

Understanding Cheltenham 2015

Produced by the Strategic Needs Analysis Team,
Gloucestershire County Council

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1. Introduction

Understanding Cheltenham has been produced to provide an understanding of the district and its communities. It looks at the needs of communities and how we expect them to change in the future and assesses current and future health and social care needs of the citizens of Cheltenham.

The report is part of a suite of documents, which also includes; Understanding Cotswold, Understanding Forest of Dean, Understanding Gloucester, Understanding Stroud, Understanding Tewkesbury and Understanding Gloucestershire – A Joint Strategic Needs Analysis. Where possible the documents follow a similar structure to one another, although difficulties in obtaining some data at district level means Understanding Gloucestershire – A Joint Strategic Needs Analysis, features some topics that are not available in the other reports.

For any feedback please contact the Strategic Needs Analysis Team:

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2. Executive summary

Cheltenham context

- The population of Cheltenham was estimated to be around 116,500 in 2014, representing a rise of approximately 6,700 people since 2004, an average increase of nearly 670 people per annum. This is equivalent to an annual growth of 0.61% in the 10 years to 2014, lower than the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.
- Between 2004 and 2014, the older population (aged 65 and above) in Cheltenham continued to outpace that of the younger population. However, the growth rate in the district's older population was slower than those in Gloucestershire and England and Wales.
- Assuming current population trends continue, the ONS projections for the next 25 years suggest that the population in Cheltenham will reach 126,600 by 2025 and 135,300 by 2037. This represents an annual increase of 0.69% or 810 people between 2012 and 2025, and 0.58% or 730 people between 2025 and 2037. The district's short- and medium- term growth is in line with those predicted for both Gloucestershire and England, while the long-term growth is higher than the county and national levels.
- The number of older people aged 65 and above in Cheltenham is projected to increase by 520 a year between 2012 and 2037 as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.
- The 2011 Census showed that 12,940 people who were usually resident in Cheltenham were born outside the UK, representing 11.2% of the total population, compared to 7.7% for the county and 13.4% nationally. Among these, 47% (6,130 people) were recent migrants, having arrived since 2004
- Ethnic groups showing the biggest growth in Cheltenham in the 10 years to 2011 were 'White-other' (+3,600), 'Other Asian' (+670), 'Indian' (+490) and 'Black-African' (+340).
- Cheltenham is the district in Gloucestershire that displays the most extremes in deprivation. Whilst the district contains areas that rank extremely well nationally in terms of overall deprivation, there are also areas of high deprivation. Out of the 13 LSOAs in Gloucestershire that rank in the top 10% most deprived nationally, 3 are located in Cheltenham district.
- Females in Cheltenham can generally expect to live between 3 and 4 years longer than their male counterparts. Life expectancy for both men and women has been steadily increasing in the district over the past decade. Over this period, life expectancy has been slightly higher for Cheltenham residents than the county average, and significantly higher than the national average.

- Males in the least deprived Cheltenham decile (10th of population) can expect to live 8.5 years longer than those in the most deprived decile. For females, the gap is 4.0 years. Over the past decade, both males and females, deprived and also un-deprived, have seen an increase in life expectancy.
- The three leading causes of death in Cheltenham are cancer, cardiovascular disease (CVD), and respiratory disease, respectively. This is consistent with the national picture.
- The rate of excess winter deaths in Cheltenham rose significantly from 2006-09 to 2008-11, but has since plateaued. It remains higher than the national and county benchmarks, but this difference is not statistically significant.
- The number of employees in Cheltenham district increased over the last five years by 12,200 people or 22% to a total of 67,300 by 2014 representing the largest number of employees of all the Gloucestershire districts. Between 2015 and 2025 the number of employees is predicted to continue growing at a conservative rate although still above the county rate.
- The Business administration & support services sector is the largest sector in Cheltenham accounting for 14% of the total employees in 2014.
- There are nearly 5,000 businesses in Cheltenham district accounting for almost a fifth of the county total and growth over the last five years has been one of the highest in the county.
- The district is home to a highly skilled workforce that reflects the nature and demand of a high tech manufacturing and service base which is projected to grow.
- The number of people claiming Job Seekers Allowance (JSA) in Cheltenham district has been at its lowest in terms of both number and rate for some thirty years. Although there are still areas of relatively high unemployment around Hesters Way, Oakley and St Mark's.
- The number of 16 to 18 year olds Not in Education, Employment or Training (NEET's) in Cheltenham district showed an overall decline over the last four years from 200 people in October 2011 to 93 people in May 2015.
- In Cheltenham some 36% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This was well above the county and national averages. Those with no qualifications accounted for 17% of the resident population over 16 which although below the county and national average amounted to 16,000 people.
- The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 1,500 new postings in May before dropping back to about 1,300 in October. Cheltenham district had the second highest total number of job vacancies.

- Of the 49,244 residents aged 16 and over in Cheltenham who commuted to work in 2011, some 60% equating to 29,462 people worked within the district.
- We can estimate that there may be somewhere between 600 and 900 adults in Cheltenham that are experiencing some degree of gender variance.
- In 2011, 42.6% of people aged 16+ years in Cheltenham were married, this was lower than the county regional and national average. The proportion of people who were single was higher in Cheltenham than in Gloucestershire, the South West and England.
- In 2014 there were 1,435 live births in Cheltenham, the largest number of live births was among the 25-34 year old age groups, illustrating the trend of later motherhood. Births to mothers aged 35 and over account for a higher proportion than they do at county regional and national level.
- In 2011, 58.7% of residents in Cheltenham reported they are Christian making it the most common religion. This is followed by no religion which accounts for 30.8% of the total population.
- The overall gender split in Cheltenham is slightly skewed towards females, with males making up 49.0% of the population and females accounting for 51.0%. This situation is also reflected at county, regional and national level.
- Estimates used by the Government Treasury suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual. If this figure was applied to Cheltenham it would mean somewhere between 4,800 and 6,700 people in Cheltenham are Lesbian, Gay or Bisexual. However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over. If this figure was applied to Cheltenham it would mean there were around 1,500 Lesbian, Gay and Bisexuals in the district.

Getting the right start in life

- In 2014/15, 203 women were recorded as being a smoker at their first ante-natal appointment (time of booking), 157 women were recorded as smoking at time of delivery for the same period.
- The percentage of Low birth weight births in Cheltenham were lower in 2012 compared to Gloucestershire and England.
- Statistics indicate Cheltenham mothers are more likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts.
- Under 18 conception rates have more than halved in Cheltenham since the 1998 recording baseline. They remain below the county and national benchmarks.

- Chlamydia detection rates in Cheltenham were slightly higher than the county but lower than the national benchmarks. It should be noted that this does not necessarily mean that we have a lower rate of young people with Chlamydia to England; it could be related to the proportion of people screened.
- Cheltenham had a lower percentage of excess weight in 4-5 year olds and 10-11 year olds compared to Gloucestershire and England.
- In relation to the Early Years Foundation Stage Profile, Cheltenham fell below the national average.
- At Key Stage 1 achievement in Cheltenham was close to the national average and county average across all subjects.
- At Key Stage 2 and Key Stage 4 achievement in Cheltenham was higher than the national average across all subjects.
- The percentage of students achieving 3 A*-A grades or better at A level or Applied single/double award A level was higher in Cheltenham, than at a county and national level and in any other district.
- Outcomes for most children in Gloucestershire are good and getting better. The GCP Children's Partnership Plan has contributed to significant improvements as evidenced by the views of children and young people, for example, through the online pupil survey.
- During the whole of the 2014/15 reporting year, children living at an address in Cheltenham have the second highest rate of referrals and initial assessments. The rate of children who are the subject of a CP plan then falls to the lowest of the six districts in Gloucestershire.
- According to a snapshot taken as at 31st August 2015, Cheltenham has the third highest rate of Children in Care, with Forest of Dean and Gloucester having the two highest rates.

Keeping Healthy – Prevention

- Until 2011/12, the rate of alcohol related hospital admissions in Cheltenham had been steadily rising for 4 years, and was higher than both the county and national benchmarks. However, the most recent year of data shows a sharp fall in the Cheltenham rate, although it still remains above the Gloucestershire and England rates.
- Smoking rates in Cheltenham declined between 2012 and 2013, and are now in line with the England benchmark however for the past two years they have remained higher than the Gloucestershire average.
- In 2012, 60% of adults in Cheltenham were overweight or obese, which is lower than the Gloucestershire and England benchmarks.

- The percentage of physically inactive adults in Cheltenham district has slightly increased since 2012, however they are below the Gloucestershire and England average.
- There is a growing evidence base that links loneliness and social isolation with poorer health as well as demonstrating that declining health or the need to provide care to a loved one can lead to greater loneliness.

Particular needs

- While overall health tends to be good, this is not true for everyone and for every part of the district. Some groups of individuals, such as those on lower incomes, people from certain ethnic groups and people with mental health problems, may experience poorer health outcomes.
- According to the 2011 Census 15.1% of Cheltenham residents (17,506 people) reported having a long term health problem or disability, this was below the county, regional and national average.
- In February 2015 there were 6,830 people claiming Disability Living Allowance or Attendance Allowance in Cheltenham, representing 5.9% of the total population. This was lower than the county, regional and national averages
- Mental health was the most commonly reported disabling condition in Cheltenham, representing a fifth of all claims. This differs from the picture seen at county, regional and national level and in all of the other districts that make up Gloucestershire, where arthritis was the most commonly reported condition
- In 2013/14 there were 2,216 children and young people attending maintained schools in Cheltenham with Special Educational Needs, this equates to 16.6% of pupils, which was in line with the county average.
- The total number of pupils with Special Educational Needs attending schools in Cheltenham schools has increased since 2011/12. During this period the number of people with the lowest level of need have declined, while those with higher levels of need have increased.
- Information about the primary need (or condition) is recorded for all pupils at School Action Plus or with a Statement of Special Educational Needs. In 2013/14 the most common category of need in Cheltenham schools was Moderate Learning Difficulties, this differs from the picture seen at county level where the most common category of need was Speech, Language and Communication Needs.
- In 2014 there was an estimated 7,101 people aged 18-64 with a severe or moderate physical disability living in Cheltenham and an additional 4,126

people aged 65+ who are unable to manage at least one mobility activity on their own.

- In 2014 there was an estimated 2,237 people aged 18+ with a learning disability living in Cheltenham. The number of people aged 18+ with a learning disability is forecast to increase to 2,386 people by 2025, this represents an increase of 149 people or 6.7%.
- For the majority of long term conditions (LTCs) Cheltenham has a similar prevalence rate to the county as a whole, although it is significantly higher for mental health issues.
- There are estimated to be over 1,650 people aged 65 and over with dementia in Cheltenham and this is forecast to rise by over half over 2,500 in 2030.
- In 2014/15 2,144 people received community-based adult social care services in Cheltenham. The rate per 100,000 population is close to the county average.
- There were 444 adults in residential care and 186 in nursing care in Cheltenham District in 2014/15. Cheltenham has the second highest rate of people in residential care in the county in recent years. For nursing care Cheltenham has moved from being the District with the lowest rate in 2011/12 to the highest in the county in 2014/15.
- 48.3% of Cheltenham District residents who died between 2011/12 and 2014/15 did so in their usual place of residence. 'Usual place of residence' includes deaths that occurred at home, care home or religious establishment. Cheltenham performs better in this regard than England (44.1%) but less well than for Gloucestershire as a whole (50%).

Healthy and Sustainable Places and Communities

- A wide range of community assets both informal and formal, play a vital role in meeting local need. We need to improve our understanding in this area and will improve the evidence base for the extent and value of such assets in the year ahead.
- Carers play a key role in meeting the physical and social needs of many people in the community. A total of 10,500 people in Cheltenham provided unpaid care each week in 2011, representing 9.1% of the population.
- The number of carers is likely to rise by 7.2% by 2017 mainly due to the increasing number of older people.
- In 2012 there were 138 accommodation businesses in Cheltenham, this was considerably lower than the Cotswolds and the Forest of Dean. The accommodation businesses in Cheltenham are primarily serviced accommodation such as hotels.

- Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 3,780,000 day trips to Cheltenham bringing in around £179 million. There were more day trips to Cheltenham than all of the other districts in the county. In the same period there were an estimated 464,000 domestic overnight visits to Cheltenham contributing around £74 million to the economy.
- In 2011 there were 50,929 households in Cheltenham, this represents an increase of 5.7% or 2,765 households since 2001.
- The number of households in Cheltenham is projected to increase by 3,000 between 2012 and 2017 (5.9%) and by 12,000 between 2012 and 2037 (23.5%).
- In 2011 the majority of households in Cheltenham were owner occupied accounting for 64.6% of all households, this was lower than the county average but higher than the national average. Levels of private renting were higher than the county and national average.
- In the second quarter of 2013 the mean house price in Cheltenham was £251,979, this was higher than the county and national average.
- In 2013 someone earning a lower quartile sum in Cheltenham, required 7.70 times their earnings to purchase a lower quartile priced property, this is higher than the Gloucestershire and England average.
- At the time of the 2011 Census 8.3% of households in Cheltenham had fewer rooms than the standard requirement and are therefore overcrowded, this was higher than the county average and all of the other districts in the county.
- In 2013 an estimated 5,908 households in Cheltenham were in fuel poverty representing 11.0% households this was slightly above the county and national average.
- In 2011, there were an estimated 3,352 private sector dwellings in Cheltenham exhibiting Category 1 hazards, this represents 7.5% of all private sector dwellings.
- Over the last 10 years the number of households in Cheltenham that met the statutory definition of homelessness per 1,000 households has fallen from 6.6 per 1,000 households in 2004/5 to a negligible position in 2014/16.
- Between 2003/4 and 2011/2 total crime rates in Cheltenham Borough were above national and regional rates. Over the last three years crime rates have been similar to the overall rate for England and Wales but higher than the county average.
- Gloucestershire Fire and Rescue call outs to Cheltenham averages 3.3 call outs per day.

3. Cheltenham context

3.1 About this section

This section provides a summary of Cheltenham’s significant demographic trends and its current social and economic profile. Trends in the population profile both for adults and children contribute to changing patterns of need and demand. These patterns are also affected by variation in factors such as deprivation, ethnicity and economic activity both within Cheltenham and in comparison with the rest of the county.

3.2 Demographics

3.2.1 Population trend and projections

The population of Cheltenham was estimated to be around 116,500 in 2014¹, representing a rise of approximately 6,700 people since 2004, an average increase of nearly 670 people per annum. This is equivalent to an annual growth of 0.61% in the 10 years to 2014, lower than the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.

The growth in Cheltenham during this period has been driven mainly by natural growth, with an average of 280 more births than deaths per year. The level of net internal migration (net movement to the district from elsewhere in the UK) was small, with the inflow of people largely offset by the outflow.

Between 2004 and 2014, the growth of the older population (aged 65 and above) in Cheltenham continued to outpace that of the younger population. However, the growth rate in the district’s older population was slower than those in Gloucestershire and England and Wales².

Table 1: Population Trends 2004-2014

	Cheltenham				Gloucestershire	England and Wales
Age Group	Population 2004	Population 2014	Change 2004-2014	% Change 2004-2014	% Change 2004-2014	% Change 2004-2014
All Ages	109,800	116,495	6,695	6.1%	6.8%	8.0%
0-19	25,700	25,881	181	0.7%	-0.2%	3.7%
20-64	65,300	69,597	4,297	6.6%	4.7%	6.7%
65+	18,700	21,017	2,317	12.4%	23.2%	19.6%

¹ Mid-2004 and Mid -2014 Population Estimates, Office for National Statistics

² *Ibid.*

Assuming current population trends continue, the ONS projections³ for the next 25 years suggest that the population in Cheltenham will reach 126,600 by 2025 and 135,300 by 2037. This represents an annual increase of 0.69% or 810 people between 2012 and 2025, and 0.58% or 730 people between 2025 and 2037. The district's short- and medium- term growth is in line with those predicted for both Gloucestershire and England, while the long-term growth is higher than the county and national levels.

The dominating feature of the projected trend for Cheltenham is a sharp increase in the number of older people (aged 65+). At the same time, projections for children and young people and working age-people indicate smaller growth.

The same projections also suggest that 52.1% of the growth during the 25-year period will be accounted for by natural growth and 18.3% by internal migration. International migration is expected to contribute to another 29.6% of the total projected growth.

Table 2: Projected Population Growth 2012-2037

Projected Population Growth 2012-2037						
	Cheltenham		Gloucestershire		England	
Age Group	% Projected Change 2012-2025	% Projected Change 2025-2037	% Projected Change 2012-2025	% Projected Change 2025-2037	% Projected Change 2012-2025	% Projected Change 2025-2037
All Ages	9.0%	6.9%	8.9%	6.2%	9.2%	6.4%
0-19	10.9%	1.4%	7.4%	1.0%	8.6%	0.7%
20-64	2.6%	1.8%	0.6%	-1.1%	3.4%	1.5%
65+	30.5%	26.4%	35.4%	27.1%	30.4%	26.6%

3.2.2 Ageing population

The number of older people aged 65 and above in Cheltenham has been growing by an average of 230 people per annum between 2004 and 2014. Projections suggest that this will increase to an average of 520 a year between 2012 and 2037 as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.

Significantly, the projected percentage increase of the older population is lower in Cheltenham than in Gloucestershire over the period 2012-2037 (up 65.0% compared to 72.2%).

The number of people aged 75 and over (the ages at which GCC adult care and other support services are most likely to be required) is projected to increase by an annual average of 340 in the same period. The table below shows that the

³ 2012-Based Sub-national Population Projections, Office for National Statistics

number of people aged 85 and above will see the fastest rate of growth particularly in the long term.

Table 3: Projected Population Growth of Older Population 2012-2037

Projected Population Growth 2012-2037						
Age Group	Cheltenham		Gloucestershire		England	
	% Projected Change 2012-2025	% Projected Change 2025-2037	% Projected Change 2012-2025	% Projected Change 2025-2037	% Projected Change 2012-2025	% Projected Change 2025-2037
All 65+	30.5%	26.4%	35.4%	27.1%	30.4%	26.6%
65-74	20.2%	21.0%	19.1%	21.0%	16.8%	22.4%
75-84	41.8%	15.8%	53.3%	15.6%	42.7%	15.8%
85+	38.2%	61.7%	55.7%	70.4%	54.2%	63.9%

The number of wards with large number of older people is also increasing. In 2011, 9 council wards (i.e. 45% of all wards) in Cheltenham had at least 1,000 residents aged 65+. By 2013, the number grew to 10 (i.e. 50% of wards).

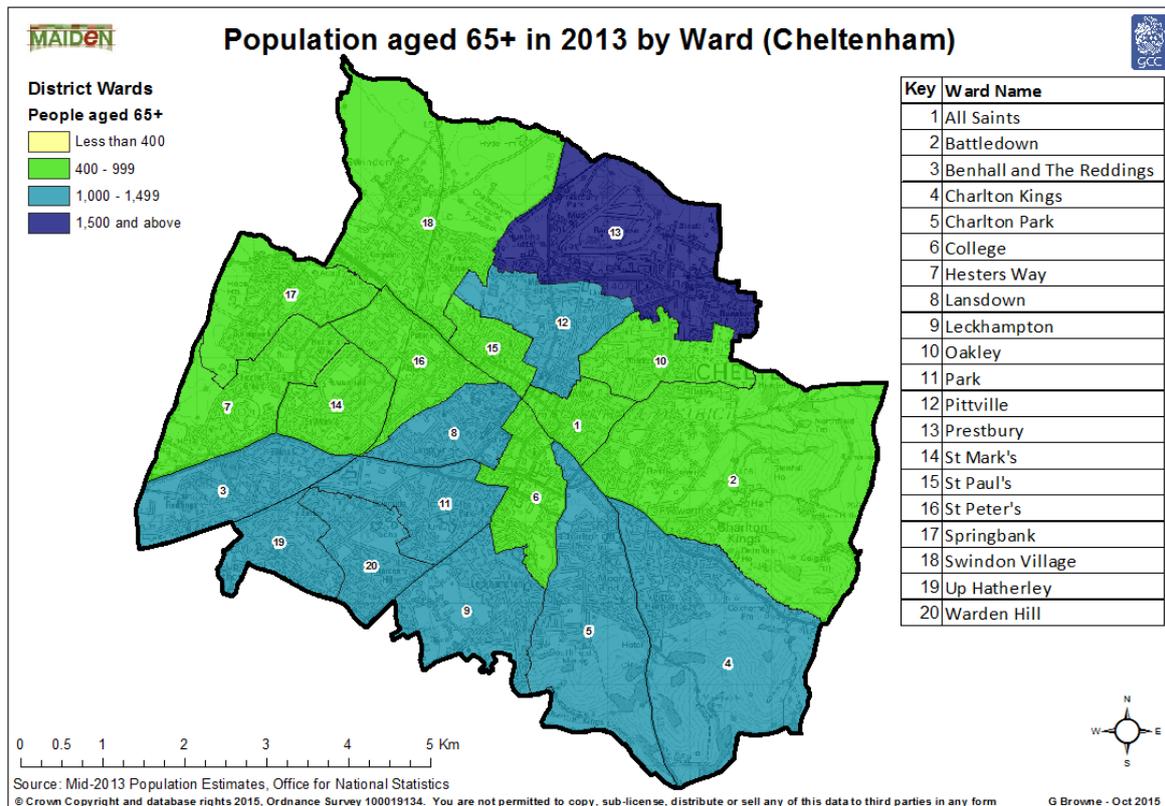


Figure 1: Population Aged 65+ by Ward⁴

⁴ Mid-2013 Population Estimates, Office of National Statistics

3.2.3 International migration and Ethnic population

The 2011 Census showed that 12,940 people who were usually resident in Cheltenham were born outside the UK, representing 11.2% of the total population, compared to 7.7% for the county and 13.4% nationally. Among these, 47% (6,130 people) were recent migrants, having arrived since 2004⁵.

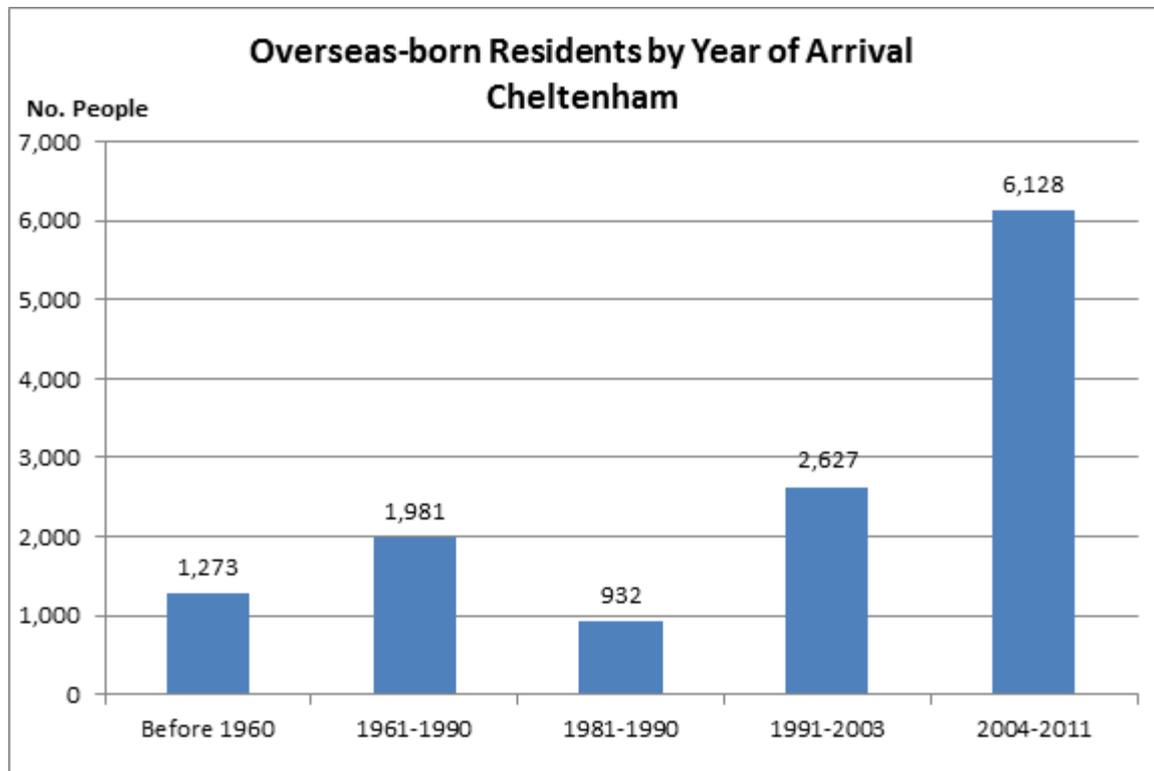


Figure 2: Overseas-born Residents⁶

The migration pattern since 2004 was closely linked to the inflow from East European countries. This has resulted in the 'White Other' population in Cheltenham more than doubling between 2001 and 2011, from 2,280 to 5,890. The 'White other' group now accounted for 5.1% of the district population, compared to 2.1% in 2001.

At the same time, the percentage of Black and Minority Ethnic (BME) population rose from 3.3% to 5.7%. The figure was higher than the county percentage of 4.6% but lower than the national percentage of 14.1%.

Ethnic groups showing the biggest growth in Cheltenham in the 10 years to 2011 were 'White-other' (+3,600), 'Other Asian' (+670), 'Indian' (+490) and 'Black-African' (+340).

⁵ 2011 Census, Office for National Statistics, (Ethnic Group)

⁶ 2011 Census, Office of National Statistics (Year of arrival in the UK)

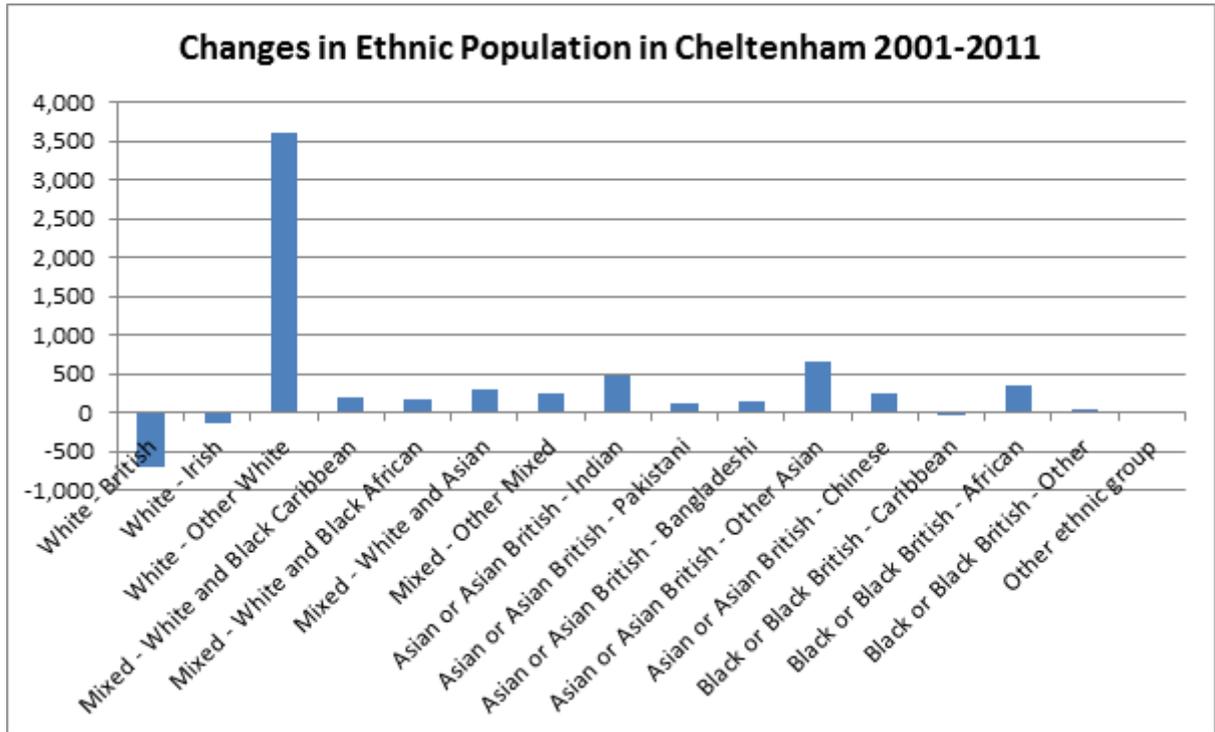


Figure 3: Changes in Ethnic Population⁷

Figure 4 shows that Black and Minority Ethnic Groups accounted for 5.7% of the total population in Cheltenham (the second highest proportion of all the districts in Gloucestershire) compared to 4.6% of the population in the county.

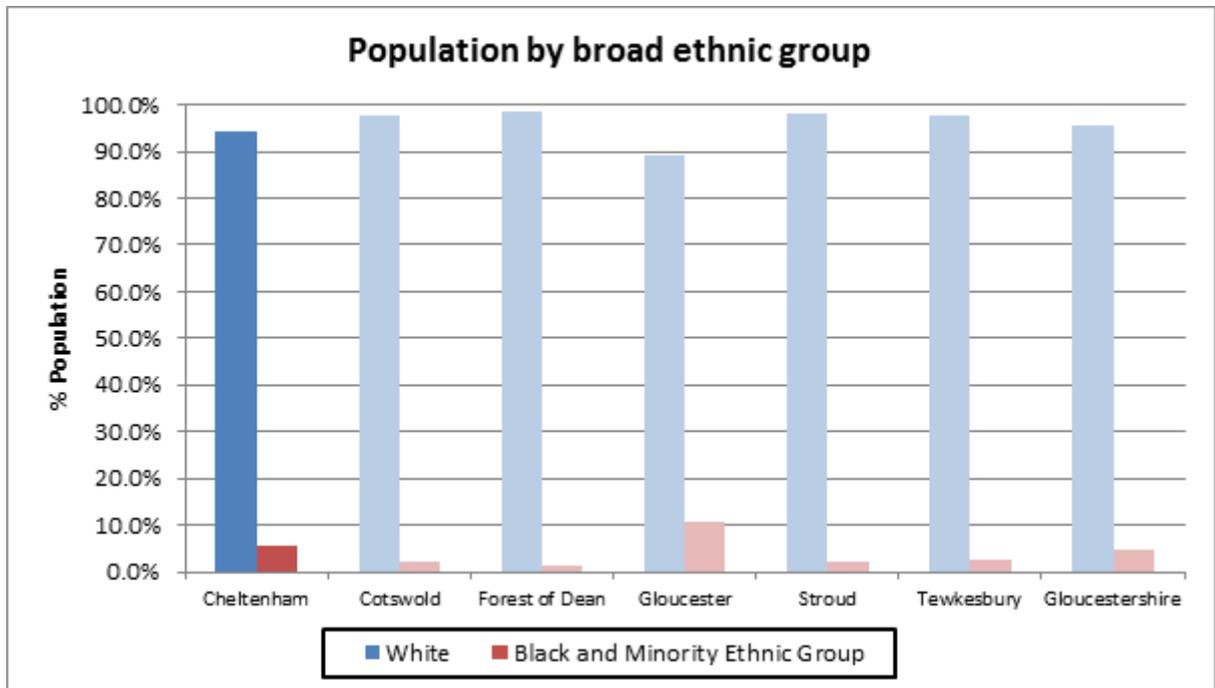


Figure 4: Population of Cheltenham district by broad ethnic group 2011⁸

⁷ 2001 and 2011 Census, Office of National Statistics (Ethnic Group)

⁸ 2011 Census, Office for National Statistics, (Ethnic Group)

The maps below show the proportions of Non-British White population and Black and Minority Ethnic population across Cheltenham.

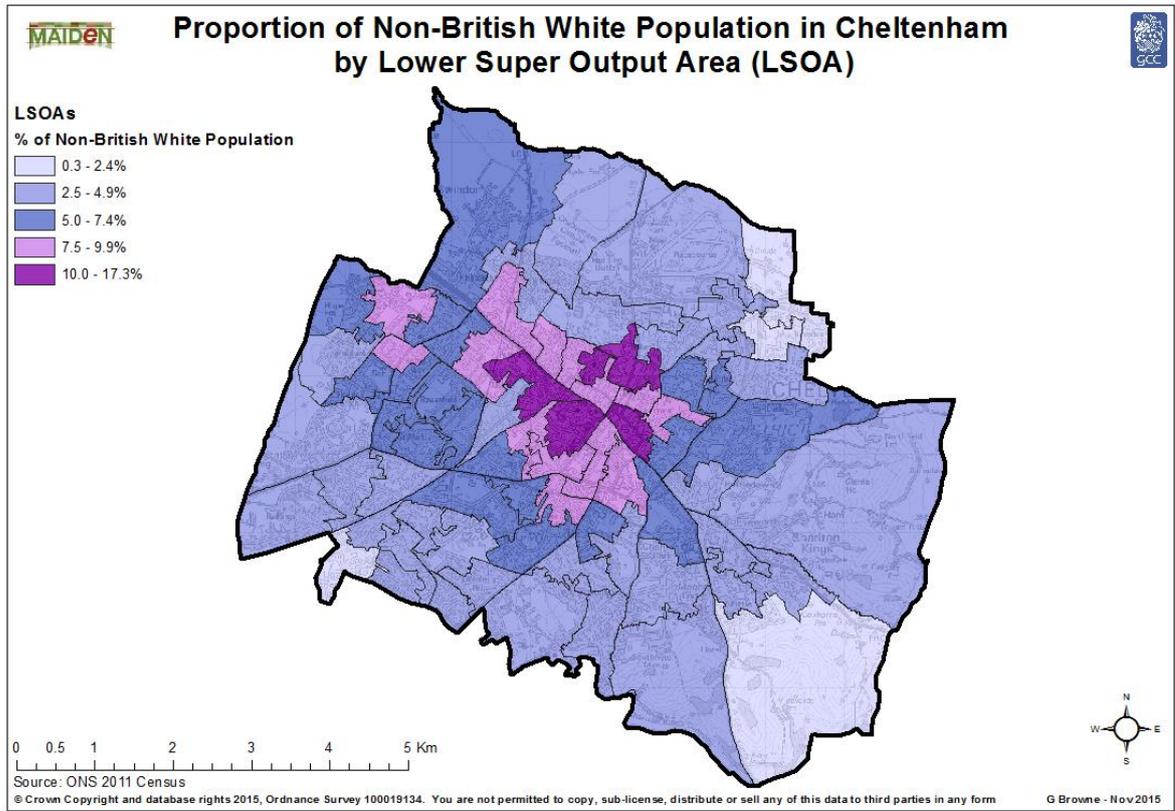


Figure 5: Proportion of Non-British White Population in Cheltenham by Lower Super Output Area (LSOA)

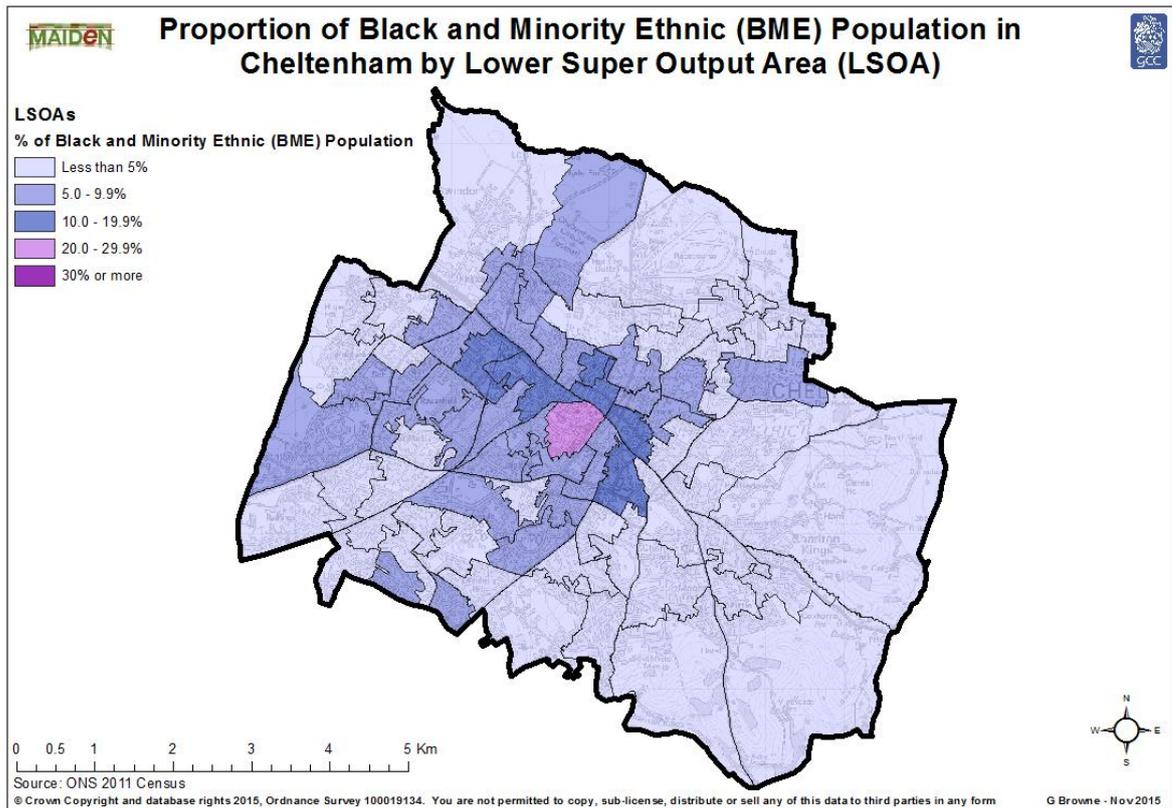


Figure 6: Proportion of Black and Minority Ethnic (BME) Population in Cheltenham by Lower Super Output Area (LSOA)

It is difficult to predict future patterns of immigration into Cheltenham. The latest statistics on the number of overseas nationals registering to work in Cheltenham show that the number of migrant workers to the district has decreased from 1,430 in 2006/07 to 900 in 2013/14⁹. ONS long-range projections forecast that on current trends, net international migration (immigration minus emigration) to Cheltenham will be 5,000 over the 25-year period of 2012-2037¹⁰.

It is likely that the future growth of the ethnic population in Cheltenham will be increasingly accounted for by natural growth from within the domestic population, as it has a young age structure. 92.4% of the ethnic population in Cheltenham were children and working-age in 2011, compared to 83.3% of Cheltenham population as a whole.

3.3 Deprivation

The 2015 English Indices of Deprivation¹¹, published by the Department for Communities and Local Government on 30th September 2015, are used throughout this section.

⁹ Department for Works and Pensions

¹⁰ 2012-Based Sub-national Population Projections, Office for National Statistics

¹¹ Department for Communities and Local Government: English Indices of Deprivation 2015

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

The English Indices of Deprivation 2015 provide a set of relative measures of deprivation for small areas (Lower-layer Super Output Areas - abbreviated to LSOAs) across England, based on seven different (weighted) domains of deprivation:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime and Disorder (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Combining information from the above seven domains produces an overall relative measure of deprivation, the Index of Multiple Deprivation (IMD). Each of these seven domains comprises of specific indicators. In addition, there are two supplementary indices: the Income Deprivation Affecting Children Index and the Income Deprivation Affecting Older People Index. These, together with the total IMD, total 37 indicators.

The IMD is the most widely used of the Indices of Deprivation and is the official measure of relative overall deprivation for small areas in England. The IMD ranks every LSOA in England from 1 (most deprived area) to 32,844 (least deprived area). Gloucestershire accounts for 373 of these LSOAs.

3.3.1 Gloucestershire Overview

According to the IMD 2015, Gloucestershire is ranked 124th out of the 152 English upper tier authorities. This means that Gloucestershire is in the least deprived quintile of English upper tier authorities in terms of overall deprivation (IMD). Gloucestershire's ranking has changed little since 2010¹² when the county ranked 126th out of 149 English upper tier authorities.

In terms of neighbourhoods, Gloucestershire is now made up of 373 LSOAs, an increase on the 367 in 2010. As some of the previous LSOAs no longer exist and new ones have been created, direct comparisons between 2010 and 2015 are not always possible. Area populations¹³ are used in this report as an alternative to enable comparison.

¹² Department for Communities and Local Government: English Indices of Deprivation 2010
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>

¹³ Office for National Statistics: Mid Year Population Estimates 2010
<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-285154>
Office for National Statistics: Mid Year Population Estimates 2013
<http://www.ons.gov.uk/ons/datasets-and-tables/index.html?pageSize=50&sortBy=none&sortDirection=none&newquery=sape15dt1>

Table 4: Gloucestershire LSOAs in Top 10% Most Deprived Nationally, 2015
(IMD Ranks: Low = More Deprived, High = Less Deprived)

LSOA CODE	LSOA NAME	LA NAME	2015 IMD rank (out of 32,844 nationally)
E01022347	WESTGATE 1	Gloucester	360
E01022333	PODSMEAD 1	Gloucester	503
E01022319	MATSON AND ROBINSWOOD 1	Gloucester	902
E01022311	KINGSHOLM AND WOTTON 3	Gloucester	1,239
E01032937	WESTGATE 5	Gloucester	1,618
E01022329	MORELAND 4	Gloucester	1,883
E01022147	St MARK'S 1	Cheltenham	2,101
E01022122	HESTERS WAY 3	Cheltenham	2,222
E01022152	St PAUL'S 2	Cheltenham	2,413
E01022291	BARTON AND TREDWORTH 4	Gloucester	2,599
E01022323	MATSON AND ROBINSWOOD 5	Gloucester	2,842
E01022289	BARTON AND TREDWORTH 2	Gloucester	2,904
E01032932	WESTGATE 4	Gloucester	3,065

In IMD 2015, Gloucestershire has 13 LSOAs (3% of the population of Gloucestershire) that rank amongst the 10% most deprived LSOAs in England. This compares to 8 LSOAs (2% of the Gloucestershire population) in 2010. Of the 13 LSOAs, 10 are in Gloucester, and the remaining 3 in Cheltenham.

Westgate 1 (Gloucester) is the most deprived neighbourhood in the county, with a national ranking of 360, whilst in 2010 it was Podsmead 1 (Gloucester) at 809. This shows that the overall most deprived LSOA in Gloucestershire ranks less favourably against the rest of England in 2015 than in 2010.

3.3.2 Cheltenham Deprivation Key Messages

- Cheltenham district has 3 LSOAs that rank in the top 10% most deprived in England - St Mark's 1, Hesters Way 3, and St Paul's 2.
- St Mark's 1, Hesters Way 3, and St Paul's 2 account for 3 out of the 13 LSOAs in Gloucestershire that rank within the top 10% most deprived in England. In 2010, Cheltenham contained 3 out of the 8 LSOAs in Gloucestershire ranking within the top 10% most deprived in England - these were St Mark's 1, St Paul's 2 and Hesters Way 1.
- Cheltenham district displays the largest contrasts in deprivation in the county.
- Cheltenham has the highest proportion of population (44%) of all Gloucestershire districts living within the least deprived quintile of the IMD, and the second highest proportion of population (10%) in the most deprived quintile.

- Cheltenham's worst ranking domain remains "Crime and Disorder", as in 2010, with 26% of the district's population living within LSOAs ranked in the most deprived national quintile.
- Cheltenham district contains the county's most deprived LSOAs for "Income Deprivation Affecting Children Index (IDACI)" – Hesters Way 3, and "Income Deprivation Affecting Older People Index (IDAOP)" – St Paul's 2.
- Cheltenham has seen a relative improvement in the national rankings since 2010 for "Barriers to Housing and Services" (Cheltenham ranks best in the county) and "Living Environment", but has slipped in the rankings for "Health Deprivation and Disability".
- For 9 out of 10 of the deprivation domains and supplementary indices, St Paul's ward contains LSOA(s) that rank in the 20% most deprived in England.

3.3.3 Cheltenham Deprivation in Detail

Cheltenham is the district in Gloucestershire that displays the most extremes in deprivation. Whilst the district contains areas that rank extremely well nationally in terms of overall deprivation, there are also areas of high deprivation. Out of the 13 LSOAs in Gloucestershire that rank in the top 10% most deprived nationally, 3 are located in Cheltenham district (St Mark's 1, Hesters Way 3 and St Paul's 2). The rankings for these neighbourhoods are shown in Table 4 in the Gloucestershire Overview.

Figure 7 shows that around half of the area of Cheltenham district is ranked within the 20% least deprived areas in England. These areas of low deprivation centre mainly around the less populated parts of the district. The pockets of high deprivation that do exist are in the more densely populated central areas of the district.

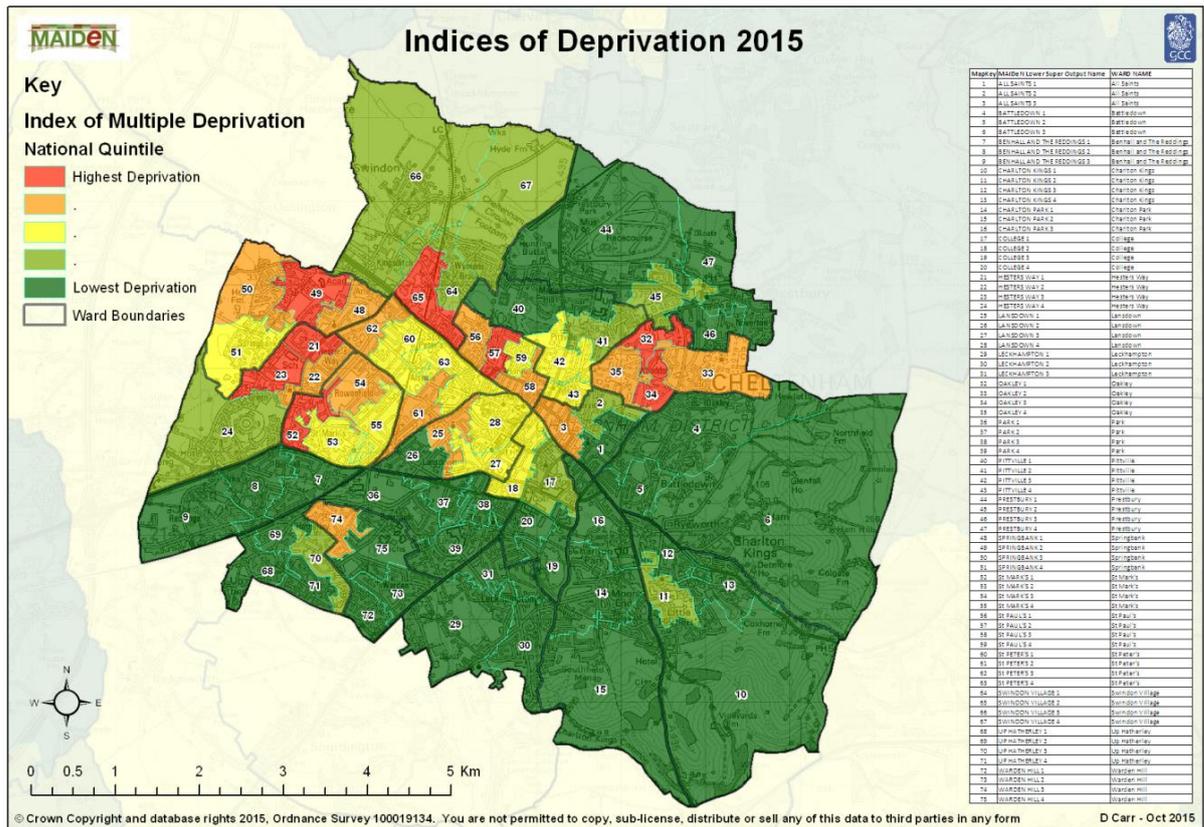


Figure 7: LSOAs shown by IMD national quintile, 2015

Contrasts in deprivation are illustrated in Figure 8. This shows the proportion of population for each national quintile in each district, to enable comparison between districts.

The chart shows that Cheltenham district has the highest proportion of its population living in the least deprived areas (44% of district). It also has the second highest proportion of all districts living in the most deprived areas (10% of district). Both of these proportions are higher than Gloucestershire overall.

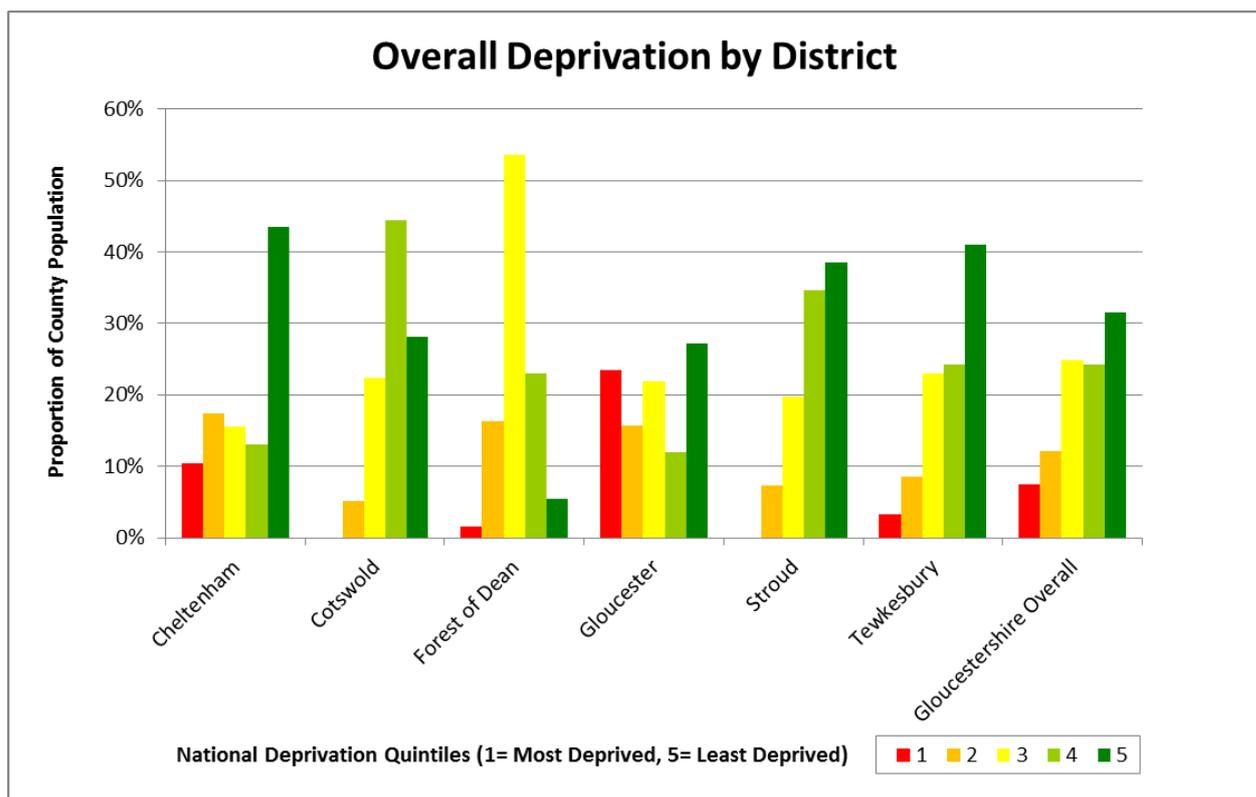


Figure 8: IMD by national quintile and district, 2015

To see a more detailed picture of how deprivation is measured in the district, Figure 9 shows the individual domains that make up the total IMD 2015 together with the supplementary indices, including a comparison with IMD 2010. The chart again shows the proportion of population in the district to enable a comparison between years.

Figure 9 shows that the district’s worst ranking domain is “Crime and Disorder” with 30,709 people (26% of district population) living within 19 LSOAs that fall into the most deprived national quintile for this domain. “Crime and Disorder” is weighted at 9.3% of the total IMD, and includes indicators such as recorded crime rates for violence, burglary, theft and criminal damage.

Cheltenham district’s “Crime and Disorder” domain has shown a relative improvement in national rankings since 2010 – more people now live in the least deprived LSOAs in 2015 (29% of population living in least deprived national quintile in 2015, compared with 18% in 2010).

However, Cheltenham district contains the county’s most deprived LSOAs for “Income Deprivation Affecting Children Index (IDACI)” – Hesters Way 3, which ranks 402nd, and “Income Deprivation Affecting Older People Index (IDAOPi)” – St Paul’s 2, which ranks 496th out of 32,844 nationally. By contrast, Cheltenham district also contains the least deprived LSOAs in the county for these two domains: Charlton Park 1 ranks 32,771st for “Income Deprivation Affecting Children Index (IDACI)”, and Leckhampton 1 ranks 32,726th nationally for “Income Deprivation Affecting Older People Index (IDAOPi)”. These contrasts

highlight the wide gaps between the most and the least deprived areas in Cheltenham district.

Other significant changes to note include:

- “Health Deprivation and Disability” which has slipped in the national rankings since 2010 – there is now a higher proportion of population in the most deprived national quintile (4% in 2010, rising to 13% in 2015), and fewer in the least deprived national quintile (47% in 2010, decreasing to 29% in 2015).
- “Barriers to Housing and Services” and “Living Environment” have slightly improved in the national rankings in terms of population proportions since 2010. Overall, “Barriers to Housing and Services” is the district’s least deprived domain nationally, and also ranks best in the county.
- “Education Skills and Training” and “Income Deprivation Affecting Children Index (IDACI)” have slightly worsened in the national rankings in terms of population proportions since 2010. This domain and supplementary index rank as the second and third worst in the district after “Crime and Disorder”, covering 19% and 18% of the district population respectively in the most deprived national quintile.

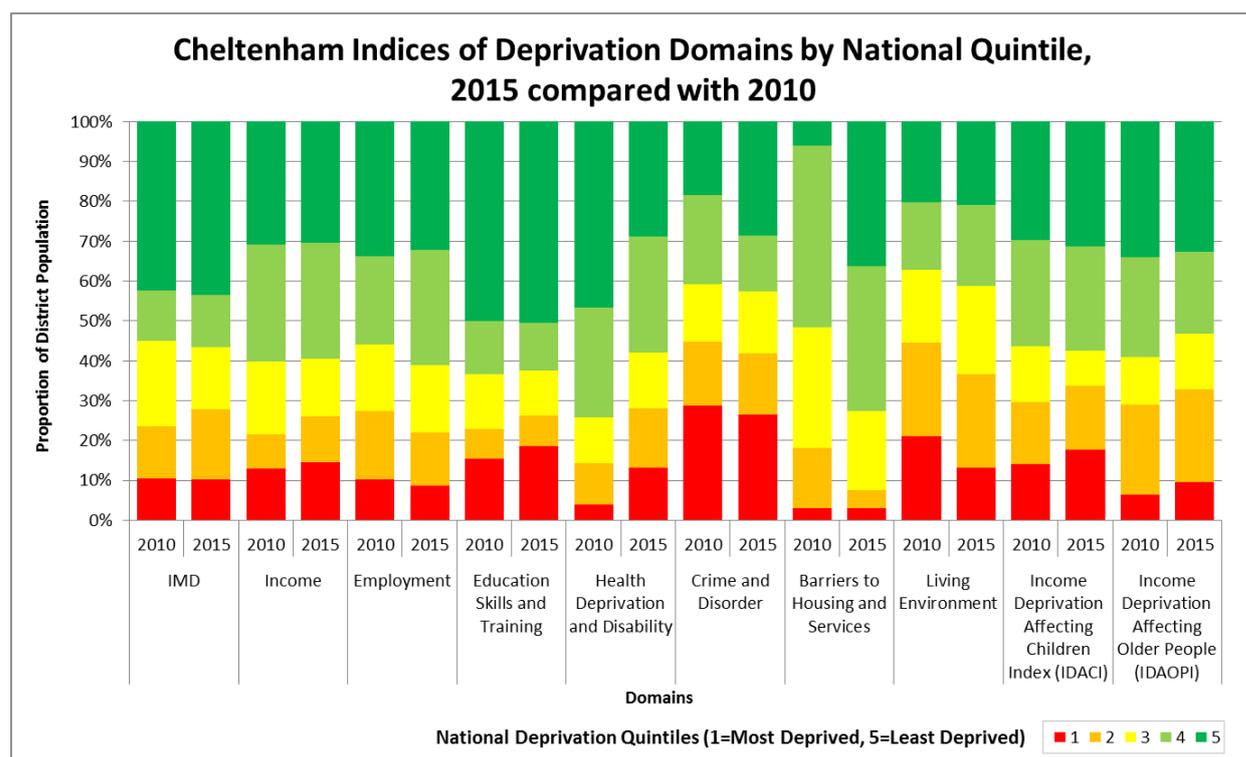


Figure 9: District deprivation as a proportion of district population, split by domain of deprivation with supplementary indices, 2010 and 2015

To summarise, Table 5 provides an overview of the Indices of Deprivation 2015, split by domain with supplementary indices. From it this can be seen which wards contain the most deprived LSOAs, together with the LSOA population figures. The ward that is listed most frequently is St Paul’s which contains LSOA(s) across 9 of the 10 deprivation domains and supplementary indices.

Oakley and St Mark's wards also appear frequently with each containing LSOA(s) across 8 out of the 10 domains and supplementary indices.

Table 5: District summary of domains of deprivation with supplementary indices, 2015

Domain / Supplementary Index	No. of LSOAs in the 20% Most Deprived Nationally	Wards in which these LSOAs fall	Population living within these LSOAs	Proportion of District Population
IMD	8	Hesters Way, Oakley, Springbank, St Mark's, St Paul's, Swindon Village	11,987	10%
Income	11	Hesters Way, Oakley, Springbank, St Mark's, St Paul's, St Peter's, Swindon Village	16,728	14%
Employment	7	Hesters Way, Oakley, St Mark's, St Paul's, Swindon Village	9,959	9%
Education Skills and Training	14	Hesters Way, Oakley, Springbank, St Mark's, St Paul's, St Peter's, Swindon Village	21,538	19%
Health Deprivation and Disability	10	Hesters Way, Lansdown, Oakley, Springbank, St Mark's, St Paul's, Swindon Village	15,261	13%
Crime and Disorder	19	All Saints, College, Hesters Way, Lansdown, Oakley, Pittville, Springbank, St Mark's, St Paul's, St Peter's, Swindon Village	30,709	26%
Barriers to Housing and Services	2	Springbank	3,496	3%
Living Environment	9	All Saints, College, Lansdown, Park, St Paul's, St Peter's	15,269	13%
Income Deprivation Affecting Children Index (IDACI)	13	Hesters Way, Oakley, Springbank, St Mark's, St Paul's, St Peter's, Swindon Village	20,462	18%
Income Deprivation Affecting Older People (IDAOPI)	7	Oakley, Pittville, Springbank, St Mark's, St Paul's	11,126	10%

3.4 Life expectancy

3.4.1 Life expectancy at birth

Life expectancy at birth is one of the “overarching indicators” in the Public Health Outcomes Framework, and is an important indication of overall health outcomes. It represents the average number of years a person in a particular area would expect to live based on current mortality rates.

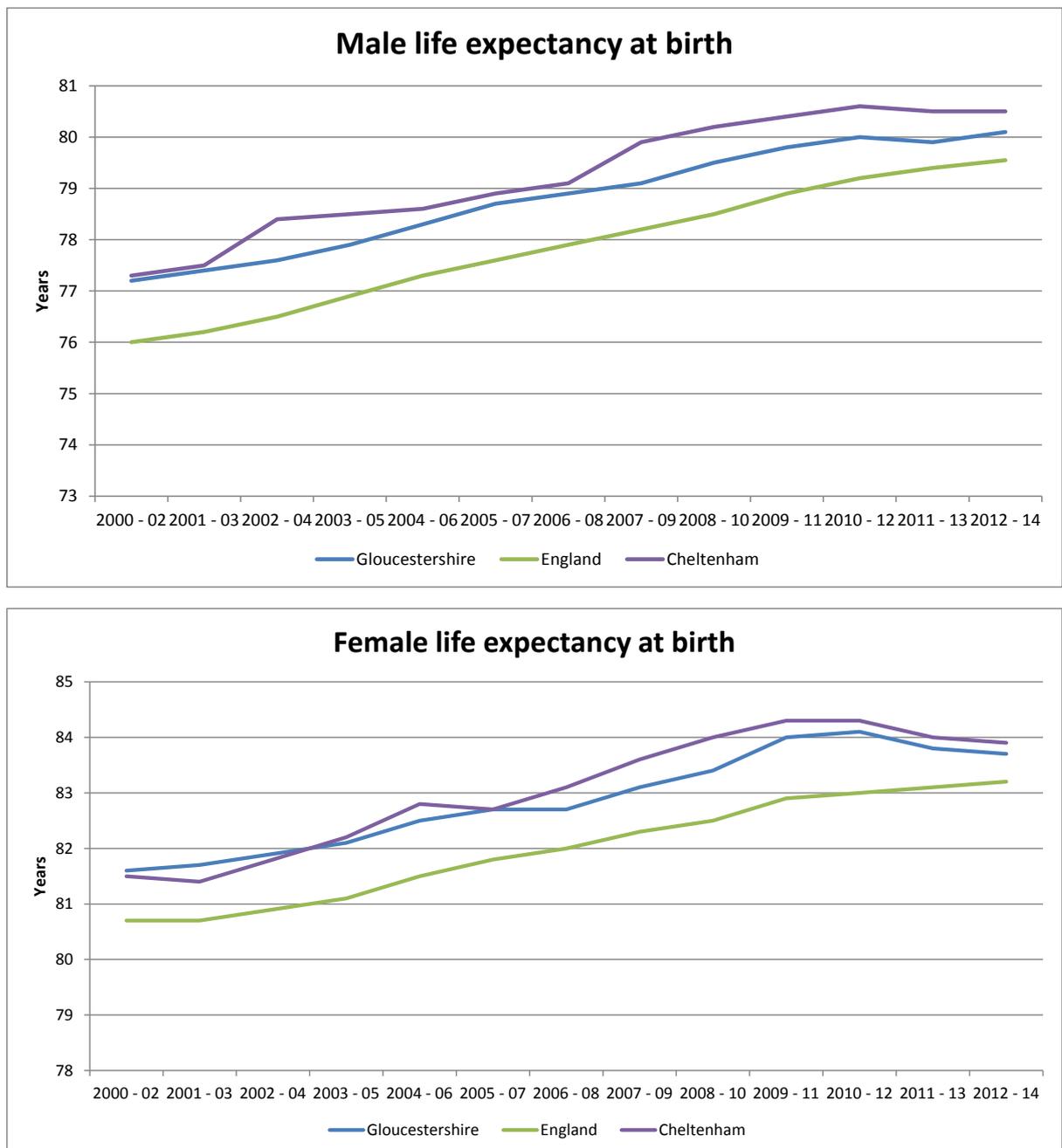


Figure 10: Life expectancy at birth (Note: y-axis does not start at 0 for comparison purposes)

Females in Cheltenham can generally expect to live between 3 and 4 years longer than their male counterparts. Life expectancy for both men and women

has been steadily increasing in the district over the past decade. Over this period, life expectancy has been slightly higher for Cheltenham residents than the county average, and significantly higher than the national average. The most recent data for 2011-13, suggests that this gap may be narrowing, but further data is needed to see if this trend is maintained.

3.4.2 Life expectancy at birth by deprivation

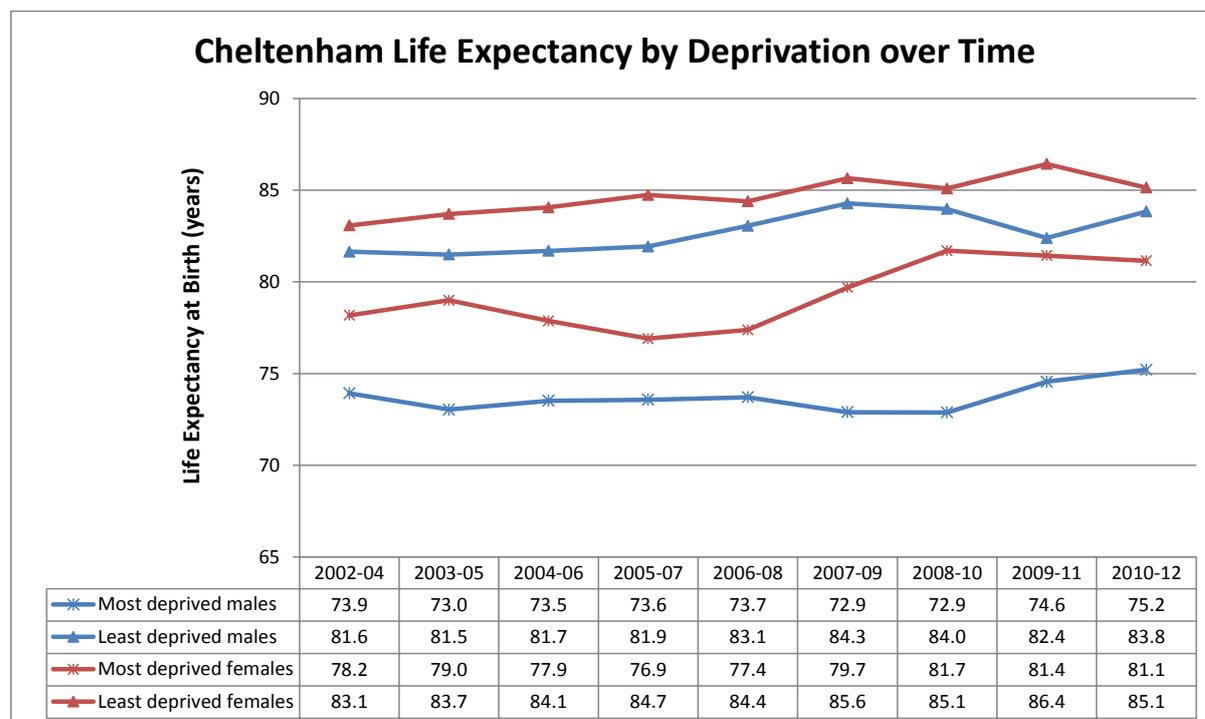


Figure 11: Life expectancy by deprivation (Note: y-axis does not start at 0 for comparison purposes)

Males in the least deprived Cheltenham decile (10th of population) can expect to live 8.5 years longer than those in the most deprived decile. For females, the gap is 4.0 years. Over the past decade, both males and females, deprived and also un-deprived, have seen an increase in life expectancy. For females, the gap has narrowed slightly over recent years, whereas for males it has remained fairly constant.

3.5 Mortality

3.5.1 Leading causes of death

The three leading causes of death in Cheltenham are cancer, cardiovascular disease (CVD), and respiratory disease, respectively¹⁴. This is consistent with the national picture.

¹⁴ PHE End of Life Care profiles <http://fingertips.phe.org.uk/profile/end-of-life>

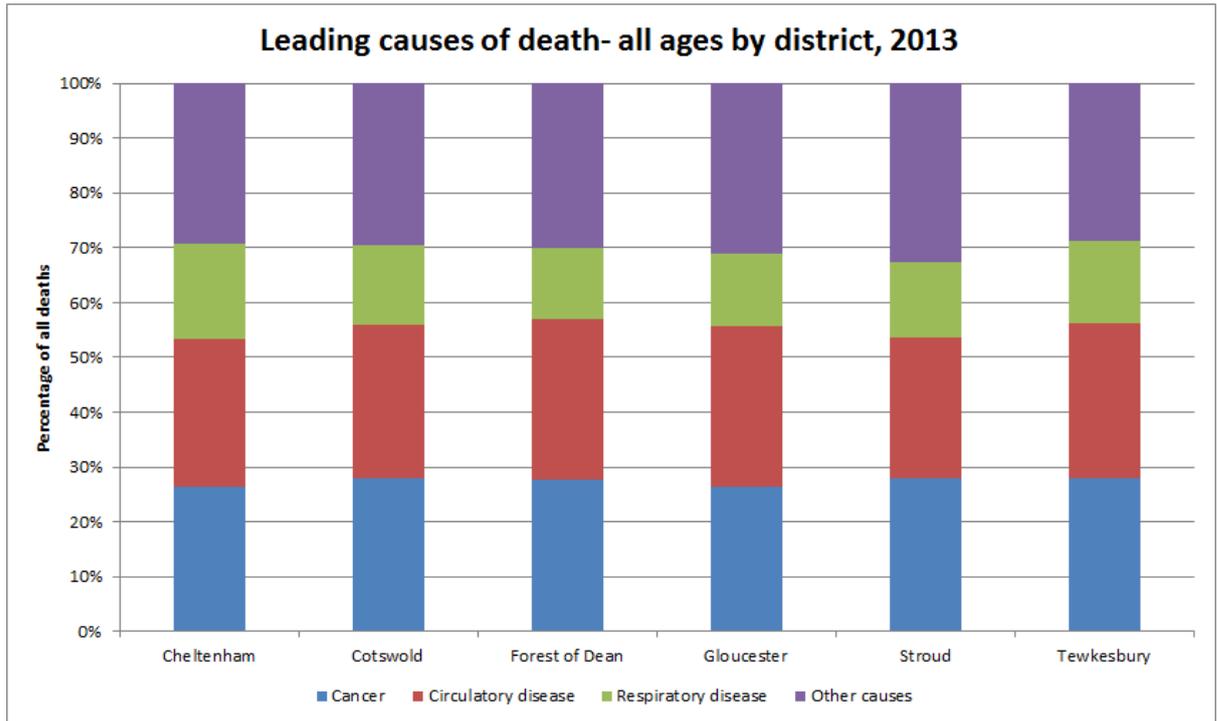


Figure 12: Leading causes of death (all ages) in Gloucestershire districts 2013

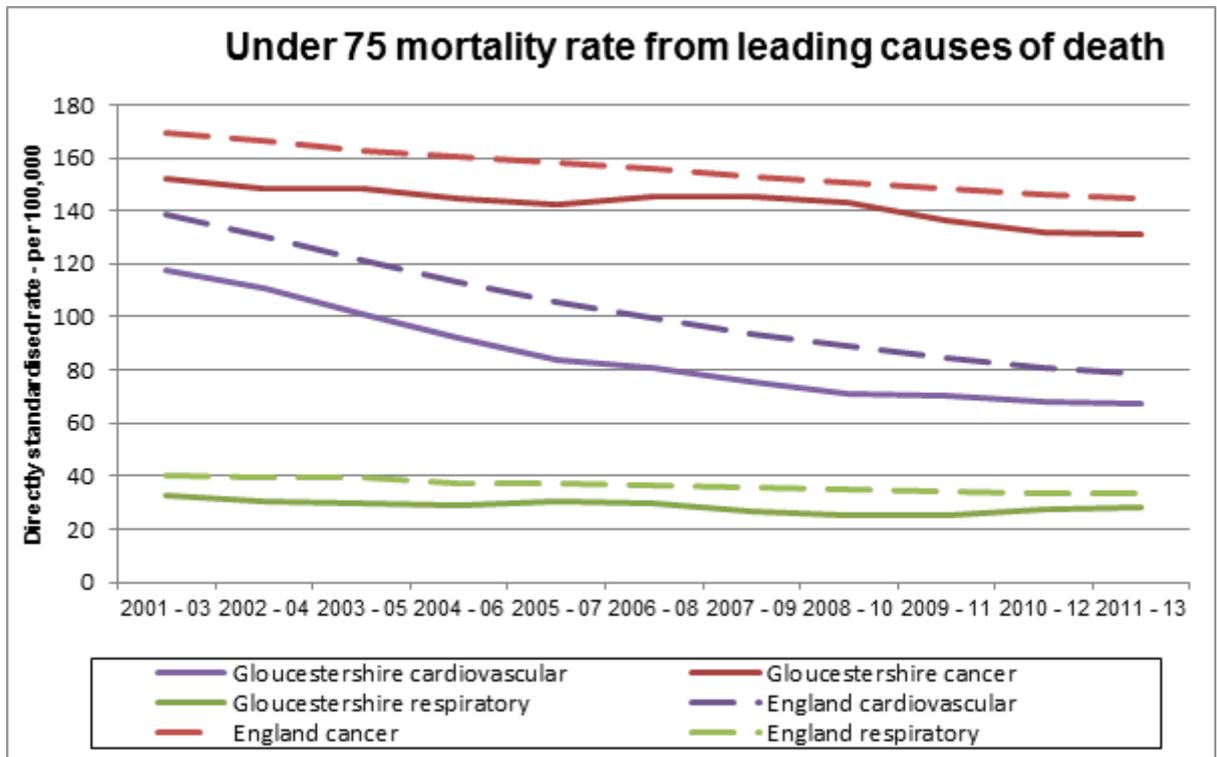


Figure 13: Under 75 mortality rate from leading causes of death

Compared to the other five Gloucestershire districts, Cheltenham’s leading causes of death are generally fairly similar, although it does have a slightly higher proportion of deaths from respiratory disease. Whilst robust district level

data on causes of premature (under 75) mortality is not available, we can see from the Gloucestershire and England trends that the rate of early deaths from cancer and cardiovascular disease is generally in decline, whereas respiratory mortality rates are fairly static.

3.5.2 Excess winter deaths

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with colder weather. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population¹⁵. Research carried out by the Eurowinter Group¹⁶ and Curwen¹⁷ found that mortality during winter increases more in England and Wales compared to *other* European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.

Research from the Marmot Review Team¹⁸ argues cold housing has a dramatic impact on the excess winter death rate either caused by poorly insulated homes or because the occupier cannot afford to adequately heat their home. The indoor temperature of a home can affect an occupant's physical, mental and social health and wellbeing. Living in sub-optimal indoor temperatures may substantially increase the risk of respiratory (influenza, pneumonia and bronchitis) and cardiovascular (heart attacks and strokes) conditions. Due to prolonged periods of time occupants over the age of 85 spend in their homes, it is no surprise that the elderly are most at risk to excess cold.

¹⁵ ONS Statistical Bulletin: Excess Winter Mortality in England and Wales, 2011/12 (Provisional) and 2010/11 (Final) is <http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2011-12--provisional--and-2010-11--final-ewm-bulletin.html>,

¹⁶ The Eurowinter group (1997) Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions in Europe. *The Lancet* 349, 1341-1346

¹⁷ Curwen M (1990/91) Excess winter mortality: a British phenomenon? *Health Trends* 4, 169-75 (4) Department of Health, Healthy lives, healthy people: Improving outcomes and supporting transparency, (23rd January 2012), accessed 15/05/13 at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> (5) Cold Weather Plan for England 2012 www.gov.uk/government/publications/cold-weather-plan-for-england-2012-published

¹⁸ The Marmot Review Team (2011) *The Health Impacts of Cold Homes and Fuel Poverty*. Available at http://www.foe.co.uk/resource/reports/cold_homes_health.pdf

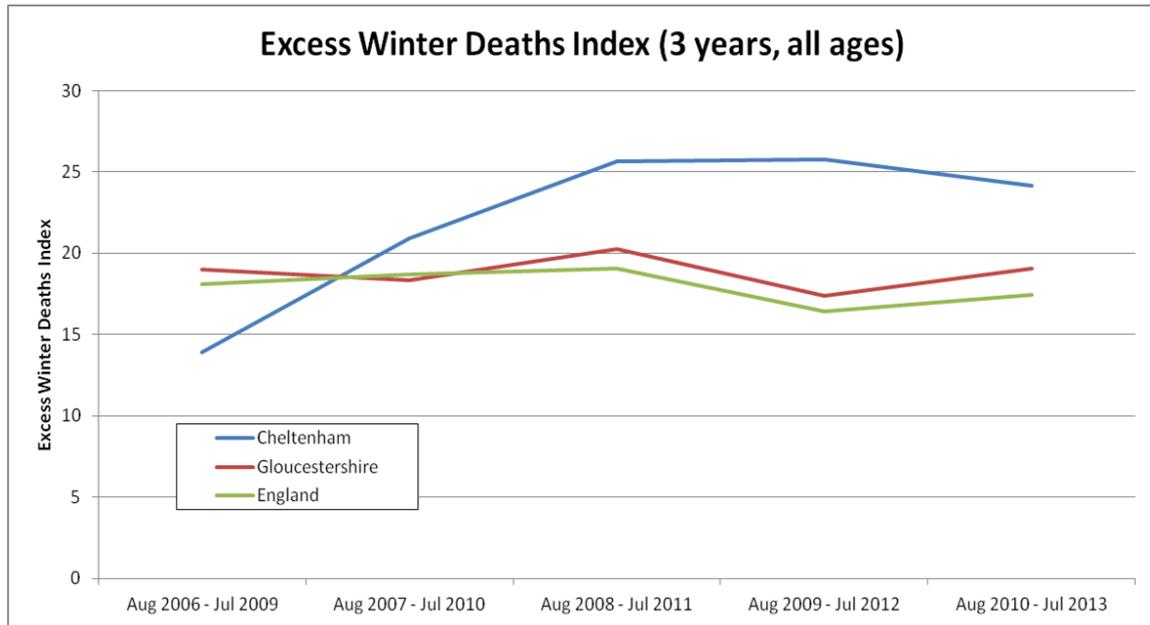


Figure 14: Excess Winter Deaths Index (all ages)

The rate of excess winter deaths in Cheltenham rose significantly from 2006-09 to 2008-11, but has since plateaued. It remains higher than the national and county benchmarks, but this difference is not statistically significant.

3.6 Economy

3.6.1 Overview

Cheltenham district is one of two urban districts almost centrally placed in the county and home to a vibrant and diverse economy that supported some 67,300 employees in 2014. Cheltenham town is an important cultural and retail centre contributing to a thriving tourism trade within the district.

The industry base is varied ranging from; Manufacturing particularly aerospace and electronics; Finance and business activities focusing on insurance and consultancy to Public sector which is associated with the presence of GCHQ.

Employment has grown over the last five years and is predicted to continue growing albeit at a conservative rate although still above the county rate. Conversely, unemployment in terms of Job Seekers Allowance claimants has declined, although there are still areas of relatively high unemployment around Hesters Way, Oakley and St Mark's.

There are nearly 5,000 businesses in Cheltenham district accounting for almost a fifth of the county total and growth over the last five years has been one of the highest in the county. The district is home to a highly skilled workforce that reflects the nature and demand of a high tech manufacturing and service base which is projected to grow.

The characteristics of the job vacancies advertised also highlight the overwhelming requirement for specialist Information Technology skills to support the growing technical nature of the Cheltenham business base.

The commuting to work pattern indicates that 60% of the resident employed population remained within the district to work, however, the majority of the inward and outward flows tend to be within the Gloucestershire, particularly relating to Tewkesbury and Gloucester districts.

3.6.2 Employment

Despite a slight dip in 2011 the number of employees in Cheltenham district increased over the last five years by 12,200 people or 22% to a total of 67,300¹⁹ by 2014 representing the largest number of employees of all the Gloucestershire districts as shown in Figure 15.

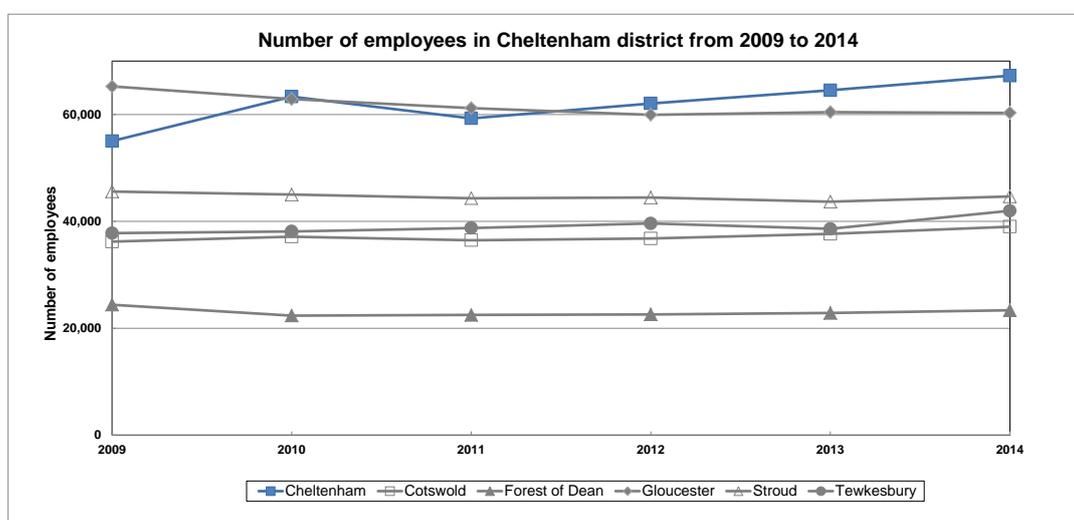


Figure 15: Trend in the number of employees in Cheltenham district: 2010-2014²⁰

The annual growth rates relating to the number of employees between 2009 and 2014 in Cheltenham district are depicted in Table 6. After some early blips annual growth appears to have settled and the annual average growth rate over the period at 4.3% was well above all the other districts, the County and the national average as shown in Table 7.

¹⁹ This figure is based on the number of employees and does not include self employed.

²⁰ Business Register and Employment Survey 2010-2014, ONS Crown Copyright Reserved.

Table 6: Annual growth rates of number of employees in Cheltenham district from 2009 to 2014²¹

Cheltenham district	
Year	Annual growth rate %
2009-2010	15.1
2010-2011	-6.4
2011-2012	4.7
2012-2013	4.0
2013-2014	4.3
Average annual growth rate 2009-2014	4.3

Table 7: Average annual growth rates: Gloucestershire and districts 2009-2014²²

Area	Average annual growth 2009 to 2014 %
Cheltenham district	4.3
Cotswold district	1.5
Forest of Dean district	-0.8
Gloucester district	-1.6
Stroud district	-0.4
Tewkesbury district	2.2
Gloucestershire	0.9
Great Britain	1.0
South West	0.4

Regarding employment status, the ratio of full-time to part-time employees in 2014 was 66% to 34% respectively which was close to the County average as shown in Table 8. It is evident from Table 8 that Cheltenham district accounted for almost a quarter of all Gloucestershire employees which is the highest proportion of all the districts.

Table 8: Cheltenham district: Employment status 2014²³

District	Full-time employees		Part-time employees		Total Employees*	
	Number	%	Number	%	Number	% of total employees
Cheltenham	44,400	66.0	22,900	34.0	67,300	24.3
Cotswold	25,500	65.5	13,500	34.5	39,000	14.1
Forest of Dean	14,500	62.1	8,800	37.9	23,400	8.4
Gloucester	38,400	63.6	21,900	36.4	60,300	21.8
Stroud	30,000	67.2	14,600	32.8	44,700	16.1
Tewkesbury	31,600	75.3	10,400	24.7	42,000	15.2
Gloucestershire	184,400	66.7	92,200	33.3	276,600	

* These figures exclude farm agriculture (SIC subclass 01000).

A further 8,300 people were self-employed²⁴ in Cheltenham district between 2014 and 2015.

²¹ *Ibid.*

²² *Ibid.*

²³ *Ibid.*

²⁴ Annual Population Survey July 2014-July 2015, ONS Crown Copyright Reserved.

3.6.3 Past (2010-2014) Employment by industrial sector

Figure 16 presents the industrial sectors in terms of their size, growth and local concentration²⁵.

The locally important Business administration & support services comprised the largest sector in Cheltenham district accounting for 14% of the total number of employees in 2014 as shown in Figure 17. It has also been one of highest growth sectors with activities relating to the general cleaning of buildings, tour operators and other services²⁶ in addition to temporary employment agency activities where most of the employment is centred.

The Professional, scientific & technical sector, also locally concentrated and comparatively large in terms of employees exhibited growth in the last five years reflecting an increase particularly in accounting and auditing, consultancy, technical and head office activities.

Growth in the Financial & insurance sector also points to the importance of this sector to the district as shown in Figure 16 especially after the effects of the recession. Life insurance activities, insurance agents and brokers and auxiliary activities such as actuarial and salvage administration have grown the most in the last five years and in addition to banks and building societies still account for the largest number of employees despite the latter sub sector experiencing some decline.

The Public administration sector stands out in terms of concentration and size mainly due to the effect of the number of GCHQ employees. The decline of the sector over the last five years as shown in Figure 16 is a reflection of central government cuts that resulted in the decrease of local authority employees.

The Accommodation and food sector which is related to the tourism industry is locally important as depicted in Figure 16, the decline shown appears to be the result of a possible anomaly in the data rather than a reflection on activity which in terms of number of employees has shown growth in the last five years in the hotels, licensed and unlicensed restaurants and public houses and bars sub sectors.

The Retail sector is the third largest sector in terms of employees according to Figure 17. Despite experiencing some decline the sector is locally important in

²⁵ Location quotients (LQ) are used for identifying an industry that is concentrated in a region. A simple ratio has been used to compare the share of local employment in an industry to the share of GB employment in that industry. A LQ of <1 indicates the local area is less concentrated than GB for an industrial activity, and a value >1 indicates the local area has a higher concentration of employment in the industrial activity relative to GB.

²⁶ Other business support services includes – providing verbatim reporting and stenotype recording of live legal proceedings and transcribing subsequent recorded materials, address bar coding services, bar code imprinting, fundraising organisation services on a contract or fee basis, repossession services, parking meter coin collection services, independent auctioneer activities, administration of loyalty programmes etc.

that apart from a major tourist attraction, Cheltenham town is one of the main retail centres serving Gloucestershire and the surrounding area.

Cheltenham district is one of the only two districts, the other being Gloucester where the Manufacturing sector has experienced overall decline in the number of employees in the last five years. However, some sub sectors have performed well including textile, wood products, basic metals, electrical equipment and other machinery and equipment.

The Education sector in Cheltenham district is relatively large and well represented with good schools, colleges and the University of Gloucestershire and has shown the least decline out of all the districts over the last five years mainly focusing on the decrease in employees involved in primary education and technical and vocational secondary activities which just outpaces the increase in employees in secondary education.

The Mining, quarrying & utilities sector has grown the most in the last five years which is likely to be related to the utilities sub sector in terms of power generation. This sector however, still remains comparatively small in terms of employees.

The Information & communication sector despite showing some decline is important to Cheltenham district in terms of employees associated with computer consultancy, business and software development, software publishing and motion picture production activities.

The Health sector including social work activities was the second largest sector accounting for 13% of the total number of employees in 2014 as shown in Figure 17. Within this sector the main area of employment relates to hospital activities e.g. Cheltenham General Hospital and residential care activities.

Apart from a blip in 2013 the Construction sector has undergone growth in terms of number of employees over the last five years which is likely to be the result of the post-recession recovery in both the commercial and domestic building industry.

The Arts, entertainment & recreation is locally important to Cheltenham district but is not well represented in terms of the number of employees as much of this sector is made up of self employed workers etc. that are not captured by the Business Register and Employment Survey.

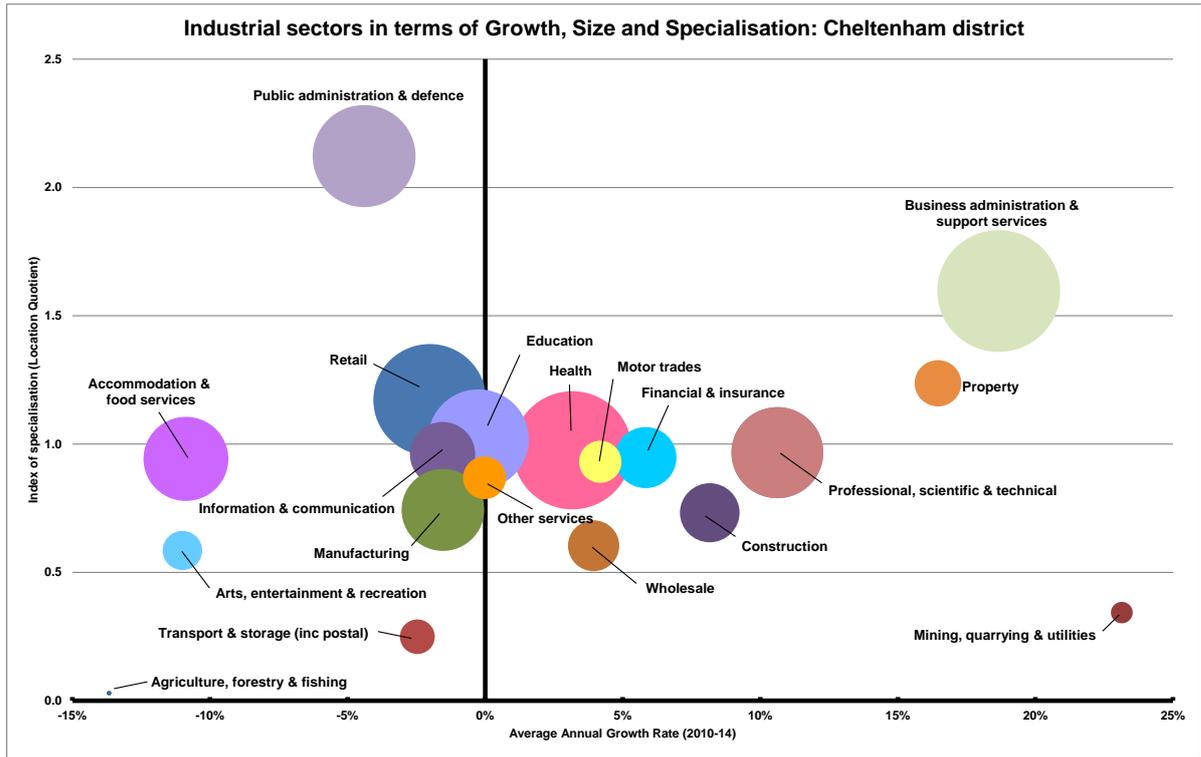


Figure 16: A comparison of industrial sectors in terms of growth, size and specialisation in Cheltenham district²⁷

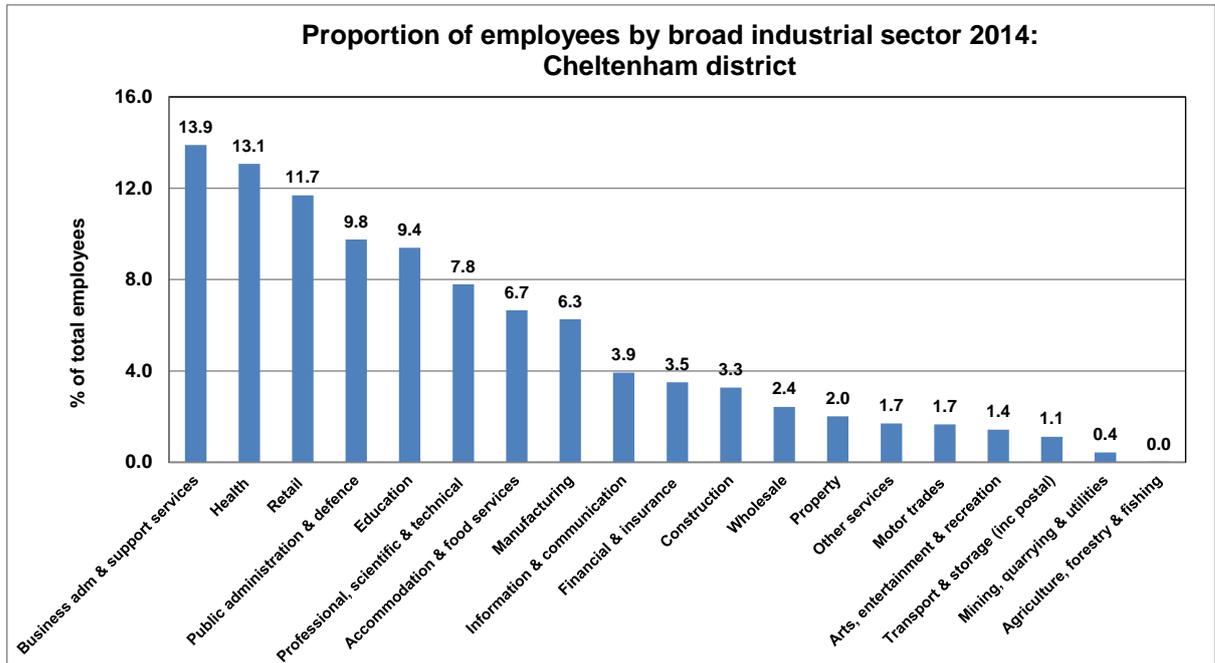


Figure 17: The proportion of employees by broad industrial sector 2014: Cheltenham district²⁸

²⁷ Ibid.

²⁸ Ibid.

3.6.4 Future (2015-2025) Employment by industrial settings

Economic projections generated by the Local Economic Forecasting Model (LEFM)²⁹, provide an indication of future economic growth and predict potential changes in employment. **These projections are presented as a guide, they do not take into account the impact of current policies and initiatives.**

According to LEFM employment (employees and self-employed) in Cheltenham district is set to increase between 2015 and 2025 to 75,800 people, however, growth is expected to be at a more conservative rate with a projected average annual change of 0.4% which is higher than for the County but the same as national average as shown in Table 9.

Table 9: Projected Average annual change in employment: 2015-2025³⁰

Area	Projected Average annual change 2015 to 2025
Cheltenham district	0.4
Cotswold district	0.5
Forest of Dean district	0.3
Gloucester district	0.2
Stroud district	0.2
Tewkesbury district	0.3
Gloucestershire	0.3
South West	0.5
UK	0.4

Considering projected employment by sector over the next ten years in Cheltenham district compared to the County average, three sectors, namely, Construction, Mining, quarrying and utilities (relating to power generation) and Accommodation & food services are all predicted to grow the most and more than the County average as shown in Figure 18 while the Agriculture, forestry & fishing and Wholesale sectors are expected to decline the most and more so than the County average.

The Health, Business administration & support services, Other services³¹ and Information Technology are also predicted to grow but to a lesser extent as shown in Figure 18.

²⁹ The LEFM has been developed to forecast economic activity in local areas in a way that is consistent with regional and national forecasts. Although the model includes a number of econometric relationships, lack of data currently precludes the estimation of a complete model in the conventional sense. Many of the relationships are therefore imposed by assumption, based on the broader regional or national models estimated by Cambridge Econometrics and the Institute for Economic Research (University of Warwick) LEFM should therefore be regarded primarily a simulation model rather than an accurate econometric representation of a local economy.

³⁰ LEFM Aug 2015, Cambridge Econometrics/Institute for Economic Research (Univ. of Warwick).

³¹ Other services include activities of membership organisations, repair of computers, personal and household goods, other personal service activities e.g. hairdressing, beauty and other personal services.

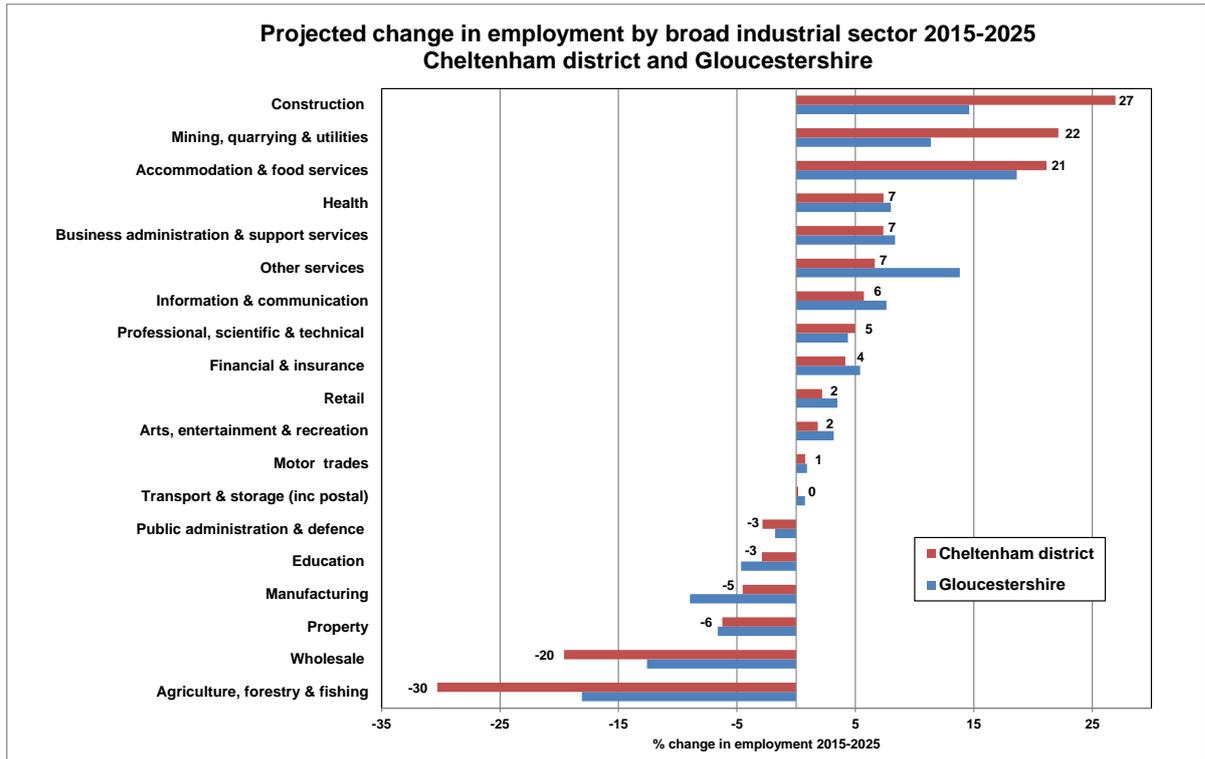


Figure 18: Projected change in employment in Cheltenham from 2015 to 2025³²

3.6.5 Businesses

The number of businesses in Cheltenham increased by 8.8% in the last five years as shown in Table 10 amounting to 4,905 businesses in 2015 accounting for some 18% of the County total. This growth is the second highest of all the districts after Tewkesbury, but lower than the national average by nearly 5%.

Table 10: Growth in the number of businesses from 2010 to 2015³³

Growth in the number of businesses: 2010-2015	
Area	%
Cheltenham district	8.8
Cotswold district	9.0
Forest of Dean district	2.8
Gloucester district	6.9
Stroud district	8.1
Tewkesbury district	12.2
Gloucestershire	8.1
Great Britain	13.5

Much in accordance with the national structure the majority of businesses (77%) are small, employing up to four people. There are however, a number of larger businesses employing between 50 and 99 people as shown in Table 11.

³² LEFM Aug 2015, Cambridge Econometrics/Institute for Economic Research (Univ. of Warwick).

³³ UK Business Counts – Enterprises 2015, ONS Crown Copyright Reserved.

Table 11: Size breakdown of businesses in Cheltenham district and County 2015³⁴

Size	Cheltenham district	Cotswold district	Forest of Dean district	Gloucester district	Stroud district	Tewkesbury district	Gloucestershire
0 to 4	3,755	4,520	2,850	2,470	4,405	2,950	20,950
% 0-4	77	77	77	72	77	75	76
5 to 9	605	725	490	455	690	495	3,460
% 5-9	12	12	13	13	12	13	13
10 to 19	295	370	210	225	370	245	1,715
% 10-19	6	6	6	7	6	6	6
20 to 49	155	165	95	150	180	135	880
% 20-49	3	3	3	4	3	3	3
50 to 99	50	50	30	60	60	45	295
% 50-99	1	1	1	2	1	1	1
250 to 499	10	10	5	10	5	10	50
% 250-499	0.2	0.2	0.1	0.3	0.1	0.3	0.2
500 to 999	5	5	0	5	0	5	20
% 500-999	0.1	0.1	0.0	0.1	0.0	0.1	0.1
1000+	5	0	0	5	5	5	20
% 1000+	0.1	0.0	0.0	0.1	0.1	0.1	0.1
Total	4,905	5,860	3,690	3,425	5,740	3,915	27,535

Business start-ups in Cheltenham increased by a healthy 42% which was the same as the County average over the last five years and amounted to 725 businesses starting up in 2013 as depicted in Figure 19.

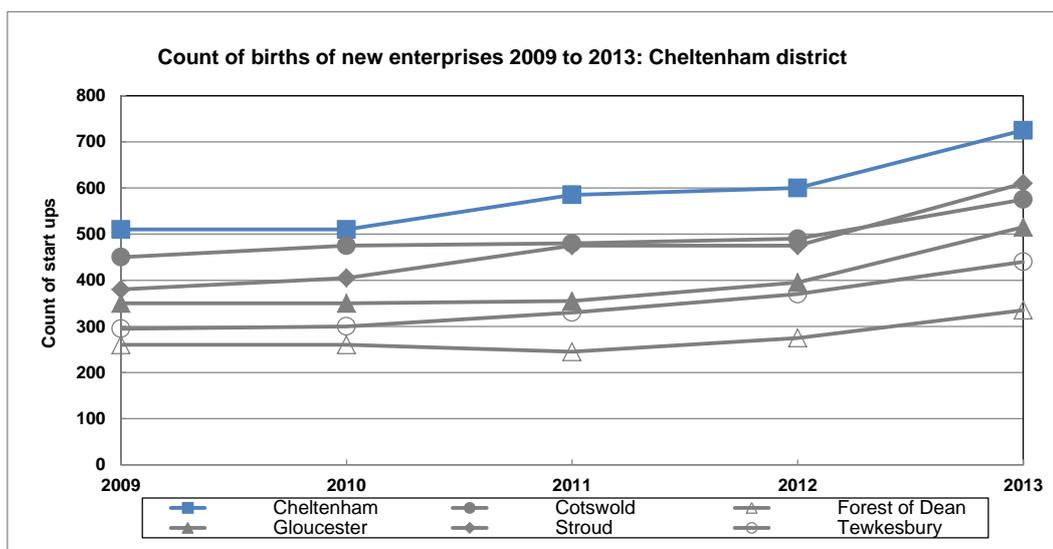


Figure 19: Trend in business births between 2009 and 2013 in Cheltenham district³⁵

One year survival rates at 88.2% were the third lowest in the County but higher than the national average and three year survival rates were the second lowest in the County but slightly higher than the national average as shown in Table 12.

³⁴ Ibid.

³⁵ Business Demography 2013, ONS Crown Copyright Reserved.

Table 12: Business survival rates from birth in 2010³⁶

Area	Survival rates from birth in 2010		
	1 Year %	2 Year %	3 Year %
Cheltenham district	88.2	72.5	57.8
Cotswold district	89.5	77.9	64.2
Forest of Dean district	86.5	73.1	59.6
Gloucester district	90.0	74.3	55.7
Stroud district	87.7	74.1	63.0
Tewkesbury district	90.0	75.0	61.7
Gloucestershire	88.7	74.6	60.4
South West	88.1	74.2	59.9
Great Britain	86.7	72.5	57.1

3.6.6 Unemployment

The number of people claiming Job Seekers Allowance (JSA) in Cheltenham district has been at its lowest in terms of both number and rate for some thirty years. After May 2015 Universal Credit was gradually introduced into the County and will ultimately replace the Job Seekers Allowance claimant measure.

It is evident from Figure 20 that the JSA claimant rate for Cheltenham district followed the County average for the most part and apart from seasonal blips has shown a steady decline since May 2014 to 1.2% representing 930 people in May 2015. Cheltenham district has not unsurprisingly the second highest claimant rate after Gloucester district although it is well below the national average.

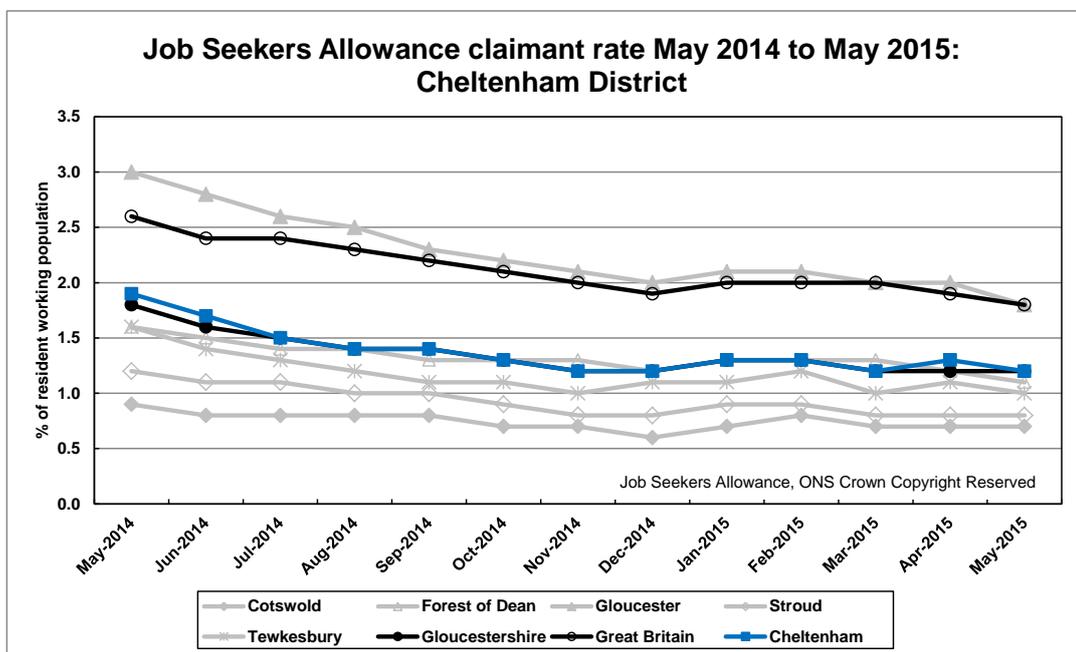


Figure 20: Job Seekers Allowance claimant rate May 2014 to May 2015: Cheltenham district³⁷

³⁶ Ibid.

³⁷ Job Seekers Allowance, ONS Crown Copyright Reserved.

There were eight wards with claimant rates above the district average in May 2015 as shown in Figure 21. They range from St Peter's with 1.4% to St Mark's with 2.7%.

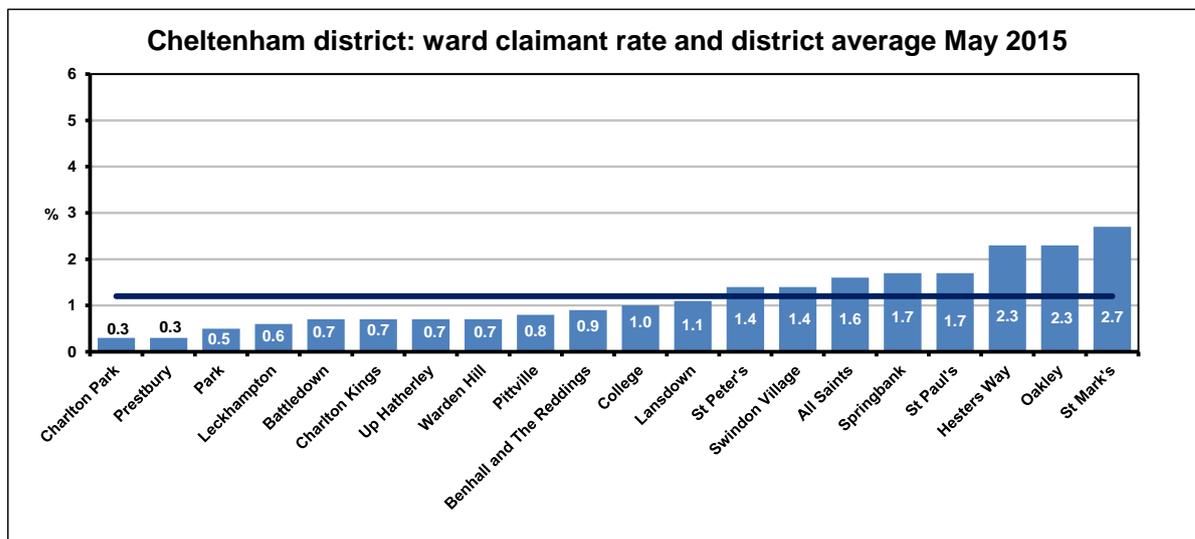


Figure 21: Cheltenham district: ward claimant rate against district average³⁸

The situation relating to those 18-24 year olds claiming JSA in Cheltenham district improved from 2012 to 2015 for those claiming for more than six months and from 2011 to 2015 for those claiming for less than six months. The trend for both was also below the County average as shown in Figure 22.

Those 18-24 year olds claiming JSA for over six months fell from 2% of the cohort in 2012 to 0.4% of the cohort in 2015. This represented a decrease in numbers from 60 to 45 people. For those 18-24 year olds claiming for less than six months the proportion of the cohort declined from 3.4% in 2011 to 1.5% in 2015 relating to a decrease from 415 to 175 people.

³⁸ *Ibid.*

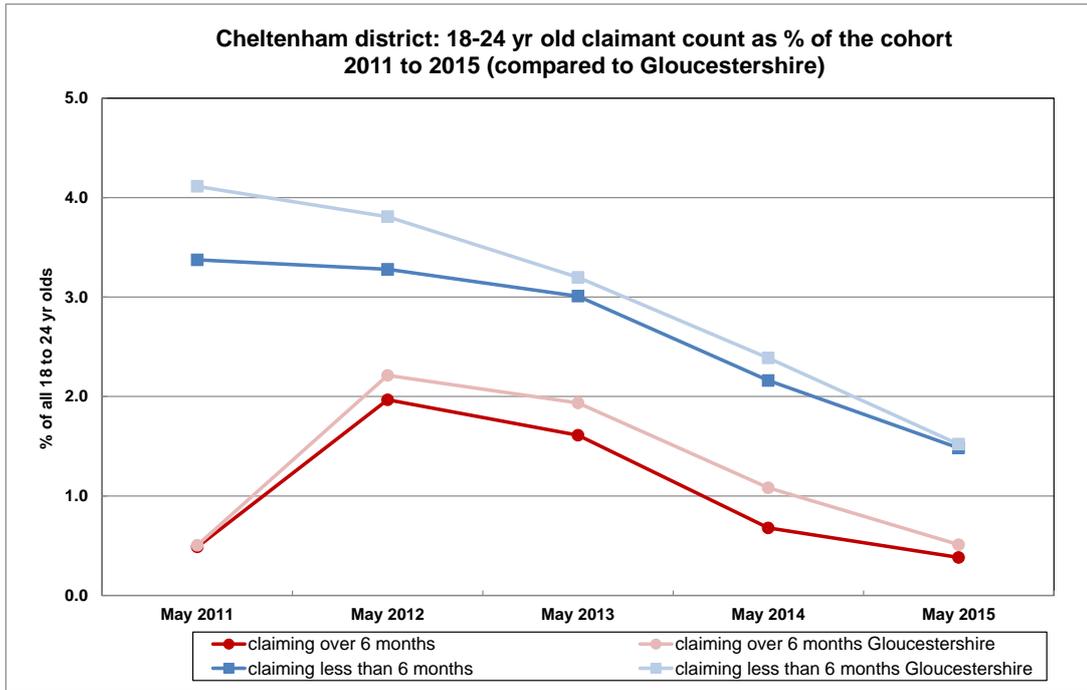


Figure 22: 18-24 year old claimant count as a proportion of the cohort 2011-2015³⁹

The number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Cheltenham district as depicted in Figure 23 declined over the last four years from almost 200 people in October 2011 to 93 people in May 2015.

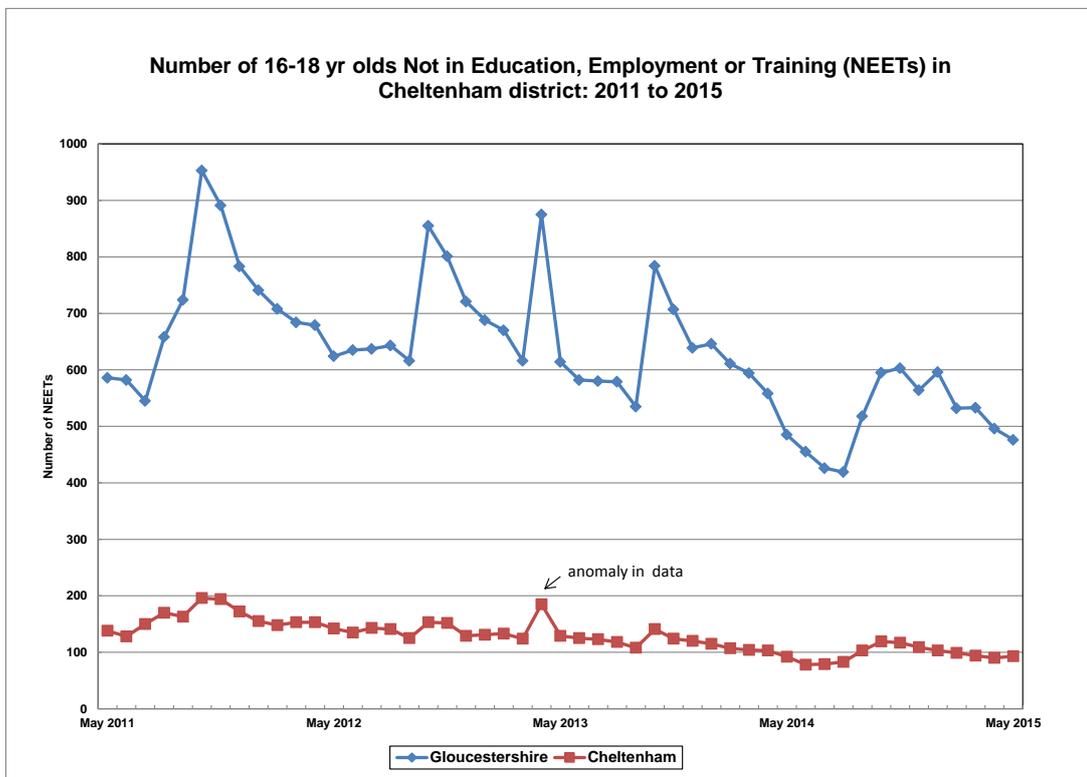


Figure 23: Number of 16-18 year olds Not in Education, Employment or Training (NEETs) in Cheltenham district: 2011 to 2015⁴⁰

³⁹ Jobseeker's Allowance by age and duration, ONS Crown Copyright Reserved.

3.6.7 Qualifications and occupation

It is evident from Table 13 that in Cheltenham district some 36% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This was well above both the County and national averages of 30% and 27% respectively. At the other end of the scale those with no qualifications accounted for 17% of the resident population over 16 which although below the County and national average amounted to 16,000 people.

Table 13: Level of qualification of residents aged 16 and over comparison 2011⁴¹

Level of qualification of residents aged 16 and over: % of total			
	Cheltenham district	Gloucestershire	England and Wales
No qualifications	16.6	19.6	22.7
Level 1 qualifications	11.4	13.5	13.3
Level 2 qualifications	14.4	16.0	15.3
Apprenticeship	3.1	4.0	3.6
Level 3 qualifications	13.8	12.6	12.3
Level 4 qualifications and above	36.2	29.9	27.2
Other qualifications	4.6	4.3	5.7
Total	96,008	490,233	45,496,780

Professional and Associate professional occupations featured highly in Cheltenham district and in addition to the Managers, directors and senior officials occupations equated to some 45% of the resident employed population in 2011 as shown in Figure 24 and on the whole was above the County and national average.

The Elementary and Skilled Trades Occupations accounted for about a fifth of the resident employed population in 2011 which was below the County and national average as depicted in Figure 24.

⁴⁰ Prospects.

⁴¹ Census of Population 2011: LC5102EW - Highest level of qualification by age, ONS Crown Copyright Reserved

Level 1: 1-4 O Levels/CSE/GCSEs (any grades), Entry Level, Foundation Diploma, NVQ Level 1, Foundation GNVQ,

Basic/Essential Skills;

Level 2: 5+ O Level (Passes)/CSEs (Grade 1)/GCSEs (Grades A*-C), School Certificate, 1 A Level/ 2-3 AS Levels/VCEs, Intermediate/Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma;

Level 3: 2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma, Welsh Baccalaureate, Advanced Diploma, NVQ Level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma;

Level 4 and above: Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Foundation degree (NI), Professional qualifications (for example teaching, nursing, accountancy);

Other qualifications: Vocational/Work-related Qualifications, Foreign Qualifications (not stated/level unknown).

The occupational structure in Cheltenham district reflects the tendency towards the high skill end requirements of its industrial base that is also balanced by more traditional occupations.

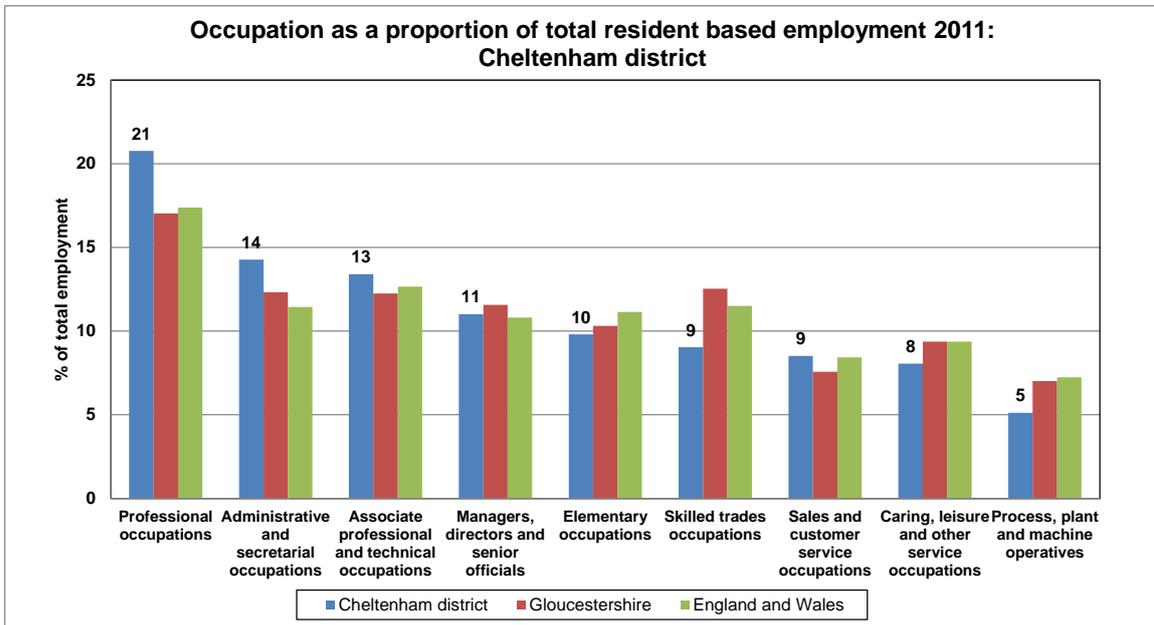


Figure 24: Occupation as a proportion of total employment 2011: Cheltenham district, Gloucestershire and England and Wales⁴²

In terms of the projected growth of occupational employment over the next ten years, as outlined in Figure 25, the expected increase in Managers, directors and senior officials follows the national projection although at a higher rate for Cheltenham district and at County level which may reflect not only the relatively high proportion of this occupation in the district but also the continuing growth in businesses. The projected increase in employment in the Caring, leisure and other services occupations is undoubtedly an indication of the growing demands of an ageing population.

Figure 25 also shows a predicted increase in the Elementary occupations that is above both the County and national averages possibly indicating their importance in the district.

Despite comprising some 14% of the district total resident based employment the Administrative and secretarial occupations are projected to decline in line with the County and national trend.

⁴² Census of Population 2011: LC6112EW - Occupation by age, ONS Crown Copyright Reserved.

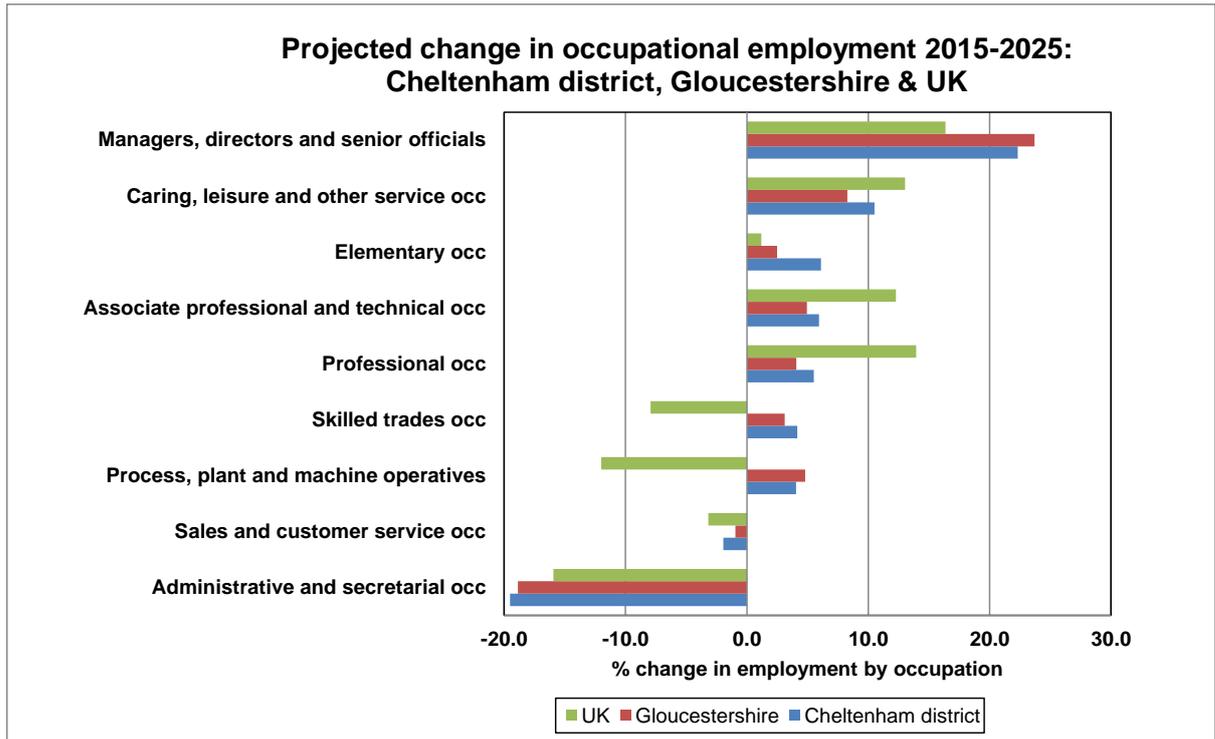


Figure 25: Projected change in occupational employment 2015-2025: Cheltenham district, Gloucestershire & UK⁴³

3.6.8 Vacancies

The data used in Figure 26 are provided by Labour Insight, an interactive tool which delivers real time access to job vacancies from a comprehensive range of sources including job boards, employer sites, newspapers, public agencies etc. Data extraction and analysis technologies mine and code data from each job listing to provide analysis on industries, occupations, skills and qualifications. The tool will inevitably not capture all vacancies.

Figure 26 shows the trend in new vacancies for each month from January to October 2015. The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 1,500 new postings in May before dropping back to about 1,300 in October. Not unsurprisingly, over the ten month period in 2015 Cheltenham district had the second highest total number of job vacancies.

⁴³ LEFM Aug 2015, Cambridge Econometrics/Institute for Employment Research (Univ. of Warwick).

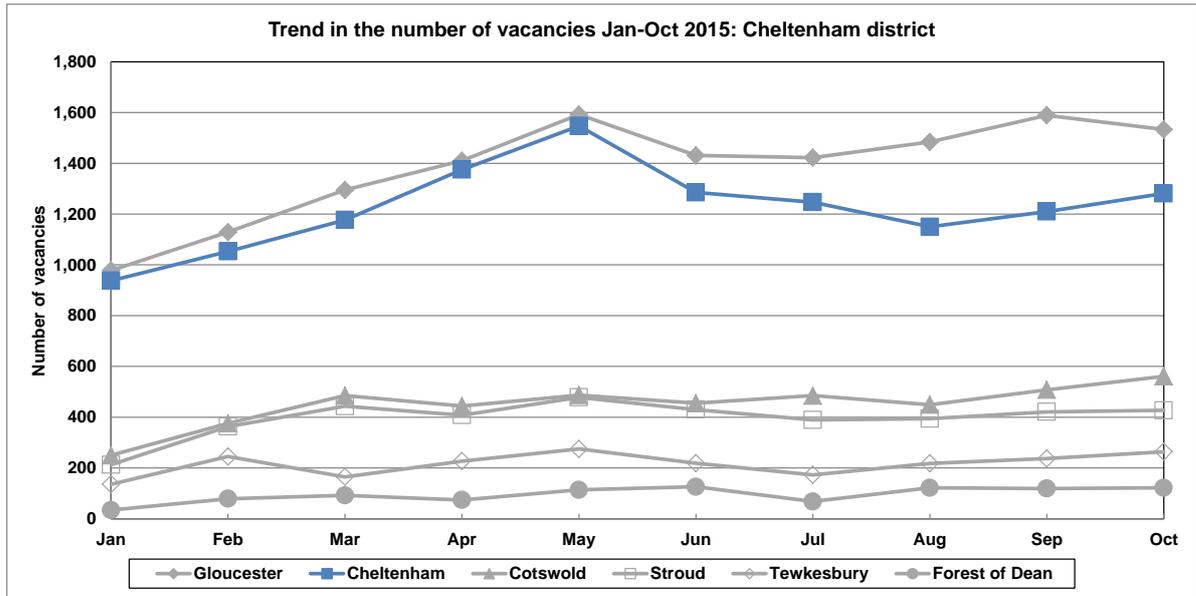


Figure 26: Trend in job vacancies in Cheltenham district in 2015⁴⁴

The top fifteen occupations identified from a total of 12,200 job vacancies advertised during the first ten months of 2015 are shown in Figure 27. Vacancies related to a number of occupations that were dominated by Information Technology and followed by Chefs and Nurses as well as Managers, Customer service occupations and Sales assistants.

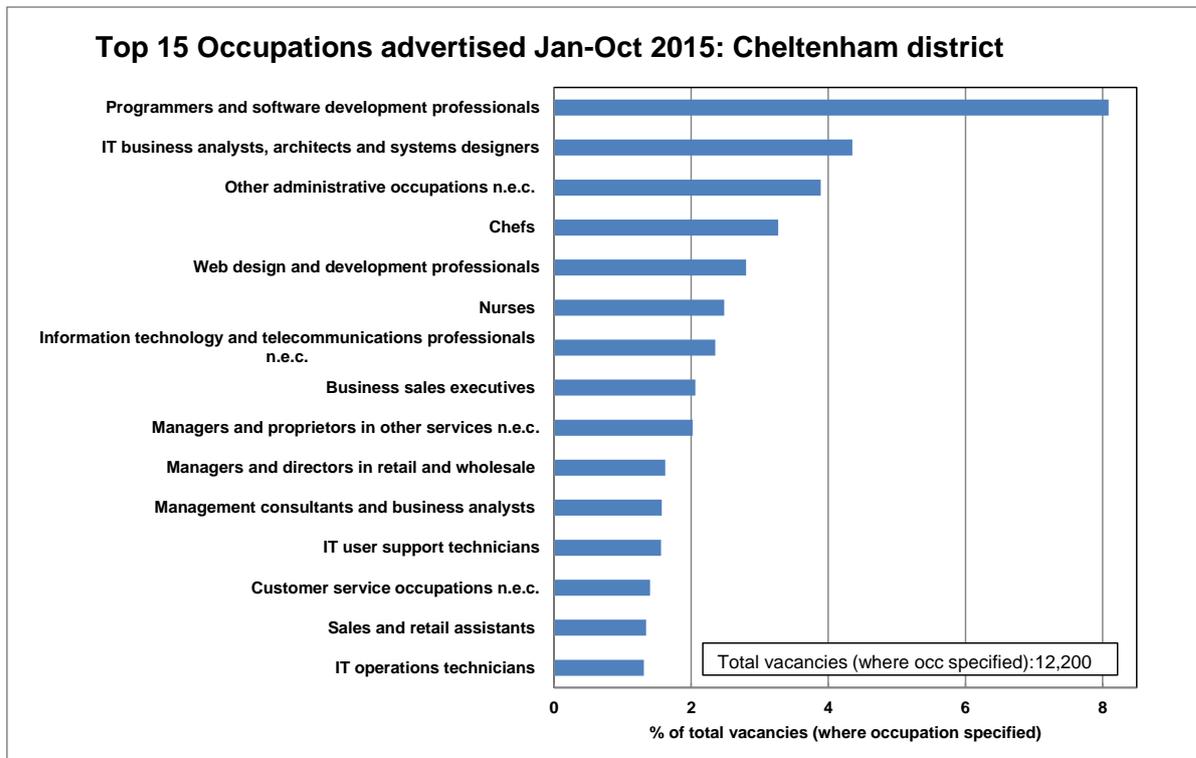


Figure 27: Top occupations advertised in Cheltenham district in 2015⁴⁵

⁴⁴ Labour Insight.

⁴⁵ *Ibid.*

Table 14 represents a selection of those employers who offered some of the highest number of vacancies advertised. Not unexpectedly, these correspond to the Health, Manufacturing, Public sector, Financial and Retail industrial sectors.

Table 14: A selection of employers with the largest number of vacancies in 2015⁴⁶

NATIONAL HEALTH SERVICE
GENERAL ELECTRIC COMPANY
SUPERGROUP PLC
GCHQ
UNIVERSITY OF GLOUCESTERSHIRE
GLOUCESTERSHIRE COLLEGE
GE AVIATION
ITR PARTNERS LIMITED
ENDSLEIGH INSURANCE SERVICES
MCDONALD'S RESTAURANTS
WHOLE FOODS
UCAS
SUE RYDER
HARRISON CLARK RICKERBYS
A&E FIRE EQUIPMENT LTD

3.6.9 Commuting to Work

In 2011, of the 49,244 residents aged 16 and over in Cheltenham district who commuted to work in 2011, some 60% equating to 29,462 people worked within the district as shown in Table 15.

Table 15: Working within the district 2011⁴⁷

Area	Resident working population aged 16+ who commute to work	Resident population who work within the district (excl working at home)	% of resident population who commute that work within the district (self containment)
Cheltenham district	49,244	29,462	60
Cotswold district	30,041	16,221	54
Forest of Dean district	30,006	15,379	51
Gloucester district	53,024	29,407	55
Stroud district	44,524	23,998	54
Tewkesbury district	33,481	12,915	39
Gloucestershire	240,320	199,735	83

Another 14,000 residents aged 16 and over commuted from Cheltenham district to the rest of the County with the largest interaction occurring with Tewkesbury and Gloucester districts as shown in Table 16.

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*

Table 16: Commuting to Work by district for Gloucestershire 2011⁴⁸

Resident Origin	Workplace Destination						
	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury	Gloucestershire
Cheltenham	29,462	1,768	311	4,454	1,191	6,313	43,499
Cotswold	1,487	16,221	147	796	957	687	20,295
Forest of Dean	1,073	329	15,379	4,036	467	1,646	22,930
Gloucester	5,057	948	1,054	29,407	4,699	7,053	48,218
Stroud	1,947	2,334	283	5,492	23,998	1,791	35,845
Tewkesbury	8,293	873	464	5,457	946	12,915	28,948
Gloucestershire	47,319	22,473	17,638	49,642	32,258	30,405	199,735

Of those who commuted to work within the Cheltenham district between 1,000 and 2,000 people commuted from each resident ward. The wards with the highest workplace destinations included College, Lansdown, Hesters Way, and Swindon village as shown in Table 17.

Table 17: Commuting to work within Cheltenham district by ward 2011⁴⁹

Resident Origin	Workplace Destination														Cheltenham district						
	All Saints	Battledown	Benhall and The Reddings	Charlton Kings	Charlton Park	College	Hesters Way	Lansdown	Leckhampton	Oakley	Park	Pittville	Prestbury	St Mark's		St Paul's	St Peter's	Springbank	Swindon Village	Up Hatherley	Warden Hill
All Saints	122	38	9	24	41	432	140	286	16	31	79	45	44	18	87	55	12	100	6	14	1,599
Battledown	74	81	12	66	32	301	146	206	30	37	53	19	33	17	46	48	7	67	7	13	1,295
Benhall and The Reddings	63	11	91	29	22	205	222	180	29	27	62	17	13	32	46	78	20	96	28	35	1,306
Charlton Kings	37	64	17	185	64	243	130	181	36	25	61	15	19	11	48	39	7	63	4	18	1,267
Charlton Park	52	28	8	68	60	235	117	162	48	20	45	22	19	9	28	26	8	30	6	8	999
College	67	22	14	30	25	501	159	321	43	25	98	30	17	11	67	38	9	53	8	14	1,552
Hesters Way	62	22	51	23	33	234	341	229	26	58	70	27	31	70	89	129	37	238	26	26	1,822
Lansdown	74	10	19	22	14	294	218	381	22	20	83	24	19	13	82	56	12	72	9	24	1,468
Leckhampton	41	18	11	37	22	249	140	218	104	16	101	11	13	10	49	30	11	61	13	20	1,175
Oakley	112	46	15	30	38	250	85	170	20	149	45	47	49	18	107	74	21	131	16	13	1,436
Park	48	13	13	25	22	359	163	293	42	17	166	11	37	20	56	44	11	55	11	21	1,427
Pittville	101	18	9	18	24	288	164	287	33	31	43	77	55	17	80	38	16	83	4	15	1,401
Prestbury	59	21	7	17	24	216	134	156	14	46	64	37	122	9	49	43	11	97	5	12	1,143
St Mark's	82	15	33	15	30	262	175	254	46	31	76	28	20	110	94	131	18	194	17	29	1,660
St Paul's	133	16	16	23	21	360	85	329	20	38	55	40	62	16	253	130	15	159	7	11	1,789
St Peter's	109	20	31	26	32	297	192	400	36	43	80	25	34	63	144	170	32	220	9	26	1,989
Springbank	79	12	30	24	32	230	171	241	32	44	72	30	29	49	108	174	87	322	16	25	1,807
Swindon Village	94	21	25	19	26	244	147	206	41	59	36	40	31	38	122	123	19	322	10	17	1,640
Up Hatherley	57	15	37	18	29	244	190	199	34	31	73	10	19	37	47	47	16	94	96	53	1,346
Warden Hill	62	6	23	17	17	274	154	210	34	23	81	14	30	29	53	50	21	77	63	103	1,341
Cheltenham district	1,528	497	471	716	608	5,718	3,273	4,909	706	771	1,443	569	696	597	1,655	1,523	390	2,534	361	497	29,462

Conversely the remaining 40% of residents who commuted to work equating to 19,782 commuted out of the district which was offset by 24,148 workers

⁴⁸ Census of Population 2011: WU01UK - Location of usual residence and place of work by sex, ONS Crown Copyright Reserved.

⁴⁹ Census of Population 2011: WF01BEW - Location of usual residence and place of work (OA level).

commuting in resulting in a net inward flow of 4,366 workers as shown in Table 18.

Of those who commuted out of the district 71% (14,000 people) commuted within Gloucestershire, nearly 10% travelled to the West Midlands especially Wychavon district, Worcester and Birmingham and another 7% to London and the South East particularly West Oxfordshire district. The remainder travelled to Bristol, Swindon, South Gloucestershire and Wiltshire.

Table 18: Number of workers commuting in or out of Gloucestershire districts 2011⁵⁰

Commuting to work	Total outward	Total inward	Net
Cheltenham district	19,782	24,148	4,366
Cotswold district	13,820	15,709	1,889
Forest of Dean district	14,627	6,015	-8,612
Gloucester district	23,617	26,131	2,514
Stroud district	20,526	13,287	-7,239
Tewkesbury district	20,566	25,211	4,645
Gloucestershire (includes offshore installation & outside UK)	40,585	38,148	-2,437

Of those who commuted in to the district 74% came from within the County, another 13% resided in the West Midlands mainly Wychavon district, Worcester, Malvern Hills district and Birmingham. The remainder commuted mainly from the South East, Wales and Bristol.

3.6.10 Work at home

In addition to those who commuted to work in 2011 there were another 6,200 people who worked at home in Cheltenham district equating to 10% of those employed residents aged 16 and over as shown in Table 19. Although representing an increase of 1.5% since 2001 this is the second lowest percentage after Gloucester district indicating that working at home was not as prevalent in the urban areas compared to the rural areas of the County.

⁵⁰ *Ibid.*

Table 19: Proportion of residents in employment who work at home 2011⁵¹

District	Work mainly at or from home Number	Work mainly at or from home as % of residents aged 16+ in employment
Cheltenham district	6,199	10
Cotswold district	8,268	20
Forest of Dean district	5,618	14
Gloucester district	4,439	7
Stroud district	8,353	14
Tewkesbury district	5,331	13
Gloucestershire	38,208	13

3.7 Protected characteristics

The Equality Act 2010⁵² legally protects people from discrimination in the workplace and in wider society. The act identifies nine 'protected characteristics' or groups that are covered by the legislation: *Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race and Ethnicity, Religion & Belief, Sex, Sexual Orientation*. Some aspects of these groups such as *Age, Disability, Race and Ethnicity* are covered in other sections.

3.7.1 Age

Age influences other 'protected characteristics', with certain age groups having different characteristics to the population as a whole⁵³.

- Older people are significantly more likely to be disabled
- A higher proportion of 0-19 year olds are from BME groups
- Females account for a larger proportion of older people than men
- Older people are more likely to have been widowed, and consequently are more likely to be living alone
- Older people are more likely to practice Christianity.

The age of an individual, combined with additional factors including other 'protected characteristics' may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age. A report by the European Social Survey⁵⁴ suggests age discrimination is the

⁵¹ Census of Population 2011: WU01UK - Location of usual residence and place of work by sex, ONS Crown Copyright Reserved.

⁵² The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

⁵³ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

⁵⁴ European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf Accessed 17/04/2015.

most common form of prejudice experienced in the UK, with 28% respondents saying they had experienced prejudice based on age.

For information about changes in Cheltenham's age profile and projections please see 3.2.2.

3.7.2 Disability

For further information about disability please see section 6.2.

3.7.3 Gender Reassignment

Gender reassignment is defined by the Equality Act 2010⁵⁵ as a person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This means an individual does not need to have undergone any treatment or surgery to be protected by law.

There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population⁵⁶. By applying the same proportions to Cheltenham's adult population⁵⁷, we can estimate that there may be somewhere between 600 and 900 adults in the district that are experiencing some degree of gender variance.

National research suggests individuals with some degree of gender variance experience discrimination and marginalisation in a number of ways that impacts on wider factors such as education, housing and perceptions and experiences of crime and violence. They have also demonstrated higher levels of health risk behaviours, such as smoking and drug and alcohol use, as well as higher levels of self-harm⁵⁸.

3.7.4 Marriage and Civil Partnerships

The Equality Act 2010⁵⁹ protects individuals who are in a civil partnership, or marriage, against discrimination.

⁵⁵ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

⁵⁶ Gender Identity Research and Education Society, The Number of Gender Variant People in the UK <http://www.gires.org.uk/assets/Research-Assets/Prevalence2011.pdf> Accessed 07/04/2015.

⁵⁷ ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁵⁸ Public Health England, The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document. <http://lgbt.foundation/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/> Accessed 22/04/2015.

⁵⁹ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

In 2011, 42.6% of people aged 16 years+ in Cheltenham were married, Figure 28 shows this was lower than the county, regional and national average. In contrast the proportion of people who were single was higher in Cheltenham than in Gloucestershire, the South West and England. The proportion of people in a registered same sex civil partnership in Cheltenham stood at 0.2%, which was in line with the county, national and regional averages.

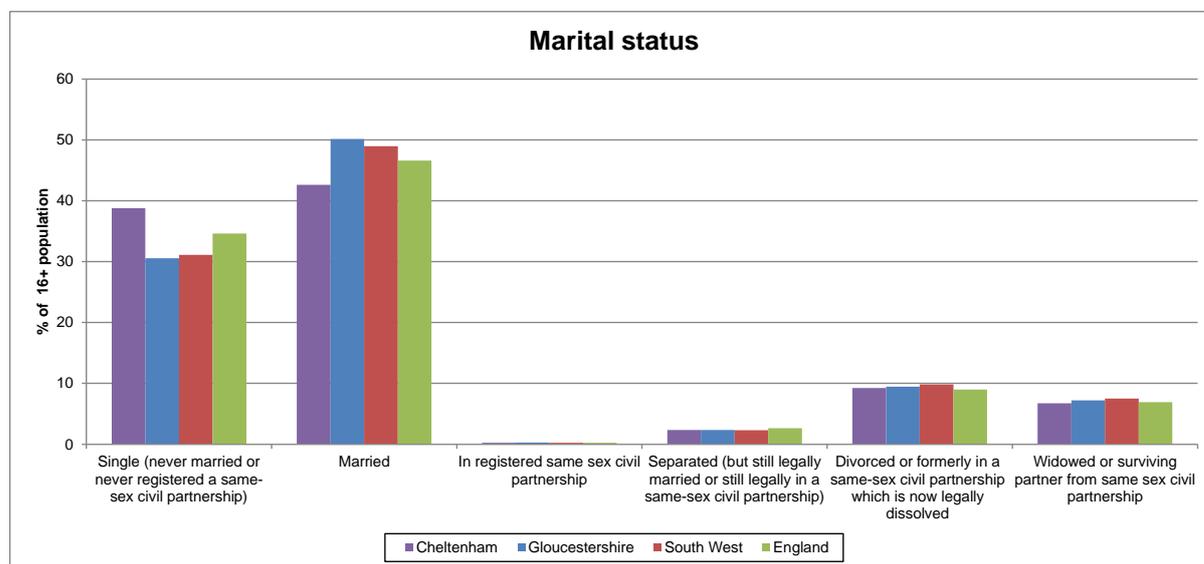


Figure 28: Percentage of the 16+ population by marital status, 2011⁶⁰

Evidence suggests being married is associated with better mental health. There is less evidence on the benefits of being in a civil partnership; however, it is likely the benefits will also be experienced by people in similarly committed relationship such as civil partnerships⁶¹.

3.7.5 Pregnancy and maternity

The Equality Act⁶² protects women who are pregnant, have given birth in the last 26 weeks (non work context) or are on maternity leave (work context) against discrimination in relation to their pregnancy.

In 2014 there were 1,435 live births in Cheltenham⁶³. Figure 29 shows the largest number of live births was among the 25-34 year old age groups, illustrating the trend of later motherhood. This is also the age when the employment rate for women is at its highest. Births to mothers aged 35 and over account for a higher

⁶⁰ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 15/09/2015

⁶¹ Department of Health, NO HEALTH WITHOUT MENTAL HEALTH: A cross-Government mental health outcomes strategy for people of all ages - Analysis of the Impact on Equality (AIE) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf Accessed 20/04/2015

⁶² The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

⁶³ ONS, Live Births by Area of Usual Residence, 2014 <http://www.ons.gov.uk/ons/rel/vsob1/births-by-area-of-usual-residence-of-mother--england-and-wales/2014/index.html> Accessed 21/09/2015.

proportion of total births in Cheltenham than they do at county, regional or national level. Conversely births to mothers under the age of 25 make up a lower proportion of total births.

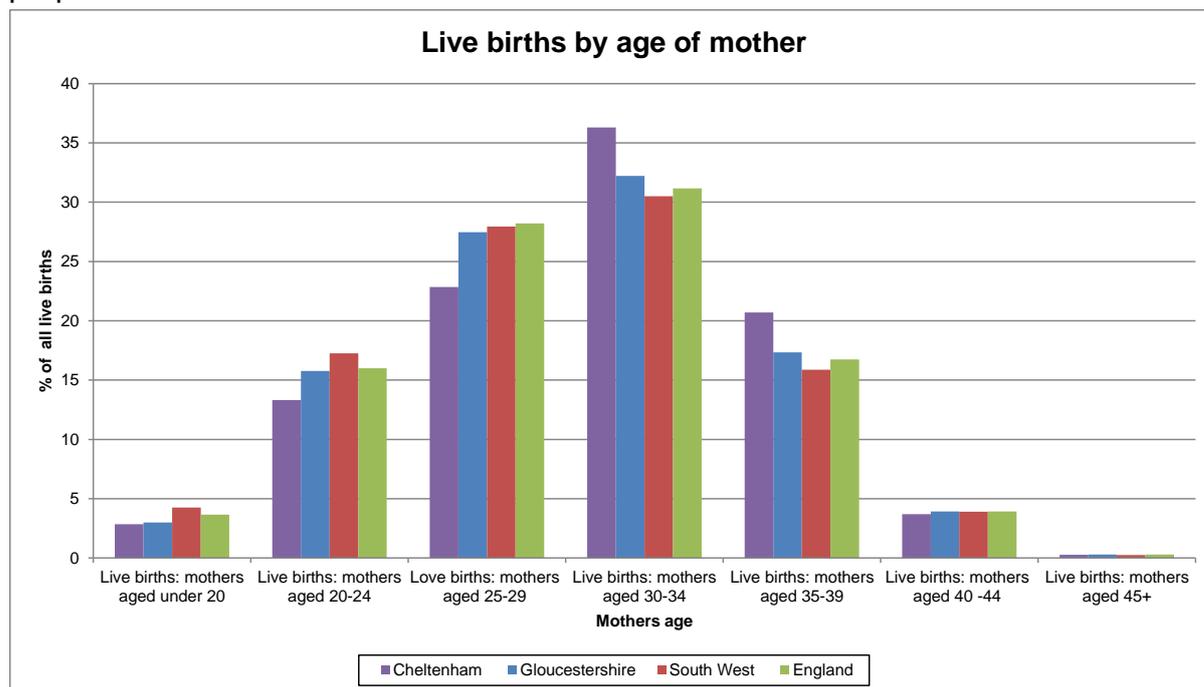


Figure 29: Live births by age of mother, 2014⁶⁴

3.7.6 Race and Ethnicity

Ethnicity is an important issue because, as well as having specific needs relating to language and culture, research has found people from Black and Minority ethnic groups are more likely to have lower incomes, gain lower levels of education qualifications, have higher rates of unemployment and experience poorer health⁶⁵. Individuals may also experience discrimination and inequalities because of their ethnicity. A report by the European Social Survey suggests 15% of respondents in the UK had experienced prejudice based on ethnicity⁶⁶.

For information about changes in Cheltenham’s BME population please see section 3.2.3.

⁶⁴ *Ibid.*

⁶⁵ The University of Manchester in Association with the Runnymede Trust, Local Ethnic Inequalities - Ethnic Differences in Education, Employment, Health and Housing in Districts of England and Wales, 2001-2011 <http://www.runnymedetrust.org/uploads/Inequalities%20report-final%20v2.pdf> Accessed 22/04/2015.

⁶⁶ European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf Accessed 17/04/2015.

3.7.7 Religion and Belief

In 2011, 58.7% of residents in Cheltenham reported they are Christian, making it the most common religion. This is followed by no religion which accounts for 30.8% of the total population⁶⁷.

Figure 30 shows Cheltenham has a lower proportion of people who are Christian than the county, regional and national average. In contrast it has a higher proportion of people who have no religion or practice Hinduism.

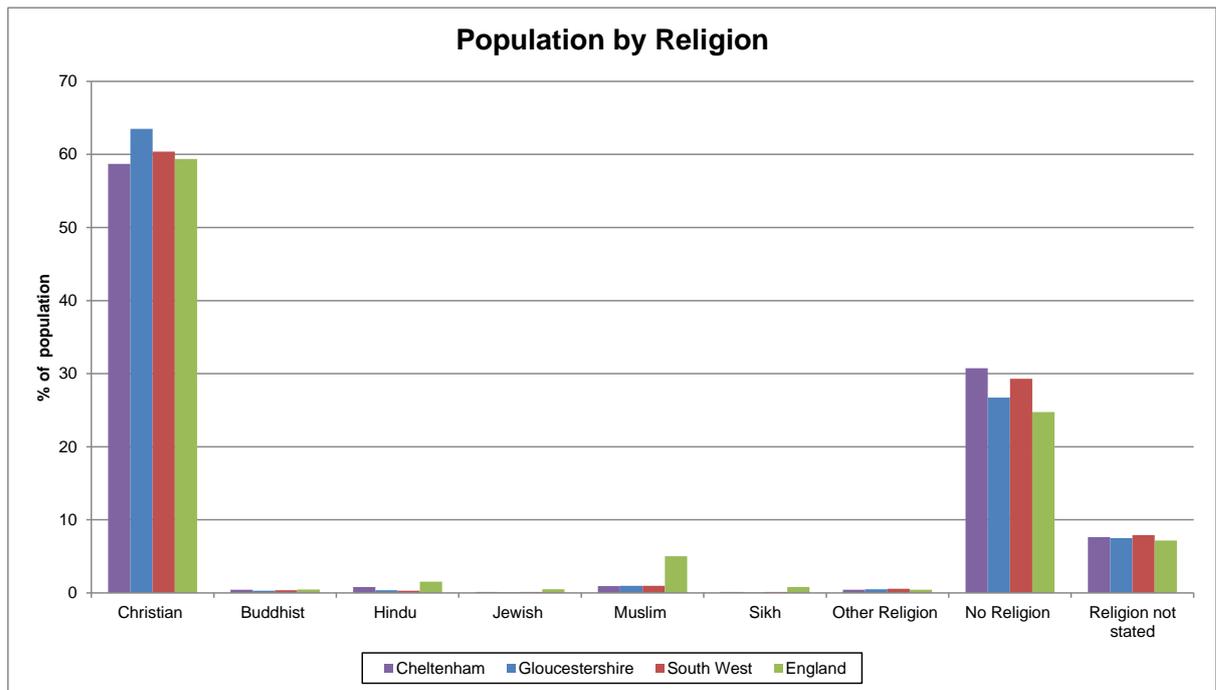


Figure 30: Percentage of the population by Religion, 2011⁶⁸

3.7.8 Gender

The overall gender split in Cheltenham is slightly skewed towards females, with males making up 49.0% of the population and females accounting for 51.0%⁶⁹. This situation is also reflected at county, regional and national level.

As age increases gender differences become more noticeable, with females outnumbering males by an increasing margin. Figure 31 shows 54.6% of people aged 65-84 are female, while males account for 45.4%. For people aged 85+ the difference is even more marked with females accounting for 65.5% of the total population, something which is also observed at county, regional and national level. These gender differences, has resulted in the majority of single pensioner households being headed by a woman⁷⁰. Females are also more likely to head

⁶⁷ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

⁶⁸ *Ibid.*

⁶⁹ ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁷⁰ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

lone parent households with dependent children. In Cheltenham 90.6% of such households are headed by women, a figure which is in line with the county and national average⁷¹.

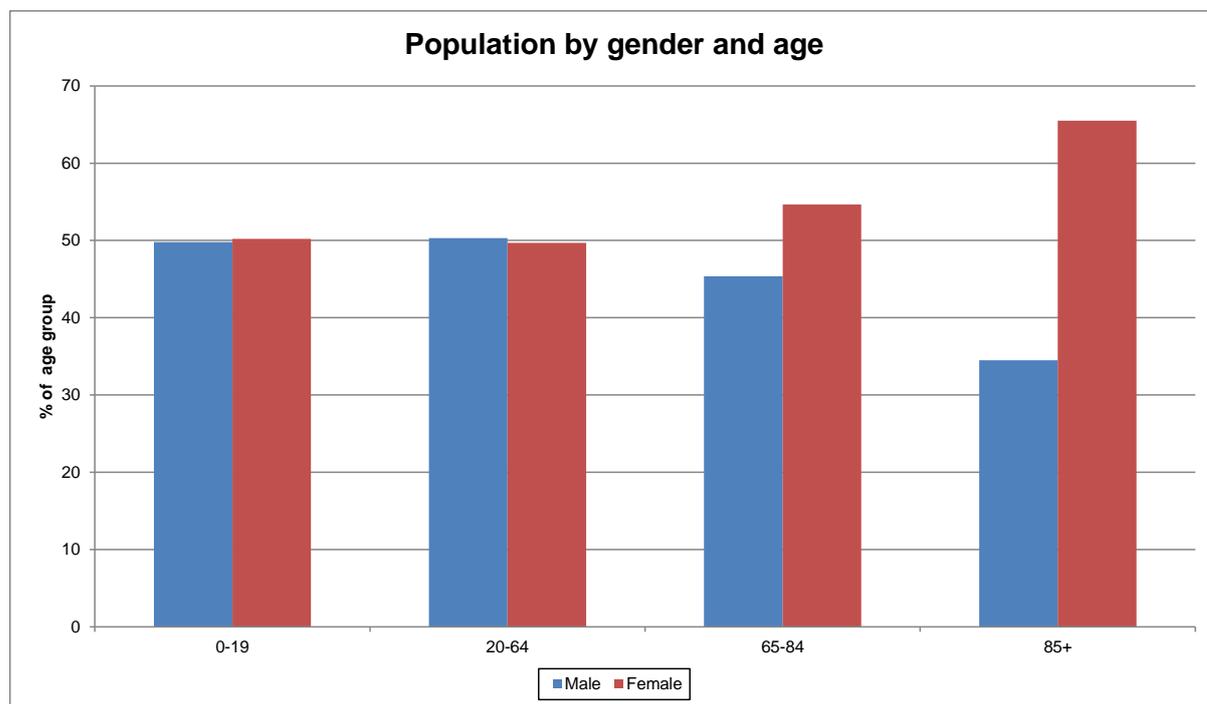


Figure 31: Cheltenham's population by gender and broad age groups, 2014⁷²

The gender of an individual, combined with additional factors such as living alone, may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their gender. A report by the European Social Survey found 24% of respondents had experienced prejudice based on gender⁷³. Discrimination on the grounds of gender was reported by more respondents than discrimination based on ethnicity.

3.7.9 Sexual Orientation

The 'protected characteristic' of Sexual Orientation refers to those individuals who are attracted to those of the opposite sex, the same sex or either sex⁷⁴.

There is no definitive data on sexual orientation at a local or national level. A number of studies have attempted to provide estimates for the proportion of

⁷¹ *Ibid.*

⁷² ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁷³ European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf Accessed 17/04/2015.

⁷⁴ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

people who may identify as lesbian, gay or bisexual, generating a range of different results.

Estimates used by the Government Treasury, and quoted by Stonewall, suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual⁷⁵. If this figure was applied to Cheltenham it would mean somewhere between 4,800 and 6,700 people in Cheltenham are Lesbian, Gay or Bisexual⁷⁶.

However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over⁷⁷. If this figure was applied to Cheltenham it would mean there were around 1,500 Lesbian, Gay and Bisexuals in the district⁷⁸. Results from the Integrated Household Survey can also be broken down by age. There are some noticeable differences, with 2.6% of those aged 16-24 identifying themselves as Gay, Lesbian or Bisexual, compared with only 0.6% of those aged 65 and over⁷⁹.

National research suggests lesbian, gay and bisexual people experience discrimination and marginalisation in a number of ways that impacts on wider factors such as education, housing and perceptions and experiences of crime and violence. Lesbian, gay and bisexual communities have been found to demonstrate higher levels of health risk behaviours, such as smoking and drug and alcohol use, as well as higher levels of self-harm. Life expectancy for lesbian, gay, bisexual people is also lower than average⁸⁰.

For further information about the protected characteristics please see our population profile, which can be found here:

<http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=110774>

⁷⁵ Stonewall (2009) How many lesbian, gay and bisexual people are there?

http://www.stonewall.org.uk/at_home/sexual_orientation_faqs/2694.asp Accessed 20/04/2015

⁷⁶ ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁷⁷ Integrated Household Survey, January to December 2014: Experimental Statistics <http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2014/index.html> Accessed 15/10/2015.

⁷⁸ ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁷⁹ Integrated Household Survey, January to December 2014: Experimental Statistics <http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2014/index.html> Accessed 15/10/2015.

⁸⁰ Public Health England, The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document. <http://lgbt.foundation/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/> Accessed 22/04/2015.

3.8 Key messages

- The population of Cheltenham was estimated to be around 116,500 in 2014, representing a rise of approximately 6,700 people since 2004, an average increase of nearly 670 people per annum. This is equivalent to an annual growth of 0.61% in the 10 years to 2014, lower than the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.
- Between 2004 and 2014, the older population (aged 65 and above) in Cheltenham continued to outpace that of the younger population. However, the growth rate in the district's older population was slower than those in Gloucestershire and England and Wales.
- Assuming current population trends continue, the ONS projections for the next 25 years suggest that the population in Cheltenham will reach 126,600 by 2025 and 135,300 by 2037. This represents an annual increase of 0.69% or 810 people between 2012 and 2025, and 0.58% or 730 people between 2025 and 2037. The district's short- and medium-term growth is in line with those predicted for both Gloucestershire and England, while the long-term growth is higher than the county and national levels.
- The number of older people aged 65 and above in Cheltenham is projected to increase by 520 a year between 2012 and 2037 as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.
- The 2011 Census showed that 12,940 people who were usually resident in Cheltenham were born outside the UK, representing 11.2% of the total population, compared to 7.7% for the county and 13.4% nationally. Among these, 47% (6,130 people) were recent migrants, having arrived since 2004
- Ethnic groups showing the biggest growth in Cheltenham in the 10 years to 2011 were 'White-other' (+3,600), 'Other Asian' (+670), 'Indian' (+490) and 'Black-African' (+340).
- Cheltenham is the district in Gloucestershire that displays the most extremes in deprivation. Whilst the district contains areas that rank extremely well nationally in terms of overall deprivation, there are also areas of high deprivation. Out of the 13 LSOAs in Gloucestershire that rank in the top 10% most deprived nationally, 3 are located in Cheltenham district.
- Females in Cheltenham can generally expect to live between 3 and 4 years longer than their male counterparts. Life expectancy for both men and women has been steadily increasing in the district over the past decade. Over this period, life expectancy has been slightly higher for

Cheltenham residents than the county average, and significantly higher than the national average.

- Males in the least deprived Cheltenham decile (10th of population) can expect to live 8.5 years longer than those in the most deprived decile. For females, the gap is 4.0 years. Over the past decade, both males and females, deprived and also un-deprived, have seen an increase in life expectancy.
- The three leading causes of death in Cheltenham are cancer, cardiovascular disease (CVD), and respiratory disease, respectively. This is consistent with the national picture.
- The rate of excess winter deaths in Cheltenham rose significantly from 2006-09 to 2008-11, but has since plateaued. It remains higher than the national and county benchmarks, but this difference is not statistically significant.
- The number of employees in Cheltenham district increased over the last five years by 12,200 people or 22% to a total of 67,300 by 2014 representing the largest number of employees of all the Gloucestershire districts. Between 2015 and 2025 the number of employees is predicted to continue growing at a conservative rate although still above the county rate.
- The Business administration & support services sector is the largest sector in Cheltenham accounting for 14% of the total employees in 2014.
- There are nearly 5,000 businesses in Cheltenham district accounting for almost a fifth of the county total and growth over the last five years has been one of the highest in the county.
- The district is home to a highly skilled workforce that reflects the nature and demand of a high tech manufacturing and service base which is projected to grow.
- The number of people claiming Job Seekers Allowance (JSA) in Cheltenham district has been at its lowest in terms of both number and rate for some thirty years. Although there are still areas of relatively high unemployment around Hesters Way, Oakley and St Mark's.
- The number of 16 to 18 year olds Not in Education, Employment or Training (NEET's) in Cheltenham district showed an overall decline over the last four years from 200 people in October 2011 to 93 people in May 2015.
- In Cheltenham some 36% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This was well above the county and national averages. Those with no qualifications accounted for

17% of the resident population over 16 which although below the county and national average amounted to 16,000 people.

- The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 1,500 new postings in May before dropping back to about 1,300 in October. Cheltenham district had the second highest total number of job vacancies.
- Of the 49,244 residents aged 16 and over in Cheltenham who commuted to work in 2011, some 60% equating to 29,462 people worked within the district.
- We can estimate that there may be somewhere between 600 and 900 adults in Cheltenham that are experiencing some degree of gender variance.
- In 2011, 42.6% of people aged 16+ years in Cheltenham were married, this was lower than the county regional and national average. The proportion of people who were single was higher in Cheltenham than in Gloucestershire, the South West and England.
- In 2014 there were 1,435 live births in Cheltenham, the largest number of live births was among the 25-34 year old age groups, illustrating the trend of later motherhood. Births to mothers aged 35 and over account for a higher proportion than they do at county regional and national level.
- In 2011, 58.7% of residents in Cheltenham reported they are Christian making it the most common religion. This is followed by no religion which accounts for 30.8% of the total population.
- The overall gender split in Cheltenham is slightly skewed towards females, with males making up 49.0% of the population and females accounting for 51.0%. This situation is also reflected at county, regional and national level.
- Estimates used by the Government Treasury suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual. If this figure was applied to Cheltenham it would mean somewhere between 4,800 and 6,700 people in Cheltenham are Lesbian, Gay or Bisexual. However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over. If this figure was applied to Cheltenham it would mean there were around 1,500 Lesbian, Gay and Bisexuals in the district.

4. Getting the right start in life

4.1 About this section

Getting the right start in life for children in Cheltenham should mean that they have the best chance of a healthy and happy adulthood with an active and rewarding old age. In order to achieve this, the needs of mothers, families and the wider community need to be considered as well as those of the child themselves. This section examines some of the key factors in ensuring a good start for children in Cheltenham.

4.2 Maternity

4.2.1 Smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.

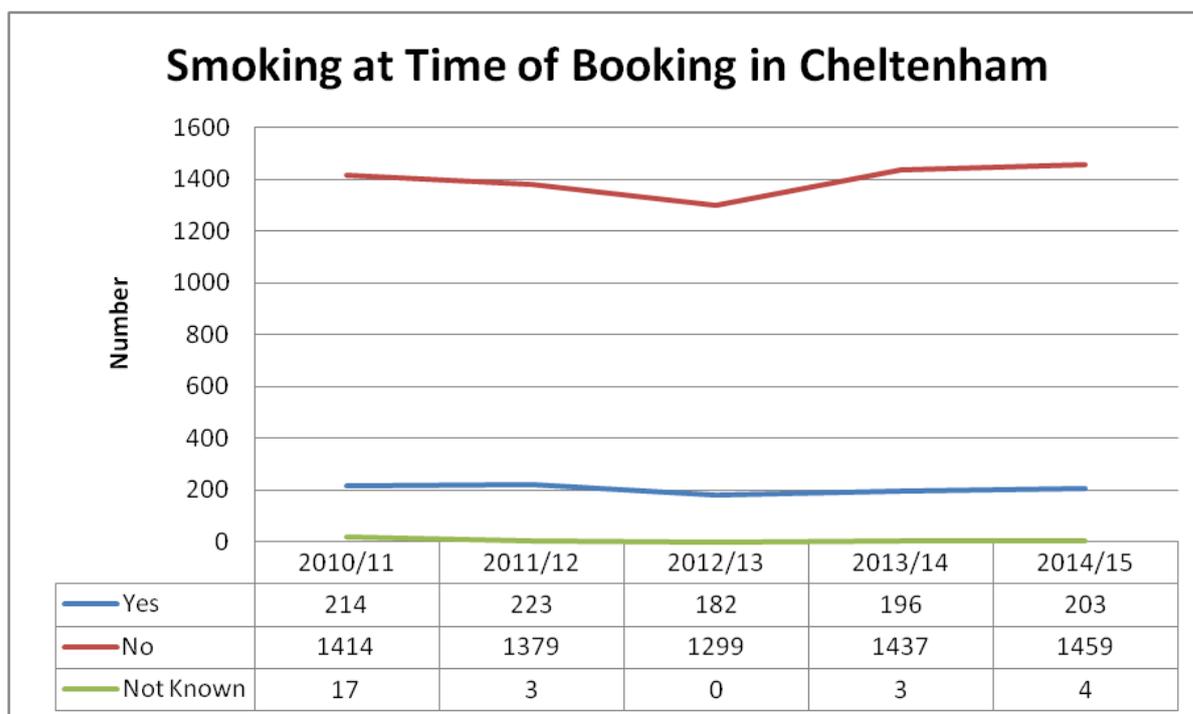


Figure 32: Smoking at time of booking in Cheltenham, 2010/11 – 2014/15

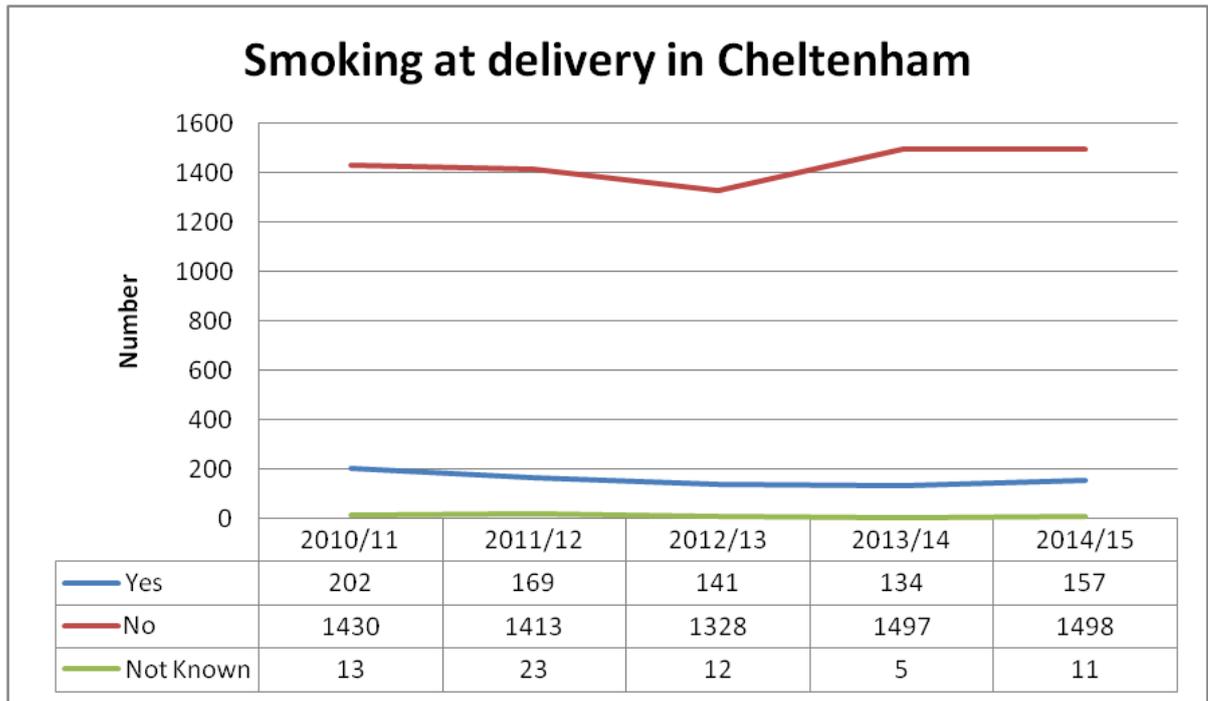


Figure 33: Smoking at delivery in Cheltenham, 2010/11 – 2014/15

In 2014/15, 203 women were recorded as being a smoker at their first ante-natal appointment (time of booking), 157 women were recorded as smoking at time of delivery for the same period⁸¹.

4.2.1 Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child. It is also associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with maternity services.

⁸¹ GHNHSFT Stork data (CCG)

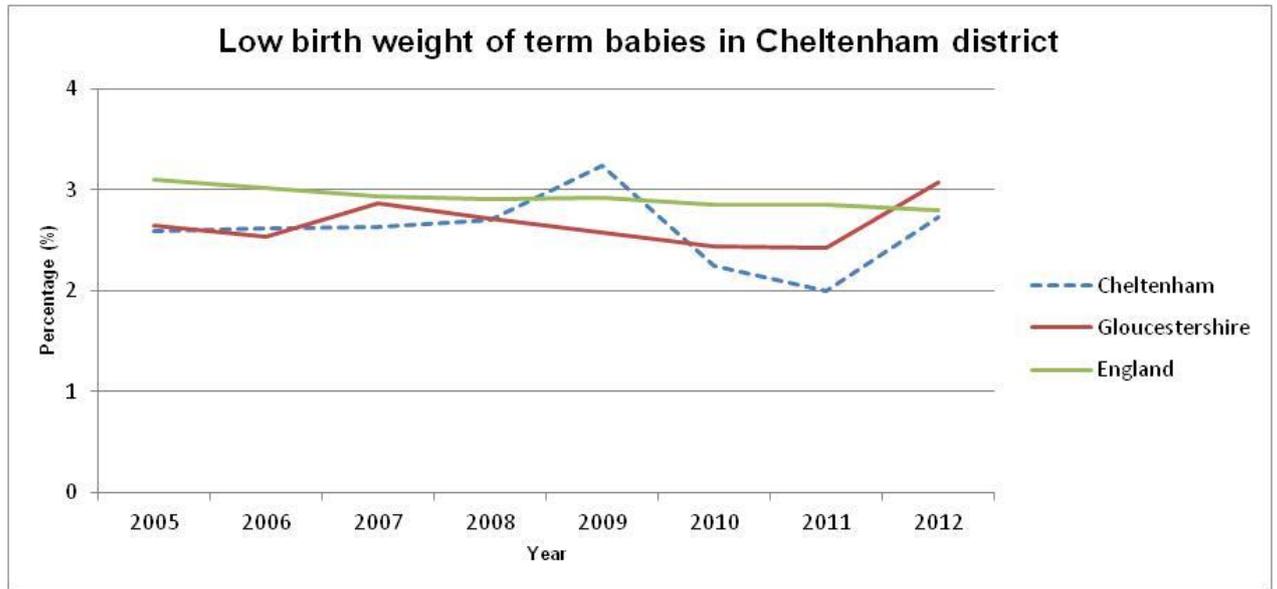


Figure 34: Low birth weight babies 2005-2012.

The percentage of Low birth weight births in Cheltenham were lower in 2012 compared to Gloucestershire and England for the same year. However, there appears to have been a rise in low birth weight births in Cheltenham since 2011, and this will be monitored accordingly to see if the upward trend continues⁸².

4.2.2 Breastfeeding

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastrointestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

⁸² Public Health Outcomes Framework <http://www.phoutcomes.info/>

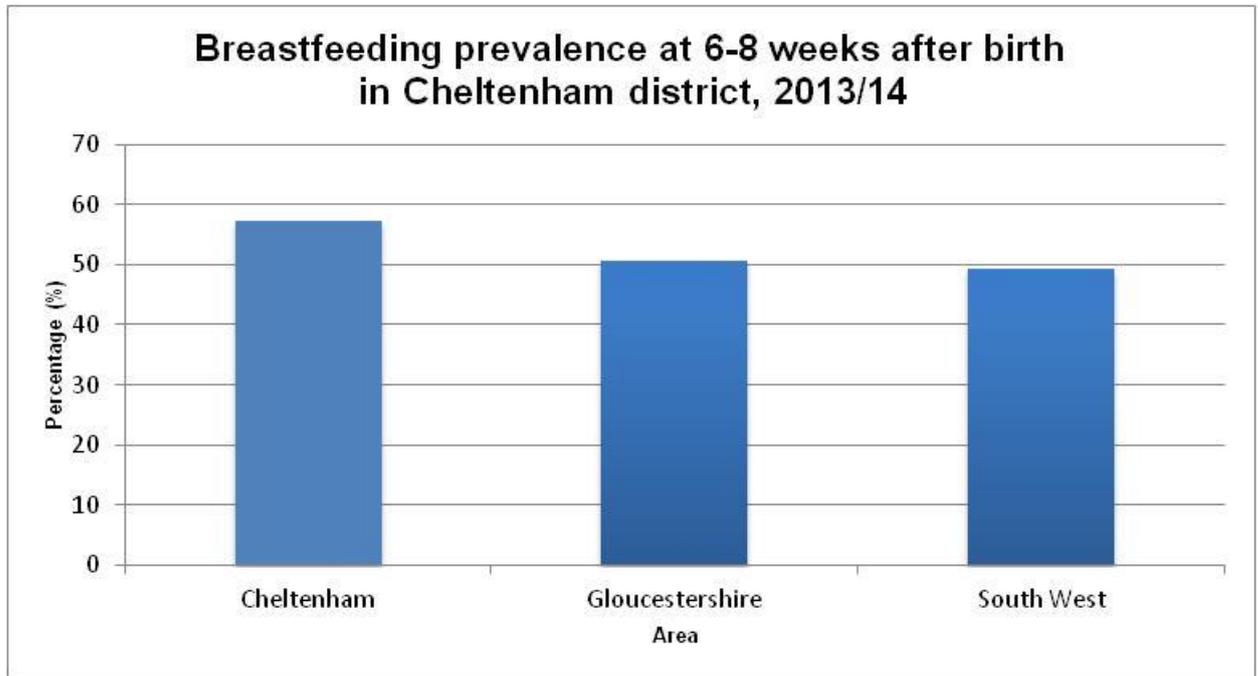


Figure 35: Breastfeeding prevalence at 6-8 weeks after birth, 2013/14. Note: National data is not yet available for 2013/14

Statistics indicate Cheltenham mothers are more likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts⁸³.

4.3 Sexual health

4.3.1 Teenage pregnancies

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children⁸⁴.

Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems⁸⁵.

⁸³ Public Health Outcomes Framework <http://www.phoutcomes.info/>

⁸⁴ Local Government Association, Tackling Teenage Pregnancy, 2013, http://www.local.gov.uk/c/document_library/get_file?uuid=9f5ef790-eee2-422d-851c-6eb5c3562990&groupId=10180

⁸⁵ *Ibid.*

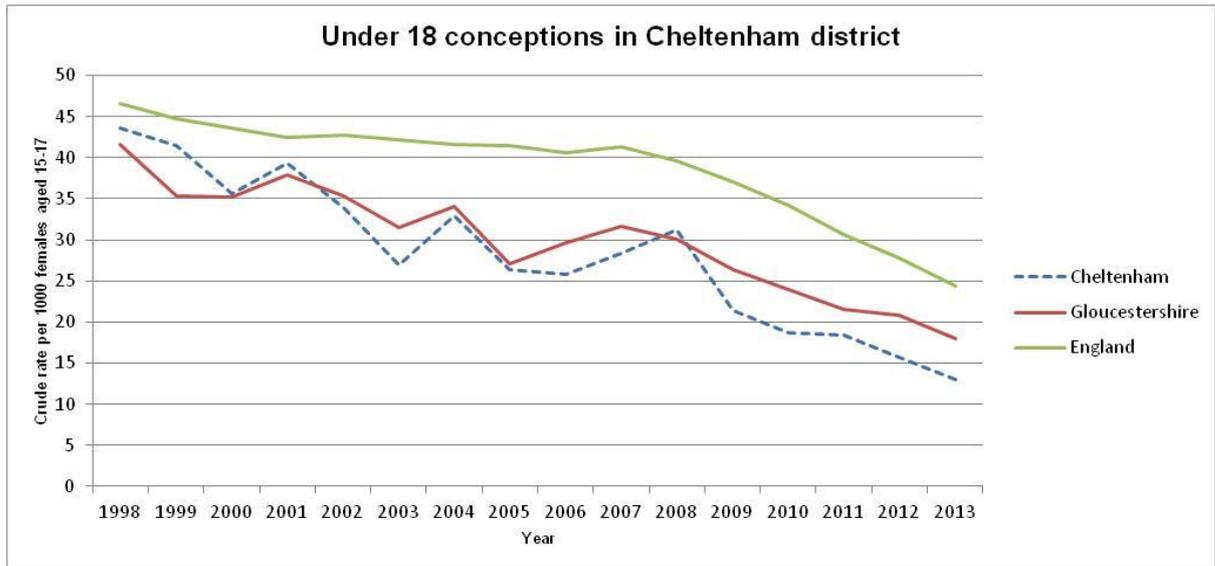


Figure 36: Under 18 conceptions 1998-2013

Under 18 conception rates have more than halved in Cheltenham since the 1998 recording baseline. They remain below the county and national benchmarks⁸⁶.

4.3.2 Chlamydia screening

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

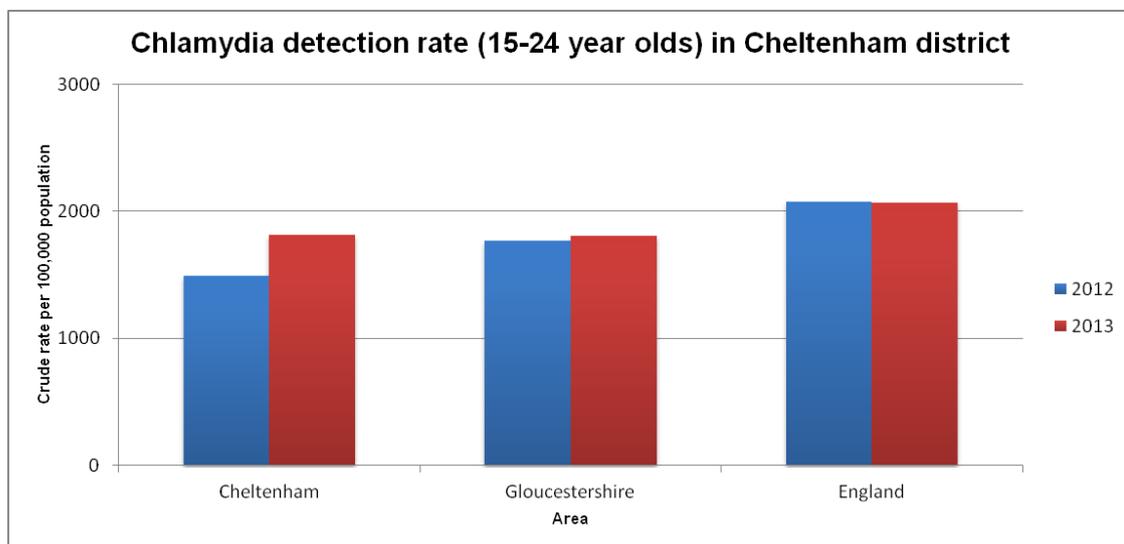


Figure 37: Chlamydia detection rate (15-24 year olds).

In 2013, chlamydia detection rates in Cheltenham were slightly higher than the county but lower than the national benchmarks⁸⁷. It should be noted that this

⁸⁶ Ibid.

⁸⁷ Ibid.

does not necessarily mean that we have a lower rate of young people with Chlamydia to England; it could be related to the proportion of people screened.

4.4 Maintaining a healthy weight – childhood

The UK is experiencing an epidemic of obesity affecting both adults and children. The Health Survey for England (HSE) found that among boys and girls aged 2 to 15, the proportion of children who were classified as obese increased from 11.7 per cent in 1995 to 16.0 per cent in 2010, peaking at 18.9 per cent in 2004.

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age^{88 89 90}. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

4.4.1 Excess weight in 4-5 year olds

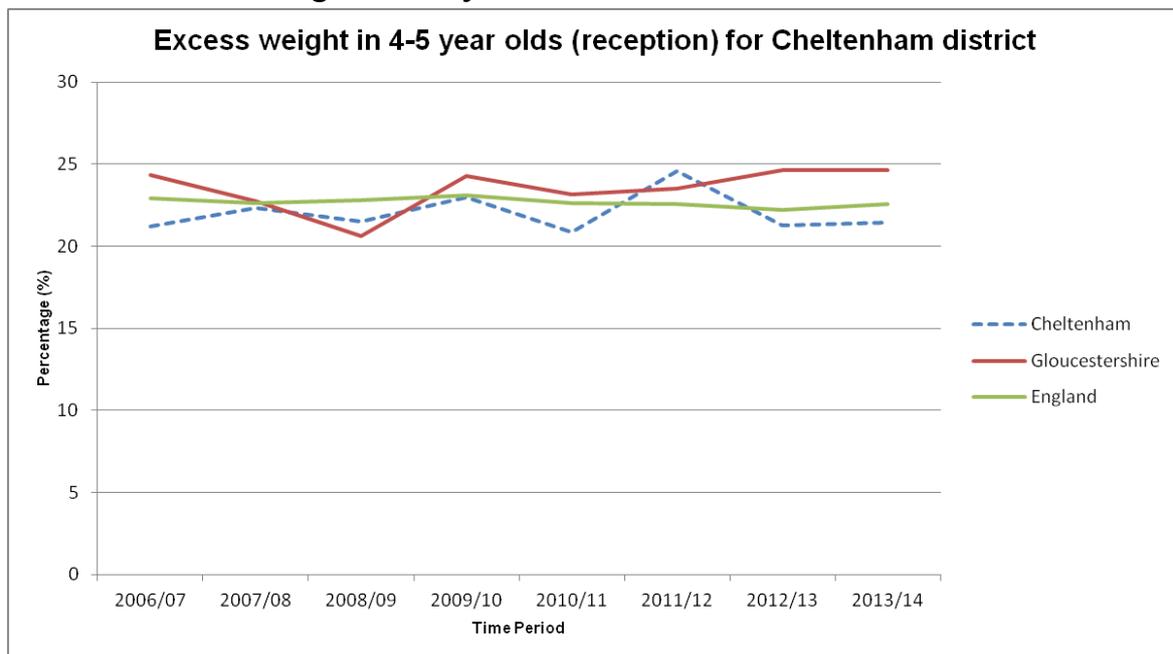


Figure 38: Excess weight in 4-5 year olds (2006/07 – 2013/14)

⁸⁸ Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *The American Journal of Clinical Nutrition* 1999;70(suppl): 145S-8S.

⁸⁹ Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. Do obese children become obese adults? A review of the literature. *Preventative Medicine* 1993;22:167-77.

⁹⁰ Starc G, Strel J. Tracking excess weight and obesity from childhood to young adulthood: a 12-year prospective cohort study in Slovenia. *Public Health Nutrition* 2011;14:49-55.

In 2013/14, Cheltenham had a lower percentage of excess weight in 4-5 year olds compared to Gloucestershire and England⁹¹.

4.4.2 Excess weight in 10-11 year olds

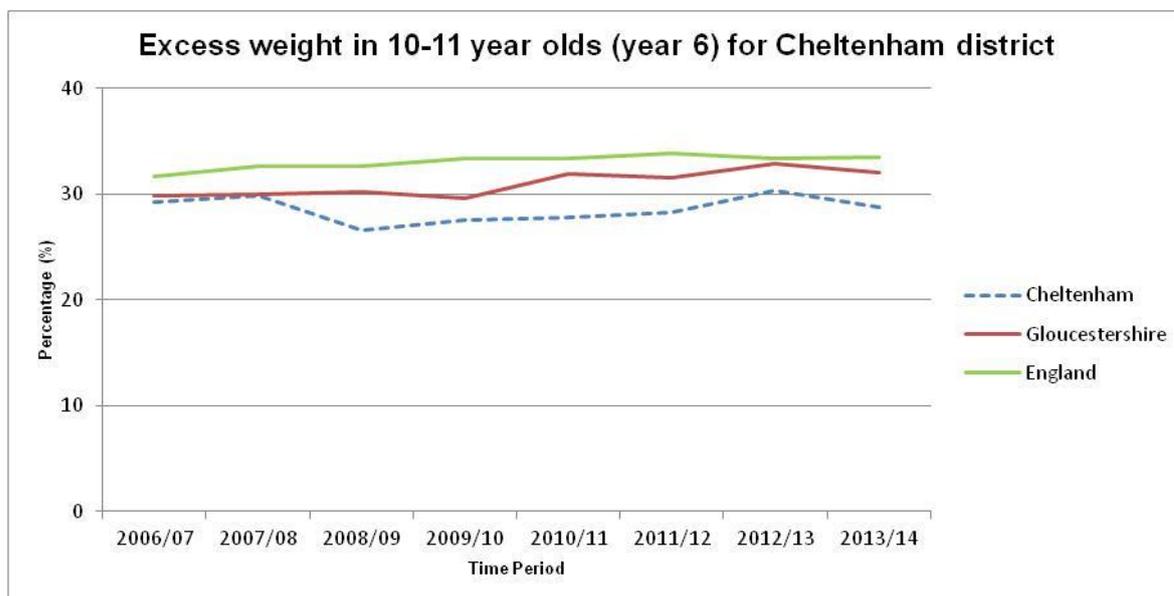


Figure 39: Excess weight in 10-11 year olds (2006/07 – 2013/14)

Over the past 8 school years, excess weight levels for 10-11 year olds in Cheltenham have remained below the Gloucestershire and England average⁹².

4.4.3 Physical activity

Physical activity is important for children and young people's healthy growth and development as well as helping to prevent a range of long-term medical conditions, including obesity.

Government recommendations suggest that in order to maintain a basic level of health, children and young people need to do 60 minutes of physical activity a day. This should be a mix of moderate-intensity aerobic activity, such as fast walking, and vigorous-intensity aerobic activity, such as running.⁹³

There is limited information available about the amount of physical activity carried out by children and young people. The Online Pupil Survey 2014 asked secondary school pupils from year 8 and 10 in Gloucestershire how much physical activity or exercise they did over a week, whether it was in or out of school.

⁹¹ Public Health Outcomes Framework <http://www.phoutcomes.info/>

⁹² *Ibid.*

⁹³ Physical activity guidelines for children and young people <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-young-people.aspx>

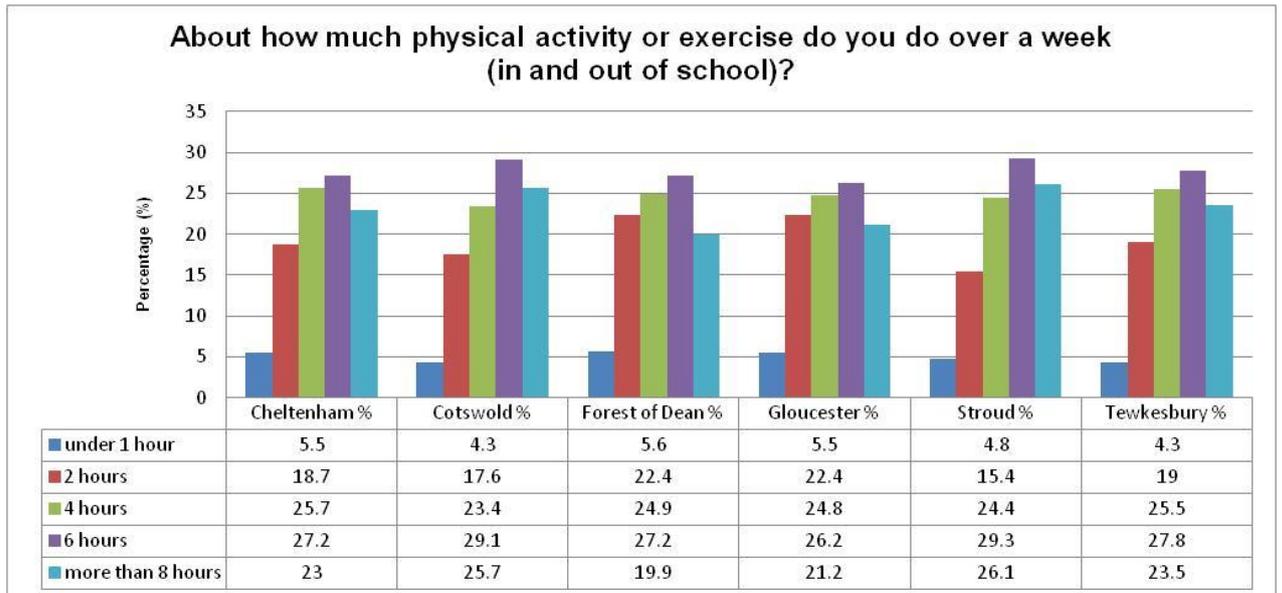


Figure 40: Percentage of pupils reporting participation in physical activity, in and out of school

The above chart shows that most year 8 and 9 pupils in Cheltenham district did 6 hours of physical activity a week (27.2%) and only 5.5% exercised for less than one hour a week.⁹⁴

4.5 Education

4.5.1 Overview

This section covers educational attainment from Early Years through to Key Stage 5 with comparisons at regional, statistical neighbour⁹⁵ and national level for the last five years up to 2014.

In this report attainment is described as the standard of academic attainment, typically shown by test and examination results.

The data was obtained from Department for Education Statistical First Releases and is therefore in the public domain.

Two major reforms have been implemented which effect the calculation of key stage 4 (KS4) performance measures data and therefore prevent comparison of 2014 data with previous years:

- Professor Alison Wolf's Review of Vocational Education recommendations which; restrict the qualifications counted prevent any qualification from counting as larger than one GCSE cap the number of non - GCSEs included in performance measures at two per pupil

⁹⁴ Online Pupil Survey 2014

⁹⁵ There are 10 statistical neighbours of Gloucestershire: Bath and North East Somerset, Cambridgeshire, Devon, Dorset, Hampshire, Shropshire, South Gloucestershire, West Sussex, Wiltshire and Worcestershire.

- An early entry policy to only count a pupil's first attempt at a qualification.

For more detailed analysis of the possible effects of these reforms at a national level, please see the statistical release SFR02/2015 “Revised GCSE and equivalent results in England, 2013 to 2014” for further details. It is not possible to determine the effects of these reforms on smaller pupil groups.

Apart from Key Stage 1, results at district level are based on school location rather than pupil residence location.

Where appropriate data has been presented as a chart and a table for ease of reading.

4.5.2 Early Years Foundation Stage Profile

In relation to the EYFSP the best performing districts in 2014 appeared to be Cotswold, Cheltenham and Tewkesbury as indicated in Figure 41. Apart from Cotswold all districts fell below the national average with Gloucester and the Forest of Dean faring the worst.

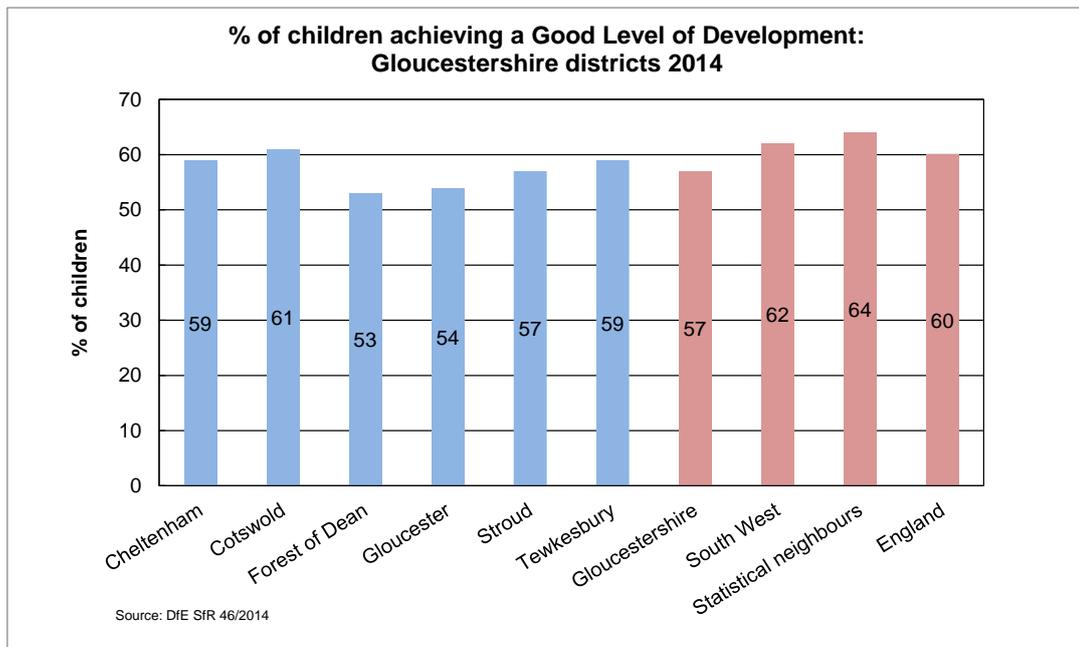


Figure 41: The proportion children achieving a Good Level of Development relating to the EYFSP by district in 2014⁹⁶

4.5.3 Key Stage 1: Level 2+

At Key Stage 1 the following four figures provide a comparison by subject for Gloucestershire districts.

As shown in Figure 42 and Table 20 for Reading, despite having the lowest values compared to the other districts and falling below both the national and

⁹⁶ DfE Sfr 46/2014.

statistical averages both Gloucester and the Forest of Dean districts have shown the most improvement over the last five years.

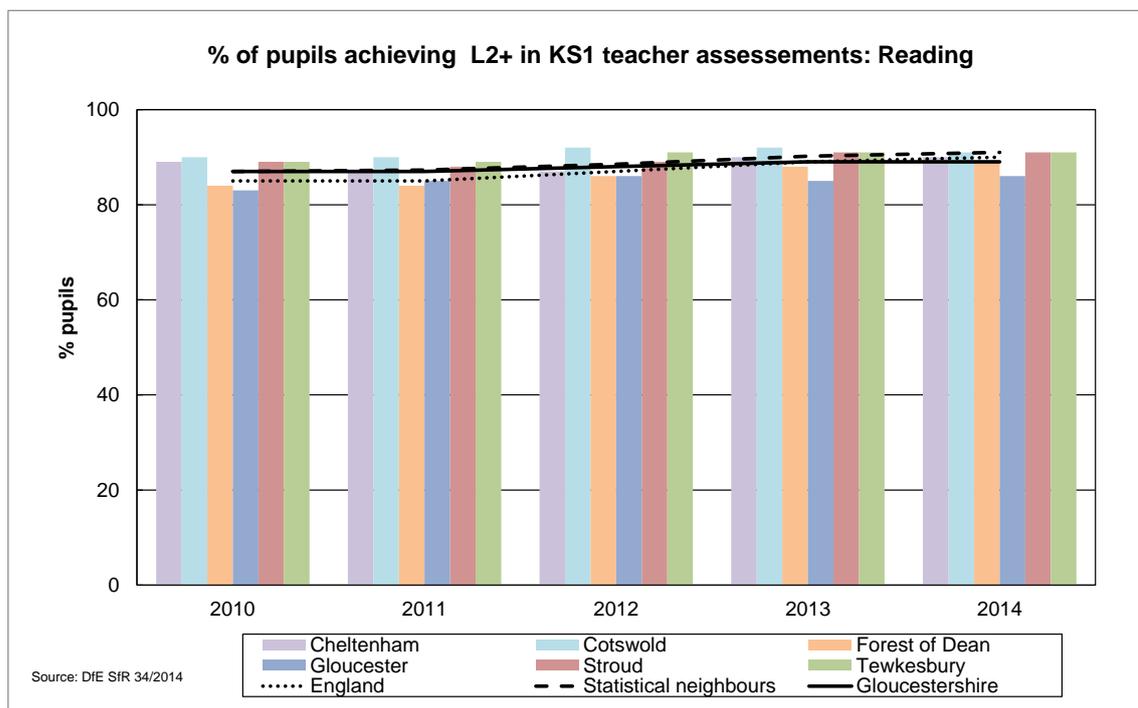


Figure 42: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Reading by district⁹⁷

Table 20: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Reading

KS1	% of pupils achieving L2+ in KS1 teacher assessments: Reading				
	2010	2011	2012	2013	2014
England	85	85	87	89	90
Statistical neighbours	87	87	89	90	91
Gloucestershire	87	87	88	89	89
Cheltenham	89	87	87	90	90
Cotswold	90	90	92	92	91
Forest of Dean	84	84	86	88	89
Gloucester	83	85	86	85	86
Stroud	89	88	89	91	91
Tewkesbury	89	89	91	91	91

In terms of Writing, Stroud district appears to have made the most improvement in the last five years and along with Tewkesbury district was well above the national average in 2014 as depicted in Figure 43 and Table 21.

⁹⁷ DfE SFR 34/2014.

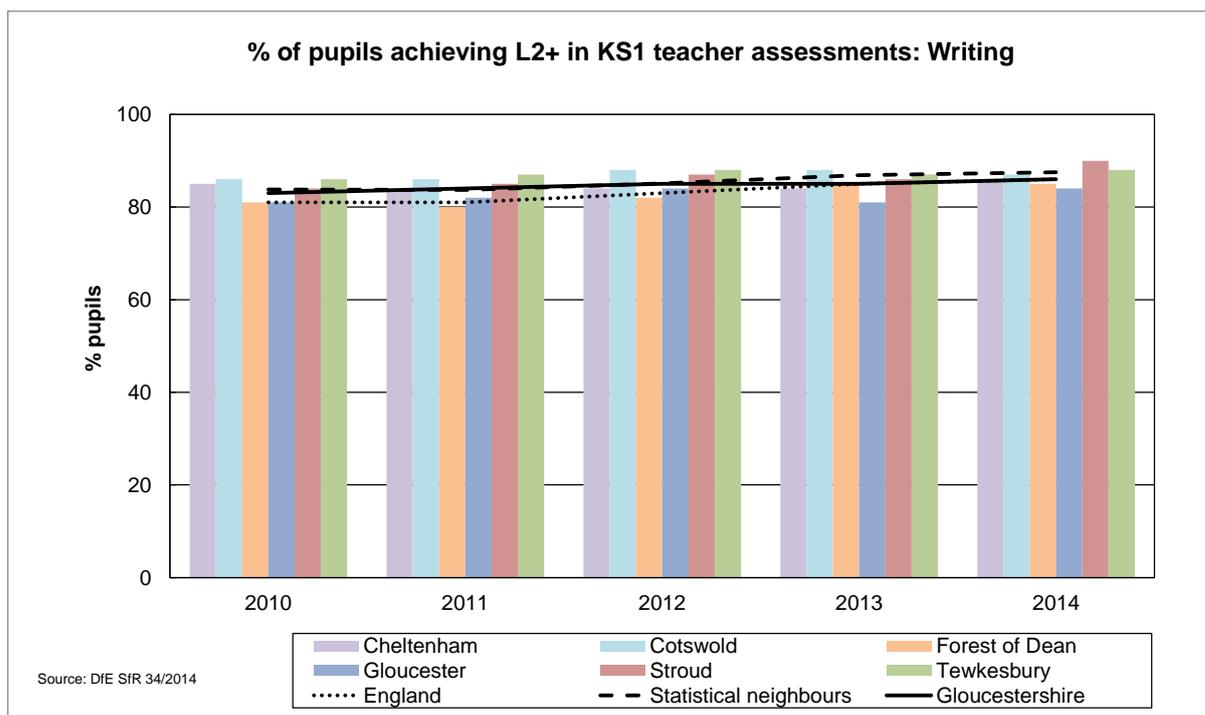


Figure 43: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Writing by district⁹⁸

Table 21: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Writing

KS1	% of pupils achieving L2+ in KS1 teacher assessments: Writing				
	2010	2011	2012	2013	2014
England	81	81	83	85	86
Statistical neighbours	84	84	85	87	88
Gloucestershire	83	84	85	85	86
Cheltenham	85	84	84	84	86
Cotswold	86	86	88	88	87
Forest of Dean	81	80	82	85	85
Gloucester	81	82	84	81	84
Stroud	84	85	87	86	90
Tewkesbury	86	87	88	87	88

The picture as shown in Figure 44 and Table 22 for Mathematics reflects little change over the last five years with Cheltenham district showing a slight decline since 2010. In 2014 achievement across districts was close to the national average apart from Cotswold district at 95% lying above and Gloucester district at 90% lying below.

⁹⁸ *Ibid.*

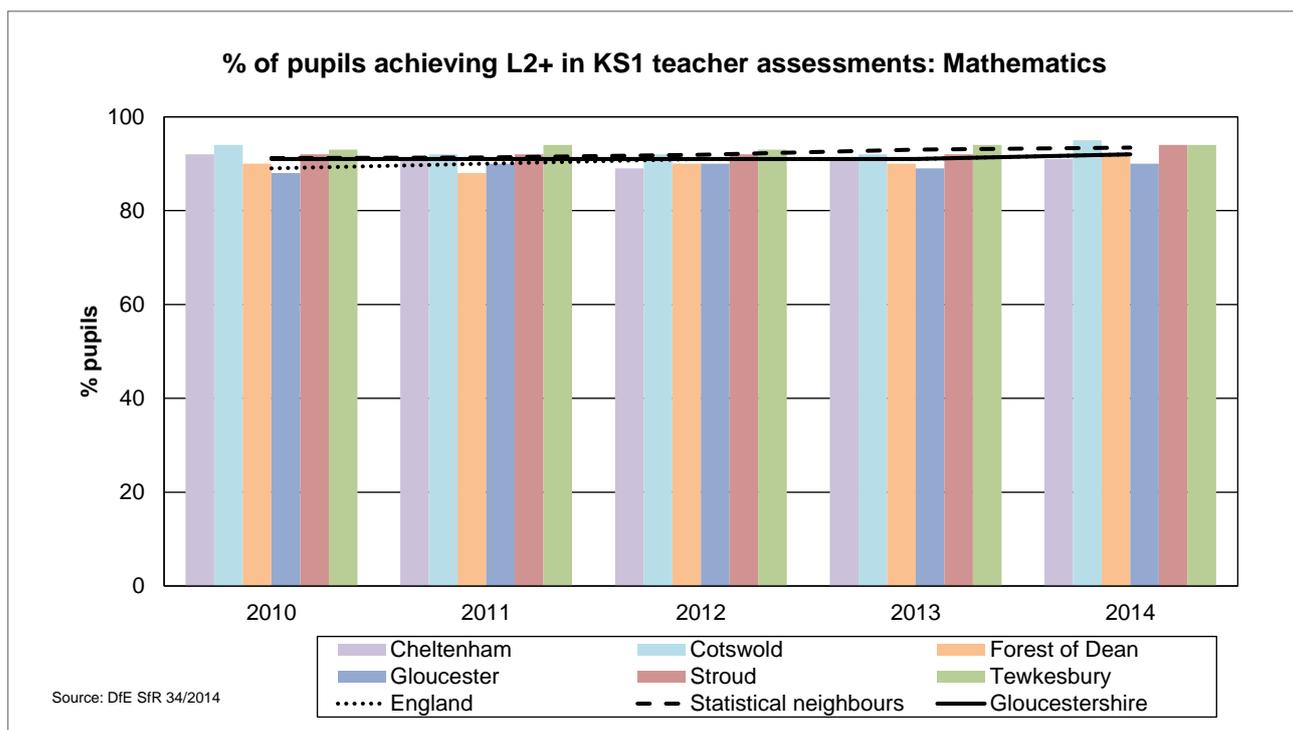


Figure 44: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Mathematics by district⁹⁹

Table 22: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Mathematics

KS1	% of pupils achieving L2+ in KS1 teacher assessments: Mathematics				
	2010	2011	2012	2013	2014
England	89	90	91	91	92
Statistical neighbours	91	91	92	93	93
Gloucestershire	91	91	91	91	92
Cheltenham	92	91	89	91	91
Cotswold	94	92	92	92	95
Forest of Dean	90	88	90	90	92
Gloucester	88	90	90	89	90
Stroud	92	92	92	92	94
Tewkesbury	93	94	93	94	94

Outcomes for Science as portrayed in Figure 45 and Table 23 are quite mixed. The Forest of Dean district showed the greatest improvement over the last five years compared to Stroud and Tewkesbury districts which underwent slight decline. In 2014 apart from Gloucester district which fell well below, all the other district results were close to the national average in this subject.

⁹⁹ *Ibid.*

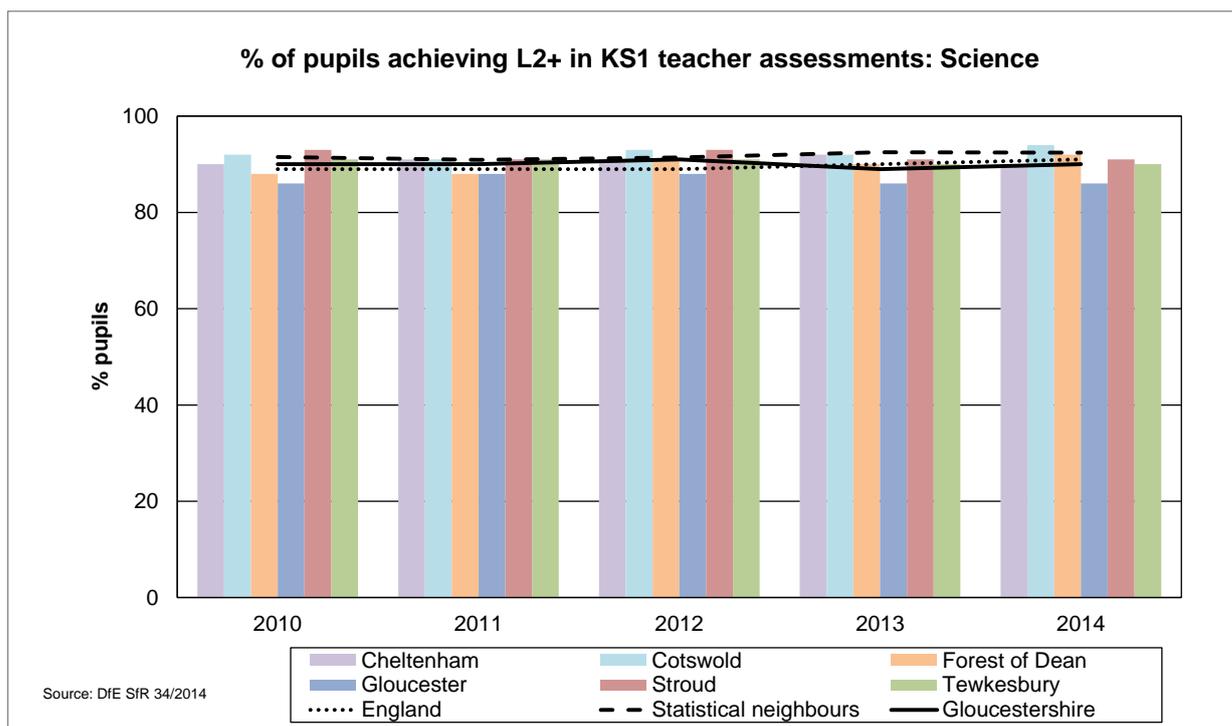


Figure 45: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Science by district¹⁰⁰

Table 23: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Science

KS1	% of pupils achieving L2+ in KS1 teacher assessments: Science				
	2010	2011	2012	2013	2014
England	89	89	89	90	91
Statistical neighbours	92	91	91	93	92
Gloucestershire	90	90	91	89	90
Cheltenham	90	91	91	92	90
Cotswold	92	91	93	92	94
Forest of Dean	88	88	91	90	92
Gloucester	86	88	88	86	86
Stroud	93	91	93	91	91
Tewkesbury	91	91	91	90	90

¹⁰⁰ *Ibid.*

4.5.4 Key Stage 2: Level 4+

According to Figure 46 and Table 24 the Forest of Dean district experienced the greatest improvement in the percentage of pupils achieving Level 4 at KS2 in English. In 2014 all districts reflected a high level of achievement which at 90% or above was above the national average. Stroud district had the best result at 94%.

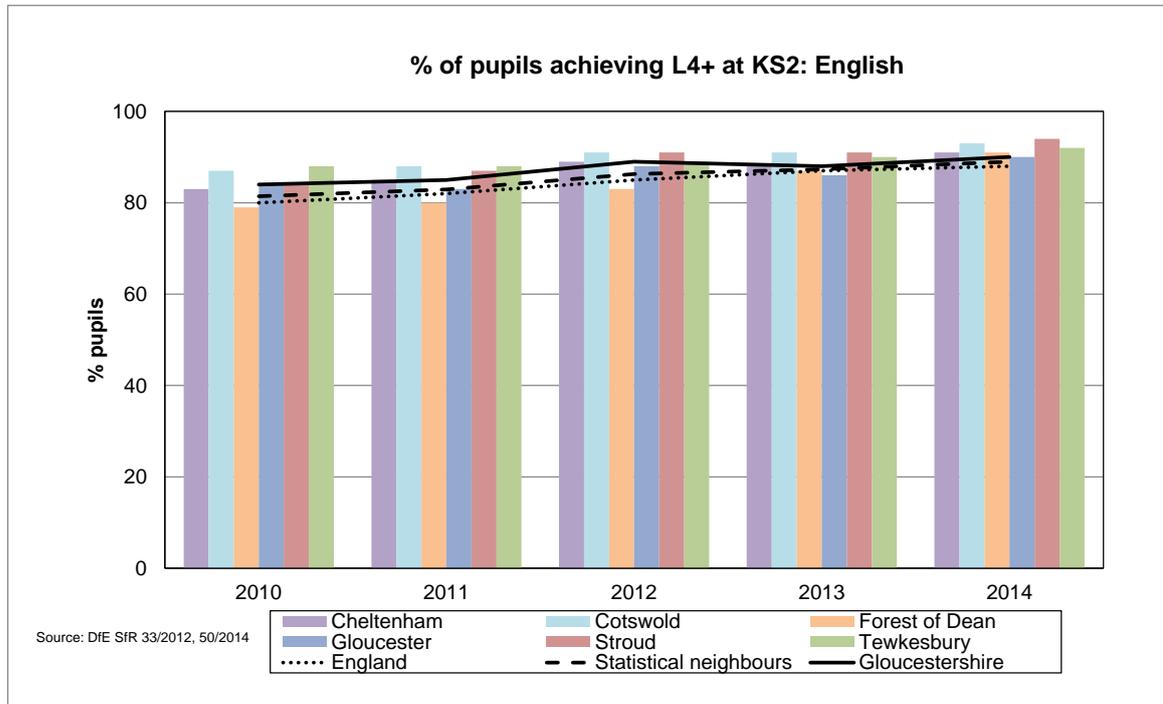


Figure 46: The proportion of pupils achieving Level 4 and above at KS2 in English by district¹⁰¹

Table 24: The proportion of pupils achieving Level 4 and above at KS2 in English

KS2	% of pupils achieving L4+ at KS2: English				
	2010	2011	2012	2013	2014
England	80	82	85	87	88
Statistical neighbours	81	83	86	87	89
Gloucestershire	84	85	89	88	90
Cheltenham	83	85	89	88	91
Cotswold	87	88	91	91	93
Forest of Dean	79	80	83	87	91
Gloucester	84	83	88	86	90
Stroud	84	87	91	91	94
Tewkesbury	88	88	89	90	92

The proportion of pupils achieving Level 4 and above at KS2 in Mathematics underwent the greatest improvement in the Forest of Dean district over the last five years but was still one percentage point behind the national average in 2014 as shown in Figure 47 and Table 25. Tewkesbury district reflected the least

¹⁰¹ DfE SFR 33/2012 & 50/2014.

change over this period but along with Stroud was well above the national average in 2014.

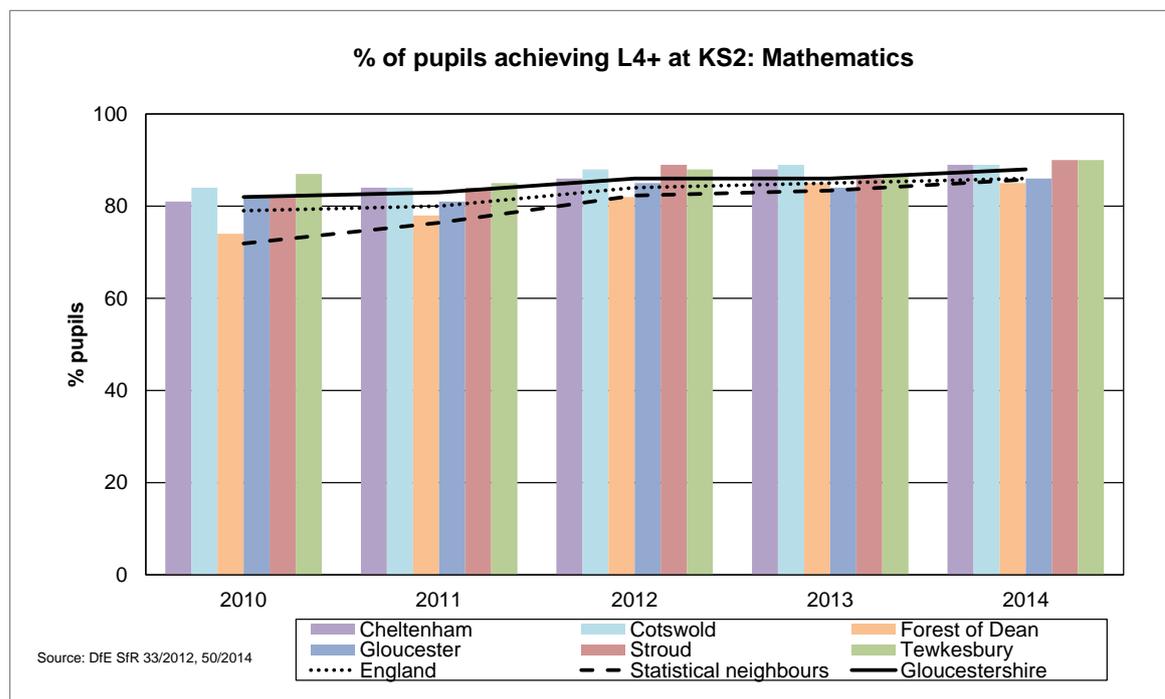


Figure 47: The proportion of pupils achieving Level 4 and above at KS2 in Mathematics by district¹⁰²

Table 25: The proportion of pupils achieving Level 4 and above at KS2 in Mathematics

KS2	% of pupils achieving L4+ at KS2: Mathematics				
	2010	2011	2012	2013	2014
England	79	80	84	85	86
Statistical neighbours	72	76	82	83	86
Gloucestershire	82	83	86	86	88
Cheltenham	81	84	86	88	89
Cotswold	84	84	88	89	89
Forest of Dean	74	78	82	85	85
Gloucester	82	81	85	84	86
Stroud	82	84	89	86	90
Tewkesbury	87	85	88	87	90

Results are only available for the last two years for outcomes relating to Writing at KS2. In 2014 Tewkesbury district had the highest level of achievement at 92% and the Forest of Dean district the lowest at 84% which matched the national average as depicted in Figure 48.

¹⁰² Ibid.

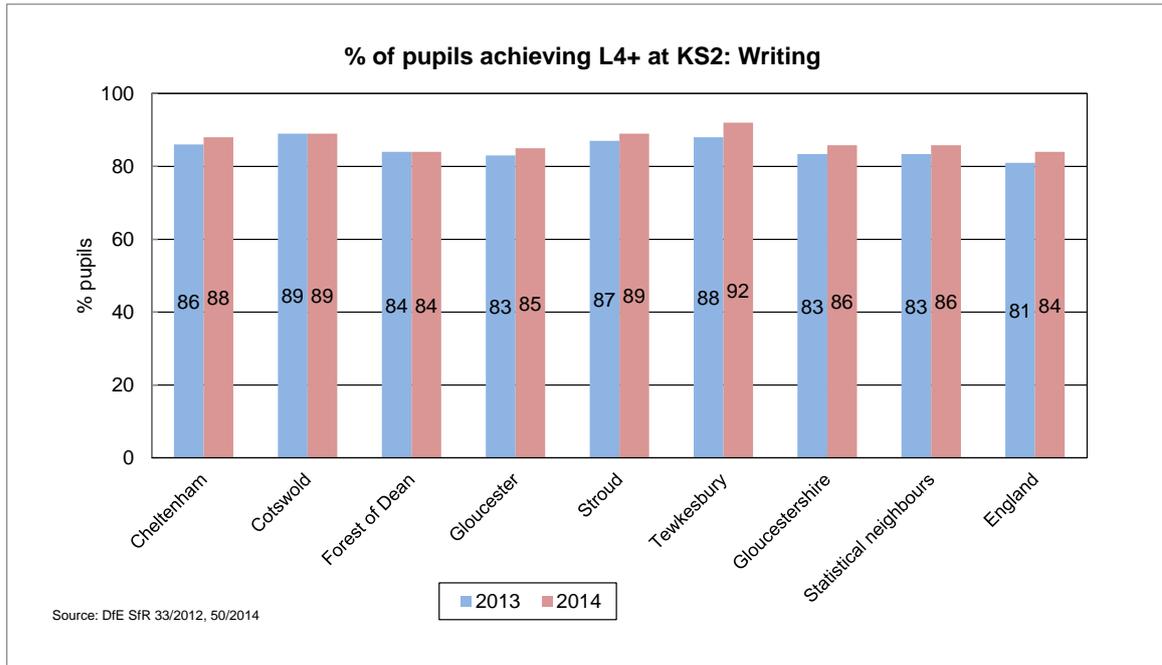


Figure 48: The proportion of pupils achieving Level 4 and above at KS2 in Writing by district¹⁰³

In terms of Grammar, punctuation and spelling at KS2, data is only available for the last two years. In 2014 according to Figure 49 apart from the Forest of Dean district pupils achieving 74% all the district results were above the national average of 77% with Stroud district achieving the highest position at 83%.

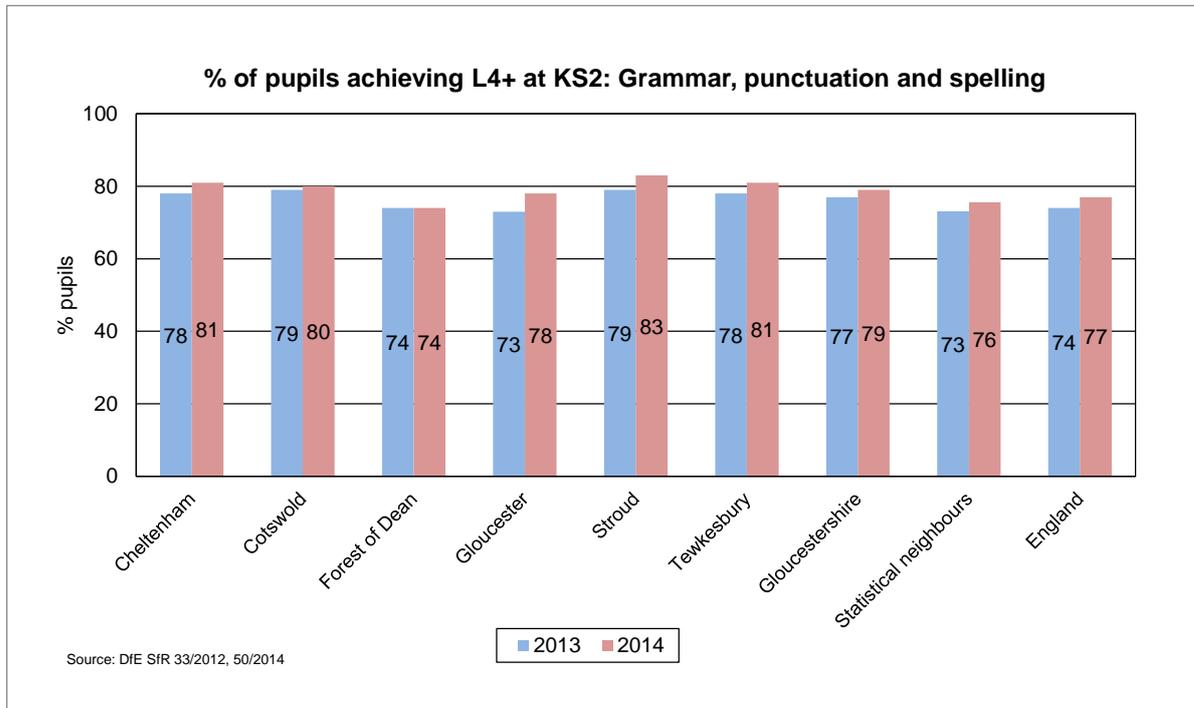


Figure 49: The proportion of pupils achieving Level 4 and above at KS2 in Grammar, punctuation and spelling by district¹⁰⁴

¹⁰³ Ibid.

The proportion of pupils achieving at KS2 in Reading, Writing and Mathematics as shown in Figure 50 and Table 26 showed the greatest improvement in the Forest of Dean district, followed by Gloucester and Stroud districts. In 2014 apart from the Forest of Dean and Gloucester districts achievements in the remaining districts were all above the national average of 79%.

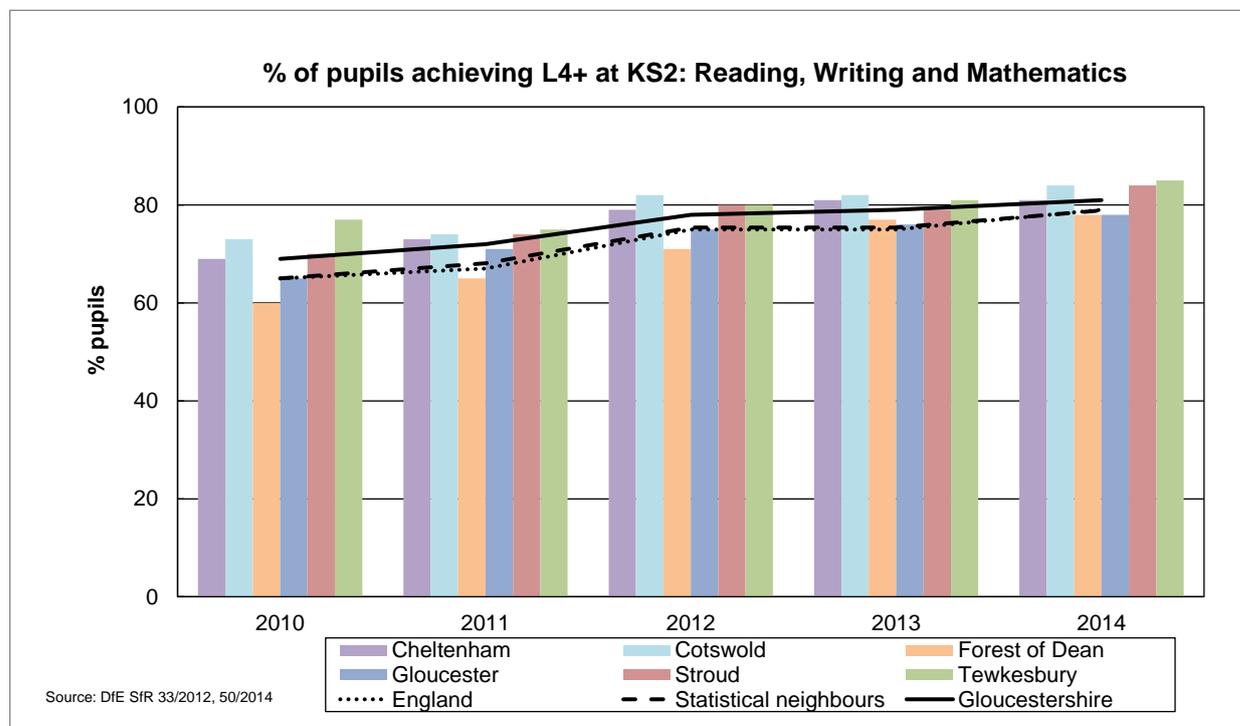


Figure 50: The proportion of pupils achieving Level 4 and above in Reading, Writing and Mathematics by district¹⁰⁵

Table 26: The proportion of pupils achieving Level 4 and above in Reading, Writing and Mathematics

KS2	% of pupils achieving L4+ at KS2: Reading, Writing and Mathematics				
	2010	2011	2012	2013	2014
England	65	67	75	75	79
Statistical neighbours	65	68	75	75	79
Gloucestershire	69	72	78	79	81
Cheltenham	69	73	79	81	81
Cotswold	73	74	82	82	84
Forest of Dean	60	65	71	77	78
Gloucester	65	71	75	76	78
Stroud	70	74	80	79	84
Tewkesbury	77	75	80	81	85

¹⁰⁴ *Ibid.*

¹⁰⁵ *Ibid.*

4.5.5 Key Stage 4: GCSE and equivalents

At KS4 the proportion of pupils achieving 5+ A*- C grades including English and Mathematics GCSE presents a rather haphazard picture between 2010 and 2013. Although the Forest of Dean district achievement is the lowest at 55% it has progressed steadily as has Stroud district with the latter at 68% presenting the highest level of attainment in 2013. The remaining districts all exhibit a rather erratic progress as shown in Figure 51 and Table 27. In 2014, apart from the Forest of Dean all the districts attainment values were above the national average of 57%.

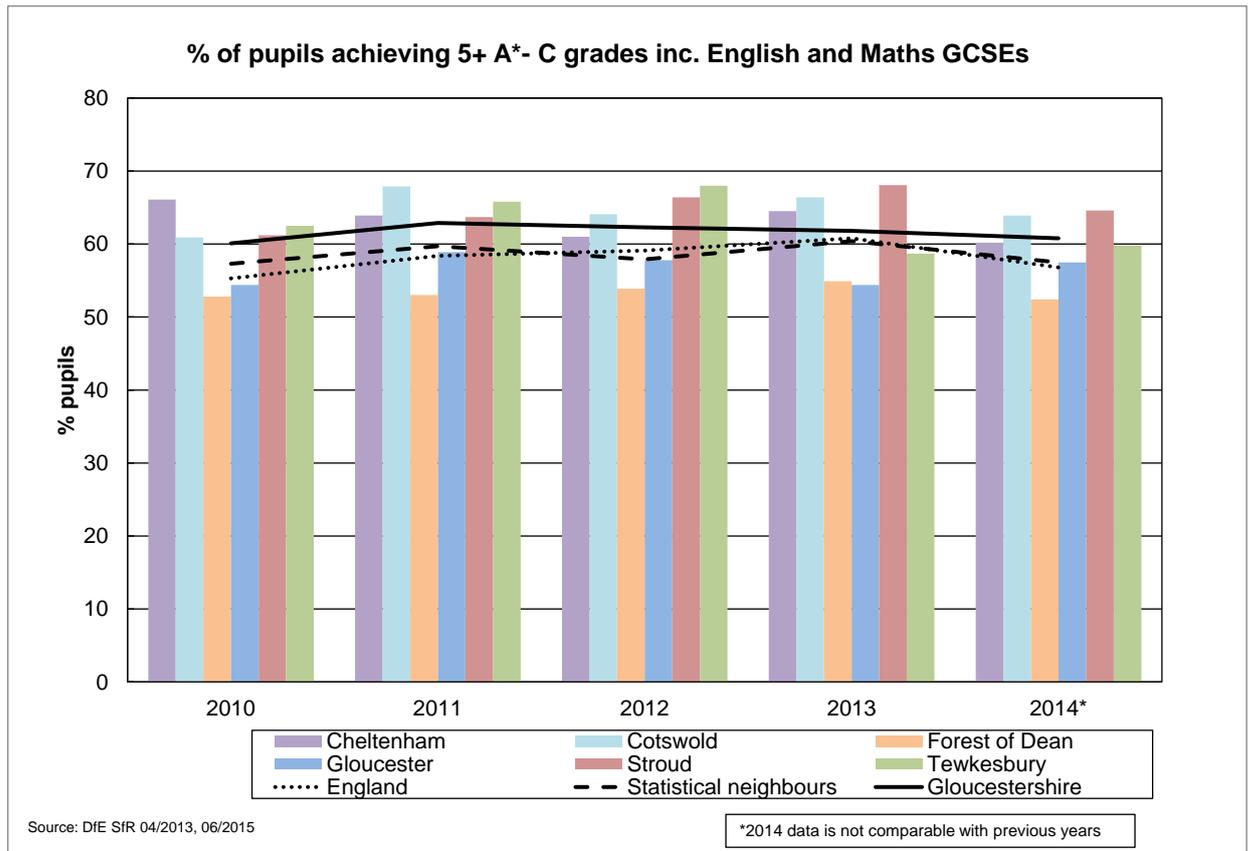


Figure 51: The proportion of pupils achieving 5 or more A* to C grades including English and Mathematics GCSEs by district¹⁰⁶

¹⁰⁶ DfE Sfr 04/2013 & 06/2015.

Table 27: The proportion of pupils achieving 5 or more A* to C grades including English and Mathematics GCSEs

KS4	% of pupils achieving 5+ A*- C grades inc. English and Maths GCSEs				
	2010	2011	2012	2013	2014*
England	55.3	58.4	59.1	60.8	56.8
Statistical neighbours	57.3	59.7	57.9	60.4	57.5
Gloucestershire	60.1	62.9	62.3	61.8	60.8
Cheltenham	66.1	63.9	61.0	64.5	60.2
Cotswold	60.9	67.9	64.1	66.4	63.9
Forest of Dean	52.8	53.0	53.9	54.9	52.4
Gloucester	54.4	58.9	57.8	54.4	57.5
Stroud	61.2	63.7	66.4	68.1	64.6
Tewkesbury	62.5	65.8	68.0	58.7	59.8

As presented in Figure 52 and Table 28 Stroud district experienced the highest increase in the proportion of pupils achieving 5+ A*-C grades at GCSE between 2010 and 2013 as well as the highest value in 2013 amounting to 87%. The Forest of Dean district at 75% had the lowest attainment and along with Gloucester district at 81% was below the national average. The 2014 data presents a similar picture in terms of comparisons with the national average.

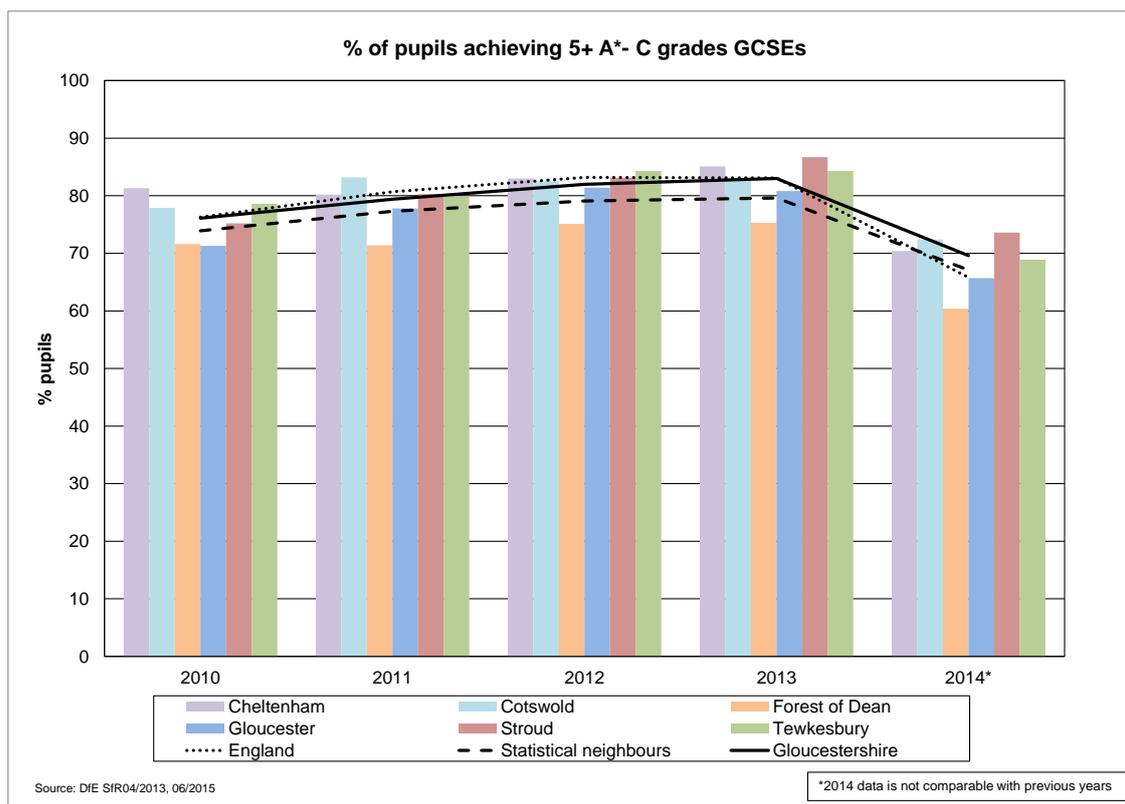


Figure 52: The proportion of pupils achieving 5 or more A* to C grade GCSE by district¹⁰⁷

¹⁰⁷ Ibid.

Table 28: The proportion of pupils achieving 5 or more A* to C grade GCSE

KS4	% of pupils achieving 5+ A*- C grades GCSEs				
	2010	2011	2012	2013	2014*
England	76.3	80.7	83.2	83.1	65.8
Statistical neighbours	73.9	77.3	79.1	79.6	67.1
Gloucestershire	76.1	79.4	82.0	83.0	69.6
Cheltenham	81.3	80.2	83.0	85.1	70.4
Cotswold	77.9	83.2	82.5	82.6	72.4
Forest of Dean	71.6	71.4	75.1	75.3	60.4
Gloucester	71.3	77.8	81.4	80.8	65.7
Stroud	75.2	80.3	83.1	86.7	73.6
Tewkesbury	78.6	79.9	84.3	84.3	68.9

4.5.6 Key Stage 5: A level and Level 3

Gloucestershire's good performance has been carried over to the KS5 Level as shown in the following figures. There are two measures of performance¹⁰⁸, one is the average point score per student and the other is the average point score per exam entry, both of which need to be taken into account.

The average points score per student as depicted in Figure 53 and Table 29 has shown the greatest increase in Gloucester and Stroud districts over the last five years whereas the Forest of Dean district experienced the greatest decline. Apart from the Forest of Dean and Cheltenham all the district values were above the national average in 2014.

¹⁰⁸ The **average point score per student** provides a measure of the average number of A level equivalent studied and the grades achieved. The more qualifications undertaken by a student and the higher the grades achieved, the higher the average point score per student. However, the **average point score per examination** gives an indication of the average A level grade achieved by students at an institution. The higher the grade, the higher the points score per examination entry. Neither performance indicator should be considered in isolation.

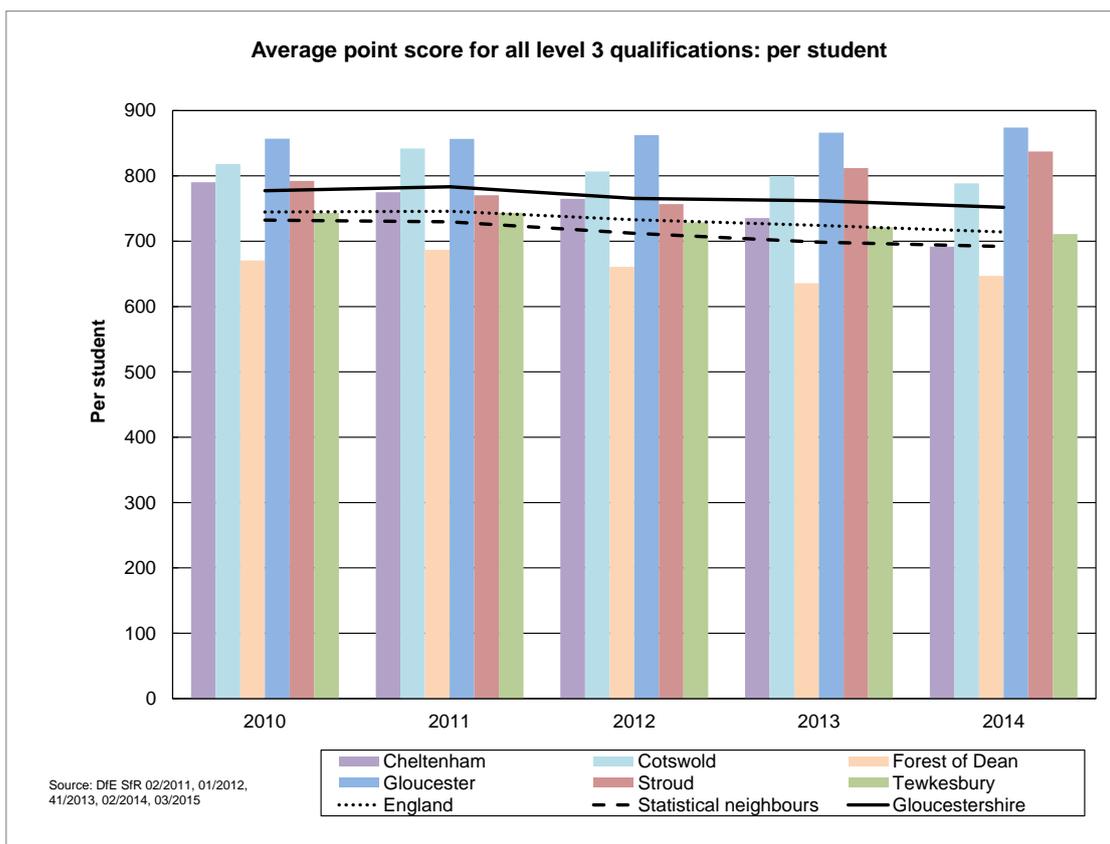


Figure 53: Average point score for all Level 3 qualifications: per student by district¹⁰⁹

Table 29: Average point score for all Level 3 qualifications: per student

KS5	Average point score for all level 3 qualifications: per student				
	2010	2011	2012	2013	2014
England	744.8	745.9	733.0	724.3	714.0
Statistical neighbours	732.3	729.7	712.1	698.6	692.1
Gloucestershire	777.3	783.3	765.4	762.1	751.9
Cheltenham	790.3	775.1	764.8	735.4	691.7
Cotswold	818.2	841.8	806.7	799.5	788.7
Forest of Dean	670.7	686.8	660.8	635.7	646.9
Gloucester	856.8	856.6	862.5	866.3	874.0
Stroud	792.4	770.3	756.8	811.8	837.3
Tewkesbury	743.2	743.7	728.8	721.3	711.1

In terms of grade, the average point score per entry as shown in Figure 54 and Table 30 increased in Cheltenham, the Forest of Dean and Gloucester districts and the most in Stroud district while the other two districts experienced decline over the last five years. Student outcomes for the Cotswold and Tewkesbury districts particularly the latter were below the national average while for Stroud district were 18 points above the national average in 2014. The two point score results indicate that students are doing more A levels particularly in Gloucester and Cotswold districts and also gaining better grades.

¹⁰⁹ DfE SFR 02/2011, 01/2012, 41/2013, 02/2014 & 03/2015.

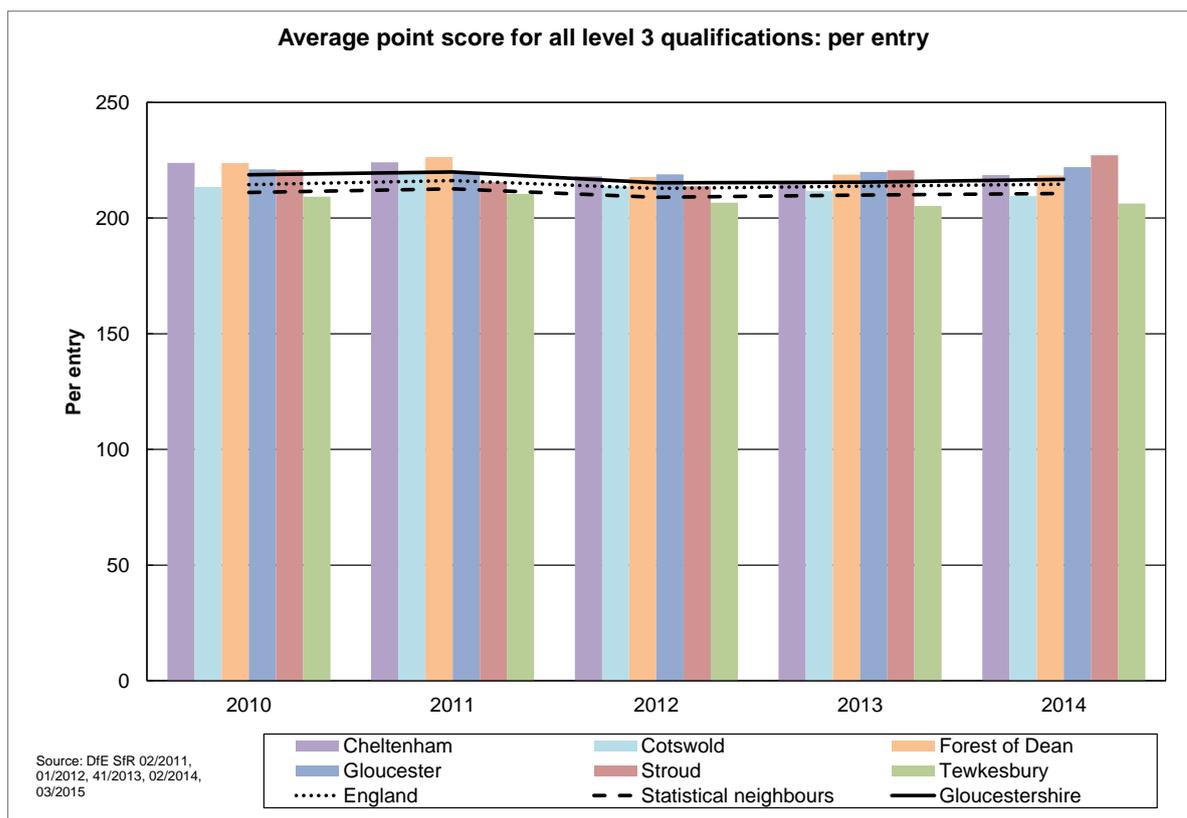


Figure 54: Average point score for all Level 3 qualifications: per entry by district¹¹⁰

Table 30: Average point score for all Level 3 qualifications: per entry

KS5	Average point score for all level 3 qualifications: per entry				
	2010	2011	2012	2013	2014
England	214.4	216.2	212.8	213.7	214.6
Statistical neighbours	211.1	212.6	209.0	210.0	210.6
Gloucestershire	218.7	219.9	215.2	215.5	216.7
Cheltenham	223.8	224.1	218.0	215.9	218.6
Cotswold	213.4	219.7	213.6	211.7	209.5
Forest of Dean	223.7	226.3	217.7	218.8	218.4
Gloucester	221.0	219.4	218.9	219.9	222.0
Stroud	220.7	215.5	213.7	220.6	227.1
Tewkesbury	209.2	210.4	206.6	205.2	206.3

The proportion of students achieving at least 2 substantial level 3 qualifications declined between 2010 and 2014 across all districts apart from Tewkesbury district as shown in Figure 55 and Table 31. However, in 2014 Gloucester and Tewkesbury districts outperformed the national average by eight percentage points with values of 98.3 and 98.6 respectively.

¹¹⁰ Ibid.

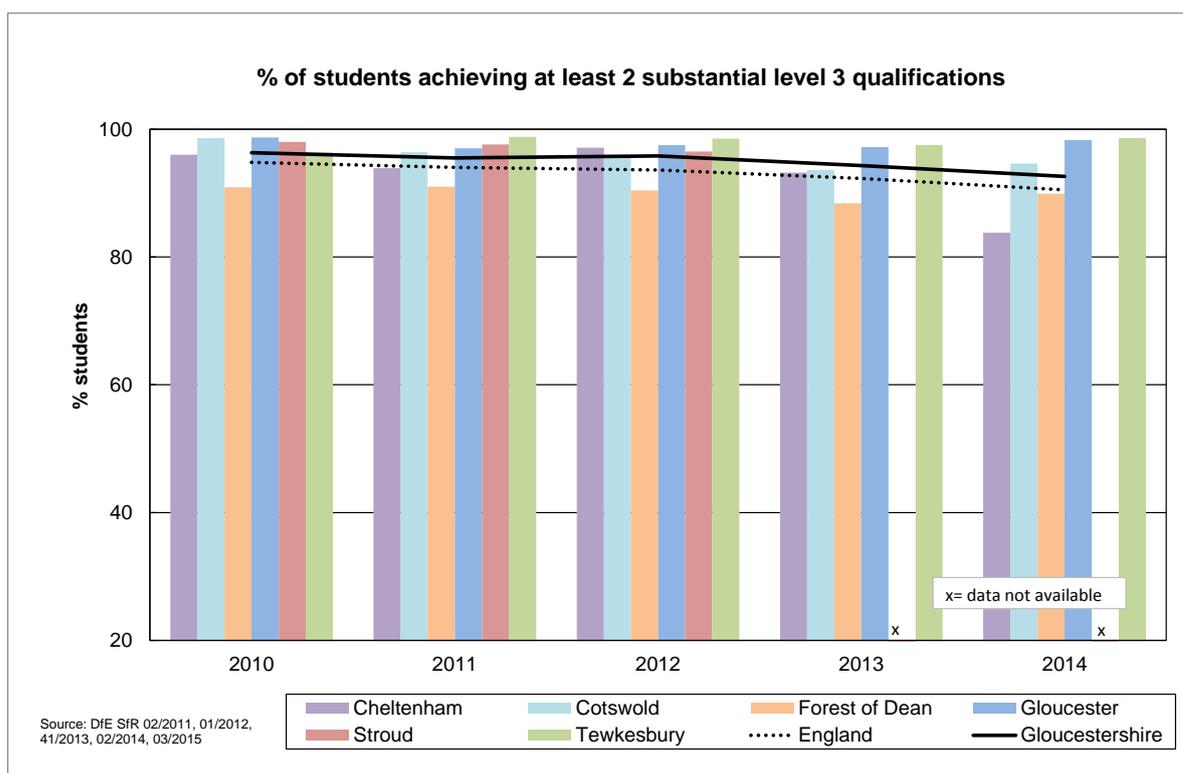


Figure 55: The proportion of students achieving at least 2 substantial level 3 qualifications by district¹¹¹

Table 31: The proportion of students achieving at least 2 substantial level 3 qualifications

KS5	Percentage of students achieving at least 2 substantial level 3 qualifications				
	2010	2011	2012	2013	2014
England	94.8	94.0	93.6	92.3	90.5
Gloucestershire	96.3	95.5	95.8	94.3	92.6
Cheltenham	96.0	93.9	97.1	93.2	83.8
Cotswold	98.6	96.4	95.7	93.6	94.6
Forest of Dean	90.9	91.0	90.4	88.4	89.9
Gloucester	98.7	97.0	97.5	97.2	98.3
Stroud	98.0	97.6	96.5	-	-
Tewkesbury	96.3	98.8	98.5	97.5	98.6

It is evident from Figure 56 and Table 32 that the percentage of students achieving 3 A*-A grades or better at A level or Applied single/double award A level over the last five years has been highest in Cheltenham, Stroud and Gloucester districts. Apart from Cotswold and Tewkesbury districts, this proportion has increased slightly for all districts in the last five years. In terms of the national average Cheltenham was 14 points above while Tewkesbury was 10 percentage points below in 2014.

¹¹¹ *Ibid.*

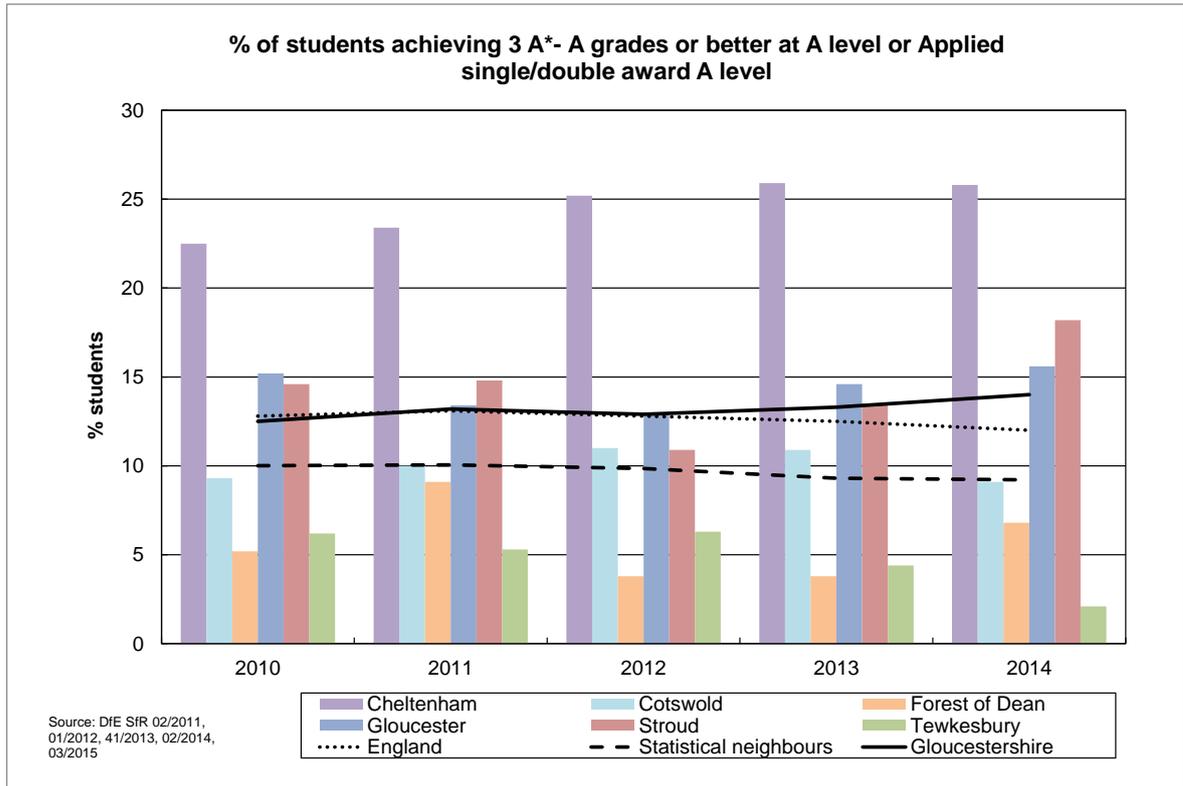


Figure 56: The proportion of students achieving 3 A* to A grades or better at A level or Applied single/double award A level by district¹¹²

Table 32: The proportion of students achieving 3 A* to A grades or better at A level or Applied single/double award A level

KS5	% of students achieving 3 A* - A grades or better at A level or Applied single/double award A level				
	2010	2011	2012	2013	2014
England	12.8	13.1	12.8	12.5	12.0
Statistical neighbours	10.0	10.1	9.9	9.3	9.2
Gloucestershire	12.5	13.2	12.9	13.3	14.0
Cheltenham	22.5	23.4	25.2	25.9	25.8
Cotswold	9.3	10.0	11.0	10.9	9.1
Forest of Dean	5.2	9.1	3.8	3.8	6.8
Gloucester	15.2	13.4	13.0	14.6	15.6
Stroud	14.6	14.8	10.9	13.5	18.2
Tewkesbury	6.2	5.3	6.3	4.4	2.1

¹¹² Ibid.

4.6 Promoting the welfare of children and Safeguarding

4.6.1 Summary

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people (CYP) in their area. They have a number of statutory functions including specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

4.6.2 Early help

Whilst children make up a reducing percentage of the total population of Gloucestershire, there are significantly rising numbers of children living in the county. This is particularly so in the urban areas, both with children being born here and due to in-migration. This can be clearly seen in the rising demand for primary and secondary school places.

Outcomes for most children in Gloucestershire are good and getting better. The GCP Children's Partnership Plan has contributed to significant improvements as evidenced by the views of children and young people, for example, through the online pupil survey.

Families First¹¹³ (our local name for the national Troubled Families programme¹¹⁴) is successfully delivering an Early Help Offer and is preparing for the 2015 expanded programme as an early adopter.¹¹⁵

4.6.3 Social care overview

Social Care in Gloucestershire is delivered in seven CYP Localities, which broadly follow the six districts with Gloucester split into two, although the boundaries do not match exactly to the district boundaries, and vary to greater or lesser extents for each locality.

For full information about Children's Social Care in Gloucestershire, please see the 'Understanding Gloucestershire – a Joint Strategic Needs Assessment 2015'¹¹⁶ document. This includes more figures than are presented here, as published statistics are not made available at a district (or lower) level.

The following gives some key definitions and explanations of the key stages into which a child or young person may fall: child in need, child protection, and child in care.

¹¹³ <http://www.gloucestershire.gov.uk/families-first> Accessed 20/11/2015

¹¹⁴ <https://www.gov.uk/government/policies/support-for-families> Accessed 20/11/2015

¹¹⁵ <http://www.gloucestershire.gov.uk/cyppp> Accessed 20/11/2015

¹¹⁶ <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94018> Accessed 20/11/2015

A CYP is legally defined as being a Child in Need (CiN) if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority;
- their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- they are disabled.

As a Local Authority, Gloucestershire has the duty to instigate section 47 enquiries if they are informed that a child who lives, or is found, in their area is:

- the subject of an emergency protection order;
- in police protection
- there is reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm¹¹⁷.

From these enquiries, it is possible that a child will need further protection, and an Initial Child Protection Conference will be held, from which a plan is put in place to protect the CYP, namely the Child Protection Plan (CPP).

A child who is being looked after by the local authority is known as a child in care. In some cases a child will have been placed in care voluntarily by parents struggling to cope. In other cases children's services will have intervened because a child was at risk of significant harm.

The following chart gives a snapshot for the rates of social care activity for CiN, CPP, and Children-in-care in districts, as at 31st August 2015.

¹¹⁷ <http://www.legislation.gov.uk/ukpga/1989/41/section/47> Accessed 20/11/2015.

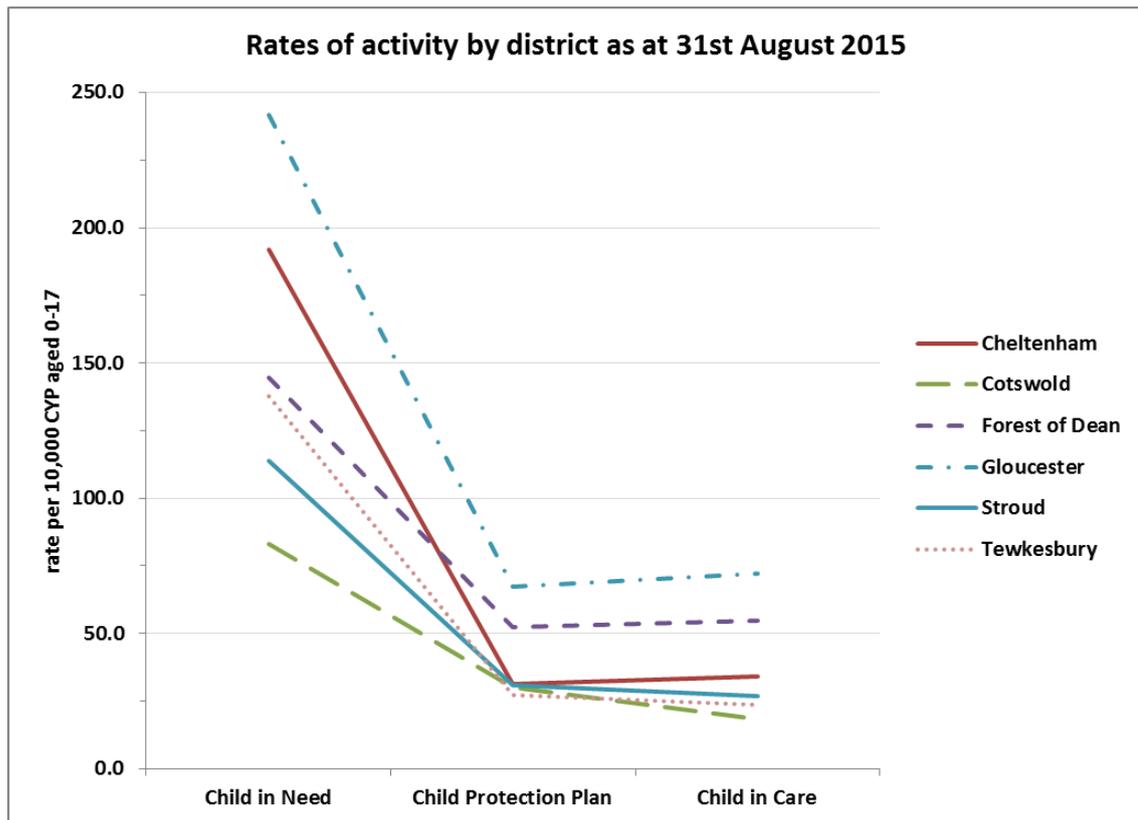


Figure 57: Snapshot of rates per 10,000 CYP aged 0 to 17 of social care activity by district.¹¹⁸

The following chart shows the rates of social care activity across the whole of the 2014/15 reporting year.

¹¹⁸ Extract from LiquidLogic ICS as at 31/08/2015. 0 to 17 population from ONS 2014 mid-year estimates.

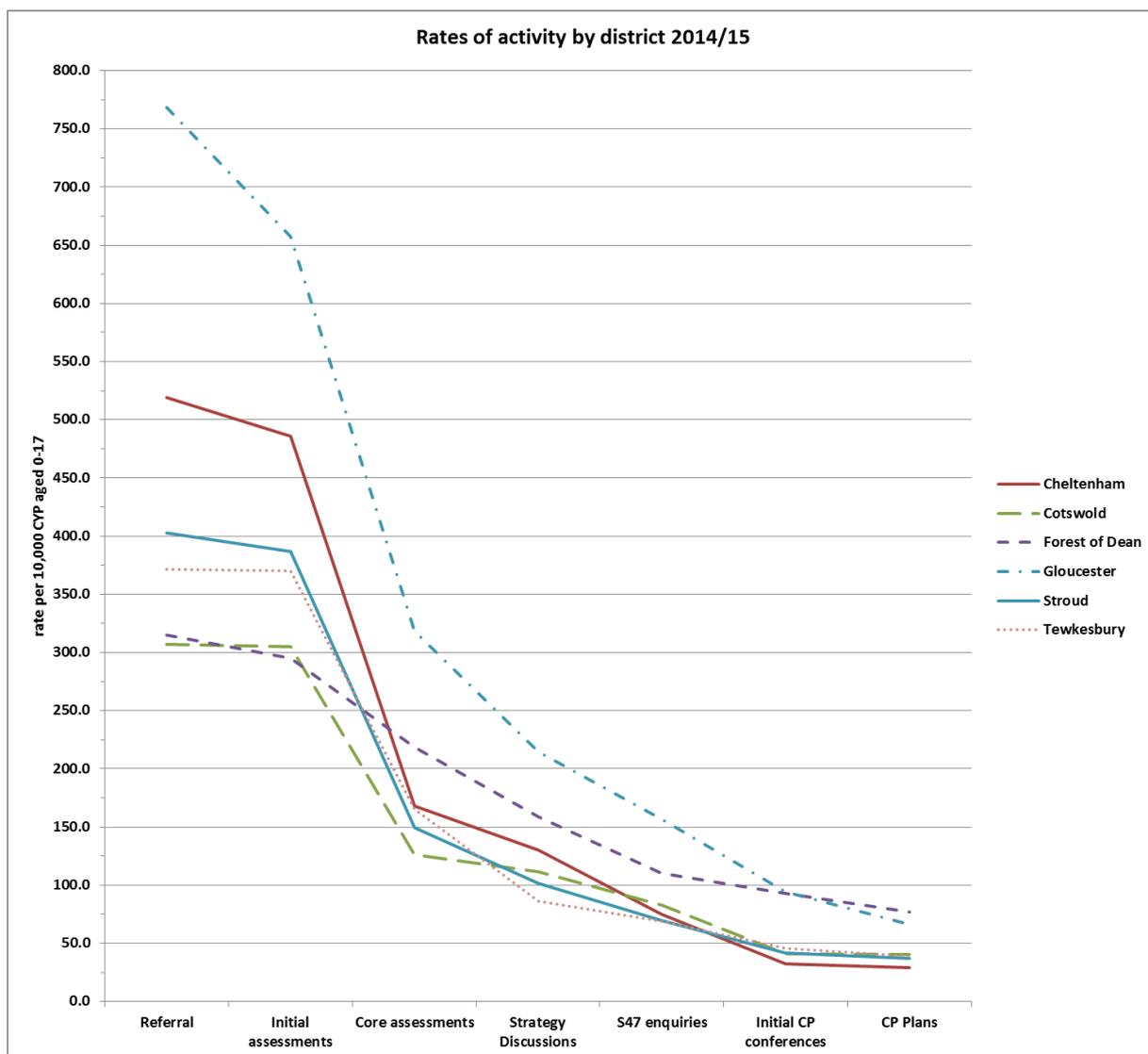


Figure 58: Rates per 10,000 CYP aged 0 to 17 of social care activity by district.¹¹⁹

During the whole of the 2014/15 reporting year, children living at an address in Cheltenham have the second highest rate of referrals and initial assessments. The rate of children who are the subject of a CP plan then falls to the lowest of the six districts in Gloucestershire. Looking at the snapshot taken as at 31st August 2015, Cheltenham has the third highest rate of Children in Care, with Forest of Dean and Gloucester having the two highest rates.

As previously stated, further information about Children’s Social Care in Gloucestershire can be found in the ‘Understanding Gloucestershire – a Joint Strategic Needs Assessment 2015’¹²⁰ document.

¹¹⁹ Extract from LiquidLogic ICS 01/05/2015. 0 to 17 population from ONS 2014 mid-year estimates.

¹²⁰ <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94018> Accessed 20/11/2015

4.7 Key messages

- In 2014/15, 203 women were recorded as being a smoker at their first ante-natal appointment (time of booking), 157 women were recorded as smoking at time of delivery for the same period.
- The percentage of Low birth weight births in Cheltenham were lower in 2012 compared to Gloucestershire and England.
- Statistics indicate Cheltenham mothers are more likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts.
- Under 18 conception rates have more than halved in Cheltenham since the 1998 recording baseline. They remain below the county and national benchmarks.
- Chlamydia detection rates in Cheltenham were slightly higher than the county but lower than the national benchmarks. It should be noted that this does not necessarily mean that we have a lower rate of young people with Chlamydia to England; it could be related to the proportion of people screened.
- Cheltenham had a lower percentage of excess weight in 4-5 year olds and 10-11 year olds compared to Gloucestershire and England.
- In relation to the Early Years Foundation Stage Profile, Cheltenham fell below the national average.
- At Key Stage 1 achievement in Cheltenham was close to the national average and county average across all subjects.
- At Key Stage 2 and Key Stage 4 achievement in Cheltenham was higher than the national average across all subjects.
- The percentage of students achieving 3 A*-A grades or better at A level or Applied single/double award A level was higher in Cheltenham, than at a county and national level and in any other district.
- Outcomes for most children in Gloucestershire are good and getting better. The GCP Children's Partnership Plan has contributed to significant improvements as evidenced by the views of children and young people, for example, through the online pupil survey.
- During the whole of the 2014/15 reporting year, children living at an address in Cheltenham have the second highest rate of referrals and initial assessments. The rate of children who are the subject of a CP plan then falls to the lowest of the six districts in Gloucestershire.
- According to a snapshot taken as at 31st August 2015, Cheltenham has the third highest rate of Children in Care, with Forest of Dean and Gloucester having the two highest rates.

5. Keeping healthy – prevention

5.1 About this section

While age is the leading risk factor for the majority of chronic health conditions, people's lifestyle can also impact on their health and wellbeing; notably their likelihood of developing conditions such as cardiovascular disease, cancer and respiratory disease. According to the World Health Organisation almost half of diseases such as the above are associated with four risk factors: poor diet, physical inactivity, smoking, and excess alcohol consumption. Poor mental and emotional wellbeing has also been shown to impact on health outcomes.

This section looks at the prevalence of some of these lifestyle risk factors to help inform decisions about how ill health might be prevented.

5.2 Alcohol

5.2.1 Alcohol Hospital Admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions, including liver disease, cardiovascular disease and some cancers. It is also a factor in crime and antisocial behaviour. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

Alcohol related hospital admissions are one indicator of the extent of harmful drinking in a community.

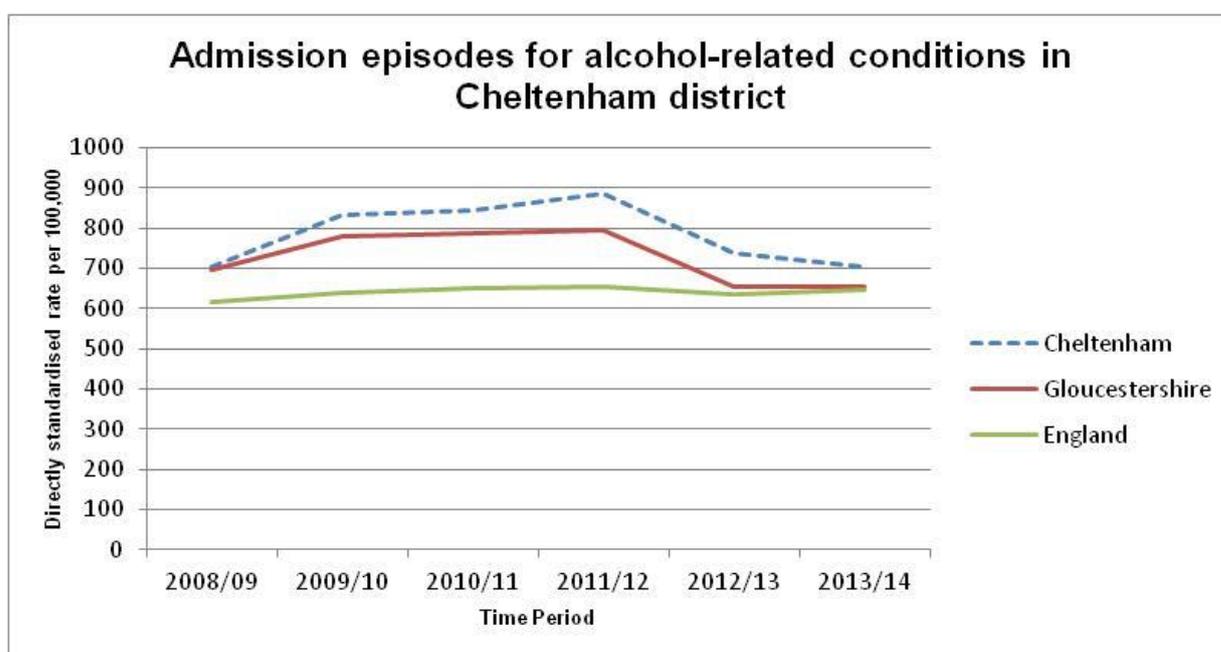


Figure 59: Admission episodes for alcohol-related conditions (2008/09 – 2013/14)

Until 2011/12, the rate of alcohol related hospital admissions in Cheltenham had been steadily rising for 4 years, and was higher than both the county and national benchmarks. However, the most recent year of data shows a sharp fall in the Cheltenham rate, although it still remains above the Gloucestershire and England rates¹²¹.

5.3 Smoking

5.3.1 Smoking prevalence

Smoking is a major risk factor for many diseases, including lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is estimated that up to half of smokers will die from a smoking related condition.

Nationally, in 2008/09, some 463,000 hospital admissions in England among adults aged 35 and over were attributable to smoking, or some 5 per cent of all hospital admissions for this age group. Illnesses among children caused by exposure to second-hand smoke lead to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year¹²².

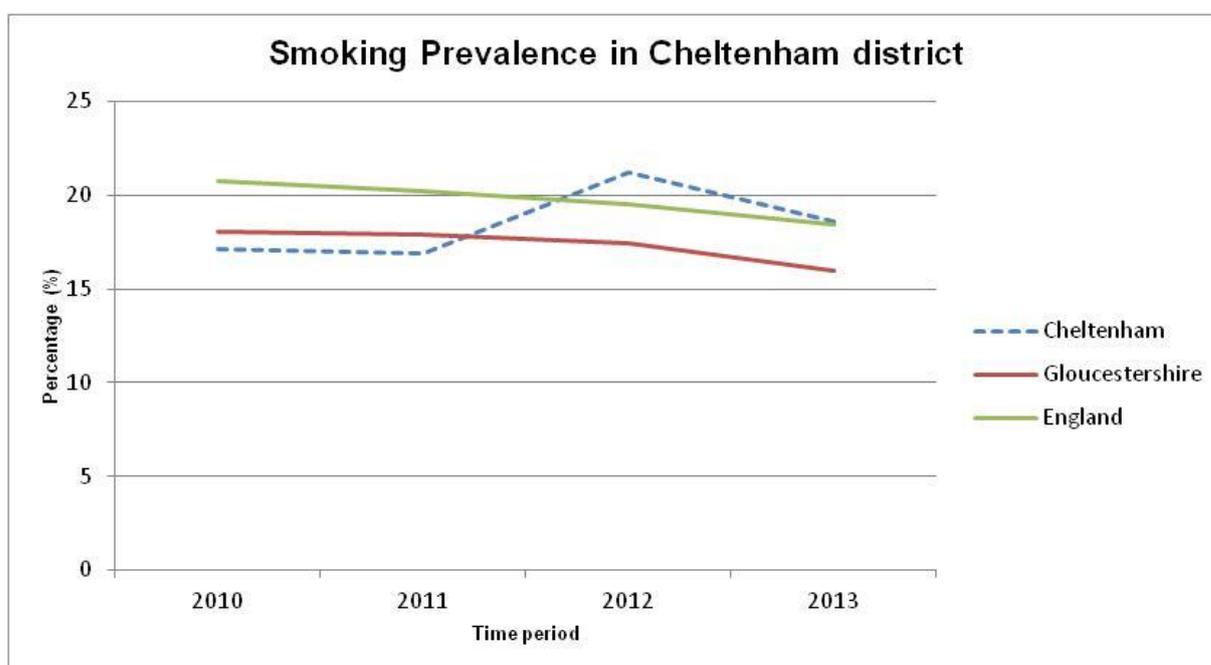


Figure 60: Smoking prevalence 2010-2013

Smoking rates in Cheltenham declined between 2012 and 2013, and are now in line with the England benchmark however for the past two years they have remained higher than the Gloucestershire rate overall.¹²³

¹²¹ Public Health Outcomes Framework <http://www.phoutcomes.info/>

¹²² Passive Smoking and Children, Royal College of Physicians, London, 2010.

¹²³ Public Health Outcomes Framework <http://www.phoutcomes.info/>

5.4 Maintaining a healthy weight in adults

5.4.1 Excess weight in adults

Obesity in adults is a major determinant of premature mortality and avoidable ill health. It is associated with a number of conditions, including cardiovascular disease, type 2 diabetes, and cancer. Obesity can also impact on an individual's emotional wellbeing, and is a factor in absenteeism from work.

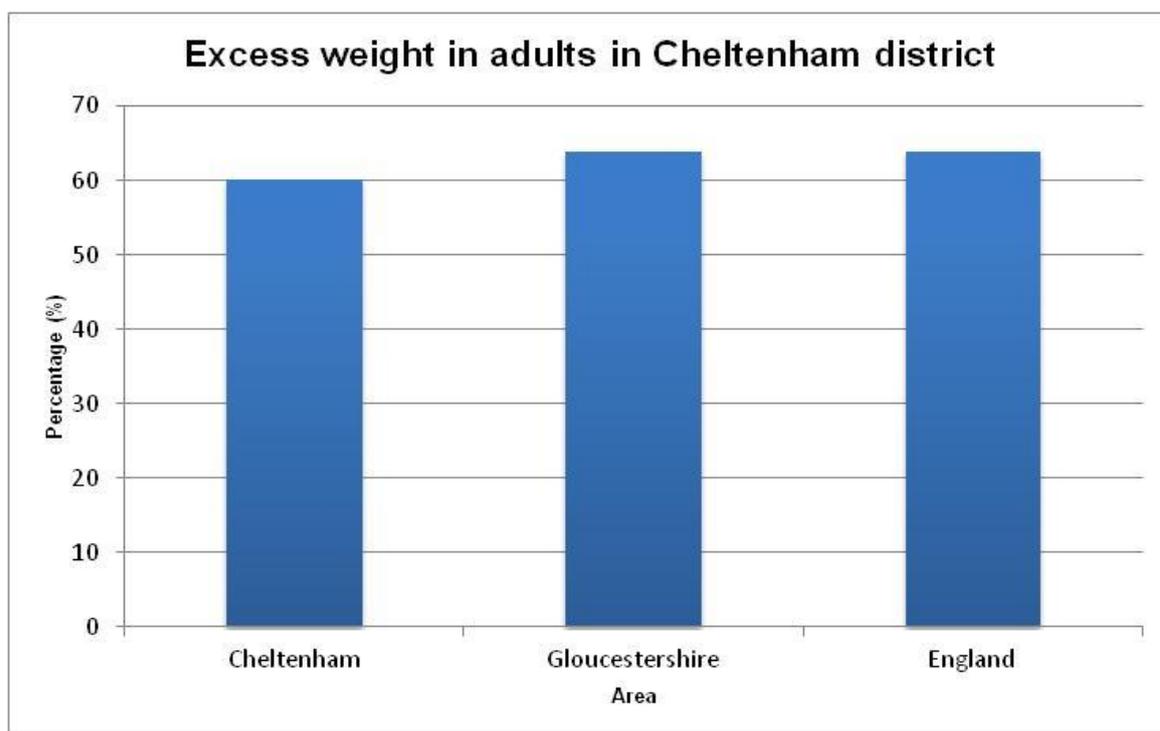


Figure 61: Excess weight in adults 2012 Note: No time-series data currently available due to change of definitions

Excess weight is calculated using the number of adults with a BMI classified as overweight or obese. In 2012, 60% of adults in Cheltenham were overweight or obese, which is lower than the Gloucestershire (64%) and England (64%) benchmarks.¹²⁴

5.4.2 Physical activity in adults

Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £1.6 billion per year.

¹²⁴ Ibid.

The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more.

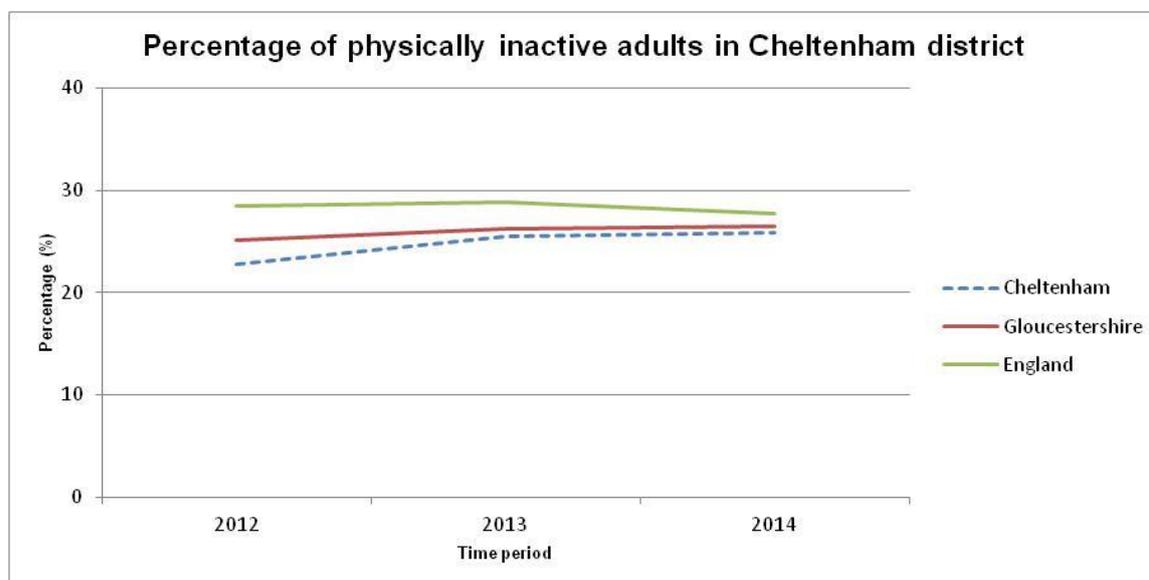


Figure 62: Physically inactive adults (2012-2014)

Although the percentage of physically inactive adults in Cheltenham district has slightly increased since 2012, it has remained below the Gloucestershire and England average for the last 3 years¹²⁵.

5.5 Social Isolation

5.5.1 National evidence

Loneliness and social isolation affects different people in different ways. Some people are lonely in a crowd whilst others are perfectly content living on their own with little social contact. There is, though, a growing evidence base that links loneliness and social isolation with poorer health as well as demonstrating that declining health or the need to provide care to a loved one can lead to greater loneliness.

The Campaign to End Loneliness on their website¹²⁶ summarises research on the effects of loneliness on health as follows:

Physical health

- As bad as 15 cigarettes a day
- Increased risk of high blood pressure and diabetes

Mental Health

- Increased risk of cognitive decline and dementia

¹²⁵ *Ibid.*

¹²⁶ <http://www.campaigntoendloneliness.org/loneliness-research/> 12/05/2015

- More prone to depression and increased risk of suicide

Maintaining independence

- More likely to visit GP, higher medication use, more falls
- Earlier entry to residential and nursing care
- More likely to access A&E services

5.5.2 Living alone

Living alone in itself does not mean that people will be lonely or socially isolated. However, research has shown that living alone is associated with higher levels of premature death and other negative outcomes. The following map, using data from the 2011 Census, shows areas in Cheltenham where older people are more likely to be living alone.

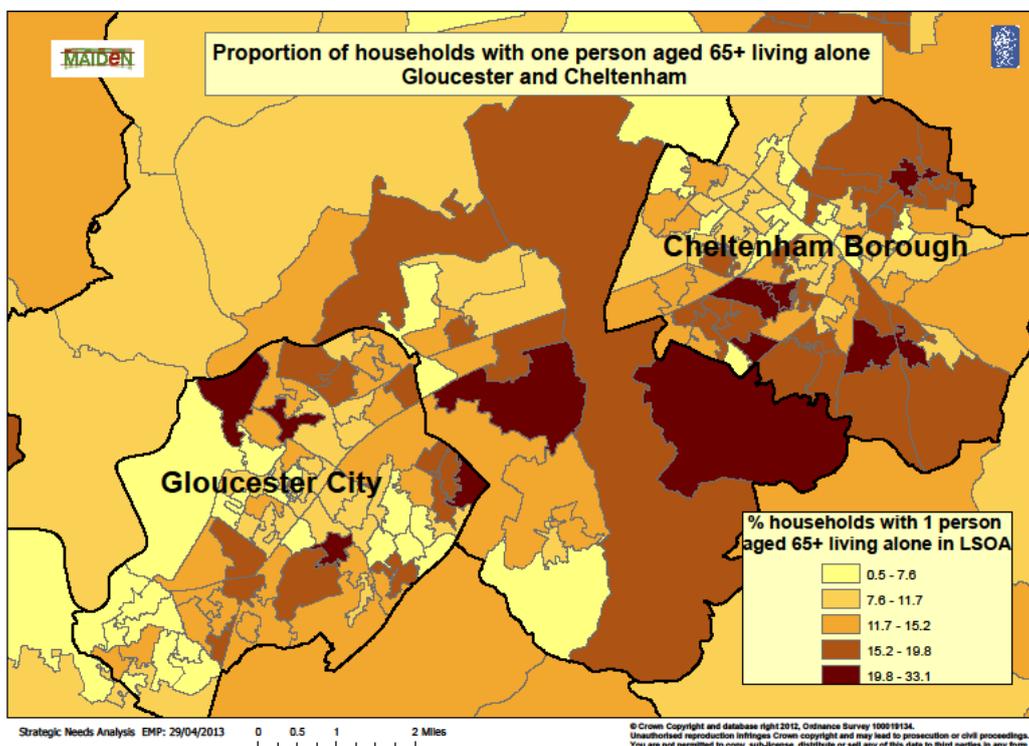


Figure 63: Older people living alone in Cheltenham and Gloucester

5.5.3 Estimated local need

In Gloucestershire we have adapted a methodology, initially developed by Essex County Council, to estimate where people are most likely to be socially isolated in the county¹²⁷. A number of risk factors were aggregated to give a 'vulnerability to social isolation' score. This was then mapped as follows.

¹²⁷ Social isolation in Gloucestershire, Gloucestershire County Council, 2013, <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94013>

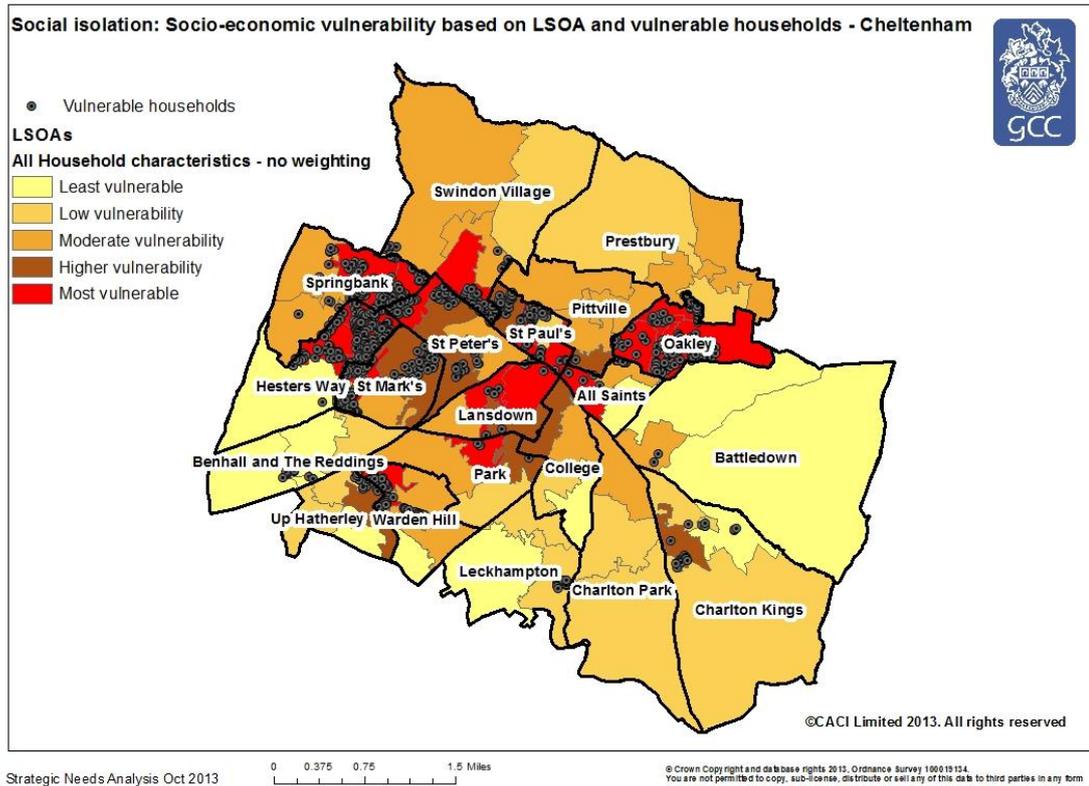


Figure 64: Estimated vulnerability to social isolation in Cheltenham

5.5.4 Actual local need

Warden Hill

In 2013 Cheltenham Partnership agreed one of the priorities for its new action plan was to set up a task and finish group to undertake a mapping exercise to understand where older people might be living alone, and where the clubs and activities geared towards older people are. There was also a commitment to undertake some survey work to ascertain the views of older people on loneliness and isolation. Warden Hill ward was chosen for this work because of its high number of over 75's.

There were 54 survey respondents. 31% of the respondents said they get lonely sometimes or often. Advertisement of activities and improved health would help older people in Warden Hill to participate more in their community. Activities were preferred to be advertised through flyers through the door, in local shops or in a local community paper. The most wanted community activities were a social club and/or a book club. The three most popular interests were; gardening, knitting and listening. Most people got out at least once a week. However, those who did not drive did not tend to go outside Warden Hill as much as those who only used public transport.

Adult social care service user need for social contact

Other ways of identifying the real extent of loneliness and social isolation in the county are being explored. When social workers carry out needs assessments of adult social care service users one of the needs they assess is their need for social activities and relationships. By mapping the number of service users who are recorded with a need that is high or very high in local areas we can see where adult social care users with the highest level of actual loneliness are concentrated as shown in Figure 65. It should be stressed that this dataset is not comprehensive – not all assessments in the period include such as rating. It should also be stressed that it does not show actual levels of need for social activity and relationships for the whole population with social care needs. The means testing element of the social care system will exclude many who do have high levels of need for social contact. This might explain why areas that the model suggests would be characterised by higher levels of loneliness do not show up in this map. However, it should highlight areas that contain concentrations of those with most loneliness and least financial resources.

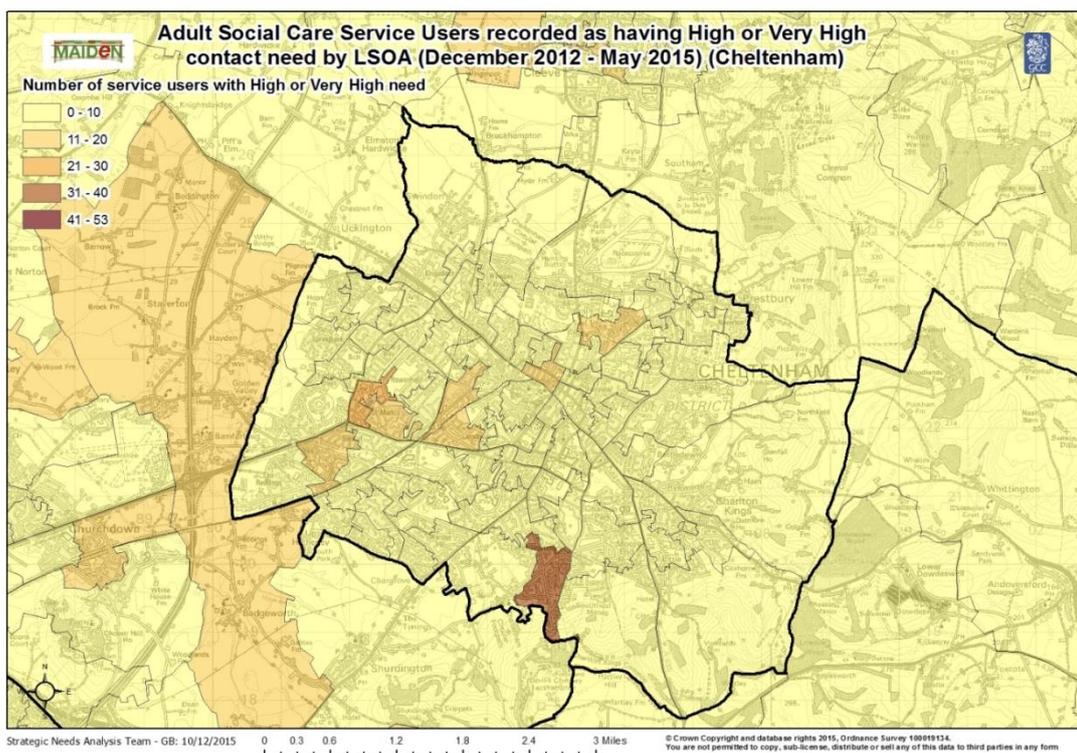


Figure 65: Adult social care users recorded as having a high or very high level of need for social activities and relationships December 2012 - May 2015.

5.5.5 Future work on social isolation

The various strands of intelligence about loneliness and social isolation in Gloucestershire have been collated in a report for the Health and Wellbeing Board which will be available shortly.

5.6 Key messages

- Until 2011/12, the rate of alcohol related hospital admissions in Cheltenham had been steadily rising for 4 years, and was higher than both the county and national benchmarks. However, the most recent year of data shows a sharp fall in the Cheltenham rate, although it still remains above the Gloucestershire and England rates.
- Smoking rates in Cheltenham declined between 2012 and 2013, and are now in line with the England benchmark however for the past two years they have remained higher than the Gloucestershire average.
- In 2012, 60% of adults in Cheltenham were overweight or obese, which is lower than the Gloucestershire and England benchmarks.
- The percentage of physically inactive adults in Cheltenham district has slightly increased since 2012, however they are below the Gloucestershire and England average.
- There is a growing evidence base that links loneliness and social isolation with poorer health as well as demonstrating that declining health or the need to provide care to a loved one can lead to greater loneliness.

6. Particular Needs

6.1 About this section

Some groups of people across all age ranges can have particular health and social care needs. Some are born with severe conditions; some develop them during childhood or early adulthood whilst the majority develop more specific needs as part of the ageing process. As the elderly population grows so the need for effective targeting of support becomes increasingly important. The aim is to help people remain as independent as possible in the community and out of hospital and residential care because that is what they, in general, want and because it is becoming increasingly unaffordable to continue to meet what can often be relatively high level needs, in this way.

6.2 Disability

6.2.1 Total population

Under the Equality Act¹²⁸ a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. The definition is designed to be as broad as possible to cover a wide variety of conditions and impairments including; Sensory Loss, Physical Disabilities, Learning Disabilities, Mental Illness, as well as diseases such as Cancer.

There is no single measure of the number of people with disabilities; instead information is available from a number of sources, many of which use slightly different definitions of disability. The Census of Population is one of the most widely used measures and is based on a broad definition of disability.

According to the 2011 Census 15.1% of Cheltenham residents (17,506 people) reported having a long term health problem or disability, this was below the county, regional and national average. The following graph shows the proportion of people reporting a long-term limiting health problem or disability increases with age, following the county and national trend.

¹²⁸ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>
Accessed 15/04/2015.

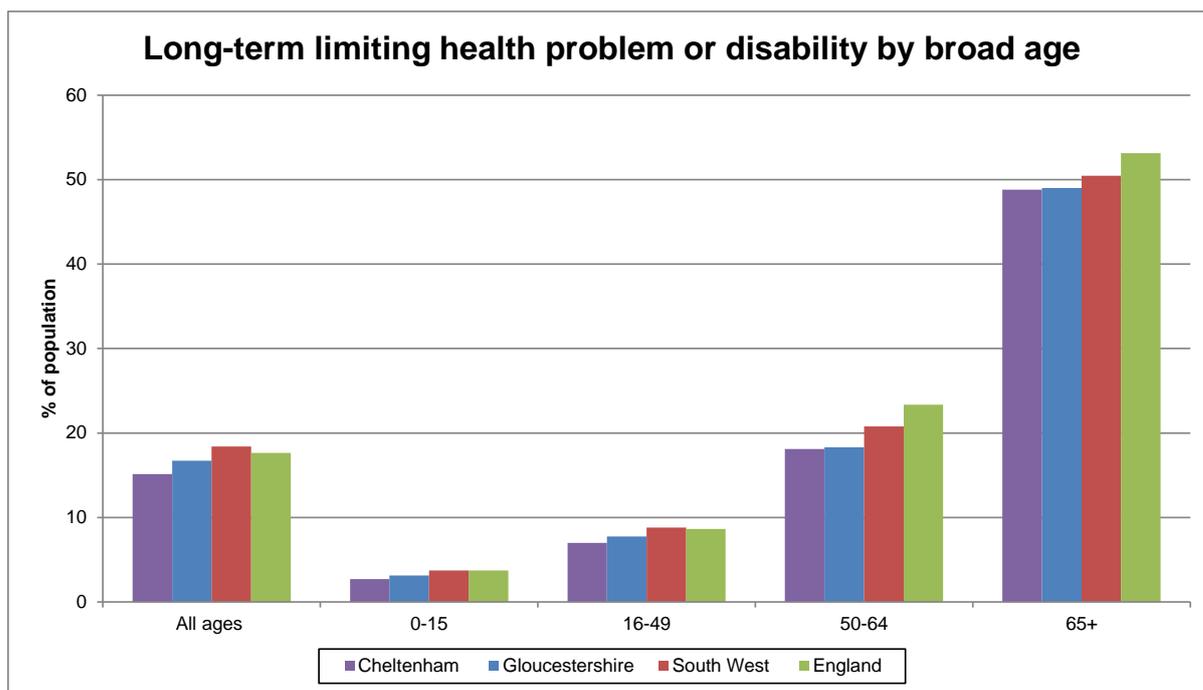


Figure 66: Percentage of the population with a long-term limiting health problem or disability by broad age group, 2011¹²⁹

The information provided by the Census has some limitations, it is based on self-reported health, it is not updated regularly and provides no information about the type of health problem or disability.

Individuals with disabilities may be entitled to claim Disability Living Allowance (DLA)¹³⁰, Attendance Allowance (AA)¹³¹ or Personal Independence Payments (PIP)¹³². The purpose of these benefits is to contribute towards the extra cost of a health problem or disability, they can be claimed by those in employment as well as those without employment and in conjunction with other benefits. The number of people claiming these benefits is often used as a measure of disability as the information is regularly updated and can be broken down by condition. The data set will not reflect all of those with a disability, there will be people who feel they do not need financial help and therefore do not apply for these benefits. There will also be people who apply but are not eligible because their disability is not considered severe enough.

¹²⁹ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/09/2015.

¹³⁰ Disability Living Allowance can be claimed by a person who has a disability or health condition which requires them to have help with their personal care or have supervision needs, and/or those who have difficulty getting around provided they claim before the age of 65. Disability Living Allowance is being replaced by Personal Independent Payments for all people aged 16+.

¹³¹ Attendance Allowance is available to people aged 65+ who develop a disability or health condition which requires them to have help with their personal care or have supervision needs, and/or those who have difficulty getting around.

¹³² Personal Independence Payments are replacing Disability Living Allowance for people aged 16-64. The transfer to Personal Independence Payments should be complete by late 2017.

Disability Living Allowance and Attendance Allowance cannot be claimed at the same time, this means it is possible to combine the counts of these benefits to estimate the total number of disabled people claiming a disability benefit. In February 2015 there were 6,830 people claiming Disability Living Allowance or Attendance Allowance in Cheltenham, representing 5.9% of the total population¹³³, Figure 67 shows this was lower than the county, regional and national averages. Cheltenham also had a lower proportion of disability benefit claimants than all of the other districts in Gloucestershire, with the exception of Cotswold district.

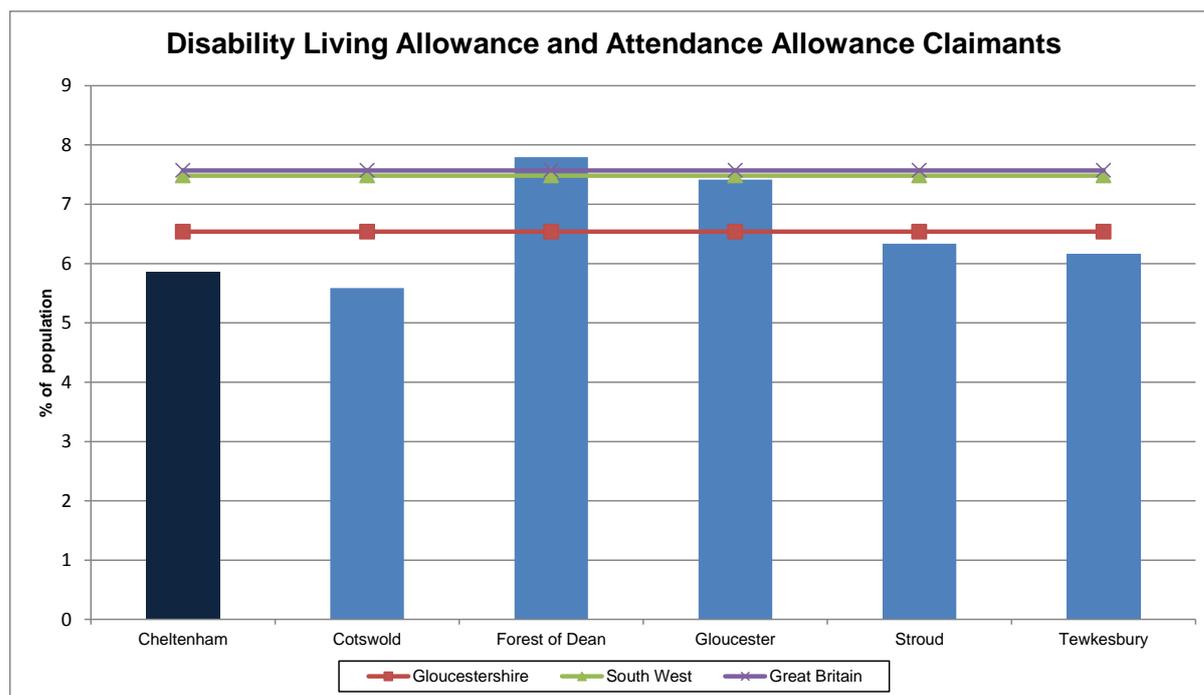


Figure 67: Proportion of the population claiming Disability Living Allowance or Attendance Allowance, February 2015¹³⁴

Figure 68 shows the total number of disability benefit claimants in Cheltenham and Gloucestershire has been falling since 2013. This is primarily due to the introduction of Personal Independence Payment for new working age claimants, which began in April 2013.

¹³³ DWP, Tabulation Tool – WPLS(100% of claimants) <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html> Accessed 07/10/2015.

¹³⁴ *Ibid.*

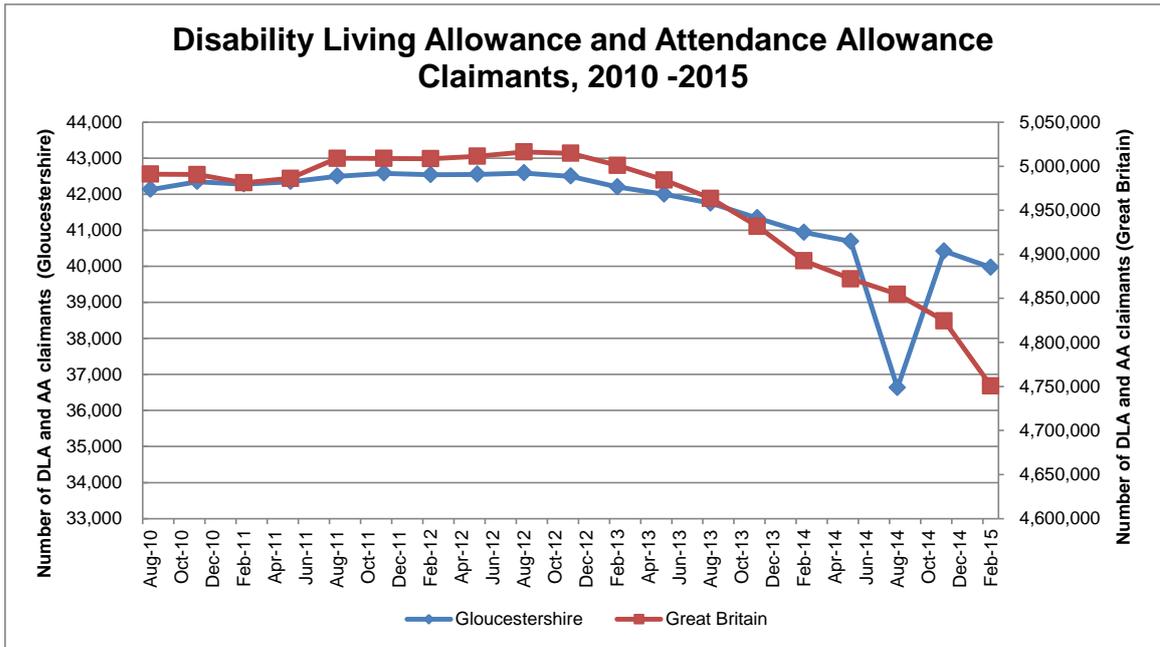


Figure 68: Five year trend in the number of Disability Living Allowance and Attendance Allowance Claimants in Cheltenham and Gloucestershire, 2010-2015¹³⁵
 (Note: y-axis does not start at 0)

The characteristics of Cheltenham’s Disability Living Allowance and Attendance Allowance claimants are illustrated in Figure 69. Females and people aged 65+ account for the largest proportion of disability benefit claimants, the majority of claimants have been long term claimants, with over 66% claiming for over 5 years. These characteristics are reflected at a county, regional and national level.

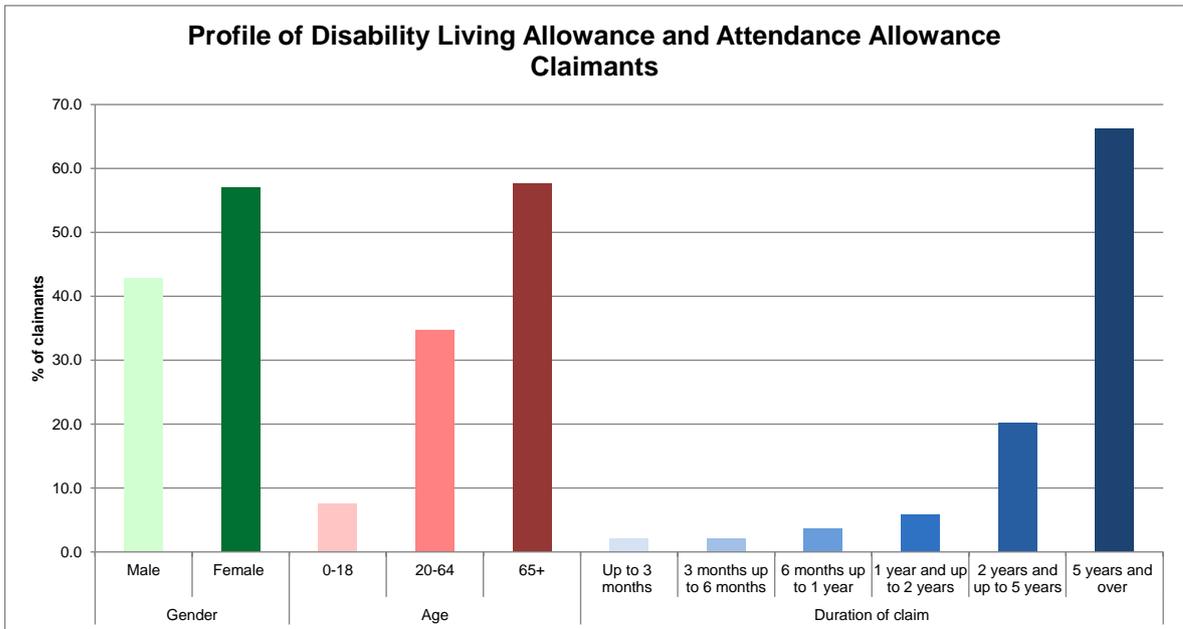


Figure 69: Profile of Disability Living Allowance and Attendance Allowance Claimants in Cheltenham, February 2015¹³⁶

¹³⁵ Ibid.

There is some variation between age groups. Figure 70 shows that males are responsible for more than twice as many claims than females in the 0-17 age group, while females account for almost double the number of claimants amongst the 65+ age group.

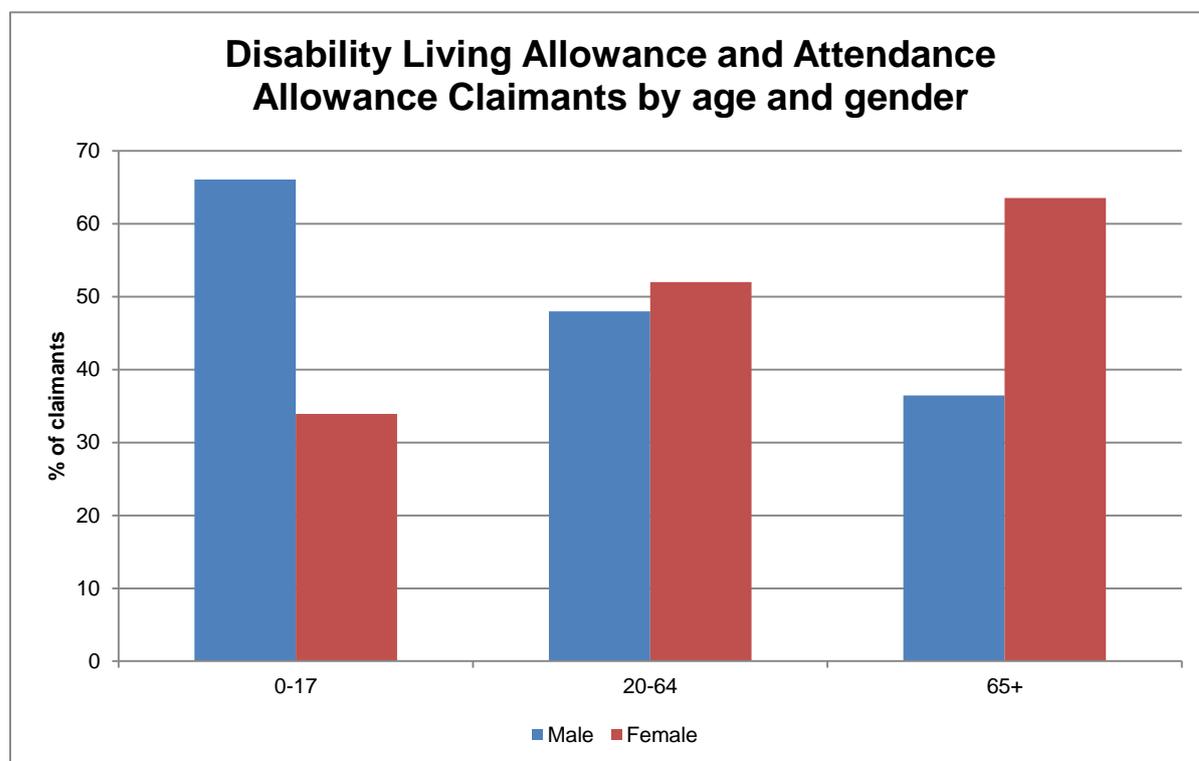


Figure 70: Disability Living Allowance and Attendance Allowance Claimants by age and gender, February 2015¹³⁷

Benefit data can be broken down by the main disabling condition of the claimant. Five percent of all claims are sampled, the percentages derived from this sample data are applied to the total number of disability benefits claims to create an estimated count of claims for each condition. Figure 71 shows that in February 2015, mental health was the most commonly reported disabling condition in Cheltenham, representing a fifth of all claims. This differs from the picture seen at county, regional and national level and in all of the other districts that make up Gloucestershire, where arthritis was the most commonly reported condition.

¹³⁶ *Ibid.*

¹³⁷ *Ibid.*

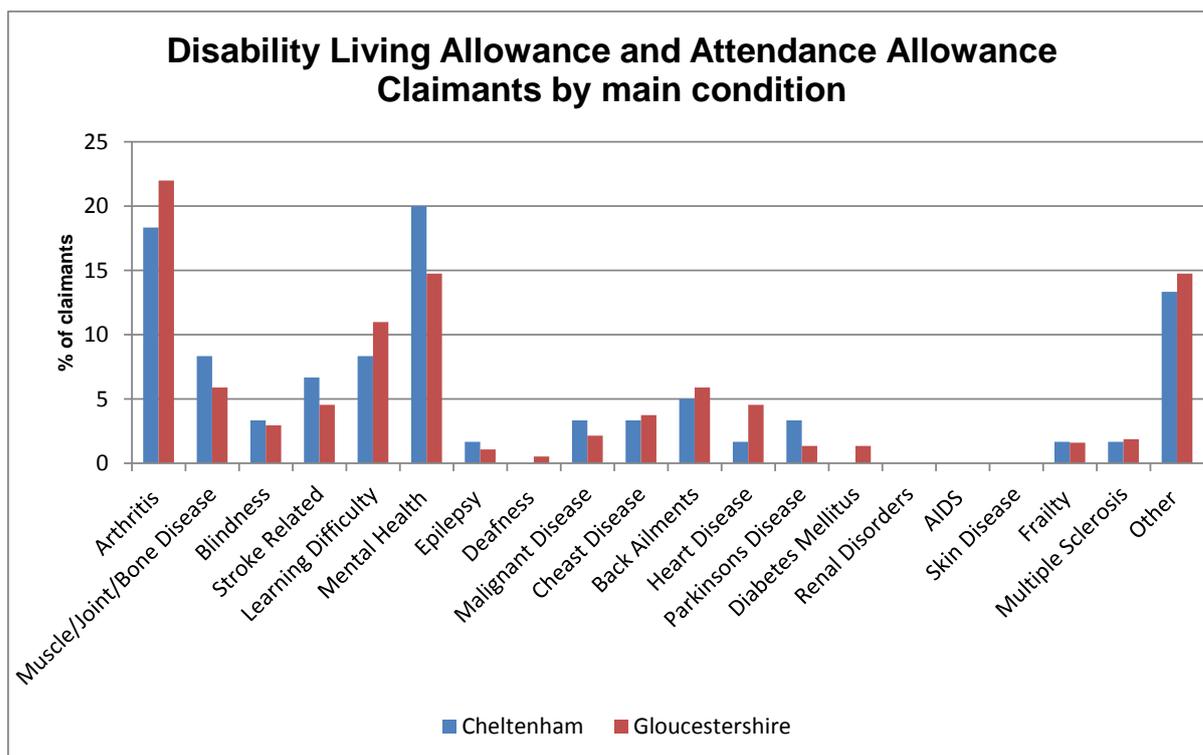


Figure 71: Disability Living Allowance and Attendance Allowance Claimants by main disabling condition ,February 2015¹³⁸

There are some differences in the conditions reported by Disability Living Allowance claimants and Attendance Allowance claimants. The following graph shows age related conditions such as arthritis, muscle/joint/bone disease, stroke related problems and frailty all account for a significantly higher proportion of Attendance Allowance claimants than Disability Living Allowance claimants, reflecting the older nature of the claimants. Learning Difficulties account for almost 15% of Disability Living Allowance claimants, but no Attendance Allowance claimants. This is unsurprising as Attendance Allowance can only be claimed for conditions that develop after the age of 65, and the nature of learning difficulties means they are usually diagnosed earlier in life.

¹³⁸ DWP, Tabulation Tool – 5% sample data <http://tabulation-tool.dwp.gov.uk/5pc/tabtool.html>
 Accessed 07/10/2015.

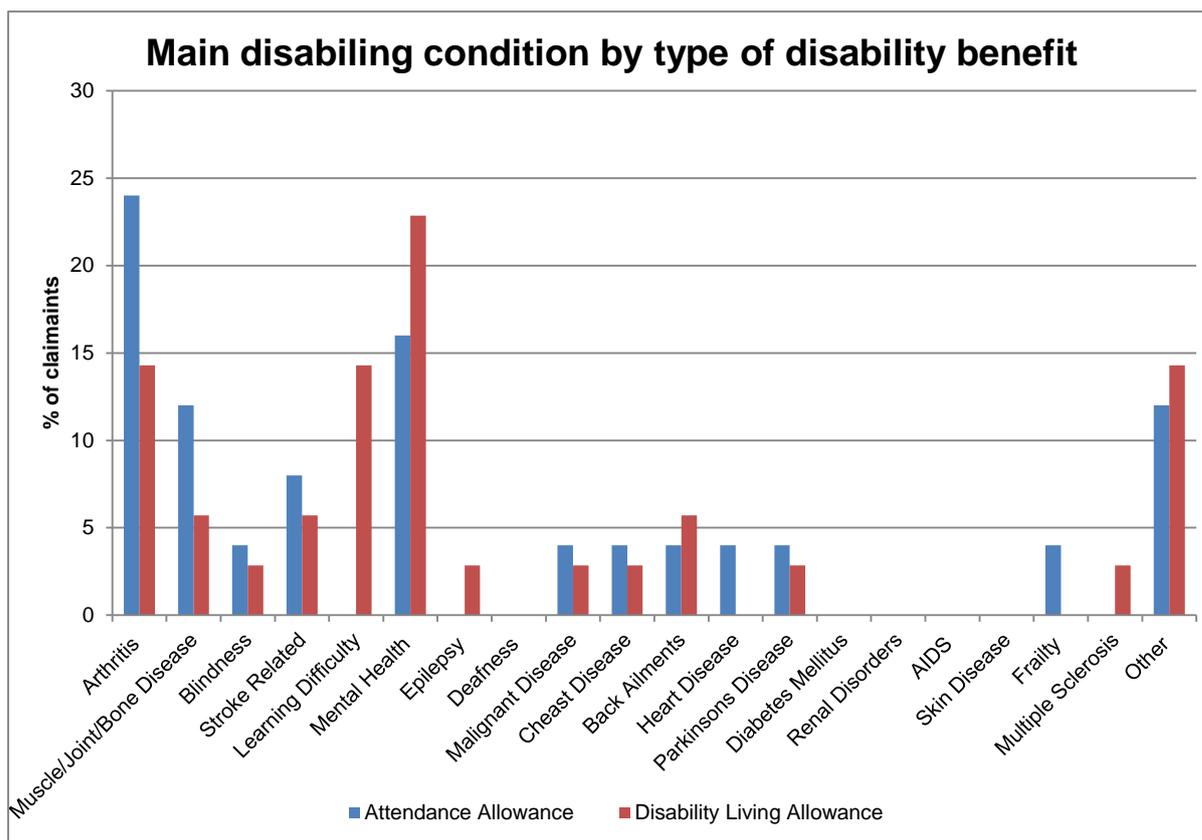


Figure 72: Main disabling condition by type of disability benefit, February 2015¹³⁹

Personal Independence Payments are replacing Disability Living Allowance for the working age population. Since April 2013 new working age claimants have had to apply for Personal Independence Payments. Existing working age claimants of Disability Living Allowance will eventually be asked to claim Personal Independence Payments instead of Disability Living Allowance. This process is being introduced in stages and was due to start in Cheltenham in September 2015¹⁴⁰. Data about the numbers of Personal Independence Payments claimed in Cheltenham is experimental and is not comparable with data about Disability Living Allowance and Attendance Allowance. The latest data for July 2015 shows that in Cheltenham there were 532 people claiming Personal Independence Payments¹⁴¹. Figure 73 shows the number of Personal Independence Payment claimants has been increasing month on month since April 2013.

¹³⁹ *Ibid.*

¹⁴⁰ DWP, Introducing Personal Independence Payment <https://www.gov.uk/government/policies/simplifying-the-welfare-system-and-making-sure-work-pays/supporting-pages/introducing-personal-independence-payment> Accessed 08/10/2015.

¹⁴¹ DWP, Stat-Xplore <https://stat-xplore.dwp.gov.uk/> Accessed 08/10/2015.

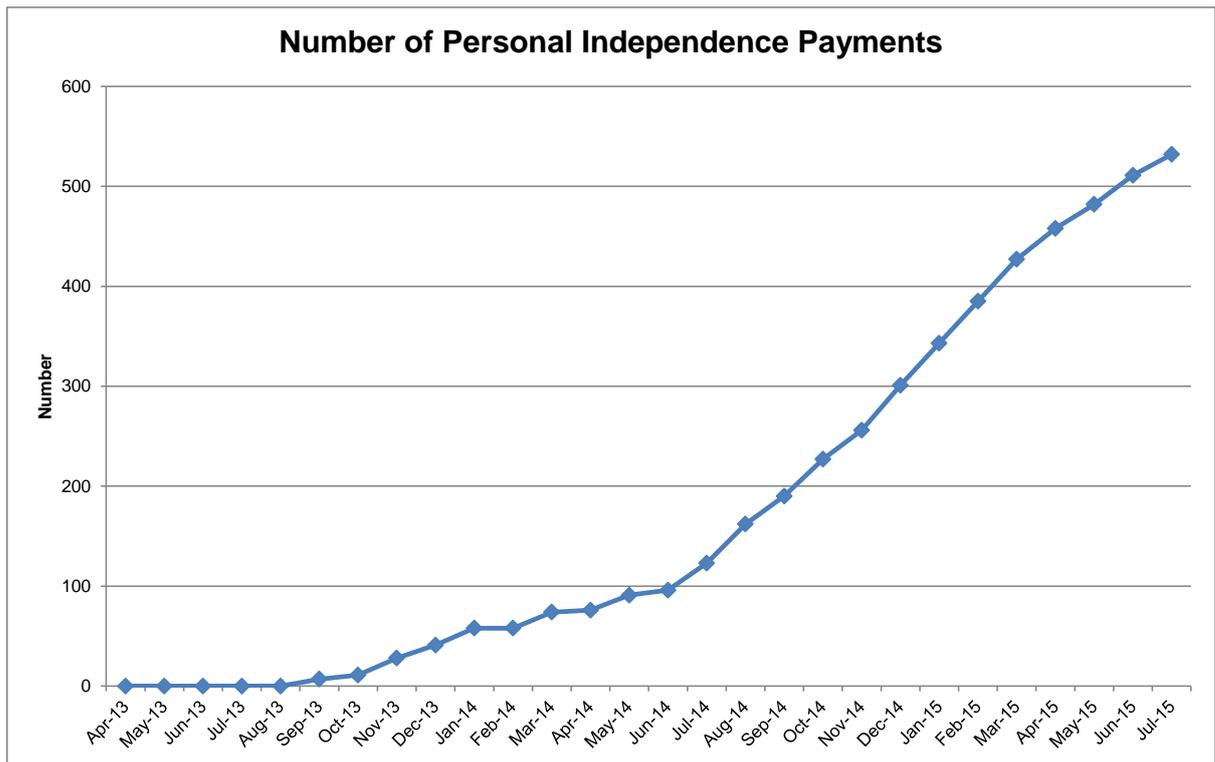


Figure 73: Number of Personal Independence Payment Claims in Payment, April 2013 to July 2015¹⁴²

6.2.2 Children with Special Educational Needs

Census data and information about disability related benefit claimants provide an overall picture of the number of disabled people. Other sources of information provide us with a partial picture by focusing on particular age groups. The number of children with Special Educational Needs is often used as a proxy measure for children with disabilities. Special Educational Needs affect a child’s ability to learn and can include; behavioral issues, learning difficulties physical disabilities. The definition of Special Educational Needs means it will not capture all disabilities, only those that affect a child’s learning.

In 2013/14 there were 2,216 children and young people attending maintained schools in Cheltenham with Special Educational Needs, Figure 74 shows this equates to 16.6% of pupils, which was in line with the county average.

¹⁴² *Ibid.*

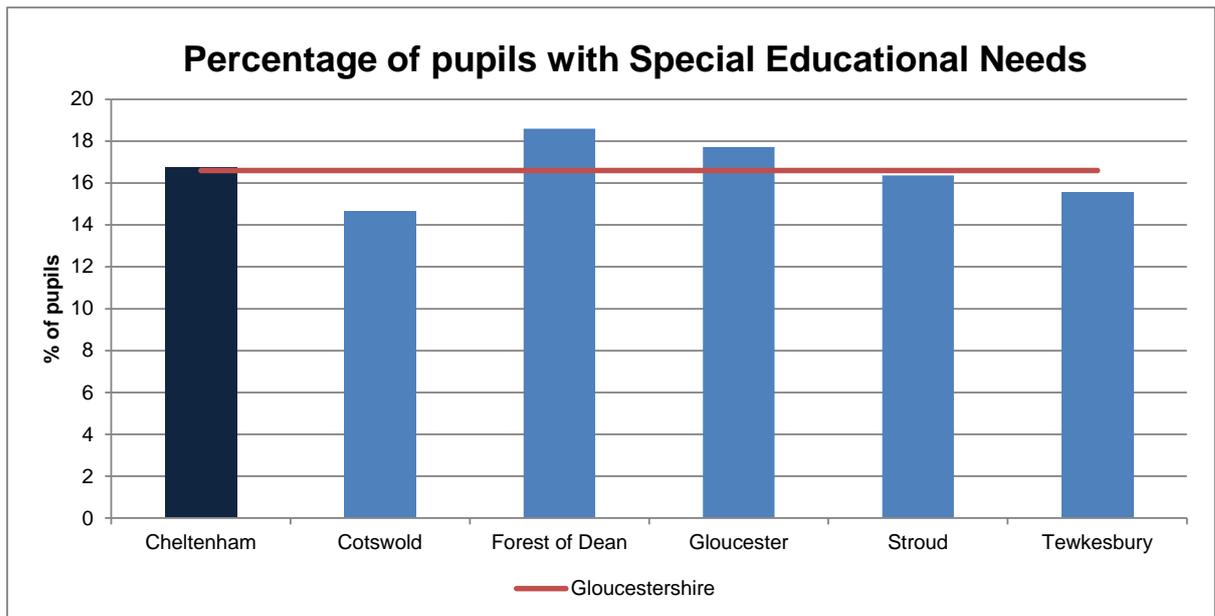


Figure 74: Percentage of pupils with Special Educational Needs by district of education, January 2014¹⁴³

Figure 75 shows the total number of pupils with Special Educational Needs in Cheltenham schools has increased since 2011/12. During this period the number of children with School Action¹⁴⁴ level of need has decreased, while the number of pupils with School Action Plus¹⁴⁵ level of need and Statements of Special Educational Needs¹⁴⁶ has increased. This suggests that as well as seeing an overall increase in the number of pupils with Special Educational Needs, schools in Cheltenham have also seen an increase in the severity of needs.

¹⁴³ School Census, Jan 10-Jan 14.

¹⁴⁴ Pupils who require School Action usually have additional learning needs and should receive additional support from within the school, such as small group tuition.

¹⁴⁵ School Action Plus is used when School Action has not been able to help a child make adequate progress. Staff that work with Pupils requiring School Action Plus, should receive advice or support from outside specialists

¹⁴⁶ Statements of Special Educational Needs are given to those in need of the most intensive support.

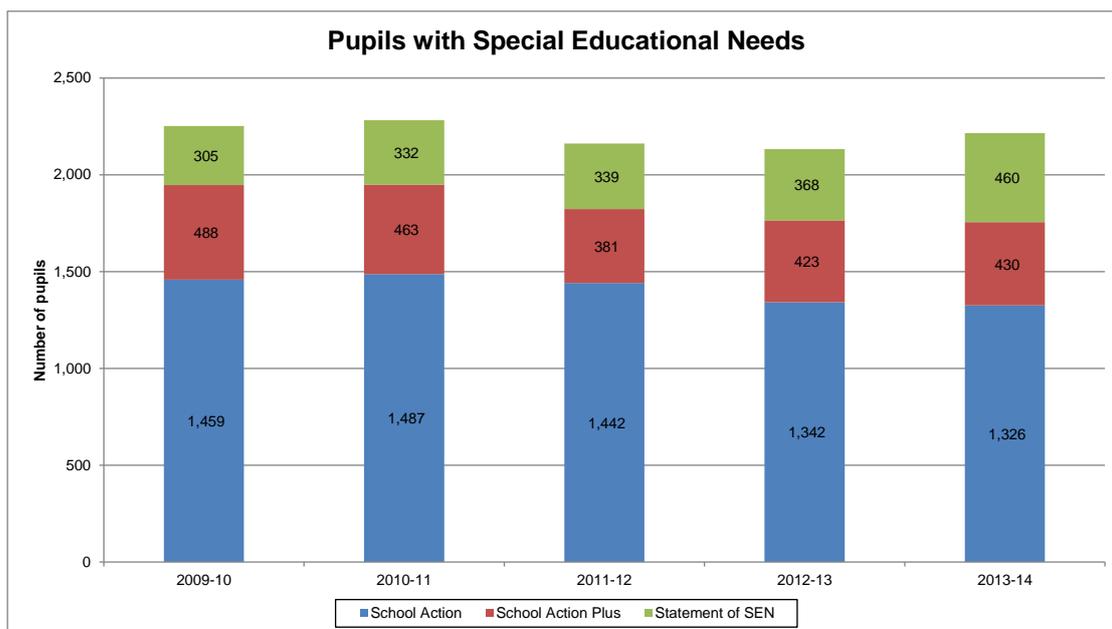


Figure 75: Number of pupils on the Special Educational Needs Code of Practice, 2009/10 – 2013/14¹⁴⁷

Information about the primary need (or condition) is recorded for all pupils at School Action Plus or with a Statement of Special Educational Needs. Figure 76 shows that in 2013/14 the most common category of need in Cheltenham schools was Moderate Learning Difficulties, this differs from the picture seen at county level where the most common category of need was Speech, Language and Communication Needs.

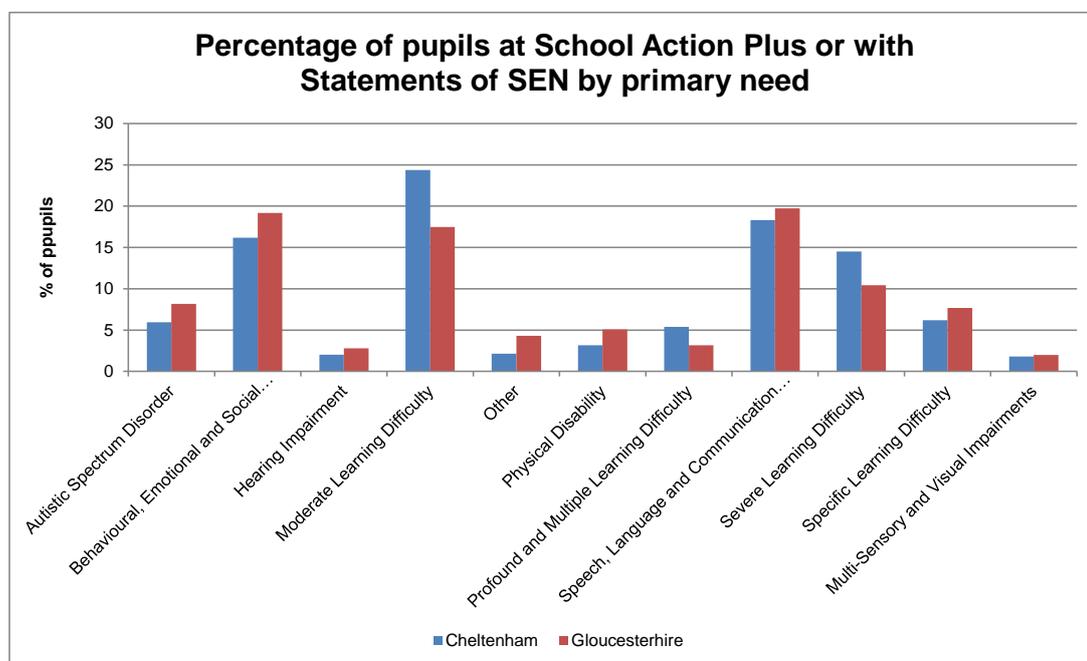


Figure 76: Percentage of pupils at School Action Plus or with Statements of SEN by primary need, January 2014¹⁴⁸

¹⁴⁷ School Census, Jan 10-Jan 14.

Figure 77 illustrates the trend in primary need over the last 5 years. The greatest change in Cheltenham schools has been in the number of children with Moderate Learning Difficulties, which has increased by 42 children, this is contrast to a decline of 36 pupils with Moderate Learning Difficulties at county level. The only decline in Cheltenham has been in the number of children with Autistic Spectrum Disorders, which fell by 12 pupils.

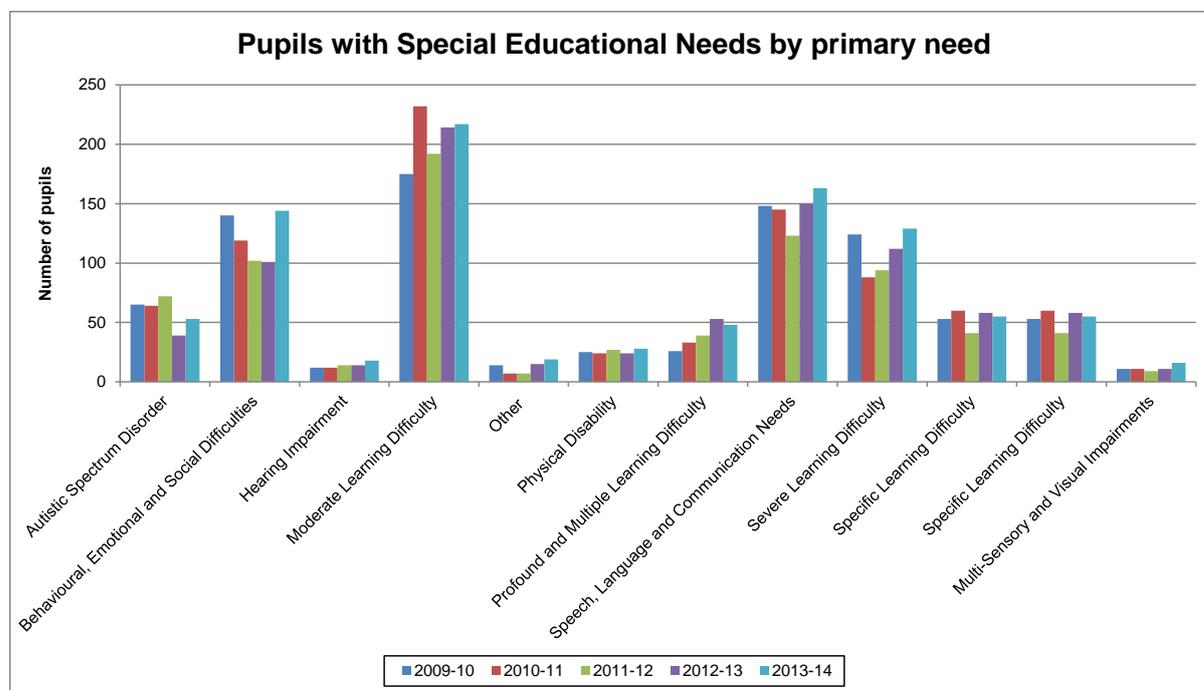


Figure 77: Number of pupils with Special Educational Needs by primary need, 2009/10 – 2013/14¹⁴⁹

For further information about children with Special Educational Needs please see our SEND needs analysis¹⁵⁰.

6.2.3 Adults with disabilities

The Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI) provide current and future estimates of the number of adults with learning and physical disabilities.

In 2014 there was an estimated 7,101 people aged 18-64 with a severe or moderate physical disability living in Cheltenham¹⁵¹ and an additional 4,126

¹⁴⁸ *Ibid.*

¹⁴⁹ *Ibid.*

¹⁵⁰

https://search3.openobjects.com/mediamanager/gloucs/glosfamilies/files/children_and_young_people_0-24_years_with_special_educational_needs_and_disabilities_-_needs_analysis_v1_0.pdf

¹⁵¹ Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

people aged 65+ who are unable to manage at least one mobility activity on their own¹⁵².

Figure 78 shows the number of people with a moderate or serious physical disability is projected to increase slightly between 2014 and 2025. In contrast the number of people aged over 65 who are unable to manage at least one mobility activity on their own, is forecast to increase steeply during the period, from 4,126 in 2014 to 5,286 in 2025. This is likely to result in a noticeable increase in demand for health and social care services.

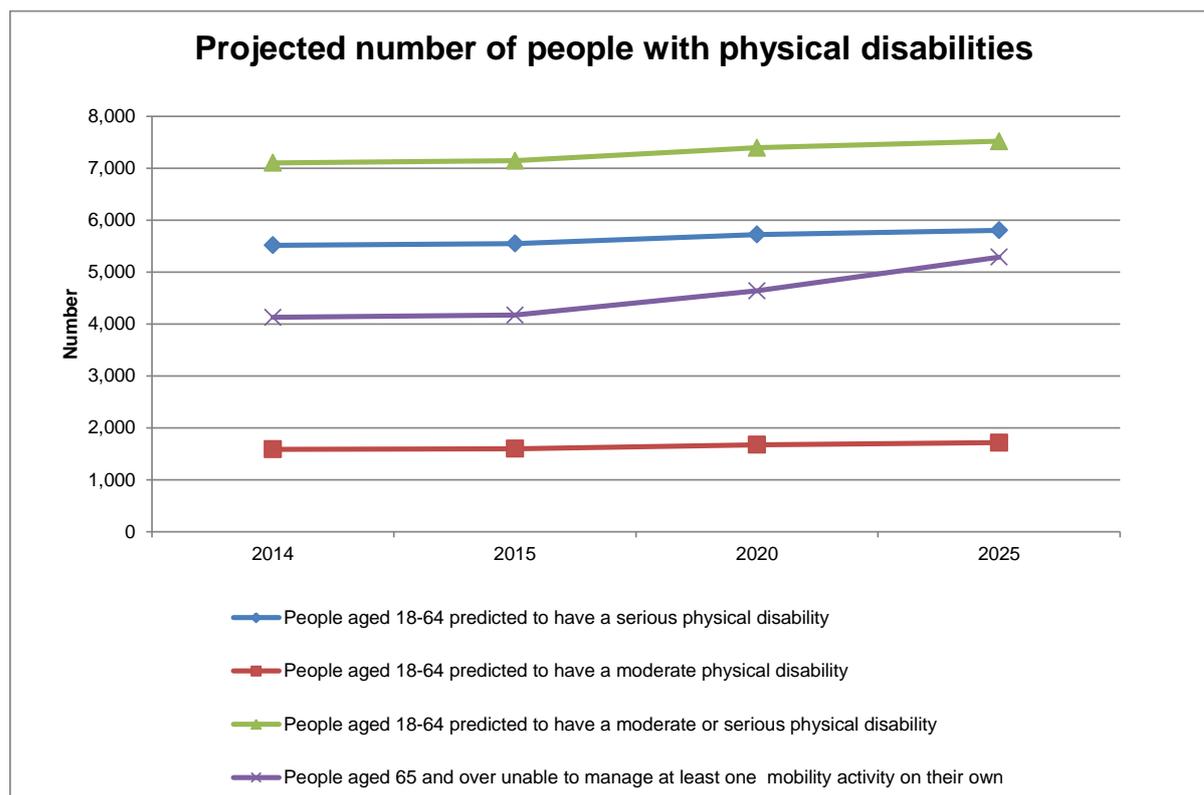


Figure 78: Projected number of people with moderate or serious physical disability (aged 18-64)¹⁵³ or unable to manage at least one mobility activity on their own, 2014-2025¹⁵⁴

In 2014 there was an estimated 2,237 people aged 18+ with a learning disability living in Cheltenham. Figure 79 shows the number of people aged 18+ with a learning disability is forecast to increase to 2,386 people by 2025, this represents an increase of 149 people or 6.7%.

¹⁵² Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

¹⁵³ Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

¹⁵⁴ Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

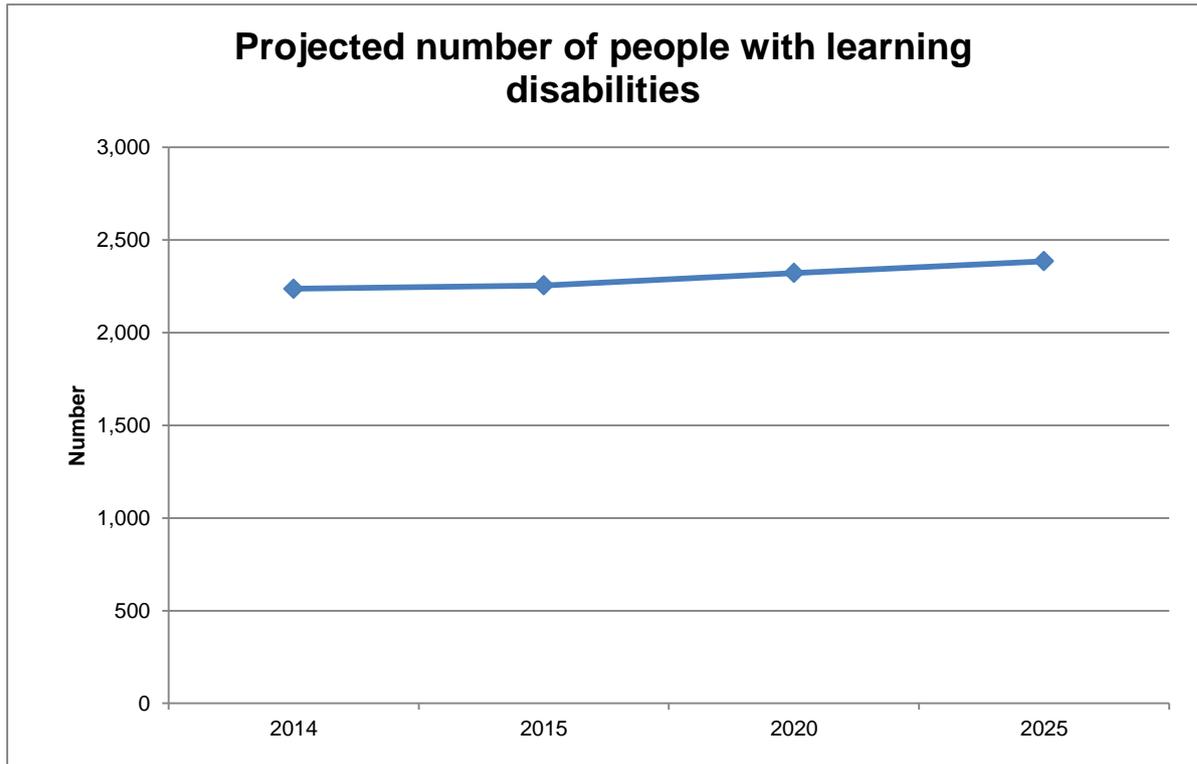


Figure 79: Projected number of people aged 18+ with a learning disability, 2014-2025¹⁵⁵

6.2.4 Experiences and outcomes of people with disabilities

National research has shown people with disabilities are more likely to be at risk of poor outcomes than their peers. A report by the Office for Disability Issues shows that nationally people with disabilities are¹⁵⁶:

- More likely to live in poverty, 19% of individuals in families with at least one disabled member live in relative income poverty compared to 15% of individuals in families with no disabled member.
- More likely to experience unfair treatment at work than non-disabled people. In 2008, 19% of disabled people experienced unfair treatment at work compared to 13% of non-disabled people.
- More likely to be victims of crime than non-disabled people. This gap is largest amongst 16-34 year-olds where 39% of disabled people reported having been a victim of crime compared to 28% of non-disabled people.
- Less likely to live in households with access to the internet than non-disabled people. In 2011, 61% of disabled people lived in households with internet access, compared to 86% of non-disabled people

¹⁵⁵ *Ibid.*

¹⁵⁶ Department for Work and Pensions and Office for Disability Issues, Disability Facts and Figures <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures> Accessed 07/05/2015.

Local data also shows people with disabilities are:

- Less likely to be in employment than non-disabled people. During the period April 2014 - Mar 2015, 71.0% of working age disabled people were in employed in Cheltenham, compared to 77.0% of non-disabled people¹⁵⁷.
- Less likely to achieve 5 or more GCSE's grades A*-C. In Gloucestershire, in 2014 21.4% of pupils with SEN but without a statement and 8.1% of pupils with a statement of SEN achieved 5+GCSE A*-C grades including English and mathematics, this compares to 68.1% of pupils without SEN¹⁵⁸.
- Less likely to participate in sport. In Gloucestershire in 2012/13, 20.1% of people with a limiting illness or disability participated in sport at least once a week, compared to 39.8% of people without a limiting illness or disability¹⁵⁹.

However there is also evidence to suggest people with disabilities are increasingly achieving great things, and building better lives. Employment rates for disabled people in Gloucestershire are improving, children with Special Education Needs are achieving greater success at GCSE Level and participation of disabled people in sports is increasing¹⁶⁰.

6.3 Mental health

Unfortunately, very little mental health data is published at a district level, as it is generally recorded at an Upper Tier Local Authority or CCG level by organisations such as Public Health England and the HSCIC. The only available data at a district level is either heavily modelled from national estimates, or only gives very small and unreliable pieces of information around the highest levels of need, all of which would give an unrepresentative message on the levels of mental health need in each district. County and CCG level mental health data can be found on various Public Health England portals here:

<http://fingertips.phe.org.uk/profile-group/mental-health>

¹⁵⁷ ONS, Annual Population Survey <https://www.nomisweb.co.uk> Accessed 07/08/2015.

¹⁵⁸ DfE SfR 50/2014.

¹⁵⁹ Active People Survey, Sport England

http://archive.sportengland.org/research/active_people_survey/active_people_survey_7.aspx
Accessed 30/04/2015.

¹⁶⁰ Strategic Needs Analysis Team, Children and young people (0-24) with Special Educational Needs and Disabilities (SEND) - Needs Analysis

https://search3.openobjects.com/mediamanager/gloucs/glosfamilies/files/children_and_young_people_0-24_years_with_special_educational_needs_and_disabilities_-_needs_analysis_v1_0.pdf

Accessed 28/04/2015.

6.4 Long-term conditions

About 15 million people in England have a long-term condition¹⁶¹. Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment.

Long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease)¹⁶².

People with long-term conditions now account for about 50 per cent of all GP appointments, 64 per cent of all outpatient appointments and over 70 per cent of all inpatient bed days.

Treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure¹⁶³.

Projections for the future of long-term conditions are not straightforward. The Department of Health (based on self-reported health) estimates that the overall number of people with at least one long-term condition may remain relatively stable until 2018. However, analysis of individual conditions suggests that the numbers are growing, and the number of people with multiple long-term conditions appears to be rising.^{164 165}

Key

	Significantly higher than Gloucestershire average
	Not significantly different to Gloucestershire average
	Significantly lower than Gloucestershire average

Condition	CCG prevalence	Cheltenham	Forest of Dean	Gloucester City	North Cotswold	South Cotswold	Stroud and Berkeley Vale	Tewkesbury
Hypertension	13.92%	12.82%	16.48%	13.25%	16.28%	14.57%	14.01%	14.17%
Asthma	6.49%	6.41%	7.33%	6.07%	6.60%	6.72%	6.81%	5.96%
Depression (18+)	6.24%	6.44%	8.29%	6.51%	5.00%	5.93%	5.58%	4.68%
Diabetes (17+)	6.12%	5.31%	7.35%	7.02%	6.06%	5.55%	5.70%	5.90%
Chronic Kidney Disease (18+)	6.01%	5.42%	7.39%	6.09%	6.23%	6.38%	6.06%	4.96%
Hypothyroidism	4.64%	4.36%	5.22%	4.60%	5.28%	5.06%	4.42%	4.46%
Coronary Heart Disease	3.19%	2.95%	3.84%	3.01%	3.78%	3.14%	3.30%	3.12%
Cancer	2.38%	2.40%	2.54%	1.94%	3.20%	2.60%	2.63%	2.23%
Atrial Fibrillation	1.87%	1.78%	2.09%	1.53%	2.61%	2.26%	1.95%	1.91%
Stroke	1.87%	1.79%	2.36%	1.64%	2.34%	1.94%	1.84%	1.97%
COPD	1.68%	1.69%	2.11%	1.64%	1.65%	1.61%	1.62%	1.52%
Epilepsy (18+)	0.86%	0.82%	1.01%	0.94%	0.76%	0.70%	0.80%	0.88%
Dementia	0.76%	0.78%	0.86%	0.65%	0.87%	0.83%	0.84%	0.64%
Mental Health	0.74%	0.86%	0.71%	0.77%	0.66%	0.53%	0.73%	0.57%
Heart Failure	0.69%	0.74%	0.92%	0.62%	0.61%	0.70%	0.69%	0.52%

¹⁶¹ Department of Health (2012). Report. [Long-term conditions compendium of Information: 3rd edition](#)

¹⁶² *Ibid.*

¹⁶³ *Ibid.*

¹⁶⁴ The Kings Fund <http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity>

¹⁶⁵ Department of Health (2012). Report. [Long-term conditions compendium of Information: 3rd edition](#)

Figure 80: Long term conditions. All data from 2013/14, aside from Chronic Kidney Disease which is 2012/13. Data not age standardised. Data is dependent on GPs diagnosing and recording conditions correctly.¹⁶⁶

For the majority of long term conditions (LTCs) recorded on QOF disease registers, Cheltenham has a similar prevalence rate to the county as a whole, although it is significantly higher for mental health issues. QOF data is not age standardised, and as such the fairly low prevalence of LTCs is likely to reflect the locality's younger age structure.

QOF registers only capture people who have been diagnosed by their GP as such they may not reflect the true level of need in the locality. It is also worth noting that this data is recorded at a GP level, it reflects which GP they attend, not necessarily where they live. The data is presented at GP Locality level rather than district, although they are largely the same.

Prevalence rates of LTCs in localities are likely to have implications for health and social care spend.

6.5 Dementia

There are 850,000 people estimated to be living with dementia in the UK¹⁶⁷ though recent research suggests that actual prevalence may be lower¹⁶⁸. The cost to the country has been estimated at £26.3 billion a year as shown in the following infographic.

¹⁶⁶ PHE GP Profiles <http://fingertips.phe.org.uk/profile/general-practice/data#mod,1,pyr,2014,pat,19,par,E38000062,are,-,sid1,3000008,ind1,273-4,sid2,-,ind2,->
Accessed 02/07/2015

¹⁶⁷ Alzheimer's Society, 2014, Dementia UK 2nd Edition, <http://www.alzheimers.org.uk/dementiauk>

¹⁶⁸ Yu-Tzu Wu *et al*, 2015, Dementia in western Europe: epidemiological evidence and implications for policy making, The Lancet, [http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422\(15\)00092-7/abstract](http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422(15)00092-7/abstract)

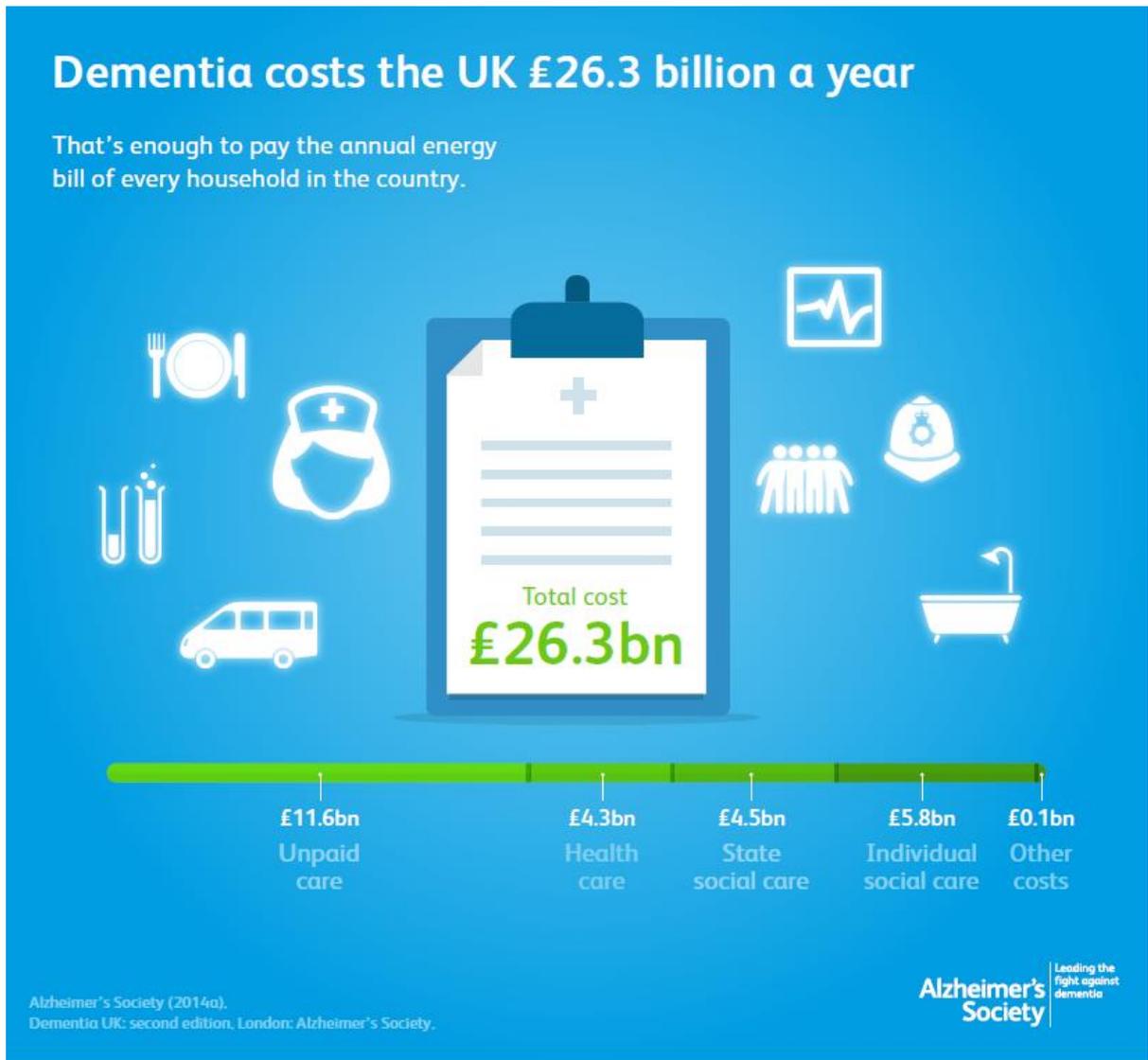


Figure 81: National dementia costs¹⁶⁹

The Alzheimer's Society has produced a comprehensive report detailing the evidence of dementia need and costs¹⁷⁰.

There are estimated to be over 1,650 people aged 65 and over with dementia in Cheltenham and this is forecast to rise by over half over 2,500 in 2030. Almost two thirds are women.

¹⁶⁹ Alzheimer's Society, Dementia 2014 infographic, <http://www.alzheimers.org.uk/infographic>

¹⁷⁰ Alzheimer's Society

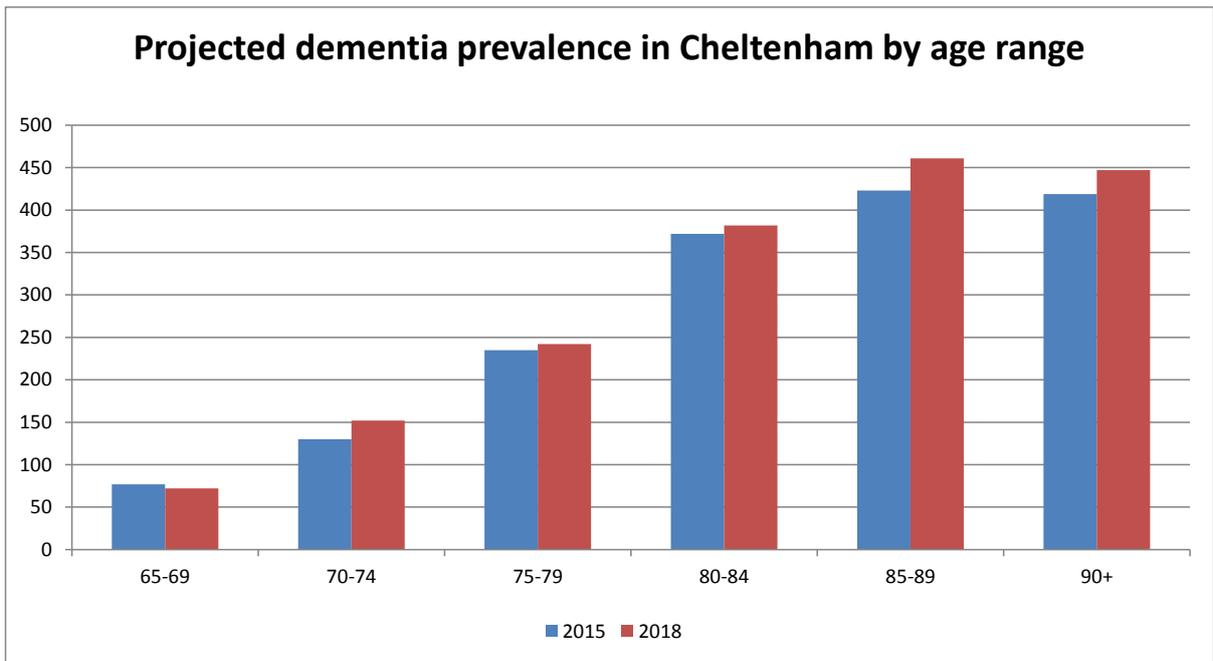


Figure 82: Predicted dementia prevalence by age in Cheltenham¹⁷¹.

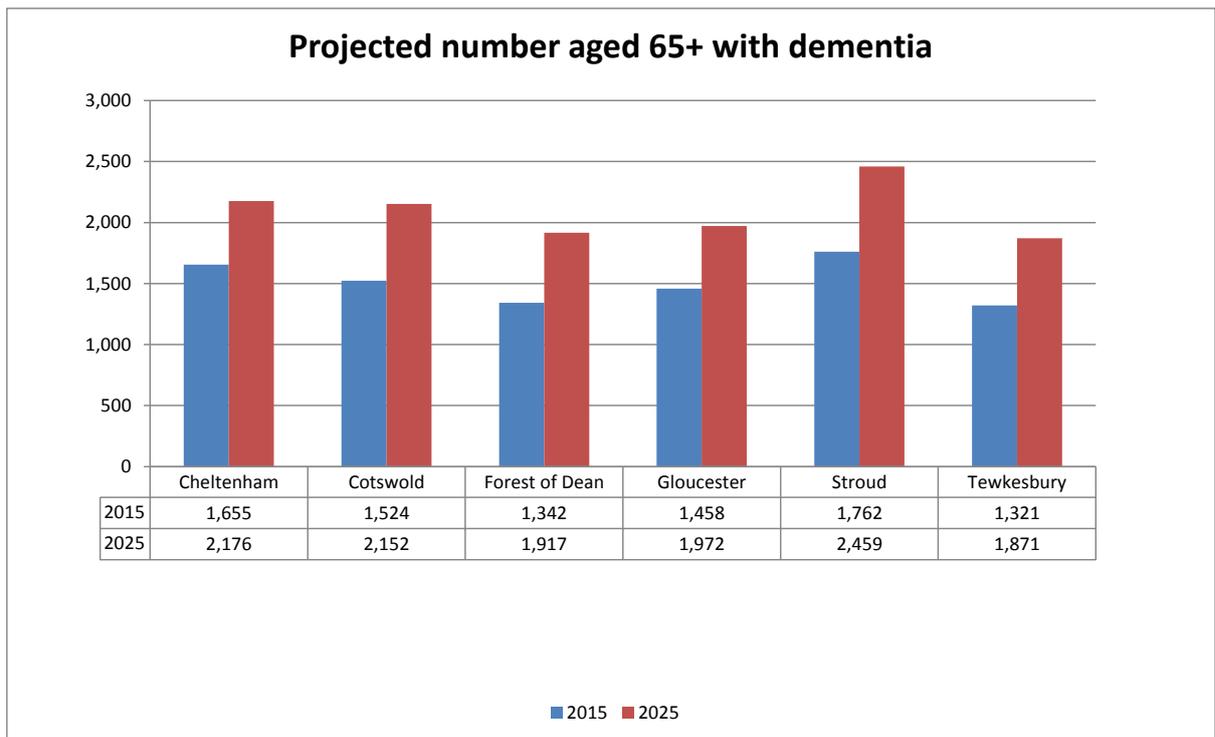


Figure 83: Predicted number aged 65+ with dementia 2015-2025¹⁷²

The main risk factors for dementia are type 2 diabetes, hypertension, midlife obesity, depression, low levels of physical activity and smoking

Using modeled GP practice data we can see where those with dementia are most likely to live.

¹⁷¹ POPPI, 2015

¹⁷² *Ibid.*

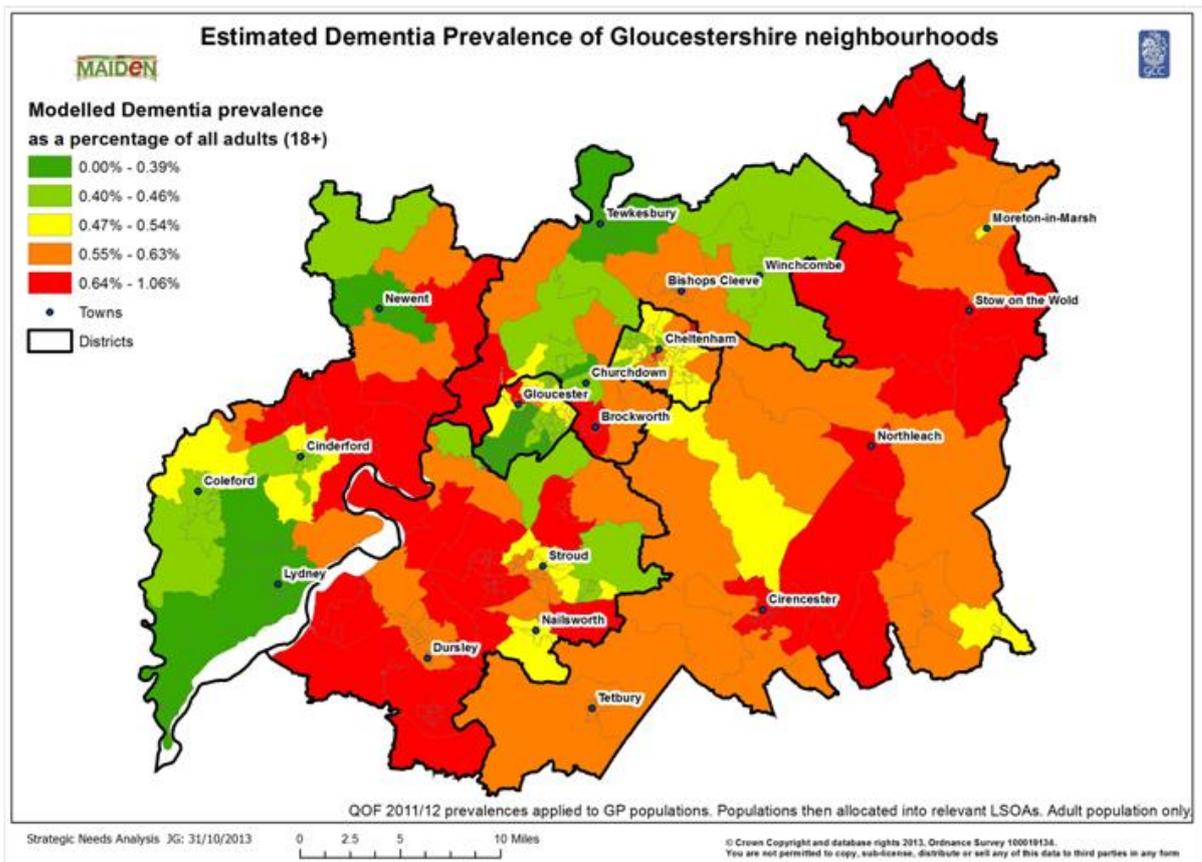


Figure 84: Estimated dementia prevalence of Gloucestershire neighbourhoods

6.6 Service use profile – community based care

In 2014/15 2,144 people received community-based adult social care services in Cheltenham¹⁷³. The rate per 100,000 population (see Figure 85 below) is close to the county average. In Cheltenham, as elsewhere, there is a general trend for a reduced number of people receiving community-based services since 2013/14.

¹⁷³ Gloucestershire County Council, 2015

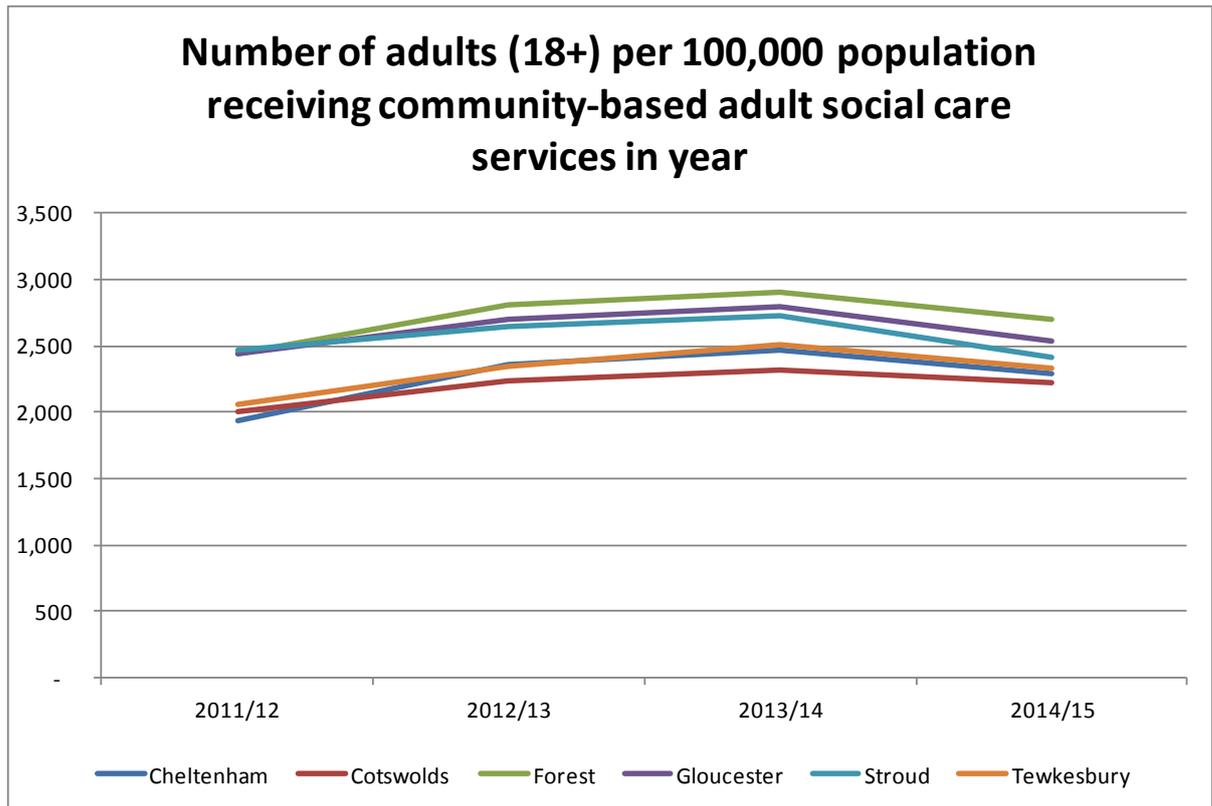


Figure 85: Adults who received any community based support during the year per 100,000 2011/12 – 2014/15

6.7 Service use profile – residential and nursing care

Eventually many adults with social care needs have to move in to residential or nursing care. There were 444 adults in residential care and 186 in nursing care in Cheltenham District in 2014/15. The following graph shows that Cheltenham has the second highest rate of people in residential care in the county in recent years. For nursing care Cheltenham has moved from being the District with the lowest rate in 2011/12 to the highest in the county in 2014/15.¹⁷⁴

¹⁷⁴ Ibid.

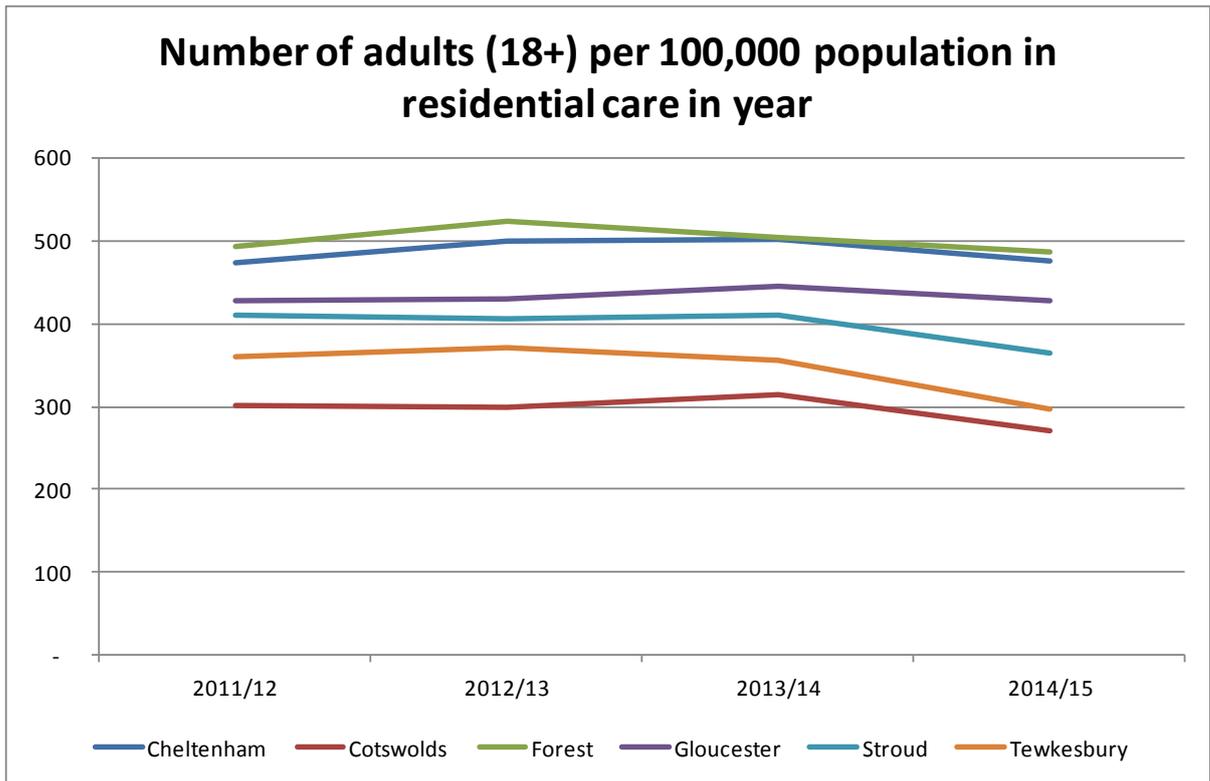


Figure 86: Adults in residential care during the year per 100,000 2010/11-2013/14¹⁷⁵

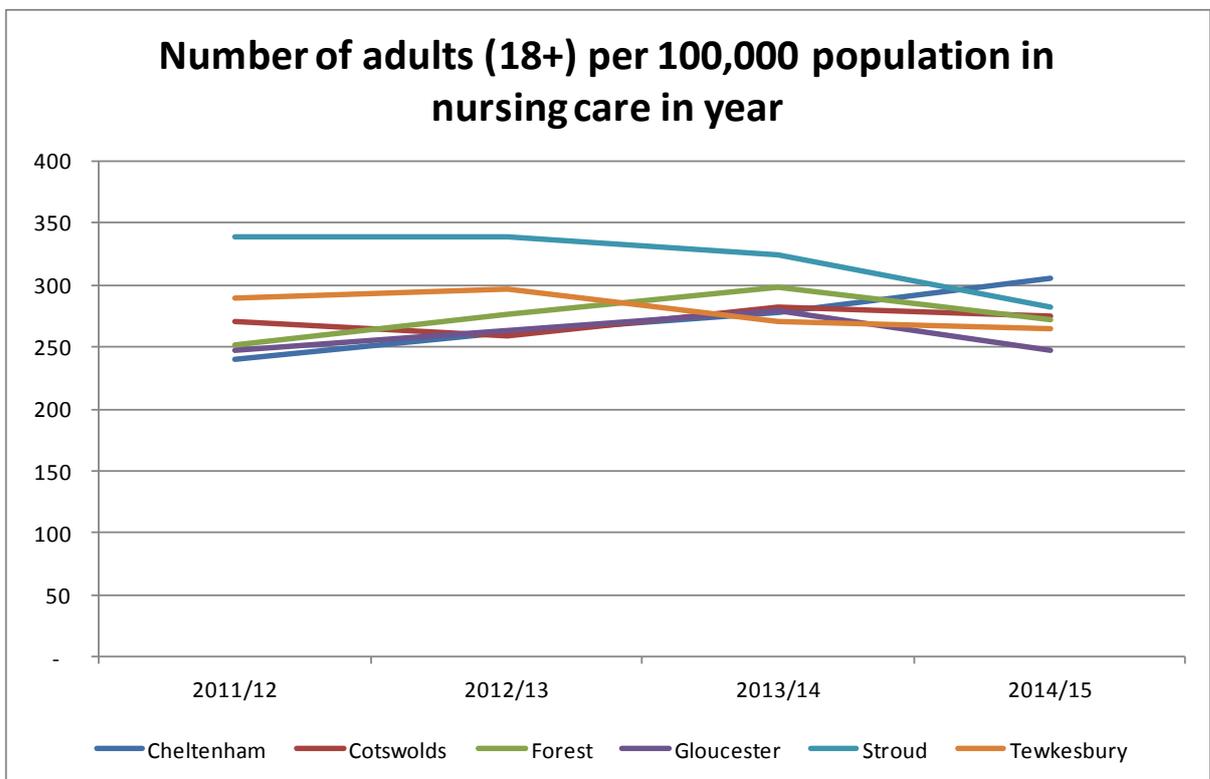


Figure 87: Adults in nursing care during the year per 100,000 2010/11-2013/14¹⁷⁶

¹⁷⁵ Ibid

It should be noted that for all types of ongoing care there is a general trend of reducing numbers of services locally, regionally and nationally. This is happening at a time when levels of need will be increasing as the population ages. This reduction in the numbers of people receiving such services can only be achieved by reducing the level of their needs through services such as reablement or telecare or their needs being met in the community.

6.8 Place of death

The national End of Life Care Strategy¹⁷⁷ sets out an ambition to provide all adults nearing the end of life, regardless of diagnosis, access to high quality care and to support more people to realise their choices and preferences for care. Survey data suggests that many people would, given the choice, prefer to die at home and few wish to die in hospital.

48.3% of Cheltenham District residents who died between 2011/12 and 2014/15 did so in their usual place of residence. 'Usual place of residence' includes deaths that occurred at home, care home or religious establishment. Cheltenham performs better in this regard than England (44.1%) but less well than for Gloucestershire as a whole (50%). In 2014/15, of Cheltenham residents who died, 19% died at home, 41% died in hospital, 33% died in a care home, 6% in a hospice and 1% in other places¹⁷⁸.

¹⁷⁶ *Ibid.*

¹⁷⁷ Department of Health, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf, 2008

¹⁷⁸ National End of Life Care Intelligence Network, http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death, 18/11/2015

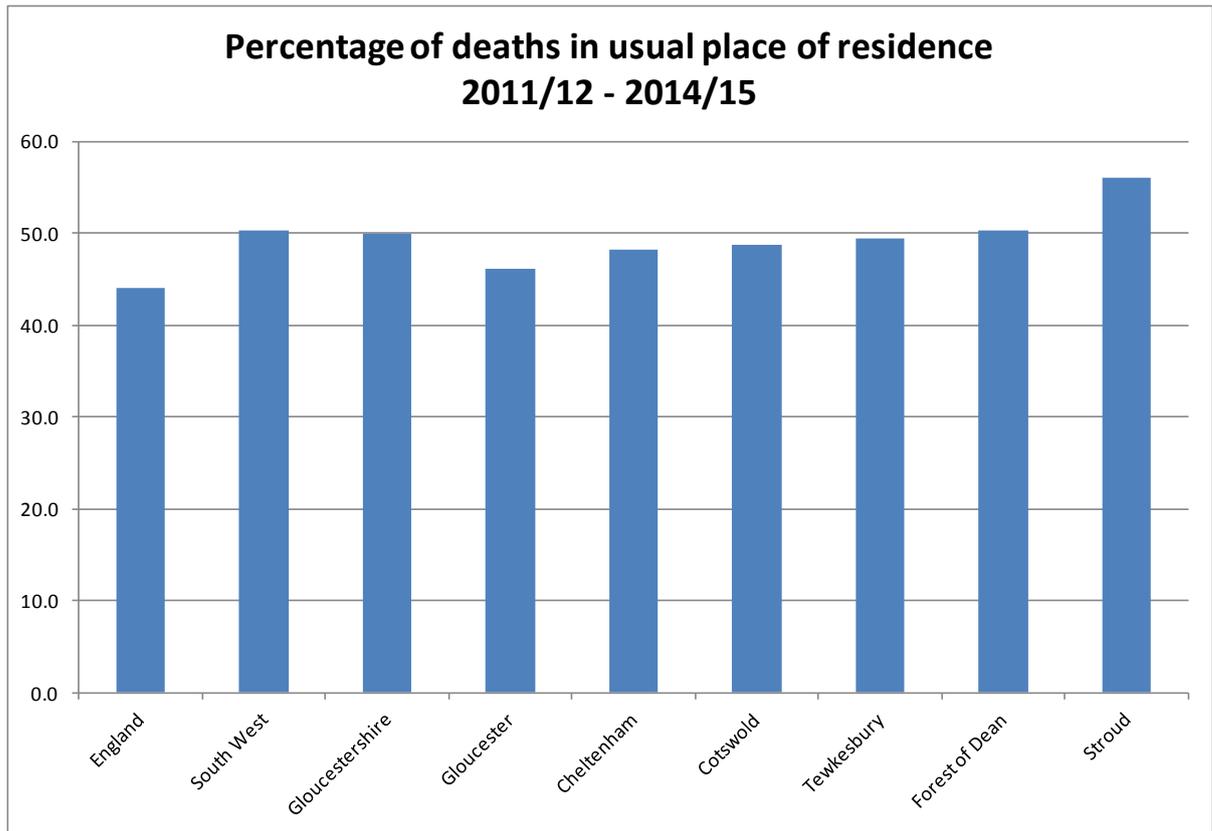


Figure 88: Deaths in usual place of residence 2011/12 – 2014/15

6.9 Key messages

- While overall health tends to be good, this is not true for everyone and for every part of the district. Some groups of individuals, such as those on lower incomes, people from certain ethnic groups and people with mental health problems, may experience poorer health outcomes.
- According to the 2011 Census 15.1% of Cheltenham residents (17,506 people) reported having a long term health problem or disability, this was below the county, regional and national average.
- In February 2015 there were 6,830 people claiming Disability Living Allowance or Attendance Allowance in Cheltenham, representing 5.9% of the total population. This was lower than the county, regional and national averages
- Mental health was the most commonly reported disabling condition in Cheltenham, representing a fifth of all claims. This differs from the picture seen at county, regional and national level and in all of the other districts that make up Gloucestershire, where arthritis was the most commonly reported condition
- In 2013/14 there were 2,216 children and young people attending maintained schools in Cheltenham with Special Educational Needs, this equates to 16.6% of pupils, which was in line with the county average.

- The total number of pupils with Special Educational Needs attending schools in Cheltenham schools has increased since 2011/12. During this period the number of people with the lowest level of need have declined, while those with higher levels of need have increased.
- Information about the primary need (or condition) is recorded for all pupils at School Action Plus or with a Statement of Special Educational Needs. In 2013/14 the most common category of need in Cheltenham schools was Moderate Learning Difficulties, this differs from the picture seen at county level where the most common category of need was Speech, Language and Communication Needs.
- In 2014 there was an estimated 7,101 people aged 18-64 with a severe or moderate physical disability living in Cheltenham and an additional 4,126 people aged 65+ who are unable to manage at least one mobility activity on their own.
- In 2014 there was an estimated 2,237 people aged 18+ with a learning disability living in Cheltenham. The number of people aged 18+ with a learning disability is forecast to increase to 2,386 people by 2025, this represents an increase of 149 people or 6.7%.
- For the majority of long term conditions (LTCs) Cheltenham has a similar prevalence rate to the county as a whole, although it is significantly higher for mental health issues.
- There are estimated to be over 1,650 people aged 65 and over with dementia in Cheltenham and this is forecast to rise by over half over 2,500 in 2030.
- In 2014/15 2,144 people received community-based adult social care services in Cheltenham. The rate per 100,000 population is close to the county average.
- There were 444 adults in residential care and 186 in nursing care in Cheltenham District in 2014/15. Cheltenham has the second highest rate of people in residential care in the county in recent years. For nursing care Cheltenham has moved from being the District with the lowest rate in 2011/12 to the highest in the county in 2014/15.
- 48.3% of Cheltenham District residents who died between 2011/12 and 2014/15 did so in their usual place of residence. 'Usual place of residence' includes deaths that occurred at home, care home or religious establishment. Cheltenham performs better in this regard than England (44.1%) but less well than for Gloucestershire as a whole (50%).

7. Healthy and Sustainable Places and Communities

7.1 About this section

Local communities already play a huge role in meeting the needs of their residents. This happens in many ways, such as formal voluntary groups, informal networks of friends or adults and children caring for their loved ones. As levels of need increase in a challenging financial climate for the state sector the importance of community contribution can only increase.

7.2 Community Assets

There is already a wealth of community activity taking place across Gloucestershire in neighbourhoods, villages through clubs, interest groups and community organisations. Some of these activities take place with the support and involvement of the public sector in Cheltenham. Even more communities thrive through the enthusiasm and commitment of their own members and the creativity and drive of local people.

We recognise that there is a host of other community assets that meet people's needs across the borough and we intend to develop an evidence base that much better captures both the extent of such assets and the value they provide to the community. Understanding the needs of the population and the performance of the services they use is useful but it is only part of the picture; a vital part of any needs assessment and commissioning process is hearing the voice of the people who live in the area. What people say about their needs and the services they use gives important information on how to improve the services being commissioned in a way that responds to the needs of the population.

It is also recognised that real, sustainable change, can only come from the local community itself by harnessing the energy, skill and commitments ('assets') of local people and that by understanding these assets we will be better placed to support communities.

The 'Call for Evidence' seeks to gather the views and opinions of Voluntary & Community Sector (VCS) organisations in Gloucestershire to better understand the needs of the people & communities that they serve. It also aims to collect evidence around community assets, which could include physical assets, community networks and much more.

The timeline and details about the 'Call for Evidence' are still to be determined but it will primarily focus on the five priorities set out in the Gloucestershire Health and Wellbeing Strategy and more information will be available on Inform Gloucestershire in due course.

7.3 Carers

The role of carers can often be complex with many also in full time employment or education as well as having to care for loved ones. This increased pressure in the life of a carer can lead to having a negative impact on the health and wellbeing of the carer (a recent survey found that 6 out of 10 carers had reached breaking point with a quarter of those requiring medical treatment as a result, 63% suffered from depression and 79% reported anxiety¹⁷⁹). Records of carers whose needs have been assessed by Gloucestershire County Council reveal that approximately 85% of carers are either the wife/husband/partner or son/daughter. Carers can be classified into 4 generalised groups;

- Parent carers – combining caring for a child with special needs alongside other childcare responsibilities (estimated at 8% of total carers, locally this equates to an estimated 843 parent carers in Cheltenham)
- Sandwich carers – Combining looking after an older relative alongside childcare responsibilities (estimated at 3.5% of people aged 35-69 which, when equating this to Cheltenham’s total 35-69 population, is an estimated 1,738).
- Caring for more than one person – The Survey of Carers in Households estimates that up to 17% of carers care for more than one person¹⁸⁰ (Cheltenham estimate 1,791).
- Mutual carers – Examples are two older people living together, or a person with learning difficulties providing care for his/her parents.

A total of 10,500 people in Cheltenham provided unpaid care each week in 2011, representing 9.1% of the population. The number of unpaid carers in Cheltenham has risen by 7% since 2001 and is expected to rise by another 7% by 2017 due mainly to the increasing number of older people.¹⁸¹

The ageing population is also likely to lead to a substantial increase in the number of mutual carers, generally older married couples looking after each other. The latest data from Projecting Older People Population Information (POPPI) supports this in regards to carers aged 65 and over. When applied locally to Cheltenham, projects a 7.2% increase of these carers in the next 4 years (see Figure 89). When compared against other districts the increase in Cheltenham is not as great.

¹⁷⁹ [Carers At Breaking Point](https://www.carersuk.org/for-professionals/policy/policy-library/carers-at-breaking-point-report), Carers UK: <https://www.carersuk.org/for-professionals/policy/policy-library/carers-at-breaking-point-report>

¹⁸⁰ [Survey of Carers in Households 2009/10](http://www.hscic.gov.uk/catalogue/PUB02200/surv-care-hous-eng-2009-2010-rep1.pdf): <http://www.hscic.gov.uk/catalogue/PUB02200/surv-care-hous-eng-2009-2010-rep1.pdf>

¹⁸¹ ONS, 2011 Census and [Inform Gloucestershire Census Page](#), “Unpaid Care” spreadsheet

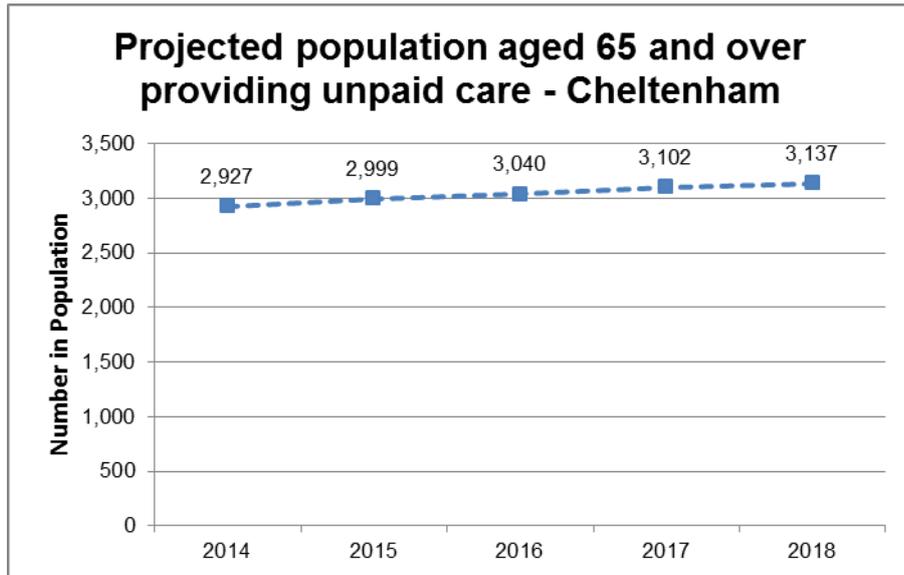


Figure 89: People aged 65 and over providing unpaid care to a partner, family member or other person

Figure 90 is taken from the most comprehensive information produced regarding carers and shows the broad age breakdown of carers. This information comes from the Provision of Care data from the 2011 Census and shows the proportion of the total population that provide unpaid care. For both Cheltenham and Gloucestershire as a whole, the highest proportion of each broad age group is found in the 50 to 64 age column.

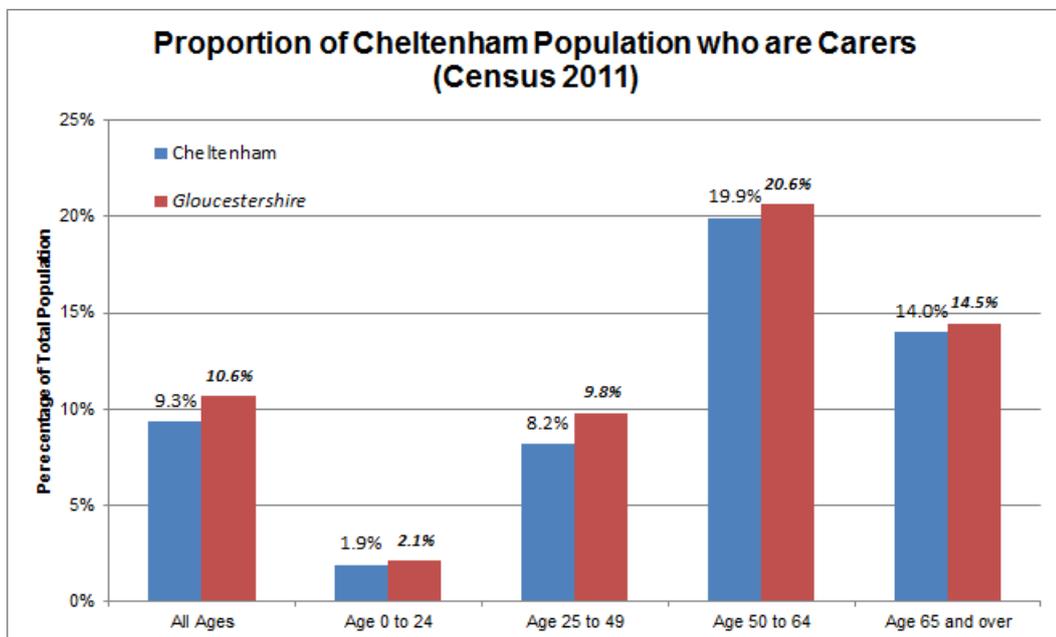


Figure 90: Proportion of Cheltenham Population Who Are Carers ¹⁸²

Young Carers are defined as children and young people under 25 years-old, who provide unpaid care for family members, friends, neighbours or others because

¹⁸² Provision of Unpaid Care (DC3301EW) –Census 2011

of long-term physical or mental ill-health, disability or problems relating to old age.

Nationally there were 413,779 young carers which equates to around 2.5% of the age group¹⁸³. There were 619 young carers in Cheltenham (1.9% of total 0-24 population)¹⁸⁴ at Census day in 2011.

Looking at all young carers in the Gloucestershire County Council care system during Quarter 2 2015/16, approximately every one in every five carers in Gloucestershire come from Cheltenham.

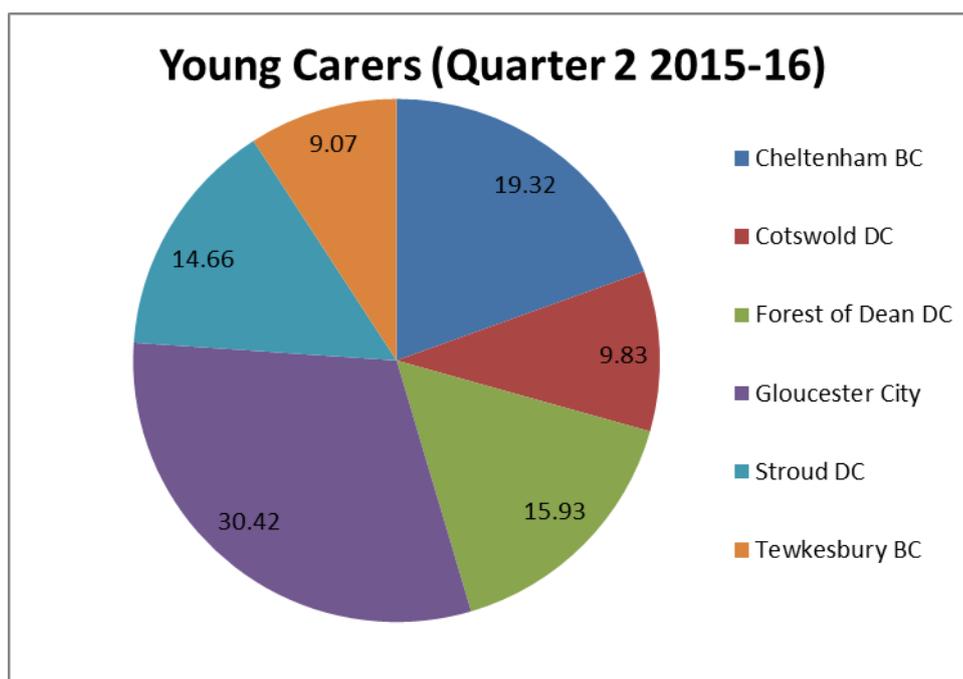


Figure 91: Proportion of Young Carers by District/Borough¹⁸⁵

Unpaid care relieves pressures on health and social services but adequate state support for these carers is essential to avoid someone who is a carer ending up having to be cared for also. Data capture must be improved locally and nationally (currently mainly available in “projections” except for the ten yearly population census which gives the most comprehensive data available to analyse although this is now 4 years old) in order to understand the true nature and scale of caring and how best to support this group in society. The report published by Carers UK in September 2014 states that “*Carers save the economy an estimated £119 billion per year with the unpaid care they provide, an average of £18,473 per carer*” - what with shrinking funding available to public services to help support carers this estimated saving to the economy will be less and the pressures and costs to public services will increase.

¹⁸³ Census 2011 (table KS301EW), <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262>

¹⁸⁴ Provision of Unpaid Care (DC3301EW) –Census 2011

¹⁸⁵ Gloucestershire County Council - Challenge and Performance Team

The views of over 500 carers whose needs had been assessed by or on behalf of Gloucestershire County Council were captured in the 2014/15 carers survey¹⁸⁶. Five measures in the Adult Social Care Outcome Framework (ASCOF) are derived from this survey (Table 33). This table shows that performance has declined since the last survey. This at least partially reflects the trend nationally. Work is ongoing to understand what underlies these outcomes.

Table 33: Carers survey – ASCOF measures

ASCOF measure	Gloucestershire	
	2012-13	2014-15
ASCOF 1D Carer Reported Quality of Life score (composite of responses to 6 survey questions)	7.70	7.40
ASCOF 1I :Proportion of people who use services and their carers who reported that they had as much social contact as they would like	31.3%	26.8%
ASCOF 3B Overall Satisfaction of Carers with Social Services	46.1%	38.5%
ASCOF 3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for	69.6%	68.1%
ASCOF 3D The proportion of people who use services and carers who find it easy to find information about services	71.9%	64.6%

7.4 Volunteering

Volunteers play a huge role in meeting the needs of people in Cheltenham. Nationally in 2013/14 48% of people volunteered in some way at least once a month and 74% at least once a year¹⁸⁷.

The County Council’s Strategic Needs Analysis Team has recently started work on developing a better understanding of where volunteers live at a local level, using customer segmentation data. Figure 92 uses this information to show the likelihood of residents having a hobby of charity/voluntary work. The Lower Super Output Areas where people are most likely to have a hobby of charity/voluntary work are generally the more affluent parts of the district and include Charlton Kings, Leckhampton and Prestbury.

¹⁸⁶ NASCIS, 2015, <https://nascis.hscic.gov.uk/>

¹⁸⁷ Community Life Survey England 2013-14, Cabinet Office, 2014,

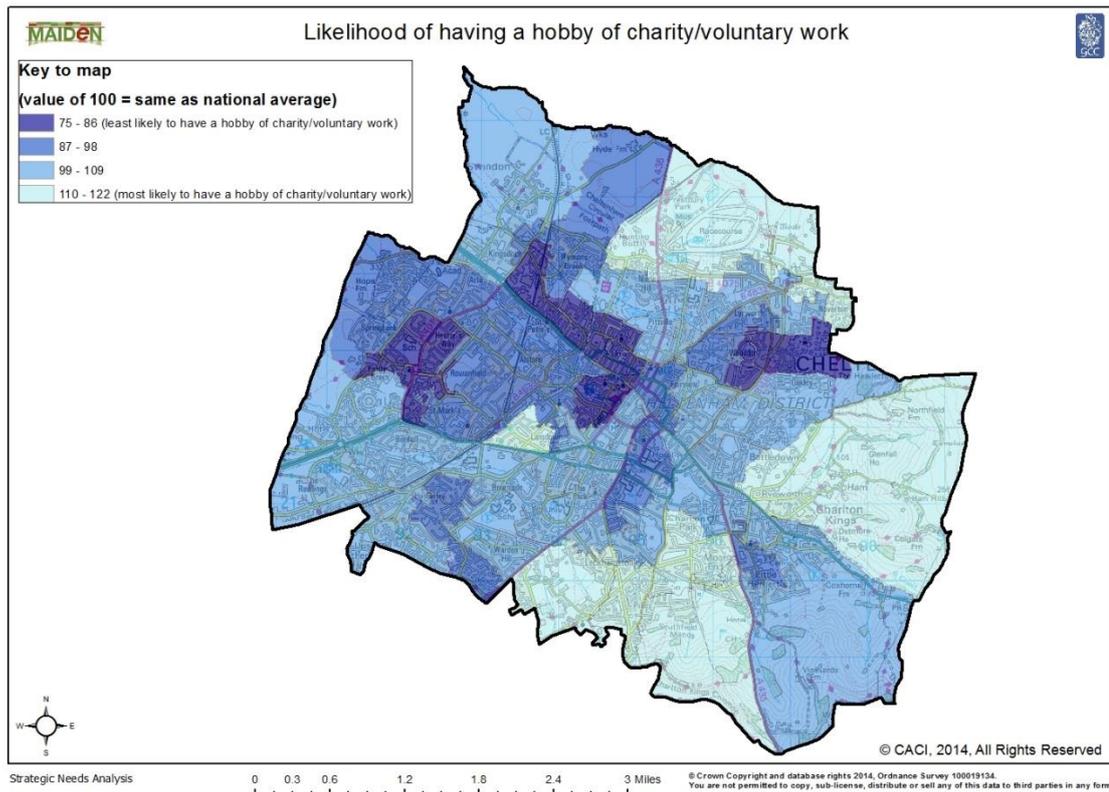


Figure 92: Likelihood of having a hobby of charity/voluntary work¹⁸⁸

7.5 Culture and Leisure

There is a wide and varied choice of cultural and leisure activities in Cheltenham that improve the health and wellbeing of its residents whilst bringing in tourists which in turn bolsters the economy. Tourism and the visitor economy make an essential contribution to the economic and social wellbeing of local people, businesses, and the environment.

In 2011 tourism industries¹⁸⁹ contributed £0.71 billion to Gloucestershire's economy, which represents around 5.77% of the county's total output; this was slightly lower than the national average of 6.25%¹⁹⁰. This data is not available at district level, however there is other information that will help us develop some understanding of tourism in Cheltenham.

An important aspect of tourism is accommodation; in 2013 6.6% of all tourism related businesses in England were accommodation businesses¹⁹¹. Visit England, the country's national tourist board, has also recognised that

¹⁸⁸ Acorn, CACI.

¹⁸⁹ This includes transport activities, accommodation for visitors, travel agencies, food and beverage serving activities, transport equipment rental, sporting and recreational activities, and cultural activities.

¹⁹⁰ T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015

¹⁹¹ *Ibid.*

maintaining and enhancing the supply of accommodation for visitors is one of the key elements required in order for the tourism industry to expand¹⁹².

In 2012 there were 138 accommodation businesses in Cheltenham. Figure 93 shows, this was considerably lower than the Cotswolds and the Forest of Dean. The makeup of accommodation businesses differs between these areas, with the graph showing accommodation businesses in Cheltenham are primarily serviced accommodation such as hotels, while in Cotswold and the Forest of Dean non serviced or self-catering accommodation account for the majority of businesses.

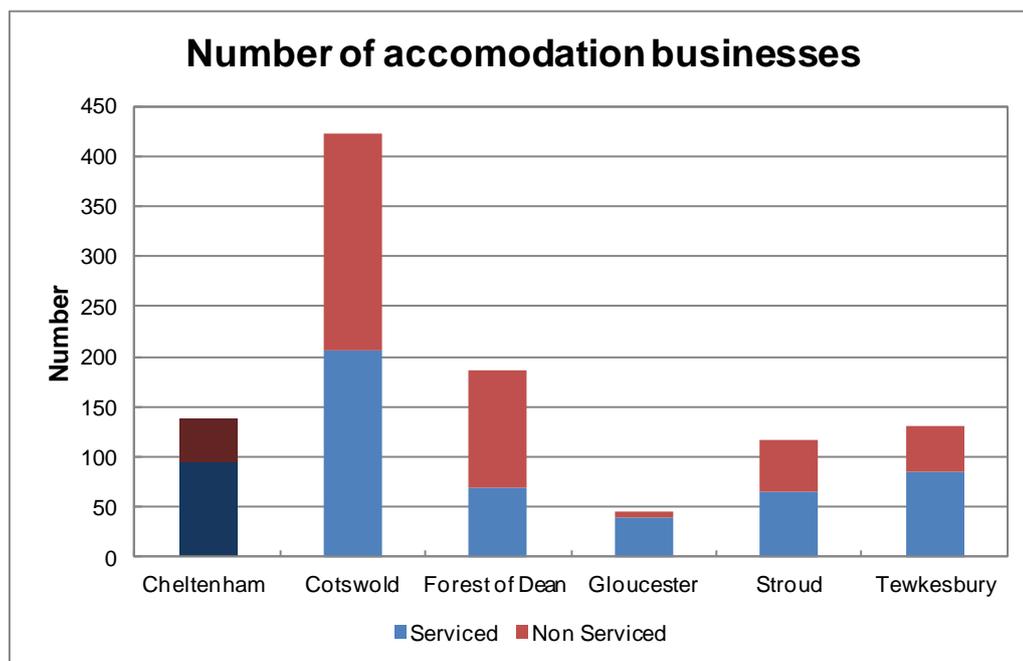


Figure 93: Number of accommodation businesses, 2012¹⁹³

At a national level domestic tourism accounts for the largest share of total visitor economy spending¹⁹⁴. Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 3,780,000 day trips to Cheltenham bringing in around £179 million. Figure 94 shows there were more day trips to Cheltenham than the other districts that make up Gloucestershire, visitors spend was greatest in Cotswold closely followed by Cheltenham.

¹⁹² England – a strategic framework for tourism 2010-2020
http://www.visitengland.org/Images/Strategic%20Framework%20main%20document_tcm30-33240.pdf Accessed 14/12/2015.

¹⁹³ T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015.

¹⁹⁴ Government Tourism Policy
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78416/Government2_Tourism_Policy_2011.pdf Accessed 14/12/2015

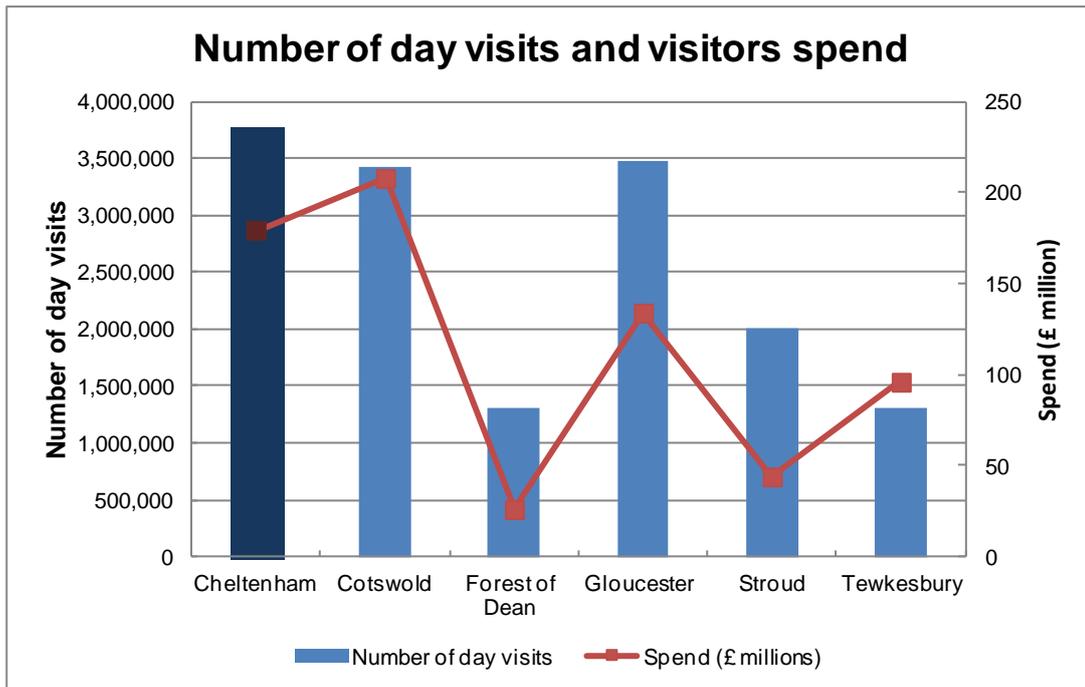


Figure 94: Number of day visits and visitors spend, 2011-2013¹⁹⁵

In the three year period 2011-2013 there were an estimated 464,000 domestic overnight visits to Cheltenham, this contributed around £74 million to the economy. Figure 95 shows there were more domestic overnight visits to Cheltenham than any of the other districts in Gloucestershire and greater visitor spend.

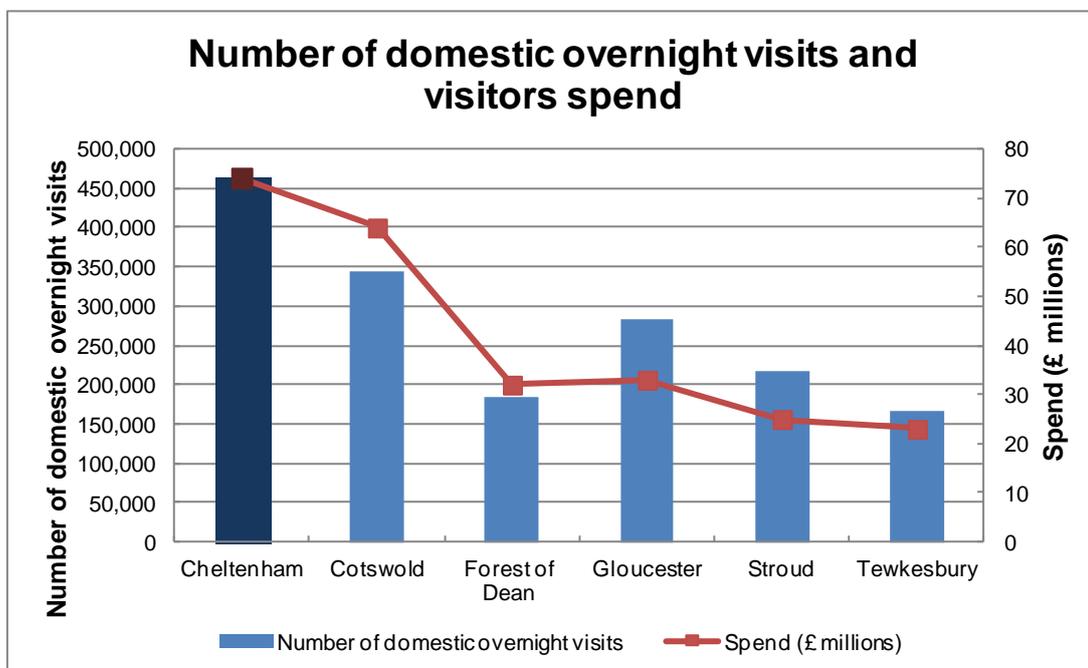


Figure 95: Number of domestic overnight visit and visitors spend, 2011-2013¹⁹⁶

¹⁹⁵ T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015.

While domestic tourism accounts for the largest share of total visitor economy spending, trips by overseas visitors play an important role and are a priority for the UK government. This is because a proportion of the spend on domestic tourism would have happened anyway if the visitors had simply stayed at home - whereas foreign visitor spending adds 100p in every pound to the UK's GDP. Information about overseas visitors is recorded at town or city level rather than district level, this means it will not capture the full extent of overseas tourism. In the period 2011-13 there were an estimated 79,000 visits to Cheltenham town by overseas tourists shows this was more than any other town or city in the county.

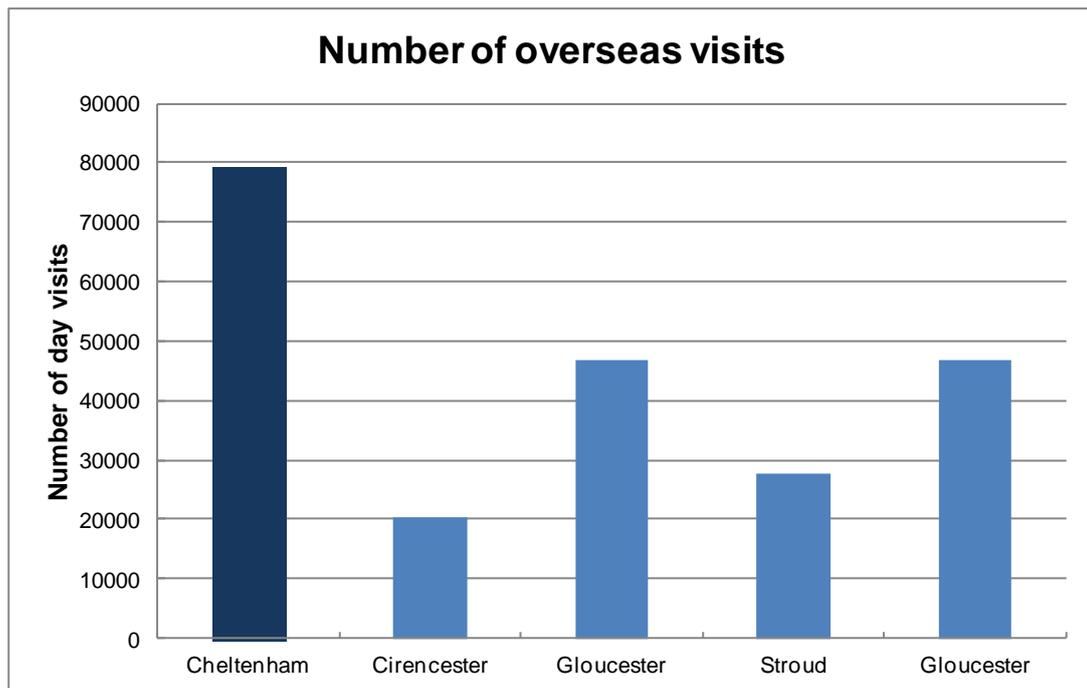


Figure 96: Number of overseas visits, 2011-2013¹⁹⁷

7.6 Transport

Suitable public and community transport can play a key role in reducing social isolation and making all that a community has to offer accessible to those who need it most. Work is just starting on mapping transport usage against need to better understand the effectiveness of transport services in meeting community needs. The following map (Figure 97) shows the variation in accessibility by public transport of key services such as post offices, supermarkets, libraries, schools and GPs across the county.

¹⁹⁶ *Ibid.*

¹⁹⁷ *Ibid.*

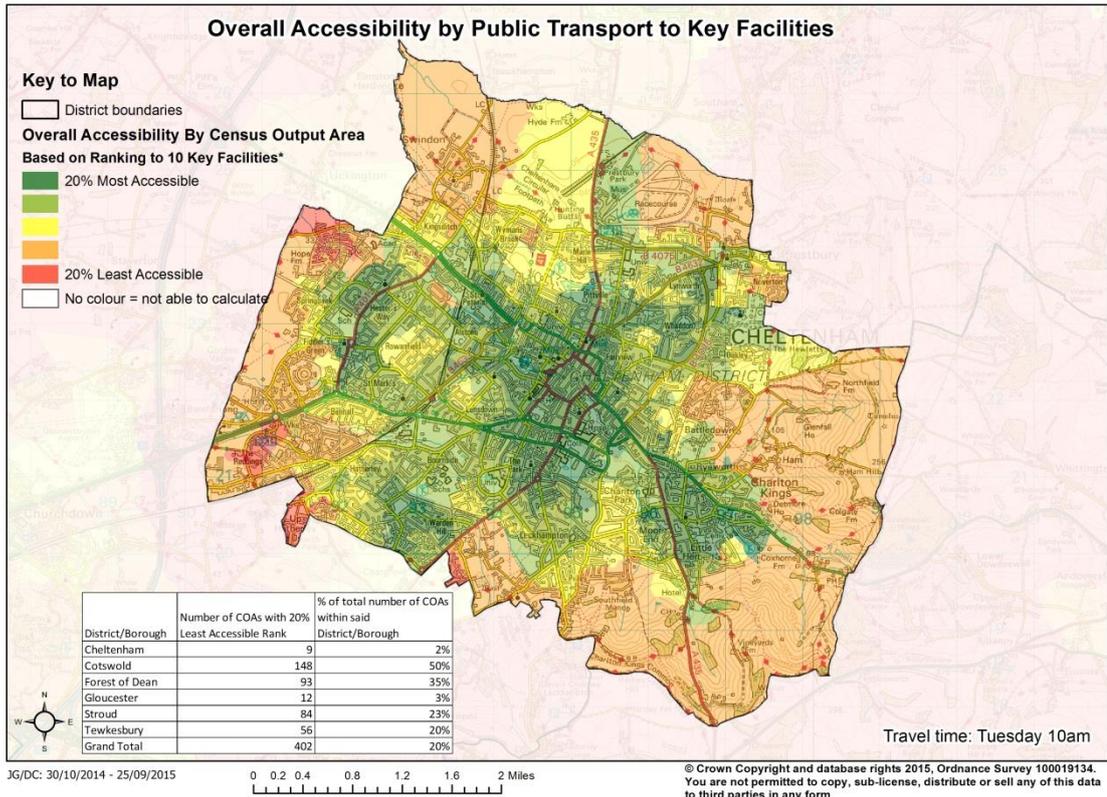


Figure 97: Overall Accessibility by Public Transport to Key Facilities

The MAIDeN accessibility toolkit 2014¹⁹⁸ both provides accessibility maps and allows interactive production of accessibility reports that can be based on individual postcodes. The second map in this section (Figure 98) focuses solely on GP access if using public transport.

¹⁹⁸ <http://www.maiden.gov.uk/mapsAccess.asp>

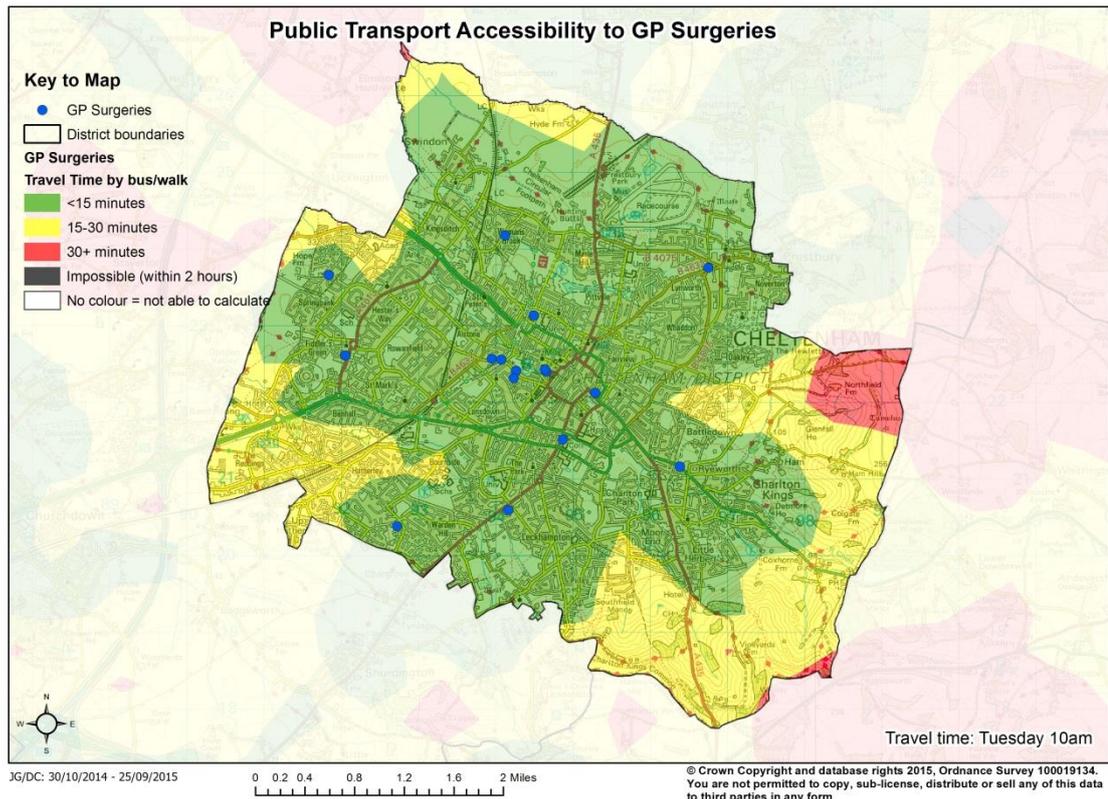


Figure 98: Accessibility to GP Surgeries by Public Transport

The key facilities covered by the bi-annual MAIDeN Accessibility Matrix are:

- Post Offices
- Supermarkets
- Libraries
- Primary Schools
- Secondary Schools
- Children Centres
- GPs
- Pharmacies
- Emergency Departments (A&E) and Minor Illness/Injury Units (MIUs)

7.7 Housing

Housing provision has a direct impact on health, educational achievement, economic prosperity and community safety - all of which are important to the success and wellbeing of communities within Cheltenham.

7.7.1 Housing supply and type

In 2011 there were 50,929 households in Cheltenham, this represents an increase of 5.7% or 2,765 households since 2001¹⁹⁹. The number of households in Cheltenham is projected to increase by 3,000 between 2012 and 2017 (5.9%) and by 12,000 between 2012 and 2037 (23.5%)²⁰⁰.

Figure 99 shows at the time of the 2011 Census, semi-detached housing accounted for the largest proportion of housing in Cheltenham. Cheltenham's housing profile differs considerably from the other districts and the Gloucestershire average, with flats, maisonettes or apartments accounting for 25.9% of all households in Cheltenham and only 14.1% in Gloucestershire.

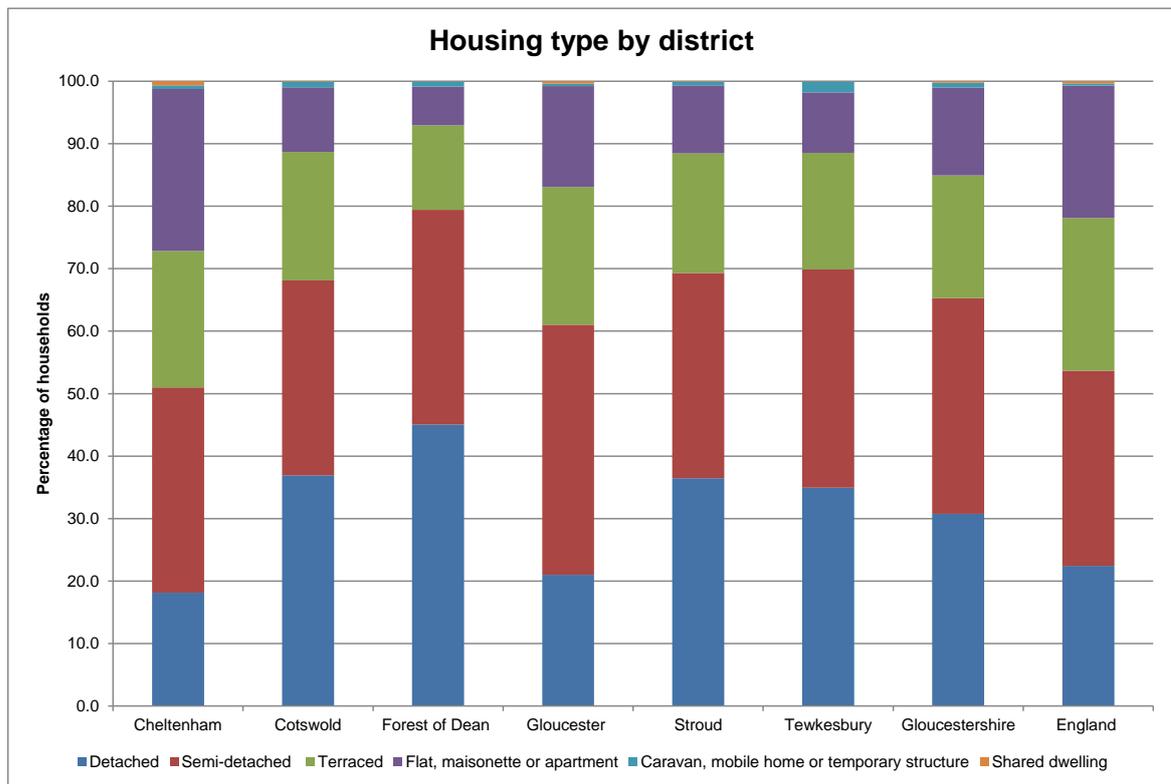


Figure 99: Housing type by district, 2011²⁰¹

In recent years much of the growth in housing in Cheltenham has been in flats, maisonettes or apartments with an increase of 1,854 between 2001 and 2011, this represents 65.2% of all household growth. At county level flats, maisonettes and apartments account for a significantly smaller proportion of growth at 34.5% of the total²⁰².

¹⁹⁹ ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

²⁰⁰ DCLG, Household projections for England and local authority districts – 2012 based, <https://www.gov.uk/government/statistical-data-sets/live-tables-on-household-projections> Accessed 21/10/2015

²⁰¹ ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

²⁰² ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

In 2011 the majority of households in Cheltenham were owner occupied, with Figure 100 showing they accounted for 64.6% of all households, this was lower than the county and regional average but higher than the national average. Levels of private renting were higher in Cheltenham than the South West, England, Gloucestershire and the other districts that make up the county.

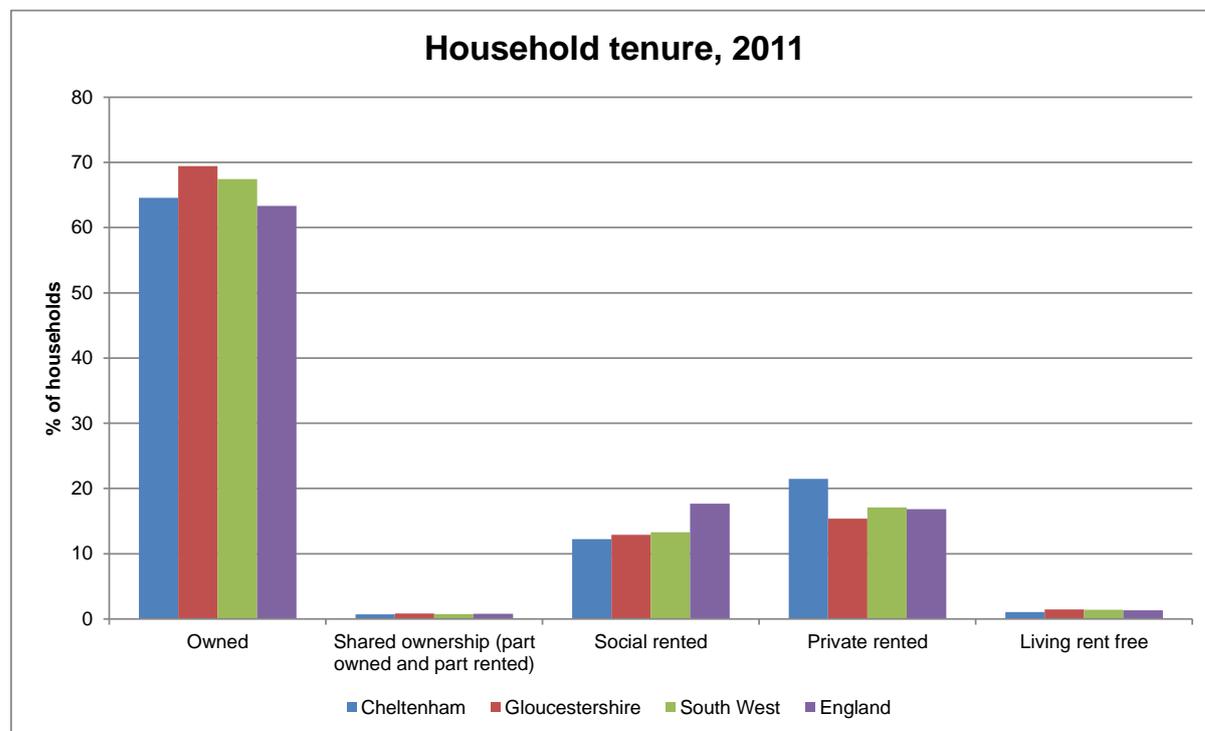


Figure 100: Housing by tenure, 2011²⁰³

Over the last 10 years the proportion of owner occupied households in Cheltenham declined from 71.0% in 2001 to 64.6% in 2011. During the same period the proportion of households that were privately rented increased from 13.2% to 21.5%, while households of other tenures remained largely unchanged²⁰⁴. A similar trend was observed at county, regional and national level and reflects the difficulties facing first time buyers and the increase of the buy to let market.

Social rented housing is let at low rents on a secure basis to those who are most in need or struggling with their housing costs. It includes properties rented from the local authority, housing associations and socially registered landlords. Figure 100 shows that in Cheltenham, socially rented housing accounts for 12.2% of all households, which was below the county, regional and national average.

Most of the socially rented properties in Gloucestershire are let through Gloucestershire Homeseeker the county's choice based lettings scheme. Applicants are awarded priority for housing based on their level of housing need, taking into account criteria such as overcrowding, homelessness, or medical or

²⁰³ ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

²⁰⁴ ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

welfare needs. Data from October 2015 shows that in Cheltenham there were 2,507 active applications²⁰⁵ for social housing using the Homeseeker scheme²⁰⁶. Figure 101 provides a breakdown of active applications by priority need, it shows that in Cheltenham the majority of applications (59%) were classified as bronze need, which is the lowest level of need, while 3% of applicants had the highest level of need, emergency need²⁰⁷.

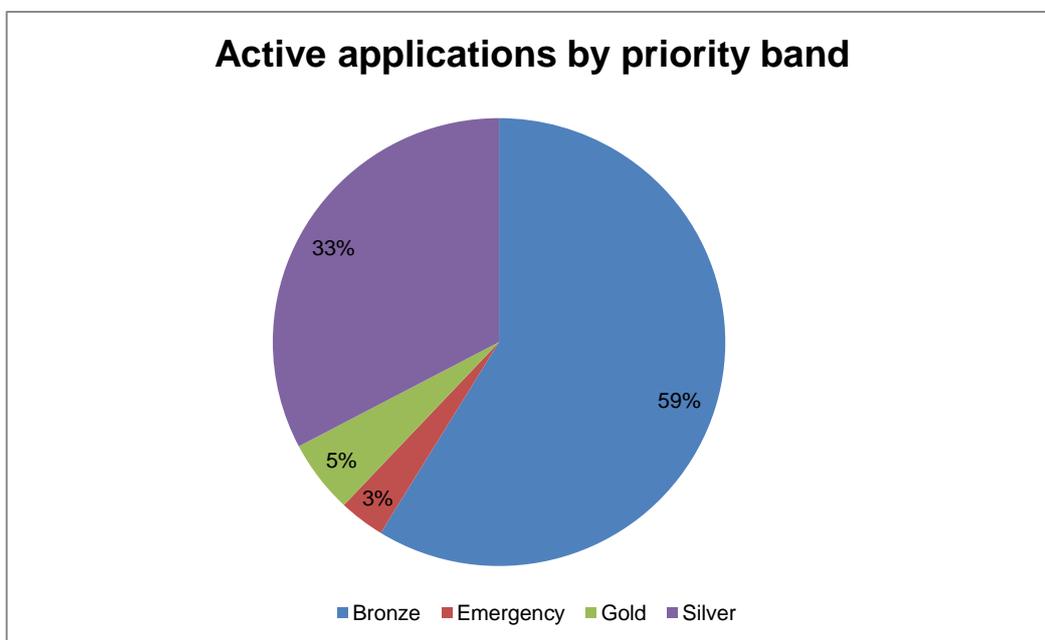


Figure 101: Active applications to Gloucestershire Homeseeker by priority band, October 2015²⁰⁸

In order to allocate homeseekers to a priority band, applicants are asked about their circumstances, including whether they believe their current housing conditions make health conditions or social problems worse. Figure 102 shows that in Cheltenham the majority of active applicants to Gloucestershire Homeseeker do not believe their current housing conditions make health conditions or social/welfare problems worse. The most common condition thought to be made worse by current housing situations is mental health problems, affecting over 300 active applicants. This information is based on self-definition by applicants, this is checked at a later stage before homes are allocated.

²⁰⁵ Active Applications are those who have had their application form checked and are ready to bid for properties

²⁰⁶ Gloucestershire Homeseeker

²⁰⁷ For information about the criteria used to determine band of need please see

<https://www.gloshomeseeker.co.uk/Data/Pub/StreamTemp/usiapmu.pdf>

²⁰⁸ Gloucestershire Homeseeker

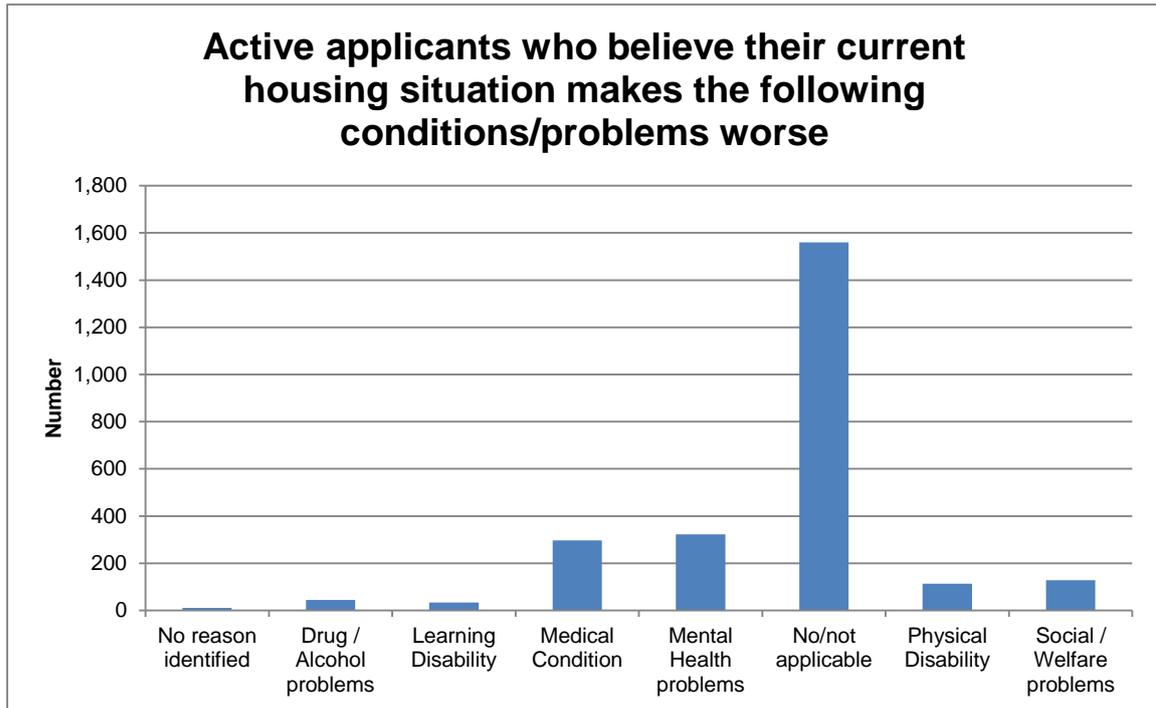


Figure 102: Active applications to Gloucestershire Homeseeker who believe their current housing situations make the following conditions/problems worse²⁰⁹

7.7.2 House prices and affordability

The cost of housing can have a significant impact on an individual’s health and wellbeing, with a report by Shelter stating that nearly one quarter of households in Great Britain are suffering from stress and depression due to their housing costs²¹⁰.

In the second quarter of 2013, the mean house price in Cheltenham was £251,979, Figure 103 shows this was higher than the county and national average.

²⁰⁹ *Ibid.*

²¹⁰ Shelter, Breaking Point – How unaffordable housing is pushing us to the limit, https://england.shelter.org.uk/_data/assets/pdf_file/0009/86787/Breaking_Point.pdf Accessed 21/10/2015.

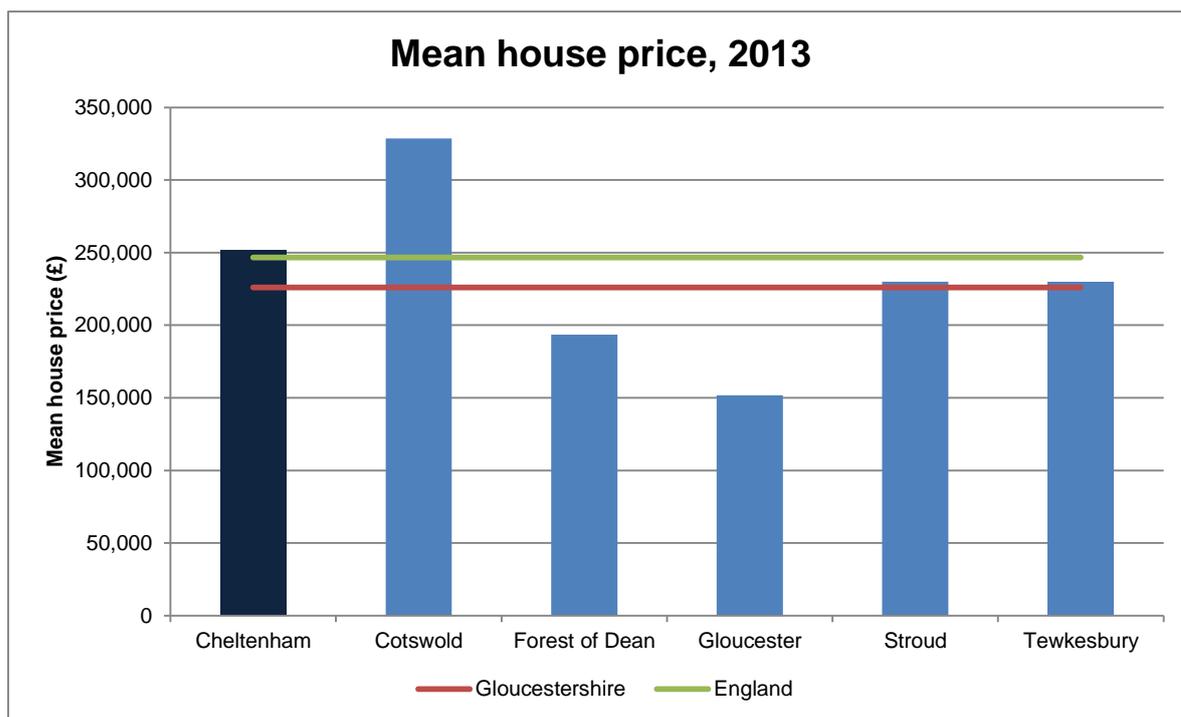


Figure 103: Mean house price, Quarter 2 2013²¹¹

In areas where house prices are high, housing affordability is often an issue. The most common indicator of housing affordability is the ratio between lower quartile incomes and lower quartile house prices. This allows an assessment of whether people with the lowest incomes can afford the cheapest housing.

Figure 104 shows that in 2013, someone earning a lower quartile sum in Cheltenham, required 7.79 times their earnings to purchase a lower quartile priced property. This is higher than the Gloucestershire and England average of 7.23 and 6.45 respectively.

Given that the Bank of England²¹² has placed restrictions on mortgages that are more than 4.5 times an individual's salary, Cheltenham's income to house price ratio, may make it difficult for first time buyers to get on the property market. This may result in the out migration of young people or alternatively encourage people to commute into Cheltenham for work, while living in areas where housing is cheaper.

²¹¹ DCLG, Table 581 Housing market: mean house prices based on Land Registry data, by district, from 1996 (quarterly) <https://www.gov.uk/government/statistical-data-sets/live-tables-on-housing-market-and-house-prices> Accessed 25/10/2015.

²¹² This is money, Risky mortgages of more than 4.5 times income to be limited as Bank acts to prevent a damaging house price bubble <http://www.thisismoney.co.uk/money/article-2670424/Bank-England-set-announce-stricter-mortgage-rules-cool-overheating-housing-market.html#ixzz3Thb7aTVt> Accessed 05/10/2015

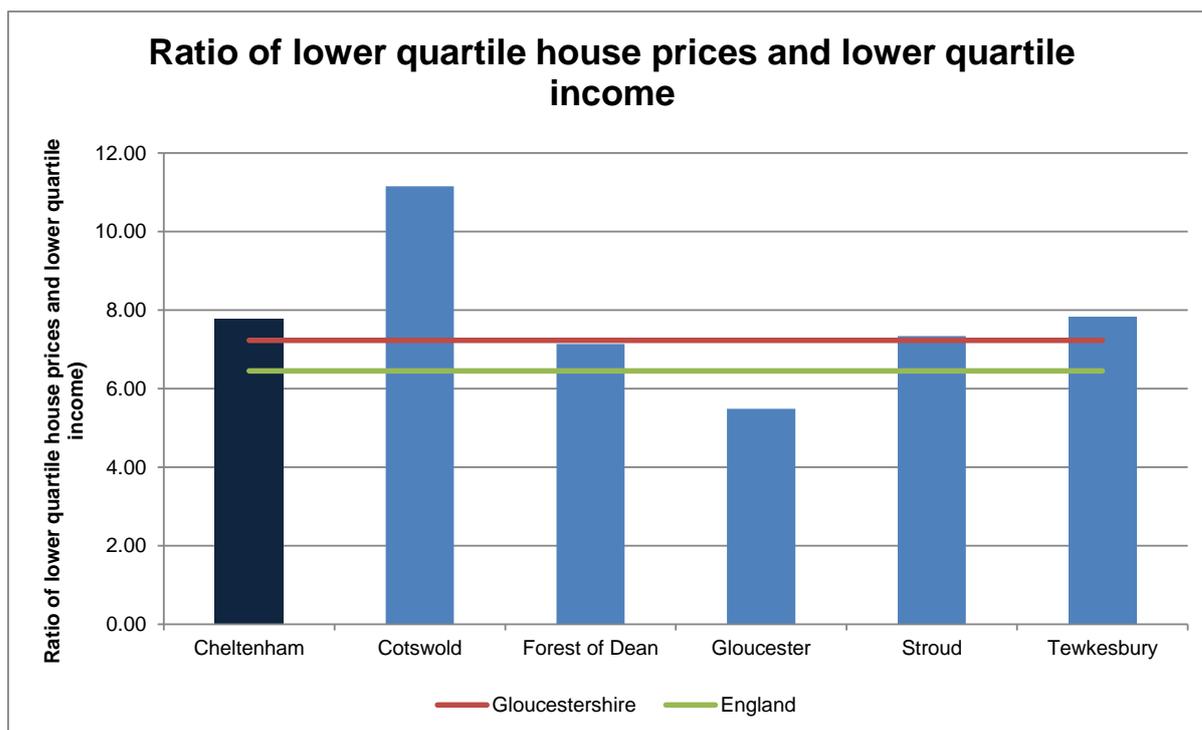


Figure 104: Ratio of lower quartile house prices and lower quartile income, 2013²¹³

7.7.3 Housing conditions

Poor housing conditions including cold, damp and mouldy housing, overcrowding and temporary accommodation can have a negative effect on health and wellbeing²¹⁴.

Living in overcrowded housing has implications for mental and physical health. The effects of living in overcrowded conditions are perhaps most keenly felt by children, it is estimated that children growing up in difficult housing conditions are 25% more likely to suffer severe ill health and disability during childhood/early adulthood. Overcrowding can also impact negatively on a child's educational and emotional development, a lack of space to study, for example, can lead to academic underachievement and strained family relations which can lead to feelings of isolation and unhappiness²¹⁵.

The Census provides a measure of whether a household's accommodation is overcrowded or under occupied, based on the number of rooms/bedrooms in a household's accommodation, the ages of the household members and their

²¹³ DCLG ,Table 576 Ratio of lower quartile house price to lower quartile earnings by district, from 1997 <https://www.gov.uk/government/statistical-data-sets/live-tables-on-housing-market-and-house-prices> Accessed 25/10/2015

²¹⁴ The Marmot Review – Fair society Healthy Lives <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> Accessed 04/11/2015

²¹⁵ Shelter, Chance of a lifetime – The impact of bad housing on children's lives https://england.shelter.org.uk/_data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf Accessed 04/11/2015.

relationships to each other. Figure 105 shows at the time of the 2011 Census 8.3% of households in Cheltenham (4,245 households) had fewer rooms than the standard requirement and are therefore overcrowded, this was higher than the county average and all of the other districts in the county. There was a 1.6 percentage point increase in households that were overcrowded in terms of rooms since 2001 (1,022 households), this compares to a 1.0 percentage point increase for Gloucestershire. The percentage of households that were overcrowded in terms of bedrooms in 2011 was considerably lower at 3.6% (1,814 households), this was higher than the county average of 2.7%.

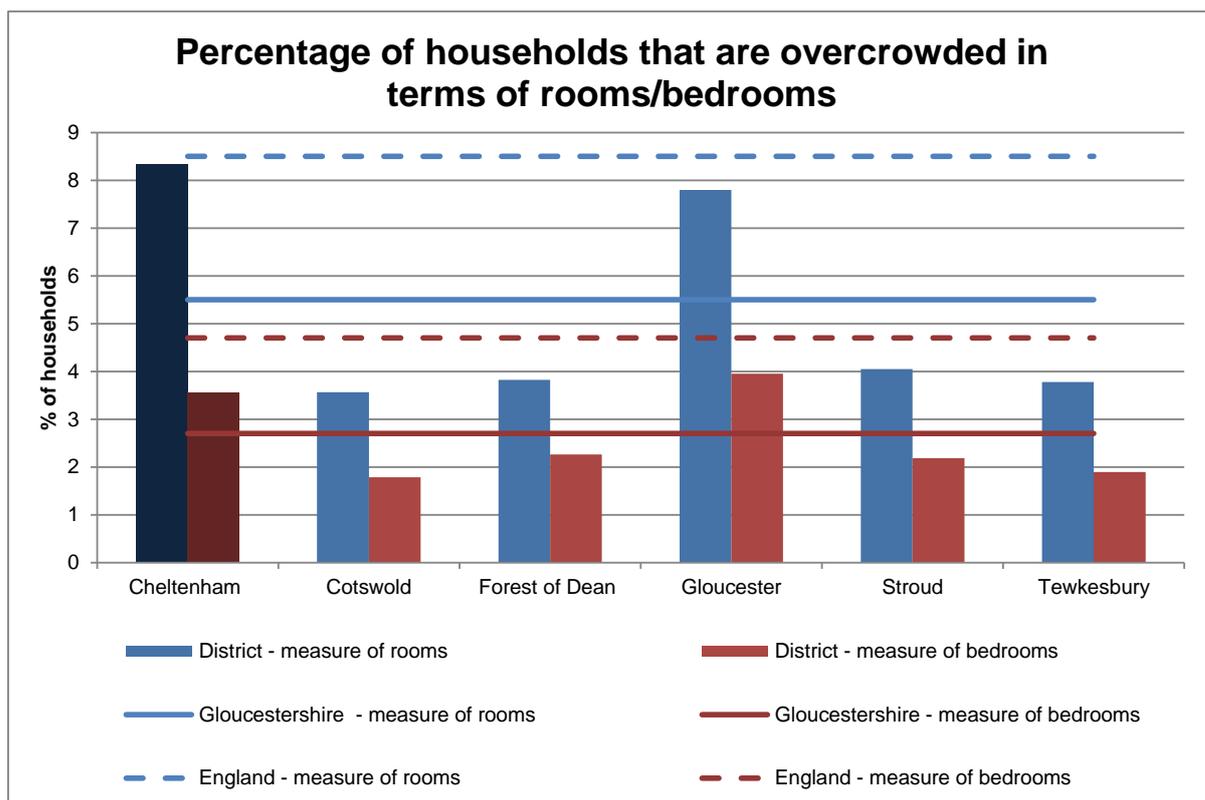


Figure 105: Percentage of households that are overcrowded in terms of rooms and bedrooms, 2011²¹⁶

Fuel poverty is a complex issue which arises from a combination of factors including housing in poor condition; low household income; poor energy efficiency performance of the property; and high fuel costs. Fuel poverty often results in cold and damp homes, which contribute to ill health and increases in excess winter deaths²¹⁷. A household is considered to be in fuel poverty if their

²¹⁶ ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 04/11/2015.

²¹⁷ The Marmot Review – Fair society Healthy Lives <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> Accessed 04/11/2015

income is below the official poverty line and their fuel bills are higher than that of the national median²¹⁸.

In 2013 an estimated 5,908 households in Cheltenham were in fuel poverty representing 11.0% of all households, this compares to 10.7% of households in Gloucestershire and 10.4% of households nationally²¹⁹.

Gloucestershire’s Warm and Well scheme aims to improve energy efficiency in the home and reduce the risk of fuel poverty by; raising public awareness; providing advice to householders and making referrals for grants and discounts. Between 2011/12 and 2014/15 1,300 measures were installed in properties in Cheltenham to improve energy efficiency. Figure 106 breaks down the measures installed in the latest period (2014/15) by type. It shows that the most common type of measure installed in Cheltenham and most other areas in the county was Cavity Wall Insulation. Other measures installed in Cheltenham include loft insulation and heating work.

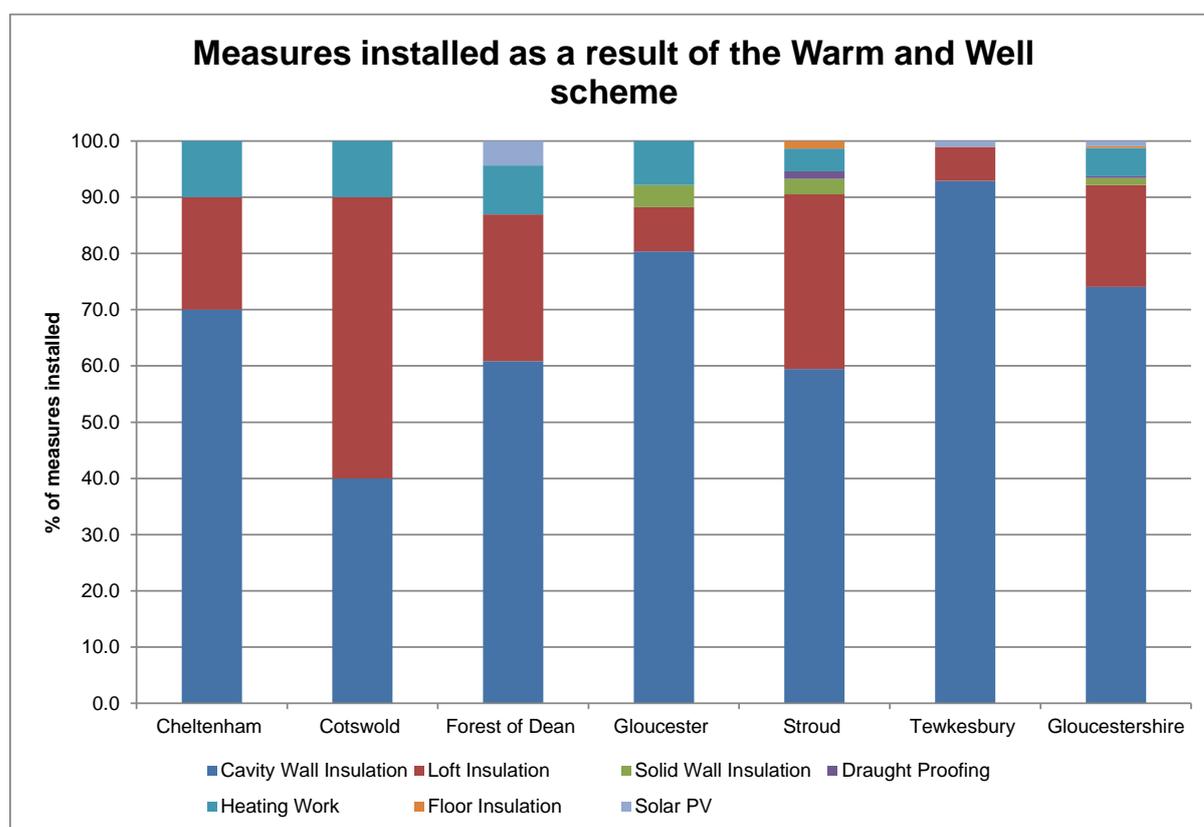


Figure 106: Breakdown of measures installed as a result of the Warm and Well scheme by type, 2014/15²²⁰

²¹⁸ DECC, Annual Fuel Poverty Statistics Report 2014 , https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319280/Fuel_Poverty_Report_Final.pdf Accessed 04/11/2015

²¹⁹ DECC, 2013 Sub- regional fuel poverty data, <https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator> Accessed 04/11/2015

²²⁰ Severn Wye Energy, Warm and Well End of Year Reports, 2011/12,2012/13,2013/14 and 2014/15.

The Housing Health and Safety Rating System (HHSRS) is a system for assessing the overall health and safety risks in dwellings and was introduced under the Housing Act 2004. This system enables a differentiation between minor hazards and Category 1 hazards where the most serious harm outcome is identified, for example, death, permanent paralysis, permanent loss of consciousness and loss of a limb or serious fractures.

Local authority districts have a duty to periodically review housing conditions by carrying out surveys or studies. The surveys generate a range of information about housing, including an estimate of the number of Category 1 hazards. In 2011, there were an estimated 3,352 private sector dwellings in Cheltenham exhibiting Category 1 hazards, this represents 7.5% of all private sector dwellings. Rates of Category 1 hazards were the below the national average of 22%²²¹.

Figure 107 shows the type of Category 1 hazards estimated to be present in properties in Cheltenham, the most common Category 1 hazards are falls on stairs, followed by excess cold.

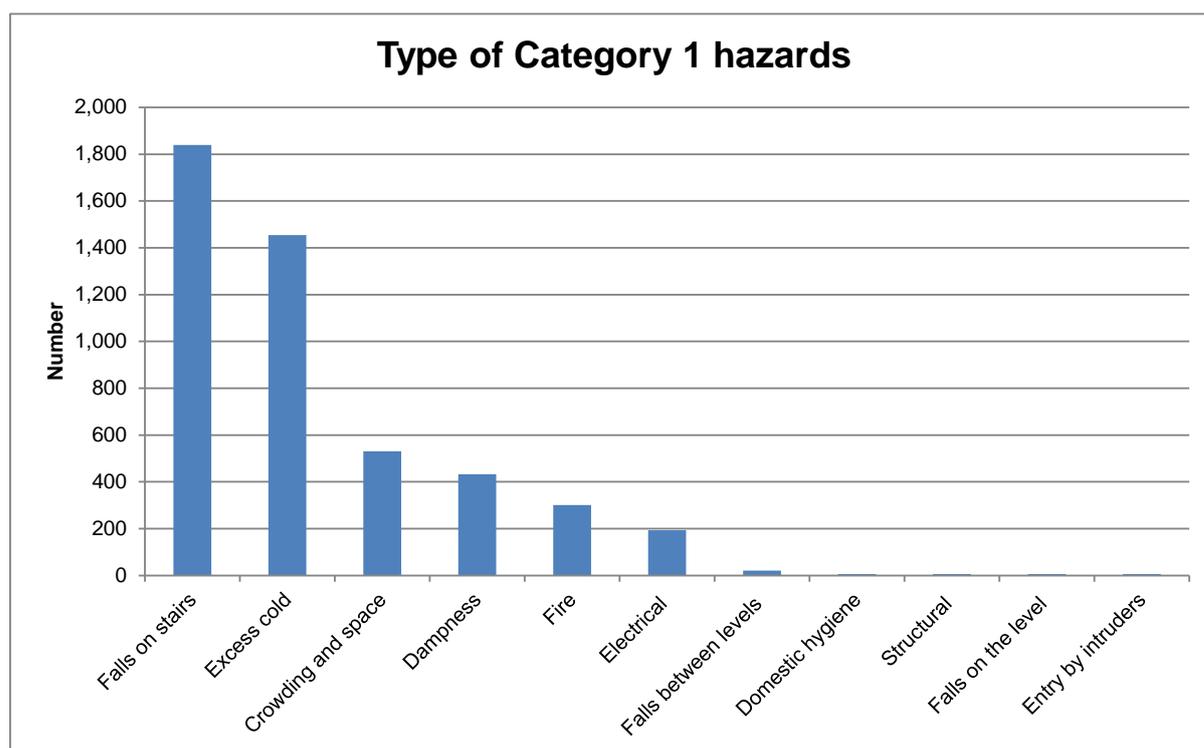


Figure 107: Type of Category 1 hazards, 2011²²²

As part of a strategy to improve the health, safety and wellbeing of residents in private sector housing, Gloucestershire’s district councils have developed a consistent approach to model the extent of the public health costs arising from five of the most common Category 1 hazards. The following table shows that if

²²¹ Cheltenham Borough Council, Private Sector House Condition Survey, 2011.

²²² *Ibid.*

the hazards identified in Cheltenham were addressed it would result in an annual saving to the NHS of £418,781, if they were addressed at a county level it would result in savings of £4.6 million.

Table 34: Cost to the NHS of the most common Category 1 hazards, Cheltenham and Gloucestershire²²³

	Hazards for Cheltenham			Hazards for Gloucestershire		
	No. of Hazards	Cost to NHS (£)	Savings to NHS (£)	No. of Hazards	Cost to NHS (£)	Savings to NHS (£)
Excess Cold	1,454	137,985	124,172	20,344	1,930,645	1,737,377
Damp & Mould	432	105,797	105,443	1,478	361,962	360,750
Falls on level	7	1,024	921	5,664	828,473	745,552
Falls on stairs	1,839	200,488	186,622	15,547	1,694,933	1,577,709
Falls between levels	21	1,632	1,623	2912	226,349	225,097
TOTAL	3,753	£446,925	£418,781	45,945	£5,042,362	£4,646,485

Gloucestershire's district councils are working to remove Category 1 hazards, through a combination of advice, grants, loans, enforcement and through the Warm & Well Scheme, this activity relates to owner occupied, privately rented and socially rented dwellings. Table 35 shows that between 2011/12 and 2014/15 834 Category 1 hazards have been removed from homes in Cheltenham, this is more than any other district.

Table 35: Category 1 hazards removed from Gloucestershire Homes²²⁴

	2011/12	2012/13	2013/14	2014/15	2011/12-2014/15
Cheltenham	214	276	191	153	834
Cotswold	132	84	121	54	391
Forest of Dean	137	174	52	27	390
Gloucester	114	175	245	52	586
Stroud	193	204	57	54	508
Tewkesbury	123	95	46	23	287
Gloucestershire	913	1008	712	363	2,859

²²³ Gloucestershire Local Authority Districts , Improving Homes and Improving Health and supporting evidence

²²⁴ Data sourced from District Councils, by Stroud District Council

7.7.4 Additional needs

Housing needs change for people as their circumstances change, especially as people age or become more vulnerable. The Local Housing Authority has a mandatory duty to provide Disabled Facilities Grants²²⁵ for housing adaptations to help disabled people to live independently. When delivered early, alongside other preventative measures, they may contribute to preventing admissions to hospital and residential care. With an increasing elderly population, and more disabled children surviving their early years through to adulthood, the need for adapted housing is projected to continue to increase, but most new-build homes are still not designed to meet the needs of disabled people, meaning the grants play an important role in ensuring housing is suitable for those who have additional needs²²⁶.

Table 36 shows the number of Disabled Facilities Grants completed between 2012/13 and 2014/15. In 2014/15 there were 64 grants completed in Cheltenham to the value of £514,230. The number and cost of grants completed in Cheltenham increased between 2012/13 and 2013/14 before falling in 2014/15, the number of grants increased year on year for the county as a whole, while the costs peaked in 2013/14 before falling in 2014/15.

Table 36: Disabled Facilities Grants Completed in Financial Year in Gloucestershire²²⁷

	2012/13		2013/14		2014/15	
	No. grants Completed	Total Cost Completed Grants	No. grants Completed	Total Cost Completed Grants	No. grants Completed	Total Cost Completed Grants
Cheltenham	68	£511,216	76	£595,564	64	£514,230
Cotswold	151	£872,830	150	£775,250	93	£605,191
Forest of Dean	94	£408,887	103	£584,470	125	£502,624
Gloucester	88	£500,857	81	£665,260	66	£408,680
Stroud ²²⁸	36	£247,066	31	£199,983	32	£212,029
Tewkesbury	101	£674,509	117	£676,577	132	£772,409
Gloucestershire	319	£1,831,319	332	£2,126,290	355	£1,895,742

²²⁵ Disabled Facilities Grants eligible works are major works which are currently defined as adaptations costing over £1,000, with the maximum grant which can be paid being £30,000. The works for which Disabled Facilities Grants is to be given are detailed within statutory guidance but relate mainly to major works of adaptation to a disabled persons home to enable access and personal care needs. The applicant of the grant is subject to a statutory means test however, there is no means test for adaptations for children.

Disabled persons meeting the legislative criteria are entitled to apply for DFG funding regardless of the type of tenancy they occupy be it owner occupation, private letting or social housing.

²²⁶ Astral Advisory, Disabled Facilities Grants in England: A research report, 2013

²²⁷ Data sourced from District Councils, by Stroud District Council

²²⁸ Stroud District Council is the only district council in Gloucestershire who still own and manage their own stock. Adaptations to Council stock are carried out by SDC and not through the DFG process and are not therefore included in the DFG figures above

7.7.5 Homelessness

Homelessness is a complex problem. It is both the cause and consequence of many other problems, such as family and relationship breakdown, domestic violence, mental health, substance misuse, the loss of employment and debt.

The impact of homelessness on health can be stark; with Crisis reporting the difference in life expectancy for a homeless person compared to someone who is not homeless is 30 years, at an expected age of mortality of 47 for a rough sleeping homeless person²²⁹.

Homeless people can be categorised into three main groups:

- Single homelessness: This group include rough sleepers and those living in hostels, shelters and temporary supported accommodation
- Hidden homelessness/ at risk of homelessness: This group is difficult to quantify. Many hidden homeless are 'sofa-surfers', residing temporarily with family or friends
- Statutory homelessness: This group refers to people who meet specific criteria set out in legislation. Broadly speaking, somebody is statutorily homeless if they are unintentionally homeless, fall within a specified priority need group and do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them and which it would be reasonable for them to continue to live in. It would not be reasonable for someone to continue to live in their home, for example, if that was likely to lead to violence against them (or a member of their family).

Local authorities have a duty to secure suitable accommodation for the statutory homeless, this is referred to as acceptances²³⁰.

In 2014/15 less than 5 people were accepted as homeless in Cheltenham, the low numbers mean it is not possible to express this per 1,000 population.

²²⁹ Crisis, Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England <http://www.crisis.org.uk/publications-search.php?fullitem=371> Accessed 06/11/2015

²³⁰ DCLG, Statutory Homelessness: April to June Quarter 2015 England, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463017/201506_Statutory_Homelessness.pdf Accessed 09/11/2015.

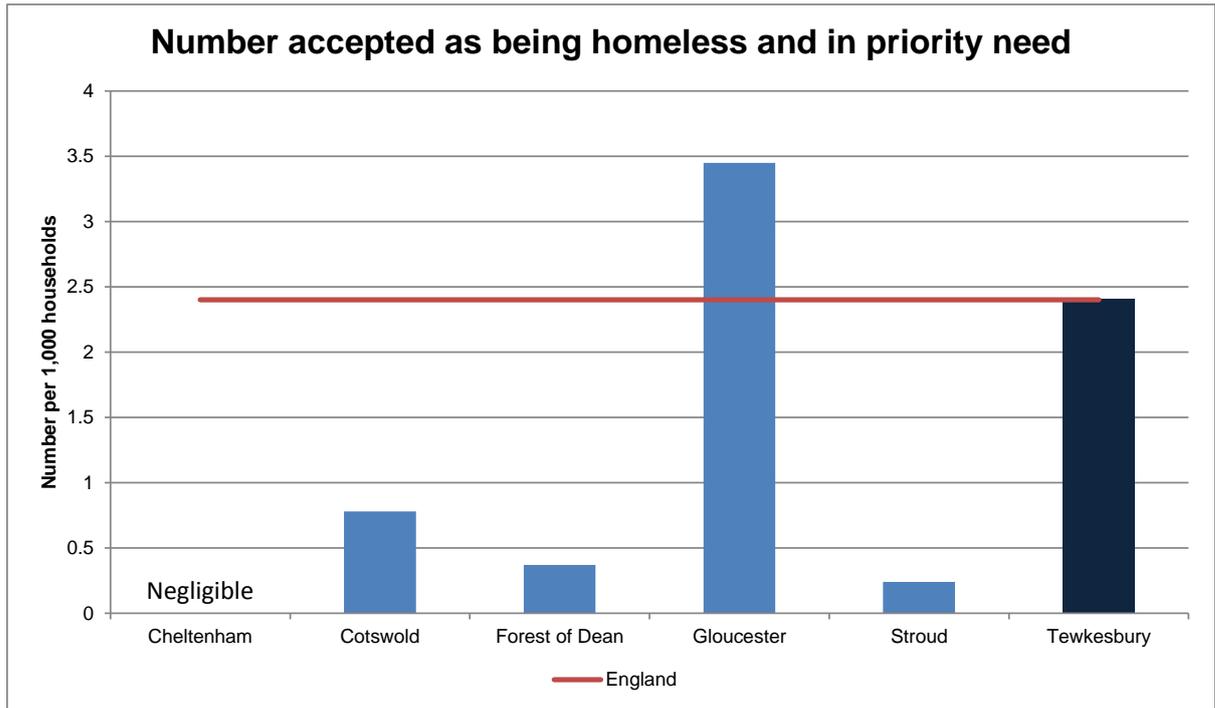


Figure 108: Number accepted as being homeless and in priority need per 1,000 households, 2014/15²³¹

Figure 109 shows that over the last 10 years the number of acceptances per 1,000 households in Cheltenham has fallen from 6.6 per 1,000 households in 2004/5 to a negligible position in 2014/16, this reflects the national trend as councils have become a lot more successful at preventing homelessness.

²³¹ DCLG, Table 784: local authorities' action under the homelessness provisions of the Housing Acts, financial years 2004/05 to 2014/15, <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> Accessed 09/11/2015.

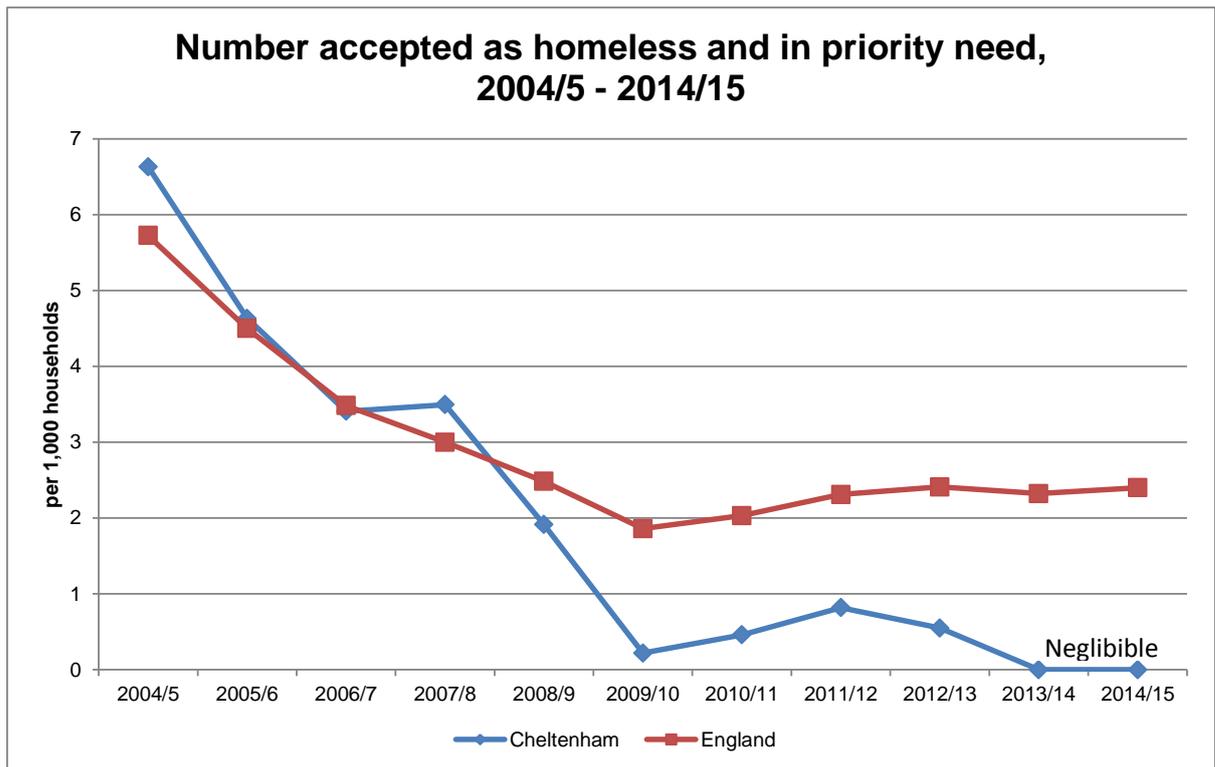


Figure 109: Number accepted as being homeless and in priority need per 1,000 households, 2004/5 – 2014/15²³²

It is not possible to determine the reason for homelessness within Cheltenham. However data from April-June 2015 shows that in Gloucester, which has a larger number of homelessness acceptances, the most common reason people were accepted was because their private rented Assured Shorthold Tenancies had been brought to an end (28.1% of acceptances), while in Tewkesbury it was because of a violent breakdown of a relationship involving partner (35.3% of acceptances). Nationally the most common reason for acceptances was because their private rented Assured Shorthold Tenancies had been brought to an end (29.8% of acceptances) followed by parents no longer willing to accommodate (15.6% of acceptances)²³³.

Not every household who approaches the local authority as homeless is accepted as homeless. Some may get advice and assistance which means they can avoid becoming homeless; others simply do not meet the statutory definition of homelessness. Table 37 shows that in 2014/15, there were 221 approaches to Cheltenham Borough Council by people that were eligible but not homeless.

²³² *Ibid.*

²³³ DCLG, detailed local authority level homelessness figures: April to June 2015, there 27 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463076/Detailed_LA_Level_Tables_201506.xlsx Accessed 10/11/2015.

Table 37: Number of households that have approached local authorities as homeless, but have not been accepted, 2014-2015

	Eligible, homeless and in priority need, but intentionally	Eligible, homeless but not in priority need	Eligible, but not homeless
Cheltenham	-	-	221
Cotswold	13	64	45
Forest of Dean	-	-	27
Gloucester	38	36	248
Stroud	-	-	32
Tewkesbury	-	-	28
England	8,990	20,420	28,510

Under the Homelessness Act 2002, local housing authorities must have a strategy for preventing homelessness in their district. The strategy must apply to everyone at risk of homelessness, including cases where someone is found to be homeless but not in priority need and cases where someone is found to be intentionally homeless. Under the strategy local housing authorities must provide:

- homelessness prevention, which involves providing people with the ways and means to address their housing and other needs to avoid homelessness. This is done by either assisting them to obtain alternative accommodation or enabling them to remain in their existing home.
- homelessness relief occurs when an authority has been unable to prevent homelessness but helps someone to secure accommodation, even though the authority is under no statutory obligation to do so.

In 2014/15 there were 279 instances of homelessness prevention and relief in Cheltenham, this equates to a rate of 5.36 per 1,000 households, which Figure 110 shows this was lower than the national average of 9.72.

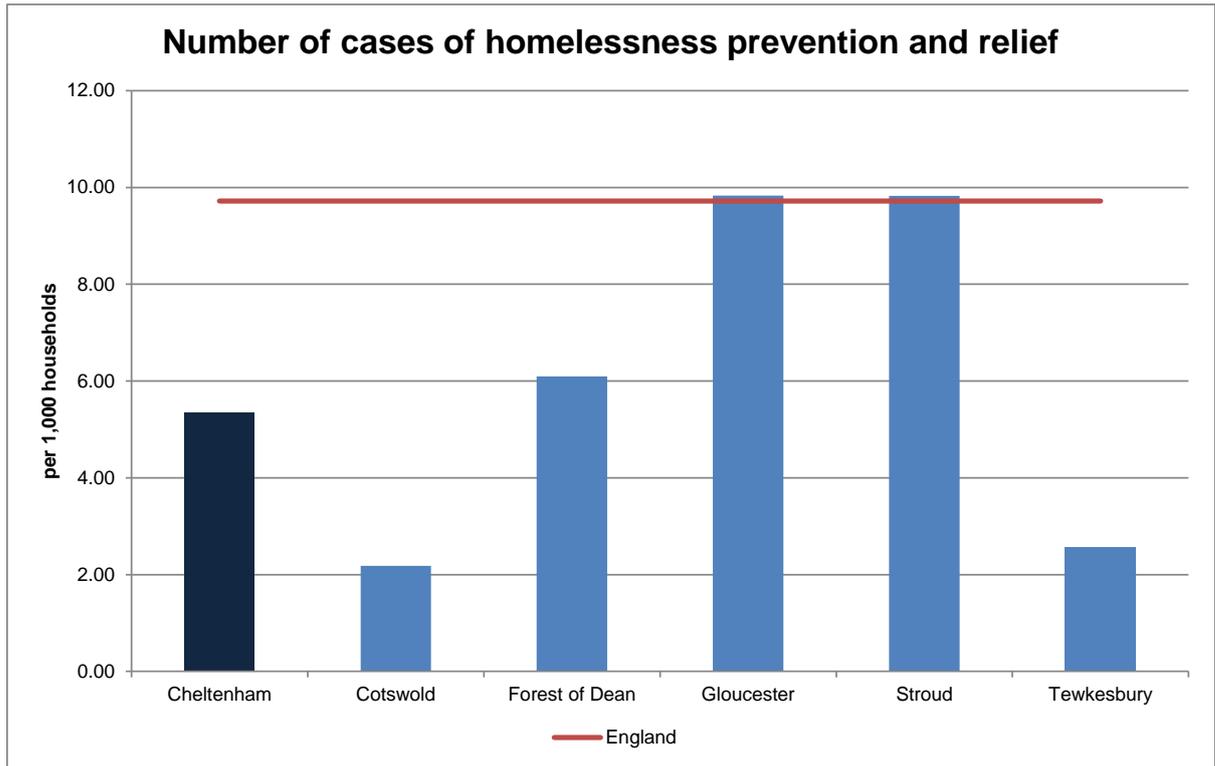


Figure 110: Number of cases of homelessness prevention or relief, per 1,000 households, 2014/15²³⁴

In Cheltenham the majority of homelessness prevention and relief (74.9%) focused on assisting people to find alternative accommodation. This reflects the picture seen in other districts, while nationally the most common type of homelessness prevention and relief entailed helping people remain in their existing homes.

²³⁴ DCLG, Table 792: total reported cases of homelessness prevention and relief by outcome and local authority, 2009-10 to 2014-15, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/443451/Live_Table_79_2_Homelessness_Prevention_and_Relief.xls Accessed 10/11/2015. Stroud figures have been revised at the recommendation of Stroud District Council, so will differ from those found in the official publication.

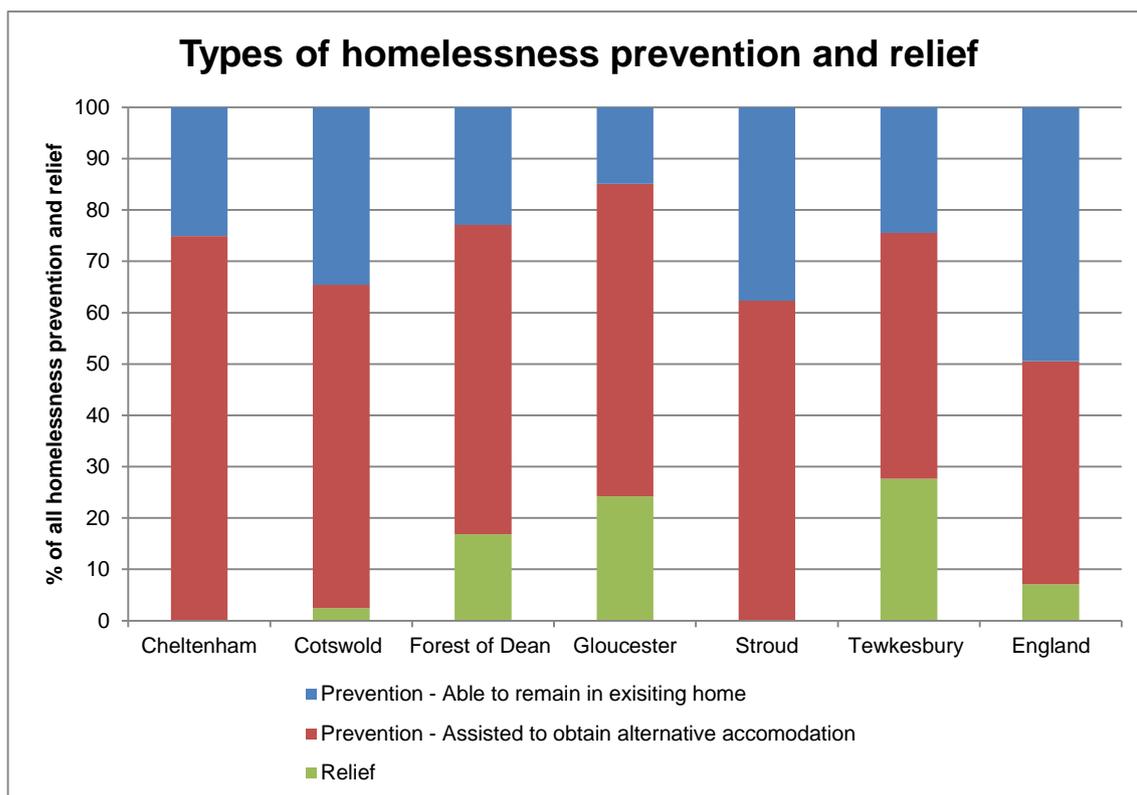


Figure 111: Types of homelessness prevention and relief, 2014/15²³⁵

7.8 Education

For information about education please see section 3.6.7

7.9 Unemployment

For information about unemployment please see section 3.6.6

7.10 Community Safety

Community safety is about helping communities to be and feel safe. Road safety, trading standards, fire and rescue, regulating licensed premises, producing and implementing partnership strategies for anti-social behaviour (ASB) and domestic abuse, and reducing criminal activities by installing “guardians” such as CCTV or alley gating are just some examples of community safety.

7.10.1 Police Recorded Crime and ASB Incident Rates

Police recorded crime rates provide a consistent way of comparing crime trends over time and also indicate police workload. The following section will cover total recorded crime rates and anti-social behaviour incident rates by local authority ward - how these rates compare against county, regional and national rates and

²³⁵ *Ibid.*

the trend over time. More data on crime and incident rates can be found on Inform Gloucestershire²³⁶.

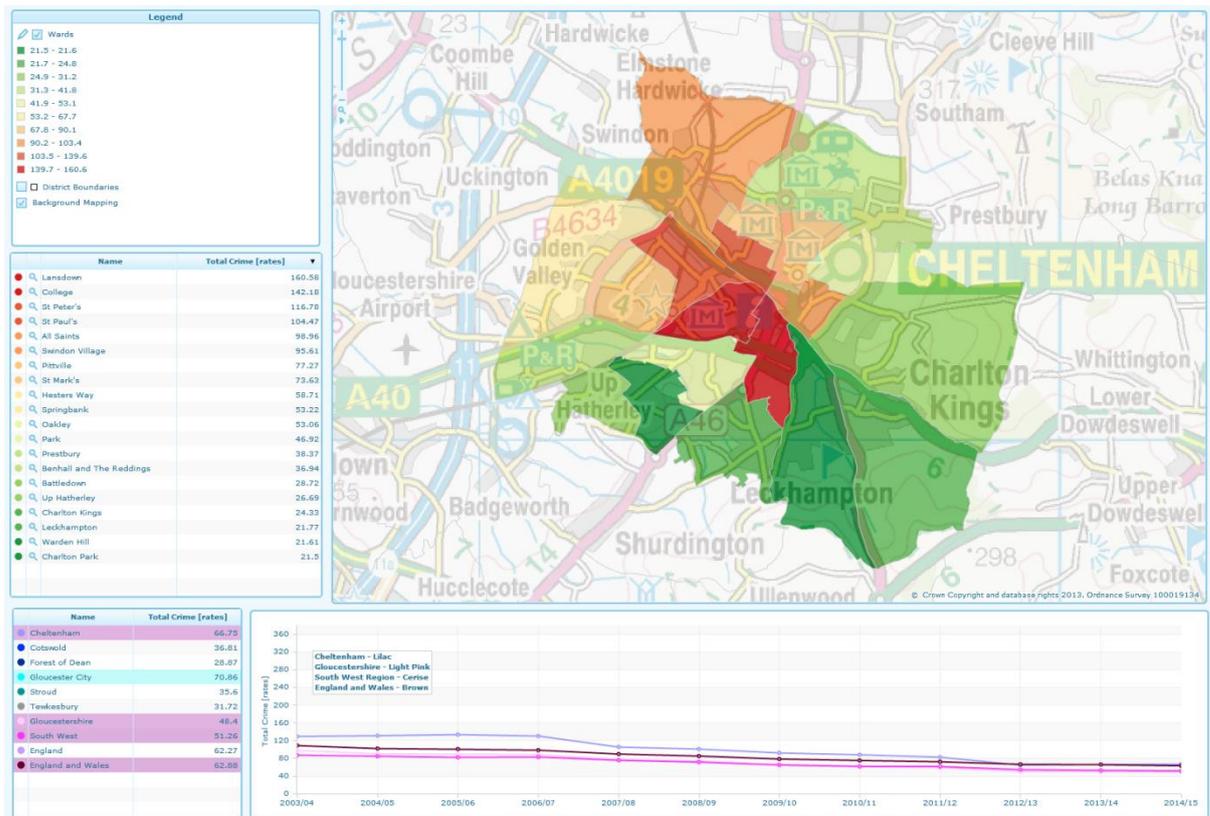


Figure 112: Total Crime Rates over Time by Local Authority Ward

Cheltenham Borough has experienced crime rates similar to the overall rate for England and Wales now for the last 3 years having been above national and regional rates for 9 years preceding this. Crime rates are highest in Lansdown and College wards mainly due to the location of Cheltenham’s town centre – this is shown in the table to the left of the map (Figure 112). The wards of St Mark’s, Pittville, Swindon Village, All Saints, St Paul’s and St Peter’s are also above the borough rate for 2014/15.

²³⁶ <http://www.gloucestershire.gov.uk/inform/communitysafety>

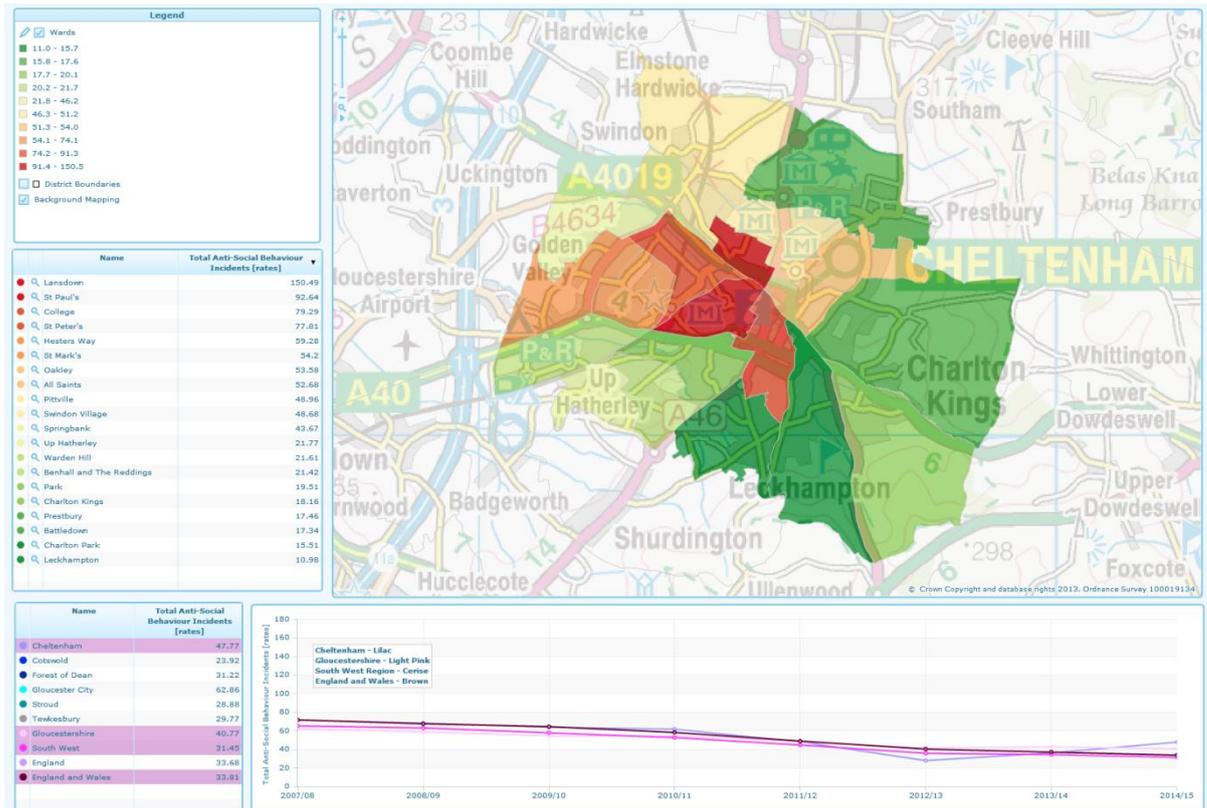


Figure 113: Total ASB Incident Rates over Time by Local Authority Ward

Figure 113 shows police recorded anti-social behaviour (ASB) incident rates over the last 8 years. Since 2012/13, the police have increased the recording of ASB in Cheltenham to better understand, and deal with, the negative impact ASB has on a local community. Pin pointing where these incidents occur help inform local community safety practitioners, such as licensing officers and community safety officers at the council, where enforcement action may be necessary. As found in Figure 112, Lansdown and College wards again appear high on the ASB rates by ward table to the left of the map as does St Paul's which also includes part of the town centre (Lower High Street, The Brewery and two university campuses).

7.10.2 Road Safety

Road Safety is a statutory duty for every local authority. To deliver the best results in reducing road traffic collisions it is essential to adopt partnership working. This is indeed the case for Gloucestershire's Road Safety Partnership which incorporates the County Council, Gloucestershire Highways, Police and the Fire and Rescue Service. The following two charts show yearly totals (calendar years) for Road Traffic Collisions in the borough²³⁷.

²³⁷ Data provided by Gloucestershire Road Safety Partnership. For more information on Road Safety go to: <http://roadsafety-gloucestershire.org.uk/data/>

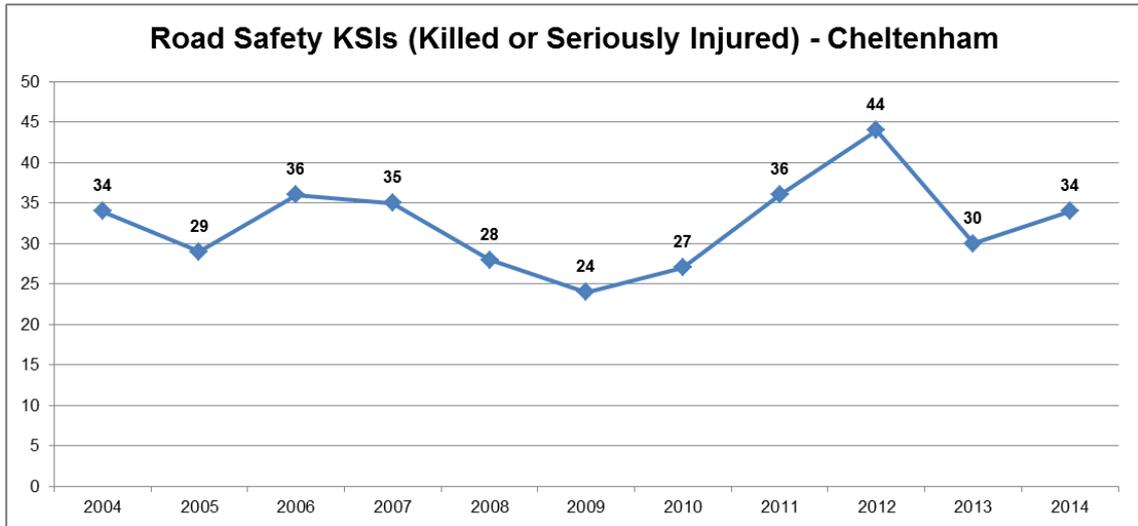


Figure 114: Number of Casualties Killed or Seriously Injured²³⁸ by RTCs in Cheltenham by Calendar Year

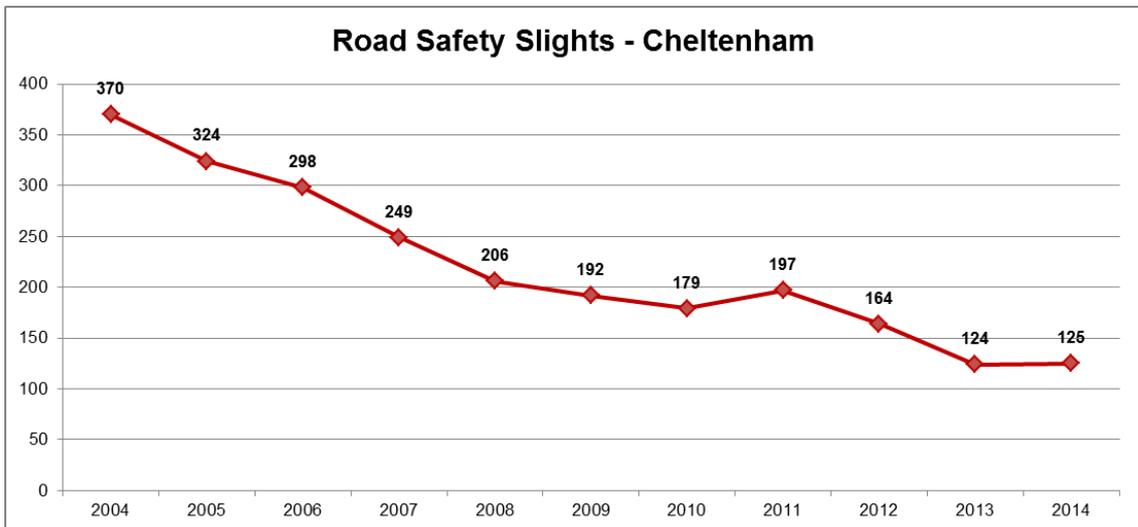


Figure 115: Number of Casualties with Slight²³⁹ injuries from RTCs in Cheltenham by Calendar Year

²³⁸ Serious injury: An injury for which a person is detained in hospital as an “in-patient”, or any of the following injuries whether or not they are detained in hospital: fractures, concussion, internal injuries, crushings, burns (excluding friction burns), severe cuts, severe general shock requiring medical treatment and injuries causing death 30 or more days after the accident.

²³⁹ Slight injury: An injury of a minor character such as a sprain (including neck whiplash injury), bruise or cut which are not judged to be severe, or slight shock requiring roadside attention. This definition includes injuries not requiring medical treatment.

7.10.3 Gloucestershire Fire and Rescue

This simple chart (Figure 116) provided by Gloucestershire Fire and Rescue Services (GFRS) shows the number and proportion of all Call Outs to each district of Gloucestershire. Cheltenham averages 3.3 call outs per day.

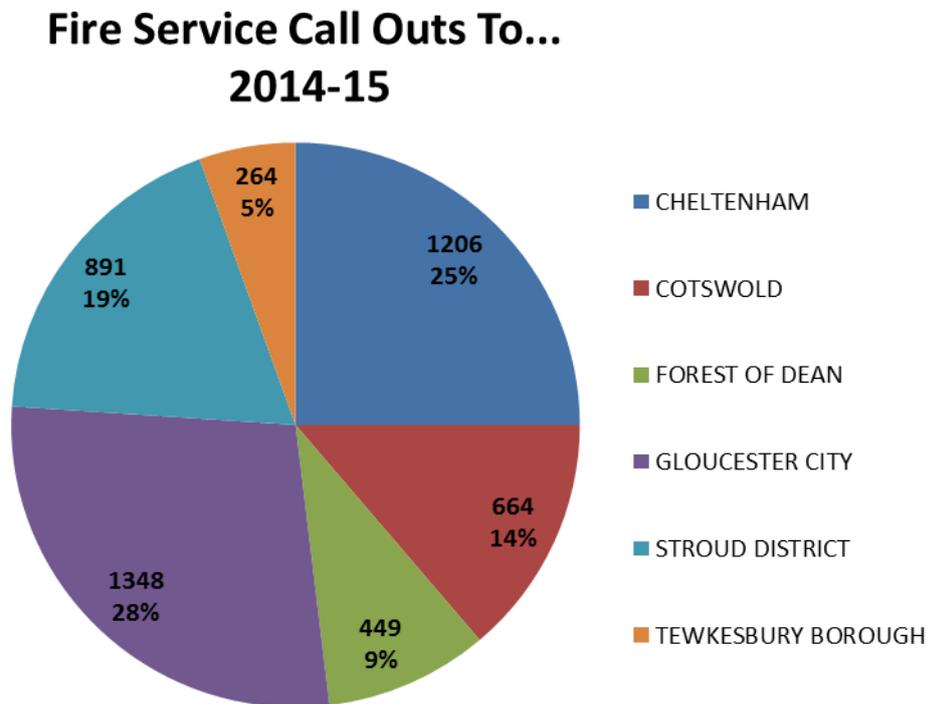


Figure 116: Proportion of Call Outs by District 2014/15

7.11 Key messages

- A wide range of community assets both informal and formal, play a vital role in meeting local need. We need to improve our understanding in this area and will improve the evidence base for the extent and value of such assets in the year ahead.
- Carers play a key role in meeting the physical and social needs of many people in the community. A total of 10,500 people in Cheltenham provided unpaid care each week in 2011, representing 9.1% of the population.
- The number of carers is likely to rise by 7.2% by 2017 mainly due to the increasing number of older people.
- In 2012 there were 138 accommodation businesses in Cheltenham, this was considerably lower than the Cotswolds and the Forest of Dean. The

accommodation businesses in Cheltenham are primarily serviced accommodation such as hotels.

- Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 3,780,000 day trips to Cheltenham bringing in around £179 million. There were more day trips to Cheltenham than all of the other districts in the county. In the same period there were an estimated 464,000 domestic overnight visits to Cheltenham contributing around £74 million to the economy.
- In 2011 there were 50,929 households in Cheltenham, this represents an increase of 5.7% or 2,765 households since 2001.
- The number of households in Cheltenham is projected to increase by 3,000 between 2012 and 2017 (5.9%) and by 12,000 between 2012 and 2037 (23.5%).
- In 2011 the majority of households in Cheltenham were owner occupied accounting for 64.6% of all households, this was lower than the county average but higher than the national average. Levels of private renting were higher than the county and national average.
- In the second quarter of 2013 the mean house price in Cheltenham was £251,979, this was higher than the county and national average.
- In 2013 someone earning a lower quartile sum in Cheltenham, required 7.70 times their earnings to purchase a lower quartile priced property, this is higher than the Gloucestershire and England average.
- At the time of the 2011 Census 8.3% of households in Cheltenham had fewer rooms than the standard requirement and are therefore overcrowded, this was higher than the county average and all of the other districts in the county.
- In 2013 an estimated 5,908 households in Cheltenham were in fuel poverty representing 11.0% households this was slightly above the county and national average.
- In 2011, there were an estimated 3,352 private sector dwellings in Cheltenham exhibiting Category 1 hazards, this represents 7.5% of all private sector dwellings.
- Over the last 10 years the number of households in Cheltenham that met the statutory definition of homelessness per 1,000 households has fallen from 6.6 per 1,000 households in 2004/5 to a negligible position in 2014/16.
- Between 2003/4 and 2011/2 total crime rates in Cheltenham Borough were above national and regional rates. Over the last three years crime

rates have been similar to the overall rate for England and Wales but higher than the county average.

- Gloucestershire Fire and Rescue call outs to Cheltenham averages 3.3 call outs per day.