing loss.

The council's Deaf, Deafened and Hard of Hearing Group and the Low Vision Service Users Committee may be able to provide more insight into the lived experiences of Hearing and Sight loss in South Gloucestershire and the accessibility of local services. As part of the Age-friendly Communities engagement work with residents, the adult social care commissioning team have held some specific Sensory Impairment events and have gained some valuable insight into areas to improve for these communities particularly around access to services. The team will continue these conversations to ensure actions are captured within the Age-friendly Communities Plan to ensure accessibility of services is improved for this group.

3.2.3.3 Learning Disabilities

Mencap defines a learning disability as “a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people”.

Data from the Quality Outcomes Frameworks (QOF) from January 2023, available through the System-Wide Dataset, shows that 411 people in the registered population of South Gloucestershire aged 50+ (less than 1 in 250) are recorded as having a learning disability, 58.8% of whom are men.

According to projections from the Projecting Older People Population Information System (POPPI), it was estimated that 1,131 people aged 65+ in South Gloucestershire had a learning disability in 2020. This figure was derived from prevalence rates from 2004. Many people with learning disabilities, especially those with milder disability, are not known to health or social services (1).

People with a learning disability often have poorer physical and mental health and may develop conditions associated with ageing such hearing loss or dementia at a younger age than the rest of the population (1). National data on life expectancy for 2018-19 shows that males with a learning disability have a life expectancy at birth of 66 years, 14 years lower than for males in the general population (2). Females with a learning disability have a life expectancy of 67 years, 17 years lower than for females in the general population (2). It is important that everyone over the age of 14 who is on their doctor's learning disability register has an annual health check. Additionally, people growing older with a learning disability may have difficulties in communicating their health needs. A hospital passport, to navigate care in hospitals and other health care settings is available, and health and social care professionals should ensure reasonable adjustments are made for those who need additional support. NICE guidance NG96 sets out further recommendations for care and support for people growing older with learning disabilities (1).

Learning difficulties such as Dyslexia, Autism Spectrum Disorders (ASD), and Attention Deficit Hyperactivity Disorder (ADHD) may also result in additional challenges in navigating care and it is important for health and social care professionals to remember that awareness of these conditions and diagnosis rates were lower, particularly in women, when the cohort currently aged over 50 were younger.

Autism did not get added to the Diagnostic and Statistical Manual of Mental Disorders until 1980, and research into the impact of the disorder over the life course is currently limited (3).

A systematic review of adult ADHD and the risk of developing neurodegenerative disorders found that ADHD may be a risk factor in the later development of neurodegenerative disorders and dementia however, additional research is needed on the potential mechanism of action as well as the level of risk (4).

Health and social care professionals and commissioners should be aware that these cohorts may have additional unmet needs and difficulties in accessing care.

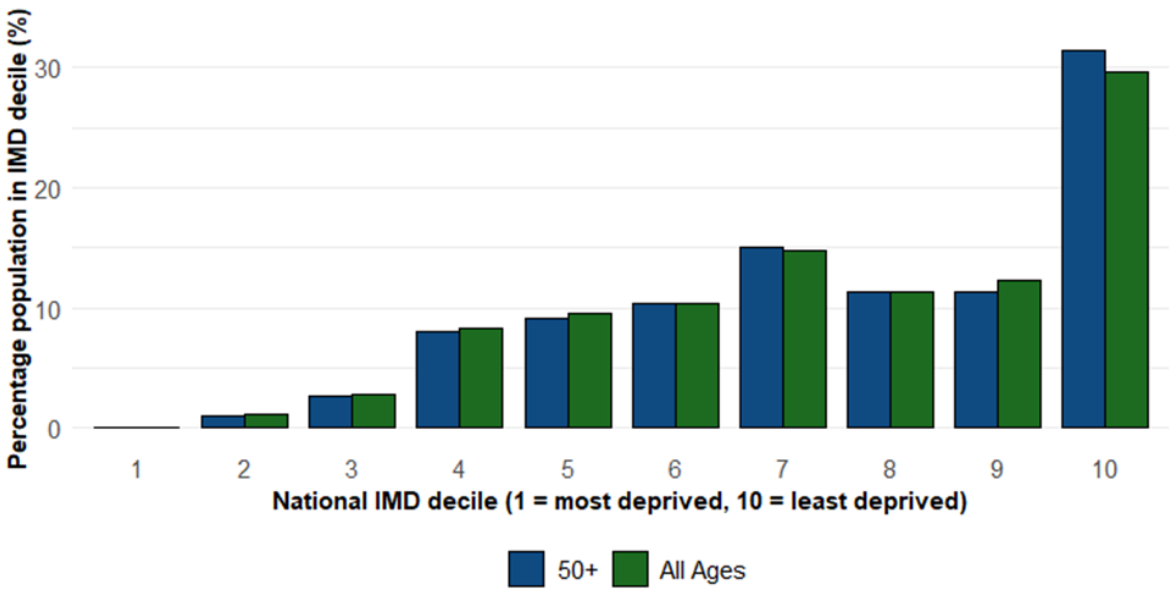
3.2.4 Financial Wellbeing

Key message:

On average, most of the population aged over 50 live in areas of relative affluence. However, many people live in poverty within these areas. Evidence shows this puts them at risk of even poorer health outcomes than people living in more deprived areas, who may have access to additional targeted support or infrastructure. There are opportunities to improve coordination between Council initiatives to support financial wellbeing in older adults and other health and social care services.

More than half (54.1%) of the population aged 50+ in South Gloucestershire live in the three least deprived deciles (England 2019 rankings). These proportions are similar for the overall South Gloucestershire population, as can be seen in figure 3.6. Higher levels of deprivation are linked to poorer long term health outcomes across the life course. Whilst the percentage of those aged 50+ living in the most deprived deciles is lower, there are still many individuals and households impacted by poverty and the ongoing cost of living crisis, and these may be obscured by comparison to national or regional statistics. Additionally, those experiencing poverty in areas of relative affluence may have poorer health outcomes than those experiencing poverty in areas of relative deprivation. This may be due to the lack of additional infrastructure and funding in these areas to address inequalities.

Figure 3.6: South Gloucestershire population by national IMD decile, ages 50 and over compared to all ages, 2021.



Source: England Index of Multiple Deprivation 2019, ONS mid-year population estimates 2021.

Overall, South Gloucestershire compares favourably to both the South West region and its CIPFA nearest neighbours[1] on indicators related to income, employment, and poverty. Indicators available from the OHID Public Health Profiles show the following:

- The Income deprivation affecting older people Index (IDAOPI), which measures the proportion of all those aged 60 or over who experience income deprivation, shows that in 2019 in South Gloucestershire 8.7% of older people were living in poverty. This is lower than England (14.2%), most of the South West, and most of the local authority's CIPFA nearest neighbours.

- In 2020, 8.4% of the whole population of South Gloucestershire were living in fuel poverty. Fuel poverty is calculated as a combination of homes with low energy efficiency and low levels of disposable income after accounting for housing and energy costs. 8.4% living in fuel poverty is the lowest proportion in the South West (the region average is 11.4%), and one of the lowest when compared to its CIPFA nearest neighbours. However, when looking at LSOA level, this ranges between 2.9% and 15.2% meaning more people will be struggling to heat their homes in some parts of South Gloucestershire than in others. Additionally, it is important to note that this data is from 2020 and does not capture the ongoing cost of living crisis or the impact of the related energy bill rises.

There is an estimated £4m in unclaimed Pension Credit across South Gloucestershire. To support customers on low incomes the Council are running a Pension Credit take up campaign called TAKE THE CREDIT! As part of this work, the council have written to around 1,700 customer of pension age on low incomes, as well as running a number of roadshows and promoting the campaign in One Stop shops. This work continues and will be evaluated early in 24/25 financial year.

To support customers struggling with energy and general cost of living the council have funds in the form of grants available through the One Stop Shop Service. Between April and December 2023, the council supported 931 pensioner households to the value of £112,540 and are also supporting customers via partners like WarmandWell.

3.2.5 Sexual orientation

People of all sexual orientations often remain sexually active as they age and understanding the sexual orientation of those aged over 50 is an important aspect of providing person centred care. According to the 2021 population census, among the population aged 50 and over in South Gloucestershire, 92.2% of people identify as straight or heterosexual, 0.4% identify as gay or lesbian, 0.2% identify as bisexual, and 0.05% report other sexual orientations. 7.2% of people did not answer the question. Overall, less

[1] Local authorities that are statistically similar to South Gloucestershire, calculated by the Chartered Institute of Public Finance and Accountancy (CIPFA)

than 1% of the population aged 50+ reports being gay, lesbian, bisexual, or of other sexual orientations, which is lower than those aged under 50 (4.1%).

Table 3.4: Population's reported sexual orientation in South Gloucestershire by age group, 2021.

Age group	Straight or Heterosexual	Gay or Lesbian	Bisexual	All other sexual orientations	Not answered
55 to 64	33,455 (93.1%)	255 (0.7%)	104 (0.3%)	27 (0.1%)	2,107 (5.9%)
65 to 74	25,696 (93.2%)	105 (0.4%)	36 (0.1%)	10 (0.0%)	1,721 (6.2%)
75+	23,983 (90.1%)	40 (0.2%)	13 (0.0%)	5 (0.0%)	2,585 (9.7%)

Source: ONS Census 2021.

In England and Wales, sex between men was only decriminalized in 1967, and homosexuality was only declassified as a mental illness in 1992. Same-sex couples could not adopt or foster children prior to 2002, and section 28 of the local government act 1988 which prevented the discussion of homosexuality in schools was only repealed in 2003 (5). It is important to note that discrimination and criminalisation faced when the population aged over 50+ were younger, may make some more reluctant to disclose their sexual orientation (6). Additionally, older lesbian, gay and bi-sexual adults may be less likely to have children than heterosexual counterparts and may be more likely to live alone and may rely more on close friends for care and support as they age rather than biological relatives (6).

Health and social care staff, and particularly those in residential care settings may need to be aware of individuals having diverse social histories and support needs. The diversity trust has a resource pack on creating inclusive care homes which should be used by commissioners and shared with providers: Care Under the Rainbow - The Diversity Trust.

3.2.6 Gender identity

In 2021, 173 people aged 50 and over reported having a gender identity different from their sex registered at birth. This represents 0.2% of that age group and is a slightly lower proportion than those aged under 50 in South Gloucestershire (0.5%). Having a trans identify was only declassified as a mental illness in 2018 (5). As with sexual orientation, people may not always disclose their gender identity due to fear of discrimination, and trans individuals may experience difficulties accessing medication to maintain their transition as they age, and additionally may struggle to access screening or medical care relevant to their sex registered at birth. The diversity trust has a resource pack on creating inclusive care homes which should be used by commissioners and shared with providers: Care Under the Rainbow - The Diversity Trust.

Table 3.5: Population's reported gender identity in South Gloucestershire by age group, 2021.

Age group	Gender identity different from sex registered at birth	Gender identity the same as sex registered at birth	Not answered
55 to 64	71 (0.2%)	34,312 (95.5%)	1,564 (4.4%)
65 to 74	54 (0.2%)	26,241 (95.2%)	1,272 (4.6%)
75+	48 (0.2%)	24,559 (92.2%)	2,020 (7.6%)

Source: ONS Census 2021.

3.2.7 Marriage and civil partnership status

Most over 50s in South Gloucestershire are married or in a civil partnership. 1 in 5 of those over 65 are widowed or are the surviving civil partner. Marriage and civil partnership status may be an indicator of wider determinants of health and wellbeing such as social isolation, or the provision of unpaid care within the household, as well as the need for additional support including care in the home, or bereavement support.

However, marriage and civil partnership is only one aspect of individual's social support networks. Individuals who are not married may have partners, friends, or family members who they want to be involved in the decision making around their care needs.

Table 3.7: Marital or civil partnership status in South Gloucestershire by age group, 2021.

Age group	Married / registered civil partnership	Divorced / civil partnership dissolved	Widowed or surviving civil partnership partner	Separated, but still legally married or in civil partnership	Never married or registered a civil partnership
50 to 64	36,449 (64.8%)	9,234 (16.4%)	1,378 (2.6%)	1,481 (2.6%)	7,719 (13.7%)
65+	33,303 (61.5%)	5,869 (10.8%)	12,140 (22.4%)	534 (1%)	2,348 (4.3%)

Source: ONS Census 2021.

3.2.8 Employment status

Key message

Roughly 4 in 5 residents aged 50 to 64 are in employment in South Gloucestershire, higher than national and South West rates. However, the average wage in South Gloucestershire is lower than the national average and local house prices are considerably more expensive than nationally and are rising.

Among the population aged 50 to 64, 78.3% were in employment in 2021/22 in South Gloucestershire, compared to 71.3% in England. This value was above the median when comparing to other local authorities in the South West and South Gloucestershire's nearest statistical neighbours. However, it is important to note that although working age (16-64) residents in South Glos were more likely to be in employment and less likely to be unemployed, the average wage in South Gloucestershire was lower than the national average, and house prices were considerably more expensive and rising, where nationally house prices have been falling. Additionally, in 2022 females working full time in South Gloucestershire were likely to earn £4,426 less per year than males working full time though this is not broken down by age.

Census 2021 data shows that among the employed older population of South Gloucestershire, 12,266 (29.2%) people aged 50 to 64 and 1,873 (33.9%) people aged 65 and over were working in routine and manual occupations, according to the National Statistics Socio-Economic Classification system. Looking at specific occupation, 4,810 (11.4%) people aged 50 to 64 and 722 (13.1%) people aged 65 and over were working in skilled trades. Those working in manual and skilled trades may experience higher risk of ill health or injury, including through exposure to hazardous materials, and may need health and social care input at an earlier age.

Table 3.8: Population's reported employment status in South Gloucestershire by age group, 2021.

Age group	Economically active: In employment	Economically active: Unemployed	Economically inactive
50 to 54	17,341 (85.4%)	317 (1.6%)	2,653 (13.1%)
55 to 59	15,430 (77.7%)	392 (2%)	4,040 (20.3%)
60 to 64	9,280 (57.7%)	340 (2.1%)	6,468 (40.2%)
65 to 69	3,341 (24.7%)	79 (0.6%)	10,089 (74.7%)
70 to 74	1,318 (9.4%)	14 (0.1%)	12,727 (90.5%)
75+	873 (3.3%)	11 (0.0%)	25,745 (96.7%)

Source: ONS Census 2021.
Note: As Census 2021 was during a unique period of rapid change, take care when using Labour Market data for planning purposes.

In 2021/22, 2.6% of people of all ages were claiming out of work benefits in South Gloucestershire, compared to 5% in England. This is the second lowest percentage in the South West and among CIPFA nearest neighbours.

A full assessment of health needs for the working age population is out of the scope of this needs assessment. More information on the health of the adult population can be found on our JSNA Population Health Portal.

3.2.9 Living arrangements

According to the 2021 census, 86.2% of people in South Gloucestershire aged 65 and over own their house (80.4% outright, 5.8% with a mortgage or loan or shared ownership), compared to 68.2% of those aged under 65. Just over 1 in 5 people rent their homes among those aged 65+ (9.7% social rented, 4.1% private rented or living rent free). 1,183 people aged 65+ reported living in care homes with or without nursing care, representing 2.2% of that age group. Local adult social care data on the characteristics of those living in care homes is not currently available, though this information is vital to understanding the health and social care needs of local people as they age and for planning future service provision. The development of the CLD may help to address this gap in current knowledge.

Census data also shows that 28.1% of those aged 65 and older lived alone in 2021 in South Gloucestershire, which is more than double the proportion among the 50 to 64 age group (13.6%). People living alone are more at risk of social isolation, to have mental health conditions, to be admitted to emergency departments, to visit their GP and to have multiple long-term conditions, compared to those living with others (7).

3.2.10 Armed forces veterans

Having served in the armed forces may be an indicator than an individual or their family may have additional health and wellbeing needs specific to their circumstances such as trauma informed care, mental health support, specific physical health support for injuries or additional support with accessing employment or training as a veteran.

Table 3.9: People in South Gloucestershire who have served in UK armed forces by age group, 2021.

Age group	Has not previously served in any UK armed forces	Has previously served in UK regular and/or reserve armed forces
50 to 64	53,743 (95.5%)	2,518 (4.5%)
65+	49,007 (90.4%)	5,187 (9.6%)

Source: ONS Census 2021.

3.2.11 Carers

Key message

South Gloucester has a higher proportion of unpaid older adult carers than the national average. The majority are female. Many carers face challenges with finances, physical and mental health, in work or education due to their caring role. The South Gloucestershire Carers' strategy sets out the actions needed for improving outcomes for this group.

In 2022, South Gloucestershire Council developed a Carer's Strategy for 2022-27 in partnership with carers and carers support services. It identified that many carers face challenges with finances, physical and mental health, in work or education due to their caring role and outlined the following in relation to people over 50:

The NHS defines a carer as "anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support" (8). The care they give is unpaid. We know that carers often have significant pressures to balance work, school/study, caring responsibilities, childcare and other commitments. Caring can look different for each person and includes but is not limited to:

- Children and young people supporting parents and siblings.
- Adults supporting spouses, and family members with long term conditions.
- Parents supporting children with a disability.

In South Gloucestershire we know that:

- At the last 2021 Census there were 23,653 people who recognised themselves as a carer, of whom 15,026 (63.5%) were aged 50 or older.
- The proportion of older adults aged 50 and over who are caring is higher than the national average. 16.1% of adults aged 50 to 64 and 11% of adults aged 65+ identify as unpaid carers, compared to 5.6% for those under the age of 50.
- 4,359 people aged 50 and over provide more than 50 hours of care per week. 1 in 20 people aged 65+ provide 50 hours of care or more per week. See table 3.9 for a full breakdown of hours.
- The 2021 census also showed there were 1,194 people from minority ethnic groups providing unpaid care in South Gloucestershire. That represents 5% of our caring population.
- 2021/22 mid-point data from our commissioned service, The Carers Support Centre, shows that 67% of carers accessing support are female.

Table 3.10: People in South Gloucestershire who recognise themselves as unpaid carers by age group and hours of care provided, 2021.

Age group	No unpaid care	Number of hours per week of unpaid care		
		<19 hours	20-49 hours	50+ hours
50 to 64	47,187 (83.9%)	5,919 (10.5%)	1,476 (2.6%)	1,678 (3%)
65+	48,241 (89%)	2,461 (4.5%)	821 (1.5%)	2,671 (4.9%)

Source: ONS Census 2021.

3.2.12 Asylum Seekers and Refugees

Key message

The known number of Asylum Seekers and Refugees (ASR) aged over 50s resettled in South Gloucestershire is relatively small but the population has grown in recent years. Health and social care needs of this population are not well understood, though this population is known to be at higher risk of mental health issues. Older ASR may face barriers to employment and accessing financial credit.

In South Gloucestershire there are several resettlement schemes housing people seeking asylum and refuge (ASR), with around 1800 people living with hosts, in hotels and private housing across the area. The table below shows the number of people in each scheme and how many of those are aged 50+ (figures correct June 2023).

Table 3.11: Asylum seeker and refugee numbers in South Glos, by resettlement Scheme, June 2023

Scheme	Total in scheme	50+	Main languages
Filton Hotel for asylum seekers	260 (176 planned expansion)	<10	Arabic, Pashto, Kurdish, Urdu, Farsi
Afghan and Syrian resettlement schemes	87	<5	Arabic, Pashtu, Dari
Homes for Ukraine	466	62	Ukrainian, Russian
Hong Kong British Nationals (Overseas) welcome programme	1000	Unknown	Cantonese, English, (Traditional Chinese when written)

Source: South Gloucestershire Council, Resettling Communities Team, 2023

There is currently no method of obtaining specific data on those in the Hong Kong Scheme or dispersed asylum seekers who arrive outside of these schemes. In addition, we do not know how many of those we know are over 50 need social care intervention.

ASR face health inequalities due to discrepancies between the schemes, barriers to access due to not understanding how health care services work, language barriers and delays in getting translators or being able to find adequate translated materials. Low income can be a particular issue for older asylum seekers once they are granted asylum due to additional barriers to accessing employment and in qualifying for pension payments (9).

Mental health is a concern for this population due to the trauma and adversity faced leaving their home country and the isolation when they arrive. Other concerns include chronic long term health conditions that take longer to get treated due to barriers to access which could impact the need for social care intervention as this population ages. Those in

hotels are also at higher risk of infectious diseases due to variations in access to health care, higher rates of certain infectious diseases in their home country, and proximity of living conditions before and after they arrive in South Gloucestershire.

The Home office provide funding per head for resettlement schemes that is allocated to the Local Authority and to the health service. This is different for each scheme and there is disparity between schemes. Asylum seekers have no recourse to public funds though they are housed and provided with subsistence by the Home Office; Refugees in most schemes do have recourse to public funds. In addition, the demographics of the schemes differ depending on the reason for fleeing a country and the safety of travel.

The needs of people who are asylum seekers prior to them receiving right to remain are met through the Home Office. There is no permanent funding towards Local Authority support once they have a right to remain and cannot remain in Home Office accommodation. In 23/24 one off funding per unit of asylum seeker accommodation was made available. With increasing numbers of asylum seekers, this can present a challenge for health and social care and care packages for older adults. (Source: South West Councils summary table of asylum and resettlement schemes 22/05/2023). In South Glos pressures associated with an increase in refugees who are former asylum seekers have been mainly in connection with temporary housing for this vulnerable group of adults.

3.2.13 Prison populations

Key message

South Gloucestershire has 3 prisons within its county boundaries. The Council has legal obligation to assess the need for, and provide, social care for those in the judicial system locally. Nationally, the age of prisoners is rising, and research suggests the health and care needs of prisoners aged 50-59 are advanced by 10 years, meaning demand for health and social care input for this group is likely to grow.

NHS England Health and Justice is responsible for commissioning a range of healthcare services that support adults throughout criminal justice systems in England (with the exception of emergency care, ambulance services and out-of-hours services).
Local authorities also have a legal obligation to assess the need for, and provide, social care for prisons in their area and for those subject to community sentences or on license or post-sentence supervision, as they would for the general public (10; 11).

South Gloucestershire has 3 prisons within its county boundaries: HMP Ashfield – a category C male prison, HMP Leyhill – a category D male open prison, and HMP Eastwood Park – a closed female prison. More information on prison categories can be found in the Criminal Justice System archives. Given the relatively small geographic area that South Gloucestershire covers, this is high compared to the rest of England & Wales.

As of April 2022, Eastwood Park held 368 prisoners, Leyhill 462 prisoners, and Ashfield 393 prisoners. (Source: Prison population figures: 2022 - GOV.UK (www.gov.uk))

The prison population is not static; the churn rate (number of times a prison place is used each year) is 4.49 HMP Eastwood Park, 0.49 HMP Ashfield, and 1.24 HMP Leyhill. Both Leyhill and Ashfield have a significant number of older prisoners. Eastwood Park (EWP) is a female prison with generally a younger population. Nationally, the age of prisoners is rising, with the expectation for this to increase significantly over the next 5-10 years.

The prison population is characterised by having experienced high levels of adverse childhood experiences and social factors including high levels of domestic or sexual abuse, high levels of mental ill health, and low levels of educational attainment. Other health problems disproportionately affecting the prison population include substance misuse, and hepatitis B and C.

The main social care needs identified include: reduced mobility (17.1% Ashfield; 5.7% Eastwood Park; 8.7% Leyhill); disability (13.8% Ashfield; 1.2% Eastwood Park; 10.9% Leyhill); diabetes (8.0% Ashfield; 3.0% Eastwood Park; 8.0% Leyhill); and obesity (17.0% Ashfield; 20.0% Eastwood Park; 24.0% Leyhill). (South Gloucestershire Health and Wellbeing Board: PNA 2022 – 2025 Page 33 of 149)

Mental health and substance misuse issues amongst the prison population are substantial. In Leyhill, 56% of new receptions were referred to the substance misuse team in 2014. In Eastwood Park, 21% of women reported having a mental health issue. In Ashfield, 20% of prisoners had received medication for mental health problems, 13% had tried to harm themselves in prison and 3% of prisoners felt like self-harming or suicide. Prisoners in Leyhill reported a lot of substance issues related to misuse of prescription medicine.

Research suggests the health and care needs of prisoners aged 50-59, are advanced by around 10 years and are similar to those in their 60s in the general population. In England, prisoners over 50 are considered old age for operational purposes (12).

4 Health

4.1 Life expectancy

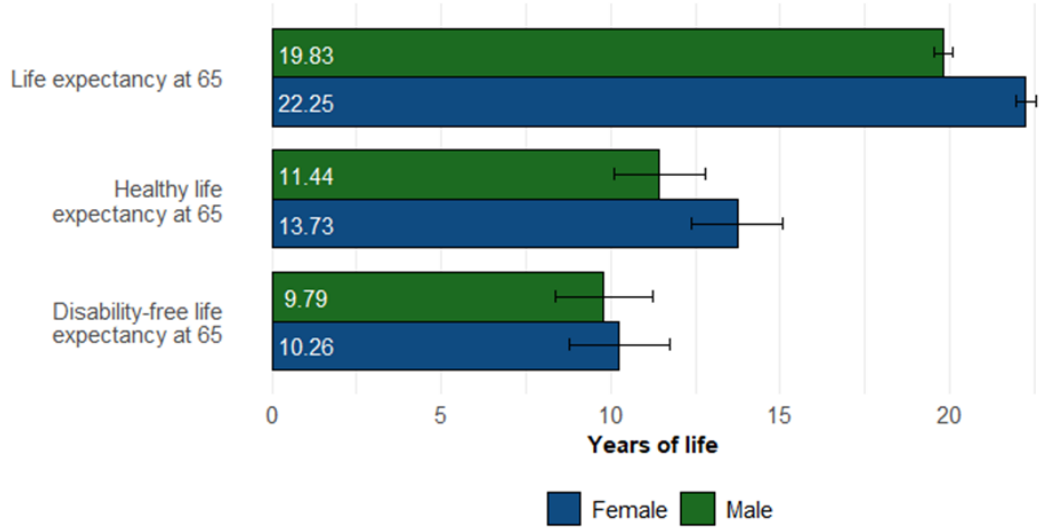
Key message

Healthy life expectancy at 65 is an important indicator of how well a population is ageing. On this measure, South Gloucestershire is in line with its nearest statistical neighbours. However, deprivation is a major cause of variation in how long people live in good health across the area.

The following section uses measures of life expectancy calculated from the age 65, rather than from birth, as these may be more useful in informing services relating to the older population. Life expectancy at 65 is the average number of years a person is expected to live past the age of 65. In 2018-2020 in South Gloucestershire, men aged 65 were on average expected to live a further 19.8 years, roughly to 85, and women were expected to live 22.3 years to the age of 87 approximately.

As well as women being expected to live longer, they are also predicted to live more years in good health from the age of 65: 13.7 years compared to 11.4 in men. However, men and women still spend a similar number of years in poorer health at the end of their lives, approximately 8.4 years for men and 8.6 years for women. Please note that the figures for this indicator have wider and overlapping confidence intervals. Both men and women in South Gloucestershire are on average expected to live up to the age of 75 disability-free.

Figure 4.1: Life expectancy, healthy life expectancy, and disability-free life expectancy at 65 in South Gloucestershire, 2018-2020.

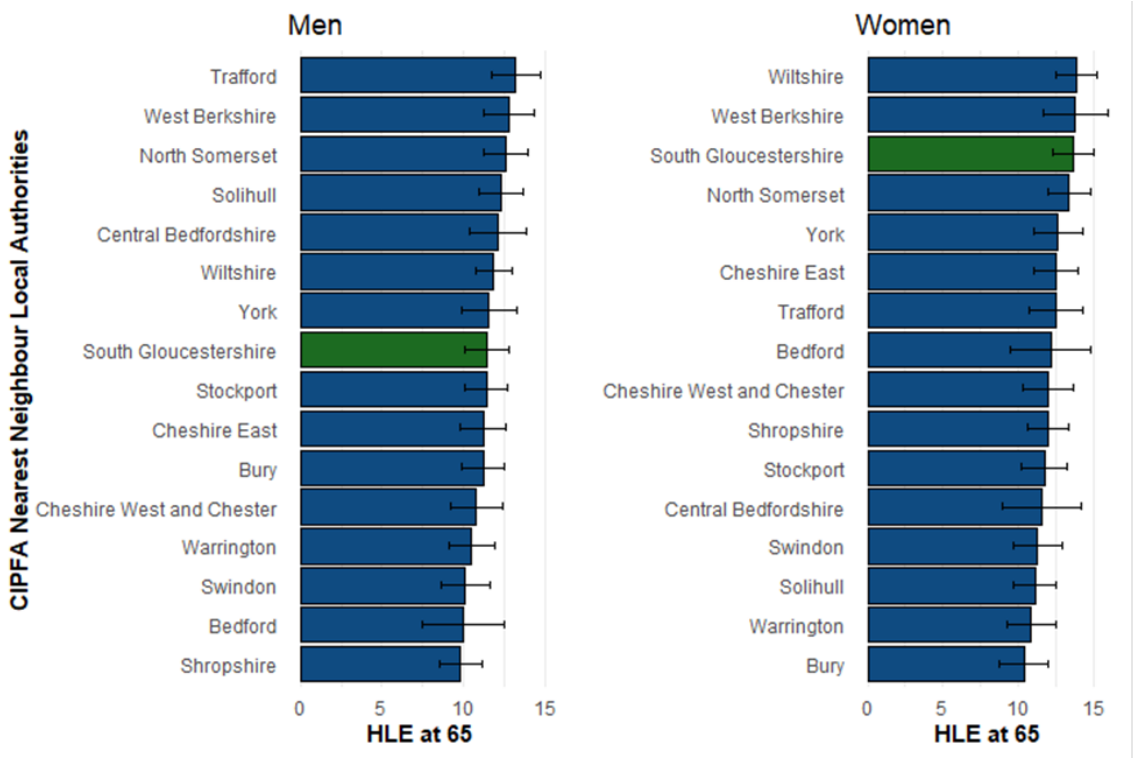


Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Healthy life expectancy at 65 is an important indicator of how well a population is ageing. Compared to its nearest statistical neighbours, South Gloucestershire appears to have a

healthy life expectancy at 65 which is around the median for men, and above average for women. Whilst these differences are not significant, they do provide good indication that South Gloucestershire is not an outlier when it comes to healthy life expectancy.

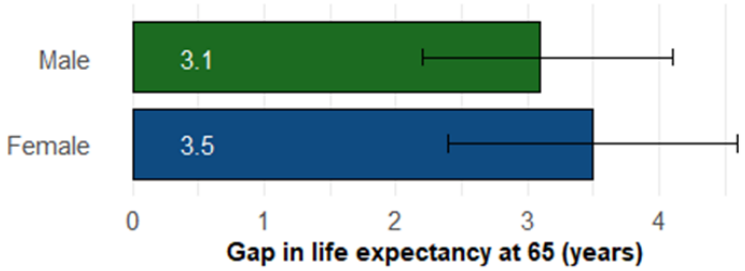
Figure 4.2: Healthy life expectancy (HLE) at 65 compared to nearest statistical neighbours, 2018-2020.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Life expectancy at 65 varies across areas of South Gloucestershire, and a key factor associated with these differences is deprivation. The slope index of inequality is a measure of how much life expectancy varies with deprivation. This measure indicates that at the age of 65, women living in the least deprived IMD decile (England classification) can expect to live 3.5 years longer than those living in the most deprived decile. For men, the gap is 3.1 years between the least and most deprived areas.

Figure 4.3: Gap in life expectancy at 65 between least and most deprived national IMD decile in South Gloucestershire, 2018-2020.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

4.2 Preventable Premature Mortality

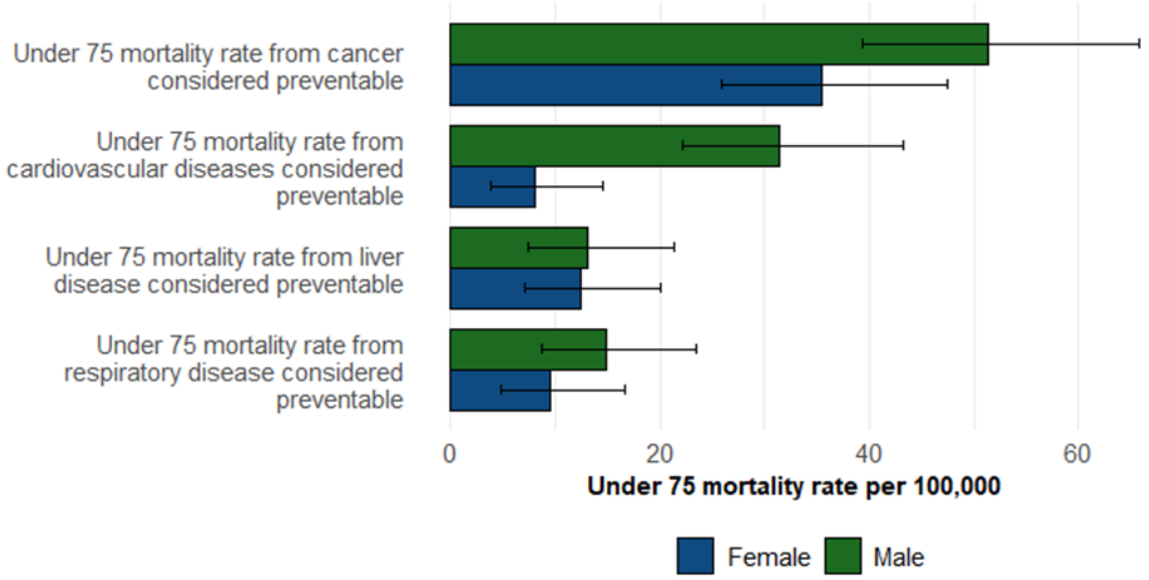
Key Message:

Men in South Gloucestershire are twice as likely as women to die from preventable causes. Cardiovascular disease and cancer are the biggest causes of preventable death. Lifestyle interventions to reduce the risk factors for developing preventable conditions, and early detection through screening programmes and NHS health checks can aid early intervention and delay or prevent conditions from developing.

Preventable premature mortality in South Gloucestershire in 2021, the rate of under 75s mortality from causes considered preventable was 127 deaths per 100,000. There is a large difference when breaking down this figure by sex, with men having rates of preventable deaths that are twice as high as women's (172 per 100,000 compared to 85 respectively). Confidence intervals for these figures do not overlap, suggesting strong evidence of a difference.

Figure 4.4 compares the different causes of under 75s mortality by sex and shows that cancer is the preventable cause with the highest rate of deaths. It also highlights that cardiovascular diseases have the largest difference in mortality between men and women, with 31.4 deaths per 100,000 population aged under 75 among men, and 8 among women.

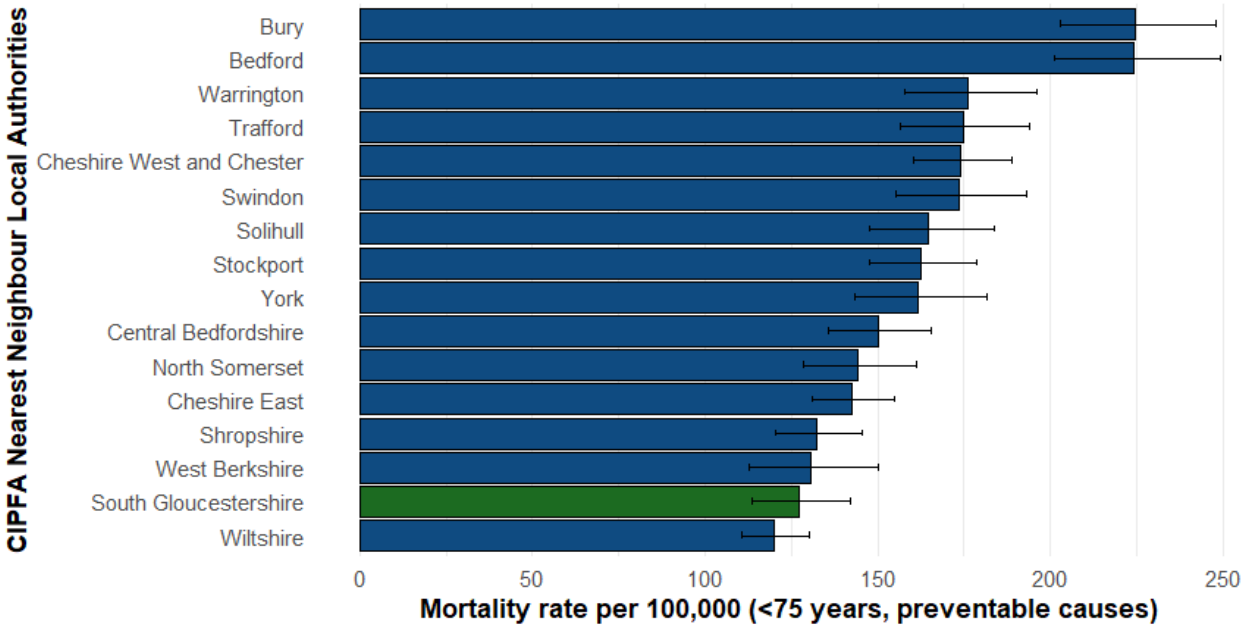
Figure 4.4: Under 75 mortality rate from causes considered preventable in South Gloucestershire, by cause and sex, 2021.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Compared to most of its nearest statistical neighbours, South Gloucestershire seems to have a lower rate of mortality from preventable causes in the population under 75, as shown in figure 4.5.

Figure 4.5: Under 75 mortality rate from all causes considered preventable, compared to nearest statistical neighbours, 2021.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

4.3 Health Inequalities

Key Message:

The relationship between poor health and deprivation is evident from a young age and worsens over time. People in more deprived areas of South Gloucestershire are living a larger proportion of their live in worse health than those in more affluent areas. Current analysis of inequalities does not routinely capture impact on quality of life from some common health conditions, such as hearing loss.

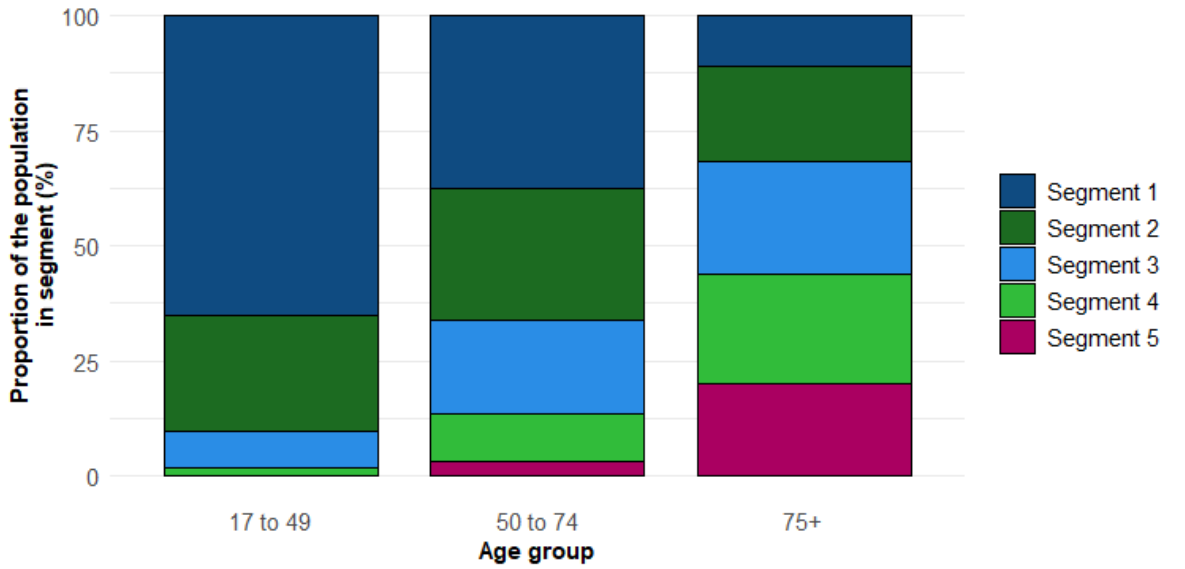
Health inequalities can be explored in a number of ways. BNSSG analysis primarily uses a segmentation model, calculating a Cambridge Multimorbidity Score (CMS) for each individual in the BNSSG area. The CMS divides the population into five segments based on their score. Segment 1 contains the healthiest members of the BNSSG population, and segment 5 the least healthy. Links to deprivation and other causes of inequality can be explored for each segment.

The segments are based on a person's Long-Term Conditions (LTCs) and the condition's "general outcome weight" as determined by the CMS model (see Appendix C). This will be explored further in section 4.4 on LTCs. The CMS accurately predicts risk of death, unplanned hospital admission and use of GP consultations in adults based on the presence and general outcome weight of diagnosed illness. Please note that the CMS

model is not validated for predictive use of healthcare in children and young people, therefore ages younger than 17 are not included in any analyses.

CMS increases with age, as people are more likely to experience long-term conditions. Therefore, older age groups have a larger proportion of their population in the higher segments (less healthy), and a smaller proportion in lower segments (more healthy), as can be seen in figure 4.6. In South Gloucestershire, 7.4% of the population aged 50+ is in Segment 5, and 31.1% is in Segment 1, compared to 0.1% in Segment 5 and 74.1% in Segment 1 for the population aged under 50.

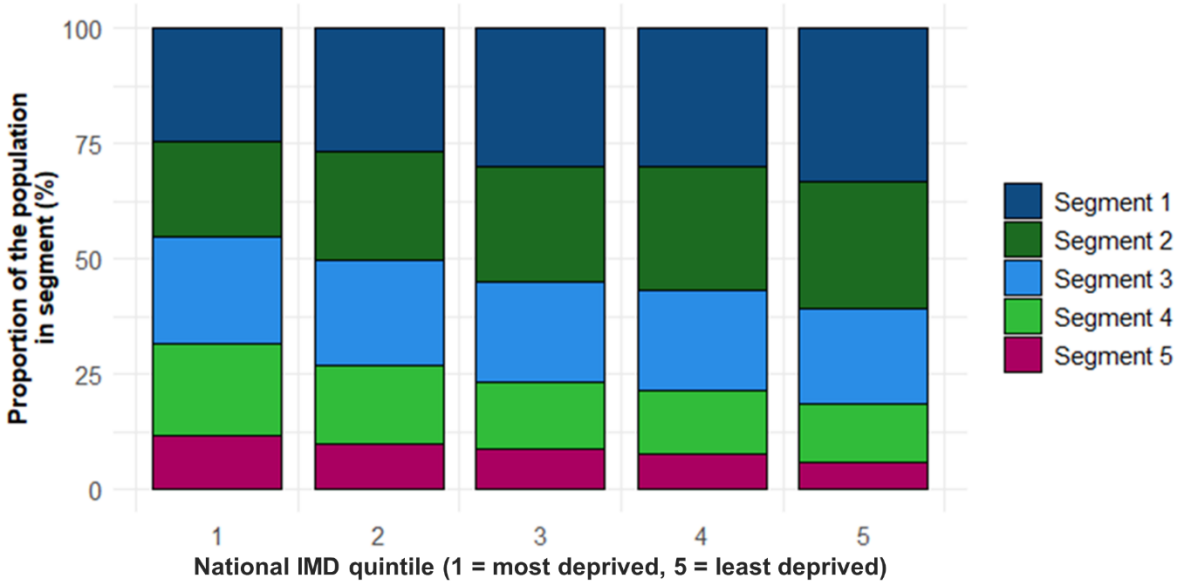
Figure 4.6: Proportion of the registered South Gloucestershire population in each CMS segment (1 = most healthy, 5 = least healthy), by age group, January 2023.



Source: System-Wide Dataset, BNSSG ICB.

CMS also increases with deprivation, meaning that people living in areas of higher deprivation are more likely to be categorised into the higher segments (less healthy) than those living in areas of lower deprivation. Figure 4.7 shows that among the 50+ population in South Gloucestershire, as IMD quintile increases (from most deprived to least deprived), the proportion of the population considered healthy also increases. In South Gloucestershire, 11.6% of the 50+ population living in IMD quintile 1 is part of Segment 5, almost double the amount of those living in IMD quintile 5 (6%).

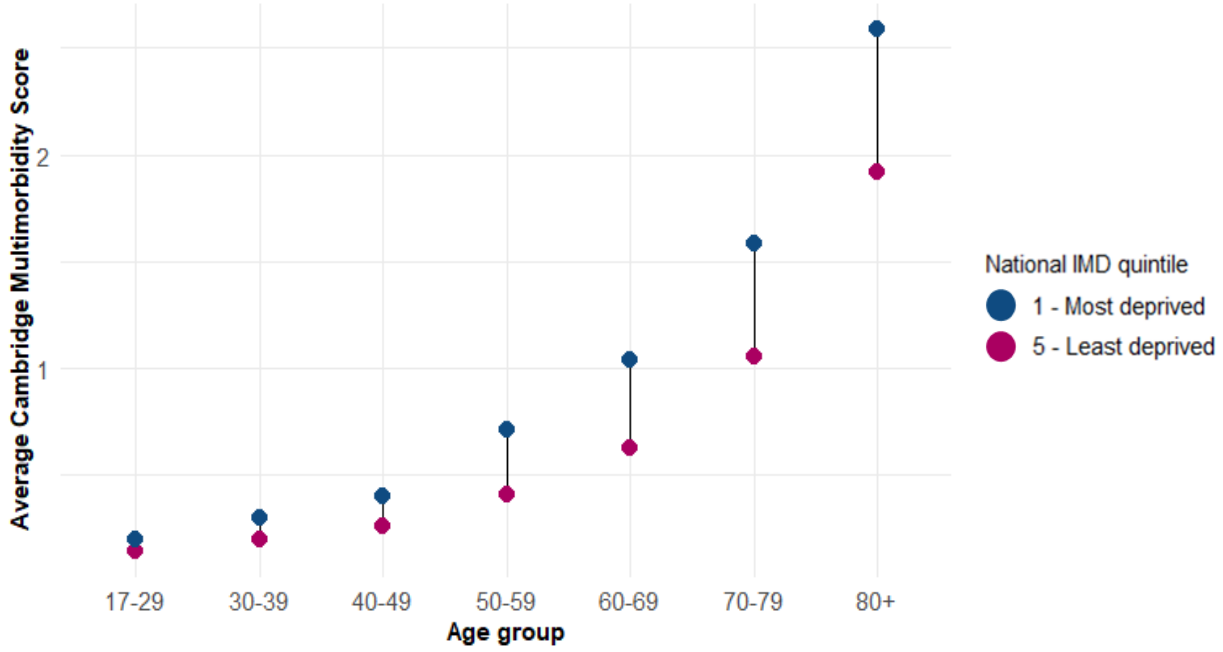
Figure 4.7: Proportion of the 50+ population in each CMS segment (1 = most healthy, 5 = least healthy) in South Gloucestershire, by national IMD quintile, January 2023.



Source: System-Wide Dataset, BNSSG ICB.

The relationship between poor health and deprivation is evident from an early age, and worsens over time, as illustrated in figure 4.8. A low Cambridge Multimorbidity Score (CMS) indicates better health, whereas a high CMS indicates poorer health. Even at the ages of 17 to 25, when people are relatively healthy, there is a small gap in CMS between those living in the least deprived and most deprived areas, with a CMS of 0.14 and 0.20, respectively. The health inequalities present in earlier stages of life continue into later stages, and the gap in CMS eventually widens to a 0.66-point difference in those aged 80 and over. This suggests that people in the more deprived areas of South Gloucestershire are living a larger proportion of their life in worse health.

Figure 4.8: Average Cambridge Multimorbidity Score (where lower score means better health) for the least and most deprived IMD quintiles in South Gloucestershire by age group, January 2023**.**



Source: System-Wide Dataset, BNSSG ICB.

4.4 Long-Term Conditions

Key Message:

One in three people aged over 50 in South Gloucestershire has high blood pressure. The next most common long-term conditions are anxiety and depression, then chronic pain. With increasing age, other conditions such as dementia and hearing loss become more common and impactful.

Data from the BNSSG ICB's System-Wide Dataset provides information on the prevalence and impact of various Long-Term Conditions (LTCs) on the population of South Gloucestershire. Figure 4.9 shows the conditions with the highest prevalence in the South Gloucestershire population aged 75 and over, 50 to 74, and 17 to 49 for comparison. The conditions looked at are those used in developing the CMS model. For a list of these conditions and how they are identified, see Appendix B. Among the older population, hypertension appears to be the most prevalent condition, affecting 35.5% of all those aged 50 and over. The next most prevalent conditions in the 50+ age group overall are anxiety/depression (18.2%) and painful conditions (17.4%).

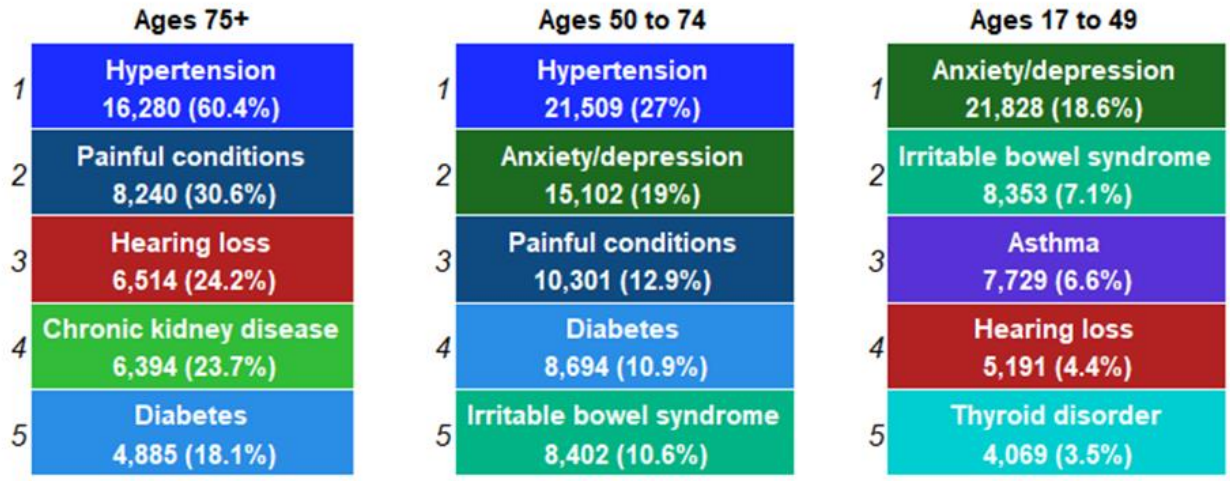
Figure 4.10 then shows the LTCs with the highest impact for those same age groups. Impact here is defined as the likelihood of a condition to impact the health service and is calculated by multiplying the number of people with a certain condition by its "general

outcome weight" in the Cambridge Multimorbidity Score model. The general outcome weight aims to predict likelihood of death, unplanned hospital admissions, and GP consultations. Painful conditions appear to have the highest impact for all people aged 50 and over, followed by diabetes and anxiety/depression.

For both impact and prevalence, there are differences between the 50-74 and 75+ age groups. Anxiety/depression ranks much lower in terms of impact and prevalence in the 75+ group compared to those aged 50 to 74, likely due to the development of other age-related conditions, such as hearing loss or dementia.

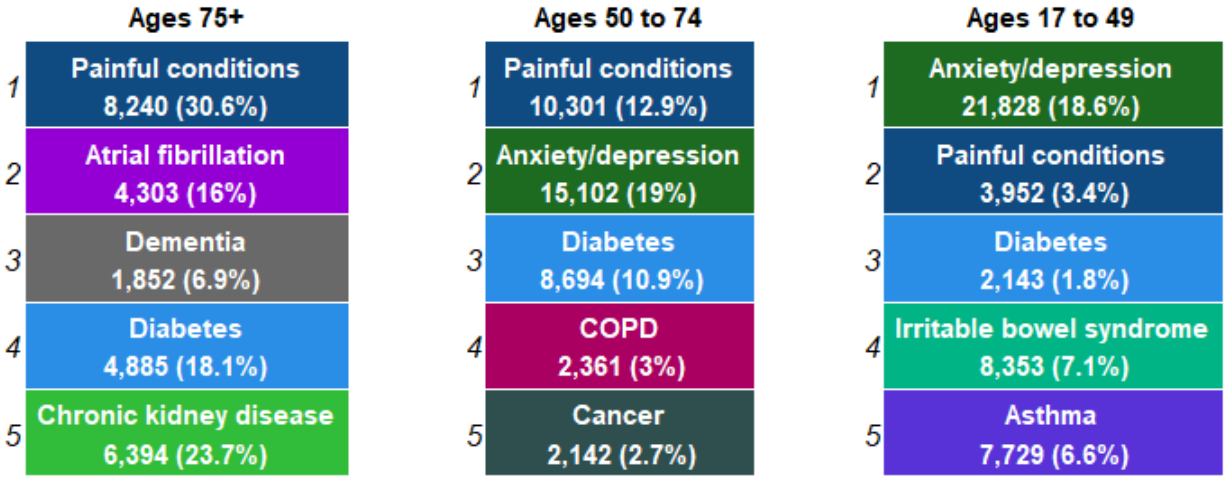
In both figures 4.9 and 4.10, each box is colour-coded by LTC and provides the number of people affected by a given condition and the prevalence for that group.

Figure 4.9: Top 5 long-term conditions with highest prevalence by age group in the registered population of South Gloucestershire, January 2023.



Source: System-Wide Dataset, BNSSG ICB.

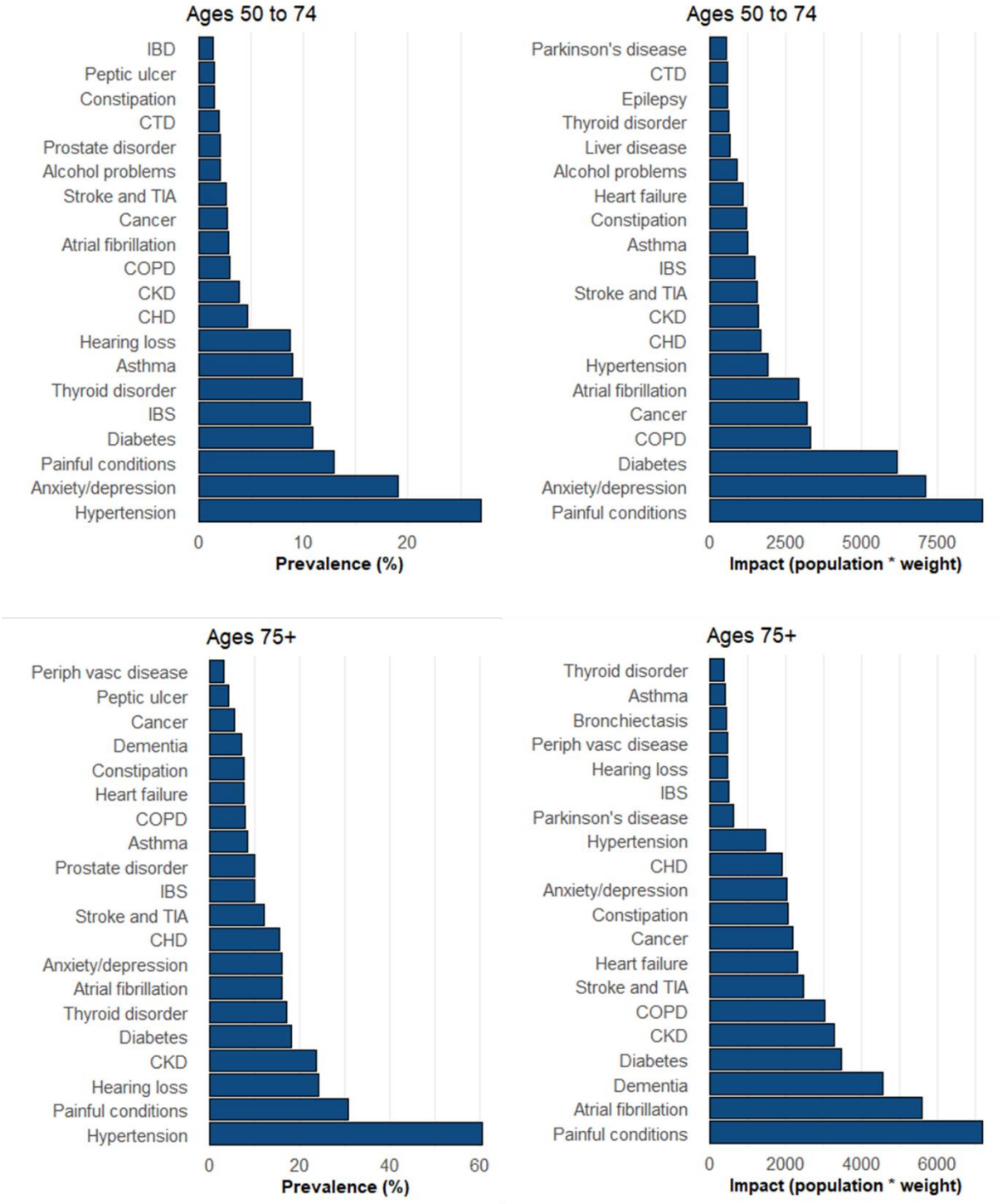
Figure 4.10: Top 5 long-term conditions with highest impact on health service use by age group in the registered population of South Gloucestershire, January 2023.



Source: System-Wide Dataset, BNSSG ICB.

Figure 4.11 further demonstrates the difference between prevalence and impact of LTCs in both the 50 to 74 and 75+ age groups in South Gloucestershire, showing the top 20 conditions. It is important to highlight that in the context of the CMS, the term “impact” relates to impact on the health service. Certain conditions may not have a high impact on health services but are likely to affect social care services and quality of life. A good example of this is hearing loss, which is the third most prevalent condition among people aged 75 and over in South Gloucestershire, however it ranks 16th in terms of medical impact.

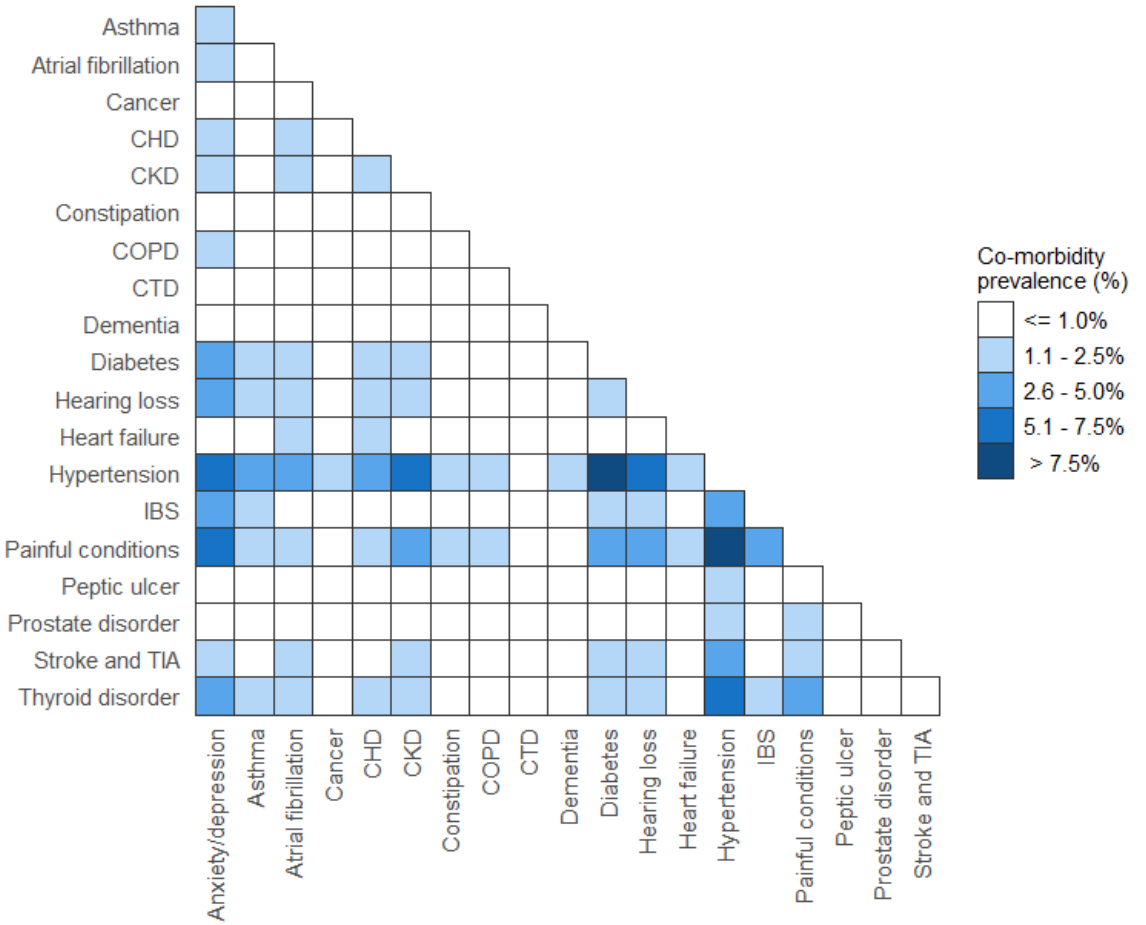
Figure 4.11: Top 20 conditions by prevalence and impact for 50-74 and 75+ age groups in the registered population of South Gloucestershire, January 2023.



Source: System-Wide Dataset, BNSSG ICB.
Note: Impact is calculated by multiplying the total number of people with a LTC by the general outcome weight specified by the Cambridge Morbidity Score (see Appendix C).
CTD = connective tissue disorder, IBS = irritable bowel syndrome, CHD = coronary heart disease, COPD = chronic obstructive pulmonary disorder, CKD = chronic kidney disease.

Figure 4.12 highlights pairs of conditions which people tend to experience together. The co-morbidity prevalence is the percentage of people aged 50 and over who are recorded as having both LTCs. In South Gloucestershire, 9.5% of older people have both hypertension and painful conditions, and 8.4% have both hypertension and diabetes. Since hypertension is the condition with the highest prevalence individually, co-morbidities with hypertension are more likely to occur than with other conditions, however it is important to note that hypertension is a modifiable risk factor for stroke, ischaemic heart disease and kidney disease (13).

Figure 4.12: Percentage of registered people aged 50 and over with two given LTCs, South Gloucestershire, January 2023.



Source: System-Wide Dataset, BNSSG ICB.
CTD = connective tissue disorder, IBS = irritable bowel syndrome, CHD = coronary heart disease, COPD = chronic obstructive pulmonary disorder, CKD = chronic kidney disease.

The CMS model is useful for assessing the impact of each condition on the health service. However, as well as omitting impact on social care services, it does not factor in the possibility for increased complexity of caring for people with certain combinations of conditions. The CMS is a score of cumulative impact of LTCs occurring together, rather than potential compounding impact.

4.4.1 Long term conditions and deprivation

Key Message:

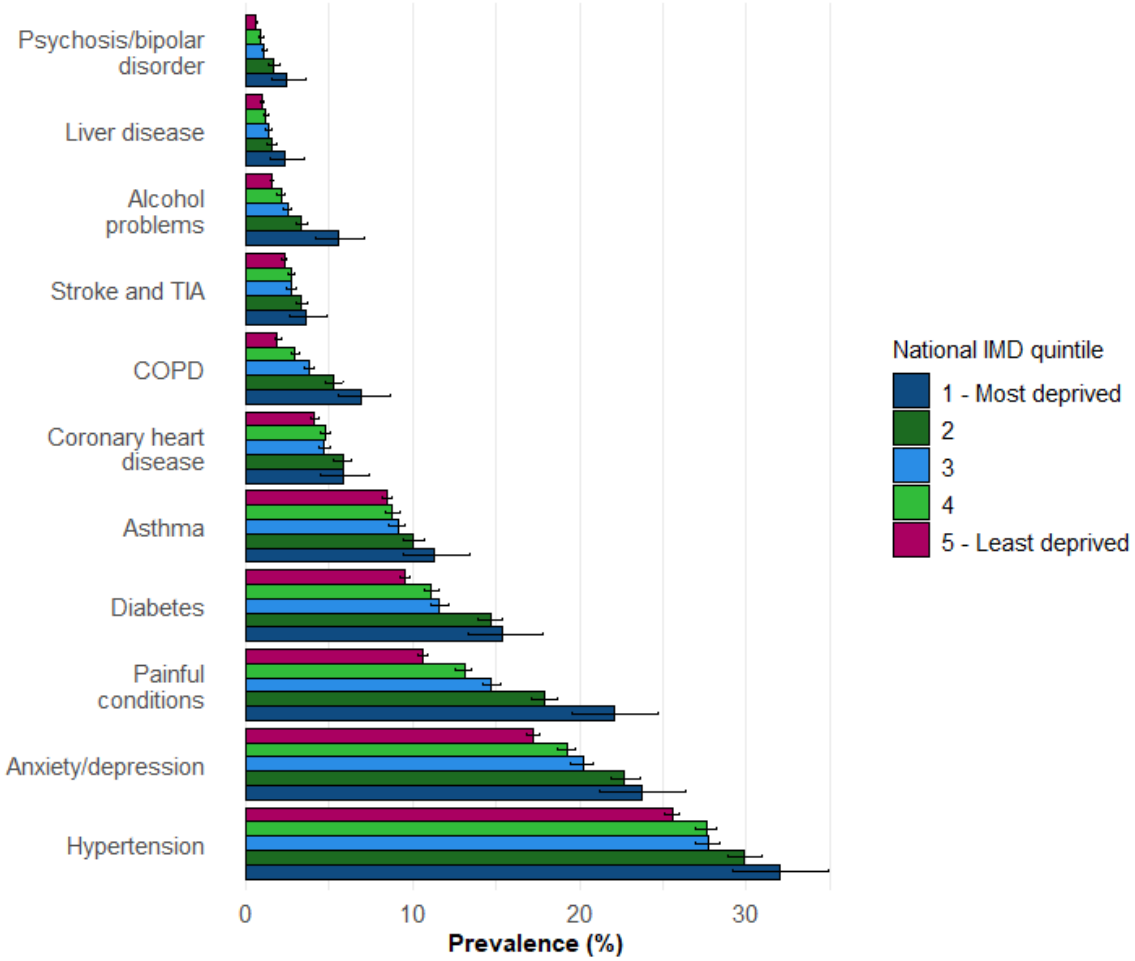
The most common long-term conditions have risk factors which can be modified through early intervention and prevention.

The greatest inequalities in long term conditions are seen with painful conditions, where an adult from the most deprived areas of South Gloucestershire is twice as likely to have a painful condition than those in the least deprived areas. Painful conditions and their management are an area of local focus.

Inequalities in prevalence of high blood pressure start early. As people age, we see a subsequent widening of inequalities for related conditions such as stroke, heart disease and kidney disease. High blood pressure is a priority for intervention as part of the core20plus5 and can be detected early via NHS Health Checks.

Figure 4.13 compares prevalence for various conditions in the 50- to 74-year-old population across IMD quintiles. The chart shows the conditions where prevalence increases with deprivation. The largest difference observed is for painful conditions, where prevalence among populations in the most deprived quintile is more than double that of the prevalence in the least deprived quintile (10.6% compared to 22.1%).

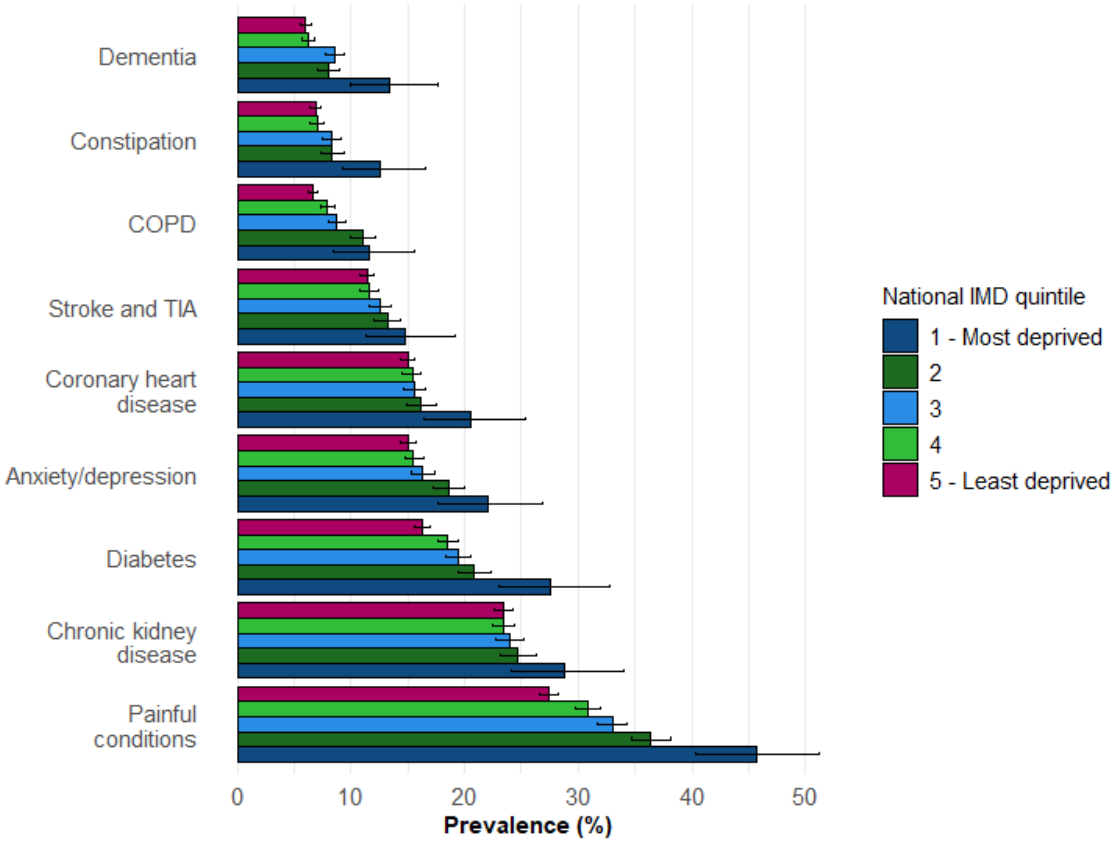
Figure 4.13: LTC prevalence among 50- to 74-year-olds registered in South Gloucestershire by national IMD quintile, January 2023.



Source: System-Wide Dataset, BNSSG ICB.
Note: Conditions with small numbers or with no apparent differences between deprivation quintiles were removed from this figure.

Figure 4.14 shows the difference in prevalence by IMD quintile for the 75+ age group. Similar to those aged 50 to 74, painful conditions have the biggest gap in prevalence between the most deprived and least deprived quintiles. Unlike the 50 to 74 age group, there was no difference between deprivation quintiles for prevalence of hypertension in those aged 75 and over. This highlights the fact that the impact of inequalities on health, and conditions related to age, such as hypertension, may start earlier in those living in more deprived areas. By the time people have reached the age of 75, the difference in prevalence of hypertension is minimal, however, conditions for which hypertension is risk factor, such as stroke, heart disease and kidney disease, still show inequalities in older age groups (13).

Figure 4.14: LTC prevalence among 75+ year olds registered in South Gloucestershire by national IMD quintile, January 2023.



Source: System-Wide Dataset, BNSSG ICB.
Note: Conditions with small numbers or with no apparent differences between deprivation quintiles were removed from this figure.

4.4.2 Dementia

Key Messages:

Dementia diagnosis rates in South Gloucestershire are below the national target. A dementia diagnosis is a good indicator of higher rates of unplanned health service use, and poorer health outcomes.

Prevention interventions focused on lifestyle factors, inequalities, social isolation, and hearing loss can be effective at reducing rates of cognitive decline.

There is not enough known locally about the use and experience of service users from minority ethnic groups.

Whilst dementia may not be one of the most prevalent conditions among older age groups in South Gloucestershire, it is the condition with the highest "general outcome weight" in the Cambridge Morbidity Score. The general outcome weight is calculated to predict likelihood of death, unplanned hospital admissions, and GP consultations.

- Rates of dementia in South Gloucestershire are similar to national rates: The latest published information on dementia prevalence from the OHID Public Health Profiles indicates that in 2020, 3.93% of the population of South Gloucestershire aged 65 and over were recorded as having dementia.
- **Dementia diagnosis:** Part of the 2020 challenge on dementia aims to improve diagnosis of dementia. In 2022, South Gloucestershire was below the target of 66.7% diagnosis rate at 60.8%, a fall from the previous highest rate of 64.7% in 2020.

Table 4.1: Dementia in those aged 65+ in South Gloucestershire, recorded prevalence vs estimated diagnosis rate.

Year	Dementia: Recorded prevalence (aged 65 years and over)	Estimated dementia diagnosis rate (aged 65 and over)
2017	4.0%	62.7%
2018	4.0%	61.9%
2019	4.2%	62.9%
2020	3.9%	64.7%
2021	-	58.8%
2022	-	60.8%

Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

The BNSSG System-wide dataset provides us with a more recent estimate of dementia (January 2023 snapshot), with different breakdowns to what is available publicly. Dementia prevalence in South Gloucestershire's registered population aged 75 and over appears to be higher among women (7.8%) than men (5.7%). Table 4.2 also shows that there is a large difference in the prevalence of dementia among those aged 50 to 74 compared to those aged 75+.

Table 4.2: Recorded dementia among South Gloucestershire's registered population, by age and sex, January 2023 snapshot.

Sex	Population aged 50 to 74 with dementia	Population aged 75+ with dementia
Female	114 (0.3%)	1,177 (7.8%)
Male	117 (0.3%)	675 (5.7%)

Source: System-Wide Dataset, BNSSG ICB.

It is important to note that for adult social care assessments under the Care Act 2014, those meeting the threshold for care are likely to have a recorded primary care need related to the symptoms they present with which require support rather than a named

diagnosis. Additionally, due to the low dementia diagnosis rate compared to the estimated prevalence of dementia in the population, individuals accessing care may not have a formal diagnosis of dementia. This does not prevent someone from accessing services to meet their social care needs, however it does mean it is harder to understand the level to which a dementia diagnosis is predictive of adult social care demand.

Once the CLD is available at the right granularity, adult social care records will be linked to NHS records, helping to identify which services are being used by those with a diagnosis of dementia, and what proportion of those with a diagnosis of dementia are known to social care services, helping to support the planning of future services.

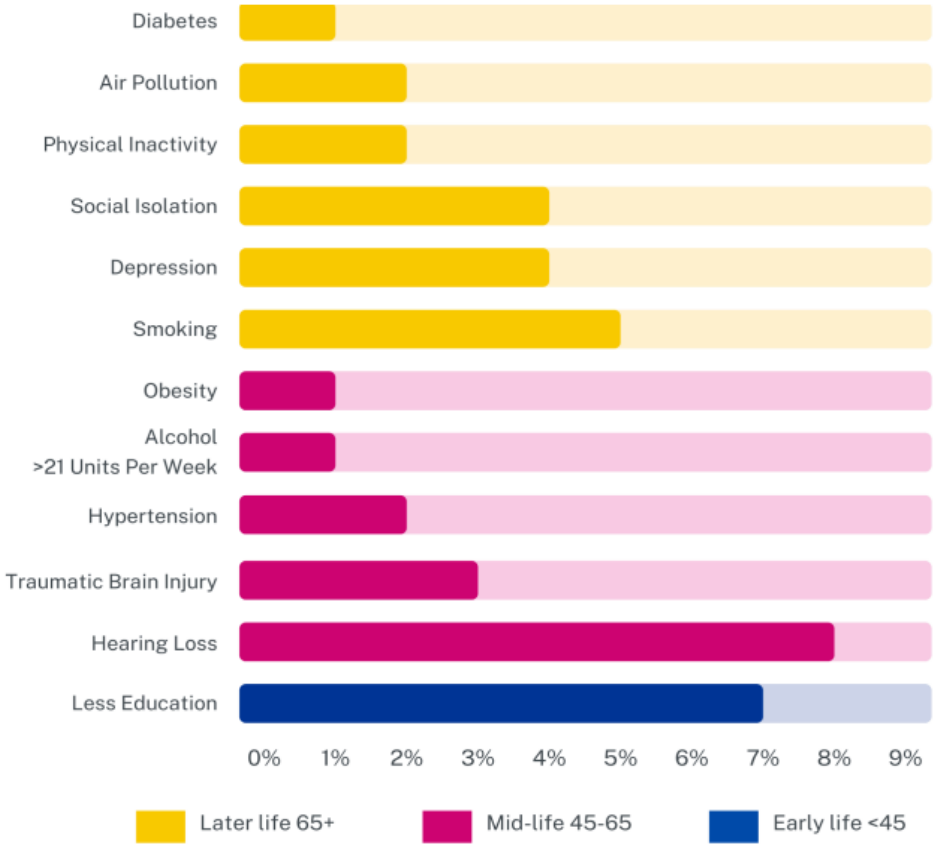
A recent briefing on the evidence around effectively supporting people with dementia quoted the Lancet commission on Dementia prevalence, intervention and care findings on modifiable risk factors for dementia across the life course:

> *It is never too early and never too late in the life course for dementia prevention. Early life (younger than 45 years) risks, such as less education, affect cognitive reserve; midlife (45-65 years), and later life (older than 65 years) risk factors influence reserve and triggering of neuropathological developments. Culture, poverty, and inequality are key drivers of the need for change. Individuals who are most deprived need these changes the most and will derive the highest benefit." (Livingston et al., 2020, p. 413)* (14)

The Lancet commission evidence reviews which summarise the estimated Population Attributable Fraction (PAF) of dementia worldwide that could be reduced by eliminating risk factors, and the relative contribution of each factor in figure 4.15. (14)

It is important to note that alongside lifestyle factors, social isolation and hearing loss were identified as areas in which work around dementia prevention or delay could be effective in keeping people cognitively active, and that the lack of hearing aid use in those with hearing loss was the factor associated with worse cognition in the evidence (14).

Figure 4.15: Population attributable fraction of potentially modifiable risk factors for dementia **(14)**



Source: Livingston et al (2020), Dementia prevention, intervention and care: 2020 report of the Lancet Commission, Figure 7, P.428

Source: Supporting People Living with Dementia: Evidence from Research, April 2023 Briefing Paper, Oxford Brookes Institute of Public Care. [Supporting People Living with Dementia: Evidence from… | IPC Brookes]

Additionally, the Alzheimer's society's 2022 Local Dementia Profile for South Gloucestershire (15) highlighted some key issues for those living with dementia and make recommendations for service providers and commissioners.

They estimate that:

- 3,514 people over 65 are living with dementia in South Gloucestershire
- 5,558 people will be living with dementia in South Gloucestershire by 2030
- By 2030, it is estimated that there will be 3,579 of people living with severe dementia in South Gloucestershire
- The current (2022) annual cost of dementia care in South Gloucestershire is £166m
- the cost of dementia care in South Gloucestershire by 2030 will grow, with current predictions indicating the cost will be £273m
- Nationally there are 15,006 people under the age of 65 living with dementia in England.

This made mention of the lower diagnosis rate in South Glos but also identified that only 58.5% of people nationally are diagnosed in the mild/early stages of their condition. The local picture on early diagnosis is not currently known.

They also report:

- The value of dementia support contributed by unpaid carers in South Gloucestershire is £103m per year.
- In South Gloucestershire, 37.4% of carers spend 100 hours or more per week providing care.
- In South Gloucestershire, 33.8% of all carers reported caring for someone living with dementia.
- Nationally, ADASS reported 4.2m more people became carers in the first 3 months of the pandemic, with Covid19, also noting that:
    - 45.8% of all care home resident deaths involving Covid-19 were people with dementia in England and Wales between March 2020 and 2 April 2021
    - 46% of people with dementia reported that the pandemic had a negative impact on their mental health.
    - During the pandemic, 92 million extra hours have been spent by family and friends caring for loved ones living with dementia. 95% of carers reported that this had had a negative impact on their mental or physical health.
- The standardised figure for emergency admissions related to dementia is 3,517 nationally and 2,907 in South Gloucestershire

The full profile makes recommendations for commissioners on supporting those living with dementia and their carers in South Glos, from diagnosis through to end-of-life care, including prioritising and coordinating diagnosis and care, training for health care professionals, support for carers and coproduction of services with those living with Dementia (15). A full copy of the report is available on request – and an interactive tool with the latest data is available on their website.

Not enough is known at the time of writing this report on diagnosis rates or the use and experience of services by those from minority ethnic groups, however a study by UCL found that dementia incidence may be 20% higher in people from Black ethnic groups, than those from a White British group, however, age at diagnosis and survival rates in those from Black and South Asian groups were likely to be younger. The authors suggest this, alongside the increased severity of dementia at time of diagnosis and at death in these groups may indicate that dementia is underdiagnosed in these cohorts and may be indicative of barriers to accessing appropriate care (16).

4.5 Falls

Key Message:

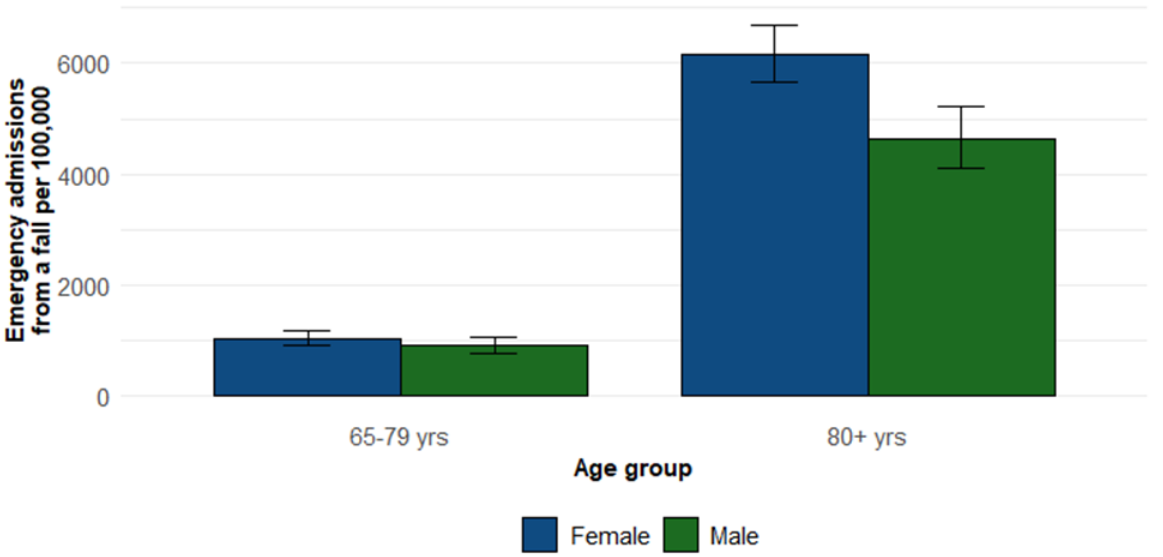
Emergency admissions for falls in South Gloucestershire in the over 65s is higher than the national rate. Falls can lead to serious injury and be expensive to the health and social care system as well as reducing quality of life and independence for the individual. Falls, and related 'long lies' after a fall has taken place can be prevented with education for care providers, early identification of frailty, home adaptions and medication reviews. Falls prevention is a priority area within South Gloucestershire.

In 2021/22, there were 2,149 emergency admissions from falls per 100,000 among the over 65s population in South Gloucestershire. This is slightly higher than the rate in England as a whole (2,100 admissions per 100,000). The rate of falls increases with age, and among the population aged over 80, the rate is higher in women compared to men. Falls can be debilitating, and emergency admissions for falls can be costly to the health and social care system. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.

Falls prevention is a priority area for the Locality Partnership in South Gloucestershire. A Falls Collaborative has been set up and work is underway to support care services to safely assist those who have fallen in the community, preventing 'long lie' where individuals have fallen and spend a prolonged period on the floor unable to stand.

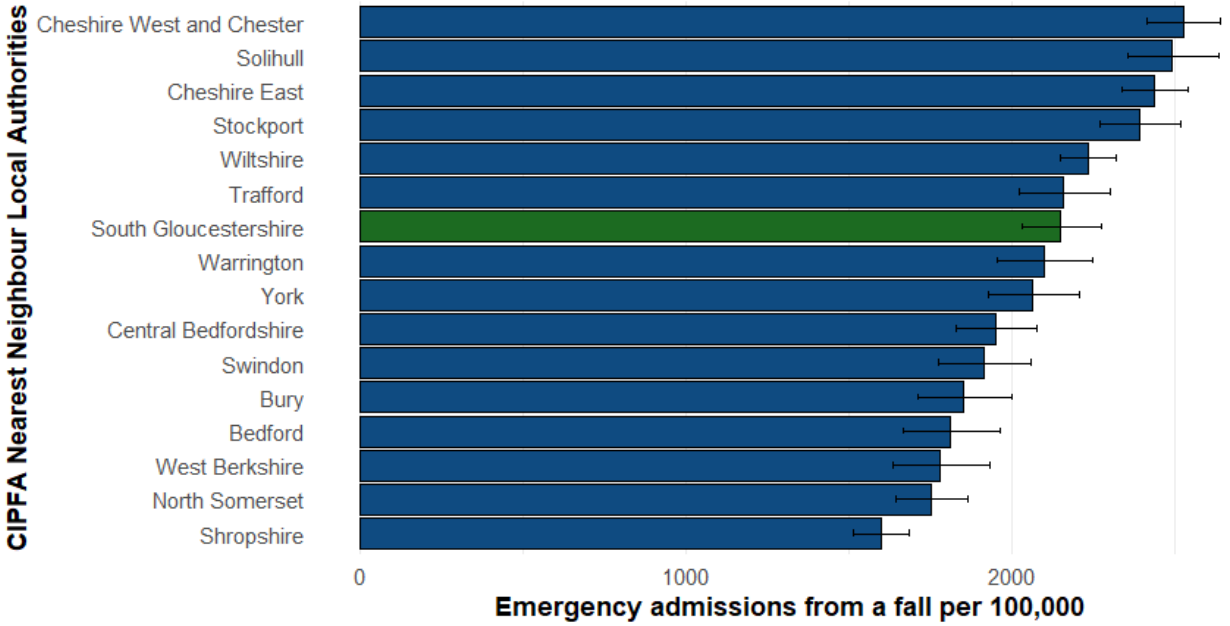
The prevention of falls is broader than the emergency response after a fall has taken place. Falls prevention includes educating care providers, ensuring those at higher risk of falls or breaks due to frailty are identified early, and have any necessary changes to medications, adaptations to their homes and to the community environment at large to ensure falls are prevented. In addition, a key part of falls prevention is ensuring individuals stay physically active for longer. NICE clinical guideline 161 sets out guidance on assessing risk and preventing falls in those aged over 65. The South Gloucestershire Falls Collaborative brings together many VCSE and provider organisations who are working together on preventing falls and falls related admissions.

Figure 4.16: Emergency admissions from a fall by age and sex in South Gloucestershire, 2021/22.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Figure 4.17: Emergency admissions from a fall compared to CIPFA nearest neighbours, 2021/22.

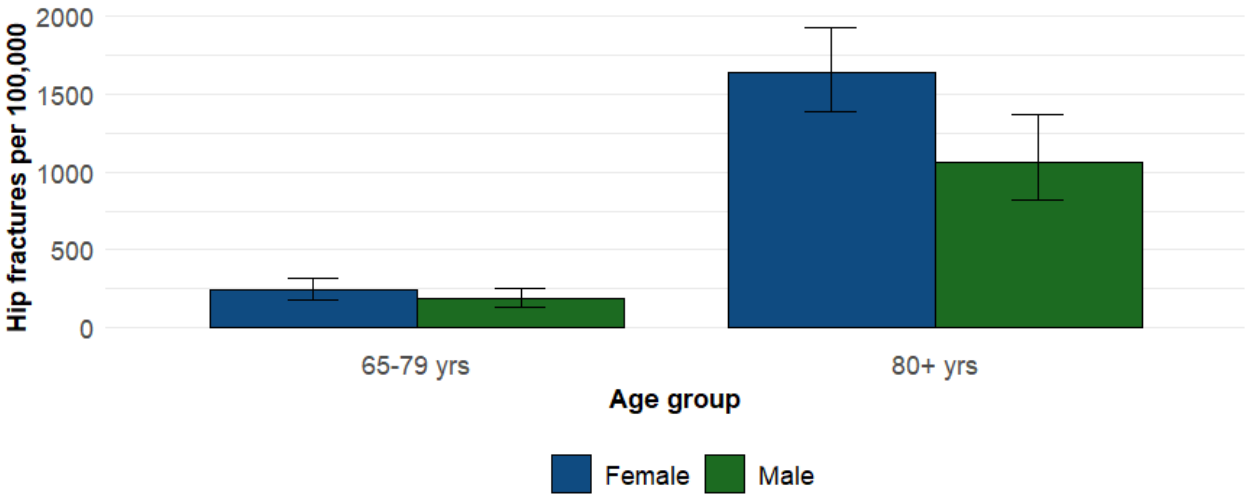


Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

4.5.1 Hip fractures

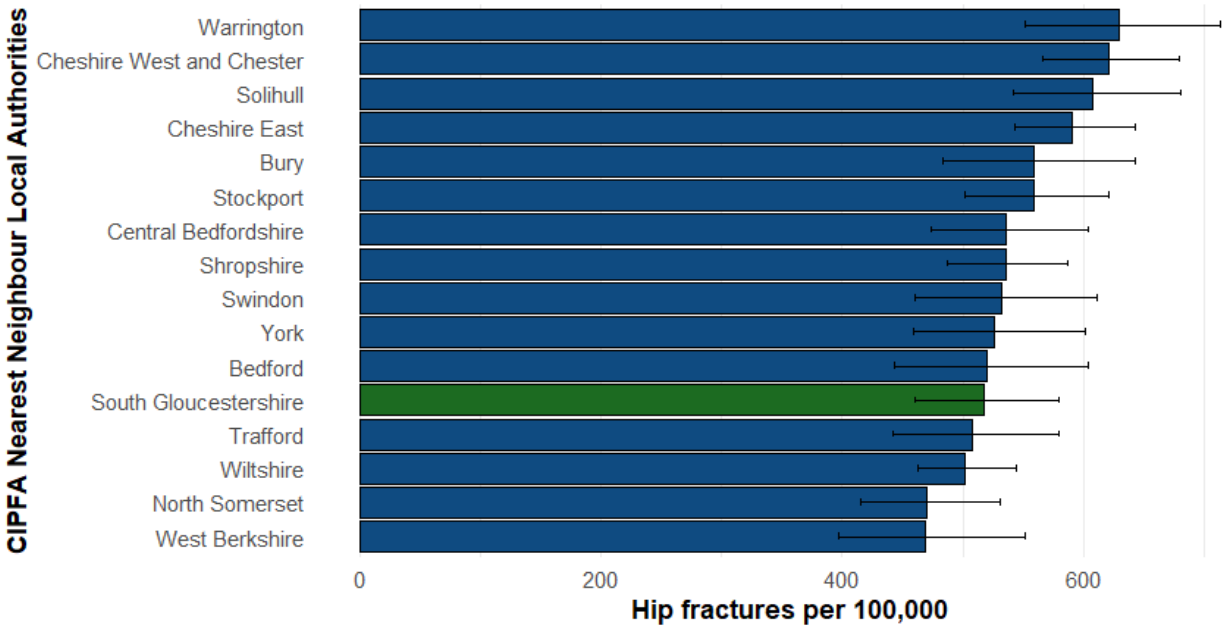
Figure 4.18 shows that females over 80 are more likely to have a hip fracture than males in South Gloucestershire. Hip fractures can be debilitating, and recovery of mobility and independence will require additional support from both health and social care.

Figure 4.18: Hip fractures by age and sex in South Gloucestershire, 2021/22.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Figure 4.19: Hip fractures among all those aged 65+ in South Gloucestershire compared to CIPFA nearest neighbours, 2021/22.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

5 Healthy Lifestyles & Risk Factors

5.1 Causes of ill health and death

Key Message:

Many of the conditions which contribute to reduced independence and physical and mental health as we age are rooted in preventable lifestyle factors, and our environments. The top five causes of years lived with disability in South Gloucestershire were low backpain, diabetes, age-related hearing loss, Chronic Obstructive Pulmonary Disease (COPD) and Falls.

In the South West, Tobacco, high fasting blood glucose levels and high body mass index were the top three risks contributing to disability adjusted life years (DALYs) in 2019, with high fasting plasma glucose (i.e. fasting blood sugar levels) rising from the 5th highest risk in 2009 to 2nd highest in 2019.

The global burden of disease study quantifies the loss of life and health from hundreds of diseases, injuries, and risk factors (17). The latest available data related to risk factors up to 2019, ahead of the Covid19 pandemic.

Figure 5.1: Top 10 risks contributing to Disability-Adjusted Life Years (DALYs) per 100k in 2019 in the South West of England and rate change 2009–2019, all ages combined.

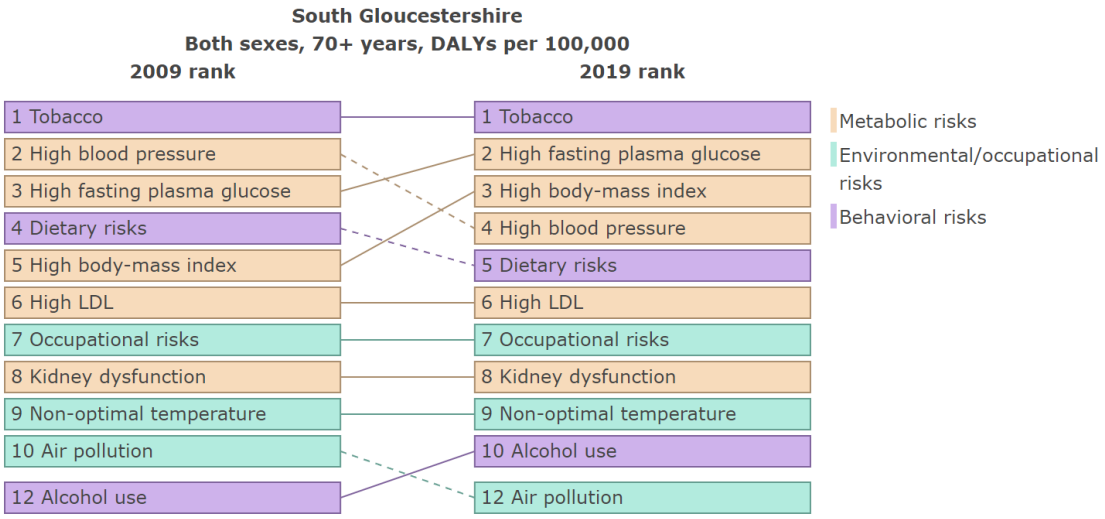
Metabolic risks
Environmental/occupational risks
Behavioral risks

Risk	2009 rank	2019 rank	Change in DALYs per 100k, 2009–2019
Tobacco	1	1	↓ −342.0
High fasting plasma glucose	5	2	↑ +479.5
High body-mass index	2	3	↑ +180.6
Dietary risks	4	4	↓ −20.0
High blood pressure	3	5	↓ −204.6
Alcohol use	6	6	↑ +2.9
High LDL	7	7	↓ −135.4
Occupational risks	8	8	↓ −5.5
Non-optimal temperature	9	9	↓ −19.9
Kidney dysfunction	11	10	↓ −12.3

Source: Global Burden of Disease, IHME, 2022 United Kingdom - England - South West England | The Institute for Health Metrics and Evaluation (healthdata.org)

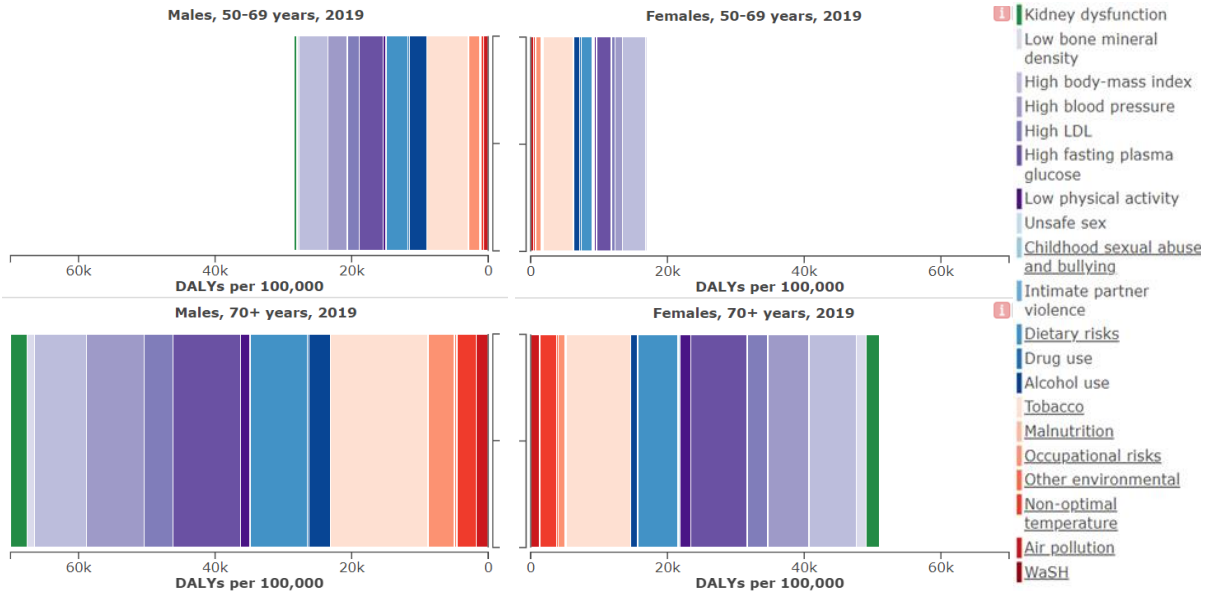
One DALY represents the loss of the equivalent of one year of full health. DALYs for a disease or health condition are the sum of the years of life lost to due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population (18). In South Gloucestershire, high fasting plasma glucose and high body mass index has similarly risen to 2nd and 3rd highest risk factors contributing to DALYs in 2019 for over 70s, with high blood pressure and dietary risks coming in 4th and 5th. The risks for 50–69-year-olds were not dissimilar.

Figure 5.2: Top 10 risks contributing to Disability-Adjusted Life Years (DALYs) per 100k aged 70+ in 2019 in South Gloucestershire



Source: Global Burden of Disease, IHME, 2022 [Global Burden of Disease Visualisations: Compare (thelancet.com)]

Figure 5.3: Disability Adjusted Life Years (DALYs) by contributing risk factor for men and women, per 100k aged 50-69, and 70+ in 2019 in South Gloucestershire

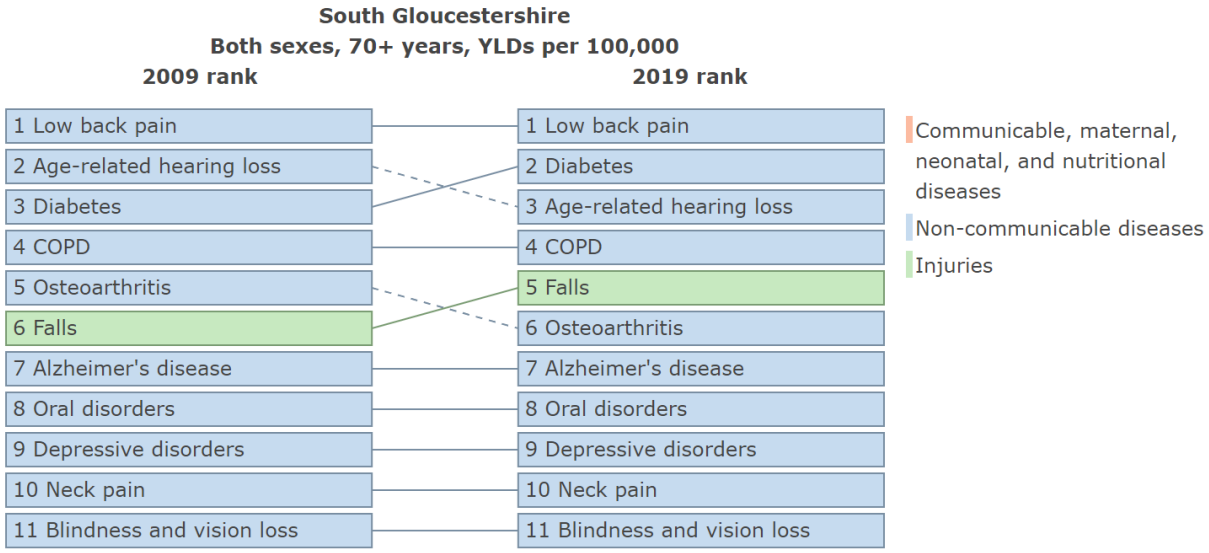


Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

For the top five causes of years lived with disability (Figure 5.4), we see that for over 70s in South Gloucestershire in 2019, all but one cause was related to non-communicable diseases, the top five of which were low backpain, diabetes, age-related hearing loss, Chronic Obstructive Pulmonary Disease (COPD) and Falls.

The data on causes for Years of Life Lost and Years lived with Disability have to be viewed in conjunction with the information on the leading risk factors. The link between tobacco/smoking and cancer is well established. Similarly, there is strong evidence on the impact of poor diets, and high body mass index contributing to cardiovascular diseases, hypertension, and diabetes.

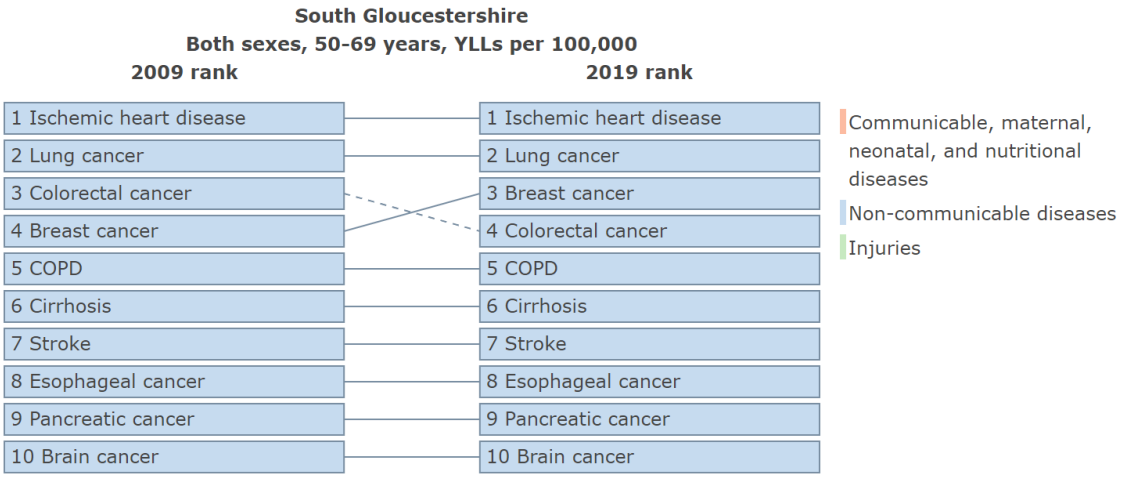
Figure 5.4: Top 11 causes of Years lived with disability (YLDs) per 100k aged 70+ in 2019 in South Gloucestershire



Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

50-69 year olds: When we look at the top causes of years of life lost (years lost from expected life expectancy) we see that for those aged 50-69 years in South Gloucestershire in 2019, the leading cause was ischemic heart disease, followed by lung, breast, and colorectal cancer, and the COPD. 6 of the 10 leading causes of lost years of life were cancers.

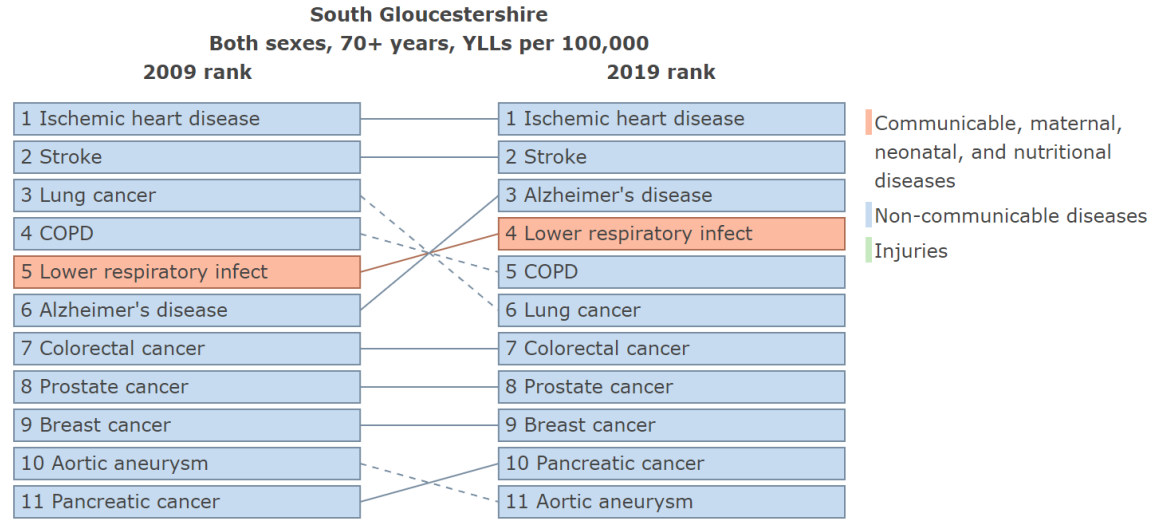
Figure 5.5: Top 10 causes Years of life lost (YLLs) per 100k aged 50-69 in 2019 in South Gloucestershire



Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

Over 70 year olds: However, when we look at years of life lost for those aged over 70 in South Gloucestershire in 2019, we see that the causes have shifted, and whilst cancers remain a leading cause of years of life lost, the top five causes are ischemic heart disease, stroke, Alzheimer's disease, lower respiratory tract infections, and COPD. Alzheimer's disease has risen from the 6th highest cause in 2009 to the 3rd highest in 2019, however, this may be an artefact of better diagnosis and recording rates within healthcare. Lung cancer has fallen from the 3rd leading cause in 2009 for over 70s to the 6th highest cause in 2019, also showing a shift down from being the 2nd leading cause for those aged 50-69 in 2019.

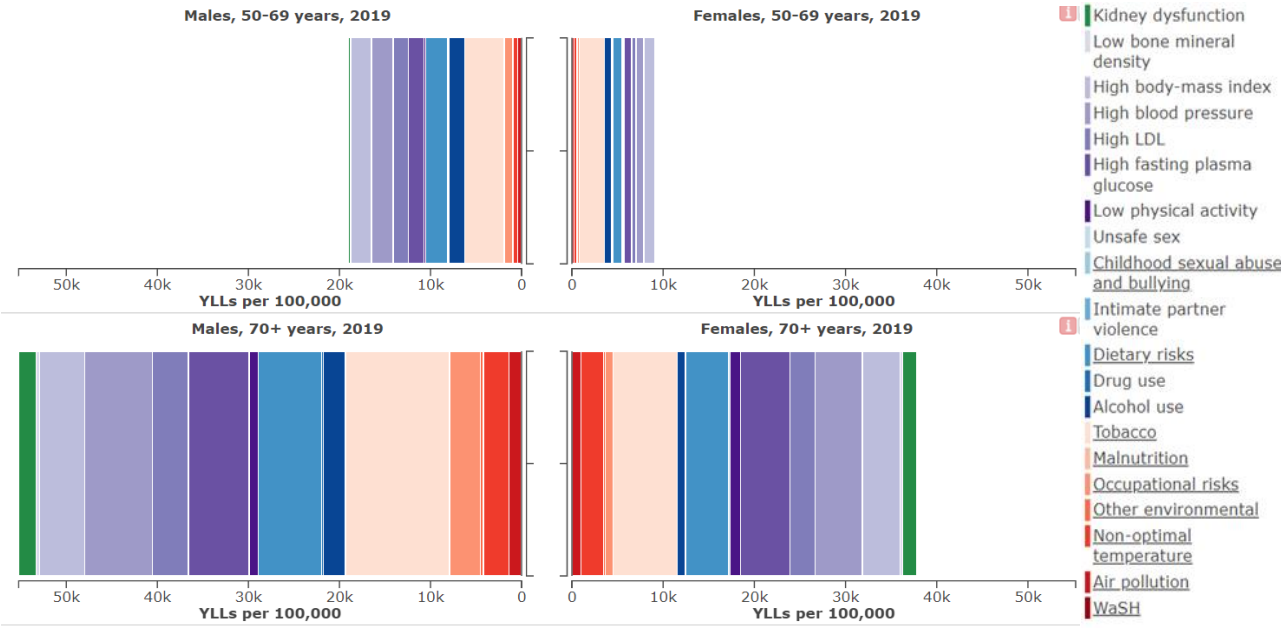
Figure 5.6: Top 10 causes of Years of Life Lost (YLLs) per 100k aged 70+ in 2019 in South Gloucestershire



Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

When looking years of life lost for men and women aged 50-69 and 70+ in 2019 in Figure 5.7, we see more years of life are lost per 100,000 population for men than for women of the same age in South Gloucestershire across the most common risk factors.

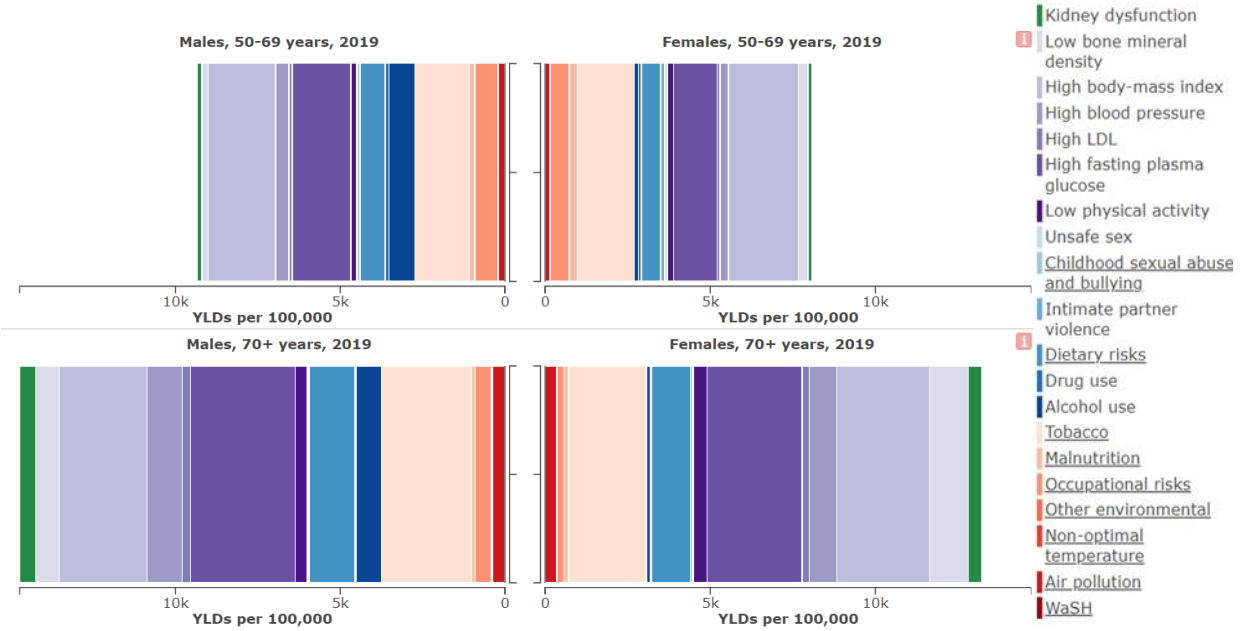
Figure 5.7: Years of Life Lost (YLLs) by contributing risk factor for men and women, per 100k aged 50-69, and 70+ in 2019 in South Gloucestershire



Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

When looking at years lived with disability, men still spend more years living with disability in both age groups, however the difference in overall years in smaller than for years of life lost. Occupational risks, and alcohol use is a greater risk factor contributing to YLD for men than for women. It is also worth noting that high fasting plasma glucose, high body mass index and tobacco are key risk factors for all groups but increase with age. Of general note is the impact of air pollution and non-optimal temperatures on health in those over the age of 70. Further breakdowns of risk factors by age and sex are in Appendix D.

Figure 5.8: Years Lived with Disability (YLD) by contributing risk factor for men and women, per 100k aged 50-69, and 70+ in 2019 in South Gloucestershire



Source: Global Burden of Disease, IHME, 2022 [Global Burden of Disease Visualisations: Compare (thelancet.com)]

5.2 Healthy weight

Key Message:

Based on GP records, 7 in 10 people aged over 50 in South Gloucestershire are overweight or obese. Diet, high body mass index, and low levels of physical activity are risk factors for multiple preventable long term health conditions which can reduce independence, quality of life and wellbeing as we age.

Approximately 1 in 3 people have no recorded body mass index (BMI) and it is not possible to track trends in this data at present. Recording a BMI is an opportunity to provide lifestyle advice and signpost to interventions.

Diet, high BMI, and low levels of physical activity are risk factors for multiple preventable long term health conditions which can reduce independence, quality of life and wellbeing as we age, such as diabetes or heart disease, and painful musculoskeletal conditions.

The South Gloucestershire residents survey 2022 found that those aged 45 to 64 found it easier to be active compared to younger or older counterparts. Those over 65 also reported finding it easier to eat healthily compared to younger counterparts.

Data from the Health Survey for England 2021 found that average self-reported BMI increased with age and was highest among adults between the ages of 45 and 74. Nationally, men were more likely to be overweight or obese than women, though levels of obesity alone were similar. In the Southwest, the proportion of adults who were either overweight or obese was 60%, and of those 22% were obese.

The rate of obesity in the South West was lower than other parts of the country, however, this still suggests 3 in 5 adults in the region are overweight or obese. When the national data was broken down by IMD quintiles, rates of obesity were higher in the most deprived quintiles, suggesting inequality plays a key part in healthy weight and diet. Although breakdown of BMI by ethnicity was not available within the Health Survey for England data, adults from a Black ethnic group were most likely to be overweight or obese (72% in 2020/21), compared to 64.5% of adults from a White British ethnic group (19). Adults from a Chinese ethnic group had the lowest levels of overweight and obesity (37.5%) (19). NICE recommend lower BMI thresholds for assessing cardiometabolic risk for people with a South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean family background (20).

Nationally, after controlling for age, the prevalence of longstanding illness (expected to last 12 months or more) in Health Survey for England respondents was similar for those who were not overweight nor obese (36%) and those who were overweight but not obese (35%). However, it was higher among those classified as obese (51%). The proportions who reported a limiting longstanding illness (expected to last 12 months or more and reducing the ability to carry out daily activities) were also higher for obese adults than for other groups; 35%, compared with 20% of those who were not overweight nor obese and 21% of overweight adults. Additionally, after controlling for age, the prevalence of doctor-diagnosed diabetes reported in the Health Survey for England increased with BMI group, from 3% of those who were not overweight nor obese, to 5% of overweight and 11% of obese adults.

Data on healthy weight is available from primary care via the BNSSG System-wide dataset, however almost one third (33,022) of the registered 50+ population in South Gloucestershire have an unknown Body Mass Index (BMI). Of the remaining 73,485, 27.8% have a healthy weight, compared to 40.6% of the population under 50 (excluding “unknowns”). 1.7% of the 50+ population with a known BMI are categorised as underweight, 37.5% as overweight and 33.1% as obese. Unfortunately, due to the recency of the System-Wide dataset we are unable to provide trend data for lifestyle factors.

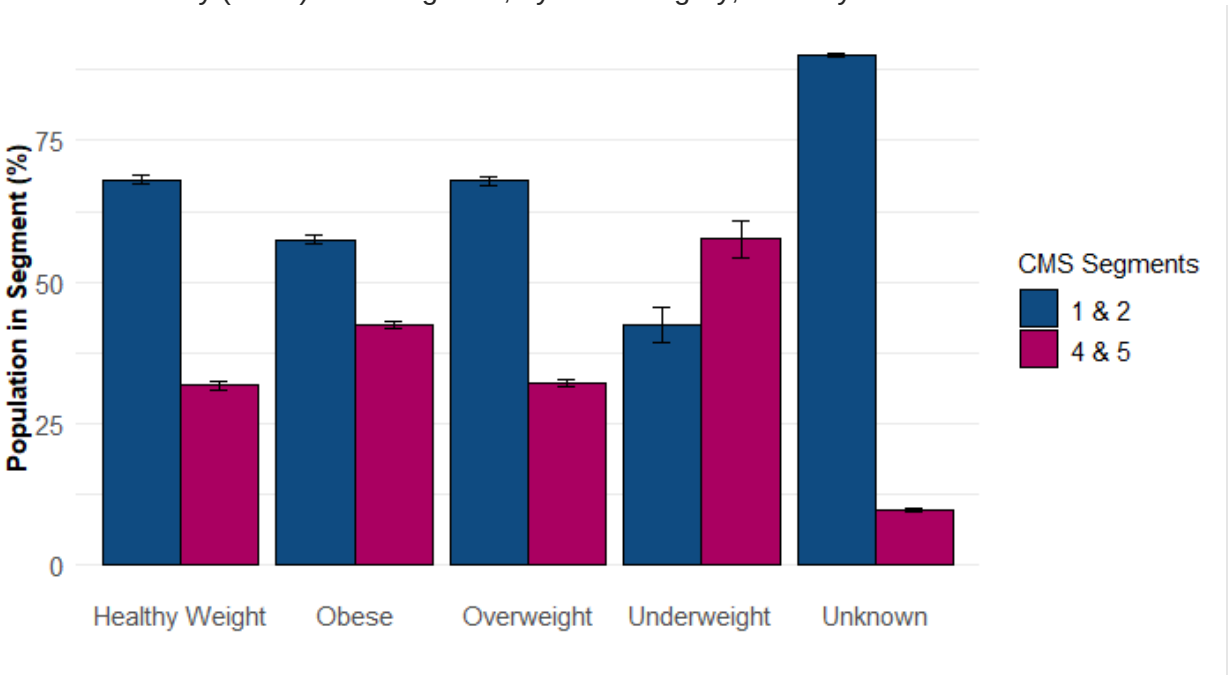
Table 5.1: Registered population aged 50+ in each BMI category in South Gloucestershire, by sex (excluding unknowns), January 2023.

Sex	Healthy Weight	Underweight	Overweight	Obese
Female	12,259 (31.6%)	957 (2.5%)	12,645 (32.6%)	12,942 (33.4%)
Male	8,137 (23.5%)	270 (0.8%)	14,916 (43%)	11,359 (32.8%)

Source: System-Wide Dataset, BNSSG ICB.

There is no clear association between BMI and the CMS segmentation (which splits people in to 5 categories from most to least healthy). This may be partly due to the amount of missing BMI data. However, one key observation is that almost half (46.3%) of all people aged 50+ who are underweight are in CMS Segments 4 and 5 (least healthy segments). There are no notable differences between the 50 to 74 and 75+ year olds. The 75+ group has more people in the less healthy CMS segments, but this can be found across all BMI categories.

Figure 5.9: Proportion of the 50+ South Gloucestershire population in the two most healthy (1 & 2) and least healthy (4 & 5) CMS segment, by BMI category, January 2023.



Source: System-Wide Dataset, BNSSG ICB.

5.3 Smoking

Key Message:

1 in 12 older adults currently smoke in South Gloucestershire and 1 in 5 are ex-smokers. Tobacco is the single most important, entirely preventable cause of ill health, disability, and death in this country. 2-in-3 people who smoke will die because of it. Smoking increases the chance of developing health conditions that decrease quality of life and increase need for social care.

As shown by the global burden of disease study (17), smoking tobacco is associated with poorer health outcomes, and the development of health conditions such as cancer, as well as respiratory and cardiovascular diseases. National data from the Health Survey for England, calculated that adults in lower income households were more likely to smoke,

and men were more likely to smoke than women in each deprivation quintile. Nationally, the proportions of current smokers broadly increased from 8% of adults in the highest income quintile to 17% in the lowest income quintile. Nationally, higher smoking rates are also associated with long term mental health conditions, and routine and manual labour.

From data recorded in primary care, 8.4% of the 50+ population in South Gloucestershire are current smokers, and 19.2% are ex-smokers. The remaining 72.4% are either people who have never smoked, or unknowns. Unfortunately, there are currently no means of knowing the proportion of unknowns within the data set, so the accuracy of these figures is uncertain. Latest published data for smoking prevalence among the adult population in South Gloucestershire in 2021 was 12.2%. The prevalence of 8.4% reported is likely to be an underestimate but could also reflect generational differences in smoking prevalence.

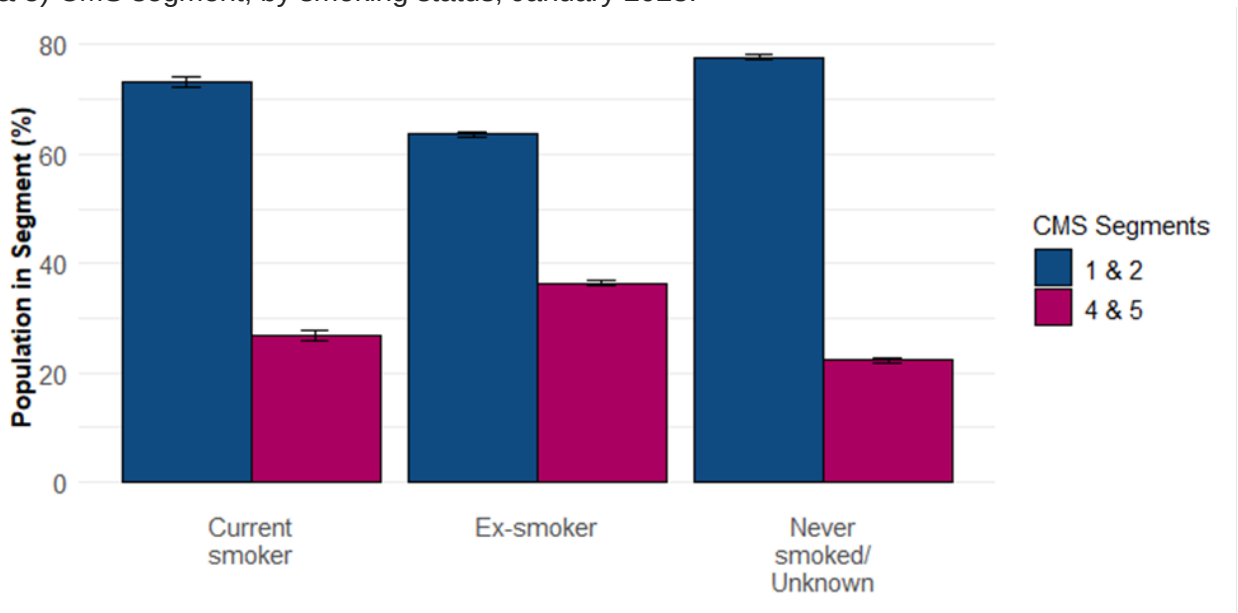
Table 5.2: Smoking prevalence among the population registered in South Gloucestershire, by sex and age group, January 2023.

Smoking status	Men aged 50-74	Men aged 75+	Women aged 50-74	Women aged 75+
Current smoker	4,227 (10.7%)	475 (4%)	3,403 (8.5%)	522 (3.4%)
Ex-smoker	12,611 (32%)	5,757 (48.9%)	10,743 (26.8%)	4,353 (28.7%)
Never smoked/ Unknown	22,628 (57.3%)	5,547 (47.1%)	25,940 (64.7%)	10,301 (67.9%)

Source: System-Wide Dataset, BNSSG ICB

In South Gloucestershire, ex-smokers have the highest proportion (36.4%) of people in the least healthy CMS segments (4 & 5) of the population, and the lowest proportion (63.7%) in the healthiest segments. 26.8% of current smokers are in the least healthy CMS segments of the population. This is higher than the “Never smoked/Unknown” group (22.3%), although as noted before we do not know how many in this category are “Unknown.” These patterns are present in both the 50- to 74-year-old age group and the 75+ age group.

Figure 5.10: Proportion of the 50+ population in the two most healthy (1 & 2) and least healthy (4 & 5) CMS segment, by smoking status, January 2023.



Source: System-Wide Dataset, BNSSG ICB.

5.4 Alcohol & drug dependency

Key Message:

Almost half of those with a recorded alcohol or drug dependency in South Gloucestershire were aged 50 and over. Among this over group, 2 in 3 were men and many of those affected also have a mental health condition. Social isolation and deprivation are risk factors for alcohol and drug dependency.

The physical and mental health impact of dependency can drive health and social care needs. There is the opportunity to explore the local drivers of alcohol and drug use and the impact on health and social care use in this cohort in the next phase of the needs assessment.

The excess consumption of alcohol, dependency and other substance misuse can impact physical and mental health, and risk factors for alcohol and drug dependency can include greater social isolation, greater deprivation, and male gender.

In April 2022, there were 4,969 people of all ages recorded as having an alcohol or drug dependency in South Gloucestershire[2]. Of these, 3,772 people (approximately three quarters) had an alcohol dependency only, 1,000 people had a drug dependency only, and

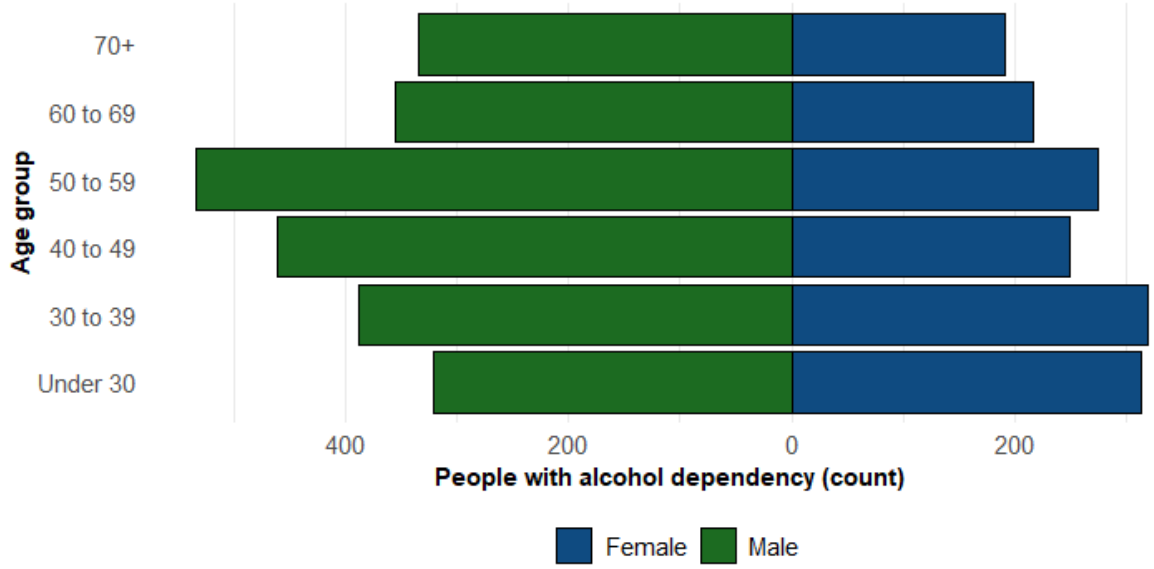
[2] Drugs & Alcohol Dashboard, System-Wide Dataset, BNSSG ICB

197 had both. Around one-third (34%) of people with an alcohol or drug dependency were in the least healthy segments (4 & 5) of the population according to the BNSSG Segmentation model, and only 33 people were considered to be in the healthiest segment (1).

46.6% of all people with an alcohol or drug dependency in South Gloucestershire were aged 50 and over (2,315 people). Among this over 50s cohort, 63% were men, and 41% were also registered as having a mental health condition other than alcohol or drug dependency.

Figure 5.11 shows the population who have alcohol dependency in South Gloucestershire broken down by sex and age group. While the difference between men and women in younger age groups is minimal, the gap widens with age, with more men having alcohol dependency than women, especially between the ages of 40 and 60.

Figure 5.11: Registered population dependent on alcohol in South Gloucestershire by sex and age group, April 2022.



Source: Drugs & Alcohol Dashboard, System-Wide Dataset, BNSSG ICB.

The reasons for the higher prevalence of alcohol dependency in men aged 50-59 and any specific interventions that work for this age group are currently unknown and would benefit from a more in-depth review of literature and local pathways.

5.5 Sexual Health

Key Message:

People of all sexual orientations often remain sexually active as they age and national rates of STIs in older adults are rising. Understanding the sexual orientation of those aged over 50 is an important aspect of providing person centred care.

Resources are available to support social care providers to be more inclusive.

People of all sexual orientations often remain sexually active as they age. Understanding the sexual orientation of those aged over 50 is an important aspect of providing person centred care. At the time of writing, access to data on specific rates of STIs in older populations in South Gloucestershire was not available, however the Terrance Higgins trust highlights some key national challenges in the sexual health needs of people as they age in their state of the nation report, and their report on HIV, sexual health and ageing. Nationally, although rates of STIs among older people remain low, increases are being recorded in this population, particularly of gonorrhoea. In 2018, there was an 18% increase in new STI diagnoses among older men (45-64) and a 4% increase among older women since 2014. For older people over the age of 65, both men and women experienced a 23% increase in new STI diagnoses over this time period (21). This increase in national STI rates in those over 45 indicated the continuing need for sexual health education and interventions throughout the life course.

Terrance Higgins Trust's research with adults over 50 living with HIV found that:

- "58% of people living with HIV aged 50+ were defined as living on or below the poverty line – double the levels of poverty seen in the general population.
- People living with HIV aged 50 and over have on average three times as many long-term health conditions as the general population.
- People living with HIV aged 50 and over have faced discrimination from social care professionals as a result of their HIV status.
- A quarter of respondents claimed that they would have no one to support them if they needed help with daily tasks.
- A third of people aged 50 and over living with HIV were socially isolated and 82% experienced moderate to high levels of loneliness." (22)

Health and social care staff, and particularly those in residential care settings may need to be aware of individuals having diverse social histories and support needs. The diversity trust has a resource pack on creating inclusive care homes which should be used by commissioners and shared with providers: Care Under the Rainbow - The Diversity Trust.

5.6 Vaccinations

Key Message:

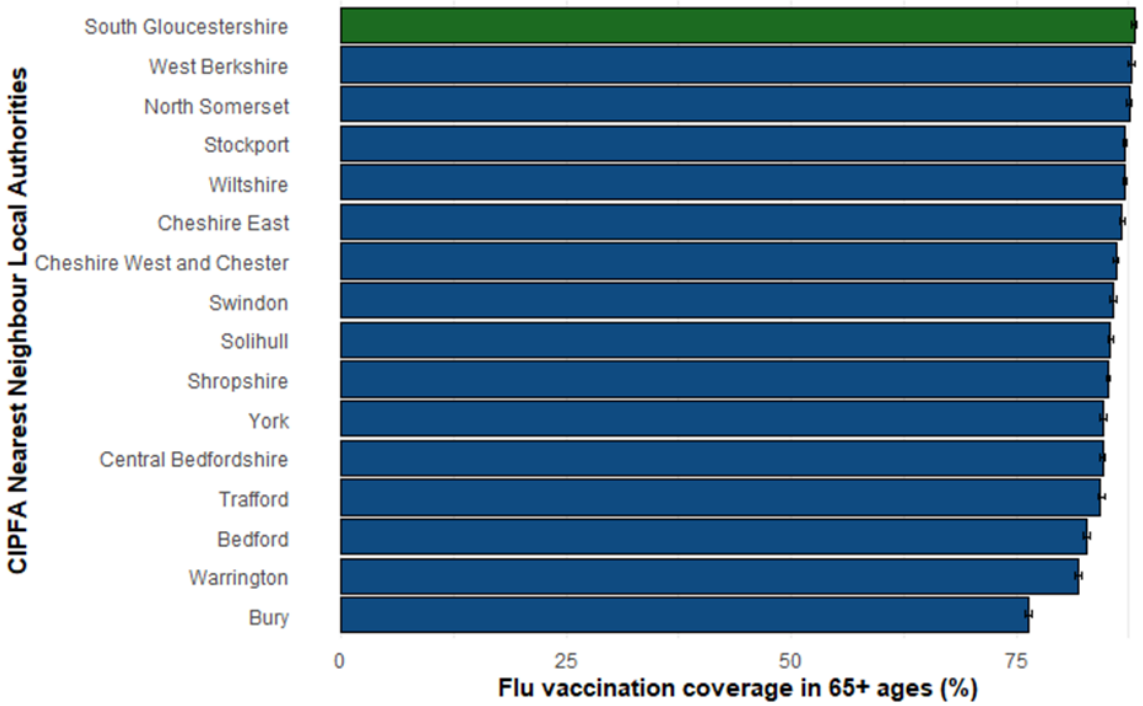
Vaccination coverage for flu and COVID among the over-65s is generally high in South Gloucestershire. However, coverage for the shingles vaccine remains below the national target. Vaccination remains an effective public health intervention for reducing transmission of preventable infections in the community. Vaccination is vital in health and social care settings for both residents and staff.

Vaccinations help to reduce transmission and the negative health consequences of preventable infections in the community, and are of particular benefit as we age and become more vulnerable to more serious health consequences from infectious diseases. Vaccines are most effective when the coverage in the whole population is higher, reducing the spread in the population, but coverage in those most at risk of complications due to age or other health conditions is essential, particularly in settings such as care homes.

In 2021/22, 88.1% of the population of South Gloucestershire aged 65 and over received flu vaccinations, and had the highest coverage compared to its nearest statistical neighbours. This is also an increase of 9.1 percentage points compared to pre-pandemic uptake – in 2019/20, 79% of the population over 65 received a flu vaccine.

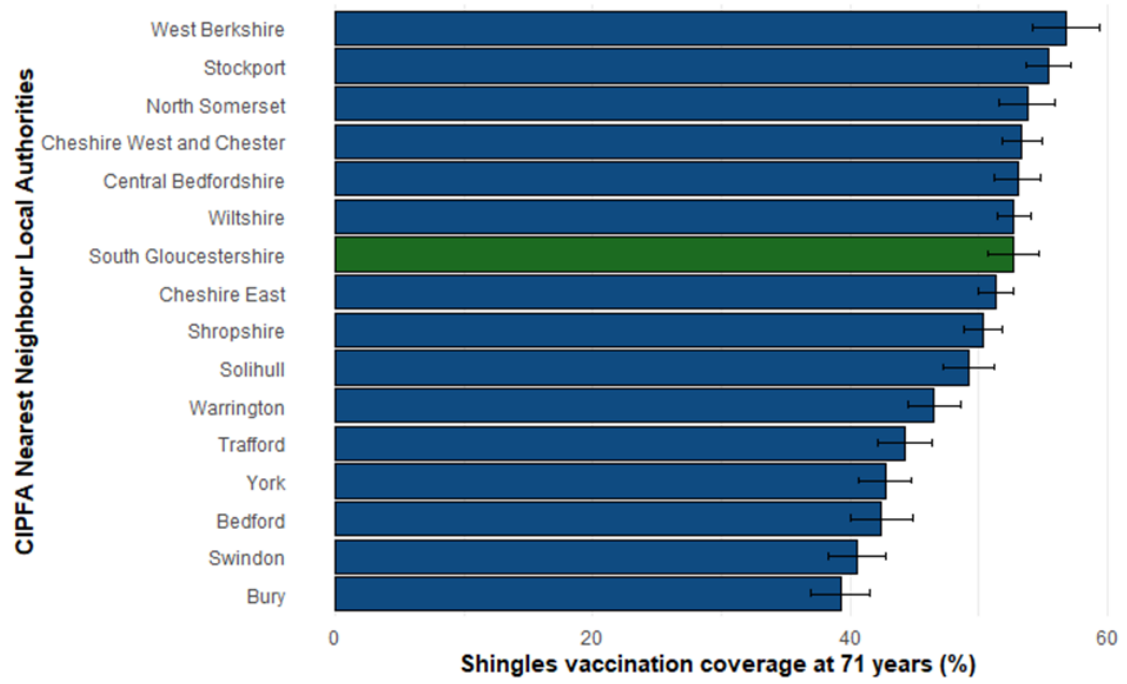
In 2021/22, 57.2% of the population of South Gloucestershire aged 71 received shingles vaccinations, which is just above the median rate compared to statistical neighbours, but still below the target of 60%.

Figure 5.12: Flu vaccination coverage among 65+ year olds compared to CIPFA nearest neighbours, 2021/22.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Figure 5.13: Shingles vaccination coverage at 71 years compared to CIPFA nearest neighbours, 2019/20.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Latest data on COVID-19 vaccinations shows that 78.7% of the population aged 50 and over in South Gloucestershire received their autumn 2022 booster. Table 5.3 shows this broken down by age.

Table 5.3: COVID-19 autumn 2022 booster vaccination uptake, by age group.

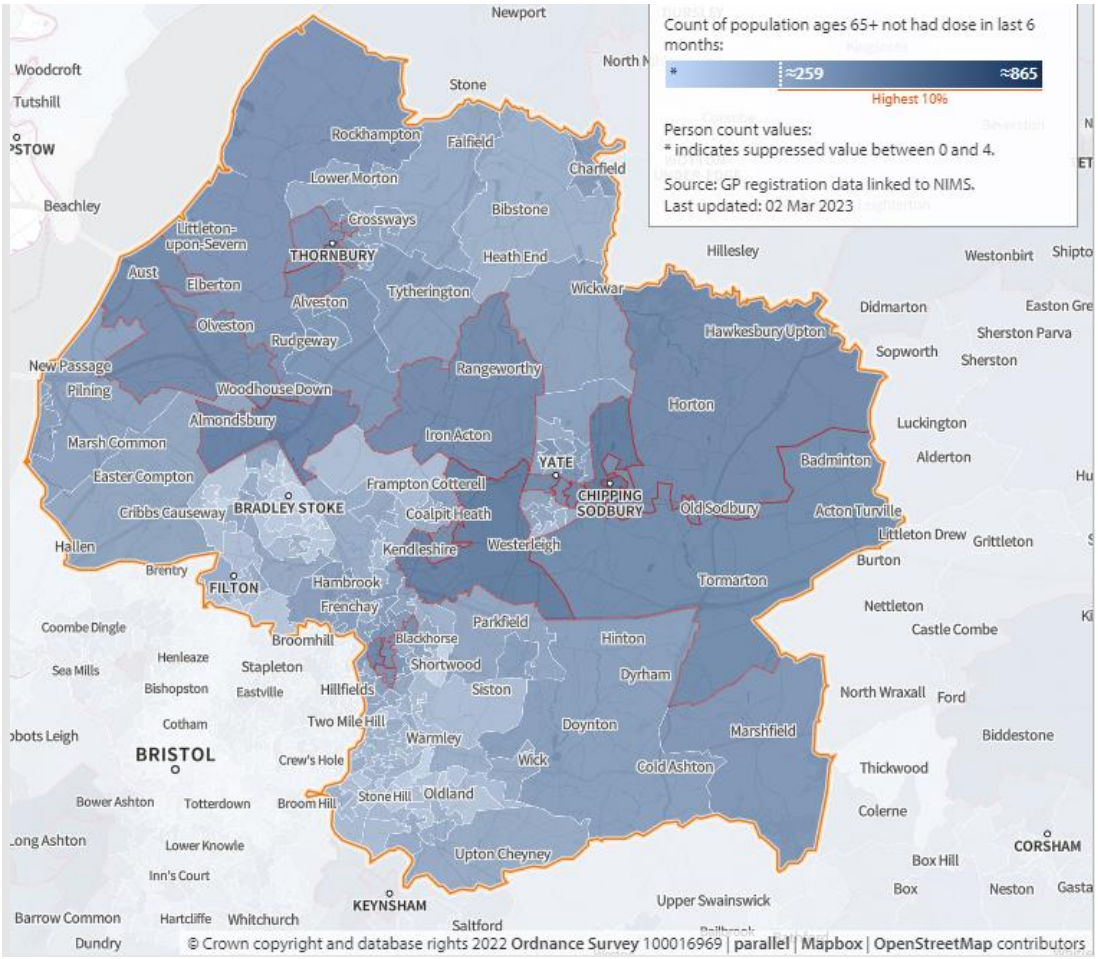
50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
60.5%	70.3%	77.2%	84.8%	88.8%	90.6%	91.6%	91.6%	90.6%

Source: GOV.UK Coronavirus (COVID-19) in the UK https://coronavirus.data.gov.uk/

Based on figure 5.14 below, the LSOAs with the highest number of people aged 65+ who have not had a COVID-19 vaccine dose are:

1. Barnhill Quarry / Wickwar Road area: 392 (64.7% of the population aged 65+)
2. Woodmans Close / Kingrove Crescent area: 391 (75.3%)
3. Westerleigh Village and surrounding rural area: 380 (63.4%)
4. Almondsbury area to Gaunt's Earthcott: 339 (54.7%)
5. Scott Way area: 319 (72.5%)

Figure 5.14: Population aged 65+ who have not had a COVID-19 booster in the last 6 months by LSOA.



Source: SHAPE Place Atlas https://app.shapeatlas.net/

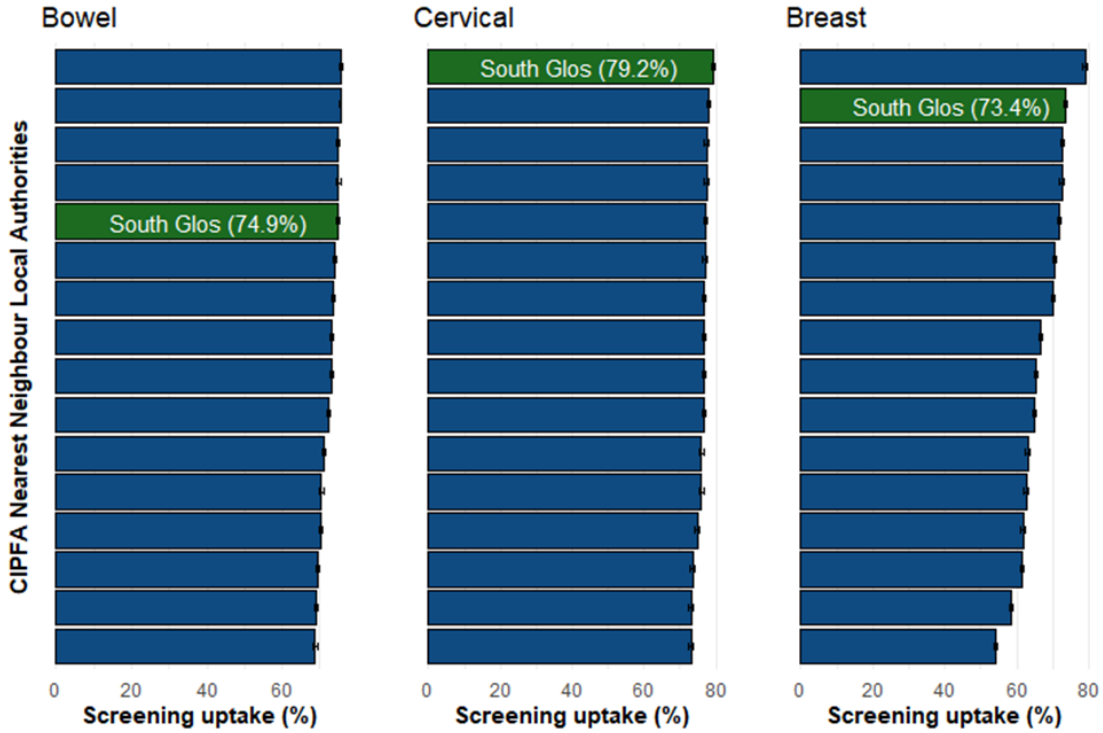
5.7 Cancer screening

Screening is carried out in those who are not symptomatic of the conditions they are being screened for but are at risk developing the condition due to risk factors such as their age or gender, and where early identification can help them to access effective treatment before they become more unwell.

There are three national screening programmes for cancer in England: bowel, cervical, and breast cancer screenings. Bowel screening is targeted at men and women aged 60 to 74 though this has been expanding since 2021 to include those aged 50 to 59, breast screening is for women aged 53 to 70, and cervical screening is available to women from the age of 25, however the indicator chosen here focuses on ages 50 to 64.

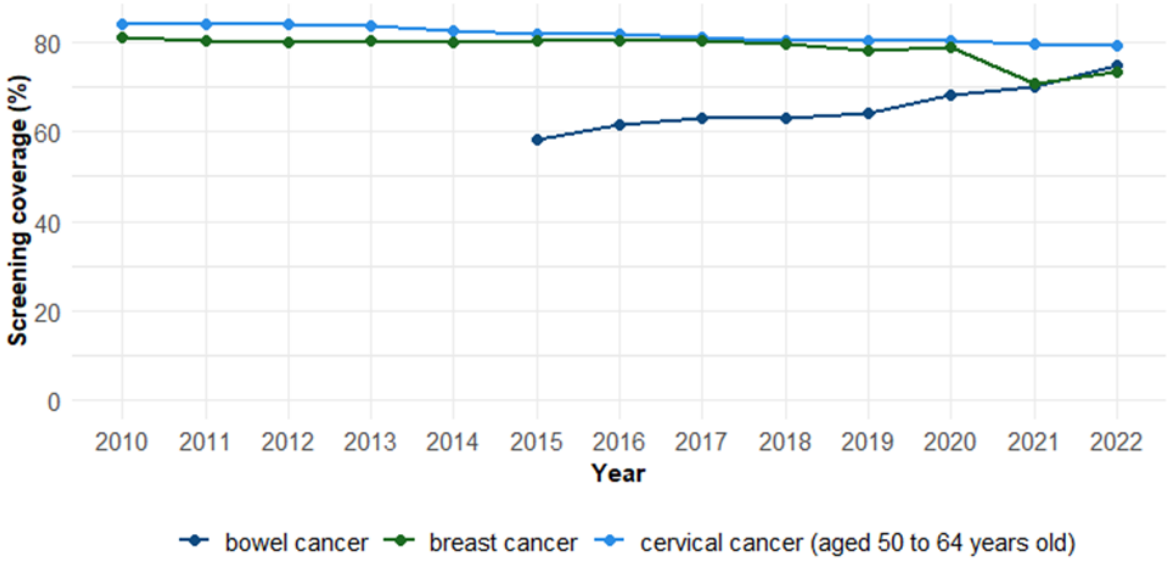
In 2022, screening coverage was 74.9% for bowel cancer, 79.2% for cervical cancer (ages 50 to 64), and 73.4% for breast cancer. These figures were all significantly higher than England averages, and as shown in figure 5.15, South Gloucestershire compares favourably to its nearest statistical neighbours. Over time, coverage for bowel screening has greatly increased since 2015, whereas cervical screening seems to have been slowly declining since 2010 (see figure 5.16).

Figure 5.15: Screening coverage for bowel, cervical (ages 50 to 64), and breast cancer in South Gloucestershire and its nearest statistical neighbours, 2022.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Figure 5.16: Screening coverage for bowel, cervical (ages 50 to 64), and breast cancer in South Gloucestershire over time.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Recent analysis by Cancer Research UK shows that lung, bowel, breast, and prostate cancers were the 4 most common cancer types in all ethnic groups nationally (23). However, Asian, and Black people as well as people with Mixed ethnic backgrounds have lower rates of cancer for the majority of cancer types, compared with White people (23). A small number of cancer types are more common in certain ethnic groups, including myeloma and stomach cancer in people from Black ethnic groups, gallbladder cancer in people from Black and Asian ethnic groups, and prostate cancer in Black men. Black and Asian people have far lower rates of melanoma skin cancer compared to White British counterparts (23).

5.8 NHS Health Checks

Key Message:

Some of the most common health limiting conditions in later life, like diabetes or heart disease, are often preventable. The NHS Health Check programme helps to identify early signs of poor health in those aged 40-74. South Gloucestershire has a high uptake of NHS health checks but those in the poorest health and from the most deprived communities are still not accessing the service. More can be done locally to improve uptake among disadvantaged groups in order to reduce, rather than widen, inequalities.

South Gloucestershire has an exceptionally high uptake of NHS health checks nationally but those in the poorest health and from the most deprived communities are still not accessing the service at a similar rate. More can be done locally to improve uptake among disadvantaged groups in order to reduce, rather than widen, inequalities.

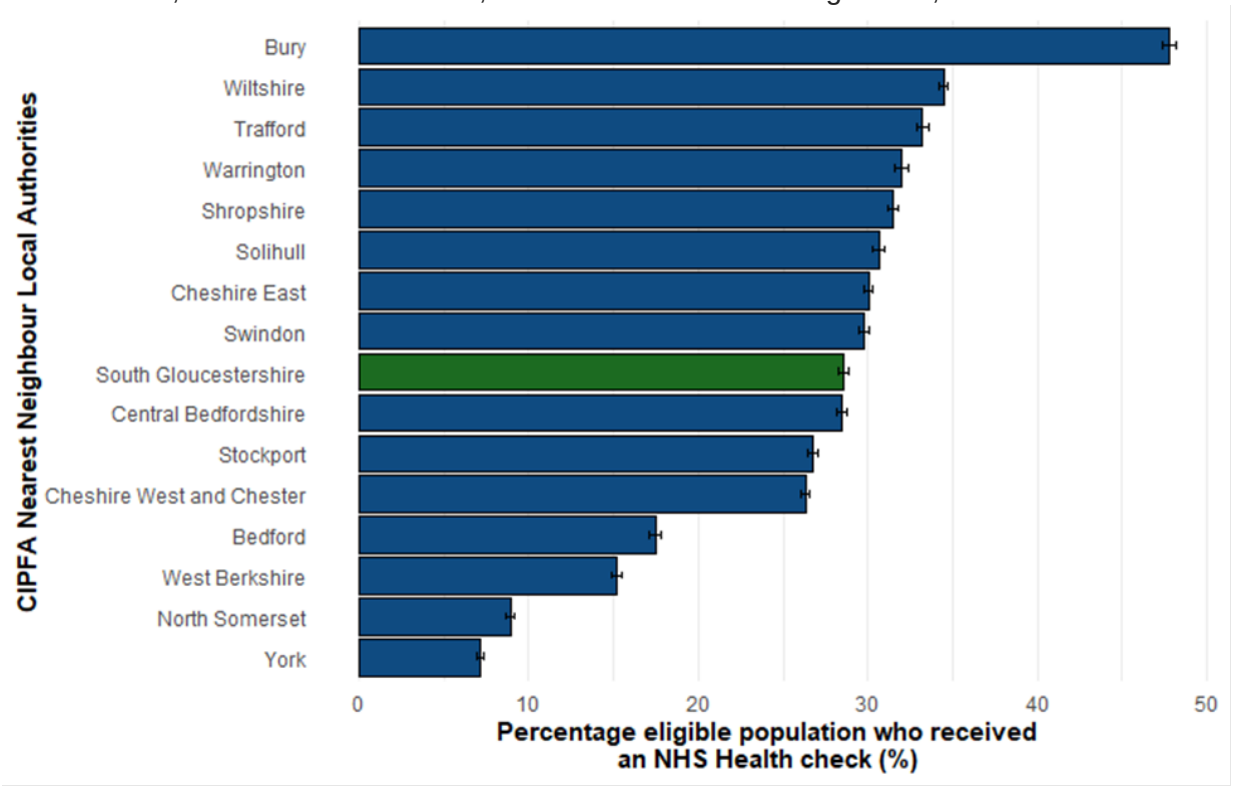
Some of the most common conditions, like diabetes or heart disease, which can go on to reduce independence and wellbeing in later life, are often preventable. When the risks or precursors for these conditions are identified early, individuals can make informed choices about their lifestyles or ensure they have the right support in place to manage their conditions. The NHS Health Check programme helps to identify early signs of poor health in those aged 40-74. Every five years, those without a diagnosis of one of the conditions of interest are invited to an appointment to assess their risk of heart disease, stroke, diabetes, and kidney disease.

These conditions cost health and social care services, communities, and individuals valuable time, money, and resources, especially when they are identified late or poorly managed. A high uptake of NHS Health Checks provides the opportunity to identify those at risk and intervene early before these preventable conditions become embedded or cause additional harm. Health Checks also help to raise awareness of these conditions and discuss how to manage the risks of cardiovascular disease with individuals directly. The Government is exploring turning the NHS Health Check programme into a National Prevention Service.

Over the last 5-year period between 2017/18-2021/22, 28,060 people were offered an NHS health check in South Gloucestershire. This represents 34.9% of the eligible population, and is nearly half the proportion who were offered checks in the earliest data period available 2013/14-2017/18 (68.4%). The 2017/18-2021/22 figure is also lower than most of the local authority's nearest statistical neighbours, and significantly lower than the England average (63.3%).

However, South Gloucestershire has the highest uptake of health checks out of any of its statistical neighbours at 82.4%, which is also more than double the England average of 44.8%. This results in an overall proportion of 28.6% of the eligible population aged 40 to 74 receiving an NHS health check, which is not significantly different from England's average.

Figure 5.17: Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check, South Gloucestershire, and nearest statistical neighbours, 2017/18-2021/22.



Source: OHID Public Health Profiles, https://fingertips.phe.org.uk/

Local data shows that in 2022, 4,130 people in South Gloucestershire received an NHS health check[3]. Of these, 2,354 (57%) were women and 1,776 (43%) were men. 34.2% of them were aged between 40 and 49 years, 31.8% were 50 to 59, 25% were 60 to 69, and 9% were aged 70 and above. Below are some key points on the results:

- Nearly 1 in 5 people (19.1%) were over 65, and therefore eligible for additional information raising awareness of the signs and symptoms of dementia and signposting to services if appropriate.
- 15.8% of people received a brief intervention on weight management.
- 11.7% received a brief intervention on physical activity.
- 4.8% received a brief intervention on alcohol.

3,954 had results recorded for Q Risk score, which represents a person's risk of developing a heart attack or stroke over the next 10 years. Of these, 21.8% were at moderate risk, and 6% were at high risk.

[3] Primary care data extracted by OneCare for South Gloucestershire council.

5.9 Oral Health

Key Message:

Oral diseases including tooth decay and gum disease are largely preventable, however older adults and those living in care homes are at greater risk of oral disease due to poorer general health and functional limitations. Care home residents experience worse oral health than the general adult population and more can be done locally to follow best practice guidance on oral health in care settings where residents are reliant on care staff to help them with personal care.

The below is an adapted extract from a local BNSSG report: ‘Mouth care training and support for care homes: Determining the actions for improvement’, which identifies several actions that could be taken to improve oral health.

Poor oral health can result in discomfort, pain, and can impact a person’s ability to eat, speak and socialise. It can cause changes in mood and behaviour, especially in individuals who are unable to articulate their pain or ask for help. Problems with chewing and swallowing can result in poor nutritional uptake. There is also evidence that poor oral health is associated with an increased risk of cardiovascular disease (24); and it increases the risk of aspiration pneumonia in older adults (25).

Oral diseases including tooth decay and gum disease are largely preventable, however older adults and those living in care homes are at greater risk of oral disease due to poorer general health and functional limitations. Many residents of nursing and residential care homes are reliant on staff to help them with personal care including mouth care. Data from Public Health England’s oral health collection surveys (26) highlight that care home residents experience worse oral health than the general adult population. Of the estimated 418,000 adults living in care homes in UK, more than half have tooth decay compared with 40% of over 75s and 33% of over 85s who do not reside in care homes. There is a higher prevalence of untreated dental caries among older adults living in care homes and they also appear to have a poorer oral health related quality of life (27).

A South West Oral Health Needs Assessment (OHNA) (28) was published in 2021. It describes the oral health profile of people living in the South West of England, summarises currently commissioned dental care services and identifies potential gaps in service provision. Adults in care homes are recognised as a vulnerable group. Local authorities have statutory commissioning responsibilities to provide oral health promotion programmes to improve the oral health of the population and reduce inequalities (29). Local authorities also commission care homes and therefore have an opportunity to improve population health and integrate oral health improvement into them.

The current BNSSG and BaNES local authorities Oral Health Promotion Strategy (30) recognises older people and those living with cognitive or physical morbidities as being at higher risk of developing oral disease. It highlights that providing oral hygiene promotion for older people is a vital part of ‘ensuring a holistic approach to healthy lifestyles and

maintaining independence'. One of its 5 strategic priorities is to 'Promote oral health by improving levels of oral hygiene'. Providing high quality training to front line staff that is setting and group specific is outlined as a core intervention to achieve strategic priority objectives. Currently commissioning of dental services sits with NHS England, however, the commissioning of dental services began transferring to Integrated Care Systems from April 2023.

5.10 Loneliness and Social Isolation

Key Message:

Social isolation in older adults is a risk factor for dementia. Locally, over 1 in 20 adult social care users aged 65+ report having little social contact with people and feeling isolated.

Risk factors for loneliness and social isolation include sensory impairments, physical disabilities, and access to transport.

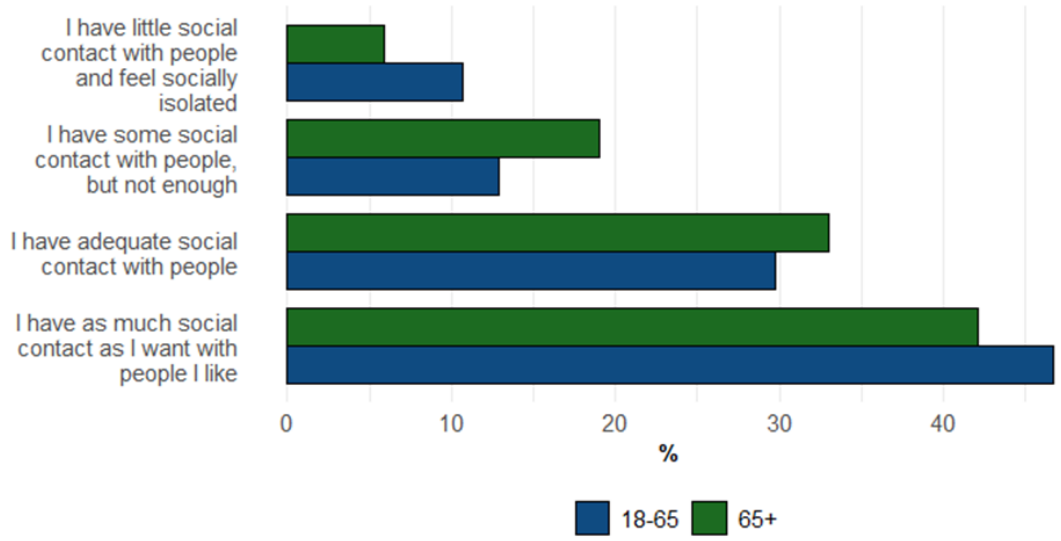
The response rate for the Adult Social Care survey was low, and there may be an opportunity to increase uptake with future engagement work.

Loneliness and social isolation are related concepts, but one describes the subjective quality of the relationships individuals have whilst the other considers the quantity of social contacts. We can be surrounded by people, i.e. not socially isolated, and still feel lonely if the quality of those relationships are poor. Social inclusion and having our desired level of engagement with our social networks is a vital aspect of health and wellbeing, especially as we age. Risk factors for loneliness and social isolation may include things like sensory impairments or physical disabilities, or even accessibility and availability of transport.

The Adult Social Care Survey (ASCS) of 2021 asked social care users the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?". 5.10 shows a breakdown of answers by age group. Please note that response rate for the survey in South Gloucestershire was around 28%, and therefore may not be representative of the entire population of social care users in the local authority.

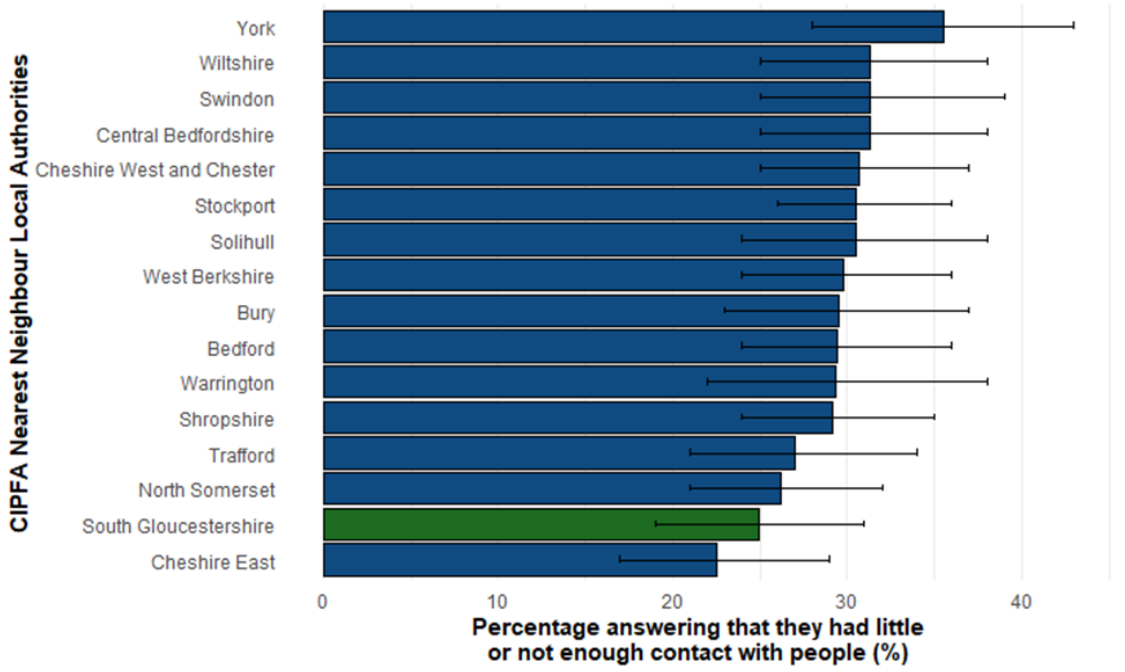
In South Gloucestershire, 5.9% of adult social care users aged 65+ report having little social contact with people and feeling isolated, and 19% report not having enough social contact. These two responses were combined and plotted in figure 5.19 alongside results for South Gloucestershire's nearest statistical neighbours. Social isolation appears less prevalent among those aged 65 and over in South Gloucestershire compared to its neighbours, although low completeness of the survey and small samples suggest differences are not significant.

Figure 5.18: Percentage of each response to the question “Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?” by age group in South Gloucestershire, ASCS 2021.



Source: Personal Social Services Adult Social Care Survey, England, 2021-22, NHS Digital.

Figure 5.19: Percentage of social care users aged 65 and over who report having little or not enough social contact with people, CIPFA nearest neighbours, ASCS 2021.



Source: Personal Social Services Adult Social Care Survey, England, 2021-22, NHS Digital.

6 Health Services

Data on non-elective activity (i.e. hospital activity that is unplanned/urgent) and A&E attendances is available from the BNSSG ICB's Population Health Management Dashboard, which uses a System-Wide Dataset. This source shows the latest year of data available for a given service, therefore dates covered vary.

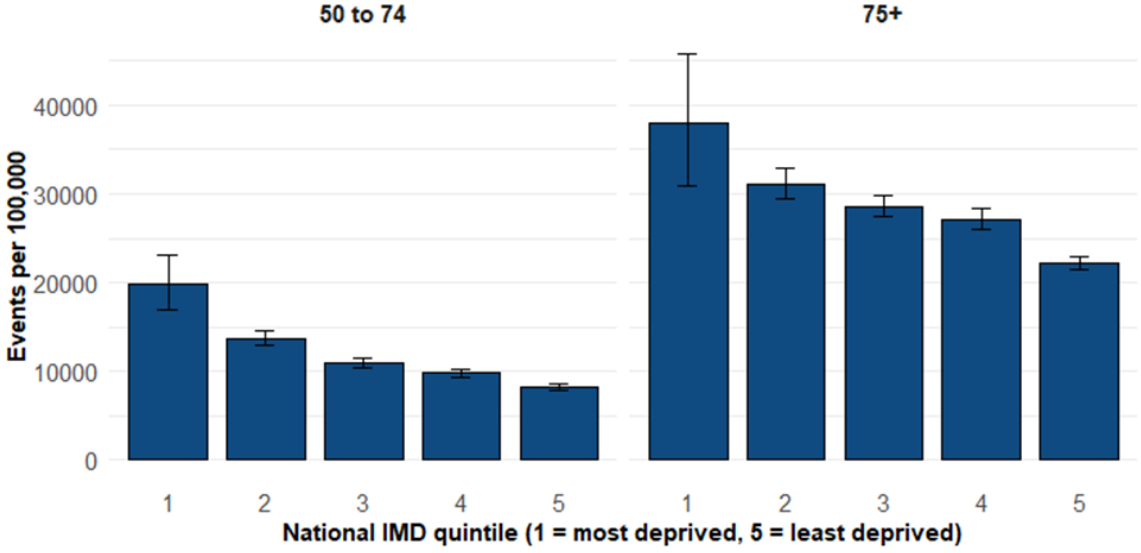
6.1 Non-Elective Activity

Between 01/02/2022 and 31/01/2023, there were 13,827 Non-Elective Spells per 100,000 population aged 50 and over in South Gloucestershire. The rate of spells increases with age and CMS segment, both of which are to be expected. As people get older, their need for unplanned health services increases. In South Gloucestershire, the rate of non-elective spells among 75 and over is 2.65 times the rate in those aged 50–74-year-olds (25,760 and 9,823 per 100,000 respectively).

Given that CMS segments are built with the purpose of predicting service use, we would expect those in the less healthy segments to have more non-elective spells than those in healthier segments. Among all those aged 50+ in South Gloucestershire, the rate of non-elective spells is 3,431 spells per 100,000 per year in Segment 1, compared to 60,045 in Segment 5.

Non-elective health service use also appears to be associated with deprivation. As can be seen in figure 6.1, there is a steady increase in non-elective spells in both age groups from IMD quintile 5 (most deprived) to IMD quintile 2, with a sharper increase from IMD quintile 2 to 1. For all those aged 50 and over, the rate of non-elective spells in the most deprived areas is almost double the rate in the least deprived areas (11,723 and 23,690 spells per 100,000 respectively). Please note however that as we are using national IMD quintiles, populations in least deprived areas are small and rates have wider confidence intervals than less deprived areas.

Figure 6.1: Non-elective spells by age group and IMD quintile, February 2022 - January 2023.



Source: Population Health Management Dashboard, System-Wide Dataset, BNSSG ICB

6.2 A&E Attendances

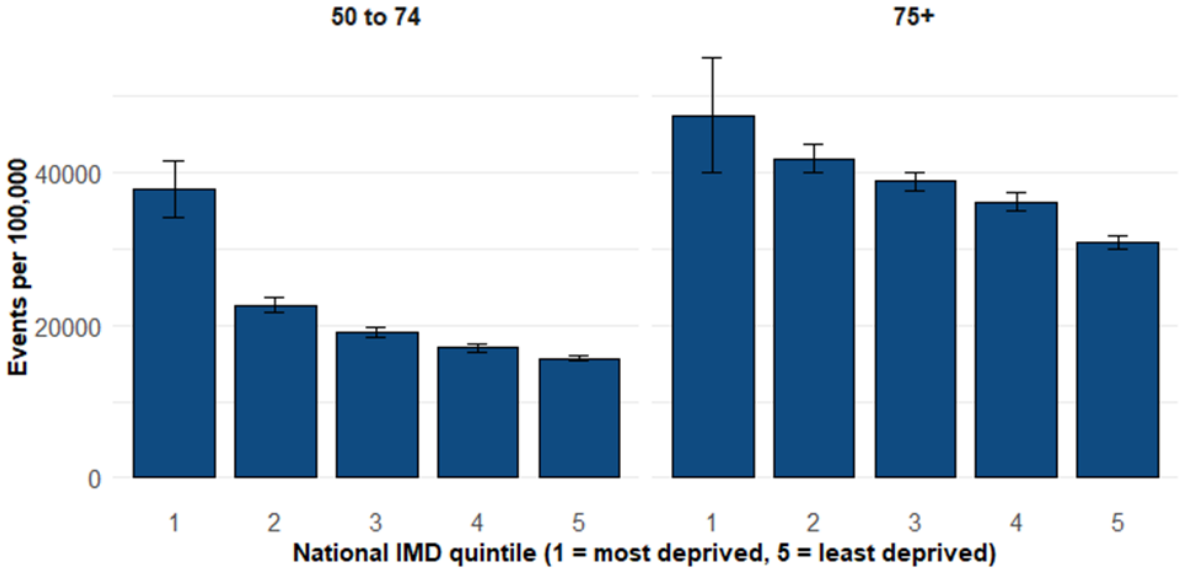
Key Message:

A&E attendances are higher among people living in areas of higher deprivation and increase with age. A&E attendances are higher among people living in areas of higher deprivation and for those living in poorer health.

Between 06/03/2022 and 05/03/2023, there were 22,001 A&E attendances per 100,000 population aged 50 and over in South Gloucestershire. As with non-elective spells, A&E attendance increases with both age (17,611 attendances per 100,000 for 50- to 74-year-olds, 35,113 for 75+) and CMS segment (9,224 attendances per 100,000 for the 50+ population in Segment 1, 72,440 for Segment 5).

The same relationship between activity and deprivation is apparent for A&E attendances, where the rates of A&E attendances are higher among people living in areas of higher deprivation. The biggest difference appears to be between those living in IMD quintiles 1 (most deprived) and 2 among 50- to 74-year-olds. The gap between these two quintiles (15,090 attendances) is more than double the difference between IMD quintile 2 and 5 (6,986).

Figure 6.2: A&E attendances by age group and IMD quintile, March 2022 - February 2023.



Source: Population Health Management Dashboard, System-Wide Dataset, BNSSG ICB.

6.3 Proactive care

The South Gloucestershire Locality Partnership (LP) convened an Ageing Well Core group in response to the BNSSG system focused Ageing Well programme, consisting of key

partners from Adult Social Care, Public Health, Sirona care & health, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Care and Support West, alongside Carers Support Centre and Age UK South Gloucestershire as joint Voluntary, Community and Social Enterprise (VCSE) representatives.

The Ageing Well programme in South Gloucestershire has focused on two core 'pillars' – Proactive Care (previously known as Anticipatory Care) and Enhanced Health in Care Home (EHCH). Proactive Care is an NHS Long Term Plan commitment that aims to provide proactive and personalised health and care for individuals, delivered through multidisciplinary teams in local communities. The care model aims to optimise use of the health and care system for individuals by intervening earlier, proactively, and more holistically while the patient is at home, which is particularly important for individuals with complex needs, including but not limited to, those with multiple long-term conditions (MLTC). The Enhanced Health in Care Homes (EHCH) model moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach. The NHS Long Term Plan (2019) contained a commitment as part of the Ageing Well Programme to roll out EHCH across England by 2024, commencing in 2020. This reflects an ambition for the NHS to strengthen its support for the people who live and work in and around care homes.

The vision set out below was produced in collaboration with key partners via this Ageing Well Core group:

> *"Working collaboratively with partners and our communities to develop and deliver proactive, coordinated and holistic support to enable our residents and their carers to stay healthy and independent for longer".*

Since the group was established in June 2022, they have worked to understand the current landscape for individuals who are ageing, defined the priorities based on quantitative and qualitative insights gathered through Population Health Management (PHM) data, the Joint Strategic Needs Assessment (JSNA) and partner engagement. An action plan was developed to underpin the activities needed to support the Ageing Well programme, which includes levelling up of provision, enhancement of current models and clinical modelling. In collaboration, they have designed and proposed a new model of care, which takes in account the six core components: case identification, holistic assessment, personalised care and support planning, multidisciplinary working, co-ordinated care, and interventions and support of Proactive Care.

Seventeen pilot projects were funded by BNSSG in 2021/22, and the LP has been actively involved with the monitoring and oversight of these, with all pilots being evaluated in January 2023. Many of the pilots were VCSE led; to ensure we can deliver proactive and coordinated care to support individuals in South Glos population to 'Age Well', we need to enhance the non-clinical capability and capacity to do this. The principles guiding the work with VCSE partners are built on local partnerships, creating transformative services for the local community. With Southern Brooks as the lead VCSE provider are working with other VCSE sector colleagues to understand what is already being offered through statutory

commissioned routes, whilst scoping the gaps in provision, using their hyper local knowledge and connections. As part of this work, we will look to the Ageing Well Needs Assessment to help inform future commissioning intentions, noting commissioning should be based on population need, linking with the wider determinants of health to ensure there is a preventative focus.

7 Social Care

Key message: **The system**

Many of the conditions driving health and social care service needs are preventable. Acute pressures on services have driven the focus away from prevention. The Age Friendly Communities programme provides an opportunity for a refreshed focus on prevention, person-centred care, and better integration. This will help narrow inequalities and reduce demand for social care.

Key message: **The data**

Locally, a Client Level Data set (CLD) is being developed to link adult social care records to NHS records at an individual level. The first iteration of this is now available, though issues with data completeness and quality remain. The CLD will significantly deepen our understanding of the health needs and inequalities in our Adult Social Care population and help identify future demand for specific social care service areas. Until the CLD is fully up and running, the ability to report on current Adult Social Care activitv data is limited.

The Council works with approximately 300 independent care home providers, 20-day care supported living providers, and nearly 40 home care providers within the Council area together with a number of voluntary organisations and other local agencies including NHS Trusts and NHS Commissioners. However, health and social care funding and provision is complex and funded by multiple parts of the system. Locally, a lot of work is being done to ensure services are joined up, improving pathways, reducing duplication, and improving access and outcomes for people in the community.

Data from the Health Survey for England provides additional insight on the social care needs of adults in England (31):

- “24% of men and 28% of women aged 65 and over needed help with at least one Activity of Daily Living (ADL) in the past month. 21% of men and 29% of women needed help with at least one Instrumental Activity of Daily Living (IADL).
- The proportions needing help with ADLs or IADLs increased with age from 21% of adults aged between 65 and 69 to 52% of those aged 80 and over. Need for help with two or more ADLs or IADLs also increased with age from 15% of adults aged 65 to 69 to 40% aged 80 and over.
- 22% of adults aged 65 and over had an unmet need for help with at least one ADL, and 15% had an unmet need for help with at least one IADL.

- Adults aged 65 and over from the most deprived area were twice as likely to need help with ADLs and IADLs as adults living in the least deprived areas. The proportions who had received some help and who had unmet need were also higher in more deprived areas.
- More than half of adults with a limiting longstanding illness needed help with ADLs (53%) and IADLs (51%), compared with less than 10% of those with a non-limiting longstanding illness or no longstanding illness."

"Among ADLs, adults aged 65 and over were most likely to need help with

- getting up and down the stairs (20%)
- having a bath or shower (13%)
- dressing and undressing (13%)." (31)

"Among IADLs, adults aged 65 and over were most likely to need help with

- shopping for food (20%)
- doing routine housework or laundry (19%)." (31)

Local data on adult social care use and need is currently limited due the development of a client-level dataset. Based on the Adult Social Care Metrics report covering the period February 2022 to February 2023, we can see that the number of monthly services users fluctuates between 6,572 and 7,275 users per month in South Glos. When compared to the figures for the year to February 2023, the demand for adult social care has grown by approximately 1,100 and 1,800 monthly services users. We are unable to provide an estimate specific to those aged 50 and over. In February 2023, there were 1,330 people receiving packages of care, amounting to 31,303 hours of care per week.

The Local account of Adult Social care services for 2020-2021 noted that the numbers of people receiving a service from Adult Social Care remained in line with previous years and at any one time the service was supporting around 5,456 individuals.

On average in 2020-21, the service was funding 333 nursing home placements, 571 residential placements, and 1,087 individuals with support in the community, including home care. In total, in excess of 1 million hours of Home Care per year, were commissioned by SGC, with 788 people managing their own care through a Direct Payment and 2,701 managing through self-directed care.

Due to Covid-19 the service saw a 30% increase in safeguarding referrals, a 26% increase in referrals to mental health services and a 27% increase in referrals for adult social care in 2020-21. As a result of Covid-19 restrictions on visiting, there was a reduction of 36% in the number of annual reviews and assessments completed.

In 20/21 the percentage of different groups receiving our services was as follows:

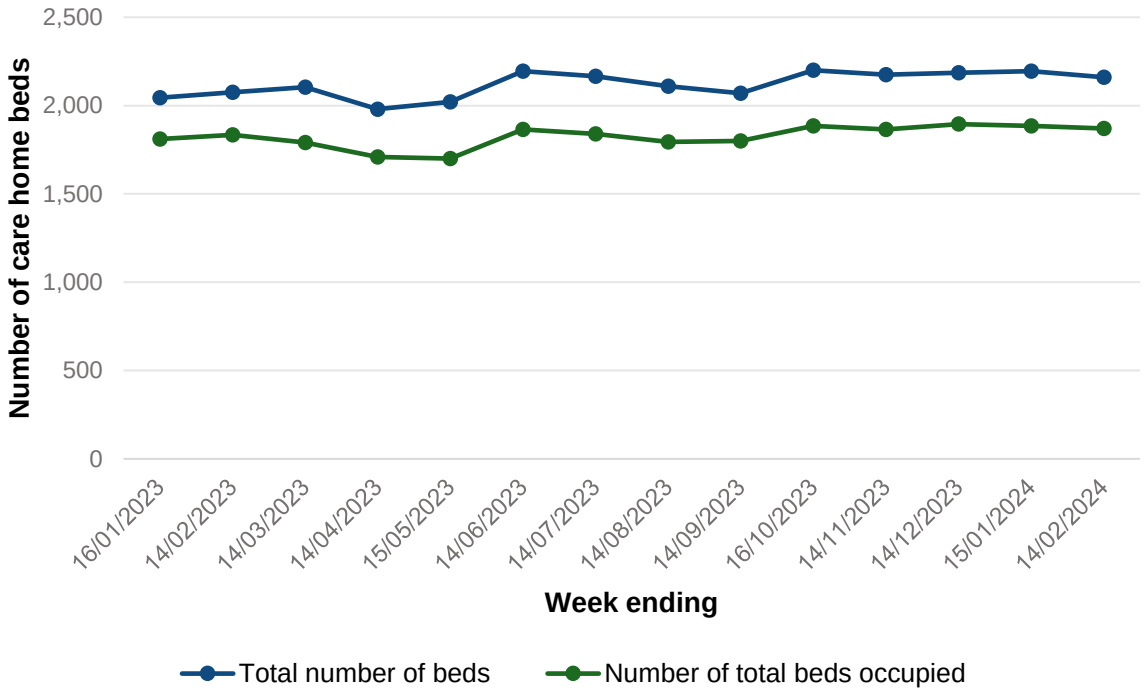
- Female 59.6%
- Male 40.3%
- 18-64 18.75%
- 65 years plus 81.3%

- White British background 90%
- Black, Asian, or Minority Ethnic backgrounds 10%

Monthly snapshot data from Department for Health & Social Care publication using CLD:

On average, between January 2023 and February 2024, South Gloucestershire council had approximately 2,120 care home beds, of which 86% were occupied, 10% were vacant and admittable, and 4% were vacant and unadmittable.

Figure 7.1: Total and occupied care home beds between January 2023 and February 2024, all ages, South Gloucestershire.



Source: Department for Health & Social Care.
Note: Figures are rounded to the nearest 5.

On average, between April 2023 and December 2023, 1,696 people aged 65 and over were receiving local authority commissioned long-term Adult Social Care support in South Gloucestershire each month. This represents over half (53%) of those receiving support in South Gloucestershire. Long-term support encompasses any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing basis. As can be seen in table 7.1 which breaks this down by support setting, the majority of older adults (59.4%) are receiving support in a Community Setting.

Table 7.1: People aged 65 and over receiving local authority commissioned long-term Adult Social Care support in South Gloucestershire, monthly average April 2023 to December 2023.

Support setting	Monthly average number of people aged 65+ receiving support	Proportion of all aged 65+ receiving support
Community	1,008	59.4%
Nursing Care	328	19.3%
Prison	*	*
Residential Care	367	21.7%

Source: Department for Health & Social Care.
Notes: Figures are provisional. Averages are based on monthly figures rounded the nearest 5. * Indicates small number suppression.

7.1 Services in the community

Key Message:

There are many services available in the community, delivered through the Council, NHS, voluntary sector, and community groups. Provision continually changes and new initiatives are introduced however funding constraints have a constant impact on the long-term sustainability of services in the community.

In the community, services include the provision of Home Care and reablement, support delivered through the VCSE, including peer support, condition specific support such as dementia cafes, befriending, support for carers, and advice and information. The Better Care Fund and planning is also being used to improve pathways around discharge from hospital and support for specific conditions. South Gloucestershire Council has commissioned a new enabling discharge service for patients over 50 going home on either pathway 0 or 1 who do not have a network of support. This service is a new initiative set up by a partnership of two VCS organisations and will be utilising volunteers to support people on a short-term intervention basis to support with non-regulated care needs and social needs. This service will help to speed up discharge from hospital and prevent readmissions.

Specific data on the use of different services within the community and on the use of Home Care and reablement were not available at the time of writing this report due to the prioritisation of the client level data set. There are many different community services available, however mapping of all available services is a challenge to ensure it remains accurate. Changes in service provision and funding constraints mean services do not all have long term sustainability. The South Gloucestershire Locality Partnership are currently mapping community services which support people with falls and Community Wellbeing roles.

In 2022/2023 there was a BNSSG Stroke Reconfiguration programme which involved a whole Stroke Pathway Review involving Acute Care, Inpatient Rehab Units, and Integrated Community Stroke Service with the aim that people should survive and thrive after stroke. A new pathway for stroke patients has been implemented which has seen a new integrated way of working across health and community services for stroke patients. This has had a big impact on referral numbers into our community-based stroke support we currently commission Bristol After Stroke to provide. In 2022-23 referral numbers increased to 255 compared with 87 in 2021-2022, an increase of 193%. The community services for people who have suffered stroke have shown consistent improvements to people's health and wellbeing and prevent them accessing long term statutory services.

Adult Social Care commission a VCSE specialist dementia organisation, Alzheimer's Society, to provide Dementia support services to people living with dementia and their carers. The service delivers community-based support which focusses on enabling people living with and affected by dementia to live well following a diagnosis. The service provision includes information, signposting and advice delivered by Dementia Advisors as well as memory cafes and singing for the brain sessions and a local support programme for carers of people with dementia.

In 2023 Adult Social Care commissioned a Hospital Discharge Service. Delivered by a team of Dementia Advisors working alongside the existing dementia support in South Gloucestershire, they provide an in-hospital presence and work closely with other services to support discharge from hospital. People living with dementia stay in hospital up to four times longer than those without dementia and experience worse healthcare outcomes compared to those 65+ without dementia. A stay in hospital can cause distress due to an unfamiliar environment and a lack of mental stimulation and activity can cause cognitive decline, this can have a negative impact of the individual's wellbeing.

At the time of writing this report, South Gloucestershire Council have introduced a new VCS grants programme called the Community Health and Wellbeing Action fund. This fund will provide small grants up to £20k per annum to support Voluntary and Community Sector groups in achieving health and wellbeing outcomes for some of the most vulnerable adults living in South Gloucestershire such as: older people and people living with dementia, physical/neuro disability, carers support, people living with HIV and services for minority ethnic groups.

7.2 Extra Care Housing

Further data on the use of residential and nursing care were not available at the time of writing this report due to the prioritisation of the client level data set, however, a West of England Combined Authority report on Extra Care Housing including consideration of local capacity is in the process of being finalised and will be shared as a supplement when it is available.

7.3 Residential and Nursing Care

Further data on the use of residential and nursing care were not available at the time of writing this report due to the prioritisation of the client level data set, however any data will be shared as a supplement when it is available.

7.4 Modelling ASC demand

This section has been limited by the information we currently have about adult social care use whilst the client level data set is being developed and additionally by the depth of data available from the 2021 Census. Modelling exercises have been carried out on adult social care demand, based on 2011 Census data (32) (33) but given the length of time and change in local health profiles since 2011, a local approach to modelling future demand for services is needed building on the CLD development.

8 Public and Provider engagement

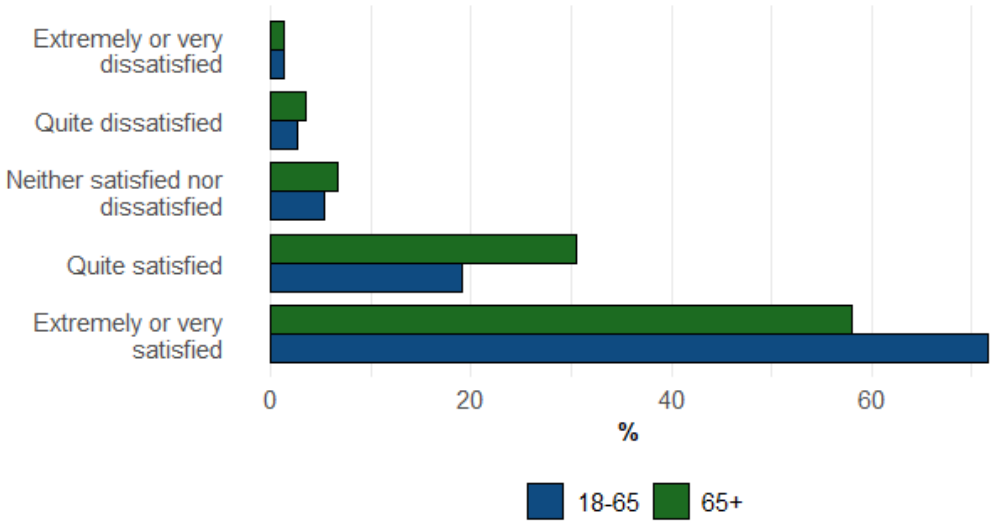
Key Message:

The council is actively engaged in collating feedback from older adults and service users, including through the development of Age-friendly Community development. These insights, when available, will be used to co-design services, inform commissioning, and help to influence decision making across South Gloucestershire Council which will address the barriers that impact a growing older population.

8.1.1 Satisfaction with Adult Social Care Services

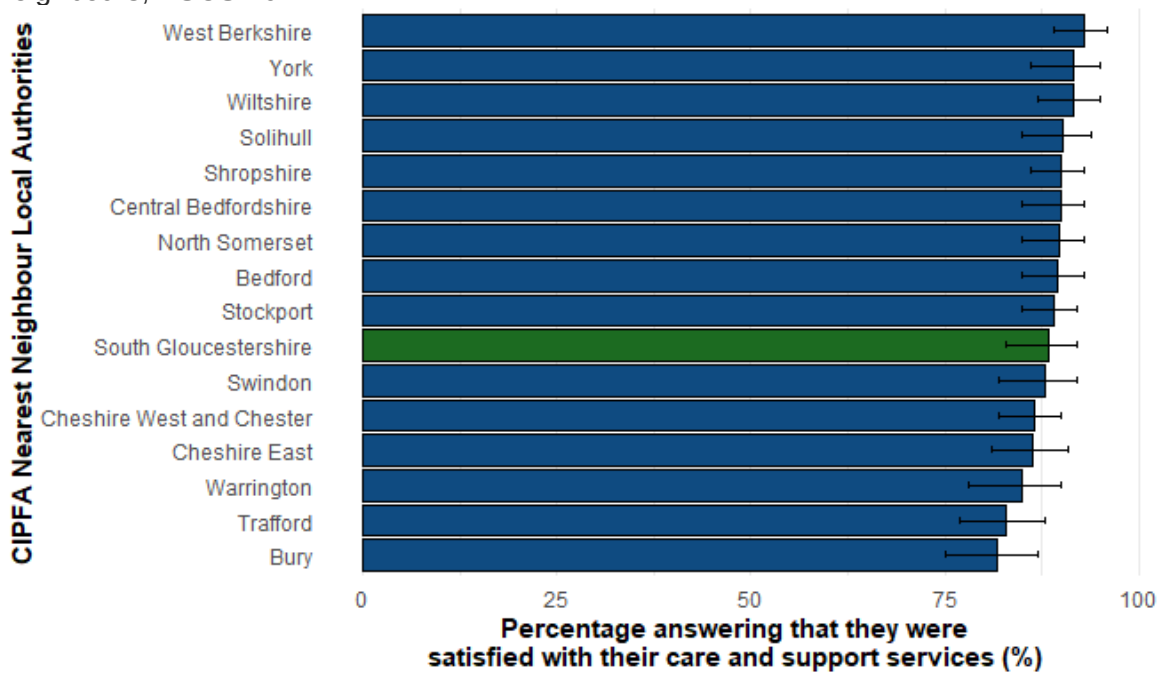
The Adult Social Care Survey (ASCS) of 2021 asked social care users the question "Overall, how satisfied or dissatisfied are you with the care and support services you receive?". Figure 7.1 shows the answers of those aged under 65 and 65 and over in South Gloucestershire. Please note that response rate for the survey in South Gloucestershire was around 28%, and therefore may not be representative of the entire population of social care users in the local authority. Of 226 respondents aged 65 and over, 200 (88.5%) people said that they were either quite satisfied or extremely/very satisfied. Compared to the responses from its statistical neighbours, there does not appear to be a significant difference in the satisfaction with care and support services in South Gloucestershire (see figure 7.2).

Figure 8.1: Percentage of each response to the question "Overall, how satisfied or dissatisfied are you with the care and support services you receive?" by age group in South Gloucestershire, ASCS 2021.



Source: Personal Social Services Adult Social Care Survey, England, 2021-22, NHS Digital.

Figure 8.2: Percentage of social care users aged 65 and over who being quite satisfied or extremely/very satisfied with the care and support services they receive, CIPFA nearest neighbours, ASCS 2021.



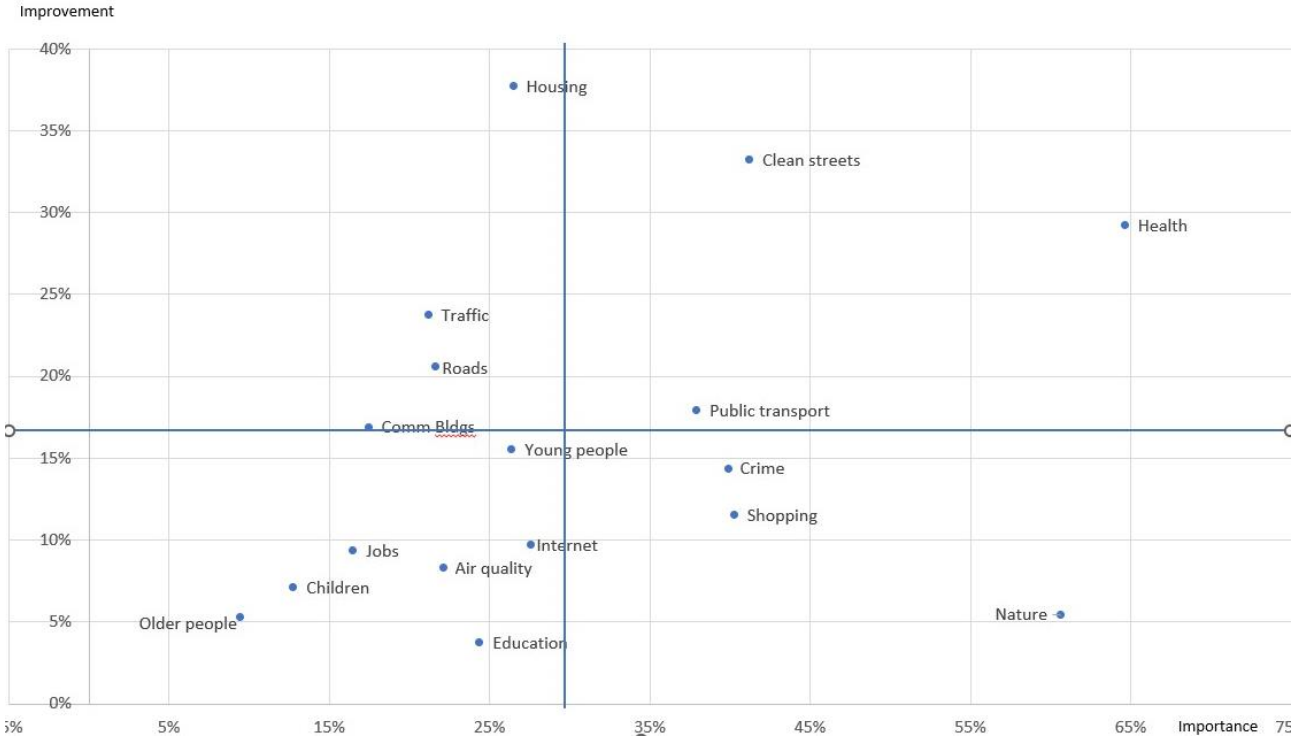
Source: Personal Social Services Adult Social Care Survey, England, 2021-22, NHS Digital.

Local consultation feedback shows lower levels of satisfaction with Adult Social care services for those in minority ethnic groups in South Gloucestershire. Recommendations from the Black South West Network '' report would be an important resource for commissioners to implement an equitable and relational approach to adult social care services. A further report and guidance is expected from the South Gloucestershire Race Equality Network in April 2024.

8.1.2 South Gloucestershire Resident's Survey

The Resident's Survey undertaken in 2022 can help up gain some insight into what is of importance to local residents. When asked to rank characteristics identified as contributing to liveability, health services were ranked the most important, with two thirds of over 65s (65%) marking this as important, as well as in need of improvement. Access to nature was also important for all age-groups but reduced in importance as the age of the respondent increased. Similarly, clean streets and public transport were considered important in all age groups, however public transport fell in importance for those under 45s.

Figure 8.3: Residents Survey Combined ranking of importance and improvement needed in South Gloucestershire (restricted choice) – Over 65s



Source: BNSSG Healthier Together Client Panel Survey – March 2023

Discussions with an internal engagement subgroup for the needs assessment set out some key areas where capturing resident voices and experiences of ageing in South Gloucestershire would add value and context to the data we have around the use of services and contribute to the work underway to obtain WHO Age Friendly Community status. The next step is to work with our community stakeholders to develop any questionnaires or engagement exercises needed to better understand the experiences of ageing in South Gloucestershire and the experiences of service providers.

8.1.3 Age Friendly Engagement work

In line with the Councils Administration Priority ‘Promote Age-friendly Communities and work with partners to update our Dementia Strategy’ South Gloucestershire Council have commenced work on developing our Age-friendly Communities Plan and approach in South Gloucestershire. South Gloucestershire Council joined the UK Network of Age-friendly Communities in November 2023 and has made a commitment to follow the World Health Organisation’s Age-friendly Communities framework.

As part of our commitment to promote age-friendly communities we are co-producing our Age-friendly Communities Plan, there has been a period of preproduction where we have done a variety of engagement activity and collated lived experience feedback from a diverse range of residents across South Gloucestershire. We have done this by visiting community groups/activities, hosting community pop-up engagement events, holding focus

group sessions and conducting a questionnaire. Questions we have been asking have included:

1. What does a good life in older age meant to you?
2. What one thing would make the biggest improvement to your health and why?
3. What one thing would make the biggest improvement to your happiness and why?
4. Drawing on your own life experience, is there anything that you would do differently to prepare for later life?

Adult Social Care are currently in our co-design phase where we are building on the themes which we have identified from our insights and engagement work and working on how we can build these into an Age-friendly Plan and action plan. We have recruited a group of residents who are working with us on this, and we are currently in the initial stages of introducing the age-friendly concept to the wider stakeholder group who will be able to lead and have influence in each of the pillars.

9 Conclusions

9.1.1 Key issues identified

9.1.1.1 Location of services

Key health and social care services are often not located near where residents over the age of 50 are living. Although there are many services in the community, key services like GP practices, Care Homes, and Extra Care Housing are not currently located in communities with the highest proportions of over 50s. Local residents survey results from August 2022 suggest that older people in South Gloucestershire tend to continue to live in the same area and properties as they age. There is an opportunity to improve access and sustainability of services by reviewing the provision, colocation, and accessibility of services in areas with a high density of over 50s.

9.1.1.2 Growing demand and the importance of prevention

The number of older adults in South Gloucestershire is growing, particularly in the 75+ age group. The proportion of the total population that are aged 50+ is not predicted to change but there will be a shift of people currently aged 50 to 74 into older age groups. Health and social care needs rise with increasing age.

Many of the conditions driving health and social care service needs are preventable. Acute pressures on services have driven the focus away from prevention. The Age Friendly Communities programme provides an opportunity for a refreshed focus on prevention, person-centred care, and better integration. This will help narrow inequalities and reduce demand for social care.

Additionally, many of the conditions which contribute to reduced independence and physical and mental health as we age are rooted in preventable lifestyle factors, and our environments. The top five causes of years lived with disability in South Gloucestershire were low backpain, diabetes, age-related hearing loss, Chronic Obstructive Pulmonary Disease (COPD) and falls.

In South Gloucestershire, high fasting plasma glucose and high body mass index has similarly risen to 2nd and 3rd highest risk factors contributing to DALYs in 2019 for over 70s, with high blood pressure and dietary risks coming in 4th and 5th. The risks for 50-69 year olds are not dissimilar. Tobacco remains one of the largest contributing factors to poor health outcomes in older adults. In addition, the complications of conditions like diabetes and hypertension can be debilitating and increase the risk of cardiovascular diseases like stroke, heart disease and kidney disease. However they can be well managed once diagnosed, and the risk of developing them mitigated with a good quality diet and physical activity.

Men in South Gloucestershire are twice as likely as women to die from preventable causes. Cardiovascular disease and cancer are the biggest causes of preventable death. Lifestyle interventions to reduce the risk factors for developing preventable conditions, and early detection through screening programmes and NHS health checks can aid early intervention and delay or prevent conditions from developing.

9.1.1.3 Data gaps

Local data on specific conditions such as hearing loss, painful conditions, alcohol dependency in men, sexual health in older adults, mental health in older adults and dementia were limited and could benefit from further analysis to explore the available data and local pathways. Additional analysis of hearing loss, and alcohol dependency in men aged 50-59, and the experiences of those from minority ethnic groups could provide insights into the improvement of local pathways and effective interventions to reduce onward health risks.

9.1.1.4 Lived experience gaps

In the course of the needs assessment, there was minimal data on the experiences of those still in work who are not yet in need of care. Further analysis of their needs, especially in relation to work and preparing for older adulthood/health into retirement would inform further recommendations on engaging with people who are currently in good health and help us to gain a better understanding of community perspectives on enablers and barriers for retaining health and independence. As part of this work, it would also be useful to understand how needs which do not meet the threshold for adult social services are being met in the community.

Many conditions and services have local data on prevalence and service use split by protected characteristics such as ethnicity, sexuality, or disability. For some conditions, the national data suggests there may be barriers in access to services for these groups. Additional work is needed to explore the lived experiences of our communities in accessing services, and care.

The council is actively engaged in collating feedback from older adults and service users, including through the development of Age Friendly Community development. These insights, when available, will be used to co-design services and inform commissioning.

9.1.2 Local context and considerations

9.1.2.1 Financial Wellbeing

Data in this report is limited in its consideration of the recent cost of living crisis, and this will not yet be represented well in local or national data. However, the current cost of living crisis is likely to disproportionately impact those who were already struggling and will likely impact housing costs for people over 50(particularly if they want to move within the area to more accessible housing), fuel costs, and the costs of care, especially where they do not meet the threshold for commissioned services.

On average, most of the population aged over 50 live in areas of relative affluence. However, many people live in poverty within these areas. Evidence shows this puts them at risk of even poorer health outcomes than people living in more deprived areas, who may have access to additional targeted support or infrastructure. There are opportunities to

improve coordination between Council initiatives to support financial wellbeing in older adults and other health and social care services.

9.1.2.2 Recommendations from other policy docs

As the ageing well landscape spans a complex system, there are multiple assessments of need, reports and strategies which assess the needs of particular groups or particular issues. It is important that the recommendations of these reports are incorporated into commissioning plans. Examples of these reports include but are not limited to:

- The BNSSG Oral health in care homes and communities' recommendations

- The Carer's Strategy 2022-2027

- The West of England Extra Care Housing report (once published)

- The Diversity Trust Care under the rainbow recommendations

9.1.2.3 Development of the CLD

Locally, a Client Level Data set (CLD) is being developed to link adult social care records to NHS records at an individual level. The CLD will significantly deepen our understanding of the health needs and inequalities in our Adult Social Care population and help identify future demand for specific social care service areas. The first iteration of this is now available, though issues with data completeness and quality remain. Until the CLD is fully up and running, the ability to report on current Adult Social Care activity data is limited.

9.1.2.4 Work to streamline the system

In the process of collating this report the project team worked with stakeholders from across the health and social care system, all of whom were committed to improving outcomes for people as they age in South Gloucestershire. Partnership working is growing and there is a genuine desire to improve quality and outcomes. However, the system is still not fully meeting local needs. This is due to a number of factors, including different organisational priorities, misaligned timescales and competing demands placed on the various boards, organisations, and members. This has meant that work is at times duplicated, or out of sync, which can hinder work to improve outcomes for our ageing residents.

Work to streamline and plan action across priority areas as a system is already underway but can be strengthened. In response to this needs assessment, a system-wide action plan is needed that promotes integration, shares priorities, pools resources and continues to build our understanding of local need with data and insights.

10 Recommendations

The following recommendations were developed in partnership with Adult Social Care Commissioners, and stakeholders from across the health and social care system. This report and recommendations will be shared widely with organisations and agencies who work with and plan services for people over 50, their families, and carers. It is hoped that recommendations will inform strategies, priorities, and work planning in the short, medium, and long term. A full list of the key messages linked to each recommendation can be found in Appendix A.

The recommendations are for actioning by Adult Social Care, Public Health, the ICS, Provider Organisations, Primary Care and by wider teams within the Council in partnership with the community and the voluntary sector.

1. **The Age Friendly Strategy to embed prevention within all 9 pillars of the Age Friendly Communities programme. This will mean working in partnership with our local communities and across all sectors, including the built environment, housing, health, and care.**

2. **Adult Social Care Commissioning and Partnerships, and Public Health to prioritise work to improve the completeness and usability of health and ASC data, with support from the Public Health team and service providers.**

3. **Adult Social Care Commissioning and Partnerships, and Public Health to review location of services and models of delivery to ensure equitable access for the over 50s population, recognising the impact of rurality.**

4. **Adult Social Care Commissioning and Performance Teams and Public Health to agree a programme of analysis and insight gathering to fill current knowledge gaps.**

5. **The Age Friendly Strategy to ensure that programmes of work within all 9 pillars of Age Friendly Communities meet the needs of South Gloucestershire's diverse communities using local insights and data.**

6. **The Age Friendly Strategy to incorporate work with Community Development, Economic Policy teams and employers to share knowledge and develop projects around financial wellbeing and employment for older adults.**

7. **Public Health, Adult Social Care data teams and the ICS Population Health Management team to develop a local model of complex needs, building on the Cambridge Morbidity Score, accounting for impact on quality of life and social care services.**

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12 Useful Reading

Care Act factsheets - GOV.UK (www.gov.uk)

State of Care 2021/22 - Care Quality Commission (cqc.org.uk)

Health and social care in England: tackling the myths | The King's Fund (kingsfund.org.uk)

Social care 360 | The King's Fund (kingsfund.org.uk)

Supporting People Living with Dementia: Evidence from Research (brookes.ac.uk)

Productive Healthy Ageing Profile - OHID (phe.org.uk)

Social care for older adults -Health Survey for England - NHS Digital

What_is_known_about_the_oral_health_of_older_people.pdf (publishing.service.gov.uk)

Health Survey for England, 2021 part 1 - NHS Digital

Health Survey for England, 2021 part 2 - NHS Digital

HIV, sexual health, and ageing | Terrence Higgins Trust (tht.org.uk)

Summary | The State of Ageing 2023-24 | Centre for Ageing Better (ageing-better.org.uk)

CMO Report 2023 - Health in an ageing Society: Executive summary and recommendations - GOV.UK (www.gov.uk)

13 Appendices

13.1 Appendix A – Table of Recommendations

No.	Recommendation	Related Key Messages: Section No.
1	The Age Friendly Strategy to embed prevention within all 9 pillars of the Age Friendly Communities programme. This will mean working in partnership with our local communities and across all sectors, including the built environment, housing, health, and care.	4.2. Preventable Premature Mortality
		5.1. Causes of ill health and death
		7. Social Care
		4.4.2. Dementia
		7.1. Services in the Community
2	Adult Social Care Commissioning and Partnerships, and Public Health to prioritise work to improve the completeness and usability of health and ASC data, with support from the Public Health team and service providers.	5.2. Healthy Weight
		7. Social Care
		3.2.3. Disability
		5.10. Loneliness and Isolation
3	Adult Social Care Commissioning and Partnerships, and Public Health to review location of services and models of delivery to ensure equitable access for the over 50s population, recognising the impact of rurality.	3.1.3. Population Projections
		3.1.4. Population Churn
		3.1.5. Access to Services
		5.1. Causes of ill health and death
		7.1. Services in the Community
4	Adult Social Care Commissioning and Performance Teams and Public Health to agree a programme of analysis and insight gathering to fill current knowledge gaps.	3.2.2. Ethnicity
		5.4. Alcohol and drug dependency
		8. Public and Provider engagement
		4.4.2. Dementia
5	The Age Friendly Strategy to ensure that programmes of work within all 9 pillars of Age Friendly Communities meet the needs of	3.2.2. Ethnicity
		5.5. Sexual Health

	South Gloucestershire's diverse communities using local insights and data.	3.2.12. Asylum seekers and Refugees
		3.2.13. Prison Populations
6	The Age Friendly Strategy to incorporate work with Community Development, Economic Policy teams and employers to share knowledge and develop projects around financial wellbeing and employment for older adults.	3.2.8. Employment status
		3.2.12. Asylum Seekers and Refugees
		3.2.4. Financial Wellbeing
		3.2.8. Employment Status
7	Public Health, Adult Social Care data teams and the ICS Population Health Management team to develop a local model of complex needs, building on the Cambridge Morbidity Score, accounting for impact on quality of life and social care services.	4.3. Health Inequalities

13.2 Appendix B – CMS condition definitions

Definitions of the conditions included in the extended Cambridge Multimorbidity Score model.

Condition	Definition
Alcohol problems	Read code ever recorded in primary care records
Anorexia or bulimia	Read code ever recorded in primary care records
Anxiety/depression	Read code (depression or anxiety) in last 12 months OR ≥4 anxiolytic/hypnotic prescriptions in last 12 months OR ≥4 anti-depressant prescriptions (excluding low dose tricyclics) in last 12 months
Asthma	Read code ever recorded in primary care records
Atrial fibrillation	Read code ever recorded in primary care records
Bronchiectasis	Read code ever recorded in primary care records
Cancer	Read code [first] recorded in last 5 years
Chronic kidney disease	Highest value of last 2 eGFR readings is < 60 mL/min
Chronic liver disease	Read code ever recorded in primary care records
Connective tissue disorder	Read code ever recorded in primary care records
Constipation	≥4 laxative prescriptions

COPD	Read code ever recorded in primary care records
Coronary heart disease	Read code ever recorded in primary care records
Dementia	Read code ever recorded in primary care records
Diabetes mellitus	Read code ever recorded in primary care records
Eczema or psoriasis	Read code AND ≥4 related prescriptions (excluding simple emollients)
Epilepsy	Read code AND ≥1 antiepileptic prescription
Hearing loss	Read code ever recorded in primary care records
Heart failure	Read code ever recorded in primary care records
Hypertension	Read code ever recorded in primary care records
Inflammatory bowel disease	Read code ever recorded in primary care records
Irritable bowel syndrome	Read code OR ≥4 antispasmodic prescriptions
Learning disability	Read code ever recorded in primary care records
Migraine	≥4 prescription-only medicine anti-migraine prescription
Multiple sclerosis	Read code ever recorded in primary care records
Painful condition	≥4 prescription-only medicine analgesics in last 12 months OR (≥4 specified anti-epileptics in last 12 months AND no epilepsy Read code ever recorded)
Peptic ulcer disease	Read code ever recorded in primary care records
Peripheral vascular disease	Read code ever recorded in primary care records
Prostate disorders	≥4 prescriptions prostate-related medicine
Psychosis/bipolar disorder	Read code ever recorded in primary care records
Stroke and TIA	Read code ever recorded in primary care records
Substance misuse	Read code ever recorded or ≥4 opioid prescriptions
Thyroid disorders	Read code ever recorded or ≥4 thyroid hormone prescriptions
Visual impairment	Read code ever recorded in primary care records

13.3 Appendix C – CMS condition outcome weights

Outcome weights of the conditions included in the extended Cambridge Multimorbidity Score model.

Condition		Outcome of interest; weight†	

	Prevalence %*	Primary care consultations‡	Mortality§	Unplanned admissions§	General outcome ¶
Hypertension	19.24	0.83	-1.88	11.29	0.09
Anxiety/depression	12.85	2.15	6.88	44.33	0.47
Painful condition	11.63	3.41	16.30	82.13	0.87
Hearing loss	11.27	0.96	-3.72	7.73	0.07
Irritable bowel syndrome	7.61	1.71	-0.77	7.46	0.18
Asthma	7.20	1.34	-2.45	21.47	0.18
Diabetes mellitus	6.58	3.84	9.83	53.95	0.71
Prostate disorders	6.31	1.26	-10.02	5.13	0.01
Thyroid disorders	5.24	0.93	-0.83	1.24	0.08
Coronary heart disease	4.79	1.49	4.29	68.05	0.46
Chronic kidney disease	4.50	0.97	16.47	51.24	0.51
Atrial fibrillation	2.72	5.98	22.93	105.78	1.30
Constipation	2.67	3.16	34.58	64.91	1.03
Stroke and TIA	2.55	1.53	20.41	88.15	0.77
COPD	2.46	3.40	42.29	129.18	1.41
Connective tissue disorder	2.33	3.00	0.08	27.45	0.40
Cancer	2.15	2.65	62.28	103.69	1.50
Peptic ulcer disease	1.62	0.53	5.69	17.66	0.20
Alcohol problems	1.60	0.81	11.42	81.19	0.55
Substance misuse	1.19	1.01	2.79	61.41	0.38
Eczema or psoriasis	1.16	1.88	-1.46	22.30	0.25
Visual impairment	1.08	0.33	1.16	24.38	0.15
Heart failure	1.04	2.86	42.26	70.44	1.12
Dementia	1.02	1.87	122.92	158.14	2.46

Psychosis/bipolar disorder	0.98	2.22	6.64	71.24	0.58
Epilepsy	0.97	2.05	17.34	107.94	0.85
Inflammatory bowel disease	0.96	2.63	-0.45	49.30	0.44
Peripheral vascular disease	0.88	0.87	15.21	60.09	0.53
Anorexia or bulimia	0.55	0.86	8.54	36.01	0.34
Chronic liver disease	0.53	1.27	22.22	77.03	0.72
Migraine	0.51	1.12	-4.04	4.65	0.07
Learning disability	0.47	1.15	10.92	55.75	0.47
Bronchiectasis	0.43	2.69	5.65	84.15	0.66
Multiple sclerosis	0.28	2.18	8.77	94.29	0.69
Parkinson's disease	0.28	3.48	40.46	104.13	1.29

Source: Cambridge Multimorbidity Score Research (table 2) - Development and validation of the Cambridge Multimorbidity Score | CMAJ

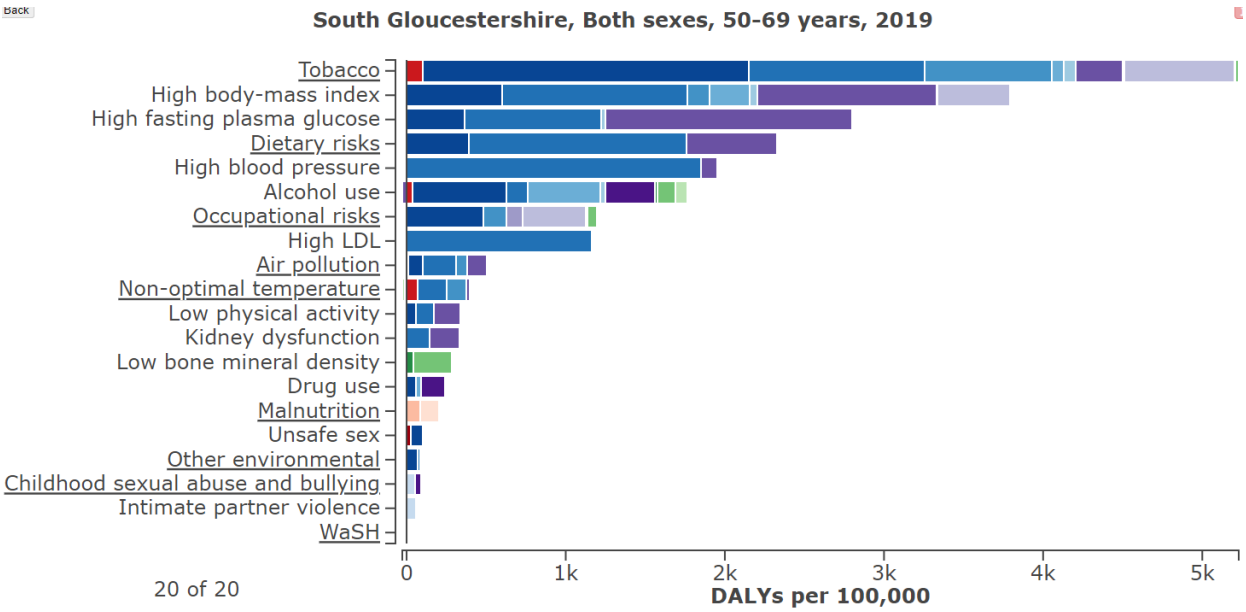
* Based on development data set (not South Gloucestershire data).
† Negative weights can be interpreted as reflecting a negative association with the outcome of interest after controlling for other conditions.
‡ Per person-year.
§ Per 1000 person-years.
¶ Unit change associated with a change of 1 standard deviation in each of the 3 outcomes.

13.4 Appendix D – Global Burden of Disease additional graphs

Figure 13.1: Legend - Top 20 risks contributing to Disability-Adjusted Life Years (DALYs) per 100k in 2019 in South Gloucestershire

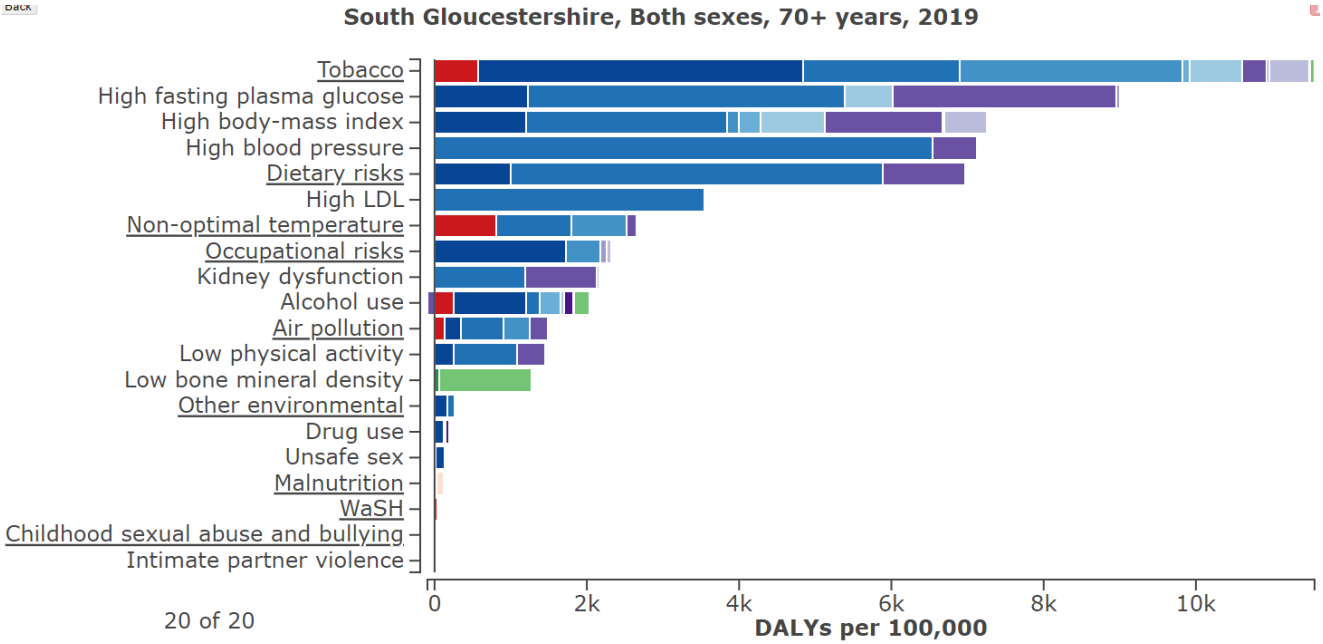
Source: Global Burden of Disease, IHME, 2022 [Global Burden of Disease Visualisations: Compare (thelancet.com)]

Figure 13.2: Top 20 risks contributing to Disability-Adjusted Life Years (DALYs) per 100k in 2019 in South Gloucestershire, males, and females, aged 50-69 years.



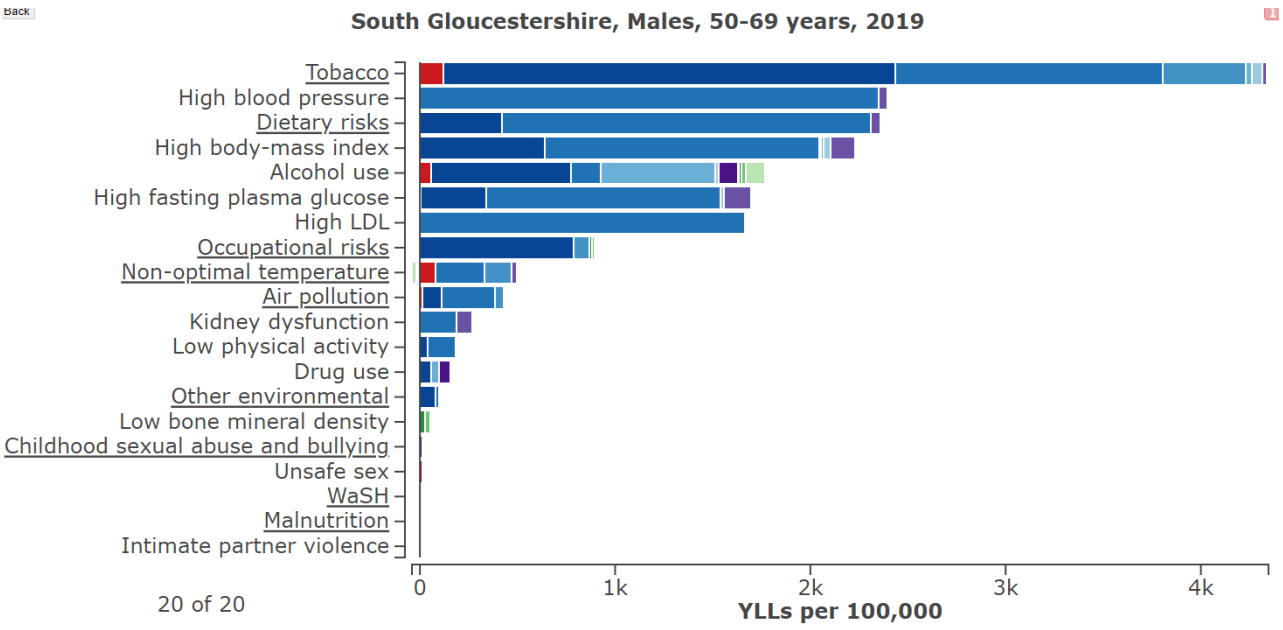
Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

Figure 13.3: Top 20 risks contributing to Disability-Adjusted Life Years (DALYs) per 100k in 2019 in South Gloucestershire, males and females, aged 70+ years.



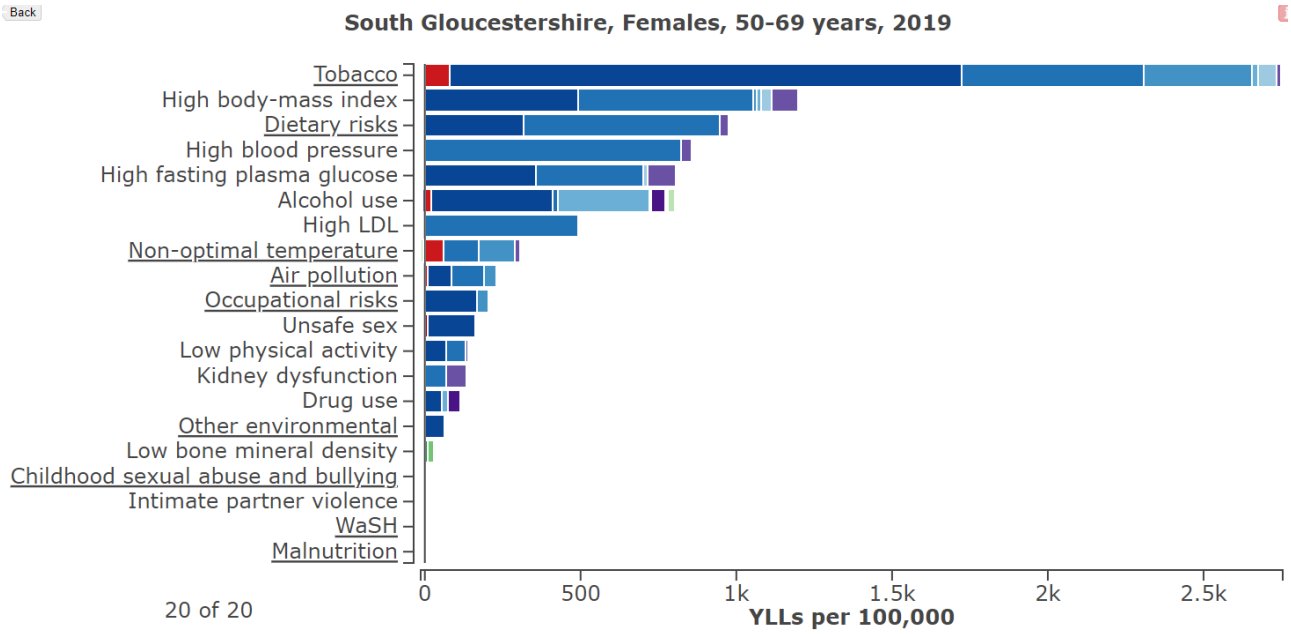
Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

Figure 13.4: Top 20 risks contributing to Years of Life Lost (YLLs) per 100k in 2019 in South Gloucestershire, males, aged 50-69 years.



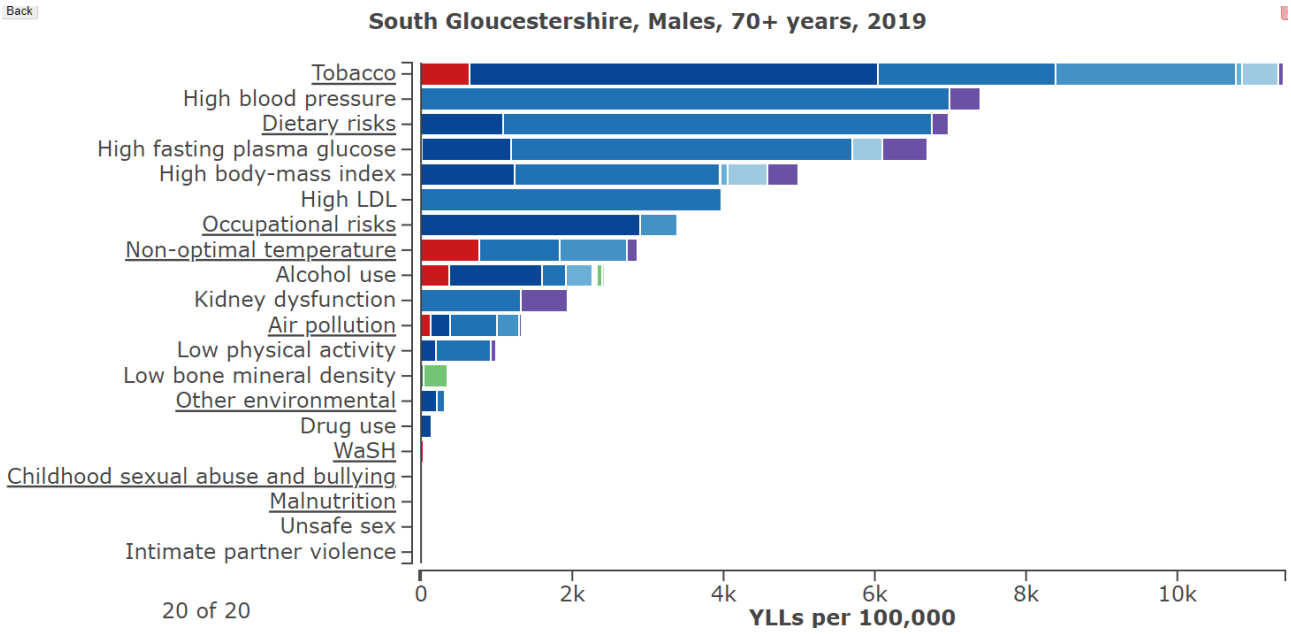
Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

Figure 13.5: Top 20 risks contributing to Years of Life Lost (YLLs) per 100k in 2019 in South Gloucestershire, females, aged 50-69 years.



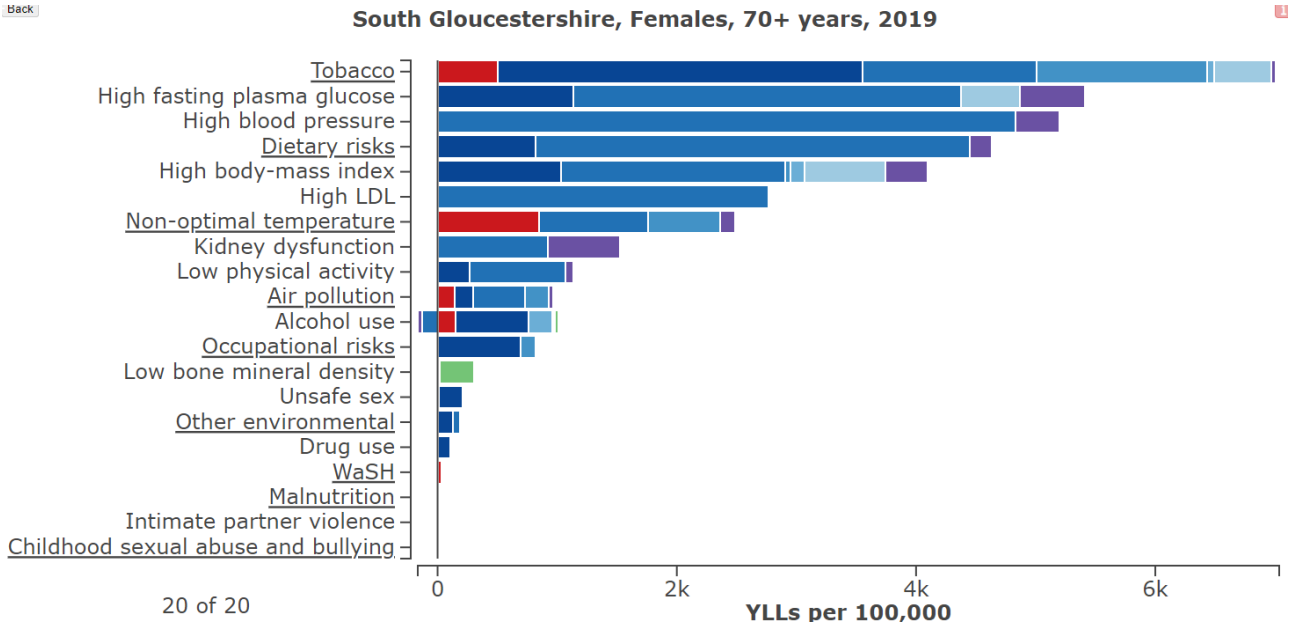
Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

Figure 13.6: Top 20 risks contributing to Years of Life Lost (YLLs) per 100k in 2019 in South Gloucestershire, males, aged 70+ years.



Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)

Figure 13.7: Top 20 risks contributing to Years of Life Lost (YLLs) per 100k in 2019 in South Gloucestershire, females, aged 70+ years.



Source: Global Burden of Disease, IHME, 2022 Global Burden of Disease Visualisations: Compare (thelancet.com)