



Gloucestershire
COUNTY COUNCIL

HEALTHONOMICS

TACKLING HEALTH INEQUALITIES
THROUGH INCLUSIVE GROWTH

Report of the Director of Public Health **2018/19**





CONTENTS

- Foreword pg 03
- 01**
- Health and wealth: A cyclical relationship pg 04
- 1.1 Health and wealth in Gloucestershire pg 06
- 1.2 Promoting inclusive growth to tackle health inequalities pg 08
- 02**
- Delivering inclusive growth in Gloucestershire
- 2.1 Driving social mobility to deliver inclusive growth pg 10
- 2.2 Creating places that enable inclusive growth pg 15
- 2.3 Promoting 'good work' for all pg 17
- 2.4 Health, care and the public sectors as inclusive growth partners pg 20
- 03**
- Recommendations pg 22
- Appendix 1: Gloucestershire's Population Health Indicators pg 23
- Appendix 2: Social Mobility Index rankings for Gloucestershire pg 24
- Appendix 3: Progress update from the 2017/18 Annual Report pg 25
- Glossary pg 26
- References pg 28

FOREWORD

When we talk about what determines our health, we often talk about the health services in our local area and how we access them.

But over the last year, Gloucestershire's Public Health team has been increasing its focus on what we call the 'wider determinants of health': the broader social, economic and environmental factors that influence our health and wellbeing.

Various studies suggest these factors can make up around 45 to 50% of our overall health and wellbeing (Kings Fund, 2013), making a strong case for paying greater attention to the places we live: our education, work and income, the environment, and our family and social networks.

In this year's annual report, I want to focus on one particular determinant: the interrelationship between the health and wellbeing of our local population and Gloucestershire's economic prosperity – the critical relationship between health and wealth.

We know that being in a good, stable job is an important determinant of good health and wellbeing. We also know that a healthy and happy workforce is a more productive one. So what's good for health can also be good for the economy.

Gloucestershire's 2050 Vision seeks to create an innovative, skilled and prosperous magnet county; one that attracts and retains a workforce that can contribute to greater productivity and a thriving economy.

But this vision for the future also seeks to create an inclusive, healthy and happy county, where everyone can flourish. We must make sure that every Gloucestershire resident has the opportunity to access, benefit from and contribute to the county's planned growth, including those who are currently most disadvantaged and more likely to experience health inequalities.

This year's report explores the opportunities to maximise the benefits of the relationship between health and wealth

by prioritising inclusive growth and social mobility: making sure that everyone has the opportunity to build a good life for themselves regardless of their background. I argue that this can be achieved in Gloucestershire through addressing education and skills from the earliest age, growing healthy and flexible workplaces, delivering infrastructure that drives social mobility, and maximising the potential of local organisations, like the NHS and local councils.

My report highlights areas for focus across the Five Foundations of Productivity, as set out in the UK Industrial Strategy: **Ideas, People, Infrastructure, Business Environment and Place**. I am publishing this report at an important time, as the Local Enterprise Partnership, GFirst, develops the Local Industrial Strategy for increased productivity in Gloucestershire and partners around the county progress plans for local growth. Inclusive growth – the opportunity for everyone to benefit – must be central to these plans.

The preparation of my annual report is a team effort and my thanks go to those who contributed to its design, drafting and content this year: **Jennifer Taylor, Sam Piperdy, Zoe Clifford, Kate Martin, Charlotte Bigland, Vikki Clarke, Beth Bennett-Britton, Nicky Maunder, Claudia Parry and Mosaïque Design & Digital Marketing**.

My thanks also go to those from across the system, who have shared their good practice:

- **Vikki Walters** and the **Forwards Team**
- **Shôn Douglas** and **Cheltenham Borough Homes**
- **Susan Doran** and local businesses **Stagecoach West** and **J D Norman**
- **Clare Hines** and **Integrated Care System workforce development partners**
- **Gloucester Services** and the **Gloucestershire Gateway Trust**.

I hope this annual report prompts you to think more about the relationship between Gloucestershire's economy and the health of its population. If you would like to continue the conversation, please get in touch by email:

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SARAH SCOTT,
DIRECTOR OF PUBLIC HEALTH
September 2019

THE 5 FOUNDATIONS OF PRODUCTIVITY



IDEAS



PEOPLE



INFRASTRUCTURE



BUSINESS ENVIRONMENT



PLACE



HEALTH AND WEALTH: A CYCLICAL RELATIONSHIP

“
Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is therefore of critical importance for reducing health inequalities.

SIR MICHAEL MARMOT

Fair Society, Healthy Lives, 2010

It is well established that **employment is a major determinant of health.**

Unemployment is associated with an increased risk of death and disease (LGA & PHE, 2016), including:

- Limiting illness
- Cardiovascular disease
- Poor mental health and suicide
- Health-damaging behaviours, such as smoking, physical inactivity and drinking alcohol

Among working age people in England, 42% of those who are economically inactive¹ have a long-term condition, such as diabetes, asthma, chronic obstructive pulmonary disease (COPD), arthritis or certain mental health conditions (PHE, 2016). 17% of unemployed people report having a limiting long-term condition (i.e. a long-term condition that limits their everyday activity). They are twice as likely to report this as people who are employed.

¹A person of working age (16 to 64) is counted as economically inactive if they are out of work, they have not been actively looking for work in the past four weeks, and they are not waiting to start a job. People who are caring for their family or retired are also counted as economically inactive. A person in full-time education is counted as economically inactive unless they are either in paid work or looking for and available to start work.

Unemployment and economic inactivity are also associated with lower income and wider socio-economic disadvantage, which leads to health inequalities. Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. They are socially determined by circumstances that are mostly beyond a person's control.

42%



of those who are economically inactive have a long-term health condition

These circumstances disadvantage people and limit their chance to live longer, healthier lives and to contribute to their community and the local economy.

Conversely, a physically and mentally healthy workforce is good for productivity and for business. Research shows that healthy employees are three times more productive than those in poor health (LGA & PHE, 2016) and that workplaces with 'very satisfied' employees (who could be more likely to report better wellbeing) have higher productivity, quality of output and overall performance (BIS, 2014).

There is also a cost to business of ill health. The combined costs of sickness absence, lost productivity through worklessness and health-related productivity losses are

estimated to be over £100bn annually. To put this into perspective, the entire budget for the NHS is £139bn in 2019.

This interrelationship between population health and a thriving economy can be described in simple terms as a cycle (Figure 1).

In this model, there is a cyclical relationship between the health of workers, their productivity, the competitiveness and prosperity of the local economy, and population health and wellbeing. All parts of the cycle must be considered together to enable it to work.

17%



of unemployed people report having a condition that limits their everyday activity

01

HEALTH & WORK CYCLE

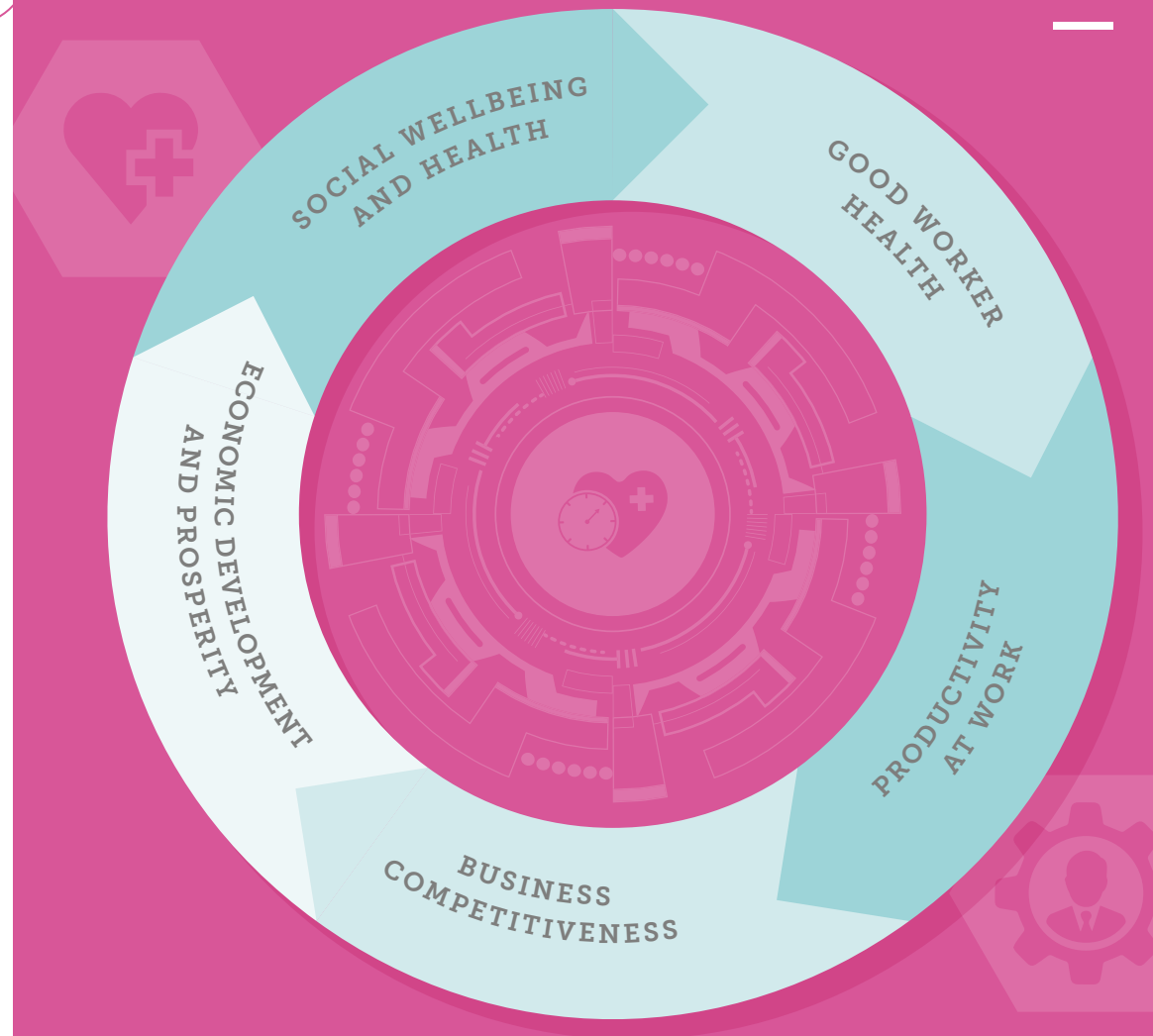


Figure 1. The health and work cycle (adapted from LGA & PHE, 2016)

HEALTH AND WEALTH IN GLOUCESTERSHIRE

1.1

So how do Gloucestershire residents fare in terms of their health and wellbeing and economic activity?

Overall, Gloucestershire residents enjoy good health and wellbeing. Appendix 1 contains a summary of local population health indicators, which shows that outcomes are in line with or better than England across all but one of the 32 indicators.

But this general picture hides inequalities in health. People who live in more deprived parts of Gloucestershire have poorer health outcomes. This can be seen in a stark disparity in life expectancy.

Generally, men living in the least deprived parts of Gloucestershire can expect to live 8.1 years longer than men living in the most deprived areas and women can expect to live 5.3 years longer. However, county level data masks even greater inequality in certain parts of the county, such as within Gloucester City, where the gap is 11.9 years for men and 10.5 years for women (PHE, 2018).

We see this inequality repeated when we look at a range of health data, including obesity, smoking prevalence and related conditions such as diabetes and cardiovascular disease. We can even see differences in health behaviours and outcomes across different segments of the workforce. For example, in Gloucestershire the smoking prevalence amongst routine and manual workers aged 18 to 64 is 19.8%, whilst it is 12.1% in the general population (PHE, 2019).

There is a similar picture in our economic activity. Gloucestershire's unemployment rates are also generally better than the national average. In May 2019, the county's claimant rate² was 1.8%, lower than the national rate of 2.7%. However, there is some variance across the county, as shown in Figure 2.

²The claimant rate is a measure of the number of people who are unemployed and claiming benefits.

There is even greater variance at ward level between the lowest claimant rate in Gloucestershire of 0.2% (Vale in Stroud) to the highest rate at 5.3% (Westgate in Gloucester). All districts, apart from Stroud, include at least one ward in the highest 10% of the county for claimant rate. Gloucester City has six wards in the top 10%.

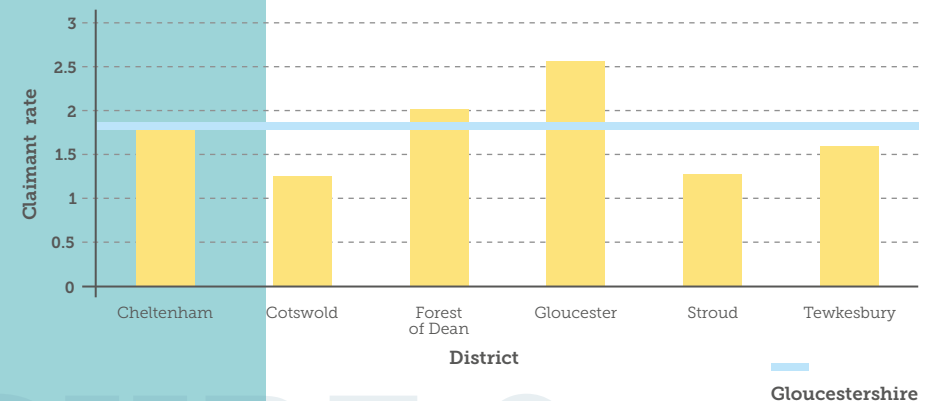
In May 2019, 1,350 people in Gloucestershire aged 18 to 24 were claiming Job Seekers Allowance and Universal Credit and were not in work. This represents 19.2% of all working age claimants.

There were 343 young people aged 16 to 18 not in education, employment or training in Gloucestershire. This represents 2.54% of the 16 to 18 cohort.

There is also variation in Gloucestershire's employment rate amongst people who have long-term conditions, physical and learning disabilities and mental health conditions – those who could benefit greatly from the health outcomes offered from being in 'good work' (see later chapter on page 17). In particular, we have a larger gap (74.7 percentage points) in the employment rate between those with a learning disability and the overall employment rate than in England (69.2 percentage points).

CLAIMANT RATE (%) ACROSS GLOUCESTERSHIRE MAY 2019

Figure 2. Claimant rate (%) across Gloucestershire, May 2019 (Gloucestershire County Council, 2019)



CASE
STUDY**TOM
CHAMBERLAIN**
NATIONAL STAR COLLEGE

Supported intern at BP Motor
Bodybuilders & Engineers

Tom is a 19 year old student from the National Star College in Cheltenham, which enables people with disabilities to realise their potential “through personalised learning, transition and destination services”. Tom has been completing a Supported Internship at BP Motors in Cheltenham since September 2018.

On top of his college work and other placements, he has been at BP Motors two days a week, throughout the year.

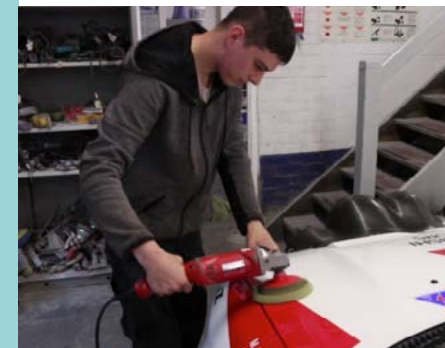
Tom’s internship involves lots of different tasks: getting involved in polishing, cleaning the cars, preparing the vehicles before painting or restoration work and other car body work. He also gets involved with other duties such as cleaning, brushing and keeping the work environment tidy.

Tom has really valued his time at BP Motors. However, he is ambitious and is thinking about his next steps, saying: “Now I’ve finished my internship, I’d like to get an apprenticeship or paid work in this industry.”

On finishing his internship, Tom has been offered two days a week paid work at BP Motors. He’s really happy with this, but he sees it as one step in the right direction and is working with the National Star College towards his ultimate goal of a Motor Vehicle Apprenticeship.





I’d like to get an
apprenticeship or
paid work in this
industry



1.1

Gloucestershire has a well-established and growing approach to helping people with disabilities in to employment through the county council’s Forwards scheme and the Going the Extra Mile (GEM) project. This includes offers such as supported internships, which are delivering positive outcomes for those seeking work and contributing to a closing of the gap.

£29,555 
average earnings in 2018
for Gloucestershire residents 

Gloucestershire’s economy performs relatively well, particularly in terms of the South West region. Average earnings for Gloucestershire residents in 2018 were £29,555³, which was similar to UK average earnings and higher than the South West average. However, as we might expect, there are sectors in which the median salary is lower, e.g. the food and drink sector, or higher, such as in finance and professional services.

As a measure of productivity, Gloucestershire’s gross value added (GVA) per hour worked⁴ in 2017 was £32.20 (Subregional Productivity, ONS). This was above the South West average (£30.20) but 4.2% below the UK average (£33.60). When compared to the other 37 Local Enterprise Partnerships (LEPs), Gloucestershire is ranked of 14 out of 38 (1 having the highest GVA per hour worked).

Of those Local Enterprise Partnerships that have a higher GVA per hour worked than Gloucestershire, the majority (8 out of 13) are located in London and the South East of England. The exceptions to these are in the West of England, Cheshire and Warrington, Swindon and Wiltshire, South East Midlands, and Coventry and Warwickshire.

Whilst this is a high-level summary of the county’s health and economic indicators, it gives a good overview of the inequalities experienced by people living in Gloucestershire and suggests that closing the inequalities gap must be a priority for local partners.

As Gloucestershire’s Local Industrial Strategy sets out the vision and plan to increase productivity in the county, this report makes the case for using this planned growth as a lever to tackle inequalities, close the gap and make sure that everyone can contribute and benefit. To do this, we must make sure that growth is inclusive.

³The earnings information collected relates to gross pay before tax, national insurance or other deductions, and excludes payments in kind. Source: Annual Survey of Hours and Earnings.

⁴Gross value added (GVA) is a measure of the value of goods and services produced in an area, industry or sector of an economy.

14 out of 38
ranking for productivity in 2017 

1.2

PROMOTING INCLUSIVE GROWTH TO TACKLE HEALTH INEQUALITIES



Inclusive growth is economic growth that is distributed fairly across society and creates opportunities for all.

OECD, 2019



A growing body of national evidence argues that inclusive growth is a crucial part of any strategy to increase productivity.

The Inclusive Growth Commission (2017) argues that “inequality not only has a social cost, but... it also hampers long-term economic performance and the productive potential of people and places.”

The commission’s report suggests that 38% of the gap between the combined average productivity of the ten UK Core Cities⁵ and the UK average is associated with deprivation. It also argues that closing this productivity gap by addressing inequalities would deliver £24.4bn a year to the UK economy.

The report states that “the UK’s productivity gap may be due to a range of factors, but failure to invest sufficiently in tackling the variation in skills, employability and other compounding social factors is a major part of our poor regional productivity story.”

Inclusive growth is not just good for the economy, it is good for the health and wellbeing of our population as well.

In particular, it is an effective strategy for reducing the health inequalities gap. Almost ten years ago, the Marmot Review (2010) made six policy recommendations for reducing health inequalities, covering amongst them early years, education and skills, employment, income, and infrastructure:

- A** GIVE EVERY CHILD THE BEST START IN LIFE
- B** ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES
- C** CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL
- D** ENSURE A HEALTHY STANDARD OF LIVING FOR ALL
- E** CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES
- F** STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

⁵The Core Cities Group is a self-selected and self-financed collaborative advocacy group of large regional cities in the United Kingdom outside Greater London. There are ten cities: Birmingham, Bristol, Cardiff, Glasgow, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield.

INCLUSIVE GROWTH COMMISSION'S MODEL



Figure 3. Current and new models of growth (Inclusive Growth Commission, 2017)

FIGURE 3



Inequality not only has a social cost but... it also hampers long-term economic performance and the productive potential of people and places.

Inclusive Growth Commission, 2017



The Inclusive Growth Commission's new model of growth shows that tackling inequalities is central to growing the economy, as both a driver of growth and as a benefit for as many people as possible (Figure 3).

This new inclusive growth model is underpinned by five principles:

- 1 CREATING A SHARED, BINDING MISSION
- 2 MEASURING THE HUMAN EXPERIENCE OF GROWTH, NOT JUST ITS RATE
- 3 SEEING GROWTH AS THE WHOLE SOCIAL SYSTEM, NOT JUST A MACHINE
- 4 BEING AN AGILE INVESTOR AT SCALE
- 5 ENTREPRENEURIAL, WHOLE PLACE LEADERSHIP

£24.4bn
a year to the UK economy by addressing inequalities

The commission argues that this requires a local approach based on a deep understanding of local assets, connecting people to quality jobs, resourcing place regeneration as well as business investment, and helping businesses keep ahead, particularly in the context of Brexit.

Inclusive growth is rapidly emerging as a driver of productivity and lever for closing the inequalities gap.

The rest of my report will examine how we might deliver inclusive growth as part of Gloucestershire's Local Industrial Strategy and 2050 Vision, to increase productivity and tackle health inequalities.

2.1

DRIVING SOCIAL MOBILITY TO DELIVER INCLUSIVE GROWTH

CONTRIBUTING TO: PEOPLE | INFRASTRUCTURE | BUSINESS ENVIRONMENT



“

Social mobility is the link between a person's occupation or income and the occupation or income of their parents. Where there is a strong link, there is a lower level of social mobility. Where there is a weak link, there is a higher level of social mobility.

Social Mobility Commission, 2019

”

One significant way to achieve inclusive growth is to drive social mobility, defined by the Social Mobility Commission as “ensuring that everyone has the opportunity to build a good life for themselves regardless of their family background.”

The commission (2019) argues that “inequality is still deeply entrenched in Britain: there is a persistent gap in early literacy; the attainment gap at the end of secondary school has hardly shifted since 2014 and the better off are nearly 80 per cent more likely to end up in a professional job than those from a working-class background.”

The County All-Party Parliamentary Group (APPG) found that eight of the ten least socially mobile areas in England are counties and are overwhelmingly rural and coastal (CCN, 2018), suggesting that this is a key issue for a largely rural county such as Gloucestershire.

The Social Mobility Index (2017) shows that three districts in Gloucestershire (Cotswold, Forest of Dean and Gloucester) are ranked in the bottom 20% nationally (Table 1). However, Stroud district is the highest ranking local authority area in the South West, suggesting that there might be potential to learn from and build on what works in that part of the county.

TABLE 1 DISTRICT SOCIAL MOBILITY INDEX RANKING (OUT OF 324)

CHELTENHAM	225
COTSWOLD	268
FOREST OF DEAN	303
GLOUCESTER	282
STROUD	43
TEWKESBURY	199

80%



Those better off are 80% more likely to end up in a professional job than those from a working-class background

Gloucestershire's 2050 Vision supports the argument that this leads to a net loss of young people from shire counties such as Gloucestershire, holding back local economic growth. This suggests that any approach to improving social mobility must take action across the 'social mobility life cycle', as described by the County APPG. Most national reports on social mobility identify three stages:

- 1 EARLY YEARS, SCHOOL READINESS, LITERACY AND NUMERACY
- 2 EDUCATION, GCSE ATTAINMENT, AND QUALITY POST-16 CHOICES
- 3 REWARDING EMPLOYMENT OPPORTUNITIES

The national Social Mobility Index ranks local authority areas across 16 indicators, covering Early Years, School, Youth and Working Lives. Full Gloucestershire and district rankings can be found in Appendix 2. Broadly, Gloucestershire and its districts perform well against the Working Lives indicators (with the exception of housing affordability in the Cotswolds and some income indicators in the Forest of Dean). However, the county performs less well against the other indicators.

EARLY YEARS

A good level of development in a child's early years – often used to describe school readiness – is a measurement of a child's personal, social and emotional development, physical development, and communication and language, including literacy and numeracy.

It is a key determinant of outcomes in later life; **national analysis has shown that a child with a poor level of development at the age of five is unlikely to catch up with their peers by the time they leave education.** This means that future employment and progression opportunities are likely to be more limited.

Data published by Public Health England (Figure 4) shows that in 2017/18:

- A lower percentage of five-year-old children in Gloucestershire reached a good level of development than in England
- A lower percentage of five-year-old children in Gloucestershire who were eligible for free school meals reached a good level of development than in England
- A lower percentage of children aged five or six (in Year 1) in Gloucestershire achieved the expected level in phonics (a method for teaching reading) than in England

Eligibility for free school meals is used in Figure 4 to represent socio-economic disadvantage and we can see that children who are eligible for free school meals experience inequality in their early years development.

Evidence strongly suggests that this inequality can continue into adult life.

2.1

PERCENTAGE OF CHILDREN REACHING EARLY YEARS DEVELOPMENT LEVELS (2017/18)

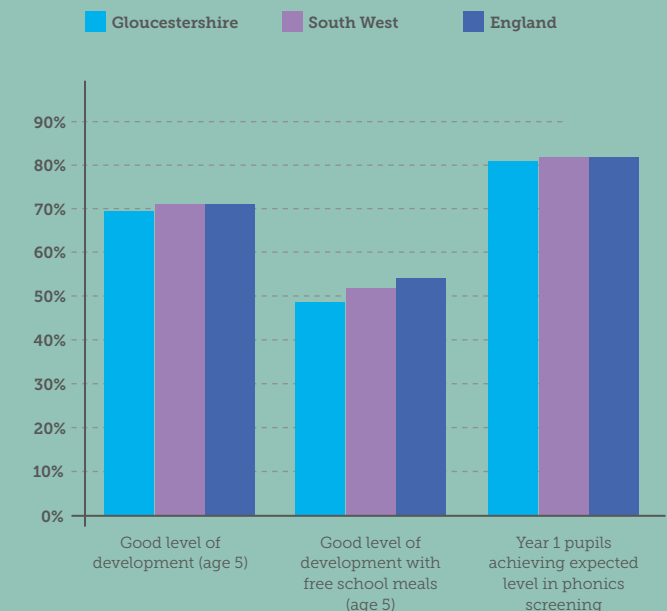


Figure 4. Percentage of children reaching early years development levels in Gloucestershire, South West and England, 2017/18 (Source: Public Health England)

FIGURE 4

PERCENTAGE OF CHILDREN REACHING **EARLY YEARS DEVELOPMENT LEVELS**

2.1

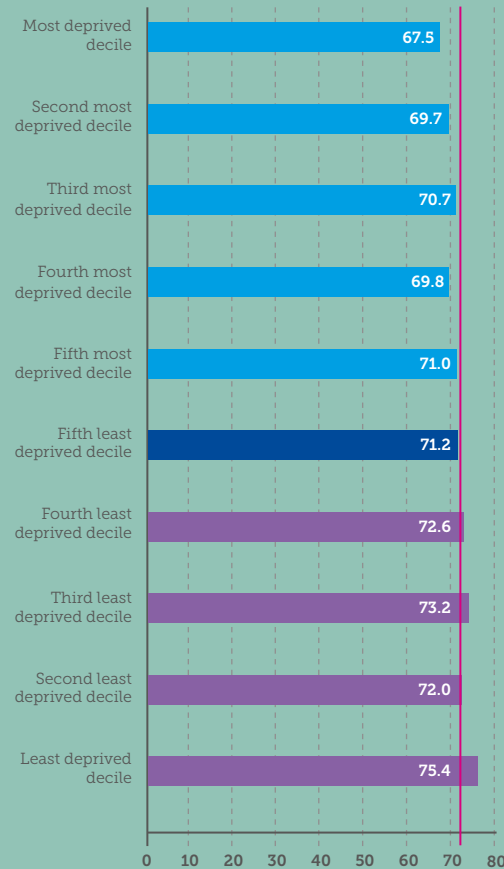


Figure 5. School readiness at age five in Gloucestershire by Indices of Multiple Deprivation (2015) deprivation decile (Source: Public Health England)

Figure 5 shows that children are less likely to be ‘school ready’ at the age of five in the most deprived areas of Gloucestershire and more likely in the least deprived areas.

However, the picture is more complex than this appears. A recent report to Leadership Gloucestershire on social mobility outlined a national challenge: that “some of the most affluent areas of the country deliver worse outcomes for their disadvantaged children than places that are much poorer.” This can be seen in Gloucestershire in the gap in school readiness between children who are and are not eligible for free school meals (representing socio-economic disadvantage). In Cotswold district, this gap is a very stark 40.5%.

My 2016/17 annual report identified school readiness as an area for priority action. This led to the setting up of a multi-agency working group in July 2018, chaired by Public Health and including representatives from across public and voluntary sector organisations and early years settings. The group’s main concern was to better understand why there is such disparity in the school readiness of children in Gloucestershire and to recommend and take action to improve the situation.

To date, the group has been focusing on identifying areas of best practice and opportunities to strengthen collaboration, developing a shared vision for school readiness, and delivering specific areas for improvement. This includes work by the Early Years Service to directly address areas of concern, such as speech and language training for early years settings staff and health visitors.

The latest school readiness data will be available shortly after this report is published. Early indications are that there has been a small improvement. This is encouraging but the problem is not yet solved and the group will continue to work together to deliver improvements to early outcomes for young children in Gloucestershire.

SCHOOL AND YOUTH

According to data published by Public Health England, young people in Gloucestershire and in the six districts perform either better or statistically similar to England in terms of their academic achievement, measured by their average Attainment 8 score⁶ at the age of 15 or 16.

However, as we see across this report, there is inequality within this broad indicator. The Social Mobility Index shows that Gloucester City ranks as 311th out of 324 local authorities for the average Attainment 8 score for young people who are eligible for free school meals (used to represent socio-economic disadvantage). **So young people in Gloucester who are more deprived are not achieving grades as high as those living in deprivation elsewhere in England.**

The index also shows that the young people eligible for free school meals at age 15 are less likely to go on to enter higher education by the age of 19 than those in other parts of England, with Gloucestershire ranked 275th in the country.

Locally, partners have begun to examine Gloucestershire’s social mobility indicators and to recommend and take action. **Closing the inequality gap in achievement at school and enabling everyone to reach their potential should be a priority.**

⁶Attainment 8 measures the average achievement of pupils in up to 8 qualifications at GCSE level (age 15/16). For a full definition, see https://lginform.local.gov.uk/reports/lgastandard?mod-metric=6014&mod-area=E92000001&mod-group=AllRegions_England&mod-type=namedComparisonGroup

CASE
STUDYCHELTENHAM
BOROUGH HOMES
CREATING
OPPORTUNITIES
TO THRIVE

Cheltenham Borough Homes provides social housing in some of the most deprived wards in the county.

In these wards, children experience poverty that can create long-term disadvantages – including lower academic achievements.

In 2017, a school contacted Cheltenham Borough Homes looking for long-term work experience for students who were struggling within the traditional classroom setting and at risk of exclusion. To meet this need, Cheltenham Borough Homes' Employment Initiatives Service created *Thrive*, an innovative alternative provision programme aimed at young people providing support to stay in education.



This year the six month programme ran with pupils from All Saints Academy and Pittville School where they completed a range of activities and work placements specially designed for them to achieve their Careers and Experiencing Work Certificate. The young people attend *Thrive* every Friday instead of their schools, with the first six weeks of the programme covering a variety of topics including first aid, employability skills, future planning and budgeting.

Cheltenham Borough Homes used their relationships with local suppliers including Cheltenham Flooring, Liberty Gas, Ian Williams and Travis Perkins to offer work placements. Travis Perkins also gave funding to the course, enabling Cheltenham Borough Homes to provide bus passes, breakfast and lunch at each session, and personal protective equipment for each student to use on their placements. This fund enabled Cheltenham Borough Homes to celebrate the students' achievements by hosting a graduation event that was attended by their families and our partners.

The placements provide valuable experience and first hand insight into what jobs are available and what they involve – inspiring the young people to look at their career options when leaving school.

To date, the programme has supported 13 young people, with participants going on to further education, apprenticeships and full-time employment. None of the young people at risk of exclusion at the beginning of the programme have been excluded from school.

Cheltenham Borough Homes is now looking to build on the positive relationships they have created with partners to help young people to thrive.



13 
young people to date have
been supported by the
Thrive programme

2.1

WORKING LIVES

Overall, Gloucestershire and the districts perform reasonably well across the Working Lives indicators, with the only indicator ranking in the bottom 20% nationally for housing affordability in Cotswold district (see next chapter). The Forest of Dean is ranked 222nd of 324 areas in this category, including:

- Median weekly salary (also a concern in Gloucester and Cotswold)
- Percentage of people in managerial and professional jobs (also a concern in Gloucester)
- Percentage of jobs paid less than the locally applicable living wage

An earlier chapter of this report covered Gloucestershire's employment data and the variation between different areas of the county and amongst different groups of people. It also touched on differences in income, particularly by sector.

The Inclusive Growth Commission (2017) emphasises the need to be assisting those outside of the labour market into work and giving in-work training and development opportunities to those who are employed in lower skilled and lower paid jobs.

Social mobility – our development in early years, our achievement at school and movement to post 16 options, and our job and progression opportunities – is a key factor in delivering inclusive growth at a county scale.

The rest of my report considers some of the ways to achieve this, including local infrastructure, workplaces and partner organisations.

CASE
STUDYGLOUCESTER SERVICES AND
GLOUCESTERSHIRE GATEWAY TRUST

Gloucester Services – run by Westmorland – is a multi-award winning business, which has put local employment and community partnerships at its heart.

It works in partnership with Gloucestershire Gateway Trust, a local community development and regeneration charity.

Since opening in 2014, over 400 people are now employed at Gloucester Services, with over 80 people employed from Gloucestershire Gateway Trust's target communities: Matson, Robinswood, Podsmead, Tuffley, Stonehouse and the GL10 area.

In addition, Gloucestershire Gateway Trust receives up to 3p in every £1 of non-fuel sales from Gloucester Services to invest in local communities. As a result, nine of Gloucestershire Gateway Trust's community partners are now receiving grant funding of £20,000 each per annum, committed for five years. Between them these partners champion children's play, support local wildlife, offer advice, run community groups, and support people with addictions.

This income also enables Gloucestershire Gateway Trust to support local communities through other initiatives. This has included working with local residents' associations to open community hubs in Matson and Stonehouse which provide access to information on employment and training, and spaces for people to meet and talk.

The increased footprint of Gloucestershire Gateway Trust has also enabled it to help to bring together a group of over 40 community focused organisations, alongside

the lead organisation Gloucestershire County Council, which together secured a further £6 million to engage and support individuals across Gloucestershire facing barriers to work and move them closer towards education, training, volunteering or work through the Going the Extra Mile (GEM) project.

In Gloucester Services, Gloucestershire Gateway Trust and the Westmorland family have together created a unique model of social investment that shows people and communities of all shapes and sizes can create something of scale that has a lasting positive impact.

400 
people now employed
at Gloucester Services

80 people
employed
from Gloucestershire
Gateway Trust's target
communities





CREATING PLACES THAT ENABLE **INCLUSIVE GROWTH**

CONTRIBUTING TO: **INFRASTRUCTURE | PLACE**

2.2

“ Planning policies and decisions should help create the conditions in which businesses can invest, expand and adapt. Significant weight should be placed on the need to support economic growth and productivity... Planning policies and decisions should aim to achieve healthy, inclusive and safe places which... promote social interaction... are safe and accessible... and enable and support healthy lifestyles. ”

National Planning Policy Framework, 2019

Successful inclusive economic growth requires the alignment of local planning policy, making sure that essential transport, housing, employment, land, and digital infrastructure is in place to support a thriving economy that benefits all.

So how can we ensure that spatial planning⁷ strategies specifically support social mobility and inclusive growth in Gloucestershire?

There is a long established link between planning and health. The Town & Country Planning Association (2012) argues that “improved planning and better housing provision have long been identified as pre-conditions for enhancing the health of individuals and the communities in which they live.” This can refer to a relatively broad range of factors, including the availability, affordability, quality, and design of housing, active and sustainable travel options, green infrastructure, safe and accessible community spaces, access to affordable local food, and much more.

Whilst well-planned places should benefit everyone who uses them, Marmot (2010) argues that “there is substantial evidence of a social gradient in the quality of neighbourhoods. Poorer people are more likely to live in more deprived neighbourhoods. The more deprived the neighbourhood, the more likely it is to have social and environmental characteristics presenting risks to health. These include poor housing, higher rates of crime, poorer air quality, a lack of green spaces and places for children to play and more risks to safety from traffic.”

Some factors are particularly important to social mobility and inclusive growth. The Joseph Rowntree Foundation (2019) recommends three infrastructure-related actions to maximise inclusive growth:

- Driving social value⁸ from infrastructure investment
- Acknowledging the need to increase the supply of low-cost rented housing
- Treating investment in public bus provision as equal to road and rail

⁸Social value serves as an umbrella term for the wider economic, social and environmental effects of an organisation's actions.



HOUSING

The former chairman of the Social Mobility Commission stated that “the UK housing market is exacerbating inequality and impeding social mobility” (LSE, 2017).

This challenge can be seen in Gloucestershire. The Social Mobility Index (Appendix 2) shows that Cotswold district is ranked 292nd of 324 areas for housing affordability (average house prices compared to the median annual salary of employees who live in the local area).

Housing affordability – including in the rental market – is a challenge not only for those working in lower paid sectors but also for young people, starting off in their careers. Gloucestershire’s 2050 Vision seeks to create a magnet county, one that attracts young people to stay or to move here and contribute to the local economy, but Gloucestershire will not be attractive to young people if they cannot afford to live here.

Acknowledging the supply of housing as important is a key step in aligning plans and strategies that will enable social mobility and inclusive growth, as well as those to increase productivity through a thriving workforce. As such, housing partners should be around the table in any discussions to move this agenda on.

2050

Vision is to create a magnet county

17%

do not have access to a car or van (40,000 households)

PUBLIC TRANSPORT

The same can be said for those planning and delivering public transport infrastructure, for example through the county’s Local Transport Plan. **Public transport plays a critical role in enabling people to access education, training, and employment opportunities, particularly from areas where car ownership is lower.**

In Gloucestershire, 40,000 households (17%) do not have access to a car or van (2011 Census). This increases to up to 40% of households in wards such as Barton and Tredworth and Westgate in Gloucester, and St Paul’s and Oakley in Cheltenham. This may in part be because they are central to urban areas and currently served by bus services. However, these areas are also amongst the most deprived in the county, with residents more likely to experience inequality and to be most in need of support to access training and employment opportunities.

Access to public transport options that are affordable and fit for purpose is also an issue in rural parts of the county, where we see social mobility challenges. The County All-Party Parliamentary Group report on social mobility (2018) supports the argument that accessibility and particularly public transport are key factors affecting social mobility in rural shire counties:

“This limit on accessibility is impacting on choices for work, training and education, particularly for young people, in turn impacting on social mobility in the longer term... But transport can also have an immediate impact on those already in the labour market, limiting access to childcare, better employment or training opportunities.”

It argues that broadband infrastructure is also important, supporting greater choice, flexibility and accessibility in education, training and employment.

PLANNING

Recent work by Gloucestershire’s Public Health team to bring together planning and health provides an opportunity to consider the impact of spatial planning on health in its widest sense. Work is already underway to build the evidence base for robust health policies in local plans, and to develop a health impact assessment toolkit to maximise opportunities for health and wellbeing in planning policy and development. This must be a partnership effort, bringing together housing, transport and health with others to plan and deliver healthy and inclusive places.

This work considers health and wellbeing in its broadest sense but there is an opportunity to focus efforts where the greatest impact on inclusive growth and health inequalities could be achieved.

It includes:

- Encouraging planning authorities to create ambitious planning policy frameworks and health impact assessment tools for the design of homes and neighbourhoods
- Supporting and training planners and planning committees across the county to recognise and expect design that promotes wellbeing and health
- Identifying and showcasing beacon developments across the county in order to create a shift in expectations with residents, planning authorities and developers
- Making sure that planning specifically enables inclusive growth to address health inequalities, e.g. by addressing the difference between income and house prices or rent

This work will continue to encourage the shaping of places that enable and support the delivery of inclusive growth.



2.3

PROMOTING 'GOOD WORK' FOR ALL

CONTRIBUTING TO: BUSINESS ENVIRONMENT | PEOPLE



Jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health.

SIR MICHAEL MARMOT
Fair Society, Healthy Lives, 2010

Our workplace can have an impact – positive or negative – on our physical and mental health and wellbeing.

Public Health England (PHE) reports that a good working environment is good for health, and that a bad working environment may contribute to poor health (PHE, 2016).

Public Health England also argues that lower skilled workers and those with fewer qualifications are more likely to experience poor working conditions, as well as worse health (Figure 6). This is a similar pattern of inequality that we have seen throughout this report.

But the working environment is also an important factor in economic prosperity. **The Taylor Review of Modern Working Practices (2017)**

argues that “better designed work that gets the best out of people can make an important contribution to tackling our complex challenge of low productivity.” PHE (2016) argues that healthier, active and engaged employees are more productive and have lower levels of sickness absence and presenteeism (attending work when ill).

In Gloucestershire, nearly 2% of employees have had a day off sick in the last week and 1% of working days are lost to sickness absence. The costs of presenteeism alone nationally are estimated to be £30bn annually due to lower productivity, for example (PHE, 2016). PHE states that this presents a strong business case to take action, as well as a public health one.

SKILLED & UNSKILLED OCCUPATIONS

Figure 6. Long-term conditions in unskilled and professional occupations (PHE, 2016)



Employees from **unskilled occupations (52%)** experience long-term conditions ...



... more than groups from **professional occupations (33%)**

FIGURE 6

CASE
STUDYSTAGECOACH WEST AND J D NORMAN
WORKING FOR A HEALTHY GLOUCESTERSHIRE

One workplace that has worked to develop a culture that encourages employee wellbeing is Stagecoach West, which has depots in Gloucester, Cheltenham and Stroud. Stagecoach recognised a concern that sickness and turnover levels were slowly increasing. They consulted their staff, who told them that by hearing their views, supporting them and taking more interest in their health and wellbeing the company would become much more of an employer of choice. So they set about addressing health and wellbeing through:

- **Visible buy in from leaders:** signing up to Time to Talk and communicating leaders' commitment to staff health and wellbeing; resourcing a Wellbeing Leader and fully trained Wellbeing Champions.
- **Training for champions and managers:** including mental health, how to have effective conversations, and even blood pressure readings.
- **Wellbeing vision:** shared from day one of employment, promising to give support, provide an open door policy, prioritise and nurture personal development, and create social activity.
- **Expert support for staff:** access free of charge to a nurse to give health MOTs, financial and mortgage advisors, and experts in fitness, smoking cessation and alcohol dependence, referring to Healthy Lifestyles Gloucestershire when needed.
- **Staff performance and Wellness Action Plans:** managers can include Wellbeing Champions in early

conversations with employees to understand what may be affecting their performance. Champions support with Wellness Action Plans (WAPs), designed to get the employee back on the road to recovery, without needing disciplinary action in the first instance. WAPs are also mandatory for anyone in a management role and optional for anyone else who might benefit.

- **Depot campaigns and engagement:** Time to Talk sessions, healthy eating roadshows, and links to national campaigns, particularly those affecting men. Senior leaders are also more engaged, e.g. giving out healthy breakfast items at 4am or at lunchtime in canteens, with directors finding out how things are going for staff.

Another Gloucestershire workplace, J D Norman Industries in Lydney, has also benefitted from a focus on the health and wellbeing of their workforce, which is largely made up of older male employees working in heavy manufacturing.

Traditionally, the company reported a lack of engagement from staff in health and wellbeing but, with support from human resources and occupational health, they have successfully reached more employees and encouraged them to get more involved.

This has resulted in increased health awareness and made team members more mindful of their own wellbeing, leading to a downturn in sickness absence and a positive impact on profitability. The early intervention strategies have improved employee health, and led to effective return to work programmes.

2.3 As with many aspects of this report, what's good for health is good for business.

There has been a lot of work in Gloucestershire over the last couple of years to encourage businesses, large and small, to improve the health and wellbeing of their employees. Workplaces have improved policies, practices and the working environment across a range of areas, including mental health and wellbeing, physical activity, and nutrition.

During 2016/17, the Gloucestershire Clinical Commissioning Group (CCG), in partnership with Public Health, worked with health@work to take local employers through a Workplace Wellbeing Charter accreditation scheme.

A total of 40 Gloucestershire employers were accredited, with a workforce of over 18,000 people. 92% of those accredited made a measurable improvement on their initial benchmark, with over 90% of employees surveyed reporting they had noticed recent changes in health and wellbeing provision in their workplace. 79% of employees surveyed reported they already had or would be likely to make future lifestyle changes as a result of the support they had received through the workplace.

Work is now underway to build on the success of this programme and to continue to promote and support healthy workplaces in Gloucestershire.

90%
noticed changes in health and wellbeing in their workplace

76%
would be likely to make future lifestyle changes

But 'good work' is about more than just a healthy workplace. **The Joseph Rowntree Foundation (2015) refers to studies that define 'good work' as being "safe, fair, secure, fulfilling, supportive and accommodating"** and the Taylor Review outlines six high level indicators of good quality work:

- 1 WAGES
- 2 EMPLOYMENT QUALITY
- 3 EDUCATION & TRAINING
- 4 WORKING CONDITIONS
- 5 WORK-LIFE BALANCE
- 6 CONSULTATIVE PARTICIPATION & COLLECTIVE REPRESENTATION



Businesses that have diverse, inclusive workplaces recognise this brings improved productivity. For example, offering flexible working can enable employers to reach a wider talent pool, both male and female, including returners, older workers and people with disabilities. Creating a workplace which is truly flexible can improve productivity.

HM Government's UK Industrial Strategy, 2017



Locally, partners seeking to increase productivity and grow a thriving economy are developing plans to make workplaces in Gloucestershire more flexible, including through the emerging Local Industrial Strategy.

This approach will be a key element of the strategy set out in Gloucestershire's 2050 Vision and the emerging Local Industrial Strategy to attract and retain younger workers as well as to realise the untapped potential of an ageing workforce. It should also contribute to healthier workplaces. But only if greater flexibility is offered alongside other aspects of 'good work' as part of permanent, secure and fulfilling employment.

A study commissioned by Public Health England (IPPR, 2017) found that although flexibility, adaptability, responsiveness, and an ability to deal with uncertainty are the keys to being able to thrive within today's labour market, temporary contracts, zero hour contracts, job insecurity and low pay are all associated with poorer mental health amongst younger workers.

Flexibility can be an asset that attracts and retains a diverse workforce and contributes to productivity and business competitiveness, but it can also present a risk to health and wellbeing if not carefully planned and managed.

Another significant challenge will be to make sure that 'good work' can be enjoyed by all, not just those working in certain sectors. It is likely that flexibility will be more easily achieved in some sectors than in others. Poorer working conditions and health outcomes are experienced by those in lower paid jobs. So if we are to tackle inequalities through the workplace, we must think about how flexibility – and other features of 'good work' – can be achieved across business sectors, wherever possible.

The next chapter considers how the health, care and public sectors, in particular, can do their bit.



2.4

HEALTH, CARE AND THE PUBLIC SECTOR AS INCLUSIVE GROWTH PARTNERS

— CONTRIBUTING TO: PLACE | PEOPLE



“

As leaders of place, councils fully recognise the fundamental importance of local collaboration between local government, business, the NHS and higher education – we are stronger and more effective when we work together.

CLLR MARK HAWTHORNE

Leader of Gloucestershire County Council and Chairman of the Local Government Association People & Places Board (NHS Confederation, 2019)

”

In our efforts to drive inclusive growth, there is considerable opportunity to realise the untapped potential benefits of the spending and employment power of local anchor institutions, such as local authorities, educational establishments and the NHS.

These organisations are a form of ‘sticky capital’ as they are unlikely to close down and leave an area. A Joseph Rowntree Foundation report (2017) found that if ten anchor institutions in the Leeds City Region shifted an additional 10% of their total budget to spend locally, it could drive an additional £168 to £196 million into the local economy.

In Gloucestershire, around 74,000 people were working in the Health and Care and Public Sectors in 2015, making up just over a quarter of the local workforce (GCC, 2015). Organisations such as Gloucestershire County Council, NHS trusts, GCHQ, the University

of Gloucestershire and others have a significant opportunity to lead by example as key partners in delivering inclusive growth.

The Joseph Rowntree Trust study of anchor institutions in Leeds (2017) identifies several opportunities to maximise this potential by:

- Shifting just 5 to 10% of their current spend to competitive suppliers in the region
- Truly embedding social value into criteria for choosing suppliers
- Raising demand for apprenticeships by securing one apprenticeship for every £1 million they spend
- Sending collective market signals relating to the importance of employment practices that provide ‘good work’
- Collaborating with local suppliers to build their capacity to bid for public procurement opportunities.

CASE
STUDYGROWING THE RIGHT
SKILLS FOR OUR
**HEALTH AND CARE
WORKFORCE
OF THE FUTURE****Development of a sustainable health
and care workforce is a key priority for
Gloucestershire's Integrated Care System
(ICS).**

The Gloucestershire Clinical Commissioning Group (CCG), with the county's three NHS trusts – Gloucestershire Hospitals NHS Foundation Trust, 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust – identified a local and national shortage in the workforce required to meet the county's health and care needs.

Working in collaboration with the University of Gloucestershire, they founded a new adult nursing degree, with the first cohort enrolling on the general nursing degree from September 2017. 60 students will qualify in the summer of 2020, having had hands-on experience in a wide range of settings, including the acute hospitals and mental health services. This year, the undergraduate nursing programmes are expected to have filled all of their places, with the mental health programme being oversubscribed and capacity increased.

Gloucestershire is also one of 24 national test sites delivering training for a new nursing associate role, which sits alongside existing nursing care support workers and fully-qualified registered nurses to deliver hands-on care for patients.

The first registered nursing associates (RNAs) qualified in 2019, with 30 new RNAs already working on wards and in community settings across the county's three NHS trusts. These are beginning to meet what is foreseen by many as significant future demand for this role.

Health is the biggest employer in Gloucestershire and these courses will provide the right skills for local people to have lifetime careers in the sector, attracting and retaining a growing workforce for the future.

“

The registered nursing associates are already making a difference to patient care and multi-disciplinary team working since joining our teams in May. We need more of them!

SUSAN FIELD

Director of Nursing at Gloucestershire
Care Services NHS Trust

”

1 OF 24 
national test sites delivering training

60 
students will qualify
in the summer 2020

2.4

A recent briefing note by the NHS Confederation (2019) identifies the benefits for the health and care system from contributing to Local Industrial Strategies and, specifically, inclusive growth, including:

- Addressing the future workforce in the context of an ageing population
- Adopting and scaling health innovations into practice
- Developing an estate fit for the 21st century
- Pooling investment
- Increasing wellbeing
- Managing demand for services

Many of these benefits are relevant to other anchor institutions and local organisations, not just health and care.

It is clear that there are considerable mutual benefits and that local health, care and public sector organisations have a key role to play in promoting and supporting inclusive growth in Gloucestershire.

In particular, the developing Integrated Care System (ICS) in the county provides an exciting opportunity to collaborate across health and care to achieve economic growth that can be enjoyed by all.

74,000 
people were working in Health, Care
and Public Sectors in 2015

03

RECOMMENDATIONS

My report sets out the challenges and opportunities of driving inclusive growth to tackle health inequalities and increase productivity. No one business or organisation can do this alone.

I make the following recommendations to partners across the system in order to deliver on the ambitions set out in this report.

- 1 The Health and Wellbeing Board should set out its position on inclusive economic growth and its benefits to health (and vice versa) and seek to influence and align its strategy and actions wherever possible with those of economic development partners, particularly GFirst Local Enterprise Partnership (LEP).
- 2 GFirst LEP, in the development of the Local Industrial Strategy and other key strategies and plans, consider the recommendations of this report and set out its plans to ensure that everyone in Gloucestershire can contribute to and benefit from local growth. Representation by GFirst LEP on the Health and Wellbeing Board would support this.
- 3 GFirst LEP and the Employment and Skills Board should consider their role in tackling social mobility and promoting inclusive growth.
- 4 Key partner organisations should cooperate to undertake a 'deep dive' of Gloucestershire's social mobility indicators, to better understand areas for focus and trends of concern and agree a joint approach to increasing social mobility. In the meantime, partners should continue to focus efforts around school readiness to maintain the early improvements being seen.
- 5 Public Health and Local Planning Authorities should continue to work together with other partners in housing, transport and other infrastructure specialists to maximise opportunities to build healthy communities with a thriving and inclusive economy. This should make sure that there is a strong understanding of inequalities amongst planners and other partners, and that actions taken to create healthy places benefit people from all socio-economic backgrounds.
- 6 Businesses and public sector partners should consider how 'good work' in Gloucestershire could be measured and encouraged amongst local employers. Plans to improve the flexibility of the workplace should seek to make sure that this is available to all, wherever possible.
- 7 Local anchor institutions should consider how they can lead by example in delivering inclusive growth through their employment and spending power. There may be an opportunity for the One Gloucestershire Integrated Care System (ICS) to play a key role in this at a local level.

APPENDIX 1

GLOUCESTERSHIRE'S POPULATION HEALTH INDICATORS

This report focuses on just one topic, albeit one that is complex. However, it is important to consider the overall health and wellbeing of the Gloucestershire population, which we can best summarise through a balanced dashboard of population health indicators.

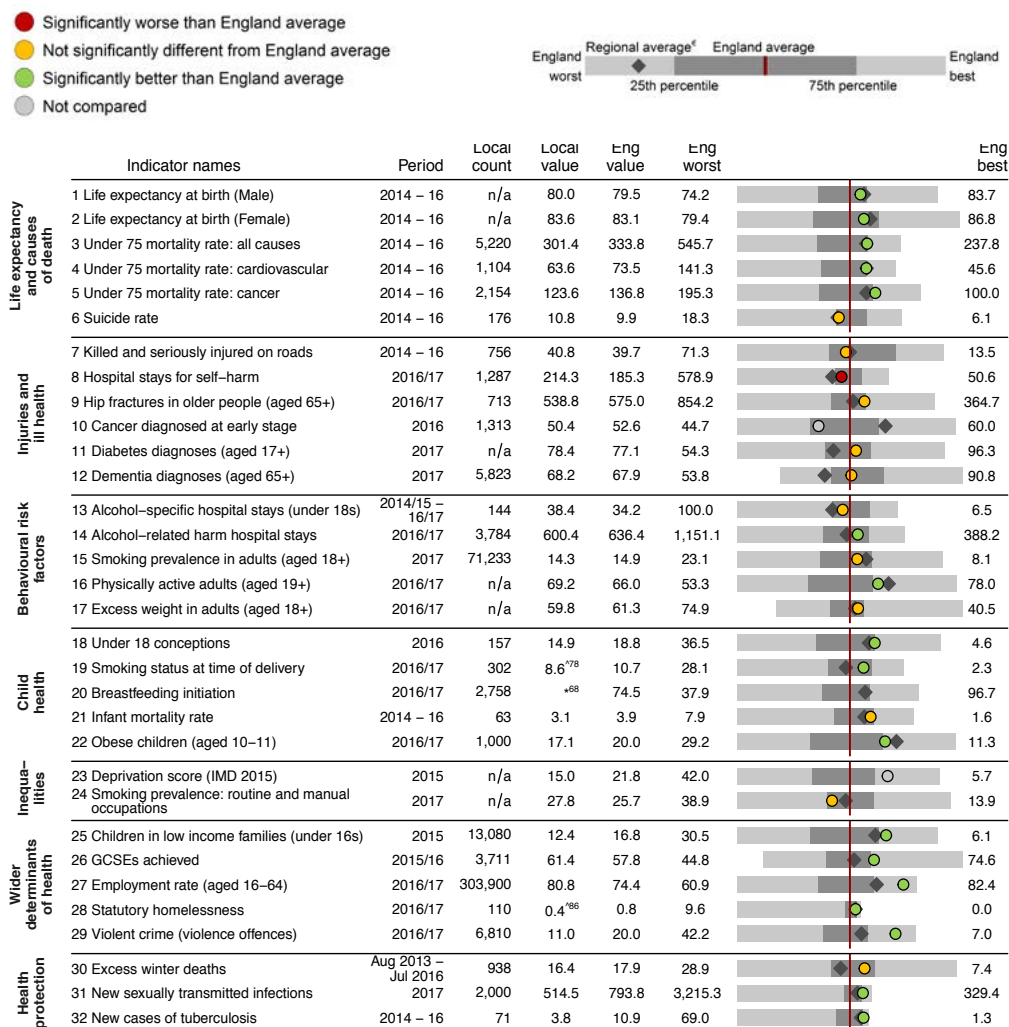
Here, you can see the Local Authority Health Profile for Gloucestershire published by Public Health England on an annual basis. This shows a broadly healthy population, in line with or better than national rates across most indicators. However, profiles are also available at district level and these show greater variation.

Much more information on the health and wellbeing of Gloucestershire residents can be found in the comprehensive Joint Strategic Needs Assessment, which is available on the Inform Gloucestershire website: <https://inform.gloucestershire.gov.uk/understanding-gloucestershire-a-joint-strategic-needs-assessment-jsna>

Over the next year, we will be developing a population health dashboard for the Gloucestershire Health and Wellbeing Board and Overview and Scrutiny Committee. Future annual reports will review this dashboard.

HEALTH SUMMARY FOR GLOUCESTERSHIRE

The chart on the right shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.



For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Indicator value types

1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

€"Regional" refers to the former government regions.

⁶⁸ Value not published for data quality reasons ⁷⁸ There is a data quality issue with this value ⁸⁶ Aggregated from all known lower geography values

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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APPENDIX 2

SOCIAL MOBILITY INDEX RANKINGS FOR GLOUCESTERSHIRE

KEY

G:GLOUCESTER | **C:**CHELTHENHAM | **CO:**COTSWOLD | **FD:**FOREST OF DEAN
S:STROUD | **T:**TEWKESBURY

	G	C	CO	FD	S	T
OVERALL RANK (1 to 324 where 1 is the best social mobility)	282	225	268	303	43	199

EARLY YEARS	G	C	CO	FD	S	T
OVERALL RANK	273	259	268	297	112	274
% of nursery providers rated 'outstanding' or 'good' by Ofsted (based on nursery location)	151	151	151	151	151	151
% of children eligible for free school meals achieving a 'good level of development' at the end of Early Years Foundation Stage (based on residence)	300	278	289	313	136	304

SCHOOL	G	C	CO	FD	S	T
OVERALL RANK	231	101	59	267	53	103
% of children eligible for free school meals attending a primary school rated 'outstanding' or 'good' by Ofsted (school location)	59	23	51	165	39	10
% of children eligible for free school meals attending a secondary school rated 'outstanding' or 'good' by Ofsted (school location)	247	75	54	275	133	147
% of children eligible for free school meals achieving at least the expected level in reading, writing and maths at the end of Key Stage 2 (based on residence)	154	273	214	241	124	202
Average attainment 8 score for pupils eligible for free school meals (based on residence)	311	159	89	235	74	199

KEY



YOUTH	G	C	CO	FD	S	T
OVERALL RANK	300	311	323	252	86	239
% of young people eligible for free school meals that are not in education, employment or training (positive destination) after completing KS4	227	322	301	251	19	161
Average points score per entry for young people eligible for free school meals at age 15 taking A-level or equivalent qualifications (based on residence)	254	139	324	105	36	188
% of young people eligible for free school meals at age 15 achieving 2 or more A-levels or equivalent qualifications by the age of 19 (based on residence)	302	247	185	243	106	237
% of young people eligible for free school meals at age 15 entering higher education by the age of 19 (based on residence)	275	275	275	275	275	275
% of young people eligible for free school meals at age 15 entering higher education at a selective university (most selective third by UCAS tariff scores) by the age of 19 (based on school location at 15)	230	230	230	230	230	230

WORKING LIVES	G	C	CO	FD	S	T
OVERALL RANK	126	80	158	222	59	77
Median weekly salary (£) of employees who live in the local area, all employees (FT and PT)(based on residence)	204	113	243	250	126	146
Average house prices compared to median annual salary of employees who live in the local area (based on residence)	115	70	292	124	193	166
% of people that live in the local area who are in managerial and professional occupations (SOC 1 and 2)(based on residence)	222	49	30	238	130	134
% of jobs that are paid less than the applicable Living Wage Foundation living wage (based on job location)	58	116	113	242	50	48
% of families with children who own their home (based on residence)	176	158	201	81	44	98

Source of 2016 data: www.gov.uk/government/publications/social-mobility-index
Source: www.gov.uk/government/publications/social-mobility-index-2017-data

APPENDIX 3

PROGRESS UPDATE FROM THE 2017/18 ANNUAL REPORT

Last year, my annual report focused on mental wellbeing and highlighted priorities for the future across five areas including children and young people's mental health, self-harm and suicide, and mental health stigma. Since then, progress has been made against many of these priorities.

- Gloucestershire Clinical Commissioning Group (CCG) and its partners launched an All Age Mental Health and Wellbeing Strategy for Gloucestershire. The vision of the strategy is for every resident to enjoy the best possible mental health and wellbeing throughout the course of their life.
- Since the launch of the Gloucestershire Wellbeing (GloW) pledge in 2018, 39 organisations have signed up. (To see which organisations have joined the movement, visit www.gloucestershire.gov.uk/glow) Many of those who have signed up to the GloW commitment form part of the Good Mental Health Group, who work collaboratively to make sure that more people living in Gloucestershire can have good mental wellbeing.
- In December, Government announced that Gloucestershire was one of only a handful of areas in the country to be successful in securing funding as a Mental Health Trailblazer site, supporting the implementation of four Mental Health Support Teams (MHSTs) in schools. Gloucestershire was also selected to trial a four-week waiting time for referral to treatment for specialist children and young people's mental health services.
- We continue to help people to build the Five Ways to Wellbeing into their lives, including to help build resilience in young people as an essential part of our strategy to prevent and mitigate against Adverse Childhood Experiences (ACEs).
- Through our self-harm prevention action plan we have created a tool to help professionals discuss self-harm with young people and create a prevention and support plan. We have a rolling programme of training for front line professionals such as school nurses and police officers and have improved the guidance available to GPs on identifying and managing self-harm. We continue to commission the valuable Self-Harm Helpline for people who are self-harming, their friends and family and professionals.
- Preventing suicide continues to be a priority for the county and we have funded a GP to develop and deliver training for practice staff. We have a Communications and Engagement Plan to prevent negative media reporting and promote sources of support for people in distress and a suite of suicide prevention training available. This year we will be launching a public campaign to promote the life saving Zero Suicide Alliance 20 minute training. We are also working with Sunflowers Suicide Support to pilot a service for children bereaved by suicide.
- 267 people have accessed our Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST) training in the last year. This includes foster carers, who have accessed Mental Health First Aid to help them support the young people they care for.
- Kingfisher Treasure Seekers, Gloucestershire County Council and the Gloucestershire Tackling Stigma group have recently launched Glos Talks, an exciting new countywide campaign to address mental health stigma. Glos Talks is spreading a simple message: it is ok to talk about mental health!



GLOSSARY

All-Party Parliamentary Group

All-Party Parliamentary Groups (APPGs) are informal cross-party groups run by and for Members of the Commons and Lords, though many choose to involve individuals and organisations from outside Parliament in their administration and activities.

Anchor institutions

Anchor institutions are enterprises such as universities and hospitals that are rooted in their local communities by mission, invested capital or relationships with customers, employees, and suppliers.

Core Cities

The Core Cities Group is a self-selected and self-financed collaborative advocacy group of large regional cities in the United Kingdom outside Greater London. There are ten cities: Birmingham, Bristol, Cardiff, Glasgow, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield.

Early Years

The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to five years old.

Economic inactivity

A person of working age (16 to 64) is counted as economically inactive if they are out of work, they have not been actively looking for work in the past four weeks, and they are not waiting to start a job. People who are caring for their family or retired are also counted as economically inactive. A person in full-time education is counted as economically inactive unless they are either in paid work or looking for and available to start work.

Free school meals (FSM)

Free school meals (FSM) are a crucial entitlement for families living in poverty. They help to ensure that children from the lowest income families get a nutritious meal in the middle of the day.



GLOSSARY

GHWB – Gloucestershire Health and Wellbeing Board

Gloucestershire Health and Wellbeing Board brings together elected members, leaders from the NHS, social care, police and others to work together and support one another to improve the health and wellbeing of the local population and reduce health inequalities.

Gross value added (GVA)

Gross value added (GVA) is the measure of the value of goods and services produced in an area, industry or sector of an economy. In national accounts GVA is output minus intermediate consumption.

Integrated care system (ICS)

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health and care of the population they serve.

Inclusive growth

Inclusive growth is about enabling more people and places to both contribute to and benefit from economic success. A policy or strategy that does not have a focus on living standards of those at the bottom of the income distribution cannot describe itself as an inclusive growth strategy.

Living wage

A living wage is the minimum income necessary for a person to meet their basic needs, e.g. food, housing and clothing, and enjoy a decent standard of living. The UK national living wage is £8.21 for people over the age of 25. The Real Living Wage Foundation argues this should be set higher at £9.00 in the UK and £10.55 in London.

Local Enterprise Partnerships (LEPs)

Local Enterprise Partnerships (LEPs) are voluntary partnerships between local authorities and businesses set up in 2011 by the Department for Business, Innovation and Skills to help determine local economic priorities and lead economic growth and job creation within the local area.

Prevalence

Prevalence is the proportion of a population who have a specific characteristic in a given time period.

Productivity

Productivity can be described as the effectiveness of productive effort as measured in a range of ways, usually in terms of the rate of output, e.g. a business's product, per unit of input, e.g. working hours.

School readiness

School readiness is a term that can mean different things to different people. Many interpret it to mean that a child is ready to start the reception class in school. However, the more technical definition relates to a child being ready to start Key Stage 1 learning, i.e. ready to transition from Reception to Year 1 at age five.

Social gradient

The social gradient in health refers to the fact that inequalities in population health status are related to inequalities in social status.

Wider determinants

Wider determinants, also known as social determinants, are a diverse range of social, economic and environment factors which impact on people's health.

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