

Understanding Cotswold

2015

Produced by the Strategic Needs Analysis Team,
Gloucestershire County Council

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1. Introduction

Understanding Cotswold 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 the Cotswold's.

The report is part of a suite of documents, which also includes: Understanding Cheltenham, 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.

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2. Executive summary

Cotswold context

- Cotswold district has a total population of around 84,600 people.
- It grows by around 280 people a year (0.35%), this is well below the Gloucestershire and England & Wales averages.
- The biggest growth comes from the net movement to the district from elsewhere in the UK.
- The over 65 population continues to increase, while the younger population decreases.
- 7.1% of the total population were born outside the UK, 33% of these were recent migrants, having arrived since 2004.
- Cotswold has one of the lowest proportions of BME population, accounting for 2.2% of the population.
- There are no LSOA's that rank in the top 20% most deprived in England.
- The worst ranking domain remains "Barriers to Housing and Services" of which Ermin ranked as 178th nationally and is the most deprived LSOA in Gloucestershire in terms of this domain.
- Male and Female life expectancies have been steadily increasing, and are currently 81 years for males and 85 years for females.
- The three leading causes of death in Cotswold are cancer, cardiovascular disease (CVD), and respiratory disease.
- The industry base is varied with local concentration particularly based on; Accommodation and food services sector relating to tourism; Professional, scientific & technical focusing on consultancy and head office activities; Manufacturing ranging from vehicles, orthopaedic equipment, pumps, textiles and food products and Retail.
- The commuting to work pattern indicates that just over half of the resident employed population remained within the district to work and the majority of the inward and outward flows tend to be within the Gloucestershire, particularly relating to Stroud and Cheltenham districts.
- The Accommodation & food services sector which is related to the tourism industry is not unsurprisingly the largest in the district.
- The number of businesses in Cotswold increased by 9.0% in the last five years.
- The number of people claiming Job Seekers Allowance (JSA) in Cotswold district has been at its lowest in terms of both number and rate for some thirty years.

- The number of new vacancies presents an overall increasing trend from 250 vacancies in January to 560 in October. Interestingly, after Gloucester and Cheltenham districts, Cotswold district had the third highest total number of job vacancies over the ten month period.

Getting the right start in life

- The percentage of low birth weight of term babies in Cotswold district was higher than England but lower than the Gloucestershire benchmarks in 2012.
- In 2014/15, 40 women were recorded as being a smoker at their first antenatal appointment (time of booking) in Cotswold district. 32 women were recorded as still smoking at the time of delivery for the same period.
- Statistics indicate Cotswold mothers are more likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts.
- In 2013/14, Cotswold district had a lower percentage of excess weight in 4-5 year olds compared to Gloucestershire but was higher than England.
- In 2013/14, excess weight levels for 10-11 year olds in Cotswold district were below the Gloucestershire and England benchmarks.
- Most year 8 and 9 pupils in Cotswold district did 6 hours of physical activity a week (29.1%) and only 4.3% exercised for less than one hour a week.
- Under 18 conception rates in Cotswold district have consistently remained below the county and national benchmarks since recording began in 1998.
- In 2012 and 2013, chlamydia detection rates in Cotswold district were lower than the county and national benchmarks.
- During the whole of the 2014/15 reporting year, children living at an address in Cotswold have the lowest rate of referrals, and second-lowest rate of initial assessments.
- The rate of children who are the subject of a CP plan is the third highest (by a small amount) of the six districts in Gloucestershire.
- Looking at the snapshot taken as at 31st August 2015, Cotswold has the lowest rate of Children in Care.

Keeping Healthy - Prevention

- For the past two years, Cotswold district has remained below the county and national benchmarks for admission episodes for alcohol-related conditions.
- Smoking rates in Cotswold district have remained below the Gloucestershire and England benchmarks for the past 4 years.

- In 2012, 63% of adults in Cotswold district were overweight or obese, which is slightly lower than the Gloucestershire (64%) and England (64%) benchmarks.
- Although the percentage of physically inactive adults in Cotswold district has slightly increased since 2013, it has remained below the Gloucestershire and England average for the last 3 years.
- Using data from the 2011 Census, some areas in Cotswold District have a larger proportion of older people that are more likely to be living alone, which leads to a greater feeling of social isolation.
- Cotswold District Council carried out research in 2013 and 2014 into the scale, extent and impact of loneliness and isolation amongst over 65's in the Cotswolds. Amongst the findings was the potential for both increasing the awareness of community transport services and for improved partnership work to improve its availability.
- Social isolation was the second commonest reason for social referrals accounting for 43% of all reasons for referral in South Cotswolds.

Particular Needs

- According to the 2011 Census 16.1% of Cotswold residents (13,369 people) reported having a long term health problem or disability, this was below the county, regional and national average.
- The total number of disability benefit claimants in Cotswold and Gloucestershire has been falling since 2013.
- In 2013/14 there were 1,649 children and young people attending maintained schools in Cotswold with Special Educational Needs, which was lower than the county average and all of the other districts with Gloucestershire.
- 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 Cotswold schools was Behavioural, Emotional and Social 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 1,575 people aged 18+ with a learning disability living in Cotswold.
- The two Cotswold localities (North and South) are significantly higher than Gloucestershire for a number of long term conditions (LTCs) recorded on QOF disease registers. As North and South Cotswold GP Localities have the oldest population structures in the county, it stands to reason that they will

have a high proportion of patients suffering from LTCs, particularly conditions that are closely linked to age.

- There are estimated to be over 1,500 people aged 65 and over with dementia in Cotswold District and this is forecast to rise by almost two thirds to 2,500 in 2030. Over 63% are women.
- In 2014/15 1,523 people received community-based adult social care services in Cotswold District. The rate per 100,000 population is the lowest in the county. In Cotswold, as elsewhere, there is a general trend for a reduced number of people receiving community-based services since 2013/14.
- There were 186 adults in residential care and 189 in nursing care in Cotswold District in 2014/15.
- 48.7% of Cotswold District residents who died between 2011/12 and 2014/15 did so in their usual place of residence.

Healthy and Sustainable Places and Communities

- A total of 8,800 people in Cotswold District provided unpaid care each week in 2011, representing 10.6% of the population.
- Nationally there were 413,779 young carers which equates to around 2.5% of the age group. There were 336 young carers in Cotswold District (1.6% of total 0-24 population) at Census day in 2011.
- Volunteers play a huge role in meeting the needs of people in Cotswold. Nationally in 2013/14 48% of people volunteered in some way at least once a month and 74% at least once a year.
- There is a wide and varied choice of cultural and leisure activities in Cotswold that improve the health and wellbeing of its residents whilst bringing in tourists which in turn bolsters the economy.
- In 2012 there were 422 accommodation businesses in Cotswold. this was more than any other district in the county.
- In the three year period 2011-2013 there were an estimated 343,000 domestic overnight visits to Cotswold which contributed around £64 million to the economy.
- In 2011 there were 36,236 households in Cotswold, this represents an increase of 5.3% or 1,812 households since 2001.
- At the time of the 2011 Census, detached housing accounted for the largest proportion of housing in Cotswold.
- In recent years much of the growth in housing in Cotswold has been in semi-detached properties with an increase of 785 between 2001 and 2011.

- Over the last 10 years the proportion of owner occupied households in Cotswold declined from 67.9% in 2001 to 65.7% in 2011.
- Data from October 2015 shows that in Cotswold there were 1,577 active applications for social housing using the Homeseeker scheme.
- At the time of the 2011 Census 3.6% of households in Cotswold (1,292 households) had fewer rooms than the standard requirement and are therefore overcrowded, this was lower than the county average and all of the other districts in the county.
- In 2013 an estimated 4,226 households in Cotswold were in fuel poverty representing 11.1% of all households, this compares to 10.7% of households in Gloucestershire and 10.4% of households nationally.
- In 2014/15 29 people were accepted as homeless in Cotswold, this equates to a rate of 0.78 per 1,000 population, which is lower than the national average of 2.4 per 1,000 population.
- Cotswold District has experienced crime rates much lower to the overall rates for England and Wales, South West region and Gloucestershire County since 2003/04.

3. Cotswold context

3.1 About this section

This section provides a summary of Cotswold'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, rurality and economic activity both within Cotswold and in comparison with the rest of the county.

3.2 Demographics

3.2.1 *Population trend and projections*

The population of Cotswold district was estimated to be around 84,600 in 2014¹, representing a rise of approximately 2,800 people since 2004, an average increase of nearly 280 people per annum. This is equivalent to an annual growth of 0.35% in the 10 years to 2014, well below the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.

The growth in Cotswold during this period has been driven mainly by net internal migration (net movement to the district from elsewhere in the UK) with a net increase of 400 people per year. In the same period, Cotswold has seen a natural decline with an average of 130 more deaths than births per year.

Between 2004 and 2014, the growth of the older population (aged 65 and above) in Cotswold continued to increase, while the younger population decreased. In addition, the growth rate in the district's older population was higher than those in Gloucestershire and England and Wales².

Table 1: Population Trends 2004-2014

Age Group	Cotswold				Gloucestershire	England and Wales
	Population 2004	Population 2014	Change 2004-2014	% Change 2004-2014		
All Ages	81,800	84,637	2,837	3.5%	6.8%	8.0%
0-19	18,500	17,681	-819	-4.4%	-0.2%	3.7%
20-64	46,900	46,373	-527	-1.1%	4.7%	6.7%
65+	16,400	20,583	4,183	25.5%	23.2%	19.6%

Assuming current population trends continue, the ONS projections³ for the next 25 years suggest that the population in Cotswold will reach 88,000 by 2025 and

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

² *Ibid.*

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

92,200 by 2037. This represents an annual increase of 0.41% or 340 people between 2012 and 2025, and 0.4% or 350 people between 2025 and 2037. The district's growth rates are lower than those predicted for Gloucestershire and England in the short, medium and long term.

The dominating feature of the projected trend for Cotswold is a sharp increase in the number of older people (aged 65+), while projections for children, young people and the working age group indicate a decline in the next 25 years.

The same projections also suggest that the number of deaths will exceed births by 5,800 during the 25-year period. At the same time, there will be a net inflow of internal migration of 14,400 people. The level of international migration to Cotswold is projected to be balanced by emigration in the next 25 years.

Table 2: Projected Population Growth 2012-2037

Projected Population Growth 2012-2037						
	Cotswold		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	5.3%	4.8%	8.9%	6.2%	9.2%	6.4%
0-19	-1.1%	-0.6%	7.4%	1.0%	8.6%	0.7%
20-64	-4.3%	-4.3%	0.6%	-1.1%	3.4%	1.5%
65+	34.5%	24.9%	35.4%	27.1%	30.4%	26.6%

3.2.2 Ageing population

The number of older people aged 65 and above in Cotswold has been growing by an average of 420 people per year between 2004 and 2014. Projections suggest that this will increase to 530 per annum 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 Cotswold than in Gloucestershire over the period 2012-2037 (up 68.0% 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 380 in the same period. The table below shows that the 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						
	Cotswold		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 65+	34.5%	24.9%	35.4%	27.1%	30.4%	26.6%
65-74	16.7%	17.6%	19.1%	21.0%	16.8%	22.4%
75-84	53.1%	13.3%	53.3%	15.6%	42.7%	15.8%
85+	57.1%	70.5%	55.7%	70.4%	54.2%	63.9%

The number of wards with large number of older people is also increasing. In 2011, 4 council wards (i.e. 14% of all wards) in the district had at least 1,000 residents aged 65+. By 2013, the number grew to 6 (i.e. 21% of wards).

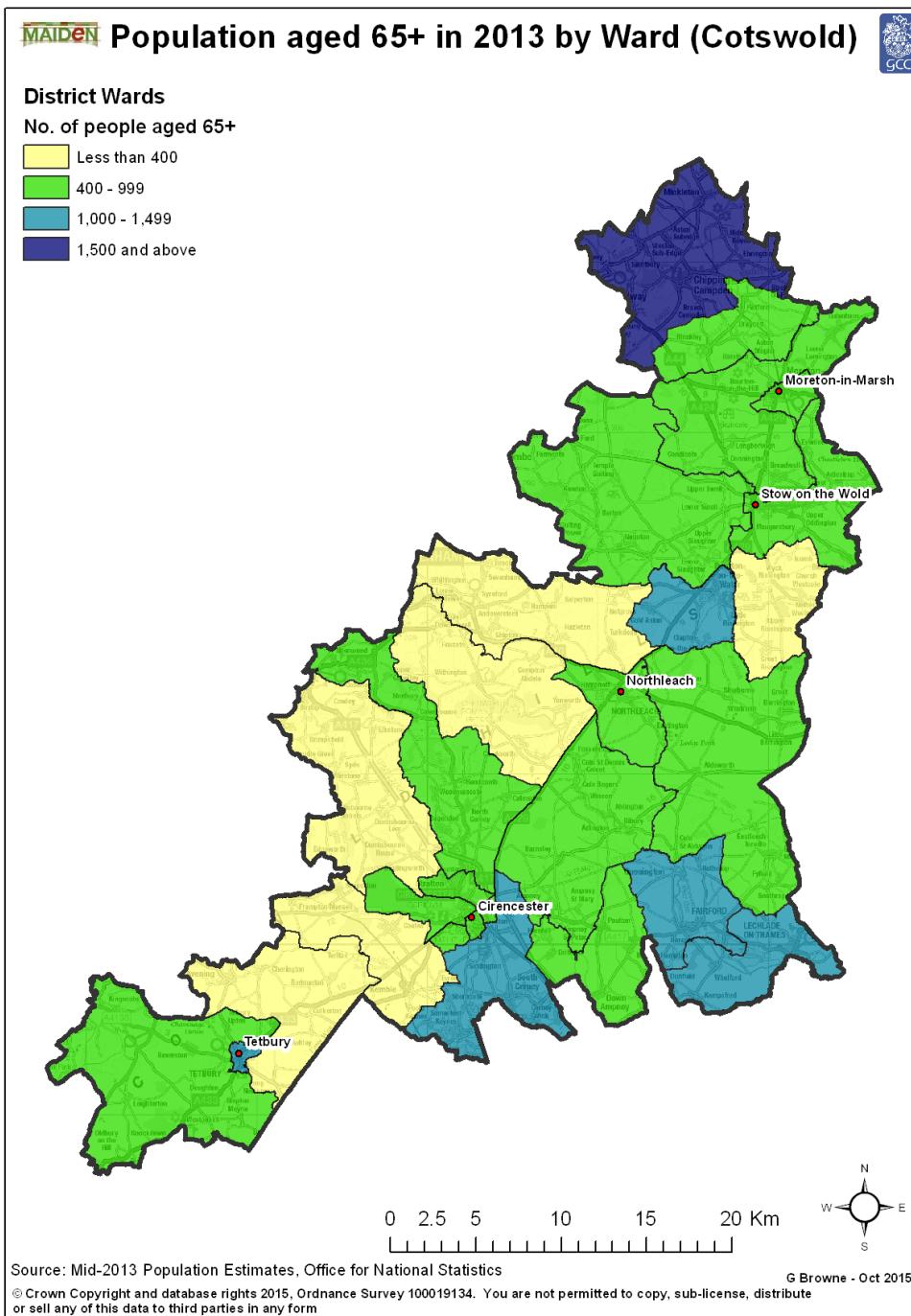


Figure 1: Population Aged 65+ by Ward⁴

3.2.3 International migration and Ethnic population

The 2011 Census showed that 5,860 people who were usually resident in Cotswold district were born outside the UK, representing 7.1% of the total population (compared to 7.7% for the county and 13.4% nationally). Among these, 33% (1,930 people) were recent migrants, having arrived since 2004⁵.

⁴ Mid-2013 Population Estimates, Office of National Statistics

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

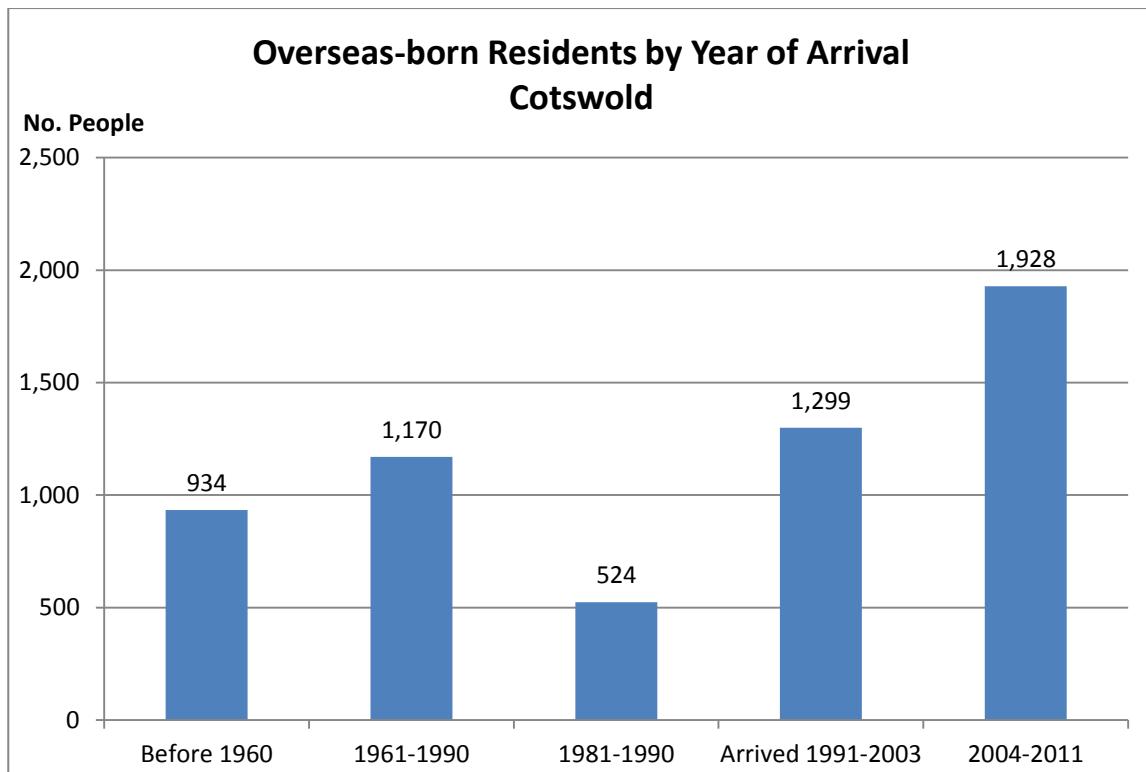


Figure 2: Overseas-born Residents⁶

The migration pattern since 2004 was closely linked to the inflow from East European countries. This has resulted in the 'White Other' population in the district increasing between 2001 and 2011, from 1,770 to 2,290. The 'White other' group now accounted for 2.8% of the district population, compared to 2.2% in 2001.

The percentage of Black and Minority Ethnic (BME) population also increased, from 1.1% to 2.2%, but the figure was low compared to the county and national percentages of 4.6% and 14.1% respectively.

Ethnic groups showing the biggest growth in Cotswold in the 10 years to 2011 were 'White-British' (+1,140 people), 'White-other' (+520), 'Other Asian' (+280) and 'Mixed-White and Asian' (+130).

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

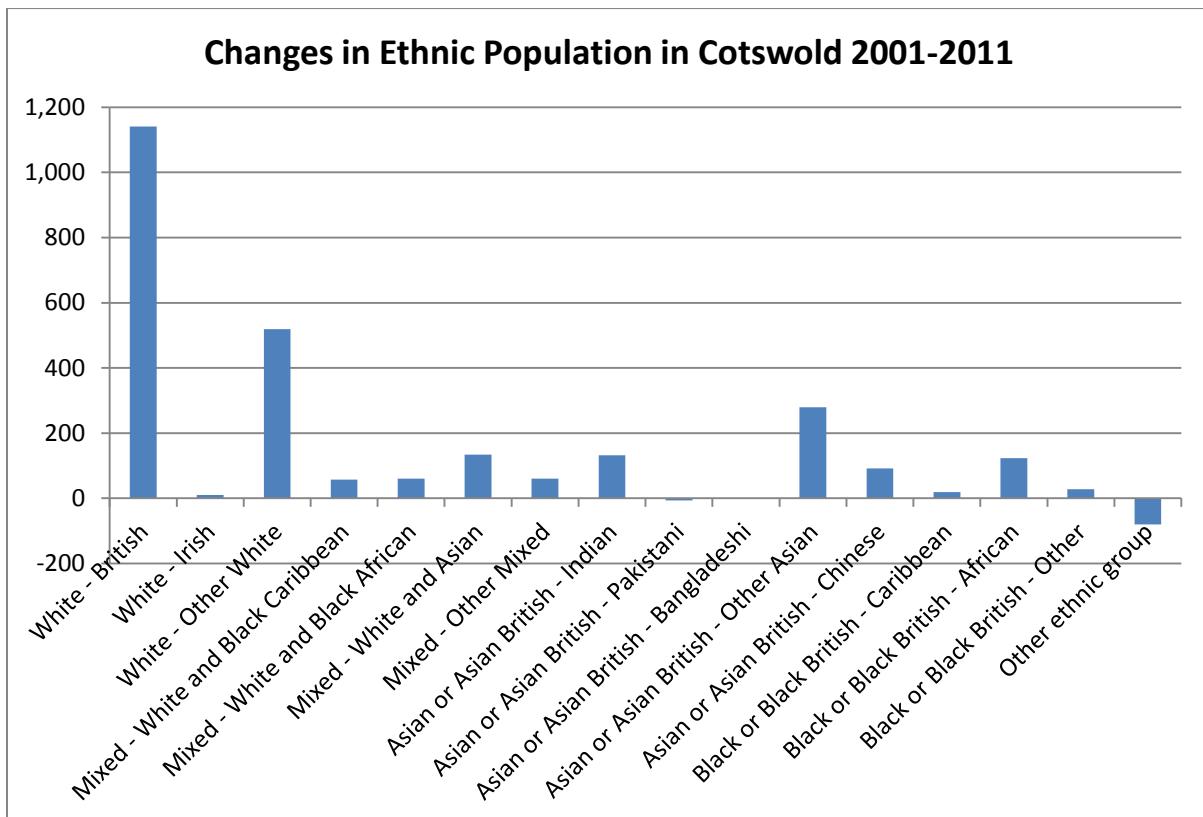


Figure 3: Changes in Ethnic Population⁷

Figure 4 shows that Cotswold had one of the lowest proportions of BME population, accounting for 2.2% of the population compared to 4.6% of the population in the county.

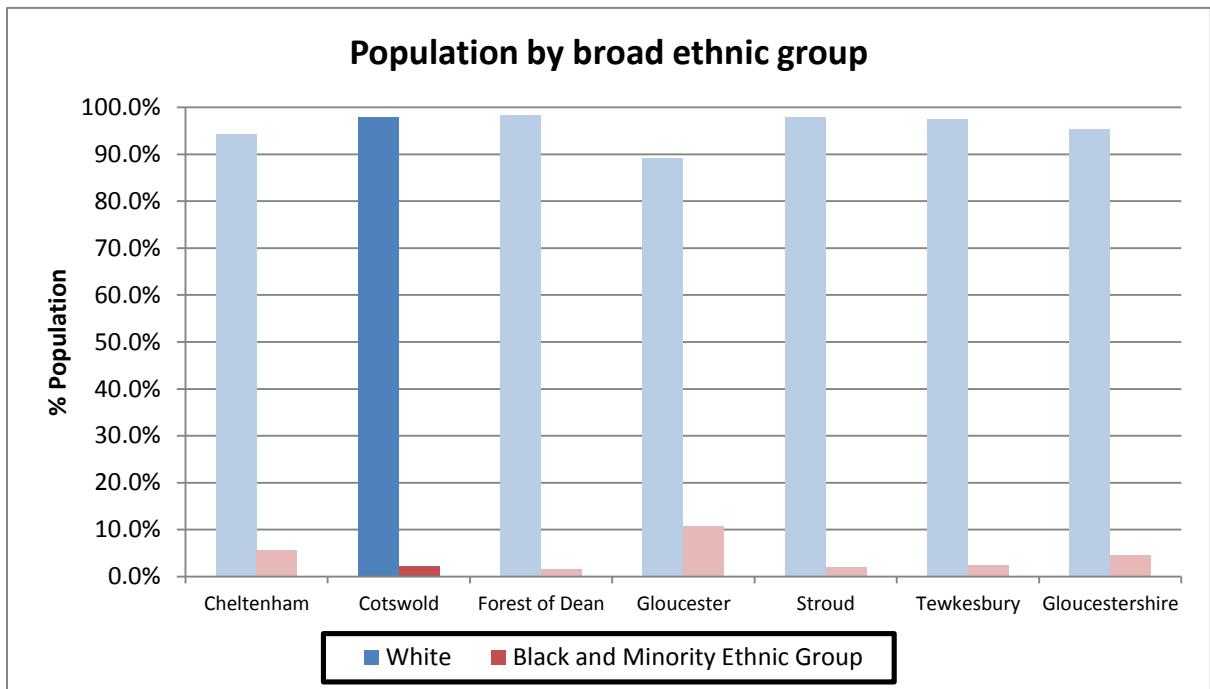
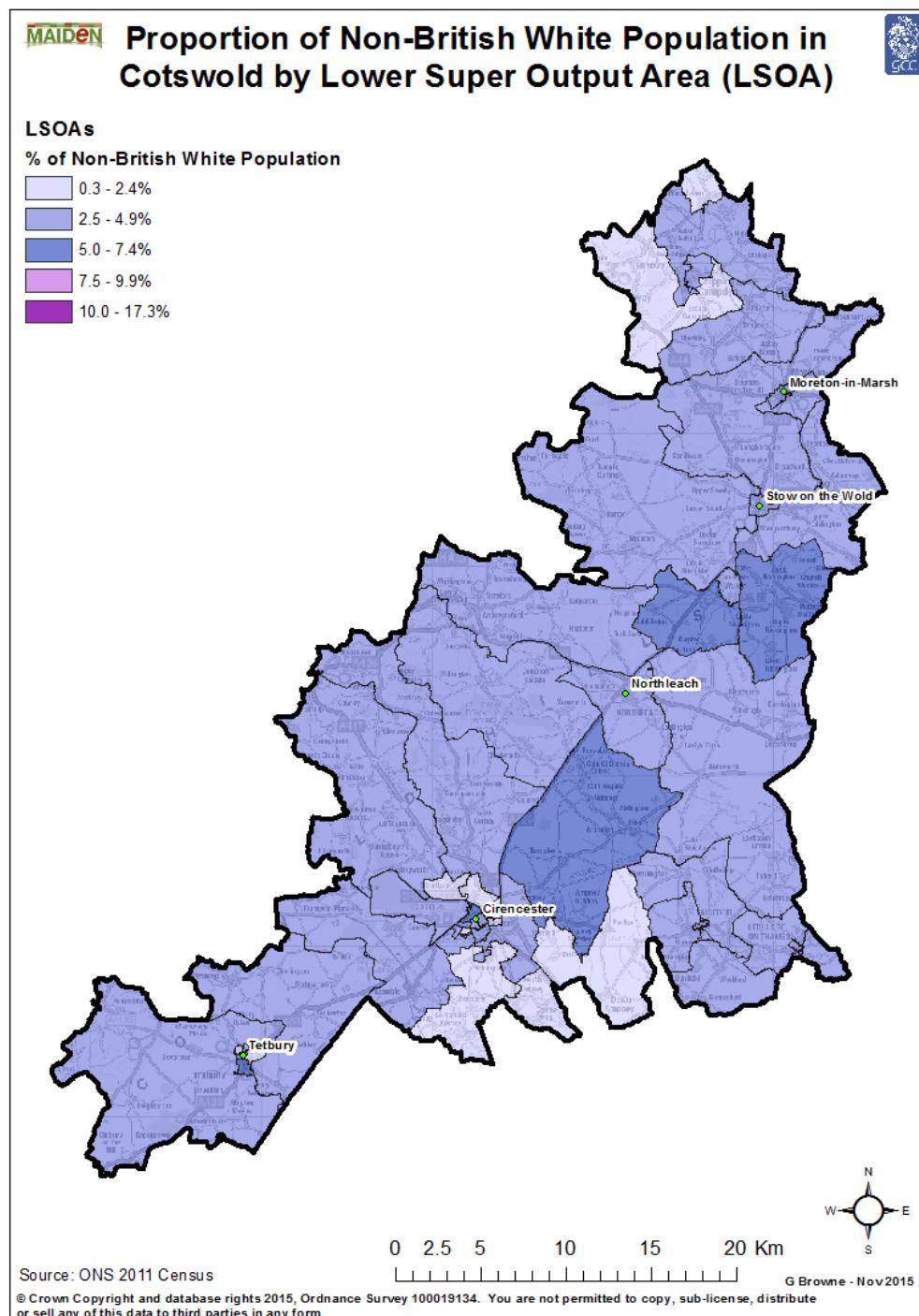


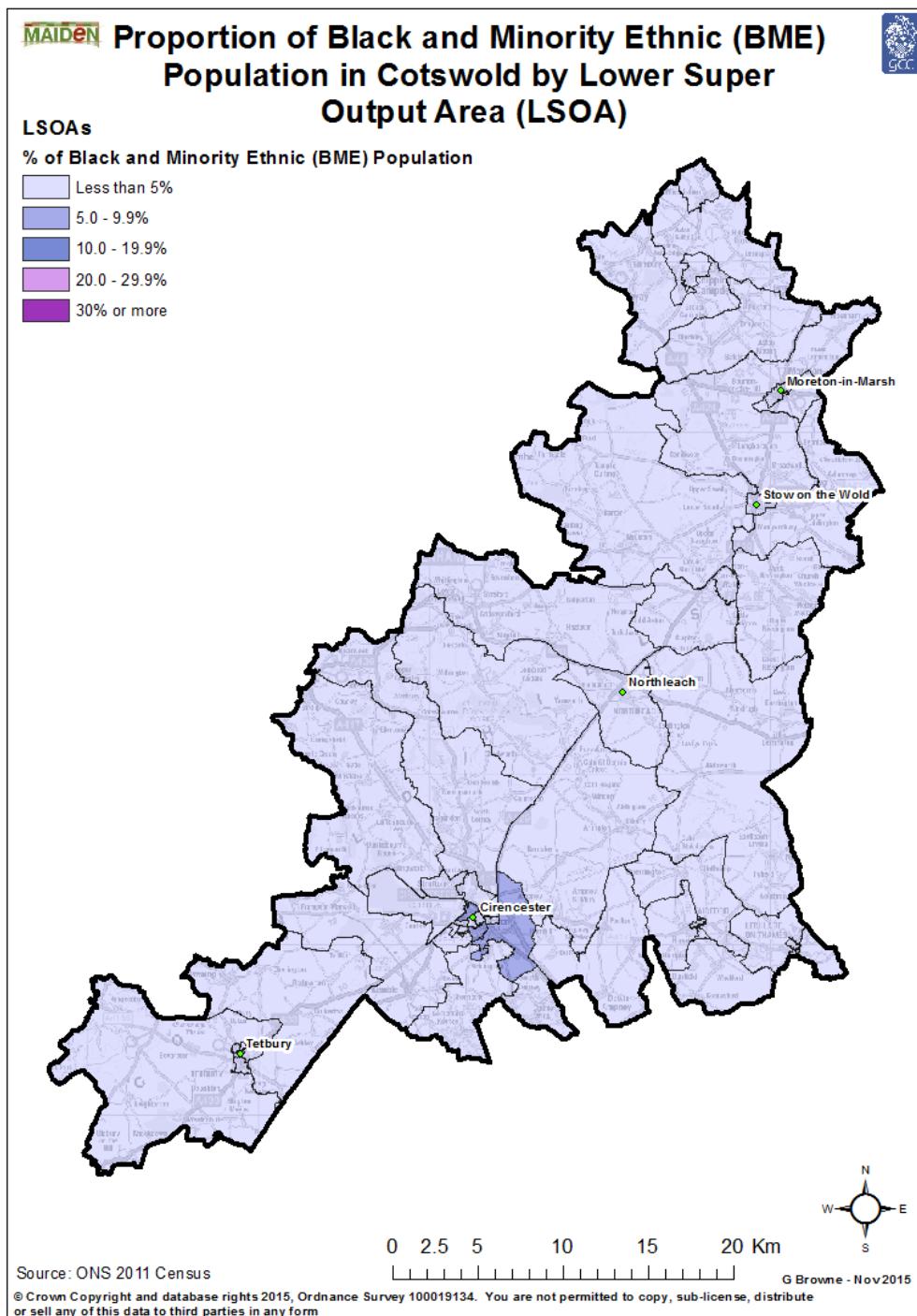
Figure 4: Population of Gloucestershire's districts by broad ethnic group 2011⁸

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

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



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



It is difficult to predict future patterns of immigration into Cotswold. The latest statistics on the number of overseas nationals registering to work in Cotswold show that the number of migrant workers to the district has decreased from 610 in 2006/07 to 400 in 2013/14⁹. ONS long-range projections forecast that on current trends, net international migration (immigration minus emigration) to Cotswold will see no change over the 25-year period of 2012-2037¹⁰.

⁹ Department for Works and Pension

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

It is likely that the future growth of the ethnic population in Cotswold will be increasingly accounted for by natural growth from within the domestic population, as it has a young age structure. 90.0% of the ethnic population in Cotswold were children and working-age in 2011, compared to 77.7% of Cotswold 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.

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 local authorities in terms of overall

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

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

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.

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.

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>

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 *Cotswold Deprivation Key Messages*

- Cotswold district has no LSOAs that rank in the top 20% most deprived in England.
- The greatest proportion of Cotswold District's population (44%) lives in LSOAs in the second least deprived national quintile.
- For 7 out of the 10 domains of deprivation and supplementary indices (including total IMD), Cotswold has no LSOAs that rank in the most deprived national quintile.
- Cotswold's worst ranking domain remains "Barriers to Housing and Services", as in 2010, with 46% of the district's population living within LSOAs ranked in the most deprived national quintile. Cotswold district also has the most deprived LSOA in Gloucestershire for this domain – Ermin which ranks 178th nationally, and places it amongst the top 0.5% most deprived areas in the country.
- "Health Deprivation and Disability" remains the district's best ranking domain in terms of deprivation, even though it has very slightly declined in the national rankings since 2010, and ranks best in Gloucestershire with 68% of its population living in the least deprived national quintile.

3.3.3 *Cotswold Deprivation in Detail*

Generally, Cotswold district ranks well in the county in terms of overall deprivation. None of the Cotswold LSOAs rank amongst the top 20% most deprived in the IMD, and most of the district's population (72%) live within areas that are in the top 40% least deprived nationally.

Figure 5 shows that over half the area of Cotswold district ranks in the top 40% least deprived areas in England, as shown by the green areas on the map. The 28% of the population that live within areas in the least deprived national quintile are mainly in the South East of the district, but there are also pockets around some of the market towns.

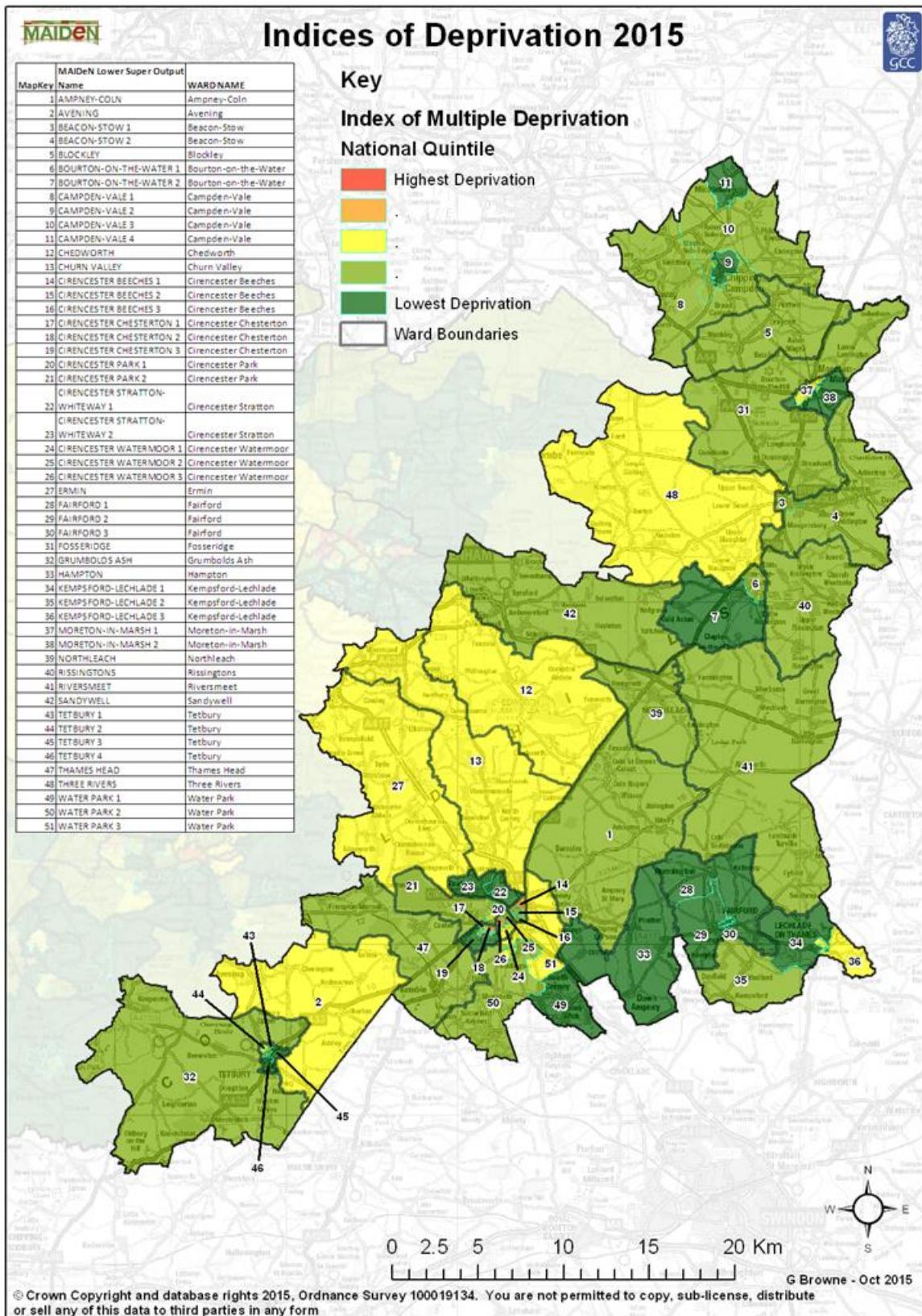


Figure 5: LSOAs shown by IMD national quintile, 2015

Contrasts in deprivation are illustrated in Figure 6. This shows the proportion of population for each national quintile in each district, to enable comparison between districts.

The chart shows that Cotswold district has the highest proportion of its population living in areas in the second least deprived quintile (44% of district), and this proportion is higher than Gloucestershire overall. The chart also shows that there are no areas ranked within the top 20% most deprived in England. Cotswold and Stroud are the only two districts in Gloucestershire without LSOAs in the most deprived quintile.

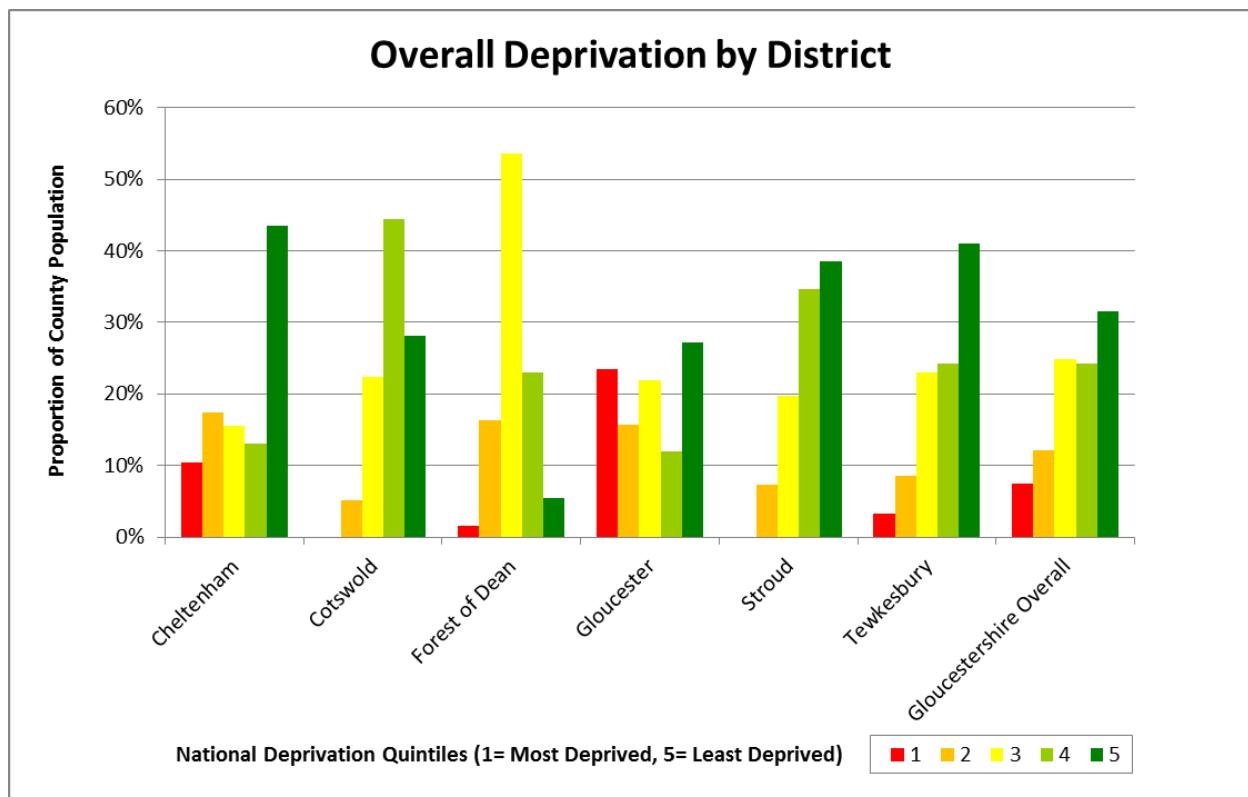


Figure 6: IMD by national quintile and district, 2015

To see a more detailed picture of how deprivation is measured in the district, Figure 7 shows the individual domains of deprivation that make up the total IMD 2015 together with 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 7 clearly shows that the district's worst ranking domain is "Barriers to Housing and Services" with 38,785 people (46% of district population) living within 22 LSOAs that fall into the most deprived national quintile for this domain. "Barriers to Housing and Services" is weighted at 9.3% of the total IMD, and includes indicators such as road distances to post offices, primary schools, general stores/supermarkets and GP surgeries, as well as household overcrowding, homelessness, and housing affordability.

Cotswold district also has the most deprived LSOA in Gloucestershire for “Barriers to Housing and Services” – Ermin which ranks 178th nationally, and places it amongst the top 0.5% most deprived areas in the country.

Cotswold district’s “Barriers to Housing and Services” domain has shown a relative improvement in national rankings since 2010 – fewer people proportionally now live in the most deprived LSOAs (56% in 2010, decreasing to 46% in 2015), and more people proportionally now live in the least deprived LSOAs nationally in 2015 (3% in 2010, rising to 20% in 2015). Overall, however, Cotswold ranks as the most deprived district in the county for “Barriers to Housing and Services”.

Other significant changes to note include:

- “Living Environment” which has slipped in the national rankings since 2010 – there is now a higher proportion of population in the most deprived national quintile, and fewer people in the least deprived national quintile. Of all the domains, this has shown the largest increase of population proportion in the most deprived national quintile, rising from 2% of population in 2010 to 15% in 2015.
- “Income” has slightly improved in the national rankings in terms of population proportions since 2010. In 2015, none of the district’s LSOAs rank in the most deprived national quintile, and 43% of the district’s population live in the least deprived national quintile – an increase on 34% in 2010.
- Although “Health Deprivation and Disability” has very slightly declined in the national rankings in terms of population, it still remains the district’s best domain in terms of deprivation, and ranks best in Gloucestershire, with 68% of its population living in areas that rank in the least deprived national quintile.
- Cotswold district now contains Gloucestershire’s least deprived LSOA for “Employment” – Water Park 2, which ranks 32,513rd nationally.

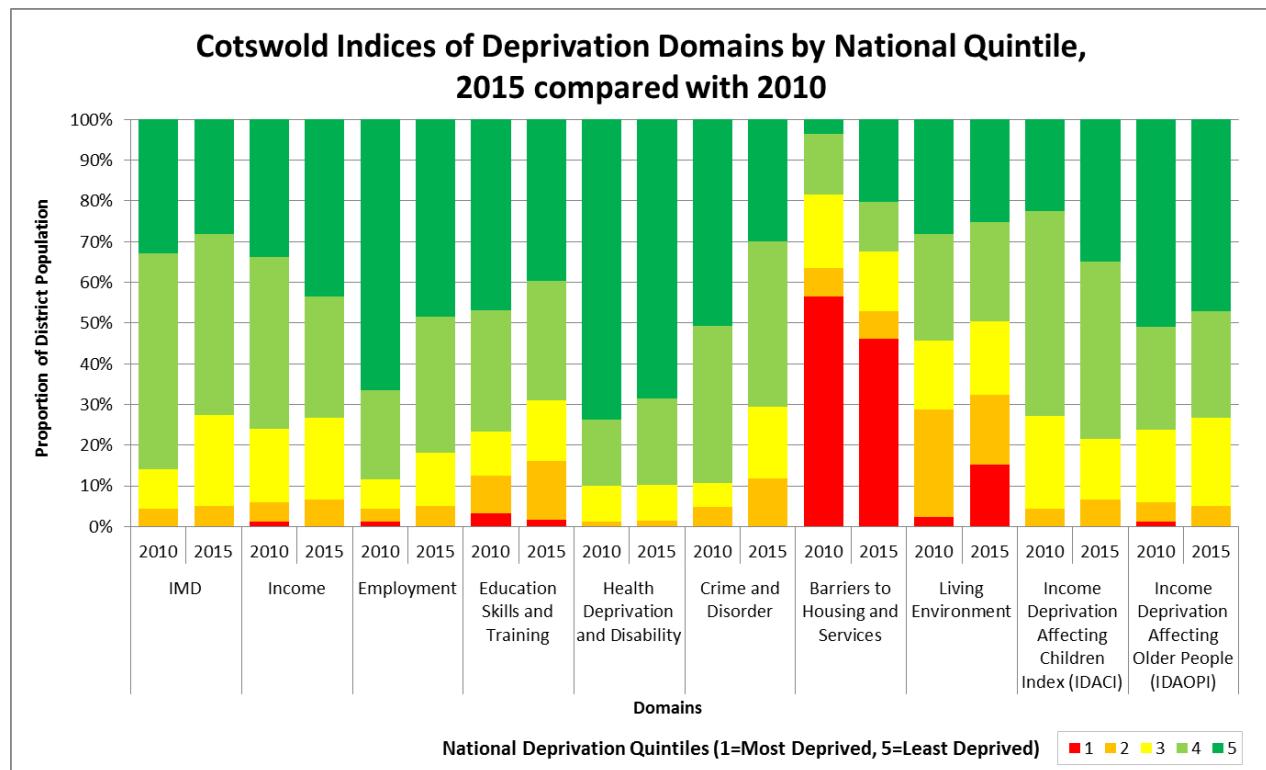


Figure 7: District deprivation as a proportion of district population, split by domain of deprivation with supplementary indices, 2010 and 2015

To summarise, Table 5 provides an overview of the Indices of Deprivation 2015, split by domain of deprivation with supplementary indices.

From this it can be seen which wards contain the most deprived LSOAs, together with the LSOA population figures. This table illustrates how well Cotswold district ranks nationally across the domains and supplementary indices, with 7 out of the 10 (including total IMD) having no LSOAs falling in the most deprived 20% in the country. Table 5 clearly shows “Barriers to Housing and Services” as Cotswold district’s worst ranking domain with 22 out of 51 LSOAs in the top 20% most deprived nationally.

Table 5: District summary of domains of deprivation and 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	0	-	-	-
Income	0	-	-	-
Employment	0	-	-	-
Education Skills and Training	1	Cirencester Chesterton	1,349	2%
Health Deprivation and Disability	0	-	-	-
Crime and Disorder	0	-	-	-
Barriers to Housing and Services	22	Ampney-Coln, Avening, Beacon-Stow, Blockley, Campden-Vale, Chedworth, Churn Valley, Cirencester Beeches, Ermin, Fosseridge, Grumbolds Ash, Hampton, Kempsford-Lechlade, Rissingtons, Riversmeet, Sandywell, Thames Head, Three Rivers, Water Park	38,785	46%
Living Environment	7	Ampney-Coln, Chedworth, Churn Valley, Cirencester Park, Riversmeet, Sandywell, Three Rivers	12,700	15%
Income Deprivation Affecting Children Index (IDACI)	0	-	-	-
Income Deprivation Affecting Older People (IDAOP1)	0	-	-	-

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.

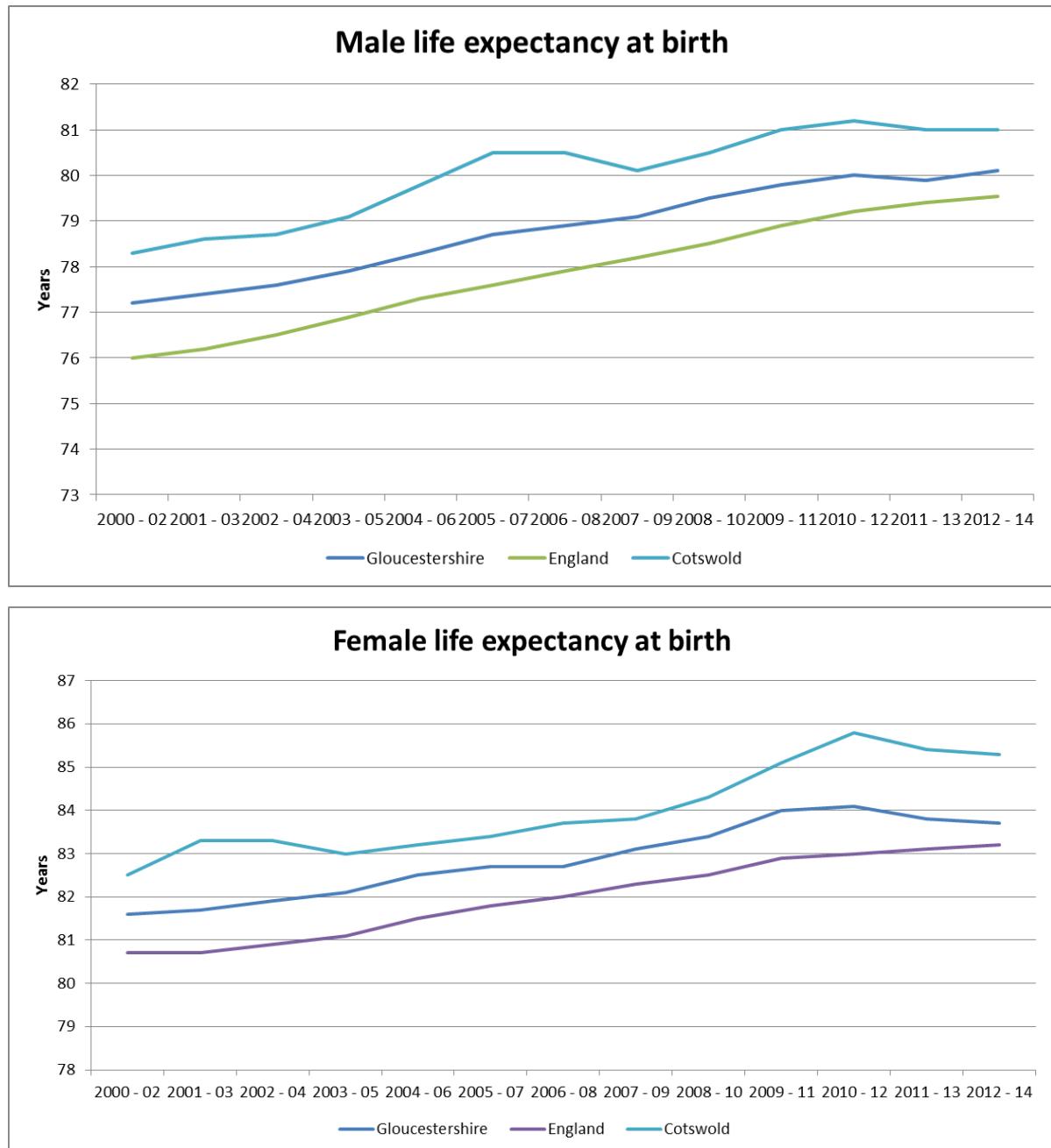


Figure 8: Life expectancy at birth (Note: y-axis does not start at 0 for comparison purposes)

Females in Cotswold district can generally expect to live around 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 significantly higher for Cotswold residents than the county and national averages. 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

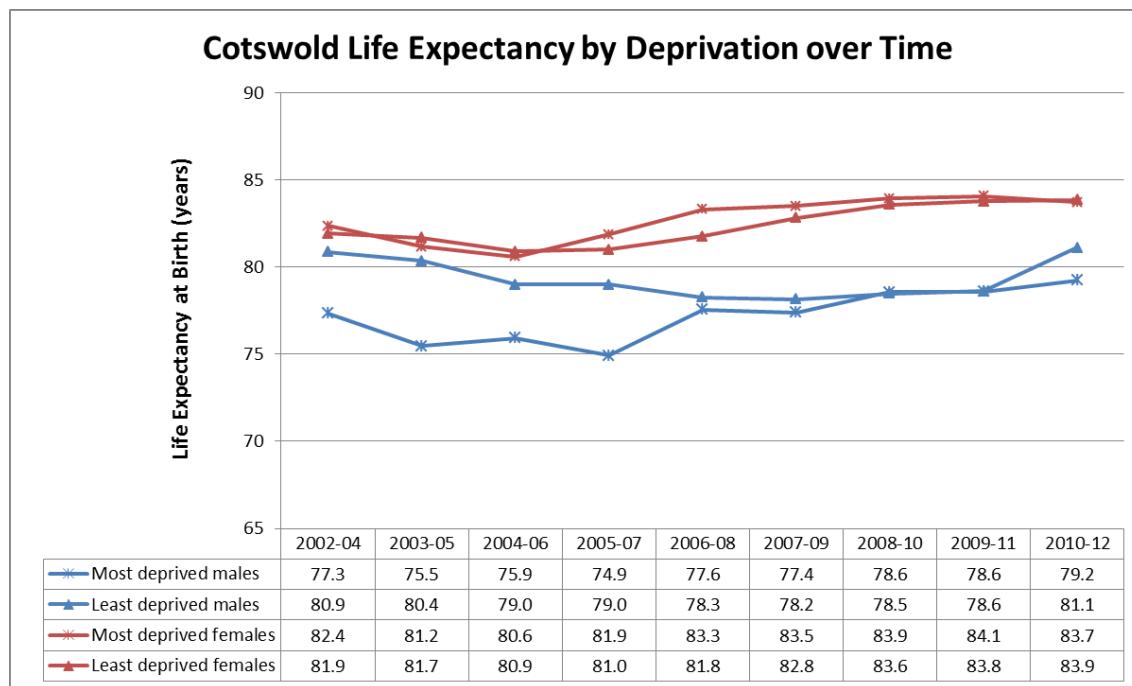


Figure 9: Life expectancy by deprivation (Note: y-axis does not start at 0 for comparison purposes)

Over the past decade the differences in life expectancy between the most and least deprived deciles in Cotswold district has been negligible for both males and females. This suggests that the health inequality deprivation gap in the district is not particularly wide, for life expectancy at least. In the early and mid – 2000s there was a period when the least deprived men were living up to 3 years longer than the most deprived men, but that gap has closed over the past 4 or 5 years. To put this in context; some other Gloucestershire districts continue to experience gaps of more than 10 years.

3.5 Mortality

3.5.1 Leading causes of death

The three leading causes of death in Cotswold 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>

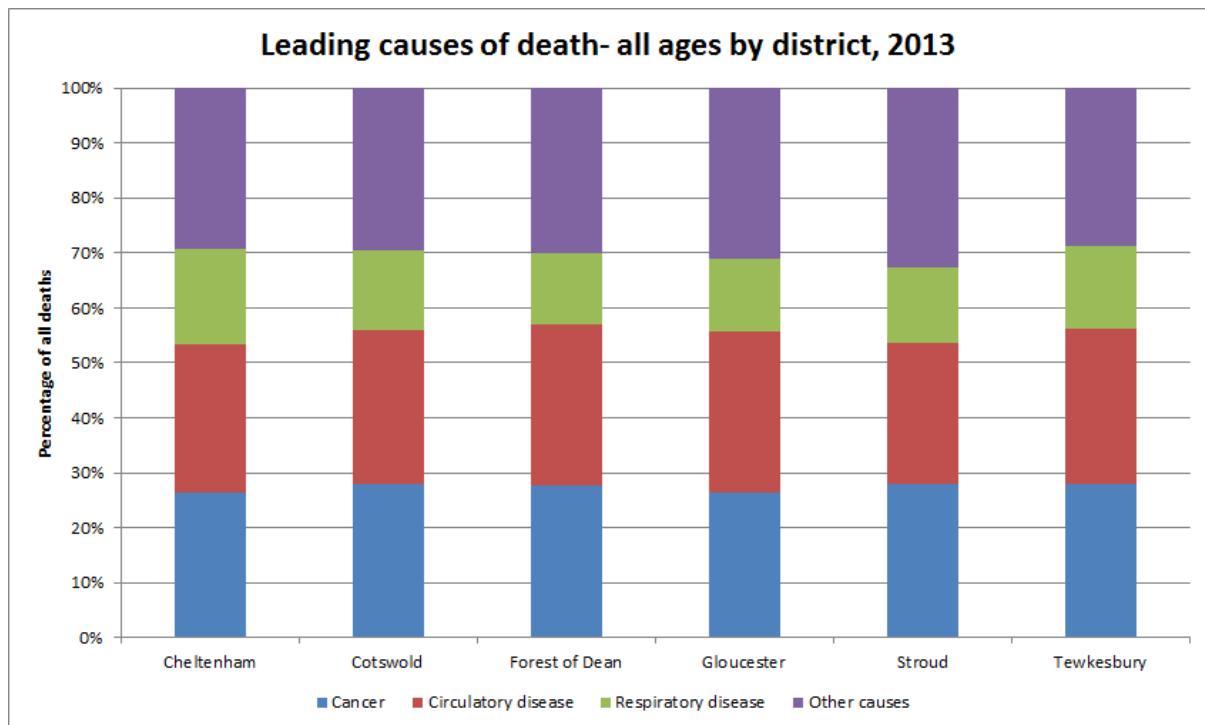


Figure 10: Leading causes of death (all ages) in Gloucestershire districts 2013

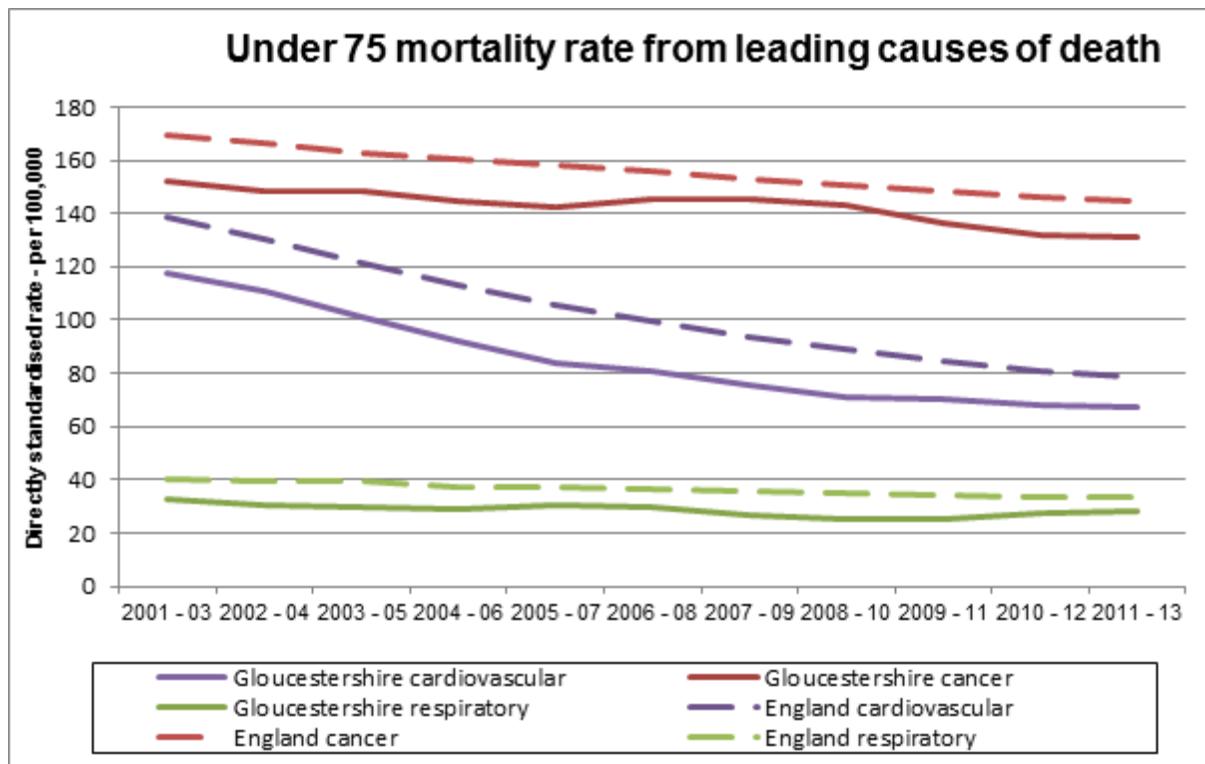


Figure 11: Under 75 mortality rate from leading causes of death

Compared to the other five Gloucestershire districts, Cotswold's leading causes of death are generally fairly similar, although it does have a slightly higher proportion of deaths from circulatory 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

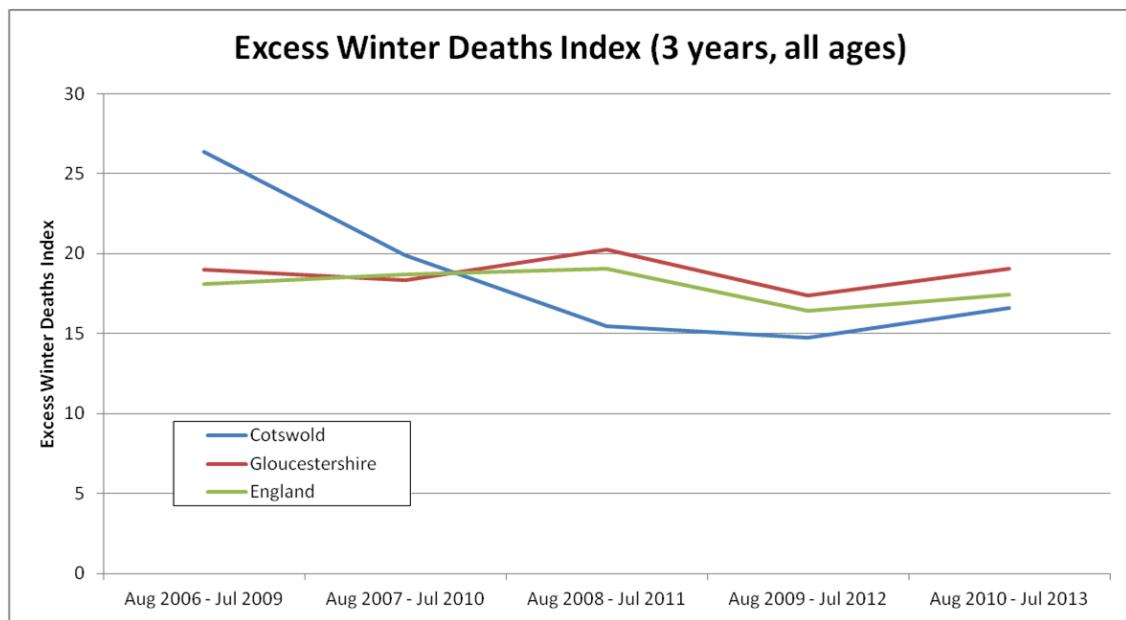


Figure 12: Excess Winter Deaths Index (all ages)

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

3.6 Economy

Cotswold district situated in the east of the County is a rural area located within the largest Area of Outstanding Natural Beauty in England and Wales.

Cirencester is the main town providing a popular tourist, craft and retail centre and is supported by smaller market towns such as Moreton-in-Marsh and Bourton-on-the-Water. The economy of the district is diverse and prosperous and supported some 39,000 employees in 2014.

The industry base is varied with local concentration particularly based on; Accommodation and food services sector relating to tourism; Professional, scientific & technical focusing on consultancy and head office activities; Manufacturing ranging from vehicles, orthopaedic equipment, pumps, textiles and food products and Retail.

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 Cirencester.

There are around 5,860 businesses in Cotswold district accounting for just over a fifth of the County total and growth over the last five years has been one of the highest in the County. The district has 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 although quite varied appear to relate mainly to the needs of the Accommodation and food services sector.

The commuting to work pattern indicates that just over half of the resident employed population remained within the district to work and the majority of the inward and outward flows tend to be within the Gloucestershire, particularly relating to Stroud and Cheltenham districts.

The relatively high proportion of residents who work at or from home may also be an indication of how advancement in modern technology has enabled a wide range of businesses to function efficiently in rural areas such as Cotswold district and to the positive relationship that exists between businesses and how they interact with the sensitivities of the high quality landscape and environment of the area.

3.6.1 Employment

The number of employees in Cotswold district has increased by 2,800 or 11% over the last five years to a total of 39,000¹⁹ by 2014, representing the second smallest number of employees of all the Gloucestershire districts as shown in Figure 13.

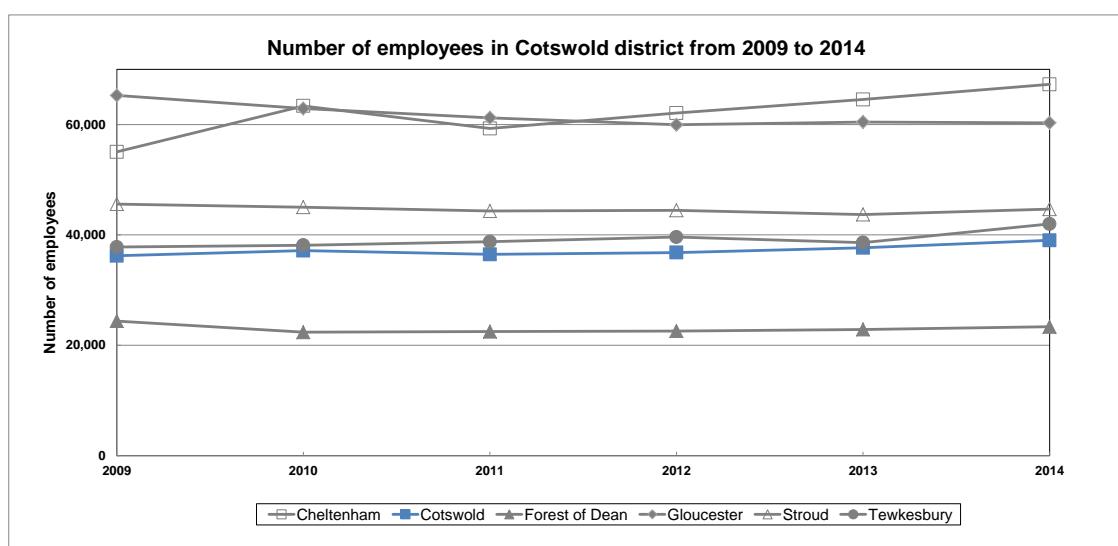


Figure 13: Trend in the number of employees in Cotswold district: 2010-2014²⁰

The annual growth rates relating to the number of employees between 2009 and 2014 in Cotswold district are depicted in

Table 6. After quite a volatile start the annual growth rates grew in the latter years resulting in an annual average growth rate of 1.5% over the period which was higher than the County and the national average and the third highest of the districts 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 Cotswold district from 2009 to 2014²¹

Cotswold district	
Year	Annual growth rate %
2009-2010	2.6
2010-2011	-1.8
2011-2012	0.9
2012-2013	2.3
2013-2014	3.6
Average annual growth rate 2009-2014	1.5

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 also evident from Table 8 that Cotswold district accounted for 14% of the total number of Gloucestershire employees which is the second lowest after the Forest of Dean district.

Table 8: Cotswold 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 9,700 people were self-employed²⁴ in Cotswold district between 2014 and 2015.

²¹ *Ibid.*

²² *Ibid.*

²³ *Ibid.*

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

3.6.2 Past (2010-2014) Employment by industrial sector

Figure 14 presents the industrial sectors in terms of their size, growth and local concentration²⁵.

The Accommodation & food services sector which is related to the tourism industry is not unsurprisingly the largest as shown in Figure 15 and most locally concentrated in the district. The sector also experienced growth over the last five years particularly in the hotel, unlicensed restaurant and public houses and bars sub sectors.

The Professional, scientific & technical sector is the second largest in terms of employees as shown in Figure 15, locally concentrated and shown growth as a result of activities relating particularly to management and technical consultancies, architectural activities, advertising agencies and head offices located within the district.

The Manufacturing sector is significant and has shown growth over the last five years more specifically in the activities relating to beverages, textiles, wood products, non-metallic mineral products, computer, electronic and optical products, electrical equipment and aerospace sub sectors.

Retail, the third largest sector in terms of employees as shown in Figure 15 despite experiencing decline over the last five years is important in terms of the additional tourist attraction of Cirencester and the smaller market towns of the district.

The Finance & insurance sector although comparatively small has a degree of local concentration and has experienced the most growth relating mainly to the life insurance sub sector and auxiliary activities including actuarial and salvage administration which has outweighed the decline in bank employees.

The Education sector is also large as shown in Figure 15 and well represented from primary through to higher education levels the latter especially relating to Cirencester College and the Royal Agricultural University however, not unexpectedly this sector has suffered decline in employee numbers mainly in the primary and the technical and vocational secondary sub sectors.

The Information & communication sector is important to Cotswold district and has shown some growth over the past five years particularly relating to the business and domestic software development and computer consultancy.

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.

Although the Agriculture, forestry & fishing sector²⁶ appears small and has shown a decline in terms of employment it is an important sector in the district.

According to the June 2013 statistics from Defra²⁷ the sector accounted for a total labour force of about 2,000 people in the district which was a 2% increase on the 2010 figure for those employed on 730 commercial holdings²⁸ that covered some 97,800 hectares which represented an encouraging 8% increase from 2010.

With the effects of the recession and having to cope with vagaries of the industry, farmers needed to improve the profitability of their farms and face the prospect of providing a non-farming income which they have successfully managed through various forms of diversification and specialisation with enterprises such as the re-introduction of rare breeds, organic farming, biomass production, farm open days and other tourism related activities in order to maintain their livelihood.

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 and associated activities.

The size and position of the Health sector including social work activities reflect the larger employee numbers associated mainly with hospital activities e.g. Cirencester hospital and residential care facilities.

The Arts, entertainment & recreation is locally important to Cotswold 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 recorded by the Business Register and Employment Survey.

²⁶ The Business Register and Employment Survey cannot easily measure agricultural employment and therefore data regarding this sector is incomplete.

²⁷ Structure of the agricultural industry in England and UK at June 2013, Defra
<https://www.gov.uk/government/statistical-data-sets/structure-of-the-agricultural-industry-in-england-and-the-uk-at-june>

²⁸ Commercial agricultural holdings defined as >5 hectares.

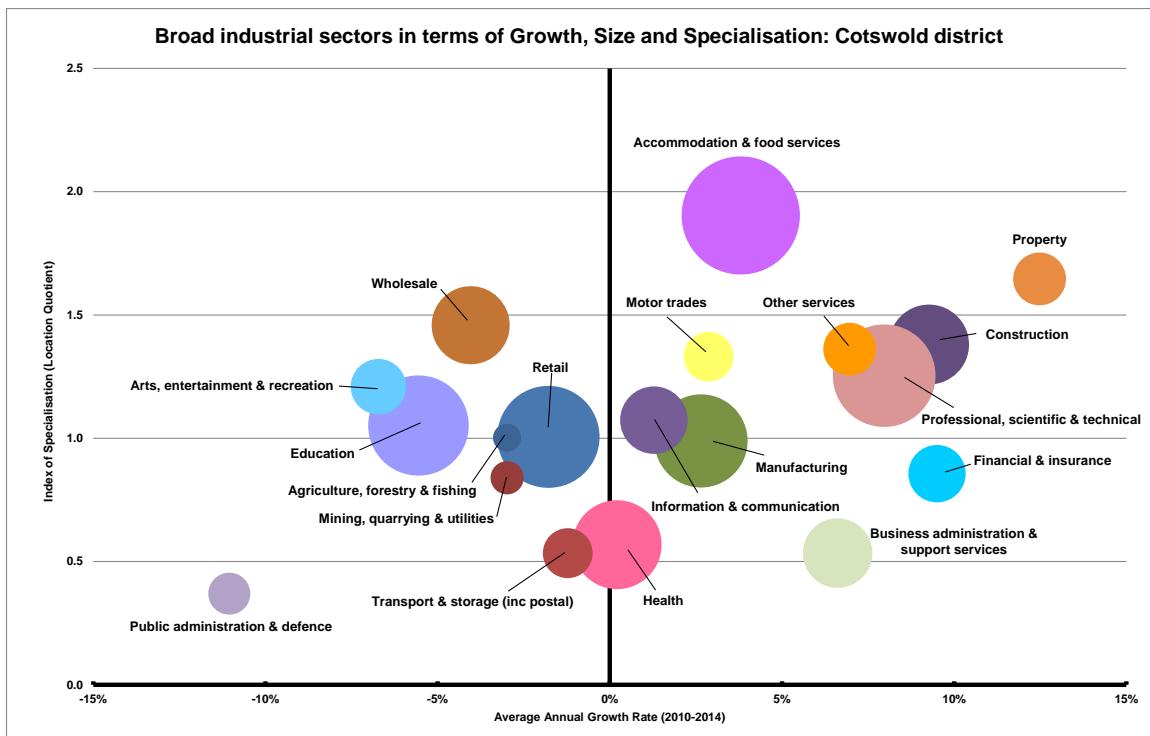


Figure 14: A comparison of industrial sectors in terms of growth, size and specialisation in Cotswold district²⁹³⁰

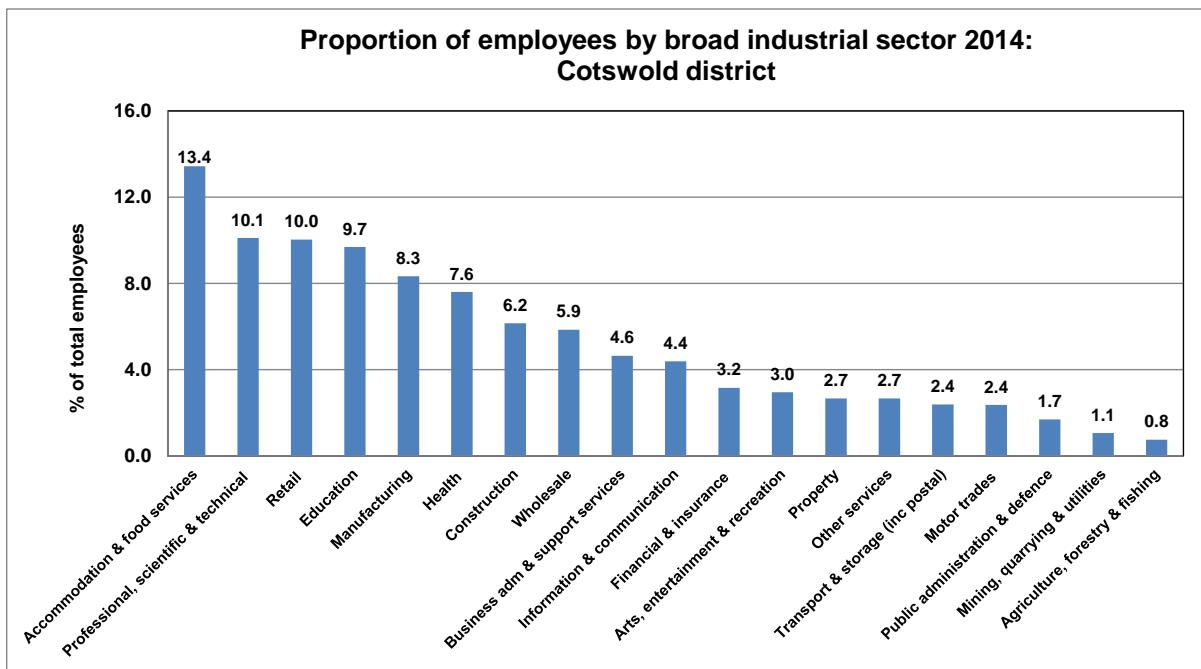


Figure 15: The proportion of employees by broad industrial sector 2014: Cotswold district³¹

²⁹ Business Register and Employment Survey 2010-2014, ONS Crown Copyright Reserved.

³⁰ The Agriculture, forestry & fishing industrial sector is not wholly represented by the BRES data.

³¹ Business Register and Employment Survey 2010-2014, ONS Crown Copyright Reserved.

3.6.3 Future (2015-2025) Employment by industrial sector

Economic projections generated by the Local Economic Forecasting Model (LEFM)³², 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 Cotswold district is set to increase between 2015 and 2025 to 56,400 people, however, growth is expected to be at a more conservative rate with a projected average annual change of 0.5% which is the highest of all the districts and matches the South West region as shown in Table 9.

Table 9: Projected Average annual change in employment: 2015-2025³³

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 the projected employment by sector over the next ten years for Cotswold district compared to the County average, two sectors, namely, Accommodation & food services and Other services³⁴ are predicted to experience the most growth. In addition the Information & communication and Business administration & support services sectors are also expected to grow at almost twice the County rate as shown in Figure 16.

The Agriculture, forestry & fishing and Mining, quarrying & utilities sectors are both set to decline, in the former case less so than the County average and in

³² 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.

³³ LEFM Aug 2015 Cambridge Econometrics/Institute for Economic Research (Univ. of Warwick).

³⁴ 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.

the latter case in complete opposition to the County average which may reflect future growth in power generation activities that may be developing in other districts of the County particularly in relation to the nuclear power industry.

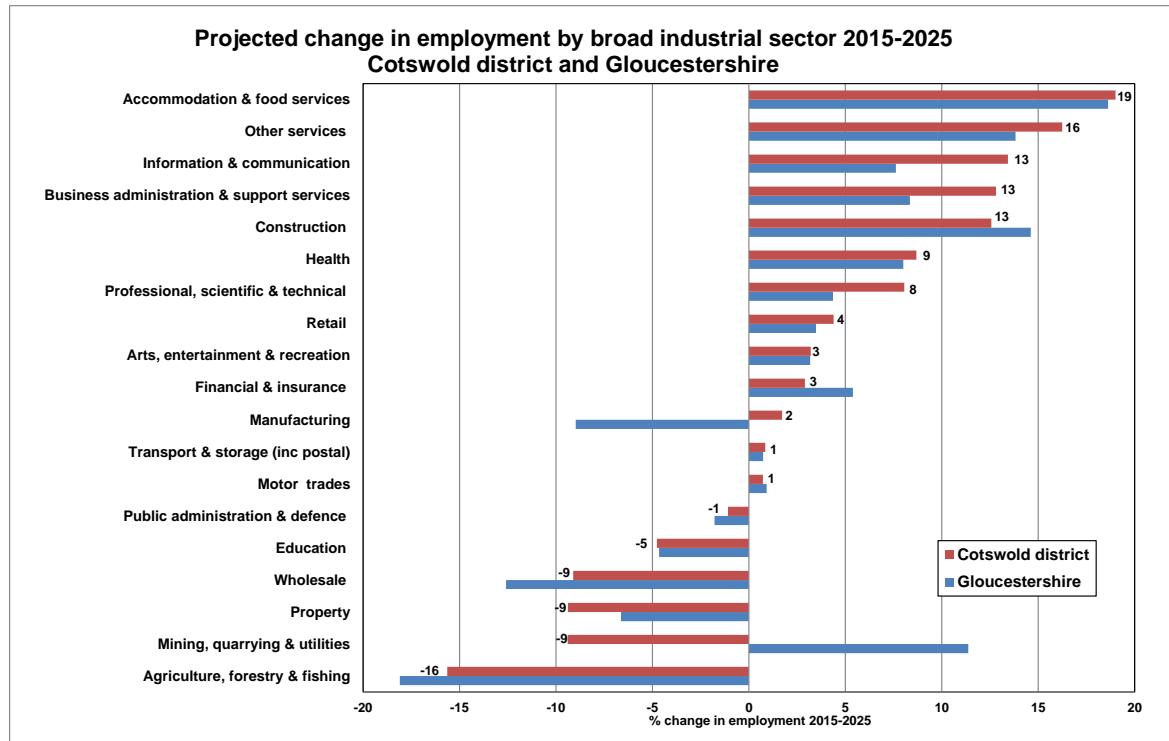


Figure 16: Projected change in employment in Cotswold from 2015 to 2015³⁵

3.6.4 Businesses

The number of businesses in Cotswold increased by 9.0% in the last five years as shown in Table 10 amounting to 5,860 businesses in 2015 accounting for some 21% of the County total. This growth is the next 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 2015³⁶

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

³⁵ LEFM Aug 2015, Cambridge Econometrics/Institute for Employment Research (Univ. of Warwick).

³⁶ UK Business Counts – Enterprises 2015, ONS Crown Copyright Reserved.

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.

Table 11: Size breakdown of businesses in Cotswold district and County 2015³⁷

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

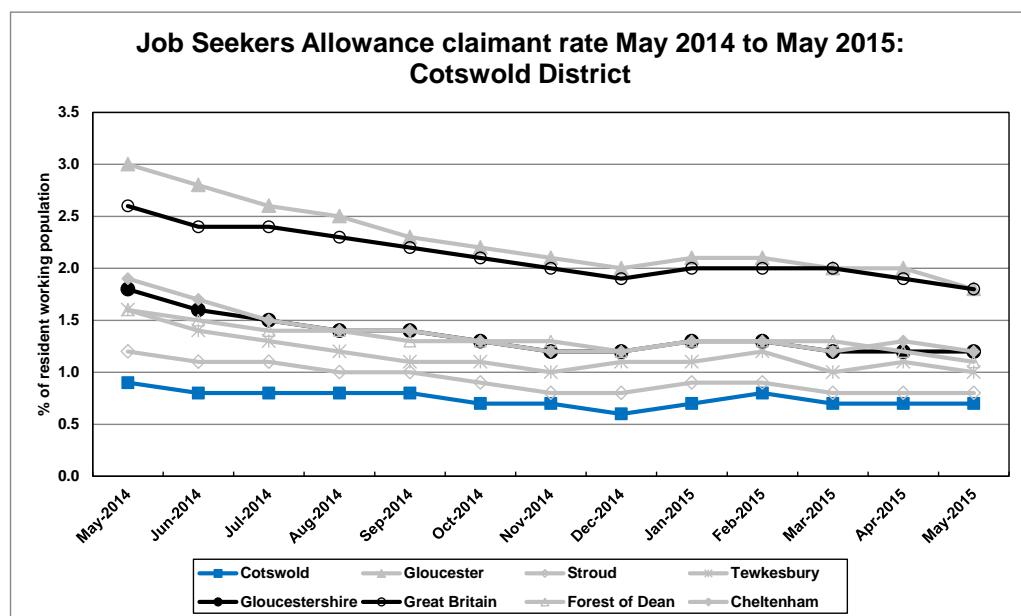
One year survival rates at 89.5% were the third highest in the County and higher than the national average as shown in Table 12 and three year survival rates were the highest in the County and well above than the national average.

*Table 12: Business survival rates from birth in 2010*³⁹

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

3.6.5 Unemployment

The number of people claiming Job Seekers Allowance (JSA) in Cotswold 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.



*Figure 18: Job Seekers Allowance claimant rate May 2014 to May 2015: Cotswold district*⁴⁰

It is evident from Figure 18 that the JSA claimant rate for Cotswold district followed the County average trend and apart from seasonal blips has shown a steady decline since May 2014 to 0.7% representing 350 people in May 2015.

³⁹ *Ibid.*

⁴⁰ Job Seekers Allowance, ONS Crown Copyright Reserved.

Cotswold district has the lowest number of claimants and the lowest claimant rate of all the districts and the rate is also well below the County and national average.

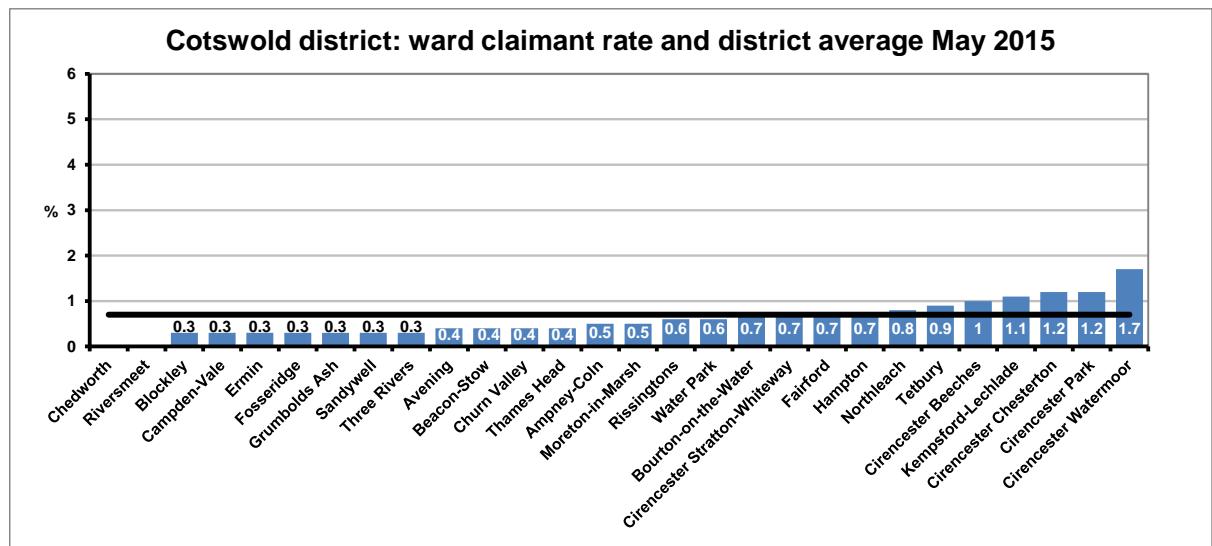


Figure 19: Cotswold district: ward claimant rate against district average⁴¹

There were seven wards with claimant rates above the district average as shown in Figure 19. They range from Northleach with 0.8% to Cirencester Watermoor with 1.7%.

The situation relating to those 18-24 year olds claiming JSA in Cotswold district is one of improvement 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 but especially the latter was below the County average as shown in Figure 20.

Those 18-24 year olds claiming JSA for over six months fell from 1.2% of the cohort in 2012 to 0.3% of the cohort in 2015. This represented a decrease in numbers from 70 to 15 people. For those 18-24 year olds claiming for less than six months the proportion of the cohort declined from 2.1% in 2011 to 0.9% in 2015 relating to a decrease from 120 to 55 people.

⁴¹ *Ibid.*

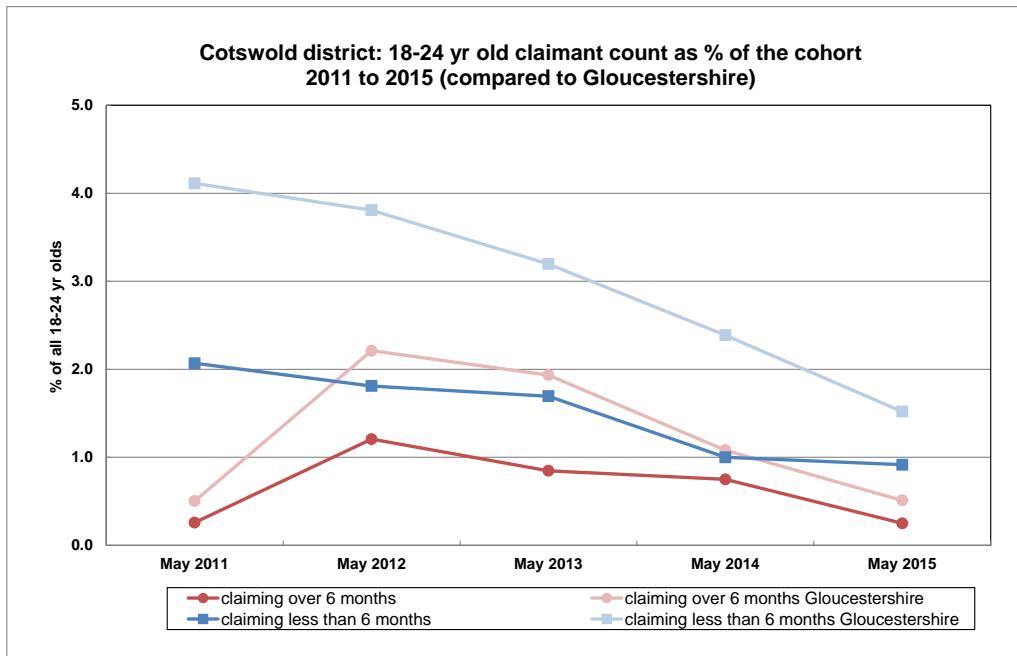


Figure 20: 18-24 year old claimant count as a proportion of the cohort 2011-2015⁴²

The number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Cotswold district as depicted in Figure 21 has apart from an all time low amounting to 29 people in July 2011, since varied between 50 and 60 people over the last four years with an overall trend showing a slight increase amounting to 66 people in May 2015.

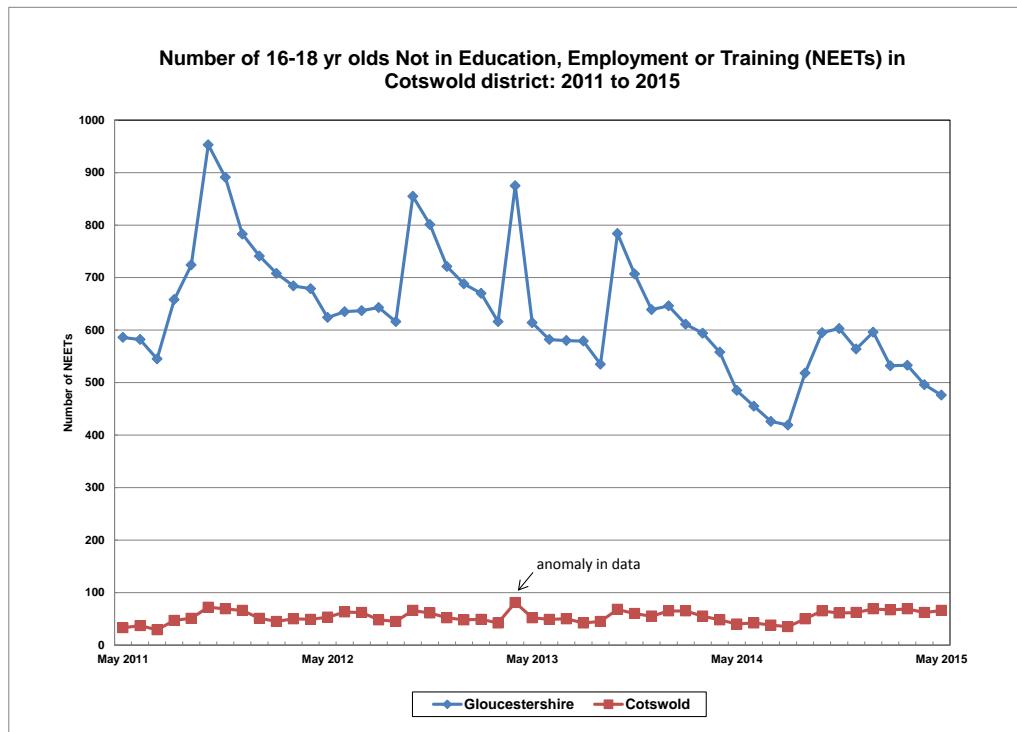


Figure 21: Number of 16-18 year olds Not in Education, Employment or Training (NEETs) in Cotswold district: 2011 to 2015⁴³

⁴² Jobseeker's Allowance by age and duration, ONS Crown Copyright Reserved.

3.6.6 Qualifications and occupation

It is evident from Table 13 that in Cotswold district some 34% 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 qualification accounted for 19% of the resident population over 16 which although similar to the County average was below the national average and amounted to 12,800 people.

Table 13: Level of qualification of residents aged 16 and over comparison 2011⁴⁴

Level of qualification of residents aged 16 and over: % of total			
	Cotswold district	Gloucestershire	England and Wales
No qualifications	18.5	19.6	22.7
Level 1 qualifications	12.8	13.5	13.3
Level 2 qualifications	15.8	16.0	15.3
Apprenticeship	3.2	4.0	3.6
Level 3 qualifications	11.9	12.6	12.3
Level 4 qualifications and above	33.7	29.9	27.2
Other qualifications	4.1	4.3	5.7
Total	69,138	490,233	45,496,780

Professional and Associate professional occupations featured highly in Cotswold district and in addition to the Managers, directors and senior officials occupations equated to just over a third of the resident employed population in 2011 as shown in Figure 22. In the latter case the proportion of Managers, directors and senior officials occupations of the resident based employment was well above the County and national average.

⁴³ Prospects.

⁴⁴ 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 Skilled trades occupations also accounted for a higher proportion of the resident based employment in Cotswold district compared to the County and nationally.

The occupational structure of Cotswold district not only reflects the high skill needs of its industrial base but also the importance of skilled trades to the balance of the economy.

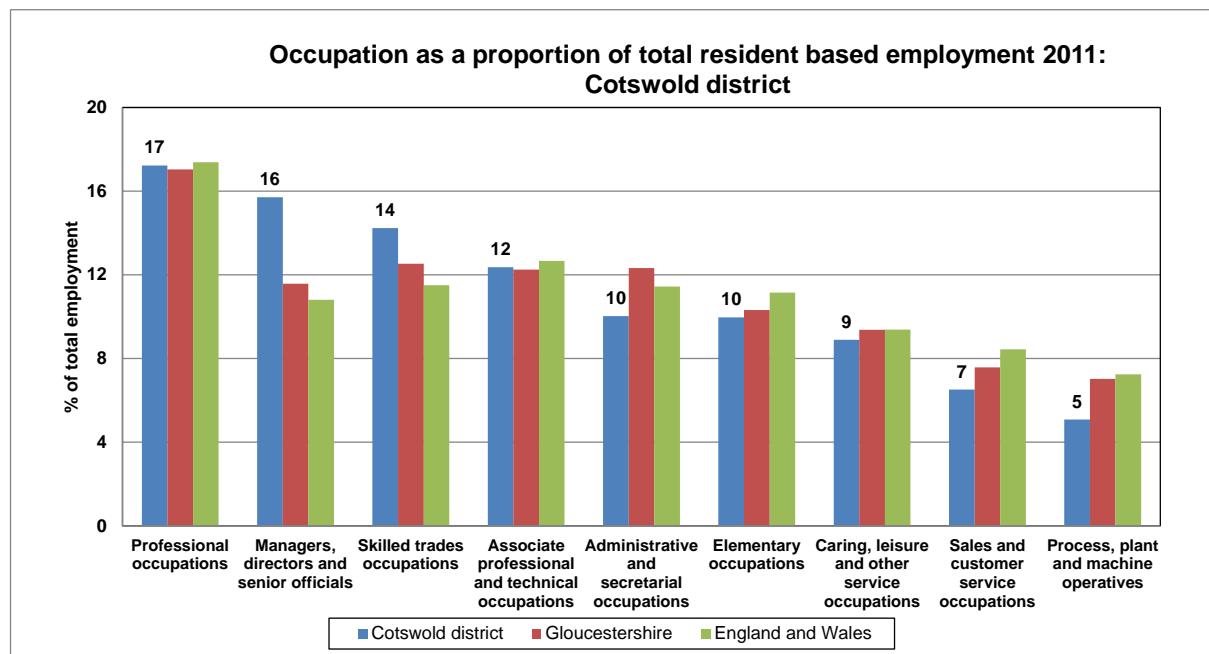


Figure 22: Occupation as a proportion of total employment 2011: Cotswold district, Gloucestershire and England and Wales⁴⁵

In terms of the projected growth of occupational employment over the next ten years, as outlined in Figure 23, the expected increase in Managers, directors and senior officials follows the national projection although at a higher rate for Cotswold district and at County level which points not only to the continuing growth in businesses but also the already high proportion of these occupations in the district. 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.

It is evident from Figure 23 that the Professional and Associate professional occupations are projected to grow at a much lower rate than nationally but higher than the County while Skilled trades and Process, plant and machine operatives are expected to increase at about double the County rate and oppose the national rate.

The Administrative and secretarial occupations however, are expected to decline in line with the County and national trends.

⁴⁵ Census of Population 2011: LC6112EW - Occupation by age, ONS Crown Copyright Reserved.

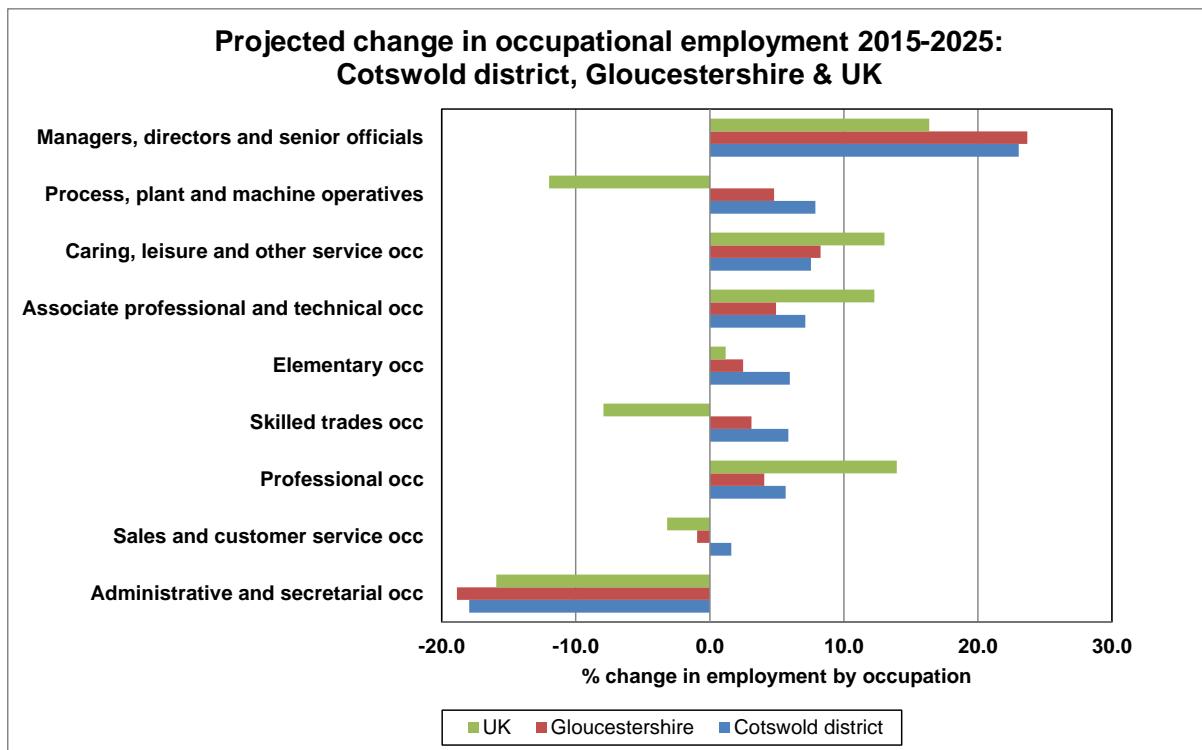


Figure 23: Projected change in occupational employment 2015-2025: Cotswold district, Gloucestershire & UK⁴⁶

3.6.7 Vacancies

The data used in Figure 24 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 24 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 250 vacancies in January to 560 in October. Interestingly, after Gloucester and Cheltenham districts, Cotswold district had the third highest total number of job vacancies over the ten month period.

⁴⁶ LEFM Aug 2015, Cambridge Econometrics/Institute for Economic Research (Univ. of Warwick).

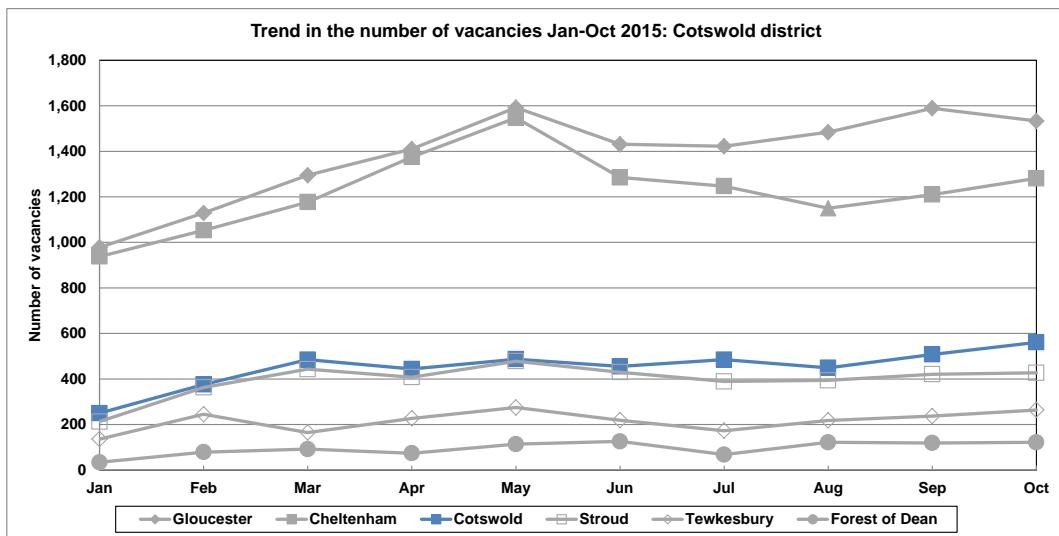


Figure 24: Trend in job vacancies in Cotswold district in 2015⁴⁷

The top fifteen occupations identified from a total of 4,500 job vacancies advertised during the first ten months of 2015 are shown in Figure 25. Vacancies related to a number of occupations including Chefs, Administrative occupations, Nurses, Receptionists and Information Technology. The relatively high proportion of Chefs, Receptionists and Customer service occupations may reflect the importance of the Accommodation and food services sector in the district.

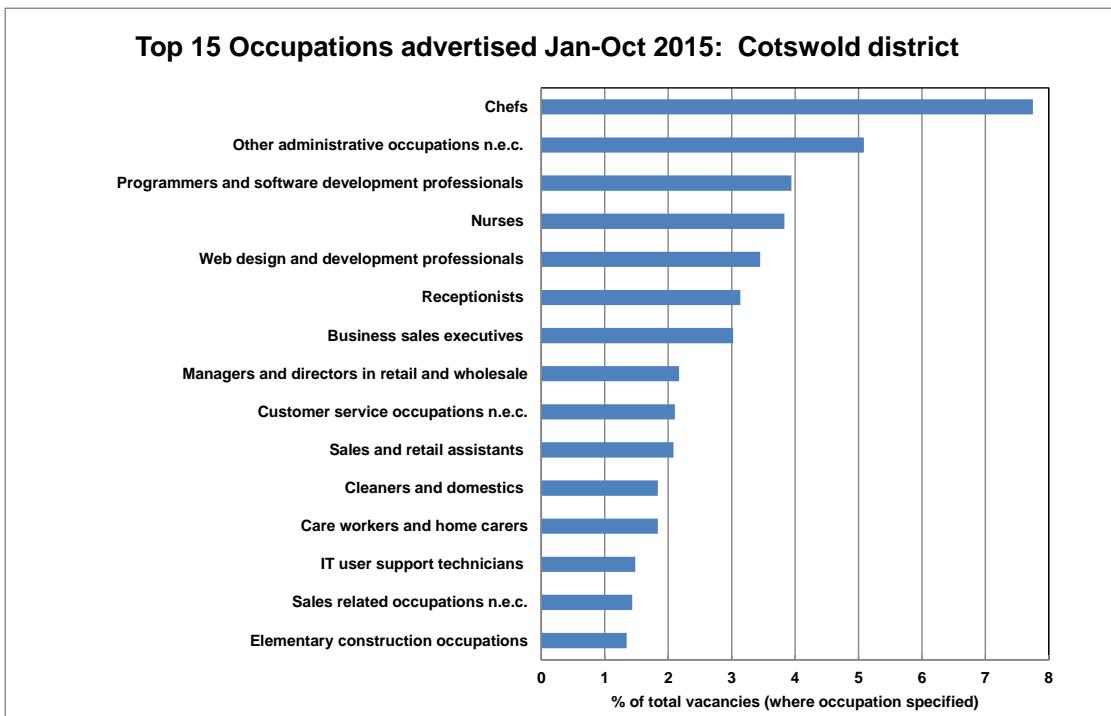


Figure 25: Top occupations advertised in Cotswold district in 2015⁴⁸

⁴⁷ Labour Insight.

⁴⁸ *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 Accommodation and food services, Information Technology, Health, Manufacturing, Public sector, Financial and Retail industrial sectors.

*Table 14: A selection of employers with the largest number of vacancies in 2015*⁴⁹

BARCHESTER HUNTERS CARE CENTRE
BROMFORD GROUP LIMITED
COMSTOR GROUP LIMITED
COTSWOLD DISTRICT COUNCIL
COTSWOLD INNS
COTSWOLD WATER PARK
HAYLEY GROUP
MCDONALD'S RESTAURANTS
NATIONAL HEALTH SERVICE
ROYAL AGRICULTURAL UNIVERSITY
SAFESTYLE UK
ST JAMES'S PLACE
THE CROWN OF CRUCIS
TRAVIS PERKINS
USAY BUSINESS LIMITED

3.6.8 Commuting to Work

In 2011, of the 30,041 residents aged 16 and over in Cotswold district who commuted to work in 2011, some 54% equating to 16,221 people worked within the district as shown in Table 15.

*Table 15: Working within the district 2011*⁵⁰

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 4,074 residents aged 16 and over commuted from Cotswold district to the rest of the County with the largest interaction occurring with Cheltenham and Stroud districts as shown in Table 16.

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*

Table 16: Commuting to Work by district for Gloucestershire 2011⁵¹

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 Cotswold district the wards with the largest resident origin were Cirencester Chesterton, Tetbury, Cirencester Watermoor, Cirencester Beeches and Water Park. The wards with the highest workplace destinations were not unsurprisingly Cirencester Park, Cirencester Watermoor, Water Park and Bourton-on-the-Water as shown in Table 17.

There was also as expected some level of containment around the market towns of Tetbury, Campden-Vale, Bourton-on-the-Water, Moreton-in-Marsh and Fairford

Table 17: Commuting to work within Cotswold district by ward 2011⁵²

Cotswold district	Workplace Destination	Cotswold district																													
		Ampney-Colin	Avening	Beacon-Stow	Blockley	Bourton-on-the-Water	Campden-Vale	Chedworth	Churn Valley	Cirencester Beeches	Cirencester Chesterton	Cirencester Park	Cirencester Stratton	Cirencester Watermoor	Ermin	Fairford	Fossbridge	Grumbolds Ash	Hampton	Kempsford-Lechlade	Moreton-in-Marsh	Northleach	Risings	Riversmeet	Sandywell	Tetbury	Thames Head	Three Rivers	Water Park		
Resident Origin		81	2	3	1	5	0	5	8	2	6	66	4	29	7	24	1	5	13	4	2	0	2	8	2	3	1	0	26	310	
Ampney-Coln		81	2	3	1	5	0	5	8	2	6	66	4	29	7	24	1	5	13	4	2	0	2	8	2	3	1	0	26	310	
Avening		4	50	8	2	11	3	0	6	2	4	39	1	26	2	2	0	19	0	0	1	0	1	0	1	47	4	2	8	243	
Beacon-Stow		1	0	284	13	90	10	3	4	1	1	6	0	4	1	6	23	1	0	2	79	3	14	5	5	0	0	34	7	597	
Blockley		0	0	28	86	10	77	0	0	0	1	6	0	1	0	1	26	0	1	0	53	0	4	1	3	0	0	5	0	303	
Bourton-on-the-Water		10	1	71	9	432	9	4	14	4	2	23	0	18	0	9	6	0	1	4	37	12	51	14	10	0	1	65	7	814	
Campden-Vale		3	3	33	50	31	556	1	4	1	3	19	1	11	0	5	19	0	1	3	66	3	3	1	0	1	4	5	4	831	
Chedworth		5	3	6	1	19	3	53	19	0	1	51	3	17	3	3	1	5	1	2	4	9	0	1	13	3	1	4	16	247	
Churn Valley		8	2	3	1	1	1	6	69	6	4	76	9	26	9	6	1	4	1	7	1	4	0	2	5	2	1	2	33	290	
Cirencester Beeches		23	4	1	0	9	1	2	20	39	25	523	14	307	15	28	1	5	7	11	3	6	0	4	0	14	14	3	198	1,277	
Cirencester Chesterton		20	3	4	0	2	3	1	13	8	74	442	22	232	11	29	1	4	9	8	3	1	0	1	4	9	9	0	172	1,085	
Cirencester Park		14	5	4	2	4	0	0	14	9	20	325	8	141	8	10	1	3	4	3	3	4	0	2	3	7	9	1	66	670	
Cirencester Stratton		14	4	3	2	6	2	1	34	18	16	354	64	175	9	27	0	6	4	4	2	5	1	1	3	7	9	0	135	906	
Cirencester Watermoor		28	3	1	0	4	3	1	24	12	36	416	11	289	23	37	0	5	8	9	6	4	2	6	5	15	18	2	183	1,151	
Ermin		3	1	3	0	5	0	2	19	2	3	81	3	21	40	12	0	6	0	3	3	0	0	0	5	4	2	0	9	227	
Fairford		16	0	4	0	2	2	2	8	9	8	140	1	64	12,396	2	5	7	81	8	2	1	19	0	3	4	1	49	846		
Fosseridge		7	0	67	15	14	17	1	1	2	0	7	0	8	0	7	49	4	0	2	77	2	4	0	1	0	0	8	2	295	
Grumbolds Ash		0	17	1	2	0	2	0	1	0	2	23	2	13	1	8	0	91	1	5	5	0	0	1	0	54	1	2	8	240	
Hampton		17	3	4	0	3	7	3	4	4	5	91	3	34	4	49	2	4	22	17	2	3	0	2	1	2	5	1	32	324	
Kempsford-Lechlade		15	4	7	4	6	3	1	3	4	3	81	0	36	1,142	0	3	4,182	10	4	0	15	0	2	2	2	29	563			
Moreton-in-Marsh		1	0	96	68	45	57	0	3	1	1	16	1	9	2	5	22	1	0	7,419	5	4	5	1	5	2	19	4	799		
Northleach		7	0	13	4	61	2	8	12	4	2	30	4	14	1	11	0	0	3	7	7,100	3	19	8	2	3	8	15	348		
Rissingtons		3	0	43	6	126	3	2	3	0	3	21	2	5	1	3	3	0	1	5	19	5	57	9	4	3	2	42	5	376	
Riversmeet		10	2	5	0	20	2	6	5	5	1	5	33	0	12	3	42	0	0	4	8	1	8	5	62	3	4	0	0	10	251
Sandywell		4	3	4	0	25	2	10	11	0	2	26	1	8	8	1	0	2	0	2	8	3	5	2	46	8	0	3	1	185	
Tetbury		3	71	1	3	8	1	0	5	0	7	109	2	67	4	9	0	147	0	3	3	2	0	6	1,588	7	8	35	1,090		
Thames Head		2	7	1	2	3	2	0	3	3	7	116	6	40	6	5	0	7	6	3	1	2	0	1	1	13	43	2	37	319	
Three Rivers		4	2	41	3	60	4	2	1	0	14	0	5	1	1	6	3	1	0	24	4	9	5	2	3	0	104	6	305		
Water Park		23	9	5	0	3	2	1	16	13	20	356	19	209	16	34	0	8	12	16	2	3	1	6	2	20	26	2	505	1,329	
Cotswold district		326	199	744	274	1,005	774	115	324	145	261	3,490	181	1,821	188	912	164	336	111	398	849	194	167	198	129	819	168	325	1,602	16,221	

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

Conversely the remaining 46% of those residents who commuted to work equating to 13,820 commuted out of the district which was offset by 15,709 workers commuting in resulting in a net inward flow of 1,889 workers as shown in Table 18.

Of those who commute out of the district some 29% (4,000 people) came from within Gloucestershire as shown in Table 16, 18% travelled to the South East especially West Oxfordshire district, Vale of the White Horse and Oxford.

Another 14% travelled to Swindon, 10% to Wiltshire and a further 12% to the West Midlands especially Wychavon district and Stratford-on-Avon. Another 7% commuted to London. The remainder mainly travelled to Bristol and South Gloucestershire.

Table 18: Number of workers commuting in or out of Gloucestershire districts 2011⁵³

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 some 40% came from the within the County, 17% resided in the West Midlands mainly from Wychavon district. Another 13% travelled from Wiltshire, 11% from Swindon and 8% from the South East particularly West Oxfordshire district. The remainder commuted mainly from South Gloucestershire, Bristol and London.

3.6.9 Work at home

In addition to those who commuted to work in 2011 there were another 8,300 people who worked at home in Cotswold district equating to 20% of those employed residents aged 16 and over as shown in

Table 19. This was the highest proportion of all the districts and is also an increase of 4% since 2001.

The comparatively high proportion of those working at home coupled with the relatively large number of self employed are perhaps an indication of how the nature of the industrial structure of the district combined with improvements in communication and other technological advances have enabled businesses to locate and function much more efficiently in this more rural area of the County.

⁵²Census of Population 2011: WF01BEW - Location of usual residence and place of work (OA level).

⁵³ *Ibid.*

Table 19: Proportion of residents in employment who work at home 2011⁵⁴

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 2010⁵⁵ 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 whole⁵⁶.

- 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 Survey⁵⁷ suggests age discrimination is the

⁵⁴ Census of Population 2011: WU01UK - Location of usual residence and place of work by sex, ONS Crown Copyright Reserved.

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

⁵⁶ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

⁵⁷ 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 Cotswold's age profile and projections please see 3.2.12

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 2010⁵⁸ 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 population⁵⁹. By applying the same proportions to Cotswold's adult population⁶⁰, we can estimate that there may be somewhere between 400 and 700 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-harm⁶¹.

3.7.4 *Marriage and Civil Partnerships*

The Equality Act 2010⁶² protects individuals who are in a civil partnership, or marriage, against discrimination.

⁵⁸ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

⁵⁹ 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.

⁶⁰ ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁶¹ 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.

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

In 2011, 54.9% of people aged 16 years+ in Cotswold were married, Figure 26 shows this was higher than the county, regional and national average. The proportion of people in a registered same sex civil partnership in Cotswold stood at 0.3%, which was in line with the county, national and regional averages.

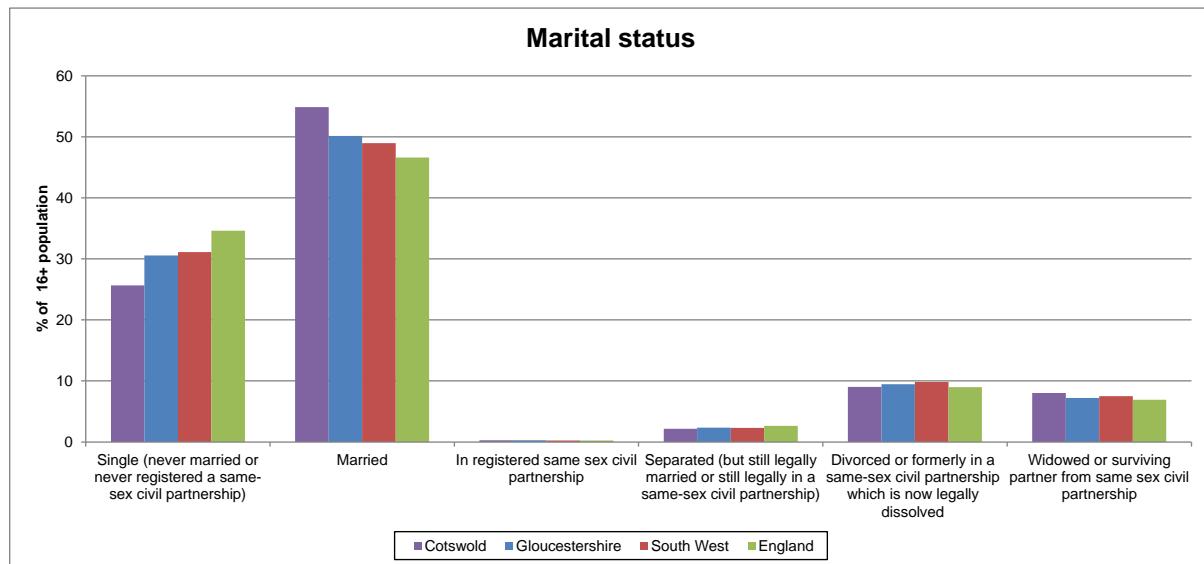


Figure 26: Percentage of the 16+ population by marital status, 2011⁶³

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 relationships such as civil partnerships⁶⁴.

3.7.5 Pregnancy and maternity

The Equality Act⁶⁵ 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 681 live births in Cotswold⁶⁶. Figure 27 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 proportion of total births in Cotswold than they do at a county, regional and

⁶³ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 15/09/2015

⁶⁴ 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

⁶⁵ The Stationery Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

⁶⁶ 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.

national level. Conversely births to mothers under the age of 25 make up a lower proportion of total births.

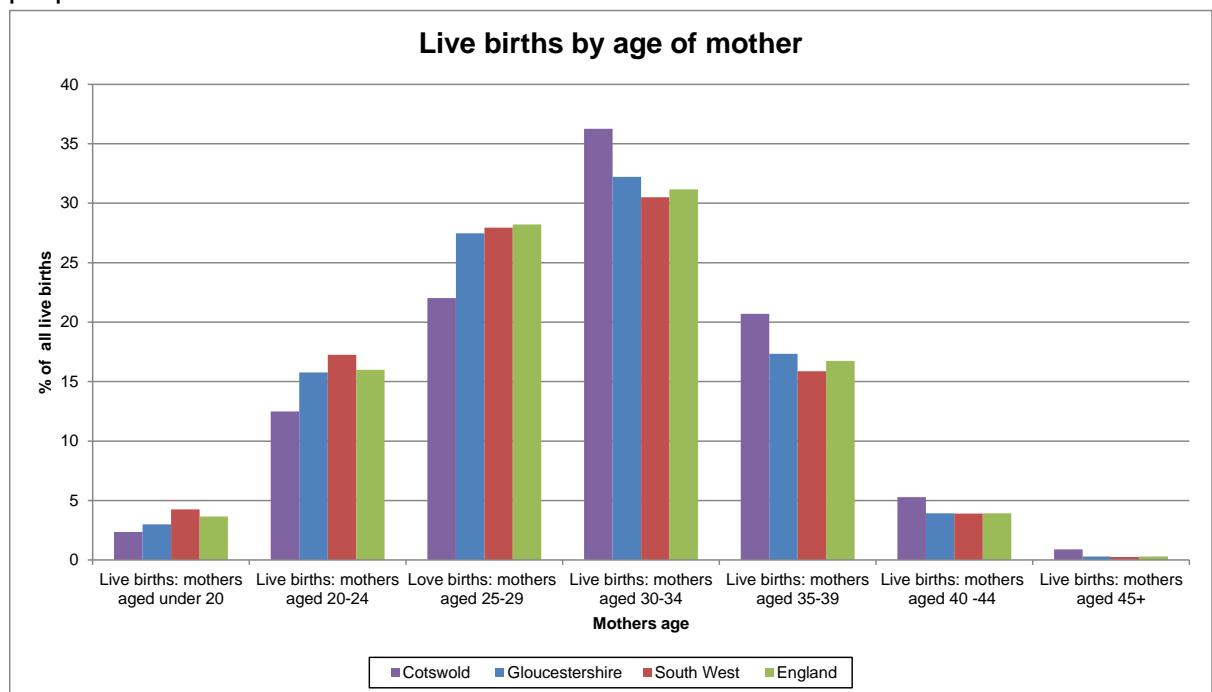


Figure 27: Live births by age of mother, 2014⁶⁷

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 health⁶⁸. 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 ethnicity⁶⁹.

For information about changes in Cotswold's BME population please see section 3.2.3

⁶⁷ *Ibid.*

⁶⁸ 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.

⁶⁹ 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, 68.7% of residents in Cotswold reported they are Christian, making it the most common religion. This is followed by no religion which accounts for 22.9% of the total population⁷⁰.

Figure 28 shows Cotswold has a higher proportion of people who are Christian than the county, regional and national average. In contrast it has a lower proportion of people that have no religion and who follow a religion other than Christianity, which reflects the ethnic composition of the district.

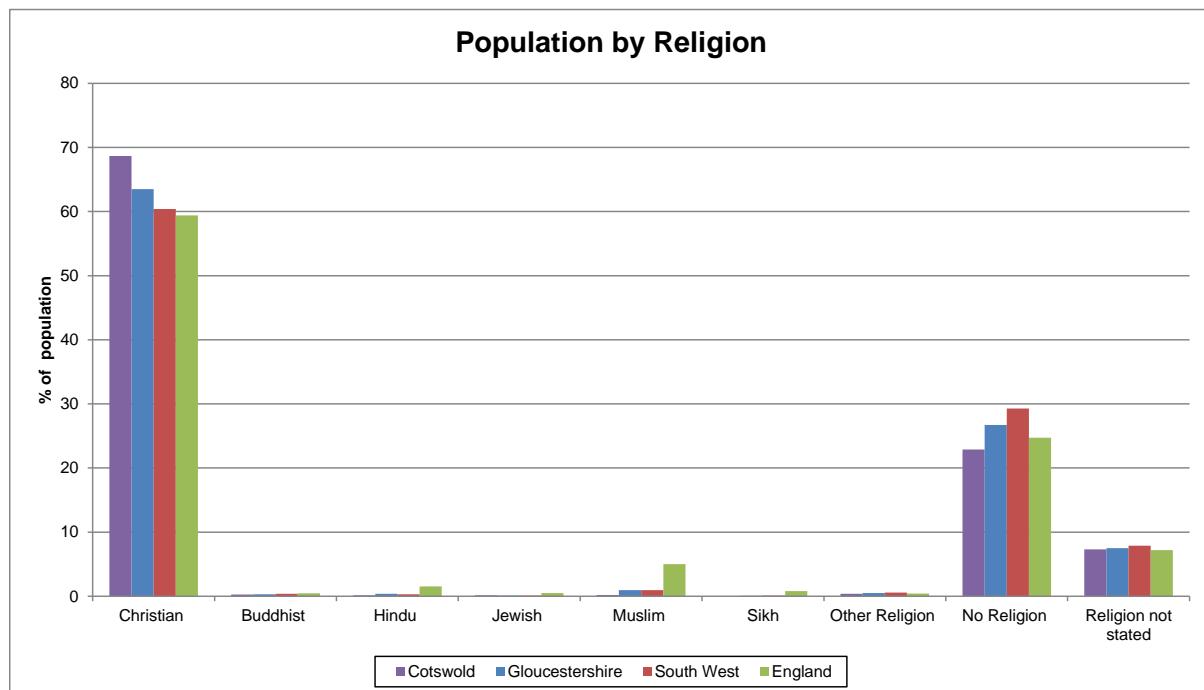


Figure 28: Percentage of the population by Religion, 2011⁷¹

3.7.8 Gender

The overall gender split in Cotswold is slightly skewed towards females, with males making up 48.2% of the population and females accounting for 51.8%⁷². 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 29 shows 52.9% of people aged 65-84 are female, while males account for 47.1%. For people aged 85+ the difference is even more marked with females accounting for 66.0% 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

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

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.

households being headed by a woman⁷³. Females are also more likely to head lone parent households with dependent children. In Cotswold district 89.4% of such households are headed by women, a figure which is in line with the county and national average⁷⁴.

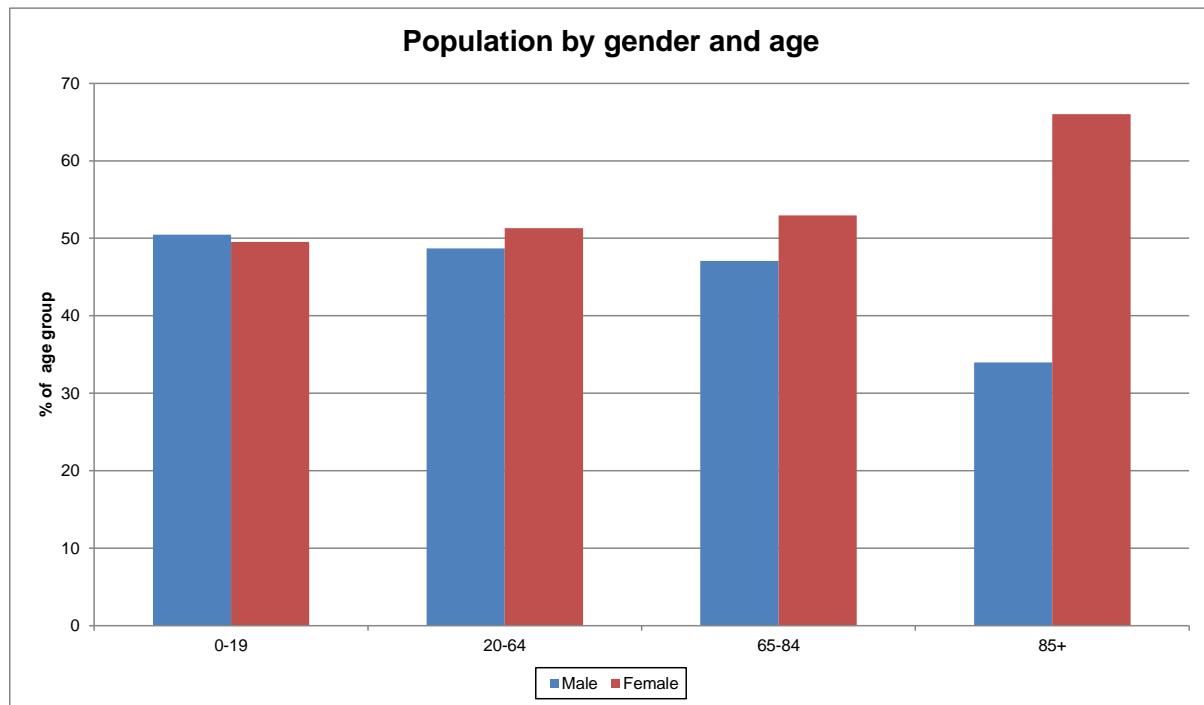


Figure 29: Cotswold's population by gender and broad age groups, 2014⁷⁵

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 gender⁷⁶. 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 sex⁷⁷.

⁷³ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

⁷⁴ *Ibid.*

⁷⁵ ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁷⁶ 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.

⁷⁷ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

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 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 bisexual⁷⁸. If this figure was applied to Cotswold it would mean somewhere between 3,500 and 5,000 people in Cotswold are Lesbian, Gay or Bisexual⁷⁹.

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 over⁸⁰. If this figure was applied to Cotswold it would mean there were around 1,100 Lesbian, Gay and Bisexuals in the district⁸¹. 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 over⁸².

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 average⁸³.

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

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

⁷⁸ 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

⁷⁹ ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁸⁰ 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.

⁸¹ ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

⁸² 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.

⁸³ 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

- Cotswold district has a total population of around 84,600 people.
- It grows by around 280 people a year (0.35%), this is well below the Gloucestershire and England & Wales averages.
- The biggest growth comes from the net movement to the district from elsewhere in the UK.
- The over 65 population continues to increase, while the younger population decreases.
- 7.1% of the total population were born outside the UK, 33% of these were recent migrants, having arrived since 2004.
- Cotswold has one of the lowest proportions of BME population, accounting for 2.2% of the population.
- There are no LSOA's that rank in the top 20% most deprived in England.
- The worst ranking domain remains "Barriers to Housing and Services" of which Ermin ranked as 178th nationally and is the most deprived LSOA in Gloucestershire in terms of this domain.
- Male and Female life expectancies have been steadily increasing, and are currently 81 years for males and 85 years for females.
- The three leading causes of death in Cotswold are cancer, cardiovascular disease (CVD), and respiratory disease.
- The industry base is varied with local concentration particularly based on; Accommodation and food services sector relating to tourism; Professional, scientific & technical focusing on consultancy and head office activities; Manufacturing ranging from vehicles, orthopaedic equipment, pumps, textiles and food products and Retail.
- The commuting to work pattern indicates that just over half of the resident employed population remained within the district to work and the majority of the inward and outward flows tend to be within the Gloucestershire, particularly relating to Stroud and Cheltenham districts.
- The Accommodation & food services sector which is related to the tourism industry is not unsurprisingly the largest in the district.
- The number of businesses in Cotswold increased by 9.0% in the last five years.
- The number of people claiming Job Seekers Allowance (JSA) in Cotswold district has been at its lowest in terms of both number and rate for some thirty years.
- The number of new vacancies presents an overall increasing trend from 250 vacancies in January to 560 in October. Interestingly, after

Gloucester and Cheltenham districts, Cotswold district had the third highest total number of job vacancies over the ten month period.

4. Getting the right start in life

4.1 About this section

Getting the right start in life for children in Cotswold district 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 Cotswold district.

4.2 Maternity

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.

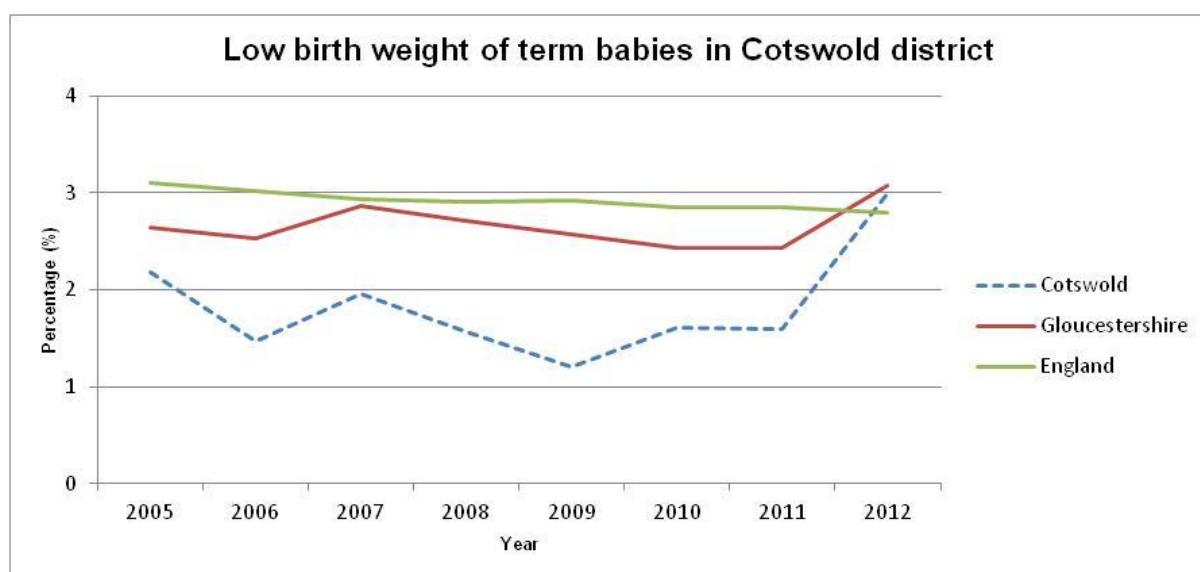


Figure 30: Low birth weight babies 2005-2012.

The percentage of low birth weight of term babies in Cotswold district was higher than England but lower than the Gloucestershire benchmarks in 2012. However, between 2005 and 2011 low birth weight of term babies were consistently lower in Cotswold district compared to the county and national benchmarks. The sharp increase in 2012 will be monitored accordingly to see if the upward trend continues⁸⁴.

⁸⁴ Public Health Outcomes Framework <http://www.phoutcomes.info/>

4.2.2 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.

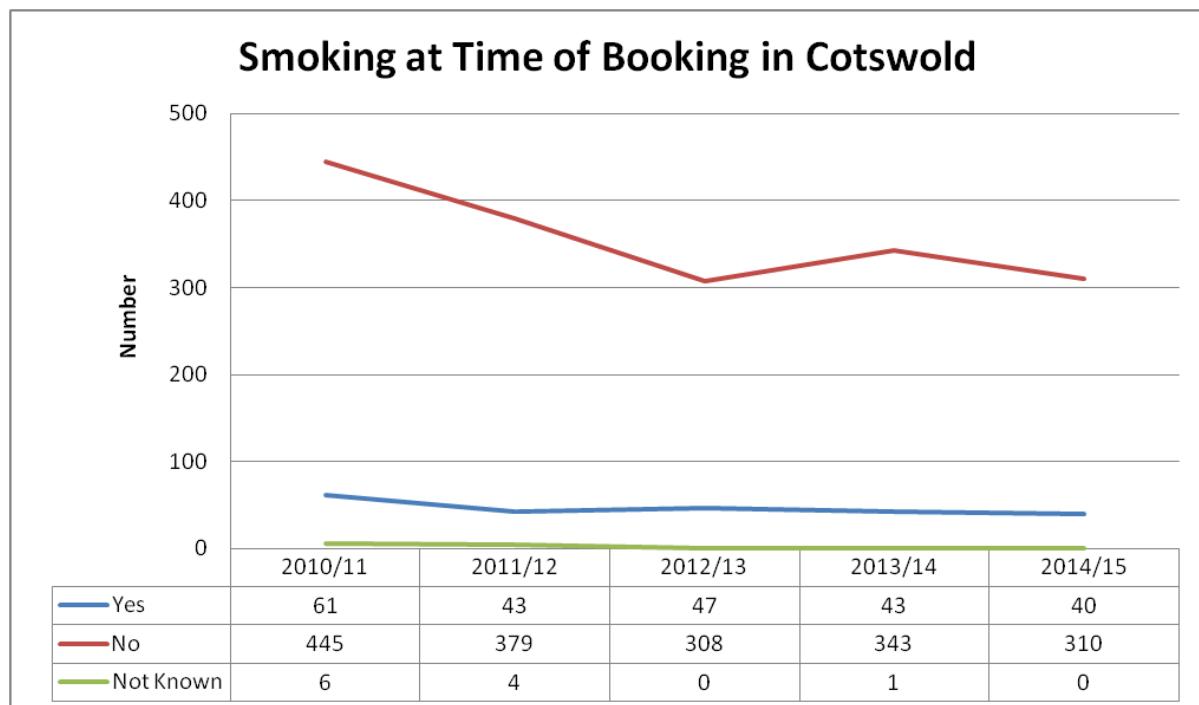


Figure 31: Smoking at time of booking in Cotswold, 2010/11 – 2014/15

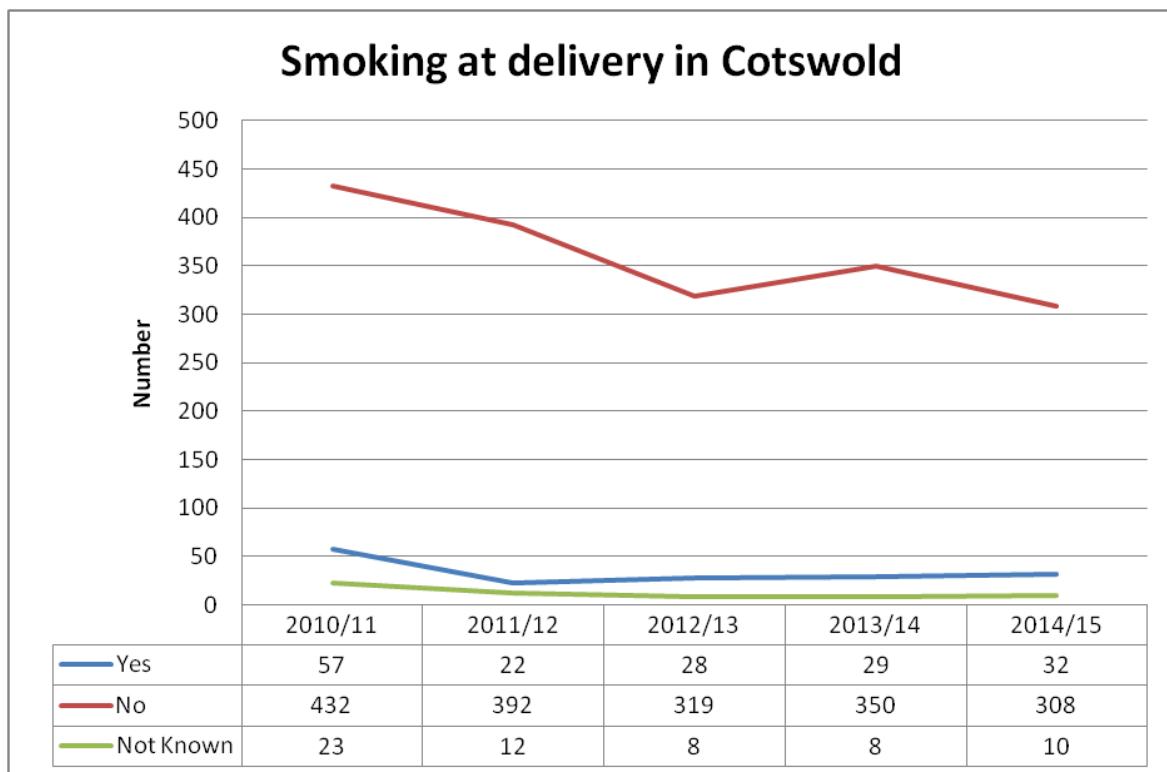


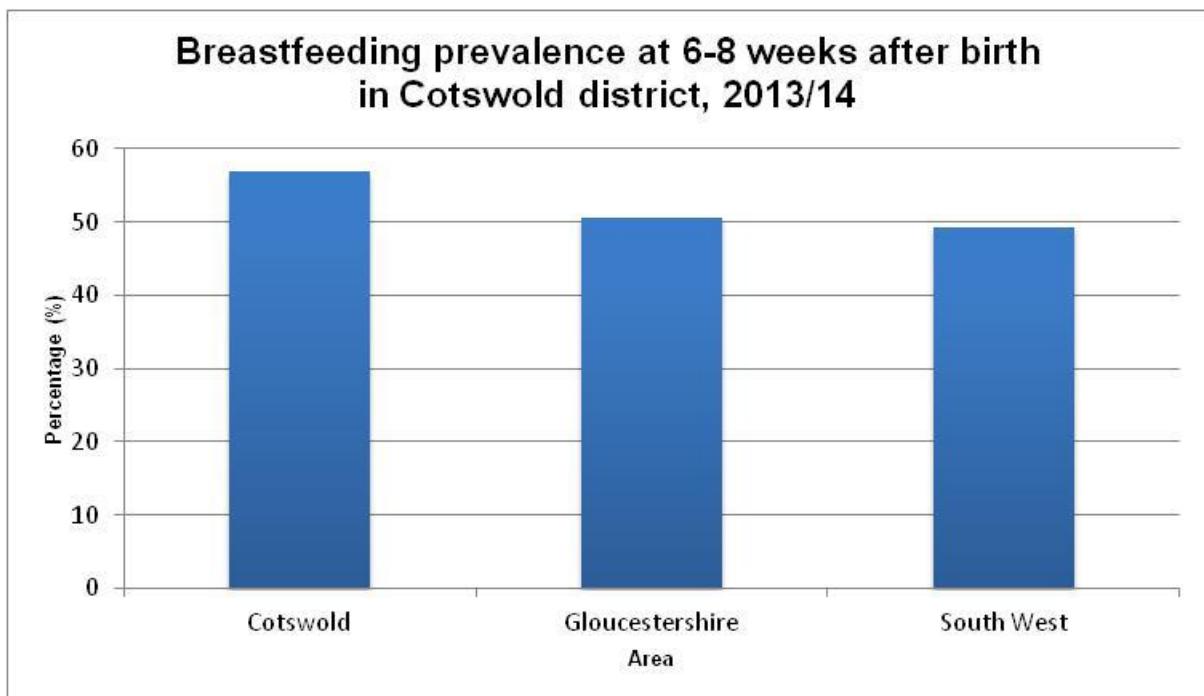
Figure 32: Smoking at delivery in Cotswold, 2010/11 – 2014/15

In 2014/15, 40 women were recorded as being a smoker at their first ante-natal appointment (time of booking) in Cotswold district. 32 women were recorded as still smoking at the time of delivery for the same period.⁸⁵

4.2.3 Breast feeding

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 gastro-intestinal 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.

⁸⁵ GHNHSFT Stork data (CCG)



*Figure 33: Breastfeeding prevalence at 6-8 weeks after birth, 2013/14. Note:
National data is not yet available for 2013/14*

Statistics indicate Cotswold mothers are more likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts⁸⁶.

4.3 Maintaining a healthy weight in childhood

4.3.1 *Introduction*

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 age⁸⁷⁸⁸⁸⁹.

The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes

⁸⁶ Public Health Outcomes Framework <http://www.phoutcomes.info/>

⁸⁷ 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.

⁸⁸ 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.

⁸⁹ 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.

associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

4.3.2 Excess weight in 4-5 year olds

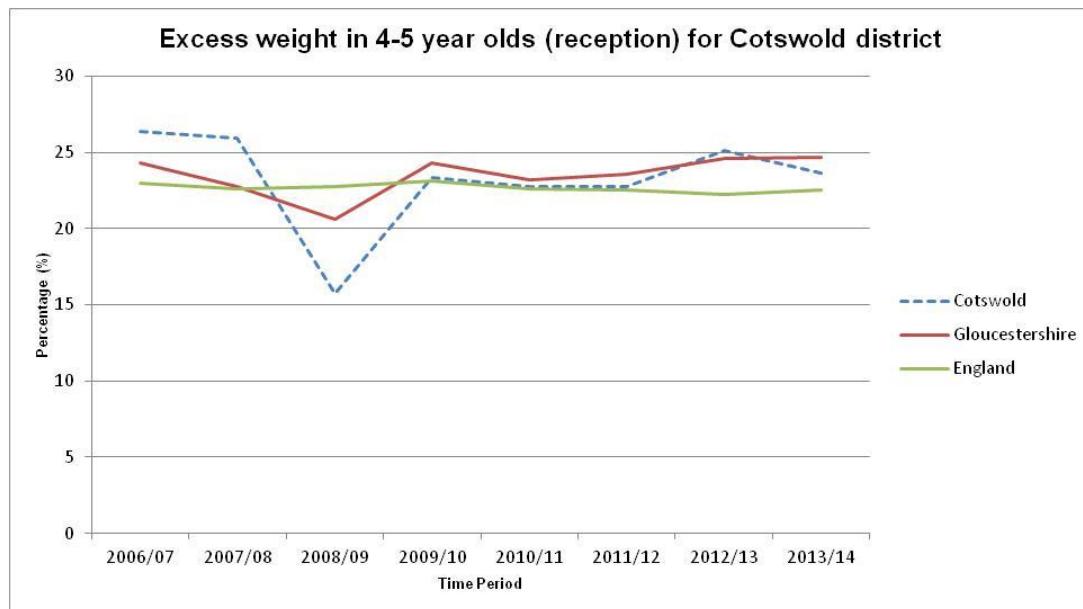


Figure 34: Excess weight in 4-5 year olds (2006/07 – 2013/14)

In 2013/14, Cotswold district had a lower percentage of excess weight in 4-5 year olds compared to Gloucestershire but was higher than England⁹⁰.

4.3.3 Excess weight in 10-11 year olds

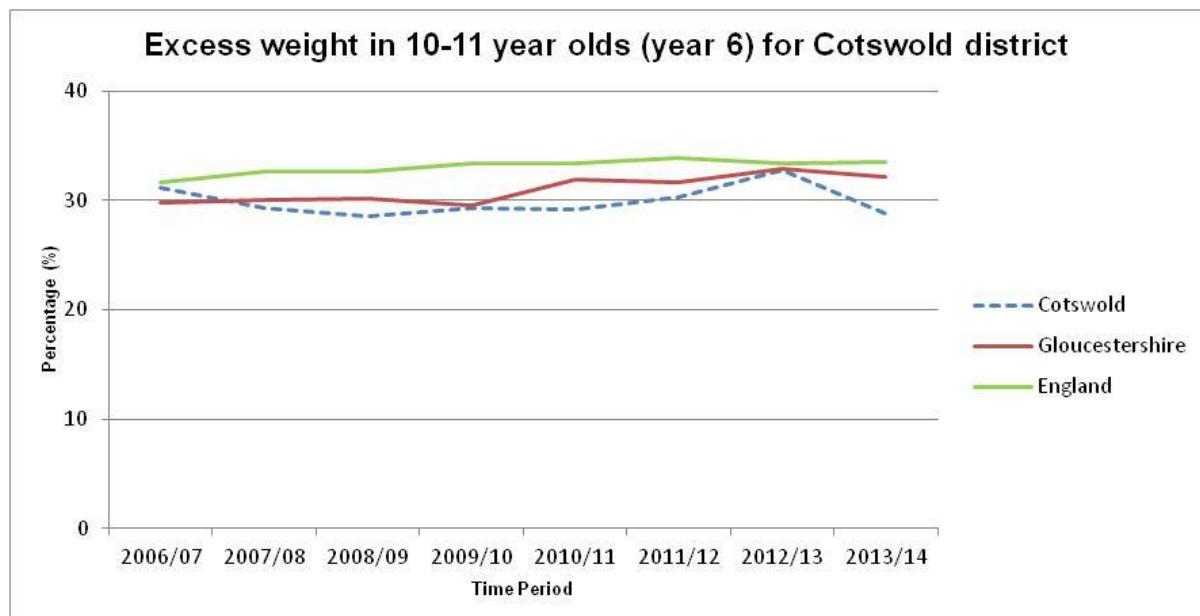


Figure 35: Excess weight in 10-11 year olds (2006/07 – 2013/14)

⁹⁰ Public Health Outcomes Framework <http://www.phoutcomes.info/>

In 2013/14, excess weight levels for 10-11 year olds in Cotswold district were below the Gloucestershire and England benchmarks⁹¹.

4.3.4 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.⁹²

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.

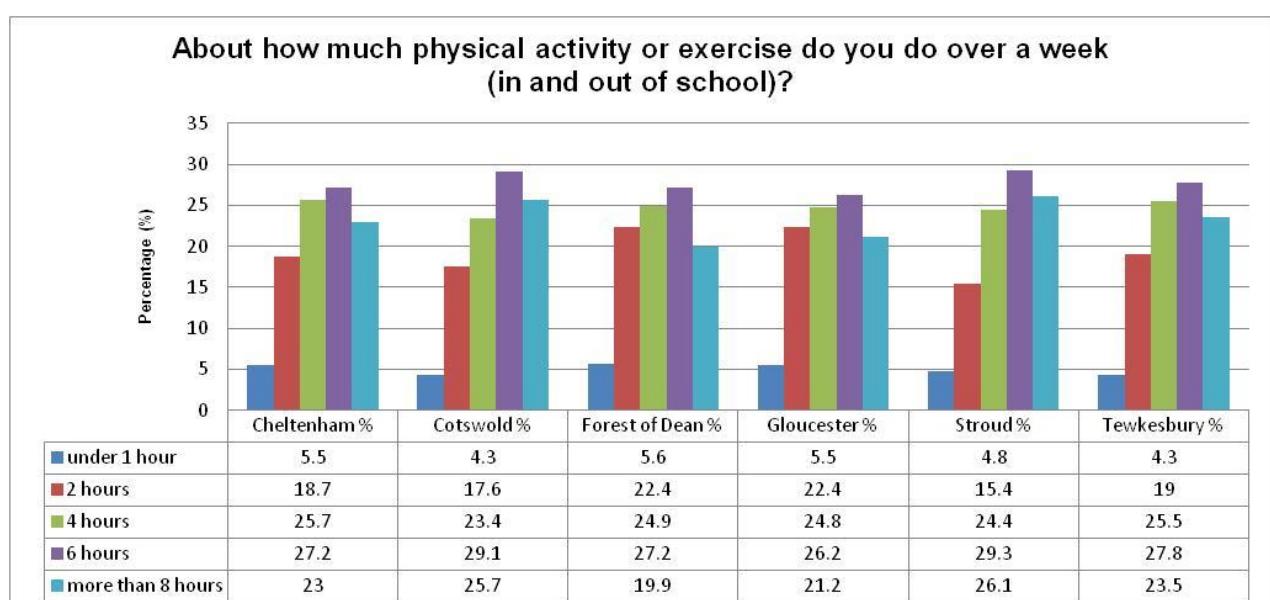


Figure 36: Percentage of pupils reporting participation in physical activity, in and out of school

The above chart shows that most year 8 and 9 pupils in Cotswold district did 6 hours of physical activity a week (29.1%) and only 4.3% exercised for less than one hour a week.⁹³

⁹¹ *Ibid.*

⁹² Physical activity guidelines for children and young people

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

⁹³ Online Pupil Survey 2014

4.4 Sexual health

4.4.1 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 children. 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 problems.

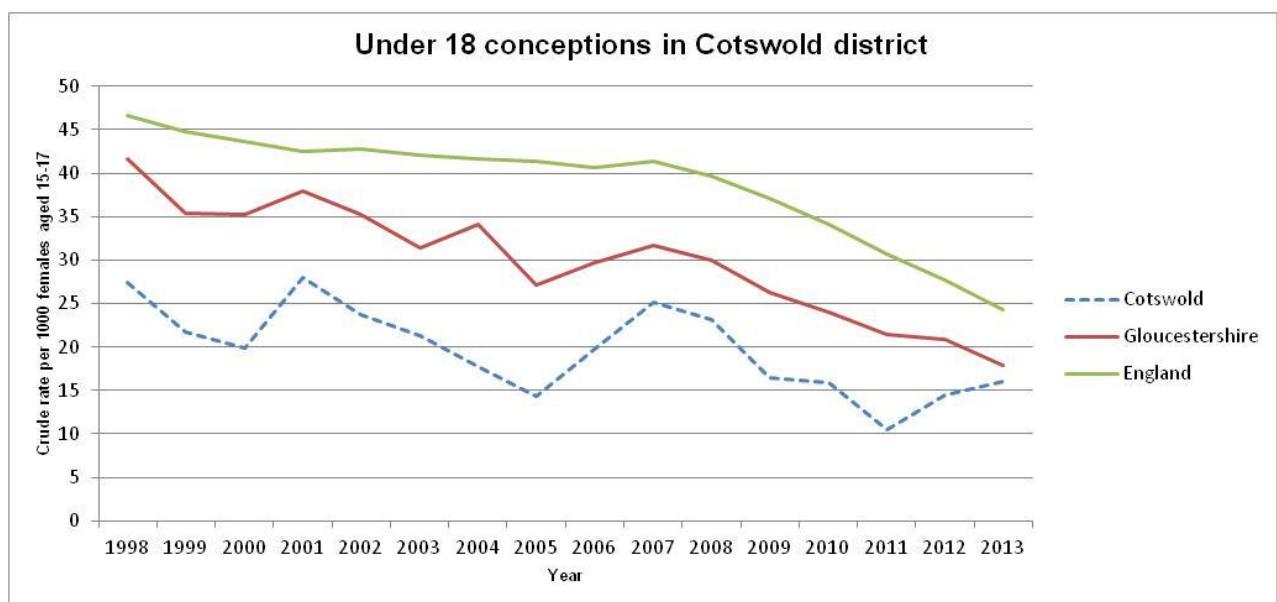


Figure 37: Under 18 conceptions 1998-2013

Under 18 conception rates in Cotswold district have consistently remained below the county and national benchmarks⁹⁴ since recording began in 1998.

4.4.2 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.

⁹⁴ *Ibid.*

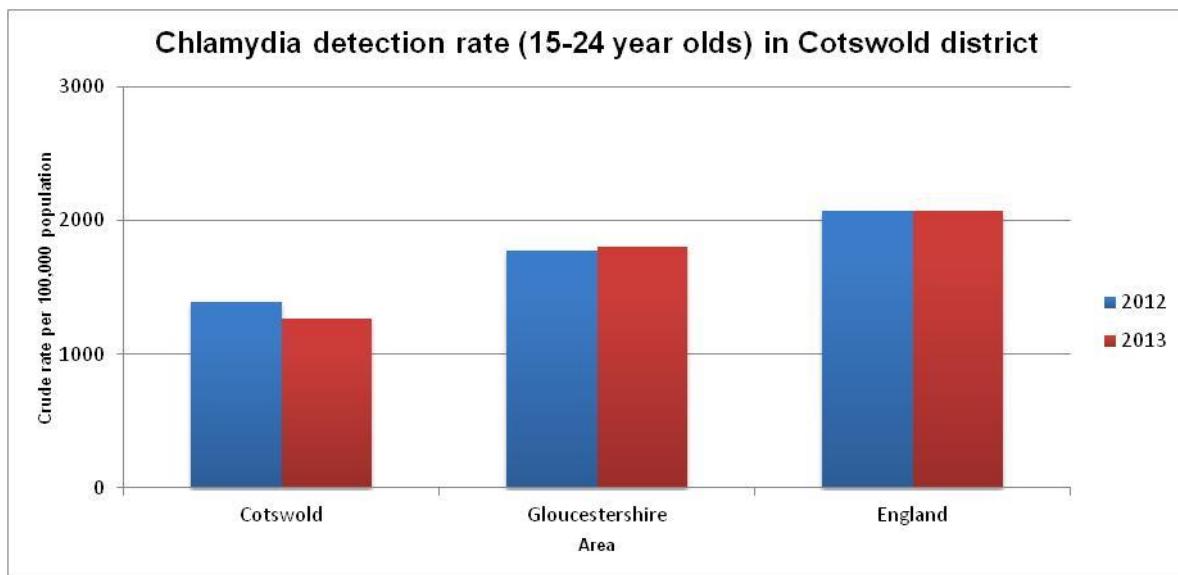


Figure 38: Chlamydia detection rate (15-24 year olds)

In 2012 and 2013, chlamydia detection rates in Cotswold district were lower than the county and national benchmarks⁹⁵. It should be noted that this does not necessarily mean that there is a lower rate of young people with Chlamydia to Gloucestershire and England; it could be related to the proportion of people screened.

4.5 Educational outcomes

4.5.1 Overview

This section covers educational attainment from Early Years through to Key Stage 5 with comparisons at regional, statistical neighbour⁹⁶ 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

⁹⁵ *Ibid.*

⁹⁶ 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 39. Apart from Cotswold all districts fell below the national average with Gloucester and the Forest of Dean faring the worst.

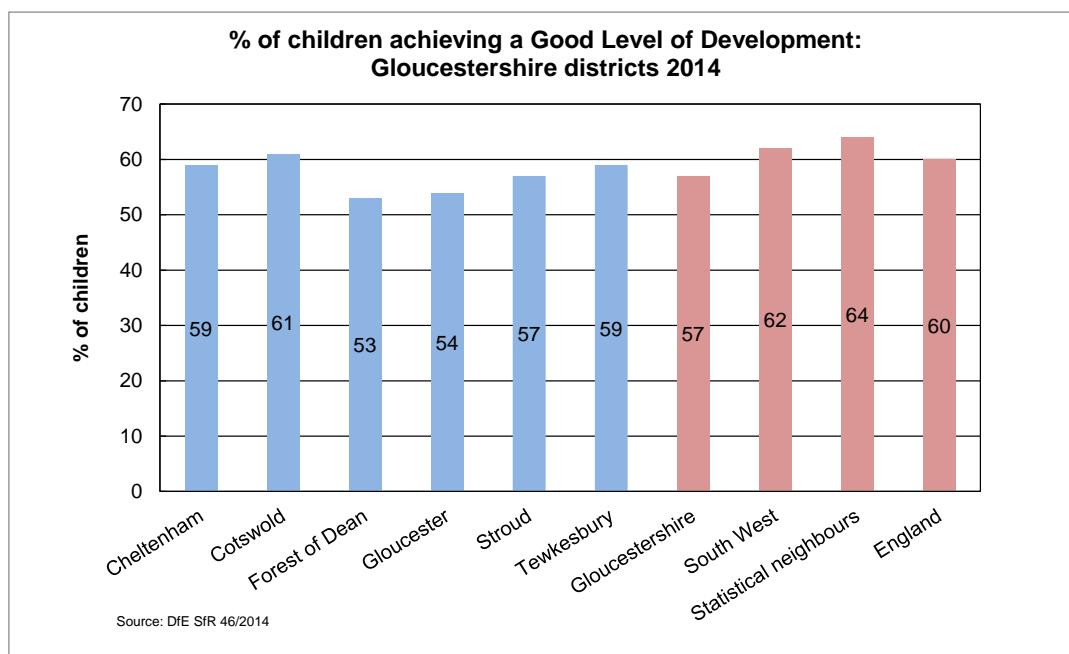


Figure 39: The proportion children achieving a Good Level of Development relating to the EYFSP by district in 2014⁹⁷

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 40 and Table 20 for Reading, despite having the lowest values compared to the other districts and falling below both the national and

⁹⁷ DfE SfR 46/2014.

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

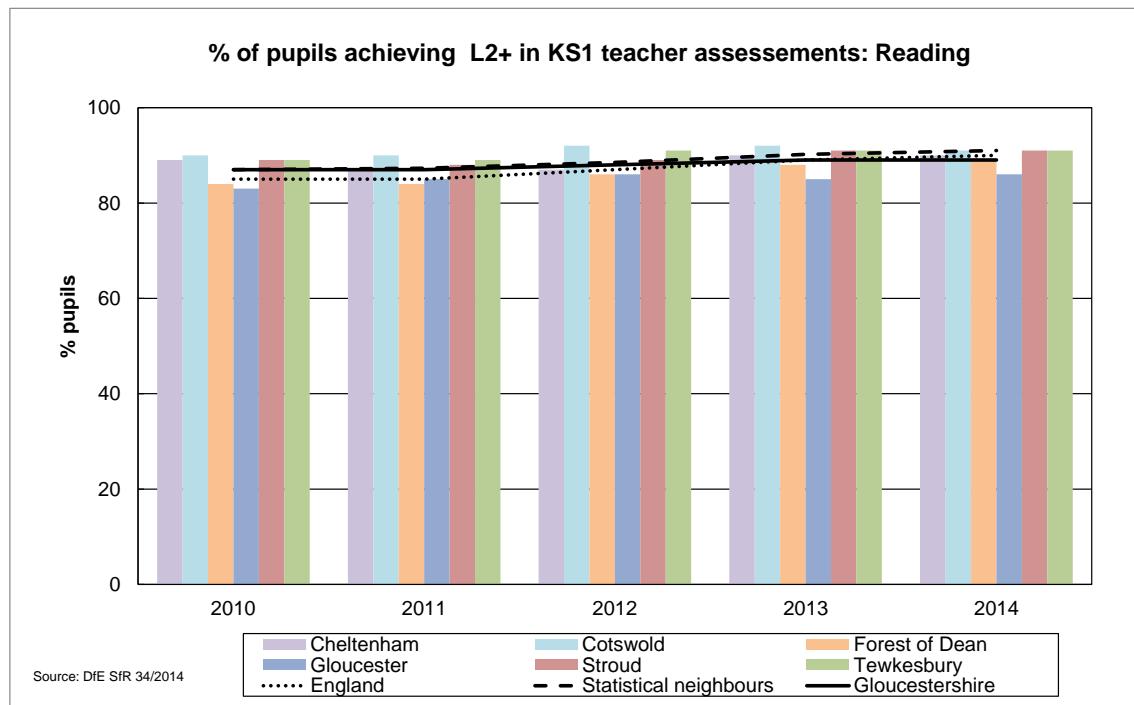


Figure 40: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Reading by district⁹⁸

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 41 and Table 21.

⁹⁸ DfE SfR 34/2014.

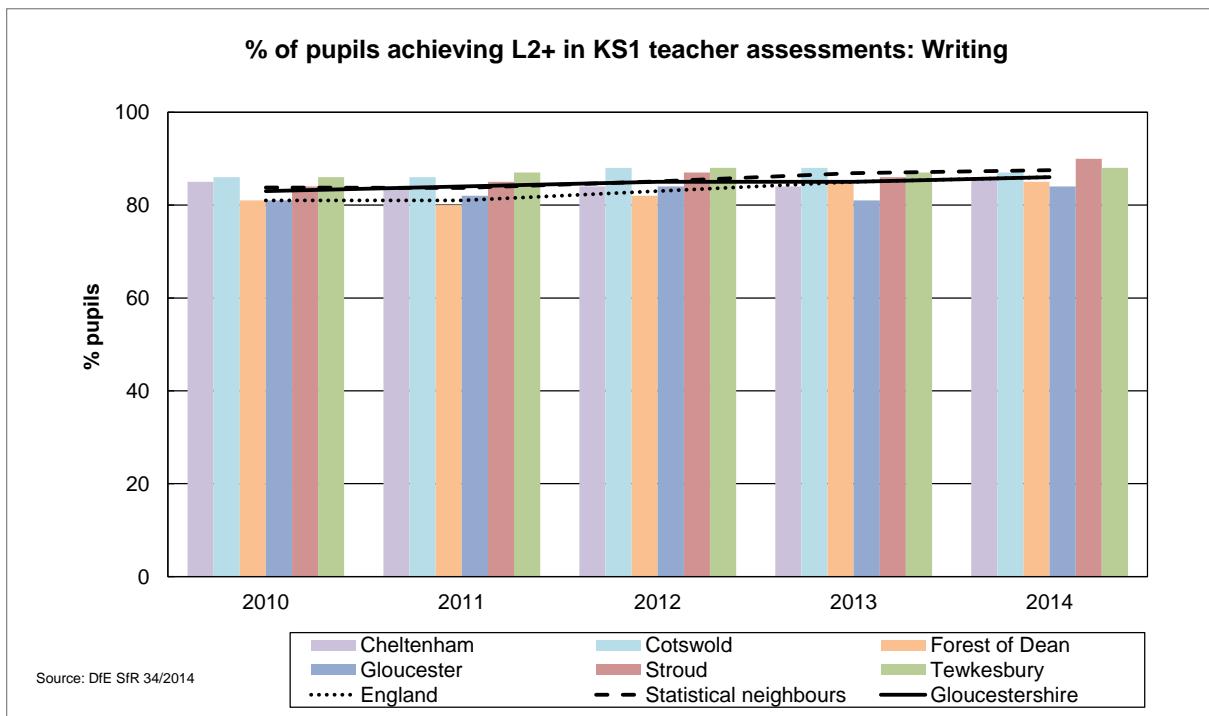


Figure 41: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Writing by district⁹⁹

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 42 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.

⁹⁹ Ibid.

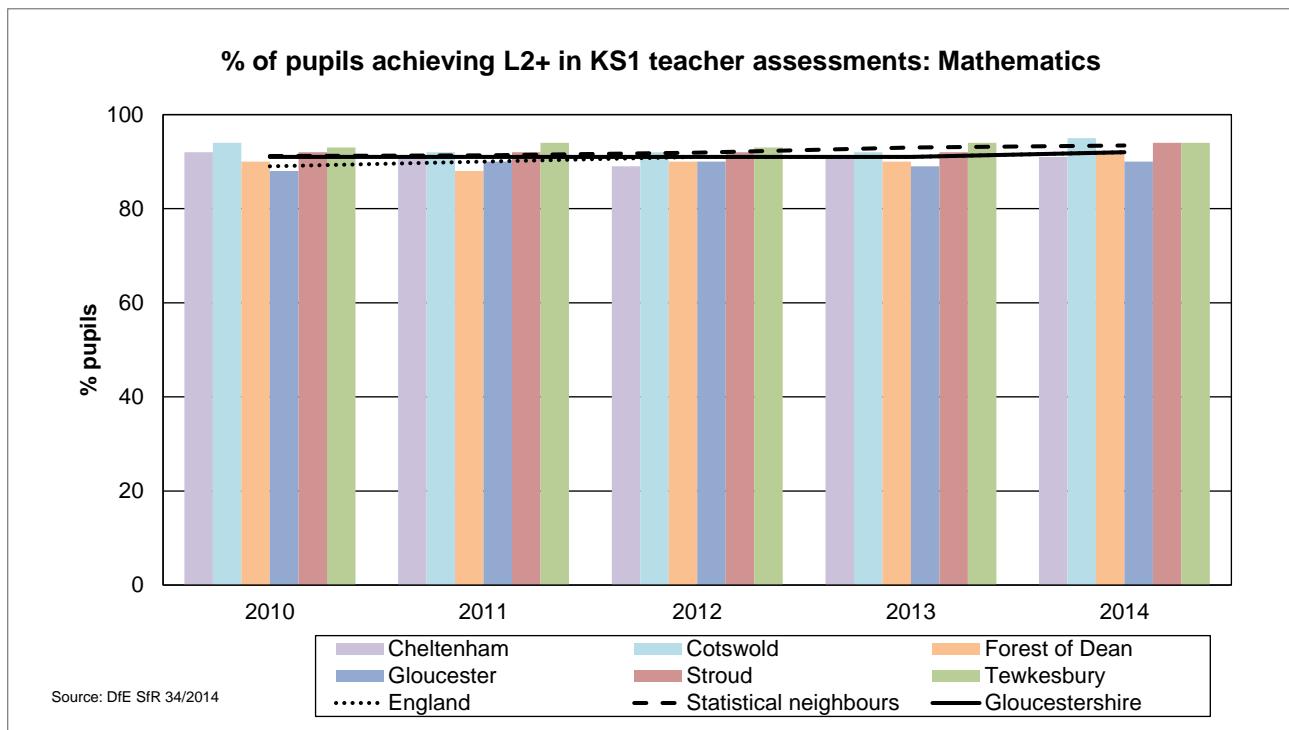


Figure 42: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Mathematics by district¹⁰⁰

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 43 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.

¹⁰⁰ *Ibid.*

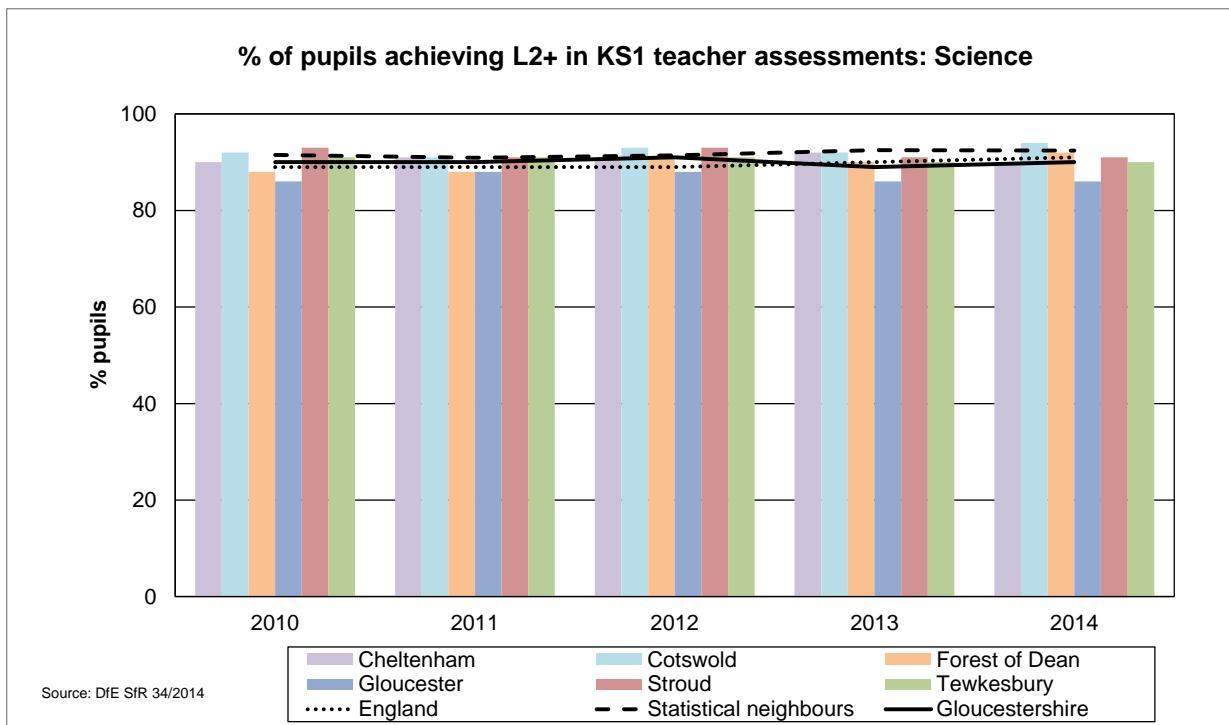


Figure 43: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Science by district¹⁰¹

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

4.5.4 Key Stage 2: Level 4+

According to Figure 44 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%.

¹⁰¹ *Ibid.*

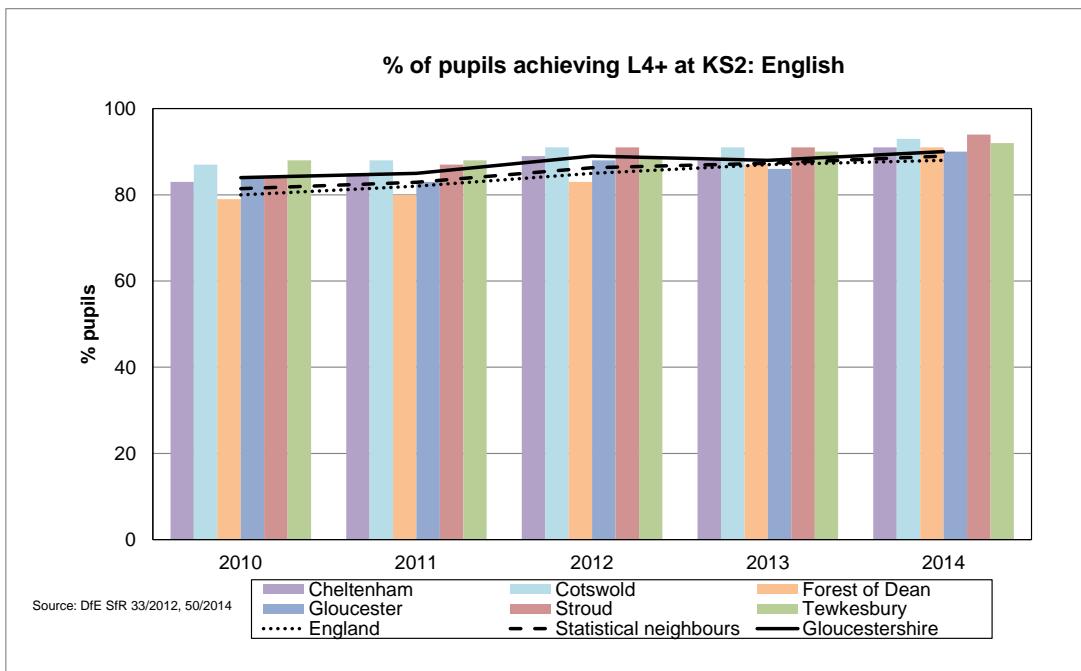


Figure 44: The proportion of pupils achieving Level 4 and above at KS2 in English by district¹⁰²

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 45 and Table 25. Tewkesbury district reflected the least change over this period but along with Stroud was well above the national average in 2014.

¹⁰² DfE SFR 33/2012 & 50/2014.

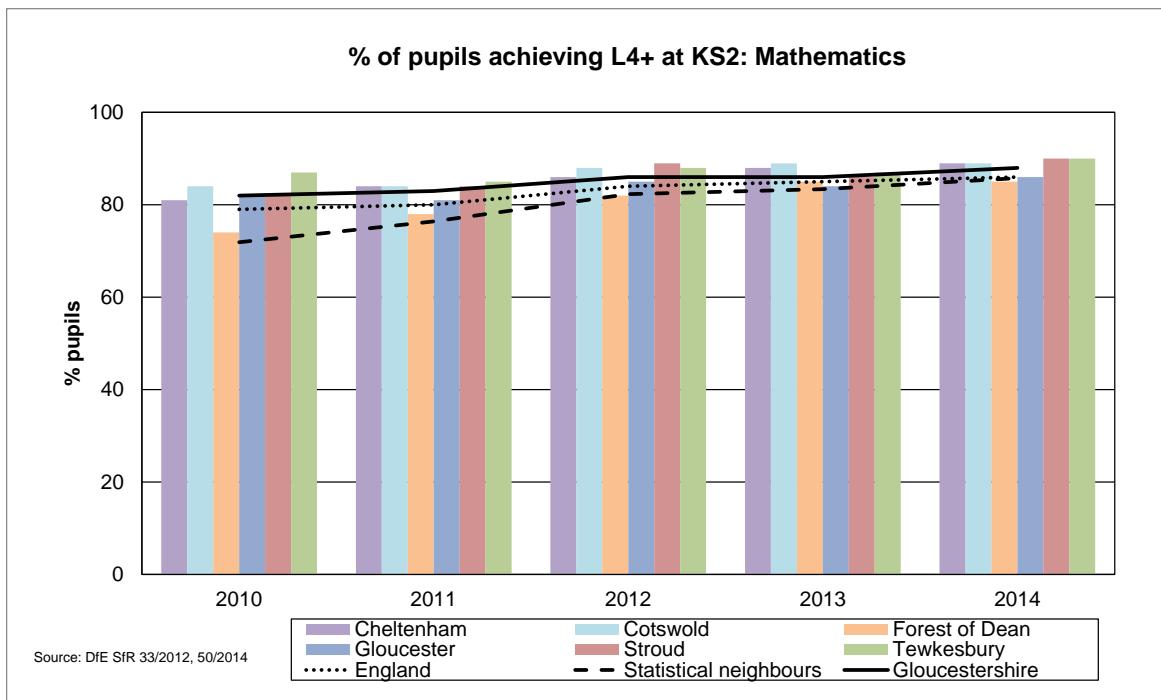


Figure 45: The proportion of pupils achieving Level 4 and above at KS2 in Mathematics by district¹⁰³

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 46.

¹⁰³ Ibid.

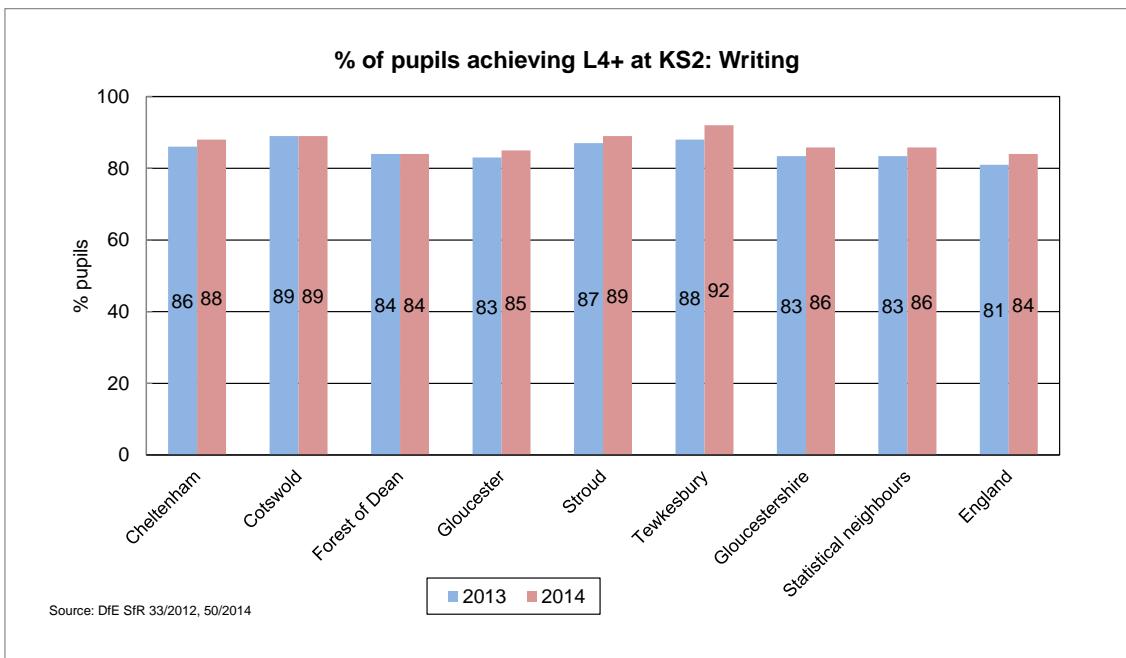


Figure 46: The proportion of pupils achieving Level 4 and above at KS2 in Writing by district¹⁰⁴

In terms of Grammar, punctuation and spelling at KS2, data is only available for the last two years. In 2014 according to Figure 47 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%.

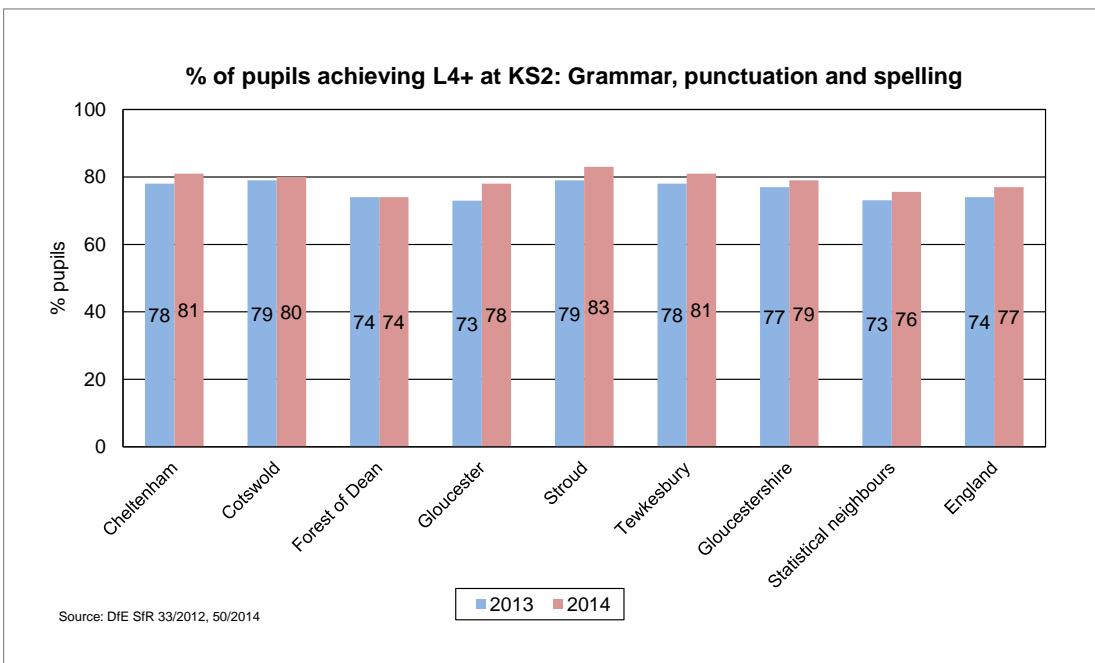


Figure 47: The proportion of pupils achieving Level 4 and above at KS2 in Grammar, punctuation and spelling by district¹⁰⁵

¹⁰⁴ Ibid.

The proportion of pupils achieving at KS2 in Reading, Writing and Mathematics as shown in Figure 48 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%.

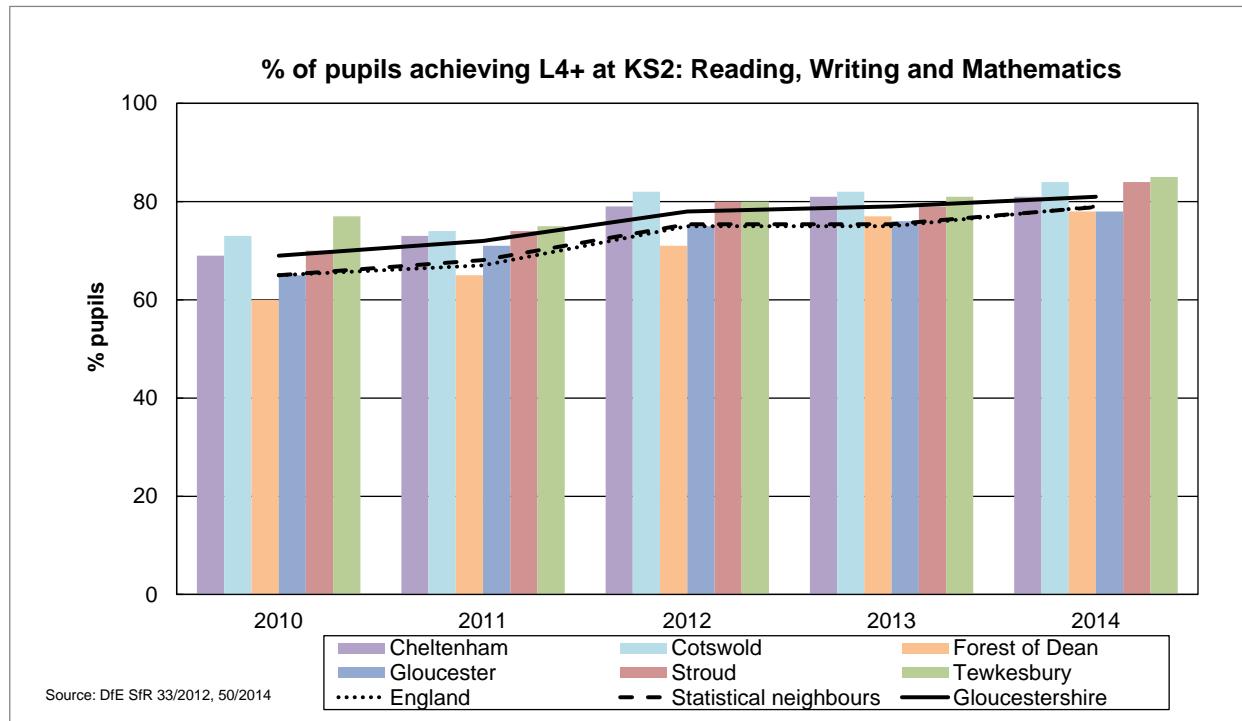


Figure 48: The proportion of pupils achieving Level 4 and above in Reading, Writing and Mathematics by district¹⁰⁶

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

¹⁰⁵ *Ibid.*

¹⁰⁶ *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 49 and Table 27. In 2014, apart from the Forest of Dean all the districts attainment values were above the national average of 57%.

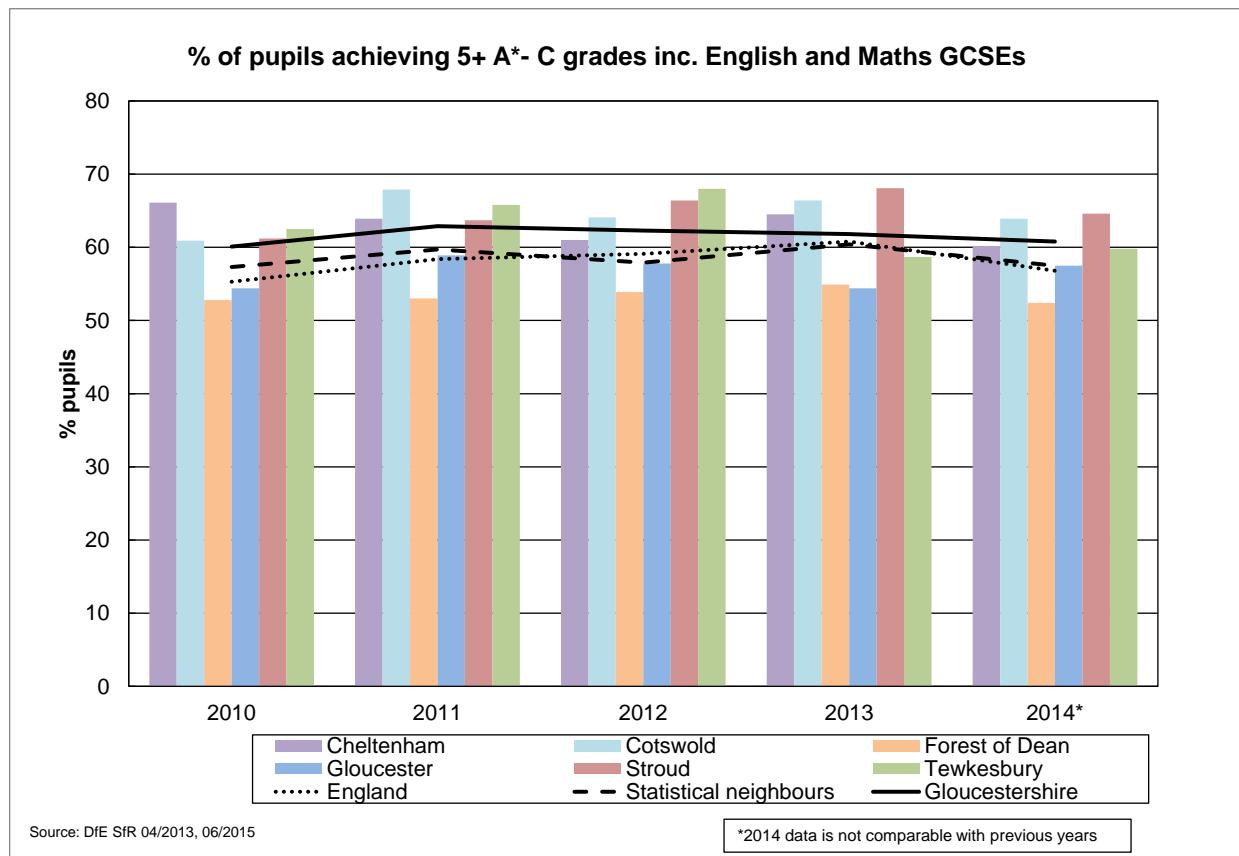


Figure 49: The proportion of pupils achieving 5 or more A* to C grades including English and Mathematics GCSEs by district¹⁰⁷

¹⁰⁷ 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 50 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.

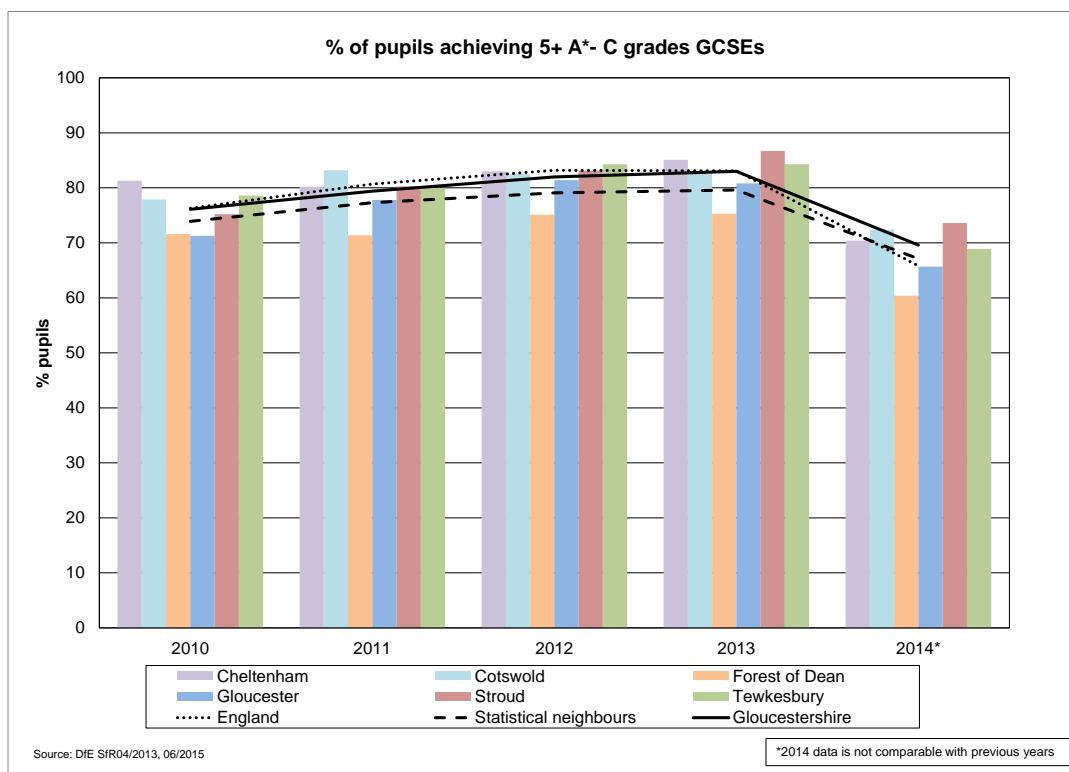


Figure 50: The proportion of pupils achieving 5 or more A* to C grade GCSE by district¹⁰⁸

¹⁰⁸ 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 performance¹⁰⁹, 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 51 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.

¹⁰⁹ 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.

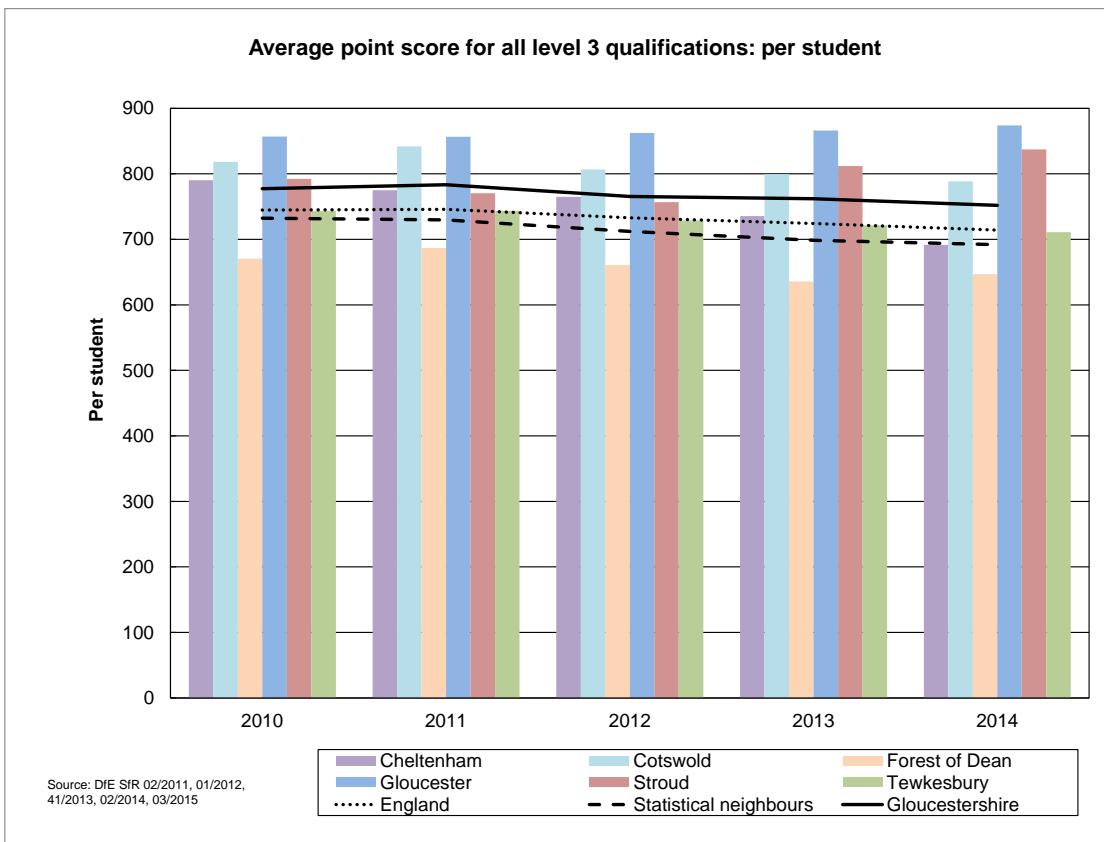


Figure 51: Average point score¹¹⁰ for all Level 3 qualifications: per student by district¹¹¹

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 52 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

¹¹¹ DfE SfR 02/2011, 01/2012, 41/2013, 02/2014 & 03/2015.

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.

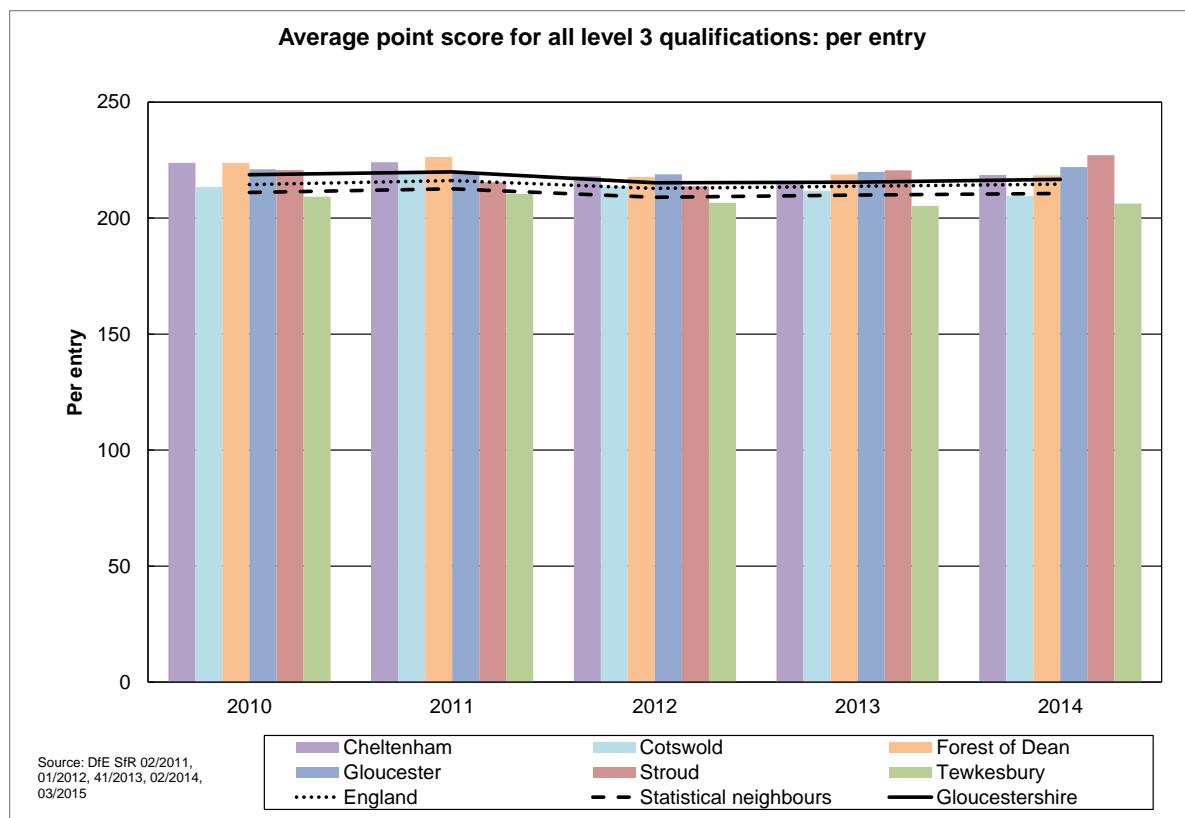


Figure 52: Average point score for all Level 3 qualifications: per entry by district¹¹²

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 53 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.

¹¹² Ibid.

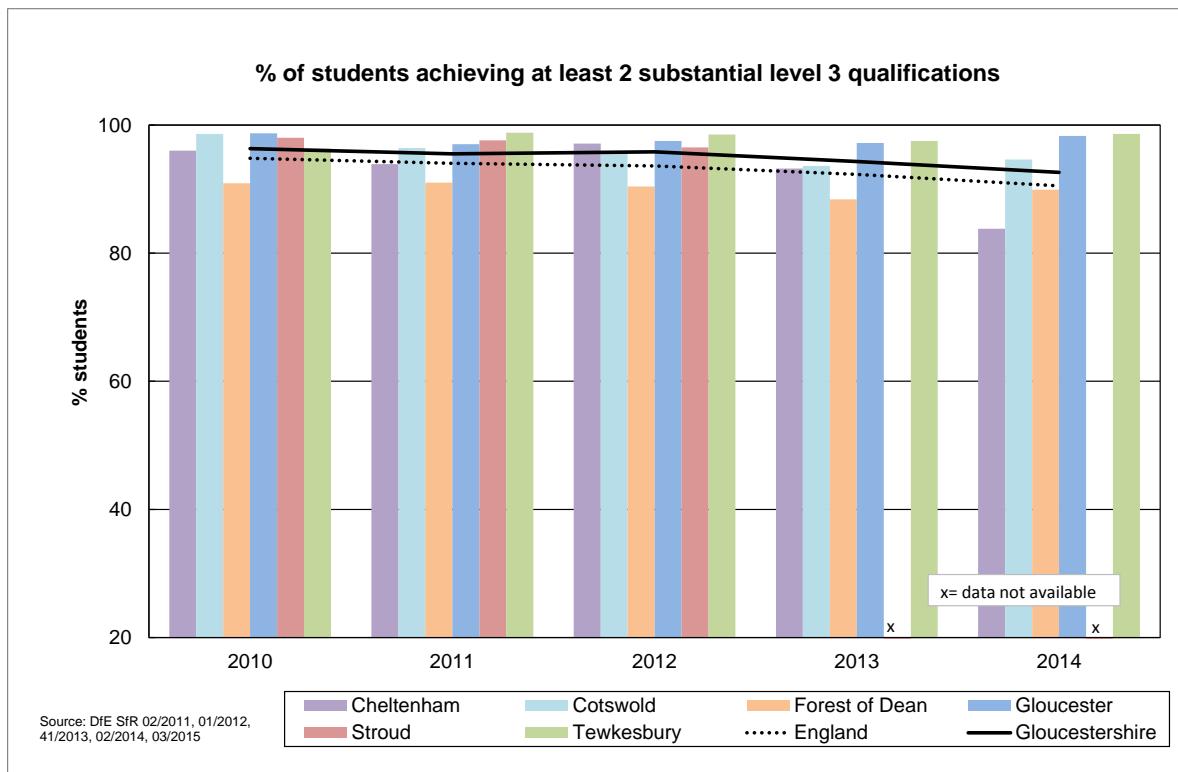


Figure 53: The proportion of students achieving at least 2 substantial level 3 qualifications by district¹¹³

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 54 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.

¹¹³ *Ibid.*

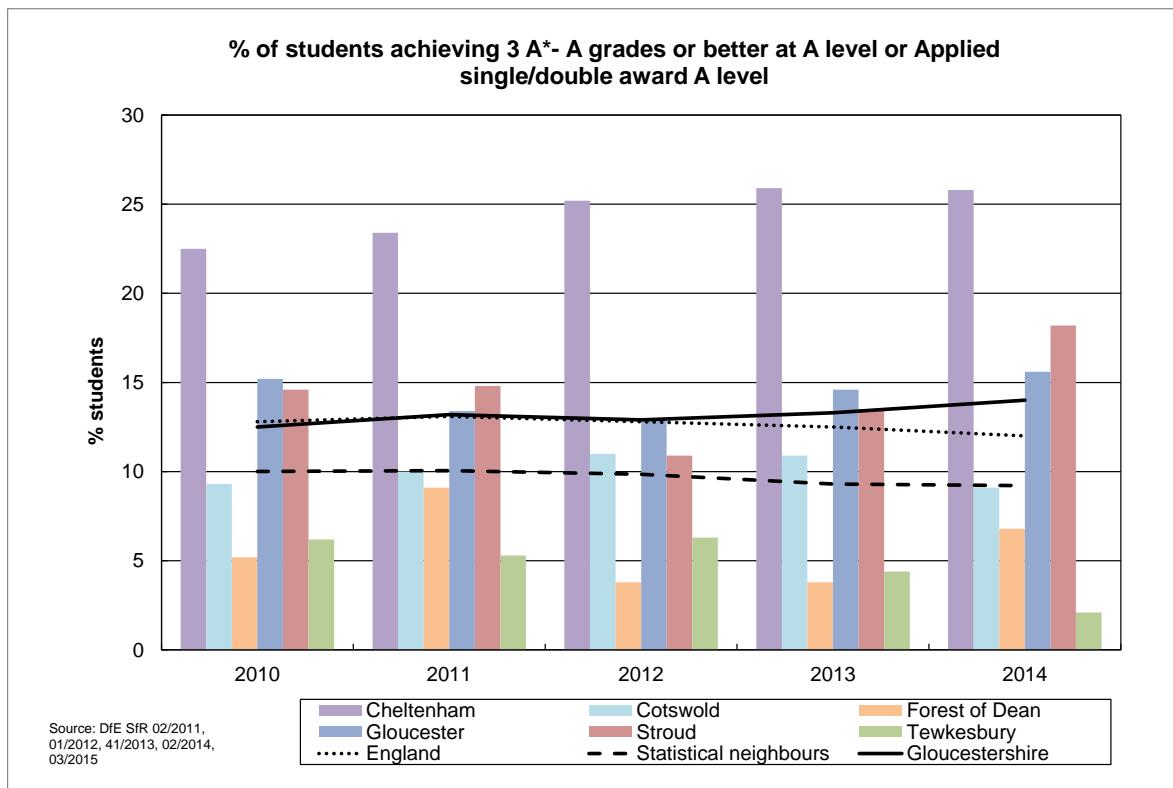


Figure 54: The proportion of students achieving 3 A* to A grades or better at A level or Applied single/double award A level by district¹¹⁴

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

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

¹¹⁴ Ibid.

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 First¹¹⁵ (our local name for the national Troubled Families programme¹¹⁶) is successfully delivering an Early Help Offer and is preparing for the 2015 expanded programme as an early adopter.¹¹⁷

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 2015'¹¹⁸ 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.

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

¹¹⁵ <http://www.goucestershire.gov.uk/families-first> Accessed 20/11/2015

¹¹⁶ <https://www.gov.uk/government/policies/support-for-families> Accessed 20/11/2015

¹¹⁷ <http://www.goucestershire.gov.uk/cypp> Accessed 20/11/2015

¹¹⁸ <http://www.goucestershire.gov.uk/inform/index.cfm?articleid=94018> Accessed 20/11/2015

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; or
- in police protection
- or 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 harm¹¹⁹.

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.

¹¹⁹ <http://www.legislation.gov.uk/ukpga/1989/41/section/47> Accessed 20/11/2015.

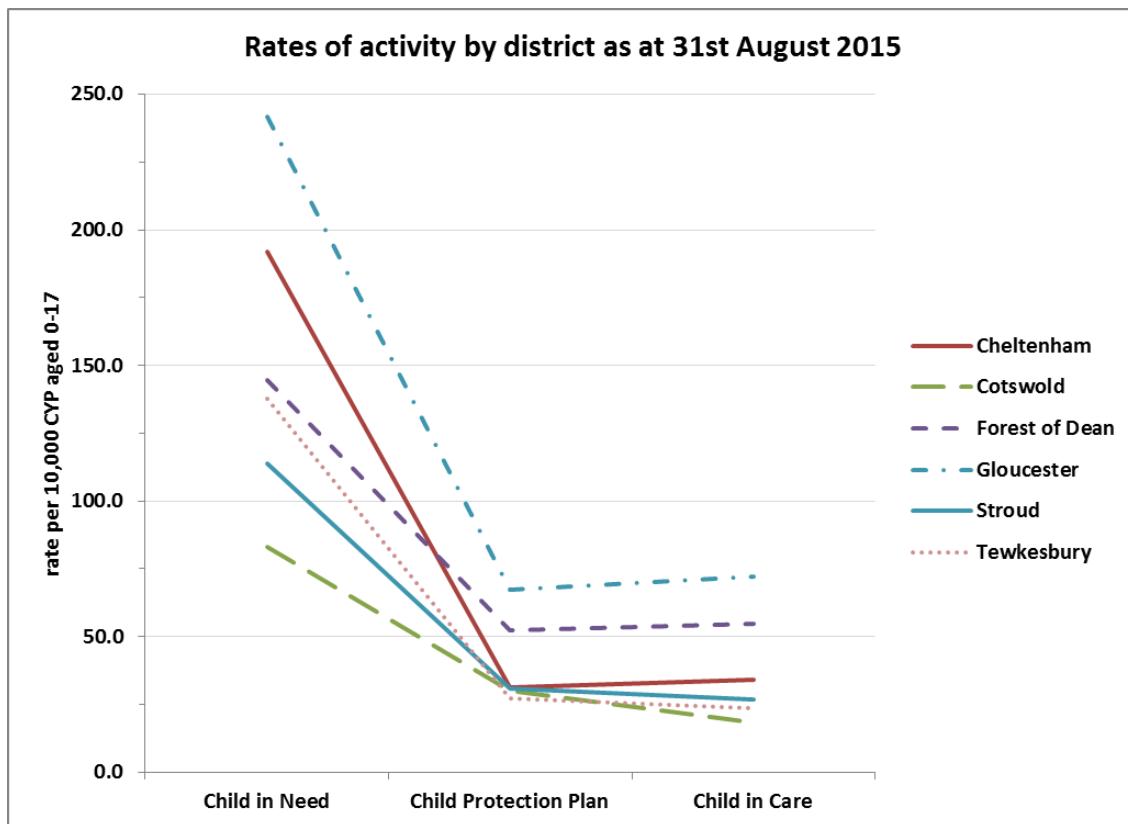


Figure 55: Snapshot of rates per 10,000 CYP aged 0 to 17 of social care activity by district.¹²⁰

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

¹²⁰ Extract from LiquidLogic ICS as at 31/08/2015. 0 to 17 population from ONS 2014 mid-year estimates.

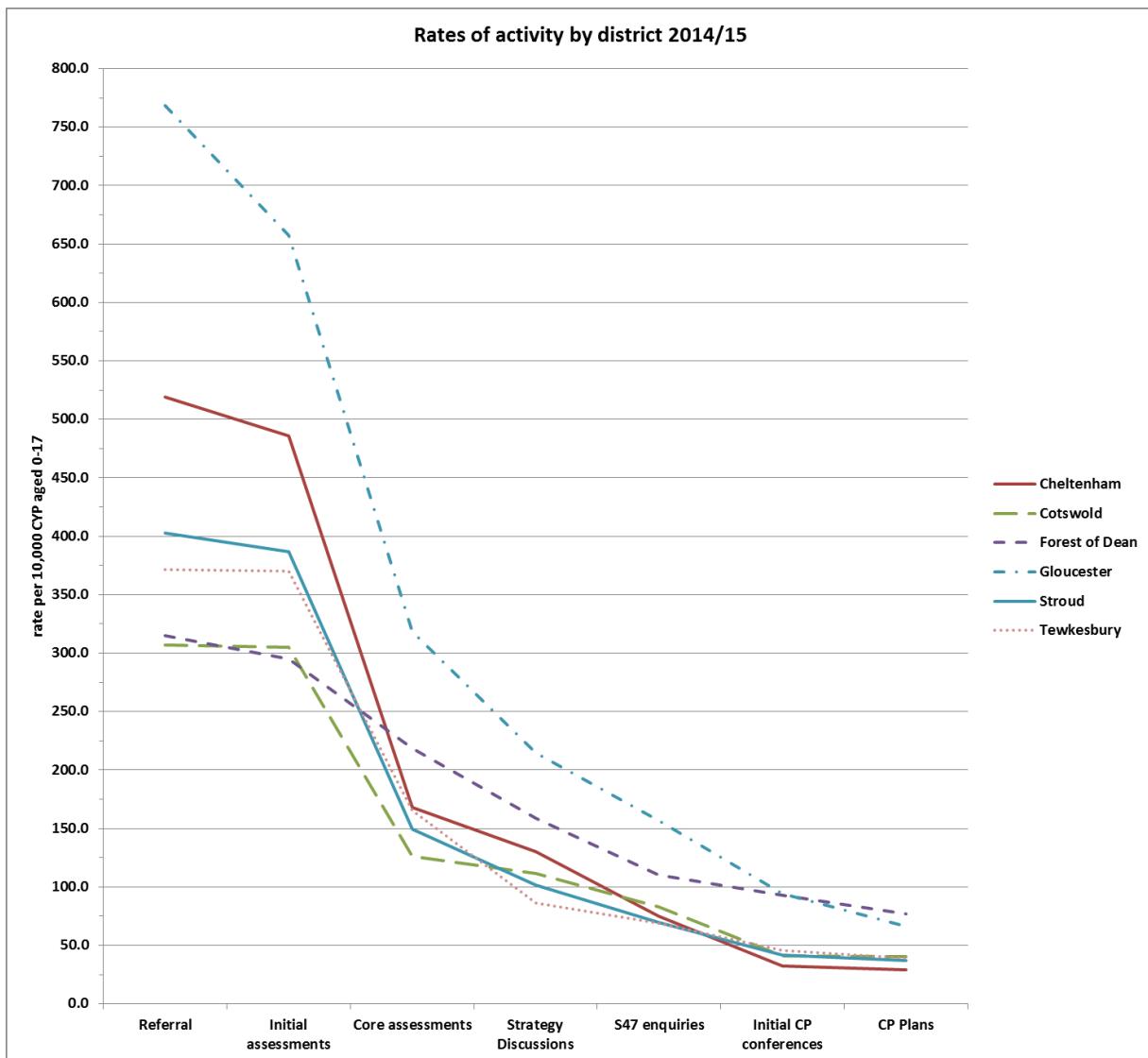


Figure 56: Rates per 10,000 CYP aged 0 to 17 of social care activity by district.¹²¹

During the whole of the 2014/15 reporting year, children living at an address in Cotswold have the lowest rate of referrals, and second-lowest rate of initial assessments. The rate of children who are the subject of a CP plan is the third highest (by a small amount) of the six districts in Gloucestershire. Looking at the snapshot taken as at 31st August 2015, Cotswold has the lowest 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 2015'¹²² document.

¹²¹ Extract from LiquidLogic ICS 01/05/2015. 0 to 17 population from ONS 2014 mid-year estimates.

¹²² <http://www.goucestershire.gov.uk/inform/index.cfm?articleid=94018> Accessed 20/11/2015

4.7 Key Messages

- The percentage of low birth weight of term babies in Cotswold district was higher than England but lower than the Gloucestershire benchmarks in 2012.
- In 2014/15, 40 women were recorded as being a smoker at their first ante-natal appointment (time of booking) in Cotswold district. 32 women were recorded as still smoking at the time of delivery for the same period.
- Statistics indicate Cotswold mothers are more likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts.
- In 2013/14, Cotswold district had a lower percentage of excess weight in 4-5 year olds compared to Gloucestershire but was higher than England.
- In 2013/14, excess weight levels for 10-11 year olds in Cotswold district were below the Gloucestershire and England benchmarks.
- Most year 8 and 9 pupils in Cotswold district did 6 hours of physical activity a week (29.1%) and only 4.3% exercised for less than one hour a week.
- Under 18 conception rates in Cotswold district have consistently remained below the county and national benchmarks since recording began in 1998.
- In 2012 and 2013, chlamydia detection rates in Cotswold district were lower than the county and national benchmarks.
- During the whole of the 2014/15 reporting year, children living at an address in Cotswold have the lowest rate of referrals, and second-lowest rate of initial assessments.
- The rate of children who are the subject of a CP plan is the third highest (by a small amount) of the six districts in Gloucestershire.
- Looking at the snapshot taken as at 31st August 2015, Cotswold has the lowest rate of Children in Care.

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.

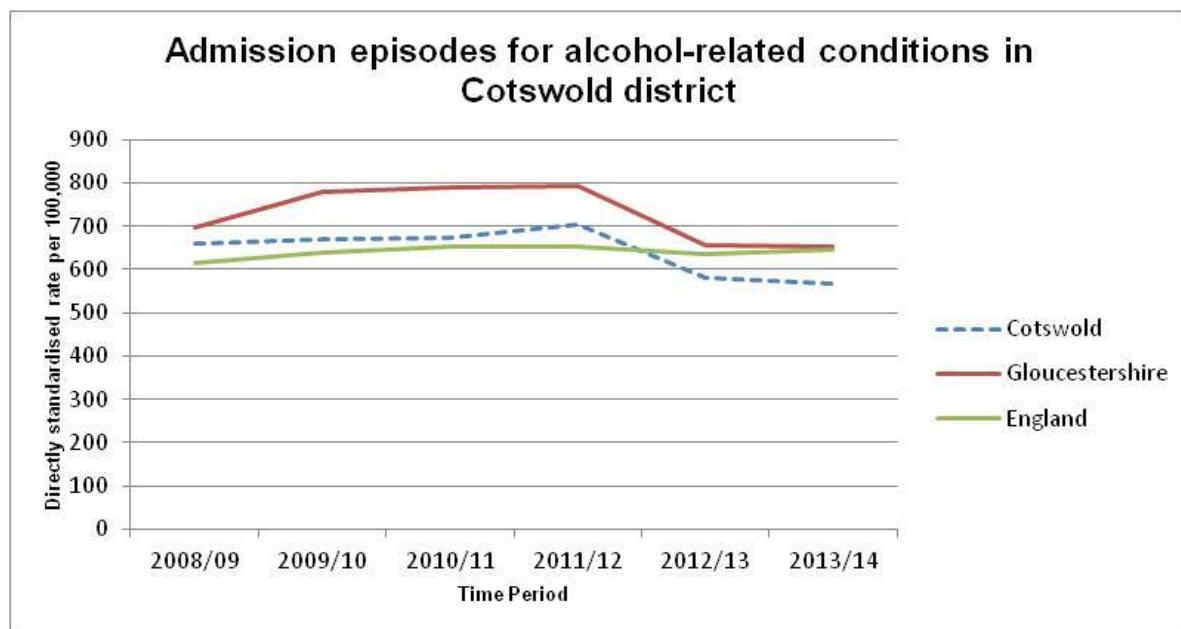


Figure 57: Admission episodes for alcohol-related conditions (2008/09 – 2013/14)

For the past two years, Cotswold district has remained below the county and national benchmarks for admission episodes for alcohol-related conditions.¹²³

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 year¹²⁴.

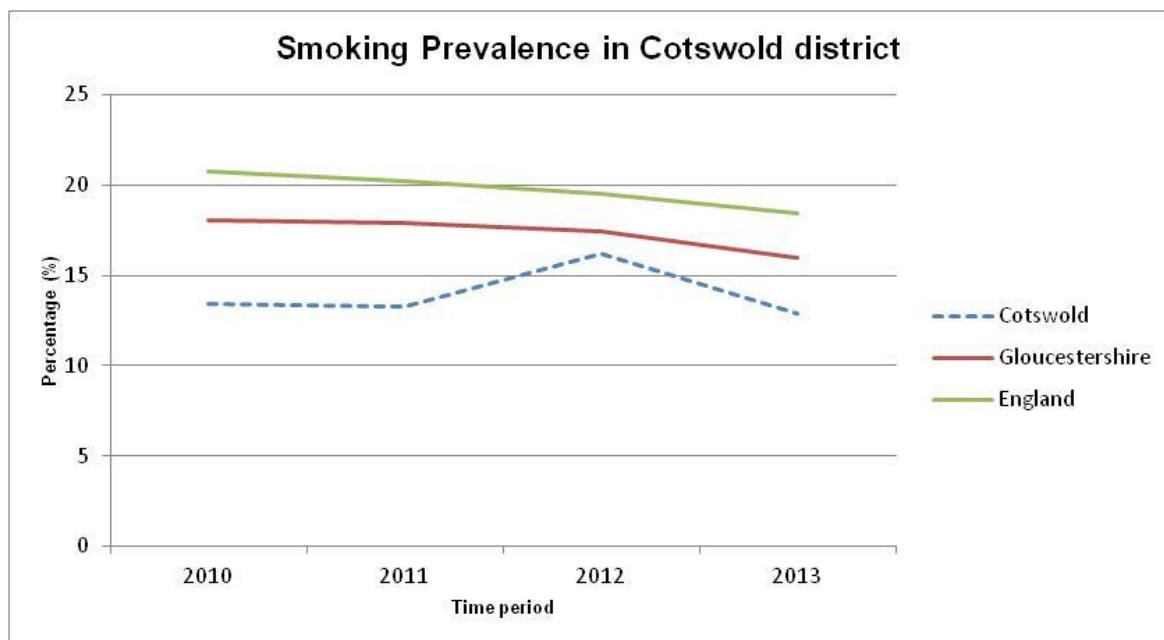


Figure 58: Smoking prevalence 2010-2013

Smoking rates in Cotswold district have remained below the Gloucestershire and England benchmarks for the past 4 years.¹²⁵

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

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

¹²⁴ Passive Smoking and Children, Royal College of Physicians, London, 2010.

¹²⁵ Public Health Outcomes Framework <http://www.phoutcomes.info/>

disease, type 2 diabetes, and cancer. Obesity can also impact on an individual's emotional wellbeing, and is a factor in absenteeism from work.

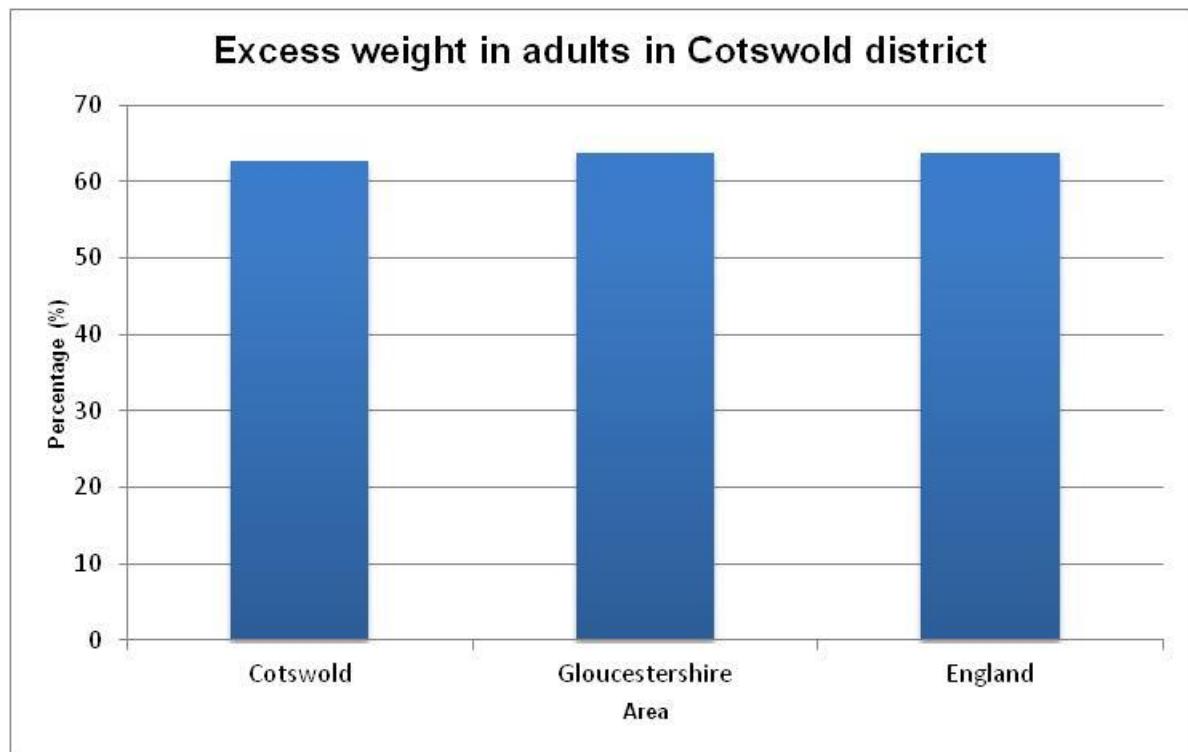


Figure 59: Excess weight in adults 2012 Note: No time-series data currently available due to change of definitions

Excess weight is calculated using the number of adults with a BMI classified as overweight or obese. In 2012, 63% of adults in Cotswold district were overweight or obese, which is slightly lower than the Gloucestershire (64%) and England (64%) benchmarks.¹²⁶

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.

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.

¹²⁶ *Ibid.*

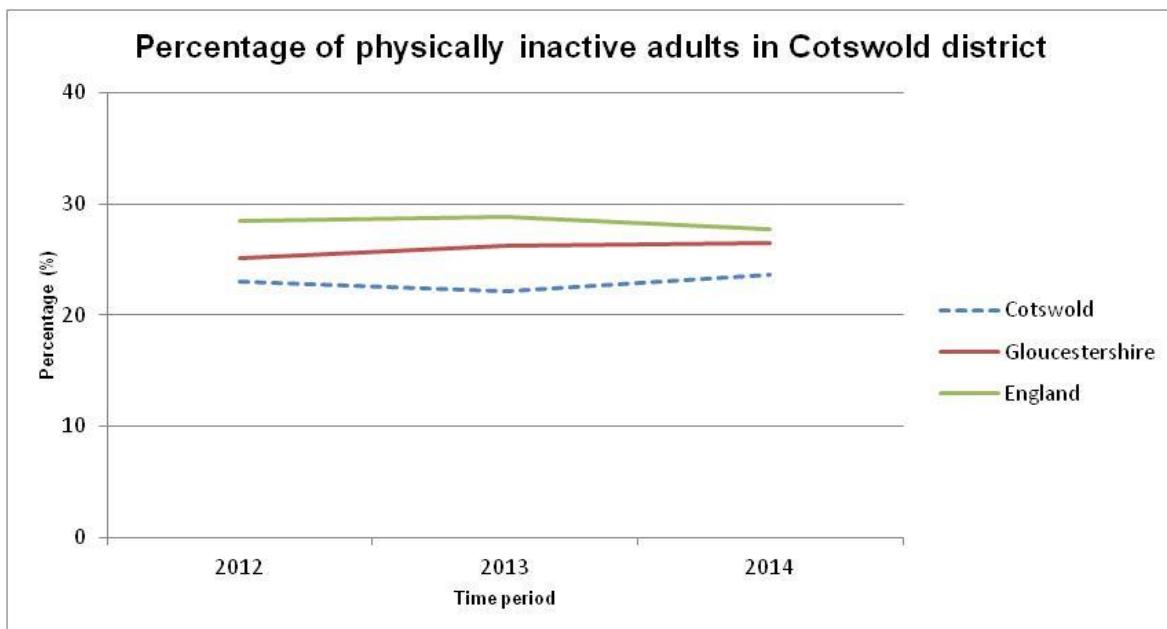


Figure 60: Physically inactive adults (2012-2014)

Although the percentage of physically inactive adults in Cotswold district has slightly increased since 2013, it has remained below the Gloucestershire and England average for the last 3 years.¹²⁷

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 website¹²⁸ 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
- More prone to depression and increased risk of suicide

¹²⁷ *Ibid.*

¹²⁸ <http://www.campaigntoendloneliness.org/loneliness-research/> 12/05/2015

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 in which areas in Cotswold District older people are more likely to be living alone.

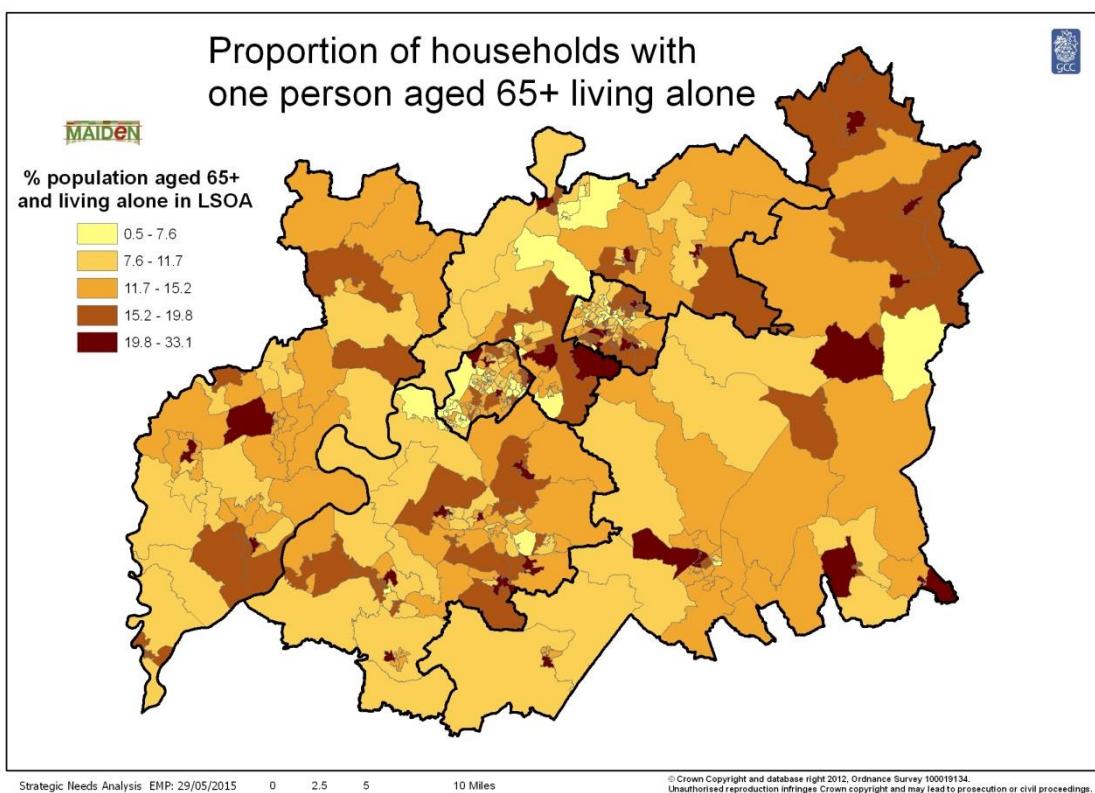


Figure 61: Older people living alone in Gloucestershire

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 county¹²⁹. A number of risk factors were aggregated to give a 'vulnerability to social isolation' score. This was then mapped as follows.

¹²⁹ Social isolation in Gloucestershire, Gloucestershire County Council, 2013, <http://www.goucestershire.gov.uk/inform/index.cfm?articleid=94013>

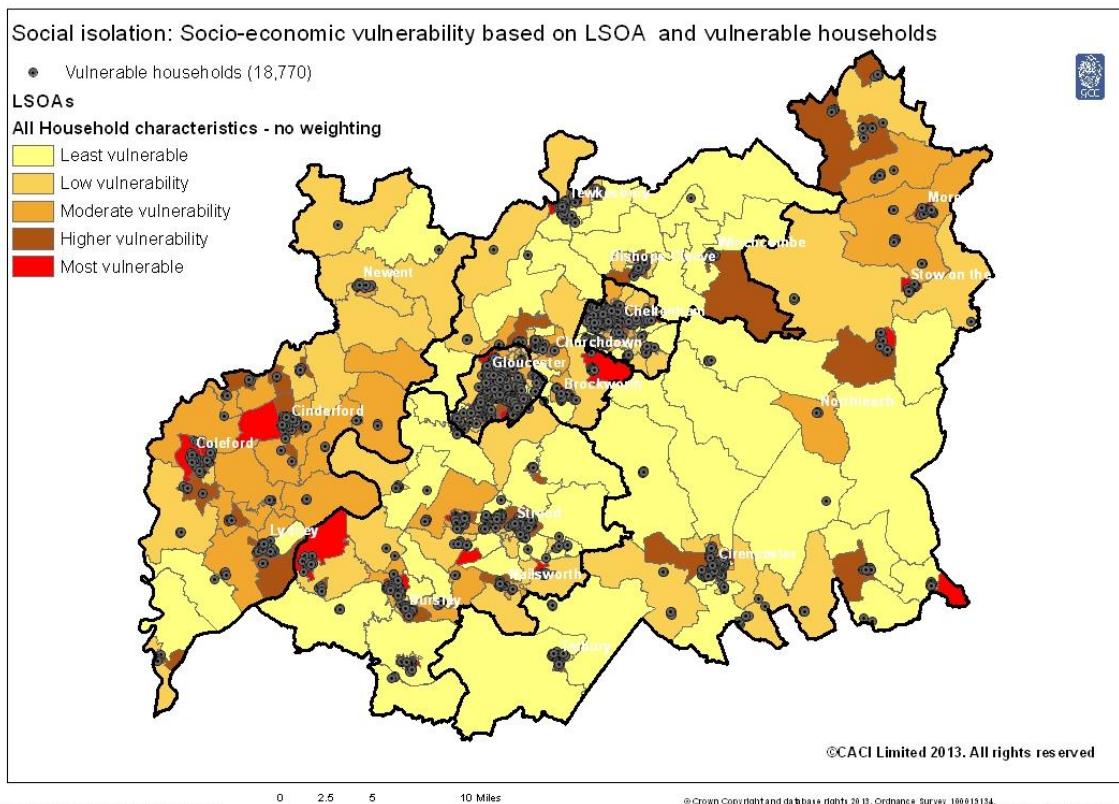


Figure 62: Estimated vulnerability to social isolation in Gloucestershire

5.5.4 Actual local need

Cotswold District Council carried out research in 2013 and 2014 into the scale, extent and impact of loneliness and isolation amongst over 65's in the Cotswolds¹³⁰. The Gloucestershire social isolation risk index map was used to identify areas where loneliness was likeliest. Interviews and focus groups with older people in those areas were then used to find out about their experience of loneliness and isolation. The research confirmed the negative impact on their mental and physical health. Full details of the research findings can be found in the referenced report. Some key findings and recommendations were:

- Prevention/early intervention services help to alleviate loneliness and save money
- Loneliness affects carers as well as those who live alone
- Weekends and winter tended to be the loneliest times
- Village Agents (and other community navigators), befriending services and volunteer car services were valued by those who use them but many did not know about them.
- Better availability of community transport needed

¹³⁰Hennessy-Ford, Research into the scale, extent and impact of loneliness and isolation in the Cotswolds, <http://www.cotswold.gov.uk/media/777430/Loneliness-Report.PDF>

- Scope for improving use of IT by older people
- Increased coverage/awareness of carer respite services
- Lunch clubs, social group and community events are sporadic and for a variety of reasons don't always meet the needs of those who would most benefit from them.

Following publication of this research a further community transport study was commissioned by the District Council¹³¹. The aim of the study was to “reduce loneliness and isolation by taking a collaborative approach to improving the community transport offer across the Cotswolds”. Amongst the findings was the potential for both increasing the awareness of community transport services and for improved partnership work to improve its availability.

5.5.5 Social prescribing

Gloucestershire Clinical Commissioning Group, in partnership with local district councils and third sector organisations, in the last year and a half set up and supported several pilots of social prescription services across the county. Social referrals were defined here as ‘a clear, coherent and collaborative process in which healthcare practitioners work with patients and service users to select and make referrals to community-based services’ .

As the following table shows, social isolation was the second commonest reason for social referrals accounting for 43% of all reasons for referral in South Cotswolds.

Locality	Most Commonly Included Reason for Referral	Total No. of Referrals including this reason	% of Referrals including this reason
Forest of Dean (n=84)	Social Isolation	55	64%
	Mental Health & Wellbeing	51	60%
	Benefits Advice	31	36%
South Cotswolds (n=87)	Mental Health & Wellbeing	43	48%
	Social Isolation	38	43%
	General Health & Fitness	26	29%
Stroud & Berkeley Vale (n=21)	Social Isolation	12	55%
	Mental Health & Wellbeing	10	45%
	Benefits Advice	3	14%
	General Health & Fitness	3	14%
Total (n=192)	Social Isolation	105	54%
	Mental Health & Wellbeing	104	53%
	General Health & Fitness	59	30%
	Benefits Advice	56	27%

Change in wellbeing following social prescription was measured in a small number of cases with an improvement in 100% of cases in South Cotswolds. In

¹³¹ STC Ltd, 2015, Cotswold Community Transport Study, available at <http://www.cotswold.gov.uk/media/1344840/Cotswold-Community-Transport-Study.pdf>

this Locality 44% of patients saw a reduction in their total number of primary care appointments in the 6 months after referral.

5.5.6 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 63. 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 of the Cotswolds 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.

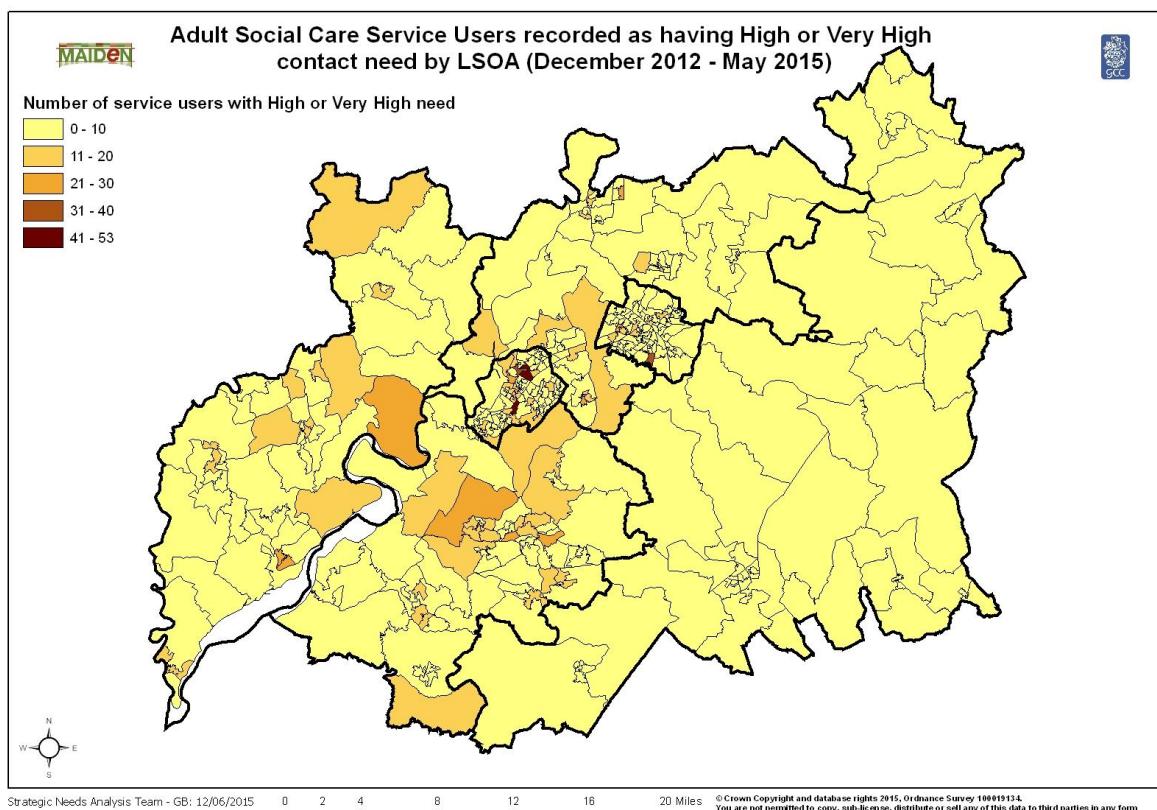


Figure 63: Adult social care users recorded as having a high or very high level of need for social activities and relationships December 2012 - May 2015.

5.5.7 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

- For the past two years, Cotswold district has remained below the county and national benchmarks for admission episodes for alcohol-related conditions.
- Smoking rates in Cotswold district have remained below the Gloucestershire and England benchmarks for the past 4 years.
- In 2012, 63% of adults in Cotswold district were overweight or obese, which is slightly lower than the Gloucestershire (64%) and England (64%) benchmarks.
- Although the percentage of physically inactive adults in Cotswold district has slightly increased since 2013, it has remained below the Gloucestershire and England average for the last 3 years.
- Using data from the 2011 Census, some areas in Cotswold District have a larger proportion of older people that are more likely to be living alone, which leads to a greater feeling of social isolation.
- Cotswold District Council carried out research in 2013 and 2014 into the scale, extent and impact of loneliness and isolation amongst over 65's in the Cotswolds. Amongst the findings was the potential for both increasing the awareness of community transport services and for improved partnership work to improve its availability.
- Social isolation was the second commonest reason for social referrals accounting for 43% of all reasons for referral in South Cotswolds.

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 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 Act¹³² 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 16.1% of Cotswold residents (13,369 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.

¹³² The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>
Accessed 15/04/2015.

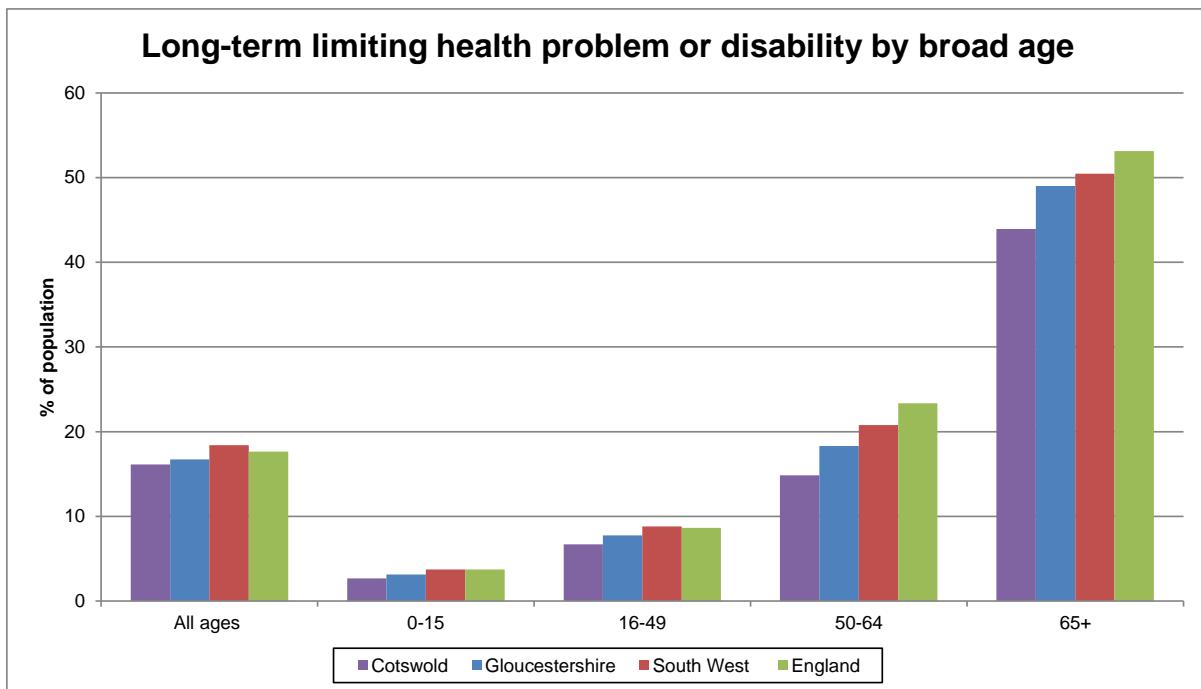


Figure 64: Percentage of the population with a long-term limiting health problem or disability by broad age group, 2011¹³³

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)¹³⁴, Attendance Allowance (AA)¹³⁵ or Personal Independence Payments (PIP)¹³⁶. 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.

¹³³ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/09/2015.

¹³⁴ 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 Independence Payments for all people aged 16+.

¹³⁵ 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.

¹³⁶ 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 4,730 people claiming Disability Living Allowance or Attendance Allowance in Cotswold, representing 5.6% of the total population¹³⁷, Figure 65 shows this was lower than the county, regional and national averages. Cotswold also had a lower proportion of disability benefit claimants than all of the other districts in Gloucestershire.

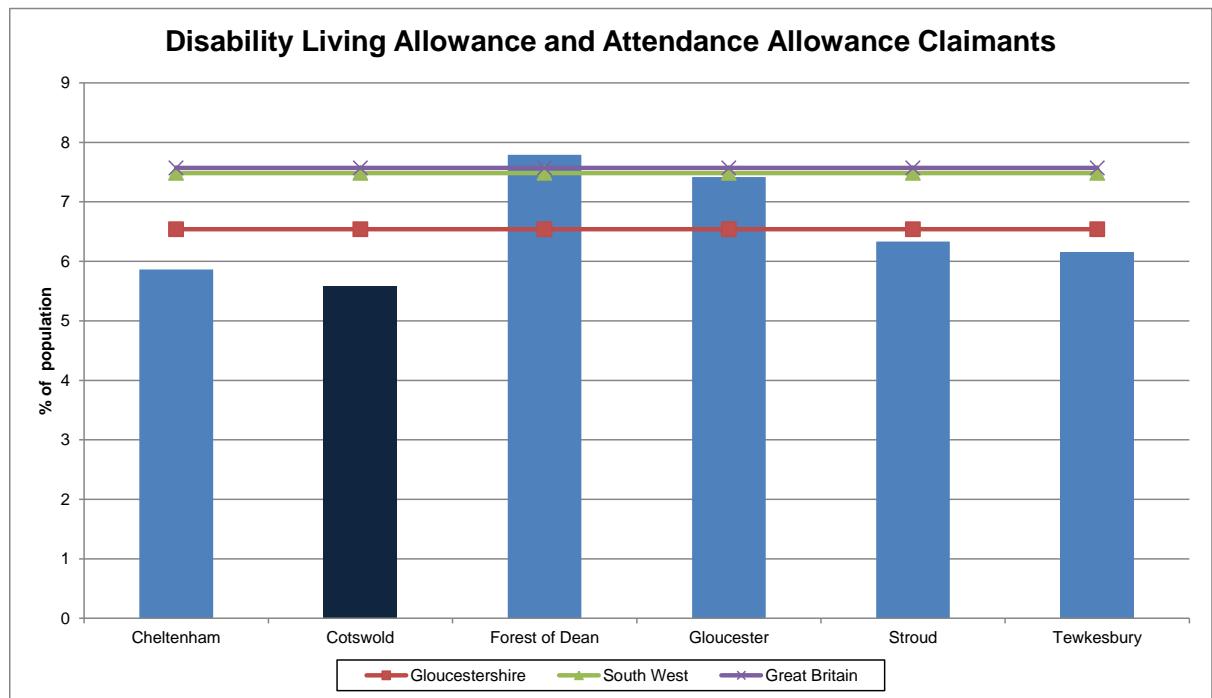


Figure 65: Proportion of the population claiming Disability Living Allowance or Attendance Allowance, February 2015¹³⁸

Figure 66 shows the total number of disability benefit claimants in Cotswold 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.

¹³⁷ DWP, Tabulation Tool – WPLS(100% of claimants) <http://tabulation-tool.dwp.gov.uk/100pc/tbtool.html> Accessed 07/10/2015.

¹³⁸ *Ibid.*

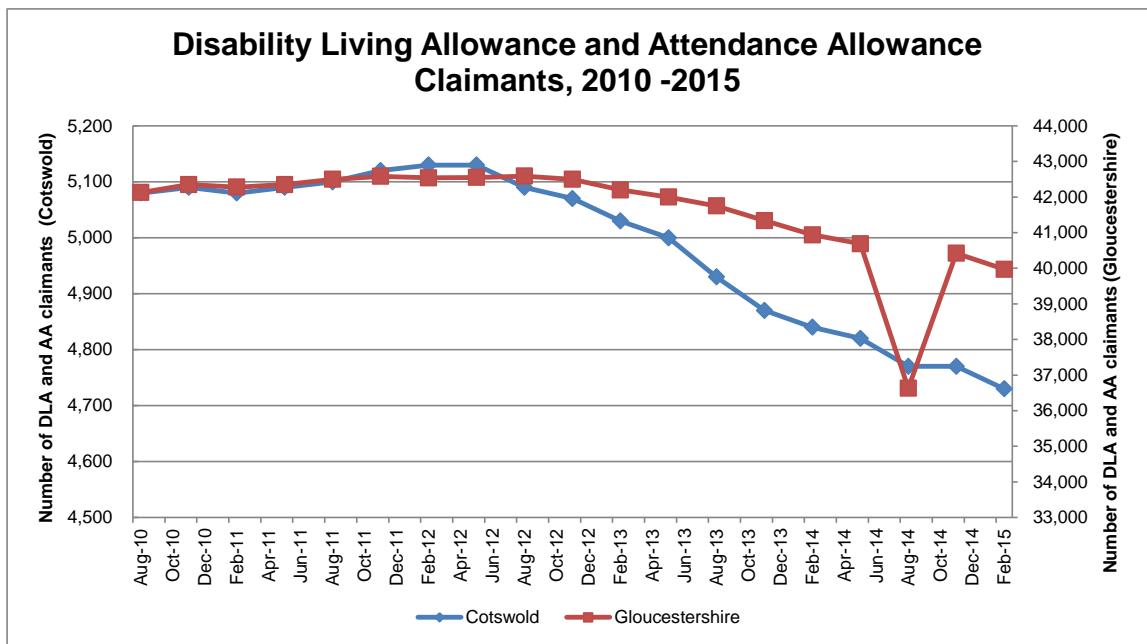


Figure 66: Five year trend in the number of Disability Living Allowance and Attendance Allowance Claimants in Cotswold and Gloucestershire, 2010-2015¹³⁹
 (Note: y-axis does not start at 0)

The characteristics of Cotswold's Disability Living Allowance and Attendance Allowance claimants are illustrated in Figure 67. 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 60% claiming for over 5 years. These characteristics are reflected at a county, regional and national level.

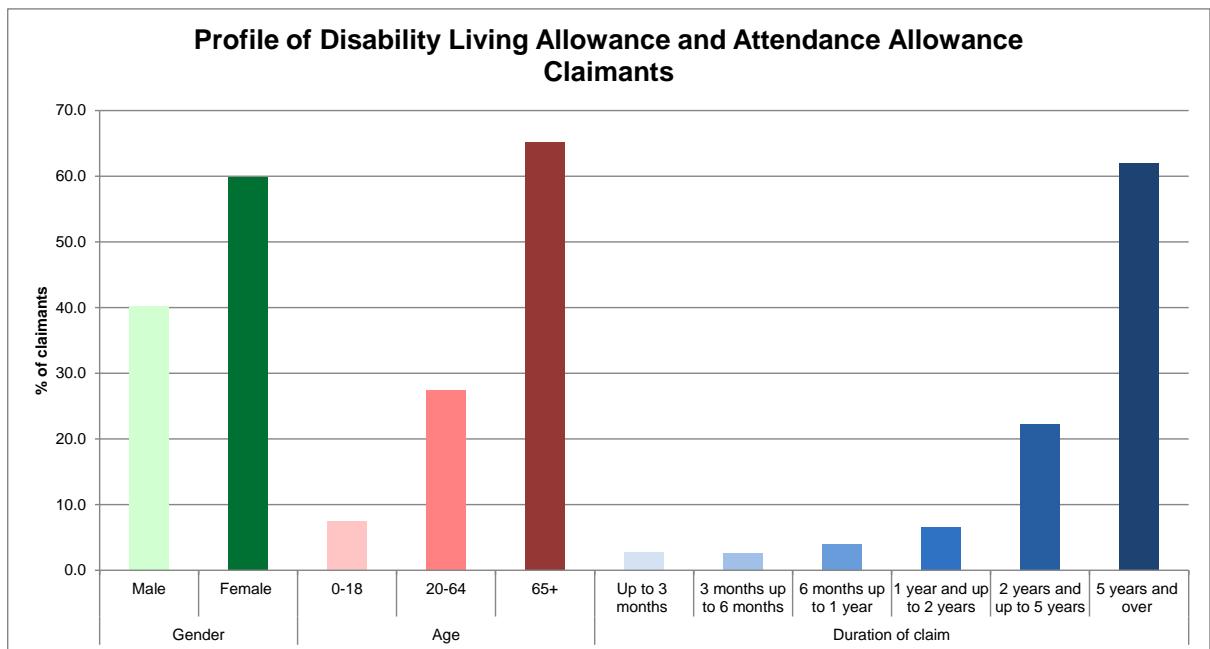


Figure 67: Profile of Disability Living Allowance and Attendance Allowance Claimants in Cotswold, February 2015¹⁴⁰

¹³⁹ Ibid.

There is some variation between age groups. Figure 68 shows that males are responsible for just under two thirds of claimants in the 0-17 age group, while females account for a similar proportion amongst the 65+ age group.

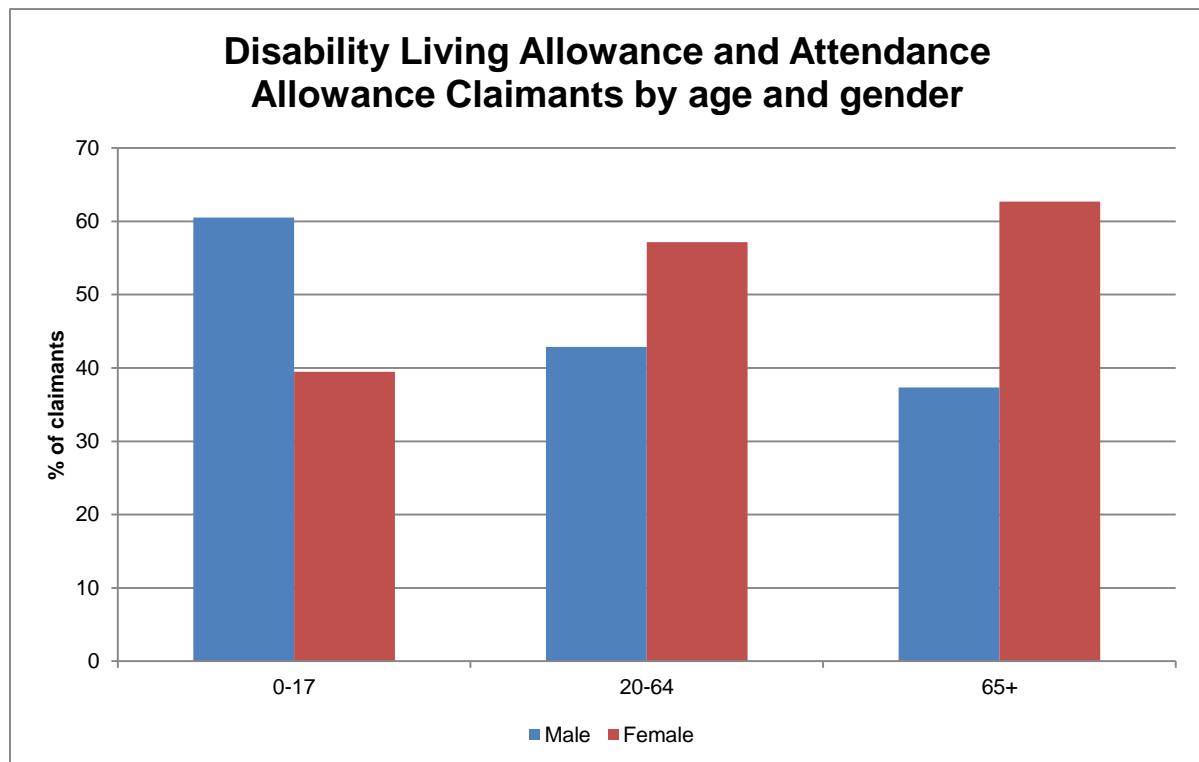


Figure 68: Disability Living Allowance and Attendance Allowance Claimants by age and gender, February 2015¹⁴¹

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 69 shows that in February 2015, arthritis and conditions classed as “other” were the most commonly reported disabling condition in Cotswold, both representing just over a fifth (20.9%) of all claims. The most commonly reported conditions in Cotswold generally follow the county and national trends.

¹⁴⁰ *Ibid.*

¹⁴¹ *Ibid.*

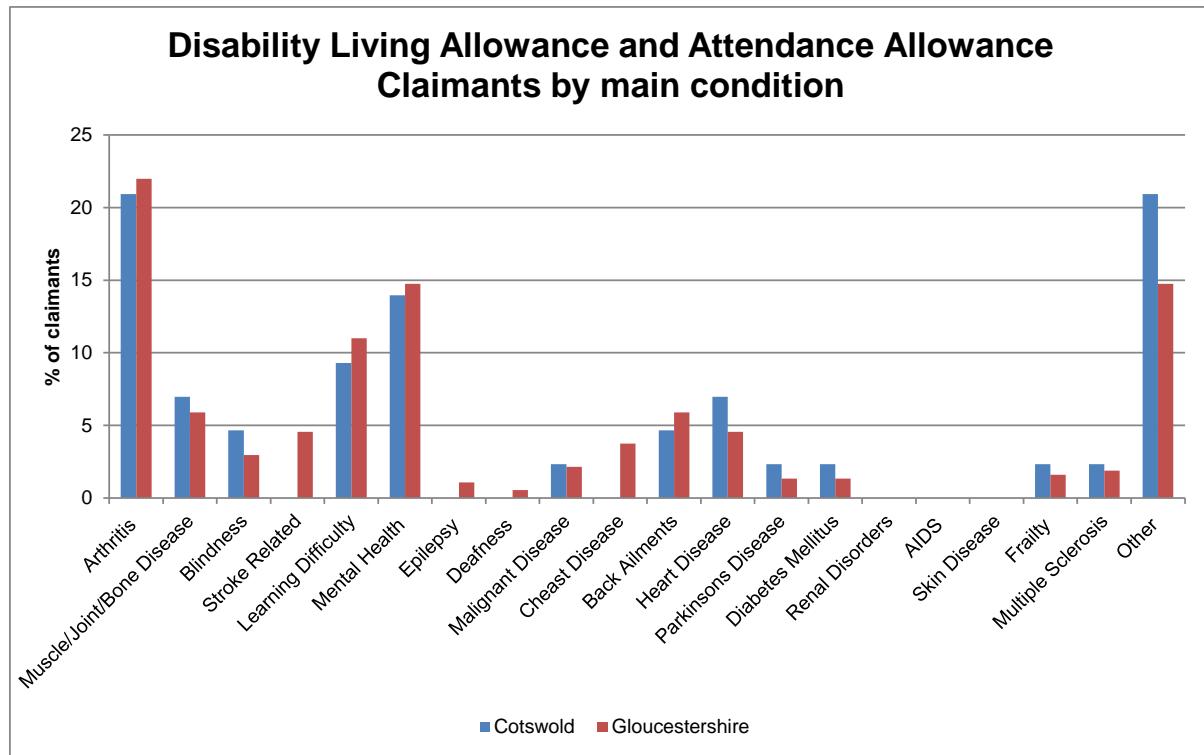


Figure 69: Disability Living Allowance and Attendance Allowance Claimants by main disabling condition ,February 2015¹⁴²

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, heart disease 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 just over 17% 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.

¹⁴² DWP, Tabulation Tool – 5% sample data <http://tabulation-tool.dwp.gov.uk/5pc/tbtool.html>
Accessed 07/10/2015.

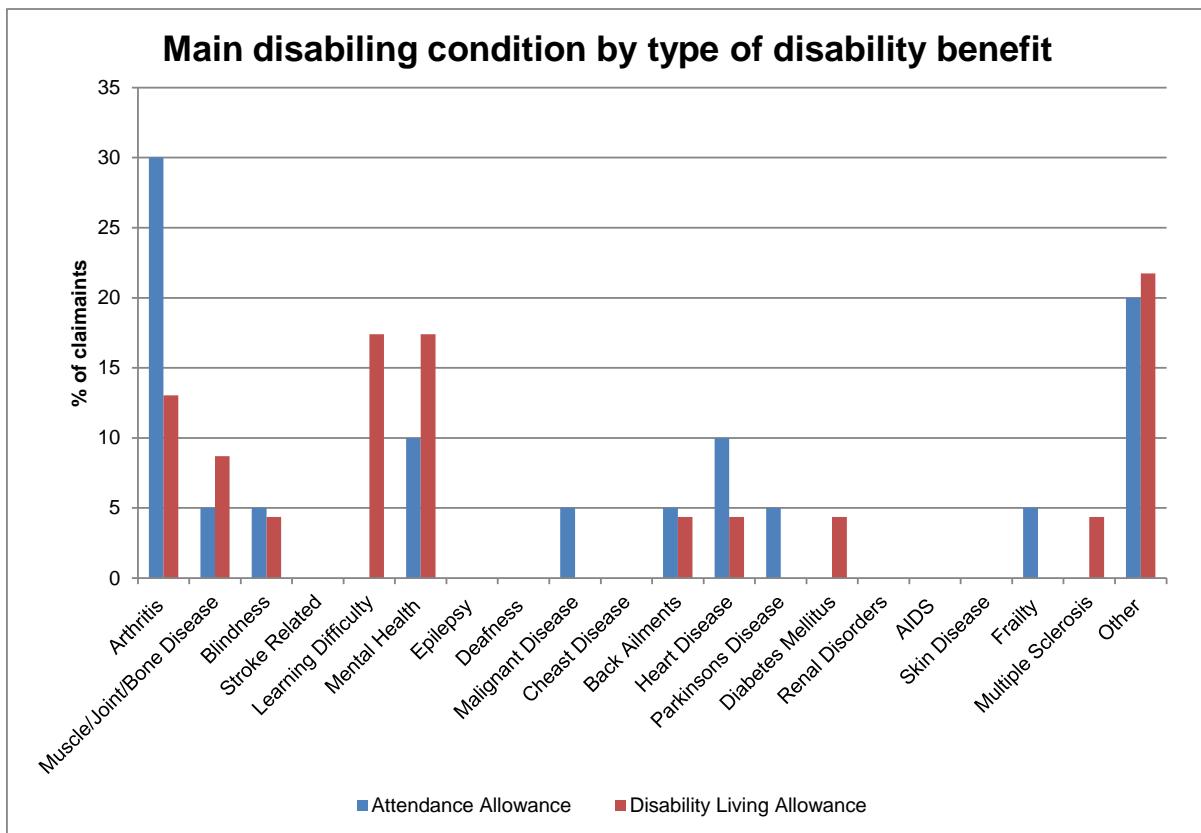


Figure 70: Main disabling condition by type of disability benefit, February 2015¹⁴³

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 Cotswold in September 2015¹⁴⁴. Data about the numbers of Personal Independence Payments claimed in Cotswold is experimental and is not comparable with data about Disability Living Allowance and Attendance Allowance. The latest data for July 2015 shows that in Cotswold there were 343 people claiming Personal Independence Payments¹⁴⁵. Figure 71 shows the number of Personal Independence Payment claimants has been increasing month on month since April 2013.

¹⁴³ *Ibid.*

¹⁴⁴ 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.

¹⁴⁵ DWP, Stat-Xplore <https://stat-xplore.dwp.gov.uk/> Accessed 08/10/2015.

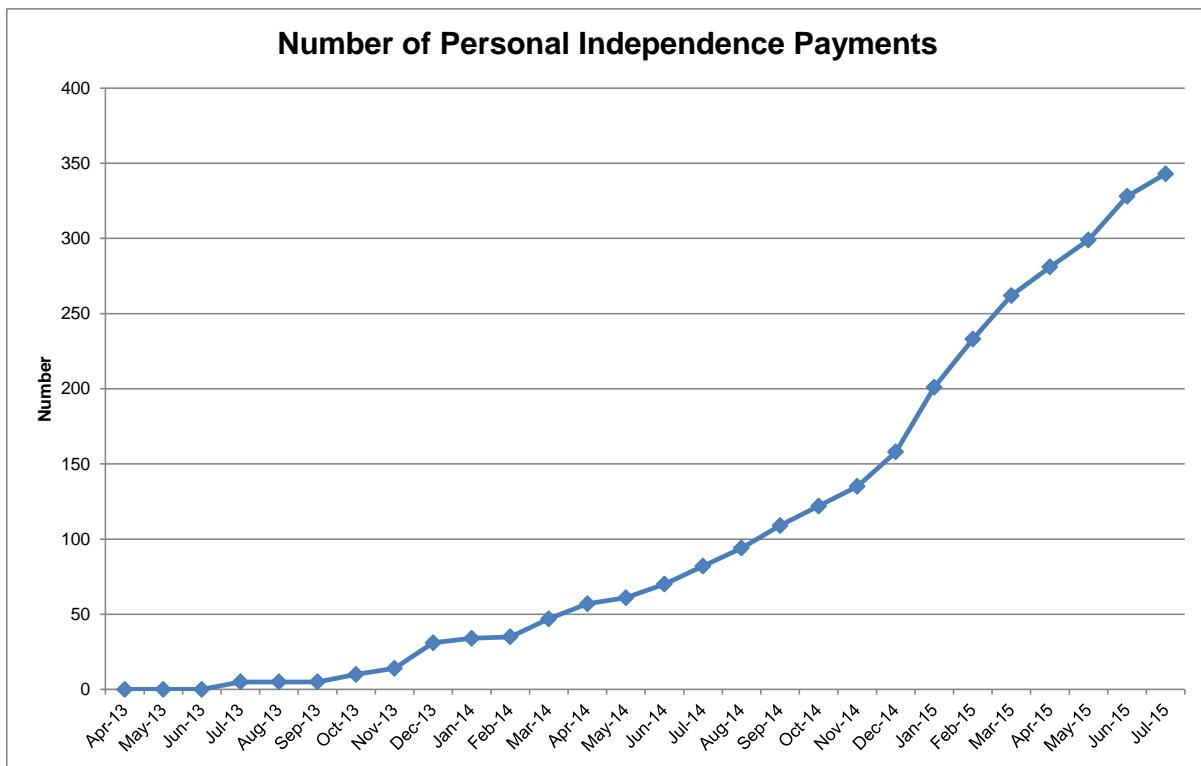


Figure 71: Number of Personal Independence Payment Claims in Payment, April 2013 to July 2015¹⁴⁶

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 1,649 children and young people attending maintained schools in Cotswold with Special Educational Needs, Figure 72 shows this equates to 15.6% of pupils, which was lower than the county average and all of the other districts with Gloucestershire.

¹⁴⁶ *Ibid.*

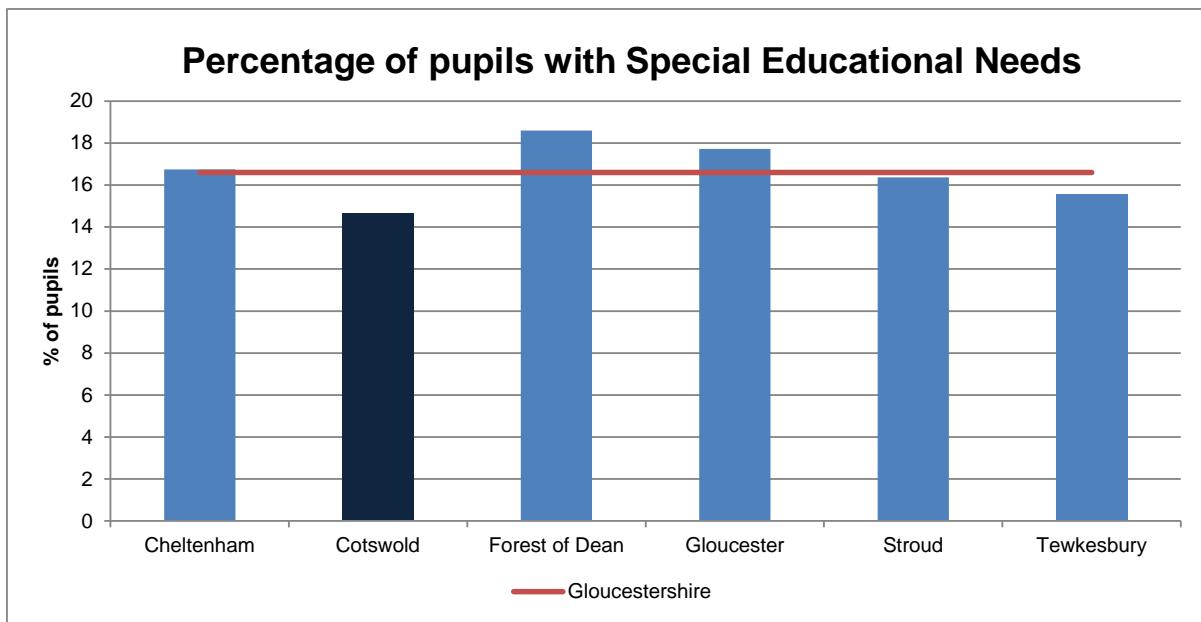


Figure 72: Percentage of pupils with Special Educational Needs by district of education, January 2014¹⁴⁷

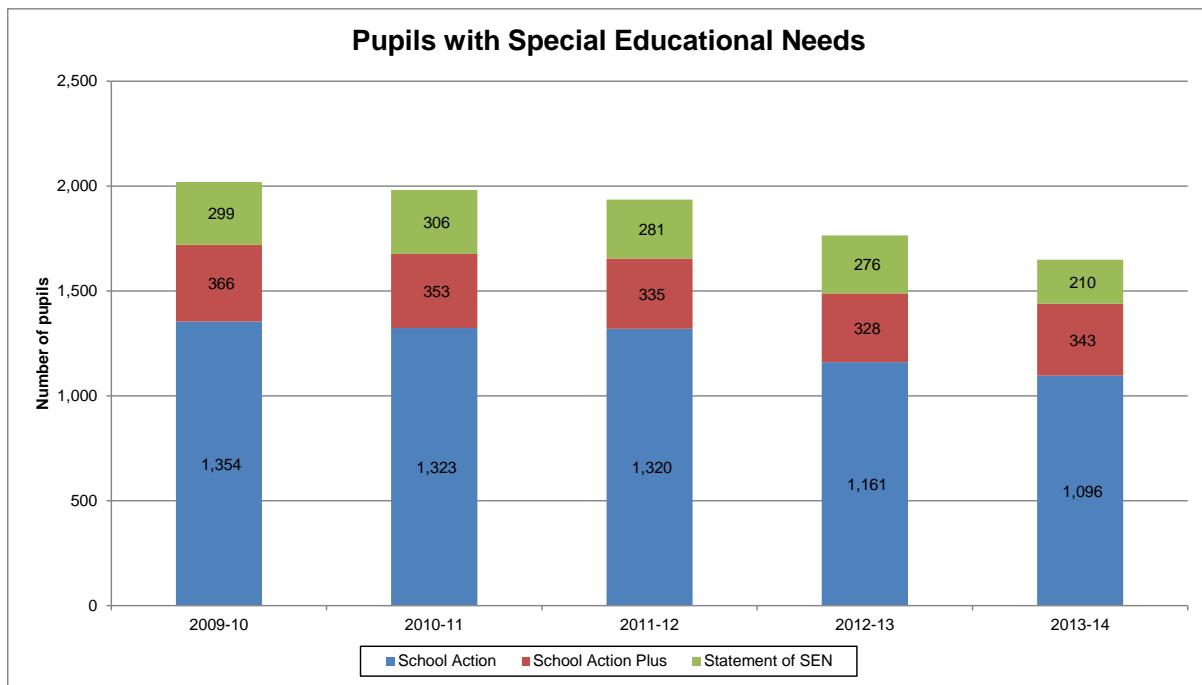
Figure 73 shows the total number of pupils with Special Educational Needs in Cotswold schools has been falling since 2009/10 when it stood at 2,019 pupils. This decline has been seen across all stages of the Special Educational Needs Code of Practice (School Action¹⁴⁸, School Action Plus¹⁴⁹ and Statements of Special Educational Needs¹⁵⁰), although in the last year there was a small increase in the number of pupils at School Action Plus level.

¹⁴⁷ School Census, Jan 10-Jan 14.

¹⁴⁸ Pupils who require School Action usually have additional learning needs and should receive additional support from within the school, such as small group tuition.

¹⁴⁹ 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

¹⁵⁰ Statements of Special Educational Needs are given to those in need of the most intensive support.



*Figure 73: Number of pupils on the Special Educational Needs Code of Practice, 2009/10 – 2013/14*¹⁵¹

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 74 shows that in 2013/14 the most common category of need in Cotswold schools was Behavioural, Emotional and Social Difficulties, this differs from the picture seen at county level where the most common category of need was Speech, Language and Communication Needs.

¹⁵¹ School Census, Jan 10-Jan 14.

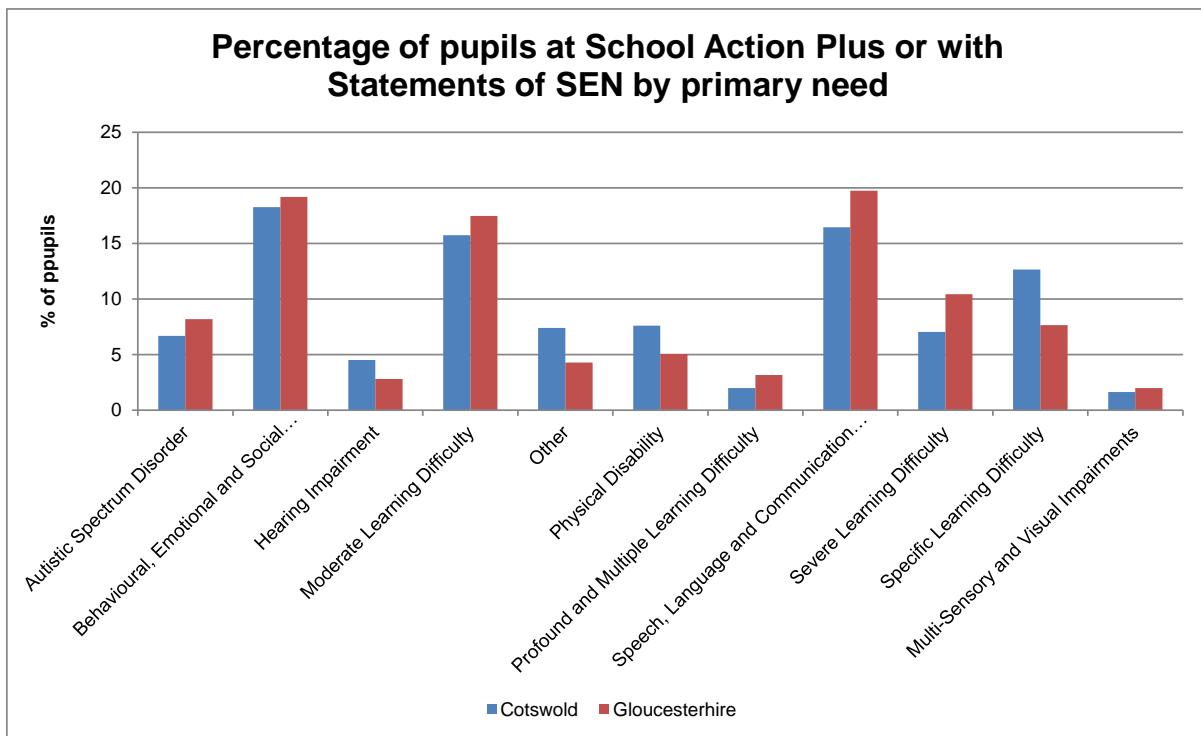


Figure 74: Percentage of pupils at School Action Plus or with Statements of SEN by primary need, January 2014¹⁵²

Figure 75 illustrates the trend in primary need over the last 5 years. The greatest change in Cotswold has been in the number of children with Behavioural, Emotional and Social Difficulties, which has declined by 128 children. The greatest increase has been in the number of children with Severe Learning Difficulties, which increased by 13 pupils, this reflects the pattern seen at county level.

¹⁵² *Ibid.*

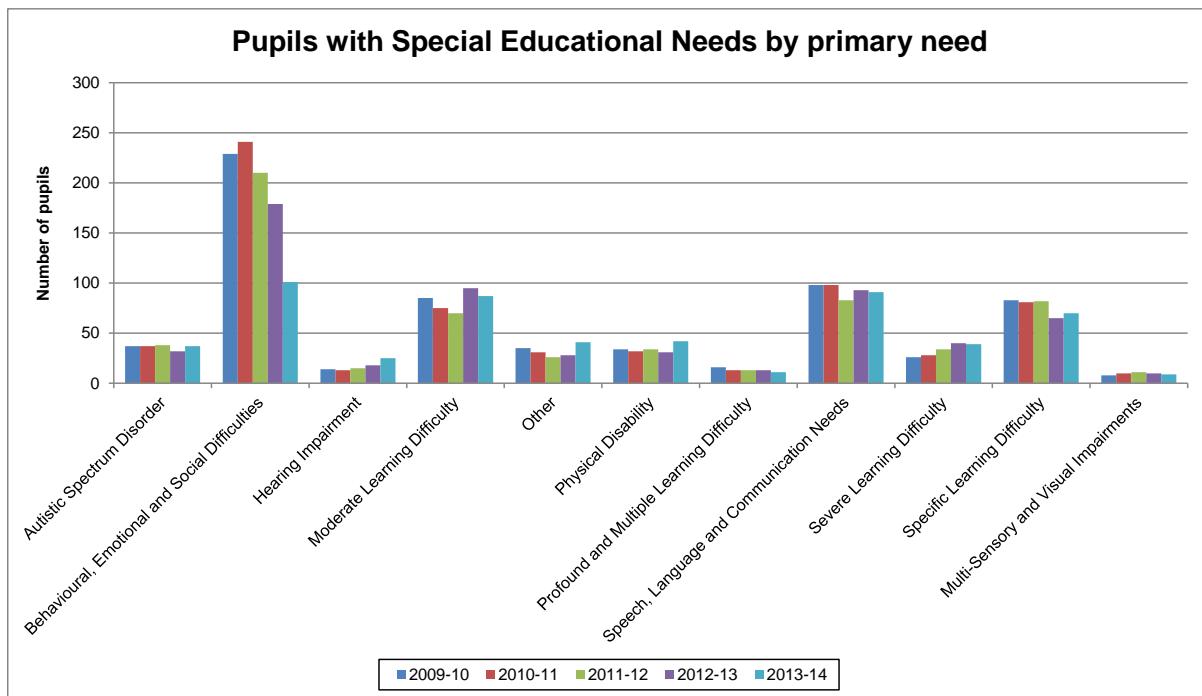


Figure 75: Number of pupils with Special Educational Needs by primary need, 2009/10 – 2013/14¹⁵³

For further information about children with Special Educational Needs please see our SEND needs analysis¹⁵⁴.

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 5,430 people aged 18-64 with a severe or moderate physical disability living in Cotswold¹⁵⁵ and an additional 3,871 people aged 65+ who are unable to manage at least one mobility activity on their own¹⁵⁶.

Figure 76 shows the number of people with a moderate or serious physical disability is projected to remain steady 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 3,871 in 2014 to 5,157 in 2025. This increase is likely to result in a noticeable increase in demand for health and social care services.

¹⁵³ Ibid.

¹⁵⁴

https://search3.openobjects.com/mediamanager/gloucs/glosfamilies/files/children_and_youth_0-24_years_with_special_educational_needs_and_disabilities - needs_analysis_v1_0.pdf

¹⁵⁵ Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

¹⁵⁶ Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

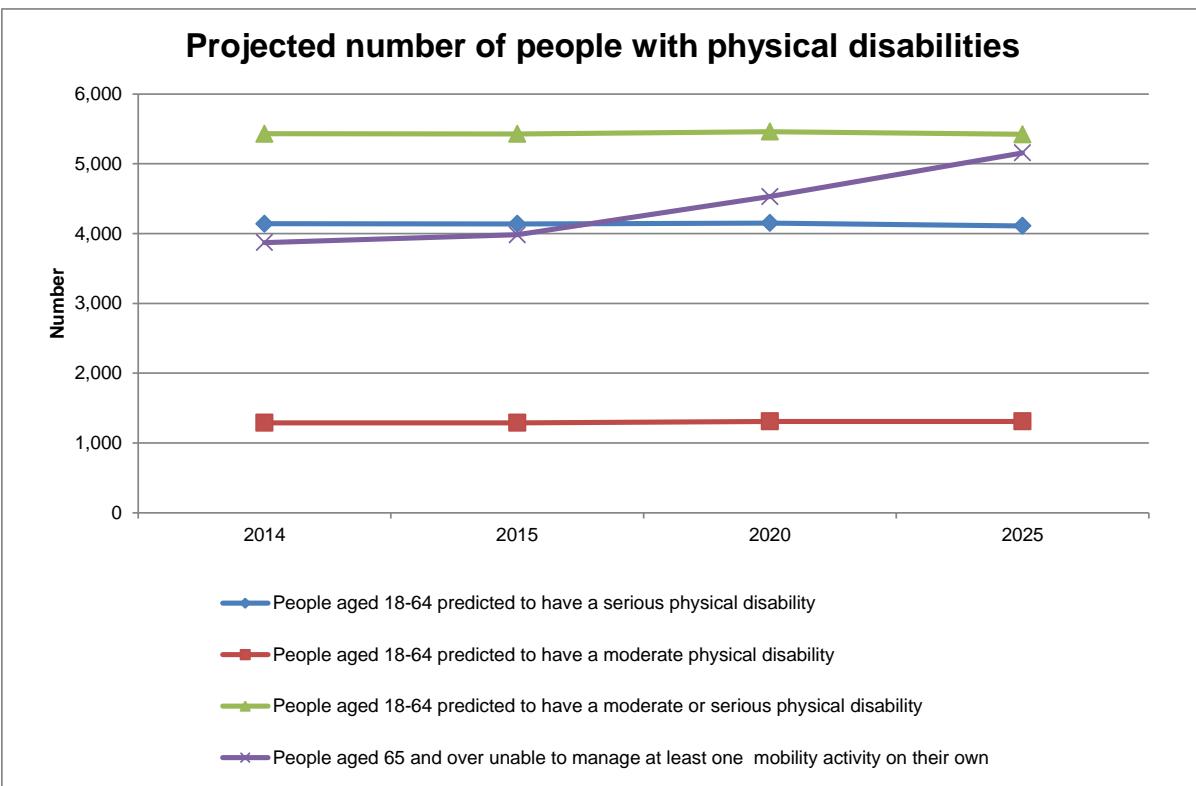


Figure 76: Projected number of people with moderate or serious physical disability (aged 18-64)¹⁵⁷ or unable to manage at least one mobility activity on their own, 2014-2025¹⁵⁸

In 2014 there was an estimated 1,575 people aged 18+ with a learning disability living in Cotswold. Figure 77 shows the number of people aged 18+ with a learning disability is forecast to increase to 1,655 people by 2025, this represents an increase of 80 people or 5.1%.

¹⁵⁷ Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

¹⁵⁸ Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

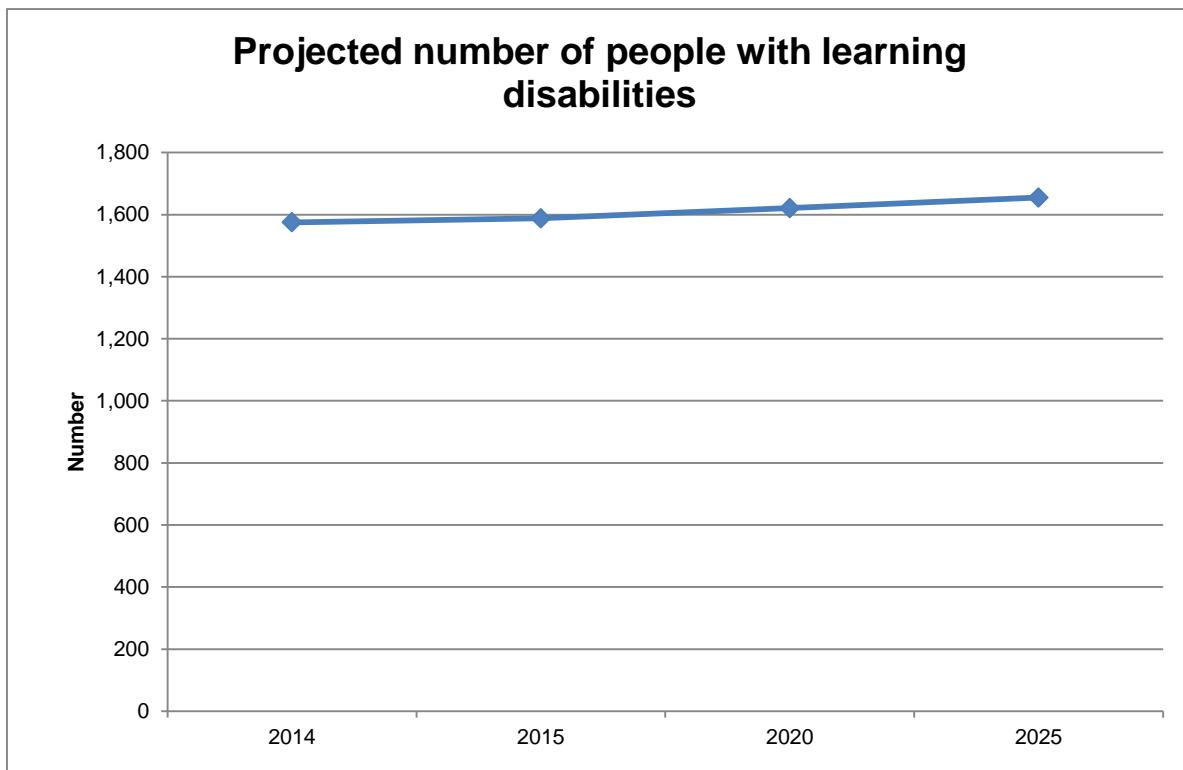


Figure 77: Projected number of people aged 18+ with a learning disability, 2014-2025¹⁵⁹

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 are¹⁶⁰:

- 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

¹⁵⁹ *Ibid.*

¹⁶⁰ 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-March 2015, 64.7% of working age disabled people were in employed in Cotswold, compared to 77.9% of non-disabled people¹⁶¹.
- 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 SEN¹⁶².
- 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 disability¹⁶³.

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 increasing¹⁶⁴.

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:

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

¹⁶¹ ONS, Annual Population Survey <https://www.nomisweb.co.uk> Accessed 07/08/2015.

¹⁶² DfE SfR 50/2014.

¹⁶³ Active People Survey, Sport England

http://archive.sportengland.org/research/active_people_survey/active_people_survey_7.aspx

Accessed 30/04/2015.

¹⁶⁴ 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_youth_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 condition¹⁶⁵. 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)¹⁶⁶.

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 expenditure¹⁶⁷.

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.^{168 169}

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

¹⁶⁶ *Ibid.*

¹⁶⁷ *Ibid.*

¹⁶⁸ The Kings Fund <http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity>

¹⁶⁹ Department of Health (2012). Report. [Long-term conditions compendium of Information: 3rd edition](#)

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%

Figure 78: 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.¹⁷⁰

The two Cotswold localities are significantly higher than Gloucestershire for a number of long term conditions (LTCs) recorded on QOF disease registers. This is likely to be caused by the fact that QOF data is not age standardised, and as such the high prevalence of LTCs is likely to reflect the localities' older age structure. As North and South Cotswold GP Localities have the oldest population structures in the county, it stands to reason that they will have a high proportion of patients suffering from LTCs, particularly conditions that are closely linked to age. However, it should be noted that despite being the oldest localities, they are not the overall least healthy, and this is likely to be related to the low levels of deprivation in the area, meaning that people endeavor to live healthier lives.

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 (Cotswold has two localities as it covers such a large area)..

The higher prevalence rates of LTCs in the localities are likely to have implications for health and social care spend.

¹⁷⁰ 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

6.5 Dementia

There are 850,000 people estimated to be living with dementia in the UK¹⁷¹ though recent research suggests that actual prevalence may be lower¹⁷². The cost to the country has been estimated at £26.3 billion a year as shown in the following infographic.

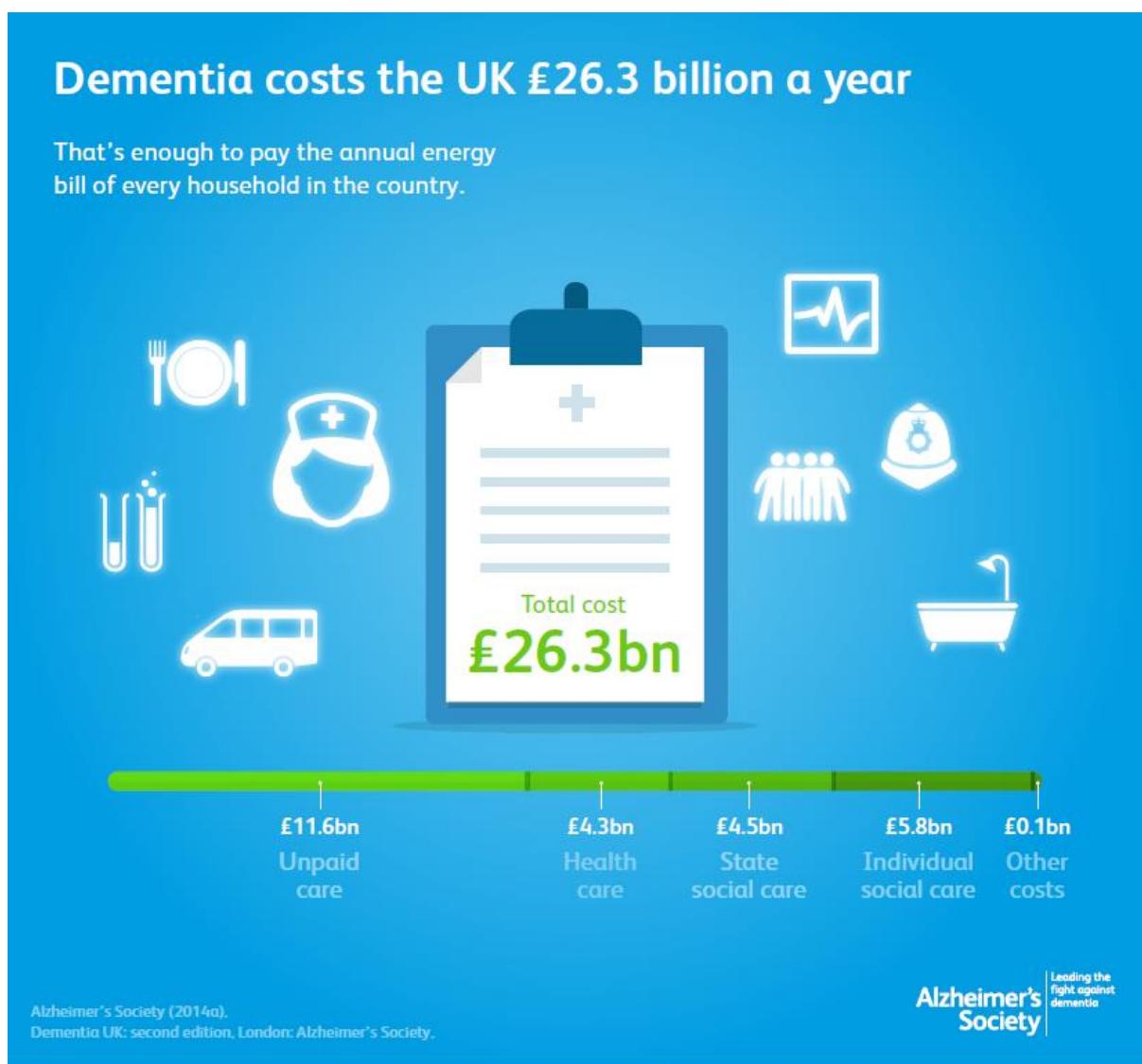


Figure 79: National dementia costs¹⁷³

The Alzheimer's Society has produced a comprehensive report detailing the evidence of dementia need and costs¹⁷⁴.

¹⁷¹ Alzheimer's Society, 2014, Dementia UK 2nd Edition, <http://www.alzheimers.org.uk/dementiauk>

¹⁷² Yu-Tzu Wu *et al*, 2015, Dementia in western Europe: epidemiological evidence and implications for policy making, *The Lancet*, [http://www.thelancet.com/journals/lanneuro/article/PIIS1474-4422\(15\)00092-7/abstract](http://www.thelancet.com/journals/lanneuro/article/PIIS1474-4422(15)00092-7/abstract)

¹⁷³ Alzheimer's Society, Dementia 2014 infographic, <http://www.alzheimers.org.uk/infographic>

¹⁷⁴ Alzheimer's Society

There are estimated to be over 1,500 people aged 65 and over with dementia in Cotswold District and this is forecast to rise by almost two thirds to 2,500 in 2030. Over 63% are women.

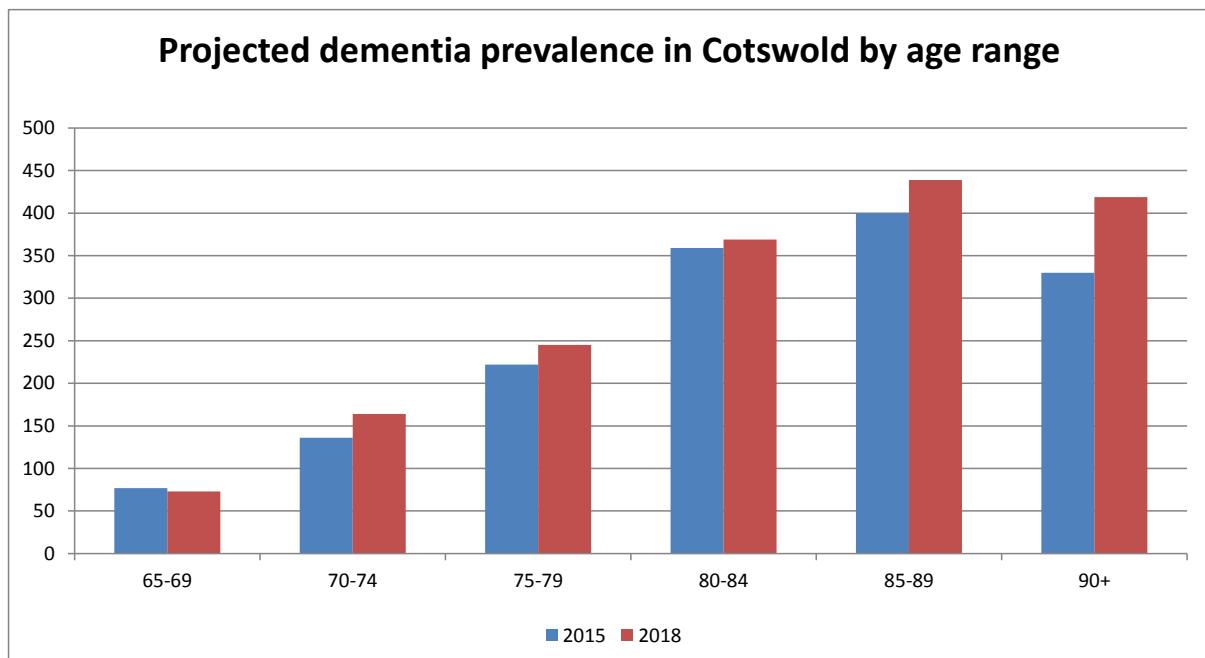


Figure 80: Predicted dementia prevalence by age in Cotswold¹⁷⁵.

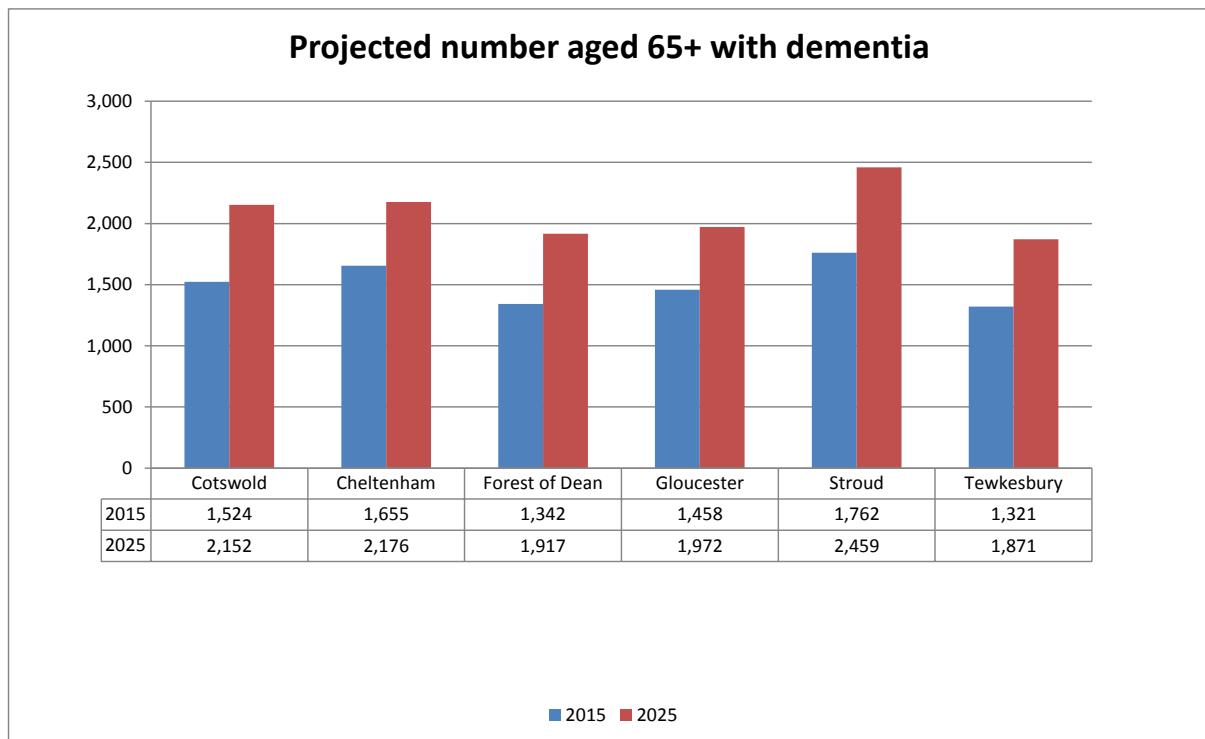


Figure 81: Predicted number aged 65+ with dementia 2015-2025¹⁷⁶

¹⁷⁵ POPPI, 2015

¹⁷⁶ Ibid.

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.

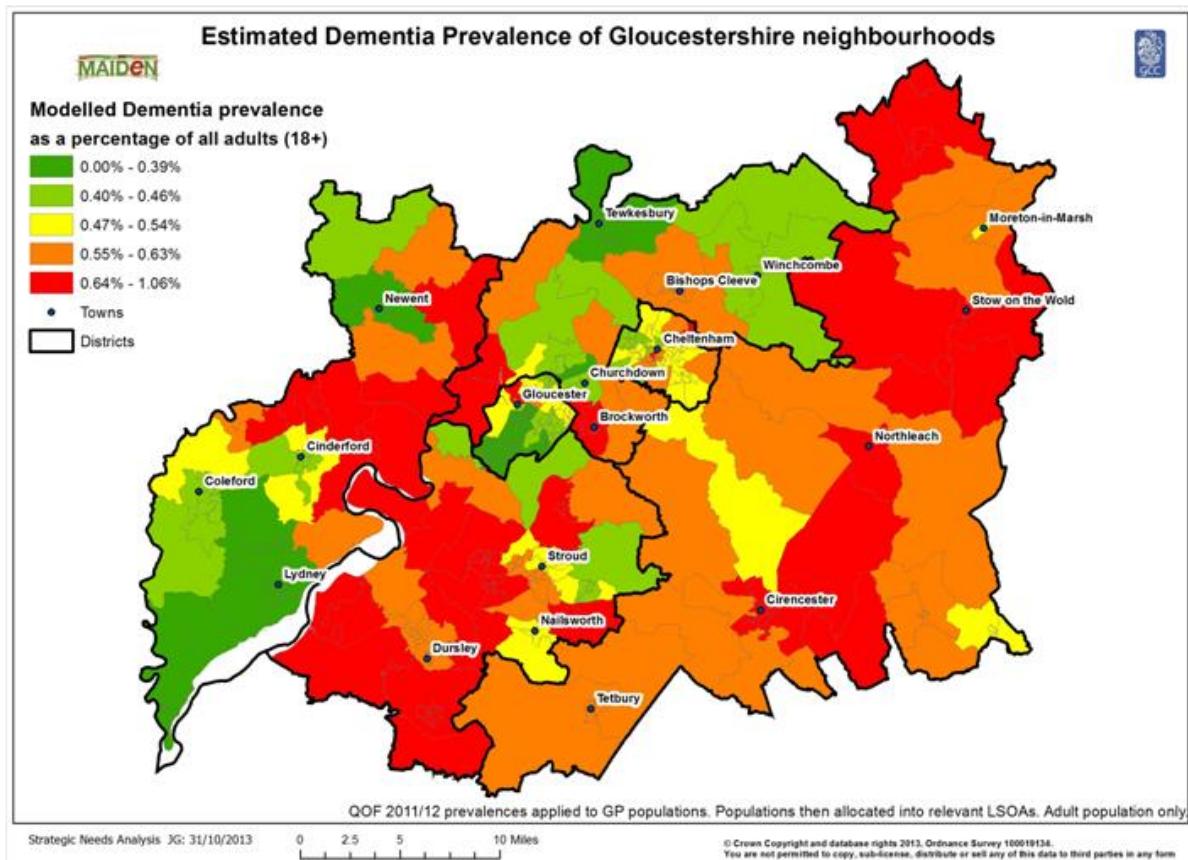


Figure 82: Estimated dementia prevalence of Gloucestershire neighbourhoods

6.6 Service use profile – community-based care

In 2014/15 1,523 people received community-based adult social care services in Cotswold District¹⁷⁷. The rate per 100,000 population (see Figure 83 below) is the lowest in the county. In Cotswold, as elsewhere, there is a general trend for a reduced number of people receiving community-based services since 2013/14.

¹⁷⁷ Gloucestershire County Council, 2015

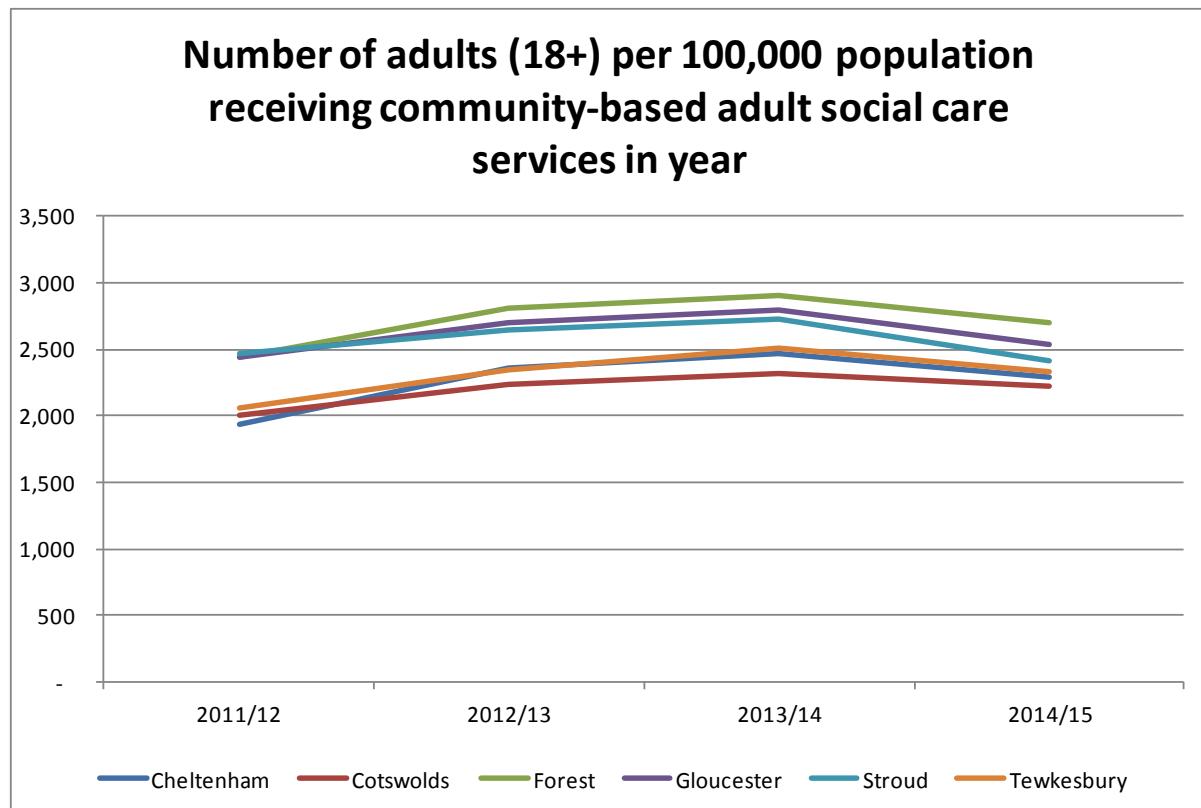


Figure 83: Adults who received any community based support during the year per 100,000 2011/12 – 2014/15

6.7 Service user profile – residential and nursing care

Eventually many adults with social care needs have to move in to residential or nursing care. There were 186 adults in residential care and 189 in nursing care in Cotswold District in 2014/15. The following graph shows that Cotswold has the lowest rate of people in residential care in the county in recent years. In contrast, for nursing care the Cotswold rate is close to the county average in 2014/15¹⁷⁸.

¹⁷⁸ *Ibid.*

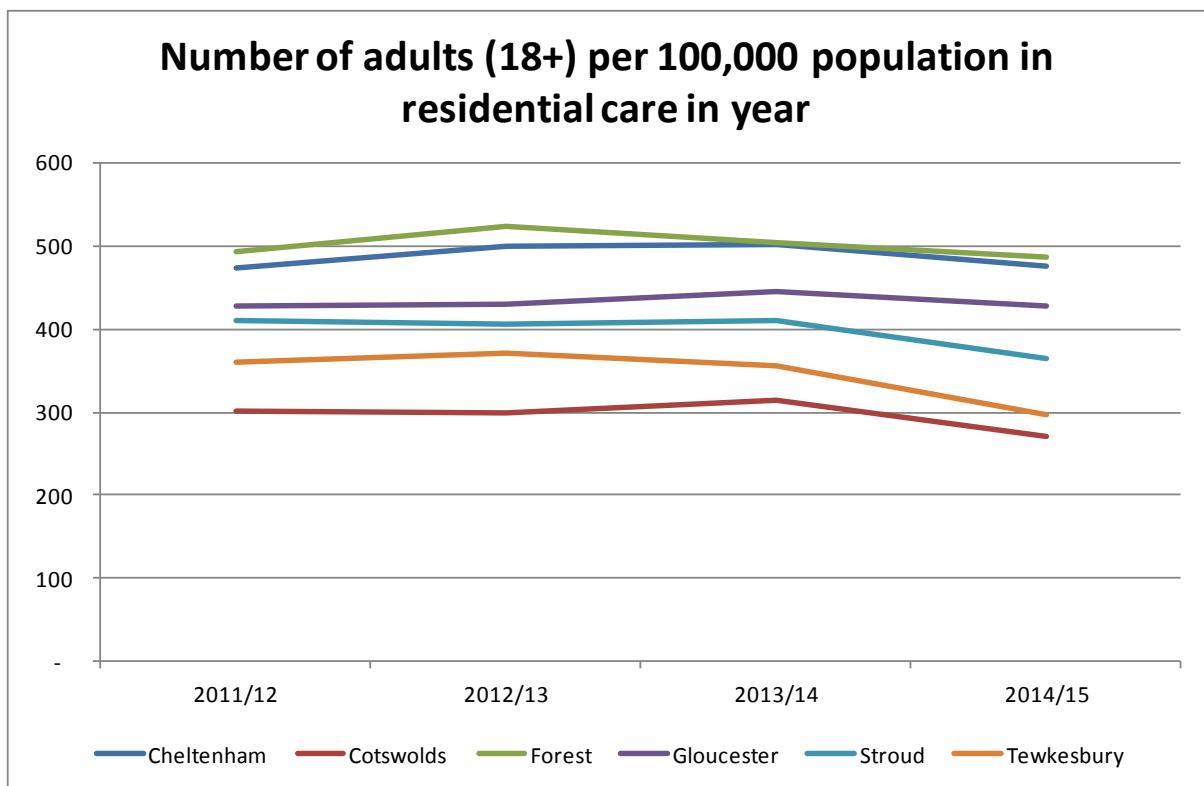


Figure 84: Adults in residential care during the year per 100,000 2010/11-2013/14¹⁷⁹

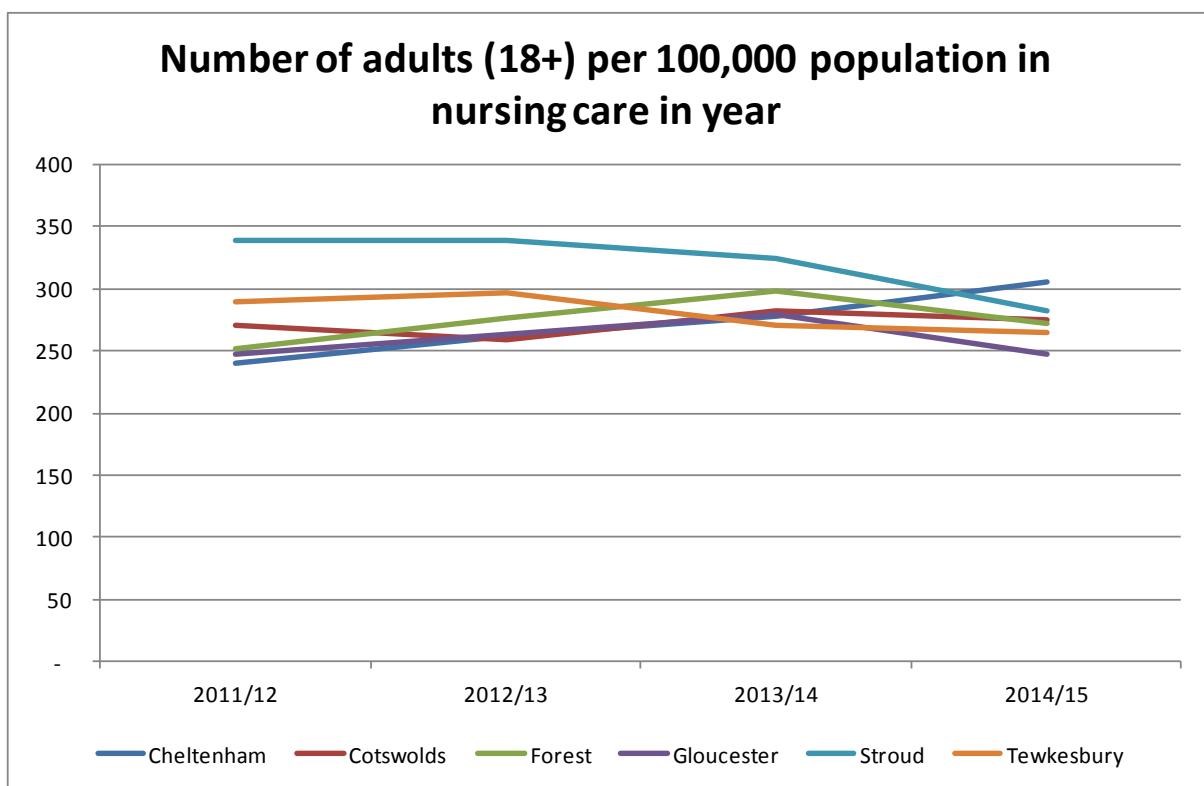


Figure 85: Adults in nursing care during the year per 100,000 2010/11-2013/14¹⁸⁰

¹⁷⁹ 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 Strategy¹⁸¹ 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.

48.7% of Cotswold 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. Cotswold performs better in this regard than England (44.1%) but less well than for Gloucestershire as a whole (50%). In 2014/15, of Cotswold residents who died, 26% died at home, 41% died in hospital, 24% died in a care home, 3% in a hospice and 5% in other places¹⁸².

¹⁸⁰ *Ibid.*

¹⁸¹ Department of Health,

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

¹⁸² National End of Life Care Intelligence Network, http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death, 18/11/2015

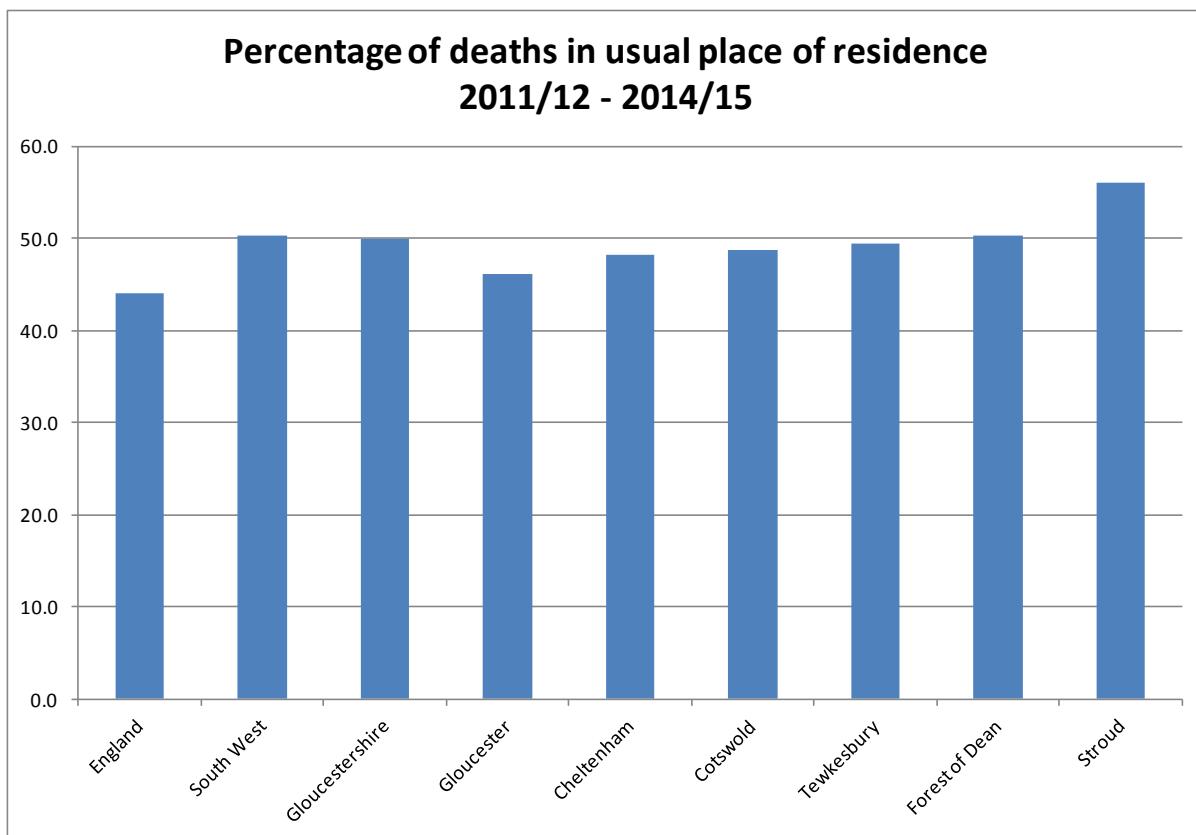


Figure 86 Deaths in usual place of residence 2011/12 – 2014/15

6.9 Key Messages

- According to the 2011 Census 16.1% of Cotswold residents (13,369 people) reported having a long term health problem or disability, this was below the county, regional and national average.
- The total number of disability benefit claimants in Cotswold and Gloucestershire has been falling since 2013.
- In 2013/14 there were 1,649 children and young people attending maintained schools in Cotswold with Special Educational Needs, which was lower than the county average and all of the other districts with Gloucestershire.
- 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 Cotswold schools was Behavioural, Emotional and Social 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 1,575 people aged 18+ with a learning disability living in Cotswold.
- The two Cotswold localities (North and South) are significantly higher than Gloucestershire for a number of long term conditions (LTCs)

recorded on QOF disease registers. As North and South Cotswold GP Localities have the oldest population structures in the county, it stands to reason that they will have a high proportion of patients suffering from LTCs, particularly conditions that are closely linked to age.

- There are estimated to be over 1,500 people aged 65 and over with dementia in Cotswold District and this is forecast to rise by almost two thirds to 2,500 in 2030. Over 63% are women.
- In 2014/15 1,523 people received community-based adult social care services in Cotswold District. The rate per 100,000 population is the lowest in the county. In Cotswold, as elsewhere, there is a general trend for a reduced number of people receiving community-based services since 2013/14.
- There were 186 adults in residential care and 189 in nursing care in Cotswold District in 2014/15.
- 48.7% of Cotswold District residents who died between 2011/12 and 2014/15 did so in their usual place of residence.

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 organizations. Some of these activities take place with the support and involvement of the public sector in Cotswold District. 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 district 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) organizations 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 anxiety¹⁸³). 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 700 parent carers in Cotswold District)
- 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 Cotswold District's total 35-69 population, is an estimated 1,446).
- Caring for more than one person – The Survey of Carers in Households estimates that up to 17% of carers care for more than one person¹⁸⁴ (Cotswold District estimate 1,488).
- Mutual Carers – Examples are two older people living together, or a person with learning difficulties providing care for his/her parents.

A total of 8,800 people in Cotswold District provided unpaid care each week in 2011, representing 10.6% of the population. This number of unpaid carers in Cotswold District has risen by 14% since 2001 and is expected to rise by another 7% by 2017 due mainly to the increasing number of older people.¹⁸⁵

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 Cotswold District, projects a 8.8% increase of these carers in the next 4 years (see Figure 87).

¹⁸³ [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>

¹⁸⁴ [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>

¹⁸⁵ ONS, 2011 Census and [Inform Gloucestershire Census Page](#), “Unpaid Care” spreadsheet

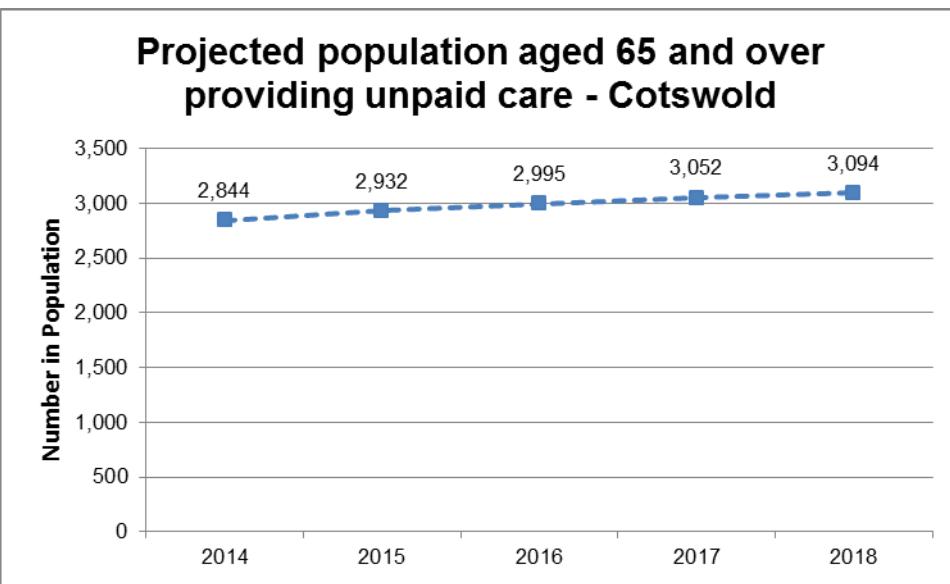
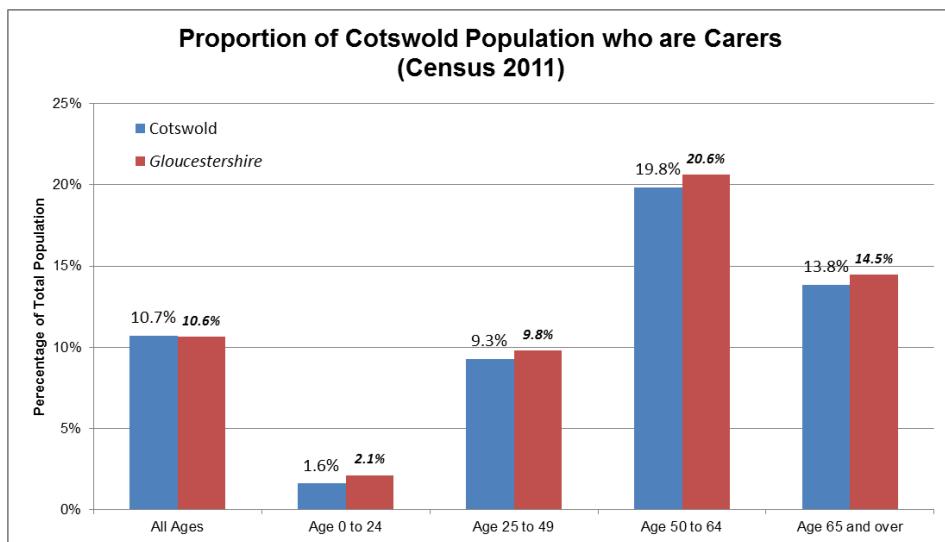


Figure 87: People aged 65 and over providing unpaid care to a partner, family member or other person

Figure 88 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 Cotswold District and Gloucestershire as a whole, the highest proportion of each broad age group is found in the 50 to 64 age column.



*Figure 88: Proportion of Cotswold District Population Who Are Carers*¹⁸⁶

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

¹⁸⁶ Provision of Unpaid Care (DC3301EW) –Census 2011

Nationally there were 413,779 young carers which equates to around 2.5% of the age group¹⁸⁷. There were 336 young carers in Cotswold District (1.6% of total 0-24 population)¹⁸⁸ 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 ten carers in Gloucestershire come from Cotswold District.

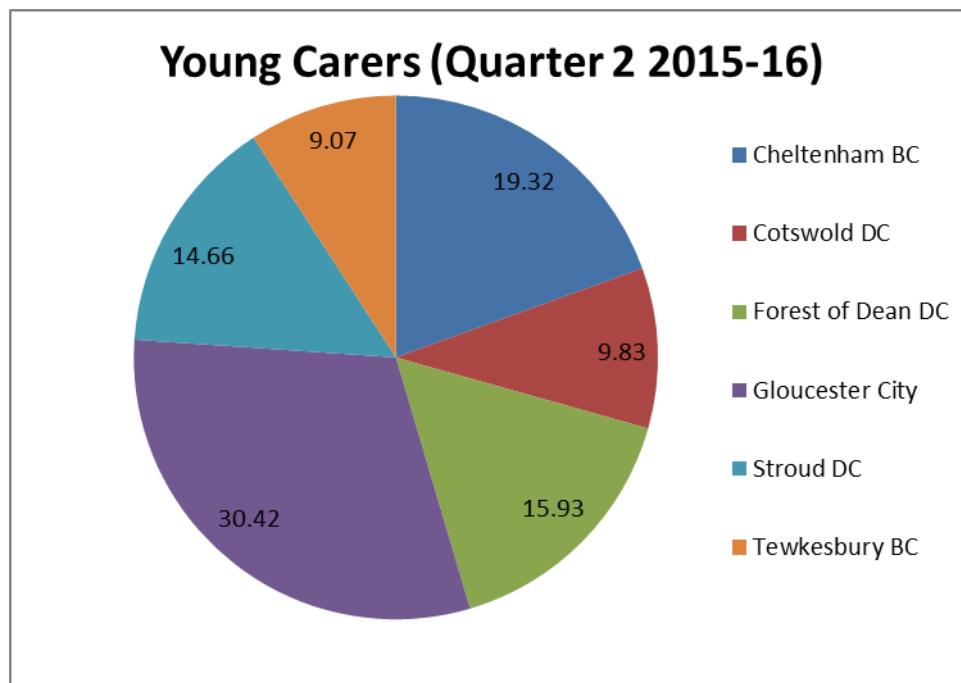


Figure 89: Proportion of Young Carers by District/Borough¹⁸⁹

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 analyze 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.

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

¹⁸⁷ Census 2011 (table KS301EW), <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262>

¹⁸⁸ Provision of Unpaid Care (DC3301EW) –Census 2011

¹⁸⁹ Gloucestershire County Council - Challenge and Performance Team

survey¹⁹⁰. Five measures in the Adult Social Care Outcome Framework (ASCOF) are derived from this survey (Table 33). The following 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 Cotswold. Nationally in 2013/14 48% of people volunteered in some way at least once a month and 74% at least once a year¹⁹¹.

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 90 uses this information to show the likelihood of residents having a hobby of charity/voluntary work. It shows that in most areas in the Cotswold's the likelihood of having a hobby of charity/voluntary work is higher than the national average. The Lower Super Output Areas where people are least likely to have a hobby of charity/voluntary work include areas around Cirencester and Tetbury.

¹⁹⁰ NASCIS, 2015, <https://nascis.hscic.gov.uk/>

¹⁹¹ Community Life Survey England 2013-14, Cabinet Office, 2014,

Key to map**(value of 100 = same as national average)**

- 75 - 86 (least likely to have a hobby of charity/voluntary work)
- 87 - 98
- 99 - 109
- 110 - 122 (most likely to have a hobby of charity/voluntary work)

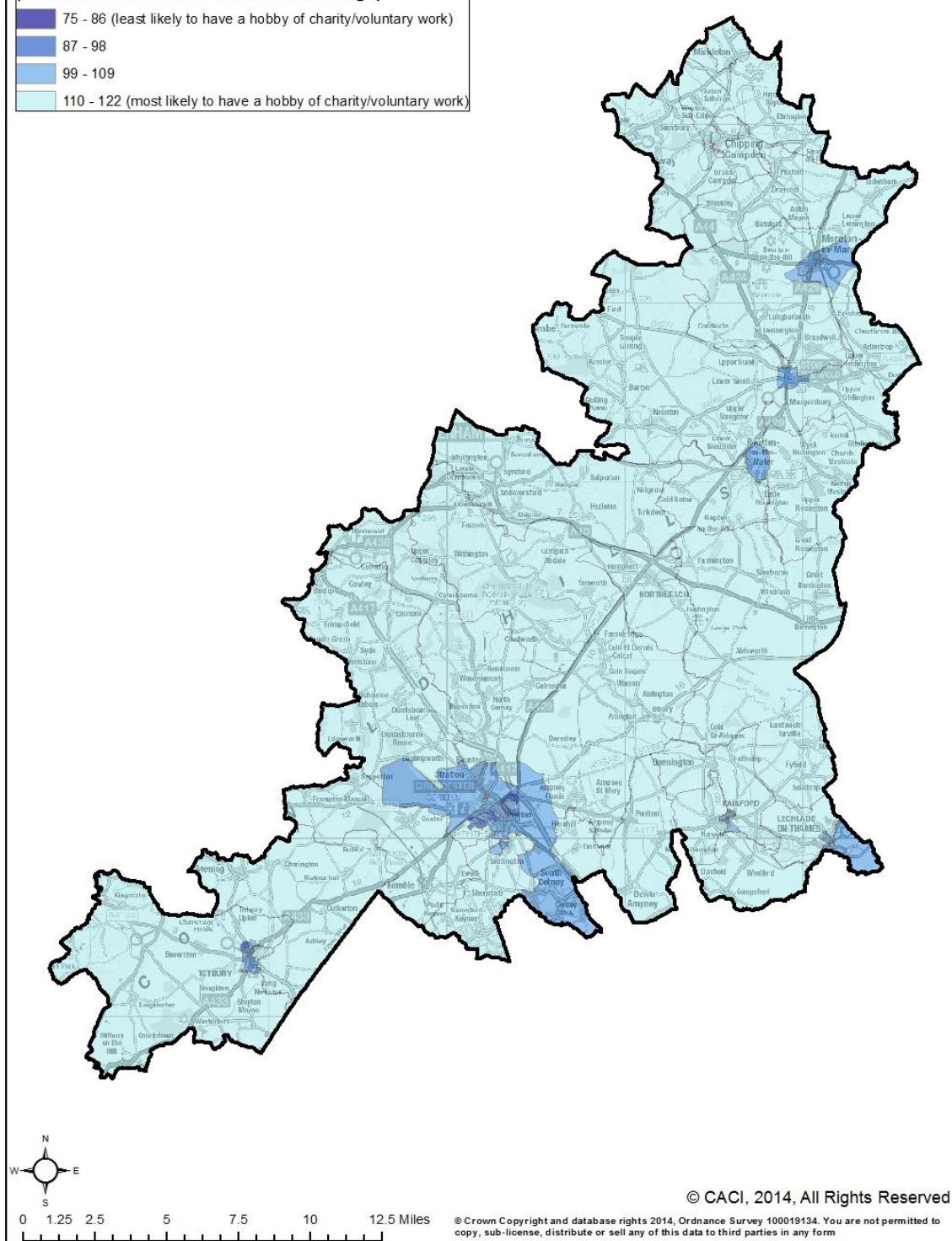


Figure 90: Likelihood of having a hobby of charity/voluntary work¹⁹²

¹⁹² Acorn, CACI.

7.5 Culture and Leisure

There is a wide and varied choice of cultural and leisure activities in Cotswold 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 industries¹⁹³ 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%¹⁹⁴. This data is not available at district level, however there is other information that will help us develop some understanding of tourism in Cotswold.

An important aspect of tourism is accommodation; in 2013 6.6% of all tourism related businesses in England were accommodation businesses¹⁹⁵. Visit England, the country's national tourist board, has also recognised that maintaining and enhancing the supply of accommodation for visitors is one of the key elements required in order for the tourism industry to expand¹⁹⁶.

In 2012 there were 422 accommodation businesses in Cotswold. Figure 91 shows, this was more than any other district in the county. The makeup of accommodation businesses differs between areas, with the graph showing accommodation businesses in Cotswold were split fairly evenly between serviced accommodation such as hotels and non-serviced or self-catering accommodation, while in Cheltenham serviced accommodation accounted for the majority of the total.

¹⁹³ This includes transport activities, accommodation for visitors, travel agencies, food and beverage serving activities, transport equipment rental, sporting and recreational activities, and cultural activities.

¹⁹⁴ T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015

¹⁹⁵ *Ibid.*

¹⁹⁶ England – a strategic framework for tourism 2010-2020

http://www.visitengland.org/Images/Strategic%20Framework%20main%20document_tcm30-33240.pdf Accessed 14/12/2015

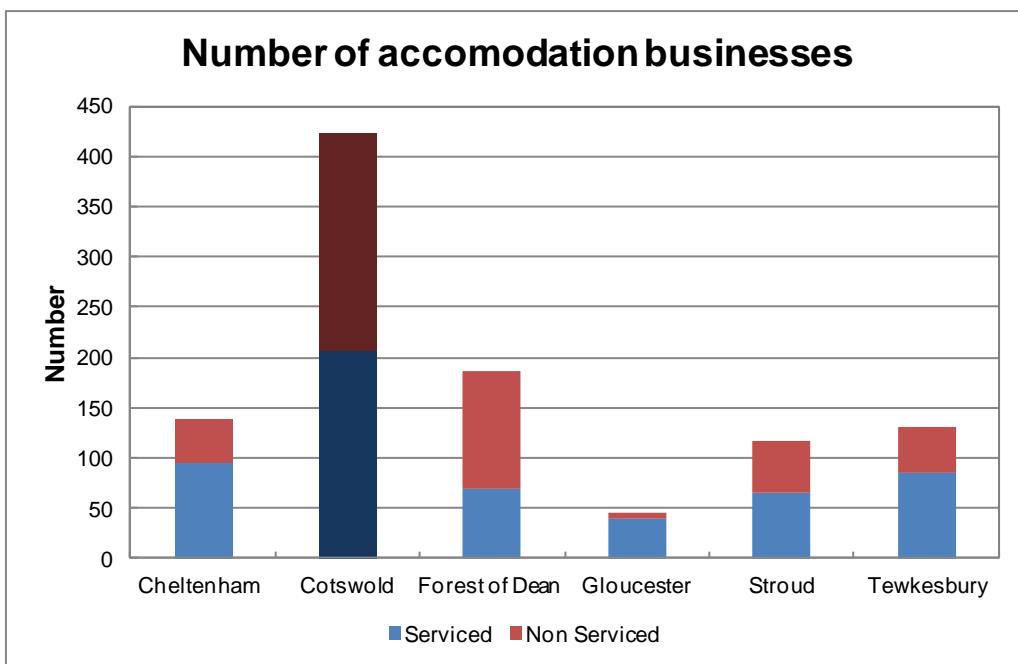


Figure 91: Number of accommodation businesses, 2012¹⁹⁷

At a national level domestic tourism accounts for the largest share of total visitor economy spending¹⁹⁸. Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 3,430,000 day trips to Cotswold bringing in around £208 million. Figure 92 shows visitor spend by day trippers was greater in Cotswold than any other district in Gloucestershire, while the number of day trips was greatest in Cheltenham followed by Gloucester and Cotswold.

¹⁹⁷ T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015.

¹⁹⁸ Government Tourism Policy

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

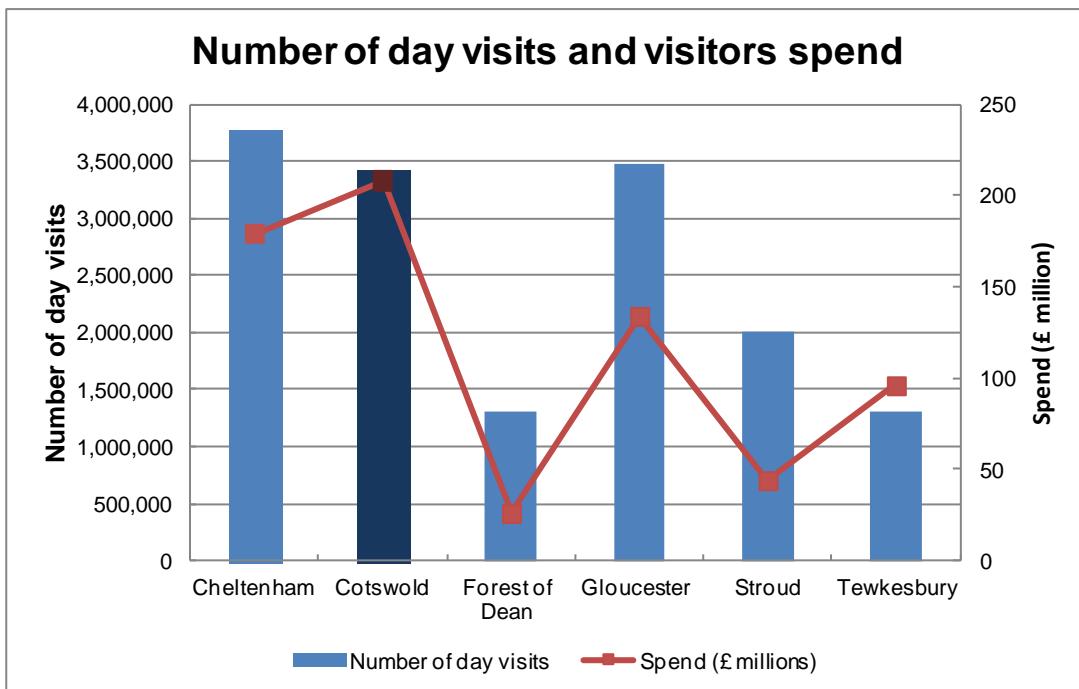


Figure 92: Number of day visits and visitors spend, 2011-2013¹⁹⁹

In the three year period 2011-2013 there were an estimated 343,000 domestic overnight visits to Cotswold which contributed around £64 million to the economy. Figure 93 shows that Cheltenham had the highest number of domestic overnight visits and greatest visitor spend, followed by Cotswold.

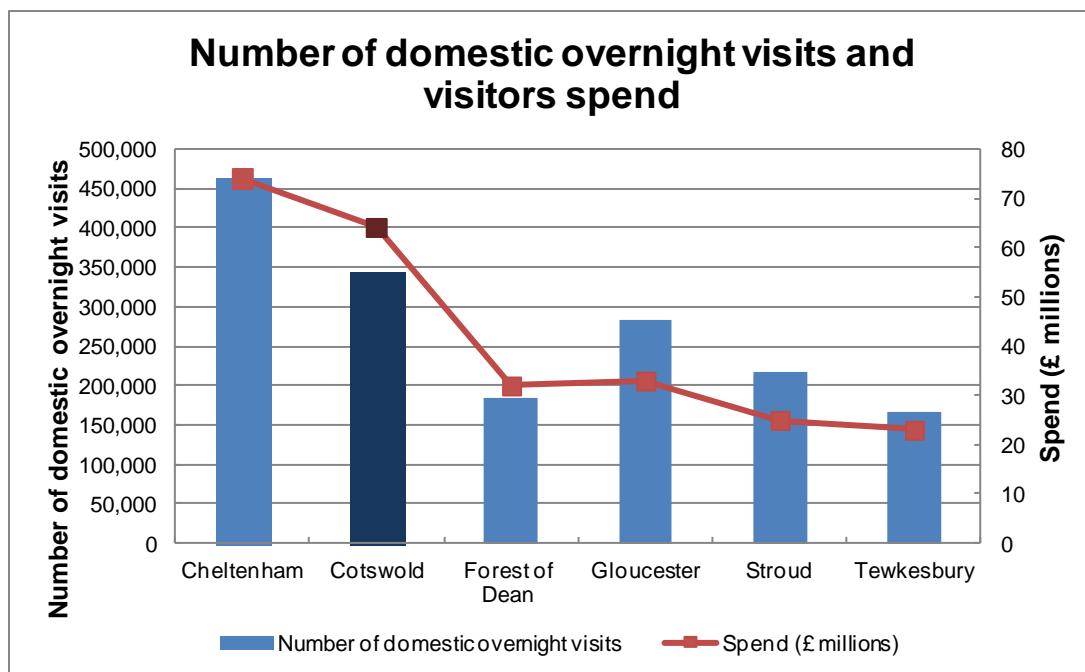


Figure 93: Number of domestic overnight visit and visitors spend, 2011-2013²⁰⁰

¹⁹⁹ T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015

²⁰⁰ *Ibid.*

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 selected town or city level rather than at district level, this means it will not capture the full extent of overseas tourism. In the period 2011-13 there were an estimated 20,333 visits to Cirencester town by overseas tourists, information is not available for smaller towns also located within the district.

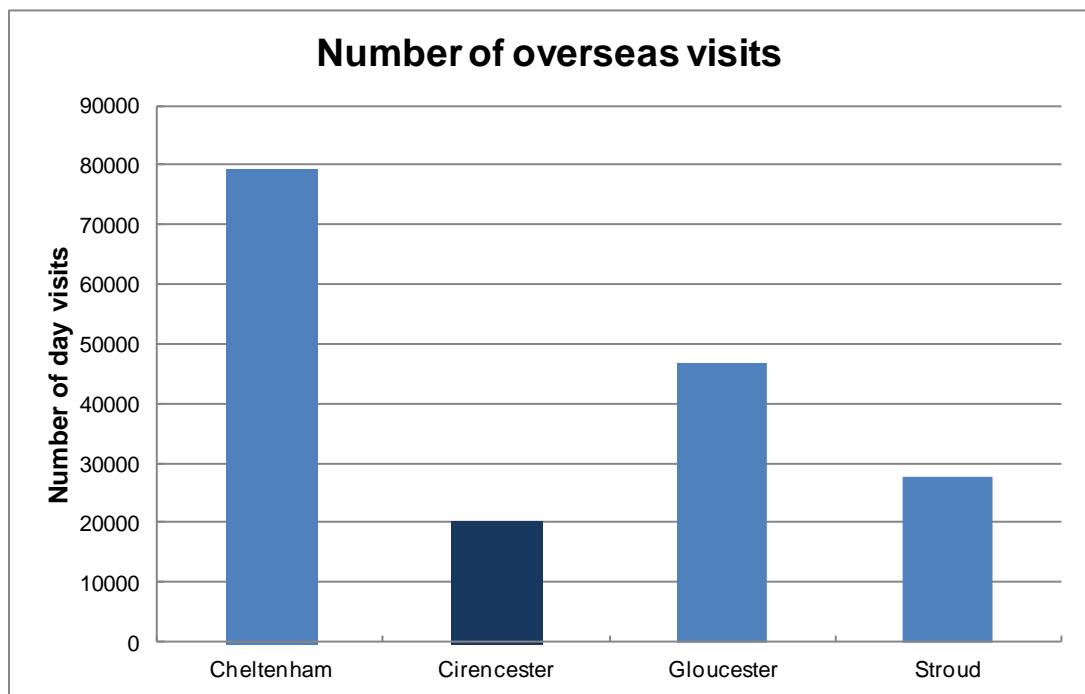


Figure 94: Number of overseas visits, 2011-2013²⁰¹

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 95) shows the variation in accessibility by public transport of key services such as post offices, supermarkets, libraries, schools and GPs across the county.

²⁰¹ *Ibid.*

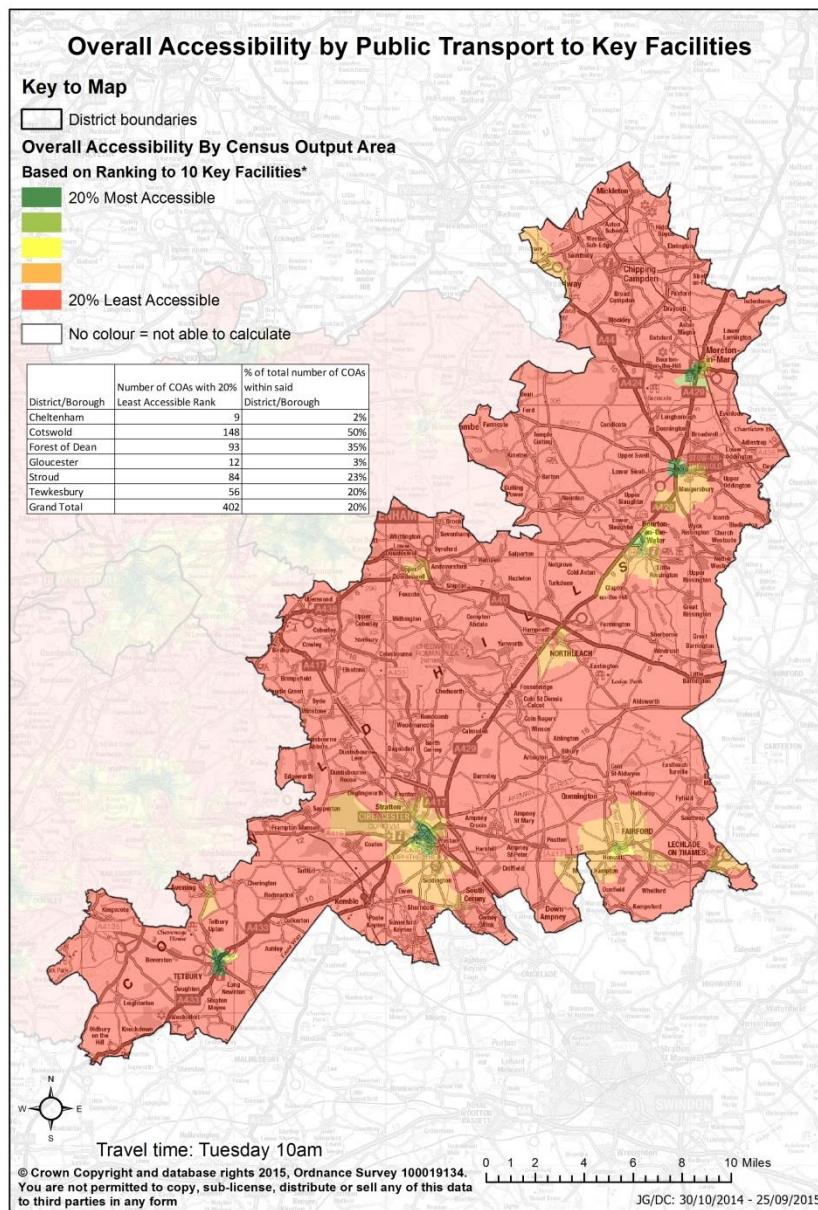


Figure 95: Overall Accessibility by Public Transport to Key Facilities

The MAIDeN accessibility toolkit 2014²⁰² 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 96) focuses solely on GP access if using public transport.

²⁰² <http://www.maiden.gov.uk/mapsAccess.asp>

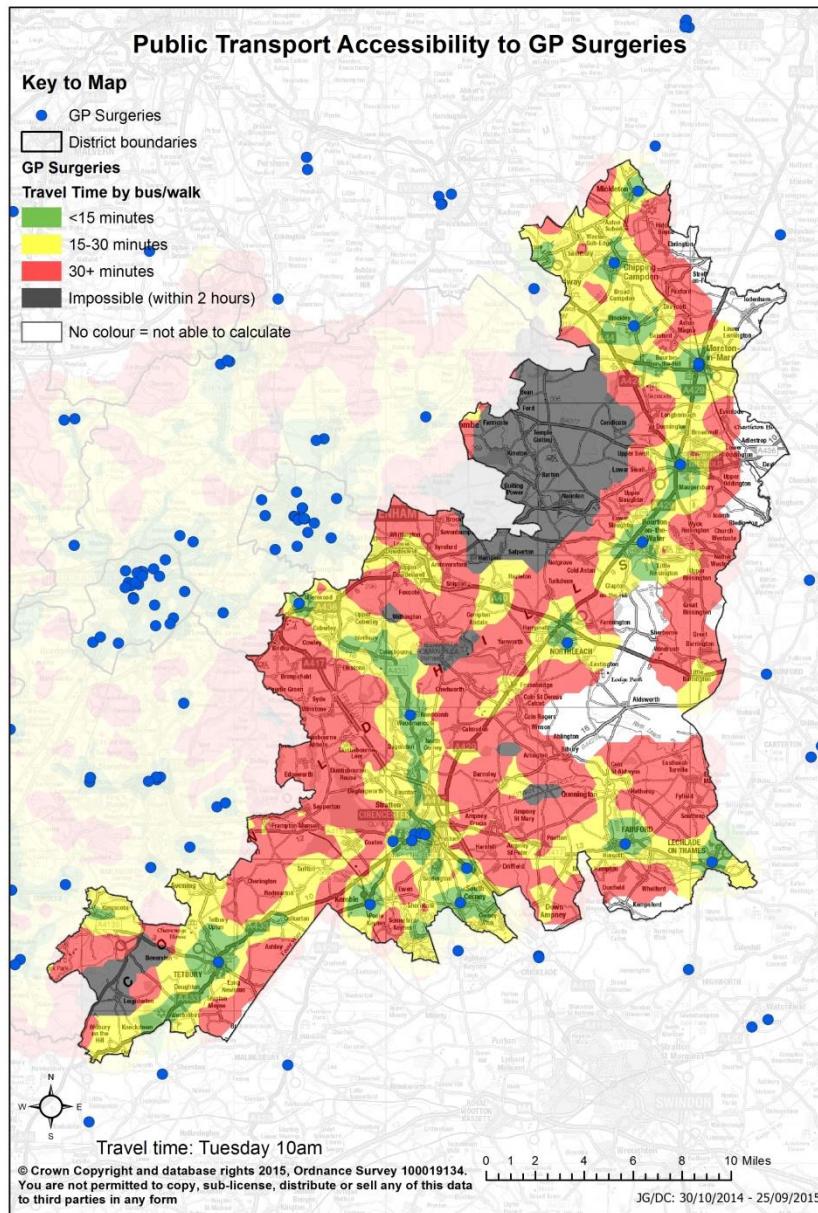


Figure 96: Accessibility to GP Surgeries by Public Transport

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 (MIIUs)

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 Cotswold.

7.7.1 *Housing supply and type*

In 2011 there were 36,236 households in Cotswold, this represents an increase of 5.3% or 1,812 households since 2001²⁰³. The number of households in Cotswold is projected to increase by 1,000 between 2012 and 2017 (2.7%) and by 6,000 between 2012 and 2037 (16.2%)²⁰⁴.

Figure 97 shows at the time of the 2011 Census, detached housing accounted for the largest proportion of housing in Cotswold. Cotswold's housing profile broadly reflects the Gloucestershire and national average, with the most noticeable difference being a smaller proportion of flats, maisonettes or apartments, with the dwellings accounting for 10.4% of the total compared to 14.1% in Gloucestershire and 21.2% nationally.

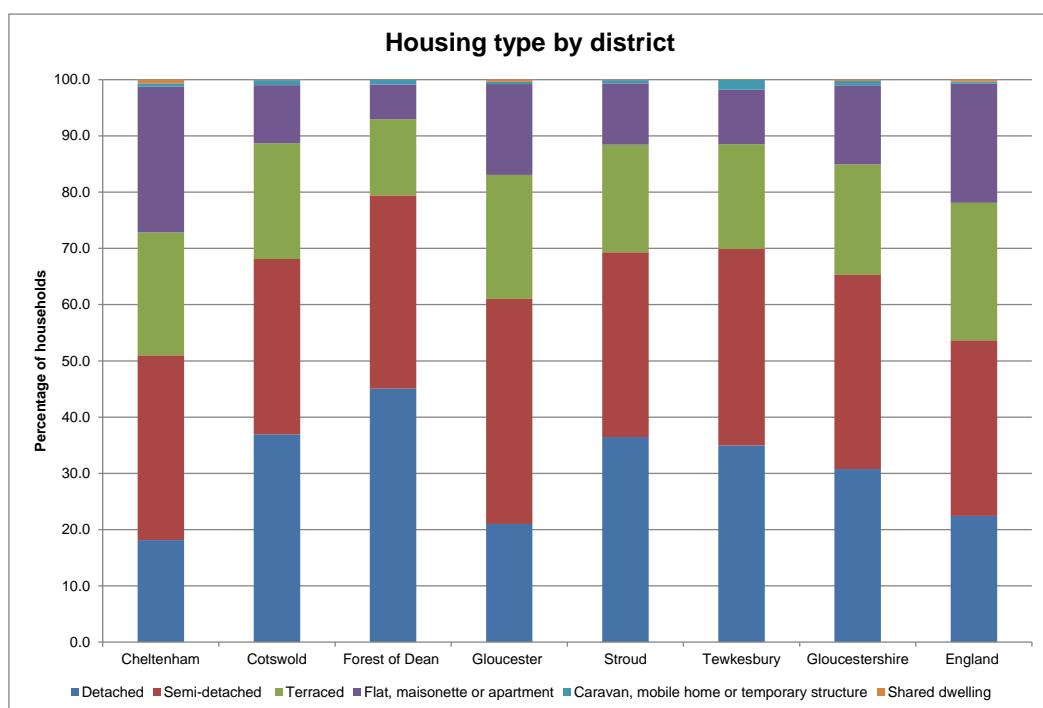


Figure 97: Housing type by district, 2011²⁰⁵

²⁰³ ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

²⁰⁴ 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

²⁰⁵ ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

In recent years much of the growth in housing in Cotswold has been in semi-detached properties with an increase of 785 between 2001 and 2011, this represents 43.2% of all household growth. At county level semi-detached properties make up a significantly smaller proportion of growth at 23.2%²⁰⁶.

In 2011 the majority of households in Cotswold were owner occupied, with Figure 98 showing they accounted for 65.7% of all households, this was lower than the county and regional average but higher than the national average. Levels of shared ownership and living rent free were higher than the South West, England, Gloucestershire and the other districts that make up the county.

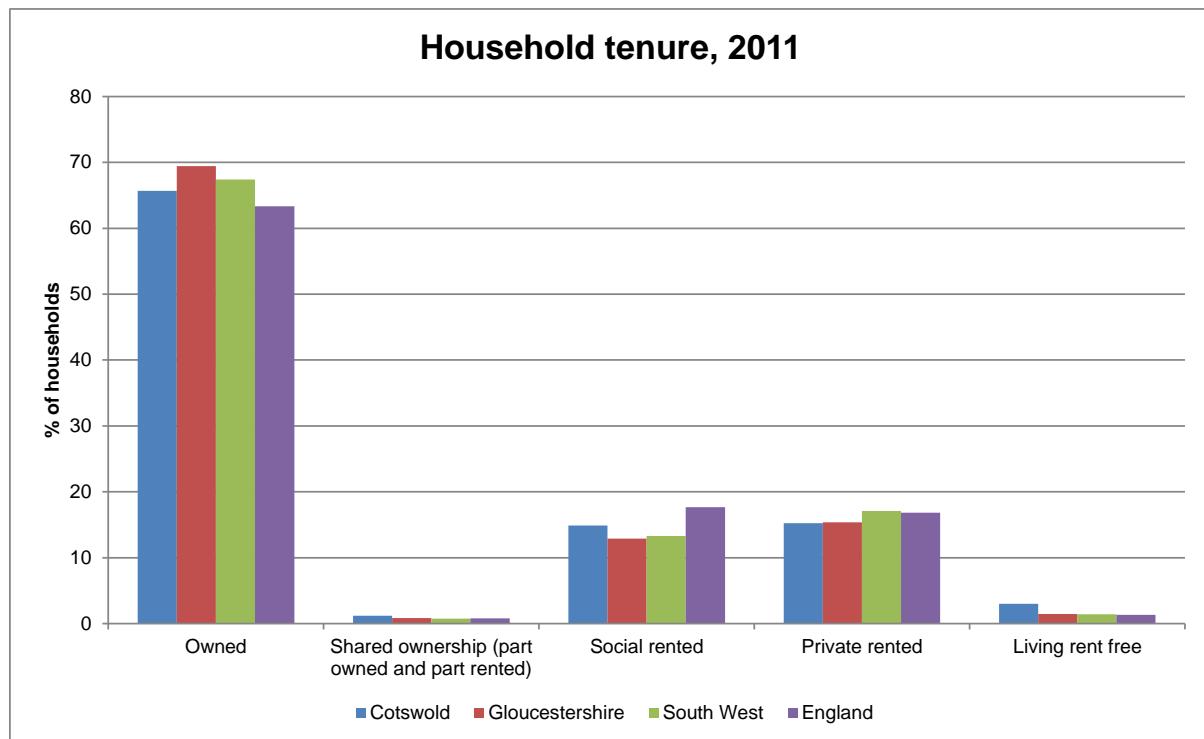


Figure 98: Housing by tenure, 2011²⁰⁷

Over the last 10 years the proportion of owner occupied households in Cotswold declined from 67.9% in 2001 to 65.7% in 2011. During the same period the proportion of households that were privately rented increased from 12.0% to 15.2%, while social renting and shared ownership remained largely unchanged²⁰⁸. 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

²⁰⁶ ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

²⁰⁷ ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

²⁰⁸ ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

98 shows that in Cotswold, socially rented housing accounts for 14.9% of all households, which was above the county and regional average but below the national average.

Most of the socially rented properties in Gloucestershire are let through Gloucestershire Homesearcher 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 welfare needs. Data from October 2015 shows that in Cotswold there were 1,577 active applications²⁰⁹ for social housing using the Homesearcher scheme²¹⁰. Figure 99 provides a breakdown of active applications by priority need, it shows that in Cotswold the majority of applications (60%) were classified as bronze need, which is the lowest level of need, while 4% of applicants had the highest level of need, emergency need²¹¹.

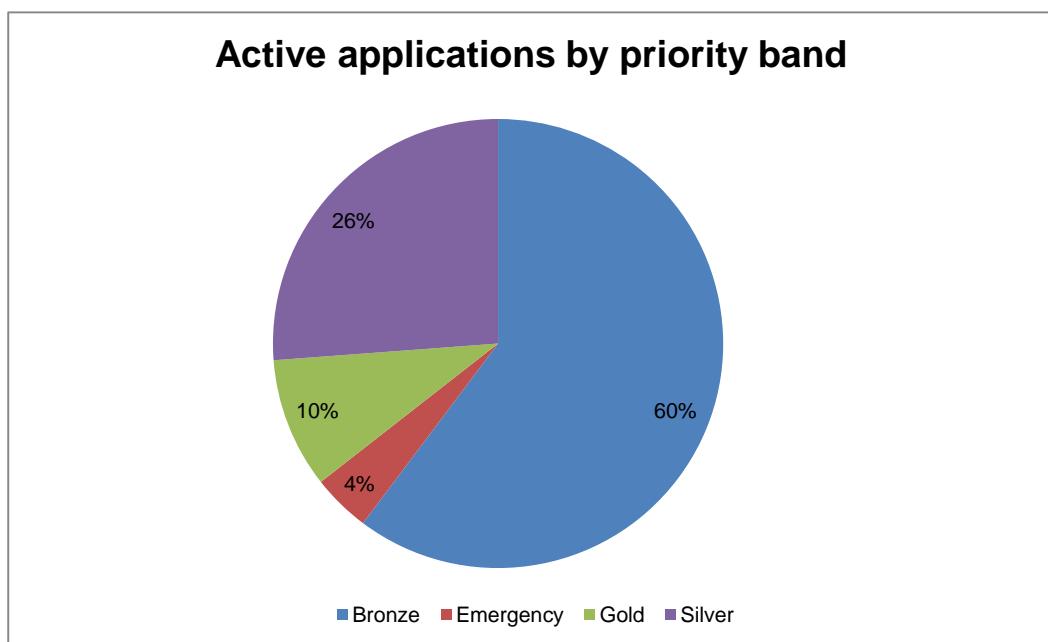


Figure 99: Active applications to Gloucestershire Homesearcher by priority band, October 2015²¹²

In order to allocate homesearchers 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 100 shows that in Cotswold the majority of active applicants to Gloucestershire Homesearcher do not believe their current housing conditions make health conditions or social/welfare problems worse. The most common condition thought to be made

²⁰⁹ Active Applications are those who have had their application form checked and are ready to bid for properties

²¹⁰ Gloucestershire Homesearcher

²¹¹ For information about the criteria used to determine band of need please see <https://www.gloshomesearcher.co.uk/Data/Pub/StreamTemp/usiaipmu.pdf>

²¹² Gloucestershire Homesearcher

worse by current housing situations is the broad category of medical conditions, affecting around 180 active applicants. This information is based on self-definition by applicants, this is checked at a later stage before homes are allocated.

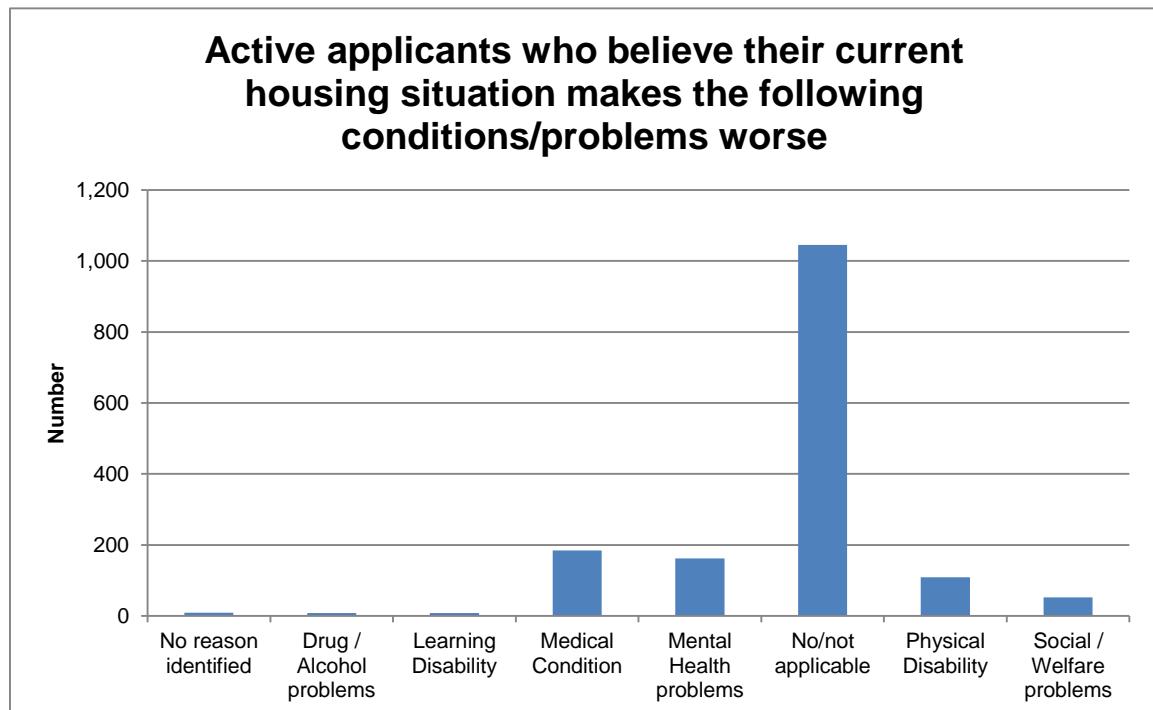


Figure 100: Active applications to Gloucestershire Homesearcher who believe their current housing situations make the following conditions/problems worse²¹³

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 costs²¹⁴.

In the second quarter of 2013, the mean house price in Cotswold was £328,542, Figure 101 shows this was higher than the county and national average and all of the other districts in Gloucestershire.

²¹³ *Ibid.*

²¹⁴ 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.

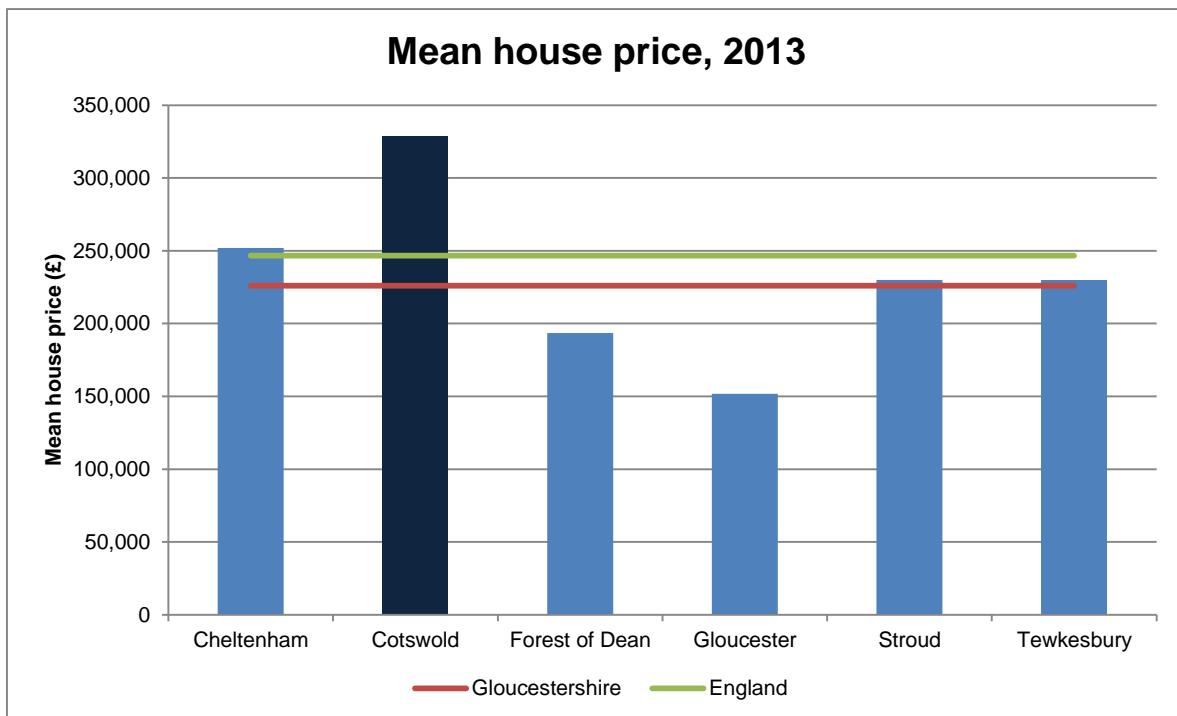


Figure 101: Mean house price, Quarter 2 2013²¹⁵

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 102 shows that in 2013, someone earning a lower quartile sum in Cotswold, required 11.15 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, and all of the other districts in the county.

Given that the Bank of England²¹⁶ has placed restrictions on mortgages that are more than 4.5 times an individual's salary, Cotswold'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 Cotswold for work, while living in areas where housing is cheaper.

²¹⁵ 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

²¹⁶This 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

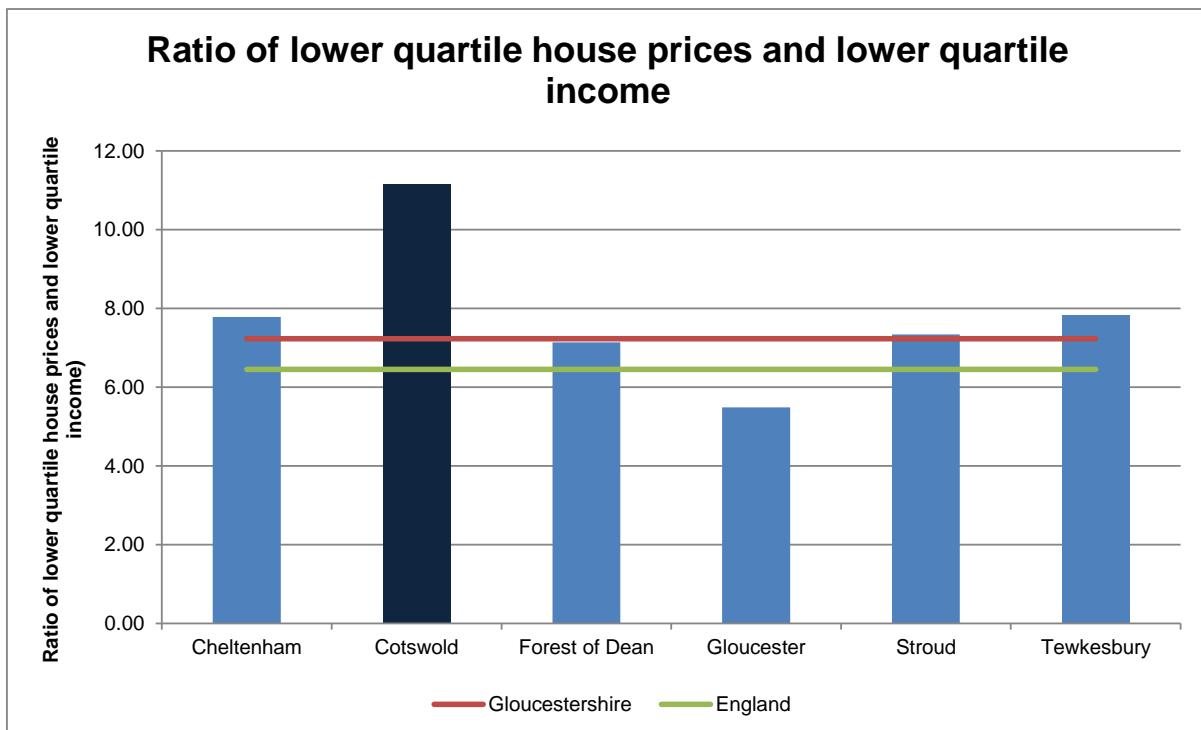


Figure 102: Ratio of lower quartile house prices and lower quartile income, 2013²¹⁷

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 wellbeing²¹⁸.

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 unhappiness²¹⁹.

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

²¹⁷ 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

²¹⁸ The Marmot Review – Fair society Healthy Lives <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> Accessed 04/11/2015

²¹⁹ 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 103 shows at the time of the 2011 Census 3.6% of households in Cotswold (1,292 households) had fewer rooms than the standard requirement and are therefore overcrowded, this was lower than the county average and all of the other districts in the county. There was a 0.6 percentage point increase in households that were overcrowded in terms of rooms since 2001 (265 households), this compares to a 1.0 percentage point increase for Gloucestershire. The percentage of households that were overcrowded in terms of bedrooms stood at 1.8% in 2011 (647 households) this was lower than the county average of 2.7%.

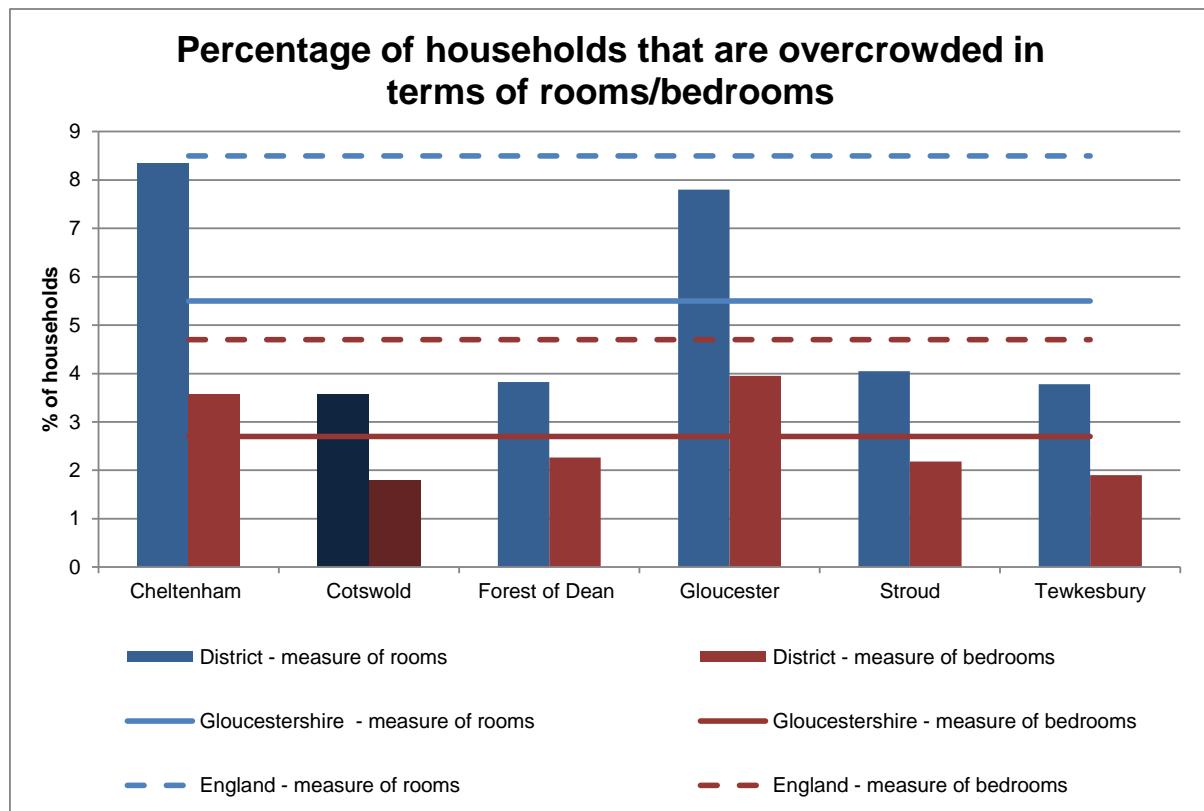


Figure 103: Percentage of households that are overcrowded in terms of rooms and bedrooms, 2011²²⁰

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 deaths²²¹. A household is considered to be in fuel poverty if their

²²⁰ ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 04/11/2015.

²²¹ 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 median²²².

In 2013 an estimated 4,226 households in Cotswold were in fuel poverty representing 11.1% of all households, this compares to 10.7% of households in Gloucestershire and 10.4% of households nationally²²³.

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 2014/15 780 measures were installed in properties in Cotswold to improve energy efficiency. Figure 104 breaks down the measures installed in the latest period (2014/15) by type. It shows that the most common type of measure installed in Cotswold was loft insulation, this differs from other areas in Gloucestershire, where the most common measure installed was cavity wall insulation. Other measures installed in Cotswold include cavity wall insulation and heating work.

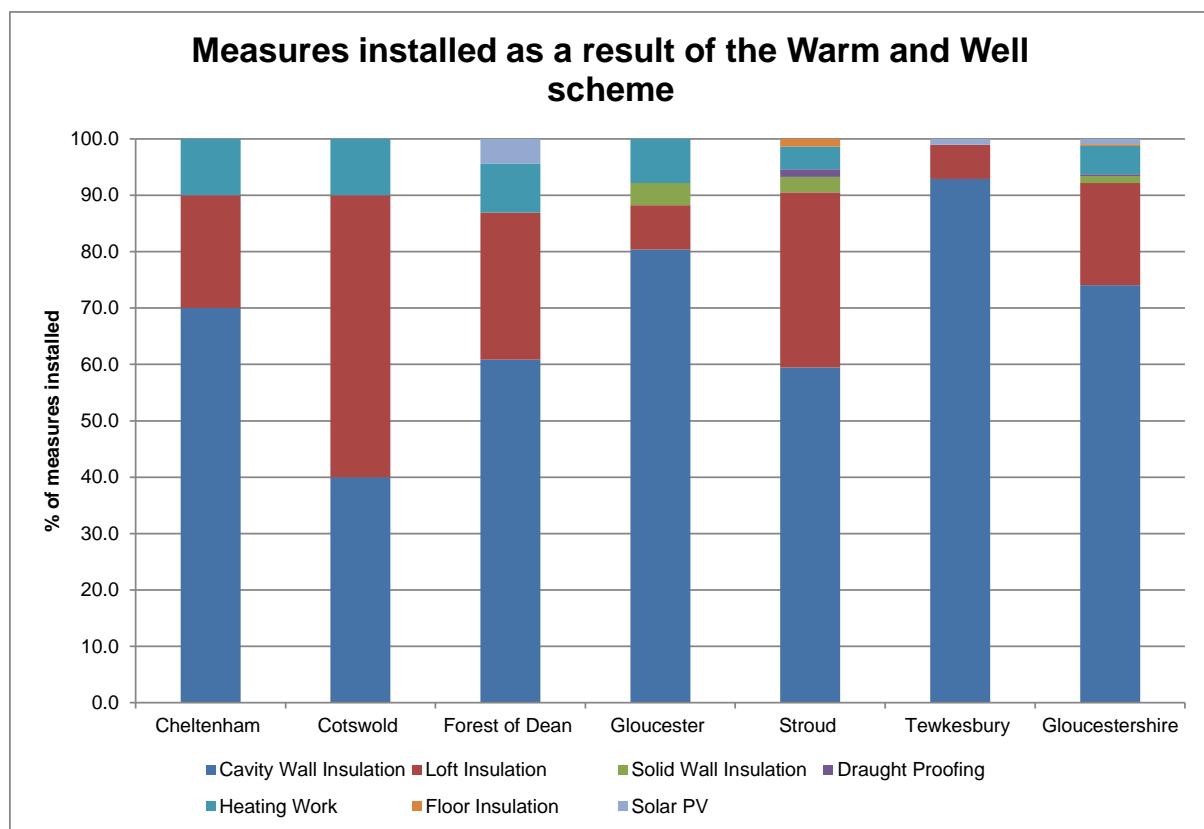


Figure 104: Breakdown of measures installed as a result of the Warm and Well scheme by type, 2014/15²²⁴

²²² 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

²²³ 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

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 consider the condition of private sector housing. Cotswold District Council commissioned a study to estimate the presence of hazards which may affect the health of occupiers and visitors to dwellings. The study found there were an estimated 15,886 Category 1 hazards present in properties in the Cotswolds, affecting a total of 10,889 properties²²⁵.

Figure 105 shows the type of Category 1 hazards estimated to be present in properties in Cotswold, the most common Category 1 hazards are excess cold, followed by falling on stairs.

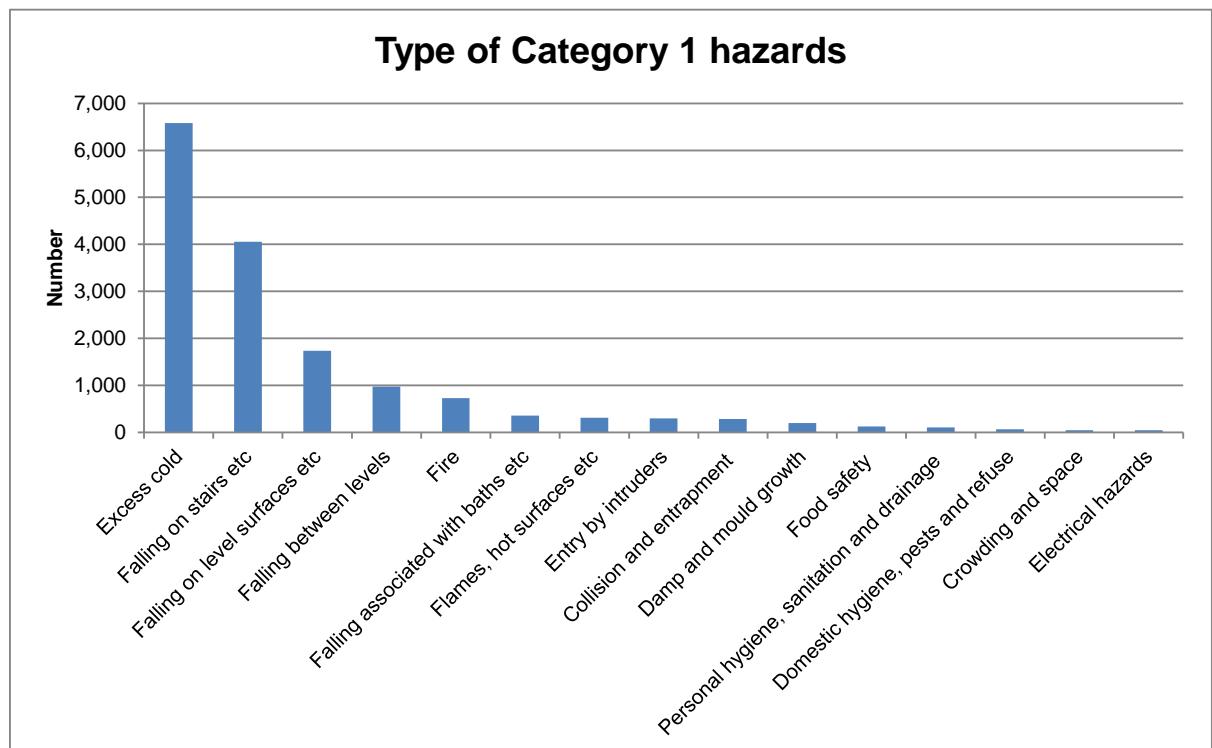


Figure 105: Type of Category 1 hazards, 2012²²⁶

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 the hazards identified in Cotswold were addressed it would result in an annual

²²⁴ Severn Wye Energy, Warm and Well End of Year Reports, 2011/12, 2012/13, 2013/14 and 2014/15.

²²⁵ BRE, A health impact assessment of the cost of private sector housing and prospective housing interventions in Cotswold, 2012.

²²⁶ *Ibid.*

saving to the NHS of £1.3 million, 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, Cotswold and Gloucestershire²²⁷

	Hazards for Cotswold			Hazards for Gloucestershire		
	No. of Hazards	Cost to NHS (£)	Savings to NHS (£)	No. of Hazards	Cost to NHS (£)	Savings to NHS (£)
Excess Cold	6,584	624,822	562,274	20,344	1,930,645	1,737,377
Damp & Mould	196	48,000	47,840	1,478	361,962	360,750
Falls on level	1,736	253,925	228,510	5,664	828,473	745,552
Falls on stairs	4,058	442,403	411,806	15,547	1,694,933	1,577,709
Falls between levels	971	75,476	75,058	2912	226,349	225,097
TOTAL	13,545	£1,444,626	£1,325,487	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 2014/15 391 Category 1 hazards have been removed from homes in Cotswold.

Table 35: Category 1 hazards removed from Gloucestershire Homes²²⁸

	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

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

²²⁷ Gloucestershire Local Authority Districts. Improving Homes and Improving Health and supporting evidence

²²⁸ Data sourced from District Councils, by Stroud District Council

mandatory duty to provide Disabled Facilities Grants²²⁹ 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 needs²³⁰. Table 36 shows the number of Disabled Facilities Grants completed between 2012/13 and 2014/15. In 2014/15 there were 93 grants completed in Cotswold to the value of £605,191. The number and cost of grants completed in Cotswold fell between 2013/14 and 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 Gloucestershire²³¹

	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 ²³²	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

²²⁹ 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.

²³⁰ Astral Advisory, Disabled Facilities Grants in England: A research report, 2013

²³¹ Data sourced from District Councils, by Stroud District Council

²³² 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 person²³³.

Homeless people can be categorized 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 acceptances²³⁴.

In 2014/15 29 people were accepted as homeless in Cotswold, this equates to a rate of 0.78 per 1,000 population, which Figure 106 shows is lower than the national average of 2.4 per 1,000 population.

²³³ 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

²³⁴DCLG, 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.

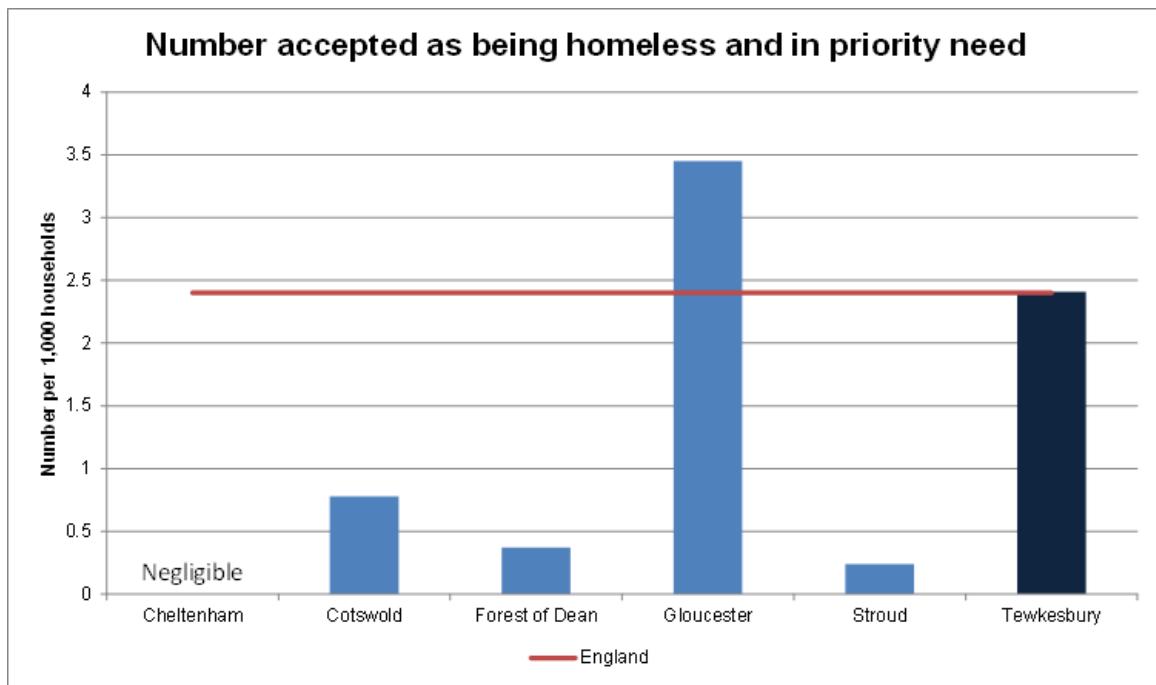


Figure 106: Number accepted as being homeless and in priority need per 1,000 households, 2014/15²³⁵

Figure 107 shows that over the last 10 years the number of acceptances per 1,000 households in Cotswold has fallen from 2.7 per 1,000 households in 2004/5, this reflects the national trend as councils have become a lot more successful at preventing homelessness.

²³⁵DCLG, 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.

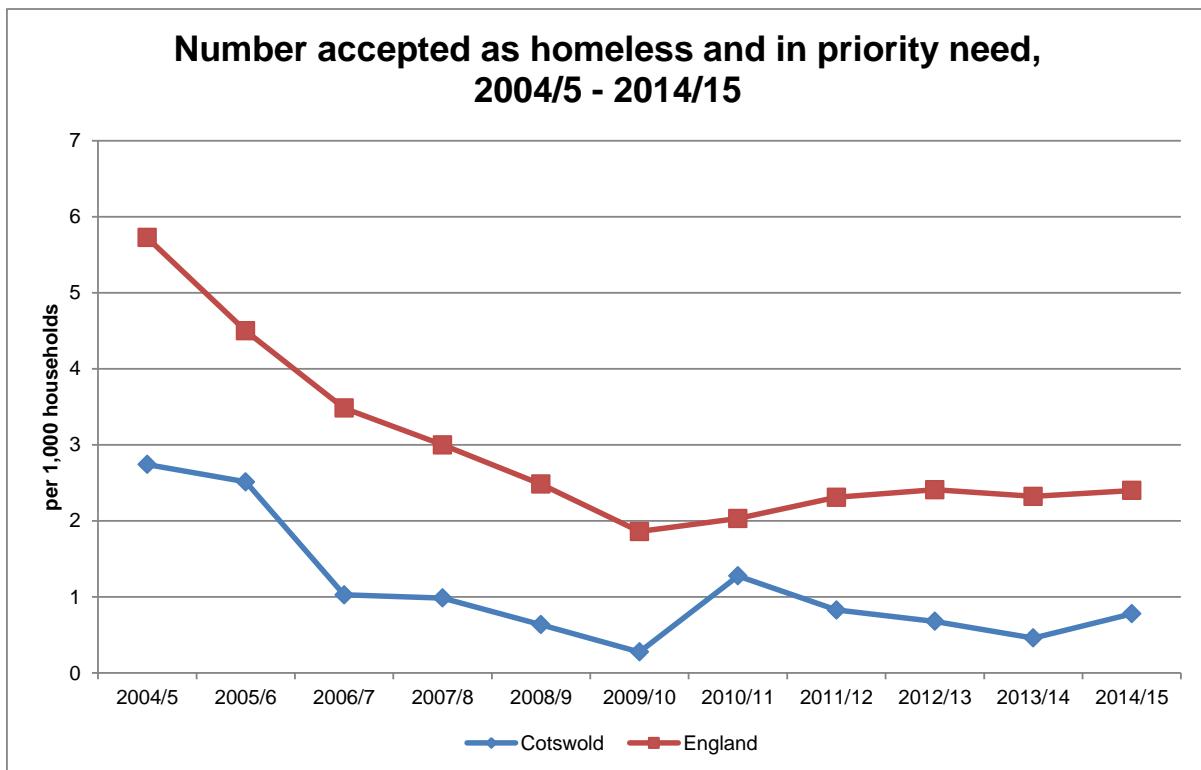


Figure 107: Number accepted as being homeless and in priority need per 1,000 households, 2004/5 – 2014/15²³⁶

It is not possible to determine the reason for homelessness within Cotswold from nationally published data. However data sourced from Cotswold District Council²³⁷ showed that in 2014 the most common reasons people were accepted as homeless was that parents, relatives and friends were no longer willing to accommodate them followed by a loss of private rented accommodation. 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)²³⁸.

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, the most common approach to Cotswold District Council is by those who are not statutory homeless, is made by those who are eligible, homeless but not in priority need.

²³⁶ *Ibid.*

²³⁷ Cotswold District Council, Homelessness Review.

²³⁸ DCLG, Detailed local authority level homelessness figures: April to June 2015, 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 81 instances of homelessness prevention and relief in Cotswold, this equates to a rate of 2.18 per 1,000 households, which Figure 108 shows this was lower than the national average of 9.72 and all of the other districts in the county.

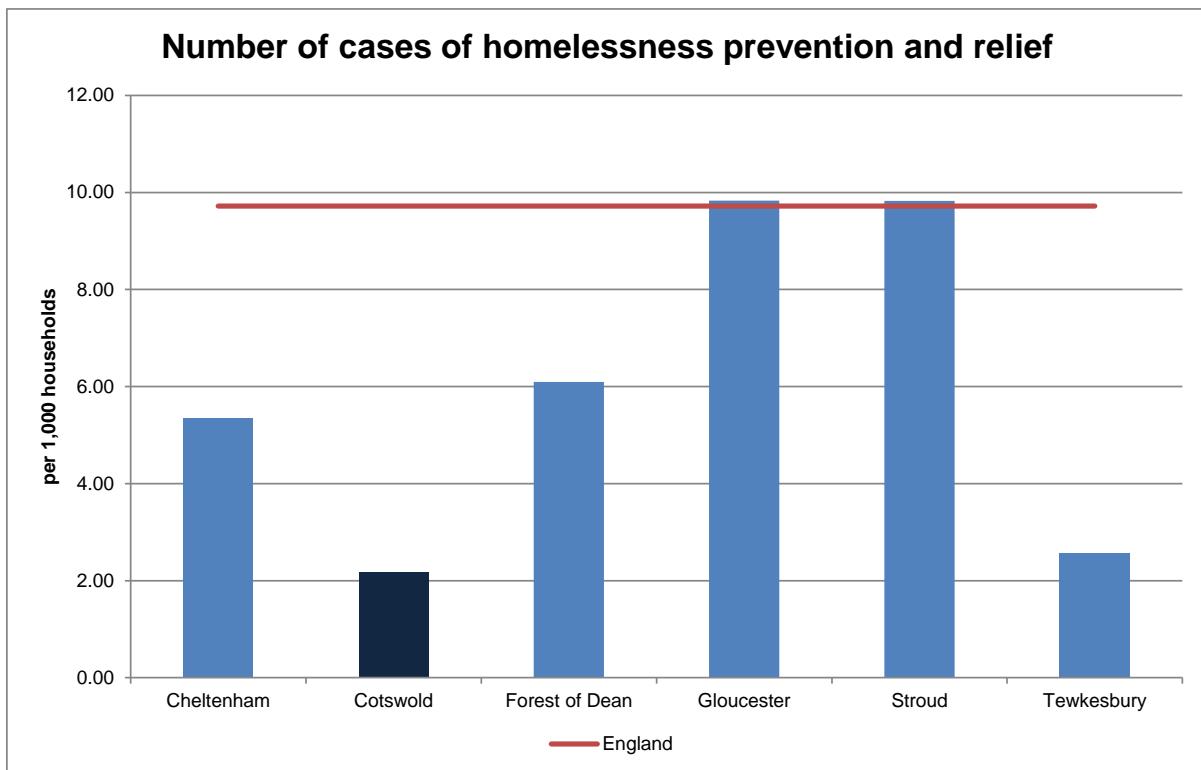


Figure 108: Number of cases of homelessness prevention or relief, per 1,000 households, 2014/15²³⁹

In Cotswold the majority of homelessness prevention and relief (63.0%) 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.

²³⁹ 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.

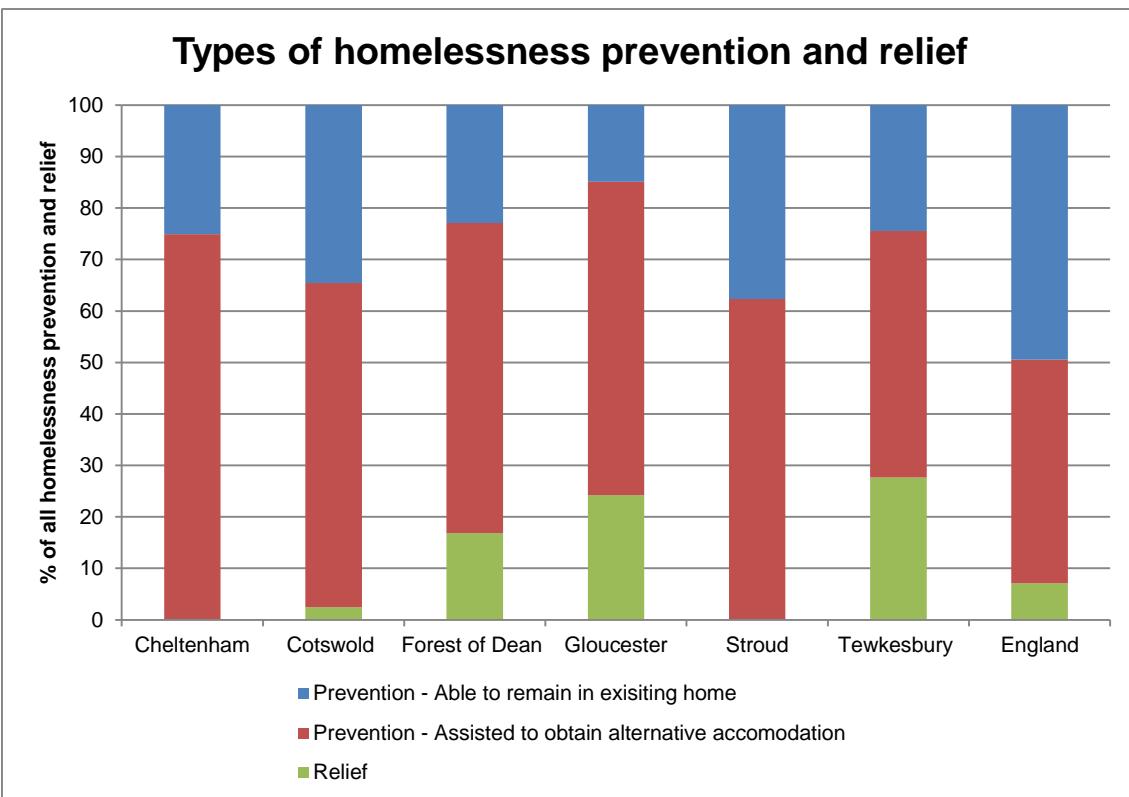


Figure 109: Types of homelessness prevention and relief, 2014/15²⁴⁰

7.8 Education

For information about education please see section 3.66

7.9 Unemployment

For information about unemployment please see section 3.65

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

²⁴⁰ Ibid.

the trend over time. More data on crime and incident rates can be found on Inform Gloucestershire²⁴¹.

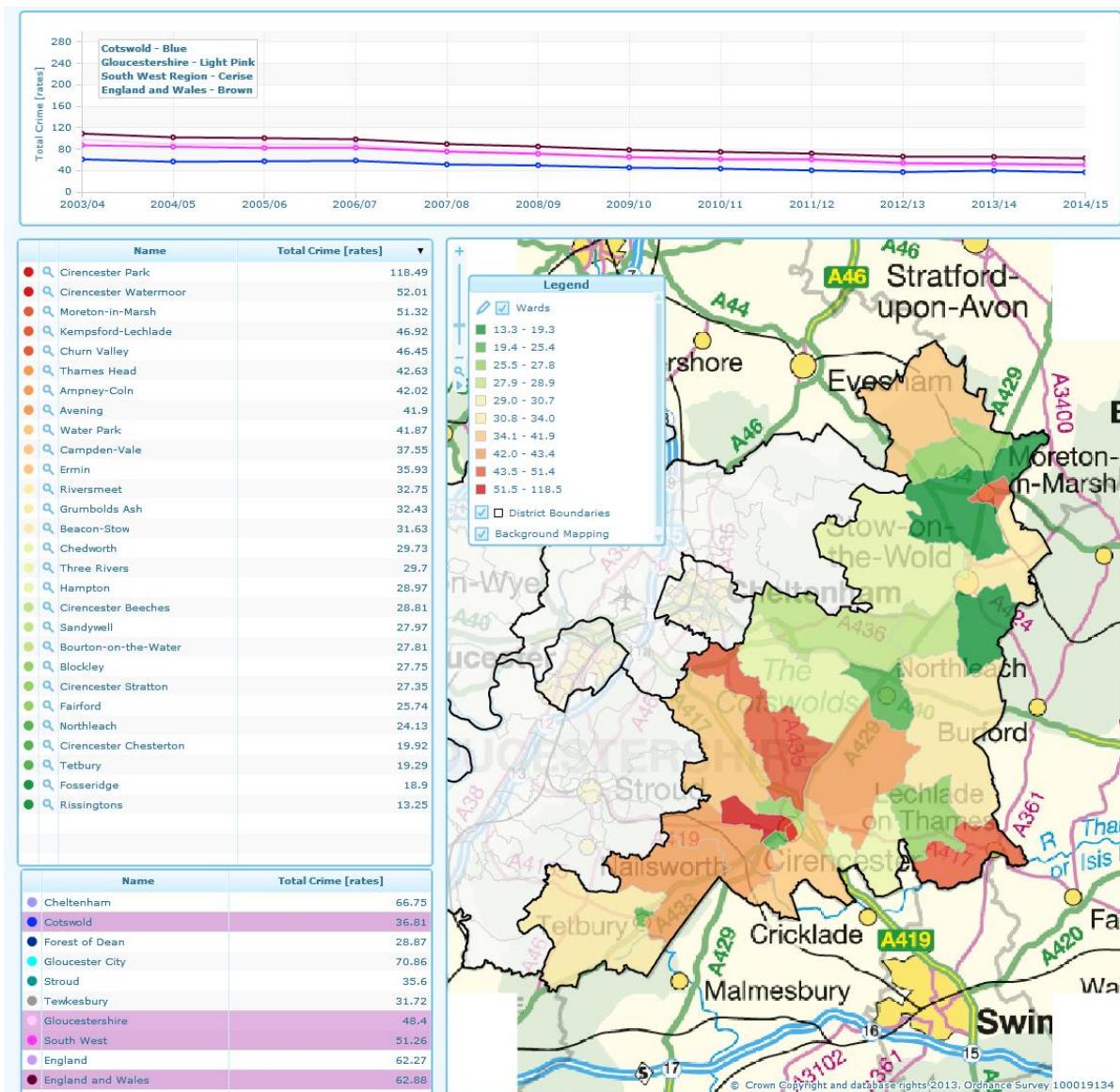


Figure 110: Total Crime Rates over Time by Local Authority Ward

Cotswold District has experienced crime rates much lower to the overall rates for England and Wales, South West region and Gloucestershire County since 2003/04. However, crime rates are considerably higher in Cirencester Park ward mainly due to part of the town centre being inside the boundary of that ward²⁴² – crime rates for wards are shown in the table to the left of the map (Figure 110). The wards of Cirencester Watermoor and Moreton-in-Marsh are also above the Cotswold district rate for 2014/15.

²⁴¹ <http://www.goucestershire.gov.uk/inform/communitysafety>

²⁴² Boundary map shows administrative (e.g. ward) boundaries at street view level: <http://www.maiden.gov.uk/InstantAtlas/BoundaryViewer/atlas.html>

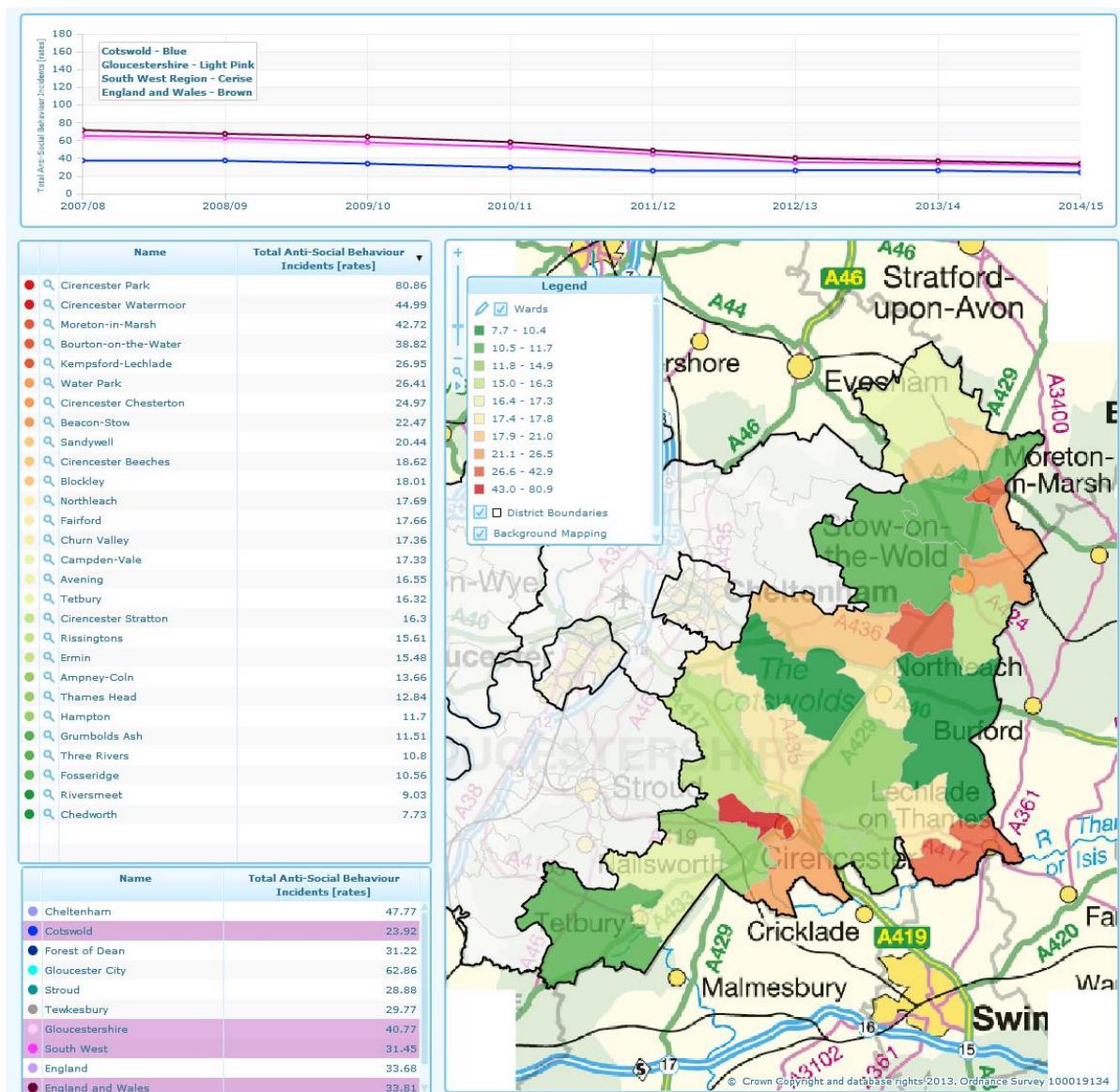


Figure 111: Total ASB Incident Rates over Time by Local Authority Ward

Figure 111 shows police recorded anti-social behaviour (ASB) incident rates over the last 8 years. As found in Figure 110, the two wards that make up the majority of Cirencester Town - Cirencester Park and Cirencester Watermoor wards again appear high on the ASB rates by ward table to the left of the map as does Moreton-in-Marsh.

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 district²⁴³.

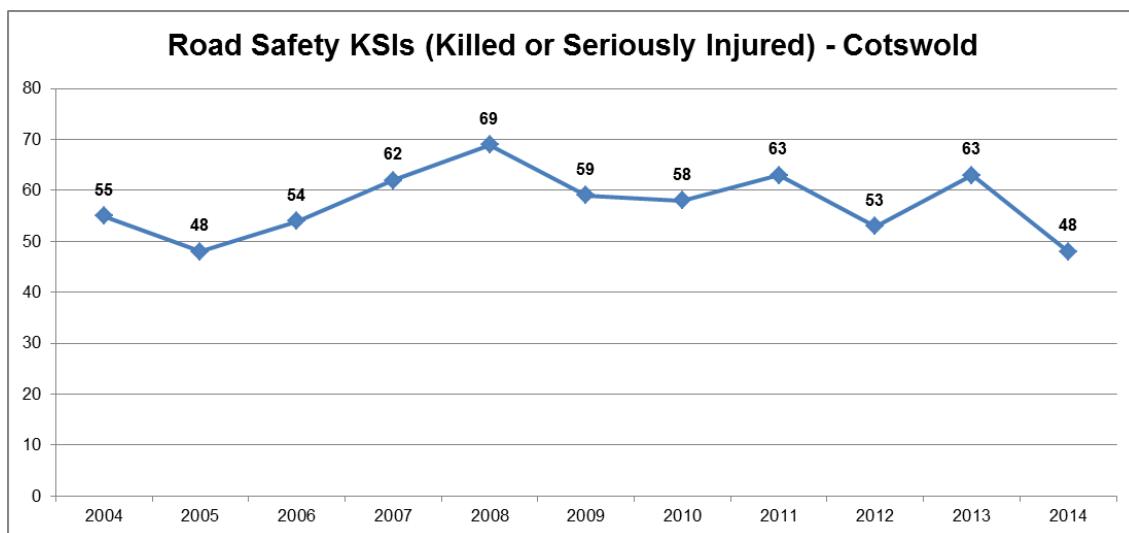


Figure 112: Number of Casualties Killed or Seriously Injured²⁴⁴ by RTCs in Cotswold District by Calendar Year

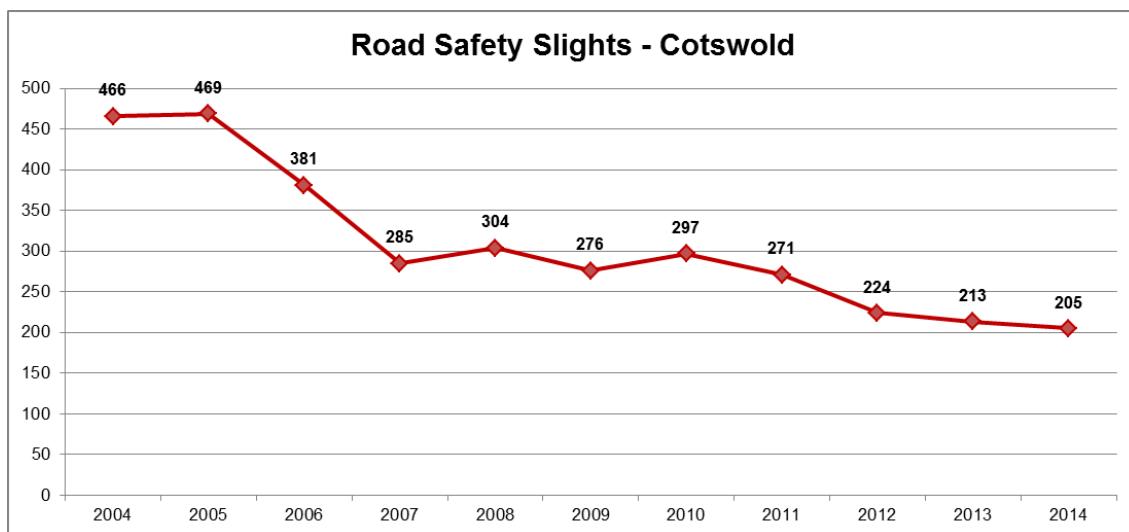


Figure 113: Number of Casualties with Slight²⁴⁵ injuries from RTCs in Cotswold District by Calendar Year

²⁴³ Data provided by Gloucestershire Road Safety Partnership. For more information on Road Safety go to: <http://roadsafety-gloucestershire.org.uk/data/>

²⁴⁴ 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.

²⁴⁵ 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 114) provided by Gloucestershire Fire and Rescue Services (GFRS) shows the number and proportion of all Call Outs to each district of Gloucestershire. Cotswold District averages 1.8 call outs per day.

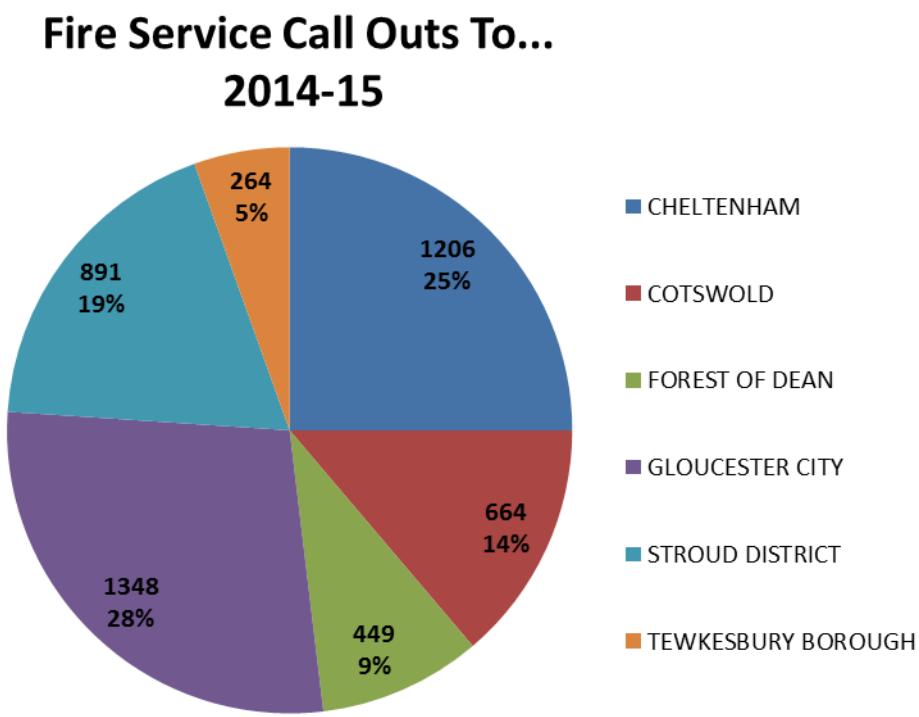


Figure 114: Proportion of Call Outs by District 2014/15

7.11 Key Messages

- A total of 8,800 people in Cotswold District provided unpaid care each week in 2011, representing 10.6% of the population.
- Nationally there were 413,779 young carers which equates to around 2.5% of the age group. There were 336 young carers in Cotswold District (1.6% of total 0-24 population) at Census day in 2011.
- Volunteers play a huge role in meeting the needs of people in Cotswold. Nationally in 2013/14 48% of people volunteered in some way at least once a month and 74% at least once a year.
- There is a wide and varied choice of cultural and leisure activities in Cotswold that improve the health and wellbeing of its residents whilst bringing in tourists which in turn bolsters the economy.
- In 2012 there were 422 accommodation businesses in Cotswold. this was more than any other district in the county.

- In the three year period 2011-2013 there were an estimated 343,000 domestic overnight visits to Cotswold which contributed around £64 million to the economy.
- In 2011 there were 36,236 households in Cotswold, this represents an increase of 5.3% or 1,812 households since 2001.
- At the time of the 2011 Census, detached housing accounted for the largest proportion of housing in Cotswold.
- In recent years much of the growth in housing in Cotswold has been in semi-detached properties with an increase of 785 between 2001 and 2011.
- Over the last 10 years the proportion of owner occupied households in Cotswold declined from 67.9% in 2001 to 65.7% in 2011.
- Data from October 2015 shows that in Cotswold there were 1,577 active applications for social housing using the Homeseeker scheme.
- At the time of the 2011 Census 3.6% of households in Cotswold (1,292 households) had fewer rooms than the standard requirement and are therefore overcrowded, this was lower than the county average and all of the other districts in the county.
- In 2013 an estimated 4,226 households in Cotswold were in fuel poverty representing 11.1% of all households, this compares to 10.7% of households in Gloucestershire and 10.4% of households nationally.
- In 2014/15 29 people were accepted as homeless in Cotswold, this equates to a rate of 0.78 per 1,000 population, which is lower than the national average of 2.4 per 1,000 population.
- Cotswold District has experienced crime rates much lower to the overall rates for England and Wales, South West region and Gloucestershire County since 2003/04.